WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES
Week 12: 15 - 21 March 2021
Data as reported by: 17:00; 21 March 2021

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- 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
- 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.*

0 New event
118 Ongoing events
105 Outbreaks
13 Humanitarian crises

50 Grade 3 events
20 Grade 2 events
4 Grade 1 events
36 Ungraded events

Protracted 3 events
Protracted 2 events
Protracted 1 events

Health Emergency Information and Risk Assessment
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:**

- Twenty-six countries showed a downward trend in new cases of COVID-19 while 19 countries had an increase in new daily cases as the region starts to experience a slight increase in weekly cases and an end to the second wave. With continued spread of the virus, the region needs to remain observant to new cases, and strengthen all active surveillance and response measures.

- Guinea continues to respond actively to the Ebola virus disease outbreak and there have been no new cases for 17 consecutive days. However, challenges remain around active case search, data collection, alert management and contact tracing. Possible hidden transmission chains need to be searched for actively and response operations need to continue with the full support of national authorities and partners.

- The current Ebola virus disease outbreak in Democratic Republic of the Congo continues to show a declining trend, which is to be welcomed. However, security issues in Butembo and access problems in Biena and Musienene, along with community resistance to response activities, threaten to derail the response. Additional challenges with human resources and funding need urgent attention.
In the past week (15-21 March 2021), the African Region reported 49,368 cases with an average of 7,053 new cases, showing a 4.5% increase compared to the previous week. Twenty-six (56.5%) countries showed a downward trend in new cases while 19 (33.0%) had an increase in new daily cases as the region starts to experience a slight increase in weekly cases and an end to the second wave. The second wave, which appears to have peaked in January, affected substantially more people than in the first wave, creating increased pressure on health systems across the region. This led to a greater absolute number of deaths, serving as a warning that health workers and health systems in many countries in Africa are dangerously over-stretched.

Ethiopia reported the highest number of cases for the second time, 11,898 (24.1%) surpassing South Africa, which had previously recorded the highest weekly number of new cases for over three months. South Africa followed with 8,432 (17.1%) cases and Kenya with 7,674 (15.5%) cases. The current decline in new cases could be accompanied by COVID-19 response fatigue, with reduced adherence to preventive measures seen in many countries. Therefore, these trends need to be carefully monitored.

A total of 1,310 new deaths (a 6.0% increase) were also reported by 38 countries in the past 7 days with an average of 187 deaths per day; including 785 (59.9%) in South Africa, 109 (8.3%) in Ethiopia, and 98 (7.5%) in Nigeria. The total number of confirmed cases in the WHO African Region is now more than 2.9 million, with 75,996 deaths (case fatality ratio 2.6%), accounting for 2.5% of global cases and 2.8% of global deaths. Currently, there are 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 (1,537,852 (51.7%), Ethiopia 187,356 (6.3%), Nigeria 161,737 (5.4%), Kenya 120,910 (4.1%), and Algeria 116,157 (3.9%), accounting for 2,124,021 (71.4%) of all cases. Only Mauritius (812) 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 317 days.

The average cumulative attack rate (number of cases per million) in the African region is estimated at 2,724/million population, ranging from 9/million to 38,617/million population. Seychelles (38,617 cases/million population), Cabo Verde (29,987 cases/million), South Africa (26,262 cases/million), Namibia (17,028 cases/million), and Eswatini (15,056 cases/million), are the five countries with the highest attack rate in the region. Mali (475 cases/million), Liberia (414 cases/million), Democratic Republic of the Congo (317/million), Chad (277/million), Niger (216 cases/million), and Burundi (199 cases/million) are the five countries with the lowest cumulative attack rate.

Five countries reported the highest number of cumulative deaths: South Africa (52,111 deaths, 68.6% of all deaths), Algeria (3,057, 4.0%), Ethiopia (2,659, 3.5%), Nigeria (2,030, 2.7%), and Kenya (2,011, 2.6%) accounting for 61,868, 61.4% 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 23.0/million population (range: 0.4/million – 890/million) with an average cumulative death rate (per million) in the African region estimated at 69.6/million population.

South Africa (890 deaths/million population), Eswatini (582/million), Cabo Verde (289/million), Namibia (197/million), Botswana (187/million), and Comoros (172/million) are the five countries with the highest number of COVID-19 related deaths per million population. Uganda (7.7/million population) Benin (7.2/million), Burkina Faso (7.0/million), Eritrea (2.2/Million) and Burundi (0.5/million) have the lowest number of COVID-19 related deaths per million population.

A total of 201,757 (7.0% of cumulative cases) cases were reported in the past month (21 February 2021 - 21 March 2021). Over the past month, five countries accounted for 53% of all COVID-19 deaths. More than 34,000 (17.1%) of these occurred in Ethiopia, followed by South Africa (34,056), Kenya (16,709), Zambia (11,946), and Mozambique (10,569).

At the same time, 6,113 new deaths (7.3% of all total deaths) were reported from 43 countries in the past 28 days. Nearly, half (3,058; 55.1%) of these deaths occurred in South Africa. After South Africa, Ethiopia had the highest number of deaths in the past month (380), followed by Senegal (205), Nigeria (191), and Kenya (188), all adding up to 4,022 of all deaths.

We continue to observe a downward trend in new cases in the region, with a 44% overall decrease when comparing last month with the previous one. This trend is driven by some of the most affected countries, including South Africa. However, the trend is not uniform. Seven countries are reporting an increasing trend in new cases. (Ethiopia, Botswana, Kenya, Cote d’Ivoire, Madagascar, Guinea, and Togo).

