WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 1: 27 December 2020 - 3 January 2021
Data as reported by: 17:00; 3 January 2021

New event: 0
Ongoing events: 119
Outbreaks: 106
Humanitarian crises: 13

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

*The boundaries and names shown 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 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.*
Overview

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 119 events in the region. This week’s main articles cover the following events:

- Coronavirus disease 2019 (COVID-19) in Ethiopia
- Yellow fever in Nigeria
- Humanitarian crisis in Tigray, Ethiopia

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:

- Ethiopia has the second highest number of confirmed COVID-19 cases in the region after South Africa, and the third highest number of deaths after Algeria. Although the country is not yet seeing the second surge in cases experienced across much of the region, high positivity rates in two regions, Oromia and Amhara, are of concern, particularly since testing decreased quite significantly over the final few weeks of 2020. The ongoing conflict in Tigray is also complicating the response, with little access to the region in the past two months. Inadequate funding, the need to sustain the response into 2021 and increasing lack of adherence to non-pharmaceutical measures to prevent COVID-19 transmission are all challenges that need urgent action by national and local authorities and partners.

- The declining trend in new yellow fever cases in Nigeria is a welcome development and shows the efficacy of targeted, responsive vaccination campaigns. However, challenges remain in coordination and mobilization of required resources, as well as capacity at treatment centres to support response in affected areas and in active case search by health workers and surveillance officers in affected states.

- The situation in the Tigray region of Ethiopia continues to be of local and regional concern, with ongoing insecurity, particularly in vulnerable rural areas, resulting in continued population displacement both internally and across neighbouring country borders. Particular concerns are inadequate access to healthcare facilities and essential medicines and poor food security, exacerbated by loss of livelihoods and limited access to currency to buy food. This crisis is occurring in the context of ongoing outbreaks of infectious diseases, including COVID-19.
**EVENT DESCRIPTION**

Ethiopia is the second most affected country in the WHO African Region after South Africa in terms of confirmed cases, although third after Algeria in terms of deaths. All 12 regions of the country have reported confirmed cases and deaths. On the 3 January 2021, a total of 573 new confirmed cases were reported, with seven new deaths. This brings the cumulative total of confirmed cases to 125,622, with 1,948 deaths (case fatality ratio 1.6%) as of the reporting date. Of the confirmed cases, 10,778 (9%) are still active, with 235 in serious condition. Of the active cases, 6,310 (56%) are currently in home based isolation and care. A total of 1,943 health workers have been infected, with 17 deaths.

A total of 5,532 RT-PCR tests were conducted in the 24 hours up to 2 January 2021, with 7.1% of the tests confirmed positive. A cumulative total of 1,811,578 RT-PCR tests have been conducted, with an overall positivity of 6.8%. Positivity rates are highest in the Oromia (14.0%) and Amhara (16.1%) regions. However, Addis Ababa has the highest number of cases (70,001; 55.9%) in the country, followed by Oromia region (20,730; 16.6%).

Contact tracing is ongoing, with 266 new contacts registered and 1,420 (97%) of all registered contacts followed-up. Of the registered contacts, 118 completed their follow-up period on 2 January 2021 and 39 (7%) tested positive out of 564 contacts tested in the previous 24 hours.

**PUBLIC HEALTH ACTIONS**

- Daily briefing sessions are held at the Public Health Emergency Operations Centre and COVID-19 incident management system meetings and UN Forum meetings are supported in the different regions of the country.
- A daily situation report is prepared and shared with all UN agencies and partners in the country, as well as with the WHO Regional Office.
- Capacity building for woreda level CERT and woreda office education focal persons has been carried out, as part of an effort to ensure safe school reopening in Southern Nations, Nationalities and People’s Region.
- The national risk communication and community engagement (RCCE) has been supported in developing the implementation of the No Mask No Service initiative; RCCE communication materials and key messages have been developed (print banners, radio spots) for the Addis Ababa city administration to be used for the No Mask No Service campaign in upcoming religious holidays.
- Essential health services are being supported, with sub-national training on Adverse Events Following Immunization taking place, organized by the Ethiopian Food and Medicine Authority in Oromia region; oral cholera vaccination is being supported in three woredas of Giji, West Guji and one woreda of West Arsi zone.

