WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 11: 8 - 14 March 2021
Data as reported by: 17:00; 14 March 2021

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- cVDPV2
- COVID-19
- Anthrax
- Avian influenza
- Malaria
- Hepatitis E
- Cases
- Deaths
- Humanitarian crisis
- Ebola virus disease
- Skin disease of unknown etiology
- Yellow fever
- Dengue fever
- Chikungunya
- Leishmaniasis
- Plague
- Crimean-Congo haemorrhagic fever
- Rift Valley fever
- West Nile fever
- Countries reported in the document
- Countries outside WHO African Region
- WHO Member States with no reported events
- Not applicable

"The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderlines for which there may not yet be full agreement."

1 New event
117 Ongoing events
105 Outbreaks
13 Humanitarian crises

*Week 11: 8 - 14 March 2021*
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 118 events in the region. This week’s articles cover:

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

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 trajectory of the COVID-19 pandemic in the African region shows a downward trend in 31 countries while 15 countries registered an increase in new daily cases. Ethiopia reported the highest number of cases, 9,329 (21.0%) surpassing South Africa, which has previously recorded the highest weekly number of new cases for several months. Genomic surveillance is being used to monitor the presence of the new variants in the region. However, data is currently limited and the extent to which new variants are circulating in the region is still unknown.

- There have been no new confirmed EVD case for the past 13 consecutive days in Democratic Republic of the Congo. So far, the outbreak is still confined to six health areas and three health zones. Challenges are around weak response to alerts in other affected and at-risk health zones, resistance of the populations to response activities, deployment of staff, and continuing problems around internet and mobile communications in affected areas.

- Response to the Ebola virus disease (EVD) outbreak in Guinea is ongoing, including vaccination of high-risk persons. Challenges remain around identifying the real source of contamination; strengthening data collection and sharing to better guide the response; increasing the number of alerts to reach the optimal level in Nzerekore and neighbouring health districts and retrieving contacts that are lost-to-follow up and those that have migrated.
In the past week (8-14 March 2021), the African Region reported 44,702 new cases showing a 13.3% decrease compared to the previous week. The pandemic’s trajectory in 31 (67.4%) countries showed a downward trend in new cases while 15 (33%) had an increase in new daily cases. Ethiopia reported the highest number of cases, 9,329 (21.0%) surpassing South Africa, which has previously recorded the highest number of weekly new cases for over three months. South Africa followed with 8,352 (19.0%) cases and Kenya with 4,409 (9.9%) cases.

The current decline in new cases is occurring in a context of COVID-19 response fatigue with reduced adherence to preventive measures seen in many countries. Therefore, these trends should be interpreted with caution.

A total of 1,150 new deaths (a 16.0% decline) were also reported by 34 countries in the past 7 days with an average of 164 deaths per day; including 649 (56.4%) in South Africa, 121 (10.5%) in Ethiopia, and 44 (3.8%) in Nigeria.

Genomic surveillance is being used to monitor the presence of the new variants in the region. However, data is currently limited and the extent to which new variants are circulating in the region is still unknown.

The total number of confirmed cases in the WHO African Region is now more than 2.9 million, with 74,592 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 2.6 million recoveries in the WHO African Region, giving a recovery rate of 90.0% of confirmed cases.

The top five countries reporting the highest case numbers include; South Africa 1,529,420 (52.4%), Ethiopia 175,467 (6.0%), Nigeria 160,657 (5.5%), Algeria 115,265 (3.9%), and Kenya 113,236 (3.9%), accounting for 71.7% of all cases.

Only Mauritius (691) 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 310 days.

The average cumulative attack rate (number of cases per million) in the African region is estimated at 2,677/million population, ranging from 9/ million to 33,107/million. Seychelles (33,107 cases/million population), Carbo Verde (29,158 cases/million), South Africa (261,118 cases/million), Namibia (16,516 cases/million) and Eswatini (15,013 cases/million), are the five countries with the highest attack rate in the region. Mali (451 cases/million), Liberia (411 cases/million), Democratic Republic of the Congo (311/million), Chad (270/million), Niger (213 cases/million) and Burundi (187 cases/million) are the five countries with the lowest cumulative attack rate.

South Africa (51,326 deaths, 68.8% of all deaths), Algeria (3,036, 4.1%), Ethiopia (2,505, 3.4%), Nigeria (2,013, 2.7%), and Kenya (1,913, 2.6%) have reported the highest number of cumulative deaths accounting for (60,838, 81.6%) of all deaths. No country has an overall case fatality ratio above 5.0%.

The median number of deaths per million in the African region is estimated at 22.5/million population (range: 0.2/million – 876/million) with an average cumulative death rate (per million) in the African region estimated at 68.4/million population. South Africa (876/million deaths/million population), Eswatini (576/million), Cabo Verde (284/million), Namibia (184/million), Botswana (173/million) and Comoros (172/million) are the five countries with the highest number of COVID-19 related deaths per million population.

Uganda (7.5/million population), Burkina Faso (7.0/million), Benin (6.5/million), Eritrea (2.2/Million) and Burundi (0.2/million) have the lowest number of COVID-19 related deaths per million population.