Over 104,839 (3.5% of all cases) health worker infections have been reported from 46 countries in the region. South Africa (54,984, 53.0%), Algeria (11,956, 11.4%) and Ghana (4,763, 4.5%), 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.

The total number of confirmed COVID-19 cases in the African continent is over 4 million. Total death counts now stand at 109,444 deaths (case fatality ratio 2.7%), and more than 3.7 million people have recovered. As of 19 March 2021, about 7.2 million COVID-19 vaccine doses have been administered in Africa.
### Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 21 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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<tbody>
<tr>
<td>South Africa</td>
<td>1 537 852</td>
<td>52 111</td>
<td>1 463 089</td>
<td>3.4 %</td>
<td>54 984</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>222 365</td>
<td>2 659</td>
<td>174 452</td>
<td>1.4 %</td>
<td>2 617</td>
</tr>
<tr>
<td>Nigeria</td>
<td>161 737</td>
<td>2 030</td>
<td>134 899</td>
<td>1.3 %</td>
<td>3 175</td>
</tr>
<tr>
<td>Kenya</td>
<td>120 910</td>
<td>2 011</td>
<td>89 622</td>
<td>1.7 %</td>
<td>3 608</td>
</tr>
<tr>
<td>Algeria</td>
<td>116 157</td>
<td>3 057</td>
<td>80 659</td>
<td>2.6 %</td>
<td>11 936</td>
</tr>
<tr>
<td>Ghana</td>
<td>98 683</td>
<td>725</td>
<td>85 761</td>
<td>0.8 %</td>
<td>4 763</td>
</tr>
<tr>
<td>Zambia</td>
<td>86 449</td>
<td>1 179</td>
<td>83 258</td>
<td>1.4 %</td>
<td>814</td>
</tr>
<tr>
<td>Mozambique</td>
<td>66 212</td>
<td>746</td>
<td>52 683</td>
<td>1.1 %</td>
<td>2 988</td>
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<tr>
<td>Namibia</td>
<td>42 477</td>
<td>492</td>
<td>39 350</td>
<td>1.2 %</td>
<td>1 891</td>
</tr>
<tr>
<td>Uganda</td>
<td>40 671</td>
<td>339</td>
<td>15 200</td>
<td>0.8 %</td>
<td>1 903</td>
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<tr>
<td>Côte d’Ivoire</td>
<td>40 310</td>
<td>220</td>
<td>36 395</td>
<td>0.5 %</td>
<td>645</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>Senegal</td>
<td>37 833</td>
<td>1 013</td>
<td>34 567</td>
<td>2.7 %</td>
<td>419</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>36 665</td>
<td>1 512</td>
<td>34 269</td>
<td>4.1 %</td>
<td>4 210</td>
</tr>
<tr>
<td>Botswana</td>
<td>35 493</td>
<td>458</td>
<td>31 128</td>
<td>1.3 %</td>
<td>61</td>
</tr>
<tr>
<td>Malawi</td>
<td>33 237</td>
<td>1 096</td>
<td>28 636</td>
<td>3.3 %</td>
<td>1 630</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>27 553</td>
<td>726</td>
<td>24 892</td>
<td>2.6 %</td>
<td>256</td>
</tr>
<tr>
<td>Madagascar</td>
<td>22 484</td>
<td>351</td>
<td>20 996</td>
<td>1.6 %</td>
<td>70</td>
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<tr>
<td>Angola</td>
<td>21 733</td>
<td>527</td>
<td>20 073</td>
<td>2.4 %</td>
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<tr>
<td>Rwanda</td>
<td>20 828</td>
<td>290</td>
<td>19 180</td>
<td>1.4 %</td>
<td>497</td>
</tr>
<tr>
<td>Guinea</td>
<td>18 877</td>
<td>111</td>
<td>16 009</td>
<td>0.6 %</td>
<td>682</td>
</tr>
<tr>
<td>Gabon</td>
<td>17 711</td>
<td>106</td>
<td>15 495</td>
<td>0.6 %</td>
<td>345</td>
</tr>
<tr>
<td>Mauritania</td>
<td>17 601</td>
<td>446</td>
<td>16 893</td>
<td>2.5 %</td>
<td>24</td>
</tr>
<tr>
<td>Eswatini</td>
<td>17 286</td>
<td>668</td>
<td>16 044</td>
<td>3.9 %</td>
<td>563</td>
</tr>
<tr>
<td>Cabo Verde</td>
<td>16 491</td>
<td>159</td>
<td>15 752</td>
<td>1.0 %</td>
<td>140</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>12 535</td>
<td>145</td>
<td>12 038</td>
<td>1.2 %</td>
<td>288</td>
</tr>
<tr>
<td>Lesotho</td>
<td>10 535</td>
<td>309</td>
<td>9 322</td>
<td>2.9 %</td>
<td>388</td>
</tr>
<tr>
<td>South Sudan</td>
<td>9 879</td>
<td>106</td>
<td>8 779</td>
<td>1.1 %</td>
<td>391</td>
</tr>
<tr>
<td>Congo</td>
<td>9 564</td>
<td>134</td>
<td>8 197</td>
<td>1.4 %</td>
<td>202</td>
</tr>
<tr>
<td>Mali</td>
<td>9 330</td>
<td>361</td>
<td>6 628</td>
<td>3.9 %</td>
<td>87</td>
</tr>
<tr>
<td>Togo</td>
<td>8 918</td>
<td>104</td>
<td>7 225</td>
<td>1.2 %</td>
<td>621</td>
</tr>
<tr>
<td>Benin</td>
<td>6 818</td>
<td>90</td>
<td>6 018</td>
<td>1.3 %</td>
<td>139</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>6 780</td>
<td>101</td>
<td>6 244</td>
<td>1.5 %</td>
<td>392</td>
</tr>
<tr>
<td>Gambia</td>
<td>5 255</td>
<td>161</td>
<td>4 875</td>
<td>3.1 %</td>
<td>142</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>5 087</td>
<td>64</td>
<td>4 957</td>
<td>1.3 %</td>
<td>1</td>
</tr>
<tr>
<td>Niger</td>
<td>4 918</td>
<td>185</td>
<td>4 537</td>
<td>3.8 %</td>
<td>268</td>
</tr>
<tr>
<td>Chad</td>
<td>4 420</td>
<td>157</td>
<td>4 017</td>
<td>3.6 %</td>
<td>190</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>3 948</td>
<td>79</td>
<td>2 791</td>
<td>2.0 %</td>
<td>255</td>
</tr>
<tr>
<td>Seychelles</td>
<td>3 770</td>
<td>16</td>
<td>3 122</td>
<td>0.4 %</td>
<td>284</td>
</tr>
<tr>
<td>Comoros</td>
<td>3 666</td>
<td>146</td>
<td>3 475</td>
<td>4.0 %</td>
<td>35</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>3 568</td>
<td>55</td>
<td>2 870</td>
<td>1.5 %</td>
<td>377</td>
</tr>
<tr>
<td>Eritrea</td>
<td>3 118</td>
<td>7</td>
<td>2 865</td>
<td>0.2 %</td>
<td>0</td>
</tr>
<tr>
<td>Burundi</td>
<td>2 618</td>
<td>6</td>
<td>2 420</td>
<td>0.2 %</td>
<td>36</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>2 145</td>
<td>34</td>
<td>1 969</td>
<td>1.6 %</td>
<td>102</td>
</tr>
<tr>
<td>Liberia</td>
<td>2 042</td>
<td>85</td>
<td>1 899</td>
<td>4.2 %</td>
<td>224</td>
</tr>
<tr>
<td>Mauritius</td>
<td>812</td>
<td>10</td>
<td>607</td>
<td>1.2 %</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>2 972 838</strong></td>
<td><strong>75 996</strong></td>
<td><strong>2 669 824</strong></td>
<td><strong>2.6 %</strong></td>
<td><strong>104 839</strong></td>
</tr>
</tbody>
</table>

