WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 49: 29 November to 6 December 2020
Data as reported by: 17:00; 6 December 2020

0 New event
116 Ongoing events
103 Outbreaks
13 Humanitarian crises

LEGEND
- Measles
- Monkeypox
- Lassa fever
- Cholera
- cVDPV2
- COVID-19
- Anthrax
- Hepatitis E
- Cases
- Deaths

Humanitarian crisis
Skin disease of unknown etiology
Dengue fever
Chikungunya
Leishmaniasis
Plague
Crimean-Congo hemorrhagic fever
Rift Valley fever
West Nile fever
Countries reported in the document
Countries outside WHO African Region
WHO Member States with no reported events
Not applicable

0 410 820 Kilometers

*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.*
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 116 events in the region. This week’s main articles cover the following events:

- Coronavirus disease 2019 (COVID-19) in Cameroon
- Yellow fever in Nigeria
- Humanitarian crisis (refugee) in Liberia.

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:**

- Cameroon, along with many countries in the region, is starting to see an increase in daily numbers of new COVID-19 cases. Although response measures in the country are generally robust, increasing case numbers require increased attention to response activities, particularly around risk communication and community engagement in schools and colleges, with attention to social and public health measures, to prevent any further increase in cases.

- The yellow fever outbreak in Nigeria has a wide geographical range, which is of particular concern, with cases peaking in the past few weeks. Poor vaccine coverage has driven the outbreak, probably along with inadequate vector control, and reactive and routine vaccine coverage needs to be strengthened. The high case fatality ratio suggests poor case management, which needs to be addressed as a matter of urgency. Issues around coordination of the response and mobilization of resources show that the yellow fever response needs to be strengthened across all pillars.

- The refugee crisis in Liberia is of grave concern, particularly as numbers are expected to continue to increase into next year with political insecurity around presidential elections. The two main health risks are importation of cVDPV2 and COVID-19 from Cote d’Ivoire, into a region that has health systems that are already weak and overstretched and likely to be overwhelmed by refugees.
The weekly incidence of COVID-19 disease continues to increase with over 53,340 new cases reported from 45 countries and 1,052 new deaths from 26 countries reported in the previous seven days. The cumulative total of reported cases is now 1,542,788 cases and 34,570 deaths (case fatality ratio 2.2%) as of 6 December 2020. South Africa contributes the greatest cumulative percentage in the region, having over (814,565 cases, 53.0%) and (22,206 deaths, 64.2% of all deaths) recorded. Since the beginning of the outbreak in the region, 1,339,445 recovered cases and 57,096 health worker infections have been registered in 45 countries. Well established community transmission is seen in 42 countries as different transmission classifications continue to be experienced across the region.

Cameroon ranks 11th in number of cases in the African region, with the sixth highest number of deaths. New daily cases peaked in week 25 (week ending 20 June 2020) and then declined until week 46 (week ending 14 November 2020) when new cases started to rise again. As of 6 December 2020, there is a total of 24,752 confirmed cases with 443 deaths (case fatality ratio 1.8%). The most affected regions in the country are Centre (11,807; 47.7%), Littoral (6,215; 25.1%), West (1,430; 5.8%) and East (1,164; 4.7%). Centre (117; 26.4%) and Littoral (108; 24.4%) have the highest number of deaths.

A total of 922 health workers have been affected, with 23 deaths (case fatality ratio 2.5%), with most in Littoral (247; 26.8%), West (146; 15.8%), North-West (143; 15.5%) and Centre (124; 13.4%) regions.

More males than females have been infected, with a sex ratio of 1:4, with the age group 30-39 years with the highest number of infections. Most deaths have occurred in those aged 60-69 years, in both males and females.

**PUBLIC HEALTH ACTIONS**

- A weekly teleconference is held to assess the response to COVID-19 with regional public health representatives, chaired by the National Ministry of Health.
- A training workshop on case management was launched in Buea, with technical and financial support from WHO.
- Training workshops were held for health personnel and other sectors at points of entry at the main cross-border nodes between Cameroon and Central African Republic in Bertoua, with support from the Organization for Coordination and Cooperation against Major Epidemics in Central Africa; a training workshop for the call centre was held for staff from Far North, East and South regions in Ebolowa; a capacity building workshop for 30 point of entry staff from Adamawa Region was held on monitoring COVID-19 at entry points.
- A capacity building workshop for government actors in East region on medical logistics for COVID-19 response was completed, with support from the World Food Programme.
- Contact follow-up is ongoing, with a cumulative total of 45,104 contacts reported; contact tracing databases are being examined to improve data quality in the South Region.
- Infection prevention and control (IPC) evaluations of health facilities have taken place in Bogo Health District, along with a working session with the water, sanitation and hygiene manager of the Maroua Regional Hospital on strengthening IPC; households, schools and colleges and health facilities in the Western Region have been disinfected; IPC focal points in the nine health districts in Douala have been evaluated and briefed; and IPC awareness has been implemented in Bafut Health District, North-West Region; IPC activities...
continue in Southern Region, with a working session with the school health inspectorate, WHO and Africa CDC on future management of IPC in schools.

- Fifteen laboratories are operational in nine regions, with only the Southern Region without a PCR laboratory; rapid antigen tests are available in all regions; a total of 134,218 PCR samples have been taken, along with 564,354 rapid antigen tests.

- Risk communication and community engagement is ongoing, with schools receiving targeted information in the North-West Region during the reporting period.

**SITUATION INTERPRETATION**

Cameroon is among the most affected countries in the African region both in terms of cases and deaths. In common with many other countries in the region, case numbers are once again starting to rise, although they have not yet reached the levels seen in the June peak. This calls for strengthening of response activities, particularly as schools and borders are open. The refugee camps in the Amadaoua Region are of concern and COVID-19 testing needs to be intensified. Full decentralization of the response activities needs to be implemented, continued screening campaigns in schools and intensified contact tracing in all health districts where there are new cases. Risk communication and community engagement needs to continue to emphasize the importance of continuing to adhere to social and public health measures in order to slow the transmission of COVID-19 in the country.
EVENT DESCRIPTION

The Nigeria Centre for Disease Control (NCDC) is currently responding to clusters of yellow fever in Delta, Enugu, Bauchi, Benue and Ebonyi states. During week 47 (week ending 21 November 2020) one new confirmed case was reported from Enugu and three new deaths were reported from Bauchi (1) and Enugu (2). Between weeks 24 to 47 (week ending 13 June to 21 November 2020) a cumulative total of 48 confirmed cases has been reported from seven local government areas (LGA) across five states: Bauchi (8); Benue (3), Delta (10), North East (10); Enugu (26) and Ebonyi (1). A total of seven deaths were reported among confirmed cases (case fatality ratio 14.6%).

Cumulatively, from week 1 to week 47 of 2020, a total of 1 558 suspected cases and 54 confirmed case have been reported from 481 (62%) of LGA across and states and the Federal Capital Territory. Laboratory results in-country show 48 confirmed by PCR testing, 30 presumptive positive, 11 inconclusive, 1 481 negative and 31 pending testing. Of the 41 samples sent to Institut Pasteur Dakar, eight (19.5%) were confirmed, two (4.9%) were negative and 31 (75.6%) are pending testing. The 56 confirmed cases were reported from 14 LGA across eight states: Bauchi (8), Benue (3), Delta (10), Ebonyi (1), Edo (5), Ekiti (1), Enugu (27) and Oyo (1). Suspected and confirmed cases peaked in week 45 (week ending 7 November 2020).

