

COVID-19

Situation update for the WHO African Region

4 March 2020

External Situation Report 1



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WHO AFRICAN REGION

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1. Situation update



Three countries, namely Algeria, Nigeria and Senegal, in the WHO African Region have reported confirmed cases of coronavirus disease 2019 (COVID-19). The events are highlighted below:

Algeria | 8 cases, 0 deaths

On 25 February 2020, the Algerian Ministry of Health reported the first confirmed case of COVID-19 following a positive test result for SARS-CoV-2 released by the National Reference Laboratory for Influenza and Respiratory Viruses of the Institut Pasteur of Algeria. The case-patient is a 61-year-old Italian male with pre-existing comorbidity who travelled from Milan, Italy and arrived in Algiers, Algeria on 17 February 2020. On 18 February 2020, the case-patient arrived in the city of Hassi Messaoud, 800 km south-east of the capital Algiers. He developed a flu-like illness on 22 February 2020 and was managed in an isolation facility until 28 February 2020 when he was transferred back to his home country, Italy, for further clinical care. A total of 34 contacts have been identified and are under follow-up.

On 1 March 2020, the Algerian Ministry of Health reported two additional confirmed cases of COVID-19, with no link to the case described above. The case-patients are two females, a 53-year-old woman and her 24-year-old daughter, who are reported as healthy carriers who tested positive on the evening of 1 March 2020 following laboratory analyses conducted at the National Reference Laboratory for Influenza and Respiratory Viruses of the Institut Pasteur of Algeria. They were reportedly exposed to two people, an 83-year-old man and his daughter, both of French nationality, who visited Algeria from 14 to 21 February 2020 and tested positive for SARS-CoV-2 after their return to France on 21 February 2020. On 3 March 2020, three more case-patients linked to same cluster tested positive for SARS-CoV-2.

Nigeria | 1 case, 0 deaths

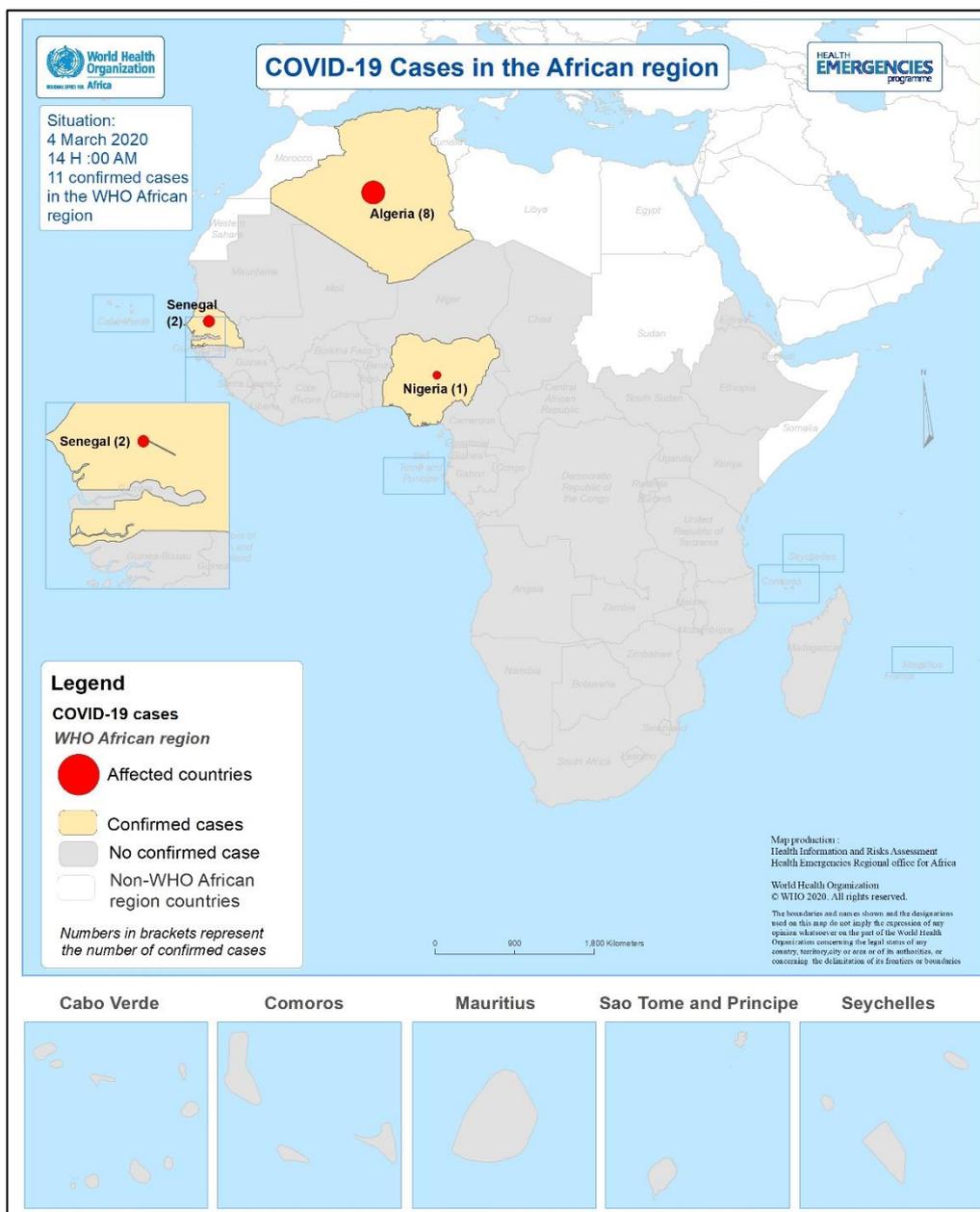
On 28 February 2020, the Federal Ministry of Health of Nigeria notified WHO of a confirmed case of COVID-19 in Lagos, Nigeria. The case-patient is a 44-year-old male engineer of Italian nationality who travelled from Bergamos, Milan, Italy to Lagos, Nigeria on 24 February 2020, for a short-term mission at a factory in Ewekoro, Ogun State. Upon arrival to Lagos, he was transported by the company's vehicle to a hotel where he stayed one night before travelling on the next day to the factory's site in Ewekoro, Ogun State. On 25 February 2020, he reportedly developed a headache during the evening hours. 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 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. The test result released by the Virology Laboratory at Lagos University Teaching Hospital on 27 February 2020 was positive for SARS-COV-2 infection. The case-patient is undergoing clinical management at a hospital in Lagos, Nigeria where his condition is reported as stable.

