

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 25: 14 - 20 June 2021

Data as reported by: 17:00; 20 June 2021



World Health  
Organization

REGIONAL OFFICE FOR **Africa**  
WHO Health Emergencies Programme

**1**

New event

**124**

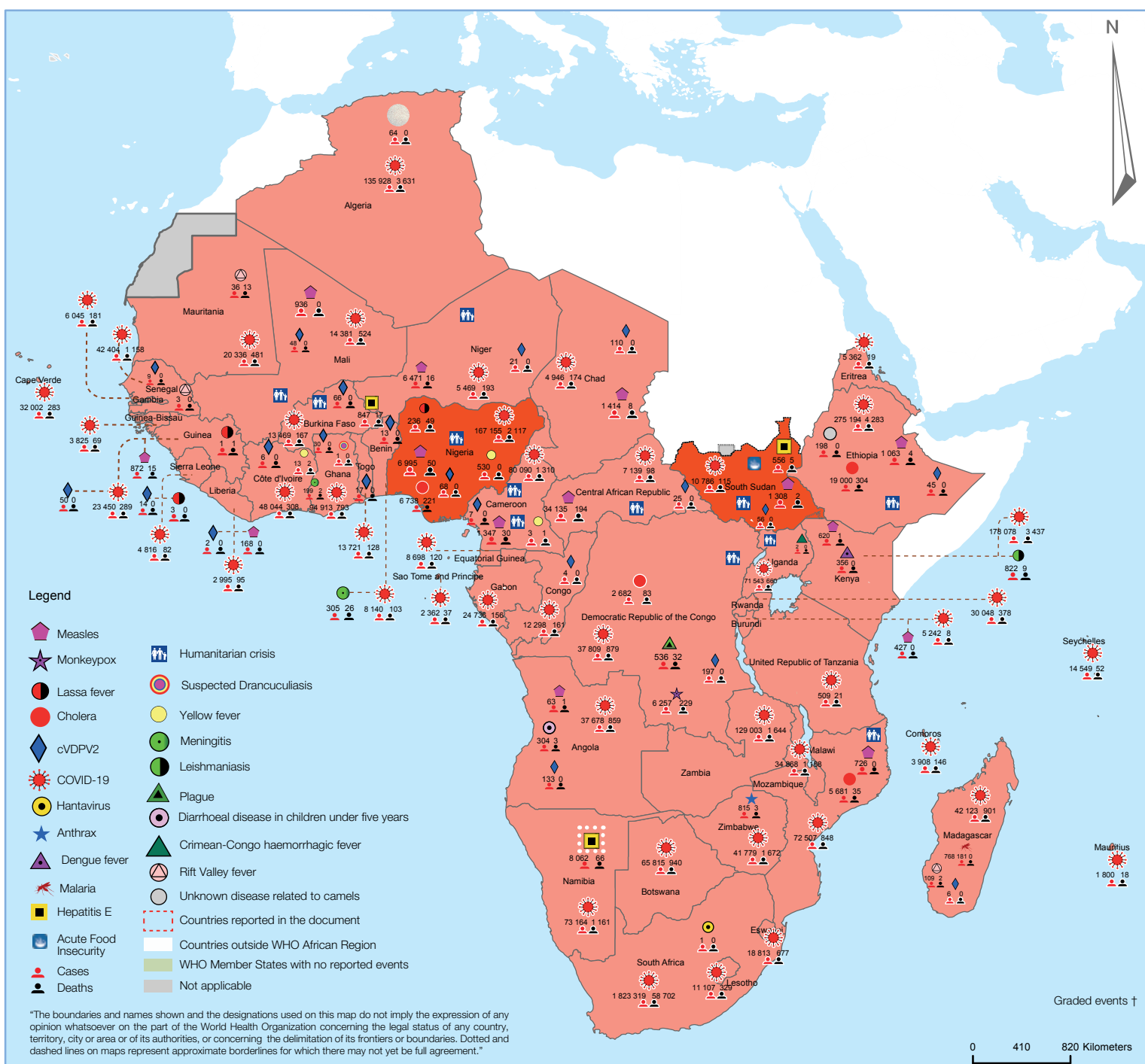
Ongoing events

**112**

Outbreaks

**13**

Humanitarian  
crises



**48**

Grade 3 events

**26**

Grade 2 events

**2**

Grade 1 events

**40**

Ungraded events

**3**

Protracted 3 events

**3**

Protracted 2 events

**3**

Protracted 1 events

# Overview

## Contents

### 1 Overview

### 2 -6 Ongoing events

### 7 Summary of major issues, challenges and proposed actions

### 8 All events currently being monitored

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 125 events in the region. This week's articles cover:

- [End of outbreak declaration, Ebola virus diseases in Guinea](#)
- [COVID-19 across the WHO African region](#)
- [Hepatitis E in Namibia](#)

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:

- Overall, COVID-19 cases and deaths are on the rise on the African continent and we are now in a resurgence. Though numbers are still lower than the trends observed in December 2020 and January 2021, new cases recorded each week are nearing more than 120 000 cases recorded weekly during the first wave peak in July 2020. This marks the sixth consecutive week that we have seen an increase in new cases. Eritrea, Rwanda, Namibia, Uganda, South Africa and Zambia are reporting high case numbers that remain of great 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.
- While the long-spanning hepatitis E outbreak in Namibia has shown significant decline during 2021 compared to previous years, reports of sporadic cases continue. The outbreak has not yet been fully contained due to the lingering reports of cases and inadequately sustained water, sanitation, and hygiene services in the informal urban settlement areas where the outbreak has had much impact. National authorities have recently revived the task force for the outbreak's response which plans to accelerate activity implementation in the affected regions.

# Ongoing events

## Coronavirus disease 2019

## African region

3 763 454 : 91 472 : 2.4%  
**Cases : Deaths : CFR**

### EVENT DESCRIPTION

More than 130 490 new coronavirus (COVID-19) infections were identified in the African Region in the past seven days (14 - 20 June 2021), a 31.0% increase compared to the previous week when 99 658 new cases were reported. A total of 18 (39.1%) countries reported a decrease in new cases. Twenty-five countries (54.4%) saw an increase in weekly cases in the past seven days, of which Burkina Faso, Burundi, Chad, Côte d'Ivoire, Eritrea, Guinea-Bissau, Kenya, Lesotho, Liberia, Malawi, Mozambique, Niger, Rwanda, Sao Tome and Principe, Sierra Leone, South Africa, Zambia, and Zimbabwe had an increase above 20.0% compared to the previous week.

Most (58.4%; 76 237) of the new COVID-19 infections were reported from South Africa, although 43 countries reported new cases in this period. This was followed by Zambia reporting 17 287 cases (13.2%), Namibia 7 349 (6.0%), Uganda 7 022 (5.4%), and Kenya with 3 738 (3.0%). All these five countries experienced a significant increase in daily new case counts; apart from Uganda that saw a decline after recent weeks of consecutive increase.

A rise in deaths (33.0%) was observed in the same reporting period, with 1 930 new deaths recorded from 30 countries. Most of these deaths were concentrated in a few countries including; South Africa, which reported the majority of deaths, (971, 50.3%), followed by Zambia with 255 (13.2%), Uganda 201 (10.4%), Namibia 153 (8.0%), and Algeria 60 (3.1%). Other countries reporting deaths in this period include; Kenya (46), Ethiopia (41), Zimbabwe (40), Democratic Republic of the Congo (33), Angola (28), Botswana (14), Madagascar (12), Seychelles (9), Malawi (9), Cabo Verde (8), Rwanda (8), Mozambique (7), Congo (6), Mauritania (6), Senegal (4), Eritrea (3), Ghana (3), Lesotho (3), Côte d'Ivoire (2), Liberia (2), Togo (2), Benin (1), Eswatini (1), Mali (1), and Niger (1).