More males than females are affected, with most male cases in the age range 21-30, while among females there are more cases in the age range 11-20.

PUBLIC HEALTH ACTIONS

- Yellow fever response activities are coordinated by a multi-agency Yellow Fever Incident Management Structure, with on site support provided by NDCC Rapid Response Teams to Enugu and Delta states, with off site support for other states.
- Yellow fever preparedness and response guidelines have been distributed to affected states.
- There is daily monitoring and analysis of surveillance data from the affected states and ongoing plans to strengthen the orientation of at-risk states for yellow fever surveillance, with affected states provided with SORMAS tablets to improve real-time reporting.
- Sample collection and transportation from affected states to the national laboratories is being coordinated.
- Case management is being supported by Médecines Sans Frontières in Enugu and Bauchi, while health workers are being sensitized on yellow fever case definition and management at Isiuzo and Nsukka LGS, Enugu State.

SITUATION INTERPRETATION

The ongoing yellow fever outbreak across Nigeria is of concern because of its wide geographical distribution and high case fatality ratio, which suggests that case management is weak and needs to be addressed with further education campaigns. The outbreak comes in the context of poor vaccination coverage and there are mass reactive vaccine campaigns being carried out in all affected states. However, there are problems with coordination of the response across affected states and the Incident Action Plan needs to be implemented, along with mobilization of resources for outbreak response, including laboratory supplies and sample transportation. National authorities and partners need to strengthen the yellow fever response across all pillars in order to bring the outbreak to a rapid close.
EVENT DESCRIPTION

Liberia is hosting large numbers of refugees who are fleeing the ongoing fragile political situation in Côte d’Ivoire around presidential elections. Liberia shares a 778 km border with Côte d’Ivoire. As of 29 November 2020, the Liberia Refugee Repatriation and Resettlement Commission (LRRRC) recorded a total of 15 363 Ivorian refugees in 12 districts of four counties, which have a host population of around half a million people. Around 55% of the refugee population are women, about 60% of the new arrivals are children (3 067; 20%) aged 0 to 4 years, with those aged 5-17 years accounting for 40.5% (6 218).

Health requirements, food, shelter and core relief items are among the most pressing needs of the new arrivals, many of whom are vulnerable, particularly pregnant women, the elderly and unaccompanied children. The main health threats are importation and community transmission of COVID-19 and the spread of other priority diseases, such as water-borne diseases and vaccine derived polio virus type 2 (cVDPV2). The refugees are arriving in areas that have weak and overstretched health services, which are inadequate for both host and refugee populations.

PUBLIC HEALTH ACTIONS

- A joint United Nations team conducted a rapid assessment, with local partners targeting resource mobilization to address key areas of response such as food and shelter.
- Each of the four refugee host counties has developed a response plan and the national contingency and response plan is being finalized.
- To date, WHO is the only partner in response and the WHO Country Office has prioritized interventions to respond to and mitigate the importation of vaccine derived polio virus type 2, as well as requesting further resources to support COVID-19 responses.
- WHO intends to increase its presence in the refugee host counties, through field offices supported by senior staff in Monrovia.

SITUATION INTERPRETATION

The refugee situation in Liberia is of serious concern, as it happens in the context of the ongoing COVID-19 pandemic, as well as an outbreak of cVDPV2 in Côte d’Ivoire, which could lead to imported cases. Surveillance systems are currently weak, with inadequate point of entry systems. Other challenges include poor infection prevention and control supplies and compliance, poor waste management at points of entry and health facilities in host communities and inadequate risk communication and community engagement for COVID-19. Essential medicines stock outs are already reported in host health facilities, along with inadequate food and non-food items for refugees. Overall, there are inadequate financial, human and logistical resources to address this humanitarian crisis. National authorities and partners need to continue resource mobilization, prioritize interventions for COVID-19, finalize the National Contingency and Response Plan and share with stakeholders, finalize rapid assessment and ensure that adequate data is available on refugees to inform decision making.
Summary of major issues, challenges and proposed actions

Major issues and challenges

- Cameroon is currently ranked 11th for cases and sixth for deaths from COVID-19 in the African region. The recent increase in daily cases after a long period of decline is of concern, particularly since schools and colleges are open and there is cross-border movement. The refugee camps in the Amadaoua Region are of particular concern since there is currently little COVID-19 testing in these areas.

- Nigeria’s ongoing yellow fever outbreak is geographically widespread and, although, declining slightly from a peak around two months ago, there are still new cases across different local government areas. Response activities are currently focused on vaccine campaigns and coordination. The high case fatality ratio suggests problems with case management, which need to be addressed.

- The refugee crisis in Liberia is of serious concern, given the numbers of people requiring assistance in a region already struggling with inadequate health resources. The risk of importation of COVID-19 and cVDPV2 is high, with poor surveillance at official points of entry and many people crossing the border unofficially. Additional challenges are poor food security and lack of shelter for refugees.

Proposed actions

- Authorities in Cameroon need to concentrate on full decentralization of the response and on intensifying testing in the Amadaoua refugee camps. In addition, risk communication and community engagement around social and physical COVID-19 prevention methods needs to continue to ensure that the current increase in daily cases does not accelerate.

- Nigerian authorities need to ensure that reactive vaccine campaigns afford good vaccine coverage in a poorly vaccinated population, as well as introducing a One Health approach in order to deal with issues around vector control and avoidance. Case management needs to be strengthened in order to bring down the number of deaths.

- The refugee crisis in Liberia requires full engagement of all potential partners in the context of COVID-19 risks and the risk of importation of cVDPV2 from Côte d’Ivoire. Surveillance at points of entry needs to be strengthened, and IPC measures need to be reinforced in refugee areas. Additional financial, human and logistical resources need to be provided urgently, and the National Contingency and Response Plan needs to be finalized and shared with stakeholders, in order to rapidly address all humanitarian needs and prevent escalation of the crisis.
### All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-20</td>
<td>25-Feb-20</td>
<td>6-Dec-20</td>
<td>88 252</td>
<td>88 252</td>
<td>2 516</td>
<td>2.90%</td>
</tr>
<tr>
<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>6-Dec-20</td>
<td>15 591</td>
<td>15 591</td>
<td>354</td>
<td>2.30%</td>
</tr>
<tr>
<td>Benin</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>17-Aug-20</td>
<td>27-Sep-20</td>
<td>198</td>
<td>1</td>
<td>5</td>
<td></td>
<td>2.50%</td>
</tr>
<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-20</td>
<td>28-Mar-20</td>
<td>5-Dec-20</td>
<td>11 217</td>
<td>11 217</td>
<td>34</td>
<td>0.30%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>1-Jan-19</td>
<td>30-Sep-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Angola</td>
<td>Measles</td>
<td>Ungraded</td>
<td>4-May-19</td>
<td>12-Dec-19</td>
<td>14-Oct-20</td>
<td>1 312</td>
<td>1 027</td>
<td>5</td>
<td>0.40%</td>
</tr>
<tr>
<td>Benin</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-May-19</td>
<td>1-Jan-19</td>
<td>2-Dec-20</td>
<td>133</td>
<td>133</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Benin</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-Aug-19</td>
<td>8-Aug-19</td>
<td>2-Dec-20</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Benin</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>10-Mar-20</td>
<td>9-Mar-20</td>
<td>5-Dec-20</td>
<td>3 212</td>
<td>3 212</td>
<td>68</td>
<td>2.10%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Hepatitis E</td>
<td>Grade 1</td>
<td>7-Sep-20</td>
<td>17-Sep-20</td>
<td>23-Nov-20</td>
<td>450</td>
<td>10</td>
<td>16</td>
<td>3.60%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>2-Dec-20</td>
<td>-</td>
<td>49</td>
<td>49</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

