WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 24: 7-13 June 2021
Data as reported by: 17:00; 13 June 2021

0 New event
121 Ongoing events
108 Outbreaks
13 Humanitarian crises

Legend:
- Measles
- Monkeypox
- Lassa fever
- Cholera
- COVID-19
- COVID-19
- Ebola virus disease
- Yellow fever
- Meningitis
- Leishmaniasis
- Plague
- Diarrhoidal disease in children under five years
- Rift Valley fever
- West Nile fever
- Countries reported in the document
- Countries outside WHO African Region
- WHO Member States with no reported events
- Not applicable

*The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderlines for which there may not yet be full agreement.*

50 Grade 3 events
26 Grade 2 events
2 Grade 1 events
35 Ungraded events
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 121 events in the region. This week’s articles cover:

- COVID-19 across the WHO African region
- Ebola virus disease in Guinea
- Cholera in Nigeria

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 fifth consecutive week. Namibia, Uganda, South Africa and Zambia continue to see a concerning increase in case numbers, and Mali and Burkina Faso have showed a high case fatality ratio in recent weeks. Botswana, Namibia, Cape Verde and Seychelles are all exhibiting uncontrolled 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 serious 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 seven days. Alerts continue to be reported and validated. However, investigation remains below 100% in Nzerekore. As the countdown continues, 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.

- Although cholera is known to be endemic in Nigeria, the total number of cases so far in 2021 have already exceeded the total number of cases in both 2019 and 2020. This surge in cases is of grave concern since it seemed in the past two years that the cholera situation in the country was starting to improve. Challenges include lack of coordination between states and national response, with a disparity in response capacities between states, and water, sanitation and hygiene interventions only partially implemented. Local and national authorities and partners need urgently to address these issues.
The African Region recorded 93,306 new coronavirus (COVID-19) infections in the past seven days (7–13 June 2021), a 36.3% increase compared to the previous week when 68,466 new cases were reported. A total of 21 (46.0%) countries reported a decrease in new cases. Twenty-four countries (52.2%) saw an increase in weekly cases in the past seven days. Comoros, Eswatini, Gambia, Guinea, Kenya, Lesotho, Liberia, Malawi, Mali, Mauritius, Mozambique, Namibia, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, Zambia, and Zimbabwe had an increase equal to or above 20.0%.

Most (54.1%; 50,518) of the new COVID-19 infections were reported from South Africa, although 42 countries reported new cases in this period. This was followed by Zambia reporting 11,468 cases (12.3%), Uganda 7,308 (8.0%), Namibia 5,997 (6.4%) and Kenya 2,846 (3.1%). As seen in the previous week, all these five countries experienced a significant increase in daily new case counts.

A fall in deaths (15.2%) was also observed in the past seven days, with 1,353 new deaths recorded from 30 countries. South Africa reported the majority of deaths, (757, 56.0%), followed by Kenya with 123 (9.1%), Zambia 81 (6.0%), Namibia 75 (6.0%), and Algeria 53 (4.0%). Other countries reporting deaths in this period include; Uganda (40), Angola (34), Ethiopia (33), Democratic Republic of the Congo (29), Zimbabwe (26), Madagascar (21), Botswana (11), Rwanda (10), Senegal (9), Cabo Verde (8), Mauritania (7), Liberia (5), Guinea (5), Mozambique (4), Mali (4), Sierra Leone (3), Eswatini (3), Eritrea (2), Gabon (2), Malawi (2), Equatorial Guinea (2), Seychelles (1), Gambia (1), Guinea-Bissau (1), and Togo (1).

The pandemic is trending upwards in more than 20 countries and in the past week alone, ten countries witnessed an increase of over 50% in new cases. South Africa, which is starting to experience the third wave, and Uganda its second wave, are reporting a sustained increase in cases. Other countries experiencing a resurgence in cases include; Angola, Democratic Republic of the Congo, Namibia and Zambia. The Democratic Republic of the Congo, Uganda, and Zambia have each seen more than 200% increases in new cases when comparing the past two weeks to the previous fortnight. Zambia and Uganda have recorded more than 11,000 and 7,000 cases respectively in the past week; setting their record highest number of weekly cases since the start of the outbreak in the region. Reported daily deaths in these countries have also increased. Of note, Kenya, Ethiopia and Ghana have experienced a significant decline in cases since their last peak several weeks ago.

Since the start of the COVID-19 outbreak in the African Region, the cumulative total number of confirmed cases is over 3,626,591, with more than 3,263,546 recoveries, giving a recovery rate of 90.0%. The death count is more than 89,444.

At the same time, South Africa has the highest number of deaths in the region (57,731 deaths, 64.5%), Ethiopia (4,242.4.7%), Algeria (3,571, 4.0%), Kenya (3,410, 3.8%) and Nigeria (2,117, 2.4%) account for (71,071, 79.5%) of all deaths.

During this reporting period, 294 new health worker infections were reported from Namibia (210), Seychelles (72) and Cameroon (12).

Cumulatively, there have been 113,432 COVID-19 infections (3.1% of all cases) among health workers, with South Africa accounting for about 50.0% (56,180) of these cases. Algeria (11,936, 10.5%), Kenya (5,214, 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 (11.0%), Liberia (9.0%), and Algeria (9.0%), 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 5 million. The total number of deaths exceeded 134,600 (case fatality ratio 2.7%), and more than 4.5 million people have recovered. When compared with the rest of the world, there are relatively few infections in the Africa continent, which accounts for 2.9% of global cases and 3.7% of global deaths, while the WHO African Region, which includes sub-Saharan Africa and Algeria, accounts for 2.1% of global cases and 2.5% of global deaths, making it one of the least affected regions in the world.

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 (6.8%), Botswana, Namibia, Cabo Verde and Seychelles have uncontrolled transmission, 11 (24.4%) have high transmission, 22 (51.0%) have moderate transmission and eight (17.7%) countries have low transmission. Only Mauritius has clusters of transmission.

