WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 11: 9 - 15 March 2020
Data as reported by: 17:00; 15 March 2020

19 New events
73 Ongoing events
81 Outbreaks
11 Humanitarian crises

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- Rift Valley Fever
- cDVPV2
- COVID-19
- Anthrax
- Malaria
- Floods
- Cases
- Deaths

Humanitarian crisis
Hepatitis E
Yellow fever
Dengue fever
Ebola virus disease
Chikungunya
Leishmaniasis
Plague
Crimean-Congo haemorrhagic fever
Meningitis
Countries reported in the document
Non WHO African Region
WHO Member States with no reported events

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 92 events in the region. This week’s main articles cover key new and ongoing events, including:

- Coronavirus disease 2019 (COVID-19) in the WHO African Region
- Ebola virus disease in Democratic Republic of the Congo
- Measles in Central Africa Republic
- Humanitarian crisis in Democratic Republic of Congo

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:**

- The global coronavirus disease (COVID-19) pandemic is rapidly evolving, with several countries in the WHO African Region reporting their first confirmed cases. Twenty-nine countries in the African continent have confirmed COVID-19 cases, with 19 reporting in the last week. While most countries on the continent have recorded sporadic and imported cases, few countries have exhibited local transmission. With this, the primary objective of the response in the African continent remains containment, which requires robust and comprehensive measures. The response to the pandemic calls for a “Whole of Government/Whole of Society” approach, which goes beyond the Ministries of Health. Going by what has been observed in China and now in Europe, African Governments need to heighten their preparedness, readiness and response capabilities, while preparing for all possible scenarios, including a situation where no external assistance is available. The use of innovative and low-cost interventions should be explored, for instance, large-scale provision of oxygen to patients as part of optimized treatment. Basic preventive measures at the personal and community levels remain the most powerful tool to limit rapid spread of the disease.

- The measles outbreak in Central African Republic continues, with the urban districts of Bangui being the most affected. The national authorities and partners are undertaking various response measures, including supplemental immunization activities, based on the national response plan. However, effective implementation of the response plan is being challenged by inadequate resources and other operational challenges. There is a need for the national authorities and partners to step up response to the ongoing measles outbreak to avoid further escalation of the situation, with the emergence of COVID-19 in the country.
EVENT DESCRIPTION

The global coronavirus disease 2019 (COVID) pandemic is rapidly escalating in the African region, with growing geographic expansion of countries reporting confirmed cases. In week 11 (week ending 15 March 2020), 19 countries (Benin, Burkina Faso, Central African Republic, Côte d’Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Equatorial Guinea, Gabon, Ghana, Guinea, Kenya, Liberia, Mauritania, Namibia, Republic of Congo, Rwanda, Seychelles, and Tanzania) reported their first confirmed cases of COVID-19, adding onto Algeria, Cameroon, Nigeria, Senegal, South Africa, and Togo, which had reported confirmed cases in the previous weeks. This brings to 25 the total number of countries in the WHO African Region that have reported confirmed cases of COVID-19. Four other countries on the African continent, namely Egypt, Morocco, Sudan, and Tunisia have also reported confirmed cases. A total of 138 new cases were reported during the reporting week (week 11), of which 43 were from new countries.

As of 15 March 2020, a cumulative total of 175 confirmed cases of COVID-19 with four deaths have been reported in the WHO African region from South Africa (51), Algeria (48), Senegal (26), Burkina Faso (7), Côte d’Ivoire (5), Rwanda (5), Ethiopia (4), Cameroon (3), Democratic Republic of the Congo (3), Kenya (3), Seychelles (3), Ghana (2), Namibia (2), Nigeria (2), Benin (1), Central African Republic (1), Equatorial Guinea (1), Eswatini (1), Gabon (1), Guinea (1), Liberia (1), Mauritania (1), Republic of Congo (1), Tanzania (1), and Togo (1). All the four deaths were reported from Algeria. Of the cumulative cases, 76 had recent history of travel to Europe, United States of America, Japan, and India. Cases of local transmission have been reported from Algeria, Senegal and South Africa. No new cases were reported from Nigeria and Togo. The two cases previously reported from Nigeria recovered after receiving clinical care and tested negative on two separate occasions. The case-patients were discharged from the treatment centre, with the last person discharged on 13 March 2020. All contacts of the index case in Nigeria have also completed 14 days of monitoring and none tested positive for SAR-CoV-2.

