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 articles cover:

- Ebola virus disease in Democratic Republic of the Congo
- Coronavirus 19 (COVID-19) disease in Mozambique
- Hepatitis E in Namibia
- Cholera in Cabo Delgado, Mozambique

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 detection of an Ebola virus case in Biena Health Zone, Butembo is of concern, but not unexpected, in an area that has recently suffered from a protracted outbreak. All known contacts are being followed up and the full response mechanism has been initiated, including prepositioning vaccines and drugs in the area. One of the main challenges is continuing unrest, which characterises this area of the country. However, authorities are on full alert, have mobilized all response activities and personnel and the situation is being carefully monitored.

- Mozambique is the eighth most affected country in the Africa region and has also been hit by a second wave of COVID-19. The new variant, 501Y.V2, is also known to be circulating in the country, in a context of established community transmission, shown by a current test positivity rate of 33%. Challenges around lack of compliance with testing protocols and long test turnaround times, as well as inadequate facilities in isolation and treatment centres need to be addressed with urgency in order to prevent further resurgence of the virus.

- The long-standing hepatitis E outbreak in Namibia is showing significant decline, with weekly new cases in single figures and confined mainly to three regions of the country. However, the outbreak occurred in urban informal settlement areas, which still lack adequate supplies of safe drinking water and have poor sanitation in place, so conditions for a resurgence are still present. Authorities need to tackle these challenges and provide sustainable solutions in order to prevent recurrent outbreaks of water-borne diseases.

- The ongoing cholera outbreak in Cabo Delgado, Mozambique comes in the context of a complex emergency that has affected the region for some time, with recurrent insurgent attacks and mass population movement. Health services have been interrupted in many parts of the province, there are inadequate resources and people to respond to the outbreak and a shortage of chlorine for water purification.
EVENT DESCRIPTION

On 6 February 2021, a sample sent by the head nurse at the community clinic in Mansoya, Biena Health Zone, Butembo Province, tested positive to Ebola virus. The patient, a 42-year-old woman who had been treated at the Matanda Hospital in Butembo, had died on 3 February 2021. She had consulted the community clinic in Mansoya with symptoms of bleeding from her gums, vomiting blood and chest pains and was transferred from Masoya to Matanda Hospital on the same day, by motorbike. After death, her body was kept in the Butembo mortuary for two days before an unsecured burial at Musienene, which is 17 km from Butembo.

All known contacts are being followed up and sites where the patient was known to have been present have been disinfected.

PUBLIC HEALTH ACTIONS

- Meetings of the crisis committee were immediately organized by the Provincial Minister of Health, assisted by the Head of the Provincial Health Division in North Kivu.
- A support team has gone to Butembo from Goma, led by the Provincial Minister of Health, assisted by the Head of the Provincial Health Division in North Kivu.
- WHO is providing technical support for public health actions carried out by field teams.
- The blood sample is undergoing further testing and genomic sequencing in Goma.

SITUATION INTERPRETATION

This report of a case of Ebola virus disease in an area that had a major outbreak in the past 12 months is not unexpected. The woman was the wife of a farmer who had recovered from Ebola virus disease during the previous outbreak in the area and whose October and November 2020 check-ups were negative. Fighting in the village of Mwenye in the Biena Health Zone may have resulted in exposure to the virus. Rapid response by authorities includes prepositioning vaccines and drugs in Goma and logistical support to the province’s rapid response teams so that they can limit geographic and temporal spread. Authorities will continue to carefully monitor the situation in order to prevent a full blown outbreak.
The first case of COVID-19 was confirmed in Mozambique on 22 March 2020 in Maputo. In the past 24 hours up to 5 February 2021, there were 696 new cases of COVID-19 reported, with 19 deaths. The new cases were from Maputo City (358), Sofala (132), Maputo Province (60), Manica (36), Tete (24), Nampula (20), Inhambane (11), Zambezia (10) and Gaza (3). Like other countries across the African region and particularly in southern Africa, Mozambique has experienced an increase in cases, which started in week 52 of 2020 (week ending 26 December 2020), and peaking in week 3 of 2021 (week ending 16 January 2021). Cases have now started to fall again, but weekly case numbers are still higher than in the previous peak around August 2020.

As of 6 February 2021, a total of 44 112 cases have been reported, with 451 deaths (case fatality ratio 1.0%). Most cases were from Maputo City (20 350; 47.1%), followed by Maputo Province (6 701; 15.5%), Zambezia (2 502; 5.8%), Gaza (2 368; 5.5%), Inhambane (2 234; 5.2%), Sofala (1 570; 4.1%), Cabo Delgado (1 556; 3.6%), Manica (1 537; 3.6%), Nampula (1 523; 3.5%), Niassa (1 434; 3.3%) and Tete (1 222; 2.8%). Health professionals account for 1 229 (2.8% of the total) of the reported cases from all provinces. A cumulative total of 26 216 (60.7%) cases have recovered. Results from samples sent to South Africa have revealed the circulation of the new SARS-CoV-2 variant, 501Y.V2.

