This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 133 events in the region. This week's articles cover:

- COVID-19 across the WHO African region
- Ebola virus disease in Guinea
- Lassa fever in Guinea

For each of these events, a brief description, followed by public health measures implemented and an interpretation of the situation is provided.

A table is provided at the end of the bulletin with information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have been controlled and closed.

**Major issues and challenges include:**

- The number of daily COVID-19 cases have started to increase in the African Region, particularly in South Africa, the top most reporting country, where cases and deaths have again increased compared to the previous week. Other countries reporting a recent increase in cases include Algeria, Angola, Equatorial Guinea, Mauritania, Namibia, Uganda and Zambia. Mortality rates and case fatality ratios have remained high in some countries, with Mali (7.4%), Zimbabwe (4.9%), Madagascar (3.9%), Kenya (4.0%), Algeria (3.6%), Senegal (3.2%) and Ethiopia (3.0%) showing the highest case fatality ratio in recent weeks. Even with low numbers reported 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 27 days. Vaccination coverage continues to increase, including among frontline workers and high-risk contacts, but will be stopped at the end of May 2021. 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.

- Lassa fever is endemic in Guinea and surrounding countries. However, this new case comes in the context of a recent Ebola virus disease outbreak and the ongoing COVID-19 pandemic. As with the Ebola virus disease outbreak, there are pockets of resistance to response activities, which need to be addressed urgently, to ensure that suspected cases are identified and managed appropriately. Community-based surveillance is weak and there are logistical problems with access to fuel and funding for response measures. These challenges need urgent action from national authorities and partners.
In the past seven days, the number of coronavirus (COVID-19) infections increased by 42 226 in the African Region in the past week (17 - 23 May 2021), a 7.5% increase compared to the previous week. A total of 23 (50.0%) countries reported a decrease in new cases. Eighteen countries (39.0%) saw an increase in weekly cases in the past seven days. Algeria, Burkina Faso, Burundi, Côte d’Ivoire, Guinea, Kenya, Lesotho, Malawi, Mauritania, Namibia, Niger, Senegal, South Africa, Uganda and Zambia had an increase equal to or above 20.0%. Comoros, Guinea-Bissau and Sao Tome and Principe 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 (21 737; 51.5%). This was followed by Kenya reporting 2 967 cases (7.0%), Ethiopia reporting 2 930 (7.0%), Angola (1 804; 4.3%) and Namibia (1 556; 4.0%). Kenya, Namibia, and South Africa observed an increase, while, Angola and Ethiopia had a decline in cases. Other countries; including, Algeria, Angola, Equatorial Guinea, Mauritania, Namibia, South Africa, Uganda and Zambia have also shown an upsurge in cases. A slight decline (1.0%) in weekly deaths was seen across the African Region, with 1 019 deaths recorded from 31 countries, compared to 1 025 deaths seen in the prior week. Twenty (43.5%) countries reported a decline in deaths, while eight (17.4%) had an increase in the past seven days. More than half of the deaths were reported from South Africa (592, 58.1%), followed by Ethiopia with 80 (8.0%), Angola 66 (7.0%), Kenya 56 (6.0%) and Algeria 44 (4.3%). Other countries reporting deaths in this period include; Namibia (42), Madagascar (29), Niger (20), Botswana (10), Zambia (8), Cabo Verde (7), Guinea (7), Uganda (7), Lesotho (6), Mozambique (5), Rwanda (5), Senegal (5), Gabon (4), Zimbabwe (4), Democratic Republic of the Congo (3), Gambia (3), Mali (3), Seychelles (3), Eritrea (2), Sao Tome and Principe (2), Burkina Faso (1), Central African Republic (1), Equatorial Guinea (1), Guinea-Bissau (1), Mauritania (1), and Nigeria (1).

Over the past three weeks, although a few countries including Angola, Namibia and South Africa are experiencing an increasing trend. Mortality rates and case fatality ratios have remained high in some countries. Mali (7.4%), Zimbabwe (4.9%), Madagascar (3.9%), Kenya (4.0%), Algeria (3.6%), Senegal (3.2%) and Ethiopia (3.0%) had the highest case fatality ratio in the last four weeks.

As of 23 May 2021, the cumulative total number of confirmed cases in the WHO African Region is over 3 408 028, with more than 3 103 260 recoveries, giving a recovery rate of 91.0%. The death count is more than 85 730. 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 (1 635 465 cases, 48.0%), Ethiopia (269 194 cases, 7.9%), Kenya (168 432 cases, 4.9%), Nigeria (166 019 cases, 4.9%) and Algeria (126 860 cases, 3.7%), accounting for (2365970, 69.4%) of all cases.