A total of 158 cases with four deaths have been reported from four other countries on the African continent outside of the WHO African Region: Egypt (110 cases with 2 deaths), Morocco (28 cases with 1 death), Tunisia (18 cases with zero deaths), and Sudan (1 case with zero deaths). Sudan is the latest country to report cases. No new cases were reported from Nigeria and Togo. The two cases previously reported from Nigeria recovered after receiving clinical care and tested negative on two separate occasions. The case-patients were discharged from the treatment centre, with the last person discharged on 13 March 2020. All contacts of the index case in Nigeria have also completed 14 days of monitoring and none tested positive for SAR-CoV-2.

PUBLIC HEALTH ACTIONS

- All the affected countries have activated their Public Health Emergency Operations Centres (PHEOC), led by their respective Ministries of Health, to coordinate the response to COVID-19 pandemic.
- WHO is working with partners to support the respective national authorities to enhance preparedness, readiness and response measures.
- All countries in the African Region have enhanced COVID-19 surveillance, including at the Points of Entry to ensure rapid detection of alerts and cases, immediate isolation and identification and follow-up of contacts.

SITUATION INTERPRETATION

The number of countries reporting confirmed COVID-19 cases is rapidly rising in the African region although most of the countries are still reporting sporadic cases linked to importation from other regions of the world, especially Europe. The establishment of local transmission in Algeria, Senegal and South Africa is concerning. As the pandemic evolves across the other regions, more countries are going to be affected, with the establishment of local transmission. Governments in the African region need to quickly scale up their readiness and response capacity. Countries that are currently reporting confirmed cases need to swiftly implement containment measures aimed at preventing further transmission of the disease and prevent local and wide-spread transmission.

Geographical distribution of confirmed COVID-19 cases in WHO African Region, as of 16 March 2020.
**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 26th consecutive day without reporting new confirmed EVD cases. During the last 21 days (from 23 February to 14 March 2020), there have been no confirmed cases of EVD reported. Beni remains the only health zone in which a confirmed case has been reported in the past 42 days.

As of 14 March 2020, 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: Ariwara (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 14 March 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 14 March 2020, the total number of health workers affected remains at 171, representing 5% of confirmed and probable cases.

In Beni, surveillance teams found an unseen contact who has already gone through the 42-day monitoring period. However, there are five other people, including three at day 38 and two at day 41 of follow up who need to be seen. In Mambasa, 58 visitors, not known as contacts, were identified. Close follow up will take place for 21 days. Thirty-three out of 50 health zones raised alerts on 14 March 2020. Of 4 691 alerts processed (of which 4 666 were new) in reporting health zones on 14 March 2020, 4 665 were investigated and 375 (8.0%) were validated as suspected cases.

**PUBLIC HEALTH ACTIONS**

- Response and surveillance activities continue in all affected areas.
- The security situation in Biakato is worrying, with reports of the presence of unidentified militia.
- As of 14 March 2020, a cumulative total of 301 585 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 164 million screenings to date. A total of 104/110 (94.5%) PoE/PoC transmitted reports as of 14 March 2020.
- Water, sanitation and hygiene (WASH) activities continue and as of 14 March 2020, four briefings were organized; one for 800 students and six soldiers on handwashing, the other three for providers and students on the importance of triage in a health facility, standard IPC precautions and respiratory hygiene. In addition, six health facilities were provided with IPC kits in Beni, Oicha and Mabalako, and 298 providers were briefed on IPC measures in Mambasa Health Zone.
- The head doctor in the Beni Health Zone called on the local population to increase vigilance for COVID-19. There are reports of EVD survivors who now feel neglected and who feel they should receive further care.

**SITUATION INTERPRETATION**

With no confirmed reported cases in the past 21 days, this outbreak of EVD would appear to be coming under control. However, continuing insecurity and population displacement in previous hotspots is worrying, particularly as continued access and heightened vigilance is required in all health zones to maintain full response to prevent any resurgence of the disease.
**EVENT DESCRIPTION**

The measles outbreak in Central African Republic continues, with high case incidence and more districts affected. In week 9 (week ending 6 March 2020), a total of 1134 suspected measles cases were reported, compared to 1181 cases reported in week 8 and 1191 cases in week 7. The new suspected cases recorded during the reporting week (week 9) came from 11 districts, with the majority (73%) occurring in the three districts of Bangui (n=827), followed by Alindao (n=114). Three districts (Bamingui-Bangoran, Bouca and Mobaye-Zangba) were newly affected during the reporting week.