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

The last confirmed cases of Ebola virus disease in the recent outbreak in Guinea was on 4 March 2021, and it is now 17 consecutive days without a new confirmed case. As of 21 March 2021, a total of 18 cases have been reported, including 14 confirmed cases, of which 8 have recovered, one is hospitalized and five are dead. Nine deaths have been reported in total (case fatality ratio 50.0%). Currently, only one health area, Gouecke, remains active (reporting at least one confirmed case in the past 21 days) out of the three health districts affected (Gouecke, Nzerekore Centre and Samoe). Five health workers are among the confirmed cases.

A total of 211 (91%) contacts out of 233 are being followed up. Of the 22 contacts not seen, 9 have never been seen, 13 are lost to follow-up and 2 are absent. A total of 155 contacts have completed their 21-day follow-up. Of the 233 contacts being followed, 209 (90%) have been vaccinated.

PUBLIC HEALTH ACTIONS

- Daily incident management system meeting take place with WHO, with follow-up of field operations.
- The WHO focal point supported online training for 30 UN staff.
- Discussions have taken place with the regional coordinator on the regional response plan being developed in Nzerekore and the terms of reference of the ‘health area approach’ in Nzerekore have been finalized.
- A cumulative total of 3,905 people have been vaccinated, including 288 high-risk contacts, 3,175 contacts-of-contacts and 442 probable contacts, including 1,458 frontline workers.
- A total of 2 patients (1 confirmed and 1 suspected) are currently hospitalized in the Epidemic Diseases Hospital.
- Training and mentoring on EVD case management continues in the Ebola treatment centre in Nzerekore.
- Four new community deaths were reported, with two swabs collected, but no safe and dignified burial conducted.
- Risk communication and community engagement (RCCE) is underway, listing and mapping 68 out of 130 traditional healers in the Nzerekore Urban Commune; the communication commission are being supported in routine activities and there is finalization of plans for the RCCE committee.

SITUATION INTERPRETATION

Guinea is responding actively to the current outbreak of EVD in the country, which is showing welcome signs of slowing. However, challenges remain around active case finding in the community, data collection and sharing, alert management and contacts lost to follow up and displaced. It is still possible that there are hidden chains of transmission, which need to be actively sought. Response operations need to continue with full support from national authorities and partners, with a particular focus on strengthening those areas that have been identified as problematic.
**EVENT DESCRIPTION**

As of 21 March 2021 there has been no new confirmed case of Ebola virus disease (EVD) in North Kivu for 20 consecutive days. Two health workers have been infected, 18.1% of all cases. One confirmed case remains in the Katwa Ebola treatment centre.

There are currently no suspects in the contacts followed up to 21 March 2021. Of 124 contacts, 102 (83%) have been followed up; 21 contacts have not been seen and 123 contacts remain to be followed up. To date there have been 104 alerts, of which 393 were alive and 14 were suspicious deaths. Among the 43 alerts validated, 30 were alive and 13 were deaths.

**PUBLIC HEALTH ACTIONS**

- Daily 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 21 March 2021, a total of 1,737 people have been vaccinated; 136 contacts, 465 contacts of contacts and 1,136 probable contacts. Front line providers make up 417 of those vaccinated.
- Infection prevention and control (IPC) activities continue, with 63 providers briefed during follow-up activities and assessment of 23 health facilities in five health zones.
- Risk communication and community engagement activities included community dialogue with 175 people on community involvement and vaccination in the response to EVD; mass sensitization has taken place with educational talks and vaccine advocacy and awareness of the function of ETCs; civil society and the Musienene youth committee were sensitized by the vaccine team.

