This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 117 events in the region. This week’s main articles cover the following events:

- Coronavirus disease 2019 (COVID-19) in Nigeria
- Measles in Chad
- Cholera in the Democratic Republic of the Congo.

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

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

Major issues and challenges include:

- Nigeria has recently had a marked increase in COVID-19 cases, reporting a 79.1% increase in cases between 28 November 2020 and 12 December 2020. Most of the increase has been in crowded urban areas, making strengthening of physical and social prevention measures, such as physical distancing, wearing cloth masks in public, avoiding crowd and hand hygiene of particular importance.

- Chad has been dealing with an outbreak of measles since the beginning of 2020, which is now showing an overall declining trend as a result of reactive measles vaccination campaigns in the most affected regions. However, the country suffers regular measles outbreaks, showing that vaccination coverage is generally low and vaccination status was either unknown or absent in all cases in this outbreak. Uptake of reactive vaccination campaigns, is however good, showing that parents are willing to have their children vaccinated. National authorities need urgently to strengthen their routine vaccination programmes across the country.

- The long-standing cholera outbreak in the Democratic Republic of the Congo is showing a declining trend in comparison to previous years, but with an increase in cases and deaths in the past few weeks, possibly driven by heavy rains. Outbreaks of cholera in the region are not unexpected, occurring as they do in a context of population displacement, and inadequate access to safe drinking water and sanitation. Response is complicated by multiple infectious disease outbreaks across the country, including COVID-19, along with continued insecurity, requiring robust mitigation measures from authorities and partners to prevent increasing numbers of cases going into 2021.
**EVENT DESCRIPTION**

Nigeria, along with many other countries in the African region, is experiencing an increase in COVID-19 cases, and ranks fifth overall in the region in case numbers. The number of new cases has markedly increased recently, with a 79.1% increase between week 48 (week ending 28 November 2020) and week 49, and a 112.7% increase from week 49 (week ending 5 December 2020) to week 50 (week ending 12 December 2020). Declines in cases were observed across six states, with no change in 12 states and increased cases in 15 states. The largest percentage increase in cases were seen in Ogun (100%; 35 cases), Bauchi (117%; 14 cases), Federal Capital Territory (125%; 636 cases), Benue (180%; 9 cases), Sokoto (250%; 15 cases), Kano (254%; 61 cases), Katsina (291%; 99 cases), Kwara (1350%; 108 cases), Osun (1400%; 14 cases). Four states have not reported cases in the past two weeks. As of 19 December 2020, the cumulative total number of cases was 77,933, with 1,218 deaths (case fatality ratio 1.6%).

Testing has also increased recently, with 3,707 tests conducted in week 50, an increase of 10.3% over the previous week, while at the same time confirmed cases increased by 112.7% (2,077 cases) compared to the previous week. The test positivity rate is also increasing, from 5.1% in week 49 to 9.9% in week 50. The cumulative test positivity rate is around 8.5%.

**PUBLIC HEALTH ACTIONS**

- There is continued proactive engagement with partners and support for the WHO country office activities and projects.
- Surveillance operations continue with 10 public health sector core trainers identified and trained for two weeks in Lagos; point of entry activities were finalized and the budget put together; states have been supported in implementing hot spot strategies including generation of information products for decision making, contact tracing and case search; states are supported for early identification of COVID-19 cases through alert verification, contact tracing, and active case search; weekly COVID-19 situation reports are produced; the Nigeria Centre for Disease Control has been supported in adapting IDSR Technical Guidelines and training modules for use at health facility level.
- Participants in data collection for COVID-19 case management have been trained, with state level training started as well as capacity building for tertiary facilities; health facility infection prevention and control capacity has been strengthened, with guidelines for safety at youth camps developed.
- Risk communication and community engagement (RCCE) activities have been conducted in states and local government areas, with media practitioners in different regions mobilized in supporting awareness and sustained behaviour change; supportive supervision and monitoring of RCCE activities continues, including training local government area focal persons.
- A proposal on the use of rapid antigen tests (RDT) for safe reopening of youth camps has been submitted, along with a draft study proposal on the use of RDT at health facilities; a consolidated report on influenza surveillance has been compiled and shared with stakeholders and Nigeria Centre for Disease Control for action.

**SITUATION INTERPRETATION**

Nigeria remains among the most affected countries in the African region, both in terms of case numbers and deaths. The country has recently seen a surge in case numbers and deaths after a sustained fall since July/August 2020, which is of concern. The main centres of infection are crowded urban areas, where adherence to physical and social prevention measures, such as physical distancing, wearing cloth masks, avoiding crowded spaces and hand hygiene are crucial to preventing any further increases in transmission. Authorities need urgently to strengthen risk communication and community engagement activities, along with implementation of consistent testing policies, with contact tracing and isolation of positive cases.
EVENT DESCRIPTION
The measles outbreak in Chad continues to show a declining trend overall, although with a slight increase in cases in recent weeks. A total of eight suspected cases were notified during week 50 (week ending 12 December 2020) compared with 11 cases notified during week 49 (week ending 5 December 2020).