**From 25 February to 6 December 2020, a total of 88 252 confirmed cases of COVID-19 with 2 516 deaths (CFR 2.9%) have been reported from Algeria. A total of 57 146 cases have recovered.**

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 6 December 2020, a total of 15 591 confirmed COVID-19 cases have been reported in the country with 354 deaths and 8 338 recoveries.

**From 1 January 2020 to 14 October 2020, Angola reported a total of 3 121 suspected cases that have been notified and investigated of which 1 027 have been confirmed (329 by laboratory and 698 by epidemiological linkage). There was a total of 5 deaths reported from 1 January to 1 July 2020 in 14 provinces across Angola; there is no further information regarding deaths for this current period. 80% of the confirmed cases are <5 years of age; 14% are aged 5-9 years; 3% are 10-14 years of age. 15 out of 18 provinces are affected. The most affected provinces are Cabinda, Malanje, Bie, Luanda, Huambo and Uige.**

Hepatitis E; seroneutralization results revealed 4 positive yellow fever results, however with very low titres; and 0 samples tested RT-PCR positive for yellow fever. In summary, this has now been confirmed as a hepatitis E outbreak.

Since 2015, the security situation in the Sahel and the East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement leading to a total of 1 034 609 internally displaced persons registered as of 30 September 2020 in all 13 regions in the country. The presence of jihadist groups and self-defence units have created an increasingly volatile security situation. A cumulative number of 216 security incidents were reported from January to September 2020. The health system remains strongly impacted by the security situation in Burkina Faso. Attacks on the health system, intimidation and kidnapping of health workers, theft of medicines, were reported during the month of August 2020. As of 30 September 2020, according to the report from the Ministry of Health, 10 provinces are affected. The most affected provinces are Cabinda, Malanje, Bie, Luanda, Huambo and Uige.

The outbreak has mainly affected internally displaced persons in the district, including 15 out of 16 deaths that were among pregnant or postpartum women. Hepatitis E has been confirmed in ten cases to date. Eight out of nine samples were IgM positive for hepatitis E at a hospital laboratory in Montpellier, France (329 by laboratory and 698 by epidemiological linkage). There was a total of 5 deaths reported from 1 January to 1 July 2020 in 14 provinces across Angola; there is no further information regarding deaths for this current period. 80% of the confirmed cases are <5 years of age; 14% are aged 5-9 years; 3% are 10-14 years of age. 15 out of 18 provinces are affected. The most affected provinces are Cabinda, Malanje, Bie, Luanda, Huambo and Uige.

**Between 9 March and 5 December 2020, a total of 3 212 confirmed cases of COVID-19 with 68 deaths and 2 711 recoveries have been reported from Burkina Faso.**

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Two cases have been reported in 2020, with 8 cases reported in 2019. These cases are all linked to the Jigawa outbreak in Nigeria. No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. 49 cVDPV2 cases in the country. Burkina Faso is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savanes outbreak in Togo.

<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>Algeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-20</td>
<td>25-Feb-20</td>
<td>6-Dec-20</td>
<td>88 252</td>
<td>88 252</td>
<td>2 516</td>
<td>2.90%</td>
</tr>
<tr>
<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>6-Dec-20</td>
<td>15 591</td>
<td>15 591</td>
<td>354</td>
<td>2.30%</td>
</tr>
<tr>
<td>Benin</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>17-Aug-20</td>
<td>27-Sep-20</td>
<td>198</td>
<td>1</td>
<td>5</td>
<td></td>
<td>2.50%</td>
</tr>
<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-20</td>
<td>28-Mar-20</td>
<td>5-Dec-20</td>
<td>11 217</td>
<td>11 217</td>
<td>34</td>
<td>0.30%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>1-Jan-19</td>
<td>30-Sep-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Angola</td>
<td>Measles</td>
<td>Ungraded</td>
<td>4-May-19</td>
<td>12-Dec-19</td>
<td>14-Oct-20</td>
<td>1 312</td>
<td>1 027</td>
<td>5</td>
<td>0.40%</td>
</tr>
<tr>
<td>Benin</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-May-19</td>
<td>1-Jan-19</td>
<td>2-Dec-20</td>
<td>133</td>
<td>133</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Benin</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-Aug-19</td>
<td>8-Aug-19</td>
<td>2-Dec-20</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Benin</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>10-Mar-20</td>
<td>9-Mar-20</td>
<td>5-Dec-20</td>
<td>3 212</td>
<td>3 212</td>
<td>68</td>
<td>2.10%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Hepatitis E</td>
<td>Grade 1</td>
<td>7-Sep-20</td>
<td>17-Sep-20</td>
<td>23-Nov-20</td>
<td>450</td>
<td>10</td>
<td>16</td>
<td>3.60%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>2-Dec-20</td>
<td>-</td>
<td>49</td>
<td>49</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

**From 8 September to 23 November 2020, there have been a total of 450 cases of febrile jaundice detected in Barsalogho health district, North Central Region of Burkina Faso. The outbreak has mainly affected internally displaced persons in the district, including 15 out of 16 women that were among pregnant or postpartum women. Hepatitis E has been confirmed in ten cases to date. Eight out of nine samples were IgM positive for hepatitis E at a hospital laboratory in Montpellier, France on 25 September 2020; three samples tested IgM positive for yellow fever and 1 sample was undetermined at the Laboratoire National de Référence des Fièvres Hémorragiques Virales (LNR-FHV) in Centre Muraz; a total of four samples were sent to IPD for confirmation. Results showed two samples tested PCR positive for Hepatitis E, seroneutralization results revealed 4 positive yellow fever results, however with very low titres; and 0 samples tested RT-PCR positive for yellow fever. In summary, this has now been confirmed as a hepatitis E outbreak.**

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 49 cVDPV2 cases in the country. Burkina Faso is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savanes outbreak in Togo.
### Health Emergency Information and Risk Assessment

As of 14 October 2020, a total of 28 676 suspected cases have been notified and 137 deaths within 22 affected districts. A total of 32 new cases and 0 deaths were reported as of epi week 40. The majority of cases are under five years of age, followed by the 5 to under 15 year old age group. Response activities are ongoing in the affected health districts.