**SITUATION INTERPRETATION**

The current EVD outbreak appears to be continuing its declining trend, although there is no room for complacency, with access problems in theBiena and Musienene health zones and security threats in Butembo health zone, along with community resistance to response activities. There is inadequate escalation of alerts by community access committees and low adherence to vaccination requirements. In addition, there are gaps in human resources in the WHO team and response funds are almost exhausted. These challenges require urgent action by national authorities and partners in order to prevent any further resurgence in case numbers in the region.
Summary of major issues, challenges and proposed actions

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.

- Guinea is experiencing challenges around active case search for EVD cases in the community, as well as problems with data collection and sharing, and alert management and contact tracing.

- The EVD outbreak in Butembo, North Kivu is still declining. However, access problems and insecurity in some health zones, along with community resistance to response are major issues. In addition, funding is running out and there are gaps in human resources that need to addressed.

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.

- Authorities and partners in Guinea need to strengthen active case searching in the community and improve their data collection and management system. Alert management and contact tracing also requires improvements.

- Insecurity continues to threaten the response to the current EVD outbreak in Democratic Republic of the Congo, although there are welcome signs of a steady decline in new cases. However, authorities and partners need urgently to fill gaps in human resources and secure sufficient funding to continue the response in order to prevent a resurgence in cases.
COVID-19 cases is 2,618, including six deaths and 2,420 recovered. On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 20 March 2021, a total of 21,733 confirmed COVID-19 cases have been reported in the country with 527 deaths and 20,073 recoveries.

Angola
- COVID-19: Grade 3, 21-Mar-20 to 21-Mar-21, 2,618 cases, 6 deaths, 2,420 recoveries.
- Poliomyelitis (cVDPV2): Grade 2, 8-May-19 to 10-Mar-21, 133 cases, 0 deaths.

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.

Benin
- COVID-19: Grade 3, 17-Mar-20 to 16-Mar-21, 6,818 cases, 90 deaths.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 15 March 2021, a total of 6,818 cases have been reported in the country with 90 deaths and 6,018 recoveries.

Botswana

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 15 March 2021, a total of 35,493 confirmed COVID-19 cases were reported in the country including 458 deaths and 31,128 recoveries.

Angola
- Measles: Ungraded, 4-May-19 to 04-Nov-20, 1,349 cases, 5 deaths.

Since 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 aged 10-14 years of age. A total of 16 out of 16 provinces are affected. The most affected provinces were Cabinda (436), Bie (184), Malanje (108), Luanda (88), and Huambo (55).

Burkina Faso
- COVID-19: Grade 3, 10-Mar-20 to 20-Mar-21, 12,535 cases, 145 deaths.

From 8 September to 21 February 2021, there were a total of 796 cases of febrile jaundice detected in Barsalogo Health District, North Central Region of Burkina Faso. The outbreak has mainly affected internally displaced persons in the district, including 15 out of 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, 01-Jan-19 to 17-Mar-21, 59 cases, 0 deaths.

No cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There are 59 cVDPV2 cases reported 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.

Burundi
- COVID-19: Grade 3, 31-Mar-20 to 20-Mar-21, 2,618 cases, 6 deaths.

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 20 March 2021, the total number of confirmed COVID-19 cases is 2,618, including six deaths and 2,420 recoveries.
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.

<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>Burundi</td>
<td>Measles</td>
<td>Ungraded</td>
<td>23-Mar-20</td>
<td>04-Nov-19</td>
<td>18-Dec-20</td>
<td>1,334</td>
<td>1,334</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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 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.

<table>
<thead>
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<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>Cameroon</td>
<td>Humanitarian crisis (Far North, North, Adamawa &amp; East)</td>
<td>Protracted 2</td>
<td>31-Dec-2013</td>
<td>27-Jun-17</td>
<td>17-Dec-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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.

<table>
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<tr>
<th>Country</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>01-Mar-19</td>
<td>01-Jan-20</td>
<td>16-Dec-20</td>
<td>1,952</td>
<td>68</td>
<td>87</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

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

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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>Measles</td>
<td>Ungraded</td>
<td>01-Jan-20</td>
<td>01-Jan-20</td>
<td>17-Mar-21</td>
<td>7</td>
<td>7</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 seven cases reported in 2020.

Cape Verde | COVID-19 | Grade 3 | 19-Mar-20 | 18-Mar-20 | 21-Mar-21 | 16,491 | 16,491 | 159 | 1.0% |

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 21 March 2021, a total of 16,491 confirmed COVID-19 cases including 159 deaths and 15,752 recoveries were reported in the country.

Central African Republic | Humanitarian crisis | Protracted 2 | 11-Dec-2013 | 11-Dec-2013 | 30-Oct-20 | - | - | - | - |

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 626,838 persons are refugees in neighbouring countries, namely, Cameroon, Democratic Republic of Congo, Republic of Congo, Sudan and South Sudan.

Central African Republic | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 17-Mar-21 | 5,087 | 5,087 | 64 | 1.3% |

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 17 March 2021, a total of 5,087 confirmed cases, 64 deaths and 4,957 recovered were reported.

Central African Republic | Measles | Grade 2 | 15-Mar-19 | 01-Jan-20 | 14-Oct-20 | 28,676 | 443 | 137 | - |

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.
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.

