WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 9: 24 February - 1 March 2020
Data as reported by: 17:00; 1 March 2020

**Key Statistics**
- New events: 3
- Ongoing events: 71
- Outbreaks: 62
- Humanitarian crises: 12

**Legend**
- Measles
- Monkeypox
- Lassa fever
- Cholera
- Rift Valley Fever
- COVID-19
- Anthrax
- Malaria
- Floods
- Cases
- Deaths

**Countries Reported**
- Algeria
- Angola
- Benin
- Burkina Faso
- Cameroon
- Central African Republic
- Chad
- Côte d’Ivoire
- Democratic Republic of Congo
- Equatorial Guinea
- Ethiopia
- Gabon
- Ghana
- Guinea
- Guinea-Bissau
- Madagascar
- Malawi
- Mali
- Mauritania
- Mozambique
- Namibia
- Niger
- Nigeria
- Senegal
- Sierra Leone
- Somalia
- South Africa
- Sudan
- Togo
- Tunisia
- Uganda
- United Republic of Tanzania
- Zambia
- Zimbabwe

**Health Emergency Information and Risk Assessment**
- Protracted 3 events: 2
- Protracted 2 events: 2
- Protracted 1 events: 3
- Grade 1 events: 1
- Grade 2 events: 15
- Grade 3 events: 6
- Ungraded events: 45
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 73 events in the region. This week’s main articles cover key new and ongoing events, including:

- Coronavirus in Nigeria, Algeria and Senegal
- Lassa fever in Benin
- Lassa fever in Nigeria
- Ebola virus disease in Democratic Republic of the Congo
- Humanitarian crisis in Cameroon

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 largely been controlled and thus closed.

Major issues and challenges include:

- As the Coronavirus disease 2019 (COVID-19) epidemic evolves rapidly globally, three countries in the WHO African region, Algeria, Nigeria and Senegal reported confirmed cases during the week. This brings to five, the countries in the African continent that confirmed COVID-19 cases, with Egypt being the first and Morocco the latest. All the cases recorded in Africa were imported and no local transmission has been established. With the fragile healthcare systems in Africa, COVID-19 remains a big threat, with the potential to cause serious public health impact, economic loss and social disruption. National authorities in Africa are urged to urgently close the gaps in their preparedness and readiness capabilities. In the event where cases are imported to the region, aggressive containment measures need to be implemented to stop further spread of the disease and prevent establishment of local transmission. Additionally, governments need to develop business continuity plans to maintain essential services in the worst-case scenario. Finally, governments are advised to appropriate adequate local resources for preparedness and response activities in their countries.

- The Ebola virus disease (EVD) outbreak in Democratic Republic of the Congo remains stable, with low levels of transmission. While this development is encouraging, the outbreak still has the potential to escalate when the ongoing control measures are not maintained and sustained. With the multiple public health events going on globally and locally, we must not lose sight of the EVD outbreak. Adequate resources need to be provided to support EVD response activities in Democratic Republic of the Congo and preparedness activities in the neighbouring countries.
New events

Coronavirus disease 2019

Algeria, Nigeria and Senegal

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EVENT DESCRIPTION

Three countries in the WHO African region, Algeria, Nigeria and Senegal, have confirmed cases of coronavirus disease 2019 (COVID-19). On 25 February 2020, the Ministry of Health, Population, and Hospital Reforms of Algeria notified WHO of a confirmed case of COVID-19. The case-patient is a 61-year-old male of Italian nationality who arrived in the city of Hassi Messaoud (800 km south-east of the capital Algiers) on 17 February 2020 from Milan, Italy. He developed a flu-like illness on 22 February 2020 and was admitted to an isolation facility the same day. Test results released by the National Reference Laboratory for Influenza and Respiratory Viruses of the Institut Pasteur of Algeria was positive for SARS-CoV-2 infection. The case-patient is known to have hypertension. On 28 February 2020, the case-patient was transferred to his home country, Italy for further clinical care. A total of 34 people related to this were listed as contacts and are being monitored for 14 days.

On 2 March 2020, two additional confirmed cases of COVID-19 not linked to the first case were reported. The case-patients are two females, a 53-year-old woman and her 24-year-old daughter, who are reported as healthy carriers confirmed positive for SARS-CoV-2 infection on the evening of 1 March 2020 by the National Reference Laboratory of the Pasteur Institute of Algeria. They were reportedly exposed to two people of French nationality, an 83-year-old man and his daughter who stayed in Algeria from 14-21 February 2020 and were confirmed positive for SARS-CoV-2 after their return to France on 21 February 2020.

On 28 February 2020, the Federal Ministry of Health of Nigeria notified WHO of a confirmed case of COVID-19 in Lagos, Nigeria. The case-patient is a 44-year-old male engineer of Italian nationality who arrived in Lagos, Nigeria on 24 February 2020, having travelled from Bergamos, Milan, Italy for a short-term job at a factory in Ewekoro, Ogun State. Upon arrival, he was transported by the company’s vehicle to a hotel in Lagos where he stayed one night before travelling the next day to the factory’s site in Ewekoro, Ogun State where he reportedly developed symptoms of headache during the evening hours of 25 February 2020. He presented to the company’s clinic on 27 February 2020 with symptoms of fever and headache which had not resolved since onset on the evening of 25 February 2020 in spite of self-medication. Due to suspicion of COVID-19, he was referred to an Infectious Diseases Hospital in Lagos where a sample was collected and sent to the laboratory for testing. Test result released by the Virology Laboratory at Lagos University Teaching Hospital by the evening of 27 February 2020 confirmed SARS-CoV-2 infection. The case-patient is undergoing clinical management at the Infectious Diseases Hospital in Yaba, Lagos, Nigeria where his condition is reported to be stable. A total of 51 contacts, including five healthcare workers have been identified in both Ogun (39) and Lagos (12) states and are being monitored.

On 2 March 2020, health authorities in Senegal reported one confirmed case of COVID-19. The case-patient is a 33-year-old French national who has been a resident in Senegal for the past two years but travelled to Nimes and Auvergne-Rhône-Alpes region, France from 13-25 February 2020 and returned to Senegal on 26 February 2020 and developed a flu-like illness on 27 February 2020. Tests results released by the Institut Pasteur Dakar, Senegal on 2 March 2020 returned positive for SARS-CoV-2 by quantitative reverse transcription polymerase chain reaction (qRT-PCR).

PUBLIC HEALTH ACTIONS

Algeria

- A press conference was held on the evening of 25 February by the Ministry of Health, Population, and Hospital Reforms of Algeria to announce the confirmation of COVID-19 cases in the country.
- An inter-ministerial committee with the involvement of WHO has been established in Algeria to coordinate response to the COVID-19 outbreak and advise on all technical issues related to preparedness and response.
- Contact tracing continues for all those who came in contact with the confirmed case in Algeria. A total of 34 people have so far been identified for 14 days of monitoring.
- Points-of-entry screening at land, sea, and air crossings in Algeria have been strengthened to identify potential cases of COVID-19.
Case definitions and clinical guidance on management of COVID-19 cases have been distributed to all healthcare facilities across Algeria. A standard operation procedure (SOP) is being developed for a referral pathway for cases in Algeria.