The pandemic is trending upwards in more than 20 countries, of which ten countries including Algeria, Democratic Republic of the Congo, Eritrea, Liberia, Rwanda, Sierra Leone, Namibia, South Africa, Uganda, and Zambia, are experiencing a resurgence in cases. New cases recorded weekly in Africa have now exceeded half of the second wave peak of more than 224 000 weekly cases in early January 2021. The Democratic Republic of the Congo, Namibia, Uganda, South Africa and Zambia continue to see sustained high case numbers week on week. Death counts reported from Namibia, Uganda and Zambia have also increased. Madagascar (7.9%), Malawi (7.8%), Gambia (4.9%), Chad (4.3%), and Nigeria (4.3%) have reported a high case fatality ratio in the recent four weeks.

Since the start of the COVID-19 outbreak in the African Region, the cumulative total number of confirmed cases is nearly 3 800 000, with more than 3 000 000 recoveries, giving a recovery rate of 89.0%. The death count is more than 91 000.

South Africa has reported the highest number of cases (1 823 319 cases, 48.4%), Ethiopia (275 194 cases, 7.3%), Kenya (179 075 cases, 4.8%), Nigeria (167 155 cases, 4.4%) and Algeria (135

928 cases, 3.6%), accounting for (258 0671, 68.6%) of all cases. At the same time, South Africa has the highest number of deaths in the region (58 702 deaths, 64.2%), followed by Ethiopia (4 283, 4.7%), Algeria (3 631, 4.0%), Kenya (3 631, 3.8%) and then Nigeria (2 117, 2.3%). These five countries account for (72 189, 78.9 %) of all deaths reported in the region.

During this reporting period, 220 new health worker infections were reported from Namibia (186), and Ethiopia (34). Kenya retrospectively reported 238 health worker infections. Cumulatively, there have been 113 923 COVID-19 infections (3.0% of all cases) among health workers, with South Africa accounting for about 49.3% (56 180) of these cases. Algeria (11 936, 10.5%), Kenya (5 452, 4.8%), 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%), Algeria (9.0%), and Liberia (8.0%), have the highest country specific proportion of health worker infections. Only Eritrea has not reported any healthcare worker infections.

In the whole African continent, the cumulative number of confirmed COVID-19 cases on the is more than 5.1 million. The total number of deaths exceeded 137 000 (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 2.8% of global cases and 3.3% of global deaths, while the WHO African Region, which includes sub-Saharan Africa and Algeria, accounts for 2.1% of global cases and 2.4% 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 (6.6%), 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 18 June 2021, 51 African countries were vaccinating people using vaccines received through COVAX, bilateral deals or donations, with 41.6 million doses administered. Forty-three countries are conducting vaccination campaigns using COVAX-funded vaccines, with 15.7 million COVAX doses reported as administered. Globally, 2.5 billion COVID-19 vaccine doses have been administered of which less than 1.0% have been administered in Africa. Nearly, 85.0% of all vaccine doses globally have been administered in high- and upper-middle-income countries – an average of 68 doses per 100 people in high-income countries compared with nearly 2 doses per 100 people in Africa.

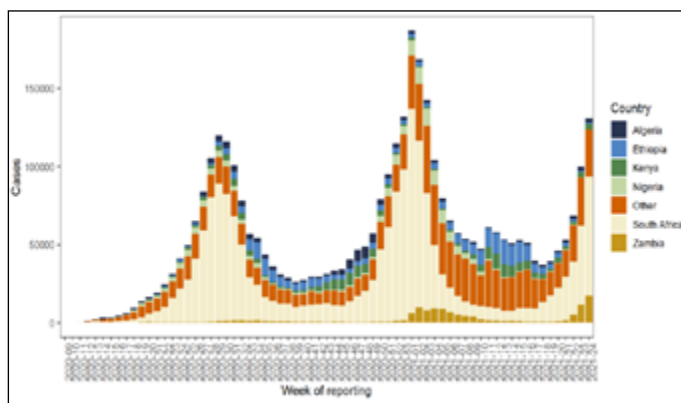
### SITUATION INTERPRETATION

COVID-19 cases in Africa are surging by over 20.0% week-on-week. The African Region is now in a full-scale third wave, with case numbers nearing those recorded during the first wave peak

[Go to overview](#)

[Go to map of the outbreaks](#)

The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by reporting date, 25 February 2020 – 20 June 2021  
( $n = 3\,763\,454$ )



in July 2020. The region has also seen an increase in deaths this week.

Along with other factors, a lack of adherence to transmission prevention measures has fuelled the new surge that coincides with colder seasonal weather in southern Africa and as more contagious variants spread across the region. The Delta variant has been reported in 14 African countries and the Alpha and Beta variants have been found in over 25 African countries.





## EVENT DESCRIPTION

The Ebola Virus Disease (EVD) outbreak that emerged in Guinea in mid-February was declared over on the 19 June 2021. The 2021 EVD outbreak was the first time the disease resurfaced in the country since the deadly outbreak ended in West Africa in 2016. The health authorities in Guinea declared the outbreak on 14 February 2021 after three cases were detected in Gouecke, a rural community in the southern N'zérékore prefecture, the same region where the 2014–2016 outbreak first emerged before spreading into neighbouring Liberia and Sierra Leone and beyond.

Between 14 February and 19 June 2021, a total of 23 cases (16 confirmed cases, and 7 probable cases) were identified. Of these confirmed and probable cases, 11 survived and 12 died (case fatality ratio 52.2%). Five of the cases were health workers and one was a traditional health practitioner. The majority of the confirmed and probable cases reported are female (13/23; 60.9%) and the most affected age group are those 40 years and above.

The index case of this recent outbreak was a health worker. She had onset of symptoms on 15 January 2021 and after seeking care at two health facilities and a traditional practitioner, died on 28 January 2021. She was buried on 1 February 2021 in Gouécké sub-prefecture without using safe and dignified burial practices.

During the course of the outbreak, seventeen secondary cases were reported with epidemiological links to the initial probable case between 5 February and 4 March 2021. After more than three weeks with no new cases reported, on 27 March 2021, a cluster of three community deaths was identified in Soulouta sub-prefecture, and were later classified as probable cases. Two individuals who had cared for and/or attended these burials were confirmed with Ebola infection in early April 2021. One of these last two confirmed cases was lost to follow up soon after he was confirmed on 1 April 2021 and he was found in apparent good health on 18 June 2021. No new confirmed or probable cases have been reported since 2 April 2021.

## PUBLIC HEALTH ACTIONS

- The Ministry of Health (MoH), together with other partners, initiated measures to control the outbreak and prevent further spread of the disease. The MoH activated national and district emergency management committees to coordinate the response.
- Multidisciplinary teams were deployed to the field to actively search for cases and provide care for patients; identify and follow-up contacts; and to engage with communities about outbreak prevention and control measures.
- From 14 February to 17 June, 1 239 samples (758 blood samples and 483 swabs) were received and analysed by PCR for EVD; PCR testing capacities were established at N'Zérékoré laboratory and sequencing capacities were strengthened in Conakry laboratories; rapid diagnostic tests for oral swabs were used for post-mortem testing of community deaths for EVD surveillance in N'Zérékoré Préfecture.
- As of 17 June 2021, a total of 10 089 alerts were notified and 96.0% were investigated; Of the 1 110 contacts of confirmed and probable cases 1 031 were followed daily by contact tracing teams.