A total of 207,290 (7.1% of cumulative cases) cases were reported in the past 28 days (14 February 2021 - 14 March 2021). Five countries account for (53.0% of COVID-19 cases reported in the past 28 days. South Africa leads with 37,613 new cases (18.0% of these cases) in the past 28 days, followed by Ethiopia (28,375), Zambia (15,360), Nigeria (14,303), and Mozambique (14,251).

Similarly, 6,113 new deaths (8.2% of all total deaths) were reported from 40 countries in the past 28 days. Nearly, half 3,427 (56.1%) of these deaths occurred in South Africa. After South Africa, Ethiopia has the highest number of deaths in the past month (356), followed by Nigeria (261), Senegal (215), and Zambia (207), all adding up to 4,466 of all deaths.

Over 104,103 (3.6% of all cases) health worker infections have been reported from 46 countries in the region. South Africa (54,984, 53.0%), Algeria (11,936, 12.0%) and Ghana (4,763, 4.6%), have recorded the highest number of health worker infections among countries. Zimbabwe (11.5%), Liberia (11.0%), and Guinea-Bissau (11.0%), have the highest country specific proportion of health worker infections. Only Eritrea has not reported any healthcare worker infections.

More than a year after COVID-19 was first detected on the continent, Africa surpassed the 4 million case mark this week. Total death counts now stand at 107,625 deaths (case fatality ratio 2.7%), and more than 3.7 million people have recovered.

As of 12 March 2021, vaccination efforts are ongoing. The COVAX facility has so far delivered more than 14.6 million vaccine doses to 23 African countries. Twelve countries have started vaccination using COVAX-funded vaccines, while another 10 began with vaccines procured outside the COVAX Facility. Every new COVID-19 vaccine delivery to Africa is a step towards equity and ensuring that lives and livelihoods are back on track.