The average cumulative attack rate (number of cases per million) in the African region is estimated at 3 123 /million population, ranging from 9/million to 109 285 million. Seychelles (109 285 cases/million population), Cabo Verde (53 341 cases/million), South Africa (27 929 cases/million), Botswana (22 106 cases/million) and Namibia (22 106 cases/million), are the five countries with the highest attack rate in the region. Liberia (439 cases/million), Democratic Republic of Congo (356 cases/million), Burundi (345 cases/million), Chad (309 cases/million), and Niger (237 cases/million) are the five countries with the lowest cumulative attack rate.

South Africa has the highest number of deaths in the region (55 802, 65.1%). This is followed by Ethiopia (4 076, 4.8%), Algeria (3 418, 4.0%), Kenya (3 059, 3.6%), and Nigeria (2 067, 2.4%), accounting for 80.0% (68 422) of cumulative deaths. Cumulatively, the median number of deaths per million in the African region is estimated at 27.6/million population (range: 0.4/million – 953/million) with an average cumulative death rate (per million) in the African region estimated at 78.6 million population.

During this reporting period, 325 new health worker infections were reported from Seychelles (119), Namibia (97), Kenya (84), Ethiopia (14), Sierra Leone (10), and Eswatini (1). In addition, Cameroon retrospectively reported a total of 343 new health worker infections Cumulatively, there have been 112 206 COVID-19 infections (3.3% of all cases) among health workers, with South Africa accounting for about 50% of these cases. Algeria (11 936, 10.6%) and Kenya (5 095, 4.5%), have also recorded high 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 4.7 million. The total number of deaths is over 128 286 (case fatality ratio 2.7%), and more than 4.3 million people have recovered.

The African Region continues to observe diverse transmission classifications among its member states. Currently, all countries, apart 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 Mauritius, has clusters of transmission.

