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

- Ebola virus disease in Guinea
- Ebola virus disease in Democratic Republic of the Congo
- COVID-19 across the WHO African region
- Measles in Chad

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:**

- Response to the Ebola virus disease outbreak in Guinea continues. However, there are challenges with contact tracing, with displaced contacts moving out of the affected areas and in one case, out of the country, as well as issues around coordination, staff recruitment and community resistance.
- So far, the new Ebola virus disease outbreak in Democratic Republic of the Congo is still confined to six health areas and three health zones. Problems with community resistance to response measures continue, with access to Biena Health Zone currently restricted. In addition, there are gaps in triage in health facilities and lack of staff recruitment, with inadequate surveillance, contact follow-up and alert management.
- Most of the African region is seeing a decrease in case numbers and deaths. However, 11 countries still have increases in new daily cases, although deaths are declining across the region. But with 20 countries continuing to experience high, or uncontrolled levels of community transmission, the region needs to remain vigilant to new cases, and continue all active surveillance and response measures.
- Chad has been assessed at high risk of continuing measles outbreaks as a result of low routine vaccination coverage and the lack of a routine second dose of measles vaccine. This has resulted in frequent outbreaks of measles in the country in the past few years and measles cases are increasing in the country at the moment, with geographical spread of cases as well as increasing case numbers. This suggests the potential for another large measles outbreak in 2021, following on from a similar outbreak at the same time in 2020. Reactive measles vaccine campaigns have been carried out, with good coverage. However, the underlying drivers of these outbreaks need to be addressed, with changes to routine vaccine schedules and improved routine measles vaccination coverage.
EVENT DESCRIPTION

The outbreak of Ebola virus disease (EVD) declared in Guinea on 14 February 2021 continues. As of 7 March 2021, there is a total of 18 cases (14 confirmed and 4 probable) and nine deaths (case fatality ratio 50.0%). Currently, only one health district remains active (reporting at least one confirmed case) and two health districts out of 38 are on alert (have at least one contact). Five health workers are among the confirmed cases.

A total of 306 (88%) contacts out of 348 are being followed up. Four displaced contacts, three internal to Guinea (Conakry, Lola and Tougue) and one outside Guinea (in the country of Côte d’Ivoire), are being actively sought and will be returned to N’Zerekore when they are found.

PUBLIC HEALTH ACTIONS

- Full incident management has been implemented in Guinea.
- A supporting mission is in place in N’Zerekore to strengthen coordination and response pillars; a local alert system has been implemented, as well as active case finding and follow-up of resource mobilization (CERF, ECHO funds).
- Vaccination has started, with a cumulative total of 2,038 people vaccinated, including 298 high-risk contacts, 1,386 contacts-of-contacts and 394 probable contacts, including 720 frontline workers.
- Case management in affected regions is being supported by partners, and safe and dignified burial teams are being trained by the Red Cross.
- Three new community deaths, with two swabs collected and one safe and dignified burial conducted.
- Ten patients (5 confirmed and 5 suspected cases) are currently hospitalized in the Epidemic Diseases Treatment Centre in N’Zerekore.
- Risk communication and community engagement (RCCE) is underway, with support for training women in EVD response; raising awareness among bereaved families, meeting with the president of the Federation of Motorcycle Taxi Trade Unions and sharing the first socio-anthropological report on the perceptions of communities in Gouecke.

SITUATION INTERPRETATION

Health teams in Guinea are acting rapidly to trace the path of the virus and curb further infections and a full incident management system has been set up. Challenges are inadequate coordination in N’Zerekore and community resistance to response measures, which requires rapid management to facilitate access to communities for implementation of public health actions, which is being delayed by this resistance, including vaccination activities. There is an urgent need for additional funds to allow recruitment of additional staff to strengthen field operations, particularly in N’Zerekore.
EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu continues. However, there were no new confirmed cases on 6 March 2021. In the past 21 days, seven new cases have been confirmed in Biena Health Zone (Masoya (2), Kaheku (1)); Katwa Health Zone (Tulizeni (1)); and Butembo Health Zone (Vutsundo (3)), with no new deaths. As of 6 March 2021, there is a cumulative total of 11 cases and 4 deaths (case fatality ratio 36.4%). Two health workers have been infected, 18.1% of all cases.

As of 6 March 2021, the total number of contacts was 634, and two new contacts were listed on this date in the Butembo Health Zone. Of these contacts, 557 (88%) were followed-up. A total of 260 contacts are no longer being followed-up, including 51 in Butembo, 162 in Katwa and 47 in Musienene, who have completed their 21-day follow-up period.

A total of 229 alerts have been raised as of 6 March 2021. Of these, 66 (28.8%) were validated.

PUBLIC HEALTH ACTIONS

- Coordination meetings continue, led by the Provincial Minister for Health, with the participation of the head of the North Kivu health division and partners.
- As of 6 March 2021, a total of 1,121 people have been vaccinated; 642 in Biena, 217 in Butembo, 250 in Katwa, 217 in Butembo and 12 in Musienene. A total of 32 first line providers are among those vaccinated.
- A total of 1,083 laboratory samples have been analysed since the confirmation of the case on 7 February 2021.
- Infection prevention and control (IPC) activities continue, with three health facilities supplied with IPC materials; and 37 health facilities in the six health zones supported and assessed; 27 IPC kits were distributed in health zones in Biena and Musienene; and 128 health workers were briefed in Katwa, Musienene, Biena and Butembo.
- Risk communication and community engagement activities continue, with educational talks to pharmacists, support for community surveillance and sensitization on the importance of vaccination to households; 14 community leaders were contacted to engage them in community mobilization around the EVD response.
- As of 6 March 2021, there were 14 community alerts, all of which were sampled and 12 secure and dignified burials performed; community death alerts came from all affected health zones. The two safe and dignified burials that were not performed were because of lack of transport for the teams from Butembo.
- Six points of entry (POE) are operational in Katwa, Butembo and Musienene; a total of 2,318 travellers were registered on 6 March 2021, 98.3% of whom were screened and directed regarding handwashing.

