WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 13: 22 to 28 March 2021
Data as reported by: 17:00; 28 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
- 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.*

0 118 105 13
New event Ongoing events Outbreaks Humanitarian crises

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

2 3 3
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 116 events in the region. This week’s articles cover:

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

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-two countries in the African region showed a downward trend in new cases of COVID-19 while 12 had an increase in new daily cases, as the region overall is experiencing a decrease in weekly cases and deaths. However, the continued spread of the virus means that 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 24 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.

- There have been no new Ebola virus disease cases in Democratic Republic of the Congo for 26 days. However, there are challenges with contact follow-up, difficulties with feedback from health zones and inadequate funding for all response pillars. These issues need urgent attention and adequate funding needs to be provided to ensure a robust response to prevent resurgence of the outbreak.
The African Region reported 48,840 cases with an average of 6,977 new cases in the past 7 days (22-28 March 2021), showing a 20.0% decrease compared to the previous week. Twenty-two (69.6%) countries showed a downward trend in new cases while 12 (33.0%) had an increase in new daily cases. Only Uganda and Sao Tome and Principe did not show any significant change in daily cases. This comes after the region registered a sharp increase in the previous week, after a nine-week long decline that started in early January 2021.

The highest numbers of new cases were reported from Ethiopia (11,587 new cases; a 28% increase), South Africa (8,387 new cases; a 2% increase), and Kenya (7,358 new cases; a 66% increase). Among the top five reporting countries, Kenya and Ethiopia registered the highest percentage increase of 21.0% and 11.0% respectively. However, this overall fall in new cases could be accompanied by COVID-19 response exhaustion, with non-adherence to preventive measures seen in many countries. Therefore, these trends need to be carefully monitored.

The increase in daily deaths too has reversed, with a large decrease (1,106; 24.6%) in deaths reported last week. These are encouraging trends as we start to monitor the impact of vaccine rollout, which has started relatively slowly in global terms. The new deaths were reported by 43 countries in the past 7 days with an average of 158 deaths per day; including 552 (50.0%) in South Africa, 142 (12.8%) in Ethiopia, and 106 (9.6%) in Kenya. During this reporting period, the total number of confirmed cases in the WHO African Region exceeded 3 million, with 77,289 deaths (case fatality ratio 2.6%), accounting for 2.4% of global cases and 2.8% of global deaths. At this time, there are more than 2.7 million recoveries in the WHO African Region, giving a recovery rate of 90.5% of confirmed case patients.

The top five countries reporting the highest case numbers include South Africa 1,545,431 (51.0%), Ethiopia 200,563 (6.6%), Nigeria 162,593 (5.4%), Kenya 130,214 (4.3%), and Algeria 119,366 (3.9%), accounting for 2,155,637 (71.1%) of all cases. Only Mauritius (933) 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 324 days.

The average cumulative attack rate (number of cases per million) in the African region is estimated at 2,780/million population, ranging from 9/million to 41,833/million. Seychelles (41,833 cases/million population), Carbo Verde (31,140 cases/million), South Africa (26,391 cases/million), Namibia (17,491 cases/million) and Botswana (15,703 cases/million) are the five countries with the highest number of cumulative deaths. Mali (502 cases/million), Liberia (416 cases/million), Democratic Republic of the Congo (322/million), Chad (283/million) and Niger (219 cases/million) and Burundi (209 cases/million) are the five countries with the lowest cumulative attack rate.

Five countries reported the highest number of cumulative deaths: South Africa (52,663 deaths, 68.0% of all deaths), Algeria (3,080, 4.0%), Ethiopia (2,801, 3.6%), Kenya (2,117, 2.7%), and Nigeria (2,048, 2.6%) accounting for (62,709, 81.1%) of all deaths.

The median number of deaths per million in the African region is estimated at 27.5/million population (range: 0.2/million – 244,880/million) with an average cumulative death rate (per million) in the African region estimated at 70.8/million population. Sao Tome and Principe (244,880 deaths/million population), Seychelles (15,570/million), Cabo Verde (2,182/million), Central African Republic (590/million), Lesotho (488/million) and Mauritania (452/million) are the five countries with the highest number of COVID-19 related deaths per million population. Liberia (1.2/million population) Nigeria (1.2/million), Ethiopia (0.5/million), South Africa (0.4/million), Uganda (0.2/million) and Kenya (0.2/million) have the lowest number of COVID-19 related deaths per million population.