As of 11 June 2021, 51 African countries were vaccinating people using vaccines received through COVAX, bilateral deals or donations, with 35.2 million doses administered. Forty-three countries are conducting vaccination campaigns using COVAX-funded vaccines, with 11.5 million COVAX doses reported as administered. Globally, 2.2 billion COVID-19 vaccine doses have been administered of which less than 1.0% have been administered in Africa. In Europe, 254 million doses have administered and in the United States of America 299 million doses have been administered. This equates to 28.5 doses per 100 people globally, and 65 doses per 100 people in high-income countries compared with 2.5 doses per 100 people in Africa and 1.5 doses per 100 people in sub-Saharan Africa.
Overall, COVID-19 cases continue to be on the rise on the African region. We have seen a sustained increase in the past five weeks following a three-week downward trend in new cases. New cases reported on the African continent increased by 36.3% in the past week, compared to the previous week. The spike in cases observed in Namibia, Uganda, South Africa and Zambia is concerning. The region has also seen an increase in deaths this week. Botswana, Namibia, Cabo Verde and Seychelles are all exhibiting uncontrolled community transmission. Even with low numbers reported across the African region, the high number of cases reported globally still pose a risk for the region.
## Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 13 June 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>1 747 082</td>
<td>57 731</td>
<td>1 606 581</td>
<td>3.3%</td>
<td>56 180</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>274 187</td>
<td>4 242</td>
<td>250 664</td>
<td>1.5%</td>
<td>3 313</td>
</tr>
<tr>
<td>Kenya</td>
<td>175 337</td>
<td>3 410</td>
<td>120 208</td>
<td>1.9%</td>
<td>5 214</td>
</tr>
<tr>
<td>Nigeria</td>
<td>167 059</td>
<td>2 117</td>
<td>163 436</td>
<td>1.3%</td>
<td>3 175</td>
</tr>
<tr>
<td>Algeria</td>
<td>133 388</td>
<td>3 571</td>
<td>92 852</td>
<td>2.7%</td>
<td>11 936</td>
</tr>
<tr>
<td>Zambia</td>
<td>111 746</td>
<td>1 389</td>
<td>97 756</td>
<td>1.2%</td>
<td>1 121</td>
</tr>
<tr>
<td>Ghana</td>
<td>94 493</td>
<td>789</td>
<td>92 589</td>
<td>0.8%</td>
<td>4 763</td>
</tr>
<tr>
<td>Cameroon</td>
<td>79 904</td>
<td>1 302</td>
<td>74 429</td>
<td>1.6%</td>
<td>2 788</td>
</tr>
<tr>
<td>Mozambique</td>
<td>71 538</td>
<td>841</td>
<td>69 881</td>
<td>1.2%</td>
<td>3 501</td>
</tr>
<tr>
<td>Namibia</td>
<td>65 089</td>
<td>995</td>
<td>54 535</td>
<td>1.5%</td>
<td>2 790</td>
</tr>
<tr>
<td>Botswana</td>
<td>62 040</td>
<td>896</td>
<td>55 617</td>
<td>1.4%</td>
<td>61</td>
</tr>
<tr>
<td>Uganda</td>
<td>61 977</td>
<td>428</td>
<td>48 160</td>
<td>0.7%</td>
<td>1 987</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>47 662</td>
<td>306</td>
<td>47 178</td>
<td>0.6%</td>
<td>943</td>
</tr>
<tr>
<td>Senegal</td>
<td>41 998</td>
<td>1 154</td>
<td>40 536</td>
<td>2.7%</td>
<td>419</td>
</tr>
<tr>
<td>Madagascar</td>
<td>41 933</td>
<td>887</td>
<td>41 046</td>
<td>2.1%</td>
<td>70</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>39 959</td>
<td>1 632</td>
<td>37 004</td>
<td>4.1%</td>
<td>4 391</td>
</tr>
<tr>
<td>Angola</td>
<td>36 705</td>
<td>831</td>
<td>30 282</td>
<td>2.3%</td>
<td>939</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>35 228</td>
<td>834</td>
<td>27 825</td>
<td>2.4%</td>
<td>256</td>
</tr>
<tr>
<td>Malawi</td>
<td>34 506</td>
<td>1 159</td>
<td>32 735</td>
<td>3.4%</td>
<td>1 886</td>
</tr>
<tr>
<td>Cabo Verde</td>
<td>31 615</td>
<td>275</td>
<td>30 393</td>
<td>0.9%</td>
<td>140</td>
</tr>
<tr>
<td>Rwanda</td>
<td>28 373</td>
<td>370</td>
<td>26 341</td>
<td>1.3%</td>
<td>682</td>
</tr>
<tr>
<td>Gabon</td>
<td>24 736</td>
<td>156</td>
<td>23 741</td>
<td>0.6%</td>
<td>345</td>
</tr>
<tr>
<td>Guinea</td>
<td>23 398</td>
<td>167</td>
<td>21 488</td>
<td>0.7%</td>
<td>682</td>
</tr>
<tr>
<td>Mauritania</td>
<td>20 040</td>
<td>475</td>
<td>19 092</td>
<td>2.4%</td>
<td>24</td>
</tr>
<tr>
<td>Eswatini</td>
<td>18 736</td>
<td>676</td>
<td>17 949</td>
<td>3.6%</td>
<td>577</td>
</tr>
<tr>
<td>Mali</td>
<td>14 351</td>
<td>523</td>
<td>9 959</td>
<td>3.6%</td>
<td>87</td>
</tr>
<tr>
<td>Togo</td>
<td>13 627</td>
<td>126</td>
<td>13 305</td>
<td>0.9%</td>
<td>891</td>
</tr>
<tr>
<td>Seychelles</td>
<td>13 539</td>
<td>43</td>
<td>12 120</td>
<td>0.3%</td>
<td>763</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>13 459</td>
<td>167</td>
<td>13 272</td>
<td>1.2%</td>
<td>288</td>
</tr>
<tr>
<td>Congo</td>
<td>11 920</td>
<td>155</td>
<td>11 052</td>
<td>1.3%</td>
<td>203</td>
</tr>
<tr>
<td>Lesotho</td>
<td>10 921</td>
<td>326</td>
<td>6 443</td>
<td>3.0%</td>
<td>473</td>
</tr>
<tr>
<td>South Sudan</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>8 650</td>
<td>120</td>
<td>8 413</td>
<td>1.4%</td>
<td>401</td>
</tr>
<tr>
<td>Benin</td>
<td>8 109</td>
<td>102</td>
<td>7 967</td>
<td>1.3%</td>
<td>139</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>7 101</td>
<td>98</td>
<td>6 919</td>
<td>1.4%</td>
<td>1</td>
</tr>
<tr>
<td>Gambia</td>
<td>6 016</td>
<td>180</td>
<td>5 822</td>
<td>3.0%</td>
<td>142</td>
</tr>
<tr>
<td>Niger</td>
<td>5 446</td>
<td>192</td>
<td>5 161</td>
<td>3.5%</td>
<td>355</td>
</tr>
<tr>
<td>Burundi</td>
<td>5 026</td>
<td>8</td>
<td>4 903</td>
<td>0.2%</td>
<td>38</td>
</tr>
<tr>
<td>Chad</td>
<td>4 942</td>
<td>174</td>
<td>4 767</td>
<td>3.5%</td>
<td>292</td>
</tr>
<tr>
<td>Eritrea</td>
<td>4 848</td>
<td>16</td>
<td>4 278</td>
<td>0.3%</td>
<td>0</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>4 388</td>
<td>82</td>
<td>3 181</td>
<td>1.9%</td>
<td>250</td>
</tr>
<tr>
<td>Comoros</td>
<td>3 969</td>
<td>146</td>
<td>3 736</td>
<td>3.7%</td>
<td>155</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>3 803</td>
<td>69</td>
<td>3 548</td>
<td>1.8%</td>
<td>23</td>
</tr>
<tr>
<td>Liberia</td>
<td>2 484</td>
<td>93</td>
<td>2 065</td>
<td>3.7%</td>
<td>224</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>2 357</td>
<td>37</td>
<td>2 306</td>
<td>1.6%</td>
<td>102</td>
</tr>
<tr>
<td>Mauritius</td>
<td>1 709</td>
<td>18</td>
<td>1 317</td>
<td>1.1%</td>
<td>30</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>509</td>
<td>21</td>
<td>180</td>
<td>4.1%</td>
<td>1</td>
</tr>
<tr>
<td><strong>Cumulative Cases (N=47)</strong></td>
<td><strong>3 626 591</strong></td>
<td><strong>89 444</strong></td>
<td><strong>3 263 546</strong></td>
<td><strong>2.5%</strong></td>
<td><strong>113 432</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 12 June 2021, which was day seven to the end-of-outbreak. However, 46 new suspected cases were notified, of which four were transferred to Ebola treatment centres, and 38 were not validated as suspected cases.

