Overview

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 124 events in the region. This week's articles cover:

- COVID-19 across the WHO African region
- Ebola virus disease in Guinea
- Humanitarian crisis South Sudan

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 has increased in the African Region for the second consecutive week. Case numbers and deaths in South Africa also continue to increase. Additionally, Namibia, Uganda and Zambia have seen a concerning increase in case numbers, and Mali and Burkina Faso have showed a high case fatality ratio in recent weeks. Three countries have very high rates of community transmission and are of concern. Health worker infections continue to increase in several countries. Although major progress has been made with COVID-19 vaccinations, there remains a shocking imbalance in the global distribution of vaccines with Africa having vaccines sufficient for less than 1% of the population of the continent.

- The 42-day countdown to end of outbreak started in Guinea on 8 May 2021 and now stands at 21 days. Vaccination has now stopped, although four vaccinators remain in the area. 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 ongoing humanitarian crisis in South Sudan is being marked by an increase in violent incidents, including killings, towards humanitarian workers and NGO, which is hampering and in some cases, completely stopping, the provision of aid to affected populations. Food insecurity continues to be a major problem in six Priority 1 counties, where levels of global acute malnutrition are unacceptably high. A large gap in funding for emergency response activities remains.
The African Region recorded 49,594 new coronavirus (COVID-19) infections in the past seven days (24 - 30 May 2021), a 7.8% increase compared to the previous week when 46,018 new cases were reported. A total of 25 (54.4%) countries reported a decrease in new cases. Nineteen countries (41.3%) saw an increase in weekly cases in the past seven days. Algeria, Democratic Republic of the Congo, Eritrea, Eswatini, Guinea-Bissau, Mauritius, Mozambique, Senegal, Sierra Leone, South Africa, Uganda, Zambia and Zimbabwe had an increase equal to or above 20.0%. Comoros, and Sao Tome and Principe showed no significant change in case numbers during this reporting period.

More than half (55.2%; 27,360) of the new COVID-19 infections were reported from South Africa. This was followed by Uganda reporting 3,073 cases (6.2%), Kenya reporting 2,215 (5.0%), Ethiopia (2,151; 4.3%) and Namibia (1,934; 4.0%). Kenya, and Ethiopia had a decline in cases, while Namibia, Uganda and South Africa observed an increase. Uganda is now reporting the second highest number of cases, surpassing Ethiopia, Kenya and Algeria, which have reported high numbers for the past two months.

There was no significant change in the number of new deaths reported in the past week compared to the previous week. A total of 1,085 new deaths were recorded from 30 countries in this period. More than half of the deaths were reported from South Africa (637, 58.7%), followed by Kenya with 98 (9.0%), Ethiopia 79 (7.3%), Namibia 50 (4.6%) and Algeria 47 (4.3%). Other countries reporting deaths in this period include; Angola (39), Madagascar (29), Botswana (22), Zambia (10), Cabo Verde (8), Senegal (8), Zimbabwe (8), Mauritania (5), Mozambique (5), Equatorial Guinea (1), Uganda (4), Nigeria (4), Democratic Republic of the Congo (3), Gabon (3), Côte d'Ivoire (3), Rwanda (3), Mali (3), Seychelles (2), Ghana (2), Guinea (2), Malawi (2), Burkina Faso (1), Eswatini (1), Central African Republic (1), and Gabon (1). Overall, the death trend across the region has plateaued in the past weeks, although a few countries including Angola, Namibia, Kenya, South Africa and Zambia are experiencing an increasing trend.

Since the start of the COVID-19 outbreak in the African Region, the cumulative total number of confirmed cases is over 3,461,414, with more than 3,148,967 recoveries, giving a recovery rate of 91.0%. The death count is more than 86,882. 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%.

South Africa has the highest number of cases (441 cases/million), Democratic Republic of Congo (365 cases/million), Burundi (363 cases/million), Chad (309 cases/million), and Niger (238 cases/million) are the five countries with the lowest cumulative attack rate.

South Africa has the highest number of deaths in the region (56,439, 65.0%). This is followed by Ethiopia (4,155, 4.8%), Algeria (3,465, 4.0%), Kenya (3,157, 3.6%), and Nigeria (2,071, 2.4%), accounting for 80.0% (69,287) of cumulative deaths.

Cumulatively, the median number of deaths per million in the African Region is estimated at 27.9/million population (range: 0.4/million – 964/million) with an average cumulative death rate per million in the African region estimated at 79.6 million population. South Africa (964 deaths/million population), Eswatini (586/million), Cabo Verde (480/million), Seychelles (410/million), Botswana (339/million) and Namibia (330/million) are the five countries with the highest number of COVID-19-related deaths per million population. Uganda (8.2/million population, Benin (8.1/million), Burkina Faso (8.0/million, Eritrea (4.4/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, 187 new health worker infections were reported from Namibia (82), Uganda (44), Seychelles (41), Niger (16) and Kenya (4). In addition, 283 health worker infections were retrospectively reported from Zimbabwe (181) and Cameroon (51). To date, there have been 112,829 COVID-19 infections (3.3% of all cases) among health workers, with South Africa accounting for about 50.0% of these cases. Algeria (11,936, 10.6%), Kenya (5,166, 4.6%), Ghana (4,763, 4.2%) and Zimbabwe (4,391, 3.9%) have also recorded a high number of health worker infections. Other countries reporting health worker infections are shown in Table 1. Zimbabwe (11.3%), Liberia (10.3%), and Guinea-Bissau (10.0%), 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 4.8 million. The total number of deaths exceeded 130,000 (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. 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.