- A total of 10 Points of Entry and 12 Points of Control were activated that performed 2 529 993 screenings and reported a total of 237 alerts in which 209 were classified as suspected cases following investigation. In addition, cross border coordination meetings were conducted with neighbouring countries.
- A total of 10 873 people were vaccinated including 885 contacts and 2 779 front line workers as of 27 May 2021.
- Decontamination of 18 health facilities, the donation of 109 IPC kits and the decontamination of several schools were organized following the IPC ring approach.
- Hand washing equipment and points of water were provided to the population.
- Training and deployment of risk communication focal points to 17 “health areas” of Nzérékoré to support with community alert reporting and management of referral refusal, as well as community-based surveillance. Social mobilization interventions led by more than 900 trained mobilisers from a range of local and community subgroups.

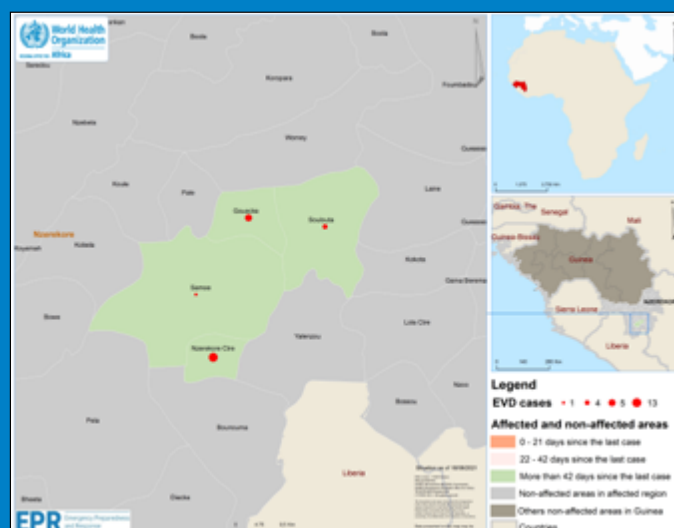
## SITUATION INTERPRETATION

The swift initial response to the recent EVD outbreak in Guinea, played a major role in the outbreak's rapid detection and control, as well as in the relatively few people infected and dying. Vaccines were rapidly rolled out and provided to high risk persons, alerts were reported and followed-up and points of entry were monitored and travellers screened and sensitized to EVD prevention measures.

Although the outbreak has been declared over (as per WHO recommendations) there remains a possibility that there are unrecognized chains of transmission in the community given the

ongoing challenges of access and epidemiological surveillance, coupled with the emergence of COVID-19 and a recent yellow fever outbreak. These might consequently challenge the country's ability to rapidly detect and respond to a new EVD outbreak.

The distribution of Ebola virus disease cases in Guinea, as of 18 June 2021.



Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 20 June 2021

Country	Total Cases	Total Deaths	Recovered Cases	Case Fatality Ratio (%)	Health Worker infections
South Africa	1 823 319	58 702	1 647 503	3.2	56 180
Ethiopia	275 194	4 283	254 948	1.6	3 347
Kenya	179 075	3 456	122 704	1.9	5 452
Nigeria	167 155	2 117	163 540	1.3	3 175
Algeria	135 928	3 631	94 571	2.7	11 936
Zambia	129 033	1 644	108 960	1.3	1 121
Ghana	94 913	793	92 881	0.8	4 763
Cameroon	80 090	1 310	77 305	1.6	2 795
Namibia	73 164	1 161	59 249	1.6	2 976
Mozambique	72 507	848	70 049	1.2	3 501
Uganda	71 543	660	49 532	0.9	1 987
Botswana	65 815	940	58 541	1.4	61
Côte d'Ivoire	48 044	308	47 445	0.6	943
Senegal	42 404	1158	40 875	2.7	419
Madagascar	42 123	901	41 222	2.1	70
Zimbabwe	41 779	1672	37 184	4.0	4 391
Democratic Republic of the Congo	37 809	879	27 938	2.3	256
Angola	37 678	859	31 676	2.3	939
Malawi	34 868	1168	32 871	3.3	1 886
Cabo Verde	32 002	283	30 988	0.9	140
Rwanda	30 048	378	26 393	1.3	682
Gabon	24 736	156	23 741	0.6	345
Guinea	23 450	167	22 250	0.7	682
Mauritania	20 336	481	19 413	2.4	24
Eswatini	18 813	677	18 017	3.6	577
Seychelles	14 549	52	13 133	0.4	778
Mali	14 382	524	10 033	3.6	87
Togo	13 721	128	13 355	0.9	891
Burkina Faso	13 469	167	13 293	1.2	288
Congo	12 298	161	11 330	1.3	203
Lesotho	11 107	329	6 445	3.0	473
South Sudan	10 786	115	10 552	1.1	391
Equatorial Guinea	8 698	120	8 489	1.4	411
Benin	8 140	103	7 983	1.3	139
Central African Republic	7 129	98	7 031	1.4	1
Gambia	6 045	181	5 837	3.0	142
Niger	5 469	193	5 179	3.5	355
Eritrea	5 362	19	4 818	0.4	0
Burundi	5 242	8	5 067	0.2	38
Chad	4 946	174	4 768	3.5	292
Sierra Leone	4 816	82	3 246	1.7	251
Comoros	3 978	146	3 745	3.7	155
Guinea-Bissau	3 825	69	3 562	1.8	23
Liberia	2 995	95	2 105	3.2	224
Sao Tome and Principe	2 362	37	2 314	1.6	102
Mauritius	1 800	18	1 387	1.0	30
United Republic of Tanzania	509	21	180	4.1	1
<b>Cumulative Total (N=47)</b>	<b>3 763 454</b>	<b>91 472</b>	<b>3 343 648</b>	<b>2.4</b>	<b>113 923</b>

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

## EVENT DESCRIPTION

The regional conflict in the Tigray region of Ethiopia began in November 2020, severely disrupting livelihoods and the healthcare system. The security situation remains unpredictable, with geographical access to vulnerable populations limited due to frequent roadblocks by security forces which impede the movement of health responders. Access to essential healthcare services is constrained. As of week 20 (week ending 15 May 2021), only 74 out of 264 health facilities are functional. There are currently an estimated 3.8 million people in need, with two million internally displaced persons (IDPs), of whom 500 000 are in IDP sites.

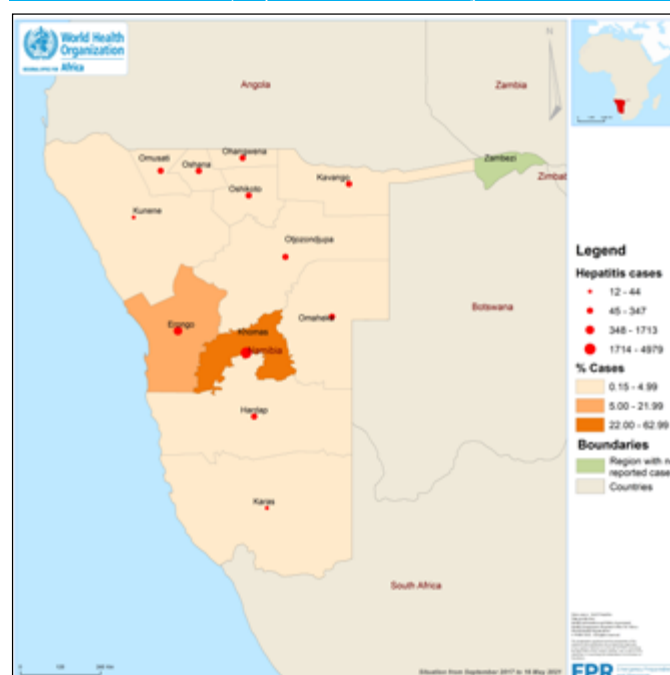
Population displacement with overcrowding, inadequate hygiene and sanitation in IDP sites and host communities pose additional health risks such as cholera, measles, meningitis and COVID-19. The upcoming rainy season will also increase the risk of the spread of vector and water borne diseases such as malaria and other communicable disease outbreaks. The breakdown of social structure, the disintegration of families and communities has also left women and girls vulnerable to sexual and other forms of gender-based violence.