Algeria has established a public health hotline for reporting suspected cases of COVID-19.

Mass media communication via radio, television, and billboards aimed at creating awareness of COVID-19 are being heightened across Algeria.

**Nigeria**

A press conference was held on 28 February 2020 by the Federal Ministry of Health of Nigeria to officially announce to the public the confirmation of a COVID-19 case in the country.

The National Emergency Operations Centre (EOC) was activated at the highest level to coordinate response to the COVID-19 outbreak through a national incident management team (IMT) that has been established. The IMT has developed and costed an incident action plan.

National rapid response teams were deployed to Lagos and Ogun States on 28 February 2020 to support investigation and response to the outbreak.

Contact tracing is ongoing for all those who came in contact with the confirmed case. So far, 58 people have been identified in two states (Ogun and Lagos). The airline manifest was retrieved, and all 131 passengers have been contacted and informed to self-isolate for next 14 days and report as quickly as possible if experiencing any symptoms.

Surveillance is being strengthened with the adaptation and dissemination of case definitions and SOPs on contact tracing, clinical management, and infection prevention and control (IPC) to all states across the country.

Points-of-entry screening have also been enhanced at designated sites across Nigeria.

Mass media communications aimed at creating awareness among the population and dispelling rumours are being broadcast on various radio and television stations across the country.

**SITUATION INTERPRETATION**

Algeria has become the first country in the WHO African Region to confirm a case of COVID-19, although the second on the continent following Egypt. Nigeria is also the first country in sub-Saharan Africa to report a confirmed case of COVID-19, followed by Senegal. Morocco is the latest country on the continent to confirm COVID-19. All the cases in Africa occurred among travellers or people with links to exposure in either China, France or Italy. This typifies the global risk of spread of the disease and the need for countries to take urgent steps to be ready to contain potential cases of the disease. The speed with which response measures is being implemented so far is commendable and needs to be sustained. Detailed tracing of all contacts will be crucial to ensuring that further transmission of the disease among the population and potential spread to neighbouring countries is prevented.
On 19 February 2020, the Ministry of Health of Benin notified WHO of an outbreak of Lassa fever in Borgou Department, located in the north-eastern part of Benin. The event involved a family of four (three Beninese and one Togolese nationals) living in Kwara State, western Nigeria. The index case is a 40-year-old female, a housewife, resident in Bukuro, a locality in Kwara State, Nigeria (at the border with Benin). The case-patient developed a non-specific febrile illness on 11 February 2020 and received symptomatic treatment at a local health centre in Nigeria. The health condition progressively worsened from 13 February 2020, marked by abdominal pain followed by bleeding from multiple orifices, including from injection sites by 16 February 2020. Because of her deteriorating condition, the case-patient was transferred to and admitted at the Borgou Department University Hospital Centre (CHUD) in Benin on 17 February 2020, presenting with an altered mentation, intense asthenia, haematemesis and metrorrhagia. The case-patient died on 18 February 2020 and a safe and dignified burial was performed the same day. Test results of blood specimens obtained (during admission) and sent to the national laboratory for viral haemorrhagic fevers in Cotonou returned on 19 February 2020 confirming Lassa virus infection.

Between 11 to 24 February 2020, three relatives and contacts to the index case developed similar illness and were all transported from Nigeria and admitted to the CHUD in Benin. All the three case-patients subsequently tested positive for Lassa fever. Since the beginning of the outbreak on 11 February 2020, four confirmed Lassa fever cases, including one death (case fatality ratio 25%) have been reported in Benin. All the cases were linked to Bukuro in Kwara State, Nigeria. The three case-patients are currently receiving care in the Centre for Treatment of Viral Haemorrhagic Fevers (CTFHV) located in Parakou. A total of 34 contacts, including 23 health workers have been identified in Benin and Nigeria and are being followed up daily.

Public Health Actions

- On 18 and 25 February 2020, the health crisis committee held coordination meetings, chaired by the Minister of Health. The various sub-committees involved in the management of the epidemic, including coordination, surveillance and laboratory, case management, psychological care and prevention and control of infection, finance, logistics, and communication, were activated.
- Isolation and treatment of Lassa fever cases is being done at the CTFHV in Parakou. Case management teams have been mobilized to provide treatment using guidelines provided by the Ministry of Health and WHO.
- Cross border communication has been established between the International Health Regulations (2005) national focal persons in the respective Ministries of Health of Benin and Nigeria, enabling coordination and collaboration for the response.

Situation Interpretation

Health authorities in Benin have reported a cluster of confirmed Lassa fever cases, with epidemiological link to Kwara State in Nigeria. Several such events have occurred in the past (since 2014), usually at the peak of Lassa fever outbreaks in Nigeria, where the disease is endemic. It is commendable that the current event in Benin was promptly detected, attributed to a high level of alert and readiness. It is critical at this point to prevent local community transmission in Benin through thorough investigation, identification and close follow-up of all potential contacts, and rapid detection and isolation of any suspected cases. Furthermore, national authorities in both countries (Benin and Nigeria), and other neighbouring countries, are advised to synchronize cross-border surveillance activities to detect and rapidly contain any further international spread of the outbreak.
EVENT DESCRIPTION

The Lassa fever outbreak in Nigeria continues, with a high incidence of cases and deaths reported and new states being affected. Since our last report on 9 February 2020 (Weekly Bulletin 6), 324 additional confirmed cases and 71 deaths have been reported. Three additional states have been affected during the same period. In week 8 (week ending 23 February 2020), a total of 102 confirmed Lassa fever cases with 13 deaths have been reported from 18 states, compared to 115 confirmed cases and 18 deaths reported in week 7. Four healthcare workers have been infected during the reporting week (week 8). As of 23 February 2020, 687 case-patients were undergoing treatment in the various treatment centres across the country.

Between 1 January and 23 February 2020, a cumulative total of 2,633 suspected cases were reported across Nigeria. Of these, a total of 689 cases coming from 115 local government areas (LGAs) in 27 states were confirmed. Among the 689 confirmed cases, 118 deaths have occurred, giving a case fatality ratio (CFR) of 17.1% among confirmed cases, which is relatively lower compared to the CFR for the same period in 2019 (21.8%). Majority (72%) of the confirmed cases were reported from Edo (34%), Ondo (32%) and Ebonyi (7%) states. A total of 26 healthcare worker infections have been reported since the beginning of the year. The outbreak has mainly affected individuals between the ages of 21 and 30 years, and the proportion of females affected is slightly higher to that of males (1.2:1).