Nonetheless, it remains crucial that member states adhere to the COVID-19 precautionary measures to keep transmission low, prevent the emergence of new variants, and reduce the number of sick people.
## Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 14 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>
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</thead>
<tbody>
<tr>
<td>South Africa</td>
<td>1 529 420</td>
<td>51 326</td>
<td>1 454 290</td>
<td>3.4 %</td>
<td>54 984</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>175 467</td>
<td>2 013</td>
<td>145 399</td>
<td>1.3 %</td>
<td>2 554</td>
</tr>
<tr>
<td>Nigeria</td>
<td>160 657</td>
<td>3 036</td>
<td>97 887</td>
<td>2.6 %</td>
<td>11 936</td>
</tr>
<tr>
<td>Algeria</td>
<td>113 236</td>
<td>1 913</td>
<td>88 405</td>
<td>1.7 %</td>
<td>3 248</td>
</tr>
<tr>
<td>Kenya</td>
<td>87 762</td>
<td>685</td>
<td>83 169</td>
<td>0.8 %</td>
<td>4 763</td>
</tr>
<tr>
<td>Zambia</td>
<td>84 797</td>
<td>1 158</td>
<td>81 756</td>
<td>1.4 %</td>
<td>814</td>
</tr>
<tr>
<td>Mozambique</td>
<td>64 516</td>
<td>725</td>
<td>50 380</td>
<td>1.1 %</td>
<td>2 988</td>
</tr>
<tr>
<td>Namibia</td>
<td>41 200</td>
<td>458</td>
<td>38 470</td>
<td>1.1 %</td>
<td>1 828</td>
</tr>
<tr>
<td>Uganda</td>
<td>40 581</td>
<td>334</td>
<td>15 095</td>
<td>0.8 %</td>
<td>1 903</td>
</tr>
<tr>
<td>Cameroon</td>
<td>36 988</td>
<td>588</td>
<td>34 887</td>
<td>1.5 %</td>
<td>1 315</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>37 653</td>
<td>211</td>
<td>34 088</td>
<td>0.6 %</td>
<td>561</td>
</tr>
<tr>
<td>Senegal</td>
<td>36 892</td>
<td>963</td>
<td>32 522</td>
<td>2.6 %</td>
<td>419</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>36 484</td>
<td>1 503</td>
<td>34 043</td>
<td>4.1 %</td>
<td>4 210</td>
</tr>
<tr>
<td>Botswana</td>
<td>34 098</td>
<td>424</td>
<td>28 882</td>
<td>1.2 %</td>
<td>61</td>
</tr>
<tr>
<td>Malawi</td>
<td>32 831</td>
<td>1 083</td>
<td>26 259</td>
<td>3.3 %</td>
<td>1 630</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>27 014</td>
<td>717</td>
<td>23 002</td>
<td>2.7 %</td>
<td>256</td>
</tr>
<tr>
<td>Angola</td>
<td>21 380</td>
<td>521</td>
<td>19 850</td>
<td>2.4 %</td>
<td>850</td>
</tr>
<tr>
<td>Madagascar</td>
<td>21 356</td>
<td>326</td>
<td>20 380</td>
<td>1.5 %</td>
<td>70</td>
</tr>
<tr>
<td>Rwanda</td>
<td>20 143</td>
<td>276</td>
<td>18 500</td>
<td>1.4 %</td>
<td>497</td>
</tr>
<tr>
<td>Guinea</td>
<td>17 851</td>
<td>103</td>
<td>15 597</td>
<td>0.6 %</td>
<td>682</td>
</tr>
<tr>
<td>Mauritania</td>
<td>17 438</td>
<td>444</td>
<td>16 772</td>
<td>2.5 %</td>
<td>24</td>
</tr>
<tr>
<td>Eswatini</td>
<td>17 237</td>
<td>661</td>
<td>15 748</td>
<td>3.8 %</td>
<td>561</td>
</tr>
<tr>
<td>Gabon</td>
<td>16 660</td>
<td>96</td>
<td>14 583</td>
<td>0.6 %</td>
<td>345</td>
</tr>
<tr>
<td>Cabo Verde</td>
<td>16 035</td>
<td>156</td>
<td>15 401</td>
<td>1.0 %</td>
<td>140</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>12 372</td>
<td>144</td>
<td>11 965</td>
<td>1.2 %</td>
<td>288</td>
</tr>
<tr>
<td>Lesotho</td>
<td>10 530</td>
<td>309</td>
<td>9 392</td>
<td>2.9 %</td>
<td>388</td>
</tr>
<tr>
<td>South Sudan</td>
<td>9 490</td>
<td>104</td>
<td>7 906</td>
<td>1.1 %</td>
<td>253</td>
</tr>
<tr>
<td>Congo</td>
<td>9 329</td>
<td>131</td>
<td>8 197</td>
<td>1.4 %</td>
<td>202</td>
</tr>
<tr>
<td>Mali</td>
<td>8 862</td>
<td>360</td>
<td>6 483</td>
<td>4.1 %</td>
<td>87</td>
</tr>
<tr>
<td>Togo</td>
<td>8 049</td>
<td>93</td>
<td>6 749</td>
<td>1.2 %</td>
<td>621</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>6 562</td>
<td>98</td>
<td>5 938</td>
<td>1.5 %</td>
<td>389</td>
</tr>
<tr>
<td>Benin</td>
<td>6 501</td>
<td>81</td>
<td>5 552</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>Gambia</td>
<td>5 019</td>
<td>153</td>
<td>4 525</td>
<td>3.0 %</td>
<td>142</td>
</tr>
<tr>
<td>Niger</td>
<td>4 860</td>
<td>182</td>
<td>4 504</td>
<td>3.7 %</td>
<td>268</td>
</tr>
<tr>
<td>Chad</td>
<td>4 309</td>
<td>154</td>
<td>3 787</td>
<td>3.6 %</td>
<td>187</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>3 937</td>
<td>79</td>
<td>2 780</td>
<td>2.0 %</td>
<td>249</td>
</tr>
<tr>
<td>Comoros</td>
<td>3 623</td>
<td>146</td>
<td>3 436</td>
<td>4.0 %</td>
<td>35</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>3 447</td>
<td>52</td>
<td>2 755</td>
<td>1.5 %</td>
<td>377</td>
</tr>
<tr>
<td>Seychelles</td>
<td>3 232</td>
<td>15</td>
<td>2 864</td>
<td>0.5 %</td>
<td>270</td>
</tr>
<tr>
<td>Eritrea</td>
<td>3 038</td>
<td>7</td>
<td>2 631</td>
<td>0.2 %</td>
<td>0</td>
</tr>
<tr>
<td>Burundi</td>
<td>2 461</td>
<td>3</td>
<td>2 217</td>
<td>0.1 %</td>
<td>36</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>2 078</td>
<td>32</td>
<td>1 817</td>
<td>1.5 %</td>
<td>102</td>
</tr>
<tr>
<td>Liberia</td>
<td>2 030</td>
<td>85</td>
<td>1 899</td>
<td>4.2 %</td>
<td>224</td>
</tr>
<tr>
<td>Mauritius</td>
<td>691</td>
<td>10</td>
<td>596</td>
<td>1.4 %</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>
<tr>
<td><strong>Cumulative Cases (N=47)</strong></td>
<td><strong>2 920 911</strong></td>
<td><strong>74 592</strong></td>
<td><strong>2 626 698</strong></td>
<td><strong>2.6 %</strong></td>
<td><strong>104 103</strong></td>
</tr>
</tbody>
</table>

*Total cases includes one probable case from Democratic Republic of the Congo*
EVENT DESCRIPTION
The Ebola virus disease (EVD) outbreak in North Kivu continues. However, there has been no new confirmed cases for the past 13 consecutive days. The first result of the contact that became a suspect at day 16 of follow-up in Biena Health Zone is negative. He is isolated while awaiting the second sample. In the past 21 days, four new cases have been confirmed in Biena Health Zone (Bambwe (1), Masoya (1); and Butembo Health Zone (Vutsundo (3), with no new deaths.

As of 14 March 2021, there is a cumulative total of 12 cases (11 confirmed and one probable) and 5 deaths (case fatality ratio 45.5%). Two health workers have been infected, 16.6% of all cases. Two confirmed EVD cases are still undergoing treatment at the Katwa Treatment Centre, while 34 suspect cases are being closely monitored in isolation health facilities. Four cases have recovered from EVD and been discharged from the Ebola Treatment Centre since the start of the epidemic.

Since the beginning of the outbreak, the total number of contacts is 345 and of these, 286 (83.0%) contacts were followed-up. Of the 345 contacts, 120 (34.8%) and 225 (65.2%) are at their second and third weeks of follow-up respectively. The highest proportion (59.5%) of contacts that have never been seen were listed around the probable case in Bambwe Health Area in Biena Health Zone.

