WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES
Week 20: 10-16 May 2021
Data as reported by: 17:00; 16 May 2021

Legend

- **Conflict**
- **Measles**
- **Monkeypox**
- **Lassa fever**
- **Cholera**
- **cVDPV2**
- **COVID-19**
- **Anthrax**
- **Avian influenza**
- **Malaria**
- **Hepatitis E**
- **Acute Food Insecurity**
- **Cases**
- **Deaths**

**HUMANITARIAN CRISIS**
- Humanitarian crisis
- Diarrhoeal disease in children under five years
- Rift Valley fever
- West Nile fever
- Countries outside WHO African Region
- WHO Member States with no reported events
- Not applicable

**POSSIBLE OUTBREAKS**
- Ebolavirus disease
- Yellow fever
- Dengue fever
- Leishmaniasis
- Meningitis
- Plague
- Crimean-Congo haemorrhagic fever
- Lassa fever
- Cholera
- Lymphatic filariasis
- Measles
- Enteric fever
- Typhoid fever
- Typhus
- Pneumonic plague
- Rift Valley fever
- West Nile virus
- Lassa fever
- Spotted fever group rickettsioses
- Meningococcal meningitis
- Leptospirosis
- Yellow fever
- Rabies
- Anthrax
- Guinea worm disease
- Dengue haemorrhagic fever
- Malaria
- Humanitarian crisis
- Typhus
- Meningococcal meningitis
- Lymphatic filariasis
- Leishmaniasis
- Yellow fever
- Typhus
- Anthrax
- Rabies
- Guinea worm disease
- Dengue haemorrhagic fever
- Malaria

**DEATHS**
- Deaths

**CASES**
- Cases

**ACUTE FOOD INSECURITY**
- Acute Food Insecurity

**CONFIRMED CASES**
- Confirmed cases

**NEW EVENT**
- New event

**ONGOING EVENTS**
- Ongoing events

**OUTBREAKS**
- Outbreaks

**HUMANITARIAN**
- Humanitarian

**GRADED EVENTS**

- Grade 1 events
- Grade 2 events
- Grade 3 events

**PROTRACTED EVENTS**

- Protracted 1 events
- Protracted 2 events
- Protracted 3 events

**UNGRADED EVENTS**
- Ungraded events

"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."
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 137 events in the region. This week's articles cover:

- COVID-19 across the WHO African region
- Ebola virus disease in Guinea
- Humanitarian crisis in Cabo Delgado, Mozambique

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:**

- While there is a declining trend in new cases across much of the region, seven countries, including Benin, Eritrea, Eswatini, Liberia, Nigeria, Sierra Leone and South Africa are showing an increase of more than 20% in cases. A slight increase in deaths was also reported. South Africa has seen an increase in weekly cases for the second consecutive week. Even with a declining trend across the African region, the high number of cases reported globally still pose a risk for the region. Additionally, three countries have very high rates of community transmission and are of serious concern. Health worker infections continue to increase in several countries.

- The 42-day countdown to end of outbreak started in Guinea on 8 May 2021 and now stands at 34 days. There are currently 26 new suspected cases, although the number of alerts is falling and there are no active contacts under follow-up. Vaccination coverage continues to increase, including among frontline workers and high-risk contacts. Despite alerts around community deaths, safe and dignified burials remain disappointingly low and efforts continue around understanding reluctance for this prevention measure. Authorities need to remain at the highest level of vigilance to ensure that any remaining chains of transmission are rapidly identified and managed in this countdown period.

- The humanitarian crisis in Cabo Delgado province, northern Mozambique continues, with the situation remaining volatile and uncertain. Continuing clashes between non-state armed forces and government armed forces are compromising the delivery of essential services, including health and nutrition, and resulting in continued movement of people, with the numbers of people in reception centres and host families increasing. Major human rights violations continue to be reported and humanitarian access is compromised. National authorities and partners need urgently to continue to scale up the ongoing humanitarian response in Cabo Delgado, in close coordination with government.
The number of coronavirus (COVID-19) infections increased by 34,720 in the African Region in the past week (10 - 16 May 2021), a 5.5% decrease compared to the previous week. A total of 31 (67.4%) countries reported a decrease in new cases. Twelve countries (26.0%) saw an increase in weekly cases in the past seven days. Benin, Eritrea, Eswatini, Liberia, Nigeria, Sierra Leone and South Africa had an increase equal to or above 20.0%. Only Guinea-Bissau showed no significant change in case numbers during this reporting period.

In the past week, the majority of the new cases were reported from South Africa (17,133; 49.4%). This was followed by Ethiopia reporting 3,562 cases (10.3%), Kenya reporting 1,911 (5.5%), Angola (1,897; 6.0%) and Cabo Verde (1,727; 5.0%). Cases in South Africa have started increasing, with a 37.0% increase recorded in the past seven days. However, Ethiopia and Kenya experienced a decline in cases of 18.0% and 39.0% respectively.

A slight increase in weekly deaths was seen across the African Region, with 911 deaths recorded from 28 countries, a 1.0% increase compared to 904 deaths seen in the prior week. Twenty (43.5%) countries reported a decline in deaths, while five (11.0%) had an increase in the past seven days. More than half of the deaths were reported from South Africa (475, 52.1%), followed by Ethiopia with 108 (12.0%), Kenya 108 (12.0%), Algeria 46 (5.0%) and Madagascar 34 (3.7%). Other countries reporting deaths in this period include; Namibia (27), Angola (26), Cabo Verde (17), Mali (11), Botswana (10), Côte d’Ivoire (7), Rwanda (6), Zimbabwe (6), Senegal (6), Democratic Republic of the Congo (4), Zambia (3), Mozambique (3), Seychelles (2), Chad (2), Burkina Faso (2), Benin (1), Eswatini (1), Guinea (1), Lesotho (1), Mauritania (1), Nigeria (1), Togo (1), and Uganda (1).

Overall, the death trend across the region has reached a plateau, although a few countries including Algeria, Angola, Cabo Verde, Madagascar and South Africa are experiencing an increasing trend. Mortality rates and case fatality ratios have remained high in some countries. Mali (7.0%), Lesotho (6.2%), Malawi (5.4%), Burkina Faso (4.0%), Kenya (4.0%), Algeria (3.7%), Zimbabwe (3.5%), South Africa (3.2%) and Senegal (3.1%) had the highest case fatality ratio in the last 4 weeks.

As of 16 May 2021, the cumulative total number of confirmed cases in the WHO African Region is over 3,361,011, with more than 305,119 recoveries, giving a recovery rate of 91.0%. The death count is more than 84,589. Although 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 (1,613,728 cases, 48.0%), Ethiopia (266,264 cases, 7.9%), Nigeria (165,709 cases, 4.9%), Kenya (165,465 cases, 4.9%) and Algeria (125,311 cases, 3.7%), accounting for (2,336,477, 69.5%) of all cases.

Three countries, Cameroon, Equatorial Guinea and the United Republic of Tanzania, have reported no new confirmed cases in our database in the last 18, 19 and 375 days respectively. The average cumulative attack rate (number of cases per million) in the African region is estimated at 3,080/million population, ranging from 9/million to 94,074 million. Seychelles (94,074 cases/million population), Cabo Verde (51,221 cases/million), South Africa (27,558 cases/million), Botswana (21,294 cases/million) and Namibia (20,532 cases/million), are the five countries with the highest attack rate in the region. Liberia (431 cases/million), Democratic Republic of Congo (352 cases/million), Burundi (329 cases/million), Chad (307 cases/million), and Niger (234 cases/million) are the five countries with the lowest cumulative attack rate.