Since week 1 of 2020, a cumulative total of 6,024 contacts have been identified, 4,121 (68%) of whom have completed the mandatory 21-day follow-up. A total of 1,843 contacts are being actively followed up, as of 23 February 2020.

PUBLIC HEALTH ACTIONS

- The National Lassa Fever Technical Working Group (NLFTWG), activated on 24 January 2020, continues to coordinate the response at national level. At sub-national level, coordination continues at the Emergency Operation Centres (EOCs) established in the three most affected states of Ondo, Edo and Ebonyi.
- Rapid response teams led by the Nigeria Centre for Disease Control (NCDC) have been deployed to support outbreak response activities in Ondo, Ebonyi, Enugu, Kano and Borno states.
- Confirmed cases are being treated in the different treatment centres in the affected states with ribavirin and other supportive therapeutics. Guidelines for appropriate case management, safe and dignified burial and infection prevention and control (IPC) have been disseminated to the different states.
- Surveillance activities have been enhanced in the affected states with improved contact tracing and active case findings in affected LGAs. An updated tool for detailed case investigation has also been provided to investigation teams to ensure all relevant information is captured.

SITUATION INTERPRETATION

The Lassa fever outbreak in Nigeria continues to propagate, with new states being affected. The number of cases and deaths reported has continued to remain high, compared to figures reported in previous outbreaks. Response activities, under the leadership of the NCDC, are ongoing in the affected states, albeit, with challenges in all pillars of the response. Lastly, the weekly increase in the number of healthcare worker infections highlights the urgent need to strengthen IPC measures in health facilities in the country.
 EVENT DESCRIPTION
The Ebola virus disease (EVD) outbreak in North Kivu, South Kivu and Ituri provinces in Democratic Republic of the Congo remains stable, with no new cases and deaths recorded during the reporting week. This is the twelfth consecutive day without reporting new confirmed EVD cases. During the last 21 days (from 9 to 29 February 2020), two new confirmed cases were recorded from Kanzuluzuli health area in Beni Health Zone.

As of 29 February 2019, a total of 3 444 EVD cases, including 3 310 confirmed and 134 probable cases have been reported. To date, confirmed cases have been reported from 29 health zones: Arikara (1), Bunia (4), Komanda (56), Lolwa (6), Mambasa (82), Mandima (347), Nyakunde (2), Rwampara (8) and Tchomia (2) in Ituri Province; Alimbongo (5), Beni (721), Biena (19), Butembo (295), Goma (1), Kalunguta (198), Katwa (653), Kayna (28), Kyondo (25), Lubero (31), Mabalako (463), Manguredjipa (18), Masereka (50), Musienene (85), Mutwanga (32), Nyiragongo (3), Oicha (65), Pinga (1) and Vuhovi (103) in North Kivu Province and Mwenga (6) in South Kivu Province.

As of 29 February 2020, a total of 2 264 deaths were recorded, including 2 130 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 64% (2 130/3 310). As of 29 February 2020, the total number of health workers affected remains at 172, representing 5% of confirmed and probable cases.

Contact tracing is ongoing in one health zone. A total of 139 contacts are under follow-up as of 29 February 2020, of which 137 (98.6%) have been seen in the past 24 hours. Twenty-three out of 50 health zones raised alerts on 29 February 2020. Of 4 956 alerts processed (of which 4 894 were new) in reporting health zones on 29 February 2020, 4 894 were investigated and 404 (8.3%) were validated as suspected cases.

PUBLIC HEALTH ACTIONS
- Response and surveillance activities continue in all affected areas.
- The security situation in Beni remains worrying, with threats of violence in some villages around the Beni territory, and risk communication and community engagement activities have slowed down in Katanga, Lukaya, Machebe and Ngubo health areas in Mandima Health Zone as a result of insecurity.
- As of 29 February 2020, a cumulative total of 298 914 people have been vaccinated since the start of the outbreak in August 2018.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 158 million screenings to date. A total of 106/109 (97.2%) PoE/PoC transmitted reports as of 29 February 2020.

SITUATION INTERPRETATION
Beni now remains the only health zone that reported confirmed EVD cases in the past three weeks. While there is room for cautious optimism around the decline in new confirmed cases, continued access and heightened vigilance is required to maintain case investigation and contact tracing activities in all health zones.

- Water, sanitation and hygiene (WASH) activities continue and as of 29 February 2020, 339 health workers were briefed on IPC measures and 179 health facilities were supported in Beni, Oicha, Kalunguta, Musienene and Mabalako, and providers at the Mbau health centre in Oicha Health Zone have been trained in the use of personal protective equipment.
- On 29 February 2020, there was an exchange session with community leaders in the Bundji health area, Beni Health Zone, to assess the level of commitment of local communities and their participation in vaccination activities.

The geographical distribution of confirmed EVD cases reported from 9 to 29 February 2020, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo.
The humanitarian crisis in Cameroon continues, with increasing insecurity, particularly affecting the Far-North, North-West and South-West regions of the country. In the Far North Region, there have been several attacks by armed groups since the start of 2020, mainly targeting military defence points. However, the use of explosive devices targeting civilians and humanitarian aid workers has also increased. The overall security level in the region has been graded 4/5 by the United Nations Department of Safety and Security (UNDSS).

In the Far North Region, there have been 38 attacks by members of Boko Haram since 1 January 2020, resulting in 76 deaths, 95 injuries and 20 people missing. Two health facilities have been attacked, with one completely destroyed, along with attacks on health workers, with two deaths and one injury reported. Flood waters have receded in Mada and Makary health districts, potentially making them more vulnerable to security incidents. Maroua, the regional capital of Far North is on alert.

The Minawo Refugee Camp in Mokolo Health District, Far North, continues to host Nigerian refugees, with spontaneous arrivals recorded weekly. As of January 2020, the total camp population was 63. Cross border displacements are amplified by movement of internally displaced persons (IDPs), who now number 461 644, according to the Internal Organization for Migration (IOM) Displacement Tracking Matrix.

In the North West and South West regions of the country, the security situation has led to displacement of an estimated 437 000 people in the region. More than 39 000 people have fled to the littoral and Western regions and around 60 000 people have crossed into neighbouring Nigeria. There are increasing numbers of insecurity incidents, resulting in further displacement, with an estimated 160 000 people potentially affected. The security situation remains volatile and unpredictable.

With regards to outbreaks of infectious diseases, the situation in Far North appears to be stable at the start of 2020. The only ongoing outbreaks are leishmaniasis in Mokolo, Roua and Mogode health districts, and yaws in the Mokolo, Roua, Mogode, Vele and Guere health districts. The three main causes of morbidity are malaria, typhoid fever and influenza syndrome. In North West and South West regions, the cholera outbreak declared in November 2019 continues to spread, with cases reported in Tiko Health District and three health districts currently with confirmed cholera cases. The neighbouring Littoral Region is also reporting cases of cholera. Additionally, the health system in these regions has been adversely affected and there is little access to essential healthcare, and disease surveillance has been disrupted.

