

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 18: 26 April to 2 May 2021
Data as reported by: 17:00; 2 May 2021

1

New event

130

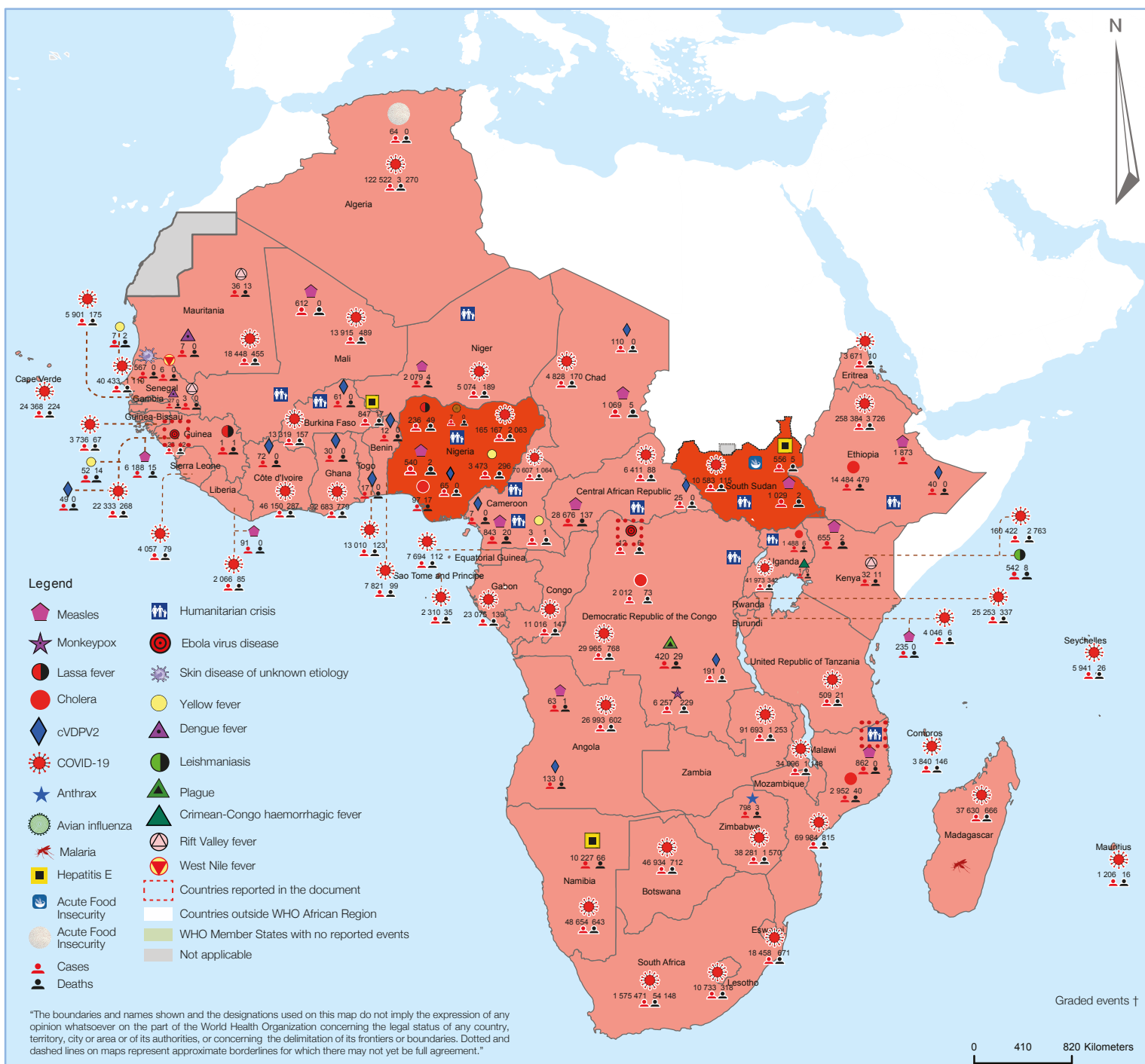
Ongoing events

116

Outbreaks

13

Humanitarian
crises



24

Grade 3 events

2

Grade 2 events

6

Grade 1 events

2

Ungraded events

3

Protracted 3 events

3

Protracted 2 events

50

Protracted 1 events

Overview

Contents

1 Overview

2-6 Ongoing events

7 Summary of major issues, challenges and proposed actions

8 All events currently being monitored

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 130 events in the region. This week's articles cover:

- End of outbreak declaration, Ebola virus diseases in Democratic Republic of the Congo
- COVID-19 across the WHO African region
- 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:

- South Africa recorded the highest number of cases in the past seven days, although with a minimal overall percentage decrease. During the past week, Uganda has become the first country to confirm the presence of the variant first identified in India, which is a potential threat to the East African area. The risk of COVID-19 resurgence remains high in African countries due to poor adherence to public health measures, mass gatherings, and low testing and vaccination rates. The current upsurge in India could also have a negative implication on vaccine availability globally, particularly in Africa. Health worker infections remain of concern as the numbers continue to increase across the region.
- The situation in Guinea remains stable, with no new confirmed cases for the past 21 days. However, the presence of 19 new suspected cases is of concern, as is the continued presence of a known confirmed case in the community. Alert reporting by the community is poor, with most reported through active case search and there continues to be resistance to safe and dignified burial. The WHO response plan is still only 17% funded, which threatens to derail ongoing response measures.

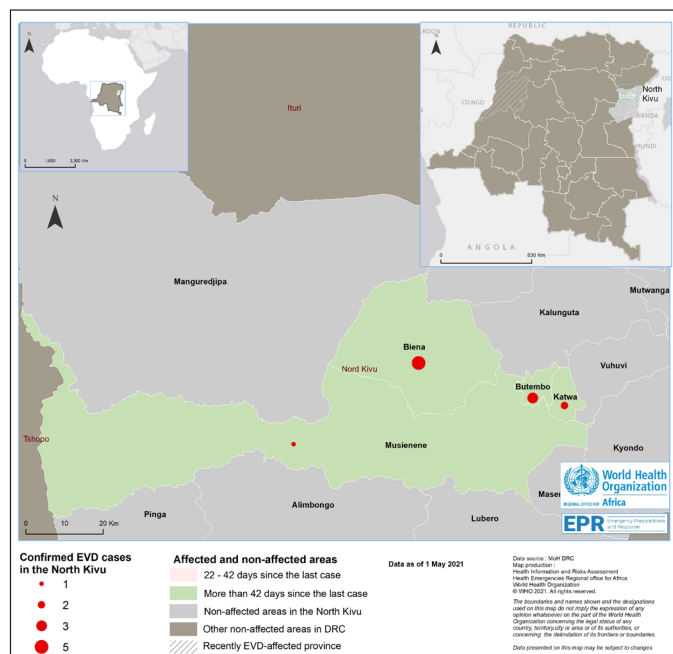
The Democratic Republic of the Congo on Monday, 3 May 2021, declared the end of the Ebola virus disease (EVD) outbreak that was first announced on 7 February 2021 after a woman resident in Masoya health area in Butembo Health Zone, tested positive for EVD. A total of 12 cases (11 confirmed and 1 probable) were reported, of which eight were known and followed contacts at the time of detection. All 12 cases were reported in four health zones of North Kivu Province, with onset of symptoms reported between 25 January and 26 February 2021. Of these patients, six died (case fatality ratio 50%) and six recovered after receiving appropriate treatment. Two of the cases were health workers, who were infected by the first patient in the outbreak, who both survived. The last confirmed cases were reported on 1 March 2021, all among family members of confirmed cases. The last hospitalized confirmed case tested negative for the second time on 21 March 2021, triggering the 42-day countdown to the declaration of the end of the outbreak.

During the course of the outbreak from 7 February to 3 May 2021, the number of alerts gradually increased. As of 1 May 2021, the 17 health zones of the Butembo and Beni division of the North Kivu province had reported 33 229 alerts. Of those 33 199 were investigated within 24 hours of report, 5 054 were validated and 4 332 were tested. Case investigations around the confirmed and probable cases identified 1 194 contacts in 48 health areas of five health zones, all of whom have completed their 21 days follow-up period. A dedicated response group continued to search for contacts lost to follow-up, never seen and displaced for 42 days since last exposure to ensure that no chains of transmission were missed. A total of 1 519 869 travellers were screened at points of entry into the country, and at least 1 898 individuals were vaccinated against EVD.