A total of 8 702 suspected cases of measles have been notified in 2020 in 107 (85%) out of 126 districts, with 41 deaths (case fatality ratio 0.5%). Of these cases, 547 were tested and 363 were confirmed as IgM positive for measles virus. Three districts have passed the 1 000 case mark: Kyabé (2 108 cases), Béboto (2 039 cases) and Goundi (1 261 cases). Most cases (1 109; 47.7%) are in the age range 1-4 years, followed by 5-9 years (454; 19.5%) and those aged less than one year (425; 18.3%); 86% of cases are under the age of 10 years. More than 90% of cases have either not been vaccinated or are of unknown vaccination status.

PUBLIC HEALTH ACTIONS
- Responsive vaccination campaigns are being supported across affected districts by the Measles and Rubella Initiative, UNICEF and Médecins sans Frontières (MSF).
- All sick children who are severely malnourished are provided with a three-week stock of plumpy nut, supported by MSF.
- Post vaccination coverage survey in the Kyabe health district conducted by MSF estimated 80% coverage with proof of vaccination card, which rose to 94.5% including verbal declarations by parents.
- A technical support mission was organized at central level to targeted districts for revision of vaccine micro plans; the Ministry of Health transmitted requests to partners on the basis of revised budgets.
- Vitamin A supplementation and de-worming forms part of the measles vaccination campaigns, implemented in blocks of provinces.

SITUATION INTERPRETATION
The ongoing measles outbreak in Chad continues to show an overall declining trend, with implementation of reactive vaccination campaigns across the country, supported by partners. There has, however, been a slight increase in cases in the past few weeks, which needs to be monitored. Chad has suffered measles outbreaks regularly in the past few years as a result of inadequate vaccine coverage lack of a second dose of measles vaccine in most children. Malnutrition is also a problem in Chad, which will complicate the course of the disease in affected children. Authorities need urgently to strengthen vaccination programmes, with the aid of partners and donors, to prevent future outbreaks.
**EVENT DESCRIPTION**

The ongoing cholera outbreak in Democratic Republic of the Congo is on a declining trend compared to previous years, although there has been a recent increase in cases. Outbreaks continue to occur in the central, south-eastern and eastern parts of the country. As of 5 December 2020 there has been a cumulative total of 18,504 cases, including 301 deaths (case fatality ratio 1.6%) in 131 health zones in 18 provinces. This is in comparison to 27,883 cases and 487 deaths (case fatality ratio 1.8%) in 179 health zones in 24 provinces in the same period in 2019. However, outbreaks are expected to continue in affected provinces, with possible resurgences as a result of current high rainfall, population displacement, inadequate access to safe drinking water and poor sanitation.

In the four weeks from week 45 to week 48 (week ending 7 November to week ending 5 December 2020), a total of 1,154 suspected cholera cases and 26 deaths (case fatality ratio 2.3%) have been reported. Four provinces, South Kivu (603 cases; 52.3%), North Kivu (141 cases; 12.2%), Haut-Katanga (93 cases; 8.1%) and Lomami (186 cases; 16.1%) reported 88.6% (1,023) of all cases. In week 48 (week ending 5 December 2020), a total of 426 cases and 11 deaths (case fatality ratio 2.6%) were recorded in 37 health zones of nine provinces, which is a marked increase from the 266 cases and eight deaths (case fatality ratio 3.0%) reported in week 47 (week ending 21 November 2020). Most of the week's deaths occurred in Lomami (8/11; 72.7%).

**PUBLIC HEALTH ACTIONS**

- WHO and partners continue to offer technical and financial support in health information management, strengthening epidemiological and biological surveillance in several provinces.
- Community-based surveillance has been implemented in Mitumurhesa health zone, South Kivu, while at the same time an investigative mission has been held with briefing of service providers for cholera surveillance.
- Free medical care for cholera cases is being provided by Médecines Sans Frontières (MSF)-Spain, UNICEF and other partners, with technical and financial support from WHO.
- Awareness raising activities continue with support from various partners across different media and other channels.
- Water, Sanitation and hygiene (WASH) activities include installation of several fixed chlorination points in affected populations with the support of MSF, Red Cross, WHO, UNICEF and others, as well as organization of safe burials and disinfection of households.
- There is continued advocacy for preventive and responsive vaccine campaigns in Haut-Katanga, Tanganyika and Haut-Lomomi provinces and continued preparation for oral cholera vaccine coverage surveys in South Kivu, which will be conducted by the Kinshasa School of Public Health, with support from WHO.

