WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 4: 18 - 24 January 2021
Data as reported by: 17:00; 24 January 2021

0 New event
118 Ongoing events
105 Outbreaks
13 Humanitarian crises

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- COVID-19
- Anthrax
- Hepatitis E
- Deaths

Countries reported in the document
Countries outside WHO African Region
WHO Member States with no reported events
Not applicable

0 820410 Kilometers
1 551 674

*The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderlines for which there may not yet be full agreement.*
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 118 events in the region. This week’s main articles cover the following events:

1. **Coronavirus disease 2019 (COVID-19) in South Africa**
2. **Rift Valley fever in Kenya**
3. **Suspected cholera in Nigeria.**

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:**

- The second surge of COVID-19 cases seen in South Africa since late November 2020 appears to be on a downward trend, although numbers of deaths are still high and increasing. Even though the downward trend in cases is being seen in all provinces in the country, this should still be interpreted cautiously, since people have only recently returned to work and the third week of January saw major population movement across the country. Additionally, schools will return on 15 February. Current lockdown measures are likely to be eased soon, given their adverse economic effects. As a result, surveillance needs to remain robust, with a consistent testing policy and enhanced risk communication and community engagement around non-pharmaceutical interventions put in place as soon as possible to counter population fatigue with such measures.

- Rift Valley fever is known to occur in Kenya, with the most recent outbreaks in June 2018 and November 2014. The current outbreak is associated with the rainy season and flooding, which increases the environmental suitability for the mosquito disease vector. The last mass vaccination campaign against RVF was in 2018. Authorities need to implement a robust One Health approach, with vector surveillance measures and a plan for vector control, along with risk communication and community engagement around disease transmission.

- The suspected cholera outbreaks in two geographically separated states are a concern in a country that has a history of cholera outbreaks associated with unsafe water supplies and poor sanitation. Authorities need urgently to confirm the nature of the outbreak and implement improved access to safe water supplies and upgrade sanitation in affected areas.
EVENT DESCRIPTION

South Africa continues to record the highest number of COVID-19 cases and deaths on the African continent. However, the sustained increase in cases that has been observed since 19 November 2020 has started to decrease, with a recent marked declining trend in new cases, although new deaths continue to increase. In the week of 11 to 16 January 2021, all provinces reported a decrease in weekly incidence risk, compared to the previous week. This ranged from 291 cases per 100 000 persons (22.9% decrease) in Free State Province to 147.7 cases per 100 000 persons (47.3%) decrease in KwaZulu-Natal Province. However, from week 52 of 2020 through week 1 of 2021, all provinces reported weekly incidence risk higher than those reported during the first wave peaks, except Eastern Cape Province and Free State Province, which continued to report weekly incidence risks below those reported in the first wave peaks.

As of 24 January 2021, the cumulative total of confirmed cases is 1 412 986, with 40 874 deaths (case fatality ratio 2.9%). Gauteng Province remains the most affected, at 380 582 cases (26.9%), followed by KwaZulu-Natal with 302 582 (21.4%) cases. Western Cape (265 428; 18.8%) and Eastern Cape (190 402; 13.5%) follow. In the less populous provinces, there are 73 792 cases in Free State Province, 60 355 cases in Mpumalanga Province, 54 724 cases in North West Province, 54 362 cases in Limpopo Province and 30 960 cases in Northern Cape Province.

Eastern Cape has the most reported deaths (10 072; 24.7%), followed by Western Cape (9 844; 24.1%), Gauteng (7 642; 18.7%), KwaZulu-Natal (7 372; 18.0%) and Free State (2 625; 6.42%). The remaining provinces have reported 3 319 (8.1%) deaths between them. The number of recoveries stands at 1 230 520 (87.1%). The reported total number of health worker infections is 51 385 (3.6% of total cases).

As of 24 January 2021, a total of 7 993 126 Polymerase Chain Reaction (PCR) tests has been carried out, of which 57% have been carried out in the private sector and 43% in the public sector.

Sentinel surveillance carried out in selected public and private hospitals by the National Institute for Communicable Diseases (NICD) shows that weekly hospital admissions are starting to fall, from a peak of 14 415 in week 1 of 2021 (week ending 2 January 2021) to 6 740 during week 3 (week ending 16 January 2021). There are currently 16 550 patients in hospital with COVID-19 across all provinces, with 12 996 in general wards, 2 380 in intensive care units, of whom 1 338 are ventilated, and 1 174 in high care units.