Health screening is being supported at points of entry, as well as in-country surveillance to detect, isolate and contain COVID-19 cases; weekly analysis of traveller data from the various points of entry and regions takes place; health risks of returnees is monitored at accommodation in Addis Ababa; regional points of entry response is supported through teleconferences and virtual meetings with focal points and regional coordinators.
Although Ethiopia is the second-most affected region in the African region, the country does not yet seem to be experiencing the second surge in COVID-19 infections that is characterizing much of the region. However, testing decreased quite substantially during the last few weeks of 2020, falling from a high mark of 153,076 tests during week 36 of 2020 (week ending 5 September 2020) to 30,617 tests in the week up to 2 January 2021. Although the overall positivity rate is 6.8%, the high positivity rates seen in Oromia and Amhara regions are of concern, since this may indicate increased community transmission. Challenges remain across the country with decreasing adherence to COVID-19 prevention measures such as wearing face masks in public, physical distancing and hand hygiene. Response is further complicated by the disruption of interventions in the Tigray region by ongoing conflict. In addition, preparations and planning are necessary for the introduction of COVID-19 vaccines in the coming months. All this is happening in the context of inadequate funding for response and the realities of sustaining the response beyond 2020, with the need to integrate COVID-19 response into routine health programmes. There is an urgent need for authorities to revitalize and tailor messaging around non-pharmaceutical prevention measures against COVID-19 transmission and continued intensive surveillance to rapidly detect any increase in cases which could point to a second surge of the virus.
EVENT DESCRIPTION

The yellow fever outbreak that was reported in 13 states in Nigeria at the start of 2020 is ongoing, but with a declining trend since week 47 of 2020 (week ending 28 November 2020). In week 52 (week ending 26 December 2020) one new state (Delta) reported a confirmed case, with no new deaths among confirmed or suspected cases. Cumulatively, between weeks 24 (week ending 13 June 2020) to week 52, a total of 102 confirmed cases were reported from 30 local government areas (LGA) across 13 states. Four states, Enugu (36), Delta (28), Benue (14) and Bauchi (9) account for 85% of all confirmed cases.

As of 25 December 2020, there has been a cumulative total of 3,112 suspected cases of yellow fever, of which 109 cases have been confirmed, from 488 LGA (63%) across all states and the Federal Capital Territory (FCT). Laboratory results in-country show 70 cases confirmed by PCR, with 148 presumptive positive, 13 inconclusive and 1,526 negative. Laboratory results for 148 samples sent to Institut Pasteur Dakar show 41 (27.7%) confirmed, 16 negative and 91 pending. The 110 confirmed cases were reported from 13 LGA across 13 states: Enugu (37), Delta (28), Benue (14), Bauchi (9), Borno (5), Edo (5), Ebonyi (3), Oyo (2), Ekiti (1), Gombe (1), Kogi (1), Akwa Ibom (1), Osun (1), Plateau (1) and Taraba (1). A total of 17 deaths were recorded among confirmed cases (case fatality ratio 17%), from Enugu (9), Delta (6), Bauchi (1) and Ebonyi (1).

Overall, more males have been affected than females, with the most affected age range in both sexes between 11-20 years, followed by 21-30 years. However, in Ebonyi and Borno states, the most affected age range is less than 10 years.

PUBLIC HEALTH ACTIONS

- The Nigeria Centre for Disease Control (NCDC) is coordinating response activities through the national yellow fever Emergency Operations Centre, in collaboration with states and partners.
- Nigeria has received approval for yellow fever mass reactive vaccination campaigns in 11 LGA in Enugu and Ebonyi.
- Preventive mass vaccination campaigns (PMVC) have been concluded in all LGA in Benue, Oyo, Ondo and Delta states. Bauchi State is to implement PMVC by January 2021.
- On-site support is provided by the NCDC Rapid Response Teams deployed to Enugu and Delta states, while providing off-site support for other states.
- Yellow fever preparedness and response guidelines have been distributed to affected states; regional coordination meetings have been held to improve yellow fever response across the three border states, organized by the State Epidemiologist.
- The National Arbovirus and Vector Research Centre is supporting vector control in affected communities in Enugu.