**SITUATION INTERPRETATION**
In the past seven days, the African region saw a slight increase in the number of daily cases after five consecutive weeks of a decline. The number of daily cases and deaths also continued to increase for another week in South Africa. Other countries reporting recent increases in cases include: Algeria, Angola, Equatorial Guinea, Mauritania, Namibia, Uganda and Zambia. At the same time, a plateau in deaths was seen in the past seven days, with only Angola, Namibia and South Africa showing an increasing trend. Most of the countries in the region are experiencing community transmission and three countries have uncontrolled incidence. As long as COVID-19 cases continue to increase around the world the African region remains at risk of another upsurge.
### Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 23 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>1 635 465</td>
<td>55 802</td>
<td>1 539 395</td>
<td>3.4 %</td>
<td>56 180</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>269 194</td>
<td>4 076</td>
<td>228 757</td>
<td>1.5 %</td>
<td>3 297</td>
</tr>
<tr>
<td>Nigeria</td>
<td>168 432</td>
<td>3 059</td>
<td>114 537</td>
<td>1.8 %</td>
<td>5 095</td>
</tr>
<tr>
<td>Kenya</td>
<td>166 019</td>
<td>2 067</td>
<td>156 476</td>
<td>1.2 %</td>
<td>3 175</td>
</tr>
<tr>
<td>Algeria</td>
<td>126 860</td>
<td>3 418</td>
<td>88 346</td>
<td>2.7 %</td>
<td>11 936</td>
</tr>
<tr>
<td>Ghana</td>
<td>93 620</td>
<td>783</td>
<td>91 581</td>
<td>0.8 %</td>
<td>4 763</td>
</tr>
<tr>
<td>Zambia</td>
<td>93 201</td>
<td>1 268</td>
<td>91 156</td>
<td>1.4 %</td>
<td>814</td>
</tr>
<tr>
<td>Mozambique</td>
<td>76 756</td>
<td>1 230</td>
<td>71 790</td>
<td>1.6 %</td>
<td>2 613</td>
</tr>
<tr>
<td>Cameroon</td>
<td>70 590</td>
<td>831</td>
<td>69 098</td>
<td>1.2 %</td>
<td>3 501</td>
</tr>
<tr>
<td>Namibia</td>
<td>54 151</td>
<td>784</td>
<td>48 449</td>
<td>1.4 %</td>
<td>61</td>
</tr>
<tr>
<td>Botswana</td>
<td>52 946</td>
<td>765</td>
<td>49 213</td>
<td>1.4 %</td>
<td>2 310</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>46 942</td>
<td>298</td>
<td>46 346</td>
<td>0.6 %</td>
<td>943</td>
</tr>
<tr>
<td>Uganda</td>
<td>43 734</td>
<td>356</td>
<td>42 880</td>
<td>0.8 %</td>
<td>1 943</td>
</tr>
<tr>
<td>Senegal</td>
<td>41 062</td>
<td>1130</td>
<td>39 738</td>
<td>2.8 %</td>
<td>419</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>40 876</td>
<td>800</td>
<td>39 259</td>
<td>2.0 %</td>
<td>70</td>
</tr>
<tr>
<td>Madagascar</td>
<td>38 682</td>
<td>1586</td>
<td>36 453</td>
<td>4.1 %</td>
<td>4 210</td>
</tr>
<tr>
<td>Malawi</td>
<td>34 284</td>
<td>1153</td>
<td>32 462</td>
<td>3.4 %</td>
<td>1 886</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>32 441</td>
<td>725</td>
<td>26 778</td>
<td>2.2 %</td>
<td>939</td>
</tr>
<tr>
<td>Angola</td>
<td>30 863</td>
<td>779</td>
<td>27 614</td>
<td>2.5 %</td>
<td>256</td>
</tr>
<tr>
<td>Rwanda</td>
<td>29 334</td>
<td>256</td>
<td>26 842</td>
<td>0.9 %</td>
<td>140</td>
</tr>
<tr>
<td>Gabon</td>
<td>26 688</td>
<td>349</td>
<td>25 097</td>
<td>1.3 %</td>
<td>682</td>
</tr>
<tr>
<td>Cabo Verde</td>
<td>24 107</td>
<td>147</td>
<td>20 976</td>
<td>0.6 %</td>
<td>345</td>
</tr>
<tr>
<td>Guinea</td>
<td>22 988</td>
<td>158</td>
<td>20 699</td>
<td>0.7 %</td>
<td>682</td>
</tr>
<tr>
<td>Eswatini</td>
<td>19 149</td>
<td>458</td>
<td>18 266</td>
<td>2.4 %</td>
<td>24</td>
</tr>
<tr>
<td>Mauritania</td>
<td>18 551</td>
<td>672</td>
<td>17 833</td>
<td>3.6 %</td>
<td>577</td>
</tr>
<tr>
<td>Mali</td>
<td>14 241</td>
<td>514</td>
<td>9 442</td>
<td>3.6 %</td>
<td>87</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>13 415</td>
<td>165</td>
<td>13 230</td>
<td>1.2 %</td>
<td>288</td>
</tr>
<tr>
<td>Togo</td>
<td>13 374</td>
<td>125</td>
<td>12 278</td>
<td>0.9 %</td>
<td>891</td>
</tr>
<tr>
<td>Lesotho</td>
<td>11 476</td>
<td>150</td>
<td>10 391</td>
<td>1.3 %</td>
<td>203</td>
</tr>
<tr>
<td>Congo</td>
<td>10 822</td>
<td>326</td>
<td>6 431</td>
<td>3.0 %</td>
<td>473</td>
</tr>
<tr>
<td>South Sudan</td>
<td>10 670</td>
<td>115</td>
<td>10 514</td>
<td>1.1 %</td>
<td>391</td>
</tr>
<tr>
<td>Benin</td>
<td>10 669</td>
<td>38</td>
<td>9 147</td>
<td>0.4 %</td>
<td>621</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>8 436</td>
<td>113</td>
<td>7 801</td>
<td>1.3 %</td>
<td>401</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>8 025</td>
<td>101</td>
<td>7 893</td>
<td>1.3 %</td>
<td>139</td>
</tr>
<tr>
<td>Gambia</td>
<td>7 079</td>
<td>97</td>
<td>6 665</td>
<td>1.4 %</td>
<td>1</td>
</tr>
<tr>
<td>Niger</td>
<td>5 978</td>
<td>178</td>
<td>5 754</td>
<td>3.0 %</td>
<td>142</td>
</tr>
<tr>
<td>Seychelles</td>
<td>5 383</td>
<td>212</td>
<td>5 034</td>
<td>3.9 %</td>
<td>339</td>
</tr>
<tr>
<td>Chad</td>
<td>4 924</td>
<td>173</td>
<td>4 729</td>
<td>3.5 %</td>
<td>292</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>4 546</td>
<td>6</td>
<td>4 198</td>
<td>0.1 %</td>
<td>38</td>
</tr>
<tr>
<td>Burundi</td>
<td>4 121</td>
<td>79</td>
<td>3 113</td>
<td>1.9 %</td>
<td>260</td>
</tr>
<tr>
<td>Comoros</td>
<td>3 942</td>
<td>146</td>
<td>3 713</td>
<td>3.7 %</td>
<td>155</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>3 932</td>
<td>14</td>
<td>3 711</td>
<td>0.4 %</td>
<td>0</td>
</tr>
<tr>
<td>Eritrea</td>
<td>3 751</td>
<td>68</td>
<td>3 495</td>
<td>1.8 %</td>
<td>377</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>2 336</td>
<td>37</td>
<td>2 282</td>
<td>1.6 %</td>
<td>102</td>
</tr>
<tr>
<td>Liberia</td>
<td>2 142</td>
<td>85</td>
<td>2 022</td>
<td>4.0 %</td>
<td>224</td>
</tr>
<tr>
<td>Mauritius</td>
<td>1 322</td>
<td>17</td>
<td>1 196</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>
<tr>
<td><strong>Cumulative Cases (N=47)</strong></td>
<td><strong>3 408 028</strong></td>
<td><strong>85 730</strong></td>
<td><strong>3 103 260</strong></td>
<td><strong>2.5 %</strong></td>
<td><strong>112 316</strong></td>
</tr>
</tbody>
</table>

*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, since 23 May 2021. It is now day 27 before the end of outbreak declaration, scheduled for 19 June 2021.