South Africa has the highest number of deaths in the region (55,210, 65.3%). This is followed by Ethiopia (3,996, 4.7%), Algeria (3,374, 4.0%), Kenya (3,003, 3.6%), and Nigeria (2,066, 2.4%), accounting for 80.0% (67,649) of cumulative deaths. The median number of deaths per million in the African Region is estimated at 27.2/million population (range: 0.4/million – 943/million) with an average cumulative death rate (per million) in the African region at 7.5/million population. South Africa (943 deaths/million population), Eswatini (585/million), Cabo Verde (453/million), Botswana (311/million), Seychelles (307/million) and Namibia (289/million) are the five countries with the highest number of COVID-19 related deaths per million population. Burkina Faso (7.9/million population) Uganda (7.8/million), Eritrea (3.7/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.

During this reporting period, 142 new health worker infections were reported from Seychelles (70), Namibia (54), Togo (17), and Sierra Leone (1). In addition, a total of 1,307 new health worker infections were reported retrospectively from South Africa (508), Ethiopia (350), Kenya (313), and Seychelles (136). At present, 111,646 (3.3% of all cases) health worker infections have been reported from 46 countries (48.0% of all countries) in the region. South Africa (56,180, 50.3%), Algeria (11,936, 10.7%) and Kenya (5,011, 4.5%) have recorded the highest number of health worker infections. Other countries reporting health worker infections are shown in Table 1. Zimbabwe (11.0%), Liberia (10.5%), and Guinea-Bissau (10.1%) have the highest country specific proportion of health worker infections. Only Eritrea has not reported any healthcare worker infections.

Currently, the total number of confirmed COVID-19 cases on the African continent is more than 4.6 million. The total number of deaths is over 126,301 (case fatality ratio 2.7%), and more than 4.2 million people have recovered.

Varied transmission classifications have been observed across the African Region. Currently, all countries, aside from United Republic of Tanzania, Cameroon and Equatorial Guinea have reported cases in the past 14 days. Forty-five countries (98.0%) are experiencing community transmission, of which three countries (6.6%), Botswana, Cabo Verde and Seychelles have uncontrolled transmission, 11 (24.4%) have high transmission, 23 (51.1%) have moderate transmission and eight (17.7%) countries have low transmission. Only one country, Mauritius, has clusters of transmission.
The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by reporting date, 25 February 2020 – 16 May 2021 (n = 3,361,011).

**SITUATION INTERPRETATION**

While the African region overall continues to see a decrease in daily case counts for the fourth consecutive week, some countries including Benin, Eritrea, Eswatini, Liberia, Nigeria, Sierra Leone and South Africa are showing a significant increase in cases. At the same time, a plateau in deaths was seen in the past seven days, with 20 countries reporting a decline while only five countries (Chad, Cabo Verde, Côte d’Ivoire, Rwanda, and South Africa); showed an increase. Most of the countries in the region are experiencing community transmission and three countries having uncontrolled incidence. The overwhelming increase in cases and deaths in India, and other regions of the world, are clear indicators that the pandemic is not yet controlled in African countries.
### Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 16 May 2021

<table>
<thead>
<tr>
<th>Country</th>
<th>Total cases</th>
<th>Total deaths</th>
<th>Recovered Total</th>
<th>Case Fatality Ratio (%)</th>
<th>Health Worker infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa</td>
<td>1 613 728</td>
<td>55 210</td>
<td>1 524 352</td>
<td>3.4 %</td>
<td>56 180</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>266 264</td>
<td>3 996</td>
<td>219 566</td>
<td>1.5 %</td>
<td>3 283</td>
</tr>
<tr>
<td>Nigeria</td>
<td>165 709</td>
<td>2 066</td>
<td>156 413</td>
<td>1.2 %</td>
<td>3 175</td>
</tr>
<tr>
<td>Kenya</td>
<td>165 465</td>
<td>3 003</td>
<td>113 612</td>
<td>1.8 %</td>
<td>5 011</td>
</tr>
<tr>
<td>Algeria</td>
<td>125 311</td>
<td>3 374</td>
<td>87 359</td>
<td>2.7 %</td>
<td>11 936</td>
</tr>
<tr>
<td>Ghana</td>
<td>93 333</td>
<td>783</td>
<td>91 252</td>
<td>0.8 %</td>
<td>4 763</td>
</tr>
<tr>
<td>Zambia</td>
<td>92 436</td>
<td>1 260</td>
<td>90 816</td>
<td>1.4 %</td>
<td>814</td>
</tr>
<tr>
<td>Mozambique</td>
<td>74 733</td>
<td>1 144</td>
<td>66 568</td>
<td>1.5 %</td>
<td>2 270</td>
</tr>
<tr>
<td>Cameroon</td>
<td>70 442</td>
<td>826</td>
<td>68 725</td>
<td>1.2 %</td>
<td>3 501</td>
</tr>
<tr>
<td>Namibia</td>
<td>52 162</td>
<td>761</td>
<td>46 640</td>
<td>1.5 %</td>
<td>61</td>
</tr>
<tr>
<td>Botswana</td>
<td>51 218</td>
<td>718</td>
<td>48 247</td>
<td>1.4 %</td>
<td>2 213</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>46 656</td>
<td>298</td>
<td>46 079</td>
<td>0.6 %</td>
<td>943</td>
</tr>
<tr>
<td>Uganda</td>
<td>42 779</td>
<td>347</td>
<td>41 971</td>
<td>0.8 %</td>
<td>1 943</td>
</tr>
<tr>
<td>Senegal</td>
<td>40 850</td>
<td>1 125</td>
<td>39 573</td>
<td>2.8 %</td>
<td>419</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>40 141</td>
<td>763</td>
<td>37 827</td>
<td>1.9 %</td>
<td>70</td>
</tr>
<tr>
<td>Madagascar</td>
<td>38 560</td>
<td>1 582</td>
<td>36 329</td>
<td>4.1 %</td>
<td>4 210</td>
</tr>
<tr>
<td>Malawi</td>
<td>34 214</td>
<td>1 153</td>
<td>32 210</td>
<td>3.4 %</td>
<td>1 886</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>30 637</td>
<td>659</td>
<td>25 715</td>
<td>2.2 %</td>
<td>939</td>
</tr>
<tr>
<td>Angola</td>
<td>30 562</td>
<td>776</td>
<td>26 603</td>
<td>2.5 %</td>
<td>256</td>
</tr>
<tr>
<td>Rwanda</td>
<td>28 168</td>
<td>249</td>
<td>25 023</td>
<td>0.9 %</td>
<td>140</td>
</tr>
<tr>
<td>Gabon</td>
<td>25 976</td>
<td>344</td>
<td>24 556</td>
<td>1.3 %</td>
<td>682</td>
</tr>
<tr>
<td>Cabo Verde</td>
<td>23 799</td>
<td>143</td>
<td>20 379</td>
<td>0.6 %</td>
<td>345</td>
</tr>
<tr>
<td>Guinea</td>
<td>22 734</td>
<td>151</td>
<td>20 330</td>
<td>0.7 %</td>
<td>682</td>
</tr>
<tr>
<td>Eswatini</td>
<td>18 828</td>
<td>457</td>
<td>18 090</td>
<td>2.4 %</td>
<td>24</td>
</tr>
<tr>
<td>Mauritania</td>
<td>18 520</td>
<td>672</td>
<td>17 800</td>
<td>3.6 %</td>
<td>576</td>
</tr>
<tr>
<td>Mali</td>
<td>14 190</td>
<td>511</td>
<td>9 227</td>
<td>3.6 %</td>
<td>87</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>13 397</td>
<td>164</td>
<td>13 199</td>
<td>1.2 %</td>
<td>288</td>
</tr>
<tr>
<td>Togo</td>
<td>13 275</td>
<td>125</td>
<td>11 897</td>
<td>0.9 %</td>
<td>891</td>
</tr>
<tr>
<td>Lesotho</td>
<td>11 343</td>
<td>148</td>
<td>10 191</td>
<td>1.3 %</td>
<td>203</td>
</tr>
<tr>
<td>Congo</td>
<td>10 790</td>
<td>320</td>
<td>9 472</td>
<td>3.0 %</td>
<td>473</td>
</tr>
<tr>
<td>South Sudan</td>
<td>10 652</td>
<td>115</td>
<td>9 542</td>
<td>1.1 %</td>
<td>391</td>
</tr>
<tr>
<td>Benin</td>
<td>9 184</td>
<td>30</td>
<td>6 413</td>
<td>0.3 %</td>
<td>500</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>7 984</td>
<td>101</td>
<td>7 797</td>
<td>1.3 %</td>
<td>139</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>7 694</td>
<td>112</td>
<td>7 279</td>
<td>1.5 %</td>
<td>401</td>
</tr>
<tr>
<td>Gambia</td>
<td>6 866</td>
<td>95</td>
<td>6 289</td>
<td>1.4 %</td>
<td>1</td>
</tr>
<tr>
<td>Niger</td>
<td>5 946</td>
<td>175</td>
<td>5 686</td>
<td>2.9 %</td>
<td>142</td>
</tr>
<tr>
<td>Seychelles</td>
<td>5 333</td>
<td>192</td>
<td>4 953</td>
<td>3.6 %</td>
<td>339</td>
</tr>
<tr>
<td>Chad</td>
<td>4 904</td>
<td>173</td>
<td>4 688</td>
<td>3.5 %</td>
<td>292</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>4 347</td>
<td>6</td>
<td>4 032</td>
<td>0.1 %</td>
<td>38</td>
</tr>
<tr>
<td>Burundi</td>
<td>4 105</td>
<td>79</td>
<td>3 101</td>
<td>1.9 %</td>
<td>250</td>
</tr>
<tr>
<td>Comoros</td>
<td>3 933</td>
<td>146</td>
<td>3 699</td>
<td>3.7 %</td>
<td>155</td>
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<tr>
<td>Guinea-Bissau</td>
<td>3 844</td>
<td>12</td>
<td>3 654</td>
<td>0.3 %</td>
<td>0</td>
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<tr>
<td>Eritrea</td>
<td>3 746</td>
<td>67</td>
<td>3 451</td>
<td>1.8 %</td>
<td>377</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>2 327</td>
<td>35</td>
<td>2 274</td>
<td>1.5 %</td>
<td>102</td>
</tr>
<tr>
<td>Liberia</td>
<td>2 129</td>
<td>85</td>
<td>2 015</td>
<td>4.0 %</td>
<td>224</td>
</tr>
<tr>
<td>Mauritius</td>
<td>1 288</td>
<td>17</td>
<td>1 170</td>
<td>1.3 %</td>
<td>30</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>509</td>
<td>21</td>
<td>180</td>
<td>4.1 %</td>
<td>1</td>
</tr>
</tbody>
</table>