PUBLIC HEALTH ACTIONS

- South Africa remains in lockdown level 3 (adjusted), with a curfew from 21:00 to 06:00 daily, alcohol sales completely banned, and gatherings limited to 50 persons indoors and 100 persons outdoors, with public parks, rivers and dams closed.
- Hot spot areas that were designated across the country in December 2021 remain in place, including in areas...
of the less populous provinces of Limpopo and North West, which are subject to further restrictions, with restaurants closing at 20:00; beaches, dams, lakes and rivers closed; and social and faith-based gatherings prohibited for two weeks from 28 December 2020.

- Cloth masks are mandatory in public places, including outside areas.
- School re-opening has been delayed until 15 February 2021, subject to full COVID-19 measures being in place.

**SITUATION INTERPRETATION**

The recent large surge in cases in South Africa appears to be declining, although the number of deaths remains high, with suggestions from recent excess death data that there is serious under-reporting of deaths. This decline in cases is being seen across all provinces in the country, with a similar decline in the number of active cases. However, there is no room for complacency, since people have returned to work places after holidaying in hot spot areas and trends need to be carefully monitored for any resultant increase in cases. A consistent testing strategy, with localized contact tracing and isolation of cases, is urgently required, with continued risk assessment and community engagement to encourage people to continue to adhere to all COVID-19 preventive measures, particularly with the raised level of restrictions since the end of December 2020 resulting in population fatigue with the continuing implementation of these measures.
**EVENT DESCRIPTION**

On 19 November 2020, the Department of Health in Isiolo was alerted to reports of deaths among herders who had presented with symptoms of fever, headache, general malaise, some cases of nausea, nosebleeds and vomiting blood, as well as abdominal pain and diarrhoea. On 16 December 2020, Rift Valley fever (RVF) virus was confirmed by polymerase chain reaction (PCR) testing at the national virology laboratory, Kenya Medical Research Institute. The event was officially confirmed on 7 January 2021 and reported to the Organization for Animal Health (OIE) on 15 January 2021. The first human case reported in late November 2020 was from Sericho ward in Garbutulla sub-county. Deaths have been reported from Gafarsa and Erisaboru locations within Garbatulla sub-county, as well as from Korbesa in Merti sub-county.

As of 22 January 2021, there were four confirmed cases, 17 suspected cases and nine deaths (case fatality ratio 43.0%). All those affected were male, herders, and aged between 13 and 70 years. Two counties are affected by the outbreak, Isiolo and Garissa counties.

Outbreaks in animals had been seen during this time period and surveillance in livestock was initiated. In December 2020, results from the Kabete veterinary laboratory taken from 120 animals showed 19 sheep and one camel to be positive to RVF using IgM-capture ELISA.

**PUBLIC HEALTH ACTIONS**

- WHO is working closely with the Ministry of Health via the local health cluster, as well as the Food and Agriculture Organization and OIE to support public health activities in responding to the outbreak.
- Outbreak investigation is ongoing – determining the extent of the outbreak, associated risk factors, vector surveillance and ecological mapping.
- Healthcare workers are being trained in case detection and management.
- Community awareness of RVF is being promoted via radio spots and printing and dissemination of IEC materials.
- Livestock movement control has been implemented within the country, with disinfection of known sites of infection, and ante- and post-mortem inspections of livestock.
- Community health volunteers, healthcare workers and veterinarians are being sensitized to the disease.
- Livestock vaccination is planned in hotspot areas.
- The 2014 RVF contingency plan is being reviewed and the RVF standard operating procedures will be updated post outbreak.