As of 23 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 23 May 2021, there were 56 new alerts received in Nzerekore, including 10 deaths, of which 28 (50%) were investigated. A total of 26 were validated, including two deaths. In neighbouring prefectures, nine new alerts were received, all of which were investigated and none validated.

**PUBLIC HEALTH ACTIONS**

- 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 10 733 people has been vaccinated, including 622 high-risk contacts, 9 577 contacts-of-contacts and 534 probable contacts, including 2 767 frontline workers.
- Four vaccination teams are deployed in the field, supported by WHO; the teams will end operations at the end of May 2021.
- Five suspected cases are currently hospitalized in the Epidemic Diseases Hospital treatment centres.
- Four new community deaths were reported, with three samples collected and no safe and dignified burials carried out.
- Risk communication and community engagement (RCCE) included support for training 21 data entry operators for the collection of community feedback data; support for installation of RCCE focal points and new supervisors in five health facilities to strengthen surveillance and improve alert reporting; support to Youmou and Bignamou authorities in sensitizing 120 people for acceptance of Lassa fever response teams in these rural communities.

**SITUATION INTERPRETATION**

The 42-day countdown to the end of outbreak declaration continues, now standing at 27 days. 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 still 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.
A confirmed case of Lassa fever was notified on 8 May 2021 at the Yomou prefecture hospital. The patient was also confirmed to be positive for COVID-19 and later died. To date, 21 May 2021, no new suspected cases of Lassa haemorrhagic fever have been reported. However, the prefecture of Bheeta is regarded as active, with the prefectures of Yomou-Centre, Péla, Yomou and Bignamou on alert. Over the same period, there have been 12 community deaths, none of which received a safe and dignified burial.

There are 27 contacts still within the follow-up period as of 21 May 2021, of whom 15 (56.0%) have been actively followed-up. There were 102 (66.0%) health facility alerts of consultations for febrile illness on 21 May 2021, out of a total of 154 consultations.

**PUBLIC HEALTH ACTIONS**

- Daily coordination meetings are held in Yomou prefecture.
- The social mobilization team were briefed on awareness raising in the community of Péla.
- Contacts continue to be followed-up at the Yomou prefecture hospital, as well as management of alerts.
- Infection prevention and control (IPC) activities are being evaluated at the Yomou hospital.
- An assessment of the need for access to and distribution of handwashing kits is being carried out, as well as discussions with the Guinea Red Cross on possibilities of support for the district.

**SITUATION INTERPRETATION**

Lassa fever is endemic in Guinea and surrounding countries, so cases are not unexpected. However, this case comes in the context of a recent outbreak of Ebola virus disease and the ongoing COVID-19 pandemic. Indeed, the case patient was co-infected with Lassa fever and COVID-19. There is continuing resistance from the village of Béméyé to response activities, including investigating and responding to alerts, contact follow-up and sampling of suspected cases. Logistical difficulties include a lack of fuel for investigation of alerts and for the ambulance. Fuel is also lacking for health facility generators and the solar systems are not working. Funds are not available for daily reporting of surveillance data from community health workers and health facility surveillance focal points and there is inadequate involvement of community action groups in community-based surveillance. These issues and challenges need urgently to be addressed by local authorities and partners to prevent a larger outbreak of this disease.
Summary of major issues, challenges and proposed actions

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. Case fatality ratios are also relatively high, in some countries. Although the Region is showing a declining trend, the high case incidence in other continents still place the African Region at risk.

- Guinea continues to experience challenges around locating contacts lost to follow-up, isolating suspected patients and inadequate community surveillance, 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.

- Although Lassa fever is endemic in Guinea, it is crucial that all contacts of the one case are followed-up and that new alerts continue to be reported, particularly in the light of the recent Ebola virus disease outbreak and the COVID-19 pandemic. Logistical problems around fuel and funding threaten response activities, as does continuing community resistance to response measures in the affected village.

Proposed actions

- Member states should continue controlling the pandemic with a combination of vaccination where available and adherence to all set 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.

- National authorities and partners in Guinea need to strengthen community-based surveillance around suspected cases of Lassa fever and alerts, as well as improve contact tracing and follow-up. Authorities and partners need to address logistical and funding problems as a matter of urgency.
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.

From 25 February 2020 to 23 May 2021, a total of 126 860 confirmed cases of COVID-19 with 3 418 deaths (CFR 2.7%) have been reported from Algeria. A total of 88 346 cases have recovered.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 23 May 2021, a total of 32 441 confirmed COVID-19 cases have been reported in the country with 725 deaths and 26 778 recoveries.