### Cameroon

- **Measles**
  - Grade: Ungraded
  - Start of reporting period: 23-Mar-20
  - End of reporting period: 4-Nov-19
  - Total cases: 989
  - Deaths: 0
  - CFR: 0.00%

  Burundi has been experiencing measles outbreaks since November 2019 in camps hosting Congolese refugees and the disease has recently been spreading in the host community in the district of Cibitoke. As of 9 August 2020, Burundi has reported a total of 889 confirmed measles cases of which 154 are lab-confirmed and the rest were clinically compatible cases and epidemiologically linked. The current outbreak is affecting the following districts: Bukinanya (Cibitoke province), Ngozi (Ngozi province), Bujumbura Nord (Bujumbura province). There have been no deaths reported.

- **Humanitarian crisis (Far North, North, Adamawa & East)**
  - Grade: Protracted 2
  - Start of reporting period: 31-Dec-13
  - End of reporting period: 11-Aug-20
  - Total cases: 1 848
  - Deaths: 79
  - CFR: 4.30%

  Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by the Boko Haram group resulting in significant population displacement. More than 6 000 internally displaced people, refugees and host communities reportedly left their homes in and around Kordof and Gadero in Cameroon’s Far-North to seek protection and refuge in the Kolofata district last week. It is alleged that this pre-emptive displacement of people followed the dismantling and subsequent relocation of military outposts from Kordo and Gadero to Grea last week. Since the beginning of the humanitarian crisis in 2014, more than 500 000 people were displaced in Cameroon’s Far-North according to latest figures available from OCHA (July 2020). The Minawao Refugee Camp in the Mokolo Health District continues to host Nigerian refugees, with spontaneous refugee arrivals being recorded.

The cholera outbreak, which was notified on 1 April 2020, is ongoing, with fluctuating numbers of cases reported from Central, Littoral, South and South West regions. From week 17 (week ending 25 April 2020), South and Littoral regions were the most affected, with cases reported in Central from week 28 (week ending 11 July 2020). In week 38 (week ending 19 September 2020), South West started to report cases again for the first time since week 16 (week ending 18 April 2020). As of 30 September 2020, the cumulative number of cases is 1 848, with 79 deaths (case fatality ratio 4.3%). A total of 63 cases have been confirmed by culture. Littoral remains the most affected region, with 939 (50.8%) cases and 53 (67%) deaths, followed by South, with 767 (41.5%) cases and 24 (30.4%) deaths. Central region has not notified any new cases for 21 days (as of 30 September 2020). Currently, there are three active regions, with five active health districts, out of 18 originally affected.

The measles outbreak is improving in Cameroon. Since 1 January 2019 to date, a total of 1 423 confirmed cases and 13 deaths have been reported in the country.

- **COVID-19**
  - Grade: Ungraded
  - Start of reporting period: 1-Mar-19
  - End of reporting period: 8-Mar-19
  - Total cases: 1 021
  - Deaths: 10
  - CFR: 0.98%

  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 2 December 2020, a total of 4 922 confirmed cases, 63 deaths and 4 848 recoveries were reported.

The cholera outbreak, which was notified on 1 April 2020, is ongoing, with fluctuating numbers of cases reported from Central, Littoral, South and South West regions. From week 17 (week ending 25 April 2020), South and Littoral regions were the most affected, with cases reported in Central from week 28 (week ending 11 July 2020). In week 38 (week ending 19 September 2020), South West started to report cases again for the first time since week 16 (week ending 18 April 2020). As of 30 September 2020, the cumulative number of cases is 1 848, with 79 deaths (case fatality ratio 4.3%). A total of 63 cases have been confirmed by culture. Littoral remains the most affected region, with 939 (50.8%) cases and 53 (67%) deaths, followed by South, with 767 (41.5%) cases and 24 (30.4%) deaths. Central region has not notified any new cases for 21 days (as of 30 September 2020). Currently, there are three active regions, with five active health districts, out of 18 originally affected.

**COVID-19**

- **Grade**: Ungraded
- **Start of reporting period**: 1-Mar-19
- **End of reporting period**: 8-Mar-19
- **Total cases**: 1 021
- **Deaths**: 10
- **CFR**: 0.98%

The cholera outbreak, which was notified on 1 April 2020, is ongoing, with fluctuating numbers of cases reported from Central, Littoral, South and South West regions. From week 17 (week ending 25 April 2020), South and Littoral regions were the most affected, with cases reported in Central from week 28 (week ending 11 July 2020). In week 38 (week ending 19 September 2020), South West started to report cases again for the first time since week 16 (week ending 18 April 2020). As of 30 September 2020, the cumulative number of cases is 1 848, with 79 deaths (case fatality ratio 4.3%). A total of 63 cases have been confirmed by culture. Littoral remains the most affected region, with 939 (50.8%) cases and 53 (67%) deaths, followed by South, with 767 (41.5%) cases and 24 (30.4%) deaths. Central region has not notified any new cases for 21 days (as of 30 September 2020). Currently, there are three active regions, with five active health districts, out of 18 originally affected.

**COVID-19**

- **Grade**: Ungraded
- **Start of reporting period**: 1-Mar-19
- **End of reporting period**: 8-Mar-19
- **Total cases**: 1 021
- **Deaths**: 10
- **CFR**: 0.98%

The cholera outbreak, which was notified on 1 April 2020, is ongoing, with fluctuating numbers of cases reported from Central, Littoral, South and South West regions. From week 17 (week ending 25 April 2020), South and Littoral regions were the most affected, with cases reported in Central from week 28 (week ending 11 July 2020). In week 38 (week ending 19 September 2020), South West started to report cases again for the first time since week 16 (week ending 18 April 2020). As of 30 September 2020, the cumulative number of cases is 1 848, with 79 deaths (case fatality ratio 4.3%). A total of 63 cases have been confirmed by culture. Littoral remains the most affected region, with 939 (50.8%) cases and 53 (67%) deaths, followed by South, with 767 (41.5%) cases and 24 (30.4%) deaths. Central region has not notified any new cases for 21 days (as of 30 September 2020). Currently, there are three active regions, with five active health districts, out of 18 originally affected.

**COVID-19**

- **Grade**: Ungraded
- **Start of reporting period**: 1-Mar-19
- **End of reporting period**: 8-Mar-19
- **Total cases**: 1 021
- **Deaths**: 10
- **CFR**: 0.98%

The cholera outbreak, which was notified on 1 April 2020, is ongoing, with fluctuating numbers of cases reported from Central, Littoral, South and South West regions. From week 17 (week ending 25 April 2020), South and Littoral regions were the most affected, with cases reported in Central from week 28 (week ending 11 July 2020). In week 38 (week ending 19 September 2020), South West started to report cases again for the first time since week 16 (week ending 18 April 2020). As of 30 September 2020, the cumulative number of cases is 1 848, with 79 deaths (case fatality ratio 4.3%). A total of 63 cases have been confirmed by culture. Littoral remains the most affected region, with 939 (50.8%) cases and 53 (67%) deaths, followed by South, with 767 (41.5%) cases and 24 (30.4%) deaths. Central region has not notified any new cases for 21 days (as of 30 September 2020). Currently, there are three active regions, with five active health districts, out of 18 originally affected.