SITUATION INTERPRETATION

The current EVD resurgence in the Biena Health Zone is of concern, although there has been no new case reported for five days as of 27 February 2021. Challenges remain around low adherence of contacts to immunization, poor alert management, and inadequate case management in treatment centres, with limited facilities for isolation of suspected and confirmed cases. In addition, there are insufficient financial resources to support all response pillar and logistical problems around poor internet speed and data transmission. Authorities and partners need urgently to address the financial shortfalls, so that these challenges can rapidly be addressed.
The WHO African region continues to observe a downward trend in new coronavirus disease 2019 (COVID-19) cases in the region, although the trend is not uniform across countries. This trend is driven by a few of the most affected countries, including South Africa, Ethiopia, Zambia, Nigeria, and Mozambique.

There are five countries accounting for 56.0% of COVID-19 cases reported in the past 28 days. South Africa leads with 44,933 new cases (20.0% of these cases) in the past 28 days, followed by Ethiopia (23,800), Zambia (17,920), Nigeria (18,758), and Mozambique (17,920). Similarly, 7,406 new deaths were reported from 40 countries, and of these, five countries account for 74.0% of COVID-19 deaths reported in the last month. Nearly 4,388 of these deaths occurred in South Africa, which accounts for 59.0% of all new deaths in the region. After South Africa, Nigeria has the highest number of deaths in the past month (302), followed by Ethiopia (281), Zambia (271), and Senegal (237), all adding up to 5,479 of all deaths.

In the past 7 days, (1–7 March 2021), the region recorded 48,892 new cases (a 5% decline compared to the prior week). Thirty (65%) countries reported a percentage decline in new cases while 15 (33%) had an increase in new daily cases. Only Congo did not show a significant change in its new cases. A total of 1,261 new deaths (a 22.6% decline) were also reported by 24 countries in the past 7 days with an average of 180 deaths; including 706 (57.0%) in South Africa, and 66 (5.3%) in Ethiopia. The total number of confirmed cases in the WHO African Region is now more than 2.8 million, with 73,337 deaths (case fatality ratio 2.6%), accounting for 2.5% of global cases and 2.8% of global deaths, making it one of the least affected regions in the world after the WHO Western Pacific region. There have been more than 2.5 million recoveries in the WHO African Region, giving a recovery rate of 89.4% of confirmed case patients.

The top five countries reporting the highest case numbers include; South Africa 1,521,068 (53.0%), Ethiopia 166,138 (5.8%), Nigeria 158,506 (5.5%), Algeria 114,234 (4.0%), Kenya 108,827 (3.8%), accounting for 2,068,773 (72.0%) of all cases. Only Mauritius (639) is still reporting fewer than 1,000 cases. The United Republic of Tanzania has reported no new confirmed cases in our database in the last 305 days. South Africa (50,678 deaths, 69.2% of all deaths), Algeria (3,013, 4.1%) and Ethiopia (2,429, 3.3%), have reported the highest number of cumulative deaths. No country has an overall case fatality ratio above 5.0%.

Over 99,997 (3.5% of all cases) health worker infections have been reported from 46 countries in the region. South Africa (54,984, 55.0%), Algeria (11,936, 12.0%) and Ghana (3,930, 4.0%), have recorded the highest number of health worker infections among countries. Guinea Bissau (11.4%), Liberia (11.1%), and Algeria (10.5%), have the highest country specific proportion of health worker infections. Only Eritrea has not reported any healthcare worker infections.

Total case numbers for the African continent now stand at more than 3.9 million, with 105,743 deaths (case fatality ratio 2.7%), and more than 3.5 million people have recovered.

The COVAX initiative is playing a crucial role in global efforts to ensure fair, accessible and equitable access to vaccines against COVID-19 to the world’s poorest countries, the most marginalised communities and the most vulnerable populations.

During this reporting period, Angola became the first country in Eastern and Southern Africa region to receive the COVID-19 vaccine from the Serum Institute of India as part of the COVAX initiative, a partnership between Coalition of Epidemic Preparedness Innovations, Gavi, UNICEF and WHO, which aims to ensure the equitable distribution of vaccines against COVID-19 worldwide.

The first COVAX deliveries in the region started on 24 February 2021, with Ghana being the first country worldwide to receive COVAX funded vaccines. As of 6 March 2021, 17 African countries had received 11.65 million vaccines via the COVAX Facility. With the arrival of these vaccines, the continent marks another important step towards fairer access to vaccines.

However, it remains crucial that member states adhere to the COVID-19 precautionary measures to keep transmission low, prevent the emergence of new variants, reduce the number of sick people, and vaccinate as many people as possible, including frontline workers and those who are most vulnerable.
### Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 7 March 2021