**Cumulative Cases (N=47)**: 3 361 011, 84 589, 3 054 119, 2.5 %, 111 646

*Total cases includes one probable case from Democratic Republic of the Congo*
No new confirmed Ebola virus disease (EVD) cases have been reported in Nzerekore prefecture, the site of the current EVD outbreak in Guinea, since 8 April 2021. This is 43 consecutive days with no new confirmed cases. However, 26 new suspected cases were notified, one of whom was transferred to an isolation centre. Four cases were sampled and 21 refused sampling.

As of 16 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 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.

There are currently no active contacts under follow-up. On 16 May 2021 there were 66 new alerts in Nzerekore, including five deaths. Of these, 32 (48.0%) were investigated and 26 validated, including the five deaths. In neighbouring prefectures, there were 17 new alerts (6 in Beyla, 3 in Gueckedou, 3 in Lola, 3 in Macenta and 2 in Yomou) including 9 community deaths. All were investigated and none validated. In Conakry, there were no new alerts.

The 42-day countdown to the end of the outbreak started on 8 May 2021, with the expected date for the declaration of the end of the outbreak the 19 June 2021.

Continued support is being provided to Nzerekore and all neighbouring prefectures for enhanced surveillance during this period.

A cumulative total of 10 081 people has been vaccinated, including 622 high-risk contacts, 8 925 contacts-of-contacts and 534 probable contacts, including 2 714 frontline workers. Four vaccination teams are deployed in the field, supported by WHO.

Two suspected cases are currently hospitalized in the Epidemic Diseases Hospital treatment centres.

Infection prevention and control (IPC) activities included training 24 local health workers on swab collection techniques and biosafety during safe and dignified burials; 22 health workers were trained in active case finding of suspected cases; and disinfection solution was distributed to 14 health facilities in Conakry.

Five new community deaths were reported, with five samples collected and no safe and dignified burials carried out.

Risk communication and community engagement (RCCE) included briefing on the management of response resistance for 30 health workers from private and public health facilities. In addition, there was participation in the joint meeting of the communication and surveillance pillars to discuss response resistance; presentation of the socio-anthropological study on the reasons for refusing sampling and continued support to the communication commission.

As the 41-day countdown to the end of outbreak declaration continues, now standing at 34 days, the situation in Guinea is still not stable with contacts lost to follow up and one confirmed case remaining in the community. 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.
The security situation in the northern Mozambique province of Cabo Delgado remains volatile and uncertain after the coastal town of Palma was over-run by militant extremists on 24 March 2021. The situation has deteriorated again in the past days (3-9 May 2021) with clashes between non-state armed forces and government armed forces. This has caused further population displacement towards southern areas of Matembo Island in Ibo and Pemba, and north to the Tanzanian border. There is also population movement west to Nangade and Mueda through Pundanhar. Following the recent attacks in Palma Sede, displacement tracking matrix (DTM) teams in Nangade, Mueda, Montepuez and Pemba districts have continued to register significant rises in numbers of internally displaced persons (IDPs) since 27 March 2021. On 9 May 2021, an estimated 1,425 IDPs were registered in receiving districts, bringing the total number of IDPs to 43,574, all displaced from Palma. Coordinated health services have been provided to the IDPs currently at Centro Desportivo, with a total of 327 people (80 men, 86 women and 161 children) remaining in the reception area as they have not found host families in Pemba.

Clashes continued in Palma, with reports of buildings and houses burned and the town is largely deserted as remaining civilians and fishermen fled towards the town of Macomia. Attacks have also been reported in Nangade and coastal Macomia, where an unknown number of people have fled to Matembo.

Malaria (21,826 cases) and acute febrile syndrome (2,887 cases) are the major causes of illness during this period, an increase in the number of cases when compared with the same period last year. However, the number of cholera cases in Cabo Delgado is showing a welcome decline, although there are still rising numbers of cases of acute watery diarrhoea.