As of 27 May 2021, 28 million COVID-19 vaccine doses have been administered in Africa, which represents less than two doses administered per 100 people in the African continent. Globally, 1.5 billion COVID-19 vaccine doses have been administered. Africa has vaccines sufficient for less than 1% of its population, a striking disparity with the rest of the world. This is one of the areas of greatest attention and urgency.
The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by reporting date, 25 February 2020 – 30 May 2021 ($n = 3461414$)

**SITUATION INTERPRETATION**

In the past seven days, the African region observed another increase in the number of daily cases. The number of daily cases and deaths also continued to increase for another week in South Africa. The spike in cases observed in Namibia, Uganda and Zambia is concerning. At the same time, a plateau in deaths has been observed over recent weeks, with Namibia and South Africa, however, showing an increasing trend. Overall, 3.4 million cases, with nearly 87 000 deaths have been reported since the start of the pandemic. The majority of the countries in the region are experiencing community transmission. Although some progress has been made, there remains a shocking imbalance in the global distribution of vaccines.
### Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 30 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>1 662 825</td>
<td>56 439</td>
<td>1 556 874</td>
<td>3.4 %</td>
<td>56 180</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>271 345</td>
<td>4 155</td>
<td>237 544</td>
<td>1.5 %</td>
<td>3 313</td>
</tr>
<tr>
<td>Nigeria</td>
<td>170 647</td>
<td>3 157</td>
<td>116 776</td>
<td>1.9 %</td>
<td>5 166</td>
</tr>
<tr>
<td>Kenya</td>
<td>166 315</td>
<td>2 071</td>
<td>156 558</td>
<td>1.2 %</td>
<td>3 175</td>
</tr>
<tr>
<td>Algeria</td>
<td>128 725</td>
<td>3 465</td>
<td>89 625</td>
<td>2.7 %</td>
<td>11 936</td>
</tr>
<tr>
<td>Ghana</td>
<td>95 050</td>
<td>1 278</td>
<td>91 752</td>
<td>1.3 %</td>
<td>814</td>
</tr>
<tr>
<td>Zambia</td>
<td>93 898</td>
<td>785</td>
<td>91 961</td>
<td>0.8 %</td>
<td>4 763</td>
</tr>
<tr>
<td>Mozambique</td>
<td>77 982</td>
<td>1 270</td>
<td>72 926</td>
<td>1.6 %</td>
<td>2 664</td>
</tr>
<tr>
<td>Cameroon</td>
<td>70 780</td>
<td>836</td>
<td>69 507</td>
<td>1.2 %</td>
<td>3 501</td>
</tr>
<tr>
<td>Namibia</td>
<td>56 313</td>
<td>831</td>
<td>50 494</td>
<td>1.5 %</td>
<td>61</td>
</tr>
<tr>
<td>Botswana</td>
<td>55 141</td>
<td>824</td>
<td>50 443</td>
<td>1.5 %</td>
<td>2 412</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>47 195</td>
<td>301</td>
<td>46 591</td>
<td>0.6 %</td>
<td>943</td>
</tr>
<tr>
<td>Uganda</td>
<td>47 147</td>
<td>362</td>
<td>43 401</td>
<td>0.8 %</td>
<td>1 987</td>
</tr>
<tr>
<td>Senegal</td>
<td>41 387</td>
<td>1 138</td>
<td>40 027</td>
<td>2.7 %</td>
<td>419</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>41 266</td>
<td>835</td>
<td>40 285</td>
<td>2.0 %</td>
<td>70</td>
</tr>
<tr>
<td>Madagascar</td>
<td>38 944</td>
<td>1 594</td>
<td>36 591</td>
<td>4.1 %</td>
<td>4 391</td>
</tr>
<tr>
<td>Malawi</td>
<td>34 366</td>
<td>764</td>
<td>27 776</td>
<td>2.2 %</td>
<td>939</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>34 335</td>
<td>1 155</td>
<td>32 609</td>
<td>3.4 %</td>
<td>1 886</td>
</tr>
<tr>
<td>Angola</td>
<td>31 651</td>
<td>782</td>
<td>27 665</td>
<td>2.5 %</td>
<td>256</td>
</tr>
<tr>
<td>Rwanda</td>
<td>30 359</td>
<td>264</td>
<td>28 428</td>
<td>0.9 %</td>
<td>140</td>
</tr>
<tr>
<td>Gabon</td>
<td>26 918</td>
<td>352</td>
<td>25 609</td>
<td>1.3 %</td>
<td>682</td>
</tr>
<tr>
<td>Cabo Verde</td>
<td>24 365</td>
<td>150</td>
<td>21 791</td>
<td>0.6 %</td>
<td>345</td>
</tr>
<tr>
<td>Guinea</td>
<td>23 172</td>
<td>161</td>
<td>20 971</td>
<td>0.7 %</td>
<td>682</td>
</tr>
<tr>
<td>Eswatini</td>
<td>19 494</td>
<td>463</td>
<td>18 475</td>
<td>2.4 %</td>
<td>24</td>
</tr>
<tr>
<td>Mauritania</td>
<td>18 591</td>
<td>673</td>
<td>17 867</td>
<td>3.6 %</td>
<td>577</td>
</tr>
<tr>
<td>Mali</td>
<td>14 265</td>
<td>517</td>
<td>9 700</td>
<td>3.6 %</td>
<td>87</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>13 457</td>
<td>125</td>
<td>12 808</td>
<td>0.9 %</td>
<td>891</td>
</tr>
<tr>
<td>Togo</td>
<td>13 430</td>
<td>166</td>
<td>12 248</td>
<td>1.2 %</td>
<td>288</td>
</tr>
<tr>
<td>Lesotho</td>
<td>11 736</td>
<td>40</td>
<td>10 379</td>
<td>0.3 %</td>
<td>653</td>
</tr>
<tr>
<td>Congo</td>
<td>11 658</td>
<td>153</td>
<td>10 591</td>
<td>1.3 %</td>
<td>203</td>
</tr>
<tr>
<td>South Sudan</td>
<td>10 831</td>
<td>326</td>
<td>6 434</td>
<td>3.0 %</td>
<td>473</td>
</tr>
<tr>
<td>Benin</td>
<td>10 688</td>
<td>115</td>
<td>10 514</td>
<td>1.1 %</td>
<td>391</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>8 529</td>
<td>118</td>
<td>8 146</td>
<td>1.4 %</td>
<td>401</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>8 058</td>
<td>101</td>
<td>7 932</td>
<td>1.3 %</td>
<td>139</td>
</tr>
<tr>
<td>Gambia</td>
<td>7 085</td>
<td>98</td>
<td>6 665</td>
<td>1.4 %</td>
<td>1</td>
</tr>
<tr>
<td>Niger</td>
<td>5 993</td>
<td>179</td>
<td>5 780</td>
<td>3.0 %</td>
<td>142</td>
</tr>
<tr>
<td>Seychelles</td>
<td>5 410</td>
<td>192</td>
<td>5 083</td>
<td>3.5 %</td>
<td>355</td>
</tr>
<tr>
<td>Chad</td>
<td>4 929</td>
<td>173</td>
<td>4 746</td>
<td>3.5 %</td>
<td>292</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>4 790</td>
<td>6</td>
<td>4 471</td>
<td>0.1 %</td>
<td>38</td>
</tr>
<tr>
<td>Burundi</td>
<td>4 140</td>
<td>79</td>
<td>3 128</td>
<td>1.9 %</td>
<td>260</td>
</tr>
<tr>
<td>Comoros</td>
<td>4 061</td>
<td>14</td>
<td>3 812</td>
<td>0.3 %</td>
<td>0</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>3 951</td>
<td>146</td>
<td>3 719</td>
<td>3.7 %</td>
<td>155</td>
</tr>
<tr>
<td>Eritrea</td>
<td>3 766</td>
<td>68</td>
<td>3 518</td>
<td>1.8 %</td>
<td>377</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>2 345</td>
<td>37</td>
<td>2 290</td>
<td>1.6 %</td>
<td>102</td>
</tr>
<tr>
<td>Liberia</td>
<td>2 179</td>
<td>86</td>
<td>2 033</td>
<td>3.9 %</td>
<td>224</td>
</tr>
<tr>
<td>Mauritius</td>
<td>1 393</td>
<td>17</td>
<td>1 244</td>
<td>1.2 %</td>
<td>30</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>509</td>
<td>21</td>
<td>180</td>
<td>4.1 %</td>
<td>1</td>
</tr>
<tr>
<td><strong>Cumulative Cases (N=47)</strong></td>
<td><strong>3 461 414</strong></td>
<td><strong>86 882</strong></td>
<td><strong>3 148 967</strong></td>
<td><strong>2.5 %</strong></td>
<td><strong>112 829</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, as of 30 May 2021, which was day 20 to the end-of-outbreak. A total of 45 new suspected cases were notified in this period, of which 40 were not validated.