<table>
<thead>
<tr>
<th>Country</th>
<th>Total cases</th>
<th>Total deaths</th>
<th>Recovered Total</th>
<th>Case Fatality Ratio (%)</th>
<th>Health Worker infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa</td>
<td>1 521 068</td>
<td>50 678</td>
<td>1 440 874</td>
<td>3.3%</td>
<td>54 984</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>166 138</td>
<td>2 429</td>
<td>138 500</td>
<td>1.5%</td>
<td>2 540</td>
</tr>
<tr>
<td>Nigeria</td>
<td>158 506</td>
<td>1 969</td>
<td>137 890</td>
<td>1.2%</td>
<td>2 355</td>
</tr>
<tr>
<td>Algeria</td>
<td>114 234</td>
<td>3 013</td>
<td>79 064</td>
<td>2.6%</td>
<td>11 936</td>
</tr>
<tr>
<td>Kenya</td>
<td>108 827</td>
<td>1 876</td>
<td>87 570</td>
<td>1.7%</td>
<td>3 207</td>
</tr>
<tr>
<td>Ghana</td>
<td>86 465</td>
<td>647</td>
<td>80 952</td>
<td>0.7%</td>
<td>3 930</td>
</tr>
<tr>
<td>Zambia</td>
<td>82 421</td>
<td>1 124</td>
<td>77 943</td>
<td>1.4%</td>
<td>1 027</td>
</tr>
<tr>
<td>Mozambique</td>
<td>62 520</td>
<td>693</td>
<td>46 511</td>
<td>1.1%</td>
<td>2 988</td>
</tr>
<tr>
<td>Uganda</td>
<td>40 464</td>
<td>334</td>
<td>15 065</td>
<td>0.8%</td>
<td>1 950</td>
</tr>
<tr>
<td>Namibia</td>
<td>40 030</td>
<td>438</td>
<td>37 520</td>
<td>1.1%</td>
<td>1 797</td>
</tr>
<tr>
<td>Cameroon</td>
<td>38 988</td>
<td>588</td>
<td>34 887</td>
<td>1.5%</td>
<td>1 315</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>36 271</td>
<td>1 485</td>
<td>33 834</td>
<td>4.1%</td>
<td>1 814</td>
</tr>
<tr>
<td>Senegal</td>
<td>35 857</td>
<td>919</td>
<td>30 605</td>
<td>2.6%</td>
<td>419</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>35 187</td>
<td>202</td>
<td>32 708</td>
<td>0.6%</td>
<td>561</td>
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<tr>
<td>Malawi</td>
<td>32 442</td>
<td>1069</td>
<td>22 373</td>
<td>3.3%</td>
<td>1 630</td>
</tr>
<tr>
<td>Botswana</td>
<td>31 658</td>
<td>359</td>
<td>26 760</td>
<td>1.1%</td>
<td>61</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>26 541</td>
<td>712</td>
<td>22 432</td>
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<tr>
<td>Angola</td>
<td>21 086</td>
<td>514</td>
<td>19 647</td>
<td>2.4%</td>
<td>850</td>
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<tr>
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<td>20 155</td>
<td>300</td>
<td>19 543</td>
<td>1.5%</td>
<td>70</td>
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<tr>
<td>Rwanda</td>
<td>19 509</td>
<td>267</td>
<td>17 810</td>
<td>1.4%</td>
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</tr>
<tr>
<td>Mauritania</td>
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<td>442</td>
<td>16 656</td>
<td>2.6%</td>
<td>24</td>
</tr>
<tr>
<td>Eswatini</td>
<td>17 184</td>
<td>658</td>
<td>15 276</td>
<td>3.8%</td>
<td>557</td>
</tr>
<tr>
<td>Guinea</td>
<td>16 670</td>
<td>95</td>
<td>15 181</td>
<td>0.6%</td>
<td>682</td>
</tr>
<tr>
<td>Cabo Verde</td>
<td>15 782</td>
<td>154</td>
<td>15 040</td>
<td>1.0%</td>
<td>140</td>
</tr>
<tr>
<td>Gabon</td>
<td>15 625</td>
<td>90</td>
<td>13 746</td>
<td>0.6%</td>
<td>345</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>12 181</td>
<td>143</td>
<td>11 816</td>
<td>1.2%</td>
<td>288</td>
</tr>
<tr>
<td>Lesotho</td>
<td>10 523</td>
<td>307</td>
<td>3 888</td>
<td>2.9%</td>
<td>388</td>
</tr>
<tr>
<td>Congo</td>
<td>9 179</td>
<td>131</td>
<td>7 898</td>
<td>1.4%</td>
<td>202</td>
</tr>
<tr>
<td>South Sudan</td>
<td>8 766</td>
<td>102</td>
<td>4 317</td>
<td>1.2%</td>
<td>146</td>
</tr>
<tr>
<td>Mali</td>
<td>8 580</td>
<td>358</td>
<td>6 441</td>
<td>4.2%</td>
<td>87</td>
</tr>
<tr>
<td>Togo</td>
<td>7 570</td>
<td>92</td>
<td>6 306</td>
<td>1.2%</td>
<td>621</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>6 329</td>
<td>96</td>
<td>5 737</td>
<td>1.5%</td>
<td>385</td>
</tr>
<tr>
<td>Benin</td>
<td>6 071</td>
<td>75</td>
<td>4 963</td>
<td>1.2%</td>
<td>139</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>5 021</td>
<td>63</td>
<td>4 920</td>
<td>1.3%</td>
<td>1</td>
</tr>
<tr>
<td>Niger</td>
<td>4 828</td>
<td>177</td>
<td>4 405</td>
<td>3.7%</td>
<td>268</td>
</tr>
<tr>
<td>Gambia</td>
<td>4 759</td>
<td>152</td>
<td>4 143</td>
<td>3.2%</td>
<td>142</td>
</tr>
<tr>
<td>Chad</td>
<td>4 177</td>
<td>140</td>
<td>3 668</td>
<td>3.4%</td>
<td>77</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>3 920</td>
<td>79</td>
<td>2 700</td>
<td>2.0%</td>
<td>245</td>
</tr>
<tr>
<td>Comoros</td>
<td>3 596</td>
<td>146</td>
<td>3 410</td>
<td>4.1%</td>
<td>35</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>3 312</td>
<td>49</td>
<td>2 671</td>
<td>1.5%</td>
<td>377</td>
</tr>
<tr>
<td>Seychelles</td>
<td>2 979</td>
<td>14</td>
<td>2 610</td>
<td>0.5%</td>
<td>268</td>
</tr>
<tr>
<td>Eritrea</td>
<td>2 944</td>
<td>7</td>
<td>2 436</td>
<td>0.2%</td>
<td>0</td>
</tr>
<tr>
<td>Burundi</td>
<td>2 334</td>
<td>3</td>
<td>2 121</td>
<td>0.1%</td>
<td>36</td>
</tr>
<tr>
<td>Liberia</td>
<td>2 024</td>
<td>85</td>
<td>1 892</td>
<td>4.2%</td>
<td>224</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>1 944</td>
<td>32</td>
<td>1 562</td>
<td>1.6%</td>
<td>102</td>
</tr>
<tr>
<td>Mauritius</td>
<td>639</td>
<td>10</td>
<td>590</td>
<td>1.6%</td>
<td>30</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>509</td>
<td>21</td>
<td>180</td>
<td>4.1%</td>
<td>1</td>
</tr>
</tbody>
</table>