Senegal | 2 case, 0 deaths

On 2 March 2020, the Ministry of Health and Social Action of Senegal notified WHO of a confirmed case of COVID-19. The case-patient is a French citizen who has been living in Senegal with his family for over two years. He travelled to Nimes, France between 13 and 25 February 2020, where he stayed in a ski resort in the Auvergne-Rhône-Alpes region. He returned to Senegal on 26 February 2020. The case-patient fell ill on 27 February 2020 and presented to a private health facility with symptoms of fever at 39 °C, sore throat and headache, where specimens were collected. The test result released by Institut Pasteur in Dakar on 2 March 2020 was positive for SARS-CoV-2. The patient is currently stable and under quarantine at a local hospital.

In a separate event, the Senegalese Ministry of Health reported a second confirmed case of COVID-19 on 3 March 2020. The case-patient is an 80-year-old French national residence of Sarcelles, Paris, France who arrived in Senegal on 29 February 2020. On 2 March 2020, he sought consultation at a hospital in Dakar where he was treated and transferred to the infectious diseases department of another Hospital. He is reported as clinically stable.

Figure 2. Geographical distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – March 2020 ($n =$)



2. Global update

Since the declaration of the COVID-19 outbreak on 31 December 2020, a total of 93 062 cases, including 3198 deaths (case fatality ratio 3.4%), were reported globally, as of 3 March 2020.