**SITUATION INTERPRETATION**

The long-standing cholera outbreak in Democratic Republic of the Congo is at a lower level than it has been in previous years, which is commendable in the face of the complex situation in the country. This is one of multiple infectious disease outbreaks that require action, and responses are also complicated currently by the COVID-19 pandemic. National and local authorities and partners need to continue with mitigation measures in order to maintain the declining trend in the disease and prevent any resurgence going into 2021.

Go to overview Go to map of the outbreaks
Major issues and challenges

- The marked increase in COVID-19 cases and deaths in Nigeria in the past four weeks is of grave concern and the country remains among the most affected in the African region. Increased have been seen mainly in crowded urban areas.

- The measles outbreak in Chad is declining in the context of reactive vaccination campaigns in affected regions. However, the concentration of cases in children who either have not been vaccinated, or whose vaccination status is unknown, points to inadequate routine vaccine services in the country.

- The long-standing cholera outbreak in Democratic Republic of the Congo is occurring in the context of a complex humanitarian crisis and multiple outbreaks of other infectious diseases. As such, response is complex and requires careful attention to all mitigation measures such as oral cholera vaccination campaigns, provision of safe water and improved sanitation and strong community awareness messaging.

Proposed actions

- Authorities in Nigeria need urgently strengthen physical and social prevention measures among the population to try to interrupt the current increase in transmission. This must be coupled with a consistent testing strategy, along with contact tracing and isolation of confirmed cases.

- Authorities and partners in Chad need to strengthen the routine vaccination programme with attention to availability of clinics and community awareness of the provision of vaccines, in order to prevent ongoing outbreaks in a region where second doses of the measles vaccine are rarely provided.

- National and local authorities and partners in Democratic Republic of the Congo need urgently to strengthen and continue mitigation measures to ensure that the current slight increase in cases does not turn into a resurgence going into 2021.
### 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>
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**From 25 February to 20 December 2020, a total of 95 203 confirmed cases of COVID-19 with 2 666 deaths (CFR 2.8%) have been reported from Algeria. A total of 63 260 cases have recovered.**

From 4 January 2020 to 4 November 2020, Angola reported a total of 1 349 suspected cases that have been notified and investigated of which 1 028 have been confirmed. 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. A total of 16 out of 18 provinces are affected. The most affected provinces are Cabinda (436, Bie (184), Malanje (108), Luanda (88), and Huambo (55).

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 20 December 2020, a total of 16 644 confirmed COVID-19 cases have been reported in the country with 387 deaths and 9 592 recoveries.

From 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 15 December 2020, a total of 12 873 confirmed COVID-19 cases were reported in the country including 38 deaths and 10 456 recovered cases.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 20 December 2020, a total of 3 167 cases have been reported in the country with 44 deaths and 3 061 recoveries.

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 15 December 2020, a total of 12 873 confirmed COVID-19 cases were reported in the country including 38 deaths and 10 456 recovered cases.

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 31 October 2020 in all 13 regions in the country. The presence of jihadist groups and self-defence units have created an increasing volatile security situation. Presidential and legislative elections were successfully held on 22 November 2020 despite dire security conditions and widespread displacement across the country. 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, continue to be reported. As of 30 September 2020, according to the report from the Ministry of Health, 95 health facilities were closed, which is 7.5% of the health facilities in six regions affected by insecurity, and 199 other health facilities are working partially. Central Burkina Faso (particularly the Centre Region, including the area of the capital Ouagadougou, and the Centre-Nord Region) was affected by heavy rain since 5 September 2020, which triggered floods and resulted in casualties and damages.

Between 9 March and 19 December 2020, a total of 5 160 confirmed cases of COVID-19 with 76 deaths and 3 659 recoveries have been reported from Burkina Faso.

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 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 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 sum, 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 Savares outbreak in Togo.

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 20 December 2020, the total confirmed COVID-19 cases is 762, including two deaths and 698 recovered.

From 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 20 December 2020, a total of 1 349 confirmed COVID-19 cases have been reported in the country with 108 deaths and 1 241 recoveries.
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 Citiboke. As of 9 August 2020, Burundi has reported a total of 899 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: Bukinanyana (Citiboke province), Ngozi (Ngozi province), Bujumbura Nord (Bujumbura province). There have been no deaths reported.