<table>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-May-19</td>
<td>24-May-19</td>
<td>17-Mar-21</td>
<td>25</td>
<td>25</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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 | 21-Mar-21 | 4 420 | 4 420 | 157 | 3.6% |

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 21 March 2021, a total of 4 420 confirmed COVID-19 cases were reported in the country including 157 deaths and 4 017 cases who have recovered.

| Chad                          | Measles   | Ungraded | 24-May-18 | 01-Jan-19 | 13-Feb-21 | 9 108 | 581 | 41 | -   |

Detailed update given above.

| Chad                          | Poliomyelitis (cVDPV2) | Grade 2 | 18-Oct-19 | 09-Sep-19 | 17-Mar-21 | 109 | 109 | 0 | 0.0% |

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported in 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 | 30-Apr-20 | 20-Mar-21 | 3 666 | 3 666 | 146 | 4.0% |

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 20 March 2021, a total of 3 666 confirmed COVID-19 cases, including 146 deaths and 3 475 recoveries were reported in the country.

| Congo                         | COVID-19  | Grade 3 | 14-Mar-20 | 14-Mar-20 | 14-Mar-21 | 9 564 | 9 564 | 134 | 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 9 564 cases including 134 deaths and 8197 recovered cases have been reported in the country.

| Côte d’Ivoire                | COVID-19  | Grade 3 | 11-Mar-20 | 11-Mar-20 | 21-Mar-21 | 40 310 | 40 310 | 220 | 0.5% |

Since 11 March 2020, a total of 40 310 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 220 deaths, and a total of 36 395 recoveries.

| Côte d’Ivoire                | Poliomyelitis (cVDPV2) | Grade 2 | 29-Oct-19 | 29-Oct-19 | 17-Mar-21 | 72 | 72 | 0 | 0.0% |

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

| Democratic Republic of Congo | Humanitarian crisis | Grade 3 | 20-Dec-16 | 17-Apr-17 | 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, 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 Congo | Cholera     | Grade 3 | 16-Jan-15 | 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 resurgences as a result of current high rainfall, population displacement, inadequate access to safe drinking water and poor sanitation.

| Democratic Republic of Congo | COVID-19    | Grade 3 | 10-Mar-20 | 10-Mar-20 | 20-Mar-21 | 27 553 | 27 552 | 726 | 2.6% |

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 27 552 confirmed cases and one probable case, including 726 deaths have been reported. A total of 24 892 people have recovered.

| Democratic Republic of Congo | Ebola virus disease | Grade 2 | 7-Feb-21 | 7-Feb-21 | 22-Feb-21 | 12 | 11 | 6 | 33.3% |

The Ministry of Health in Democratic Republic of Congo announced the first confirmed case of Ebola Virus Disease on 7 February 2021 in the Biena health zone. As of 15 March 2021, a total of 12 cases including 11 confirmed, one probable and five deaths among confirmed cases (overall case fatality rate 50%) were recorded in four health zones (Biena, Katwa, Musienene, and Butembo).
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 SNNP and Oromia. The situation is particularly volatile in rural areas where large numbers of people are believed to have fled.

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.

The first COVID-19 confirmed case was reported in the kingdom of Eswatini on 13 March 2020. As of 21 March 2021, a total of 17 286 cases have been reported in the country including 18. One cVDPV2 positive environmental sample was reported in the Eastern province.

No new 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 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).

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The total number of cases in 2020 stands for 81. 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).

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 187 365 cases of COVID-19 as of 21 March 2021, with 2 659 deaths and 147 452 recoveries.
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 21 March 2021, a total of 18 877 cases including 16 009 recovered cases and 111 deaths have been reported in the country.

An outbreak of Ebola virus disease was declared on 14 February 2021 in the rural community of Gouécké, N’zerekore prefecture after three cases were confirmed by the national laboratory. As of 20 March 2021, a total of 18 cases were reported since the beginning of the outbreak, of which 14 were confirmed. There have been nine deaths including four probable cases and five confirmed cases (case fatality ratio 50%).

A case of Lassa fever was confirmed on 11 July 2020 by the Haemorrhagic Fever laboratory in Guéckédou. The case patient is a 28-year-old, female, 22 weeks of pregnancy, living in the village of Kondian, in the rural district of Koundou Lengo Bengou. She fell ill on 07 June 2020 with chest pain and no history of travel or being in contact with a foreigner a month before her illness. She consulted at Koundou health centre on 10 July 2020, with fever, cough, myalgia, diarrhoea, vomiting, sore throat, and chest pain.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 21 March 2021, a total of 18 877 cases including 16 009 recovered cases and 111 deaths have been reported in the country.

A total of 48 suspected yellow fever cases have been notified in Guinea: 46 suspect cases from Koundara commune (northern part of Guinea), 1 suspect case from Koundou (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.

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

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The malaria RDT performed was positive. She was treated for malaria and transferred to Guéckédou hospital the same day, where the diagnosis of haemorrhagic fever was made. A diagnostic test for haemorrhagic fever performed at the Haemorrhagic Fever laboratory in Guéckédou was positive for lassa fever. The patient died the next day. A dignified and secure burial was carried out by the Red Cross on 12 July 2020.

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 outbreak is active in three counties, West Pokot, Mandera and Wajir.

An outbreak of measles has been reported in nine sub – counties spread across five counties namely West Pokot, Garissa, Wajir, Tana River and Kilifi. Total cases reported are 655 out of which 58 were confirmed and two deaths (CFR 0.3 percent). The outbreak is active in West Pokot County.