Priority public health concerns include rising numbers of cases of COVID-19, including hospitalizations and rumours of community deaths and pneumonia-like illnesses in inaccessible areas. The number of admissions for severe acute malnutrition (SAM) continues to rise, with higher proportions than in previous years, even with only 34 woredas reporting. The risk for a cholera outbreak is high because of the lack of sanitation in crowded IDP sites, exacerbated by the upcoming rainy season. Cases of malaria are anticipated for the same reason, particularly since this is a malaria endemic region. Routine childhood vaccination has been disrupted, resulting in a high risk of diseases such as measles. There have been reports of suspected cases of measles, with at least one fulfilling the case definition.

## PUBLIC HEALTH ACTIONS

- The Namibian Ministry of Health and Social Services has reconvened the National Task Force for HEV response which has revised the national plan.
- Regional and district teams are conducting active surveillance to trace cases of HEV weekly.
- Diagnostic supplies have been procured for the rapid detection and confirmatory testing of hepatitis A and E.
- Creation of a testing strategy for patients presenting with Acute Jaundice Syndrome and materials were distributed throughout the country.
- Community meetings are held to provide risk communication information.
- Radio talk shows in the local languages are held to sensitize communities on HEV.
- Infection control and prevention education communication materials have been distributed.

The distribution of cumulative cases of Hepatitis E reported in all regions of Namibia, September 2017 - 16 May 2021.



## SITUATION INTERPRETATION

With the reporting of sporadic cases and a long incubation period for HEV (range of 15-64 days, average 26-42 days), it is clear that the transmission of the disease has not been contained. While the outbreak has seen a notable decrease in the number of cases reported since 2019, it would be difficult to ascertain the true improvement of the situation in the last year due to the effects of COVID-19 on the health system. Because the majority of cases come from the informal settlement areas it is critical to routinely monitor the sanitation and water systems to ensure they are properly maintained. Hygiene promotion from the COVID-19 interventions should have simultaneously provided protection against HEV, however since cases are still being reported, that is an indication that targeted public health interventions need to be strengthened to contain the HEV outbreak.

# Summary of major issues, challenges and proposed actions

## Major issues and challenges

- COVID-19 cases in Africa are increasing weekly as the Region starts to see a clear third wave of the pandemic. More than half of the countries in the African region are experiencing community transmission of COVID-19, of which more than ten countries are seeing a resurgence. Numbers of health worker infections are still a concern. Case fatality ratios are also relatively high, in some countries.
- Although the long-standing hepatitis E outbreak in Namibia has shown significant decline, the conditions for outbreaks of water-borne diseases persist, particularly in urban informal settlements, which suffer from inadequate supplies of safe water and poor sanitation.

## Proposed actions

- With the rising COVID-19 cases 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.
- Namibian authorities must urgently address the problems with inadequate safe water supplies and poor sanitation in informal settlements across the country in order to prevent further outbreaks of water-borne diseases.