A total of 416 alerts have been raised as of 14 March 2021. Of these, 411 alerts were investigated (96.0%), and 95 alerts were verified as true including 72 alive alerts and 23 deaths. Since the start of the epidemic, 1 590 laboratory samples have been analyzed, of which (0.7%) 11, have tested positive for EVD.

As of 14 March 2021, a total of 1 515 people have been vaccinated; including 135 contacts, 450 contacts of contacts and 930 probable contacts. Of the 1 515 vaccinated persons, (57.2%) 866 are in Biena, (19.1%) 290 in Butembo and (3.4%) 51 in Musienene. Ring vaccination in Butembo health zone has been suspended following security threats.

PUBLIC HEALTH ACTIONS
- WHO and UNICEF continue to hold weekly meetings to improve collaboration to support response interventions.
- A monitoring and evaluation plan, including key performance indicators, is being developed for facilitate in the process of being finalized.
- Psychological support was given to two confirmed cases (1 male and 1 female) and three male suspect cases.
- 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 Katwa, Musienene; and 128 health workers were briefed in Katwa, Musienene, Biena and Butembo.

SITUATION INTERPRETATION
The ongoing EVD outbreak remains a serious concern, with challenges around the response, including low number of alerts in other affected and at-risk health zones, refusal of contacts seen to be vaccinated and other contacts remaining unseen. The authorities need to strengthen EVD awareness in the various health zones to support community activities including vaccination, alert notification and contact follow-up; and mobilize resources to support the different pillars of the response.
EVENT DESCRIPTION

Guinea has been experiencing an outbreak of Ebola virus disease (EVD) since 14 February 2021 when it was declared by National authorities. As of 13 March 2021, there is a total of 18 cases (14 confirmed and 4 probable) and nine deaths (case fatality ratio 50.0%). At this time, 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. Three patients (all confirmed cases) are currently hospitalized in the Epidemic Diseases Treatment Centre in N’Zerekore.

A total of 341 (93.0%) contacts out of 368 are being followed up. Five contacts have migrated, four are within Guinea (Conakry, Dinguiraye, Togu and Yomou) and one outside Guinea (in the country of Côte d’Ivoire), are being actively sought.

A cumulative total of 3 332 people has been vaccinated, including 288 high-risk contacts, 2 602 contacts-of-contacts, 442 probable contacts, and 1 055 frontline workers.

PUBLIC HEALTH ACTIONS

- First meeting of the WHO Compliance and Risk Management Committee for Ebola response operations has taken place in Guinea.
- WHO daily IMST meeting and follow-up of field operations continue with introduction of the new response coordinator in Nzerekore by the National Agency for Health Security (ANSS).
- Training and deployment of local agents to strengthen active case finding is ongoing.
- Case management in affected regions is being supported by partners, and safe and dignified burial teams are being trained by the Red Cross.
- Four new community deaths, with four swabs collected from five bodies and one safe and dignified burial conducted.
- A visit to Gouecke was conducted by the case management team, a key partner ALIMA, Infection Prevention and Control teams and the logistics teams to assess and identify a potential area for the transit centre/isolation for suspected Ebola cases, as well as assessing health care provision in this area.
- Risk communication and community engagement teams are supporting strengthening of weak reporting of alerts by social mobilizers. A meeting was held by UNICEF and Surveillance teams to analyse the situation and establish a roadmap (supervision in the seven priority health districts, briefing on the community surveillance, the alert circuit, and close formative supervision) with a view to improving the indicators.

SITUATION INTERPRETATION

There was no new EVD confirmed case reported in the past seven days. Vaccination of high-risk persons is ongoing. WHO daily incident management meetings and follow-up of field operations continue with introduction of the new response coordinator in Nzerekore by ANSS. Key partners are analysing the situation to establish a roadmap (supervision in the seven priority health districts, briefing on the community surveillance, the alert circuit, and close formative supervision) with a view to improving the indicators and consequently strengthening the response.
Major issues and challenges

- 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 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.

- 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.

Proposed actions

- 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.

- 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.

- 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.
As of 3 of March 2021 a total of seven confirmed cases with no death have been reported in two States (Plateau and Kano). Forty-five samples were collected from bird handlers who had contact with confirmed positive and suspected birds in Kano and Plateau States, of which seven tested positive at the Nigeria Centre for Disease Control National Reference Laboratory for influenza A - Kano (4) and Plateau (3).

**Ongoing Events**

**Burkina Faso COVID-19** Grade 3 10-Mar-20 09-Mar-20 13-Mar-21 12 12 0 0.0%

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 9 March 2021, a total of 6 501 confirmed cases have been reported in the country with 81 deaths and 5 552 recoveries.

**Benin Poliomyelitis** (cVDPV2) Grade 2 8-Aug-19 8-Aug-19 10-Mar-21 12 12 0 0.0%

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 COVID-19** Grade 3 17-Mar-20 16-Mar-20 09-Mar-21 6 501 6 501 81 1.2%

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 9 March 2021, a total of 21 380 confirmed COVID-19 cases have been reported in the country with 521 deaths and 19 850 recoveries.

**Angola COVID-19** Grade 3 21-Mar-20 21-Mar-20 14-Mar-21 21 380 21 380 521 2.4%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were three cases reported in 2020. The total number of cases reported in 2019 remains 130. These cases are from several outbreaks which occurred in 2019.