PUBLIC HEALTH ACTIONS

- The public health response was coordinated by the Provincial Department of Health, Butembo division in collaboration with WHO.
- Daily coordination meetings took place, chaired by the coordinator of the pool of supervisors based in Butembo, with participation of partners.
- Bordering countries increased surveillance capacity and established EVD preparedness plans
- Surveillance activities were implemented by health zone (équipe cadre de la zone de santé) and the health area nurse (infirmier titulaire de l'aire de santé) with the financial, logistics and HR support of WHO.
- WHO supported the setup of the alert surveillance system and the training of the health zone data managers for the accurate and timely daily report of alerts. Over the course of the outbreak, 33 229 alerts were reported by 17 health zones of the Butembo and Beni division of the provincial department of Health.
- Twenty-two points of entry/points of control (PoE/PoC) were set up, which performed a total of 1 519 869 screenings throughout the outbreak.

The distribution of Ebola virus disease cases in Democratic Republic of the Congo as of 1 May 2021



- Since the start of the outbreak and until 1 May, 4 332 samples have been received and analysed for EVD.
- From 7 February to 31 March 2021, 1 898 people were vaccinated, including 1 169 in Biena, 360 in Katwa, 297 in Butembo and 72 in Musienene. Front line workers made up 542 of those vaccinated.
- Infection prevention and control (IPC) activities included assessment of 136 priority health facilities in four health zones and monitoring and support for 456 health facilities in eight health zones.
- Risk communication and community engagement activities took place in all health zones, which included visits to households by community action committees and sensitization of EVD in Butembo, Mabalako and Katwa health zones.

SITUATION INTERPRETATION

The swift initial response to this, the 12th EVD outbreak in the Democratic Republic of the Congo, played a major role in the outbreak's rapid conclusion, as well as in the relatively few people infected and dying. Vaccines were rapidly rolled out and provided to high risk contacts and frontline workers as well as to contacts-of-contacts, alerts were reported and followed-up and points of entry were monitored and travellers screened and sensitized to EVD prevention measures. Local authorities and partners responded efficiently and effectively to an outbreak that took place in the context of ongoing insecurity in the region, caused by non-state armed actors, as well as diversion of resources to the current COVID-19 pandemic.

The number of Coronavirus (COVID-19) infections increased by 33 337 in the African Region in the week 26 April - 2 May 2021. This translates into a 31.2% decrease compared to the previous week with an average of 4 762 new cases. A total of (78.3%) countries reported a decrease in new cases, while nine (19.6%) had an increase in new daily cases in the past seven days. Only Niger showed no significant change in case numbers during this reporting period. The majority of the new cases reported this week were from South Africa (8 593; 25.8%), surpassing Ethiopia, who have been leading the daily case count for the past month. Ethiopia reported 6 105 cases (18.3%), followed by Kenya (3 635; 10.9%), Cabo Verde (2 010; 6.0%) and Algeria (1 585; 4.8%). Although South Africa reported the highest case counts in this reporting time, it has the lowest weekly increase (1.3%) in the same period. The nine countries reporting an increase in weekly cases include Algeria, Angola, Cabo Verde, Comoros, Côte d'Ivoire, Gabon, Malawi, Mauritania and Seychelles.

A fall in the number of deaths was also seen, with 897 deaths recorded from 34 countries, a 20.1% decrease. Twenty (43.5%) countries reported a decline in reported deaths, while 11 (24.0%) had an increase in the past seven days. South Africa reported the highest number of deaths (269, 30.0%) followed by Ethiopia with 175 (19.5%) and Kenya 141 (15.7%). Angola, Algeria, Cape Verde, Central African Republic, Madagascar, Seychelles, South Africa and Zimbabwe have recorded a concerning number of infections in this period. South Africa and Algeria are also among the top 10 countries that have reported the highest number of cases and deaths overall, with a case fatality ratio (CFR) above 2.5%.

The cumulative total number of confirmed cases in the WHO African Region is over 3.2 million with nearly 3 million recoveries, giving a recovery rate of 90.8%. The death toll has now reached 82 652. Even while the African Region is one of the least affected globally, it has a high cumulative case fatality ratio of 2.5%, which is above the global average of 2.1%.

The top five countries reporting the highest case numbers include South Africa (1 584 064 cases, 48.3%), Ethiopia (258 844 cases, 7.9%), Nigeria (165 167 cases, 5.0%), Kenya 160 422 cases, 4.9%) and Algeria (122 522 cases, 3.7%), accounting for 2 290 559 (69.8%) of all cases.

The United Republic of Tanzania has reported no new confirmed cases in our database in the last 361 days. The average cumulative attack rate (number of cases per million) in the African region is estimated at 3 006/million population, ranging from 9/million to 60 855 million. Seychelles (60 855 cases/million population), Cabo Verde (44 311 cases/million), South Africa (27 051 cases/million), Namibia (19 504 cases/million) and Botswana (19 159 cases/million), are the five countries with the highest attack rate in the region. Liberia (425 cases/million), Democratic Republic of Congo (345 cases/million), Burundi (307 cases/million), Chad (303 cases/million), and Niger (231 cases/million) are the five countries with the lowest cumulative attack rate.

South Africa leads with the highest number of deaths in the region (54 417 deaths, 66.0%). This is followed by Ethiopia (33 726, 4.5%), Algeria (3 270, 4.0%), Kenya (2 763, 3.3%), and Nigeria (2 063, 2.5%), accounting for 80.3% (66 80.1) of cumulative deaths.

The median number of deaths per million in the African region is estimated at 26.7/million population (range: 0.4/million – 929/million) with an average cumulative death rate (per million) in the African region estimated at 75.7/million population. South Africa (929 deaths/million population), Eswatini (584/million), Cabo Verde (407/million), Botswana (291/million), Seychelles (267 million) and Namibia (258/million) are the five countries with the highest number of COVID-19 related deaths per million population. Uganda (7.7/million population) Burkina Faso (7.6/million), Eritrea (3.1/million), Burundi (0.5/million) and United Republic of Tanzania (0.4/million) have the lowest number of COVID-19 related deaths per million population.

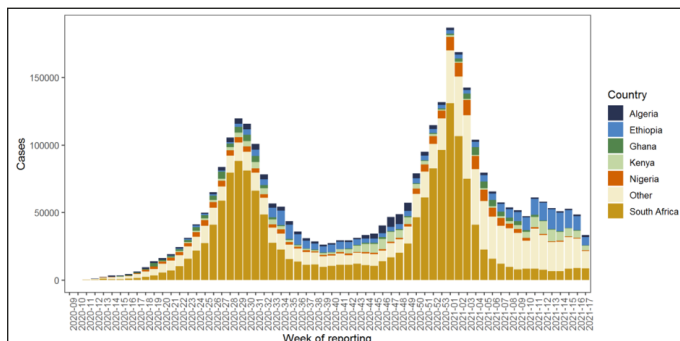
From 26 April to 2 May 2021, 113 new health worker infections were reported from Côte d'Ivoire (45) Namibia (34), Mozambique (17), Uganda (14), Congo (1), Comoros (1) and Seychelles (1). A total of 256 new health worker infections were also reported retrospectively from Malawi. Currently, 109 988 (3.4% of all cases) health worker infections have been reported from 46 countries (48.0% of all countries) in the region. South Africa (55 672, 51.0%), Algeria (11 936, 11.0%) and Ghana (4 763, 4.3%), have recorded the highest number of health worker infections among countries. Zimbabwe (11.0%), Liberia (10.7%), and Guinea-Bissau (10.1%), have the highest country specific proportion of health worker infections. Only Eritrea has not reported any healthcare worker infections.

To date, the total number of confirmed COVID-19 cases on the African continent amounted to over 4.5 million. Total death counts now stand at more than 122 257 deaths (case fatality ratio 2.7%), and more than 4.1 million people have recovered.

As of 29 April 2021, 41 countries are vaccinating using COVAX-funded vaccines, with 6.9 million COVAX doses reported as administered. Of the 35.2 million doses received in 47 countries through the COVAX facility, bilateral deals or donations, 18 million doses have been administered. Globally, over 1.1 billion doses have been administered; around 1.0% of these were administered in Africa. As India confronts a devastating rise in COVID-19 cases and deaths, availability of vaccines across Africa and the rest of the developing world is likely to remain a challenge.

Uganda is the first country in the African region to confirm the presence of the variant first identified in India.