# All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
<b>New Events</b>									
Ethiopia	Unknown disease related to camels	Ungraded	12-Jun-21	8-May-21	12-Jun-21	198	-	0	0.00%
An outbreak was detected in Oromia and Somali regions of Ethiopia related to camels. In Oromia, 158 human cases were reported and a further 40 cases were reported in Somali state of Ethiopia as of 12 June 2021. Out of 40 hospitalized cases 35 were treated and discharged. No deaths have been reported. Symptoms included diarrhoea, fever and vomiting associated with the consumption of camel meat. Samples from camels and human cases have been taken and are undergoing laboratory investigation.									
<b>Ongoing Events</b>									
Algeria	Brucellosis	Ungraded	13-Apr-21	1-Jan-21	12-Apr-21	64	64	0	0.00%
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. In March, 50.0% of cases were among goat breeders and people having contact with contaminated animals. A total of 21 cases have been hospitalized, but all have been discharged with no deaths reported.									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	20-Jun-21	135 928	135 928	3 631	2.70%
From 25 February 2020 to 20 June 2021, a total of 135 928 confirmed cases of COVID-19 with 3 631 deaths (CFR 2.7%) have been reported from Algeria. A total of 94 571 cases have recovered.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	20-Jun-21	37 678	37 678	859	2.30%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 20 June 2021, a total of 37 678 confirmed COVID-19 cases have been reported in the country with 859 deaths and 31 676 recoveries.									
Angola	Measles	Ungraded	4-May-19	1-Jan-21	31-Mar-21	63	17	1	1.60%
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 Epi week 18 in 2021, Angola reported 241 suspected cases have been reported in 12 health districts of which 81 were confirmed and one died (CFR 1.2%), 40.7% < 5 years, 24.6% 5- 9 years and. Five districts with confirmed measles outbreaks : Banga, Caimbambo, Uige, Cuito Samba and Caju. 96% are either zero dose or with unknown vaccination status									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	1-Jan-19	15-Jun-21	133	133	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 3 cases reported in 2020. The total number of cases reported in 2019 remains 130. These cases are from several outbreaks which occurred in 2019.									
Angola	Undiagnosed diarrhoeal disease	Ungraded	3-May-21	1-Apr-21	27-Apr-21	304	304	3	1.00%
An increased number of diarrhoeal cases have been observed in Cacucaco 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.									
Benin	COVID-19	Grade 3	17-Mar-20	16-Mar-20	14-Jun-21	8 140	8 140	103	-
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 14 June 2021, a total of 8 140 cases have been reported in the country with 103 deaths and 7 983 recoveries.									
Benin	Meningitis	Ungraded	1-Jun-21	1-Jan-21	1-Jun-21	305	-	26	8.50%
A total of 305 cases and 26 deaths (CFR 8.5%) resulting from meningitis were reported from Week 1 to week 21 of 2021 in Benin. Four districts are on alert and one district reported passing the epidemic threshold.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	15-Jun-21	13	13	0	0.00%
One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Couffo making it the second one in 2021. There were three cVDPV2 cases reported in 2020, and 8 in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.									
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	14-Jun-21	65 815	65 815	940	1.40%
On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 14 June 2021, a total of 65 815 confirmed COVID-19 cases were reported in the country including 940 deaths and 58 541 recovered cases.									
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	4-Jun-21	-	-	-	-
Since 2015, the security situation in the Sahel and East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement of a total of 1 218 754 internally displaced persons and 22 137 refugees registered as of 31 May 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 May 2021 only 41.0% of health facilities were operational in the 6 regions affected by conflict. Increased displacement is expected to push people to even more remote areas with less access to health care due to flooding and armed attacks. During May 2021, 331 security incidents were reported while 1 462 total incidents have been reported from January-May 2021.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	19-Jun-21	13 469	13 469	167	1.20%
Between 9 March 2020 and 19 June 2021, a total of 13 469 confirmed cases of COVID-19 with 167 deaths and 13 293 recoveries have been reported from Burkina Faso.									
Burkina Faso	Hepatitis E	Grade 1	7-Sep-20	17-Sep-20	28-Mar-21	847	10	17	2.00%
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.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	15-Jun-21	66	66	0	0.00%
Two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; one each in Dori and Banfora bringing the number of 2020 cases to 65. There is one case reported in 2021. The country is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savanes outbreak in Togo.									
Burundi	COVID-19	Grade 3	31-Mar-20	18-Mar-20	19-Jun-21	5 242	5 242	8	-
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 19 June 2021, the total number of confirmed COVID-19 cases is 5 242, including eight deaths and 5 067 recovered.									
Burundi	Measles	Ungraded	23-Mar-20	1-Jan-21	19-Jun-21	427	285	0	0.00%
The measles epidemic has been declared since November 2019 in camps hosting Congolese refugees and then spread to other communities. A total of 1,880 cases were reported in 46 of the country's 47 districts throughout 2020, 1,585 confirmed, 6 deaths. As of 19 June 2021, Burundi has reported a total of 427 suspected cases, 366 reported by case-by-case surveillance, 34 confirmed by IgM+ 244 by epidemiological link, 5 clinical cases and 2 cases of congenital measles. During Epid week 23, 7 suspected cases were reported in 4 districts (Kabezi 3, Mpanda 2, Kibuye 1 and Bukinyanya 1).									
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	3-Jun-21	-	-	-	-
Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by the Boko Haram group resulting in significant population displacement. UNHCR protection monitoring reported the highest number of incidents in Logone and Chari departments during March. Road axes that affected continue to be affected are Route nationale 1, Limani-Magdeme, Doubé-Mora, Limani-Kourgui, Mora-Kousseri axes which are the object of attacks by NSAGs. According to OCHA reports, an estimated 1.2 million people need assistance, 322 000 people are internally displaced, 67K are camp refugees, and 46K are refugees in the region not in camps. During March 2021, 3 880 Nigerian refugees were voluntarily repatriated from Minawao camp to Banki and Bama, Nigeria as part of the tripartite agreement between UNHCR, Cameroon, and Nigeria.									
Cameroon	Humanitarian crisis (NW & SW)	Protracted 2	1-Oct-16	27-Jun-18	30-Apr-21	-	-	-	-
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 30 April 2021, there were an estimated 712 800 IDPs and an estimated 67.3K Cameroon refugees in Nigeria. There have also been reports of targeted attacks on various groups such as traditional leaders, school staff, students, and humanitarian workers. In April 2021, an increase of improvised explosive devices (IEDs) were reported with 11 total incidents recorded (8 in NW alone).									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	9-Jun-21	80 090	80 090	1 310	1.60%
The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 9 June 2021, a total of 80 090 cases have been reported, including 1 310 deaths and 77 305 recoveries.									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-21	11-Jun-21	1 347	13	30	-
From January to 01 June 2021, Cameroon has reported 1 347 suspected cases 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)	Grade 2	1-Jan-20	1-Jan-20	15-Jun-21	7	7	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were seven cases reported in 2020.									
Cameroon	Yellow fever	Ungraded	7-Feb-21	4-Jan-21	18-Apr-21	3	3	1	33.30%
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 Doumbouo health area, Dschang health district, whose onset of symptoms occurred on 19 December 2020 with jaundice. She died on 1 February 2021 following surgery for a gallbladder abscess. Between 1 February and 18 March 2021, 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).									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	20-Jun-21	32 002	32 002	283	-
The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 20 June 2021, a total of 32 002 confirmed COVID-19 cases including 283 deaths and 30 988 recoveries were reported in the country.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	4-Jun-21	-	-	-	-
Civil unrest and food insecurity in most parts of the country, including major cities, continue to cause a complex humanitarian situation. The security situation remains tense with the persistence of inter-ethnic tensions within rival armed groups in the Northeast of the country, mainly in Ndele, Birao, Batangafo and Bria. During April 2021, the prefectures of Nana-Gribizi (7 incidents), Ouham (6 incidents), and BaminguiBamoran (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, Kouï and Paoua (Ouham Pendé). Also in April 2021, 22 311 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	Grade 3	14-Mar-20	14-Mar-20	17-Jun-21	7 139	7 139	98	-
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 17 June 2021, a total of 7 139 confirmed cases, 98 deaths and 7 103 recovered were reported.									
Central African Republic	Measles	Grade 2	15-Mar-19	1-Jan-19	17-Jun-21	34 135		194	-
From the beginning of outbreak to 17 June 2021, a total of 35 173 suspected cases have been notified and 196 deaths (CFR : 0.56%) within 22 affected districts. From 1st January up to date : 1 657 suspected cases have been reported, 485 confirmed cases (41 IgM+ cases, 148 by epidemiological link and 296 compatible cases) and 3 deaths (CFR : 0.2%). Six health districts have reached the epidemic threshold (Bérébati, Sangha-Mbaéré; Nanga-Boguila, Batangafo, Nana Gribizi and Mbaiki). During Epi week 23, 9 cases have been reported in 2 districts. The majority of cases are under five years of age, followed by the 5 to under 15 year old age group.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	15-Jun-21	25	25	0	0.00%
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	20-Jun-21	4 946	4 946	174	3.50%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 20 June 2021, a total of 4 946 confirmed COVID-19 cases were reported in the country including 174 deaths and 4 768 cases who have recovered.									
Chad	Measles	Ungraded	24-May-18	1-Jan-21	16-Jun-21	1 414	87	8	-
In 2020, Chad reported 8 785 cases, with 363 confirmed cases and 41 deaths. Since 1 January 2021 up to Epi week 19 (June 2021), there have been 1 414 suspected cases from 80 out of 129 districts in the country (62.0% of districts), 87 of which were confirmed by IgM and 08 deaths from 4 districts (CFR 0.6%), 14 districts in epidemic, Last 4 districts entered epidemic in April (3 from block 2 and 1 from Block 1 - Ndjamenia East)									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	15-Jun-21	110	110	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in this week. There were 99 cVDPV2 cases reported in 2020 from three different outbreaks. There were 11 cases reported in 2019. The risk of further cVDPV2 spread across the Lake Chad subregion remains high.									
Comoros	COVID-19	Grade 3	30-Apr-20	30-Apr-20	18-Jun-21	3 908	3 908	146	-
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 18 June 2021, a total of 3 908 confirmed COVID-19 cases, including 146 deaths and 3 745 recoveries were reported in the country.									
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	14-Jun-21	12 298	12 298	161	-
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 14 June 2021, a total of 12 298 cases including 161 deaths and 11 330 recovered cases have been reported in the country.									
Congo	Poliomyelitis (cVDPV2)	Grade 2		29-Jan-21	15-Jun-21	4	4	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, 2 cases have been reported in 2021. There were two cases reported in 2020.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	20-Jun-21	48 044	48 044	308	0.60%
Since 11 March 2020, a total of 48 044 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 308 deaths, and a total of 47 445 recoveries.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Grade 2	29-Oct-19	29-Oct-19	9-Jun-21	6	60	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The total number of cases in 2020 was 60.									
Côte d'Ivoire	Yellow fever	Ungraded		1-Dec-20	25-Jan-21	13	3	2	15.40%
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Democratic Republic of the Congo	Humanitarian crisis	Protracted 3	20-Dec-16	17-Apr-17	31-May-21	-	-	-	-
The city of Goma and its surroundings are experiencing a major crisis following the eruption of the Nyiragongo volcano on 22 May 2021 and its seismic tremors that have followed. As of 30 May 2021, the number of displaced people is estimated at 415 700 people in more than 10 areas of the provinces of North Kivu, South Kivu and in Rwanda where many are staying with host families, churches and other organized sites. Several districts of Goma remain without electricity and 550K people do not have access to drinking water and are at high risk of outbreaks of water-borne diseases (especially cholera). As of 30 May 2021, 34 people have died, and 24 people were burned by lava; 3 629 houses were destroyed and more than 1 000 hectares of agricultural fields destroyed. There has been prolonged movement in Ituri province of IDPs in various territories including about 3 000 new IDPs in the village of Tinda as of 15 May 2021 and 26 760 people from the Bayiba group in Singo, Songolo, Olongba and Soke. In South Kivu, recurring armed conflicts between the militias of various communities has caused the displacement of 8K households during April 2021. As of 9 May 2021, there are an estimated 5.2 million people internally displaced and 19.6 million are in need of emergency food assistance.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-20	25-Apr-21	2 682	-	83	3.10%
In 2021, from epidemiological week 1 to 16 (ending on 25 April 2021), 2 682 suspected cholera cases including 83 deaths (case-fatality rate 3.1%) were recorded in 69 health zones across 12 provinces of the Democratic Republic of the Congo. The endemic provinces are the most affected. In 2020, 30 304 suspected cholera cases including 514 deaths (case fatality 1.7%) were reported in 179 health zones across 23 provinces.									
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-20	10-Mar-20	19-Jun-21	37 809	37 808	879	2.30%
Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 37 808 confirmed cases and one probable case, including 879 deaths have been reported. A total of 27 938 people have recovered.									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-20	16-May-21	6 257	39	229	3.70%
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	1-Jan-20	22-May-21	536	-	32	6.00%
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	1-Jan-18	15-Jun-21	197	197	0	0.00%
One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Sud-Ubangi bringing the number of 2021 cases to eight. The total number of cases for 2020, 2019, and 2018 remains at 81, 88, and 20, respectively.									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	17-Jun-21	8 698	8 698	120	-
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 17 June 2021, a total of 8 698 cases have been reported in the country with 120 deaths and 8 489 recoveries.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	20-Jun-21	5 362	5 362	19	0.40%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 20 June 2021, a total of 5 362 confirmed COVID-19 cases with 19 deaths were reported in the country. A total of 4 818 patients have recovered from the disease.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	20-Jun-21	18 813	18 813	677	3.60%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 20 June 2021, a total of 18 813 cases have been reported in the country including 18 017 recoveries. A total of 677 associated deaths have been reported.									
Ethiopia	Humanitarian crisis (Conflict in Tigray)	Grade 2	4-Nov-20	4-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	1.60%
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									