**PUBLIC HEALTH ACTIONS**

- WHO and UNICEF continue their support for the Expanded Programme on Immunization for both routine activities and emergency response, in particular, to the cholera outbreak in North West and South West regions.
- The Health Cluster remains active in North West and South West regions.
- WHO is supporting the Ministry of Health to coordinate the response to the cholera outbreak in North West and South West regions. Epidemiological surveillance is being strengthened in these regions by deploying EWARS-in-a-box, with trainings conducted on 25-26 February 2020 in South West and 28-29 February 2020 in the North West.
- Médecines Sans Frontiers (MSF) continue support to Maroua Regional Hospital as a reference centre for surgery and are also present in Makary, Kolofata and Mora where specific health assistance is needed; IMC is providing health assistance to refugees under UNHCR and also in Mada health districts; the International Red Cross Committee provides health assistance to affected populations; ALIMA continues to support the Mokolo Regional Hospital and some areas of community health.
- The French Red Cross, in collaboration with Cameroon Red Cross, provided health assistance to flood-affected populations through mobile clinics, with support of WHO and also support community mobilization against cholera in affected areas.
- Plan Cameroon continues its programme against malaria.
- UNFPA is supporting reproductive health services in the region through training and provision of materials and other resources both to the Ministry of Health and communities.

**SITUATION INTERPRETATION**

The situation in the areas affected by the humanitarian crisis in Cameroon remains precarious, with continuing population displacement. These displaced people live under poor conditions, with little access to essential services such as potable water, sanitation and healthcare. Nutrition is also compromised. Complicating the situation, particularly in the Far North, is lack of funding for humanitarian work, which terminated in December 2019. Damage to health facilities has resulted in poor infectious disease surveillance, increasing the possibility of poorly managed infectious disease outbreaks, which will put further strain on already vulnerable populations, humanitarian actors and local authorities. These challenges need to be urgently addressed.
Major issues and challenges

- Three countries, Algeria, Nigeria and Senegal, have confirmed COVID-19 cases during the reporting period. Egypt was the first country in the African continent to confirm a case. All the cases recorded in Africa were imported and no local transmission has been established. With the weak healthcare systems in Africa, the health impact of COVID-19 may be serious, as well as the socio-economic implications. Governments in Africa are urged to urgently ramp up their preparedness and readiness capacity and capabilities in order mitigate the consequences of the disease.

- The transmission of EVD in Democratic Republic of the Congo has remained low, with the last confirmed case reported 12 days ago. While this is a welcome development, the outbreak still has the potential to escalate when the ongoing control measures are not maintained and sustained. There are multiple public health emergencies going on globally and locally competing for the same resources. Already, there is a shortfall in funding for preparedness and response in Democratic Republic of the Congo and the neighbouring countries.

Proposed actions

- The national authorities and partners in the African region need to urgently step up their preparedness and readiness capacities and capabilities in order rapidly detect any imported cases and prevent establishment of local transmission. The governments also need to commit their local resources to support preparedness and response activities, to be complemented by the donor communities.

- The national authorities and partners in Democratic Republic of the Congo need to continue implementing all the critical EVD control activities. The donor communities and development partners are also urged to continue providing the required inputs (especially funding) in the face of the multiple health emergencies in the country.
All events currently being monitored by WHO AFRO

New Events

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Detailed update given above.

Burkina Faso

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</table>
Since the security situation initially in the regions of the Sahel and later in the East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement leading to a total of 560 033 internally displaced persons registered as of 9 December 2019 in all 13 regions in the country. The regions of Sahel, Centre-North, the North, the East and Boucle du Mouhoun are the most affected. Health services are severely affected and as of 13 January 2020, According to the report of the Ministry of Health, 3.3% (n=38) of the health facilities located in the six regions affected by insecurity are closed, thus depriving more than 1.2 million people of health care, and 11.8% (n=135) have reduced their services to a minimum, following insecurity. Morbidity due to epidemic-prone diseases remains high and malnutrition thresholds are alarming in the areas hosting IDPs, mainly in Barsalogho, Djibo, Matiacoali, Arbinda, and Titao.

Burundi

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burundi</td>
<td>Malaria</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>29-Dec-19</td>
<td>8 892 300</td>
<td>3 294</td>
<td>0.00%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Since week 48 of 2018 (week ending 2 December 2018), there has been a progressive increase in the number of malaria cases reported across the 46 districts of Burundi, with the epidemic threshold surpassed in week 18 of 2019 (week ending 5 May 2019). From 1 January to 29 December 2019, a cumulative total of 8 892 300 cases and 3 294 deaths (CFR 0.04%) were reported. There is an 88% increase in the number of cases and a 62% increase in the number of deaths reported in 2019 compared to 2018.

Cameroon

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis (Far North, North, Adamawa &amp; East)</td>
<td>Protracted</td>
<td>31-Dec-13</td>
<td>27-Jun-17</td>
<td>27-Jan-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Detailed update given above.
The cholera outbreak affecting two regions, namely South Ouest and Littoral regions is ongoing in Cameroon. Thirty-four new cases, including three deaths were reported in the South Ouest region (10 new cases and one death) and Littoral region (24 new cases and two deaths) during epidemiological week 8 (week ending on 23 February 2020). One new district in south west region (Tiko district) confirmed two new cases, which bring the number of affected districts to three (Bakassi, Ekondo Titik and Tiko districts). In the Littoral region, the total number of affected districts is eight (Nyong, Manoka, Boko, Deido, Bangue, Cité des palmiers, Bonassama, Japoma, New Bell et Logbaba districts).

A measles outbreak is ongoing in Cameroon. Since the beginning of 2019, a total of 1 170 suspected cases have been reported. Of these, 592 were confirmed as IgM-positive. The outbreak is currently affecting 43 districts, namely, Kossi, Mba, Le Fou, Makary, Kolofata, Koza, Ngoundéré rural, Banué, Guider, Foulou, Nong, Mora, Maroua 3, Vélét, Pittoa, Maroua 1, Bourha, Touboro, Mogodé, Bibémi, Garoua 1, Garoua 2, Lagdo, Ichellié, Guidoquis, Moutourwa, Mokolo, Cité verte, Djoungolo, Nkolndong, Limbé, Garoua Bouli, Ngoundéré Urban, Ekondo Titi, Gazuwa, Meiganga, New Bell, Deido, Bertoua, Biyem assi, Cité des Palmiers, Logbaba, and Nyong district.