**PUBLIC HEALTH ACTIONS**

- The main coordination interventions by WHO in Cabo Delgado and Nampula include support for primary health care provision for IDPs in resettlement sites; cholera response operations in affected areas; support for response to the COVID-19 pandemic; and coordination meetings with local health authorities.
- An inter-agency assessment took place, with support from national government, at accommodation centres in Chiure district.
- There were field visits to monitor clinic set up, to evaluate the cholera response and other needs, including water, sanitation and hygiene requirements and checking available stocks of medication in warehouses in the affected districts.
- An inter-agency assessment of essential health services was carried out with the Ministry of Health and Provincial Health Directorate at centres in Montepuez, Chiure and Pemba to evaluate mental health and psychosocial support services in the resettlement centres, including implementation of the response plan.

**SITUATION INTERPRETATION**

The humanitarian crisis in northern Mozambique has been unfolding for some time, since non-state armed groups escalated operations in Cabo Delgado during the last part of 2020, culminating in the 24 March 2021 attack on Palma Town and the subsequent withdrawal of all Total staff from the plant there. Mass population displacement started in late 2020, but has increased significantly in the first quarter of 2021, with continuing reports of serious violations of human rights. There are still challenges around the provision of health services as a result of insecurity and insurgent attacks on multiple regions of the province, making it difficult or impossible to provide health services. Essential health services are compromised, as are food security, shelter and non-food items. National authorities and partners need urgently to continue to scale up the ongoing humanitarian response in Cape Delgado, in close coordination with government.
Major issues and challenges

- More than half of the countries in the African region are experiencing community transmission of COVID-19 with moderate incidence. Numbers of health worker infections are still a concern, as is the relatively high case fatality ratio, even with deaths declining overall. Although the Region is showing a declining trend, the high case incidence in other continents still place the African Region at risk. In addition, the current upsurge of cases and deaths in India could have implications for vaccine availability in the Region.

- As the 41-day countdown to end of outbreak starts, now at day 34, 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.

- The continuing humanitarian crisis in Cabo Delgado province, northern Mozambique is of grave concern, with the potential to destabilize both the southern and east African regions. Health service provision remains a challenge, as is humanitarian access generally, with ongoing clashes between non-government and government forces.

Proposed actions

- Member states should continue controlling the pandemic with a combination of vaccination where available and adherence to all set public health measures. 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 in all member states should ensure that health workers have access to personal protective equipment. Lack of these or proper training on their usage are some of the factors that are contributing to infections in health workers.

- Authorities and partners in Guinea are continuing efforts to strengthen active case searching in the community, along with strengthening alert management and contact tracing. The gap in funding for continuing response activities needs to be filled as a matter of urgency in order to maintain momentum as we move towards the end-of-outbreak declaration.

- All humanitarian services and political efforts to resolve the security situation in Cabo Delgado province need to be scaled up as a matter of urgency, since this crisis has the potential to spread across both the southern and east African regions.
### Ongoing Events

<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>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>Brucellosis</td>
<td>Ungraded</td>
<td>13-Apr-21</td>
<td>01-Jan-21</td>
<td>12-Apr-21</td>
<td>64</td>
<td>64</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

The outbreak began in January 2021 in the wilaya of Batna where a cumulative number 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                 | 16-May-21               | 125 311     | 125 311   | 3 374  | 2.7% |

From 25 February 2020 to 16 May 2021, a total of 125 311 confirmed cases of COVID-19 with 3 374 deaths (CFR 2.7%) have been reported from Algeria. A total of 87 359 cases have recovered.

| Angola      | COVID-19                                   | Grade 3 | 21-Mar-20             | 21-Mar-20                 | 16-May-21               | 30 637      | 30 637    | 659    | 2.2% |

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 16 May 2021, a total of 30 637 confirmed COVID-19 cases have been reported in the country with 659 deaths and 25 715 recoveries.

| Angola      | Measles                                    | Ungraded | 4-May-19              | 01-Jan-21                 | 31-Mar-21               | 63          | 17        | 1     | 1.6% |

In 2020, Angola reported a total of 1 220 suspected cases between January and August of which 1 008 have been confirmed, and 5 deaths (CFR 0.4%). From January to March 2021, Angola reported 63 suspected cases, of which 17 were confirmed and one died (CFR 1.6%). The confirmed cases are between 6 and 59 months old.

The affected provinces are: Uige, Quixama, 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                 | 12-May-21               | 133         | 133       | 0      | 0.0% |

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 3 cases reported in 2020. The total number of cases reported in 2019 remains 130. These cases are from several outbreaks which occurred in 2019.

| Angola      | Undiagnosed diarrheal disease              | Ungraded | 1-Apr-21              | 27-Apr-21                 | 304                     | 304         | 3        |       | 1.0% |

From 1-27 April, 304 diarrheal cases have been observed in the emergency room of the Cacuaco municipal hospital with 3 cases dead. Most cases have been in children <5 years.

| Benin       | COVID-19                                   | Grade 3 | 17-Mar-20             | 16-Mar-20                 | 19-May-21               | 7 984       | 7 984     | 101    | -    |

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 10 May 2021, a total of 7 984 cases have been reported in the country with 101 deaths and 7 797 recoveries.

| Benin       | Poliomyelitis (cVDPV2)                     | Grade 2 | 8-Aug-19              | 8-Aug-19                  | 12-May-21               | 12          | 12        | 0      | 0.0% |

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in the Northern province making it the first in 2021. There were 3 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                 | 10-May-21               | 52 162      | 52 162    | 761    | 1.5% |

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 10 May 2021, a total of 52 162 confirmed COVID-19 cases were reported in the country including 761 deaths and 46 640 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. 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                 | 15-May-21               | 13 397      | 13 397    | 164    | 1.2% |

Between 9 March 2020 and 15 May 2021, a total of 13 397 confirmed cases of COVID-19 with 164 deaths and 13 199 recoveries have been reported from Burkina Faso.

| Burkina Faso | Hepatitis E                               | Grade 1 | 07-Sep-20             | 17-Sep-20                 | 28-Mar-20               | 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, 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 underdetatmined 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.
### Health Emergency Information and Risk Assessment

<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>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>3-May-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis (NW &amp; SW)</td>
<td>Protracted 2</td>
<td>01-Oct-16</td>
<td>27-Jun-18</td>
<td>31-Mar-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Cameroon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>06-Mar-20</td>
<td>06-Mar-20</td>
<td>28-Apr-21</td>
<td>74 733</td>
<td>74 733</td>
<td>1 144</td>
<td>1.5%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>measles</td>
<td>Ungraded</td>
<td>2-Apr-19</td>
<td>01-Jan-21</td>
<td>25-Apr-21</td>
<td>1 018</td>
<td>-</td>
<td>20</td>
<td>2.0%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Poliovirus type 2 (cVDPV2)</td>
<td>Grade 2</td>
<td>01-Jan-20</td>
<td>01-Jan-20</td>
<td>12-May-21</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>7-Feb-21</td>
<td>04-Jan-21</td>
<td>18-Apr-21</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>33.3%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Protracted crisis</td>
<td>Protracted 2</td>
<td>11-Dec-13</td>
<td>11-Dec-13</td>
<td>10-May-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>COVID-19</td>
<td>Grade 14</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>13-May-21</td>
<td>6 992</td>
<td>6 992</td>
<td>96</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Bobo bringing the number of cases to 62 in 2020. The country is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savanes outbreak in Togo.