SITUATION INTERPRETATION

The ongoing yellow fever outbreak across Nigeria is showing signs of a declining trend, which is to be welcomed. However, the continued reporting of confirmed cases is of concern. At the same time, the roll out of mass reactive vaccination campaigns continues and will eventually cover all affected states. National and local authorities need to continue implementation of the Incident Action Plan and continue to mobilize the resources required for outbreak response, while also continuing intensive monitoring and analysis of yellow fever surveillance data across all states and the FCT to further guide the response.
**EVENT DESCRIPTION**

The humanitarian crisis that resulted from the conflict that broke out in Tigray on 4 November 2020 is ongoing, with localized fighting and insecurity reported, with fighting reported in Enda Baguna, Korem and Mahbere Tsege during the last week of December 2020. While the security situation is slowly stabilizing in some main cities in Southern Tigray, the situation in the peripheral rural areas remains very fragile. Access to some areas of Tigray has improved slightly over the past week, although access remains critically challenged by insecurity and administrative issues throughout the region and is particularly limited in Western Tigray. There are reports of NGO warehouses being looted and at least one staff member of an aid agency has been killed in the past week, bringing the number of aid workers reportedly killed in this crisis to five.

OCHA estimates that there are a projected 1.3 million additional people in need of aid in the region, over and above the 950 000 estimated to be in need of aid before the conflict started. Eight weeks since the conflict began, the humanitarian situation in the region has been assessed as very poor, with poor access to services and limited livelihoods, with major food insecurity. Key needs have been assessed as food, protection and security, shelter, non-food items and water, sanitation and hygiene. As of 31 December 2020, 222 413 internally displaced people (IDPs) have been identified in the Tigray Region, including 141 830 IDPs in North-western zone and 80 583 IDPs in Central zone, Tigray Region. People have also been displaced to neighbouring Amhara and Afar. Additionally, between 4 November and 23 December 2020, the Sudanese Government Commissioner for Refugees (COR) and UNHCR registered 53 302 Ethiopian refugees fleeing the conflict into Sudan. New arrivals in Sudan have set up temporary shelters in Hamadayet (37 041 people), with others sheltering in nearby villages, hosted in communities or living in pre-existing housing units. The refugee facility at Um Raquba, Sudan, is reaching capacity.

The conflict has severely disrupted access to water, sanitation and health services, health supplies and commodities, including essential medications.

**PUBLIC HEALTH ACTIONS**

- The United Nations and partners continue to engage at the highest levels with national government to work out operational details and Incident Command Posts have been established.
- Regular cluster coordination meetings are taking place, with coordination for operational response expected in Mekele.
- Assessment teams have completed their mission in Southern and Mekelle areas, while the Western Tigray assessment teams are still collecting data.
- In the health cluster, the International Committee for the Red Cross and WHO are responding in Mekelle, with Médicines Sans Frontières (MSF) responding in South and West Tigray.
- The Federal Ministry of Health has dispatched six mobile health teams to Mekelle, while health partners on the ground are responding to health needs (trauma care and the provision of essential services) in accessible communities.