**Cumulative Cases (N=47)**

<table>
<thead>
<tr>
<th>Total cases</th>
<th>Total deaths</th>
<th>Recovered Total</th>
<th>Case Fatality Ratio (%)</th>
<th>Health Worker infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 873 122</td>
<td>73 337</td>
<td>2 567 061</td>
<td>2.6%</td>
<td>99 997</td>
</tr>
</tbody>
</table>

*Total cases includes one probable case from Democratic Republic of the Congo*
**EVENT DESCRIPTION**

The measles outbreak in Chad is ongoing. In week 8 of 2021 (week ending 20 February 2021), a total of 95 suspected cases were notified, an increase from the 42 suspected cases reported in week 7 (week ending 13 February 2021). In addition, 22 districts reported at least one case in week 8 compared to 14 in week 7. Since the beginning of 2021, there have been 391 suspected cases of measles reported in 51 (40%) districts out of 129, with two deaths reported, one each in Abéché and Guidari. Of 64 cases investigated and laboratory tested, 34 (53.1%) were positive by IgM testing, 26 (40.6%) were negative and 4 (6.3%) were undetermined. Nine districts (Abéché, Abougoudam, Bokoro, Fada, Kélo, Liwa, Mangalme, Massakory and Zouar) are currently in suspected epidemic stage, compared to eight districts in week 7. A total of 51 (40%) of 129 health districts have notified at least one suspected case of measles during 2021.

More than 70% of cases are less than 10 years of age, with most (46.9%) in the age group 1-4 years, followed by those 15 years and older (21.9%), 5-9 years (20.1%), 10-14 years (7.8%) and less than one year (3.1%). More than 65% of suspected cases have not been vaccinated, or are of unknown vaccination status, while more than 70% of confirmed cases have either not been vaccinated or are of unknown vaccination status.

**PUBLIC HEALTH ACTIONS**

- A national measles monitoring campaign is underway, in two blocks, coupled with vitamin A supplementation and deworming, with a target of 95% of 3.2 million children aged 9-59 months.

- Block 1 is made up of 11 provinces: Mayo-Kebbie East, Mayo-Kebbie West, Logone Oriental, Logone Occidental, Mandoul, Tandjilé, Moyen Chari, Salamat, Sila, Chari Baguirmi and N’Djamena, targeted from 12-18 January 2021.

- Block 2 is made up of 12 provinces: Lac, Hadjer Lamis, Kanem, Bahr El Gazel, Batha, Ouaddai, Wadi Fira, Ennedi East, Ennedi West, Borkou, Tibesti, Guéra and Guera.

- Ten Provincial Health Areas were covered, but N’Djamena could not be covered because of COVID-19 illness among responders and was transferred to block 2.

- A coverage of 109%, for vaccination, vitamin A supplementation and deworming, was achieved among the targeted population.

**SITUATION INTERPRETATION**

An analysis of the risk of measles carried out by WHO, in collaboration with UNICEF and with support from the CDC, shows that Chad has a very high risk of measles, with 69 districts in the ‘very high’ category, with 30 ‘high’, 8 ‘medium’ and only 3 ‘low’. This situation is as a result of low measles vaccine coverage in the routine immunization schedule, the absence of a second dose in this schedule, the four-year delay in conducting the measles monitoring campaign and the current diversion of resources to the COVID-19 response. The highest risk of measles transmission falls between the fourth quarter of 2020 and June 2021, which is reflected in the increasing number of cases and affected districts being seen early in 2021. This pattern mirrors that of the same time in 2020. The implementation of dedicated measles vaccine campaigns is to be welcomed, but authorities need to tackle the underlying problems with routine vaccination campaigns, including introducing the second dose into the schedule, in order to prevent continuing regular measles outbreaks in Chad.
Summary of major issues, challenges and proposed actions

Major issues and challenges

- A full incident management team and response has been set up in Guinea but there are still gaps that need urgent intervention, such as community resistance, strengthened surveillance, problems with unsecured burials and inadequate infection prevention and control measures.

- The EVD outbreak in Butembo, North Kivu is still confined to three health zones. However, there are problems with community resistance, community surveillance, contact follow-up and poor communication and logistics in the affected area, along with inadequate funding to fully support the response.

- The African region continues to experience established community transmission of COVID-19 across the region, much of it uncontrolled and high. Numbers of health worker infections are still a concern, as is the relatively high case fatality ratio, even with deaths declining overall.

- The measles outbreak in Chad continues, with increasing case numbers and geographical spread, even with reactive measles vaccination campaigns.

Proposed actions

- Authorities and partners in Guinea need to continue to implement full response capacity, while at the same time urgently addressing issues around community resistance to response measures and vaccination, as well as improving contact tracing and alert management. Partners need to ensure that there is sufficient funding for these measures to ensure that the outbreak is contained to its current area and brought rapidly under control.