For epidemiological week 53 of 2020, there were a cumulative number of 6 118 cases and 15 deaths. During week 44 of 2019 (week ending 3 November 2019), 127 suspected cases of measles were reported. From week 1 to 44 (1 January - 3 November 2019), a total of 4 690 suspected cases including 18 deaths (CFR 0.4%) have been reported. Of the 4 690 suspected cases, 1 773 were sampled, of which 1 091 tested positive for measles by serology. Three localities in three health districts are in the epidemic phase, namely, Wanindara in Ratoma health district, Douent in Mamou health district and Soumpourou in Tougue health district.

Since January 2020, a total of 542 visceral leishmaniasis confirmed cases with eight deaths (CFR 1.5 percent), have been reported in seven counties namely: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera and Wajir. The outbreak is active in three counties, West Pokot, Mandera and Wajir.

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 21 March 2021, 120 910 confirmed COVID-19 cases including 3 568 confirmed cases of COVID-19 with 2 870 recoveries and 55 deaths.

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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 Rift Valley, Baringo county. This case is unusual, as Rift Valley fever is normally a disease of livestock. An increasing number of cases in livestock and a positive test in a human is of concern.
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 20 March 2021, a total of 22 484 cases have been reported in the country, out of which 20 968 have recovered and 351 deaths reported.

There is an increase of 41% in the number of malaria 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 21 March 2021, the country has a total of 33 237 confirmed cases with 1 096 deaths and 28 636 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 Mopti, Gao, Segou and Sikasso regions affecting over 13 200 people, including 5 400 IDPs.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 21 March 2021, a total of 9 330 confirmed COVID-19 cases have been reported in the country including 361 deaths and 6 828 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 21 March 2021, a total of 17 601 cases including 446 deaths and 16 893 recovered cases have been reported in the country.

Between 16 to 24 October 2020, 5 cases of dengue fever have been suspected at Eltewihih Clinic in Tevragh Zeina district, and all have been confirmed by RT-PCR at the National Institute of Research in Public Health (INRSP). On 3 May 2020, two suspected cases of dengue fever were admitted to hospital in Mauritania. On May 4 2020, it was found that the majority of consultations at the hospital had a history of unexplained fever. Thus, samples from the two suspected cases were collected and sent to the National Institute of Research in Public Health (INRSP). On 5 May 2020 the 2 cases were confirmed by RT-PCR positive for Dengue virus with DENV-1 serotype. The cases were discharged from hospital and declared cured after symptomatic treatment. A rapid investigation was carried out at city level and a further 5 additional cases (4 women and 1 man) distributed in 4 districts of Atar (Atar, Tineri, Aghnemrte and Edebyaye) were detected.

The Ministry of Health notified the WHO of 8 cases, including 7 deaths, of Rift Valley Fever (RVF) (PCR positive) in breeders, which occurred between 13 September 2020 and 1 October 2020, in several localities in the departments of Tidjikja and Moundjéri (Tagant region), Guerou department (Assaba region) and Chinguetti department (Adrar region). The 7 deaths occurred in the Tagant (5) and in the Assaba region (2). All these deaths occurred among hospitalized cases with fever and haemorrhagic syndrome (petechiae, gingivorrhagia) and vomiting, in the 3 departments of the region. As of 5 October 2020, a total of 88 samples of suspected cases have been sent to the National Institute for Public Health Research (INRSP); 36 were positive (by PCR and Elisa), 46 were negative. Six sample result are still pending. Confirmed cases have been reported in 9 regions (Adrar, Assaba, Brakna, Hodh El Chargui, Hodh El Gharbi, Tagant, Trarza, Gorgol et Noukchott Sud). The continuous surveillance of RVF at the animal level has confirmed the outbreaks in the Assaba, Tagant, Brakna, Trarza and Hodh Elgharbi regions. The results of 165 samples taken in the period from 16-23 September 2020, show that 33 camelids, 4 small ruminants and 6 cattle were positive.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 19 March 2021, a total of 812 confirmed COVID-19 cases including 10 deaths and 607 recovered cases have been reported in the country.

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

Madagascar COVID-19 Grade 3 20-Mar-20 20-Mar-20 20-Mar-21 22 484 22 484 351 1.6%

Mali COVID-19 Grade 3 25-Mar-20 25-Mar-20 21-Mar-21 9 330 9 330 361 3.9%

Mauritania COVID-19 Grade 3 13-Mar-20 13-Mar-20 21-Mar-21 17 601 17 601 446 2.5%

Mauritania Dengue Ungraded 11-May-20 3-May-20 02-Nov-20 7 7 0 0.0%

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

Mauritius COVID-19 Grade 3 18-Mar-20 18-Mar-20 19-Mar-21 812 812 10 1.2%

Mozambique COVID-19 Grade 3 22-Mar-20 22-Mar-20 21-Mar-21 66 212 66 212 746 1.1%

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, Muiderbano, 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 COVID-19 Grade 3 22-Mar-20 22-Mar-20 21-Mar-21 66 212 66 212 746 1.1%

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 21 March 2021, a total of 66 212 confirmed COVID-19 cases were reported in the country including 746 deaths and 52 683 recoveries.
There are measles outbreaks in six districts of Zambezia. The outbreak was declared in March 2020 at the Nauela Administrative Post, Alto Molócuè district. As of week 21, there were 862 suspected cases reported, 711 suspected cases tested, 140 IgM+ for measles, no epi-linked cases reported, and no deaths. So far there are 67 cases from Nampula, 18 from Cabo Delgado, 17 from Zambezia and 13 from Niassa provinces. 42% are <5 years old; 48% are aged 5-14 years.

<table>
<thead>
<tr>
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<th>Event</th>
<th>Grade</th>
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<tbody>
<tr>
<td>Mozambique</td>
<td>Measles</td>
<td>Ungraded</td>
<td>25-Jun-20</td>
<td>01-Jan-20</td>
<td>22-Jul-20</td>
<td>862</td>
<td>140</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

The first case of COVID-19 was first detected in Namibia on the 14 March 2020. As of 20 March 2021, a total of 42 477 confirmed cases with 39 350 recovered and 492 deaths have been reported.