As of 29 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 29 May 2021, there were 58 new alerts received in Nzerekore, including eight deaths, of which 38 (66.0%) were investigated. A total of 23 were validated, including the deaths. In neighbouring prefectures, 11 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 10 873 people has been vaccinated, including 622 high-risk contacts, 9 717 contacts-of-contacts and 534 probable contacts, including 2 879 frontline workers. No new vaccines are being administered.
- Five suspected cases are currently hospitalized in the Epidemic Diseases Hospital treatment centres.
- Eight new community deaths were reported, with eight samples collected and no safe and dignified burials carried out.
- Infection prevention and control (IPC) activities include a performance assessment of Yalenzou community health centre and Yomou Prefecture Hospital, followed by a briefing of 10 health workers in handling reusable materials.
- Risk communication and community engagement (RCCE) included support to the communication commission; reports on the socio-anthropological research into the Ebola virus outbreak and support to the surveillance commission in training health workers in Koropara.

SITUATION INTERPRETATION

The 42-day countdown to the end of outbreak declaration continues, now standing at 21 days. Few community alerts are received, and 24-hour follow-up remains poor. 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.
Health partners continue to expand access to health services through re-establishment of critical static primary healthcare and mobile service delivery across the six Priority 1 counties of Pibor, Akaobo, Tonj East, Tonj South, Tonj North and Aweil South.

WHO is supporting emergency partners in these six counties in providing 211 interagency health kits (which can support 211 000 people for three months), 91 pneumonia kits, 19 severe acute malnutrition with medical complications kits and 26 cholera investigation kits; additionally, partners are setting up mobile clinics in new locations.

Weekly trends of top causes of morbidity and mortality are being monitored for potential upsurges and timely investigation and new reporting sites have been created for emergency partners who have begun to upscale responses in Akobo, Tonj East and South and Aweil South.

Integrated Disease Surveillance and Response training for health workers and rapid response teams targeting 40 participants started on 29 May 2021 in Pibor.

Emergency Mobile Medical teams continue to provide integrated mobile health and nutrition services in GPAA.

Mop up polio vaccination campaigns are planned in Akobo where the post-campaign evaluations show low coverage.

Cholera preparedness and readiness measures are ongoing in Pibor, Akobo and other counties bordering Ethiopia where there is an active cholera outbreak.

The ongoing humanitarian crisis in South Sudan is being marked by a rise in attacks on humanitarian workers in the first quarter of 2021. These have resulted in disruption of critical service delivery, as partners relocated or downscaled their operations in affected areas. The latest incidents include the killing of a healthcare worker in Ganyiel, Panyijiar, Unity State, an attack on a humanitarian convoy in Kock in Unity State on 21 May 2021 and an assault on NGO staff in Upper Nile on 10 May 2021. In addition, an aid worker was killed in Eastern Equatoria on 12 May 2021.

Fresh escalation of violence between community militias in the Greater Pibor Administrative Area (GPAA), which started on 7 May 2021, has resulted in increased population displacement and a temporary suspension of humanitarian operations. At the height of the fighting there were about 800 000 internally displaced persons (IDPs) sheltering in schools in Pibor. People are now returning to their homes, however, there are still 10 000 IDPs sheltering in Pibor town.