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, Quiléxue, Banga (Cuana Norte) and Dande (Bengo). A Catch up campaign was conducted on the end of March.

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.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 17 May 2021, a total of 8 025 cases have been reported in the country with 101 deaths and 7 893 recoveries.

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 14 May 2021, a total of 54 151 confirmed COVID-19 cases have been reported in the country with 725 deaths and 26 778 recoveries.

From 1-27 April, 304 diarrhoeal 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.

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.

From 25 February 2020 to 23 May 2021, a total of 126 860 confirmed cases of COVID-19 with 3 418 deaths (CFR 2.7%) have been reported from Algeria. A total of 88 346 cases have recovered.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 23 May 2021, a total of 32 441 confirmed COVID-19 cases have been reported in the country with 725 deaths and 26 778 recoveries.

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, Quiléxue, Banga (Cuana Norte) and Dande (Bengo). A Catch up campaign was conducted on the end of March.

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.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 17 May 2021, a total of 8 025 cases have been reported in the country with 101 deaths and 7 893 recoveries.

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 14 May 2021, a total of 54 151 confirmed COVID-19 cases have been reported in the country with 725 deaths and 26 778 recoveries.

From 1-27 April, 304 diarrhoeal 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.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 17 May 2021, a total of 8 025 cases have been reported in the country with 101 deaths and 7 893 recoveries.

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 14 May 2021, a total of 54 151 confirmed COVID-19 cases have been reported in the country including 784 deaths and 48 499 recovered cases.

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.

Between 9 March 2020 and 22 May 2021, a total of 13 415 confirmed cases of COVID-19 with 165 deaths and 13 230 recoveries have been reported from Burkina Faso.

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 undetected 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.

**Table: 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>Cases 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>
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<tr>
<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-20</td>
<td>25-Feb-20</td>
<td>23-May-21</td>
<td>126 860</td>
<td>126 860</td>
<td>3 418</td>
<td>2.7%</td>
</tr>
<tr>
<td>Benin</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>16-Mar-20</td>
<td>17-May-21</td>
<td>8 025</td>
<td>8 025</td>
<td>101</td>
<td>-</td>
</tr>
<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-20</td>
<td>28-Mar-20</td>
<td>14-May-21</td>
<td>54 151</td>
<td>54 151</td>
<td>784</td>
<td>1.4%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>01-Jan-19</td>
<td>01-Jan-19</td>
<td>1-Feb-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Burkina Faso</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>09-Mar-20</td>
<td>22-May-21</td>
<td>13 415</td>
<td>13 415</td>
<td>165</td>
<td>1.2%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Hepatitis E</td>
<td>Grade 1</td>
<td>07-Sep-20</td>
<td>17-Sep-20</td>
<td>28-Mar-21</td>
<td>847</td>
<td>10</td>
<td>17</td>
<td>2.0%</td>
</tr>
</tbody>
</table>
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. In 2020, 62 cases were reported. 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 22 May 2021, the total number of confirmed COVID-19 cases is 4,546, including six deaths and 4,198 recoveries.

Burundi has been experiencing measles outbreaks since November 2019 in camps hosting Congolese refugees and the disease spread in the host community in the district of Citiboke. A total of 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, Doubé-Mora, Limani-Kourgi, 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, 67,000 are camp refugees, and 462 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 66,000 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 23 May 2021, a total of 29,334 confirmed COVID-19 cases including 256 deaths and 26,842 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 with rival armed groups in the Northeast of the country, mainly in Ndélé, Birao, Batangafo and Bria. 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 650,000 IDPs are refugees in neighboring countries. In March, 33,571 new IDPs were registered mostly in the Nanga Bquirua, Bozoum, Paoua, Kouango, and Alindao sub-prefectures and in the outskirts of Bouar. Displacement was also noted in surrounding bushes and axes such as Bousanga – Nana-Bakassa and Paoua-Bozoum. In March, 37,171 people returned mainly in the Bangassou, Rafaï, Bambari, Grimari, Baboua, 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 21 May 2021, a total of 7,079 confirmed cases, 97 deaths and 6,665 recovered were reported.
### Health Emergency Information and Risk Assessment