Between weeks 1-9, 2020, a total of 6641 suspected measles cases were reported in 21 of the 35 districts in the country. Of these, 517 cases were confirmed positive for measles immunoglobulin (IgM+) at the Institut Pasteur of Bangui. The majority (72%) of affected people are in the age group of 0 to 4 years, followed by the age group 5 to 10 years (18%). Females represent 49% of affected people.

Since the beginning of the measles outbreak in early 2019 (week 5 of 2019) till week 9, 2020, a total of 11 496 suspected cases and 108 deaths (case fatality ratio 0.9%) have been recorded from 21 districts across the country. Of the 21 districts, eight were affected in 2020, including Bangui, Baboua-Abba, Nangha-Boguila, Bossémbélé, Ouango-Gambo, Bamingui-Bangoran, Bouca, and Mobaye-Zangba.

**PUBLIC HEALTH ACTIONS**

- The reactive vaccination campaign for children between 6 months to 10 years have been initiated in Haute-kotto, Baboua-Abba and Nangha-Boguila health districts, supported by MSF.
- Six health districts (Bangui I, Bangui II, Bangui III, Bimbo and Bégoua) are conducting vaccination campaign from 14 to 18 March 2020.
- The country is preparing to receive 2,348,977 doses of measles vaccine from UNICEF to conduct reactive vaccination campaigns in the remaining 25 districts.
- Coordination meetings, chaired by the Minister of Health and co-chaired by the Representatives of WHO and UNICEF, are held twice a week. There have been funding pledges from WHO, UNICEF, GAVI and the World Bank to support the national response plan.
- The WHO Country Office has received funding from the Central Emergency Response Fund (CERF) to support the ongoing response activities.

**SITUATION INTERPRETATION**

The measles outbreak in Central African Republic continues, with high number of cases being reported and new districts being affected. The epi-centre of the outbreak has now shifted from the rural districts to the urban centre of Bangui, were an upsurge is being seen. Transmission is now slowing in many peripheral districts where reactive vaccination has been conducted. Efforts are ongoing, by the national authorities and partners, to scale up supplemental immunization activities across the affected districts – but this needs to be fast-tracked and done coherently. Any delays, however, will only lead to further escalation of the situation. There is a need for the Government and health partners to mobilize more resources, including funds, to ensure effective response to the outbreak.
Humanitarian crisis

Democratic Republic of the Congo

EVENT DESCRIPTION

The complex humanitarian crisis in Democratic Republic of the Congo continues. The provinces of North Kivu and Ituri continue to be the main affected areas, which further complicates the Ebola virus disease outbreak that is showing hopeful signs of decline, but could still be exacerbated by insecurity, which interrupts response activities.

In Ituri Province, there has been a population influx to Blakato, Mambasa, following incursions by armed groups, the latest being on 26 February 2020, killing four people and seriously wounding five. More than 1550 internally displaced persons (IDPs) have arrived in Lopa, Djugu Territory, following clashes in Maze, Diropkad, Bellba and Largu. This is in addition to a further 1 415 IDPs who arrived at Kodjo. Civilian deaths in clashes between armed groups from 22 to 27 February 2020 led to a new wave of displacement towards Njoka, Mahagi Territory. A conflict over land between two communities in Bamuko resulted in two people seriously injured, four houses burnt and theft of valuables. A total of 38 819 IDPs arrived from North Kivu Province between 30 January and 4 February 2020.

In North Kivu Province, population displacement was observed from 30 January to 4 February 2020, along the region bordering Ituri Province, affecting several villages in Beni, North Kivu and Ndalaya, Ituri. These IDPs were fleeing multiple armed attacks, resulting in civilian deaths. Other IDPs sought refuge in Anglican, Catholic and Adventist sites in Ntarya village.

In Tanganyika Province, the humanitarian situation in Nyunzu Territory remains volatile and precarious, with conflict among indigenous peoples rendering 13 health centres non-functional. In South Kivu Province, clashes between armed groups continue in Minembwe and Uvira Highlands. A total of 263 252 IDPs are still present in Itombwe, Fizi, Nundu and Minembwe reception areas. A team from an NGO based in Baraka, Fizi Territory, was abducted by armed groups and released after a few days.

In Kasai Central Province, the second convoy of 193 returnees from Angola in 2020 arrived in Kanaga to the Azda District, and were welcomed by the UNHCR delegation and international donors. The situation in Greater Kasai remains relatively calm.