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. The United Nations Department of Safety and Security (UNDSS) has identified 50 security incidents only for the month of October 2020. UNHCR protection monitoring through INTERSOS, reported 549 protection incidents in the same month. The incursions of the no governmental armed group has resulted in numerous displacements of people within the region. In addition to the insecurity linked to armed group attacks, the Far-North region has experienced very heavy rains in September, resulting in large-scale floods, damaging and destroying houses, cultivated areas, roads and bridges and further reducing the access to services. According to data collected by the Cameroonian Red Cross (CRC) as of 20 October 2020, the floods affected around 162,300 people, killed 50 people and displaced 357 households in the Far North region. The multiple influxes of displaced people and the floods have worsened the problems of access to water, hygiene and sanitation in the region. The Minawao Refugee Camp in the Mokolo Health District continues to host Nigerian refugees.

Burundi Measles Ungraded 23-Mar-20 4-Nov-19 2-Aug-20 989 989 0 0.00%

Cameroon Measles Protracted 31-Dec-13 27-Jun-17 17-Dec-20 - - - -

Cameroon Measles Protracted 31-Dec-13 27-Jun-17 17-Dec-20 - - - -

Cameroon Measles Protracted 31-Dec-13 27-Jun-17 17-Dec-20 - - - -

Cameroon Measles Protracted 31-Dec-13 27-Jun-17 17-Dec-20 - - - -

The measles outbreak is improving in Cameroon. Since 1 January 2020 to date, a total of 1,423 confirmed cases and 13 deaths have been reported in the country. Twenty-nine out of 79 health districts that were affected have not reported cases in the last four epidemiological weeks. On 3 November 2020, armed men kidnapped 11 teachers from a school in Limbe and on 4 November 2020 students and teachers were tortured during an attack on a college in Limbe, and on the same day nine school children were kidnapped and later released in Fundong. Shelter, NFI (non-food Items), protection and food continue to be the most urgent needs of the displaced populations.

Cameroon COVID-19 Grade 3 6-Mar-20 6-Mar-20 18-Dec-20 25 849 25 849 448 1.70%

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

Cameroon Poliomyelitis (cVDPV2) Grade 2 1-Jan-20 1-Jan-20 16-Dec-20 7 7 0 0.00%

Civil unrest and food insecurity in most parts of the country, including major cities, continue to cause a complex humanitarian situation. The security situation remains tense with the persistence of inter-ethnic tensions within rival armed groups in the Northeast of the country, mainly in Ndele, Birao, Batangafo and Bria. Around 641,292 people are internally displaced in Central Africa and 626,838 persons are refugees in neighbouring countries, namely, Cameroon, Democratic Republic of Congo (DRC), Republic of Congo, Sudan and South Sudan.

Central African Republic Measles Grade 2 15-Mar-19 1-Jan-19 14-Oct-20 28 676 443 137 -

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 9 December 2020, a total of 4,938 confirmed cases, 63 deaths and 4,854 recovered were reported.

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

From 14 August to 19 November 2020, there have been 38,386 cases of chikungunya recorded 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), Abdi (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 first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 20 December 2020, a total of 1,890 confirmed COVID-19 cases were reported in the country including 102 deaths and 1,632 cases who have recovered.

The prolonged and complex humanitarian crisis in Democratic Republic of the Congo continues, with 5.5 million internally displaced persons (IDP), 15.6 million people food insecure and in need of emergency assistance, and 5.6 million people in need of emergency health assistance. The main provinces affected are Ituri, and North and South Kivu. Since the end of October 2020, an estimated 2,250 IDPs have been displaced in the Djili region, Ituri Province, as a result of clashes between government soldiers and armed insurgents. At the same time, several health zones in Ituri, notably Mangala, have been waiting for humanitarian assistance since March 2020, requiring non-food items, healthcare, nutrition and protection. This affects an estimated 21,000 people. In the Lita Health Zone, a further 11,890 IDPs requiring non-food items, healthcare, nutrition and protection. This affects an estimated 21,000 people. In the Lita Health Zone, a further 11,890 IDPs are vulnerable, and 102 deaths and 1,632 cases who have recovered.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 4 cVDPV2 cases reported in 2020 so far and 21 cases in 2019 from several outbreaks.

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Two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Logone Oriental. There are 91 cVDPV2 cases from three different outbreaks. There were 11 cases reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 17 December 2020, a total of 643 confirmed COVID-19 cases, including 7 deaths and 610 recoveries were reported in the country.

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 13 December 2020, a total of 6,200 cases including 100 deaths and 5,003 recovered cases have been reported in the country.

Since 11 March 2020, 21,918 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 133 deaths, and a total of 21,478 recoveries.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 4 cVDPV2 cases reported in 2020 so far.