**COVID-19**

- **Grade**: Ungraded
- **Start of reporting period**: 1-Mar-19
- **End of reporting period**: 8-Mar-19
- **Total cases**: 1 021
- **Deaths**: 10
- **CFR**: 0.98%
The cholera outbreak in Democratic Republic of the Congo is improving. During week 43 (week ending 11 October 2020), a total of 409 cases of cholera and 1 death, 4 provinces are affected Ouaddai, Wadifira, Sila and Guera all of the central eastern part of the country. Cumulative cases number in Abéché (30 873), Biltine (7 454), Kyabe (1), and Goz Beida (23). The trend is very strongly downward with an average daily of 3 cases per day for Abéché, less than one case per day for Biltine and 0 cases for the others.

The complex humanitarian crisis in Democratic Republic of the Congo continues, in the context of the COVID-19 pandemic and multiple other infectious disease outbreaks (cholera, measles, monkey pox among others). As the end of epidemiological week 46, there are 17 800 cases of cholera with 282 deaths, 75 766 cases of measles with 1 088 deaths, and 5 732 cases of monkey pox with 216 deaths. As of the end of November 2020, there are an estimated 5.5 million internally displaced persons (IDPs) in the country, with 15.6 million people acutely food insecure and in need of emergency assistance, of whom 5.6 million require emergency health assistance.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 6 December 2020, a total of 1 725 confirmed COVID-19 cases were reported in the country including 102 deaths and 1 564 cases who have recovered.

Chad COVID-19 Grade 3 19-Mar-20 19-Mar-20 6-Dec-20 1 725 1 725 102 5.90%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 3 cases reported in 2020 so far and 21 cases in 2019 from several outbreaks.

Chad Cholera Grade 3 17-Apr-19 17-Apr-19 27-Aug-19 4 311 4 311 87 2.00%

Democratic Republic of the Congo COVID-19 Grade 3 10-Mar-20 10-Mar-20 5-Dec-20 13 527 13 526 344 2.50%

Since the start of the COVID-19 outbreak, declared on 10 March 2020, there have been 13 527 confirmed cases and one probable case, with 344 deaths reported. A total of 11 947 people have recovered.

Democratic Republic of the Congo Monkeypox Ungraded n/a 1-Jan-20 18-Oct-20 6 231 39 203 3.30%

During week 40 (week ending 18 October 2020), a total of 73 suspected cases of monkeypox with two deaths were reported across the country. Between week 1 and week 40, a total of 6 231 suspected cases including 203 deaths (CFR 3.3%) were reported in 127 health zones from 17 out of 26 provinces in the country. During the same period in 2019, 4 311 suspected cases and 87 deaths (CFR 2.0%) were reported in 124 health zones from 16 provinces. One major challenge to the current emergency includes acquiring the required funding to respond to all the multiple ongoing outbreaks in the country.
Ituri province has notiﬁed an upsurge of plague cases in the health zone of Rethy. From 11 June to 9 August 2020, a total of 73 cases with 10 deaths (CFR 13.6%) were notiﬁed in 5 out of 22 health areas of Ituri health zone. Plague is endemic in Ituri province. Since the beginning of 2020 to date, Ituri Province has reported a total of 124 cases and 17 deaths (CFR 18.7%) in 5 health zones, namely Aungba, Linga, Rethy, Aru, Logo and Kambala. In 2019, from week 1 to 52, a total of 48 cases of bubonic plague including eight deaths have been reported in the country.

Democratic Republic of the Congo

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plague</td>
<td>Ungraded</td>
<td>12-Mar-19</td>
<td>1-Jan-20</td>
<td>4-Oct-20</td>
<td>124</td>
<td>-</td>
<td>17</td>
<td>13.70%</td>
</tr>
</tbody>
</table>

Democratic Republic of the Congo

<table>
<thead>
<tr>
<th>Poliomyelitis (cVDPV2)</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>Grade 2</td>
<td>15-Feb-18</td>
<td>1-Jan-18</td>
<td>2-Dec-20</td>
<td>176</td>
<td>176</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
</tbody>
</table>

Five cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; one in Nord Ubangi and two each in Maindombe and Equateur. There are 68 cases reported in 2020 so far, while the 2019 case count remains 88. There were 20 cases reported in 2018. The country continues to be affected by several other genetically-distinct cVDPV2s (notably in Kasali, Kivuli, Kwango and Sankuru provinces).

Equatorial Guinea

<table>
<thead>
<tr>
<th>COVID-19</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>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>1-Dec-20</td>
<td>5 159</td>
<td>5 159</td>
<td>85</td>
<td>1.60%</td>
<td></td>
</tr>
</tbody>
</table>

The Ministry of Health and Welfare announced the ﬁrst conﬁrmed COVID-19 case on 14 March 2020. As of 1 December 2020, a total of 5 159 cases have been reported in the country with 85 deaths and 5 023 recoveries.

Eritrea

<table>
<thead>
<tr>
<th>COVID-19</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>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>4-Dec-20</td>
<td>632</td>
<td>632</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
</tbody>
</table>

The ﬁrst COVID-19 conﬁrmed case was reported in Eritrea on 21 March 2020. As of 4 December 2020, a total of 632 COVID-19 cases with no deaths were reported in the country. A total of 508 patients have recovered from the disease.

Eswatini

<table>
<thead>
<tr>
<th>COVID-19</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>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>6-Dec-20</td>
<td>6 501</td>
<td>6 501</td>
<td>122</td>
<td>1.90%</td>
<td></td>
</tr>
</tbody>
</table>

The ﬁrst case of COVID-19 was conﬁrmed in the kingdom of Eswatini on 13 March 2020. As of 6 December 2020, a total of 6 501 cases have been reported in the country including 6 090 recoveries. A total of 122 associated deaths have been reported.

Ethiopia

<table>
<thead>
<tr>
<th>COVID-19</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>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>6-Dec-20</td>
<td>113 295</td>
<td>113 295</td>
<td>1 747</td>
<td>1.50%</td>
<td></td>
</tr>
</tbody>
</table>

The relationship between the Ethiopian Federal Government and the Tigray Regional Government has been severely stressed since regional elections were conducted in Tigray on 9 September 2020. On 4 November 2020, there were armed clashes between the Ethiopian Defense Force (EDF) and the Tigray Regional Security Forces (TRSF) at border locations between Amhara and Tigray regions. The Prime Minister of Ethiopia declared a state of emergency in Tigray that will initially last for six months and on 7 November 2020 the Ethiopian parliament approved the formation of an interim government to replace regional government in Tigray. Airstrikes and shelling have been reported in key locations in Mekelle, Tigray since 4 November 2020 and clashes continue in locations in the Amhara-Tigray regional border areas. This has resulted in mass population movement with an average of 4 000 people a day crossing into Sudan and an estimated 27 000 people having already crossed this border.

Plague is endemic in Ituri province. Since the beginning of 2020 to date, Ituri Province has reported a total of 124 cases and 17 deaths (CFR 18.7%) in 5 health zones, namely Aungba, Linga, Rethy, Aru, Logo and Kambala. In 2019, from week 1 to 52, a total of 48 cases of bubonic plague including eight deaths have been reported in the country.