Food insecurity continues to be a major concern in South Sudan, with a multi-sectoral response intensifying efforts to reach food insecure populations with humanitarian assistance in six priority 1 counties ongoing since December 2020. The Integrated Food Security Phase Classification (IPC) report in December 2020 projected an estimated 810 000 people in crisis or worse levels of food insecurity, with 108 000 in IPC Phase 5 catastrophe during the lean season of April to July 2021. The most recent SMART surveys conducted show global acute malnutrition (GAM) of 21.6% in Pibor, 19.0% in Akobo West, 18.4% in Tonj North and 23.1% in Aweil South. These figures are indicative of a critical nutrition situation in these counties. The recent escalation of violence in GPAA has resulted in substantial disruption of the ongoing response and destruction of properties and essential supplies.

Malaria remains the top cause of morbidity, accounting for 51.0% of all outpatient cases and 48.0% of all alerts generated through the early warning and response mechanism in week 19 (week ending 8 May 2021). There is active rubella transmission in Tambura (six confirmed cases) and Nagero (three confirmed cases) counties in Western Equatoria. A suspected measles case in Pibor returned positive for measles IgM antibodies in Pibor, which will be fully investigated when the security situation permits.

PUBLIC HEALTH ACTIONS

- Health partners continue to expand access to health services through re-establishment of critical static primary healthcare and mobile service delivery across the six Priority 1 counties of Pibor, Akaobo, Tonj East, Tonj South, Tonj North and Aweil South.
- WHO is supporting emergency partners in these six counties in providing 211 interagency health kits (which can support 211 000 people for three months), 91 pneumonia kits, 19

The continued escalation of violence, both against humanitarian workers and between community militias, threatens the provision of humanitarian response actions to highly vulnerable populations in large areas of South Sudan. Epidemic prone diseases continue to be reported, coming in the context of the COVID-19 pandemic, and straining already compromised health facilities and resources. Population movement as a result of violence puts further strain on communities, who, already suffering from inadequate resources, find themselves hosting refugee populations. There is still a gap of US$ 20 million in funding for WHO emergency operations. National authorities and partners need urgently to address these challenges.
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.

- The continuing attacks on humanitarian workers, coupled with inter-community violence, continue to place enormous stress on the population of South Sudan. The humanitarian response is frequently interrupted or stopped altogether, adding further strain. The large funding gap in the budgeted emergency response plan makes planning further humanitarian activities particularly difficult.

Proposed actions

- The increasing number of health worker infections also remains a major concern and countries need to understand the situation around infection prevention and control measures. Member states should continue controlling the pandemic with a combination of vaccination where available and adherence to all set public health measures. The current low vaccine availability in Africa highlights a striking difference when you look at the situation in any other region of the world, thus needs greatest attention and urgency for action.

- 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.

- Authorities and partners in South Sudan need urgently to address the underlying drivers of the crisis, namely continuing violence, population displacement and lack of funding for the WHO emergency response plan.
Between 9 March 2020 and 28 May 2021, a total of 13 430 confirmed cases of COVID-19 with 165 deaths and 13 248 recoveries have been reported from Burkina Faso.

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.

On 25 February 2020 to 30 May 2021, a total of 128 725 confirmed cases of COVID-19 with 3 465 deaths (CFR 2.7%) have been reported from Algeria. A total of 89 625 cases have recovered.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 30 May 2021, a total of 34 366 confirmed COVID-19 cases have been reported in the country with 764 deaths and 27 776 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, Quirque, Benga (Cuanga Norte) and Dande (Bengo). A Catch up campaign was conducted on the end of March.

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 24 May 2021, a total of 8 058 confirmed cases have been reported in the country with 101 deaths and 7 932 recoveries.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were 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.

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 24 May 2021, a total of 8 058 confirmed cases have been reported in the country with 101 deaths and 7 932 recoveries.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. Since the beginning of 2021, so far one case was notified 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.

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 24 May 2021, a total of 56 313 confirmed COVID-19 cases were reported in the country including 831 deaths and 50 494 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 1 218 754 internally displaced persons and 22 045 refugees registered as of 30 April 2021 in all 13 regions in the country. In April 2021, more than 71 000 new IDPs were registered. The presence of jihadist groups and self-defense 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 April 2021, 76 health facilities were closed, and 245 other health facilities are working with reduced services. 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. It is projected that 2.9 million people will need of humanitarian assistance, more than 2.07 million people are in at least phase 3 conditions of food insecurity.

Between 9 March 2020 and 28 May 2021, a total of 13 430 confirmed cases of COVID-19 with 165 deaths and 13 248 recoveries have been reported from Burkina Faso.
<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>Burkin Faso</td>
<td>Hepatitis E</td>
<td>Grade 1</td>
<td>7-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>
<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>31-Mar-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cameroon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>6-Mar-20</td>
<td>19-May-21</td>
<td>77 982</td>
<td>77 982</td>
<td>1 270</td>
<td>1.6%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Measles</td>
<td>Ungraded</td>
<td>2-4-Feb-19</td>
<td>1-Jan-21</td>
<td>25-May-21</td>
<td>1 036</td>
<td>6</td>
<td>20</td>
<td>-</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>7-Feb-21</td>
<td>4-Jan-21</td>
<td>18-Apr-21</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>33.3%</td>
</tr>
<tr>
<td>Burkin Faso</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-20</td>
<td>1-Jan-20</td>
<td>26-May-21</td>
<td>63</td>
<td>63</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Burkin Faso</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-20</td>
<td>1-Jan-20</td>
<td>26-May-21</td>
<td>63</td>
<td>63</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

From 8 September to 28 March 2021, there were a total of 847 cases of febrile jaundice detected, including 706 in the Barsalagho 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 undetermined at the Laboratoire National de Référence des Fièvres Hémorragiques Virales (LNR-FHV) in Centre Muraz; a total of four samples were sent to IPD for confirmation. Results showed two samples tested PCR positive for Hepatitis E; seroneutralization results revealed 4 positive yellow fever results, however with very low titres; and 0 samples tested RT-PCR positive for yellow fever. This has now been confirmed as a hepatitis E outbreak.