To-date 105,189 (3.5% of all cases) health worker infections have been reported from 46 countries in the region. South Africa (54,984, 52.3%), Algeria (11,936, 11.4%) and Ghana (4,763, 4.5%), have recorded the highest number of health worker infections among countries. Zimbabwe (11.4%), Liberia (11.0%), and Guinea-Bissau (10.4%), 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 4.2 million. Total death counts now stand at 112,244 deaths (case fatality ratio 2.7%), and more than 3.7 million people have recovered.
### Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 28 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>1 545 431</td>
<td>52 663</td>
<td>1 471 899</td>
<td>3.4 %</td>
<td>54 984</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>200 563</td>
<td>2 801</td>
<td>154 323</td>
<td>1.4 %</td>
<td>2 617</td>
</tr>
<tr>
<td>Nigeria</td>
<td>162 593</td>
<td>2 048</td>
<td>150 308</td>
<td>1.3 %</td>
<td>3 175</td>
</tr>
<tr>
<td>Kenya</td>
<td>130 214</td>
<td>2 117</td>
<td>91 754</td>
<td>1.6 %</td>
<td>3 608</td>
</tr>
<tr>
<td>Algeria</td>
<td>116 836</td>
<td>3 080</td>
<td>81 267</td>
<td>2.6 %</td>
<td>11 936</td>
</tr>
<tr>
<td>Ghana</td>
<td>90 287</td>
<td>740</td>
<td>87 137</td>
<td>0.8 %</td>
<td>4 763</td>
</tr>
<tr>
<td>Zambia</td>
<td>87 872</td>
<td>1 200</td>
<td>84 347</td>
<td>1.4 %</td>
<td>814</td>
</tr>
<tr>
<td>Mozambique</td>
<td>67 197</td>
<td>764</td>
<td>55 275</td>
<td>1.1 %</td>
<td>2 988</td>
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<tr>
<td>Cameroon</td>
<td>47 669</td>
<td>721</td>
<td>38 820</td>
<td>1.5 %</td>
<td>1 605</td>
</tr>
<tr>
<td>Namibia</td>
<td>43 632</td>
<td>509</td>
<td>41 398</td>
<td>1.2 %</td>
<td>1 941</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
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<td>237</td>
<td>38 719</td>
<td>0.5 %</td>
<td>645</td>
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<tr>
<td>Uganda</td>
<td>40 820</td>
<td>335</td>
<td>40 448</td>
<td>0.8 %</td>
<td>1 903</td>
</tr>
<tr>
<td>Senegal</td>
<td>38 520</td>
<td>1 037</td>
<td>36 753</td>
<td>2.7 %</td>
<td>419</td>
</tr>
<tr>
<td>Botswana</td>
<td>38 466</td>
<td>506</td>
<td>33 903</td>
<td>1.3 %</td>
<td>61</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>36 822</td>
<td>1 520</td>
<td>34 603</td>
<td>4.1 %</td>
<td>4 210</td>
</tr>
<tr>
<td>Malawi</td>
<td>33 481</td>
<td>1 114</td>
<td>29 611</td>
<td>3.3 %</td>
<td>1 630</td>
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<tr>
<td>Democratic Republic of the Congo</td>
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<td>25 398</td>
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</tr>
<tr>
<td>Madagascar</td>
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<td>387</td>
<td>21 636</td>
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<tr>
<td>Angola</td>
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<td>533</td>
<td>20 289</td>
<td>2.4 %</td>
<td>850</td>
</tr>
<tr>
<td>Rwanda</td>
<td>21 419</td>
<td>301</td>
<td>19 785</td>
<td>1.4 %</td>
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</tr>
<tr>
<td>Guinea</td>
<td>19 670</td>
<td>120</td>
<td>16 425</td>
<td>0.6 %</td>
<td>682</td>
</tr>
<tr>
<td>Gabon</td>
<td>18 777</td>
<td>111</td>
<td>16 074</td>
<td>0.6 %</td>
<td>345</td>
</tr>
<tr>
<td>Mauritania</td>
<td>17 771</td>
<td>448</td>
<td>17 008</td>
<td>2.5 %</td>
<td>24</td>
</tr>
<tr>
<td>Eswatini</td>
<td>17 321</td>
<td>667</td>
<td>16 413</td>
<td>3.9 %</td>
<td>567</td>
</tr>
<tr>
<td>Cabo Verde</td>
<td>17 125</td>
<td>165</td>
<td>16 075</td>
<td>1 %</td>
<td>140</td>
</tr>
<tr>
<td>Burkina Faso</td>
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<td>145</td>
<td>12 350</td>
<td>1.1 %</td>
<td>288</td>
</tr>
<tr>
<td>Lesotho</td>
<td>10 686</td>
<td>315</td>
<td>4 471</td>
<td>2.9 %</td>
<td>388</td>
</tr>
<tr>
<td>South Sudan</td>
<td>10 098</td>
<td>108</td>
<td>9 454</td>
<td>1.1 %</td>
<td>391</td>
</tr>
<tr>
<td>Togo</td>
<td>9 955</td>
<td>107</td>
<td>7 732</td>
<td>1.1 %</td>
<td>621</td>
</tr>
<tr>
<td>Mali</td>
<td>9 871</td>
<td>379</td>
<td>6 785</td>
<td>3.8 %</td>
<td>87</td>
</tr>
<tr>
<td>Congo</td>
<td>9 681</td>
<td>135</td>
<td>8 197</td>
<td>1.4 %</td>
<td>202</td>
</tr>
<tr>
<td>Benin</td>
<td>7 100</td>
<td>90</td>
<td>6 452</td>
<td>1.3 %</td>
<td>139</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>6 902</td>
<td>102</td>
<td>6 486</td>
<td>1.5 %</td>
<td>396</td>
</tr>
<tr>
<td>Gambia</td>
<td>5 420</td>
<td>164</td>
<td>5 050</td>
<td>3 %</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>4 987</td>
<td>185</td>
<td>4 586</td>
<td>3.7 %</td>
<td>268</td>
</tr>
<tr>
<td>Chad</td>
<td>4 506</td>
<td>161</td>
<td>4 109</td>
<td>3.6 %</td>
<td>190</td>
</tr>
<tr>
<td>Seychelles</td>
<td>4 084</td>
<td>20</td>
<td>3 548</td>
<td>0.5 %</td>
<td>286</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>3 970</td>
<td>79</td>
<td>2 801</td>
<td>2 %</td>
<td>255</td>
</tr>
<tr>
<td>Comoros</td>
<td>3 690</td>
<td>146</td>
<td>3 510</td>
<td>4 %</td>
<td>35</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>3 635</td>
<td>61</td>
<td>2 940</td>
<td>1.7 %</td>
<td>377</td>
</tr>
<tr>
<td>Eritrea</td>
<td>3 208</td>
<td>9</td>
<td>2 970</td>
<td>0.3 %</td>
<td>0</td>
</tr>
<tr>
<td>Burundi</td>
<td>2 757</td>
<td>6</td>
<td>2 543</td>
<td>0.2 %</td>
<td>36</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>2 212</td>
<td>34</td>
<td>2 058</td>
<td>1.5 %</td>
<td>102</td>
</tr>
<tr>
<td>Liberia</td>
<td>2 053</td>
<td>85</td>
<td>1 913</td>
<td>4.1 %</td>
<td>224</td>
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<tr>
<td>Mauritius</td>
<td>933</td>
<td>10</td>
<td>670</td>
<td>1.1 %</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>3 033 280</strong></td>
<td><strong>77 289</strong></td>
<td><strong>2 743 430</strong></td>
<td><strong>2.5 %</strong></td>
<td><strong>105 189</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 24 consecutive days without a new confirmed case. As of 28 March 2021, a total of 18 cases have been reported, including 14 confirmed cases, of which 9 have recovered, 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.