The majority of cases are in males (53.0%), with most cases reported in the 25-34 age group in both males and females. Since the start of the outbreak a total of 1 917 cases have been admitted to COVID-19 treatment centres and 342 patients are currently in hospital.

PUBLIC HEALTH ACTIONS

- There is ongoing coordination in provinces to support preparedness and response, with a COVID core group established early in the pandemic, chaired by WHO, partnering with World Bank, UNICEF and USAID, who serve as the interface with government.
- On-site supervision of surveillance activities has been conducted in all provinces, with the support of WHO.
- Rapid response team training has been conducted in Maputo and Inhambane provinces.
- A total of 62 influenza-like illness/acute respiratory illness sentinel sites have been established across the country.
- Antibody surveys have been conducted in Nampula, Cabo Delgado, Maputo, Niassa, Tete, Sofala, Zambezia, Manica, and Inhambane provinces and Maputo City.
- Point of entry teams have been trained in Maputo City, Maputo Province, Zambezia, Niassa, Gaza, and Cabo Delgado provinces.
- Laboratory testing capacity has been de-centralized, and 9 out of 11 provinces have functional COVID-19 testing laboratories; a sample collection guide has been developed.
A total of 26 COVID-19 treatment/transit centres are in place across the country; treatment guidelines have been adapted and disseminated in all provinces and doctors have been trained in the management of critical patients in Gaza and Maputo provinces.

A number of restrictions are in place under a state of calamity, with red alert; gatherings are restricted, and a range of other measures are in place to restrict transmission, including wearing cloth masks in public places.

**SITUATION INTERPRETATION**

Mozambique is the eighth most affected country in the African region and has been experiencing the second wave seen across much of the region. In addition, the new regional variant 501Y.V2 is in circulation, which appears to be more transmissible, leading to an increase in cases and deaths. Although in the past week there has been a fall in new cases, continued strong community transmission, coupled with the presence of the new variant, means that extreme vigilance is required. Challenges include lack of funding to cover operational costs at provincial and district levels for field activities, inadequate facilities in isolation and treatment centres and the volatile security situation in Cabo Delgado. In addition, some provinces are not fully compliant with existing testing protocols and there is a long turnaround time for laboratory results, as well as lack of funds for shipping specimens.

In addition, the positivity rate is 33% and the number of symptomatic cases is increasing, with a concomitant increase in hospital bed occupancy. Authorities need to establish a consistent testing protocol, continue contact follow-up and strengthen risk communication and community engagement activities to counter any lack of adherence to social and physical measures to prevent transmission of COVID-19.
EVENT DESCRIPTION

The long-standing outbreak of hepatitis E in Namibia, declared on 14 December 2017 in Windhoek, Khomas region, is showing a strong declining trend. From 28 December 2020 to 10 January 2021, a total of five hepatitis E cases were reported country-wide, compared to eight cases reported from 14-27 December 2020. Of the five cases reported from 28 December 2020 to 10 January 2021, Khomas region reported three (60%), and Omusati and Erongo regions reported one case each. Most of the recent cases in the Erongo region are being reported from Kuisebmund suburb, Walvis Bay district. No cases were reported in other regions during this period.

As of 10 January 2021, a cumulative total of 8 030 cases, with 66 deaths (case fatality ratio 0.8%) have been reported. Of these, 2 099 are laboratory confirmed, 4 744 epidemiologically-linked and 1 187 suspected cases. Most cases were reported from Khomas Region, which accounted for 4 950 (62%) of reported cases, followed by Erongo (1 710; 21%), with the rest of the 13 affected regions accounting for 1 370 (17%) of reported cases.

Most cases (5 725; 71%) have been reported in the age group 20-39 and most are in males (4 760; 59%) compared to females (3 270 (41%). Among the 66 deaths, 27 are maternal deaths, representing 41% of all hepatitis E deaths and 6.2% of all reported maternal cases during this period. The majority of cases have been reported from informal settlements in Windhoek and Walvis Bay.

PUBLIC HEALTH ACTIONS

- Regional and district surveillance teams continue to actively trace cases and respond to reported cases weekly.
- UNDP has procured 200 HEV rapid diagnostic test kits to cover 6 000 tests.
- An algorithm for testing for both hepatitis E and hepatitis A is being developed.
- Community meetings are being used to sensitize communities, along with hepatitis E risk communication materials in local print newspapers.
- UNDP, UNICEF, the Ministry of Health and Social Services (MoHSS), the Department of Works and partners are working together to facilitate the implementation of community-led total sanitation in Windhoek.
- All regions have collected water purification tablets from the National Health Training Centre.