WHO was notified of an outbreak of monkeypox on 14 January 2020 by the Ministry of Public Health in Cameroon following the confirmation of the monkeypox case by the Institut Pasteur laboratory on 08 January 2020. The index case is a 13 months old child from Tombati village, health area of Ayos Urbain, Ayos Health district, centre region, who consulted at Arche de Noé health centre on 20 December 2019 with signs compatibles with smallpox. The child was referred to the Regional Hospital annex of Ayos, then to Chantal Biya hospital on 24 and 26 December 2019 respectively. The person died on 2 January 2019. The second confirmed case is the mother of the dead child.

No case of cVDPV2 was reported in the past week. On 23 May 2019, WHO received notification through the Global Polio Laboratory Network (GPLN) of the detection of circulating vaccine-derived poliovirus type 2 (cVDPV2) from an environmental sample collected on 20 April 2019 in the Northern Province of Cameroon which borders Borno State in Nigeria and Chad. There are no associated cases of paralysis detected so far.

Civil unrest and food insecurity in most parts of the country including major cities are continuing 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 and Bria. Clashes between armed groups, the persistence of inter-community tensions and the increase in crime across the country continues to result into population displacement. As of 31 January 2020, OCHA estimates the number of internally displaced people in the country at 670 000.
Since 3 October 2019, heavy rains have resulted in floods in 8 out of 12 departments of the Republic of Congo, namely: Likouala, Cuvette, Plateaux, Sangha, Kouilou, Niari, Brazzaville and Pointe-Noire. As a result of the floods, homes and public infrastructure have been destroyed leaving the affected population in precarious living conditions and with limited access to healthcare. Furthermore, the floods have caused significant damage to the agricultural and farming sectors thus posing a threat to food security. On 19 November 2019, the Congolese government declared a state of emergency in the affected areas. As of 10 December 2019, at least 170 000 people have been affected.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCD</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>Democratic Republic of the Congo</td>
<td>Floods</td>
<td>Ungraded</td>
<td>22-Nov-19</td>
<td>3-Oct-19</td>
<td>10-Dec-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

In week 6 (week ending 9 February 2020), a total 6 suspected cases were reported in three out of the 12 departments, namely: Brazzaville (3 cases), Bouenza (2 cases) and Kouilou (1 case). From week 1 to week 6, 37 cases with no deaths were reported in the country. From weeks 1 to 52 of 2019, a total of 11 600 cases have been reported in 44 out of the 52 health districts in 10 out of 12 departments. The departments of Bouenza (3102 cases), Kouilou (2844 cases) and Niari (2589) were the most affected by the outbreak accounting for 74% from the beginning of the outbreak.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCD</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>Democratic Republic of the Congo</td>
<td>Chikungunya</td>
<td>Grade 1</td>
<td>22-Jan-19</td>
<td>1-Jan-20</td>
<td>9-Feb-20</td>
<td>37</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

The Democratic Republic of Congo continues to experience a complex humanitarian crisis involving armed conflicts and inter-community tension resulting in large number of people in need of humanitarian assistance. Populations movement due to armed clashes and inter-community fighting continue to be reported in North-Kivu, Tanganyika, Ituri, Kasai central and South-Kivu provinces. In Ituri, Irumu and Mambasa territories armed group attacks which resulted in 60 civilian victims and kidnapping of around 20 persons were reported. In Tanganyika province, a new confrontation between Twa militias and FARDC resulted in several cases of wounds and some cases of rape. A total of 45 000 internally displaced persons registered in the Nyunzu Centre (Nyunzu territory) continue to suffer from a lack of health humanitarian assistance. Due to insecurity caused by Twa-Bantou conflicts, nine health centres of Nyunzu Health Zone remain unfunctional.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCD</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>Democratic Republic of the Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>1-Jan-20</td>
<td>9-Feb-20</td>
<td>3 575</td>
<td>-</td>
<td>52</td>
<td>1.50%</td>
</tr>
</tbody>
</table>

During week 6 (week ending 9 February 2020), a total of 418 suspected cases of cholera and 4 deaths (CFR 1%) were notified from 9 out of the 26 provinces in the country compared to 581 suspected cases and 20 deaths across 13 provinces in the previous week. The majority (98%) reported in week 6 came from five provinces: North-Kivu, South-Kivu, Tanganyika, Tshopo and Haut-Katanga. The weekly case incidence has been on a decreasing trend since week 1 of 2020; a similar trend was observed in previous years. The province of Katanga continues to report high mortality rates (CFR: 4.8%). Between week 1 and week 52 of 2019, a total of 30 304 cases were reported in 44 out of the 52 health districts in 10 out of 12 departments. The departments of Mbkou (3102 cases), Congo Central (1 730 cases), Equateur (1 395 cases), Bas-Uele (1 304 cases) and South-Kivu (1 283 cases) were the most affected.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCD</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>Democratic Republic of the Congo</td>
<td>Ebola virus disease</td>
<td>Grade 3</td>
<td>31-Jul-18</td>
<td>11-May-18</td>
<td>29-Feb-2019</td>
<td>3 444</td>
<td>3 310</td>
<td>2 264</td>
<td>66.00%</td>
</tr>
</tbody>
</table>

Detailed update given above.

In week 6 (week ending 9 February 2020), 2 529 measles cases including 22 deaths (CFR 0.9%) were reported across the country. Over the past three weeks (week 3 to week 6), the majority of cases have been reported from the provinces of Maïdombe (1 730 cases), Congo Central (1 395 cases), Equateur (1 304 cases), Bas-Uele (1 238 cases) et Mongala (1 234 cases). Since the beginning of 2019, 331 316 measles cases including 6 302 deaths (CFR 1.9%) have been recorded in 26 provinces. In total, 261 (50%) of the 519 health zones have reported a confirmed measles outbreak. To date, a total of 2 915 cases were laboratory confirmed (IgM+), 71% of which were children under five years old.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCD</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>Democratic Republic of the Congo</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>n/a</td>
<td>1-Jan-20</td>
<td>9-Feb-20</td>
<td>378</td>
<td>-</td>
<td>8</td>
<td>2.10%</td>
</tr>
</tbody>
</table>

During week 6 (week ending 9 February 2020), a total of 92 suspected cases including one death were reported across the country, compared to 61 suspected cases and three deaths in the previous week. The majority (82%) of cases in week 6, were reported from the provinces of Mongala (25), Equateur (22), Sankuru (16) and Bas-Uele (12). Between week 1 and week 6, a total of 378 suspected cases including 8 deaths were reported in the country, with the majority of cases being reported from the provinces of Sankuru (27%), Bas-Uele (14%), Equateur (16%) and Mongala (11%). The weekly incidence has been on an increasing trend since week 1 and there has been an increasing number of cases reported from the province of Mongala. Between weeks 1 and 52 of 2019 a cumulative total of 5 288 monkeypox cases, including 107 deaths (CFR 2%) were reported from 133 health zones in 19 provinces.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCD</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>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>19-Feb-20</td>
<td>105</td>
<td>105</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