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	20-Jun-21	275 194	275 194	4 283	1.60%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 275 194 cases of COVID-19 as of 20 June 2021, with 4 283 deaths and 254 948 recoveries.									
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-21	10-Jun-21	1 063	572	4	-
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	20-May-19	15-Jun-21	45	45	0	0.00%
Six cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; four in Oromiya and one each in Tigray and the SNPP region. These are the first cases reported in 2021. The total number of cases for 2020 and 2019 still 26 and 13 respectively.									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	11-Jun-21	24 736	24 736	156	0.60%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 11 June 2021, a total of 24 736 cases including 156 deaths and 23 741 recoveries have been reported in the country.									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	17-Jun-21	6 045	6 045	181	2.90%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 17 June 2021, a total of 6 045 confirmed COVID-19 cases including 181 deaths, and 5 837 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	14-Jun-21	94 913	94 913	793	0.80%
As of 14 June 2021, a total of 94 913 confirmed COVID-19 cases have been reported in Ghana. There have been 793 deaths and 92 881 recoveries reported.									
Ghana	Meningitis	Ungraded		1-Jan-21	6-Jun-21	199	-	2	1.00%
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	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	15-Jun-21	30	30	0	0.00%
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.									
Ghana	Suspected Dracunculiasis	Ungraded	12-May-21	8-May-21	20-Jun-21	1	1	0	0.00%
The suspected case is a 54-year-old man living in North Tongu District, Volta Region in Ghana. He noticed a blister on his right foot which burst on the 01 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. The surgery was performed on the 16 May 2021 and lasted for 30 minutes under local anesthesia in an attempt to retrieve the worm and collect the worm sample for Lab investigations. Observations: Scanty pus seen and No worm seen. Enhance surveillance and further case search are ongoing. No more case detected up to now.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	17-Jun-21	23 450	23 450	289	-
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 17 June 2021, a total of 23 450 cases including 22 250 recovered cases and 289 deaths have been reported in the country.									
Guinea	Lassa Fever	Ungraded	8-May-21	8-May-21	21-May-21	1	1	1	100.00%
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.									
Guinea	Measles	Ungraded	9-May-18	1-Jan-21	2-Jun-21	872	79	15	1.70%
In 2021, as of 25 May (Epi week 21), 872 suspected cases have been reported, 223 samples taken, 190 samples tested of which 79 tested positive, 102 negative and 9 undetermined. In 2020 at the same period, 5,602 suspected cases, 782 cases sampled, 767 samples tested of which 503 positive, 221 negative and 43 undetermined. Since 2020, a total of 6,474 suspected cases, 957 tests analysed, 582 confirmed cases, 0 deaths have been reported									
Guinea	Poliomyelitis (cVDPV2)	Grade 2	22-Jul-20	22-Jul-20	15-Jun-21	50	50	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were 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	19-Jun-21	3 825	3 825	69	1.80%
On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 19 June 2021, the country has reported 3 825 confirmed cases of COVID-19 with 3 562 recoveries and 69 deaths.									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	20-Jun-21	178 078	178 078	3 437	1.90%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 20 June 2021, 178 078 confirmed COVID-19 cases including 3 437 deaths and 122 346 recoveries have been reported in the country.									
Kenya	Dengue	Ungraded	27-Apr-21	1-Jan-21	8-May-21	356	24	0	0.00%
A dengue outbreak has been reported in Mombasa county. It has affected 6 sub-counties (Changamwe, Jomvu, Kisauni, Likoni, Mvita, Nyali). From 1 January 2021 to the 8 May 2021, 356 cases have been reported of which 24 were confirmed by PCR									