**SITUATION INTERPRETATION**

The situation in the Tigray, Amhara and Afar regions of Ethiopia is of grave concern. Humanitarian needs in Ethiopia are already significant, with an estimated additional 1.3 million people now needing aid as a result of this conflict. Significant population displacement has occurred, both internally and across the borders into neighbouring Sudan, where the additional people are straining already inadequate resources. Food security is a serious concern in a region where food security is routinely poor, as people have lost livelihoods, and banks have all but collapsed, resulting in a lack of currency to buy basic commodities, which in itself further impacts people dependent on income from markets and farming. Access to populations in need is adversely affected, and these people in turn do not have access to health services. There are already multiple outbreaks of infectious diseases in the country, not the least of which is COVID-19. International authorities, agencies and partners need urgently to continue with planning and funding to mitigate the effects of this new emergency on an already stressed population.
Major issues and challenges

- Although Ethiopia is not yet seeing a second surge in COVID-19 cases, increasing test positivity in Oromia and Amhara regions is of concern and the country remains the second most-affected in the region. This, coupled with the response disruption in Tigray and ongoing challenges with adherence to non-pharmaceutical measures in the general population, are causes for concern.
- The yellow fever outbreak in Nigeria is declining in the context of reactive vaccination campaigns in affected regions, although new confirmed cases are still being reported. The high case fatality ratio is of concern, pointing to poor case management of severe cases and there are challenges around active case search and surveillance.
- The current humanitarian crisis in Tigray, Ethiopia is occurring in a region that already suffers significant humanitarian needs, with mass population displacement, both internal and across borders. Food security is a major issue, as is inadequate access to health facilities by the population, and difficult access to vulnerable populations by humanitarian actors. In addition, multiple outbreaks of infectious diseases, including COVID-19, further complicate the situation.

Proposed actions

- National and local authorities and partners need urgently to address risk communication and community engagement strategies to improve adherence to non-pharmaceutical measures among the population, as well as enhancing surveillance in order to detect any increase in the rate of reporting of new confirmed cases to ensure that any second surge is recognised and brought under control.
- Authorities and partners in Nigeria need to ensure that the reactive vaccination campaigns continue in affected areas, while at the same time strengthening case management and surveillance, as well as implementing a One Health approach in order to address vector control.
- The current crisis in Tigray needs urgent regional action to try to resolve the underlying drivers. At the same time national and international authorities and partners need to implement the humanitarian aid plan to address the urgent needs of an already vulnerable and stressed population.
From 25 February 2020 to 2 January 2021, a total of 100 159 confirmed cases of COVID-19 with 2 769 deaths (CFR 2.8%) have been reported from Algeria. A total of 67 611 cases have recovered.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 3 January 2021, a total of 17 642 confirmed COVID-19 cases have been reported in the country with 408 deaths and 11 223 recoveries.

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; 5% 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)).

There have been three cases reported in 2020 so far. The total number of cases reported in 2019 remain 130. These cases are from several outbreaks which occurred in 2019.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Two cases have been reported in 2020 so far. The total number of cases reported in 2019 remain 130. These cases are from several outbreaks which occurred in 2019.

As of Week 39, Benin reported a total of 198 suspected cases of cholera. There is only 1 culture confirmed case and 5 deaths reported for 2020.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 28 December 2020, a total of 3 251 cases have been reported in the country with 44 deaths and 3 134 recoveries.

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 increasingly volatile security situation. Presidential and legislative elections were successfully held on 22 November 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 2020 and 2 January 2021, a total of 7 051 confirmed cases of COVID-19 with 86 deaths and 5 259 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 Barsalogo 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 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 new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported. There are now 56 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.

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 3 January 2021, a total confirmed COVID-19 cases is 842, including two deaths and 760 recovered.
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 989 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 (Cibitoke province), Ngozi (Ngozi province), Bujiamura Nord (Bujiamura province). There have been no deaths reported.

**Cape Verde COVID-19 Grade 3**

<table>
<thead>
<tr>
<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>23-Mar-20</td>
<td>04-Nov-19</td>
<td>2-Aug-20</td>
<td>989</td>
<td>989</td>
<td>0</td>
<td>0.0%</td>
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</tbody>
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**Cameroon Humanitarian crisis (Far North, North, Adamawa & East)**

Protracted 2 31-Dec-2013 27-Jun-17 17-Dec-20 - - - - -

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 security icing, armed groups, 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.