Investigations into a cluster of three deaths that occurred between 22 to 25 March 2021 within the same family in the sub-prefecture of Soulouta (prefecture Nzerekore) are underway.

PUBLIC HEALTH ACTIONS

- Daily incident management system meetings take place with WHO, following up on field operations.
- A cumulative total of 4,565 people have been vaccinated, including 288 high-risk contacts, 3,835 contacts-of-contacts and 442 probable contacts, including 1,985 frontline workers.
- Two patients, both suspected cases, are currently hospitalized in the Epidemic Diseases Hospital treatment centres.
- Training and mentoring on EVD case management continues in the Ebola treatment centre in Nzerekore.
- Three new community deaths were reported, with two swabs collected, but no safe and dignified burial conducted.
- Risk communication and community engagement (RCCE) included a field mission to the sub-prefecture of Soulouta to support investigations around the cluster of three deaths in the same family; support with supervision of three health centres in Nzerekore.
- Infection prevention and control (IPC) activities including joint support for training 43 midwife supervisors on IPC measures in maternity wards.

SITUATION INTERPRETATION

Guinea is responding actively to the current outbreak of EVD in the country, which is showing welcome signs of inactivity. However, challenges remain around reinforcement of surveillance in the prefectures surrounding Nzerekore as part of the 42-day surveillance period. Active case finding in the community in Nzerekore needs to be strengthened to ensure that there are no hidden chains of transmission and the number of alerts and samples tested needs to increase to reach optimal levels in affected areas.
EVENT DESCRIPTION

As of 27 March 2021 there has been no new confirmed case of Ebola virus disease (EVD) in North Kivu for 26 consecutive days. Since the start of the outbreak there have been 11 confirmed cases, with one probable case and six deaths (case fatality ratio 50.0%). Two health workers have been infected, accounting for 16.6% of cases.

The search for 12 lost contacts and 33 contacts who have never been seen, who are within their 42 days of follow up, continues. A total of 480 alerts have been reported to date. Of these, 57 were validated as suspected cases of EVD. There are currently no confirmed cases in Ebola treatment centres and 33 suspected patients are being followed in isolation in health facilities.

PUBLIC HEALTH ACTIONS

- Daily coordination meetings continue, led by the Provincial Minister for Health, with the participation of the head of the head of the North Kivu health division and partners.

- As of 27 March 2021, a total of 1,816 people have been vaccinated; 1,100 in Biena, 360 in Katwa, 291 in Butembo and 65 in Musienene. Front line providers make up 460 of those vaccinated.

- Since the start of the outbreak, 2,493 samples have been received and analysed for EVD.

- On 27 March 2021, a total of 18 death alerts were received, and 10 (55.5%) safe and dignified burials were carried out. Of the eight safe and dignified burials not carried out, seven bodies are still in mortuary storage and one body is with family members who are resisting intervention.

- Infection prevention and control (IPC) activities continue, with support provided for 33 health facilities in six health zones, including two in Biena, eight in Butembo, 10 in Katwa, three in Kalunguta, three in Manguredjipa and seven in Musienene.

- Risk communication and community engagement activities included sensitization of groups in Butembo Health Zone, with 37 women educated on barrier infection prevention measures in Musienene Health Zone; mass sensitization on hand washing was provided for school children and teachers in Butembo Health Zone.

- There are 20 operational points of entry/points of control where 37,570 travellers were registered of which 35,020 (93.2%) were screened, 34,965 (93.1%) were provided with handwashing facilities and 35,020 (93.2%) were sensitized on infection control measures and EVD.