Gabon

<table>
<thead>
<tr>
<th>COVID-19</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>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>4-Dec-20</td>
<td>9 254</td>
<td>9 254</td>
<td>60</td>
<td>0.60%</td>
<td></td>
</tr>
</tbody>
</table>

On 12 March 2020, the Ministry of Health announced the conﬁrmation of the ﬁrst COVID-19 case in the country. As of 4 December 2020, a total of 9 254 cases including 60 deaths and 9 106 recovered have been reported in the country.

Gambia

<table>
<thead>
<tr>
<th>COVID-19</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>Grade 3</td>
<td>17-Mar-20</td>
<td>17-Mar-20</td>
<td>4-Dec-20</td>
<td>3 770</td>
<td>3 770</td>
<td>123</td>
<td>3.30%</td>
<td></td>
</tr>
</tbody>
</table>

The ﬁrst COVID-19 conﬁrmed case was reported in the Gambia on 17 March 2020. A total of 3 770 COVID-19 cases including 123 deaths and 3 615 recoveries have been reported in the country.

Guinea

<table>
<thead>
<tr>
<th>COVID-19</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>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>5-Dec-20</td>
<td>13 233</td>
<td>13 233</td>
<td>76</td>
<td>0.60%</td>
<td></td>
</tr>
</tbody>
</table>

The Ministry of Health in Guinea announced the ﬁrst conﬁrmed case of COVID-19 on 13 March 2020. As of 5 December 2020, a total of 13 233 cases including 12 355 recovered cases and 76 deaths have been reported in the country.
A case of Lassa fever was reported on 11 July 2020 by the Haemorrhagic Fever laboratory in Guéckédou. The case patient is a 28-year-old, female, 22 weeks of pregnancy, living in the village of Kondian, in the rural district of Koundou Lengo Bengou. She fell ill on 07 June 2020 with chest pain and no history of travel or being in contact with a foreigner a month before her illness. She consulted at Koundou health centre on 10 July 2020, with fever, cough, myalgia, diarrhoea, vomiting, sore throat, and chest pain. The malaria RDT was positive. She was treated for malaria and transferred to Guéckédou hospital the same day, where the diagnosis of haemorrhagic fever was made. A diagnostic test for haemorrhagic fever performed at the Haemorrhagic Fever laboratory in Guéckédou was positive for lassa fever. The patient died the next day. A dignified and secure burial was carried out by the Red Cross on 12 July 2020.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 29 cVDPV2 cases in the country.

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 30 November 2020, the country has reported 2,441 confirmed cases of COVID-19 with 2,337 recoveries and 44 deaths.

Since 1 January 2020, a total of 430 visceral leishmaniasis cases have been reported in Marsabit, Garissa, Kitui, Baringo and West Pokot Counties. Marsabit County has reported 115 suspected cases out of which 62 tested positives by RDT (k39) with four deaths (CFR 6.5%), Garissa County has reported 105 confirmed cases from Lagdera and Garissa sub-counties with three deaths. Kitui County has reported 79 cases from Mwingi North Sub County with no death, while Baringo County has reported 17 confirmed cases from Tiaty sub-county. West Pokot County, Pokot North sub-county, has reported 120 cases with 5 new cases reported from the county.

An outbreak of measles has been reported in nine sub-counties spread across five counties since the beginning of the year; West Pokot, Garissa, Wajir, Tana River and Kitui. Total cases reported are 626 out of which 49 were confirmed and two deaths (CFR 0.3 percent). The outbreak is active in West Pokot County with 24 new cases reported in the last week.

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, 2,137 cases of COVID-19 have been reported, including 1,278 recoveries and 44 deaths.

From 16 March to 3 December 2020, a total of 1,676 cases including 185 deaths and 68,929 recoveries have been reported in the country.

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 3 December 2020, a total of 17,473 cases have been reported in the country, out of which 16,927 have recovered and 255 deaths reported.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 6 December 2020, the country has a total of 6,051 confirmed cases with 185 deaths and 5,476 recoveries.
A total of 13,939 recoveries have been reported.

Namibia recorded its first confirmed case of COVID-19 on 13 March 2020. As of 5 December 2020, a total of 15,078 COVID-19 cases have been reported in the country including 168 deaths and 3,369 recoveries.

There are measles outbreaks in six districts of Zambezia. The outbreak was declared in March 2020 at the Nauela Administrative Post, Alto Molócuè district. As of week 45 (week ending 6 November 2020), ten suspected cases of measles were reported from two regions in the country. Since 1 January 2020, 759 suspected cases, 385 of which were confirmed, have been reported. No associated deaths have been reported so far.

As of 22 November 2020, a total of 166 suspected cases have been reported including 4 confirmed cases and 1 death. 162 samples have been analyzed of which 156 samples were negative and 2 have been sent to IPD for confirmation. The cumulative epidemiological situation in 2019 included 78 suspected cases including four 4 confirmed cases and three deaths (CFR 75%). Confirmed cases of yellow fever were reported from the Síkasso and Koulikoro regions.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 6 December 2020, a total of 9,516 cases including 188 deaths and 7,849 recovered cases have been reported in the country.

Between 16 to 24 October 2020, 5 cases of dengue fever have been suspected at Etiévich Clinic in Tervaghe Zeina district, and all have been confirmed by RT-PCR at the National Institute of Research in Public Health (INRSP). On 3 May 2020, two suspected cases of dengue fever were admitted to hospital in Mauritania. On May 4, 2020, it was found that the majority of consultations at the hospital had a history of unexplained fever. Thus, samples from the two suspected cases were collected and sent to the National Institute of Research in Public Health (INRSP). On 5 May 2020 the 2 cases were confirmed by RT-PCR positive for Dengue virus with DENV-1 serotype. The cases were discharged from hospital and declared cured after symptomatic treatment. A rapid investigation was carried out at city level and a further 5 additional cases (4 women and 1 man) distributed in 4 districts of Atar (Atar, Tinerie, Aghmenirte and Edebye) were detected.

The Ministry of Health notified the WHO of 8 cases, including 7 deaths, of Rift Valley Fever (RVF) (PCR positive) in breeders, which occurred between 13 September 2020 and 1 October 2020, in several localities in the departments of Tiébélé and Moodzéri (Tagant region), Guerou department (Assaba region) and Chinguetti department (Adrar region). The 7 deaths occurred in the Tagant region (5) and in the Assaba region (2). All these deaths occurred among hospitalized cases with fever and haemorrhagic syndrome (petechiae, gingivorrhagia) and vomiting, in the 3 departments of the region. As of 5 October 2020, a total of 88 samples of suspected cases have been sent to the National Institute of Public Health Research (INRSP). 36 were positive (by PCR and Elisa), 46 were negative. Six samples are still pending for results. Confirmed cases have been reported in 9 regions (Adrar, Assaba, Brakna, Hodh Échchgour, Hodh El Gharbi, Tagant, Trarza, Gorgol et Noukchott Sud). The continuous surveillance of RVF at the animal level has confirmed the outbreaks in the Assaba, Tagant, Brakna, Trarza and Hodh Elgharbi regions. The results of 165 samples taken in the period from September 16 to 23, 2020, show that 33 cameldes, 4 small ruminants and 6 cattle were positive.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 1 December 2020, a total of 505 confirmed COVID-19 cases including 10 deaths and 463 recovered cases have been reported in the country.