SITUATION INTERPRETATION

The significant decline in new hepatitis E cases across the most affected regions in Namibia is to be welcomed after a prolonged increase in cases. However, the conditions that led to the outbreak are still in place, with challenges around inadequate water, sanitation and hygiene interventions to improve access to safe drinking water and proper sanitation in affected urban informal settlements, along with inadequate risk communication activities. In addition, the continued response to COVID-19, particularly with currently increasing case numbers, has resulted in the MoHSS and partner organizations repurposing staff to focus entirely on the pandemic, with no further meetings around the hepatitis E outbreak. Authorities need to continue to work to contain and close the outbreak, with proactive, consistent and sustained implementation of hepatitis E response activities.
EVENT DESCRIPTION

The cholera outbreak that started in Cabo Delgado province in January 2020 is ongoing. The outbreak initially affected the districts of Mocimboa, Macomia, Ibo, Pemba and Metuge. In week 53 2020 (week ending 2 January 2021) two more districts were been affected, Montepuez and Chiure. During week 2 of 2021 (week ending 10 January 2021), there were 251 new cholera cases and one death reported in Chiure (139 cases) Metuge (96 cases), Mongepuez (10 cases) and Pemba city (6 cases).

As of 17 January 2021 there have been a total of 2,952 cases and 40 deaths (case fatality ratio 1.4%) reported in the Cabo Delgado province in seven districts: Mocimboa da Praia (380 cases), Ibo (440 cases), Macomia (247 cases), Pemba (685 cases), Metuge (571 cases), Chiure (377 cases) and Montepuez (252 cases). The districts of Mocimboa da Praia and Macomia have not been reporting data because of ongoing insurgent attacks in the area.

The proportion of males and females affected is similar in all provinces, with the age group more than 15 years the most affected.

Since the start of the outbreak, 108 samples have been tested, of which 38 were positive for *Vibrio cholerae* 01.

Acute watery diarrhoea has also been reported since June 2020, initially in Quissanga, Palma and Mocimboa districts. At the moment four districts are reporting acute watery diarrhoea, Ancuabe, Namuno, Balama and Macomia. A total of 492 cases of acute water diarrhoea, with two deaths (case fatality ratio 0.4%) have been reported as of 17 January 2021.

SITUATION INTERPRETATION

The ongoing cholera outbreak in Cabo Delgado Province, Mozambique comes in the context of the complex emergency in the province as a result of frequent insurgent attacks, mass population movement, the COVID-19 pandemic and interruption of health services in some districts. Challenges remain around insufficient resources and supplies, a shortage of chlorine for water purification, and weak community mobilization and engagement in prevention measures. Authorities and partners need urgently to address these challenges in order to quickly bring this outbreak to a close.

PUBLIC HEALTH ACTIONS

- The response plan for diarrhoeal diseases, including cholera, has been activated, with reactivation of the five working pillar sub-groups.
- Briefing meetings were held on 13 January 2021 with the district Director, Medical Chief and Surveillance Officer for Montepuez District, to discuss WHO support for strengthening surveillance, case management, laboratory investigation and the need for intensified water, sanitation and hygiene (WASH) activity and community engagement; other districts were visited by WHO and UNICEF teams to assess response and WASH activities.
- Latrine construction for the Ntokota settlement site is in progress and water tankers will be deployed to Ntokata.
- Risk communication and community engagement is ongoing in Chiure and Ancuabe districts, as well as field visits to the most affected areas in Montepuez.
Major issues and challenges

- The re-occurrence of a case of Ebola virus disease in Biena Health Zone, Butembo Province in eastern Democratic Republic of the Congo is of grave concern, particularly coming in the context of insecurity and the ongoing COVID-19 pandemic. In addition, the necessary vaccines and drugs are stored in Goma and need to be prepositioned in Butembo in response to the potential for a wider outbreak.

- Mozambique saw a resurgence in COVID-19 cases towards the end of 2020, which is now on a declining trend, although case positivity remains high and more people have required hospitalization in this wave of the virus. In addition, the country has detected transmission of the new 501Y.V2 variant, known to be more transmissible. Challenges remain lack of funding for field response, inadequate case management and the volatile situation in Cabo Delgado, which is hampering response to disease outbreaks in general.

- Although the long-standing hepatitis E outbreak in Namibia has shown significant decline, the conditions for outbreaks of water-borne diseases persist, particularly in urban informal settlements, which suffer from inadequate supplies of safe water and poor sanitation.

- The long-standing cholera outbreak in Cabo Delgado, Mozambique is of grave concern in the context of continuing insecurity in the region, displaced populations, insufficient supplies of chlorine for water purification and poor risk communication to affected populations.

Proposed actions

- Authorities and partners in Butembo need to continue with their rapid response to the single case of Ebola virus disease, linking response to existing COVID-19 pandemic response measures.