The prolonged and complex humanitarian crisis in Democratic Republic of the Congo continues, with 5.5 million internally displaced persons (IDP), 15.6 million people food insecure and in need of emergency assistance, and 5.6 million people in need of emergency health assistance. The main provinces affected are Ituri, and North and South Kivu. Since the end of October 2020, an estimated 2,250 IDPs have been displaced in the Djili region, Ituri Province, as a result of clashes between government soldiers and armed insurgents. At the same time, several health zones in Ituri, notably Mangala, have been waiting for humanitarian assistance since March 2020, requiring non-food items, healthcare, nutrition and protection. This affects an estimated 21,000 people. In the Lita Health Zone, a further 11,890 IDPs are vulnerable, and 102 deaths and 1,632 cases who have recovered.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 4 cVDPV2 cases reported in 2020 so far and 21 cases in 2019 from several outbreaks.

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No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 4 cVDPV2 cases reported in 2020 so far and 21 cases in 2019 from several outbreaks.
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 19 December 2020, a total of 13,545 cases including 12,955 recoveries have been reported in the country. A total of 140 associated deaths have been reported.

Two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Maindombe. There are 70 cases reported in 2020, 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 Kasai, Kwilu, Kwango and Sankuru provinces).

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 16 December 2020, a total of 5,214 cases have been reported in the country with 85 deaths and 5,064 recoveries.

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 119,951 cases of COVID-19 as of 20 December 2020, 1,853 deaths and 102,980 recoveries have been reported.

In week 44 (week ending 31 October 2020), 48 new suspected cases with no associated death were reported. Most of the cases were reported from SNNP and Oromia. In week 48 (week ending 18 December 2020), 19 new suspected cases were reported.

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 119,951 cases of COVID-19 as of 20 December 2020, 1,853 deaths and 102,980 recoveries have been reported.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The total number of cVDPV2 cases reported is 35.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 18 December 2020, a total of 9,400 cases including 64 deaths and 9,254 recovered have been reported in the country.

The first COVID-19 confirmed case was reported in the kingdom of Eswatini on 13 March 2020. As of 20 December 2020, a total of 7,427 cases have been reported in the country including 6,966 recoveries. A total of 140 associated deaths have been reported.

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.

It 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. Similarly, there are reports of people in southern Tigray crossing into Amhara region, as well as people in areas in Amhara bordering Tigray moving further inland away from conflict zones. Access to health services is poor due to limited healthcare facilities, limited staff and inadequate medical supplies at available public facilities.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in 2020. The total number of cVDPV2 cases reported is 35.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. A total of 3,788 confirmed COVID-19 cases including 123 deaths and 3,658 recoveries have been reported in the country.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. A total of 3,788 confirmed COVID-19 cases including 123 deaths and 3,658 recoveries have been reported in the country.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. So far, there have been 12 cases reported in 2020, while the total number of 2019 cases remains 18. One cVDPV2 positive environmental sample was reported in the Eastern province.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 19 December 2020, a total of 13,545 cases including 12,955 recovered cases and 80 deaths have been reported in the country.
A case of Lassa fever was confirmed 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 Kontian, 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 performed 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.

During week 41 (week ending 10 October 2020) there has been a total of 6 053 cases with 366 confirmed and 14 deaths in 2020. During week 44 of 2019 (week ending 3 November 2019), 127 suspected cases of measles were reported. From week 1 to 44 (1 January - 3 November 2019), a total of 4 690 suspected cases including 18 deaths (CFR 0.4%) have been reported. Of the 4 690 suspected cases, 1 773 were sampled, of which 1 091 tested positive for measles by serology. Three localities in three health districts are in the epidemic phase, namely, Wamindara in Ratoma health district, Douent in Mamou health district and Soumpoura in Tougue health district.

Since the beginning of 2020, cumulative cases are 711 with 13 deaths (CFR 1.9%). The Wajir, Murang’a, Marsabit and Garissa outbreaks are now controlled. The outbreak is active in Turkana County. Turkana County is reporting the fourth wave of the outbreak this year, with 42 cases, so far and a total of 279 cases with 1 death (CFR 0.4%).

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 positive by RDT (rk39) 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 Kilifi. 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.

From 16 March to 19 December 2020, a total of 1 788 cases including 83 deaths and 1 411 recoveries have been reported from all 15 counties of Liberia. Montserrado County, which hosts the country’s capital city, remains at the epicenter of the outbreak.

Two new confirmed case was reported during week 46 (week ending 15 November 2020). Of 162 suspected cases reported across the country from 1 January to 15 November 2020, 51 were confirmed. A total of 22 deaths (CFR 43%) have been reported among the confirmed cases.

