WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 27: 28 June - 04 July 2021
Data as reported by: 17:00; 04 July 2021

New event 0
Ongoing events 119
Outbreaks 107
Humanitarian crises 12

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- cVDPV2
- COVID-19
- Hantavirus
- Anthrax
- Dengue fever
- Malaria
- Hepatitis E
- Acute Food insecurity
- Deaths

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Health Emergency Information and Risk Assessment
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 119 events in the region. This week’s articles cover:

- COVID-19 across the WHO African region
- COVID-19 in Namibia
- Lassa Fever in Guinea

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

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

**Major issues and challenges include:**

- As the African region experiences the third wave of the COVID-19 pandemic, case numbers are rising rapidly with increasing reports of severe illness and related deaths. The Delta variant has been reported in 16 countries, including nine with surging cases and it is now dominant in South Africa, which accounted for more than half of the cases in the past week. 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 1.0% of the population of the continent.

- Namibia is facing its third, and thus far strongest surge of COVID-19 cases. Its last surge peaked during the last week of 2020 with cases waning by week 5 of 2021. The current wave began in week 20 and the situation has continually deteriorated. There is an increased demand for hospital beds and oxygen supplies, which the Ministry of Health and Social Services is responding to. In addition, non-adherence to public health and social measures which had been re-emphasized on 16 June 2021 and extended further through to 15 July 2021 remains a challenge.

- A new Lassa fever outbreak has been confirmed in Guinea just when a recent Ebola outbreak in the country was declared over. Given that Lassa fever is endemic in Guinea and neighbouring countries, active case finding and contact tracing and follow-up need to continue to prevent resurgence of the disease in this region.
The number of new coronavirus (COVID-19) cases in the past seven days (28 June - 04 July 2021), increased by 198 719, taking the cumulative total past the 4 million mark. As a result, a 12.7% increase was observed compared to the previous week when 176 338 new cases were reported. A total of 23 countries (50.0%) saw an increase in weekly cases in the past seven days, of which, Sao Tome and Principe, Burkina Faso, Comoros, Côte d’Ivoire, Equatorial Guinea, Guinea, Gambia, Guinea-Bissau, Lesotho, Malawi, Mauritania, Mauritius Mozambique, Niger, Nigeria, Senegal, Seychelles, South Africa, South Sudan, Togo, and Zimbabwe had an increase above or equal to 20.0% compared to the previous week. At the same time, a total of 22 (47.8%) countries reported a decrease in new cases. Angola, Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Eritrea, Ethiopia, Gabon, Ghana, Guinea, Madagascar, Namibia, Sierra Leone and Uganda reported a decrease in cases above or equal to 20.0% compared to the prior week.

Morbidity remains high in the African Region with an average of 28 388 cases reported each day over the past seven days. More than half (67.4%; 133 999) of the new COVID-19 infections are from South Africa, although 45 countries reported new cases in this period. This was followed by Zambia reporting 15 714 cases (7.9%), Zimbabwe 8 032 (4.0%), Namibia 7 150 (3.6%), and Rwanda 5 958 (3.0%).

Weekly deaths rose by 22.4% in the past seven days, with 3 321 new deaths noted from 31 countries. Most of these deaths were concentrated in a few countries including: South Africa, which reported the majority of deaths, (1 940, 58.4%), followed by Zambia with 421 (12.7%), Uganda 204 (6.1%), Namibia 182 (5.5%), and Zimbabwe 142 (4.3%). Other countries reporting 20 or more new deaths in this period include: Kenya (80), Algeria (62), Rwanda (50), Democratic Republic of the Congo (44), Mozambique (36), Botswana (33), Malawi (26), and Angola (24).

The cumulative number of confirmed COVID-19 cases in the African Region exceeded the 4 million mark in the past week and is now at, 4 147 556. More than 3.5 million recoveries have been recorded, giving a recovery rate of 88.0%. The death count is 97 733.

The Alpha and Beta variants which are more transmissible than the original virus have been reported in 32 and 27 countries in the region respectively. The Alpha variant has been detected in most countries in north, west and central Africa and the Beta variant is more widespread in southern Africa. In addition, current trends indicate that the Delta variant is predominant among newly reported cases in the Democratic Republic of the Congo, accounting for 79.0% of new cases. In South Africa, the Delta variant now outnumbers other variants of concern, surpassing the Beta variant which had otherwise been dominant in the country since October 2020.

Cases in the region are increasing at a faster rate than any previous waves with a doubling time of three weeks. Overall, there are 19 countries reporting an increasing trend in new cases: Algeria, Botswana, Democratic Republic of the Congo, Eswatini, Ghana, Guinea, Lesotho, Liberia, Malawi, Mozambique, Namibia, Rwanda, Senegal, South Africa, Sierra Leone, Togo, Tunisia, Zambia and Zimbabwe. The number of deaths reported during this third wave are also higher than during the second wave. Currently, there are 14 countries that meet the criteria for resurgence: Algeria, Democratic Republic of the Congo, Eritrea, Liberia, Kenya, Mozambique, Namibia, Rwanda, Sierra Leone, South Africa, Tunisia, Uganda, Zambia and Zimbabwe. Both Eritrea and Uganda have started seeing a downward trend in cases, although overall case numbers remain higher than those recorded during previous waves.