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Kenya	Leishmaniasis	Ungraded	31-Mar-19	3-Jan-20	29-May-21	822	822	9	1.10%
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	Measles	Ungraded	6-May-19	20-Oct-19	13-Jun-21	620	30	1	0.20%
As 8 June 2021 (Epi week 21), a total of 620 cases was reported, 30 confirmed cases with one death (CFR 0.2%). The outbreak is active in 2 counties : West Pokot (4 sub counties affected) and Garissa (1 sub county). In West Pokot, the outbreak has been continuous from 2019. The current cases are reported from Pokot South. Garissa County has reported eight cases with five confirmed									
Lesotho	COVID-19	Grade 3	13-May-20	13-May-20	20-Jun-21	11 107	11 107	329	2.90%
Since the first confirmed COVID-19 case was reported in Lesotho on 13 May 2020, until 20 June 2021, a total of 11 107 cases of COVID-19 have been reported, including 6 445 recoveries and 329 deaths.									
Liberia	Humanitarian crisis (refugee)	Ungraded	1-Nov-20	1-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	18-Jun-21	2 995	2 995	95	-
From 16 March 2020 to 18 June 2021, a total of 2 995 cases including 95 deaths and 2 105 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	1-Jan-19	23-May-21	168	107	0	0.00%
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 are >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 epi-linked), 57 negative and 2 undetermined.									
Liberia	Poliomyelitis (cVDPV2)	Grade 2	10-Dec-20	17-Dec-20	15-Jun-21	2	2	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The country has reported 2 cases.									
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	19-Jun-21	42 123	42 123	901	2.10%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 20 March 2020. As of 19 June 2021, a total of 42 123 cases have been reported in the country, out of which 41 527 have recovered and 901 deaths reported.									
Madagascar	Malaria	Ungraded	8-Mar-21	8-Mar-21	31-Mar-21	768 181	768 181	-	-
From January 2021 to March 2021, 768,181 cases were reported, 79 out of 114 districts (69.0%) 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).									
Madagascar	Poliomyelitis (cVDPV2)	Grade 2	28-Apr-21	28-Apr-21	15-Jun-21	6	6	0	0.00%
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.									
Madagascar	Rift Valley Fever	Ungraded		26-Apr-21	20-May-21	109	10	2	1.80%
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.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	20-Jun-21	34 868	34 868	1 168	3.30%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 20 June 2021, the country has a total of 34 868 confirmed cases with 1 168 deaths and 32 871 recoveries.									
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	31-May-21	-	-	-	-
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. According to OCHA reports, an estimated 5.9 million people need humanitarian assistance.									
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	20-Jun-21	14 381	14 381	524	-
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 20 June 2021, a total of 14 381 confirmed COVID-19 cases have been reported in the country including 524 deaths and 10 033 recoveries.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-21	13-Jun-21	936	455	0	0.00%
In week 23 (week ending 13 June 2021), 2 suspected cases were reported in 2 districts (Bougouni 1 and Nara 1). From January 2021 to date, Mali has reported a total of 936 suspected cases, 801 samples tested of which 455 were positive, 329 negative and 17 undetermined. There is an increase of 38.2% in confirmed cases compared to the same week last year									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mali	Poliomyelitis (cVDPV2)	Grade 2	18-Aug-20	18-Aug-20	15-Jun-21	48	48	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The total cases reported in 2020 is 48.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	20-Jun-21	20 336	20 336	481	2.40%
The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 20 June 2021, a total of 20 336 cases including 481 deaths and 19 413 recovered cases have been reported in the country.									
Mauritania	Rift Valley Fever	Grade 1	9-Oct-20	4-Sep-20	28-Sep-20	36	36	13	36.10%
The Ministry of Health notified the WHO of 8 cases, including 7 deaths, of Rift Valley Fever (RVF) (PCR positive) in breeders, which occurred between 13 September 2020 and 1 October 2020, in several localities in the departments of Tidjikja and Moudjéria (Tagant region), Guerou (Assaba region) and Chinguetty (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 camelids, 4 small ruminants and 6 cattle were positive.									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	19-Jun-21	1 800	1 800	18	1.00%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 19 June 2021, a total of 1 800 confirmed COVID-19 cases including 18 deaths and 1 387 recovered cases have been reported in the country.									
Mozambique	Humanitarian crisis in Cabo Delgado	Grade 2	1-Jan-20	1-Jan-20	13-Jun-21	-	-	-	-
The safety situation in Cabo Delgado remains unpredictable and volatile. Several skirmishes were reported from 7-13 June 2021 in Palma and Muidumbe districts. In addition to Mocimboa da Praia, these districts were identified as the principal areas from which IDPs originate. From 3-9 June 2021, a total of 6 524 new IDPs were reported moving from one district to another. As of 9 June 2021, an estimated total of 63 613 IDPs had been registered. About 86% of IDPs have been integrated into host family houses and the rest were mostly residing in accommodation centers.									
Mozambique	Cholera	Ungraded	20-Feb-20	31-Jan-20	23-May-21	5 681	5 681	35	0.60%
As of 23 May 2021 there have been a total of 5 681 cases and 35 deaths (case fatality ratio 0.6%) reported in the Cabo Delgado (4 246 cases and 31 deaths) and Nampula (1 435 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 (1 245 cases), Chiure (1 165 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) .									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	20-Jun-21	72 507	72 507	848	1.20%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 20 June 2021, a total of 72 507 confirmed COVID-19 cases were reported in the country including 848 deaths and 70 049 recoveries.									
Mozambique	Measles	Ungraded	25-Jun-20	1-Jan-21	18-Apr-21	726	-	0	0.00%
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	14-Mar-20	14-Mar-20	18-Jun-21	73 164	73 164	1 161	0.00%
The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 18 June 2021, a total of 73 164 confirmed cases with 59 249 recovered and 1 161 deaths have been reported.									
Namibia	Hepatitis E	Protracted 1	18-Dec-17	8-Sep-17	16-May-21	8 062	8 062	66	0.80%
Detailed report given above.									
Niger	Humanitarian crisis	Protracted 1	1-Feb-15	1-Feb-15	26-May-21	-	-	-	-
National authorities have initiated the return of IDPs from Tillabéri 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 in 2021, 313K are IDPs, 234K are refugees, and 2 million are food insecure (with 511 332 affected by food insecurity in the Tillabéri region and 328 725 people in the Maradi region).									
Niger	COVID-19	Grade 3	19-Mar-20	19-Mar-20	20-Jun-21	5 469	5 469	193	-
From 19 March 2020 to 20 June 2021, a total of 5 469 cases with 193 deaths have been reported across the country. A total of 5 179 recoveries have been reported from the country.									
Niger	Measles	Ungraded	10-May-19	1-Jan-21	6-Jun-21	6 471	654	16	-
From January to Epi week 17 2021, 6 471 suspected cases have been reported and 16 deaths. 1 271 specimens received for lab testing of which 654 IgM+ (57% are over 4 years of age, 92% have unknown vaccination status or are unvaccinated). 29 health districts with confirmed outbreak. In 2020 2 079 cases have been suspected 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.									
Niger	Poliomyelitis (cVDPV2)	Grade 2	1-Oct-18	1-Oct-18	15-Jun-21	21	21	0	0.00%
One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Zinder bringing the number of 2020 cases to 10. There were 10 cVDPV2 cases reported in 2018, and 1 in 2019.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	7-May-21	-	-	-	-
In 2021, more than 8.7 million require humanitarian assistance in Borno, Adamawa, and Yobe states. Attacks on Nigerian Armed Forces (NAF) by non-state armed groups (NASG) have escalated in 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.									
Nigeria	Cholera	Ungraded	12-Jan-21	12-Jan-21	31-May-21	6 738	-	221	3.30%
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.									
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-20	18-Jun-21	167 155	167 155	2 117	-
The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 18 June 2021, a total of 167 155 confirmed cases with 163 540 recovered and 2 117 deaths have been reported.									
Nigeria	Lassa fever	Ungraded	1-Jan-21	1-Jan-21	4-Apr-21	236	233	49	20.80%
Three (3) new cases were reported from Ondo State during the week ending 4 April 2021. Of the 14 states affected, Edo (102), Ondo (64), and Taraba (18) states accounts for 79% of all confirmed cases reported to date. New cases have declined since the end of week 11 (week ending 21 March 2021).									
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-21	20-Apr-21	6 995	-	50	0.70%
In 2020, Nigeria reported 9 316 confirmed cases, with 55 deaths, CFR 0.6%. From January 2021 to 20 April 2021 (as of epi week 15), 6 995 suspected cases have been reported in Nigeria. The most affected state is Borno with 1992 cases including 32 deaths, 79% of the cases were below the age of five years. During week 15, 537 were reported with 3 deaths									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	15-Jun-21	68	68	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, the number of reported cases in 2021 is 8. There were 8 cVDPV2 cases reported in 2020, 18 cVDPV2 cases reported in 2019 and 34 in 2018.									