Two new confirmed case was reported during week 48 (week ending 29 November 2020). 4 suspected cases were reported from Lofa (1), Grand Gedeh (1), Maryland (1) and Nimba(1) counties. Since the beginning of 2020, 879 cases with 3 associated deaths have been reported across the country, of which 93 are laboratory-confirmed, 228 are epi-linked, and 386 are clinically confirmed.

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 18 December 2020, a total of 17 633 cases have been reported in the country, out of which 17 147 have recovered and 260 deaths reported.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 20 December 2020, the country has a total of 6 161 confirmed cases with 187 deaths and 5 663 recoveries.
The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The persistent insecurity and deteriorating economic conditions due to the COVID-19 pandemic have caused a steep rise in trafficking of children, forced labour and forced recruitment by armed groups across the country. According to the latest report of the UNHCR led Global Protection Cluster, 230 cases of child recruitment were documented in the first half of 2020, compared to 215 cases in all of 2019. The country continues to record incidents targeting aid workers. Certain humanitarian operations in Timbuktou and Menaka regions were suspended as a result of violent security incidents. The country has had heavy rains since the end of June 2020, which have caused flooding in Mopti, Gao, Segou and Sikasso regions affecting over 13 200 people, including 5 400 IDPs.

Mali COVID-19 Grade 3 25-Mar-20 25-Mar-20 20-Dec-20 6 191 6 191 222 3.60%

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 20 December 2020, a total of 6 191 confirmed COVID-19 cases have been reported in the country including 222 deaths and 3 839 recoveries.

Mali Measles Ungraded 20-Feb-18 1-Jan-19 29-Nov-20 795 413 2 0.30%

During week 48 (week ending 29 November 2020), 19 suspected cases of measles were reported from three regions in the country. Since 1 January 2020, 795 suspected cases, 413 of which have been confirmed. Two associated deaths have been reported so far.

Mauritania COVID-19 Grade 3 13-Mar-20 13-Mar-20 13-Dec-20 10 971 10 971 225 2.10%

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 13 December 2020, a total of 10 971 cases including 225 deaths and 8 076 recovered cases have been reported in the country.

Mauritania Dengue Ungraded 11-May-20 3-May-20 2-Nov-20 7 7 0 0.00%

Between 16 to 24 October 2020, 3 cases of dengue fever have been suspected at Etsivagh Clinic in Tevragh 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, Tineri, Aghnemrite and Edebaye) were detected.

Mauritania Rift Valley Fever Grade 1 9-Oct-20 4-Sep-20 28-Sep-20 36 36 13 36.10%

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 Tidjikja and Moudjeria (Tagant region), Gouerou 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 for 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 Elchargui, Hodh El Gharbi, Tagant, Trarza, Gorgol et Nouakchott 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 camelds, 4 small ruminants and 6 cattle were positive.

Mauritius COVID-19 Grade 3 18-Mar-20 18-Mar-20 14-Dec-20 524 524 10 1.90%

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 14 December 2020, a total of 524 confirmed COVID-19 cases including 10 deaths and 489 recovered cases have been reported in the country.

Mozambique Humanitarian crisis in Cabo Delgado Grade 2 1-Jan-20 1-Jan-20 30-Nov-20 - - - -

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, Moçimba, D parai, Muidembao, Nagadi, Melucu, Manocmia and Ibo) 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.

Mozambique Cholera Ungraded 20-Feb-20 31-Jan-20 21-Oct-20 1 698 38 27 1.60%

A cholera outbreak is ongoing in Mozambique. From 1 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 Mocimba de Praia, macomia, Ibo, Pemba city and Metuge are affected.

Mozambique COVID-19 Grade 3 22-Mar-20 22-Mar-20 20-Dec-20 17 568 17 568 148 0.80%

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 20 December 2020, a total of 17 568 confirmed COVID-19 cases were reported in the country including 148 deaths and 15 454 recoveries.

Mozambique Measles Ungraded 25-Jun-20 1-Jan-20 22-Jul-20 862 140 0 0.00%

There are measles outbreaks in six districts of Zambézia. The outbreak was declared in March 2020 at the Nauela Administrative Post, Alto Molócu district. As of week 21, there were 862 suspected cases reported, 711 suspected cases tested, 140 IgM+ for measles, no epi-linked cases reported, and no deaths. So far there are 67 cases from Nampula, 18 from Cabo Delgado, 17 from Zambémia and 13 from Niassa provinces. 42% are <5 years old, 48% are aged 5-14 years.
Health Emergency Information and Risk Assessment

**Namibia**
- **COVID-19**
  - Grade: Grade 3
  - Date notified to WCO: 14-Mar-20
  - Start of reporting period: 14-Mar-20
  - End of reporting period: 11-Dec-20
  - Total cases: 16 536
  - Cases Confirmed: 16 536
  - Deaths: 160
  - CFR: 1.00%

Namibia recorded its first confirmed case of COVID-19 on 13 March 2020. As of 19 December Namibia has a cumulative total of 18 714 COVID-19 cases, with 177 deaths. A total of 15 967 recoveries have been reported.