As of 3 March 2020, 75 countries outside China are reporting laboratory confirmed COVID-19 cases: Republic of Korea (5328), Italy (2502), Iran (Islamic Republic of) (2336), International conveyance (Diamond Princess) (706), Japan (287), France (212), Germany (196), Spain (151), Singapore (110), United States of America (108), Kuwait (56), The United Kingdom (51), Bahrain (49), Thailand (43), Switzerland (37), Australia (33), Norway (32), Iraq (31), Canada (30), Malaysia (29), Netherlands (28), United Arab Emirates (27), Sweden (24), Austria (24), Viet Nam (16), Iceland (16), Lebanon (13), Oman (12), Israel (12), Croatia (9), San Marino (8), Qatar (8), Denmark (8), Belgium (8), Greece (7), Finland (7), Ecuador (7), Pakistan (6), India (6), Mexico (5), Czech Republic (5), Algeria (5), Romania (4), Russian Federation (3), Philippines (3), Georgia (3), Azerbaijan (3), Portugal (2), New Zealand (2), Ireland (2), Indonesia (2), Estonia (2), Egypt (2), Brazil (2), Senegal (2), Ukraine (1), Tunisia (1), Sri Lanka (1), Saudi Arabia (1), North Macedonia (1), Nigeria (1), Nepal (1), Morocco (1), Monaco (1), Luxembourg (1), Lithuania (1), Latvia (1), Jordan (1), Dominican Republic (1), Chile (1), Cambodia (1), Belarus (1), Armenia (1), Argentina (1), Andorra (1), and Afghanistan (1).

3. Current risk assessment

On 7 January 2020, Chinese authorities identified a new type of coronavirus (novel coronavirus, SARS-CoV-2) from a cluster of pneumonia cases in Wuhan city, Hubei Province, China.

SARS-CoV-2 is a new strain of coronavirus and has not been previously identified in humans. According to the information provided, the initial cases described in Wuhan were linked to the Hunan seafood market in Wuhan (the market has been closed since 01 January 2020).

More recently, evidence of sustained human-to-human transmission has been observed. Globally, all cases have had a travel history to Wuhan, Hubei province, and China or had close contact with a confirmed case. Sustained human-to-human transmission was observed for at least 16 different countries outside China (Croatia, France, Germany, Greece, Italy, Iran (Islamic Republic of), Japan, Malaysia, Republic of Korea, Singapore, Sweden, Thailand, United Arab Emirates, United Kingdom, United States of America, and Viet Nam) where the cases had no travel history to China but had contact (direct or indirect) with travellers from Wuhan, from China, or were close contacts of a confirmed case of COVID-19, indicative of sustained human-to-human transmission.

The possible source of the outbreak is still under investigation by the Chinese authorities and it may have emerged from an animal species as has been the case for other coronaviruses. The exact extent of the outbreak remains unknown.

On 30 January 2020, the WHO Director General declared the current outbreak of COVID-19 a public health emergency of international concern (PHEIC), with temporary recommendations issued for all countries. On 29 February 2020, the WHO Director General also elevated the risk at the global level to “very high”.

4. Actions to date

The WHO Regional Office for Africa (AFRO) is working closely with its 47 Member States as well as partners, in order to implement several outbreak preparedness and response interventions.

Response measures in affected countries

Algeria

- ➔ On 26 February 2020, the Ministry of Health and Population of Algeria issued a press release announcing the COVID-19 outbreak in the country.
- ➔ WHO AFRO has deployed an initial surge team of seven people to Algeria, which includes experts in coordination, surveillance, rapid response, and communications. In addition, some medical experts from Algeria participated in a regional training on case management, conducted at the WHO Regional Office in Brazzaville.
- ➔ A national inter-ministerial COVID-19 task force has been established, and WHO is providing advice on all technical issues pertaining to the national response.
- ➔ The screening at all Points of Entry (air, sea and land) has been strengthened.
- ➔ A set of clinical protocols on patient referral and case definitions was prepared and shared with all health care facilities across the country.
- ➔ The local health authority is organising contact tracing and follow-up. Close contacts are quarantined and monitored for 14 days. Should symptoms develop, the affected person shall undergo testing for SARS-CoV-2 and if test results are positive, the case will be isolated.
- ➔ A public health hotline has been established and guidance has been issued to inform anyone developing symptoms to isolate themselves in a separate room at home. Instructions are given by the medical team through the hotline.
- ➔ A set of risk communication materials (i.e. spots, brochures and posters) have been developed and being disseminated.
- ➔ Periodic media updates are being provided by the Ministry of Health and Population (MOPH) team.
- ➔ WHO AFRO has shipped a starter kit including personal protective equipment and infection prevention and control equipment to the country and a second shipment is under preparation.