- Authorities in Mozambique need to ensure a consistent testing and contact tracing policy, at the same time improving isolation and case management facilities. Risk communication and community engagement around adhering to non-pharmaceutical transmission prevention measures needs to be strengthened, particularly with the knowledge that the new 501Y.V2 variant is circulating in the community.

- Namibian authorities must urgently address the problems with inadequate safe water supplies and poor sanitation in informal settlements across the country in order to prevent further outbreaks of water-borne diseases.

- The continuing insecurity in Cabo Delgado, Mozambique threatens to destabilise response to infectious disease outbreaks, particularly the ongoing cholera outbreak. Authorities and partners need to address the immediate challenges around preventing cholera in displaced populations, while at the same time lobbying for interventions to mediate with insurgent groups to stabilise the region.
From 25 February 2020 to 7 February 2021, a total of 109 088 confirmed cases of COVID-19 with 2 914 deaths (CFR 2.7%) have been reported from Algeria. A total of 74 692 cases have recovered.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 7 February 2021, a total of 20 086 confirmed COVID-19 cases have been reported in the country with 475 deaths and 18 540 recoveries.

In 2020, Benin reported its first confirmed cases of cholera in May in the communes of Adjohoun, Bonou and Danqbo. As of epi week 53, 2020, 223 suspected cases including 27 confirmed (by culture at the national laboratory) and 5 deaths were reported in 14 communes. Adjohoun commune is the most affected with over half of the cases (55%).

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 5 February 2021, a total of 4 193 cases have been reported in the country with 55 deaths and 3 563 recoveries.

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Oueme. There were three cVDPV2 cases reported in 2020, and 8 in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 5 February 2021, a total of 23 503 confirmed COVID-19 cases were reported in the country including 163 deaths and 19 574 recovered cases.

Since 2015, the security situation in the Sahel and the East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement leading to a total of 1 034 609 internally displaced persons registered as of 31 October 2020 in all 13 regions in the country. The presence of jihadist groups and self-defence units have created an increasingly volatile security situation. Presidential and legislative elections were successfully held on 22 November 2020 despite dire security conditions and widespread displacement across the country. The health system remains strongly impacted by the security situation in Burkina Faso. Attacks on the health system, intimidation and kidnapping of health workers, theft of medicines, continue to be reported. As of 30 September, 2020, according to the report from the Ministry of Health, 95 health facilities were closed, which is 7.5% of the health facilities in six regions affected by insecurity, and 199 other health facilities are working partially. Central Burkina Faso (particularly the Centre Region, including the area of the capital Ouagadougou, and the Centre-Nord Region) was the most affected provinces were Cabinda (436), Bie (184), Malanje (108), Luanda (88), and Huambo (55).

Three cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Dori. There are 59 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.

### Events Table

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-20</td>
<td>25-Feb-20</td>
<td>7-Feb-21</td>
<td>109 088</td>
<td>109 088</td>
<td>2 914</td>
<td>2.7%</td>
</tr>
<tr>
<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>7-Feb-21</td>
<td>20 086</td>
<td>20 086</td>
<td>475</td>
<td>2.4%</td>
</tr>
<tr>
<td>Benin</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>17-August-20</td>
<td>03-Jan-21</td>
<td>223</td>
<td>27</td>
<td>5</td>
<td>2.2%</td>
<td></td>
</tr>
<tr>
<td>Benin</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>16-Mar-20</td>
<td>5-Feb-21</td>
<td>4 193</td>
<td>4 193</td>
<td>55</td>
<td>1.3%</td>
</tr>
<tr>
<td>Benin</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-Aug-19</td>
<td>8-Aug-19</td>
<td>3-Feb-21</td>
<td>12</td>
<td>12</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-20</td>
<td>28-Mar-20</td>
<td>5-Feb-21</td>
<td>23 503</td>
<td>23 503</td>
<td>163</td>
<td>0.7%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>01-Jan-19</td>
<td>01-Jan-19</td>
<td>30-Oct-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Hepatitis E</td>
<td>Grade 1</td>
<td>07-Sep-20</td>
<td>17-Sep-20</td>
<td>23-Nov-20</td>
<td>450</td>
<td>10</td>
<td>16</td>
<td>3.6%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>01-Jan-19</td>
<td>3-Feb-21</td>
<td>59</td>
<td>59</td>
<td>0</td>
<td>0.0%</td>
<td></td>
</tr>
</tbody>
</table>

Three cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Dori. There are 59 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.
A total of 4,989 confirmed cases, 63 deaths and 4,908 recovered were reported. The Ministry of Health and population announced the confirmation of the first COVID-19 case in the Central African Republic on 14 March 2020. As of 28 January 2021, a total of 1,334 confirmed measles cases of which 214 are lab-confirmed and the rest were clinically compatible cases and epidemiologically linked.