The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by reporting date, 25 February 2020 – 2 May 2021 ($n = 3\,280\,785$)



SITUATION INTERPRETATION

The African region has seen a decrease in both daily case and death counts for a second consecutive week. Although cases and deaths are declining, it's more important than ever that we continue to take a comprehensive and coordinated approach to the pandemic, to drive down transmission and prevent a resurgence and further loss of life. The overwhelming increase in cases and deaths in India, and increases in other regions of the world, are clear signs that the pandemic is not yet over in African countries. With confirmation of the variant first identified in India in Uganda, the risk of COVID-19 resurgence remains high in African countries due to poor adherence to public health measures, mass gatherings, low testing and vaccination rates.



Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 2 May 2021

Country	Total cases	Total deaths	Recovered Total	Case Fatality Ratio (%)	Health Worker infections
South Africa	1 584 064	54 417	1 507 778	3.4 %	55 672
Ethiopia	258 384	3 726	200 508	1.4 %	2 933
Nigeria	165 167	2 063	155 361	1.2 %	3 175
Kenya	160 422	2 763	108 861	1.7 %	4 698
Algeria	122 522	3 270	85 398	2.7 %	11 936
Ghana	92 683	779	90 324	0.8 %	4 763
Zambia	91 693	1 253	90 082	1.4 %	814
Mozambique	70 607	1 064	63 658	1.5 %	2 153
Cameroon	69 984	815	66 931	1.2 %	3 501
Namibia	48 902	649	46 421	1.3 %	2 106
Botswana	46 934	712	44 960	1.5 %	61
Côte d'Ivoire	46 150	287	45 644	0.6 %	943
Uganda	41 973	342	41 598	0.8 %	1 943
Senegal	40 433	1 110	39 158	2.7 %	419
Zimbabwe	38 281	1 570	35 634	4.1 %	4 210
Madagascar	37 630	666	32 751	1.8 %	70
Malawi	34 096	1 148	32 069	3.4 %	1 886
DRC	29 965	768	26 250	2.6 %	256
Angola	26 993	602	23 913	2.2 %	939
Rwanda	25 253	337	23 442	1.3 %	682
Gabon	24 368	224	20 899	0.9 %	140
Cabo Verde	23 075	139	19 629	0.6 %	345
Guinea	22 333	146	19 813	0.7 %	682
Eswatini	18 458	671	17 748	3.6 %	572
Mauritania	18 448	455	17 725	2.5 %	24
Mali	13 915	489	8 733	3.5 %	87
Burkina Faso	13 319	157	13 053	1.2 %	288
Togo	13 010	123	11 269	0.9 %	874
Lesotho	11 016	147	9 896	1.3 %	203
Congo	10 733	318	6 267	3.0 %	473
South Sudan	10 583	115	10 312	1.1 %	391
Benin	7 821	99	7 580	1.3 %	139
Equatorial Guinea	7 694	112	7 279	1.5 %	401
Central African Republic	6 411	88	5 594	1.4 %	1
Gambia	5 941	27	5 102	0.5 %	294
Niger	5 901	175	5 419	3.0 %	142
Seychelles	5 251	191	4 857	3.6 %	304
Chad	4 828	170	4 430	3.5 %	292
Sierra Leone	4 057	79	3 076	1.9 %	249
Burundi	4 046	6	3 682	0.1 %	38
Comoros	3 910	146	3 675	3.7 %	155
Guinea-Bissau	3 736	67	3 340	1.8 %	377
Eritrea	3 671	10	3 492	0.3 %	0
Sao Tome and Principe	2 310	35	2 244	1.5 %	102
Liberia	2 099	85	1 949	4.0 %	224
Mauritius	1 206	16	1 020	1.3 %	30
United Republic of Tanzania	509	21	180	4.1 %	1
Cumulative Cases (N=47)	3 280 785	82 652	2 979 004	2.5 %	109 988

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

EVENT DESCRIPTION

No new confirmed Ebola virus disease (EVD) cases have been reported in Nzerekore prefecture, the site of the current EVD outbreak in Guinea, as of 1 May 2021. There are no active sub-prefectures within the prefecture of Nzerekore, and no new confirmed cases have been reported in the past 21 days. There are, however, 19 new suspected cases, of which one has been transferred into isolation and sampled, two have been sampled in the community and 16 have refused sampling.

As of 1 May 2021, a total of 23 cases have been reported, including 16 confirmed cases, and 7 probable cases, of which 9 have recovered, and 12 have died (case fatality ratio 52.2%). The number of health workers infected remains five. The missing confirmed case is still unaccounted for and the validated start date of the countdown to end of outbreak is 8 May 2021, taking this case into account.

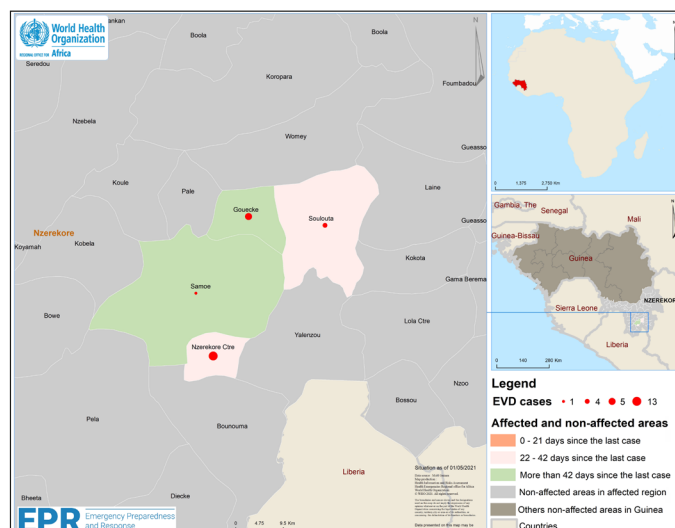
The majority of the confirmed and probable cases reported are female (13/23; 60.9%) and the most affected age group are those over 40 years.

A total of 1 114 contacts have been listed, and 56% of these have been vaccinated. As of 1 May 2021 a total of 110 alerts were notified, of which 10 were deaths. Of these alerts, 46 (45%) were investigated within 24 hours. A total of 29 alerts were validated and six of the 10 death alerts have been sampled. The majority of alerts came from active case search, with few coming from the community.

PUBLIC HEALTH ACTIONS

- Monitoring and coordination meetings are now taking place in a newly equipped emergency operations centre, supported by WHO.
- A 'sweep vaccination' approach is being used to catch up with contacts, contacts-of-contacts and probable contacts in the remaining hotspots in order to prevent possible chains of transmission.
- A cumulative total of 8 638 people has been vaccinated, including 622 high-risk contacts, 7 482 contacts-of-contacts and 534 probable contacts, including 2 529 frontline workers.
- Three patients, all suspected cases, are currently hospitalized in the Epidemic Diseases Hospital treatment centre.
- Infection prevention and control (IPC) activities included an information session on swabbing techniques and biosafety of samples for staff at the Nzerekore Regional Hospital mortuary. In addition, IPC kits were distributed to four health facilities in Nzerekore; and five of the 15 water drilling points in the rural community of Soulouta were rehabilitated.
- Ten new community deaths were reported, with six samples collected and no safe and dignified burials carried out.

The distribution of Ebola virus disease cases in Guinea as of 1 May 2021.



- Risk communication and community engagement (RCCE) included continued supervision of the socio-anthropological study into reasons for refusal of safe and dignified burials and sampling from the bodies, and additionally supported organization of an awareness-raising tour of communities of the nine rural districts of Soulouta by community leaders; a meeting with the youth movement 'never again' in Nzerekore to plan information sessions on EVD; elaboration of the terms of reference with UNFPA for organization of an educational talk with traditional birth attendants and pregnant women in Kpagalaye; and continued support to the communication commission.

SITUATION INTERPRETATION

The situation in Guinea is still not stable with contacts lost to follow up and one confirmed case remaining in the community. The appearance of 19 new suspected cases is also of concern. Alerts continue to be received, although few are reported by the community and 24-hour follow-up is inadequate. Community surveillance in Nzerekore and neighbouring provinces requires strengthening. In addition, the WHO response plan is still only 17% funded. This gap needs urgently to be filled if the momentum of response is to continue.

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, however with an overall decrease in both new case and deaths counts. Numbers of health worker infections are still a concern, as is the relatively high case fatality ratio, even with deaths declining overall. Confirmation of the variant in the region, first identified in India is of concern; given the current escalation of COVID-19 cases and deaths in India. This could also have an implication on the vaccine availability in the region.
- Guinea continues to experience challenges around locating contacts lost to follow-up, isolating suspected patients and the continuing presence of a confirmed case in the community. Community surveillance remains poor, with most alerts reported through active case finding and poor 24-hour follow-up. A continuing funding gap for response activities will seriously impact continued surveillance and the required strengthening in contact follow-up and alert reporting if not closed.