Outbreaks of infectious diseases continue. In week 8 of 2020 (week ending 22 February 2020) the main causes of morbidity were malaria with 316 774 suspected cases, acute respiratory infections with 106 971 suspected cases and typhoid fever with 28 278 suspected cases. Malaria remains the leading cause of morbidity in Democratic Republic of the Congo, with a stable case fatality ratio of around 0.1%. Several diseases with epidemic potential were reported during week 8, including Ebola virus disease, cholera, meningitis, diarrhoea with dehydration in children under 5 years of age, influenza, bubonic plague, vaccine derived poliomyelitis, monkey pox and yellow fever. Major outbreaks of cholera and measles continue.

The first confirmed case of Covid-19 was detected in Kinshasa on 10 March 2020 in a Congolese man, aged 52, who lives in France, who arrived in Kinshasa on 8 March 2020. He has been isolated in a Kinshasa hospital for appropriate care, and contact listing and follow up continue.

PUBLIC HEALTH ACTIONS

- The Deputy Prime Minister and the Humanitarian Coordinator launched the Humanitarian Response Plan 2020, targeting 15.6 million people in need, with the Health Cluster targeting an identified 5.6 million people.
- A measles advocacy meeting with health cluster partners and donors was held on 4 March 2020, emphasizing the immunization campaign scheduled for 17 to 21 March 2020 in 121 prioritized health zones.
- A cluster of measles cases in Ituri was investigated, led by WHO, from 19 to 22 February 2020 and Médicines Sans Frontières (MSF) is supporting the Ministry of Health in vaccinating children under 10 years in the seven affected areas.
- CARITAS Buna continues to implement its emergency assistance project for IDPs in the area, specifically for camp administration, health and nutrition support, which ends on 14 March 2020.
- Water, sanitation and hygiene (WASH) needs are being met in Kasenyi, Ituri, by the TEAR fund who are drilling a 40 m3 borehole to supply 10 standpipes.

WHO is monitoring and coordinating all health actions in Grand Kasai, providing technical support to the Ministry of Health and coordination of the Kanaga health cluster.

UNICEF has organized a mission to monitor the activities of the emergency health project in Kasai, which is implementing routine vaccination in the province.

MSF Spain is providing medical and psychosocial care for 43 people affected by gender-based violence in Kananga, Katoka, Tshikadji, Lukonga, Mkalayi and Mutoto health zones.

The cholera and measles outbreaks continue to be supported, with technical support provided by WHO experts deployed in the field, along with input from other partners (UNICEF and local NGOs).

The first round of oral cholera vaccine for Haut-Katanga is under preparation, as is the second round in 17 health zones in North Kivu.

A total of 2 million doses of measles vaccine have been provided centrally, with 93 000 doses deployed for the response in Tshuapa Province, along with deployment of 402 out of 429 measles kits in all provinces and ongoing deployment in health zones.

SITUATION INTERPRETATION

Insecurity resulting in deaths, injuries and population displacements continue to drive this complex humanitarian situation, with no sign of an end. The situation is further complicated by infectious disease outbreaks, including large outbreaks such as cholera and measles, which have been ongoing for some time. While this insecurity continues, there is little hope that the humanitarian situation will improve, or that the infectious disease outbreaks can be effectively managed and so controlled. National and international actors need to work urgently on solutions and donors need to intervene with adequate funding to support the 2020 Humanitarian Response Plan.
Major issues and challenges

Several countries in the WHO African Region have reported their first confirmed COVID-19 cases during the week, though most of the cases are sporadic and imported. Of concern is the start of local transmission documented in the region. More countries are likely to confirm cases in the coming days, with possible local transmission. To this point, the primary objective of the response in the African continent remains containment, which should take the “Whole of Government/Whole of Society” approach – going beyond the Ministries of Health. The use of innovative and low-cost interventions should be explored and customized to the local context. Basic preventive measures at the personal and community levels are still the most powerful tool to limit rapid spread of the disease.

The measles outbreak in Central African Republic continues and new districts being affected. The national authorities and partners have developed a national response plan, which is being implemented. However, effective implementation of the response plan is being challenged by inadequate resources and other operational challenges. There is a need for the national authorities and partners to step up response to the ongoing measles outbreak to avoid further escalation of the situation, with the emergence of COVID-19 in the country.

Proposed actions

The national authorities and partners in the African region need to urgently step up their preparedness and readiness to contain potential importation of COVID-19 cases and establishment of local and wide-spread transmission. The response to COVID-19 pandemic calls for a “Whole of Government/Whole of Society” approach. The governments also need to commit their own local resources, to be supplemented by the donor communities.