Conflict in the North-West and South-West regions continues to cause mass displacement, both internally and into neighboring Nigeria. As of 30 October 2020, a total of 711,056 internally displaced persons in the North-West and South-West region and a total 61,774 Cameroon refugees in Nigeria were reported by UNHCR. Attacks on educational institutions and civilian populations continue to increase. On 3 November 2020, armed men kidnapped 11 teachers from a school in Kumbo and on 4 November 2020 students and teachers were tortured during an attack on a college in Limbe, and on the same day nine school children were kidnapped and later released in Fundong. Shelter, NFI (non-food items), protection and food continue to be the most urgent needs of the displaced populations.

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 measles outbreak is improving in Cameroon. Since 1 January 2020 to date, a total of 1,431 confirmed cases and 13 deaths have been reported in the country. A total of 13 deaths were reported to date in six districts, namely Kribi (4 cases), Gashiga (2 cases), Betaré Oya (1 case), Kolofata (2 cases), Awae (1 case), Ngaoundal (1 case), Njeng (1 case), Goudigui (1 case). Sixty four percent of cases are aged between 9 to 59 months.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 6 February 2021, a total of 14,380 confirmed COVID-19 cases including 135 deaths and 13,684 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 Ndélé, Birao, Batangafo and Bria. Around 641,292 people are internally displaced in Central Africa and 628,838 persons are refugees in neighbouring 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 28 January 2021, a total of 4,989 confirmed cases, 63 deaths and 4,908 recovered were reported.
Health Emergency Information and Risk Assessment

15,031 people have recovered.

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 22,770 confirmed cases and one probable case, with 671 deaths reported. 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.

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.

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 22 affected districts. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.

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).

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. 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.

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).

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. 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.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. 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.

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

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

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

The prolonged and complex humanitarian crisis in Democratic Republic of the Congo continues, with 5.5 million internally displaced persons (IDP), 15.6 million people food insecure and in need of emergency assistance, and 5.6 million people in need of emergency health assistance. The main provinces affected are Ituri, and North and South Kivu. Since the end of October 2020, an estimated 2,250 IDPs have been displaced in the Djul region, Ituri Province, as a result of clashes between government soldiers and armed insurgents. This affects an estimated 21,000 people. In the Lita Health Zone, a further 11,890 IDPs are vulnerable, according to CARITAS and UNICEF, while in the Tchaka site 375 households have been assisted with 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.

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 22 affected districts. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 71 cVDPV2 cases reported in 2020.
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 142,338 cases of COVID-19 as of 7 February 2021, with 2,148 deaths and 61,236 recoveries in the country including 11,614 recoveries. A total of 604 associated deaths have been reported.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 5 February 2021, a total of 2,326 confirmed COVID-19 cases with seven deaths (CFR 0.3%) were reported in the country. No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The total number of cVDPV2 cases reported is 35.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 75 cases reported in 2020, while the 2019 case count remains 88. There were 20 cases reported in 2018. The country continues to be affected by several other genetically-distinct cVDPV2s (notably in Kasai, Kwilu, Kwango and Sankuru provinces).

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 4 February 2021, a total of 5,578 cases have been reported in the country with 86 deaths and 5,358 recoveries.

The security situation in Tigray Region remains unstable and unpredictable. Fighting continues to be reported mainly in Central, Eastern, North Western, South and South Eastern parts of the region. The situation is particularly volatile in rural areas where large numbers of people are believed to have fled.

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

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 5 February 2021, a total of 11,457 cases including 71 deaths and 10,797 recoveries have been reported in the country.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 30 January 2021, a total of 4,090 confirmed COVID-19 cases including 128 deaths, and 3,792 recoveries have been reported in the country.

Since 12 March 2020, when the Ministry of Health announced the first confirmed COVID-19 cases in Ghana, a total of 67,010 cases including 416 deaths and 61,236 recoveries have been reported in the country.