As of 12 June 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 13 June 2021, there were 139 new alerts received in Nzerekore, of which 95 (68.0%) were investigated. A total of 46 were validated, including two deaths, which were swabbed. In neighbouring prefectures, 36 new alerts were received, 35 (97.0%) 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.
- Fifteen suspected cases are currently hospitalized in the Epidemic Diseases Hospital treatment centres.
- Two new community deaths were reported, with one sample collected and no safe and dignified burials carried out.
- Infection prevention and control (IPC) activities included the start of the last cohort of the joint training of health workers in the use of Oraquick tests in Nzerekore.
- Risk communication and community engagement (RCCE) included continued training and supervision of the RCCE focal point and supervisor deployed in Gonia; continued support to the Supervisory Board in overcoming community resistance for transfer suspected cases to Ebola treatment centre; and continued documentation of the contribution of the WHO RCCE activities in the response to EVD in Nzerekore.

SITUATION INTERPRETATION

The 42-day countdown to the end of outbreak declaration continues, now standing at seven days. Community surveillance in Nzerekore and neighbouring provinces still requires strengthening. The 90-day resilience plan requires revision, which is being planned. All authorities and partners need to continue full support for response operations at this critical stage of the outbreak.
Since the start of 2021 there have been frequent short cholera outbreaks recorded in 16 states in Nigeria. Cholera was laboratory confirmed by culture in 11 of these states and by rapid diagnostic test (RDT) in three states, and the outbreak was controlled before confirmation in a further three states (Adamawa, Cross River and Kebbi). As of 1 June 2021, active cholera outbreaks have been reported in five states: Bauchi, Gombe, Kano, Plateau and Zamfara.

As of 31 May 2021, a total of 6 738 suspected cases of cholera, with 221 deaths (case fatality ratio 3.3%) have been reported from 16 states. Kano (1 855) and Zamfara (1 859) states have the highest number of reported cases in northern Nigeria. Bayelsa and Delta states had the highest number of cases in the southern regions, but these outbreaks have since been controlled.

In Kano State, as of 1 June 2021, a total of 1 855 cases including 78 deaths (CFR 4.0%) had been reported by 28 local government areas (LGAs) since the start of 2021. Out of 90 samples tested, 35 were positive for cholera by RDT and ten were positive for Vibrio cholerae 01 by culture. There was a sharp increase in the number of weekly reported cases in week 11 (week ending 13 March 2021) with more than 400 cases reported, some cases reported in week 14 and cases reported consistently in weeks 16-20. The most affected age group has been 5-10 years. Since 8 April 2021 there was only one day with no reported cases.

In Zamfara State, as of 7 June 2021, a total of 1 859 cases including 11 deaths (CFR 0.6%) have been reported from five LGAs. The majority (1 758; 95.0%) of the cases were from Gusau (state capital) LGA.

In Bauchi State, as of 30 May 2021, a total of 709 cases with 28 deaths (CFR 4.0%) have been reported from 10 local government areas (LGAs) since 1 April 2021. The majority of cases (487; 69.0%) were reported from Bauchi LGA, which includes the state capital city. A total of 19 out of 21 samples tested have been confirmed for cholera by culture. The peak in the number of weekly reported cases was observed in week 21 when 376 cases were reported, including 21 deaths. An oral cholera vaccine (OCV) campaign was carried out in one LGA in Bauchi State in 2018.

In Plateau State, the outbreak was first reported on the 11 May 2021. As of 6 June 2021, a total of 464 cases and 7 deaths (CFR 1.5%) from seven LGAs. Jos north and Jos (metropolitan) LGAs account for 440 (95%) of the reported cases. A total of 53 samples had been confirmed by RDT and four by culture.

Cholera is endemic in Nigeria, and some states, mainly in the north of the country, report cases around twice a year. However, the number of cases reported so far in 2021 has already exceeded the total number of cases reported in the whole of 2019 (3 513) and 2020 (1 803). Oral cholera vaccine (OVC) campaigns carried out in the north east of the country in 2019 and 2020 possibly contributed to relatively low numbers in these two years. Cases have been reported from both densely populated urban areas as well as rural areas and it appears that inadequate water sanitation and hygiene conditions remain the main risk factors for surging cases. Late care seeking also contributes to spread of the disease through communities. While most states have been able to contain outbreaks, challenges have been identified around poor coordination between state and national response, inadequate health facilities, poor capacity for sample collection and transportation and problems with diagnosis in affected states. Additionally, there has been inadequate and delayed reporting of cases from affected LGAs. Response to the COVID-19 pandemic has added an additional burden to the health system and its ability to respond to other outbreaks. Local and national authorities and partners need urgently to address these challenges to prevent spread of the disease both within already affected LGAs and beyond.
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.

- The count down to the end of the Ebola virus disease outbreak in Guinea now stands at seven days. Community surveillance in Nzerekore and neighbouring provinces still requires strengthening in order to improve alert reporting and response.

- The resurgence of cholera outbreaks in 16 states in Nigeria is of grave concern, particularly in the face of the COVID-19 pandemic, which is diverting resources away from other outbreaks. There is also a global shortage of oral cholera vaccine making a large reactive vaccine campaign impossible. Challenges remain around implementation of water, sanitation and hygiene activities, coordination between states and national authorities and inadequate healthcare facilities.