Within the region, South Africa has reported the highest number of cases 2 062 896 (49.7%), Ethiopia 276 435 (6.7%), Kenya 185 868 (4.5%), Nigeria 167 859 (4.0%), and Zambia 164 282 (4.0%), accounting for (2 857 340, 69.0%) of all cases. South Africa has the highest number of deaths in the region (61 840 (63.3% of all deaths), followed by Ethiopia 4 331 (4.4%), Algeria 3 755 (3.8%), Kenya 3 675 (3.8%), and Zambia 2 443 (2.5%). These five countries account for (76 044, 78.0%) of all deaths reported in the region.

During this reporting period, 365 new health worker infections were reported from Namibia (211), Kenya (97), Seychelles (26), Liberia (20), Cameroon (5), Equatorial Guinea (3), and Eswatini (3). To-date, there have been 114 499 COVID-19 infections (2.8% of all cases) among health workers, with South Africa accounting for about 49.1% (56 180) of these cases. Algeria (11 936, 10.4%), Kenya (5 689, 5.0%), Ghana (4 763, 4.2%) and Zimbabwe (4 391, 3.8%) have also recorded a high number of health worker infections. Other countries reporting health worker infections are shown in Table 1. Algeria (8.4%), Zimbabwe (8.1%), and Niger (6.4%) 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 is more than 5.7 million. The total number of deaths exceeded 146 000 (case fatality ratio 2.7%), and nearly 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 3.0% of global cases and 3.3% of global deaths, while the WHO African Region, which includes sub-Saharan Africa and Algeria, accounts for 2.2% 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. A total of 45 countries (98.0%) are experiencing community transmission, of which six countries (13.3%), Botswana, Cabo Verde, Namibia, Seychelles, South Africa and Zambia have uncontrolled transmission, 12 (26.7%) have high transmission, 19 (42.2%) have moderate transmission and eight (17.8%) countries have low transmission. Only Mauritius has clusters of transmission.

As of 1 July 2021, 51 African countries were vaccinating workers. Nearly, 85.0% of all vaccine doses globally have been administered in high and upper-middle-income countries;
The weekly distribution of confirmed cases of COVID-19 in the WHO African Region by reporting date, 25 February 2020 – 4 July 2021 (n = 4 147 556)

As COVID-19 case numbers in Africa rise faster than all earlier peaks, new and faster spreading variants are fuelling the surging third wave. The case doubling time is almost every three weeks. Cases have increased in the region for seven consecutive weeks and rose to almost 20 000 new cases in the past week; exceeding the prior peak in July 2020. Deaths rose by 22.4% across 31 African countries to 3 321 new deaths in the same period. Alongside 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 is spreading to a growing number of countries and it is now dominant in South Africa. WHO is continuing support to all countries that have not yet surpassed the set target with the aim of improving the effectiveness of the existing COVID-19 surveillance systems, as well as testing capacities at sub-national level.
## Countries with reported laboratory-confirmed COVID-19 cases and deaths: Data as of 4 July 2021

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Cases</th>
<th>Total Deaths</th>
<th>Recovered Cases</th>
<th>Case Fatality Ratio (%)</th>
<th>Health Worker Infections</th>
<th>Date of last report</th>
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<tbody>
<tr>
<td>South Africa</td>
<td>2 062,896</td>
<td>61,840</td>
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<td>3</td>
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<td>13,308</td>
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<td>South Sudan</td>
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<td>10,639</td>
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<td>8,036</td>
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<tr>
<td>Central African Republic</td>
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<td>7,043</td>
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<tr>
<td>Sierra Leone</td>
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<td>3,623</td>
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<td>5,428</td>
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<td>Niger</td>
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<td>5,210</td>
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<tr>
<td>Chad</td>
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<td>4,775</td>
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<td>Guinea-Bissau</td>
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<td>69</td>
<td>3,598</td>
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<td>23</td>
<td>2-Jul-21</td>
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<tr>
<td>Sao Tome and Principe</td>
<td>2,376</td>
<td>37</td>
<td>2,323</td>
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<td>102</td>
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<td>Mauritius</td>
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<td>0.9</td>
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<td>United Republic of Tanzania</td>
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<td>180</td>
<td>4.1</td>
<td>1</td>
<td>7-May-20</td>
</tr>
<tr>
<td><strong>Total (N= 47)</strong></td>
<td><strong>4,147,556</strong></td>
<td><strong>97,733</strong></td>
<td><strong>3,598,668</strong></td>
<td><strong>2.4</strong></td>
<td><strong>114,499</strong></td>
<td></td>
</tr>
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</table>

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

Namibia reported their first ever COVID-19 case on 13 March 2020. As of 3 July 2021, there have been a total of 97 087 cases and 1 662 deaths (case fatality rate: 1.7%). An estimated 3.8% of the total population of the country have been infected by COVID-19. Of the total amount of cases, 70 773 (73.0%) have recovered while 24 641 remain under active follow-up. Cases doubled roughly from weeks 23 to 25. The highest amount of cases was reported in epidemiological week 25 of 2021, when a total of 12 787 cases were recorded. Considering the increase in cases during the past six weeks, Namibia is currently in the resurgence phase of COVID-19 transmission.