SITUATION INTERPRETATION

The current EVD outbreak continues to remain inactive, with no new cases reported for 26 days. However, challenges remain around contacts who are lost to follow-up, poor feedback from health zones, inadequate financial resources for all response pillars, lack of capacity for isolation at health facilities and problems with integrating patients who have recovered back into their communities. All these pillars require strengthening and funding needs urgently to be provided to continue robust response measures to prevent resurgence of the outbreak.
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 quiescent. However, contact tracing remains problematic as is poor feedback from health zones. 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 have been no new cases for the past 26 days. 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.
**All events currently being monitored by WHO AFRO**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-20</td>
<td>25-Feb-20</td>
<td>28-Mar-21</td>
<td>116836</td>
<td>116836</td>
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<tr>
<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>28-Mar-21</td>
<td>22063</td>
<td>22063</td>
<td>533</td>
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<td>Benin</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>17-Mar-20</td>
<td>22-Mar-21</td>
<td>7100</td>
<td>7100</td>
<td>90</td>
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<tr>
<td>Botswana</td>
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<td>10-Mar-20</td>
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<tr>
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<td>Grade 2</td>
<td>01-Jan-19</td>
<td>01-Jan-19</td>
<td>30-Oct-20</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Burundi</td>
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<td>Grade 3</td>
<td>31-Mar-20</td>
<td>18-Mar-20</td>
<td>26-Mar-21</td>
<td>2757</td>
<td>2757</td>
<td>6</td>
<td>-</td>
</tr>
</tbody>
</table>

**From 25 February 2020 to 28 March 2021, a total of 116 836 confirmed cases of COVID-19 with 3 080 deaths (CFR 2.6%) have been reported from Algeria. A total of 81 267 cases have recovered.**

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 28 March 2021, a total of 22 063 confirmed COVID-19 cases have been reported in the country with 533 deaths and 20 289 recoveries.

**From 1 January 2020 to 4 November 2020, Angola reported a total of 1 349 suspected cases that have been notified and investigated of which 1 028 have been confirmed. There was a total of 5 deaths reported from 1 January to 1 July 2020 in 14 provinces across Angola; there is no further information regarding deaths for this current period. 80% of the confirmed cases are <5 years of age; 14% are aged 5-9 years; 3% are 10-14 years of age. A total of 16 out of 18 provinces are affected. The most affected provinces are Cabinda (436); Bié (184); Malange (108); Luanda (88); and Huambo (55).**

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.

**On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 22 March 2021, a total of 38 466 confirmed COVID-19 cases were reported in the country including 506 deaths and 33 903 recovered cases.**

Since 2015, the security situation in the Sahel and the East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement leading to a total of 1 034 609 internally displaced persons registered as of 31 October 2020 in all 13 regions in the country. The presence of jihadist groups and self-defence units have created an increasingly volatile security situation. 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, 25 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 in September 2020, which triggered floods and resulted in casualties and damages.

**Between 9 March 2020 and 27 March 2021, a total of 12 692 confirmed cases of COVID-19 with 145 deaths and 12 350 recoveries have been reported from Burkina Faso.**

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; seronelutralization 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.

**From 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 26 March 2021, the total number of confirmed COVID-19 cases is 2 757, including six deaths and 2 543 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.

<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>1334</td>
<td>1334</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 (UNDOSS) 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 29 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>
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<tr>
<th>Country</th>
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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>Humanitarian crisis (Far North, North, Adamawa &amp; East)</td>
<td>Protracted 2</td>
<td>31-Dec-13</td>
<td>27-Jun-17</td>
<td>17-Dec-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</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 | 14-Mar-20 | 14-Mar-20 | 23-Mar-21 | 5161 | 5161 | 67 | 1.3% |

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 28 March 2021, a total of 17 125 confirmed COVID-19 cases including 165 deaths and 16 075 recoveries were reported in the country.
### Health Emergency Information and Risk Assessment

#### Cholera

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, 301 deaths and 3 510 recoveries were 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>Democratic Republic of Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-May-19</td>
<td>24-Mar-21</td>
<td></td>
<td>25</td>
<td>25</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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

#### Measles

The measles outbreak in Chad continues, with 653 cases reported since the start of 2021, 51 of which were confirmed by IgM, and four deaths. Vaccination campaigns are underway.

<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>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chad</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-19</td>
<td>01-Jan-19</td>
<td>21-Mar-21</td>
<td>9 761</td>
<td>632</td>
<td>45</td>
<td>-</td>
</tr>
</tbody>
</table>

The first case of confirmed COVID-19 was reported in Chad on 19 March 2020. As of 28 March 2021, a total of 4 506 confirmed COVID-19 cases were reported in the country including 161 deaths and 4 109 cases who have recovered.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
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<th>Date notified to WCO</th>
<th>Start of reporting period</th>
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<th>Total cases</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chad</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>28-Mar-21</td>
<td>4506</td>
<td>4506</td>
<td>161</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 18 March 2021, a total of 9 681 cases including 135 deaths and 8197 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>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>18-Mar-21</td>
<td>9 681</td>
<td>9 681</td>
<td>135</td>
<td>-</td>
</tr>
</tbody>
</table>

#### Poliomyelitis (cVDPV2)

No case of circulating vaccine-derived poliomyelitis 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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
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<th>Total cases</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comoros</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Apr-20</td>
<td>28-Mar-21</td>
<td></td>
<td>3690</td>
<td>3690</td>
<td>146</td>
<td>-</td>
</tr>
</tbody>
</table>

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 28 March 2021, a total of 3 690 confirmed COVID-19 cases, including 146 deaths and 3 510 recoveries were reported in the country.

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<tr>
<th>Country</th>
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<tr>
<td>Comoros</td>
<td>COVID-19</td>
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<td>30-Apr-20</td>
<td>28-Mar-21</td>
<td></td>
<td>3690</td>
<td>3690</td>
<td>146</td>
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The first COVID-19 confirmed case was reported in Comoros on 30 April 2020. As of 28 March 2021, a total of 3 690 confirmed COVID-19 cases, including 146 deaths and 3 510 recoveries were reported in the country.