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 15 May 2021, the total number of confirmed COVID-19 cases is 4 347, including six deaths and 4 032 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 Cibouke. A total of 1 879 cases were reported in 45 of 47 districts of the country throughout 2020. As of the beginning of the year 2021, Burundi reported a total of 564 measles cases. 3 districts reported cases during week 16: Bujumbura north (4), Giteranyi (1), Kabezi (1).

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. UNHCR protection monitoring reported the highest number of incidents in Logone and Chari departments during March. Road axes that affected continue to be affected are Route nationale 1, Limani-Magdeme, Double-Mora, Limani-Koudj, Mora-Kousseri axes which are the object of attacks by NSAGs. According to OCHA reports, an estimated 1.2 million people need assistance, 322 000 people are internally displaced, 67K are camp refugees, and 46K are refugees in the region not in camps. During March 2021, 3 880 Nigerian refugees were voluntarily repatriated from Minawao camp to Banki and Bama, Nigeria as part of the tripartite agreement between UNHCR, Cameroon, and Nigeria.

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.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 16 May 2021, a total of 28 168 confirmed COVID-19 cases including 249 deaths and 25 023 recoveries were reported in the country.

Civil unrest and food insecurity in most parts of the country, including major cities, continue to cause a complex humanitarian situation. The security situation remains tense with the persistence of inter-ethnic tensions within rival armed groups in the Northeast of the country, mainly in Ndele, Birao, Batangaf and Bri. During April 2021, the prefectures of Nana-Gribizi (7 incidents), Ouham (6 incidents), and Bamingui-Bangoran (5 incidents) reported the most security incidents as well as 9 humanitarian incidents. 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 neighboring countries. In March, 33 571 new IDPs were registered mostly in the Nangha Bougila, Bozoum, Paoua, Kouango and Alindao sub-prefectures and in the outskirts of Bouar. Displacement was also noted in surrounding bushes and axes such as Bossangoa — Nana-Bakassa and Paoua—Bozoum. In March, 37 171 people returned mainly in the Bangassou, Raffi, 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 364 shelters and leaving 2 000 previously displaced people without homes. Medical, psychological, and security protection is being provided by humanitarian organizations.

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 13 May 2021, a total of 6 992 confirmed cases, 96 deaths and 6 442 recovered were reported.
As of 14 October 2020, a total of 28,676 suspected cases have been notified and 137 deaths within 22 affected districts. A total of 32 new cases and 9 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
Malaria
Grade 2
15-Mar-19
01-Jan-19
14-Oct-20
28,676
443
137
0.5%

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

Chad
COVID-19
Grade 3
19-Mar-20
19-Mar-20
16-May-21
4,904
4,904
173
3.5%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 16 May 2021, a total of 4,904 confirmed COVID-19 cases were reported in the country including 173 deaths and 4,688 cases who have recovered.

Chad
Malaria
Ungraded
24-May-18
01-Jan-21
25-Apr-21
1,226
87
7
0.6%

In 2020, Chad reported 8,785 cases, with 363 confirmed cases and 41 deaths. Since 1 January 2021 to date (25 April 2021), there have been 1,226 cases reported, 87 of which were confirmed by IgM and seven deaths.

Chad
Malaria
Grade 2
18-Oct-19
09-Sep-19
12-May-21
110
110
0
0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were 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
15-May-21
3,861
3,861
146
- -

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 15 May 2021, a total of 3,861 confirmed COVID-19 cases, including 146 deaths and 3,698 recoveries were reported in the country.

Congo
COVID-19
Grade 3
14-Mar-20
14-Mar-20
6-May-21
11,343
11,343
148
1.3%

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 6 May 2021, a total of 11,343 cases including 148 deaths and 10,191 recovered cases have been reported in the country.

Congo
Malaria
Grade 2
29-Jan-21
12-May-21
3
3
0
0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were one case in 2021. There were two cases reported in 2020.

Côte d’Ivoire
COVID-19
Grade 3
11-Mar-20
11-Mar-20
16-May-21
46,656
46,656
298
0.6%

Since 11 March 2020, a total of 46,656 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 298 deaths, and a total of 46,079 recoveries.

Côte d’Ivoire
Yellow fever
Ungraded
25-Jan-21
13
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 2021 onset); an additional 4 cases were confirmed for dengue.

Democratic Republic of the Congo
Malaria
Grade 2
29-Oct-19
29-Oct-19
12-May-21
72
72
0
0.0%

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

Democratic Republic of the Congo
Humanitarian crisis
Grade 3
20-Dec-16
17-Apr-17
25-Apr-21
- - -

There has been prolonged movement in Ituri province of IDPs in various territories where 1,651,180 people were displaced and 584,463 returned during April 2021. The territories of Mahagi and Djuu are experiencing the most movement from displacements and returns. During March 2021 there was increased security incidence of which 55% were attributed to armed groups. Most (71%) were homicides and most (45%) occurred in Beni. In Kasai province, almost all villages on the Bakwakende and Kakange axis have emptied following intercommunal conflict at the end of March 2021. In Tanganyika province, insecurity, torrential rain, gender-based violence, and a deteriorating food situation challenges the province. As of 25 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
25-Apr-21
2,682
83
3.1%

In 2021, from epidemiological week 1 to 16 (ending on 25 April 2021), 2,682 suspected cholera cases including 83 deaths (case-fatality rate 3.1%) were recorded in 69 health zones across 12 provinces of the Democratic Republic of the Congo. 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.

Democratic Republic of the Congo
COVID-19
Grade 3
10-Mar-20
10-Mar-20
15-May-21
30,562
30,561
776
2.5%

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 30,561 confirmed cases and one probable case, including 776 deaths have been reported. A total of 26,603 people have recovered.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>n/a</td>
<td>01-Jan-20</td>
<td>31-Dec-20</td>
<td>6 257</td>
<td>39</td>
<td>229</td>
<td>3.7%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Plague</td>
<td>Ungraded</td>
<td>12-Mar-19</td>
<td>01-Jan-20</td>
<td>25-Dec-20</td>
<td>420</td>
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<td>29</td>
<td>6.9%</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>27-Apr-21</td>
<td>7 694</td>
<td>7 694</td>
<td>112</td>
<td>-</td>
</tr>
<tr>
<td>Eritrea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>15-May-21</td>
<td>3 844</td>
<td>3 844</td>
<td>12</td>
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</tr>
<tr>
<td>Eswatini</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>16-May-21</td>
<td>18 520</td>
<td>18 520</td>
<td>672</td>
<td>3.6%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Humanitarian crisis (Conflict in Tigray)</td>
<td>Grade 2</td>
<td>04-Nov-20</td>
<td>04-Nov-20</td>
<td>14-Apr-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jan-17</td>
<td>01-Jan-21</td>
<td>9-May-21</td>
<td>924</td>
<td>572</td>
<td>4</td>
<td>0.4%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-Jun-19</td>
<td>20-May-19</td>
<td>12-May-21</td>
<td>40</td>
<td>40</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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).

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.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. So far, we have 2 reported cases 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 cVDPVs (notably in Kasai, Kwili, Kwango and Sanjuru provinces).

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.

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 266 264 cases of COVID-19 as of 16 May 2021, with 3 996 deaths and 219 566 recoveries.