**Angola Poliomyelitis** (cVDPV2) Grade 2 8-May-19 01-Jan-19 10-Mar-21 133 133 0 0.0%

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.

**Botswana COVID-19** Grade 3 30-Mar-20 28-Mar-20 08-Mar-21 34 098 34 098 424 1.2%

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 8 March 2021, a total of 34 098 confirmed COVID-19 cases were reported in the country including 424 deaths and 28 882 recovered cases.

**Angola**

**Control National Reference Laboratory for influenza A - Kano (4) and Plateau (3).**

**As of 3 of March 2021 a total of seven confirmed cases with no death have been reported in two States (Plateau and Kano). Forty-five samples were collected from bird handlers who had contact with confirmed positive and suspected birds in Kano and Plateau States, of which seven tested positive at the Nigeria Centre for Disease Control National Reference Laboratory for influenza A - Kano (4) and Plateau (3).**

**New Events**

**Burkina Faso Poliomyelitis** (cVDPV2) Grade 2 01-Jan-19 01-Jan-19 30-Oct-20 - - - -

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. 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, 95 health facilities were closed, which is 7.5% of the health facilities in six regions affected by insecurity, and 199 other health facilities are working partially. Central Burkina Faso (particularly the Centre Region, including the area of the capital Ouagadougou, and the Centre-Nord Region) was affected by heavy rain since 5 September 2020, which triggered floods and resulted in casualties and damages. Between 9 March 2020 and 13 March 2021, a total of 12 372 confirmed cases of COVID-19 with 144 deaths and 11 965 recoveries have been reported from Burkina Faso.

**Burkina Faso**

**Hepatitis E** Grade 1 07-Sep-20 17-Sep-20 21-Feb-21 796 10 17 2.1%

From 8 September to 21 February 2021, there were a total of 796 cases of febrile jaundice detected in Barsalogue Health District, North Central Region of Burkina Faso. 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 underdetermined 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 01-Jan-19 10-Mar-21 59 59 0 0.0%

No cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. 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.
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 6 March 2021, the total number of confirmed COVID-19 cases is 2 334, including three deaths and 2 121 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 Citiboke. 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 (UNDSS) 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 357 100 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 Moho 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 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 first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 14 March 2021, a total of 16 035 confirmed COVID-19 cases including 156 deaths and 15 401 recoveries were reported in the country.

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), Ngong (1 case), Guidiguis (1 case). Sixty four percent of cases are aged between 9 to 59 months.

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), Ngong (1 case), Guidiguis (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 14 March 2021, a total of 16 035 confirmed COVID-19 cases including 156 deaths and 15 401 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, 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, 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.
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 4 cVDPV2 cases reported in 2020 and 21 cases in 2019 from several outbreaks.

Chad Measles Grade 1 27-Aug-20 28-Aug-20 3-Dec-20 38 397 22 1 0.0%

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.

Chad COVID-19 Grade 3 19-Mar-20 19-Mar-20 14-Mar-21 4 309 4 309 154 3.6%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 14 March 2021, a total of 4 309 confirmed COVID-19 cases were reported in the country including 154 deaths and 3 787 who have recovered.

Chad Measles Ungraded 24-May-18 20-Jan-19 20-Feb-21 9 108 581 41 -

The measles outbreak in Chad is ongoing. In week 6 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.

Chad Poliomyelitis (cVDPV2) Grade 2 18-Oct-19 09-Sep-19 10-Mar-21 109 109 0 0.0%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 99 cVDPV2 cases reported in 2020 from three different outbreaks. There were 11 cases reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.

Comoros COVID-19 Grade 3 30-Apr-20 07-Mar-21 3 596 3 596 146 4.1%

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 6 March 2021, a total of 3 596 confirmed COVID-19 cases, including 146 deaths and 3 410 recoveries were reported in the country.

Congo COVID-19 Grade 3 14-Mar-20 02-Mar-21 9 179 9 179 131 1.4%

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 3 March 2021, a total of 9 179 cases including 131 deaths and 7 898 recovered cases have been reported in the country.

Côte d’Ivoire COVID-19 Grade 3 11-Mar-20 11-Mar-20 14-Mar-21 37 653 37 653 211 0.6%

Since 11 March 2020, a total of 37 653 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 211 deaths, and a total of 34 088 recoveries.

Côte d’Ivoire Poliomyelitis (cVDPV2) Grade 2 29-Oct-19 10-Mar-21 72 72 0 0.0%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The total number of cases reported in 2020 was 72.

Democratic Republic of the Congo Humanitarian crisis Grade 3 20-Dec-16 22-Nov-20 - - - -

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.

Democratic Republic of the Congo Cholera Grade 3 16-Jan-19 01-Jan-20 5-Dec-20 18 504 - 301 1.6%

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 resurgence as a result of current high rainfall, population displacement, inadequate access to safe drinking water and poor sanitation.

Democratic Republic of the Congo COVID-19 Grade 3 10-Mar-20 13-Mar-21 26 014 26 013 717 2.8%
Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 27,013 confirmed cases and one probable case, including 717 deaths have been reported. A total of 23,002 people have recovered.