**SITUATION INTERPRETATION**

Rift Valley fever is a mosquito-borne zoonotic disease, primarily affecting livestock, but with the potential for severe infection and deaths in humans. Kenya has previously experienced outbreaks of RVF, most recently in June 2018 and in November 2014. The outbreak is currently restricted to two counties, but potential movement of livestock and people across borders poses a risk of spread at national and regional levels. In addition, heavy rains and flooding have been associated with this outbreak, providing suitable areas for increasing numbers of RVF vectors. Local and national authorities need to continue to restrict livestock movement, along with implementation of vector surveillance measures, in conjunction with a national plan for vector control. Risk communication and community engagement is important in order to sensitize those at risk of the mode of transmission of the disease. A full One Health approach needs urgently to be implemented to reduce the risk of spread of the virus from infected to uninfected areas.
EVENT DESCRIPTION

Two states in Nigeria, Benue and Delta, are reporting suspected cholera cases. From 14 December 2020 to 21 January 2021, a total of 171 cases has been reported from Benue State, with cases reported from Agatu, Gwer West, Markurdi and Guma local government areas (LGA). As of 21 January 2021, a total of 75 suspected cases have been recorded in Agatu, with 14 deaths; 58 suspected cases recorded in Guma with six deaths; and 20 suspected cases in Makurdi, with seven deaths. New cases were reported on this date in Agatu (5), Guma (2), Gwer West (10) and Makurdi (4) with no new deaths reported that day. A total of five samples have been confirmed using rapid diagnostic testing and more samples have been collected and sent for culture and sensitivity in Lagos. The overall trend in cases is increasing since the outbreak was first reported. The number of males and females affected is roughly equal with most male cases reported in those aged 6-14 years. Most female cases were in those aged more than 15 years.

In Delta State, 26 suspected cholera cases (frequent watery stools with vomiting), with six deaths, were reported on 7 January 2021 in Ogulagha, Burutu and Tuomo communities in Burutu LGA. Further investigations by the State and WHO team, revealed more cases, some from neighbouring settlements in surrounding LGAs. A total of 95 cases were line listed, with six deaths. Five stool samples were collected on 13 and 14 January 2021 and sent to the National Reference Laboratory in Abuja and results are pending. Stool culture carried out for one sample at the General Hospital, Bomadi, isolated Escherichia coli bacteria.

Fifty-six (59%) cases were male, with 39 (41%) female. Just over half (51%) of cases were in individuals five years and above.

PUBLIC HEALTH ACTIONS

- In Benue state surveillance is ongoing, with community case search in affected communities in LGAs.
- Data harmonization is ongoing.
- Healthcare workers are being sensitized on cholera case definition and sample collection.
- Community sensitization is taking place in affected communities, with distribution of IEC materials, and awareness of water, food and environmental sanitation in all affected LGAs.
- Community members are being encouraged to report to the nearest health facility if suffering symptoms and a house-to-house awareness campaign is underway.
- In Delta State case management is ongoing, with 39 patients admitted.
- Surveillance activities have been increased, including case finding.

SITUATION INTERPRETATION

Although neither outbreak has yet been officially confirmed as cholera, the occurrence of two outbreaks of acute watery diarrhoea, with vomiting, in two geographically separated states, is of concern. Nigeria has a history of cholera outbreaks, usually associated with unsafe drinking supplies and poor sanitation. Authorities need urgently to confirm the source of the outbreak in both LGAs and continue with public health measures to prevent any further cases within these areas, as well as spread to neighbouring LGAs.
Major issues and challenges

- The surge in COVID-19 cases in South Africa is declining across all provinces. However, deaths are still rising and while hospital admissions are also declining, there are still many people hospitalised and seriously ill with the disease. In addition, the country has recently returned to work, with significant population movement after the recent seasonal holidays, and schools will return in mid-February.

- The current Rift Valley fever outbreak in Kenya comes in the context of heavy rainfall and a gap of some years since the last mass livestock vaccination campaign. The outbreak is currently restricted to two counties, but traditional livestock movement between pasture areas results in a risk of spread both within the country and beyond its borders.

- The suspected cholera outbreaks in Nigeria are in two geographically distinct states, which is of concern given the persistence of unsafe drinking water and poor sanitation across many communities in the country. The relatively high number of deaths also points to problems with case management, that need to be addressed.

Proposed actions

- Authorities in South Africa must remain vigilant in order to rapidly respond to any future surge in cases that may be associated with people returning to work and school in the coming weeks. Major risk communication and community engagement campaigns are required as populations are suffering fatigue after many months of lockdown and continued necessary implementation of non-pharmaceutical prevention measures. In addition, a consistent testing policy is urgently required.