- Challenges around community resistance to response measures and vaccination in affected areas in Democratic Republic of the Congo need to be addressed urgently, along with contact tracing and alert management. National authorities and partners need to implement all response measures to their greatest capacity and ensure that there are sufficient funds for all pillars so that this resurgence is contained.

- The African region needs to continue to implement all public health and social measures to prevent transmission of COVID-19, particularly since vaccine roll out is likely to be slow in comparison to that in the developed world.

- The underlying drivers of frequent measles outbreaks in Chad need urgently to be addressed, with improved routine vaccination coverage and introduction of a second dose in the measles vaccination schedule.
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 7 March 2021, a total of 21 086 confirmed COVID-19 cases have been reported in the country with 514 deaths and 19 647 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 were Cabinda (436), Bie (184), Malanje (108), Luanda (88), and Huambo (55).

From 25 February 2020 to 7 March 2021, a total of 114 234 confirmed cases of COVID-19 with 3 013 deaths (CFR 2.6%) have been reported from Algeria. A total of 79 064 cases have recovered.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were three cVDPV2 cases reported in 2020, and 8 in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.

Burkina Faso COVID-19 Grade 3 21-Mar-20 21-Mar-20 7-Mar-21 114 234 114 234 3 013 2.6%

The outbreak has mainly affected internally displaced persons in the district, including 15 out of 17 deaths that were among pregnant or postpartum women. Hepatitis E has been confirmed in ten cases to date. Eight out of nine samples were IgM positive for hepatitis E at a hospital laboratory in Montpellier, France on 25 September 2020; three samples tested IgM positive for yellow fever and 1 sample was undetermined at the Laboratoire National de Référence des Fièvres Hémorragiques Virales (LNR-FHV) in Centre Muraz; a total of four samples were sent to IPD for confirmation. Results showed two samples tested PCR positive for Hepatitis E; seroneutralization results revealed 4 positive yellow fever results; however, with very low titres; and 0 samples tested RT-PCR positive for yellow fever. This has now been confirmed as a hepatitis E outbreak.

Burkina Faso Poliomyelitis (cVDPV2) Grade 2 1-Jan-19 3-Mar-21 12 12 0 0.0%

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 affected by heavy rain since 5 September 2020, which triggered floods and resulted in casualties and damages.

Burkina Faso COVID-19 Grade 3 10-Mar-20 9-Mar-20 6-Mar-21 12 181 12 181 143 1.2%

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 affected by heavy rain since 5 September 2020, which triggered floods and resulted in casualties and damages.

Burkina Faso Humanitarian crisis Grade 2 1-Jan-19 1-Jan-19 30-Oct-20 - - - -

Between 9 March 2020 and 6 March 2021, a total of 12 181 confirmed cases of COVID-19 with 143 deaths and 11 816 recoveries have been reported from Burkina Faso.

Botswana COVID-19 Grade 3 30-Mar-20 28-Mar-20 4-Mar-21 31 658 31 658 359 1.1%

From 8 September to 21 February 2021, there were a total of 796 cases of febrile jaundice detected in Barsalogho Health District, North Central Region of Burkina Faso.

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 4 March 2021, a total of 31 658 confirmed COVID-19 cases have been reported in the country including 359 deaths and 26 760 recovered cases.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 1 March 2021, a total of 6 071 cases have been reported in the country with 75 deaths and 4 963 recoveries.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were three cVDPV2 cases reported in 2020, and 8 in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.

Benin Poliomyelitis (cVDPV2) Grade 2 8-Aug-2019 8-Aug-2019 3-Mar-21 12 12 0 0.0%

The first COVID-19 confirmed case was reported in Benin on 16 March 2020. As of 1 March 2021, a total of 6 071 cases have been reported in the country with 75 deaths and 4 963 recoveries.

Burundi COVID-19 Grade 3 31-Mar-20 18-Mar-20 6-Mar-21 2 334 2 334 3 0.1%

From 25 February 2020 to 7 March 2021, a total of 114 234 confirmed cases of COVID-19 with 3 013 deaths (CFR 2.6%) have been reported from Algeria. A total of 79 064 cases have recovered.
Burundi has been experiencing measles outbreaks since November 2019 in camps hosting Congolese refugees and the disease spread in the host community in the district of Ciboke. 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 1,334 confirmed measles cases of which 214 are lab-confirmed and the rest were clinically compatible cases and epidemiologically linked.

Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by the Boko Haram group resulting in significant population displacement. The United Nations Department of Safety and Security (UNOSSC) identified 50 security incidents only in October 2020. UNHCR protection monitoring through INTERSOS, reported 549 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.

Conflict in the North-West and South-West regions continues to cause mass displacement, both internally and into neighbouring Nigeria. As of 30 October 2020, a total of 711,056 internally displaced people are present 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 Fungdong. 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 in six districts, namely Kribi (4 cases), Gashiga (2 cases), Betaré Oya (1 case), Kolofata (2 cases), Awae (1 case), Ngaoundal (1 case), and Ngong (1 case), Guidiou (1 case). Sixty four percent of cases are aged between 9 to 59 months.

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 7 March 2021, a total of 15,782 confirmed COVID-19 cases including 154 deaths and 15,040 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, Batangato and Bria. Around 641,292 people are internally displaced in Central Africa and 626,838 persons are refugees in neighbouring countries, namely, Cameroon, Democratic Republic of Congo, 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 3 March 2021, a total of 5,021 confirmed cases, 63 deaths and 4,920 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

#### Cholera

<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>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>1-Jan-20</td>
<td>5-Dec-2020</td>
<td>18 504</td>
<td>-</td>
<td>301</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

#### Ebola virus disease

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
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<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>Ebola virus disease</td>
<td>Grade 2</td>
<td>7-Feb-2021</td>
<td>7-Feb-2021</td>
<td>22-Feb-2021</td>
<td>11</td>
<td>8</td>
<td>4</td>
<td>36.4%</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.