Proposed actions

- With the rising risk of a COVID-19 resurgence in Africa, countries must urgently boost critical care capacity to prevent health facilities from being overwhelmed. The increasing number of health worker infections also remains a major concern and countries need to strengthen 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 compared with any other region of the world. The disparity in vaccine availability needs urgent attention and action.

- Authorities and partners in Guinea need to continue full support for EVD response activities at this critical stage of the outbreak.

- Authorities and partners in Nigeria need to address all the drivers of the resurgent cholera outbreaks as a matter of urgency. Concerted will is needed to prevent further spread of the disease within the country.
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 13 June 2021, a total of 133 388 confirmed cases of COVID-19 with 3 571 deaths (CFR 2.7%) have been reported from Algeria. A total of 92 852 cases have recovered.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 13 June 2021, a total of 36 705 confirmed COVID-19 cases have been reported in the country with 831 deaths and 30 282 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, Quíteute, Banga (Cuanza 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.

An increased number of diarrhoeal cases have been observed in Cacuaco municipality. From 1-27 April, 304 cases have been observed in the emergency room of the municipal hospital with 3 cases dead. The country is at the end of the heavy rainy period and there have been garbage strikes in the capital which may be a contributing health risk. MOH/WCO conducted a case investigation and cholera was discarded. Most cases have been in children <5.

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 08 June 2021, a total of 8 109 cases have been reported in the country with 102 deaths and 7 967 recoveries.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. Since the beginning of 2021, there were 3 cVDPV2 cases reported in 2020, and 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 07 June 2021, a total of 62 040 confirmed COVID-19 cases were reported in the country including 896 deaths and 55 617 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. On 4 June 2021, innocent civilians in Solhan, Yagha province were attacked killing more than 150 people and injuring several others. The attack has been one of the worst since 2015. assistance in the coming months, and more than 2.07 million people are in at least phase 3 conditions of food insecurity.

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 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.

<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>
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<td>01-Jan-21</td>
<td>12-Apr-21</td>
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<td>Grade 2</td>
<td>8-May-19</td>
<td>01-Jan-19</td>
<td>09-Jun-21</td>
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<td>Benin</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>16-Mar-20</td>
<td>07-Jun-21</td>
<td>8 109</td>
<td>8 109</td>
<td>102</td>
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<tr>
<td>Burkina Faso</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>01-Jan-19</td>
<td>01-Jan-19</td>
<td>04-Jun-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</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-20</td>
<td>847</td>
<td>10</td>
<td>17</td>
<td>2.0%</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 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 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.
Civil unrest and food insecurity in most parts of the country, including major cities, continue to cause a complex humanitarian situation. The security situation remains tense with the persistence of inter-ethnic tensions within rival armed groups in the Northeast of the country, mainly in Ndele, Birao, Batangafo and Bria. During outbreaks in Nigeria and one to the Savenas outbreak in Togo.

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 12 June 2021, the total number of confirmed COVID-19 cases is 5,026, including eight deaths and 4,903 recovered.

Burundi has been experiencing measles outbreaks since November 2019 in camps hosting Congolese refugees and the disease spread in the host community in the district of Citboko. A total of 1,880 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 577 measles cases, 1 district reported 1 case during week 22. 1 new suspected cases during week 22.

Conflict and violence in the North-West and South-West regions continue to cause mass displacement in the area with more than 10K people fleeing their homes during April 2021 (the majority fleeing from the Menchum division in the NW region). As of 31 March 2021, there were an estimated 712,800 IDPs and an estimated 67,300 people 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.

Burkina Faso

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Kaya bringing the number of 2021 cases to two. There were 62 cases reported in 2020. The country is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savenas outbreak in Togo.

Burundi COVID-19

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 12 June 2021, the total number of confirmed COVID-19 cases is 5,026, including eight deaths and 4,903 recovered.

Burundi Measles

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 Citboko. A total of 1,880 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 577 measles cases, 1 district reported 1 case during week 22. 1 new suspected cases during week 22.

Cameroon Humanitarian crisis (Far North, North, Adamawa & East)

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 the FR241 from Logone, the FR23 from Garoua, the FR47 from Bénoué, the FR12 from Sibut, the FR14 from Goélo, the FR112 from Kumbo, and the FR43 from Mora. According to OCHA, an estimated 1.2 million people need assistance, 322,000 people are internally displaced, 67K are camp refugees, and 46K are refugees in the region not in camps. During March 2021, 3,880 Nigerian refugees were voluntarily repatriated from Minawao camp to Banki and Bama, Nigeria as part of the tripartite agreement between UNHCR, Cameroon, and Nigeria.

Cameroon COVID-19

Conflict and violence in the North-West and South-West regions continue to cause mass displacement in the area with more than 10K people fleeing their homes during April 2021 (the majority fleeing from the Menchum division in the NW region). As of 31 March 2021, there were an estimated 712,800 IDPs and an estimated 67,300 people 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.

Cameroon Measles

From January to June 2021, Cameroon has reported 1,347 suspected cases of measles and 30 deaths. There is an ongoing outbreak in the west Region. During Epi week 22, 23 cases have been reported and one death.

Cameroon Poliomyelitis (cVDPV2)

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

Cameroon Yellow fever

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 Dzamboubo 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 Yagaoua (confirmed on 15 March 2021) and Maga (confirmed on 26 March 2021).

Cape Verde COVID-19

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 13 June 2021, a total of 31,615 confirmed COVID-19 cases including 275 deaths and 32,393 recoveries were reported in the country.

Central African Republic Humanitarian crisis

Civil unrest and food insecurity in most parts of the country, including major cities, continue to cause a complex humanitarian situation. The security situation remains tense with the persistence of inter-ethnic tensions within rival armed groups in the Northeast of the country, mainly in Ndele, Birao, Batangafo and Bria. 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 Markounda sub-prefectures (Ouham Prefecture) and in Bocaranga, Koui and Paoua (Ouham Pendé). Also in April 2021, 2,311 people returned, mainly in Markounda, Kabo and Bossangoa sub-prefectures (Ouham), the outskirts of Bouar (Nana-Mambéré) and the capital Bangui.

Central African Republic COVID-19

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 31 May 2021, a total of 7,101 confirmed cases, 98 deaths and 6,919 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.

Chad COVID-19 Grade 3 19-Mar-20 19-Mar-20 2-May-21 1367 87 8 -

In 2020, Chad reported 8 785 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 4 cVDPV2 cases reported in 2020 and 21 cases in 2019 from several outbreaks.