With the current rise in cases, Namibia is one of the countries in the region experiencing a third wave of the COVID-19 pandemic. The last surge was recorded beginning in week 49 of 2020 to week 5 in 2021 with the highest peak occurring in week 53 when a total of 3 485 cases were reported. Since Epi week 5, the number of new cases stabilized around week 20 of this year. Cases have roughly been doubling every two weeks since week 20. Deaths have followed similar trends with the most reported in week 25. The majority of cases have been among those aged 20-49 year accounting for 59 193 (61.0%) of cases, while 2 032 (2.0%) cases were among children less than 5 years, and 8 227 (9.0%) cases were in adults more than 60 years of age. Females account for 51 017 (53.0%) of total cases and males account for 46 070 (47.0%) of the total. Of the total number of cases, 3 425 (4%) have been among health care workers mostly from the public sector (2 802 cases;82.0%), although health care workers from the private (617 cases;18.0%) and non-governmental (11 cases; 0.2%) areas have been affected as well.

All 14 regions in the country have reported cases, however, the most affected are Khomas reporting 37 458 (39.0% of all cases) and Erongo reporting 14 331 (15.0%) cases. Based on cases per 100 000 people, the southern regions rank the highest with Khomas (7 431 cases per 100K people), Hardap (6 817 cases per 100K), Karas (5 943 cases per 100K), and Erongo (5 516 cases per 100K) rounding out the top regions.

A total of 124 192 people have received the first dose of the COVID-19 vaccination as of 3 July 2021 while 26 171 have received both doses. Of those receiving at least the first dose, 9 086 (7.3%) have been for health care workers. Still less than 5.0% of the total population has not received a single dose of the vaccine despite using most of the stock received by the country.

PUBLIC HEALTH ACTIONS

The COVID-19 vaccination campaign is ongoing throughout the country in all regions with Khomas leading the numbers for cumulative first doses with 40 566 and Erongo following with 12 903.

Public health safety measures have been put into effect and extended through at least 15 July 2021. These include; restriction of movement between regions, as well as extension of curfews, limiting of social gatherings to 10 people, school closures, taxi passenger restrictions, and burial restrictions among others.

Government and partners continue to prioritise continuation of essential health services across the country.

Antigen-based diagnostic test training is being conducted throughout the country.
Six governmental clusters were announced by the Minister of Health and Social Services to ensure that ongoing response efforts are strong including: facility, human resource, epidemiology, security, vaccination, and information/publicity clusters.

Two field hospitals will be commissioned in Windhoek and Oshakati, and Katutura State Hospital Complex and Katutura Hospital Nurses Hall have been repurposed to be used for COVID-19 patients. Other hospital projects are forthcoming.

Various oxygen tanks were installed and refilled in the country including installations at Katutura Hospital and Windhoek Central Hospital. Other oxygen tank projects and plans are forthcoming.

SITUATION INTERPRETATION

As Namibia enters its third wave of increased COVID-19 cases, rates have been particularly high considering its relatively low population density. While neighbouring South Africa has reported much more cases, the rate per population ranks higher in Namibia which has an estimated population of 2.5 million people. Although cases reported this week are seemingly lower than those in the prior week, there is no room for complacency, since, until vaccine-induced immunity is achieved, it is likely that there will be further surges of infection across the country. The Minister of Health and Social Services has announced major plans for expanding isolation units in the country with increased availability of oxygen supply which should allow for better case management.
EVENT DESCRIPTION

The first case of Lassa fever was notified to the Guinea health authorities on 8 May 2021 at the Yomou prefecture hospital. This was in a 23-year-old male resident of Yomou Prefecture who was identified on 3 May 2021 as an Ebola virus disease suspect, but later tested negative. On 7 May 2021, his clinical condition worsened, prompting the healthcare team to undertake more laboratory investigations, including; Lassa fever, yellow fever, COVID-19, and Marburg. She suffered respiratory distress and multi-organ failure and died on 7 May 2021. Laboratory results confirmed her positive for Lassa fever and Covid-19 on 8 May 2021. Contact tracing and follow-up of 88 people was done, and no secondary cases found.

The second confirmed case was detected at N’zérékoré Regional Hospital on 17 June 2020. This was in a 65 years old woman identified on 15 June 2021 as a suspected Ebola case. She was a resident of Beyla prefecture and died on the same day. This alert was notified to the district core team the same day and laboratory samples were collected for confirmation. Laboratory results confirmed her positive for Lassa fever and negative for Ebola and Covid-19 on 17 June 2021 after her death. A total of 111 contacts (54 at Beyla and 57 at N’zérékoré) has been listed for follow up. Currently, Bheeta prefecture is regarded as active, while the prefectures of Yomou-Centre, Péla, Yomou and Bignamou remain on alert. Since the beginning of 2021, there has been two confirmed cases, of which both died (Case Fatality Ratio=100%).

PUBLIC HEALTH ACTIONS

- Health authorities informed the political, administrative, and municipal authorities about the confirmation of Lassa fever outbreak in Guinea.
- A rapid response team was deployed to carry out a detailed investigation at the family of the deceased. In addition, condolences were presented, and the family was given information, and sensitized on Lassa fever mode of transmission and necessary precautionary measures.
- Dignified and secure burial of the body was conducted by the Red Cross under the supervision of the provincial health department on 18 June 2021
- Listing of contacts and contacts tracking was done.
- Strengthening of epidemiological surveillance; sensitization of health workers and community members on the definitions of cases of Lassa fever and other epidemic prone-diseases.
- Sensitization of communities in Beyla district on hand washing practices is ongoing.