The national authorities and partners in Central African Republic need to scale up the response to the measles outbreak. The donor communities and development partners are also urged to provide additional resources (especially funding) in the face of the multiple health emergencies in the country.
## All events currently being monitored by WHO AFRO

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<th>Grade</th>
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The Ministry of health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. The case patient is a 49 years old, male patient, Burkiné Faso citizenship who returned to Benin on 12 March 2020. The case patient left Burkiné Faso on 04 March 2020 and stayed there till 12 March 2020, then went to Benin. He consulted in a clinic on 14 March 2020 with rhinorrhea, cough and fever, then he was isolated the same day in the isolation centre in Cotonou on 15 March 2020, where the laboratory sample was taken.

On 9 March, Burkiné Faso reported its first two confirmed cases of COVID-19. The two case patients, a 73-year-old man and his 57-year-old wife, recently from France on 24 February 2020. As of 14 March 2020, a total of seven confirmed COVID-19 cases were reported in the country.

The Ministry of Health and Population announced the confirmation of the first COVID-19 case in the Republic of central Africa. The index case is an Italian citizen, male, 74 years old, who arrived in Bangui on 8 March 2020 from Milan in Italy. He slept in Bangui on his first day of arrival and went to Mbaki on 09 March 2020, where his symptoms started (fever, cough, rhinorrhea, and asthenia). The laboratory sample taken on 14 March 2020 was confirmed positive for COVID-19 at Institute Pasteur of Bangui.

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. The case patient is a French Congolese, 50 years old who arrived in Congo on 1 March 2020 from Paris with a short time stay in Amsterdam. The case patient is receiving appropriate health care and his health status is stable. The members of his family, including his wife and his daughter are isolated and under permanent surveillance. Tracing of other contacts of the confirmed case is ongoing.

On 11 March 2020, the Ministry of Health released a press communiqué announcing the presence of the first confirmed COVID-19 case in the country. The case-patient is a 45-year-old male Ivorian national who recently returned from Italy (actual date to be determined). He presented at a health facility on 10 March with symptoms of fever, cough and rhinorrhea. Samples were collected and tested positive for COVID-19. On 15 March 2020, the Ministry of Health announced the confirmation of an additional 3 new COVID-19 cases in the country. The case-patients are all nationals: a 33-year-old male who returned from France, 49-year-old male who returned from Italy and a 56-year-old female health worker at a school with no travel history (or link to a known case).

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. The case patient is a 42 years old Equatorial Guinean woman who arrived on 13 March 2020 in Malabo from Madrid.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. The case patient is a 33 years old woman who returned from the United States of America at the end of February then proceeded for a business meeting in Lesotho. She came back on 7 March 2020 and was later seen by a private practitioner who took samples for laboratory testing on the 11 March 2020. The test was confirmed positive in a South African laboratory. The patient is stable and has been taken for isolation and monitoring.

Ethiopia continues to report COVID-19 Confirmed cases. On 15 March 2020, the Ministry of Health announced the confirmation of three additional COVID-19 cases in the country. The case-patients are two Japanese males, 44 and 47-year-old and a 42-year-old male Ethiopian national.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. The case patient is a 27-year-old male who recently returned from Bordeaux, France. He developed symptoms days later and samples tested at International Media Research Centre of Franceville were positive.

On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. Both case-patients recently from Norway and Turkey. Patients are in isolation and are stable.

The Ministry of Health in Guinea Conakry announced the first confirmed case of COVID-19 on 13 March 2020. The case patient is 49 years old, Belgian citizen who has lived in Guinea since October 2018. The case patient went to Brussels in Belgium on 15 February for holidays, then visited Nice in France from 17-21 February 2020. She arrived in Guinea on 3 March 2020.
Health Emergency Information and Risk Assessment

### Epidemiological Updates

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<td>Namibia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>16-Mar-20</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Seychelles</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>16-Mar-20</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Rwanda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>15-Mar-20</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Benin</td>
<td>Dengue fever</td>
<td>Ungraded</td>
<td>13-May-19</td>
<td>10-May-19</td>
<td>29-Nov-19</td>
<td>26</td>
<td>14</td>
<td>2</td>
<td>7.00%</td>
</tr>
<tr>
<td>Benin</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>19-Feb-20</td>
<td>17-Feb-20</td>
<td>24-Feb-20</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>25.00%</td>
</tr>
<tr>
<td>Benin</td>
<td>Meningitis</td>
<td>Ungraded</td>
<td>6-Jan-20</td>
<td>9-Dec-19</td>
<td>22-Jan-20</td>
<td>83</td>
<td>24</td>
<td>13</td>
<td>15.70%</td>
</tr>
<tr>
<td>Benin</td>
<td>Poliomyelitis  (cVDPV2)</td>
<td>Grade 2</td>
<td>8-Aug-19</td>
<td>8-Aug-19</td>
<td>26-Feb-20</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