From 14 August to 3 December 2020, there were 38 397 cases of chikungunya recorded and 1 death, 4 provinces were affected Ouaddai, Wadifira, Sila and Guera all in the central eastern part of the country. Cumulative cases number in Abéché (30 888), Biltine (7 233) and Arada (217), Abdi (1) et Goz beida (57), and Mongo (1). Since EW 47 no new cases have been reported.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 7 March 2021, a total of 4 177 confirmed COVID-19 cases were reported in the country including 140 deaths and 3 410 recoveries have been reported in the country.

The 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.

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 25 912 confirmed cases and one probable case, including 707 deaths have been reported. A total of 18951 people have recovered.

The prolonged and complex humanitarian crisis in Democratic Republic of the Congo continues, with 5.5 million internally displaced persons (IDP), 15.6 million people food insecure and in need of emergency assistance, and 5.6 million people in need of emergency health assistance. The main provinces affected are Ituri, and North and South Kivu. Since the end of October 2020, an estimated 2 250 IDPs have been displaced in the Djili region, Ituri Province, as a result of clashes between government soldiers and armed insurgents. 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.

No new cases have been reported from several outbreaks.
### Health Emergency Information and Risk Assessment

#### Equatorial Guinea

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>5-Mar-21</td>
<td>6 329</td>
<td>6 329</td>
<td>96</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 5 March 2021, a total of 6 329 cases have been reported in the country with 96 deaths and 5 737 recoveries.

#### Eritrea

<table>
<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>6-Mar-21</td>
<td>2 944</td>
<td>2 944</td>
<td>7</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 6 March 2021, a total of 2 944 confirmed COVID-19 cases with seven deaths were reported in the country. A total of 2 436 patients have recovered from the disease.

#### Eswatini

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<thead>
<tr>
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<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>7-Mar-21</td>
<td>17 184</td>
<td>17 184</td>
<td>658</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 7 March 2021, a total of 17 184 confirmed COVID-19 cases have been reported in the country including 15 276 recoveries. A total of 658 associated deaths have been reported.

#### Ethiopia

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<tr>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humanitarian crisis (Conflict in Tigray)</td>
<td>Grade 2</td>
<td>4-Nov-20</td>
<td>4-Nov-20</td>
<td>26-Jan-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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.

#### Ghana

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<thead>
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<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>7-Mar-21</td>
<td>166 138</td>
<td>166 138</td>
<td>2 429</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 166 138 cases of COVID-19 as of 7 March 2021, with 2 429 deaths and 138 500 recoveries.

<table>
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<tr>
<th>Event</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jan-17</td>
<td>1-Jan-19</td>
<td>10-Jan-21</td>
<td>1 873</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

In week 01 (week ending 10 January 2021), 78 new suspected cases with one associated death were reported. Most of the cases were reported from SNNPR and Oromia.

#### Guinea

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<thead>
<tr>
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Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 166 138 cases of COVID-19 as of 7 March 2021, with 2 429 deaths and 138 500 recoveries.

#### Monkeypox

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. The number of cases in 2020 was 78. The case count for 2019 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).

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
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<th>Start of reporting period</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Plague</td>
<td>Ungraded</td>
<td>12-Mar-19</td>
<td>1-Jan-20</td>
<td>25-Dec-200</td>
<td>420</td>
<td>-</td>
<td>29</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

Ituri province notified an upsurge of plague cases in the health zone of Rethy during 2020. From 1 January to 25 December 2020, a total of 420 cases with 29 deaths (CFR 6.9%) were notified in 5 out of 22 health areas of Retty health zone. Plague is considered endemic in Ituri province. In 2019, from week 1 to 52, a total of 48 cases of bubonic plague including eight deaths have been reported in the country. Actions undertaken include ongoing strengthening in surveillance with the support of Malteser International (MI) and WHO; decontamination of households of cases; case management and free preventive distribution of doxycycline (in adults) and cotrimoxazole (in children) to contacts; raising awareness for community engagement; and briefing health providers in the affected health areas.

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</tr>
</thead>
<tbody>
<tr>
<td>Poliomyelitis</td>
<td>Grade 2</td>
<td>15-Feb-2018</td>
<td>1-Jan-18</td>
<td>3-Mar-21</td>
<td>186</td>
<td>186</td>
<td>0</td>
<td>0.0%</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.
Health Emergency Information and Risk Assessment

Liberia - Measles

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, Dounet in Mamou health district and Soumpoura in Tougue health district.

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 7 March 2021, 108 827 confirmed COVID-19 cases including 108 827 recoveries and 49 deaths.

Kenya

Rift Valley fever (RVF) in humans has been reported in Isiolo and Mandera counties and in animals in Isiolo, Mandera, Murang’a and Garissa counties in Kenya. The 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 Isiolo county. Other deaths with symptoms such as fevers, joint pains, headache and general malaise were also reported in Gafarsa and Erisaboru locations within Garbatulla subcounty as well as Korbesa in Merti subcounty. A confirmed case of RVF in Madera county reported end of December has since died; he was involved in the slaughter of four sick camels. All the affected cases were males age ranging from 13 to 70 years. As of 4 February 2021, there are a 32 total cases reported, of which 14 are confirmed and 11 deaths.

Since January 2020, a total of 431 visceral leishmaniasis confirmed cases with seven deaths (CFR 1.8%), have been reported. Of these cases, 1 773 were sampled, of which 1 091 tested positive for leishmaniasis by serology. Three localities in three health districts are in the epidemic phase, namely, Wanindara in Ratoma health district, Dounet in Mamou health district and Soumpoura in Tougue health district.