SITUATION INTERPRETATION

Lassa fever, a zoonotic, acute viral illness is endemic in parts of West Africa including Sierra Leone, Liberia, Guinea, and Nigeria. The investigation results confirmed two cases on Lassa fever in N’zérékoré and Beyla prefectures of Guinea. Currently, no secondary case has been notified. Response activities towards this outbreak are still underway. The local and national authorities need to remain vigilant on this event in the wake of the shifting priorities to other health emergencies, particularly COVID-19 pandemic.
Major issues and challenges

- COVID-19 cases in Africa are increasing weekly as the Region experiencing the third wave of the pandemic. More than half of the countries in the African region are experiencing community transmission of COVID-19. Fourteen countries are seeing a resurgence. More variants including the more transmissible, Delta variant continue to spread to a growing number of countries in the region. Numbers of health worker infections are still a concern.

- The current transmission resurgence of COVID-19 in Namibia is concerning as the country enters a third wave of cases. Health worker infections are also on the increase. Number of hospitalisations continue to increase with more deaths reported. Even with the country’s effort to accelerate vaccination activities, there still remains a challenge of vaccine shortage due to the high demand across the world.

- Two cases of Lassa fever were confirmed in Guinea amidst an ongoing COVID-19 pandemic. Investigations into this outbreak continue, although with no exact source of contamination identified yet.

Proposed actions

- With the rising COVID-19 cases in Africa, countries must urgently boost critical care capacity to prevent health facilities from being overwhelmed. Although six countries; Comoros, Eswatini, Malawi, Mali, Nigeria and Senegal do not meet the criteria for resurgence, they have seen a recent increase in new cases and therefore need to be monitored closely. The increasing number of health worker infections also remains a major concern and countries need to strengthen infection prevention and control measures. Member states need to maintain strong surveillance and detection systems, reassess and boost treatment capacity, and step up the supply of critical medicines, including medical oxygen for the treatment of severely ill patients. The current low vaccine availability in Africa highlights a striking difference compared with any other regions of the world. The disparity in vaccine availability needs urgent attention and action.

- Lack of adherence to public health and social measures needs stronger enforcement and support to curb the spread of the deteriorating COVID-19 situation in Namibia. Authorities need to strengthen risk communication and community engagement in order to promote adherence to non-pharmaceutical COVID-19 prevention measures and continue with their policy of testing, contact tracing and isolation of contacts.

- Health authorities in Guinea should emphasise on notification of suspect cases of acute haemorrhagic fever, from the peripheral level to the intermediate and central levels must be immediate, to ensure early detection and rapid investigation. At the community level, people should observe good hand and environmental hygiene practice, proper food storage at home away from mice, and avoid handling rodents. Health authorities should strengthen surveillance of diseases with epidemic potential at the borders and in health structures, and also strengthen public awareness campaigns on hand washing, and trainings of Community agents on case definition.
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.

From 25 February 2020 to 4 July 2021, a total of 141 471 confirmed cases of COVID-19 with 3 755 deaths (CFR 2.7%) have been reported from Algeria. A total of 98 387 cases have recovered.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 4 July 2021, a total of 39 230 confirmed COVID-19 cases have been reported in the country with 913 deaths and 33 689 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 Epi week 18 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: Benga, Caimbambo, Ulge, Cuito Samba and Caju. 96.0% are either zero dose or with unknown vaccination status.

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 municipality 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 28 June 2021, a total of 8 199 cases have been reported in the country with 104 deaths and 8 036 recoveries.

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.

On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 28 June 2021, a total of 71 443 confirmed COVID-19 cases were reported in the country including 1 158 deaths and 66 323 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 22 137 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.

Between 9 March 2020 and 2 July 2021, a total of 13 494 confirmed cases of COVID-19 with 168 deaths and 13 308 recoveries have been reported from Burkina Faso.

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

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There is one case reported in 2021, and in 2020, 65 were reported. The country is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savanes outbreak in Togo.

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 03 July 2021, the total number of confirmed COVID-19 cases is 5 521, including eight deaths and 5 428 recovered.