Burkin Faso was the first country to confirm the COVID-19 case on 6 March 2020. As of 19 May 2021, a total of 77 982 cases have been confirmed, including 1 270 deaths and 72 926 recoveries.

Burkin Faso 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 Cibitoke. 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, Burkin Faso reported a total of 564 measles cases. 3 districts reported cases during week 16: Bujumbura north (4), Giteari (1), Kabi (1). 3 new suspected cases during week 19.

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 by route nationale 1, Limani-Madgera, Double-Mora, Limani-Kourou, Mora-Kousseri axes which are the object of attacks by NSAGs. According to OCHA reports, an estimated 1.2 million people need assistance, 332 000 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 Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 19 May 2021, a total of 77 982 cases have been confirmed, including 1 270 deaths and 72 926 recoveries.

From January to 25 May 2021, Cameroon has reported 1 036 suspected cases with 6 confirmed cases within 4 affected districts, and 20 deaths. There is an ongoing outbreak in the east Region (Yokadouma).

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were seven cases reported in 2020.

On 11 January 2021, the Centre Pasteur du Cameroon confirmed a case of yellow fever by seroneutralization in the health district of Dschang. The case was a 36-year-old female resident of the Dounding health area, Dschang health district, whose onset of symptoms occurred on 19 December 2020 with jaundice. She died on 1 February 2021 following surgery for a gallbladder abscess. Between 1 February and 18 March 2021, 4 additional cases tested IgM positive for yellow fever, of which 2 were confirmed by seroneutralization from the health districts of Yagoua (confirmed on 15 March 2021) and Maga (confirmed on 26 March 2021).

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 30 May 2021, a total of 30 359 confirmed COVID-19 cases including 264 deaths and 28 428 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, Batangafo and Bri. During April 2021, the prefectures of Nana-Gribizi (7 incidents), Ouham (6 incidents), and Bamingui-Bamoran (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, 729K people are internally displaced as of 30 April, and 673K persons are refugees in neighboring countries. In April 2021, 13 037 new IDPs were registered mostly Kabo and Markouda sub-prefectures (Dschang Prefecture) and in Bocaranga, Koui and Poua (Ouham Pendé). Also in April 2021, 22 311 people returned mainly in Markouda, Kabo and Bossangoa sub-prefectures (Ouham), the outskirts of Bouar (Nana-Mambéré) and the capital Bangui.
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 25 May 2021, a total of 7 085 confirmed cases, 98 deaths and 6 665 recovered were reported.

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.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 30 May 2021, a total of 4 929 confirmed COVID-19 cases were reported in the country including 173 deaths and 4 746 cases who have recovered.

In 2020, Chad reported 8 785 confirmed cases, with 363 confirmed cases and 41 deaths. Since 1 January 2021 to date (2 May 2021), there have been 1 367 cases reported, 87 of which were confirmed by IgM and 8 deaths.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported 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.

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 30 May 2021, a total of 3 881 confirmed COVID-19 cases, including 146 deaths and 3 719 recoveries were reported in the country.

Since 1 January 2020 to date (2 May 2021), there have been 11 658 confirmed COVID-19 cases, including 153 deaths and 10 591 recovered cases have been reported in the country.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 30 May 2021, a total of 4 929 confirmed COVID-19 cases were reported in the country.

Since 11 March 2020, a total of 47 195 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 146 deaths and 46 591 recoveries.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 30 May 2021, a total of 4 929 confirmed COVID-19 cases were reported in the country.

Since 11 March 2020, a total of 47 195 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 301 deaths, and a total of 46 591 recoveries.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The total number of cases in 2020 was 60.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 30 May 2021, a total of 4 929 confirmed COVID-19 cases were reported in the country.

Since 11 March 2020, a total of 47 195 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 301 deaths, and a total of 46 591 recoveries.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The total number of cases in 2020 was 60.

Since 11 March 2020, a total of 47 195 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 301 deaths, and a total of 46 591 recoveries.

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 31 650 confirmed cases and one probable case, including 782 deaths have been reported. A total of 27 665 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).

From 22 April 2021, a cluster of deaths due to suspected pneumonic plague were recorded in the health zone of Fataky, Ituri province, Democratic Republic of the Congo. The patients presented headache, fever, chills, coughing sometimes with blood, dyspnea, vomiting blood, etc. An investigation was conducted during which suspected cases were identified and samples taken to be shipped to the Institut National de Recherche Biomédicale (INRB) in Kinshasa for confirmatory testing. From 22 April to 22 May 2021, 19 suspected pneumonic plague cases including 11 deaths were recorded in two health areas (Bu-Kachele and Bule) of the Fataky health zone. From epidemiological week 1 to 19, 2021 (ending on 16 May), 75 suspected plague cases including one death were reported in five health zones in Ituri province. From January to December 2020, 461 suspected plague cases of which 31 deaths were reported in eight health zones of Ituri. The health zones of Birilingi, Rethy, and Aru reported the most cases.

Five cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; three in Sud-Ubangi and one each in Nord-Ubangi and Mongala. There are now seven cases reported 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 first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 29 May 2021, a total of 4,016 confirmed COVID-19 cases with 14 deaths were reported in the country. The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 31 May 2021, a total of 18,591 cases have been reported in the country including 17,867 recoveries. A total of 6,731 associated deaths have been reported.

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 28 May 2021, a total of 8,529 cases have been reported in the country with 118 deaths and 8,146 recoveries.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 29 May 2021, a total of 4,016 confirmed COVID-19 cases with 14 deaths were reported in the country. A total of 3,812 patients have recovered from the disease.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 31 May 2021, a total of 18,591 cases have been reported in the country including 17,867 recoveries. A total of 6,731 associated deaths have been reported.