<table>
<thead>
<tr>
<th>Country 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>Confirmed Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo Ebola virus disease Ungraded</td>
<td>7-Feb-21</td>
<td>7-Feb-21</td>
<td>7-Feb-21</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Monkeypox Ungraded</td>
<td>n/a</td>
<td>01-Jan-20</td>
<td>31-Dec-20</td>
<td>6257</td>
<td>39</td>
<td>229</td>
<td>3.7%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo Poliomyelitis (cVDPV2) Grade 2</td>
<td>15-Feb-18</td>
<td>01-Jan-18</td>
<td>3-Feb-21</td>
<td>183</td>
<td>183</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Equatorial Guinea COVID-19 Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>4-Feb-21</td>
<td>5,578</td>
<td>5,578</td>
<td>86</td>
<td>1.5%</td>
</tr>
<tr>
<td>Eritrea COVID-19 Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>5-Feb-21</td>
<td>2,326</td>
<td>2,326</td>
<td>7</td>
<td>0.3%</td>
</tr>
<tr>
<td>Eswatini COVID-19 Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>7-Feb-21</td>
<td>16181</td>
<td>16181</td>
<td>604</td>
<td>3.7%</td>
</tr>
<tr>
<td>Ethiopia Humanitarian crisis (Conflict in Tigray) Grade 2</td>
<td>04-Nov-20</td>
<td>04-Nov-20</td>
<td>26-Jan-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia Cholera Ungraded</td>
<td>14-May-19</td>
<td>12-May-19</td>
<td>10-Jan-21</td>
<td>14,484</td>
<td>14,484</td>
<td>479</td>
<td>3.3%</td>
</tr>
<tr>
<td>Ethiopia COVID-19 Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>7-Feb-21</td>
<td>142,338</td>
<td>142,338</td>
<td>2,148</td>
<td>1.5%</td>
</tr>
<tr>
<td>Ethiopia Measles Ungraded</td>
<td>14-Jan-17</td>
<td>01-Jan-19</td>
<td>10-Jan-21</td>
<td>1873</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia Poliomyelitis (cVDPV2) Grade 2</td>
<td>24-Jun-19</td>
<td>20-May-19</td>
<td>3-Feb-21</td>
<td>35</td>
<td>35</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Gabon COVID-19 Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>5-Feb-21</td>
<td>11,457</td>
<td>11,457</td>
<td>71</td>
<td>0.6%</td>
</tr>
<tr>
<td>Gambia COVID-19 Grade 3</td>
<td>17-Mar-20</td>
<td>17-Mar-20</td>
<td>30-Jan-21</td>
<td>4,090</td>
<td>4,090</td>
<td>128</td>
<td>3.1%</td>
</tr>
<tr>
<td>Ghana COVID-19 Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>29-Jan-21</td>
<td>67,010</td>
<td>67,010</td>
<td>416</td>
<td>0.6%</td>
</tr>
</tbody>
</table>
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 6 February 2021, a total of 14 687 cases including 14 345 recovered cases and 84 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 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.

For epidemiological week 53 of 2020, there were a cumulative number of 6 118 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, Wanindara 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 at Nongo, and are now en route to IP Dakar for confirmatory testing.

Since January 2020, a total of 431 visceral leishmaniasis confirmed cases with seven deaths (CFR 1.8 percent), have been reported in five counties namely: Marsabit, Garissa, Kitui, Baringo and West Pokot. The outbreak is active in West Pokot and Kitui Counties.

An outbreak of measles has been reported in nine sub – counties spread across five counties The counties which have reported cases are West Pokot, Garissa, Wajir, Tana River and Kilifi. Total cases reported are 650 out of which 49 were confirmed and two deaths (CFR 0.3 percent). The outbreak is active in West Pokot County.

A first case of suspected RVF was reported in late November 2020 following a sudden death of an adult male who was a herder. This was a case from Sericho ward in Rift Valley province. The affected cases were males age ranging from 13 to 70 years. As of 4 February 2021, there are 32 total cases reported, of which 14 are confirmed and 11 deaths.

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, as of 29 January 2021, a total of 8 278 cases including 160 deaths have been reported in the country.

From 16 March to 28 January 2021, a total of 1 939 cases including 84 deaths and 1 760 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 3 (week ending 19 January 2021), 19 suspected cases were reported from Bomu (6) Rivercess (3), Nimba (2), Grand Kru (2), Sinne (2), Grand Gedeh (1), Lofa (1), River Gee (1) and Bong (1) Counties. Since the beginning of 2021, 43 cases have been reported across the country, of which 4 are laboratory-confirmed and 22 are clinically confirmed.
Mozambique COVID-19 Grade 3 22-Mar-20 22-Mar-20 7-Feb-21 19360 19360 285 1.5%

Mali COVID-19 Grade 3 25-Mar-20 25-Mar-20 7-Feb-21 8176 8176 338 4.1%

Malawi COVID-19 Grade 3 20-Mar-20 20-Mar-20 5-Feb-21 13600 13600 285 2.1%

Mauritania COVID-19 Grade 3 13-Mar-20 13-Mar-20 5-Feb-21 16777 16777 425 2.5%

Mauritius COVID-19 Grade 3 18-Mar-20 18-Mar-20 3-Feb-21 584 584 10 1.7%

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

Country Event Grade Date notified to WCO Start of reporting period End of reporting period Total cases Cases Confirmed Deaths CFR

Mali Measles Ungraded 20-Feb-18 01-Jan-19 24-Jan-21 110 12 0 0.0%

Mali Yellow fever Ungraded 3-Dec-19 01-Jan-20 27-Dec-20 178 3 1 0.6%

Mauritania Humanitarian crisis Protracted 2 01-Jan-20 01-Jan-20 30-Nov-20 - - - -