<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>Namibia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>20-Mar-21</td>
<td>42 477</td>
<td>42 477</td>
<td>492</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

From 19 March 2020 to 22 February 2021, a total of 4 918 cases with 185 deaths have been reported across the country. A total of 4 538 recoveries have been reported from the country.

<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>Niger</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>20-Mar-21</td>
<td>4 918</td>
<td>4 918</td>
<td>185</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

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

<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>Nigeria</td>
<td>Humanitarian crisis</td>
<td>Protrated 1</td>
<td>10-Oct-16</td>
<td>n/a</td>
<td>31-Dec-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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.

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Avian influenza</td>
<td>Ungraded</td>
<td>04-Mar-21</td>
<td>09-Mar-21</td>
<td>09-Mar-21</td>
<td>7</td>
<td>7</td>
<td>0</td>
</tr>
</tbody>
</table>

As of 3rd 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).

<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>Nigeria</td>
<td>COVId-19</td>
<td>Grade 3</td>
<td>27-Feb-20</td>
<td>27-Feb-20</td>
<td>21-Mar-21</td>
<td>1 189</td>
<td>1 189</td>
<td>244</td>
<td>20.4%</td>
</tr>
</tbody>
</table>

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.

<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>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>25-Sep-17</td>
<td>01-Jan-20</td>
<td>20-Jan-21</td>
<td>420</td>
<td>14</td>
<td>-</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

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

<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>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>01-Jun-18</td>
<td>01-Jan-18</td>
<td>17-Mar-21</td>
<td>63</td>
<td>63</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Three cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; two in Sokoto and one in Kebbi making them the first cases in 2021. There were 8 cVDPV2 cases reported in 2020, 18 cVDPV2 cases reported in 2019 and 34 in 2018.

<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>Nigeria</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>01-Nov-20</td>
<td>29-Jan-21</td>
<td>3 473</td>
<td>169</td>
<td>296</td>
<td>8.0%</td>
<td></td>
</tr>
</tbody>
</table>

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.

<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>Rwanda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>21-Mar-21</td>
<td>20 828</td>
<td>20 828</td>
<td>290</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 21 March 2021, a total of 20 828 cases with 290 deaths and 19 808 recovered cases have been reported in the country.

<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>Sao Tome and Principe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Apr-20</td>
<td>6-Apr-20</td>
<td>21-Mar-21</td>
<td>2 145</td>
<td>2 145</td>
<td>34</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 21 March 2021, a total of 2 145 confirmed cases of COVID-19 have been reported, including 34 deaths. A total of 1 969 cases have been reported as recoveries.
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, Thiès, and Kédougou. Dengue is therefore the most common VHF reported in Senegal in 2020.

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-laryngeal and peri-oral localization, with some papular lesions localized to the hand and feet and rarely to the external genitals. The eyes are affected with conjunctival redness and inflammation. Systemic features are headache and fever. Examinations to date do not suggest an infectious cause, with skin biopsy results suggesting dermatitis caused by some caustic external agent. Further investigations are ongoing.

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 21 March 2021 a total of 3 770 cases have been confirmed, including 3 122 recoveries and 16 deaths have been notified.

**South Sudan**

- **COVID-19**: Grade 3  
  - 02-Mar-20 to 02-Mar-20  
  - 21-Mar-21  
  - Total cases: 37 833  
  - Confirmed cases: 37 833  
  - Deaths: 1 013  
  - CFR: 2.7%

- **Floods**: Grade 1  
  - 01-May-20 to 1-May-20  
  - 31-Dec-20  
  - 26 000 flood-affected people are food insecure.

- **Measles**: Ungraded  
  - 24-Nov-18 to 19-Sep-19  
  - 31-Mar-20  
  - Total cases: 9 16  
  - Confirmed cases: 50  
  - Deaths: 2  
  - CFR: 0.2%

**Senegal**

- **COVID-19**: Grade 3  
  - 02-Mar-20 to 02-Mar-20  
  - 21-Mar-21  
  - Total cases: 37 833  
  - Confirmed cases: 37 833  
  - Deaths: 1 013  
  - CFR: 2.7%

- **Dengue**: Ungraded  
  - 01-Sep-20 to 07-Sep-20  
  - 07-Sep-20  
  - Total cases: 27  
  - Confirmed cases: 27  
  - Deaths: 0  
  - CFR: 0.0%

- **Yellow Fever**: Ungraded  
  - 17-Nov-20 to 12-Nov-20  
  - 22-Nov-20  
  - Total cases: 567  
  - Confirmed cases: 0  
  - Deaths: 0  
  - CFR: 0.0%

- **West Nile Fever**: Ungraded  
  - 23-Oct-20 to 23-Oct-20  
  - 15-Nov-20  
  - Total cases: 6  
  - Confirmed cases: 6  
  - Deaths: 0  
  - CFR: 0.0%

**Sierra Leone**

- **COVID-19**: Grade 3  
  - 31-Mar-20 to 27-Mar-20  
  - 21-Mar-21  
  - Total cases: 3 948  
  - Confirmed cases: 3 948  
  - Deaths: 79  
  - CFR: 2.0%

**Senegal**

- **COVID-19**: Grade 3  
  - 02-Mar-20 to 02-Mar-20  
  - 20-Mar-21  
  - Total cases: 3 770  
  - Confirmed cases: 3 770  
  - Deaths: 16  
  - CFR: 0.4%