#### Public Health 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>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central African Republic</td>
<td>Measles</td>
<td>Grade 2</td>
<td>15-Mar-19</td>
<td>01-Jan-19</td>
<td>10-May-21</td>
<td>34 805</td>
<td>34 805</td>
<td>194</td>
<td>-</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-May-19</td>
<td>24-May-19</td>
<td>19-May-21</td>
<td>25</td>
<td>25</td>
<td>0</td>
<td>0.0%</td>
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<tr>
<td>Chad</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>23-May-21</td>
<td>4 924</td>
<td>4 924</td>
<td>173</td>
<td>3.5%</td>
</tr>
<tr>
<td>Comoros</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Apr-20</td>
<td>30-Apr-20</td>
<td>22-May-21</td>
<td>3 872</td>
<td>3 872</td>
<td>146</td>
<td>-</td>
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<tr>
<td>Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>13-May-21</td>
<td>11 476</td>
<td>11 476</td>
<td>150</td>
<td>-</td>
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<tr>
<td>Democratic Republic of the Congo</td>
<td>Humanitarian crisis</td>
<td>Grade 3</td>
<td>20-Dec-16</td>
<td>17-Apr-17</td>
<td>25-Apr-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>01-Jan-20</td>
<td>25-Apr-21</td>
<td>2 682</td>
<td>-</td>
<td>83</td>
<td>3.1%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>10-Mar-20</td>
<td>21-May-21</td>
<td>30 863</td>
<td>30 862</td>
<td>779</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

#### Data on Specific Events

- **Dengue:** In 2020, there were 3 cases reported 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.
- **Yellow Fever:** From Institute Pasteur Dakar, 3 out of 13 samples tested positive for yellow fever by plaque reduction neutralization test (PRNT) including 1 from Korhogo (Dec 2020 onset).
- **CVDVPV2:** 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.
- **COVID-19:** In 2020, there were 46,942 confirmed cases, including 298 deaths, and 46,346 recoveries. Since 11 March 2020, there have been 1,226 cases reported, of which 110 were confirmed by IgM and seven deaths.
- **Measles:** Since the outbreak of measles in Kasai province, 10% of the affected population is under five years of age. Response activities are ongoing in the affected health districts.
- **Polio:** No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in this week. There were 4 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.
- **Cholera:** Since the start of the cholera outbreak in 2015, a total of 2,682 cases have been reported, including 83 deaths (case-fatality rate 3.1%) which were attributed to armed groups. Most (71%) were homicides and most (45%) occurred in Beni. In Kasai province, almost all villages on the Bakwakenge and Kakenge axis have emptied following intercommunal conflict at the end of March 2021.
- **SARS-CoV-2:** Since the start of the COVID-19 outbreak on 10 March 2020, a total of 30,862 confirmed cases and 779 deaths have been reported. A total of 27,614 people have recovered.
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).

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, Kwilu, Kwango and Sankuru provinces).

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.

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 269 194 cases of COVID-19 as of 23 May 2021, with 4 076 deaths and 228 757 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, 152 IgM 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%), 331 are 1-4 years old (35.8%), 321 are 5-14 years old (34.7%) and 162 are >= 15 years old (17.5%). 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 was 26. The total number of cVDPV2 cases reported is 40.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 21 May 2021, a total of 24 107 cases including 147 deaths and 20 976 recoveries have been reported in the country.

The first COVID-19 confirmed case was reported in the Gambia on 13 March 2020. As of 21 May 2021, a total of 5 978 confirmed COVID-19 cases including 147 deaths, and 5 754 recoveries have been reported in the country.

As of 19 May 2021, a total of 93 620 confirmed COVID-19 cases have been reported in Ghana. There have been 783 deaths and 91 581 recoveries reported.
Since the beginning of the year 2021, 149 cases have been reported with 2 deaths.

Ghana
- Poliomyelitis (cVDPV2)
- Grade 2
- Start: 09-Jul-19
- End: 08-Jul-19
- Total cases: 30
- Confirmed cases: 0
- Deaths: 0

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.

Guinea
- COVID-19
- Grade 3
- Start: 13-Mar-20
- End: 21-May-21
- Total cases: 22 988
- Confirmed cases: 22 988
- Deaths: 280

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 21 May 2021, a total of 22 988 cases including 20 699 recovered cases and 280 deaths have been reported in the country.

Guinea
- Ebola virus disease
- Grade 3
- Start: 14-Feb-21
- End: 4-Apr-21
- Total cases: 23
- Confirmed cases: 16
- Deaths: 12

Detailed update given above.

Guinea
- Lassa Fever
- Ungraded

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

Guinea
- Poliomyelitis (cVDPV2)
- Grade 2
- Start: 22-Jul-20
- End: 19-May-21
- Total cases: 49
- Confirmed cases: 49
- Deaths: 0

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.

Guinea-Bissau
- COVID-19
- Grade 3
- Start: 25-Mar-20
- End: 22-May-21
- Total cases: 3 751
- Confirmed cases: 3 751
- Deaths: 68

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 22 May 2021, the country has reported 3 751 confirmed cases of COVID-19 with 3 495 recoveries and 68 deaths.

Kenya
- COVID-19
- Grade 3
- Start: 13-Mar-20
- End: 23-May-21
- Total cases: 168 432
- Confirmed cases: 168 432
- Deaths: 3 059

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 23 May 2021, 168 432 confirmed COVID-19 cases including 3 059 deaths and 114 537 recoveries have been reported in the country.