Proposed actions

- The African region needs to continue to implement all public health and social measures to prevent transmission of COVID-19. It is also important that the public receive accurate information about how the virus is spreading and be reminded of the importance of public health measures.
- Authorities and partners in Guinea need to strengthen active case searching in the community, along with alert management and contact tracing. Partners need to provide sufficient funds for continuing response as a matter of urgency.

All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
New Events									
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	1-May-21		1-May-21	1	1	0	0.0%
A case of Crimean Congo Viral Haemorrhagic fever was confirmed by PCR on the 28 April 2021 in Kikuube District and has been isolated at Kasonga. Seven contacts have so far been listed and are due for sampling. The patient is a 16-year-old girl from a village well known for rearing animals such as goats and cows. She presented with two days' history of low-grade fever, general body weakness, haematemesis and epistaxis.									
Ongoing Events									
Algeria	Brucellosis	Ungraded		01-Jan-21	12-Apr-21	64	64	0	0.0%
The outbreak began in January 2021 in the wilaya of Batna where a cumulative of 64 cases have been confirmed as of 12 April 2021. Four cases were confirmed in January, 12 cases in February, and 48 cases in March. During March 50% of cases were among goat breeders and people having contact with contaminated animals. A total of 21 cases have been hospitalized, but all have been discharged with no deaths reported.									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	2-May-21	122 522	122 522	3 270	2.7%
From 25 February 2020 to 2 May 2021, a total of 122 522 confirmed cases of COVID-19 with 3 270 deaths (CFR 2.7%) have been reported from Algeria. A total of 85 398 cases have recovered.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	2-May-21	26 993	26 993	602	2.2%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 2 May 2021, a total of 26 993 confirmed COVID-19 cases have been reported in the country with 602 deaths and 23 913 recoveries.									
Angola	Measles	Ungraded	4-May-19	01-Jan-21	31-Mar-21	63	17	1	1.6%
In 2020, Angola reported between January and August a total of 1 220 suspected cases of which 1 008 have been confirmed, and 5 recorded (CFR 0.4%). From January to March 2021, Angola has reported 63 suspected cases, of which 17 were confirmed and one death recorded (CFR 1.6%). The confirmed cases are between 6 and 59 months. The affected provinces are: Uige, Quitexe, Banga (Cuanza Norte) and Dande (Bengo). A Catch up campaign was conducted on the end of March.									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	01-Jan-19	28-Apr-21	133	133	0	0.0%
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	16-Mar-20	26-Apr-21	7 821	7 821	99	-
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 26 April 2021, a total of 7 821 cases have been reported in the country with 99 deaths and 7 580 recoveries.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	28-Apr-21	12	12	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were three cVDPV2 cases reported in 2020, and 8 in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.									
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	26-Apr-21	46 934	46 934	712	1.5%
On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 26 April 2021, a total of 46 934 confirmed COVID-19 cases were reported in the country including 712 deaths and 44 960 recovered cases.									
Burkina Faso	Humanitarian crisis	Grade 2	01-Jan-19	01-Jan-19	1-Feb-21	-	-	-	-
Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement of 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. Attacks on the health system, intimidation and kidnapping of health workers, theft of medicines, continue to be reported. As of 30 September, 2020, 95 health facilities (7.5% of health facilities in six regions) were closed, and 199 other health facilities are working partially. Central Burkina Faso (including capital Ouagadougou area, and the Centre-Nord Region) was affected by heavy rain in September 2020, which triggered floods and resulted in casualties and damages. Food and nutrition insecurity issues linger at alarming levels specifically in the conflict areas. In 2021, 3.5 million people are in need of humanitarian assistance, more than 1.5 million people are in need of protection, and more than 250,000 people are in phase 4 "emergency" conditions for food insecurity.									
Burkina Faso	COVID-19	Grade 3	10-Mar-20	09-Mar-20	30-Apr-21	13 319	13 319	157	1.2%
Between 9 March 2020 and 30 April 2021, a total of 13 319 confirmed cases of COVID-19 with 157 deaths and 13 053 recoveries have been reported from Burkina Faso.									
Burkina Faso	Hepatitis E	Grade 1	07-Sep-20	17-Sep-20	28-Mar-21	847	10	17	2.0%
From 8 September to 28 March 2021, there were a total of 847 cases of febrile jaundice detected, including 706 in the Barsalogho health district, North Central Region of Burkina Faso. The outbreak has mainly affected internally displaced persons in the district, including 15 of 17 deaths that were among pregnant or postpartum women. Hepatitis E was confirmed in ten cases. 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2		01-Jan-19	28-Apr-21	61	61	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week, the number of 2020 cases still 61. The country 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	18-Mar-20	1-May-21	4 046	4 046	6	0.1%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 01 May 2021, the total number of confirmed COVID-19 cases is 4 046, including six deaths and 3 682 recovered.									
Burundi	Measles	Ungraded	23-Mar-20	01-Jan-21	31-Mar-21	235	191	0	0.0%
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 1879 cases were reported in 45 of the 47 districts of the country throughout 2020. As of the beginning of the year 2021, Burundi reported a total of 191 confirmed measles cases (IgM+, Epi-link and Compatible) and 2 districts in epidemic situation against (Bubanza and Bugarama). Outbreak investigations ongoing in Bugarama.									
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	28-Feb-21	-	-	-	-
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 identified 42 security incidents in February 2021. UNHCR protection monitoring through INTERSOS, reported 525 protection incidents in the same month of which Logone and Chari departments recorded the highest number of incidents. According to OCHA reports, an estimated 1 million people need assistance, 322 000 people are internally displaced, 69 900 are camp refugees, and 46 300 are refugees in the region not in camps. In December 2020, a tripartite agreement between UNHCR, Nigeria, and Cameroon agreed to voluntarily repatriate 5 000 Nigerian refugees which is in process.									
Cameroon	Humanitarian crisis (NW & SW)	Protracted 2	01-Oct-16	27-Jun-18	31-Mar-21	-	-	-	-
Conflict and violence in the North-West and South-West regions continue to cause mass displacement in the area with more than 1 427 people fleeing their homes during March 2021. As of 31 March 2021, there were an estimated 712 800 IDPs and an estimated 66K Cameroon refugees in Nigeria. Much of the violence remains between parties of the ongoing conflict including non-state armed groups and vigilante groups which often affect community members caught in the crossfire. There have also been reports of targeted attacks on various groups such as traditional leaders, school staff, students, and humanitarian workers.									
Cameroon	COVID-19	Grade 3	06-Mar-20	06-Mar-20	21-Apr-21	70 607	70 607	1 064	1.5%
The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 21 April 2021, a total of 70 607 cases have been reported, including 1 064 deaths and 63 658 recoveries.									
Cameroon	Measles	Ungraded	2-Apr-19	01-Jan-21	4-Apr-21	843	-	20	2.4%
From January to 4 April 2021, Cameroon has reported 843 cases and a total of 20 deaths. There is an ongoing outbreak in the east Region (yokadouma).									
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	01-Jan-20	01-Jan-20	28-Apr-21	7	7	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were seven cases reported in 2020.									
Cameroon	Yellow fever	Ungraded	7-Feb-21	04-Jan-21	18-Apr-21	3	3	1	33.3%
On 11 January 2021, the Centre Pasteur du Cameroon confirmed a case of yellow fever by seroneutralization in the health district of Dschang in Cameroon. The case was a 36-year-old female resident of the Doumbouo health area, Dschang health district, whose onset of symptoms occurred on 19 December 2020 with jaundice. She died on 1 February 2021 following surgery for a gallbladder abscess. Between 1 February and 18 March 2021, four additional cases tested IgM positive for yellow fever, of which two were confirmed by seroneutralization from the health districts of Yagoua (confirmed on 15 March 2021) and Maga (confirmed on 26 March 2021).									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	2-May-21	24 368	24 368	224	-
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 02 May 2021, a total of 24 368 confirmed COVID-19 cases including 224 deaths and 20 899 recoveries were reported in the country.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	26-Apr-21	-	-	-	-