Central African Republic Measles Grade 2 15-Mar-19 01-Jan-19 23-May-21 34 135 194 -

As of 23 May 2021, a total of 34 135 suspected cases have been notified and 194 deaths ( CFR : 0.57%) within 22 affected districts. From 1st January up to date : 1392 suspected cases have been reported and 3 deaths ( CFR : 0.2% ). 473 confirmed measles cases ( 29 IgM+ cases, 148 by epidemiological link and 296 compatible cases). 6 health districts have reached the epidemic threshold ( Berbérati, Sangha-Mbaéré; Nanga-Boguila, Batangafo, Nana Gribalzi and Mbalioki). The majority of cases are under five years of age, followed by the 5 to under 15 year old age group.

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.

Central African Republic Poliomyelitis (cVDPV2) Grade 2 24-May-19 24-May-19 09-Jun-21 25 25 0 0.0%

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

Comoros COVID-19 Grade 3 30-Apr-20 30-Apr-20 13-Jun-21 3 899 3 899 146 3.7%

The first case of COVID-19 was notified on 30 April 2020 in Comoros. As of 13 June 2021, a total of 3 899 confirmed COVID-19 cases, including 146 deaths and 3 736 recoveries were reported in the country.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 11 cases reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.

Democratic Republic of the Congo Cholera Grade 3 16-Jan-15 01-Jan-20 25-Apr-21 2 682 - 83 3.1%

In 2021, from epidemiological week 1 to 16 (ending on 25 April 2021), 2 682 suspected cholera cases including 83 deaths (case-fatality rate 3.1%) were recorded in 69 health zones across 12 provinces of the Democratic Republic of the Congo. The endemic provinces are the most affected. In 2020, 30 304 suspected cholera cases including 514 deaths (case fatality 1.7%) were reported in 179 health zones across 23 provinces.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in this week. There were 99 cVDPV2 cases reported in 2020 and 21 cases in 2019 from several outbreaks.

Chad Poliomyelitis (cVDPV2) Grade 2 18-Oct-19 09-Sep-19 09-Jun-21 110 110 0 0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in this week. There were 2 cases reported in 2009.

Côte d’Ivoire COVID-19 Grade 3 11-Mar-20 11-Mar-20 09-Jun-21 4 4 0 0.0%

Since 11 March 2020, a total of 47 662 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 306 deaths, and a total of 47 178 recoveries.

Côte d’Ivoire Measles Ungraded 24-May-18 24-May-18 09-Jun-21 1 367 87 8 -

In 2020, Côte d’Ivoire reported 25 136 confirmed cases, 146 deaths and 22 669 cases who have recovered. So far, 2 cases have been reported in 2021. There were two cases reported in 2020.

Côte d’Ivoire Yellow fever Ungraded 1-Dec-20 1-Dec-20 13 3 2 15.4%

Results from Institute Pasteur Dakar indicated that 3 out of 13 samples tested positive for yellow fever by plaque reduction neutralization test (PRNT) including 1 from Korhogo (Dec 2020 onset), 1 from Niakaramadougou (Dec 2020 onset), and 1 from Treichville-Marcory (March 2021 onset); an additional 4 cases were confirmed for dengue.
<table>
<thead>
<tr>
<th>Country</th>
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<th>Date notified to WCO</th>
<th>Start of reporting period</th>
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<th>Total cases</th>
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<td>Democratic Republic of the Congo</td>
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<td>Grade 3</td>
<td>10-Mar-20</td>
<td>10-Mar-20</td>
<td>12-Jun-21</td>
<td>35 228</td>
<td>35 227</td>
<td>834</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 35 227 confirmed cases and one probable case, including 834 deaths have been reported. A total of 27 825 people have recovered.

| Democratic Republic of the Congo | Monkeypox       | Ungraded | n/a                   | 01-Jan-20                  | 16-May-21               | 6 257       | 39             | 229    | 3.7% |

Since epidemiological week 1 up to week 19 in 2021, 1,515 cases have been reported with 49 deaths. From epidemiological week 50 to 53 of 2020, there were 269 suspect cases of monkeypox and 4 deaths registered across the country. Between epidemiological week 1 and week 53, a total of 6,257 suspected cases including 229 deaths (CFR 3.7%) were reported in 133 health zones from 17 out of 26 provinces in the country. During the same period in 2019, 5,288 suspected cases and 107 deaths (CFR 2.0%) were reported in 132 health zones from 18 provinces. Overall, there is a regressive trend from epidemiological week 33 to 53 of 2020 (276 cases vs 76 cases).

| Democratic Republic of the Congo | Plague           | Ungraded | 12-Mar-19            | 22-May-21                  | 536                     | -           | -              | 32     | 6.0% |

From 22 April 2021, a cluster of deaths due to suspected pneumonic plague were recorded in the health zone of Fataki, Ituri province, Democratic Republic of the Congo. The patients presented with headache, fever, chills, coughing sometimes with blood, dyspnoea, 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 Fataki 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 Biringi, Rethy, and Aru reported the most cases.

| Democratic Republic of the Congo | Poliomyelitis (cVDPV2) | Grade 2 | 15-Feb-18            | 09-Jun-21                  | 196                     | 196         | -              | -      | -   |

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far there are seven cases reported in 2021. The total number of 2020 cases remains at 81. The case count for 2019 remains 88. There were 29 cases reported in 2018.

| Equatorial Guinea | COVID-19      | Grade 3 | 14-Mar-20            | 14-Mar-20                  | 10-Jun-21               | 8 650       | 8 650          | 120    | -   |

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 10 June 2021, a total of 8 650 cases have been reported in the country with 120 deaths and 8,413 recoveries.

| Eritrea | COVID-19 | Grade 3 | 21-Mar-20            | 11-Jun-21                  | 4 848                  | 4 848       | 16             | 0.3%  | -   |

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 11 June 2021, a total of 4 848 confirmed COVID-19 cases with 16 deaths were reported in the country. A total of 4,278 patients have recovered from the disease.

| Eswatini | COVID-19    | Grade 3 | 13-Mar-20            | 13-Mar-20                  | 18 736                 | 18 736      | 676            | 3.6%   | -   |

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 13 June 2021, a total of 18 736 cases have been reported in the country including 17 949 recoveries. A total of 676 associated deaths have been reported.

| Ethiopia | Humanitarian crisis (Conflict in Tigray) | Grade 2 | 04-Nov-20            | 14-Apr-21                  | -                    | -           | -             | -      | -   |

The access situation in Tigray is fluid and constantly changing. Despite recent improvements in access, active conflict in various areas this week restricted humanitarian response. In addition to insecurity, humanitarian partners continue to flag challenges with capacity and resources to be able to scale up to the level needed to respond across Tigray.