Cabo Delgado Province passed one year and six months since it was hit by Tropical Cyclone Kenneth in April 2019 followed by deteriorating humanitarian situation due to consecutive climatic shocks, insecurity and violence, leading to significant displacement, disruption of livelihoods and poor access to basic services, as well as the occurrence of different disease outbreaks. The security situation continues to deteriorate due to frequent insurgency attacks. The province has been hit by a wave of violence since October 2017, which has escalated significantly since January 2020. Frequent attacks are happening in 8 districts (Quissanga, Mocimab, Dparai, Muidembao, Nagadi, Melucu, Manocmia and lbo) situated in the north part of the capital of the province resulting in destruction of government offices, and service providing facilities including health facilities. Of the total health facilities in the province 41 (32%) have been closed down due to vandalism or other reasons.

A cholera outbreak is ongoing in Mozambique. From 11 January till 21 October 2020, a total of 1,698 cases including 27 deaths (CFR 1.6 %) were reported in Cabo Delgado province. Five districts, namely Maximba de Praia, macomia, lbo, Pemba city and Metuge are affected.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 6 December 2020, a total of 16,244 confirmed COVID-19 cases were reported in the country including 133 deaths and 14,416 recoveries.

There are measles outbreaks in six districts of Zambézia. The outbreak was declared in March 2020 at the Nauela Administrative Post, Alto Molócuè district. As of week 21, there were 863 suspected cases reported, 711 suspected cases tested, 140 IgM+ for measles, no eru-liked cases reported, and no deaths. So far there are 67 cases from Nampaíla, 18 from Cabo Delgado, 17 from Zambézia and 13 from Niassa provinces, 42% are <5 years old, 48% are aged 5-14 years.

Namibia recorded its first confirmed case of COVID-19 on 13 March 2020. As of 5 December 2020, Namibia has a cumulative total of 15,076 COVID-19 cases, with 153 deaths. A total of 13,939 recoveries have been reported.
Sao Tome and Principe COVID-19 Grade 3 6-Apr-20 6-Apr-20 6-Dec-20 999 999 17 1.70%

Nigeria Humanitarian crisis Protrated 1 10-Oct-16 n/a 30-Sep-20 - - - -

The humanitarian crisis in the North-eastern part of Nigeria persists, with continued population displacement from security compromised areas characterized by overcrowding in many camps in the region. Health Sector partners are supporting the government led COVID-19 response across the three states, including support through joint resource mobilization activities, overall coordination and monitoring of the response in the northeast.

Nigeria COVID-19 Grade 3 27-Feb-20 27-Feb-20 6-Dec-20 69 255 69 255 1 180 1.70%

The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 6 December 2020, a total of 69 255 confirmed cases including 1 180 deaths and 64 774 recovered cases have been reported in the country.

Nigeria Lassa fever Ungraded 10-May-19 1-Jan-20 31-May-20 2 079 241 4 0.20%

From week 1 to 22 of 2020, Nigeria reported a total measles suspected case count of 2 079 of which there were 241 lab confirmed (IgM positive) and 4 deaths in 8 regions: Agadez (50 cases, 0 deaths), Diffa: (4 cases, 0 deaths), Dosso (27 cases, 0 deaths), Maradi (101 cases, 2 deaths), Niamey (23 cases, 0 deaths), Tahoua (62 cases, 1 death), Tillaberi (67 cases, 0 deaths) and Zinder (167 cases, 1 death). In 2019 a total of 10 207 suspected measles cases were reported from eight regions in the country. So far, 24 districts have been affected by outbreaks in 2020.

Nigeria Measles Ungraded 25-Sep-17 1-Jan-20 28-Oct-20 420 14 3.30%

The measles outbreak in Nigeria is ongoing with multiple rounds of supplemental immunization activities (SIAs) ongoing in Kogo and Niger states.

Nigeria Poliomyelitis (cVDPV2) Grade 2 1-Jun-18 1-Jan-18 2-Dec-20 56 56 0 0.00%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) was this week. There are four cVDPV2 cases reported in 2020 and 18 cVDPV2 cases reported in 2019 and 34 in 2018.

Nigeria Yellow fever Ungraded 1-Nov-20 3-Dec-20 1 558 1 558 172 21.90%

Detailed update given above.

Rwanda COVID-19 Grade 3 14-Mar-20 14-Mar-20 6-Dec-20 6 129 6 129 51 0.80%

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 6 December 2020, a total of 6 129 cases with 51 deaths and 5 696 recovered cases have been reported in the country.

Sao Tome and Principe COVID-19 Grade 3 6-Apr-20 6-Apr-20 6-Dec-20 999 999 17 1.70%

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 6 December 2020, a total of 999 confirmed cases of COVID-19 have been reported, including 17 deaths. A total of 937 cases have been reported as recoveries.

Senegal COVID-19 Grade 3 2-Mar-20 2-Mar-20 6-Dec-20 16 477 16 477 338 2.10%

Since 2 March 2020, a total of 16 477 confirmed cases of COVID-19 including 338 deaths have been reported from Senegal. A total of 15 776 cases have recovered.

Senegal Dengue Ungraded 1-Sep-20 7-Sep-20 7-Sep-20 1 1 0 0.00%

A 36-year-old male tested positive for dengue serotype 2 (IgM) on 14 August 2020 by IP Dakar. Onset of symptoms began 10 July 2020 including fever, headaches, and arthralgia. Initial case investigations from the 1 June 2020 onward had found 6 suspect cases who then tested negative for dengue. No other cases have been reported as of 21 September 2020. Response actions include vector control entomological investigation and ongoing case identification.

Senegal Rift Valley Fever Ungraded 23-Oct-20 23-Oct-20 15-Nov-20 3 3 0 0.00%

The Institute Pasteur of Dakar through the directorate of diseases prevention notified to the district of Matam of two confirmed cases of Rift Valley fever (IgM positive) on 23 October 2020. It is a 20-year-old, male, living in Bokidiawé. He consulted at the health post on 13 October 2020 for an infectious syndrome with history of travel with an axillary temperature of 39.6 degree Celsius. The onset of symptoms is one day before the consultation date. The second case, is a 24 young man, living in Bokidiawé. He consulted the health post on 2 October 2020 for an infectious syndrome without notion of travel with an axillary temperature of 38.2 degree Celsius. The onset of symptoms is three days before the date of consultation. An additional case of confirmed Rift Valley fever was notified later.
<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>Senegal</td>
<td>Skin disease of unknown etiology</td>
<td>Ungraded</td>
<td>17-Nov-20</td>
<td>12-Nov-20</td>
<td>22-Nov-20</td>
<td>567</td>
<td>6</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Togo</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>17-Nov-20</td>
<td>11-Nov-20</td>
<td>5-Dec-20</td>
<td>44</td>
<td>11</td>
<td>2</td>
<td>4.5%</td>
</tr>
<tr>
<td>Togo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>16-Oct-19</td>
<td>13-Sep-19</td>
<td>2-Dec-20</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

As of 22 November 2020 a total of 567 cases of dermatosis of unknown origin had been seen and treated, including 336 in Mbo, 120 in Rufisque, 104 in Diennadio, six in Dakar Centre (GS Gaspard Camara) and one in Dakar West (CS Philippe Senghor). All but one case were treated as outpatients. The age of the cases ranged from 10 to 59 years, with an average age of 23. Most cases (94; 34.4%) were in the age group 10-20 years. All had been to sea and all responded well to treatment. Cases are characterized by impetigo-like lesions with peri-laryngeal and peri-oral localization, with some papular lesions localized to the hand and feet and rarely to the external genitals. The eyes are affected with conjunctival redness and inflammation. Systemic features are headache and fever. Examinations to date do not suggest an infectious cause, with skin biopsy results suggesting dermatitis caused by some caustic external agent. Further investigations are ongoing.