**Congo Polio Type 2 (cVDPV2) Grade 2**

<table>
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<tr>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
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<th>CFR</th>
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<tbody>
<tr>
<td>23-Mar-20</td>
<td>04-Nov-19</td>
<td>2-Aug-20</td>
<td>989</td>
<td>989</td>
<td>0</td>
<td>0.0%</td>
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**Central African Republic COVID-19 Grade 3**

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<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>14-Mar-20</td>
<td>14-Mar-20</td>
<td>27-Dec-20</td>
<td>4 963</td>
<td>4 963</td>
<td>63</td>
<td>1.3%</td>
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**Central African Republic Measles Grade 2**

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<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>15-Mar-19</td>
<td>01-Jan-19</td>
<td>14-Oct-20</td>
<td>28 676</td>
<td>443</td>
<td>137</td>
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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.
### Health Emergency Information and Risk Assessment

#### No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There are 68 cVDPV2 cases reported in 2020 so far and 21 cases in 2019 from several outbreaks.

#### Chad
- **Monkeypox**  
  - Grade: Ungraded  
  - Start of reporting period: 01-Jan-19  
  - End of reporting period: 18-Oct-20  
  - Total cases: 6 231  
  - Deaths: 0  
  - CFR: 0.0%

From 14 August to 3 December 2020, there have been 38 397 cases of monkeypox 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 (30 888), Biltime (7 233) and Arada (217), Abdi (1) et Goz beida (57), and Mongo (1). Since EW 47 no new cases reported.

#### Chad
- **Measles**  
  - Grade: Ungraded  
  - Start of reporting period: 24-May-18  
  - End of reporting period: 01-Jan-19  
  - Total cases: 8 717  
  - Deaths: 41  
  - CFR: 0.5%

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 15 suspected cases were notified with no deaths in week 50 (week ending 12 December 2020).

#### Chad
- **Poliomyelitis (cVDPV2)**  
  - Grade: Grade 2  
  - Start of reporting period: 29-Oct-19  
  - End of reporting period: 30-Dec-20  
  - Total cases: 25  
  - Deaths: 0  
  - CFR: 0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There are now 93 cVDPV2 cases in 2020 from three different outbreaks. There were 11 cases reported in 2019.

#### Comoros
- **COVID-19**  
  - Grade: Grade 3  
  - Start of reporting period: 30-Apr-20  
  - End of reporting period: 01-Jan-21  
  - Total cases: 864  
  - Deaths: 13  
  - CFR: 1.5%

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 2 January 2021, a total of 864 confirmed COVID-19 cases, including 13 deaths and 732 recoveries were reported in the country.

#### Democratic Republic of the Congo
- **Measles**  
  - Grade: Ungraded  
  - Start of reporting period: 27-Aug-20  
  - End of reporting period: 03-Dec-20  
  - Total cases: 22 130  
  - Deaths: 104  
  - CFR: 0.5%

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 15 suspected cases were notified with no deaths in week 50 (week ending 12 December 2020).

#### Democratic Republic of the Congo
- **Poliomyelitis (cVDPV2)**  
  - Grade: Grade 2  
  - Start of reporting period: 18-Oct-19  
  - End of reporting period: 09-Sep-19  
  - Total cases: 104  
  - Deaths: 0  
  - CFR: 0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There are now 93 cVDPV2 cases in 2020 from three different outbreaks. There were 11 cases reported in 2019.

#### Democratic Republic of the Congo
- **Humanitarian crisis**  
  - Grade: Grade 3  
  - Start of reporting period: 20-Dec-16  
  - End of reporting period: 22-Nov-20  
  - Total cases: -  
  - Deaths: -  
  - CFR: -

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, 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 by CARITAS. However, a further 2 003 IDPs living outside the site have not been provided with assistance. In North Kivu, Beni is a hot spot for armed attacks against civilians, with instances of rape, looting and destruction of shelters, as well as killings. Around 30% of protection incidents documented in North Kivu were committed in Beni.