No new cases of cVDPV2 were reported this week. There were 85 cVDPV2 cases reported in 2019 and 20 in 2018.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCD</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>Ethiopia</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>14-May-19</td>
<td>12-May-19</td>
<td>9-Feb-20</td>
<td>3 970</td>
<td>64</td>
<td>1.60%</td>
<td></td>
</tr>
</tbody>
</table>

In week 6 (week ending 9 February 2020), 157 new suspected cases were reported in SNRNP, Somalia and Oromia regions. A total of 3 970 suspected cases have been reported from three regions as of 9 February 2020.
### Health Emergency Information and Risk Assessment

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCD</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>Ethiopia</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>3-Nov-19</td>
<td>9-Sept-19</td>
<td>8-Dec-19</td>
<td>1 251</td>
<td>6</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Between week 37 and week 49 in 2019, a total of 1 251 suspected cases and 6 confirmed cases of dengue fever were reported from Afar region. The peak of the outbreak was observed in week 38 when more than 300 suspected cases were reported.

| Country   | Measles              | Ungraded   | 14-Jan-17             | 1-Jan-19                  | 9-Feb-20                | 1 873       | -               | -      | -   |

In week 6 (week ending 9 February 2020), the measles outbreak is still ongoing in Oromia, SNNPR and Somali regions. A total of 1 873 suspected cases with were reported as of week 5 with the majority of cases being reported from Oromia region.

| Country   | Poliomyelitis (cVDPV2) | Ungraded   | 24-Jun-19             | 20-May-19                 | 26-Feb-20               | 12          | 12              | 0      | 0.00% |

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There have been 12 cVDPV2 cases reported in Ethiopia so far, with four cases are linked to the outbreak in neighbouring Somalia and eight cases linked to two other outbreaks.

| Country   | Poliomyelitis (cVDPV2) | Grade 2    | 9-Jul-19              | 8-Jul-19                  | 26-Feb-20               | 18          | 18              | 0      | 0.00% |

Six cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week with three each from Bono and Bono East provinces. There were 12 cVDPV2 cases reported in 2019.

| Country   | Measles              | Ungraded   | 9-May-18              | 1-Jan-19                  | 3-Nov-19                | 4 690       | 1 091           | 18     | 0.30% |

During week 44 (week ending 3 November 2019), 127 suspected cases of measles were reported. From week 1 to 44 (1 January – 3 November 2019), a total of 4 690 suspected cases including 18 deaths (CFR 0.4%) have been reported. Of the 4 690 suspected cases, 1 773 were sampled, of which 1 091 tested positive for measles by serology. Three localities in three health districts are in the epidemic phase, namely, Waniindara in Ratoma health district, Dounet in Mamou health district and Soumpoura in Tougue health district.

| Country   | Chikungunya         | Ungraded   | 24-Jan-20             | 31-Dec-19                 | 16-Feb-20               | 202         | 17              | 0      | 0.00% |

A chikungunya outbreak was reported in Kenya and has affected Hagadera Sub County in Garissa County. As of the reporting date, a total of 163 cases with 17 confirmed positives have been reported. The index case was seen on 31 December 2019.

| Country   | Cholera             | Ungraded   | 21-Jan-19             | 1-Jan-20                  | 16-Feb-20               | 253         | 3               | 1      | 0.40% |

In week 7 (week ending 16 February 2020), 62 new suspected cases were reported from Turkana county. Since 1 January 2020, cholera outbreak has been reported in three counties namely: Garissa, Wajir and Turkana. Cumulatively, a total of 253 cases with no deaths have been reported. The outbreak in all the three counties is a continuous wave from 2019. Transmission is active in all the affected counties.

| Country   | Leishmaniasis       | Ungraded   | 31-Mar-19             | 3-Jan-20                  | 16-Feb-20               | 38          | 15              | 0      | 0.00% |

In week 7 (week ending 16 February 2020), no new case was reported. Since the beginning of the outbreak, suspected and confirmed cases of leishmaniasis has been reported from Mandera, Marsabit, Wajir and Garissa counties.

| Country   | Measles              | Ungraded   | 6-May-19              | 20-Mar-19                 | 16-Feb-20               | 637         | 15              | 1      | 0.20% |

A total of 198 cases with 5 confirmed have been reported and a new outbreak of measles has been reported from Pokot North sub county, Alale location since 20 October 2019. The last measles cases were reported in Kajiado County, Kajiado West Sub-County on 8 September 2019 (425 suspected cases, 4 confirmed and 1 death). Additionally, 10 cases including 6 laboratory-confirmed cases were reported from Garissa County in Dadaab Sub-County in May 2019.

| Country   | Lassa fever          | Ungraded   | 23-Jan-19             | 1-Jan-20                  | 16-Feb-20               | 31          | 30              | 14     | 45.20% |

Of 73 suspected cases reported across the country from 1 January to 16 February 2020, 30 were confirmed, 42 discarded, and 1 pending test result. A total of 14 deaths (CFR 45.2%) have been reported among the cases (confirmed and pending).

| Country   | Measles              | Ungraded   | 24-Sep-17             | 1-Jan-19                  | 16-Feb-20               | 169         | 35              | 0      | 0.00% |

In week 7 (week ending on 16 February 2020), 38 suspected cases were reported from 9 out of 15 counties across the country. Since the beginning of 2020, 169 cases have been reported across the country, of which 35 are laboratory-confirmed, 20 are epi-linked, and 53 are clinically confirmed.

| Country   | Cholera             | Ungraded   | 9-Jan-20              | 9-Jan-20                  | 24-Jan-20               | 3           | 3               | 0      | 0.00% |

An outbreak of cholera is ongoing in Malawi, Blantyre district. Since the notification of the first case on 9 January 2020 till 24 January 2020, a total of 3 confirmed cases with zero deaths was reported from Limbe health facility. Blantyre is the largest commercial city in Malawi and is in the southern part of the country. Response activities are ongoing in the affected district and active surveillance was enhanced in all districts of the country.

| Country   | Humanitarian crisis | Protracted 1 | n/a                   | n/a                      | 7-Dec-19                | -           | -               | -      | -   |

The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The number of internally displaced persons is increasing, and it was estimated at 199 385 in October 2019. This increase is associated with repeated violence in Mopti, Gao, Menaka and zones in the neighbourhood of Burkina Faso border. The country is also facing infectious diseases outbreaks which include yellow fever, measles, and dengue. Cases of malnutrition continue to be reported at the country level. In week 48, a total of 5 206 cases of acute malnutrition were reported.

| Country   | Crimean-Congo haemorrhagic fever (CCHF) | Ungraded   | 2-Feb-20              | 5-Jan-20                  | 7-Feb-20                | 14          | 3               | 7      | 50.00% |

The regional Directorate of Health in Mopti notified a total of 14 suspected haemorrhagic fever including 7 deaths on 2 February 2020. All notified cases are from Mopti Health district, Koriene health area, Kera village. Three out of nine laboratory samples that were sent to the Public health institute turned positive for Crimean Congo Hemorrhagic fever. Response activities are ongoing in the affected health district.