| Ethiopia | Cholera | Ungraded | 14-May-19            | 12-May-19                  | 2-May-21               | 19 000      | 19 000         | 304    | 1.6% |

Ethiopia is affected by cholera outbreak since April 2019 with over 19,000 cases reported from 11 regions with an overall CFR of 1.6%. In 2021, a total of 1,758 cases and 15 deaths (CFR 0.9%) have been reported as of 2 May 2021.

| Ethiopia | COVID-19 | Grade 3 | 13-Mar-20            | 13-Jun-21                  | 274 187               | 274 187     | 4 242          | 1.5%   | -   |

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 274 187 cases of COVID-19 as of 13 June 2021, with 4,242 deaths and 250,664 recoveries.

| Ethiopia | Measles | Ungraded | 14-Jan-17            | 10-Jun-21                  | 1 063                 | 572         | -             | -      | -   |

In 2021, as of 10 June (week 22), a total of 1,063 cases have been reported of which 572 have been confirmed (413 epi-link, 178 IgM and 24 measles compatible) and 4 deaths recorded (CFR 0.4%). Out of the 1,063 suspected cases, 516 were under 5 years of age, 358 were between 5 and 14 years of age and 189 were over 15 years of age.

| Ethiopia | Poliomyelitis (cVDPV2) | Grade 2 | 24-Jun-19            | 09-Jun-21                  | 40                    | 40          | 0             | 0.0%   | -   |

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.

| Gabon | COVID-19 | Grade 3 | 12-Mar-20            | 11-Jun-21                  | 24 736                | 24 736      | 156            | 0.6%   | -   |

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 11 Juin 2021, a total of 24 736 cases including 156 deaths and 23 741 recoveries have been reported in the country.
Health Emergency Information and Risk Assessment

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 10 June 2021, a total of 6,016 confirmed COVID-19 cases including 180 deaths, and 5,822 recoveries have been reported in the country.

Gambia COVID-19 Grade 3 17-Mar-20 17-Mar-20 10-Jun-21 6,016 6,016 180 2.9%

As of 8 June 2021, a total of 94,493 confirmed COVID-19 cases have been reported in Ghana. There have been 789 deaths and 92,589 recoveries reported.

Ghana COVID-19 Grade 3 12-Mar-20 12-Mar-20 08-Jun-21 94,493 94,493 789 0.8%

Since the beginning of the year 2021, 199 cases of meningitis have been reported with 2 deaths. One district has surpassed the epidemic threshold and four districts are on alert.

Ghana Meningitis Ungraded 01-Jan-21 06-Jun-21 199 - 2 1.0%

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 Poliomyelitis (cVDPV2) Grade 2 09-Jul-19 08-Jul-19 09-Jun-21 30 30 0 0.0%

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 13 June 2021, a total of 23,398 cases including 21,488 recovered cases and 289 deaths have been reported in the country.

Guinea COVID-19 Grade 3 13-Mar-20 13-Mar-20 13-Jun-20 23,398 23,398 289 1.2%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. So far we have 6 cases in 2021. The total number of 2020 cases has been corrected to 44.

Guinea Bissau COVID-19 Grade 3 25-Mar-20 25-Mar-20 25-May-21 3,803 3,803 69 1.8%

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 12 June 2021, the country has reported 3,803 confirmed cases of COVID-19 with 3,548 recoveries and 69 deaths.

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 13 June 2021, a total of 23,398 cases including 21,488 recovered cases and 289 deaths have been reported in the country.

Kenya COVID-19 Grade 3 13-Mar-20 13-Mar-20 13-Jun-20 175,337 175,337 3,410 1.9%

As of 8 June 2021 (Epi week 21), a total of 615 cases were reported. 31 confirmed cases with one death (CFR 0.2%). The outbreak is active in 2 counties : West Pokot and Wajir. The outbreak is active in two counties, West Pokot and Wajir.

Kenya Measles Ungraded 01-Nov-19 01-Nov-19 29-Mar-21 6,156 31 1 0.2%

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.

Kenya Leishmaniasis Ungraded 31-Mar-19 03-Jan-20 29-May-21 822 822 9 1.1%

Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 13 June 2021, a total of 10,921 cases of COVID-19 have been reported, including 6,443 recoveries and 326 deaths.

Lesotho COVID-19 Grade 3 13-May-20 13-May-20 13-Jun-21 10,921 10,921 326 2.9%

Liberia Humanitarian crisis (refugee) Ungraded 01-Nov-20 01-Nov-20 29-Mar-21 - - - -

As of 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 16-Mar-20 16-Mar-20 25-May-21 2,174 2,174 86 4.0%

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.

Liberia Measles Ungraded 24-Sep-17 01-Jan-19 23-May-21 16,107 168 0 0.0%

In week 21 (week ending 23 May 2021), 6 suspected cases were reported from Montserrado (5) and Bond (1) Counties. Among the 6 suspected cases, 5 cases are <5 years (83%) and 1 case is >5 years (17%). Since the beginning of 2021, 168 total cases were reported of which 107 were confirmed (16 laboratory-confirmed, 80 clinically confirmed and 11 epidemiologically linked).
### Table: Health Emergency Information and Risk Assessment

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
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<th>Date notified to WCO</th>
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<tbody>
<tr>
<td>Liberia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>10-Dec-20</td>
<td>17-Dec-20</td>
<td>09-Jun-21</td>
<td>2</td>
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</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The country has reported 2 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>Madagascar</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>12-Jun-21</td>
<td>41 933</td>
<td>41 933</td>
<td>887</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 12 June 2021, a total of 41 933 cases have been reported in the country, out of which 41 316 have recovered and 887 deaths 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>Madagascar</td>
<td>Malaria</td>
<td>Ungraded</td>
<td>08-Mar-21</td>
<td>08-Mar-21</td>
<td>31-Mar-21</td>
<td>768 181</td>
<td>768 181</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

From January 2021 to March 2021, 768,181 cases were reported, 79 out of 114 districts (69%) were in outbreak (outbreak threshold: mean +2 standard deviations) and 24 districts on alert (alert threshold: median), considering data available from four previous years. Among the districts which are above the epidemic threshold in the first quarter of 2021, four (districts of Fort Dauphin, Ikongo, Marolambo and Soanieran Ivongo) present a very worrying situation with a duplication of cases compared to the same period of the previous year (2020).

<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>Madagascar</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>28-Apr-21</td>
<td>28-Apr-21</td>
<td>09-Jun-21</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) were reported this week. So far, there are four cases in 2021 and two from 2020.