**Namibia**
- **Hepatitis E**
  - Protracted: 18-Dec-17
  - End of reporting period: 8-Sep-17
  - Total cases: 10 114
  - Cases Confirmed: 10 114
  - Deaths: 66
  - CFR: 0.70%

In weeks 39 and 40 (21 September - 04 October 2020), a total of 12 HEV cases were reported country-wide. Since the beginning of the outbreak in December 2017, a cumulative total of 10 114 cases (2 069 laboratory-confirmed, 4 530 epidemiologically linked, and 1 378 suspected cases) including 66 deaths (CFR 0.8%) have been reported countrywide. Khamus Region remains the most affected region, accounting for 5 078 (50%) of reported cases, followed by Erongo 1 880 (19%) since the outbreak began.

**Niger**
- **Humanitarian crisis**
  - Protracted: 1
  - 1-Feb-15
  - 1-Feb-15
  - 30-Sep-20
  - Total cases: 2 361
  - Cases Confirmed: 2 361
  - Deaths: 82
  - CFR: 3.50%

Cabo Delgado has suffered frequent insurgent attacks from Non-State Armed Group (NSAG) which started in October 2017. Since the beginning of 2020, the frequency and area of attack has increased. The attacks are happening mainly in 8 districts situated in the North and Center of the Province. It has resulted in destruction of government service providing facilities (offices) including health facilities. Violent fighting has been reported in the areas around Mueda and Muidumbe districts.

From 19 March to 15 December 2020, a total of 2 361 cases with 82 deaths have been reported across the country. A total of 1 329 recoveries have been reported from the country.

From week 1 to 22 of 2020, Niger reported a total 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: 10-May-19
  - 1-Jan-20
  - 31-May-20
  - Total cases: 2 079
  - Cases Confirmed: 241
  - Deaths: 4
  - CFR: 0.20%

A total of five new confirmed cases were reported from three states - (Ondo, Edo, Taraba) in week 50 (week ending 13 December 2020). From 1 January to 13 December 2020, a total of 1 177 cases (1 163 confirmed and 14 probable) with 241 deaths (CFR 20.5%) have been reported from 130 Local Government Areas across 27 states in Nigeria.

**Nigeria**
- **Measles**
  - Ungraded: 25-Sep-17
  - 1-Jan-20
  - 28-Oct-20
  - Total cases: 420
  - Cases Confirmed: 14
  - Deaths: 3
  - CFR: 3.30%

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

**Nigeria**
- **Poliomyelitis (cVDPV2)**
  - Grade: Grade 2
  - Date notified to WCO: 1-Jun-18
  - Start of reporting period: 1-Jan-18
  - End of reporting period: 16-Dec-20
  - Total cases: 58
  - Cases Confirmed: 58
  - Deaths: 0
  - CFR: 0.00%

Two new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Zamfara this week. There are 6 cVDPV2 cases reported in 2020 and 18 cVDPV2 cases reported in 2019 and 34 in 2018.

**Nigeria**
- **Yellow fever**
  - Ungraded: 24-Mar-15
  - 1-Jan-20
  - 13-Dec-20
  - Total cases: 1 177
  - Cases Confirmed: 1 163
  - Deaths: 241
  - CFR: 20.50%

As of 11 December 2020, clusters of yellow fever outbreaks have been reported in 5 states (Bauchi, Benue, Delta, Ebonyi, and Enugu) since epidemiological week 24. Targeted interventions have been completed in 2 focal LGAs in Delta and around the epicenter in Enugu.

**Rwanda**
- **COVID-19**
  - Grade: Grade 3
  - Date notified to WCO: 14-Mar-20
  - Start of reporting period: 14-Mar-20
  - End of reporting period: 20-Dec-20
  - Total cases: 7 232
  - Cases Confirmed: 7 232
  - Deaths: 59
  - CFR: 0.80%

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 20 December 2020, a total of 7 232 cases with 59 deaths and 6 089 recoveries have been reported in the country.

**Senegal**
- **COVID-19**
  - Grade: Grade 3
  - Date notified to WCO: 6-Apr-20
  - Start of reporting period: 6-Apr-20
  - End of reporting period: 19-Dec-20
  - Total cases: 1 012
  - Cases Confirmed: 1 012
  - Deaths: 17
  - CFR: 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 19 December 2020, a total of 1 012 confirmed cases of COVID-19 have been reported, including 17 deaths. A total of 958 cases have been reported as recoveries.