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. According to OCHA figures, 2.8 million people are in need of assistance, 738 279 people are internally displaced as of 31 March, and 650K persons are refugees in neighbouring countries. In March, 33 571 new IDPs were registered mostly in the Nangha Boguila, Bozoum, Paoua, Kouango and Alindao sub-prefectures and in the outskirts of Bouar. Displacement was also noted in surrounding bushes and axes such as Bossangoua – Nana-Bakassa and Paoua–Bozoum. In March, 37 171 people returned mainly in the Bangassou, Rafai, Bambari, Grimari, Baboua, Bimbo, Birao, Markounda and Bouar sub-prefectures due to the controlling of towns by armed forces. On 18 April 2021 a fire broke out at the PK3 IDP site in Bria destroying 335 shelters and leaving 2 000 previously displaced people without homes. Medical, psychological, and security protection is being provided by humanitarian organizations.									
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	26-Apr-21	6 411	6 411	88	1.4%
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 26 April 2021, a total of 6 411 confirmed cases, 88 deaths and 5 594 recovered were reported.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Central African Republic	Measles	Grade 2	15-Mar-19	01-Jan-19	14-Oct-20	28 676	443	137	0.5%
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.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	28-Apr-21	25	25	0	0.0%
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.									
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	2-May-21	4 828	4 828	170	3.5%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 2 May 2021, a total of 4 828 confirmed COVID-19 cases were reported in the country including 170 deaths and 4 430 cases who have recovered.									
Chad	Measles	Ungraded	24-May-18	01-Jan-21	18-Apr-21	1 069	87	5	0.5%
In 2020, Chad reported 8 785 cases, with 363 confirmed cases and 41 deaths. Since 1 January 2021 to date (18 April 2021), there have been 1 069 cases reported, 87 of which were confirmed by IgM, and five deaths.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	09-Sep-19	28-Apr-21	110	110	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	2-May-21	3 840	3 840	146	3.8%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 02 May 2021, a total of 3 840 confirmed COVID-19 cases, including 146 deaths and 3 675 recoveries were reported in the country.									
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	28-Apr-21	11 016	11 016	147	1.3%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 28 April 2021, a total of 11 016 cases including 147 deaths and 9 896 recovered cases have been reported in the country.									
Congo	Poliomyelitis (cVDPV2)	Grade 2		01-Jan-20	28-Apr-21	3	3	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There is one case in 2021. There were two cases reported in 2020.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	2-May-21	46 150	46 150	287	0.6%
Since 11 March 2020, a total of 46 150 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 287 deaths, and a total of 45 644 recoveries.									
Côte d'Ivoire	Dengue			20-Jan-21	20-Jan-21	4	4	0	0.0%
Four confirmed cases of dengue from Cocody and Treichville, PRNT positive. Information received in conjunction with the laboratory results for yellow fever.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Grade 2	29-Oct-19	29-Oct-19	28-Apr-21	72	72	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The total number of 2020 still 72.									
Côte d'Ivoire	Yellow fever	Ungraded			25-Jan-21	13	3	2	15.4%
Results from Institute Pasteur Dakar indicated that 3 out of 13 samples tested positive for yellow fever by plaque reduction neutralization test (PRNT) including 1 from Korhogo (Dec 2020 onset), 1 from Niakaramadougou (Dec 2020 onset), and 1 from Treichville-Marcory (March 2020 onset); an additional 4 cases were confirmed for dengue.									
Democratic Republic of the Congo	Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	11-Apr-21	-	-	-	-
There has been prolonged movement of IDPs in Ituri province in various territories where 10 535 people returned as of 7 April 2021 to the Irumu territory localities. ADF attacks in Beni have led to IDP movement to Tchabi. Insecurity around Fataki and Drodro has led to displacements in Djaiba territory. Mambasa also registered 2 970 IDPs as of March 28, 2021. In North Kivu, Beni is a hotspot for armed attacks against civilians, with instances of rape, organized lootings, destruction of health centres and shelters, killings, and robbing of livestock. There have been protests for the departure of the UN troops and humanitarian community. The districts of Majengo and Buhene near the city of Goma also experienced tribal wars as a result of protests for UN troop departure. Since July 2020 to date, NDC-R Guidon and NDC-R Bwira have clashed causing a large population movement towards Pinga center (around 30K IDPs received by host families). In Kasai province, 36 400 people have fled localities in Bakwakenge city following intercommunal conflict at the end of March 2021. In the North Ubangi province, more the 92K refugees from CAR have crossed into DRC as of March 2021 of which a quarter registered have been children under 5 years. As of 11 April 2021, there are an estimated 5.2 million people displaced and 19.6 million in need of emergency food assistance.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	01-Jan-20	28-Mar-21	2 012	-	73	3.6%
In 2021, from epidemiological week 1 to 12 (ending on 28 March 2021), 2 012 suspected cholera cases including 73 deaths (case-fatality rate 3.6%) were recorded in 51 health zones across 11 provinces of the Democratic Republic of the Congo. This is a 68% decrease in the number of suspected cholera cases compared to the same period in 2020, but the number of deaths remains stable between these two years. The endemic provinces are the most affected. In 2020, 30 304 suspected cholera cases including 514 deaths (case fatality 1.7%) were reported in 179 health zones across 23 provinces.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-20	10-Mar-20	1-May-21	29 965	29 964	768	2.6%
Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 29 964 confirmed cases and one probable case, including 768 deaths have been reported. A total of 26 250 people have recovered.									
Democratic Republic of the Congo	Ebola virus disease	Grade 2	7-Feb-21	7-Feb-21	4-Apr-21	12	11	6	50.0%
Detailed update given above.									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	01-Jan-20	31-Dec-20	6 257	39	229	3.7%
From epidemiological week 50 to 53 of 2020, there were 269 suspect cases of monkeypox 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).									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	01-Jan-20	25-Dec-20	420	-	29	6.9%
Ituri province notified an upsurge of plague cases in the health zone of Rethy during 2020. From 1 January to 25 December 2020, a total of 420 cases with 29 deaths (CFR 6.9%) were notified in 5 out of 22 health areas of Rethy health zone. Plague is considered endemic in Ituri province. In 2019, from week 1 to 52, a total of 48 cases of bubonic plague including eight deaths have been reported in the country. Actions undertaken include ongoing strengthening in surveillance with the support of Malteser International and WHO; decontamination of households of cases; case management and free preventive distribution of doxycycline (in adults) and cotrimoxazole (in children) to contacts; raising awareness for community engagement; and briefing health providers in the affected health areas.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	15-Feb-18	01-Jan-18	28-Apr-21	191	191	0	0.0%
One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Mongala making it the second in 2021. The total number of 2020 cases remains at 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).									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	27-Apr-21	7 694	7 694	112	-
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 27 April 2021, a total of 7 694 cases have been reported in the country with 112 deaths and 7 279 recoveries.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	29-Apr-21	3 671	3 671	10	0.3%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 29 April 2021, a total of 3 671 confirmed COVID-19 cases with 10 deaths were reported in the country. A total of 3 492 patients have recovered from the disease.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	2-May-21	18 458	18 458	671	3.6%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 02 May 2021, a total of 18 458 cases have been reported in the country including 17 748 recoveries. A total of 671 associated deaths have been reported.									
Ethiopia	Humanitarian crisis (Conflict in Tigray)	Grade 2	04-Nov-20	04-Nov-20	14-Apr-21	-	-	-	-
The access situation in Tigray is fluid and constantly changing. Despite recent improvements in access, active conflict in various areas this week restricted humanitarian response. In addition to insecurity, humanitarian partners continue to flag challenges with capacity and resources to be able to scale up to the level needed to respond across Tigray.									
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	14-Mar-21	14 484	14 484	479	3.3%
In week 10 (week ending 14 March 2021), 29 new suspected cases with no associated deaths were reported. Most of the cases were reported from SNNP, Tigray and Oromia.									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	2-May-21	258 384	258 384	3 726	1.4%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 258 384 cases of COVID-19 as of 2 May 2021, with 3 726 deaths and 200 508 recoveries.									