**South Africa**

- **COVID-19**: Grade 3  
  - 05-Mar-20 to 03-Mar-20  
  - 21-Mar-21  
  - Total cases: 1 537 852  
  - Confirmed cases: 1 521 086  
  - Deaths: 52 111  
  - CFR: 2.9%

**South Sudan**

- **COVID-19**: Grade 3  
  - 03-Mar-20 to 30-Mar-20  
  - 31-Dec-20  
  - Total cases: 9 879  
  - Confirmed cases: 9 879  
  - Deaths: 106  
  - CFR: 1.1%

**South Sudan**

- **Hepatitis E**: Ungraded  
  - 03-Jan-19 to 03-Jan-19  
  - 22-Nov-20  
  - Total cases: 412  
  - Confirmed cases: 412  
  - Deaths: 5  
  - CFR: 1.2%

- **Measles**: Ungraded  
  - 24-Nov-18 to 19-Sep-19  
  - 22-Jun-20  
  - Total cases: 916  
  - Confirmed cases: 50  
  - Deaths: 2  
  - CFR: 0.2%
<table>
<thead>
<tr>
<th>Country, United Republic of</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>Tanzania</td>
<td>COVID-19</td>
<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>
<td>4.1%</td>
</tr>
<tr>
<td>The Ministry of Health, Community Development, Gender, Elderly and Children in Tanzania reported the country's first case of COVID-19 on 16 March 2020. As of 29 November 2020, a total of 509 cases have been reported in the country including 21 deaths. The last information on confirmed COVID-19 cases was shared by Tanzania mainland on 29 April 2020 and Zanzibar last shared information on on-going COVID-19 outbreak on 7 May 2020.</td>
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</tr>
<tr>
<td>Togo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>06-Mar-20</td>
<td>01-Mar-20</td>
<td>21-Mar-21</td>
<td>8 918</td>
<td>8 918</td>
<td>104</td>
<td>1.2%</td>
</tr>
<tr>
<td>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 21 March 2021, a total of 8 918 cases including 104 deaths and 7 225 recovered cases have been reported in the country.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Togo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>17-Mar-21</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<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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<td></td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>Humanitarian crisis</td>
<td>Ungraded</td>
<td>20-Jul-17</td>
<td>n/a</td>
<td>31-Dec-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>As of 31 December 2020, Uganda was hosting 1 446 378 asylum seekers, majority of whom were resident in Yumba, Adjumani, Madi Okollo &amp; Terego, Isingiro and Kyegegwa districts. Most of the refugees were from South Sudan (61.5%), DRC (29.1%) and Burundi (3.4%).</td>
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<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>11-May-20</td>
<td>29-Apr-20</td>
<td>07-Sep-20</td>
<td>1 488</td>
<td>17</td>
<td>6</td>
<td>0.4%</td>
</tr>
<tr>
<td>As of 7 September 2020, there are 1 488 cases, 483 in Moroto, 543 in Nabilatuk, 72 in Napak, 390 in Kotido. On 11 May 2020, a cholera outbreak was confirmed in Moroto district. The index case was a 17-year-old male patient from Natapar Kocuc Village, Loputuk parish, Nadunget Subcounty who was seen on 29 April 2020 with acute watery diarrhoea and severe dehydration. On 4 May 2020 more cases with similar symptoms from the same location with the index case were seen and cholera was suspected. On 11 May 2020, CPHL confirming <em>Vibrio cholerae</em> serotype 01 Inaba detected in 7 out of 8 stool samples that were collected. As of 12 June 2020, the cumulative number of cases is 682 including 6 deaths.</td>
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<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>19-Mar-21</td>
<td>40 671</td>
<td>40 671</td>
<td>339</td>
<td>0.8%</td>
</tr>
<tr>
<td>The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 19 March 2021, a total of 40 671 confirmed COVID-19 cases, 15 200 recoveries with 339 deaths.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>21-Mar-21</td>
<td>86 449</td>
<td>86 449</td>
<td>1 179</td>
<td>1.4%</td>
</tr>
<tr>
<td>The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 21 March 2021, a total of 86 449 confirmed COVID-19 cases were reported in the country including 1 179 deaths and 83 258 recovered cases.</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>17-Oct-19</td>
<td>16-Jul-19</td>
<td>17-Mar-21</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported since the beginning of 2020. There were two cVDPV2 cases reported in 2019.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>6-May-19</td>
<td>01-Nov-20</td>
<td>464</td>
<td>1</td>
<td>0.2%</td>
<td></td>
</tr>
<tr>
<td>The anthrax outbreak is ongoing in Zimbabwe. This outbreak started in week 36, 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. Thirteen new anthrax cases and no deaths were reported in week 44 (week ending on 1 November 2020). The reported cases were from Gokwe North District (2), Gokwe South District (9) in Midlands Province, Bikita District (1) in Masvingo Province and Hurungwe District (1) in Mashonaland West Province. The cumulative figures for anthrax are 464 cases and 1 death.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>21-Mar-21</td>
<td>36 665</td>
<td>36 665</td>
<td>1 512</td>
<td>4.1%</td>
</tr>
<tr>
<td>The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 21 March 2021, a total of 36 665 confirmed COVID-19 cases were reported in the country including 1 512 deaths and 34 269 cases that recovered.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>14-Mar-21</td>
<td>364 844</td>
<td>364 844</td>
<td>1 603</td>
<td>4.1%</td>
</tr>
<tr>
<td>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 1 563 deaths and 34 043 cases that recovered.</td>
<td></td>
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</tr>
</tbody>
</table>

*Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: [http://www.who.int/hac/about/erf/en/](http://www.who.int/hac/about/erf/en/). Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.*
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