Mauritania Dengue Ungraded 11-May-20 11-May-20 30-Nov-20 - - - -

Mauritania Rift Valley Fever Grade 1 09-Oct-20 09-Oct-20 30-Nov-20 36 36 13 36.1%

Mauritania COVID-19 Grade 3 27-Mar-20 27-Mar-20 5-Feb-21 16777 16777 425 2.5%

Mauritius COVID-19 Grade 3 18-Mar-20 18-Mar-20 3-Feb-21 584 584 10 1.7%

Malawi COVID-19 Grade 3 2-Apr-20 2-Apr-20 7-Feb-21 28 875 28 875 856 3.2%

Mali COVID-19 Grade 3 22-Mar-20 22-Mar-20 7-Feb-21 44 600 44 600 460 1.0%

Mali COVID-19 Grade 3 25-Mar-20 25-Mar-20 7-Feb-21 8176 8176 338 4.1%

Mali Measles Ungraded 20-Feb-18 01-Jan-19 24-Jan-21 110 12 0 0.0%

Mali Yellow fever Ungraded 3-Dec-19 01-Jan-20 27-Dec-20 178 3 1 0.6%

Mauritania COVID-19 Grade 3 13-Mar-20 13-Mar-20 5-Feb-21 16777 16777 425 2.5%

Mauritania COVID-19 Grade 3 20-Mar-20 20-Mar-20 5-Feb-21 19360 19360 285 1.5%

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, 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 a violent security incidents. The country has had heavy rains since the end of June 2020, which have caused flooding in Moqti, Gao, Segou and Sikasso regions affecting over 13 200 people, including 5 400 IDPs.
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 positive, 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.

Detailed update given above.

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.

Namibia Measles Ungraded 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 positive, 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.

Detailed update given above.

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.

Namibia Measles Ungraded 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 positive, 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.

Detailed update given above.

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.

Namibia Measles Ungraded 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 positive, 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.

Detailed update given above.

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.

Namibia Measles Ungraded 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 positive, 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.

Detailed update given above.

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.

Namibia Measles Ungraded 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 positive, 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.

Detailed update given above.

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.

Namibia Measles Ungraded 25-Jun-20 01-Jan-20 22-Jul-20 862 140 0 0.0%
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 Bokiadé. He consulted at the health post on 13 October 2020 for an infectious syndrome without history of travel with an axillary temperature of 39.6 degree Celsius. The onset of symptoms is one day before the consultation date. The second case, is a 24 young man, living in Bokiadé. He consulted the health post on 2 October 2020 for an infectious syndrome without notion of travel with an axillary temperature of 39.2 degree Celsius. The onset of symptoms is three days before the date of consultation. An additional case of confirmed Rift Valley fever was notified later.

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

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, a total of 1 201 cases have been confirmed, including 982 recoveries and 4 deaths have been reported.

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 7 February 2021, a total of 3 785 confirmed COVID-19 cases were reported in the country including 79 deaths and 2 466 recovered cases.

Since the start of the COVID-19 pandemic in South Africa a cumulative total of 1 476 135 confirmed cases and 46 290 deaths have been reported, with 1 360 204 recoveries.

Cholera preparedness and readiness along with improvement of quality of drinking water, sanitation and hygiene condition, and risk communication have been stepped up as a component of flood response. Given the congestion of flood-displaced populations in high ground areas and heavy contamination of the safe water sources, pre-emptive oral cholera vaccination campaigns were planned for Bor and Pibor targeting individuals aged one year and above.

Community leaders have reported rising tensions owing to cattle theft and revenge attacks in Tonj North County. The recent incidents include an attack by armed groups on a commercial vehicle in Awul village and intermittent livestock theft and revenge attacks between the Ajak Leer section and the Kuanythee sections. The rising tension in the county will further adversely affect the humanitarian crisis in Warrap, where 28 000 flood-affected people are food insecure.

The current breakout 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, Kagoeta 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: COVID-19 cases in selected countries