Ethiopia	Measles	Ungraded	14-Jan-17	01-Jan-19	10-Jan-21	1 873	-	-	-
In week 01 (week ending 10 January 2021), the measles outbreak is still ongoing in the country. A total of 37 new suspected cases were reported during the week with one associated death mainly from SNNPR, Oromia, Amhara and Benishangul regions.									
Ethiopia	Poliomyelitis (cVDPV2)	Grade 2	24-Jun-19	20-May-19	28-Apr-21	40	40	0	0.0%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. The total number of 2020 cases still 26. The total number of cVDPV2 cases reported is 40.									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	30-Apr-21	23 075	23 075	139	-
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 30 April 2021, a total of 23 075 cases including 139 deaths and 19 629 recoveries have been reported in the country.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	29-Apr-21	5 901	5 901	175	3.0%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 29 April 2021, a total of 5 901 confirmed COVID-19 cases including 175 deaths, and 5 419 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	29-Apr-21	92 683	92 683	779	0.8%
As of 29 April 2021, a total of 92 683 confirmed COVID-19 cases have been reported in Ghana. There have been 779 deaths and 90 324 recoveries reported.									
Ghana	Meningitis	Ungraded		01-Jan-21	18-Apr-21	149		2	1.3%
Since the beginning of the year 2021, 149 cases have been reported with 2 deaths.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	09-Jul-19	08-Jul-19	28-Apr-21	30	30	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 12 cases reported in 2020, while the total number of 2019 cases remains 18. One cVDPV2 positive environmental sample was reported in the Eastern province.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	2-May-21	22 333	22 333	268	-
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 2 May 2021, a total of 22 333 cases including 19 813 recovered cases and 268 deaths have been reported in the country.									
Guinea	Ebola virus disease	Grade 3	14-Feb-21	13-Feb-21	4-Apr-21	23	16	12	52.2%
Detailed update given above.									
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 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.									
Guinea	Measles	Ungraded	09-May-18	01-Jan-19	18-Jan-21	6 188	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 epidemic phase, namely, Wanindara in Ratoma health district, Dounet in Mamou health district and Soumpoura in Tougue health district.									
Guinea	Poliomyelitis (cVDPV2)	Grade 2	22-Jul-20	22-Jul-20	28-Apr-21	49	49	0	0.0%
No cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. So far we have 5 cases in 2021. The total number of 2020 cases has been corrected to 44.									
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 Conakry). Among the samples collected, there are 10 probable cases (IgM positive) tested by the Laboratoire des Fiebres Hemorragiques Virales at Nongo, and are now en route to IP Dakar for confirmatory testing.									
Guinea-Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	1-May-21	3 736	3 736	67	1.8%
On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 1 May 2021, the country has reported 3 736 confirmed cases of COVID-19 with 3 340 recoveries and 67 deaths.									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	2-May-21	160 422	160 422	2 763	1.7%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 2 May 2021, 160 422 confirmed COVID-19 cases including 2 763 deaths and 108 861 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	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, 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.									
Kenya	Poliomyelitis (cVDPV2)		3-Feb-21		28-Apr-21	1	1	0	0.0%
No cVDPV2 positive environmental sample was reported this week. There was one cVDPV2 environmental sample reported in 2020 and one in 2021. The virus is linked to the Banadir outbreak in Somalia. The environmental sample of 22 December 2020, collected from Bournalgy, Garissa town, Garissa County showed a cVDPV2 with 65nt changes from Sabin. A case of circulating Vaccine Derived Polio Virus 2 (cVDPV2) has been isolated from a 11-month-old girl in Dagahaley refugee camp, Dadaab Sub County, Garissa County.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Kenya	Rift Valley fever	Ungraded		14-Jan-21	09-Mar-21	32	14	11	34.4%
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 Garbatulla subcounty, Isiolo county. Other deaths with symptoms such as fevers, joint pains, headache and general malaise were also reported in Gafarsa and Erisaboru locations within Garbatulla subcounty as well as Korbasa in Merti subcounty. A confirmed case of RVF in Madera county reported end of December has since died; he was involved in the slaughter of four sick camels. All the affected cases were males age ranging from 13 to 70 years. As of 2 March 2021, there are a 32 total cases reported, of which 14 are confirmed and 11 deaths.									
Lesotho	COVID-19	Grade 3	13-May-20	13-May-20	1-May-21	10 733	10 733	318	-
Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 01 May 2021, a total of 10 733 cases of COVID-19 have been reported, including 6 267 recoveries and 318 deaths.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	4-Apr-21	2 066	2 066	85	4.1%
From 16 March 2020 to 4 April 2021, a total of 2 066 cases including 85 deaths and 1 922 recoveries have been reported from all 15 counties of Liberia. Montserrado County, which hosts the country's capital city, remains at the epicenter of the outbreak.									
Liberia	Measles	Ungraded	24-Sep-17	01-Jan-19	21-Mar-21	91	67	0	0.0%
In week 12 (week ending 21 March 2021), 14 suspected cases were reported from Montserrado (3) Gbarpolu (2), Grand Kru (1), Sinoe (1), Grand Gedeh (5), Lofa (1) and Bong (1) Counties. Among the 14 suspected cases, 9 cases are <5 years (56%) and 5 cases are >=5 years. Since the beginning of 2021, 67 confirmed cases have been reported across the country, of which 7 are laboratory-confirmed and 48 clinically confirmed and 12 epi-linked									
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	1-May-21	37 630	37 630	666	1.8%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 1 May 2021, a total of 37 630 cases have been reported in the country, out of which 32 751 have recovered and 666 deaths reported.									
Madagascar	Malaria	Ungraded	08-Mar-21	08-Mar-21	08-Mar-21				-
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.									
Madagascar	Poliomyelitis (cVDPV2)	Grade 2		01-Jan-20	28-Apr-21	3	3	0	
Three cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported; two in Sud-Est from 2020 and one in Sud Ouest from 2021.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	2-May-21	34 096	34 096	1 148	3.4%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 2 May 2021, the country has a total of 34 096 confirmed cases with 1 148 deaths and 32 096 recoveries.									
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	8-Feb-21	-	-	-	-
The precarious security situation continues to gradually spread to the southern regions of the country. Issues such as inter and intra-community conflicts, activism of non-state armed groups, consequences of counter-insurgency operations, crime and banditry continue to weaken the Malian context. Natural disasters (droughts and floods) and COVID-19 compound the health and non-health impacts affecting all basic social sectors as well as the protection of household livelihoods. According to OCHA reports, an estimated 5.9 million people need humanitarian assistance. As of January 2021, an estimated 358 212 people are refugees or internally displaced.									
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	2-May-21	13 915	13 915	489	3.5%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 02 May April 2021, a total of 13 915 confirmed COVID-19 cases have been reported in the country including 489 deaths and 8 733 recoveries.									
Mali	Measles	Ungraded	20-Feb-18	01-Jan-21	25-Mar-21	612	298	0	0.0%
During week 16 (week ending 25 April 2021), 52 suspected cases of measles were reported from eleven regions in the country. Since 1 January 2021, 612 suspected cases, 298 of which were confirmed have been reported. It shows an increase in cases of 31.51% compared to the cases reported last year at the same week									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	2-May-21	18 448	18 448	455	2.5%
The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 2 May 2021, a total of 18 448 cases including 455 deaths and 17 725 recovered cases have been reported in the country.									
Mauritania	Dengue	Ungraded	11-May-20	3-May-20	02-Nov-20	7	7	0	0.0%
Between 16 to 24 October 2020, 5 cases of dengue fever have been suspected at Etewvigh Clinic in Tervagh 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, Aghnemrite and Edebaye) were detected.									
Mauritania	Rift Valley Fever	Grade 1	09-Oct-20	04-Sep-20	28-Sep-20	36	36	13	36.1%