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### Table: 2021 outbreaks currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
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<tbody>
<tr>
<td>Algeria</td>
<td>Brucellosis</td>
<td>Ungraded</td>
<td>13-Apr-21</td>
<td>1-Jan-21</td>
<td>12-Apr-21</td>
<td>64</td>
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<tr>
<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>4-Jul-21</td>
<td>141 471</td>
<td>141 471</td>
<td>3 755</td>
<td>2.70%</td>
</tr>
<tr>
<td>Angola</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-May-19</td>
<td>1-Jan-19</td>
<td>29-Jun-21</td>
<td>133</td>
<td>133</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Angola</td>
<td>Measles</td>
<td>Ungraded</td>
<td>4-May-19</td>
<td>1-Jan-21</td>
<td>6-May-21</td>
<td>241</td>
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<tr>
<td>Benin</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>16-Mar-20</td>
<td>28-Jun-21</td>
<td>8 199</td>
<td>8 199</td>
<td>104</td>
<td>1.30%</td>
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<tr>
<td>Benin</td>
<td>Meningitis</td>
<td>Ungraded</td>
<td>1-Jun-21</td>
<td>1-Jan-21</td>
<td>1-Jun-21</td>
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<td>-</td>
<td>26</td>
<td>8.50%</td>
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<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-20</td>
<td>28-Mar-20</td>
<td>28-Jun-21</td>
<td>71 443</td>
<td>71 443</td>
<td>1 158</td>
<td>1.60%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>1-Jan-19</td>
<td>4-Jun-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Burkina Faso</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>9-Mar-20</td>
<td>2-Jul-21</td>
<td>13 494</td>
<td>13 494</td>
<td>168</td>
<td>1.20%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-20</td>
<td>1-Jan-20</td>
<td>29-Jun-21</td>
<td>66</td>
<td>66</td>
<td>0</td>
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<tr>
<td>Burundi</td>
<td>COVID-19</td>
<td>Grade 3</td>
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<td>18-Mar-20</td>
<td>3-Jul-21</td>
<td>5 521</td>
<td>5 521</td>
<td>8</td>
<td>0.10%</td>
</tr>
</tbody>
</table>
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 435 suspected cases, 373 reported by case-by-case surveillance, 34 confirmed by IgM+ 245 by epidemiological link and 5 clinical cases. During Epid week 24, 8 suspected cases were reported in 4 districts (Kayanza 3, Mbanda 2, Chipendo 1 and BukinyaYana 1).

Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by the Boko Haram group resulting in significant population displacement. UNHCR protection monitoring reported the highest number of incidents in Logone and Chara 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.

The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 04 July 2021, a total of 32 705 confirmed COVID-19 cases including 286 deaths and 31 815 recoveries were reported in the country.

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 23 June 2021, a total of 80 858 cases have been reported, including 1 324 deaths and 78 980 recoveries.

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).

The first COVID-19 confirmed case was reported in Cabo Verde on 19 March 2020. As of 04 July 2021, a total of 32 705 confirmed COVID-19 cases including 286 deaths and 31 815 recoveries were reported in the country.

Civil unrest and food insecurity in most parts of the country, including major cities, continue to cause a complex humanitarian situation. The security situation remains tense with the persistence of inter-ethnic tensions within rival armed groups in the Northeast of the country, mainly in Ndélé, 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, 13 073 new IDPs were registered mostly in Kabo and Markounda sub-prefectures (Ouham Prefecture) and in Bocaranga, Koui 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.

On 11 January 2021, the Centre Pasteur du Cameroon confirmed a case of yellow fever by Plaque Reduction Neutralization Test (PRNT) in the health district (HD) of Dschang. The case was a 36-year-old female resident of the Doumbouw health area, Dschang HD, whose onset of symptoms occurred on 4 January 2021 with jaundice. She died on 1 February 2021 following surgery for a gallbladder abscess. As of 13 June 2021, a total of 9 yellow fever cases confirmed by PRNT have been reported in 9 HD across 6 regions of Cameroon: Adamaoua region (Ngaoundere rural HD), Far North region (Maga, Mogode, Yagoua HD), Littoral region (Yabassi HD), North region (Guider HD), North-West region (Bamenda HD) and West region (Bafang and Dschang HD).

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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 30 June 2021, a total of 7 141 confirmed cases, 98 deaths and 7 103 recovered were reported.

From the beginning of outbreak to 20 June 2021, a total of 35 173 suspected cases have been notifi ed and 196 deaths (CFR : 0.56%) within 22 affected districts. From 1st January up to date : 1 657 suspected cases have been reported, 486 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 (Berberati, Sangha-Mbaéré, Nanga-Boguila, Batangafo, Nana Gribizi and Mbaiki). During Epid week 24, 2 districts have reported positive cases with IgM+ (Mbaki and Sangha-Mbaéré)
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 4-Jul-21 4 951 4 951 174 3.50%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 4 July 2021, a total of 4,951 confirmed COVID-19 cases were reported in the country including 174 deaths and 4,775 cases who have recovered.

Chad Measles Ungraded 24-Mar-18 1-Jan-20 16-Jun-21 1 414 87 8 0.60%

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 - Ndjamen East)

Chad Poliomyelitis (cVDPV2) Grade 2 18-Oct-19 9-Sep-19 29-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 3-Jul-21 3 958 3 958 146 3.70%

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 03 July 2021, a total of 3,958 confirmed COVID-19 cases, including 146 deaths and 3,768 recoveries were reported in the country.

Congo COVID-19 Grade 3 14-Mar-20 14-Mar-20 1-Jul-21 12 790 12 790 167 1.30%

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 01 July 2021, a total of 12,790 cases including 166 deaths and 11,759 recovered cases have been reported in the country.

Congo Poliomyelitis (cVDPV2) Grade 2 29-Jan-21 29-Jan-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 4-Jul-21 48 594 48 594 315 0.60%

Since 11 March 2020, a total of 48,564 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 315 deaths, and a total of 47,936 recoveries.

Côte d'Ivoire Poliomyelitis (cVDPV2) Grade 2 29-Oct-19 29-Oct-19 29-Jun-21 61 61 0 0.00%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. The number of 2020 cases still 61.