The Institute Pasteur of Dakar through the directorate of diseases prevention notified to the district of Matam of one confirmed case of West Nile fever (IgM positive) on 23 October 2020. It is a 32-year-old lady living in Bokidiawe. She consulted at the health post of Bokidiawe on 7 October 2020 for an infectious syndrome without history of travel with axillary temperature of 38.2 degree Celsius. The symptoms occurred 2 days before the consultation. Five additional cases were notified later in Tambacounda, Matam, Dakar et Ziguinchor regions.

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, 182 cases have been confirmed in total, including 167 recoveries and no deaths reported.

On 23 October, there was a report that an unknown number of people were displaced in Lobonok following clashes between South Sudan People’s Defense Force (SSPDF) and National Salvation (NAS) forces in Karpato, Pagar and Sindru in July and August.

The humanitarian situation has continued in recent weeks with inter-communal fighting in several parts of the country. On 23 October, there was a report that an unknown number of people were displaced in Lobonok following clashes between South Sudan People’s Defense Force (SSPDF) and National Salvation (NAS) forces in Karpato, Pagar and Sindru in July and August.

The current outbreak in Bentiu UN Protection of Civilians (POC), which started at the beginning of 2019, has continued since the beginning of 2020 with thirteen new cases reported in week 47 (week ending 22 November 2020). As of the reporting date, a total of 412 cases of hepatitis E including five deaths have been reported from South Sudan, in Bentiu POC. There is also a suspected outbreak of Hepatitis E in Abyei region, with an increasing number of suspected cases reported on 16 November 2020. Further epidemiological investigations about that outbreak are ongoing on the field.

Between week 38 of 2019 to week 25 of 2020, a total of 916 suspected cases of measles of which 50 were laboratory-confirmed and 2 deaths (CFR 0.6%) have been reported. The outbreak has affected 6 counties (Tonj East, Magwi, Bor, Kapoeta East, Awel East and Wau) and Bentiu Protection of Civilians Sites (POC).

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 29 November 2020, a total of 508 cases have been reported in the country including 21 deaths. The last information on confirmed COVID-19 cases was shared by Tanzania mainland on 29 April 2020 and Zanzibar last shared information on on-going COVID-19 outbreak on 7 May 2020.

On 16 November 2020, health authorities of the Golf District in Togo were alerted about six persons with diarrhoea, vomiting and dehydration, including one death in the health area of the Golf District in Lomé. The investigation identified the first case on 11 November 2020. The sample was taken and cholera outbreak was confirmed at the laboratory of the National Institute of Hygiene (INH) on 17 November 2020. From 1 November to 5 December 2020, 44 suspect cases of cholera were reported in 3 health areas of the Golf Health District in Lomé including 11 confirmed cases, 2 deaths, and 40 recoveries. Response activities are ongoing.

No new case of cVDPV2 was reported during the past week. There have been nine cases so far in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.
On 28 April 2020, WHO received information regarding a confirmed yellow fever case in Mango village, Oti district, Savanes region in the northern part of Togo. The results were confirmed at the yellow fever reference laboratory, Institut Pasteur in Dakar, Senegal by seroneutralisation. The case is a 55-year-old female with no travel or vaccination history for yellow fever. On 3 February 2020, she presented to a health facility with symptoms of fever with aches. The following day she developed jaundice and a blood sample was taken and transported to the national laboratory as yellow fever was suspected. The case-patient died three days later while receiving treatment. On 17 March, the sample tested IgM positive for yellow fever. On 22 March 2020, an in-depth multi-disciplinary investigation was conducted, and no additional case was detected.

Between 1 and 30 September 2020, a total of 2,786 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo. Uganda hosted 1,431,477 asylum seekers as of 30 September 2020, with 94% living in settlements in 11 of Uganda’s 128 districts and in Kampala. Most are women within the age group 18-59 years.

As of 7 September 2020, we have 1,488 cases, 483 in Moroto, 543 in Nabilatuk, 72 in Napak, 390 in Kotido. On 11 May 2020, a cholera outbreak was confirmed in Moroto district. The index case was a 17-year-old male patient from Natapar Kocuc Village, Loputuk parish, Nadunget Subcounty who was seen on 29 April 2020 with acute watery diarrhoea and severe dehydration. On 4 May 2020 more cases with similar symptoms from the same location with the index case were seen and cholera was suspected. On 11 May 2020, CPHL confirming *Vibrio cholerae* serotype 01 Inaba detected in 7 out of 8 stool samples that were collected. As of 12 June 2020, the cumulative number of cases is 682 including 6 deaths.

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 5 December 2020, a total of 22,499 confirmed COVID-19 cases, 9,175 recoveries with 206 deaths.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 6 December 2020, a total of 17,916 confirmed COVID-19 cases were reported in the country including 364 deaths and 17,173 recovered cases.

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported since the beginning of 2020. There were two cVDPV2 cases reported in 2019.

The anthrax outbreak is ongoing in Zimbabwe. This outbreak started in week 36, 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. Thirteen new anthrax cases and no deaths were reported in week 44 (week ending on 1 November 2020). The reported cases were from Gokwe North District (2), Gokwe South District (9) in Midlands Province, Bikita District (1) in Masvingo Province and Hurungwe District (1) in Mashonaland West Province. The cumulative figures for anthrax are 464 cases and 1 death.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 6 December 2020, a total of 10,718 confirmed COVID-19 cases were reported in the country including 291 deaths and 8,880 cases that recovered.

### Closed Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of</th>
<th>End of</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Measles</td>
<td>Measles</td>
<td>10-Jan-17</td>
<td>1-Jan-20</td>
<td>70,899</td>
<td>1,317</td>
<td>1,026</td>
<td>1.40%</td>
</tr>
<tr>
<td>Niger</td>
<td>Floods</td>
<td>Ungraded</td>
<td>9-Sep-20</td>
<td>9-Sep-20</td>
<td>1-Aug-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>


Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
This is not an official publication of the World Health Organization.

Correspondence on this publication may be directed to:
Dr Benido Impouma
Programme Area Manager, Health Information & Risk Assessment
WHO Emergency Preparedness and Response
WHO Regional Office for Africa
P O Box. 06 Cité du Djoué, Brazzaville, Congo
Email: afrooutbreak@who.int

Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be sent to the same address.

The designations employed and the presentation of the material in this publication 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 lines on maps represent approximate borderlines for which there may not yet be full agreement.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or its Regional Office for Africa be liable for damages arising from its use.
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.