- A full One Health approach needs to be implemented in Kenya in response to the current Rift Valley fever outbreak, encompassing vector control strategies, vaccination campaigns once the outbreak is over and risk communication and community engagement campaigns. Livestock movement restrictions need to remain in place to prevent possible spread to neighbouring areas.

- Both affected states in Nigeria need to confirm the source of the outbreaks and institute water, sanitation and hygiene measures as well as community sensitization around the causes of these outbreaks. Vigilance is required to prevent any spread to further states and LGAs.
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 24 January 2021, a total of 19,399 confirmed COVID-19 cases have been reported in the country with 459 deaths and 17,266 recoveries.

From 1 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), Bié (184), Malanje (108), Luanda (88), and Huambo (55).

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.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 22 January 2021, a total of 3,643 cases have been reported in the country with 48 deaths and 3,317 recoveries.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Two cases were reported in 2020. The total number of cases reported in 2019 remains 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 were reported in 2020, with 8 cases reported in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.

From 25 February 2020 to 24 January 2021, a total of 105,596 confirmed cases of COVID-19 with 2,863 deaths (CFR 2.7%) have been reported from Algeria. A total of 71,945 cases have recovered.

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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 Gilboke. A total of 45 of the 47 districts in the country had at least one case throughout 2020. As of 18 December 2020, Burundi reported a total of 134 confirmed measles cases of which 214 are lab-confirmed and the rest were clinically compatible cases and epidemiologically linked.

Cameroon faces 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 55 security incidents only for the month of October 2020. UNHCR protection monitoring through INTERSOS, reported 649 protection incidents in the same month. The incursions of the non-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.

The cholera outbreak, which was notified on 1 April 2020, is ongoing, with fluctuating numbers of cases reported from Central, Littoral, South and South West regions. As of 16 December 2020, a total of 1,952 cases and 87 deaths were reported in Centre (60 cases and 2 deaths), Littoral (962 cases and 53 deaths), South (798 cases and 25 deaths), and South West (132 cases and 7 deaths) regions.

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 23 January 2021, a total of 29,617 cases have been reported, including 462 deaths and 28,045 recoveries.

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

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 24 January 2021, a total of 13,489 confirmed COVID-19 cases including 127 deaths and 12,710 recoveries were reported in the country.

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, Batangago and Bria. Around 641,292 people are internally displaced in Central Africa and 626,838 persons are refugees in neighboring countries, namely, Cameroon, Democratic Republic of Congo (DRC), Republic of Congo, Sudan and South Sudan.

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 24 January 2021, a total of 4,980 confirmed cases, 63 deaths and 4,908 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 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

**Democratic Republic of the Congo**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central African Republic</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-May-19</td>
<td>24-May-19</td>
<td>20-Jan-21</td>
<td>25</td>
<td>25</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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

**Chad**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Chad</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>24-Jan-21</td>
<td>3 161</td>
<td>3 161</td>
<td>116</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 24 January 2021, a total of 3 161 confirmed COVID-19 cases were reported in the country including 116 deaths and 2 255 cases who have recovered.

**Chad**

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Chad</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>09-Sep-19</td>
<td>20-Jan-21</td>
<td>109</td>
<td>109</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Four cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; one each in Mayo Kebbi Ouest and Mandoul and two in Hadjer Lamis. There are 98 cVDPV2 cases in 2020 from three different outbreaks. There were 11 cases reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.

**Comoros**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Comoros</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Apr-20</td>
<td>30-Apr-20</td>
<td>24-Jan-21</td>
<td>2 268</td>
<td>2 268</td>
<td>71</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 24 January 2021, a total of 2 268 confirmed COVID-19 cases, including 71 deaths and 1 340 recoveries were reported in the country.

**Congo**

<table>
<thead>
<tr>
<th>Country</th>
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<tr>
<td>Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>19-Jan-21</td>
<td>7 887</td>
<td>7 887</td>
<td>117</td>
<td>1.5%</td>
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</table>

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 19 January 2021, a total of 7 887 cases including 117 deaths and 6 836 recovered cases have been reported in the country.