Democratic Republic of the Congo Cholera Grade 3 16-Jan-15 1-Jan-20 6-Jun-21 3 307 - 90 2.70%

In 2021, from epidemiological week 1 to 22 (ending on 6 June 2021), 3,307 suspected cholera cases including 90 deaths (case-fatality rate 2.7%) were recorded in 76 health zones across 14 provinces of the Democratic Republic of the Congo. The endemic provinces are the most affected. In 2020, a total of 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 3-Jul-21 42 181 42 180 960 2.30%

Since the start of the COVID-19 outbreak, declared on 10 March 2020, a total of 42,180 confirmed cases and one probable case, including 960 deaths have been reported. A total of 28,512 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).
As of 30 June 2021, a total of 96,317 confirmed COVID-19 cases have been reported in Ghana. There have been 796 deaths and 93,948 recoveries reported.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 30 June 2021, a total of 6,116 confirmed COVID-19 cases including 181 deaths and 24,784 recoveries have been reported in the country.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 02 July 2021, a total of 25,076 cases including 159 deaths and 8,553 recoveries have been reported in Ethiopia.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, 8 cases have been reported in 2021. The total number of cases for 2020, 2019, and 2018 remains at 81, 88, and 20, respectively.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. Six cases have been reported so far in 2021. The total number of cases for 2020, 2019, and 2018 remains at 81, 88, and 20, respectively.

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.

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 diarrhea, fever and vomiting associated with the consumption of camel meat. Samples from camels and human cases have been taken and are undergoing laboratory investigation.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 30 June 2021, a total of 6,116 confirmed COVID-19 cases including 181 deaths, and 5,858 recoveries have been reported in the country.

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<tr>
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<td>Ungraded</td>
<td>12-Mar-19</td>
<td>1-Jan-20</td>
<td>28-May-21</td>
<td>693</td>
<td>-</td>
<td>57</td>
<td>8.20%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>15-Feb-18</td>
<td>1-Jan-18</td>
<td>29-Jun-21</td>
<td>197</td>
<td>197</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>2-Jul-21</td>
<td>8,759</td>
<td>8,759</td>
<td>122</td>
<td>1.40%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>28-Jun-21</td>
<td>19,084</td>
<td>19,084</td>
<td>678</td>
<td>3.60%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Humanitarian crisis (in Tigray)</td>
<td>Grade 2</td>
<td>4-Nov-20</td>
<td>4-Nov-20</td>
<td>14-Apr-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>14-May-19</td>
<td>12-May-19</td>
<td>2-May-21</td>
<td>19,000</td>
<td>19,000</td>
<td>304</td>
<td>1.60%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jan-17</td>
<td>1-Jan-21</td>
<td>3-Jul-21</td>
<td>1,189</td>
<td>637</td>
<td>4</td>
<td>0.30%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-Jun-19</td>
<td>20-May-19</td>
<td>29-Jun-21</td>
<td>45</td>
<td>45</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Unknown disease related to camels</td>
<td>Ungraded</td>
<td>12-Jun-21</td>
<td>8-May-21</td>
<td>12-Jun-21</td>
<td>198</td>
<td>-</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Gabon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>2-Jul-21</td>
<td>25,076</td>
<td>25,076</td>
<td>159</td>
<td>0.60%</td>
</tr>
<tr>
<td>Gambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>17-Mar-20</td>
<td>30-Jun-21</td>
<td>6,116</td>
<td>6,116</td>
<td>181</td>
<td>3.00%</td>
</tr>
<tr>
<td>Ghana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>30-Jun-21</td>
<td>96,317</td>
<td>96,317</td>
<td>796</td>
<td>0.80%</td>
</tr>
</tbody>
</table>

From 22 April 2021, a cluster of deaths due to suspected pneumatic 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 28 May 2021, 28 suspected pneumatic plague cases including 12 deaths were recorded in two health areas (Bu-Kachele and Bule) of the Fataki health zone. From epidemiological week 1 to 23, 2021 (ending on 13 June), 117 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 Birungi, Fataki, and Ari reported the most cases.

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 276,435 cases of COVID-19 as of 4 July 2021, with 4,331 deaths and 261,025 recoveries.
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.

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

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 30 June 2021, a total of 23,807 cases including 22,528 recovered cases and 294 deaths have been reported in the country.

Since January 2020, a total of 827 visceral leishmaniasis confirmed cases with nine deaths (CFR 1.2 percent), have been reported in seven counties namely: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera and Wajir. The outbreak is active in three counties, Mandera, West Pokot and Wajir.

Since 2020, a total of 6,474 suspected cases, 957 tests analysed, 582 confirmed cases, 0 deaths have been reported.

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.

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.

Since January 2020, a total of 827 visceral leishmaniasis confirmed cases with nine deaths (CFR 1.2 percent), have been reported in seven counties namely: Marsabit, Garissa, Kitui, Baringo, West Pokot, Mandera and Wajir. The outbreak is active in three counties, Mandera, West Pokot and Wajir.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 30 June 2021, a total of 23,807 cases including 22,528 recovered cases and 294 deaths have been reported in the country.

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 2020.
Health Emergency Information and Risk Assessment

Health Emergency Information and Risk Assessment

4 979 (61.8%) of reported cases, followed by Erongo 1 713 (21.2%).

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 3 626 cases and 102 deaths (CFR 2.8%).

The first case of COVID-19 was detected in Namibia on the 14 March 2020. As of 2 July 2021, a total of 95 703 confirmed cases with 70 383 recovered and 1 649 deaths have been reported.