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 271,345 cases of COVID-19 as of 30 May 2021, with 4,155 deaths and 237,544 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, Eribat, 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.
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 suspected case is a 54-year-old man living in Agorkpo Eloeke Community, North Tongu District, Volta Region in Ghana. He noticed a blister on his right foot which burst on the 1st of May, 2021 with a whitish worm emerging from the resultant wound. Dracunculiasis is one of diseases under WHO elimination program and the area has spent about 20 years without suspected case reported. Sample of the worm will be taken and shipped to WHO/CDC Collaborative laboratory in Atlanta for laboratory investigation. Active community case finding is ongoing.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 29 May 2021, a total of 23 172 cases including 20 971 recovered cases and 283 deaths have been reported in the country.

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.

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

Since January 2020, a total of 822 visceral leishmaniasis confirmed cases with nine deaths (CFR 1.2%), have been reported in seven counties namely: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera and Wajir. The outbreak is active in two counties, West Pokot and Wajir.

In October 2019, an outbreak of measles has been reported in nine sub-counties spread across five counties namely West Pokot, Garissa, Wajir, Tana River and Kilifi. As of 8 May 2021, the outbreak is still active in 5 sub-counties across two counties (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%) 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.

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 29 May 2021, a total of 10 831 cases of COVID-19 have been reported, including 6 434 recoveries and 326 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 315 Ivorian asylum seekers who entered Liberia through Maryland County on 9 and 10 March 2021 and pre-registered by the Liberia Refugee Repatriation and Resettlement Commission (LRRRC) and UNHCR during the reporting period.
### Country | Event | Grade | Date notified to WCO | Start of reporting period | End of reporting period | Total cases | Confirmed | Deaths | CFR |
--- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
Liberia | COVID-19 | Grade 3 | 16-Mar-20 | 16-Mar-20 | 25-May-21 | 2,174 | 2,174 | 86 | 4.0% |
Liberia | Measles | Ungraded | 24-Sep-17 | 1-Jan-19 | 16-May-21 | 162 | 103 | 0 | 0.0% |
Liberia | Poliomyelitis (cVDPV2) | Grade 2 | 10-Dec-20 | 17-Dec-20 | 26-May-21 | 2 | 2 | 0 | 0.0% |
Madagascar | COVID-19 | Grade 3 | 20-Mar-20 | 20-Mar-20 | 29-May-21 | 41,266 | 41,266 | 835 | 2.0% |
Madagascar | Malaria | Ungraded | 8-Mar-21 | 8-Mar-21 | 8-Mar-21 | - | - | - | - |
Madagascar | Poliomyelitis (cVDPV2) | Grade 2 | 28-Apr-21 | 28-Apr-21 | 26-May-21 | 6 | 6 | 0 | 0.0% |
Malawi | COVID-19 | Grade 3 | 2-Apr-20 | 2-Apr-20 | 30-May-21 | 34,335 | 34,335 | 1,154 | 3.4% |
Mali | Humanitarian crisis | Protracted 1 | n/a | n/a | 31-Mar-21 | - | - | - | - |
Mali | COVID-19 | Grade 3 | 25-Mar-20 | 25-Mar-20 | 30-May-21 | 14,265 | 14,265 | 517 | - |
Mali | Measles | Ungraded | 20-Feb-18 | 1-Jan-21 | 16-May-21 | 754 | 362 | 0 | 0.0% |
Mauritania | COVID-19 | Grade 3 | 13-Mar-20 | 13-Mar-20 | 30-May-21 | 19,494 | 19,494 | 463 | 2.4% |
Mauritius | COVID-19 | Grade 3 | 18-Mar-20 | 18-Mar-20 | 27-May-21 | 1,393 | 1,393 | 17 | 1.2% |

From 16 March 2020 to 25 May 2021, a total of 2,174 cases including 86 deaths and 2,033 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 20 (week ending 16 May 2021), 7 suspected cases were reported from Nimba (2), Lofa (1), Grand Gedeh (4) and Sinoe (1) Counties. Among the 7 suspected cases, 2 cases are <5 years (28.6%) and 5 cases are >5 years (71.4%). Since the beginning of 2021, 162 total cases were reported of which 103 were confirmed (16 laboratory-confirmed, 76 clinically confirmed and 11 epi-linked)

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The country has reported 2 cases.

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 29 May 2021, a total of 41,266 cases have been reported in the country, out of which 40,285 have recovered and 835 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.

Three cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported; two in Boeni and one in Sud-Est. There are now four cases in 2021 and two from 2020.

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 Vatoavy Flothony region.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 30 May 2021, the country has a total of 34,335 confirmed cases with 1,154 deaths and 32,699 recoveries.

The 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 31 March 2021, an estimated 346,864 people were internally displaced and 155,151 are refugees.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 30 May 2021, a total of 14,265 confirmed COVID-19 cases have been reported in the country including 517 deaths and 9,700 recoveries.

Measles outbreak is ongoing in Mali. During week 19 (week ending 16 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 754 suspected cases of which 362 were confirmed. It shows an increase of 17.72% 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 Kayes bringing the number of 2020 cases to 48.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 30 May 2021, a total of 19,494 cases including 463 deaths and 18,475 recovered cases have been reported in the country.

The Ministry of Health notified the WHO of 8 cases, including 7 deaths, of Rift Valley Fever (RVF) (PCR positive) in breeders, which occurred between 13 September 2020 and 1 October 2020, in several localities in the departments of Tidjikja and Moudjéra (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 Elgharbi regions. The results of 165 samples taken in the period from 16-23 September 2020, show that 33 camels, 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 27 May 2021, a total of 1,393 confirmed COVID-19 cases including 17 deaths and 1,244 recovered cases have been reported in the country.
### Health Emergency Information and Risk Assessment

#### Mozambique

**Humanitarian crisis in Cabo Delgado**
- **Grade**: 2
- **Date notified to WCO**: 1-Jan-20
- **Start of reporting period**: 1-Jan-20
- **End of reporting period**: 22-May-21
- **Total cases**: -
- **Cases Confirmed**: -
- **Deaths**: -
- **CFR**: -

The security situation in Cabo Delgado remains precarious and unpredictable 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 22 May 2021, an estimated total of 57 089 IDPs had been registered arriving by foot, bus, boat and air from Palma to the districts of Nangade, Mueda, Montpuez, and Pemba. Most IDPs are being integrated into families and in accommodation centers.