Liberia

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, Kitui, Baringo and West Pokot. The outbreak is active in West Pokot and Kitui Counties.

On 11 July 2020, a dignified and secure burial was carried out by the Red Cross on 12 July 2020.

Kenya

A case of Lassa fever was confirmed on 11 July 2020 by the Haemorrhagic Fever laboratory in Guélédou. 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 Guélédou 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 Guélédou was positive for lassa fever. The patient died the next day. A dignified and secure burial was carried out by the Red Cross on 12 July 2020.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There are now 45 cVDPV2 cases in the country all reported in 2020.

Lesotho

A case of dengue fever was confirmed on 14 February 2021 by the Health Laboratory at Nongo, and are now en route to IP Dakar for confirmatory testing.

Guinea

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 6 March 2021, a total of 16 670 cases including 15 181 recovered cases and 95 deaths have been reported in the country.

Guinea

The patient died the next day. A dignified and secure burial was carried out by the Red Cross on 12 July 2020.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There are now 45 cVDPV2 cases in the country all reported in 2020.

Kenya

Since January 2020, a total of 431 visceral leishmaniasis confirmed cases with seven deaths (CFR 1.8%), have been reported. Of these cases, 1 773 were sampled, of which 1 091 tested positive for leishmaniasis by serology. Three localities in three health districts are in the epidemic phase, namely, Wanindara in Ratoma health district, Dounet in Mamou health district and Soumpoura in Tougue health district.

Liberia

A case of Lassa fever was confirmed on 11 July 2020 by the Haemorrhagic Fever laboratory in Guélédou. 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 Guélédou 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 Guélédou was positive for lassa fever. The patient died the next day. A dignified and secure burial was carried out by the Red Cross on 12 July 2020.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There are now 45 cVDPV2 cases in the country all reported in 2020.

Kenya

Rift Valley fever (RVF) in humans has been reported in Isiolo and Mandera counties and in animals in Isiolo, Mandera, Murang’a and Garissa counties in Kenya. The 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 Isiolo county. Other deaths with symptoms such as fevers, joint pains, headache and general malaise were also reported in Gafarsa and Erisaboru locations within Garbatulla subcounty as well as Korbesa in Merti subcounty. A confirmed case of RVF in Madera county reported end of December has since died; he was involved in the slaughter of four sick camels. All the affected cases were males age ranging from 13 to 70 years. As of 4 February 2021, there are a 32 total cases reported, of which 14 are confirmed and 11 deaths.

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

Mali COVID-19 Grade 3 25-Mar-20 25-Mar-20 7-Mar-21 108 10 2 1.9% 3.2% 0.0% 0.0% 0.0% 0.0% 0.0%

During week 3 (week ending 24 January 2021), 21 suspected cases of measles were reported from five regions in the country. Since 1 January 2021, 110 suspected cases, 12 of which were confirmed have been reported.

Mauritania COVID-19 Grade 3 13-Mar-20 13-Mar-20 6-Mar-21 8 580 8 580 358 2.6%

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 6 March 2021, a total of 17 309 cases including 442 deaths and 16 656 recovered cases have been reported in the country.

Mauritania Dengue Ungraded 11-May-2020 3-May-2020 2-Nov-20 7 7 0 0.0%

Between 16 to 24 October 2020, 5 cases of dengue fever have been suspected at Etewvigh Clinic in Tevragh Zeina district, and all have been confirmed by RT-PCR at 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 samples 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 Aïr (Aïr, Tineri, Aghenmrite and Edebye) were detected.

Mauritania Rift Valley Fever Grade 9 4-Oct-20 4-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 Tuiltikja 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, gingivorraghia) and vomiting, in the 3 departments of the region. As of 5 October 2020, a total of 88 samples of suspected cases have been sent to the National Institute for Public Health Research (INRSP); 36 were positive (by PCR and Elisa), 46 were negative. Six sample results are still pending. Confirmed cases have been reported in 9 regions (Adrar, Assaba, Brakna, Hodh El Gharbi, Tagant, Trarza, Gorgol et Nouakchott Sud). The continuous surveillance of RVF at the animal level has confirmed the outbreaks in the Assaba, Tagant, Brakna, Trarza and Hodh ElGharbi regions. The results of 165 samples taken in the period from 16–23 September 2020, show that 30 calves, 4 small ruminants and 6 cattle were positive.

Mauritius COVID-19 Grade 3 18-Mar-20 18-Mar-20 6-Mar-21 639 639 10 1.6%

The Republic of Mauritius announced the first three positive COVID-19 cases on 18 March 2020. As of 6 March 2021, a total of 639 confirmed COVID-19 cases including 10 deaths and 590 recovered cases have been reported in the country.

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

Cabo Delgado Province passed one year and six months since it was hit by Tropical Cyclone Kenneth in April 2019 followed by deteriorating humanitarian situation due to consecutive climatic shocks, insecurity and violence, leading to significant displacement, disruption of livelihoods and poor access to basic services, as well as the occurrence of different disease outbreaks. The security situation continues to deteriorate due to frequent insurgent 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 (Quiissanga, Mocimab, D parai, Muidembao, Nagadi, Melucu, Manocmia and Ibo) situated in the north part of the capital of the province resulting in destruction of government offices, and service providing facilities including health facilities. Of the total health facilities in the province 41 (32%) have been closed down due to vandalism or other reasons.

Mozambique cholera Ungraded 2020-02-20 31-Jan-20 17-Jan-21 2 952 108 40 1.4%

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 (688 cases), Metuge (571 cases), Chuire (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.

Mozambique COVID-19 Grade 3 22-Mar-20 22-Mar-20 7-Mar-21 62 520 62 520 693 1.1%

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 7 March 2021, a total of 62 520 confirmed COVID-19 cases were reported in the country including 693 deaths and 46 511 recoveries.