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<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>18-Mar-21</td>
<td>9 681</td>
<td>9 681</td>
<td>135</td>
<td>-</td>
</tr>
</tbody>
</table>

The measles outbreak in Chad continues, with 653 cases reported since the start of 2021, 51 of which were confirmed by IgM, and four deaths. Vaccination campaigns are underway.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chad</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>09-Sep-19</td>
<td>24-Mar-21</td>
<td>110</td>
<td>110</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

No case of circulating vaccine-derived poliomyelitis 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.

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<td>Chad</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>09-Sep-19</td>
<td>24-Mar-21</td>
<td>110</td>
<td>110</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Cholera 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.

<table>
<thead>
<tr>
<th>Country</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>01-Jan-20</td>
<td>5-Dec-20</td>
<td>18504</td>
<td>-</td>
<td>301</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

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 hotspot 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.

<table>
<thead>
<tr>
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<th>Event</th>
<th>Grade</th>
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<th>Start of reporting period</th>
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<th>Total cases</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of Congo</td>
<td>Humanitarian crisis</td>
<td>Grade 3</td>
<td>20-Dec-16</td>
<td>17-Apr-17</td>
<td>22-Nov-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of Congo</td>
<td>Ebola virus disease</td>
<td>Grade 2</td>
<td>7-Feb-21</td>
<td>7-Feb-21</td>
<td>27-Mar-21</td>
<td>12</td>
<td>11</td>
<td>4</td>
<td>33.3%</td>
</tr>
</tbody>
</table>
In week 01 (week ending 10 January 2021), 78 new suspected cases with one associated death were reported. Most of the cases were reported from SNNP and Oromia. 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.

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 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 Gambia on 17 March 2020. As of 27 March 2021, a total of 5 420 confirmed COVID-19 cases including 164 deaths and 111 deaths and 16 074 recoveries have been reported in the country.

Equatorial Guinea COVID-19 Grade 3 14-Mar-20 14-Mar-20 26-Mar-21 6902 6902 102 1.5%

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 26 March 2021, a total of 6 092 cases have been reported in the country with 102 deaths and 6 486 recoveries. The first COVID-19 confirmed case was reported in the country on 14 March 2020. As of 27 March 2021, a total of 3 280 confirmed COVID-19 cases with nine deaths were reported in the country. A total of 2 970 patients have recovered from the disease.

No new cases 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, Kwitu, Kivango and Sankuru provinces).

From epidemiological week 50 to 53 of 2020, there were 269 suspect cases of monkey pox and 4 deaths registered across the country. Between epidemiological week 1 and week 53, a total of 6 257 suspected cases including 229 deaths (CFR 3.7%) were reported in 133 health zones from 17 out of 26 provinces in the country. During the same period in 2019, 5 288 suspected cases and 107 deaths (CFR 2.0%) were reported in 132 health zones from 18 provinces. Overall, there is a regressive trend from epidemiological week 33 to 53 of 2020 (276 cases vs 76 cases).

Gabon COVID-19 Grade 3 12-Mar-20 12-Mar-20 28-Mar-21 18777 18777 111 0.6%

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 28 March 2021, a total of 18 777 cases including 111 deaths and 16 074 recoveries have been reported in the country. Since the confirmation of the first case on 13 March 2020, Gabon has confirmed a total of 200 563 cases of COVID-19 as of 28 March 2021, with 2 801 deaths and 154 323 recoveries.

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

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** Guinea COVID-19 Grade 3 13-Mar-20 13-Mar-20 21-Mar-21 19670 19670 120 0.6%**

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 27 March 2021, a total of 19 670 cases including 16 425 recovered cases and 120 deaths have been reported in the country.

---

** Guinea Ebola virus disease Grade 3 14-Feb-21 13-Feb-21 28-Mar-21 18 14 9 50.0%**

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 cases. There have been nine deaths including four probable cases and five confirmed cases (case fatality ratio 50%).

---

** Guinea Lassa Fever Ungraded 11-Jul-20 11-Jul-20 4-Aug-20 1 1 1 100.0%**

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

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** Guinea Measles Ungraded 09-May-18 01-Jan-19 18-Jan-21 6188 366 15 0.2%**

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 epidemiological phase, namely, Wanindara in Ratoma health district, Douent in Mamou health district and Soumpourou in Tougue health district.

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** Guinea Yellow fever Grade 2 19-Nov-20 06-Nov-20 15-Dec-20 52 0 14 26.9%**

A total of 48 suspected yellow fever cases have been notified in Guinea. 46 suspect cases from Koundara commune (northern part of Guinea), 1 suspect case from Kouroussa (center of Guinea), and 1 suspect case Dubreka (north of Conacry). 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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** Guinea COVID-19 Grade 3 25-Mar-20 25-Mar-20 27-Mar-21 3635 3635 61 1.7%**

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 27 March 2021, the country has reported 3 635 confirmed cases of COVID-19 with 2 940 recoveries and 61 deaths.

---

** Kenya Measles Ungraded 6-May-19 20-Oct-19 16-Mar-21 655 58 2 0.3%**

An outbreak of measles has been reported in nine sub – counties spread across five counties namely West Pokot, Mandera and Wajir. The outbreak is active in three counties, West Pokot, Mandera and Wajir.

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** Kenya COVID-19 Grade 3 13-Mar-20 13-Mar-20 21-Mar-21 130214 130214 2117 1.6%**

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 28 March 2021, 130 214 confirmed COVID-19 cases including 2 117 deaths and 91 754 recoveries have been reported in the country.