In 2021, the measles outbreak is ongoing in Ethiopia. From January to 9 May 2021, a total of 924 cases were reported of which 572 were confirmed (401 epi-link, 152igm and 19 measles compatible) and 4 deaths recorded (CFR 0.4%). Among the 924 suspected cases, 44 are 0-8 months old (4.8%), 66 are 9-11 months old (7.1%), 531 are 1-4 years old (35.8%) and 321 are 5-14 years old (34.7%) and 162 are >= 15 years old (17.3%). On week 18, 5 districts were still having active outbreaks (East Belesa, Dejen, Ebinat, Finote Selam and Malie).

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The total number of 2020 cases is 40. The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 16 May 2021, a total of 18 520 cases have been reported in the country including 17 800 recoveries. A total of 3 654 patients have recovered from the disease.

In 2021, the cholera outbreak is ongoing in Ethiopia. From 1 January to 16 May 2021, a total of 7 694 suspected cases including 112 deaths (CFR 1.5%) were notified in 5 out of 22 health areas of Rethy health zone. Plague is considered endemic in Ituri province. In 2019, there were 75 cases confirmed COVID-19 cases with 12 deaths were reported in the country. A total of 3 654 patients have recovered from the disease.

In 2021, the measles outbreak is ongoing in Ethiopia. From January to 9 May 2021, a total of 924 cases were reported of which 572 were confirmed (401 epi-link, 152igm and 19 measles compatible) and 4 deaths recorded (CFR 0.4%). Among the 924 suspected cases, 44 are 0-8 months old (4.8%), 66 are 9-11 months old (7.1%), 531 are 1-4 years old (35.8%) and 321 are 5-14 years old (34.7%) and 162 are >= 15 years old (17.3%). On week 18, 5 districts were still having active outbreaks (East Belesa, Dejen, Ebinat, Finote Selam and Malie).

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.

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.

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 266 264 cases of COVID-19 as of 16 May 2021, with 3 996 deaths and 219 566 recoveries.

In 2021, the measles outbreak is ongoing in Ethiopia. From January to 9 May 2021, a total of 924 cases were reported of which 572 were confirmed (401 epi-link, 152igm and 19 measles compatible) and 4 deaths recorded (CFR 0.4%). Among the 924 suspected cases, 44 are 0-8 months old (4.8%), 66 are 9-11 months old (7.1%), 531 are 1-4 years old (35.8%) and 321 are 5-14 years old (34.7%) and 162 are >= 15 years old (17.3%). On week 18, 5 districts were still having active outbreaks (East Belesa, Dejen, Ebinat, Finote Selam and Malie).

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No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The total number of 2020 cases is 40. The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 16 May 2021, a total of 18 520 cases have been reported in the country including 17 800 recoveries. A total of 3 654 patients have recovered from the disease.

As of 13 May 2021, a total of 93 333 confirmed COVID-19 cases have been reported in Ghana. There have been 783 deaths and 91 252 recoveries reported.
Since the beginning of the year 2021, 149 cases have been reported with 2 deaths.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. There were 12 cases reported in 2020, while the total number of 2019 cases remains 18. One cVDPV2 positive environmental sample was reported in the Eastern province.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 12 May 2021, a total of 22 734 cases including 20 330 recovered cases and 273 deaths have been reported in the country.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. So far we have 5 cases in 2021. The total number of 2020 cases has been corrected to 44.

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 Fievres Hemorragiques Virales at Nongo, and are now en route to IP Dakar for confirmatory testing.

Since the beginning of the year 2021, 149 cases have been reported with 2 deaths.

No new cVDPV2 cases 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 Bouralgy, Garissa town, Garissa County showed a cVDPV2 with 65 nt changes from Sabin. No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) 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.

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Since the beginning of the year 2021, 149 cases have been reported with 2 deaths.

No new cVDPV2 cases 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 Bouralgy, Garissa town, Garissa County showed a cVDPV2 with 65 nt 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, on the 5th epidemiological week (2021).

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 15 May 2021, a total of 10 790 cases of COVID-19 have been reported, including 6 427 recoveries and 320 deaths.

As at 29 March 2021, a total of 29 124 persons have entered Liberia from Côte d’Ivoire and are located across the five counties of Nimba, Grand Gedeh, Maryland, River Gee and Montserrado. There was an increase of 515 Ivorian asylum seekers who entered Liberia through Maryland County on 9 and 10 March 2021 and pre-registered by Liberia Refugee Repatriation and Resettlement Commission (LRRRC) and UNHCR during the reporting period.
<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>Liberia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>6-May-21</td>
<td>2 114</td>
<td>2 114</td>
<td>85</td>
<td>4.0%</td>
</tr>
<tr>
<td></td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Sep-17</td>
<td>01-Jan-19</td>
<td>18-Apr-21</td>
<td>132</td>
<td>77</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>15-May-21</td>
<td>40 141</td>
<td>40 141</td>
<td>763</td>
<td>1.9%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Malaria</td>
<td>Ungraded</td>
<td>08-Mar-21</td>
<td>08-Mar-21</td>
<td>08-Mar-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Poliovirus</td>
<td>Grade 2</td>
<td>28-Apr-21</td>
<td>28-Apr-21</td>
<td>12-May-21</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Rift Valley</td>
<td>Ungraded</td>
<td>26-Apr-21</td>
<td>13-May-21</td>
<td>106</td>
<td>2</td>
<td>1</td>
<td>0.9%</td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>2-Apr-20</td>
<td>2-Apr-20</td>
<td>16-May-21</td>
<td>34 214</td>
<td>34 214</td>
<td>1 153</td>
<td>3.4%</td>
</tr>
<tr>
<td>Mali</td>
<td>Conflict 2020</td>
<td>Ungraded</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mali</td>
<td>Humanitarian crisis</td>
<td>Protracted 1</td>
<td>n/a</td>
<td>n/a</td>
<td>8-Feb-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Mali</td>
<td>Poliovirus</td>
<td>Grade 2</td>
<td>18-Aug-20</td>
<td>18-Aug-20</td>
<td>12-May-21</td>
<td>46</td>
<td>46</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>16-May-21</td>
<td>18 828</td>
<td>18 828</td>
<td>457</td>
<td>2.4%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>11-May-20</td>
<td>3-May-20</td>
<td>02-Nov-20</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

From 16 March 2020 to 6 May 2021, a total of 2 114 cases including 85 deaths and 1 962 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.

In week 16 (week ending 18 April 2021), 10 suspected cases were reported from Nimba (4), Lofa (3), Grand Gedeh (1), Margibi (1) and Montserrat (1) Counties. Among the 10 suspected cases, 7 cases are <5 years (70%) and 3 cases are >5 years (30%). Since the beginning of 2021, 132 total cases of which 77 were confirmed (16 laboratory-confirmed, 50 clinically confirmed and 11 epi-linked).

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Bong making it the second in the country.

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 15 May 2021, a total of 40 141 cases have been reported in the country, out of which 37 827 have recovered and 763 deaths reported.

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

No new cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) reported this week. So far 2 cases have been confirmed for 2020 in South-East, and one in 2021 from South-West.

On 1 April 2021, the Institut Pasteur de Madagascar confirmed Rift Valley Fever (RVF) by PCR in animals following alerts of abortion cases in ruminants. From 26 April to 13 May 2021, enhanced surveillance for hemorrhagic fevers in humans identified 106 suspected RVF cases in three regions of Madagascar, including one death and two cases confirmed by PCR in the Vatovavy Fitovinany region.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 16 May 2021, the country has a total of 34 214 confirmed cases with 1 153 deaths and 32 210 recoveries.