**Côte d’Ivoire**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Côte d’Ivoire</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>29-Oct-19</td>
<td>29-Oct-19</td>
<td>20-Jan-21</td>
<td>71</td>
<td>71</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 71 cVDPV2 cases reported in 2020.

**Democratic Republic of the Congo**

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<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Humanitarian crisis</td>
<td>Grade 3</td>
<td>20-Dec-16</td>
<td>17-Apr-17</td>
<td>22-Nov-20</td>
<td>-</td>
<td>-</td>
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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 3.6 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, healthcare, nutrition and protection. This affects an estimated 21 000 people. In the Lita Health Zone, a further 11 890 IDPs are vulnerable, requiring non-food items, healthcare, nutrition and protection. This affects an estimated 21 000 people. Around 30% of protection incidents documented in North Kivu were committed in Beni.

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<tr>
<td>Democratic Republic of the Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>01-Jan-20</td>
<td>5-Dec-20</td>
<td>18 504</td>
<td>-</td>
<td>301</td>
<td>1.6%</td>
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</tbody>
</table>

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.

**Democratic Republic of the Congo**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>10-Mar-20</td>
<td>23-Jan-21</td>
<td>21 869</td>
<td>21 868</td>
<td>660</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

Since the start of the COVID-19 outbreak, declared on 10 March 2020, as of 23 January 2021, a total of 21 868 confirmed cases and one probable case, with 660 deaths reported. A total of 14 905 people have recovered.
1. **Democratic Republic of the Congo**
   - **Event:** Monkeypox
   - **Grade:** Ungraded
   - **Date notified to WCO:** n/a
   - **Start of reporting period:** 01-Jan-20
   - **End of reporting period:** 31-Dec-20
   - **Total cases:** 6,257
   - **Cases Confirmed:** 39
   - **Deaths:** 229
   - **CFR:** 3.7%

2. **Gambia**
   - **Date notified to WCO:** 17-Mar-20
   - **Grade:** Ungraded
   - **Start of reporting period:** 01-Jan-20
   - **End of reporting period:** 20-Jan-21
   - **Total cases:** 420
   - **Cases Confirmed:** -
   - **Deaths:** 29
   - **CFR:** 6.9%

3. **Ethiopia**
   - **Event:** Measles
   - **Grade:** Ungraded
   - **Date notified to WCO:** 14-May-19
   - **Start of reporting period:** 12-May-19
   - **End of reporting period:** 31-Oct-20
   - **Total cases:** 14,484
   - **Cases Confirmed:** -
   - **Deaths:** 479
   - **CFR:** 3.3%

4. **Guinea**
   - **Event:** Poliomyelitis (cVDPV2)
   - **Grade:** Grade 2
   - **Date notified to WCO:** 24-Jun-19
   - **Start of reporting period:** 20-May-19
   - **End of reporting period:** 20-Jan-21
   - **Total cases:** 35
   - **Cases Confirmed:** 35
   - **Deaths:** 0
   - **CFR:** 0.0%

5. **Eswatini**
   - **Event:** COVID-19
   - **Grade:** Grade 3
   - **Date notified to WCO:** 13-Mar-20
   - **Start of reporting period:** 13-Mar-20
   - **End of reporting period:** 24-Jan-21
   - **Total cases:** 3,958
   - **Cases Confirmed:** 128
   - **Deaths:** 67
   - **CFR:** 3.2%

6. **Equatorial Guinea**
   - **Event:** COVID-19
   - **Grade:** Grade 3
   - **Date notified to WCO:** 14-Mar-20
   - **Start of reporting period:** 14-Mar-20
   - **End of reporting period:** 21-Jan-21
   - **Total cases:** 5,401
   - **Cases Confirmed:** 5,401
   - **Deaths:** 86
   - **CFR:** 1.6%

7. **Eritrea**
   - **Event:** COVID-19
   - **Grade:** Grade 3
   - **Date notified to WCO:** 21-Mar-20
   - **Start of reporting period:** 21-Mar-20
   - **End of reporting period:** 22-Jan-21
   - **Total cases:** 1,940
   - **Cases Confirmed:** 1,940
   - **Deaths:** 6
   - **CFR:** 0.3%