---

** Kenya Leishmaniasis Ungraded 31-Mar-19 03-Jan-20 16-Mar-21 542 542 8 1.5%**

Since January 2020, a total of 542 visceral leishmaniasis confirmed cases with eight deaths (CFR 1.5%), 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.

---

** Kenya Rift Valley fever Ungraded 14-Jan-21 09-Mar-21 32 14 11 34.4%**

An outbreak of Rift Valley fever 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%). The outbreak is active in West Pokot County.

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** Lesotho COVID-19 Grade 3 13-May-20 13-May-20 24-Mar-21 10686 10686 315 2.9%**

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, as of 24 March 2021, a total of 10 686 cases of COVID-19 have been reported, including 4 471 recoveries and 315 deaths.

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** Liberia COVID-19 Grade 3 16-Mar-20 16-Mar-20 16-Mar-21 2042 2042 85 4.2%**

From 16 March to 16 March 2021, a total of 2 042 cases including 85 deaths and 1 899 recoveries have been reported from all 15 counties of Liberia. Montserrado County, which hosts the country’s capital city, is the epicenter of the outbreak.

---

** Liberia Lassa fever Ungraded 23-Jan-19 01-Jan-20 15-Nov-20 51 51 22 43.1%**

Two new confirmed cases were reported during week 46 (week ending 15 November 2020). Of 162 suspected cases reported across the country from 1 January to 15 November 2020, 51 were confirmed. A total of 22 deaths (CFR 43%) have been reported among the confirmed cases.

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** Liberia Measles Ungraded 24-Sep-17 09-Mar-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), Sinoe (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.
### Health Emergency Information and Risk Assessment

**Madagascar**

**COVID-19**
- **Grade**: Grade 3
- **Cases notified to WCO**: 20-Mar-20
- **Start of reporting period**: 20-Mar-20
- **End of reporting period**: 27-Mar-21
- **Total cases**: 23585
- **Confirmed cases**: 23585
- **Deaths**: 387
- **CFR**: 1.6%

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 28 March 2021, the country has a total of 33 481 confirmed cases with 1 114 deaths and 29 611 recoveries.

**Malaria**
- **Grade**: Ungraded
- **Cases**: 08-Mar-21
- **Start of reporting period**: 08-Mar-21
- **End of reporting period**: 08-Mar-21
- **Total cases**: 0

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.

**Mauritania**

**Dengue**
- **Grade**: Grade 3
- **Cases**: 2-May-20
- **Start of reporting period**: 2-May-20
- **End of reporting period**: 02-Nov-20
- **Total cases**: 7
- **Confirmed cases**: 7
- **Deaths**: 0
- **CFR**: 0.0%

On 2 May 2020, the Ministry of Health of Mauritania reported the first confirmed cases of COVID-19 in the country. As of 28 March 2021, a total of 379 confirmed COVID-19 cases have been reported in the country including 6 785 recoveries.

**COVID-19**
- **Grade**: Grade 3
- **Cases**: 25-Mar-20
- **Start of reporting period**: 25-Mar-20
- **End of reporting period**: 28-Mar-21
- **Total cases**: 9871
- **Confirmed cases**: 9871
- **Deaths**: 379
- **CFR**: 4.9%

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 28 March 2021, a total of 9 871 confirmed COVID-19 cases have been reported in the country including 379 deaths and 6 785 recoveries.

**Mali**

**Measles**
- **Grade**: Ungraded
- **Cases**: 20-Feb-18
- **Start of reporting period**: 20-Feb-18
- **End of reporting period**: 01-Jan-21
- **Total cases**: 110
- **Confirmed cases**: 110
- **Deaths**: 0
- **CFR**: 0.0%

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

**Mauritania**

**Rift Valley Fever**
- **Grade**: Grade 3
- **Cases**: 09-Oct-20
- **Start of reporting period**: 09-Oct-20
- **End of reporting period**: 04-Sep-20
- **Total cases**: 36
- **Confirmed cases**: 36
- **Deaths**: 13
- **CFR**: 36.1%

The Ministry of Health notified the WHO of 8 cases, including 7 deaths, of Rift Valley Fever (RVF) (PCR positive) in breeders, which occurred between 13 September 2020 and 1 October 2020, in several localities in the departments of Tidjikja and Moudjéria (Tagant region), Guerou department (Assaba region) and Chinguetti department (Adrar region). The 7 deaths occurred in the Tagant region (5) and in the Assaba region (2). All the 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 to 9 regions (Adrar, Assaba, Brakna, Hodh Elchargui, 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.

**Mauritius**

**COVID-19**
- **Grade**: Grade 3
- **Cases**: 18-Mar-20
- **Start of reporting period**: 18-Mar-20
- **End of reporting period**: 27-Mar-21
- **Total cases**: 933
- **Confirmed cases**: 933
- **Deaths**: 10
- **CFR**: 1.1%

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 28 March 2021, a total of 933 confirmed COVID-19 cases including 10 deaths and 870 recovered cases have been reported in the country.

**Mozambique**

**Humanitarian crisis in Cabo Delgado**
- **Grade**: Grade 2
- **Cases**: 01-Jan-20
- **Start of reporting period**: 01-Jan-20
- **End of reporting period**: 30-Nov-20
- **Total cases**: 2952
- **Confirmed cases**: 2952
- **Deaths**: 108
- **CFR**: 3.6%

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**

**Cholera**
- **Grade**: Grade 3
- **Cases**: 22-Mar-20
- **Start of reporting period**: 22-Mar-20
- **End of reporting period**: 28-Mar-21
- **Total cases**: 67197
- **Confirmed cases**: 67197
- **Deaths**: 764
- **CFR**: 1.1%

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 28 March 2021, a total of 67 197 confirmed COVID-19 cases were reported in the country including 764 deaths and 55 275 recoveries.