#### Democratic Republic of the Congo
- **COVID-19**  
  - Grade: Grade 3  
  - Start of reporting period: 19-Mar-20  
  - End of reporting period: 03-Jan-21  
  - Total cases: 2 213  
  - Deaths: 104  
  - CFR: 4.7%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 3 January 2021, a total of 2 213 confirmed COVID-19 cases were reported in the country including 104 deaths and 1 720 cases who have recovered.

#### Democratic Republic of the Congo
- **Cholera**  
  - Grade: Grade 3  
  - Start of reporting period: 16-Jan-15  
  - End of reporting period: 05-Dec-20  
  - Total cases: 18 504  
  - Deaths: 301  
  - CFR: 1.6%

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 18 540 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 1 793 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.

#### Democratic Republic of the Congo
- **COVID-19**  
  - Grade: Grade 3  
  - Start of reporting period: 10-Mar-20  
  - End of reporting period: 03-Jan-21  
  - Total cases: 18 153  
  - Deaths: 599  
  - CFR: 3.3%

Since the start of the COVID-19 outbreak, declared on 10 March 2020, there have been 18 152 confirmed cases and one probable case, with 599 deaths reported. A total of 14 723 people have recovered.

#### Democratic Republic of the Congo
- **Monkeypox**  
  - Grade: Ungraded  
  - Start of reporting period: 01-Jan-20  
  - End of reporting period: 18-Oct-20  
  - Total cases: 6 231  
  - Deaths: 39  
  - CFR: 3.3%

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.
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 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 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, Waminderia in Ratoma health district, Dound in Mamou health district and Soumpou in Tougue health district.

Seven cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; two each in Nzerereke and Faranah and one each in Kindia, Kankan and Boke. There are now 36 cVDPV2 cases in the country.

A total of 48 suspected yellow fever cases have been notified in Guinea: 46 suspect cases from Koundara commune (northern part of Guinea), 1 suspect case from Kouroussa (center of Guinea), and 1 suspect case Dubreka (north of Conakry). Among the samples collected, there are 10 probable cases (IgM positive) tested by the Laboratoire des Fievres Hemorragiques Virales (LFHV) at Nongo, and are now en route to IP Bakar for confirmatory testing.

**Country** | **Event** | **Grade** | **Date notified to WCO** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR**
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
Guinea | Measles | Ungraded | 09-May-18 | 01-Jan-19 | 19-Oct-20 | 6,053 | 366 | 14 | 0.2%
Guinea | Poliomyelitis (cVDPV2) | Grade 2 | 22-Jul-20 | 22-Jul-20 | 30-Dec-20 | 36 | 36 | 0 | 0.0%

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 20 December 2020, the country has reported 2,447 confirmed cases of COVID-19 with 2,386 recoveries and 45 deaths.

The outbreak is currently active in Garissa and Turkana counties. A cholera outbreak has been reported in five counties; Garissa, Wajir, Turkana, Murang'a and Marsabit 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%).

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 3 January 2021, 96,802 confirmed COVID-19 cases including 1,685 deaths and 79,073 recoveries have been reported in the country.

**Country** | **Event** | **Grade** | **Date notified** | **Start of reporting** | **End of reporting** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR**
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
Kenya | Cholera | Ungraded | 21-Jan-19 | 01-Jan-20 | 28-Aug-20 | 711 | 27 | 13 | 1.8%
Kenya | Leishmaniasis | Ungraded | 31-Mar-19 | 03-Jan-20 | 15-Nov-20 | 305 | 272 | 7 | 2.3%

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 Taiy 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, Tana River and Kilifi. Total cases reported are 626 out of which 49 were confirmed and two deaths (CFR 0.3%). The outbreak is active in West Pokot County with 24 new cases reported in the last week.

Lesotho | COVID-19 | Grade 3 | 13-May-20 | 22-Dec-20 | 2,577 | 2,577 | 50 | 1.9%

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, 2,577 cases of COVID-19 have been reported, including 1,454 recoveries and 50 deaths.

From 16 March to 23 December 2020, a total of 1,800 cases including 83 deaths and 1,418 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 cases were 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.