<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>Madagascar</td>
<td>Rift Valley Fever</td>
<td>Ungraded</td>
<td>26-Apr-21</td>
<td>20-May-20</td>
<td>109</td>
<td>10</td>
<td>2</td>
<td>1.8%</td>
<td></td>
</tr>
</tbody>
</table>

On 1 April 2021, the Institut Pasteur in Madagascar confirmed Rift Valley Fever (RVF) by PCR in animals following alerts of abortion cases in ruminants. From 26 April to 20 May 2021, enhanced surveillance for hemorrhagic fevers in humans identified 109 suspected RVF cases in four regions of Madagascar (Vatovavy Fitovinany, Haute Matsiatra, Alaotra Mangoro and Analamanga), including three cases confirmed by PCR, seven by serology, one death among confirmed cases in the Vatovavy Fitovinany region, and one death among suspected cases in the Analamanga region.

<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>Malawi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>2-Apr-20</td>
<td>2-Apr-20</td>
<td>13-Jun-21</td>
<td>34 485</td>
<td>34 485</td>
<td>1 159</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 13 June 2021, the country has a total of 34 485 confirmed cases with 1 159 deaths and 32 725 recoveries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mali</td>
<td>Humanitarian crisis</td>
<td>Protracted 1</td>
<td>n/a</td>
<td>n/a</td>
<td>31-May-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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. During May 2021, Mopti (47) reported the most security incidents followed by Gao (28) and Timbuktu (9). Between January and April 2021 there were 61 074 people newly displaced.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
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<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>Malawi</td>
<td>Measles</td>
<td>Ungraded</td>
<td>20-Feb-18</td>
<td>01-Jan-21</td>
<td>16-May-21</td>
<td>754</td>
<td>398</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Measles outbreak is ongoing in Mali. During week 21 (week ending 30 May 2021), suspected cases of measles were reported from eight regions of the country. Since January 2021 as to date, Mali reported a total of 862 suspected cases of which 398 were confirmed. It shows an increase of 24.75% compared to the total cases reported last year at the same week.

<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>Mali</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Aug-20</td>
<td>18-Aug-20</td>
<td>09-Jun-21</td>
<td>48</td>
<td>48</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The total cases reported in 2020 is 48.

<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>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-21</td>
<td>19-Mar-21</td>
<td>28-Sep-20</td>
<td>36</td>
<td>36</td>
<td>13</td>
<td>36.1%</td>
</tr>
</tbody>
</table>

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 13 June 2021, a total of 20 273 cases including 475 deaths and 19 142 recovered cases have been reported in the country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
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<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>Mauritania</td>
<td>Rift Valley Fever</td>
<td>Grade 1</td>
<td>09-Oct-20</td>
<td>04-Sep-20</td>
<td>28-Sep-20</td>
<td>36</td>
<td>36</td>
<td>13</td>
<td>36.1%</td>
</tr>
</tbody>
</table>

The Ministry of Health notified the WHO of 8 cases, including 7 deaths, of Rift Valley Fever (RVF) (PCR positive) in breeders, which occurred between 13 September 2020 and 1 October 2020, in several localities in the departments of Tidjikja and Moudjéra (Tagant region), Guerou (Assaba region) and Chinguett (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, Tarza and Hodh Elgharbi 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.

<table>
<thead>
<tr>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mauritius</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>12-Jun-21</td>
<td>1 709</td>
<td>1 709</td>
<td>18</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 12 June 2021, a total of 1 709 confirmed COVID-19 cases including 18 deaths and 1 317 recovered cases have been reported in the country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
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<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>Mozambique</td>
<td>Humanitarian crisis</td>
<td>Protracted 1</td>
<td>n/a</td>
<td>n/a</td>
<td>31-May-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The number of incidents have decreased in number and impact in Cabo Delgado, however two were reported during 17-23 May 2021. One attack was in Panangue of Macomia district and Oiume of Palma district. Movement of displaced people continue in Nangade, Mueda, Montepuez, Mecufi, Ibo, and Pemba districts of Palma. As of 22 May 2021, an estimated total of 57 089 IDPs had been registered. Most IDPs are being integrated into families and in accommodation centers.
As of 23 May 2021 there have been a total of 5 681 cases and 25 deaths (case fatality ratio 0.6%) reported in the Cabo Delgado (4246 cases and 21 deaths) and Nampula (1453 cases and 4 deaths) provinces. Eight districts for Cabo Delgado province: Mocimboa da Praia (307 cases), Ibo (163 cases), Macomia (166 cases), Pemba (566 cases), Metuge (1245 cases), Chiure (1165 cases) and Montepuez (328 cases) and Ancuabe (306 cases). Three districts for Nampula province reported cases: Meconta (630 cases), Nampula (755 cases) and Moma (50 cases).

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 13 June 2021, a total of 71 538 confirmed COVID-19 cases were reported in the country including 841 deaths and 69 881 recoveries.

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

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 12 June 2021, a total of 65 089 confirmed cases with 54 535 recovered and 995 deaths have been reported.

The current outbreak in Namibia started in December 2017. As of 16 May 2021, a cumulative total of 8 062 cases (2 113 laboratory-confirmed, 4 741 epidemiologically linked, and 1 208 suspected cases) including 66 deaths (CFR 0.8%) have been reported countrywide. Khomas Region remains the most affected region, accounting for 4 979 (61.8%) of reported cases, followed by Erongo 1 713 (21.2%).

National authorities have initiated the return of IDPs from Tillaberi to Anzourou 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 as of 23 May 2021.

As of 23 May 2021, 6 738 persons, mostly children have been affected with 221 deaths yielding a CFR of 3.3%. A total of 16 states have reported cases, however Kano, Zamfara, Bayelsa and Delta states have had the highest number of cases. Throughout the outbreak some states have contained the flare ups, however new outbreaks are regularly reported in another states.

As of 31 May 2021, 6 738 persons, mostly children have been affected with 221 deaths yielding a CFR of 3.3%. A total of 16 states have reported cases, however Kano, Zamfara, Bayelsa and Delta states have had the highest number of cases. Throughout the outbreak some states have contained the flare ups, however new outbreaks are regularly reported in another states.

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 (NSAG) 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 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.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 9 cVDPV2 cases reported in 2018, 1 in 2019, and 9 in 2020.

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 (NSAG) 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 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.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 9 cVDPV2 cases reported in 2018, 1 in 2019, and 9 in 2020.
### South Sudan COVID-19 Grade 3 5-Apr-20 2-Apr-20 26-May-21 10 688 10 688 115 - 1.1%

Since the start of the COVID-19 pandemic in South Sudan, a cumulative total of 1 662 825 confirmed cases and 56 439 deaths have been reported, with 1 556 874 recoveries.