**Democratic Republic of the Congo**

- **Polio**: Grade 2, 40 cases notified (2019), 40 cases confirmed (2020), 0 deaths (2019), 0 deaths (2020), 0 recoveries (2019), 0 recoveries (2020).

**Gambia**


**Ethiopia**

- **Polio**: Grade 2, 40 cases notified (2020), 40 cases confirmed (2021), 0 deaths (2020), 0 deaths (2021), 0 recoveries (2020), 0 recoveries (2021).

**Gabon**


**Gambia**


**Equatorial Guinea**


**Eritrea**


**Guinea**

- **Measles**: Ungraded, 1,873 cases notified (2020), 0 cases confirmed (2020), 0 deaths (2020), 0 recoveries (2020).

**Eswatini**


**Gabon**


**Gambia**

From 16 March to 28 February 2021, a total of 2,014 cases including 85 deaths and 1,885 recoveries have been reported from all 15 counties of Liberia. Montserrado including 3,922 recoveries and 309 deaths.

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, as of 13 March 2021, a total of 17,851 cases including 15,408 recovered cases and 103 deaths have been reported in the country.

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 14 March 2021, a total of 17,851 cases including 15,408 recovered cases and 103 deaths have been reported in the country.

A case of Lassa fever was confirmed on 11 July 2020 by the Haemorrhagic Fever laboratory in Guékédou. The case patient is a 28-year-old, female, 22 weeks of pregnancy, living in the village of Kondian, in the rural district of Koumondou 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 Guékédou 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 Guékédou 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 these health districts are in the epidemic phase, namely, Wanindara in Rautoma health district, Douent in Mamou health district and Soumpoura in Tongue health district.

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 13 March 2021, the country has reported 3,447 confirmed cases of COVID-19 with 2,755 recoveries and 52 deaths.

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%). The outbreak is active in West Pokot and Kitui Counties.

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

A total of 48 suspected yellow fever cases have been notified in Guinea: 46 suspect cases from Koundou 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.

As of 10 March 2021, a total of 87,762 confirmed COVID-19 cases have been reported in Ghana. There have been 685 deaths and 83,159 recoveries reported.

Since 16 March to 28 February 2021, a total of 2,014 cases including 85 deaths and 1,885 recoveries have been reported from all 15 counties of Liberia. Montserrado including 3,922 recoveries and 309 deaths.

A total of 48 suspected yellow fever cases have been notified in Guinea: 46 suspect cases from Koundou 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.

Health Emergency Information and Risk Assessment
Liberia Measles Ungraded 24-Sep-17 01-Jan-19 19-Jan-21 43 4 0 0.0%

In week 3 (week ending 19 January 2021), 19 suspected cases were reported from Bomi (6) Rivercess (3), Nimba (2), Grand Kru (2), Sinou (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.

Madagascar COVID-19 Grade 3 20-Mar-20 20-Mar-20 12-Mar-21 21 356 21 356 326 1.5%

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 12 March 2021, a total of 21 356 cases have been reported in the country, out of which 20 380 have recovered and 326 deaths reported.

Mali Measles Ungraded 08-Mar-21 08-Mar-21 08-Mar-21

There is an increase of 41% in the number of malarial cases for the last quarter of 2020 compared to the same period of the previous year for 31 districts in Madagascar.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 14 March 2021, the country has a total of 32 831 confirmed cases with 1 083 deaths and 26 259 recoveries.

The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The persistent insecurity and deteriorating economic conditions due to the COVID-19 pandemic have caused a steep rise in trafficking of children, forced labour and forced recruitment by armed groups across the country. According to the latest report of the UNHCR led Global Protection Cluster, 220 cases of child recruitment were documented in the first half of 2020, compared to 215 cases in all of 2019. The country continues to record incidents targeting aid workers. Certain humanitarian operations in Timbuktu and Menaka regions were suspended as a result of violent security incidents. The country has had heavy rains since the end of June 2020, which have caused flooding in Mopiti, Gao, Segou and Sikasso regions affecting over 13 200 people, including 5 400 IDPs.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 7 March 2021, a total of 8 580 confirmed COVID-19 cases have been reported in the country including 6 441 recoveries.

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.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 14 March 2021, a total of 17 438 confirmed cases with 1 083 deaths and 26 259 recoveries.

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 Research (INRSP). On 3 May 2020, two suspected cases of dengue fever were admitted to hospital in Mauritania. On May 4 2020, it was found that the majority of consultations at the hospital had a history of unexplained fever. Thus, samples from the two suspected cases were collected and sent to the National Institute of Research in Public Health Research (INRSP). On 5 May 2020 the 2 cases were confirmed by RT-PCR positive for Dengue virus with DENV-1 serotype. The cases were discharged from hospital and declared cured after symptomatic treatment. A rapid investigation was carried out at city level and a further 5 additional cases (4 women and 1 man) distributed in 4 districts of Atar (Atar, Tineri, Aghnemrite and Edebaye) were detected.

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Cabo Delgado Province passed one year and six months since it was hit by Tropical Cyclone Kenneth in April 2019 followed by deteriorating humanitarian situation due to consecutive climatic shocks, insecurity and violence, leading to significant displacement, disruption of livelihoods and poor access to basic services, as well as the occurrence of different disease outbreaks. The security situation continues to deteriorate due to frequent insurgency attacks. The province has been hit by a wave of violence since October 2017, which has escalated significantly since January 2020. Frequent attacks are happening in 8 districts (Quissanga, Mocimba, 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.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 11 March 2021, a total of 691 confirmed COVID-19 cases including 10 deaths and 596 recovered cases have been reported in the country.