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**Table 1: Disease Reporting**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>3-Nov-19</td>
<td>9-Sept-19</td>
<td>8-Dec-19</td>
<td>1 251</td>
<td>6</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Measles</td>
<td>Ungraded</td>
<td>9-May-18</td>
<td>1-Jan-19</td>
<td>3-Nov-19</td>
<td>4 690</td>
<td>1 091</td>
<td>18</td>
<td>0.30%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Chikungunya</td>
<td>Ungraded</td>
<td>24-Jan-20</td>
<td>31-Dec-19</td>
<td>16-Feb-20</td>
<td>202</td>
<td>17</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>23-Jan-19</td>
<td>1-Jan-20</td>
<td>16-Feb-20</td>
<td>31</td>
<td>30</td>
<td>14</td>
<td>45.20%</td>
</tr>
<tr>
<td>Malawi</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>9-Jan-20</td>
<td>9-Jan-20</td>
<td>24-Jan-20</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mali</td>
<td>Humanitarian crisis</td>
<td>Protracted 1</td>
<td>n/a</td>
<td>n/a</td>
<td>7-Dec-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mali</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>2-Feb-20</td>
<td>5-Jan-20</td>
<td>7-Feb-20</td>
<td>14</td>
<td>3</td>
<td>7</td>
<td>50.00%</td>
</tr>
</tbody>
</table>
Cases of dengue continue to be reported in Comoros (2 cases), V (3 cases) and VI (4 cases) of Bamako district. From Week 1 to week 48, a total of nine out of 16 samples tested positive. The last confirmed case was notified in week 47. Outbreak responses measures are being implemented in affected communes.

During week 8 (week ending 23 February 2020), 33 suspected cases of measles were reported from eight regions in the country. Of these, 30 were confirmed IgM-positive. Since 1 January 2020, 144 suspected cases, 50 of which were confirmed have been reported. No associated deaths have been reported so far.

As of 22 December 2019, a total of 41 cases have been confirmed including 33 suspected cases, 3 probable cases and 5 confirmed from two regions: Sikasso and Koulikoro. Five deaths have been reported including 2 among confirmed cases.

Mozambique is reporting cases of cholera from Cabo Delgado province since 31 January 2020. From 31 January till 20 February 2020, a total of 313 cases including 13 deaths were reported in three coastal districts of Cabo Delgado province, namely Mocimboa da Praia, Macomia and Ilbo. A total of 14 laboratory samples was examined in the laboratory and 9 among them tested positive with the rapid diagnostic test (RDT) and one confirmed positive by culture. Furthermore, there are rumours of acute watery diarrhoea (AWD) in Nampula province, which are under verification.

The security situation continues to worsen in bordering areas of Burkina Faso, Mali and Nigeria following armed groups attacks in the region. The military camp of Singodar situated in the health district of Banibangou, Tillabary region was attacked on 9 January 2020. A total of 89 governments defence and security forces was killed. The number of displaced people is increasing in Tillberry, Maradi, Diffa. This security situation is hampering the humanitarian access and affecting the access to basic health and social services. A total of 46 health posts and 10 health centres have closed due to insecurity. According to OCHA statistics, 2.9 million people are in need of humanitarian assistance, 190 248 people are internally displaced, and 217 858 are refugees in the country.

The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security compromised areas characterized by overcrowding in many camps in the region. Due to shrinking humanitarian space health partners are facing challenges in delivery of timely and urgent life-saving assistance as access challenges are impacting movement of mobile medical teams, ambulances, immunization staff and medical cargo in many locations across Borno State. The cholera outbreak in Adamawa State is ongoing, although the number of cases being reported is showing a downward trend.

Detailed update given above.

<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 Deaths CFR</th>
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</thead>
<tbody>
<tr>
<td>Mali</td>
<td>Denge</td>
<td>Ungraded</td>
<td>1-Jan-19</td>
<td>7-Dec-19</td>
<td>20</td>
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<tr>
<td>Mali</td>
<td>Measles</td>
<td>Ungraded</td>
<td>20-Feb-18</td>
<td>1-Jan-19</td>
<td>9-Feb-20</td>
<td>91</td>
<td>17</td>
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<td>Ungraded</td>
<td>3-Dec-19</td>
<td>3-Nov-19</td>
<td>22-Dec-19</td>
<td>41</td>
<td>5</td>
</tr>
<tr>
<td>Namibia</td>
<td>Hepatitis E</td>
<td>Protracted 1</td>
<td>18-Dec-17</td>
<td>8-Sep-17</td>
<td>29-Dec-19</td>
<td>7 063</td>
<td>1 731</td>
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<td>Niger</td>
<td>Humanitarian crisis</td>
<td>Protracted 1</td>
<td>1-Feb-15</td>
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<td>23-Jan-20</td>
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<td>Niger</td>
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<td>Ungraded</td>
<td>10-May-19</td>
<td>1-Jan-20</td>
<td>2-Feb-20</td>
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<td>10-Oct-16</td>
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<td>31-Jan-20</td>
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<td>Cholera</td>
<td>Ungraded</td>
<td>19-Jun-19</td>
<td>15-May-19</td>
<td>15-Dec-19</td>
<td>895</td>
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<td>Ungraded</td>
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<td>1-Jan-20</td>
<td>23-Feb-20</td>
<td>698</td>
<td>689</td>
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<tr>
<td>Nigeria</td>
<td>Monkeypox (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jun-18</td>
<td>1-Jan-18</td>
<td>26-Feb-20</td>
<td>53</td>
<td>53</td>
</tr>
</tbody>
</table>

Between epi weeks 1 - 5 (week ending 31 January 2019), a total of 1 618 suspected cases of measles were reported from 36 states including 5 deaths (CFR 0.3%). Kaduna (356) Sokoto (324), Borno (166), and Yobe (88) states account for 62.3% of the cases reported in January 2020. Of the 720 samples tested, 303 were IgM positive for measles.

The country continues to report monkeypox cases since September 2019. Eight new cases were reported in the month of November from five states with no associated deaths. Only one suspected case was confirmed in Oyo state. A total of 106 suspected cases have been reported so far in 2019, 44 of which were confirmed in nine states.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 18 cVDPV2 cases reported in 2019 and 34 in 2018.
In January 2020, a total of 139 suspected yellow fever cases have been reported from 90 LGAs across 27 States 604. Of the 139 samples collected, 2 tested positive in Nigerian network laboratories. In 2019, a total of 4288 suspected cases were reported in 618 (83.1%) LGAs from all states in the country. Four States: Katsina, Kebbi, Bauchi and Benue had the highest attack rates. A total of 227 cases were confirmed in Nigeria and from IP Dakar and 231 deaths were reported.