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### Table: Health Emergency Situation

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed Cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mozambique</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>23585</td>
<td>23585</td>
<td>387</td>
<td>1.6%</td>
</tr>
<tr>
<td>Malawi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>2-Apr-20</td>
<td>28-Mar-21</td>
<td>33481</td>
<td>33481</td>
<td>1114</td>
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<tr>
<td>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>28-Mar-21</td>
<td>17771</td>
<td>17771</td>
<td>448</td>
<td>2.5%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>11-May-20</td>
<td>02-Nov-20</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Rift Valley Fever</td>
<td>Grade 1</td>
<td>09-Oct-20</td>
<td>04-Sep-20</td>
<td>36</td>
<td>36</td>
<td>13</td>
<td>36.1%</td>
</tr>
<tr>
<td>Mauritius</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>933</td>
<td>933</td>
<td>10</td>
<td>1.1%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>20-Feb-20</td>
<td>31-Jan-20</td>
<td>2952</td>
<td>2952</td>
<td>108</td>
<td>3.6%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>22-Mar-20</td>
<td>22-Mar-20</td>
<td>67197</td>
<td>67197</td>
<td>764</td>
<td>1.1%</td>
</tr>
</tbody>
</table>
There are measles outbreaks in six districts of Zambezia. The outbreak was declared in March 2020 at the Naculala Administrative Post, Alto Mocácio district. As of week 21, there were 862 suspected cases reported, 711 suspected cases tested, 140 IGMs 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
14-Mar-20
14-Mar-20
27-Mar-21
43632
43632
509
0.0%

The first case of COVID-19 was first detected in Namibia on the 14 March 2020. As of 27 March 2021, a total of 43 632 confirmed cases with 41 398 recovered and 509 deaths have been reported.

Namibia
Hepatitis E
Protracted 1
18-Dec-17
08-Sep-17
10-Jan-21
10227
10227
66
-

During this reporting period, 28 December 2020 - 10 January (weeks 53 & 01), a total of 5 HEV (Hepatitis E Virus) cases were reported country-wide. Since the beginning of the outbreak in December 2017, a cumulative total of 10 227 cases (2 099 laboratory-confirmed, 4 744 epidemiologically linked, and 1 187 suspected cases) including 66 deaths (CFR 0.8%) have been reported countrywide. Komas 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
COVID-19
Grade 3
19-Mar-20
19-Mar-20
20-Mar-21
4918
4918
185
3.8%

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.

Niger
Measles
Protracted 1
10-May-19
01-Sep-17
31-May-20
2079
241
4
0.2%

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

Nigeria
Humanitarian crisis
Protracted 3
10-Oct-16
n/a
31-Dec-20
-
-
-
-

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
Avian influenza
Ungraded
04-Mar-21
09-Mar-21
09-Mar-21
7
7
0
-

As of 3 March 2021 a total of seven confirmed cases with no deaths 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).

Nigeria
COVID-19
Grade 3
27-Feb-20
27-Feb-20
28-Mar-21
162593
162593
2048
1.3%

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 28 March 2021, a total of 162 593 confirmed cases with 150 308 recovered and 2 048 deaths have been reported.

Nigeria
Lassa fever
Ungraded
01-Jan-21
01-Jan-21
21-Mar-21
225
223
6
0.4%

Thirty-two (32) new cases were reported from eight states during the week ending 21 March 2021. Most (14) of the new cases were reported from Ondo State. Of the 14 states affected to date, Edo (97), Ondo (59), and Taraba (18) states accounts for 85% of all confirmed cases reported to date.

Nigeria
Measles
Protracted 1
25-Sep-17
01-Jan-20
20-Jan-21
420
14
-
3.3%

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

Nigeria
Polioymyelitis (cVDPV2)
Grade 2
01-Jun-18
01-Jan-18
24-Mar-21
63
63
0
0.0%

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are so far 3 cases in 2021. There were 8 cVDPV2 cases reported in 2020, 18 cVDPV2 cases reported in 2019 and 34 in 2018.

Nigeria
Yellow fever
Ungraded
01-Nov-20
29-Jan-21
3473
169
296
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
14-Mar-20
14-Mar-20
28-Mar-21
21419
21419
301
-

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 28 March 2021, a total of 21 419 cases with 301 deaths and 19 785 recovered cases have been reported in the country.

Sao Tome and Principe
COVID-19
Grade 3
6-Apr-20
6-Apr-20
28-Mar-21
2212
2212
34
1.5%

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 28 March 2021, a total of 2 212 confirmed cases of COVID-19 have been reported, including 34 deaths. A total of 2 058 cases have been reported as recoveries.

Senegal
COVID-19
Grade 3
02-Mar-20
02-Mar-20
28-Mar-21
38520
38520
1037
2.7%

From 2 March 2020 to 28 March 2021, a total of 38 520 confirmed cases of COVID-19 including 1 037 deaths and 36 753 recoveries have been reported in Senegal.
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 included fever, headache, and arthralgia. As of 20 December 2020, 27 confirmed cases of dengue had been reported in 6 regions of Senegal: Dakar, Tambacounda, Kédougou, Kafrinne, Thiès, and Kaolack. Dengue is therefore the most common VHF reported in Senegal in 2020.