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.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 16 May 2021, a total of 14 190 confirmed COVID-19 cases have been reported in the country including 511 deaths and 9 227 recoveries.

Measles outbreak is ongoing in Mali. During week 17 (week ending 2 May 2021), 60 suspected cases of measles were reported from eight regions of the country. Since January 2021 as to date, Mali reported a total of 672 suspected cases of which 328 were confirmed. It shows an increase of 30.33% compared to the total cases reported last year at the same week.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. The total number of cases 2020 is 46. The cVDPV2 outbreak was declared on 18 August 2020 by the Minister of Health and Social Affairs.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 16 May 2021, a total of 18 828 cases including 457 deaths and 18 090 recovered cases have been reported in the country.

Between 16 to 24 October 2020, 5 cases of dengue fever have been suspected at Tewmgigh Clinic in Tevragh Zeina district, and all have been confirmed by RT-PCR at the National Institute of Research in Public Health (INRSP). On 3 May 2020, two suspected cases of dengue fever were admitted to hospital in Mauritania. On 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.
<table>
<thead>
<tr>
<th>Country</th>
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<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mauritania</td>
<td>Rift Valley Fever</td>
<td>Grade 1</td>
<td>09-Oct-20</td>
<td>04-Sep-20</td>
<td>28-Sep-20</td>
<td>36</td>
<td>36</td>
<td>13</td>
<td>36.1%</td>
</tr>
</tbody>
</table>

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 (Assaba region) and Chinguetti (Adrar region). The 7 deaths occurred in the Tagant region (3) and in Assaba region (2) among hospitalized cases with fever and haemorrhagic syndrome (petechiae, gingivorraghia) and vomiting. The continuous surveillance of RVF at the animal level has confirmed the outbreaks in the Assaba, Tagant, Brakna, Tarzla and Hodh Echergi regions. The results of 165 samples taken in the period from 16-22 September 2020, show that 33 camels, 4 small ruminants and 6 cattle were positive.

Mauritius    | COVID-19                                   | Grade 3 | 18-Mar-20 | 18-Mar-20 | 9-May-21 | 1 288 | 1 288 | 17 | 1.3% |

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 9 May 2021, a total of 1 288 confirmed COVID-19 cases including 17 deaths and 1 170 recovered cases have been reported in the country.

Mozambique  | Humanitarian crisis in Cabo Delgado        | Grade 2 | 01-Jan-20 | 01-Jan-20 | 9-May-21 | - | - | - | - |

The security situation in Cabo Delgado remains volatile and uncertain as NSAGs and governmental forces continue attacks. After recent attacks in Palma Sede, there have been movement of troops and IDPs in the area. As of 9 May 2021, an estimated total of 43 574 IDPs had been registered arriving by foot, bus, boat and air from Palma to the districts of Nangade, Mueda, Montepuez, and Pemba. Most IDPs are being integrated into families and in accommodation centers. The main districts receiving IDPs are Mueda (26%), Nangade (26%), Pemba City (22%), Montepuez (13%) and Ibo (4%).

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  | Measles                                    | Ungraded | 25-Jun-20 | 01-Jan-21 | 18-Apr-21 | 726 | - | 0 | 0.0% |

Since the beginning, measles outbreaks are active in 11 provinces. As of week 15, there were 726 cases reported.

Namibia     | COVID-19                                   | Grade 3 | 14-Mar-20 | 14-Mar-20 | 15-May-21 | 51 218 | 51 218 | 718 | 0.0% |

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 15 May 2021, a total of 51 218 confirmed cases with 48 247 recovered and 718 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       | flood 2020                                 | Ungraded | - | - | - | - | - | - | - |

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 Tillaberi region and 328 725 people in the Maradi region).

Niger       | COVID-19                                   | Grade 3 | 19-Mar-20 | 19-Mar-20 | 16-May-21 | 5 333 | 5 333 | 192 | 3.6% |

From 19 March 2020 to 16 May 2021, a total of 5 333 cases with 192 deaths have been reported across the country. A total of 4 953 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), 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, 24 districts were affected by outbreaks in 2020.

Niger       | Meningitis                                 | Ungraded | 01-Jan-21 | 18-Apr-21 | 995 | 54 | 54 | 5.4% |

Since the beginning of the year 2021, 995 cases have been reported with 54 deaths.

Niger       | Poliomyelitis (cVDPV2)                     | Grade 2 | 01-Oct-18 | 01-Oct-18 | 12-May-21 | 19 | 19 | 0 | 0.0% |

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. There were 10 cVDPV2 cases reported in 2018, 2 in 2019, and 7 in 2020.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
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<th>Start of reporting period</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>10-Oct-16</td>
<td>n/a</td>
<td>7-May-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>12-Jan-21</td>
<td>30-Mar-21</td>
<td>97</td>
<td>97</td>
<td>17</td>
<td>17.5%</td>
<td>-</td>
</tr>
</tbody>
</table>

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%).

<table>
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<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>27-Feb-20</td>
<td>27-Feb-20</td>
<td>16-May-21</td>
<td>165 709</td>
<td>165 709</td>
<td>2 066</td>
<td>-</td>
</tr>
</tbody>
</table>

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 16 May 2021, a total of 165 709 confirmed cases with 156 413 recovered and 2 066 deaths have been reported.

<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>Nigeria</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>01-Jan-21</td>
<td>01-Jan-21</td>
<td>4-Apr-21</td>
<td>236</td>
<td>233</td>
<td>49</td>
<td>20.8%</td>
</tr>
</tbody>
</table>

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 account for 79% of all confirmed cases reported to date. New cases have decreased since the end of week 11 (week ending 21 March 2021).

<table>
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<tr>
<th>Country</th>
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<th>Grade</th>
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<th>Start of reporting period</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>25-Sep-17</td>
<td>01-Jan-21</td>
<td>11-Apr-21</td>
<td>6 995</td>
<td>-</td>
<td>50</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

In 2020, Nigeria reported 9 316 confirmed cases, with 55 deaths, CFR 0.6%. The measles outbreak is ongoing. From January 2021 to 11 April 2021, 6 995 suspected cases have been reported in Nigeria. During week 11, 889 were reported. The most affected state is Borno with 2 485 suspected cases out of which 41 deaths were recorded.

<table>
<thead>
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<tbody>
<tr>
<td>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>01-Jun-18</td>
<td>01-Jan-18</td>
<td>12-May-21</td>
<td>65</td>
<td>65</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. So far, we have 5 cases reported in 2021. There were eight cVDPV2 cases reported in 2020, 18 cVDPV2 cases reported in 2019 and 34 in 2018.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>01-Nov-20</td>
<td>30-Apr-21</td>
<td>-</td>
<td>530</td>
<td>11</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

From 1 January 2021 to 30 April 2021, there have been a cumulative total of 530 suspected cases of yellow fever in Nigeria, of which 11 cases have been confirmed, from 213 LGA across 33 states including the Federal Capital Territory (FCT).