8. **Gabon**
   - **Event:** Measles
   - **Grade:** Ungraded
   - **Date notified to WCO:** 14-Jan-17
   - **Start of reporting period:** 01-Jan-17
   - **End of reporting period:** 31-Oct-20
   - **Total cases:** 1,873
   - **Cases Confirmed:** -
   - **Deaths:** -
   - **CFR:** -

9. **Ghana**
   - **Event:** COVID-19
   - **Grade:** Grade 3
   - **Date notified to WCO:** 12-Mar-20
   - **Start of reporting period:** 12-Mar-20
   - **End of reporting period:** 20-Jan-21
   - **Total cases:** 60,794
   - **Cases Confirmed:** 60,794
   - **Deaths:** 367
   - **CFR:** 0.6%

10. **Laos People's Democratic Republic**
    - **Event:** Poliomyelitis (cVDPV2)
    - **Grade:** Grade 2
    - **Date notified to WCO:** 24-Jun-19
    - **Start of reporting period:** 20-May-19
    - **End of reporting period:** 20-Jan-21
    - **Total cases:** 35
    - **Cases Confirmed:** 35
    - **Deaths:** 0
    - **CFR:** 0.0%

11. **Lesotho**
    - **Event:** Plague
    - **Grade:** Ungraded
    - **Date notified to WCO:** 12-Mar-19
    - **Start of reporting period:** 01-Jan-20
    - **End of reporting period:** 25-Dec-20
    - **Total cases:** 183
    - **Cases Confirmed:** 183
    - **Deaths:** 0
    - **CFR:** 0.0%

From epidemiological week 50 to 53 of 2020, there were 269 suspect cases of monkeypox and 4 deaths registered across the country. Between epidemiological week 1 and week 53, a total of 6,257 suspected cases including 229 deaths (CFR 3.7%) were reported in 133 health zones from 17 out of 26 provinces in the country. During the same period in 2019, 5,288 suspected cases and 107 deaths (CFR 2.0%) were reported in 132 health zones from 18 provinces. Overall, there is a regressive trend from epidemiological week 33 to 53 of 2020 (276 cases vs 76 cases).
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 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 23 January 2021, a total of 14 319 cases including 13 694 recovered cases and 81 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 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 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.

For epidemiological week 53 of 2020, there were a cumulative number of 6 053 cases and 15 deaths. 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.

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 (LHJV) at Nongo, and are now en route to IP Dakar for confirmatory testing.

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 23 January 2021, the country has reported 2 533 confirmed cases of COVID-19 with 2 420 recoveries and 45 deaths.

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 24 January 2021, 99 983 confirmed COVID-19 cases including 1 744 deaths and 82 969 recoveries have been reported in the country.

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 (of which 62 tested positive by RDT (rk39) with four deaths (CFR 6.5%). Garissa County has reported 105 confirmed cases from Kitui 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 Taita 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.

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, as of 23 January 2021, a total of 7 656 cases of COVID-19 have been reported, including 2 168 recoveries and 123 deaths.

From 16 March to 17 January 2021, a total of 1 879 cases including 84 deaths and 1 707 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, 879 cases with 3 associated deaths have been reported across the country, of which 93 are laboratory-confirmed, 228 are cSP-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 23 January 2021, a total of 18 743 cases have been reported in the country, out of which 17 930 have recovered and 279 deaths reported.
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 24 January 2021, the country has a total of 19,395 confirmed cases with 508 deaths and 6,699 recoveries.

Mali

Malaria
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 UNCHR led Global Protection Cluster, 220 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.

Mozambique

Malaria
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 in the country including 305 deaths and 20,558 recoveries.

Mozambique

Measles
25-Mar-20
25-Mar-20
24-Jan-21
7,983
7,983
323
4.0%

There are measles outbreaks in six districts of Zambezia. The outbreak was declared in March 2020 at the Nauela Administrative Post, Alto Molócuè district. As of week 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 Zambezia and 13 from Niassa provinces. 42% are <5 years old; 48% are aged 5-14 years.

Mozambique

COVID-19
Grade 3
25-Mar-20
25-Mar-20
24-Jan-21
7,983
7,983
323
4.0%

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 24 January 2021, a total of 7,983 confirmed COVID-19 cases have been reported in the country including 323 deaths and 5,717 recoveries.