#### Mozambique

**Cholera**
- **Ungraded**: 20-Feb-20
- **Date notified to WCO**: 31-Jan-20
- **Start of reporting period**: 17-Jan-21
- **End of reporting period**: 2 952
- **Total cases**: 108
- **Deaths**: 40
- **CFR**: 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: Mocímboa da Praia (380 cases), Ibo (440 cases), Macomia (247 cases), Pemba (885 cases), Metuge (571 cases), Chiure (377 cases) and Montepuez (252 cases). The districts of Mocímboa da Praia and Macomia have not been reporting data because of ongoing insurgent attacks in the area.

#### Mozambique

**COVID-19**
- **Grade**: 3
- **Date notified to WCO**: 22-Mar-20
- **Start of reporting period**: 22-Mar-20
- **End of reporting period**: 30-May-21
- **Total cases**: 70 780
- **Deaths**: 836
- **CFR**: 1.2%

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 30 May 2021, a total of 70 780 confirmed COVID-19 cases were reported in the country including 836 deaths and 69 507 recoveries.

### Nigeria

**Measles**
- **Ungraded**: 25-Jun-20
- **Date notified to WCO**: 1-Jan-21
- **Start of reporting period**: 18-Apr-21
- **End of reporting period**: 726
- **Total cases**: -
- **Cases Confirmed**: 0
- **Deaths**: 0
- **CFR**: 0.0%

Since the beginning of 2021, measles outbreaks are active in 11 provinces. As of week 15, there were 726 cases reported.

### Namibia

**COVID-19**
- **Grade**: 3
- **Date notified to WCO**: 14-Mar-20
- **Start of reporting period**: 14-Mar-20
- **End of reporting period**: 29-May-21
- **Total cases**: 5 141
- **Deaths**: 141
- **CFR**: 2.74%

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 29 May 2021, a total of 5 141 confirmed cases with 50 443 recovered and 824 deaths have been reported.

### Namibia

**Hepatitis E**
- **Protracted 1**: 1-Dec-17
- **Date notified to WCO**: 8-Sep-17
- **Start of reporting period**: 10-Jan-21
- **End of reporting period**: 10 227
- **Total cases**: 10 227
- **Deaths**: 66
- **CFR**: 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. Khamas Region remains the most affected region, accounting for 5 103 (50%) of reported cases, followed by Erongo 1 916 (19%) since the outbreak began.

### Niger

**Humanitarian crisis**
- **Protracted 1**: 1-Feb-15
- **Date notified to WCO**: 1-Feb-15
- **Start of reporting period**: 26-May-21
- **End of reporting period**: -
- **Total cases**: -
- **Deaths**: -
- **CFR**: -

National authorities have initiated the return of IDPs from Tillaberi to Anouzourou commune. The IDPs sought refuge after attacks and abuse by suspected NSAGs. Security in the area will be strengthened in order to provide protection to the returnees. 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
- **Date notified to WCO**: 19-Mar-20
- **Start of reporting period**: 19-Mar-20
- **End of reporting period**: 30-May-21
- **Total cases**: 5 410
- **Deaths**: 192
- **CFR**: 3.5%

From 19 March 2020 to 30 May 2021, a total of 5 410 cases with 192 deaths have been reported across the country. A total of 5 034 recoveries have been reported from the country.

### Niger

**Measles**
- **Ungraded**: 10-May-19
- **Date notified to WCO**: 31-May-20
- **Start of reporting period**: 31-May-20
- **End of reporting period**: 2 079
- **Total cases**: 241
- **Deaths**: 4
- **CFR**: 0.2%

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

### Niger

**Poliomyelitis (cVDPV2)**
- **Grade**: 2
- **Date notified to WCO**: 1-Oct-18
- **Start of reporting period**: 1-Oct-18
- **End of reporting period**: 26-May-21
- **Total cases**: 19
- **Deaths**: 19
- **CFR**: 0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 10 cVDPV2 cases reported in 2018, 2 in 2019, and 7 in 2020.

### Nigeria

**Humanitarian crisis**
- **Protracted 3**: 10-Oct-16
- **Date notified to WCO**: n/a
- **Start of reporting period**: 7-May-21
- **End of reporting period**: -
- **Total cases**: -
- **Deaths**: -
- **CFR**: -

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 (NASAG) have escalated in April and May 2021 leading to harming 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 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

**Cholera**
- **Date notified to WCO**: 12-Jan-21
- **Start of reporting period**: 12-Jan-21
- **End of reporting period**: 30-Mar-21
- **Total cases**: 97
- **Deaths**: 97
- **CFR**: 17.5%

A cholera outbreak was detected in Benue State. Nigeria and resulted in 10 deaths in the region Agatu. The Agatu outbreak is reported to have started in December 2020, in Obagaji, the LGA headquarters. An immediate response on the spot assessment of the alert in Agatu by a Rapid Response of the Ministry of Health was done. As of 30 March 2021, 39 persons, mostly children have been affected with 7 deaths giving a CFR of 17.9%. Fifty-eight cases have been recorded in Abinsi settlement of Guma LGA with 10 deaths (CFR 17.2%).

### Nigeria

**COVID-19**
- **Grade**: 3
- **Date notified to WCO**: 27-Feb-20
- **Start of reporting period**: 27-Feb-20
- **End of reporting period**: 30-May-21
- **Total cases**: 166 315
- **Deaths**: 2 071
- **CFR**: -

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 30 May 2021, a total of 166 315 confirmed cases with 156 558 recovered and 2071 deaths have been reported.