The Ministry of Health notified the WHO of 8 cases, including 7 deaths, of Rift Valley Fever (RVF) (PCR positive) in breeders, which occurred between 13 September 2020 and 1 October 2020, in several localities in the departments of Tidjikja and Moudjéria (Tagant region), Guerou department (Assaba region) and Chinguetty department (Adrar region). The 7 deaths occurred in the Tagant region (5) and in the Assaba region (2). All these deaths occurred among hospitalized cases with fever and haemorrhagic syndrome (petechiae, 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 Elchargui, Hodh El Gharby, 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	22-Apr-21	1 206	1 206	16	1.3%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 22 April 2021, a total of 1 206 confirmed COVID-19 cases including 16 deaths and 1 020 recovered cases have been reported in the country.									
Mozambique	Humanitarian crisis in Cabo Delgado	Grade 2	01-Jan-20	01-Jan-20	24-Apr-21	-	-	-	-
The security situation in Cabo Delgado over the last 14 days remains volatile and uncertain. After recent attacks in Palma Sede, there have been movement of troops and IDPs in the area. As of 24 April 2021, an estimated total of 26 732 IDPs had been registered arriving by foot, bus, boat and air from Palma to the districts of Nangade, Mueda, Montpuez, and Pemba. Most IDPs are being integrated into families and in accommodation centers.									
Mozambique	Cholera	Ungraded	20-Feb-20	31-Jan-20	17-Jan-21	2 952	108	40	1.40%
As of 17 January 2021 there have been a total of 2 952 cases and 40 deaths (case fatality ratio 1.4%) reported in the Cabo Delgado province in seven districts: Mocimboa da Praia (380 cases), Ibo (440 cases), Macomia (247 cases), Pemba (685 cases), Metuge (571 cases), Chiure (377 cases) and Montepuez (252 cases). The districts of Mocimboa da Praia and Macomia have not been reporting data because of ongoing insurgent attacks in the area.									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	2-May-21	69 984	69 984	815	1.2%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 2 May 2021, a total of 69 984 confirmed COVID-19 cases were reported in the country including 815 deaths and 66 931 recoveries.									
Mozambique	Measles	Ungraded	25-Jun-20	01-Jan-20	22-Jul-20	862	140	0	0.0%
There are measles outbreaks in six districts of Zambezia. The outbreak was declared in March 2020 at the Nauela Administrative Post, Alto Molócuê district. As of week 21, there were 862 suspected cases reported, 711 suspected cases tested, 140 IgM+ for measles, no epi-linked cases reported, and no deaths. So far there are 67 cases from Nampula, 18 from Cabo Delgado, 17 from Zambezia and 13 from Niassa provinces. 42% are <5 years old; 48% are aged 5-14 years.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	1-May-21	48 654	48 654	643	0.0%
The first case of COVID-19 was first detected in Namibia on the 14 March 2020. As of 1 May 2021, a total of 48 654 confirmed cases with 46 238 recovered and 643 deaths have been reported.									
Namibia	Hepatitis E	Protracted 1	18-Dec-17	08-Sep-17	10-Jan-21	10 227	10 227	66	0.6%
During this reporting period, 28 December 2020 - 10 January (weeks 53 & 01), a total of 5 HEV (Hepatitis E Virus) cases were reported country-wide. Since the beginning of the outbreak in December 2017, a cumulative total of 10 227 cases (2 099 laboratory-confirmed, 4 744 epidemiologically linked, and 1 187 suspected cases) including 66 deaths (CFR 0.8%) have been reported countrywide. Khomas Region remains the most affected region, accounting for 5 103 (50%) of reported cases, followed by Erongo 1 916 (19%) since the outbreak began.									
Niger	Humanitarian crisis	Protracted 1	1-Feb-15	1-Feb-15	28-Apr-21	-	-	-	-
On 21 March 2021 attacks were carried out by suspected non-state armed groups (NSAGs) on Tuareg camps in the commune of Tillia. Due to the violence, 1 416 people have been displaced from the area and have sought refuge in the capital of Tillia Department as of 19 April 2021. In the Tahoua region, the security situation continues to deteriorate since 2017 from attacks perpetrated by NSAGs. Between January and March 2021, 404 cases of protection incidents were recorded in the region, particularly in the departments of Tassara, Tahoua, and Tillia (Tillia county accounting for 70% of incident cases). According to OCHA statistics, 3.8 million people need humanitarian assistance in 2021, 313K are IDPs, 234K are refugees, and 2 million are food insecure (with 511 332 affected by food insecurity in the Tillabéri region alone).									
Niger	COVID-19	Grade 3	19-Mar-20	19-Mar-20	11-Apr-21	5 074	5 074	189	3.7%
From 19 March 2020 to 11 April 2021, a total of 5 074 cases with 189 deaths have been reported across the country. A total of 4 747 recoveries have been reported from the country.									
Niger	Measles	Ungraded	10-May-19	01-Jan-20	31-May-20	2 079	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), Tillabéri (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.									
Niger	Meningitis	Ungraded		01-Jan-21	18-Apr-21	995		54	5.4%
Since the beginning of the year 2021, 995 cases have been reported with 54 deaths.									
Niger	Poliomyelitis (cVDPV2)	Grade 2		01-Jan-20	28-Apr-21	9	9	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were nine cVDPV2 cases reported in 2020.									
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	17-Apr-21	-	-	-	-
In 2021, more than 8.7 million require humanitarian assistance in Borno, Adamawa, and Yobe states. Attacks on Nigerian Armed Forces (NAF) by non-state armed groups (NASG) have escalated in the past month leading to harming of civilians. The violent attacks have been ongoing for months and growing insecurity has affected operations in Borno state in Monguno, Ngala, Dikwa, and Damask. The overall situation remains unpredictable with limited or no access to some locations due to constrained humanitarian access. Among the aid affected include food distribution, WASH, health, and nutrition programs which will be paused for a significant period until security can be maintained and recovery can begin.									
Nigeria	Avian influenza	Ungraded	04-Mar-21	09-Mar-21	09-Mar-21	7	7	0	0.0%
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).									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Nigeria	Cholera			12-Jan-21	30-Mar-21	97	97	17	17.5%
A cholera outbreak was detected in Benue State, Nigeria and resulted in 10 deaths in the region Agatu. The Agatu outbreak is reported to have started in December 2020, in Obagaji, the LGA headquarters. An immediate response on the spot assessment of the alert in Abinsi by a Rapid Response of the Ministry of Health was done. As of 30 March 2021, 39 persons, mostly children have been affected with 7 deaths giving a CFR of 17.9%. Fifty-eight cases have been recorded in Abinsi settlement of Guma LGA with 10 deaths (CFR 17.2%).									
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-20	2-May-21	165 167	165 167	2 063	-
The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 2 May 2021, a total of 165 167 confirmed cases with 155 361 recovered and 2 063 deaths have been reported.									
Nigeria	Lassa fever	Ungraded	01-Jan-21	01-Jan-21	4-Apr-21	236	233	49	20.8%
Three (3) new cases were reported from Ondo State during the week ending 4 April 2021. Of the 14 states affected, Edo (102), Ondo (64), and Taraba (18) states accounts for 79% of all confirmed cases reported to date. New cases have declined since the end of week 11 (week ending 21 March 2021).									
Nigeria	Measles	Ungraded	25-Sep-17	01-Jan-21	14-Mar-21	540	4	2	0.4%
In the year 2020, Nigeria has reported 9 316 confirmed cases, with 55 deaths, CFR 0.6%. As of January 2021 to 14 March 2021, 540 suspected cases have been reported from 74 LGA's in 17 states and FCT. 4 cases were laboratory confirmed and 2 deaths recorded.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	01-Jun-18	01-Jan-18	28-Apr-21	65	65	0	0.0%
Two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Kebbi bringing the number of 2021 cases to five. There were eight 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	3 473	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	2-May-21	25 253	25 253	337	1.3%
The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 2 May 2021, a total of 25 253 cases with 337 deaths and 23 442 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	1-May-21	2 310	2 310	35	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 01 May 2021, a total of 2 310 confirmed cases of COVID-19 have been reported, including 35 deaths. A total of 2 244 cases have been reported as recoveries.									
Senegal	COVID-19	Grade 3	02-Mar-20	02-Mar-20	2-May-21	40 433	40 433	1 110	-
From 2 March 2020 to 2 May 2021, a total of 40 433 confirmed cases of COVID-19 including 1 110 deaths and 39 158 recoveries have been reported in Senegal.									
Senegal	Dengue	Ungraded	01-Sep-20	07-Sep-20	07-Sep-20	27	27	0	0.0%
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 Kaolack. Dengue is therefore the most common VHF reported in Senegal in 2020.									
Senegal	Poliomyelitis (cVDPV2)	Grade 2			28-Apr-21	3	3	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The number of 2021 cases remains at three.									
Senegal	Rift Valley Fever	Ungraded	23-Oct-20	23-Oct-20	15-Nov-20	3	3	0	0.0%
The Institut Pasteur of Dakar through the directorate of diseases prevention notified the district of Matam of two confirmed cases of Rift Valley fever (RVF-IgM positive) on 23 October 2020, one in a 20-year-old, male, living in Bokidiawé. He consulted at the health post on 13 October 2020 for an infectious syndrome without history of travel with an axillary temperature of 39.6 degree Celsius. The onset of symptoms is one day before the consultation date. The second case, is a 24 year-old man, living in Bokidiawé. he consulted the health post on 2 October 2020 for an infectious syndrome without notion of travel with an axillary temperature of 38.2 degree Celsius. The onset of symptoms is three days before the date of consultation. An additional case of confirmed RVF was notified later.									