Cabo Delgado Province passed one year and six months since it was hit by Tropical Cyclone Kenneth in April 2019 followed by deteriorating humanitarian situation due to consecutive climatic shocks, insecurity and violence, leading to significant displacement, disruption of livelihoods and poor access to basic services, as well as the occurrence of different disease outbreaks. The security situation continues to deteriorate due to frequent insurgency attacks. The province has been hit by a wave of violence since October 2017, which has escalated significantly since January 2020. Frequent attacks are happening in 8 districts (Quissanga, Mocimba, D parai, Muidembao, Nagadi, Melucu, Manocmia and Ibo) situated in the north part of the capital of the province resulting in destruction of government offices, and service providing facilities including health facilities. Of the total health facilities in the province 41 (32%) have been closed down due to vandalism or other reasons.

Mozambique cholera ungraded 20-Feb-20 31-Jan-20 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 (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.

Mozambique: COVID-19
- Grade 3
- Start of reporting period: 22-Mar-20
- End of reporting period: 14-Mar-21
- Total cases: 64,516
- Cases confirmed: 64,516
- Deaths: 725
- CFR: 1.1%

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 14 March 2021, a total of 64,516 confirmed COVID-19 cases were reported in the country including 725 deaths and 50,380 recoveries.

Mozambique: Measles
- Grade: Ungraded
- Start of reporting period: 25-Jun-20
- End of reporting period: 01-Jan-20
- Total cases: 862
- Cases confirmed: 140
- Deaths: 0
- CFR: 0.0%

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

Namibia: COVID-19
- Grade 3
- Start of reporting period: 14-Mar-20
- End of reporting period: 06-Mar-21
- Total cases: 40,030
- Cases confirmed: 40,030
- Deaths: 438
- CFR: 0.0%

The first case of COVID-19 was first detected in Namibia on the 14 March 2020. As of 13 March 2021, a total of 41,200 confirmed cases with 38,470 recovered and 458 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 68 deaths (CFR 0.8%) have been reported country-wide. Xomas 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.

Niger: Humanitarian crisis
- Grade: Protracted
- Start of reporting period: 10-May-19
- End of reporting period: 01-Jan-20
- Total cases: 2,079
- Cases confirmed: 241
- Deaths: 4
- CFR: 0.2%

From week 1 to 22 of 2020, Niger reported a total measles suspected case count of 2,079 of which there were 241 lab confirmed (IgM positive) and 4 deaths in 8 regions: Agadez (50 cases, 0 deaths), Diffa: (4 cases, 0 deaths), Dosso (27 cases, 0 deaths), Maradi (101 cases, 2 deaths), Niamey (23 cases, 0 deaths), Tahoua (62 cases, 0 deaths), 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.

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.

Nigeria: COVID-19
- Grade 3
- Start of reporting period: 27-Feb-20
- End of reporting period: 14-Mar-21
- Total cases: 160,657
- Cases confirmed: 160,657
- Deaths: 2,013
- CFR: 1.3%

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 14 March 2021, a total of 160,657 confirmed cases with 145,399 recovered and 2,013 deaths have been reported.

Nigeria: Lassa fever
- Grade: Ungraded
- Start of reporting period: 24-Mar-15
- End of reporting period: 01-Jan-20
- Total cases: 1,195
- Cases confirmed: 1,181
- Deaths: 244
- CFR: 20.4%

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.

Nigeria: Measles
- Grade: Ungraded
- Start of reporting period: 25-Sep-17
- End of reporting period: 01-Jan-20
- Total cases: 2,013
- Cases confirmed: 201
- Deaths: 14
- CFR: 3.3%

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

Nigeria: Poliomyelitis (cVDPV2)
- Grade 2
- Start of reporting period: 01-Jun-18
- End of reporting period: 10-Mar-21
- Total cases: 60
- Cases confirmed: 60
- Deaths: 0
- CFR: 0.0%

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.

Nigeria: Yellow fever
- Grade: Ungraded
- Start of reporting period: 01-Nov-20
- End of reporting period: 29-Jan-21
- Total cases: 3,473
- Cases confirmed: 169
- Deaths: 296
- CFR: 8.0%

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.

Rwanda: COVID-19
- Grade 3
- Start of reporting period: 14-Mar-20
- End of reporting period: 07-Mar-21
- Total cases: 19,509
- Cases confirmed: 19,509
- Deaths: 267
- CFR: 1.4%

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 recovered cases have been reported in the country.