Nigeria

- ➔ NCDC activated a level 3 multi-sectoral emergency operations centre (EOC) on 28 February 2020; this is the highest level of response to public health emergencies. Daily meetings are taking place to coordinate the response.
- ➔ Two national rapid response teams have been deployed to Lagos and Ogun State to support response activities
- ➔ As of 1 March 2020, a total of 58 contacts, including 5 healthcare workers have been identified in both Ogun (39) and Lagos (19) states. The contacts are currently in self-isolation and being monitored by health workers for 14 days from the day of the last exposure to the confirmed case.

- The flight manifest for the airline on which the confirmed case travelled has been obtained and efforts are underway to reach all the 156 passengers on the flight. Additional surveillance mechanisms are being implemented in line with the WHO first few cases and contacts (FFX) protocol.
- Laboratory testing capacity has been strengthened, with 4 laboratories equipped with diagnostic capacity for COVID-19 confirmation. So far, 13 cases meeting the suspected case definition have been tested with one case confirmed positive.
- Risk communication activities have been intensified, with several media advisories issued using traditional and social media channels.
- Community engagement with Ewekoro local government area and stakeholders in Ogun State is ongoing. Behaviour change communication materials are being disseminated to various target groups.
- Information on infection prevention and control (IPC) has been strengthened with the publication of two guidelines (IPC in the care of COVID-19 cases and PPE use in the care of COVID 19 cases). Additionally, COVID-19 IPC readiness checklist has been deployed and currently getting feedback from health facilities.
- WHO AFRO has shipped a starter kit including personal protective equipment and IPC equipment to the country and a second shipment is being processed.
- WHO AFRO has deployed 3 experts to strengthen the WHO Country Office and to work with the national authorities to contain the outbreak

Senegal

- On 2 March 2020, the Ministry of Health of Senegal issued a press release to announce the COVID-19 outbreak.
- A total of 15 contacts have been identified, including close relatives and co-workers. Efforts are ongoing to identify two additional contacts from the airport as well as travellers who were on the same return flight to Dakar.
- The identified contacts have been requested to self-quarantine themselves for 14 days.
- A visit of the treatment centre of the hospital where the confirmed case is admitted, revealed limitations in the number of medical personnel and supplies, which need to be addressed in order to prepare for a potential increase in the number of cases.
- WHO AFRO has deployed four experts to strengthen the WHO country office in Senegal and to work with the national authorities to contain the outbreak.

Preparedness in the WHO African Region

Surveillance

- Between 22 January to 2 March 2020, 392 people were investigated across 32 Member States. Of these, 11 were confirmed COVID-19 cases, 375 people were ruled out as non-COVID-19 cases as they either did not meet the case definition or tested negative and 12 are still under investigation.
- WHO AFRO developed a comprehensive package of tools for Member States to facilitate rapid and systematic collection and reporting of alerts, cases and contacts data related to the COVID-19 outbreak. A WebEx session was held to orient surveillance focal points and data managers on the use of these tools.

- WHO is working closely with Member States to strengthen event-based surveillance, indicator-based surveillance for acute respiratory infections/syndromes, and laboratory sentinel surveillance to enable rapid detection of COVID-19 suspected.
- The mobilization and enhancement of the existing indicator-based sentinel syndromic surveillance for Severe Acute Respiratory Infection (SARI) and Influenza-like illness (ILI) is ongoing. Four countries (Algeria, Cameroon, Senegal and South Africa), which are members of the Global Influenza Surveillance and Response System (GISRS), are being supported to pilot the implementation of a standardized protocol as an active contribution of the influenza platform for early detection of COVID-19, in order to narrow the gap in understanding the geographical spread of COVID-19 and determine whether there is community transmission.

Laboratory capacity

- WHO is working with Member States to rapidly scale-up diagnostic capacity. Between 2 February and 1 March 2020, the laboratory capacity for testing for SARS-CoV-2 has increased from two to 34 countries. This is largely due to the capacity built through the Influenza Network in the region.
- Of the 13 countries with no diagnostic capacity, 10 will be provided with technical assistance, reagents and supplies to ensure they are able to commence testing in their country.
- The remaining four (4) countries, which do not currently have PCR capacity, will receive support for the shipment of specimens to regional referral laboratories in the meantime that the possibility to build in country capacity for molecular testing is evaluated.