**On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. The case-patient is 27 years old, who recently returned to Nairobi from USA. As of 16 March 2020, three confirmed COVID-19 were confirmed in the country.**

Liberia Government confirmed the first case of COVID-19 on 16 March 2020. The case-patient was reported to have returned from Switzerland on 15 March 2020. The patient is isolated and receiving appropriate medical care.

The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. The case patient is an Australian male, 40 years old. The case patient was possibly infected in Austria. The case was confirmed on 13 March 2020 by the influenza laboratory of the national institute of research in Public health in Nouakchott.

Two cases of novel coronavirus (COVID-19) have been confirmed in Namibia on 14 March 2020. Two tourists from Spain who arrived in Namibia on 11 March 2020.

The first COVID-19 confirmed cases were reported in Seychelles 14 March 2020. As of 16 March, a total of 3 confirmed COVID-19 cases were reported in the country.

According to preliminary information received from WHO Country Office in Algeria, the Minister of Health on the evening of 25 February 2020 announced on the national television the confirmation of the first case of COVID-19 in the country. The sample was reportedly tested and confirmed positive by the National Reference Laboratory for influenza and respiratory viruses of the Pasteur Institute of Algeria. The case-patient is an Italian adult male with comorbidity (yet to be specified). He originally came from Milan and arrived in Algeria on 17 February 2020 in the city of Hassi Messaoud, 800km south-east of the capital Algiers. He is being managed in an isolation facility. As of 16 March 2020, a cumulative number of 48 COVID-19 confirmed cases, including 4 deaths were reported.

### Ongoing Events

- **Algeria**
  - COVID-19: Grade 3 25-Feb-20 25-Feb-20 16-Mar-20 48 48 4 8.30%

- **Benin**
  - Dengue fever: Ungraded 13-May-19 10-May-19 29-Nov-19 26 14 2 7.00%

Zero new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 114 cVDPV2 cases from seven outbreaks reported in 2019.

- **Benin**
  - Lassa fever: Ungraded 19-Feb-20 17-Feb-20 24-Feb-20 4 4 1 25.00%

- **Benin**
  - Meningitis: Ungraded 6-Jan-20 9-Dec-19 22-Jan-20 83 24 13 15.70%

- **Benin**
  - Poliomyelitis (cVDPV2): Grade 2 8-Aug-19 8-Aug-19 26-Feb-20 8 8 0 0.00%

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week from plateau province. There were seven cVDPV2 cases reported in 2019 linked to the Jigawa outbreak in Nigeria.

On 6 January 2019, the Ministry of Health of Benin notified WHO of an outbreak of meningitis in Banikoara Commune, Alibori Department, Northern Benin. The current outbreak reportedly began in week 50 (week ending 15 December 2019) when a cluster of four case-patients with signs and symptoms suggestive of meningitis were reported from Banikoara Commune. Of these, three were subsequently confirmed as having bacterial meningitis infection. In the following week, an additional 13 cases were reported from the same area, thus exceeding the epidemic threshold for the disease. From 9 December 2019 to 22 January 2020, a cumulative total of 83 cases with 13 deaths (case fatality ratio 16%) have been reported Banikoara Commune. Of these, 16 cases with six deaths have been confirmed for bacterial meningitis infection.

- **Benin**
  - Poliomyelitis (cVDPV2): Grade 2 8-Aug-19 8-Aug-19 26-Feb-20 8 8 0 0.00%
Since the 2015 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 765,517 internally displaced persons registered as of 14 February 2020 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, 9.5% (n=121) of the health facilities located in the six regions affected by insecurity are closed, thus depriving more than 1.5 million people of health care, and 11.9% (n=152) 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 Barsalougo, Djibo, Maitaoua, Arbinda, and Titao.

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 8,932,300 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.

The Cholera outbreak affecting two regions, namely South Ouest and Littoral regions is ongoing in Cameroon. Thirty-four new cases, including three deaths were confirmed COVID-19 cases reported in Cameroon is as of 15 March 2020 is three.