The Institut Pasteur de 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 Bokiadiwé. He consulted at the health post on 13 October 2020 for an infectious syndrome without history of travel with an axillary temperature of 28.6 degrees Celsius. The onset of symptoms is one day before the consultation date. The second case, a 24 young man, living in Bokiadiwé. 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 onset of symptoms is three days before the date of consultation. An additional case of confirmed RVF was notified later.

As of 22 November 2020 a total of 567 cases of dermatosis of unknown origin had been seen and treated, including 336 in Mbao, 120 in Rufisque, 104 in Diourbel, six in Dakar Centre (CS Gaspard Camara) and one in Dakar West (CS Philippe Senghor). All but one case were treated as outpatients. The age of the cases ranged from 10 to 59 years, with an average age of 23. Most cases (94; 34.4%) were in the age group 10-20 years. All had been to sea and all responded well to treatment. Cases are characterized by impetigo-like lesions with peri-laryngeal and peri-oral localization, with some 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 28 March 2021 a total of 4 084 cases have been confirmed, including 3 548 recoveries and 20 deaths have been reported.

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 28 March 2021 a total of 4 084 cases have been confirmed, including 3 548 recoveries and 20 deaths have been reported.

Since the start of the COVID-19 pandemic in South Africa a cumulative total of 1 545 431 confirmed cases and 52 663 deaths have been reported, with 1 471 889 recoveries.

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

Community leaders have reported rising tensions owing to cattle theft and revenge attacks in Tonj North County. The recent incidents include an attack by armed groups on a commercial vehicle in Awul village and intermittent livestock theft and revenge attacks between the Ajak Leer section and the Kuanythee sections. The rising tension in the county will further adversely affect the humanitarian crisis in Warrap, where 26 000 flood-affected people are food insecure.

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

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

Since the start of the COVID-19 pandemic in South Africa a cumulative total of 1 545 431 confirmed cases and 52 663 deaths have been reported, with 1 471 889 recoveries.

South Sudan Measles Ungraded 24-Nov-18 19-Sep-19 22-Jun-20 916 50 2 0.2%

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 0.8%) have been reported. The outbreak has affected 6 counties (Ton, Magwi, Bor, Kapoeta East, Awil East and Wau) and Bentiu Protection of Civilians Sites (POC).
<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><strong>Tanzania, United Republic of</strong></td>
<td><strong>COVID-19</strong></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><strong>Togo</strong></td>
<td><strong>COVID-19</strong></td>
<td>Grade 3</td>
<td>06-Mar-20</td>
<td>01-Mar-20</td>
<td>28-Mar-21</td>
<td>9955</td>
<td>9955</td>
<td>107</td>
<td>1.1%</td>
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<tr>
<td><strong>Togo</strong></td>
<td><strong>Poliomyelitis (cVDPV2)</strong></td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>24-Mar-21</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td><strong>Uganda</strong></td>
<td><strong>Humanitarian crisis</strong></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>
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<tr>
<td><strong>Uganda</strong></td>
<td><strong>Cholera</strong></td>
<td>Ungraded</td>
<td>11-May-20</td>
<td>29-Apr-20</td>
<td>07-Sep-20</td>
<td>1488</td>
<td>17</td>
<td>6</td>
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<td><strong>Zambia</strong></td>
<td><strong>COVID-19</strong></td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>27-Mar-21</td>
<td>87872</td>
<td>87872</td>
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<td><strong>Poliomyelitis (cVDPV2)</strong></td>
<td>Grade 2</td>
<td>17-Oct-19</td>
<td>16-Jul-19</td>
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<td>2</td>
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<td><strong>Zimbabwe</strong></td>
<td><strong>Anthrax</strong></td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>6-May-19</td>
<td>01-Nov-20</td>
<td>464</td>
<td>-</td>
<td>1</td>
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<tr>
<td><strong>Zimbabwe</strong></td>
<td><strong>COVID-19</strong></td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>28-Mar-21</td>
<td>36822</td>
<td>36822</td>
<td>1520</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

The Ministry of Health, Community Health Community Development, Gender, Elderly and Children in Tanzania reported the country’s first case of COVID-19 on 16 March 2020. As of 29 November 2020, a total of 509 cases have been reported in the country including 21 deaths. The last information on confirmed COVID-19 cases was shared by Tanzania mainland on 29 April 2020 and Zanzibar last shared information on on-going COVID-19 outbreak on 7 May 2020.

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 28 March 2021, a total of 9 955 cases including 107 deaths and 7 732 recovered cases have been reported in the country.

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.

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

As of 7 September 2020, there are 1 488 cases, 483 in Moroto, 543 in Nablukit, 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, Nadugut Subcounty who was seen on 29 April 2020 with acute watery diarrhoea and severe dehydration. On 4 May 2020 more cases with similar symptoms from the same location with the index case were seen and cholera was suspected. On 11 May 2020, CPHL confirming *Vibrio cholerae* serotype 01 Inaba detected in 7 out of 8 stool samples that were collected. As of 12 June 2020, the cumulative number of cases is 682 including 6 deaths.

As of 27 March 2020, a total of 40 820 confirmed COVID-19 cases, 40 448 recoveries with 335 deaths.

As of 28 March 2021, a total of 87 872 confirmed COVID-19 cases were reported in the country including 1 200 deaths and 84 347 recovered cases.

There were two cVDPV2 cases reported in 2019.

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 28 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.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 28 March 2021, a total of 36 822 confirmed COVID-19 cases were reported in the country including 1 520 deaths and 34 603 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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