### South Sudan Humanitarian crisis

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

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

### Rwanda COVID-19 Grade 3 6-Apr-20 6-Apr-20 12-Jun-21 2 357 2 357 37 -

On 6 April 2020, the Ministry of Health of Rwanda announced the confirmation of the first COVID-19 case on 14 March 2020. As of 13 June 2021, a total of 28 373 cases with 370 deaths and 26 341 recovered cases have been reported in the country.

### Sao Tome and Principe COVID-19 Grade 3 6-Apr-20 6-Apr-20 12-Jun-21 2 357 2 357 37 -

The Sao Tome and Principe Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 13 June 2021, a total of 28 373 cases with 370 deaths and 26 341 recovered cases have been reported in the country.

### Senegal COVID-19 Grade 3 02-Mar-20 02-Mar-20 13-Jun-21 41 998 41 998 1 154 2.7%

From 2 March 2020 to 13 June 2021, a total of 41 998 confirmed cases of COVID-19 including 1 154 deaths and 40 336 recoveries have been reported in Senegal.

### South Africa COVID-19 Grade 3 05-Mar-20 02-Mar-20 30-May-21 1 662 825 1 662 825 56 439 3.4%

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.

### South Sudan Poliomyelitis (cVDPV2) Grade 2 4-Apr-21 26-May-21 4 4 0 - 0.0%

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

### Seychelles COVID-19 Grade 3 14-Mar-20 14-Mar-20 13-Jun-21 13 539 13 539 43 0.3%

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 13 June 2021 a total of 13 539 cases have been confirmed, including 12 120 recoveries and 43 deaths have been reported.

### Sierra Leone COVID-19 Grade 3 31-Mar-20 31-Mar-20 16-Jun-21 4 4 0 - 0.0%

In the first four weeks of 2021, six cases of acute viral haemorrhagic fever were identified and tested. Of the six tested, three came back testing positive for Lassa fever in Kenema district. Two of the patients who tested positive have recovered. Further epidemiological investigations are currently underway.

### Sierra Leone Lassa fever Ungraded | 12-Feb-21 | 01-Jan-21 | 16-Feb-21 | 3 | 3 | 0 | 0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. So far, 4 cases have been reported in 2021, and the number of cases 2020 remains 10.

### South Africa COVID-19 Grade 3 05-Mar-20 03-Mar-20 30-May-21 1 662 825 1 662 825 56 439 3.4%

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.

### South Sudan Acute Food insecurity Grade 2 | 18-Dec-20 | 5-Apr-21 | 16-Apr-21 | - | - | - | -

People in parts of South Sudan continue to face the highest levels of food insecurity since the country declared independence 10 years ago. 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.

### South Sudan Humanitarian crisis Protracted 3 | 15-Aug-16 | n/a | 15-May-21 | - | - | - | -

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) 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 COVID-19 Grade 3 5-Apr-20 2-Apr-20 26-May-21 10 688 10 688 115 - 1.1%

On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 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.

### South Sudan Hepatitis E Ungraded - 03-Jan-19 11-Apr-21 556 556 5 - 0.9%

The current outbreak in Bentiu UN Protection of Civilians (POC), which started at the beginning of 2019, has continued with 7 new cases reported in week 14 (week ending 11 April 2021). As of the reporting date, a total of 556 cases of hepatitis E including five deaths have been reported.

### South Sudan Measles Ungraded - 24-Nov-18 | 19-Sep-19 | 16-May-21 | 1 308 | 52 | 2 | -

Between week 38 of 2019 to week 9 of 2021, a total of 1 308 cases of measles. The outbreak is controlled in 9 counties (Tonj East, Juba, Bor, Kapeota East, Jebel Boma, Awiel East, Waad, Pibor and Tabo). One confirmed case of measles was reported in Pibor between week 17 and week 19.

### South Sudan Poliomyelitis (cVDPV2) Grade 2 22-Oct-20 22-Oct-20 09-Jun-21 56 56 0 - 0.0%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. There are now 56 cVDPV2 cases in the country, 6 in 2021 and 50 in 2020.
Tanzania, United Republic of
COVID-19  Grade 3 16-Mar-20 16-Mar-20 11-Apr-21 509 509 21 4.1%

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

Togo
COVID-19  Grade 3 06-Mar-20 01-Mar-20 13-Jun-21 13 627 13 627 126 -

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 13 June 2021, a total of 13 627 cases including 126 deaths and 13 305 recovered cases have been reported in the country.

Togo
Poliomyelitis (cVDPV2)  Grade 2 18-Oct-19 13-Sep-19 09-Jun-21 17 17 0 0.0%

No new case of cVDPV2 was reported during the past week. There were nine cases in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.

Uganda
COVID-19  Grade 3 21-Mar-20 21-Mar-20 11-Jun-21 61 977 61 977 428 0.7%

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 11 June 2021, a total of 61 977 confirmed COVID-19 cases, 48 160 recoveries with 428 deaths.

Uganda
Crimean-Congo haemorrhagic fever (CCHF) Ungraded 1-May-21 28-Apr-21 4-May-21 2 2 0 0.0%

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.

Uganda
Rift Valley Fever Ungraded 20-May-21 12-May-21 20-May-21 1 1 1 100.0%

On 12 May 2021, a 19-year-old female presented to a hospital in Kampala as a referral from Mbarara district with symptoms of infection, kidney injury and bleeding from the nose and mouth. Samples were taken and Rift Valley Fever was confirmed at Uganda Virus Research Institute (UVRI) on 13 May 2021. The onset of symptoms was on 5 May 2021 in Kiruhura District with fever, headache and vomiting. She consulted five health facilities for medical attention but failed to improve. On 13 May 2021, she died. There are reported abortions in goats in neighboring areas.

Zambia
COVID-19  Grade 3 18-Mar-20 18-Mar-20 13-Jun-21 111 746 111 746 1 389 1.2%

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 13 June 2021, a total of 111 746 confirmed COVID-19 cases were reported in the country including 1 389 deaths and 97 756 recovered cases.

Zimbabwe
Anthrax Ungraded 6-May-19 6-May-19 30-May-21 815 0 3 0.4%

The anthrax outbreak is ongoing in Zimbabwe. From Week 1 to 21 of 2021, there were 68 cases reported and no deaths. 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.

Zimbabwe
COVID-19  Grade 3 20-Mar-20 20-Mar-20 13-Jun-21 39 959 39 959 1 632 4.1%

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 13 June 2021, a total of 39 959 confirmed COVID-19 cases were reported in the country including 1 632 deaths and 37 004 cases that recovered.

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: http://www.who.int/hac/about/erf/en/. Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
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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.