**Senegal**
- **Dengue**
  - Ungraded: 1-Sep-20
  - 7-Sep-20
  - 7-Sep-20
  - Total cases: 1
  - Cases Confirmed: 1
  - Deaths: 0
  - CFR: 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
  - Total cases: 3
  - Cases Confirmed: 3
  - Deaths: 0
  - CFR: 0.00%

The Institut Pasteur of Dakar through the directorate of diseases prevention notified 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 without 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 year 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.
As of 22 November 2020 a total of 567 cases of dermatosis of unknown origin had been seen and treated, including 336 in Mbao, 120 in Rufisque, 104 in Diamniadio, six in Dakar Centre (CS 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-lymphangial and peri-oral localization, with some popular 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 directory of diseases prevention notified to the district of Matam of one confirmed cases 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 auxiliary temperature of 38.2 degree Celsius. The symptoms occurred 2 days before the consultation. Five additional cases were notified later in Tambacounda, Matam, Dakar and Ziguinchor regions.

From 29 October to 17 December 2020, there have been 7 cases confirmed (IP Dakar) with yellow fever in three regions of Senegal bordering Mauritania and Mali: 4 in Kédougou health district (Tambacounda Region), 1 in Thiligne health district (Matam Region), 1 in Saraya district and 1 in Kédougou district (the latter two are both from Kédougou Region). Two deaths have been notified.

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, 202 cases have been confirmed in total, including 184 recoveries and no deaths reported.

Floods continue to displace and isolate people across Jonglei State. Flooding along the River Nile and its tributaries continue to force communities in eleven counties of Jonglei State and the Greater Pibor Administrative Area (GPAA) to move to higher ground. At least 34,712 people affected by floods in Mundri West and Mundri East counties receive emergency assistance. On 26 October, FSL partners delivered 79 metric tons of emergency food assistance to 37,112 people affected by flooding. A total of 22,196 people in Mundri West County and 12,516 in Mundri East County were targeted.

The ongoing humanitarian response for over one million people affected by the flooding is considerably constrained by infrastructure damage, reduced physical accessibility, insecurity and limited resources.

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 13 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 0.20%) have been reported. The outbreak has affected 6 counties (Tonj East, Magwi, Bor, Kapoeta East, Aweil East and Wau) and Bentiu Protection of Civilians Sites (POC).
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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</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>16-Dec-20</td>
<td>17</td>
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<tr>
<td></td>
<td>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.</td>
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<tr>
<td>Togo</td>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>4-Feb-20</td>
<td>3-Feb-20</td>
<td>24-Aug-20</td>
<td>3</td>
<td>1</td>
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<tr>
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<td>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.</td>
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<td>Uganda</td>
<td>Humanitarian crisis - refugee</td>
<td>Ungraded</td>
<td>20-Jul-17</td>
<td>n/a</td>
<td>30-Sep-20</td>
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<td>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.</td>
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<tr>
<td>Uganda</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>11-May-20</td>
<td>29-Apr-20</td>
<td>7-Sep-20</td>
<td>1 488</td>
<td>17</td>
<td>6</td>
<td>0.40%</td>
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<td>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 <em>Vibrio cholerae</em> serotype O1 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.</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>19-Dec-20</td>
<td>31 187</td>
<td>31 187</td>
<td>231</td>
<td>0.70%</td>
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<td>The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 19 December 2020, a total of 31 187 confirmed COVID-19 cases, 10 469 recoveries with 231 deaths.</td>
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<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>20-Dec-20</td>
<td>18 716</td>
<td>18 716</td>
<td>373</td>
<td>2.00%</td>
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<td>The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 20 December 2020, a total of 18 716 confirmed COVID-19 cases were reported in the country including 373 deaths and 17 762 recovered cases.</td>
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<tr>
<td>Zambia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>17-Oct-19</td>
<td>16-Jul-19</td>
<td>16-Dec-20</td>
<td>2</td>
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<td>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.</td>
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<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>6-May-19</td>
<td>1-Nov-20</td>
<td>464</td>
<td>1</td>
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<td>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.</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>20-Dec-20</td>
<td>12 325</td>
<td>12 325</td>
<td>320</td>
<td>2.60%</td>
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<td>The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 20 December 2020, a total of 12 325 confirmed COVID-19 cases were reported in the country including 320 deaths and 10 024 cases that recovered.</td>
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†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: [http://www.who.int/hac/about/erf/en/](http://www.who.int/hac/about/erf/en/).

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.