Case Management

- Following a regional COVID-19 readiness assessment, gaps in the management for COVID-19 cases, especially severe cases, have been identified. These gaps include limited knowledge of the WHO guidance on case management for COVID-19 as well as lack of critical care medications and mechanical ventilators in some Member States.
- From 26 - 28 February 2020, WHO AFRO and HQ organised a training in the critical care and clinical management of patients with SARI associated with COVID-19. Twenty-eight participants participated to this training, including a critical care specialist from the Ministries of Health, collaborating Universities, Partners (IMC and ALIMA) and WHO staff.
- Two additional trainings on the critical care and clinical management of COVID-19 patients will be organized in Brazzaville for both English (from 16-20 March 2020) and French speaking countries (from 23-26 March 2020).

Infection Prevention and Control

- WHO AFRO has developed and disseminated several IPC guidance materials, including technical guidance on the rational use of PPE.
- Training materials for the implementation of IPC measures in the context of a COVID-19 outbreak have been finalized and disseminated to countries. An IPC training module for COVID-19 has been made available on the [OpenWHO](#) platform.
- Twenty-three IPC and case management experts have been identified and are ready to be deployed to priority countries by 6 March 2020.

Operation support logistics

- WHO AFRO has dispatched PPE and other IPC equipment for healthcare workers in 22 Priority 1 and Priority 2 countries.
- The shipment of additional PPE is currently in process for countries with confirmed COVID-19 cases (Algeria, Nigeria and Senegal).

- Furthermore, thermometers and other essential supplies for screening and handling of suspect cases at airports and other points of entry has been provided to priority countries.
- The contingency stock of PPE is being prepositioned in the emergency stock in Accra, Ghana.
- WHO has developed technical guidance for setting up COVID-19 treatment centres and produced tools for health facility assessment. These documents and tools were disseminated to all Member States.

Risk communication and community engagement

- WHO is supporting countries to conduct assessment of their national risk communication and community engagement capacities.
- Various guidance documents on preventive public health have been disseminated to countries, including guidance on how to address rumours and social stigma.
- Experts have been deployed to Nigeria, Senegal, Congo, South Africa and Zimbabwe in order to strengthen risk communication, as part of preparedness.

Points of Entry

- All Priorities 1 and 2 countries as well as the majority of priority 3 countries are conducting screening at the PoEs.
- Following a regional COVID-19 readiness assessment, WHO is supporting countries to address the major gaps identified under PoE pillar.
- Guidance documents on managing public health events at the PoE, including symptomatic travellers on board an aircraft, has been shared with countries.
- Experts have been deployed to targeted countries to enhance PoE readiness.
- WHO supported Africa CDC in the preparation and implementation of a regional training for PoE experts, which took place in Nairobi from 14-20 January 2020.
- WHO is supporting countries to conduct simulation exercises to test their readiness capacities at the PoE.

Partner coordination

- WHO AFRO, led by the Regional Director, embarked on high-level political engagement with governments, partners and stakeholders to galvanized support for COVID-19 preparedness and response.
- WHO AFRO, in collaboration with Africa CDC, briefed a high-level delegation of African Union ministers of health on COVID-19 and a joint communiqué was shared with the 47 member states.
- Two partners' meetings were held from 2-4 March 2020 in Nairobi, Kenya and Dakar, Senegal, with over 80 partners participating. A joint draft work plan was developed to mobilize resources to support COVID-19 activities in Member States.

5. IHR travel measures and cross border health

- WHO advises against any restriction of travel and trade based on the currently available information. WHO continues to closely monitor and, if necessary, verify travel and trade measures in relation to this event.
- WHO AFRO conducted a comprehensive risk mapping and prioritization of the 47 countries to guide preparedness and readiness interventions. Readiness measures are being enhanced in all the countries but started with Priority 1 countries and now being scale across the region. The first two countries that confirmed COVID-19 in the WHO African Region came from Priority 1 countries and the measures put in place are helping to reduce the risk of further local and cross-border transmission.

6. Conclusion

The COVID-19 epidemic is rapidly evolving globally. With the confirmation of COVID-19 cases in the WHO African Region, WHO AFRO has shifted its focus from readiness to response, and all member states are now considered at very high risk of being affected. Although WHO AFRO has been supporting countries to strengthen their readiness, some gaps remain around case management as well as infection prevention and control at health facilities and points of entry. WHO is working closely with national authorities and partners to close these gaps. It is particularly crucial that countries strengthen their capacity for early case detection of suspected cases and immediate isolation and provision of optimized care.