In 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, 238 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 | COVID-19 | Grade 3 | 20-Mar-20 | 01-Jan-21 | 17,767 | 17,767 | 262 | 1.5%

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 1 January 2021, a total of 17,767 cases have been reported in the country, of which 17,298 have recovered and 262 deaths reported.

Malawi | COVID-19 | Grade 3 | 2-Apr-20 | 03-Jan-21 | 6,844 | 6,844 | 195 | 2.8%

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 3 January 2021, the country has a total of 6,844 confirmed cases with 186 deaths and 5,715 recoveries.

Mali | Humanitarian crisis | Protracted 1 | n/a | n/a | 30-Oct-20 | - | - | - | -

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, 229 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 Timbuktu 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.
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 3 January 2021, a total of 7 253 confirmed COVID-19 cases have been reported in the country including 278 deaths and 4 909 recoveries.

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 were confirmed, have been reported. Two associated deaths have been reported so far.

As of 27 December 2020, a total of 178 suspected cases have been reported including 3 confirmed cases and 1 death. 172 samples have been analyzed of which three (03) have been confirmed positive by IPD; 169 samples were deemed negative. 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 Sikasso and Koulikoro regions.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 31 December 2020, a total of 14 364 cases including 347 deaths and 11 381 recovered cases have been reported in the country.

Between 16 to 24 October 2020, 5 cases of dengue fever have been suspected at Etweligh Clinic in Trevergh Zeina district, and all have been confirmed by RT-PCR at the National Institute for Research in Public Health (INRSP). On 5 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, Aghennem and Edebaye) 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 between13 September 2020 and 1 October 2020, in several localities in the departments of Tidjikja and Moudjëria (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 (petchiae, 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 Gharby, 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 camelds, 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 29 December 2020, a total of 527 confirmed COVID-19 cases including 10 deaths and 512 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 (Guissanga, Mocimab, 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.

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 Mocimba de Praia, maconio, Ibo, Pemba city and Metuge are affected.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 3 January 2021, a total of 19 309 confirmed COVID-19 cases were reported in the Republic of Mozambique including 169 deaths and 16 765 recoveries.

As of 29 December 2020, a total of 1837 (866 laboratory-confirmed, 4 530 epidemiologically linked, and 1 378 suspected cases) including 66 deaths (CFR 0.8%) have been reported countrywide. Khomas Region remains the most affected region, accounting for 5 078 (50%) of reported cases, followed by Erongo 1 880 (19%) since the outbreak began.

<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>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Mali</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Mar-20</td>
<td>25-Mar-20</td>
<td>03-Jan-21</td>
<td>7 253</td>
<td>278</td>
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<tr>
<td>Mali</td>
<td>Measles</td>
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<td>20-Feb-18</td>
<td>01-Jan-19</td>
<td>29-Nov-20</td>
<td>795</td>
<td>413</td>
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<tr>
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<td>Ungraded</td>
<td>3-Dec-19</td>
<td>01-Jan-20</td>
<td>27-Dec-20</td>
<td>178</td>
<td>3</td>
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</tr>
<tr>
<td>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>31-Dec-20</td>
<td>14 364</td>
<td>14 364</td>
<td>2.4%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Dengue</td>
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<td>11-May-20</td>
<td>3-May-20</td>
<td>02-Nov-20</td>
<td>7</td>
<td>7</td>
<td>0.0%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Rift Valley Fever</td>
<td>Ungraded</td>
<td>01-Jan-20</td>
<td>01-Jan-20</td>
<td>1-Dec-20</td>
<td>7</td>
<td>7</td>
<td>0.0%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>02-Feb-20</td>
<td>01-Jan-20</td>
<td>03-Jan-20</td>
<td>19 309</td>
<td>19 309</td>
<td>0.9%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>HIV</td>
<td>Protracted 1</td>
<td>08-Sep-17</td>
<td>04-Oct-20</td>
<td>10 114</td>
<td>10 114</td>
<td>66</td>
<td>0.7%</td>
</tr>
</tbody>
</table>
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 week 1 to 22 of 2020, Nigeria reported a total of 1 195 cases suspected 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), Tillabéri (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.