Kenya
- Dengue
- Ungraded
- Start: 20-Oct-19
- End: 8-May-21
- Total cases: 597
- Confirmed cases: 31
- Deaths: 1

A dengue outbreak has been reported in Mombasa county. It has affected 6 sub-counties ( Changamwe, Jomvu, Kisauni,Likoni, Mvita, Nyali). From 1 January 2021 to the 8 May 2021, 356 cases have been reported of which 24 were confirmed by PCR.

Kenya
- Leishmaniasis
- Ungraded
- Start: 8-May-21
- End: 8-May-21
- Total cases: 542
- Confirmed cases: 721
- Deaths: 9

Since January 2020, a total of 721 visceral leishmaniasis confirmed cases with 9 deaths (CFR 1.2 percent), have been reported in 7 counties namely; Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera and Wajir. The outbreak is active in two counties, West Pokot and Wajir.

Kenya
- Measles
- Ungraded
- Start: 6-May-19
- End: 6-May-19
- Total cases: 597
- Confirmed cases: 31
- Deaths: 1

In October 2019, an outbreak of measles has been reported in nine sub-counties spread across five counties namely West Pokot and Garissa, with a new outbreak in Pokot South sub-county. A total of 597 cases, 31 confirmed cases with one death (CFR 0.2 percent) have been reported. In West Pokot, the outbreak has been continuous from 2019. The County has reported a new outbreak from a new sub county, Pokot South. Garissa County has reported eight cases with five confirmed.

Kenya
- Poliomyelitis (cVDPV2)
- Grade 2
- Start: 3-Feb-21
- End: 19-May-21
- Total cases: 1
- Confirmed cases: 1
- Deaths: 0

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 65nt changes from Sabin.

Lesotho
- COVID-19
- Grade 3
- Start: 13-May-20
- End: 22-May-21
- Total cases: 10 822
- Confirmed cases: 10 822
- Deaths: 326

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 22 May 2021, a total of 10 822 cases of COVID-19 have been reported, including 6 431 recoveries and 326 deaths.

Liberia
- Humanitarian crisis (refugee)
- Ungraded
- Start: 01-Nov-20
- End: 01-Nov-20
- Total cases: 2 114
- Confirmed cases: 2 114
- Deaths: 85

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 315 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.

Liberia
- COVID-19
- Grade 3
- Start: 16-Mar-20
- End: 6-May-21
- Total cases: 2 114
- Confirmed cases: 2 114
- Deaths: 85

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.
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.

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Koulakoro bringing the number of 2020 cases to 47.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 23 May 2021, a total of 19 149 cases including 458 deaths and 9 442 recoveries have been reported in the country.

The Ministry of Health notified the WHO of 8 cases, including 7 deaths, of Rift Valley Fever (RVF) (PCR positive) in breeders, which occurred between 13 September 2020 and 1 October 2020, in several localities in the departments of Tidjikja and Moundjéra (Tagant region), Guerou (Assaba region) and Chinguetti (Adrar region). The 7 deaths occurred in the Tagant region (5) and in Assaba region (2) among hospitalized cases with fever and haemorrhagic syndrome (petechiae, gingivorrhagia) and vomiting. The continuous surveillance of RVF at the animal level has confirmed the outbreaks in the Assaba, Tagant, Brakna, Trarza and Hodh El Gharbi regions. The results of 165 samples taken in the period from 16-23 September 2020, show that 33 camelds, 4 small ruminants and 6 cattle were positive.
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 9 May 2021, a total of 1 322 confirmed COVID-19 cases including 17 deaths and 1 196 recovered cases have been reported in the country.

Mozambique: Humanitarian crisis in Cabo Delgado

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 (28%), Nangade (26%), Pemba City (22%), Montepuez (13%) and Ibo (4%).

Mozambique: Cholera

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.

Namibia: COVID-19

The first COVID-19 confirmed case was reported in Namibia on 14 March 2020. As of 22 May 2021, a total of 52 946 confirmed COVID-19 cases were reported in the country including 831 deaths and 69 098 recoveries.

Niger: Humanitarian crisis

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, 313,000 are IDPs, 234,000 are refugees, and 2 million are food insecure (with 511,332 affected by food insecurity in the region, particularly in the departments of Tassara, Tahoua, and Tillia (Tillia county accounting for 70% of incident cases). 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.

Niger: Measles

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

Namibia: COVID-19

The first case of COVID-19 was detected in Namibia on 14 March 2020. As of 22 May 2021, a total of 52 946 confirmed cases with 49 213 recovered and 765 deaths have been reported.

Niger: Humanitarian crisis

On 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

From week 1 to 22 of 2020, Niger reported a total measles suspected case count of 2 077 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 10 227 cases were reported in eight regions in the country. 24 districts were affected by outbreaks in 2020.

Niger: Meningitis

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

Nigeria: Humanitarian crisis

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.