On 6 March 2020, the Ministry of Public Health of Cameroon announced the confirmation of a case of COVID-19 in a 58-year-old French-Cameroonian case-patient who resides in France. Having returned to Cameroon on 24 February 2020, he consulted at Centre Medical Cathedrale on 5 March 2020, with fever and asthenia which started on 27 February 2020. Samples sent to the laboratory were confirmed positive for COVID-19 on 5 March 2020. A sample was also collected from the spouse of the index case which tested positive for COVID-19 on 6 March 2020. An additional case of COVID-19 confirmed was announced by the Ministry of Public Health on 14 March 2020. It is a Cameroonian citizen living in the city of Polverara in the veneto region of Italy.He arrived in Cameroon on 27 March 2020. The cumulative total number of confirmed COVID-19 cases reported in Cameroon is as of 15 March 2020 is three.

A measles outbreak is ongoing in Cameroon. Since 1 January 2020 to date, a total of 352 suspected cases have been reported. Of these, 155 were confirmed as IgM-positive. The outbreak is currently affecting 15 districts, namely, Ngaoundere Urbain, Ayos, Biyem Assi, Cité vert, Djoungolo, Elig Mfomo, Mbalmayo, Mbandjock, Mfou, Monatele, Ngoumou, Nkolbisson, Nkolndongo, and Ntui districts.

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 28 January 2020. The index case is a 13 months old child from Tomba village, health area of Ayos Urbain, Ayos Health district, centre region, who consulted at Arche de Noé health centre on 20 December 2019 with symptoms compatible to smallpox. The child was referred to the Regional Hospital annex of Ayos, then at 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.

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 Brà. Clashes between armed groups, the persistence of inter-community tensions and the increase in crime number across the country continue to result into population displacement. As of 31 January 2020, OCHA estimates the number of internally displaced people in the country at 670,000.
In week 7 (week ending 16 February 2020), a total of 59 suspected cases including one death were reported across the country. The majority (81%) of cases in week 7 came from four provinces: North-Kivu, South-Kivu, Haut-Katanga and Tanganyika. There was an increase in the weekly case incidence since week 6 of 2020; a similar trend was observed in previous years. The province of Katanga continues to report high mortality rates (CFR: 6.1%).

As of 22 December 2019, a total of 218 suspected cases with zero deaths have been reported from health facilities in Grande Comore Island. Of these, 59 cases have been confirmed (40 laboratory-confirmed and 19 by epidemiological link). IgM-positive cases were reported in five districts of Grande Comore, namely, Moroni (28), Mitsamiouli (6), Mbeni (3), Mitsoudjé (2), and Oichili (1). The 19 epi-linked cases are from Moroni district.

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% of cases reported since the beginning of the outbreak.

Chad Measles Ungraded 24-May-18 1-Jan-19 23-Feb-20 2 410 31 23 1.00%

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported since the beginning of 2020. There were 19 cVDPV2 cases reported in 2019 from six different outbreaks.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported since the beginning of 2020. There were three cVDPV2 cases reported in 2019 linked to the Jigava outbreak in Nigeria.

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Côte d’Ivoire Poliomyelitis (cVDPV2) Ungraded 29-Oct-19 29-Oct-19 26-Feb-20 37 0 0 0.00%

Three cVDPV2 positive environmental samples were reported: one from Abidjan 2 province and two from Abidjan 1 Grands Ponts province, all linked to the Jigava outbreak in Nigeria.

Democratic Republic of the Congo Measles Ungraded 26-May-19 26-May-19 22-Dec-19 218 59 0 0.00%

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% of cases reported since the beginning of the outbreak.

Democratic Republic of the Congo Measles Grade 2 15-Mar-19 1-Jan-19 23-Feb-20 7 626 517 83 1.10%

Detailed update given above.

Democratic Republic of the Congo Measles Grade 2 10-Jan-17 1-Jan-20 23-Feb-20 26 574 - 358 1.40%

In week 8 (week ending 23 February 2020), 2 642 measles cases including 41 deaths (CFR 1.6%) were reported across the country. Over the past four weeks (weeks 5 to 8), the majority of cases have been reported from the provinces of Maindombe (1 403 cases), Kongo Central (1329 cases), Mongala (1341 cases), Bas-Uele (969 cases) and Equateur (898 cases). Since the beginning of 2019, 337 982 measles cases including 6 389 deaths (CFR 1.9%) have been recorded in all 26 provinces. In week 8 (week ending 23 February 2020), a total of 621 suspected cases were reported. 29 districts were in the epidemic phase in week 8. Since the beginning of the year, a total of 2 410 suspected cases and 23 deaths (CFR 1.0%) have been reported from Beboto, Kyabe, Goundi, Kelo and Guelao.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported since the beginning of 2020. There were 19 cVDPV2 cases reported in 2019 from six different outbreaks.