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

The safety situation in Cabo Delgado remains unpredictable and volatile. Three security events were reported from 14-20 June 2021 in Novo Cabo Delgado and Quitonda. The districts of Palma (53%), Macomia (22%) and Muidumbe (8%) are currently identified as the major districts from where most of the IDP originate.

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.

On 1 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 4 July 2021, the country has a total of 36 926 confirmed cases with 1 208 deaths and 33 326 recoveries.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 4 July 2021, a total of 80 151 confirmed COVID-19 cases including 18 deaths and 1 649 recovered cases have been reported in the country.

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

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 4 July 2021, a total of 21 076 cases including 489 deaths and 19 934 recovered cases have been 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
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
Madagascar | Poliomyelitis (cVDPV2) | Grade 2 | 28-Apr-21 | 28-Apr-21 | 29-Jun-21 | 6 | 6 | 0 | 0.00%
Madagascar | Rift Valley Fever | Ungraded | 26-Apr-21 | 20-May-21 | 109 | 10 | 2 | 1.80%
Mali | COVID-19 | Grade 3 | 2-Apr-20 | 2-Apr-20 | 4-Jul-21 | 36 926 | 36 926 | 1 208 | 3.30%
Mali | Measles | Ungraded | 20-Feb-18 | 1-Jan-21 | 27-Jun-21 | 1 008 | 476 | 0 | 0.00%
Mali | Poliomyelitis (cVDPV2) | Grade 2 | 18-Aug-20 | 18-Aug-20 | 29-Jun-21 | 48 | 48 | 0 | 0.00%
Mauritania | COVID-19 | Grade 3 | 13-Mar-20 | 13-Mar-20 | 4-Jul-21 | 21 076 | 21 076 | 489 | 2.30%
Mauritius | COVID-19 | Grade 3 | 18-Mar-20 | 18-Mar-20 | 2-Jul-21 | 1 984 | 1 984 | 18 | 0.90%
Mozambique | Humanitarian crisis in Cabo Delgado | Grade 2 | 1-Jan-20 | 1-Jan-20 | 20-Jun-21 | - | - | - | -
Mozambique | Cholera | Ungraded | 22-Feb-20 | 22-Feb-20 | 31-Jul-21 | 5 681 | 5 681 | 35 | 0.60%
Mozambique | COVID-19 | Grade 3 | 22-Mar-20 | 22-Mar-20 | 4-Jul-21 | 80 151 | 80 151 | 904 | 1.10%
Mozambique | Measles | Ungraded | 25-Jun-20 | 1-Jan-21 | 18-Apr-21 | 726 | - | 0 | 0.00%
Namibia | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 2-Jul-21 | 95 703 | 95 703 | 1 649 | 0.00%
Namibia | Hepatitis E | Protracted 1 | 18-Dec-17 | 8-Sep-17 | 16-May-21 | 8 062 | 8 062 | 66 | 0.80%

The safety situation in Cabo Delgado remains unpredictable and volatile. Three security events were reported from 14-20 June 2021 in Nuevo Cabo Delgado and Quitunda. The districts of Palma (53%), Macomia (22%) and Muidumbe (8%) are currently identified as the major districts from where most of the IDP originate. From 9-16 June 2021, a total of 6 473 new IDPs were reported moving from one district to another. As of 16 June 2021, an estimated total of 70 086 IDPs had been registered. About 86% of IDPs have been integrated into host family houses and the rest were mostly residing in accommodation centers.

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 confirmed 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 : Macomia ( 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 4 July 2021, a total of 80 151 confirmed COVID-19 cases were reported in the country including 904 deaths and 71 634 recoveries.

The first case of COVID-19 was detected in Mozambique on 26 April 2020. As of 23 March 2021, a total of 6 669 confirmed cases were reported in 11 provinces.

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 2 July 2021, a total of 95 703 confirmed cases with 70 383 recovered and 1 649 deaths have been reported.

The government of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 2 July 2021, a total of 1 984 confirmed COVID-19 cases including 934 recovered cases have been reported in the country.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 2 July 2021, a total of 1 984 confirmed COVID-19 cases including 18 deaths and 1 649 recovered cases have been reported in the country.

The government of 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.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 4 July 2021, the country has a total of 36 926 confirmed cases with 1 208 deaths and 33 326 recoveries.

The first case of COVID-19 was detected in Namibia on the 14 March 2020. 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%).
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niger</td>
<td>Humanitarian crisis</td>
<td>Protracted 1</td>
<td>1-Feb-15</td>
<td>1-Feb-15</td>
<td>26-May-21</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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 in 2021. 313K are IDPs, 234K are refugees, and 2 million are food insecure (with 511 332 affected by food insecurity in the Tillaberi region and 328 725 people in the Maradi region).

Niger | COVID-19 | Grade 3 | 19-Mar-20 | 19-Mar-20 | 9-Jul-21 | 5 506 | 5 506 | 194 | 3.50% |

From 19 March 2020 to 03 July 2021, a total of 5 506 cases with 194 deaths have been reported across the country. A total of 5 210 recoveries have been reported from the country.

Niger | Measles | Ungraded | 10-May-19 | 1-Jan-21 | 6-Jun-21 | 6 471 | 654 | 16 | 0.20% |

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+ (57.0% are over 4 years of age, 92.0% 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), Nairou (23 cases, 0 deaths), Tahoua (62 cases, 1 death), Tillaberi (67 cases, 0 deaths) and Zinder (167 cases, 1 death). In 2019 a total of 10 207 suspected measles cases were reported from eight regions in the country.