Mauritania

Measles
20-Feb-18
01-Jan-19
29-Nov-20
795
413
2
0.3%

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.

Mauritania

Yellow fever
20-Feb-18
01-Jan-19
29-Nov-20
795
413
2
0.3%

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 IFP; 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.

Mauritania

COVID-19
Grade 3
3-Mar-20
3-Mar-20
16-Oct-20
16,222
16,222
410
2.5%

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 21 January 2021, a total of 16,222 cases including 410 deaths and 14,970 recovered cases have been reported in the country.

Mauritania

Dengue
20-Feb-18
01-Jan-19
29-Nov-20
795
413
2
0.3%

Between 16 to 24 October 2020, 5 cases of dengue fever have been suspected at Etefwigh Clinic in Tevargh 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, Aghnenmite and Edebyae) were detected.

Mauritania

Rift Valley Fever
Grade 1
09-Oct-20
04-Sep-20
28-Sep-20
36
36
13
36.1%

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 Tidjika and Moudjéria (Tagant region), Guerou department (Assaba region) and Chinguetti department (Adrar region). The 7 deaths occurred in the Tagant region (5) and in the Assaba region (2). All these deaths occurred among hospitalized cases with fever and haemorrhagic syndrome (petechiae, gingivorrhagia) and vomiting, in the 3 departments of the region. As of 5 October 2020, a total of 88 samples of suspected cases have been sent to the National Institute for Public Health Research (INRSP); 36 were positive (by PCR and ELSA). 46 were negative. Six sample results are still pending. Confirmed cases have been reported in 9 regions (Adrar, Assaba, Brakna, Hodh El Chargui, Hodh El Gharbi, Tagant, Trarza, Gorgol et Noukchott Sud). The continuous surveillance of RVF at the animal level has confirmed the outbreaks in the Assaba, Tagant, Brakna, Trarza and Hodh Elgharbi regions. The results of 165 samples taken in the period from September 16 to 23, 2020, show that 33 camelds, 4 small ruminants and 6 cattle were positive.

Mauritius

COVID-19
Grade 3
18-Mar-20
18-Mar-20
18-Jan-21
556
556
10
1.8%

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 18 January 2021, a total of 556 confirmed COVID-19 cases including 10 deaths and 518 recovered cases have been reported in the country.

Mozambique

Humanitarian crisis in Cabo Delgado
Grade 2
01-Jan-20
01-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, Mocimboa, D paraíso, Muid Lomba, Nagadi, Malucu, Mancomba 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
Grade 4
20-Feb-20
31-Jan-20
21-Oct-20
1,698
38
27
1.6%

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 Mocimboa de Praia, maconia, Ibo, Pemba city and Metuge are affected.

Mozambique

COVID-19
Grade 3
22-Mar-20
22-Mar-20
24-Jan-21
32,418
32,418
305
0.9%

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 24 January 2021, a total of 32,418 confirmed COVID-19 cases were reported in the country including 305 deaths and 20,558 recoveries.

Mozambique

Measles
Grade 4
25-Jun-20
01-Jan-20
22-Jul-20
862
140
0
0.0%

There are measles outbreaks in six districts of Zambezia. The outbreak was declared in March 2020 at the Nauela Administrative Post, Alto Molócuè district. As of week 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 Zambezia and 13 from Niassa provinces. 42% are <5 years old; 48% are aged 5-14 years.
Namibia recorded its first confirmed case of COVID-19 on 13 March 2020. As of 23 January 2021, Namibia has a cumulative total of 32 425 COVID-19 cases, with 508 deaths. A total of 30 020 recoveries have been reported.

Namibia Hepatitis E Protracted 1 18-Dec-17 08-Sep-17 04-Oct-20 10 114 10 114 66 0.7%

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. 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.

Niger Humanitarian crisis Protracted 1 1-Feb-15 1-Feb-15 30-Sep-20 - - - -

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 Muidumbue districts.

Niger COVID-19 Grade 3 19-Mar-20 19-Mar-20 24-Jan-21 3 877 3 877 126 3.2%

From 19 March 2020 to 24 January 2021, a total of 3 877 cases with 126 deaths have been reported across the country. A total of 2 386 recoveries have been reported from the country.