Mozambique measles Ungraded 25-Jun-20 1-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 Naula Administrative Post, Alto Moclué 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.
The first case of COVID-19 was first detected in Namibia on the 14 March 2020. As of 6 March 2021, a total of 40 030 confirmed cases with 37 520 recovered and 438 deaths have been reported.

During this reporting period, 28 December 2020 - 10 January (weeks 53 & 01), a total of 5 HEV (Hepatitis E Virus) cases were reported country-wide. Since the beginning of the outbreak in December 2017, a cumulative total of 10 227 cases (2 099 laboratory-confirmed, 4 744 epidemiologically linked, and 1 187 suspected cases) including 66 deaths (CFR 0.8%) have been reported countrywide. Khomas Region remains the most affected region, accounting for 5 103 (50%) of reported cases, followed by Erongo 1 916 (19%) since the outbreak began.

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

From 19 March 2020 to 22 February 2021, a total of 4 740 cases with 172 deaths have been reported across the country. A total of 4 250 recoveries have been reported from the country.

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

From 19 March 2020 to 22 February 2021, a total of 4 740 cases with 172 deaths have been reported across the country. A total of 4 250 recoveries have been reported from the country.

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

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

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 8 cVDPV2 cases reported in 2020, 18 cVDPV2 cases reported in 2019 and 34 in 2018.

As of 29 January 2021, there have been a cumulative total of 3 112 suspected cases of yellow fever, of which 109 cases have been confirmed, from 488 LGA (63%) across all states and the Federal Capital Territory (FCT). Laboratory results in-country show 70 cases confirmed by PCR, with 148 presumptive positive, 13 inconclusive and 1 526 negative. Laboratory results for 148 samples sent to Institut Pasteur Dakar show 41 (27.7%) confirmed, 16 negative and 91 pending.

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 7 March 2021, a total of 19 509 cases with 267 deaths and 17 810 recoveries have been reported in the country.

In 2020, the first confirmed case of dengue in Senegal was reported in August. It was a 30-year-old man who tested positive for dengue serotype 2 (IgM) on 14 August 2020 by the IPD. The onset of symptoms began on 10 July 2020 and symptoms included fever, headache, and arthralgia. As of 20 December 2020, 27 confirmed cases of dengue had been reported in 6 regions of Senegal: Dakar, Tambacounda, Kédougou, Kafrinne, Thiès, and Kolda. Dengue is therefore the most common VHF reported in Senegal in 2020.
**Health Emergency Information and Risk Assessment**

**South Sudan**

<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 Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Nov-18</td>
<td>24-Nov-18</td>
<td>24-Nov-18</td>
<td>-</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
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The Ministry of Health, Community Health Community Development, Gender, Elderly and Children in Tanzania reported the country’s first case of COVID-19 on 29 April 2020. As of 29 November 2020, a total of 509 cases had been reported in the country including 21 deaths. The latest 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.

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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, one in a 20-year-old male, living in Bokidiawé. He consulted at the health post on 13 October 2020 for an infectious syndrome without history of travel with an axillary temperature of 39.6 degree Celsius. The onset of symptoms is one day before the consultation date. The second case, is a 24 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 39.2 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.

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**Senegal**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
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<th>Total cases</th>
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<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senegal</td>
<td>Skin disease of unknown aetiology</td>
<td>Ungraded</td>
<td>17-Nov-20</td>
<td>17-Nov-20</td>
<td>15-Nov-20</td>
<td>567</td>
<td>6</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

As of 22 November 2020 a total of 567 cases of dermatosis of unknown origin had been seen and treated, including 336 in Mbao, 120 in Rufisque, 104 in Diamniadio, six in Dakar Centre (CS Gaspard Camara) and one in Dakar West (CS Philippe Senghor). All but one case were treated as outpatients. The age of the cases ranged from 10 to 59 years, with an average age of 23. Most cases (94; 34.4%) were in the age group 10-20 years. All had been to sea and all responded well to treatment. Cases are characterized by impetigo-like lesions with peri-lyrancyel 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.

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

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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 Thiloune 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.

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Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 7 March a total of 2 979 cases have been confirmed, including 2 610 recoveries and 14 deaths have been reported.

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On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 7 March 2021, a total of 3 920 confirmed COVID-19 cases were reported in the country including 79 recoveries and 2 700 deaths. As of 7 March 2021, 102 COVID-19 cases have been confirmed, including 2 610 recoveries and 14 deaths have been reported.

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Since the first COVID-19 pandemic in South Africa a cumulative total of 1 521 068 confirmed cases and 50 678 deaths have been reported, with 1 440 874 recoveries. 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.

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On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 6 March 2021, a total of 8 766 confirmed COVID-19 cases were reported in the country including 102 deaths and 4 317 recovered cases.

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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.

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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 internomestic livestock theft and revenge attacks between the Ajak Leen section and the Kuanyethes sections. The rising tension in the county will further adversely affect the humanitarian crisis in Warrap, where 26 000 flood-affected people are food insecure.

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<tr>
<td>Togo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>1-Mar-20</td>
<td>7-Mar-21</td>
<td>7 570</td>
<td>7 570</td>
<td>92</td>
<td>1.2%</td>
</tr>
<tr>
<td></td>
<td>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.</td>
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<tr>
<td>Uganda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>5-Mar-21</td>
<td>40 464</td>
<td>40 464</td>
<td>334</td>
<td>0.8%</td>
</tr>
<tr>
<td></td>
<td>The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 5 March 2021, a total of 40 464 confirmed COVID-19 cases, 15 065 recoveries with 334 deaths.</td>
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†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: [http://www.who.int/hac/about/erf/en/](http://www.who.int/hac/about/erf/en/).

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