Niger | Poliomyelitis (cVDPV2) | Grade 2 | 1-Oct-18 | 1-Oct-18 | 29-Jun-21 | 21 | 21 | 0 | 0.00% |

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week. The total cases of 2020 still 10. There were 10 cVDPV2 cases reported in 2018, and 1 in 2019.

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 other states.

Nigeria | COVID-19 | Grade 3 | 27-Feb-20 | 27-Feb-20 | 4-Jul-21 | 167 859 | 167 859 | 2 121 | 1.30% |

The first case of COVID-19 was first detected in Nigeria on the 27 February 2020. As of 04 July 2021, a total of 167 859 confirmed cases with 164 382 recovered and 2 121 deaths have been reported.

Nigeria | Lassa fever | Ungraded | 1-Jan-21 | 1-Jan-21 | 4-Apr-21 | 2 060 | 272 | 56 | 2.70% |

Lassa fever is an endemic disease in Nigeria which is reportable through IHR. In week 18 of 2021, the number of new confirmed cases increased from 8 in week 17 to 10 cases. These were reported from 4 states - Ondo, Edo, Ebonyi, and Bauchi. Cumulatively from week 1 to week 18 of 2021, a total of 272 confirmed cases including 56 deaths have been reported with a case fatality rate of 20.6% across 14 states. This is higher than the same period reported in 2020.

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 1 992 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 | 29-Jun-21 | 81 | 81 | 0 | 0.00% |

Ten cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; three in Yobe, four in Jigawa and one each in Borno, Kano and Zamfara bringing the number of 2021 cases to 21. There were eight cases reported in 2020. 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-May-21 | 626 | 18 | 0 | 0.00% |

From 1 January 2021 to 30 April 2021, there have been a cumulative total of 626 suspected cases of yellow fever in Nigeria, of which 18 cases have been confirmed, from 258 LGA across 34 states including the Federal Capital Territory (FCT).

Rwanda | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 4-Jul-21 | 42 585 | 42 585 | 470 | 1.10% |

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 04 July 2021, a total of 42 585 cases with 470 deaths and 27 606 recovered cases have been reported in the country.

Sao Tome and Principe | COVID-19 | Grade 3 | 6-Apr-20 | 6-Apr-20 | 4-Jul-21 | 2 376 | 2 376 | 37 | 1.60% |

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 04 July 2021, a total of 2 376 confirmed cases of COVID-19 have been reported, including 37 deaths. A total of 2 323 cases have been reported as recoveries.

Senegal | COVID-19 | Grade 3 | 2-Mar-20 | 2-Mar-20 | 4-Jul-21 | 43 768 | 43 768 | 1 174 | 2.70% |

From 2 March 2020 to 4 Jul 2021, a total of 43 768 confirmed cases of COVID-19 including 1 174 deaths and 41 683 recoveries have been reported in Senegal.
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, the total number of 2021 cases is nine.

Since the first COVID-19 confirmed cases were reported in Seychelles on 14 March 2020, as of 4 Jul 2021 a total of 7 489 confirmed COVID-19 cases were reported in the country including 15 165 recoveries and 57 deaths have been reported.

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 3 July 2021, a total of 5 748 confirmed COVID-19 cases were reported in the country including 104 deaths and 3 623 recovered cases.

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.

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

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. So far, the total number of 2021 cases is nine.

Insecurity Grade 2 18-Dec-20 5-Apr-21 16-Apr-21 - - - -

The long-standing and complex humanitarian crisis in South Sudan continues. From the start of 2021, there is a total 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 7.2 million people, thought to be (Integrated Food Security Phase Classification (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.

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.

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.

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 04 July 2021, a total of 14 069 confirmed COVID-19 cases including 131 deaths and 5 748 recoveries have been reported in the country.

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.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed Cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>25-Jun-21</td>
<td>78 394</td>
<td>78 394</td>
<td>903</td>
<td>1.20%</td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>1-May-21</td>
<td>28-Apr-21</td>
<td>4-May-21</td>
<td>2</td>
<td>2</td>
<td>0</td>
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<tr>
<td></td>
<td>Rift Valley Fever</td>
<td>Ungraded</td>
<td>20-May-21</td>
<td>12-May-21</td>
<td>20-May-21</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>4-Jul-21</td>
<td>164 282</td>
<td>164 282</td>
<td>2 443</td>
<td>1.50%</td>
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</tr>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>6-May-19</td>
<td>30-May-21</td>
<td>815</td>
<td>0</td>
<td>3</td>
<td>0.40%</td>
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<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>4-Jul-21</td>
<td>54 474</td>
<td>54 474</td>
<td>1 878</td>
<td>3.40%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 25 June 2021, a total of 78 394 confirmed COVID-19 cases, 51 348 recoveries with 903 deaths.

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.

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.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 4 July 2021, a total of 164 282 confirmed COVID-19 cases were reported in the country including 2 443 deaths and 143 128 recovered cases.

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.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 4 July 2021, a total of 54 474 confirmed COVID-19 cases were reported in the country including 1 878 deaths and 40 239 cases that recovered.

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.

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.

†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.