Senegal	West Nile fever	Ungraded	23-Oct-20	23-Oct-20	15-Nov-20	6	6	0	0.0%
The Institut Pasteur of Dakar through the directorate of diseases prevention notified to the district of Matam of one confirmed cases of West Nile fever (IgM positive) on 23 October 2020, in a 32-year-old female living in Bokidiawé. She consulted at the health post of Bokidiawé on 7 October 2020 for an infectious syndrome without history of travel with axillary temperature of 38.2 degree Celsius. The symptoms occurred 2 days before the consultation. Five additional cases were notified later in Tambacounda, Matam, Dakar et Ziguinchor regions.									
Senegal	Yellow fever	Ungraded			17-Dec-20	7	7	2	28.6%
From 29 October to 17 December 2020, there have been 7 cases confirmed (IP Dakar) with yellow fever in three regions of Senegal bordering Mauritania and Mali: 4 in 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.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	1-May-21	5 941	5 941	27	-
Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 01 May 2021 a total of 5 941 cases have been confirmed, including 5 102 recoveries and 27 deaths have been reported.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	1-May-21	4 057	4 057	79	1.9%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 1 May 2021, a total of 4 057 confirmed COVID-19 cases were reported in the country including 79 deaths and 3 076 recovered cases.									
Sierra Leone	Lassa fever	Ungraded	12-Feb-21	01-Jan-21	16-Feb-21	3	3	0	0.0%
In the first four weeks of 2021, six cases of acute viral haemorrhagic fever were identified and tested. Of the six tested, three came back testing positive for Lassa fever in Kenema district. Two of the patients who tested positive have recovered. Further epidemiological investigations are currently underway.									
Sierra Leone	Poliomyelitis (cVDPV2)				28-Apr-21	14	14		0.0%
Three cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in the Eastern province bringing the number of 2021 cases to four and the number of 2020 cases to 10.									
South Africa	COVID-19	Grade 3	05-Mar-20	03-Mar-20	25-Apr-21	1 575 471	1 575 471	54 148	3.4%
Since the start of the COVID-19 pandemic in South Africa a cumulative total of 1 575 471 confirmed cases and 54 148 deaths have been reported, with 1 501 185 recoveries.									
South Sudan	Acute Food Insecurity	Grade 2	18-Dec-20	5-Apr-21	16-Apr-21	-	-	-	-
People in parts of South Sudan continue to face the highest levels of food insecurity since the country declared independence 10 years ago. For many, their situation has deteriorated as a result of compounding shocks, including flooding, ongoing violence and displacement, the impact of which has eroded the livelihoods and coping strategies of vulnerable communities across the country. According to Integrated Food Security Phase Classification (IPC) projections, from December to March 2021, an estimated 5.8 million people (48% of the population) faced Crisis levels of food insecurity (IPC Phase 3) or worse - a figure that is expected to increase to 7.2 million (60% of the population) in the upcoming lean season of April-July 2021. In the six priority 1 locations, 810 000 people are deemed to be in Crisis or worse levels of food insecurity (IPC Phase 3+) according to IPC projections. This includes over 300 000 children suffering from Severe Acute Malnutrition (SAM) and some 480 000 pregnant and lactating women who are acutely malnourished and in need of treatment.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	15-Apr-21	-	-	-	-
In 2021, there are an estimated 1.6 million IDPs and 8.3 million in need of humanitarian assistance in South Sudan. The UN reports that community-based militias are primarily responsible for violence in the country accounting for 78% of victims. In Yei county in Central Equatoria State, humanitarian organizations and local community members report frequent visits of armed personnel in health facilities and IDP settlements. In Jonglei State, the Protection Cluster reports the return of 5 322 refugees to Akobo County from Ethiopia, Sudan, Kenya and Uganda. Also in Jonglei State and Pibor Administrative Area, the pre-positioning of WASH and emergency supplies has been challenged by funding gaps causing the absence of partners to receive and manage programs.									
South Sudan	COVID-19	Grade 3	5-Apr-20	2-Apr-20	30-Apr-21	10 583	10 583	115	1.1%
On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 30 April 2021, a total of 10 583 confirmed COVID-19 cases were reported in the country including 115 deaths and 10 312 recovered cases.									
South Sudan	Hepatitis E	Ungraded	-	03-Jan-19	11-Apr-21	556	556	5	0.9%
The current outbreak in Bentiu UN Protection of Civilians (POC), which started at the beginning of 2019, has continued with 7 new cases reported in week 14 (week ending 11 April 2021). As of the reporting date, a total of 556 cases of hepatitis E including five deaths have been reported.									
South Sudan	Measles	Ungraded	24-Nov-18	19-Sep-19	4-Apr-21	1 029	-	2	0.2%
Between week 38 of 2019 to week 13 of 2021, a total of 1 029 suspected cases of measles of which 50 were laboratory-confirmed and 2 deaths (CFR 0.6%) have been reported. The outbreak has affected 8 counties (Tonj East, Magwi, Bor, Kapoeta East, Aweil East and Wau) and Bentiu Protection of Civilians Sites (POC).									
South Sudan	Poliomyelitis (cVDPV2)			23-Sep-20	28-Apr-21	55	55	0	0.0%
One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Central Equatoria. There are now 55 cVDPV2 cases in the country.									
Tanzania, United Republic of	COVID-19	Grade 3	16-Mar-20	16-Mar-20	11-Apr-21	509	509	21	4.1%
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.									
Togo	COVID-19	Grade 3	06-Mar-20	01-Mar-20	2-May-21	13 010	13 010	123	0.9%
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 2 May 2021, a total of 13 010 cases including 123 deaths and 11 269 recovered cases have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	28-Apr-21	17	17	0	0.0%
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.									
Uganda	Humanitarian crisis	Ungraded	20-Jul-17	n/a	31-Jan-21	-	-	-	-
As of 31 January 2021, Uganda was hosting 1 424 325 refugees, majority of whom were resident in Bidibidi, Adjumani, Nakivale, Kyangwali and Kyaka Li districts. Most of the refugees were from South Sudan (65.3%), DRC (31.0%) and Burundi (3.6%).									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	1-May-21	41 973	41 973	342	0.8%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 1 May 2021, a total of 41 973 confirmed COVID-19 cases, 41 598 recoveries with 342 deaths.									
Uganda	Rift Valley Fever			10-Dec-20	10-Dec-20	1	1	0	0.0%
A 25 year old male patient at Nakasero Hospital Kampala district was suspected for viral haemorrhagic fever (VHF), he was tested for Ebola, Marburg, Crimean-Congo haemorrhagic fever and Rift Valley fever (RVF) viruses by PCR. He tested positive for RVF.									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	2-May-21	91 693	91 693	1 253	1.4%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 2 May 2021, a total of 91 693 confirmed COVID-19 cases were reported in the country including 1 253 deaths and 90 082 recovered cases.									
Zimbabwe	Anthrax	Ungraded	6-May-19	6-May-19	07-Mar-21	798		3	0.4%
The anthrax outbreak is ongoing in Zimbabwe. From Week 1 to 11 of 2021, there were 51 cases reported. 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. The cumulative figures for anthrax are 747 cases and 3 deaths as of Week 52 of 2020.									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	2-May-21	38 281	38 281	1 570	4.1%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 2 May 2021, a total of 38 281 confirmed COVID-19 cases were reported in the country including 1 570 deaths and 35 634 cases that recovered.									
Closed Events									
Nigeria	Food poisoning	Ungraded				410	410	10	2.4%
The Nigerian government reported 10 deaths, 400 persons hospitalised due to the consumption of local made drinks. The local drinks were poisoned with hydroxylamine, which is an unauthorized poisonous additive. Hydroxylamine was sold as citric acid to enhance drink's flavour. The cases were located in the 17 Kano's local councils.									

†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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Correspondence on this publication may be directed to:

Dr Benido Impouma

Programme Area Manager, Health Information & Risk Assessment

WHO Emergency Preparedness and Response

WHO Regional Office for Africa

P O Box. 06 Cité du Djoué, Brazzaville, Congo

Email: afrooutbreak@who.int

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Contributors

R. Nansseu (Democratic Republic of the Congo)
K. Mory (Guinea)
Y. Abdoulaye (Democratic Republic of the Congo)

Graphic design

A. Moussongo

Editorial Team

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

Production Team

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

Editorial Advisory Group

Dr. Salam Gueye, *Regional Emergency Director*

B. Impouma
Y. Ali Ahmed
N. Nsenga
M. Djingarey

Data sources

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