Nigeria	Yellow fever	Ungraded	1-Nov-20	1-Jan-21	30-Apr-21	530	11	0	0.00%
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	14-Mar-20	14-Mar-20	18-Jun-21	30 048	30 048	378	-
The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 18 June 2021, a total of 30 048 cases with 378 deaths and 26 393 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	20-Jun-21	2 362	2 362	37	-
On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 20 June 2021, a total of 2 362 confirmed cases of COVID-19 have been reported, including 37 deaths. A total of 2 314 cases have been reported as recoveries.									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	20-Jun-21	42 404	42 404	1 158	2.70%
From 2 March 2020 to 20 June 2021, a total of 42 404 confirmed cases of COVID-19 including 1 158 deaths and 40 875 recoveries have been reported in Senegal.									
Senegal	Poliomyelitis (cVDPV2)	Grade 2		4-Apr-21	15-Jun-21	9	9	0	0.00%
Five cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; one each in Louga, Diourbel, Thies, Fatick and Dakar bringing the number of 2021 cases to nine.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	20-Jun-21	14 549	14 549	52	0.40%
Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, as of 20 June 2021 a total of 14 549 cases have been confirmed, including 13 133 recoveries and 52 deaths have been reported.									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	20-Jun-21	4 816	4 816	82	1.70%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 20 June 2021, a total of 4 816 confirmed COVID-19 cases were reported in the country including 82 deaths and 3 246 recovered cases.									
Sierra Leone	Lassa fever	Ungraded	12-Feb-21	1-Jan-21	3-Apr-21	3	3	0	0.00%
As of 3 April 2021, 28 samples of acute viral haemorrhagic fever were identified and tested. Of those, three returned positive for Lassa fever in Kenema district. All patients who tested positive have recovered. Further epidemiological investigations are currently underway.									
Sierra Leone	Poliomyelitis (cVDPV2)	Grade 2	10-Dec-20	10-Dec-20	15-Jun-21	14	14		0.00%
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	5-Mar-20	3-Mar-20	20-Jun-21	1 823 319	1 823 319	58 702	3.40%
Since the start of the COVID-19 pandemic in South Africa a cumulative total of 1 823 319 confirmed cases and 58 702 deaths have been reported, with 1 647 503 recoveries.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
South Africa	Hantavirus	Ungraded	3-Jun-21	3-Jun-21	3-Jun-21	1	1	0	0.00%
The health authorities (NICD) in South Africa reported the first laboratory-confirmed imported case from Croatia of a hantavirus infection in May 2021. The case involved a 37-year-old, hospitalized with acute febrile illness, renal dysfunction, pulmonary edema, cardiomegaly, and blurred vision. Hantaviruses are a family of viruses spread mainly by rodent. Humans are exposed to hantavirus through contact with aerosolized urine, droppings, saliva, or nesting materials of infected rodents, which are the natural reservoir hosts. Transmission occurs through contact with mucous membranes (eyes, nose, mouth) or broken skin.									
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. In the six priority 1 locations, 810 000 people are deemed to be in Crisis or worse levels of food insecurity (IPC Phase 3+) according to IPC projections. This includes over 300 000 children suffering from Severe Acute Malnutrition (SAM) and some 480 000 pregnant and lactating women who are acutely malnourished and in need of treatment.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	15-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. 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.									
South Sudan	COVID-19	Grade 3	5-Apr-20	2-Apr-20	19-Jun-21	10 786	10 786	115	1.10%
On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 19 June 2021, a total of 10 786 confirmed COVID-19 cases were reported in the country including 115 deaths and 10 552 recovered cases.									
South Sudan	Hepatitis E	Ungraded	3-Jan-18	3-Jan-18	15-May-21	556	556	5	0.90%
The current outbreak in Bentiu UN Protection of Civilians (POC), which started at the beginning of 2018, is ongoing. There were no new cases reported in week 19 (week ending 15 May 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, Kapoeta East, Jebel Boma, Aweil East, Wau, Pibor and Ibba). 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	15-Jun-21	56	56	0	0.00%
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	4.10%
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	6-Mar-20	1-Mar-20	20-Jun-21	13 721	13 721	128	-
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 20 June 2021, a total of 13 721 cases including 128 deaths and 13 355 recovered cases have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	15-Jun-21	17	17	0	0.00%
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	18-Jun-21	71 543	71 543	660	0.90%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 18 June 2021, a total of 71 543 confirmed COVID-19 cases, 49 532 recoveries with 660 deaths.									
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	1-May-21	28-Apr-21	4-May-21	2	2	0	0.00%
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	100.00%
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	20-Jun-21	129 003	129 003	1 644	1.30%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 20 June 2021, a total of 129 003 confirmed COVID-19 cases were reported in the country including 1 644 deaths and 108 960 recovered cases.									
Zimbabwe	Anthrax	Ungraded	6-May-19	6-May-19	30-May-21	815	0	3	0.40%
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	20-Jun-21	41 779	41 779	1 672	4.00%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 20 June 2021, a total of 41 779 confirmed COVID-19 cases were reported in the country including 1 672 deaths and 37 184 cases that recovered.									
<b>Closed Events</b>									
Guinea	Ebola virus disease	Grade 3	14-Feb-21	13-Feb-21	4-Apr-21	23	16	12	52.20%
Detailed update given above.									
Mali	CCHF	Ungraded	1-Oct-20	4-Oct-20	4-Oct-20	12	7	0	0.00%
As of 4 October, Mali has had a cumulative of 12 samples tested for CCHF, of which 7 cases are positive. No new cases were reported in EW 40. The similar event was followed and closed later.									
Niger	Flood	Ungraded	1-Jun-19	1-Jun-19	20-Dec-19	-	-	-	-
Niger was affected by heavy rains followed by floods since June to September 2019. A total of 211 366 people were affected, including 57 people who died and 16 375 houses collapsed during that period. A second wave of flood was reported since October in the Diffa and Tahoua regions. In Diffa region, following an exceptional flood from Komadougou Yobé river around 45 594 people were affected according to the Ministry of Humanitarian Action and Management of Catastrophe (AH / GC). The most affected municipalities are those of Diffa, Gueskerou and Chétimari. In Tahoua, heavy rainfall in the commune of Bombaye affected 249 households. There is an urgent need of basic health and social services such as shelters, food and non-food items, and WASH assistance.									
Niger	Floods	Ungraded	9-Sep-20	9-Sep-20	1-Aug-20			3	-
In August 2020, widespread flooding caused by heavy rain and by overflow of the Niger river has affected several regions of Niger (Maradi most affected, Agadez, Niamei and Tahoua regions), leading to fatalities, people displaced and severe damage. Floods are reaching record breaking levels of 700 cubic centimetres - the highest was in 2019 with 639 cubic centimetres. As of 9 September 2020, around 39 655 households have been affected, with 342 263 victims. The WHO is supporting the country office in assessing the public health impact of flooding including access to essential lifesaving health services, surveillance of possible disease outbreaks and participating in joint needs assessments.									
Uganda	Rift Valley Fever	Ungraded	10-Dec-20	10-Dec-20	10-Dec-20	1	1	0	0.00%
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/>.

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.



© WHO Regional Office for Africa

This is not an official publication of the World Health Organization.

Correspondence on this publication may be directed to:

Dr Benido Impouma

Programme Area Manager, Health Information & Risk Assessment

WHO Emergency Preparedness and Response

WHO Regional Office for Africa

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

Email: afrooutbreak@who.int

Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be sent to the same address.

The designations employed and the presentation of the material in this publication 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 lines on maps represent approximate borderlines for which there may not yet be full agreement.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or its Regional Office for Africa be liable for damages arising from its use.

### Contributors

Ki-Zerbo Georges Alfred (WR Guinea)  
Keita Mory (IMST Guinea)  
Kosmas Petrus (Namibia)

### Graphic design

A. Moussongo

### Editorial Team

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

### Production Team

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

### Editorial Advisory Group

Dr. Salam Gueye, *Regional Emergency Director*  
B. Impouma  
Y. Ali Ahmed  
N. Nsenga  
M. Djingarey

### Data sources

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.