Sierra Leone Lassa fever Ungraded 22-Nov-19 30-Oct-19 6-Dec-19 7 5 4 33.30%

No new confirmed cases have been reported since 24 November 2019 from Tonkolili district. From 30 October to 6 December, a total of five cases (three confirmed and two probable) with three deaths have been reported in Tonkolili district. Of the total 71 contacts identified, 38 have completed 21 days of monitoring while 33 are still being followed. In a separate cluster, two-laboratory confirmed cases with one death were reported from Kenema district from 27 to 28 November 2019. A total of 119 contacts of these cases are being followed.

South Sudan Flood Ungraded 28-Oct-19 29-Oct-19 14-Feb-20 - - - -

In the last four weeks, most of the areas affected by floods did not experience rains at all, and as a result, the water levels are receding, improving access to communities that were initially cut off.

South Sudan Humanitarian crisis Protracted 3 15-Aug-16 31-Jan-20 14-Feb-20 - - - -

The humanitarian situation has been largely calm but unpredictable in most of the states. The number of internally displaced people (IDPs) in South Sudan was estimated at 1.47 million. Malnutrition continues to be a problem in the country as more than 6.35 million people are reported to be severely food insecure in South Sudan. Communicable disease burden remains high with ten counties reporting malaria cases above their epidemic thresholds and measles cases being reported from 16 counties (Abuye, Mayom, Melut, Aweil South, Aweil East, Tonj North, Juba, Wau, Aweil West, Gogrial West, Gogrial East, Renk, Tonj South, Jur River, Pibor and Yambio) and four protections of civilian (POC) sites (Juba, Bentiu, Malakal and Wau).

South Sudan Hepatitis E Ungraded 20-Jul-17 31-Jan-20 - - - -

The current outbreak in Bentiu POC continues since the beginning of 2019. As of reporting date, a total of 155 cases and two deaths have been recorded from Bentiu POC and a total of 12 suspected cases including 4 confirmed cases in Lankein. The last cases in Lankein were reported in week 25 (week ending on 23 June 2019).

Togo Poliomyelitis (cVDPV2) Grade 2 18-Oct-19 13-Sep-19 26-Feb-20 9 9 0 0.00%

Two new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week, one each from Lome and Maritime provinces. There were seven cVDPV2 cases reported in 2019.

Uganda Humanitarian crisis - refugee Ungraded 20-Jul-17 31-Jan-20 - - - -

Between 1 and 31 January 2019, a total of 6 731 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo (3 799), South Sudan (1 932) and Burundi (441). Uganda hosted 1 394 678 asylum seekers as of 31 January 2019, with 95% living in settlements in 11 of Uganda’s 128 districts and in Kampala. The majority of refugees are from South Sudan (62.9%), the Democratic Republic of the Congo (28.8%) and Burundi (441). Between 1 and 28 January 2020, a total of 6 172 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo (3 799), South Sudan (1 932) and Burundi (441). Uganda hosted 1 394 678 asylum seekers as of 31 January 2019, with 95% living in settlements in 11 of Uganda’s 128 districts and in Kampala. The humanitarian situation has been largely calm but unpredictable in most of the states. The number of internally displaced people (IDPs) in South Sudan was estimated at 1.47 million. Malnutrition continues to be a problem in the country as more than 6.35 million people are reported to be severely food insecure in South Sudan. Communicable disease burden remains high with ten counties reporting malaria cases above their epidemic thresholds and measles cases being reported from 16 counties (Abuye, Mayom, Melut, Aweil South, Aweil East, Tonj North, Juba, Wau, Aweil West, Gogrial West, Gogrial East, Renk, Tonj South, Jur River, Pibor and Yambio) and four protections of civilian (POC) sites (Juba, Bentiu, Malakal and Wau).

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As of 30 January 2020, there are 15 cases reported from Moyo and Buliisa District in Uganda. In Moyo District, there are three confirmed cases, two probable cases and 8 suspected cases. There was a total of 11 deaths. In Buliisa, there are also two confirmed cases and 1 death reported. None of the confirmed cases was vaccinated against yellow fever virus.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>14-Sep-17</td>
<td>1-Jan-20</td>
<td>31-Jan-20</td>
<td>139</td>
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<tr>
<td>Seychelles</td>
<td>Measles</td>
<td>Ungraded</td>
<td>21-Jan-20</td>
<td>13-Jan-20</td>
<td>10-Feb-20</td>
<td>79</td>
<td>20</td>
<td>0</td>
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<tr>
<td>Sierra Leone</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>22-Nov-19</td>
<td>30-Oct-19</td>
<td>6-Dec-19</td>
<td>7</td>
<td>5</td>
<td>4</td>
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<td>Protracted 3</td>
<td>15-Aug-16</td>
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<td>-</td>
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<tr>
<td>South Sudan</td>
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<td>24-Nov-18</td>
<td>1-Jan-19</td>
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<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>26-Feb-20</td>
<td>9</td>
<td>9</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Humanitarian crisis - refugee</td>
<td>Ungraded</td>
<td>20-Jul-17</td>
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<td>31-Jan-20</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Uganda</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>13-Feb-20</td>
<td>21-Jan-20</td>
<td>10-Feb-20</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
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<tr>
<td>Uganda</td>
<td>Rift valley fever</td>
<td>Ungraded</td>
<td>28-Nov-19</td>
<td>15-Nov-19</td>
<td>19-Dec-19</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>100.00%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>22-Jan-20</td>
<td>30-Jan-20</td>
<td>15</td>
<td>5</td>
<td>5</td>
<td>33.30%</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>Event</td>
<td>Grade</td>
<td>Date notified to WCO</td>
<td>Start of reporting period</td>
<td>End of reporting period</td>
<td>Total cases</td>
<td>Cases Confirmed</td>
<td>Deaths</td>
<td>CFR</td>
</tr>
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<tr>
<td>Zambia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>17-Oct-19</td>
<td>16-Jul-19</td>
<td>19-Feb-20</td>
<td>2</td>
<td>2</td>
<td>0</td>
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<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>6-May-19</td>
<td>20-Jan-20</td>
<td>286</td>
<td>1</td>
<td>0.30%</td>
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</table>

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported since the beginning of 2020. There were two cVDPV2 cases reported in 2019.

The anthrax outbreak is ongoing in Zimbabwe with a cumulative total number of 286 cases and one death notified since the beginning of the outbreak in week 36 (Week starting from 6 May 2019) of 2019. This outbreak started since 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. Since 1 January to 20 January 2020, a total of 178 cases were reported mainly in Masvingo (119 cases), Midlands (31 cases) and Mashonaland west (28 cases) provinces.

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

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
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Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.