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rwanda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>16-May-21</td>
<td>26 141</td>
<td>26 141</td>
<td>344</td>
<td>-</td>
</tr>
</tbody>
</table>

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 16 May 2021, a total of 26 141 cases with 344 deaths and 24 764 recovered cases have been reported in the country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sao Tome</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Apr-20</td>
<td>6-Apr-20</td>
<td>16-May-21</td>
<td>2 327</td>
<td>2 327</td>
<td>35</td>
<td>-</td>
</tr>
</tbody>
</table>

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 16 May 2021, a total of 2 327 confirmed cases of COVID-19 have been reported, including 35 deaths. A total of 2 274 cases have been reported as recoveries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senegal</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>02-Mar-20</td>
<td>02-Mar-20</td>
<td>16-May-21</td>
<td>40 850</td>
<td>40 850</td>
<td>1 125</td>
<td>-</td>
</tr>
</tbody>
</table>

From 2 March 2020 to 16 May 2021, a total of 40 850 confirmed cases of COVID-19 including 1 125 deaths and 39 573 recovered cases have been reported in Senegal.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senegal</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>4-Apr-21</td>
<td>12-May-21</td>
<td>-</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. The number of cases in 2021 still four.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senegal</td>
<td>Rift Valley Fever</td>
<td>Ungraded</td>
<td>23-Oct-20</td>
<td>23-Oct-20</td>
<td>15-Nov-20</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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 Bokidiawè. 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 Bokidiawè, 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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senegal</td>
<td>West Nile fever</td>
<td>Ungraded</td>
<td>23-Oct-20</td>
<td>23-Oct-20</td>
<td>15-Nov-20</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

The Institut Pasteur of Dakar through the directorate of diseases prevention notified the district of Matam one confirmed cases of West Nile fever (IgM positive) on 23 October 2020, in a 22-year-old female living in Bokidiawè. She consulted at the health post 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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senegal</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>17-Dec-20</td>
<td>7</td>
<td>2</td>
<td>7</td>
<td>2</td>
<td>28.6%</td>
<td>-</td>
</tr>
</tbody>
</table>

From 29 October to 17 December 2020, there were 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.
### Health Emergency Information and Risk Assessment

#### Grade 2

**16-Apr-21**

- **COVID-19**
  - Cases: 0
  - Total cases: 13 275
  - Deaths: 125
  - CFR: 0.0%

- **Hepatitis E**
  - Cases: 0
  - Total cases: 115
  - Deaths: 21
  - CFR: 1.9%

- **Measles**
  - Cases: 0
  - Total cases: 1 613 728
  - Deaths: 30
  - CFR: 0.3%

#### Grade 3

**13-May-21**

- **Acute Food Insecurity**
  - Protracted 3
  - Cases: 0
  - Total cases: 5 000
  - Deaths: 0
  - CFR: 0.0%

- **Humanitarian crisis**
  - Cases: 0
  - Total cases: 10 462
  - Deaths: 0
  - CFR: 0.0%

- **Measles**
  - Cases: 0
  - Total cases: 9 184
  - Deaths: 6413
  - CFR: 0.2%

- **Poliomyelitis (cVDPV2)**
  - Cases: 0
  - Total cases: 56
  - Deaths: 79
  - CFR: 1.9%

- **Protracted**
  - Cases: 0
  - Total cases: 21
  - Deaths: 0
  - CFR: 0.0%

- **Severe Acute Malnutrition (SAM)**
  - Cases: 0
  - Total cases: 480 000
  - Deaths: 0
  - CFR: 0.0%

- **Severe malnutrition**
  - Cases: 0
  - Total cases: 300 000
  - Deaths: 0
  - CFR: 0.0%

- **Severe malnutrition (SAM)**
  - Cases: 0
  - Total cases: 40 000
  - Deaths: 0
  - CFR: 0.0%

- **Vaccination**
  - Cases: 0
  - Total cases: 2 100
  - Deaths: 0
  - CFR: 0.0%

- **Vaccination coverage**
  - Cases: 0
  - Total cases: 1 000
  - Deaths: 0
  - CFR: 0.0%

- **Vaccination coverage (cVDPV2)**
  - Cases: 0
  - Total cases: 56
  - Deaths: 79
  - CFR: 1.9%

- **Vaccination coverage (cVDPV2)**
  - Cases: 0
  - Total cases: 115
  - Deaths: 21
  - CFR: 1.9%

- **Vaccination coverage (cVDPV2)**
  - Cases: 0
  - Total cases: 1 613 728
  - Deaths: 30
  - CFR: 0.3%

- **Vaccination coverage (cVDPV2)**
  - Cases: 0
  - Total cases: 1 307
  - Deaths: 79
  - CFR: 1.9%

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  - Cases: 0
  - Total cases: 4 105
  - Deaths: 79
  - CFR: 1.9%

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  - Deaths: 30
  - CFR: 0.3%

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## Health Emergency Information and Risk Assessment

<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>Togo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>12-May-21</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
| Uganda  | Humanitarian crisis | Ungraded | 20-Jul-17 | n/a | 31-Jan-21 | 0 | 0 | 0 | 0%
| Uganda  | COVID-19 | Grade 3 | 21-Mar-20 | 21-Mar-20 | 14-May-21 | 42 779 | 42 779 | 347 | 0.8% |
| Uganda  | Crimean-Congo haemorrhagic fever (CCHF) | Ungraded | 1-May-21 | 28-Apr-21 | 4-May-21 | 2 | 2 | 0 | 0.0% |
| Zambia  | COVID-19 | Grade 3 | 18-Mar-20 | 18-Mar-20 | 16-May-21 | 92 436 | 92 436 | 1 260 | 1.4% |
| Zimbabwe | Anthrax | Ungraded | 6-May-19 | 6-May-19 | 07-Mar-21 | 813 | 0 | 3 | 0.4% |
| Zimbabwe | COVID-19 | Grade 3 | 20-Mar-20 | 20-Mar-20 | 16-May-21 | 38 560 | 38 560 | 1 582 | 4.1% |

**Closed Events**

<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>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Ebola virus disease</td>
<td>Grade 2</td>
<td>7-Feb-21</td>
<td>7-Feb-21</td>
<td>4-Apr-21</td>
<td>12</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Guinea</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>11-Jul-20</td>
<td>11-Jul-20</td>
<td>4-Aug-20</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Kenya</td>
<td>Rift Valley fever</td>
<td>Ungraded</td>
<td>14-Jan-21</td>
<td>09-Mar-21</td>
<td>32</td>
<td>14</td>
<td>11</td>
<td>34.4%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>11-May-20</td>
<td>29-Apr-20</td>
<td>07-Sep-20</td>
<td>1 488</td>
<td>17</td>
<td>6</td>
</tr>
</tbody>
</table>

### Notes

- 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.

- The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 14 May 2021, a total of 42 779 confirmed COVID-19 cases, 41 971 recoveries with 347 deaths.

- As of 4 May 2021, there are two confirmed cases of CCHF and no deaths. No new suspected cases have been reported. A total of 144 contacts have been listed for both cases and are being followed up. Samples from patients admitted in the isolation unit have been sent for CCHF PCR testing.

- The anthrax outbreak is ongoing in Zimbabwe. From Week 1 to 16 of 2021, there were 66 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 in 2020.

- The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 16 May 2021, a total of 38 560 confirmed COVID-19 cases were reported in the country including 1 582 deaths and 36 329 cases that recovered.

- 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.

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- As of 7 September 2020, there are 1 488 cases, 483 in Moroto, 543 in Nabilatuk, 72 in Napak, 390 in Kotido. On 11 May 2020, a cholera outbreak was confirmed in Moroto district. The index case was a 17-year-old male patient from Natapar Kocuc Village, Loputuk parish, Nadunget Subcounty who was seen on 29 April 2020 with acute watery diarrhoea and severe dehydration. On 4 May 2020 more cases with similar symptoms from the same location with the index case were seen and cholera was suspected. On 11 May 2020, CPHL confirming 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.

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
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Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.