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.

As of 3 January 2021, Nigeria is reporting a total of 90 080 confirmed cases of COVID-19 including 1 311 deaths and 75 044 recoveries.

A total of six new confirmed cases were reported from four states (Ondo, Edo, Bauchi and Ebonyi) in week 52 (week ending 27 December 2020). From 1 January to 27 December 2020, a total of 1 195 cases (1 181 confirmed and 14 probable) with 244 deaths (CFR 20.4%) have been reported from 131 Local Government Areas across 27 states in Nigeria.

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

Nigeria reported a total of 981 cases have been reported as recoveries.

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Sokoto. There are seven cVDPV2 cases reported in 2019 and 34 in 2018.

The Rwandan Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 3 January 2021, a total of 8 676 cases with 101 deaths and 7 544 recoveries have been reported from Senegal. A total of 17 515 cases have recovered.

Since 2 March 2020, a total of 19 697 confirmed cases of COVID-19 including 421 deaths have been reported in Senegal. A total of 19 672 recoveries have been reported in the country.

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.

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.

As of 22 November 2020 a total of 567 cases of dermatosis of unknown origin had been seen and treated, including 336 in Miao, 120 in Rufisque, 104 in Diambadjo, 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.

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 Bokiédiavé. 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 one day before the consultation date. The second case, is a 24 young man, living in Bokiédiavé, 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.
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 17.

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 Kidira health district (Tambacounda Region), 1 in Thioune health district (Matam Region), 1 in Saraya district and 1 in Kedougou district (the latter two are both from Kedougou Region). Two deaths have been notified.

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, 296 cases have been confirmed in total, including 214 recoveries and no deaths reported.

As of 3 January 2021 the cumulative total of cases of COVID-19 in South Africa is 1 100 748 with 26 577 deaths. There have been 903 679 recoveries recorded.

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 34,712 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.

On 4 November 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 31 December 2020, a total of 3,558 confirmed COVID-19 cases were reported in the country including 63 deaths and 3,131 recovered cases.

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 3 January 2021, a total of 2,673 confirmed COVID-19 cases were reported in the country including 76 deaths and 1,910 recovered cases.

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 31 December 2020, a total of 3,558 confirmed COVID-19 cases were reported in the country including 63 deaths and 3,131 recovered cases.

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 0.6%) have been reported.

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 509 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 diarrhea, vomiting and dehydration, including one death in the health area of Katanga 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. As of 3 January 2021, 67 suspected cases of cholera were reported in four health areas (Katanga, Adakpamé, Gbêtsogbé in Golfe 1, and Kangnikopé in Golfe 6) of two Health Districts in Lomé including 18 confirmed cases, two deaths, and 65 recoveries. Response activities are ongoing.

On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 3 January 2021, a total of 3,702 cases including 68 deaths and 3,474 recovered cases have been reported in the country.
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 Kolide. 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, Nadinget 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 Vibri cholerae 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.

As of 3 January 2021, a total of 35 922 confirmed COVID-19 cases, 12 037 recoveries with 274 deaths.

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 3 January 2021, a total of 15 265 confirmed COVID-19 cases were reported in the country including 380 deaths and 11 574 cases that recovered.

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<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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<td>Humanitarian crisis - refugee</td>
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<td>20-Jul-17</td>
<td>n/a</td>
<td>30-Sep-20</td>
<td>-</td>
<td>-</td>
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<tr>
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<td>11-May-20</td>
<td>29-Apr-20</td>
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<tr>
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<td>16-Jul-19</td>
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<td>20-Mar-20</td>
<td>03-Jan-21</td>
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<td>15 265</td>
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<td>21-Mar-20</td>
<td>02-Jan-21</td>
<td>35 922</td>
<td>35 922</td>
<td>274</td>
<td>0.8%</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.
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