<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>South Africa</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>05-Mar-20</td>
<td>03-Mar-20</td>
<td>4-Feb-21</td>
<td>1476135</td>
<td>1476135</td>
<td>46290</td>
<td>2.9%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Cholera</td>
<td>Grade 1</td>
<td>1-March-20</td>
<td>1-May-20</td>
<td>31-Dec-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### Table: Other outbreaks in selected countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senegal</td>
<td>Rift Valley Fever</td>
<td>Ungraded</td>
<td>23-Oct-20</td>
<td>23-Oct-20</td>
<td>15-Nov-20</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Senegal</td>
<td>Skin disease of unknown aetiology</td>
<td>Ungraded</td>
<td>17-Nov-20</td>
<td>12-Nov-20</td>
<td>22-Nov-20</td>
<td>567</td>
<td>567</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Senegal</td>
<td>West Nile fever</td>
<td>Ungraded</td>
<td>23-Oct-20</td>
<td>23-Oct-20</td>
<td>15-Nov-20</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Senegal</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>17-Dec-20</td>
<td>7</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>28.6%</td>
<td></td>
</tr>
<tr>
<td>Seychelles</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>31-Jan-21</td>
<td>1 201</td>
<td>1 201</td>
<td>4</td>
<td>0.3%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-20</td>
<td>27-Mar-20</td>
<td>7-Feb-21</td>
<td>3785</td>
<td>3785</td>
<td>79</td>
<td>2.1%</td>
</tr>
<tr>
<td>South Africa</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>05-Mar-20</td>
<td>03-Mar-20</td>
<td>7-Feb-21</td>
<td>1476135</td>
<td>1476135</td>
<td>46290</td>
<td>2.9%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Floods</td>
<td>Grade 1</td>
<td>1-May-20</td>
<td>1-May-20</td>
<td>31-Dec-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>15-Aug-16</td>
<td>n/a</td>
<td>31-Dec-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>South Sudan</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Apr-20</td>
<td>2-Apr-20</td>
<td>4-Feb-21</td>
<td>4355</td>
<td>4355</td>
<td>65</td>
<td>1.5%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>-</td>
<td>03-Jan-19</td>
<td>22-Nov-20</td>
<td>412</td>
<td>41</td>
<td>5</td>
<td>1.2%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Nov-18</td>
<td>19-Sep-19</td>
<td>22-Jun-20</td>
<td>916</td>
<td>916</td>
<td>50</td>
<td>2</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>31-Jan-21</td>
<td>509</td>
<td>509</td>
<td>21</td>
<td>4.1%</td>
</tr>
<tr>
<td>Country</td>
<td>Event</td>
<td>Grade</td>
<td>Date notified to WCO</td>
<td>Start of reporting period</td>
<td>End of reporting period</td>
<td>Total cases</td>
<td>Cases Confirmed</td>
<td>Deaths</td>
<td>CFR</td>
</tr>
<tr>
<td>---------</td>
<td>-------</td>
<td>-------</td>
<td>----------------------</td>
<td>--------------------------</td>
<td>------------------------</td>
<td>-------------</td>
<td>-----------------</td>
<td>-------</td>
<td>-----</td>
</tr>
<tr>
<td>Togo</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>17-Nov-20</td>
<td>11-Nov-20</td>
<td>11-Jan-21</td>
<td>68</td>
<td>18</td>
<td>2</td>
<td>2.9%</td>
</tr>
<tr>
<td>Togo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>06-Mar-20</td>
<td>01-Mar-20</td>
<td>7-Feb-21</td>
<td>5483</td>
<td>5483</td>
<td>80</td>
<td>1.5%</td>
</tr>
<tr>
<td>Togo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>3-Feb-21</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Togo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>6-Feb-21</td>
<td>39 848</td>
<td>39 848</td>
<td>327</td>
<td>0.8%</td>
</tr>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>7-Feb-21</td>
<td>62663</td>
<td>62663</td>
<td>853</td>
<td>1.4%</td>
</tr>
<tr>
<td>Zambia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>17-Oct-19</td>
<td>16-Jul-19</td>
<td>3-Feb-21</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>6-May-19</td>
<td>01-Nov-20</td>
<td>464</td>
<td>1</td>
<td>0.2%</td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>7-Feb-21</td>
<td>34552</td>
<td>34552</td>
<td>1326</td>
<td>3.8%</td>
</tr>
</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, Adakpamé, Gbêtsogbé in Golfe 1, and Kangniköpé 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 7 February 2021, a total of 5 483 cases including 80 deaths and 4 550 recovered cases have been reported in the country.

As of 31 December 2020, Uganda was hosting 1 446 378 asylum seekers, majority of whom were resident in Yumba, Adjumani, Madi Okillo & Terego, Isingiro and Kyegegwa districts. Most of the refugees were from South Sudan (61.5%), DRC (29.1%) and Burundi (3.4%).

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

As of 7 February 2021, a total of 34 552 confirmed COVID-19 cases were reported in the country including 1 326 deaths and 28 551 cases that recovered.

1Grading 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.
Contributors
Gebresillasie Israel (Mozambique)
Jose Sitao Sinesia Lucida (Mozambique)
Moakofhi Kentse (Namibia)
R. Nansseu (Democratic Republic of the Congo)

Graphic design
A. Moussongo

Editorial Team
B. Impouma
C. Okot
B. Farham
G. Williams
J. Kimenyi
E. Kibangou
O. Ogundiran
T. Lee
D. Niyukuri
T. Metcalf
J. Nguna

Production Team
A. Bukhari
T. Mlanda
R. Ngom
F. Moussana

Editorial Advisory Group
Z. Yoti, Regional Emergency Director ai
B. Impouma
Y. Ali Ahmed
N. Nsenga
M. Djingarey

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.