### Nigeria

**Lassa fever**
- **Ungraded**: 1-Jan-21
- **Date notified to WCO**: 1-Jan-21
- **Start of reporting period**: 4-Apr-21
- **End of reporting period**: 236
- **Total cases**: 233
- **Deaths**: 49
- **CFR**: 20.8%

Three (3) new cases were reported from Ondo State during the week ending 4 April 2021. Of the 14 states affected, Edo (102), Ondo (64), and Taraba (18) states accounts for 79% of all confirmed cases reported to date. New cases have declined since the end of week 11 (week ending 21 March 2021).
In 2020, Nigeria reported 9,316 confirmed cases, with 55 deaths. The measles outbreak is ongoing. From January 2021 to November 2021, 6,995 suspected cases have been reported in Nigeria. During week 11, 889 cases were reported. The most affected state is Borno with 2,945 suspected cases out of which 41 deaths were reported.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. So far, 6 cases have been reported in 2021. There were 8 cVDPV2 cases reported in 2020, 18 cVDPV2 cases reported in 2019 and 30 in 2018.

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 LGAs across 33 states including the Federal Capital Territory (FCT).

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 30 May 2021, a total of 26,918 cases with 352 deaths and 25,609 recovered cases have been reported in the country.

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 30 May 2021, a total of 2,345 confirmed cases of COVID-19 have been reported, including 37 deaths. A total of 2,290 cases have been reported as recoveries.

From 1 January 2021 to 30 April 2021, there have been 15 confirmed cases of COVID-19 in Senegal, including 10 recoveries and 5 deaths.

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

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 30 May 2021 a total of 11517 cases have been confirmed, including 10379 recoveries and 40 deaths have been reported.

On 2 March 2020 to 30 May 2021, a total of 41387 confirmed cases of COVID-19 including 1,138 deaths and 40,027 recoveries have been reported in Senegal.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. The number of cases in 2021 remains 10.

Since the start of the COVID-19 pandemic in South Africa a cumulative total of 1,662,825 confirmed cases and 56,439 deaths have been reported, with 1,556,874 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+) according to IPC projections. This includes over 300,000 children suffering from Severe Acute Malnutrition (SAM) and some 480,000 pregnant and lactating women who are acutely malnourished and in need of treatment.
## South Sudan

<table>
<thead>
<tr>
<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>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>15-Aug-16</td>
<td>n/a</td>
<td>15-May-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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 125 000 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 (GPAA)). Fresh escalation of sub-national violence between community militias in the GPAA has resulted in increased displacement and disruption of humanitarian operations. Interagency health kits have been distributed to the six highly food insecure counties including pneumonia kits, Severe Acute Malnutrition with Medical Complication (SAM/MC) kits.

On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 26 May 2021, a total of 10 688 confirmed COVID-19 cases were reported in the country including 115 deaths and 10 514 recovered cases.

<table>
<thead>
<tr>
<th>Event</th>
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<th>Total cases</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Apr-20</td>
<td>2-Apr-20</td>
<td>26-May-21</td>
<td>10 688</td>
<td>10 688</td>
<td>115</td>
</tr>
</tbody>
</table>

Between week 38 of 2019 to week 14 of 2021, a total of 1 307 cases of measles. The outbreak is controlled in 9 counties (Tonj East, Juba, Bor, Kapoeta East, Jebel Boma, Aweil East, Wau, Pibor and Ibba). One confirmed case of measles was reported in Tambura between week 2 and week 10.

<table>
<thead>
<tr>
<th>Event</th>
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<th>Total cases</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Nov-18</td>
<td>19-Sep-19</td>
<td>11-Apr-21</td>
<td>556</td>
<td>556</td>
<td>5</td>
</tr>
</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. There are now 58 cVDPV2 cases in the country: 6 in 2021 and 50 in 2020.

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.

<table>
<thead>
<tr>
<th>Event</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>1-Mar-20</td>
<td>30-May-21</td>
<td>13 457</td>
<td>13 457</td>
<td>125</td>
</tr>
</tbody>
</table>

On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 30 May 2021, a total of 13 457 cases including 125 deaths and 12 808 recovered cases have been reported in the country.

<table>
<thead>
<tr>
<th>Event</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>26-May-21</td>
<td>17</td>
<td>17</td>
<td>0</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 28 May 2021, a total of 46 623 confirmed COVID-19 cases, 43 401 recoveries with 362 deaths.

<table>
<thead>
<tr>
<th>Event</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<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>
</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>
<thead>
<tr>
<th>Event</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>30-May-21</td>
<td>95 050</td>
<td>95 050</td>
<td>1 278</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 30 May 2021, a total of 95 050 confirmed COVID-19 cases were reported in the country including 1 278 deaths and 91 752 recovered cases.

<table>
<thead>
<tr>
<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>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>6-May-19</td>
<td>7-Mar-21</td>
<td>813</td>
<td>0</td>
<td>3</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 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.

<table>
<thead>
<tr>
<th>Event</th>
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</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>30-May-21</td>
<td>38 944</td>
<td>38 944</td>
<td>1 594</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 30 May 2021, a total of 38 944 confirmed COVID-19 cases were reported in the country including 1 594 deaths and 36 591 cases that 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>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mauritania</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>11-May-20</td>
<td>3-May-20</td>
<td>2-Nov-20</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Between 16 to 24 October 2020, 5 cases of dengue fever have been suspected at Etewigh 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. There have been no new cases reported for over two incubation periods and thus the event is considered closed.

| Senegal   | Yellow fever   | Ungraded | 18-Oct-21             | 17-Dec-20                | 7                       | 7           | 2               | 28.6%  |

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.

| Uganda    | Rift Valley Fever | Ungraded | 10-Dec-20             | 10-Dec-20                | 1                       | 1           | 0               | 0.0%   |

A 25 year old male patient at Nakasero Hospital Kampala district was suspected for viral haemorrhagic fever (VHF), he was tested for Ebola, Marburg, Crimea-Congo haemorrhagic fever and Rift Valley fever (RVF) viruses by PCR. He tested positive for RVF. No other cases have been reported for over two incubation periods, thus this event was deemed over.

†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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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.