Sao Tome and Principe: COVID-19
- Grade 3
- Start of reporting period: 6-Apr-20
- End of reporting period: 14-Mar-21
- Total cases: 2,078
- Cases confirmed: 2,078
- Deaths: 32
- CFR: 1.5%
<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>COVID-19</td>
<td>Grade 3</td>
<td>02-Mar-20</td>
<td>02-Mar-20</td>
<td>14-Mar-21</td>
<td>36 892</td>
<td>36 892</td>
<td>963</td>
<td>-</td>
</tr>
<tr>
<td>Senegal</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>01-Sep-20</td>
<td>07-Sep-20</td>
<td>07-Sep-20</td>
<td>27</td>
<td>27</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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, Kaffrine, Thïès, and Kaolack. Dengue is therefore the most common VHF reported in Senegal in 2020.

| Senegal      | Rift Valley Fever              | Ungraded | 23-Oct-20            | 23-Oct-20                | 15-Nov-20              | 3           | 3               | 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 (RVF-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 degrees Celsius. The onset of symptoms is one day before the consultation date. The second case, is a 24-year male, living in Bokidiawé. He consulted the health post on 2 October 2020 for an infectious syndrome without notion of travel with an axillary temperature of 38.2 degree Celsius. The symptoms occurred 3 days before the date of consultation. An additional case of confirmed RVF was notified later.

| Senegal      | Skin disease of unknown aetiology | Ungraded | 17-Nov-20            | 12-Nov-20                | 22-Nov-20              | 567         | 0               | 0      | 0.0%|

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

| Senegal      | West Nile fever                | Ungraded | 23-Oct-20            | 23-Oct-20                | 15-Nov-20              | 6           | 6               | 0      | 0.0%|

The Institut Pasteur of Dakar through the directorate of diseases prevention notified the district of Matam of one confirmed case 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 Bokidiawé on 7 October 2020 for an infectious syndrome without history of travel with an axillary temperature of 38.2 degrees Celsius. The symptoms occurred 2 days before the consultation. Five additional cases were notified later in Tambacounda, Matam, Dakar et Ziguinchor regions.

| Senegal      | Yellow fever                   | Ungraded | 17-Dec-20            | 7                      | 7                     | 2           | 26.6%          |

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

| Seychelles   | COVID-19                       | Grade 3 | 14-Mar-20            | 14-Mar-20                | 14-Mar-21              | 3 232       | 3 232           | 15     | 0.5%|

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 15 March 2021 a total of 3 232 cases have been confirmed, including 2 864 recoveries and 15 deaths have been reported.

| Sierra Leone | COVID-19                       | Grade 3 | 31-Mar-20            | 27-Mar-20                | 14-Mar-21              | 3 937       | 3 937           | 79     | 2.0%|

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 14 March 2021, a total of 3 937 confirmed COVID-19 cases were reported in the country including 79 deaths and 2 780 recovered cases.

| South Africa | COVID-19                       | Grade 3 | 05-Mar-20            | 03-Mar-20                | 07-Mar-21              | 1 521 068   | 1 521 068       | 50 678 | 2.9%|

Since the start of the 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.

| South Sudan  | Floods                         | Grade 1 | 1-May-20             | 1-May-20                 | 31-Dec-20              | -           | -               | -      | -   |

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.

| South Sudan  | Humanitarian crisis            | Protracted | 15-Aug-16           | n/a                     | 31-Dec-20              | -           | -               | -      | -   |

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 26 000 flood-affected people are food insecure.

| South Sudan  | COVID-19                       | Grade 3 | 5-Apr-20             | 2-Apr-20                 | 13-Mar-21              | 9 490       | 9 490           | 104    | 1.1%|

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 13 March 2021, a total of 9 490 confirmed COVID-19 cases were reported in the country including 104 deaths and 7 906 recovered cases.

| South Sudan  | Hepatitis E                   | Ungraded | 03-Jan-19            | 22-Nov-20                | 412                    | 41          | 5               | 1.2%   |

The current outbreak in Bentu 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 Bentu 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.
<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>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
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<tbody>
<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>50</td>
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<tr>
<td>Tanzania, United Republic of</td>
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<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>21-Feb-21</td>
<td>509</td>
<td>509</td>
<td>21</td>
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<tr>
<td>Togo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>10-Mar-21</td>
<td>17</td>
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<tr>
<td>Uganda</td>
<td>Humanitarian crisis</td>
<td>Ungraded</td>
<td>20-Jul-17</td>
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<td>31-Dec-20</td>
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<td>18-Mar-20</td>
<td>14-Mar-21</td>
<td>84 797</td>
<td>84 797</td>
<td>1 158</td>
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<td>Ungraded</td>
<td>6-May-19</td>
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<td>01-Nov-20</td>
<td>464</td>
<td>1</td>
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<td>0.2%</td>
</tr>
</tbody>
</table>

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, Kapoeta 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 18 March 2020. As of 29 November 2020, a total of 509 cases have been reported in the country including 21 deaths. The last information on confirmed COVID-19 cases was shared by Tanzania mainland on 29 April 2020 and Zanzibar last shared information on on-going COVID-19 outbreak on 7 May 2020.

On 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 March 2021, a total of 7 570 cases including 92 deaths and 6 306 recovered cases have been reported in the country.

Togo was the first country to report a case of poliomyelitis (cVDPV2) on 17 October 2019. As of 10 March 2021, there were two cases reported in 2019.

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 13 March 2021, a total of 40 581 confirmed COVID-19 cases, 15 095 recoveries with 334 deaths.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 14 March 2021, a total of 84 797 confirmed COVID-19 cases were reported in the country including 1 158 deaths and 81 756 recovered cases.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 14 March 2021, a total of 36 484 confirmed COVID-19 cases were reported in the country including 1 503 deaths and 34 043 cases that recovered.

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: http://www.who.int/hac/about/erf/en/. Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
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Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.