Nigeria: Humanitarian crisis

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 April and May 2021 leading to harmimg of civilians and a new wave of population displacement. IOM reports that more than 2 million people have left the affected area to neighboring Wards and LGAs. The violent attacks have been ongoing for months and growing insecurity has affected humanitarian 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: Poliomyelitis (cVDPV2)

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.
A choler 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 Obajig, 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 Gunma LGA with 10 deaths (CFR 17.2%).

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 23 May 2021, a total of 166,019 confirmed cases with 156,476 recovered and 2,067 deaths have been reported.

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 2,945 suspected cases out of which 41 deaths were recorded.

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).

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. The number of cases in 2021 still four.
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 21 May 2021, a total of 43,734 confirmed COVID-19 cases, 42,880 recoveries and 5,802 deaths have been reported, with 539,395 recoveries.

People in parts of South Sudan continue to face the highest levels of food insecurity since the country declared independence 10 years ago. 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+). The situation further, with above-normal rainfall predicted from the end of May 2021 in the eastern part of the country (Jonglei and Greater Pibor Administrative Area). Flooding is expected to complicate the situation further, with above-normal rainfall predicted from the end of May 2021 in the eastern part of the country (Jonglei and Greater Pibor Administrative Area). Acute food insecurity is affecting an estimated 11.6 million people, as of March 2021, an estimated 55.8% of the population is facing Crisis levels of food insecurity (IPC Phase 3+ or worse) - a figure that is expected to increase to 72% 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+). The situation further, with above-normal rainfall predicted from the end of May 2021 in the eastern part of the country (Jonglei and Greater Pibor Administrative Area). Flooding is expected to complicate the situation further, with above-normal rainfall predicted from the end of May 2021 in the eastern part of the country (Jonglei and Greater Pibor Administrative Area).

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 information on on-going COVID-19 outbreak on 7 May 2020.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported during the past week. There were nine cases in 2020 while the total number of cVDPV2 cases reported in 2019 remains 14.

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.

A confirmed case of Lassa fever was notified on 8 May 2021 at the Yomou prefecture hospital. The patient was also confirmed to be positive for COVID-19 and later died. To date, 21 May 2021, no new suspected cases of Lassa haemorrhagic fever have been reported. However, the prefecture of Bheeta is regarded as active, with 114 ongoing suspected cases, and 17 confirmed cases reported between 17 March 2020 and 21 May 2021.

The long-standing and complex humanitarian crisis in South Sudan continues. From the start of 2021, there is a total of 8.3 million people in need of humanitarian assistance, 1.6 million people internally displaced and 123,000 people living in protection of civilian sites across the country. In addition, acute food insecurity is affecting an estimated 5.8 million people, thought to be (Integrated Food Security Phase Classification (IPC)) phase 3 and above. FLOODING is expected to complicate the situation further, with above-normal rainfall predicted from the end of May 2021 in the eastern part of the country (Jonglei and Greater Pibor Administrative Area).

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 21 May 2021, a total of 10,670 confirmed COVID-19 cases were reported in the country including 115 deaths and 10,514 recovered cases.

A confirmed case of Hepatitis E notified on 8 May 2021 at the Yomou prefecture hospital. The patient was also confirmed to be positive for COVID-19 and later died. To date, no new confirmed cases of Hepatitis E have been reported. However, the prefecture of Bheeta is regarded as active, with 114 ongoing suspected cases, and 17 confirmed cases reported between 17 March 2020 and 21 May 2021.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There are now 56 cVDPV2 cases in the country; 6 in 2021 and 50 in 2020.

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 21 May 2021, a total of 43,734 confirmed COVID-19 cases, 42,880 recoveries and 356 deaths.

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.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported during the past week. There were nine cases in 2020 while the total number of cVDPV2 cases reported in 2019 remains 14.

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.
<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>Uganda</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>1-May-21</td>
<td>28-Apr-21</td>
<td>4-May-21</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

As of 4 May 2021, there are two confirmed cases of Crimean-Congo haemorrhagic fever (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.

<table>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Rift Valley Fever</td>
<td>Ungraded</td>
<td>20-May-21</td>
<td>12-May-21</td>
<td>20-May-21</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

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.

<table>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>23-May-21</td>
<td>93 201</td>
<td>93 201</td>
<td>1 268</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 23 May 2021, a total of 93 201 confirmed COVID-19 cases were reported in the country including 1 268 deaths and 91 156 recovered cases.

<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>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>6-May-19</td>
<td>07-Mar-21</td>
<td>813</td>
<td>0</td>
<td>3</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

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 Bhures 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.

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</tr>
</thead>
<tbody>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>23-May-21</td>
<td>38 682</td>
<td>38 682</td>
<td>1 586</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 23 May 2021, a total of 38 682 confirmed COVID-19 cases were reported in the country including 1 586 deaths and 36 453 cases that recovered.

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: [http://www.who.int/hac/about/erf/en/](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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