Niger Measles Ungraded 10-May-19 01-Jan-20 31-May-20 2 079 241 4 0.2%

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

Nigeria Poliomyelitis (cVDPV2) Grade 2 01-Jun-18 01-Jan-18 20-Jan-21 59 59 0 0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Sokoto. There are seven cVDPV2 cases reported in 2020 and 18 cVDPV2 cases reported in 2019 and 34 in 2018.

Nigeria Yellow fever Ungraded 01-Nov-20 25-Dec-20 3 112 109 249 8.0%

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 PDR, 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.

Rwanda COVID-19 Grade 3 14-Mar-20 14-Mar-20 24-Jan-21 12 975 12 975 174 1.3%

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 24 January 2021, a total of 12 975 cases with 174 deaths and 8 420 recovered cases have been reported in the country.

Sao Tome and Principe COVID-19 Grade 3 6-Apr-20 6-Apr-20 24-Jan-21 1 188 1 188 17 1.4%

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 24 January 2021, a total of 1 188 confirmed cases of COVID-19 have been reported, including 17 deaths. A total of 997 cases have been reported as recoveries.

Senegal Dengue Ungraded 01-Sep-20 07-Sep-20 07-Sep-20 1 1 0 0.0%

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.
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 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 Bokidiawé. He consulted at the health post on 2 October 2020 for an infectious syndrome without notion of travel with an axillary temperature of 39.6 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 Diourbel, 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-laryngeal 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.

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 Thiongone 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, as of 23 January 2021 a total of 1 033 cases have been confirmed, including 681 recoveries and 3 deaths reported.

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 24 January 2021, a total of 3 139 confirmed COVID-19 cases were reported in the country including 77 deaths and 2 210 recovered cases.

On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 24 January 2021, a total of 3 865 confirmed COVID-19 cases were reported in the country including 77 deaths and 2 210 recovered cases.

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 0.6%) have been reported. The outbreak has affected 6 counties (Tonj East, Magwi, Bor, Kajo-Kei East, Aweil East and Wau) and Bentiu Protection of Civilians Sites (POC).

The Ministry of Health, Community Health Community Development, Gender, Elderly and Children in Tanzania reported the country's first case of COVID-19 on 16 March 2020. As of 29 November 2020, a total of 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.

<table>
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<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>
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<tbody>
<tr>
<td>South Sudan</td>
<td>Grade 3</td>
<td>5-Apr-20</td>
<td>3 865</td>
<td>3 865</td>
<td>64</td>
<td>1.7%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Grade 3</td>
<td>2-Apr-20</td>
<td>2 441</td>
<td>2 441</td>
<td>28</td>
<td>1.1%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Grade 3</td>
<td>24-Jan-21</td>
<td>579</td>
<td>579</td>
<td>21</td>
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</tr>
<tr>
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<td>Grade 3</td>
<td>15-Aug-16</td>
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</tbody>
</table>
On 16 November 2020, health authorities of the Golf District in Togo were alerted to reports of six persons with diarrhoea, 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 11 January 2021, 68 suspected cases of cholera were reported in four health areas (Katanga, Adakparé, Gbélzogbé in Golfe 1, and Kangniiko 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 24 January 2021, a total of 4 662 cases including 75 deaths and 3 997 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, 343 in Nabilatuk, 176 in Napak, 167 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, Natungub 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 outbreak was suspected. On 11 May 2020, CPHL confirming Vibrio cholerae serotype 01 Inaba detected in 7 out of 8 stool samples that were collected. As of 12 June 2020, the cumulative number of cases is 682 including 6 deaths.

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 23 January 2021, a total of 39 149 confirmed COVID-19 cases, 13 861 recoveries and 65 recoveries. Response activities are ongoing.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 24 January 2021, a total of 45 337 confirmed COVID-19 cases were reported in the country including 639 deaths and 3 997 recovered cases have been reported in the country.

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. No new case of cVDPV2 was reported during the past week. There were nine cases in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.

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 Manicaland 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 24 January 2021, a total of 35 320 confirmed COVID-19 cases were reported in the country including 1 005 deaths and 22 250 cases that recovered.

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: http://www.who.int/hac/about/erf/en/.

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
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Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.