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Democratic Republic of the Congo Measles Grade 2 24-May-19 24-May-19 26-Feb-20 19 19 0 0.00%

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

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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 Turkana county. The transmission is active in all the affected counties.

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 Turkana county. The transmission is active in all the affected counties.

In week 7 (week ending 16 February 2020), an outbreak was observed in week 38 when more than 300 suspected cases were reported. 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.

In week 7 (week ending 16 February 2020), an outbreak was observed in week 38 when more than 300 suspected cases were reported. 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.

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### Health Emergency Information and Risk Assessment

**Outbreak of Crimean Congo hemorrhagic fever (CCHF) in Mopti, Mali**

- **Country:** Mali
- **Event:** Crimean-Congo hemorrhagic fever (CCHF)
- **Grade:** Ungraded
- **Date notified to WHO:** 2-Feb-20
- **Start of reporting period:** 5-Jan-20
- **End of reporting period:** 7-Feb-20
- **Total cases:** 14
- **Cases Confirmed:** 3
- **Deaths:** 7
- **CFR:** 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, Korienze 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.

### Dengue Fever Outbreak in Communes of Bamako, Mali

Cases of dengue continue to be reported in Communes IV (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.

### Measles Outbreak in Korienze Health Area of Mopti Region, Mali

- **Date notified to WHO:** 20-Feb-18
- **Start of reporting period:** 1-Jan-19
- **End of reporting period:** 9-Feb-20
- **Total cases:** 91
- **Cases Confirmed:** 17
- **Deaths:** 0
- **CFR:** 0.00%

### Yellow Fever Outbreak in Mopti, Mali

- **Date notified to WHO:** 3-Dec-19
- **Start of reporting period:** 3-Nov-19
- **End of reporting period:** 22-Dec-19
- **Total cases:** 41
- **Cases Confirmed:** 5
- **Deaths:** 7
- **CFR:** 17.10%

### Measles Outbreak in Korienze Health Area, Mopti, Mali

A total of 102 new confirmed cases with 13 deaths were reported from 18 states across Nigeria in week 8 (week ending 23 February 2020). This is a decline in the number of cases from 115 cases reported for the previous week. From 1 January to 23 February 2020, a total of 698 cases (689 confirmed and 9 probable) with 127 deaths (CFR 18.2%) have been reported from 115 Local Government Areas in Nigeria. A total of 1843 contacts are currently being followed.

### Humanitarian Crisis in the North-eastern part of Nigeria

The humanitarian crisis 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 Bambarougou, Tillabery 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 Tillbery, 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 centers have closed due to insecurity. According to OCHA statistics, 2.9 million people are in need of humanitarian assistance, 190 246 people are internally displaced, and 217 888 are refugees in the country.

### COVID-19 Outbreak in Lagos, Nigeria

The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria. The case is an Italian citizen who works in Nigeria and returned from Milan, Italy to Lagos, Nigeria on 25 February 2020. He reportedly developed symptoms on 26 February and was confirmed on 27 February for SARS COV-2 infection by the Virology Laboratory of the Lagos University Teaching Hospital on 27 February 2020. The patient is reported to be clinically stable, with no serious symptoms, and is being managed at the Infectious Disease Hospital in Yaba, Lagos. A second case was confirmed from the contacts being followed up on Ogun state.

### Other Disease Outbreaks

- **Lassa fever, Nigeria:** A total of 102 new confirmed cases with 13 deaths were reported from 18 states across Nigeria in week 8 (week ending 23 February 2020). This is a decline in the number of cases from 115 cases reported for the previous week. From 1 January to 23 February 2020, a total of 698 cases (689 confirmed and 9 probable) with 127 deaths (CFR 18.2%) have been reported from 115 Local Government Areas across 27 states in Nigeria. A total of 1843 contacts are currently being followed.
Two new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 18 cVDPV2 cases reported in 2019 and 34 in 2018.

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. Of the 139 samples collected, 2 twisted 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.

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). As of 15 March 2020, a total of 26 cases with zero deaths were reported in the country.

As of 16 February 2020 a total of 24 confirmed measles cases with no deaths were reported. All reported confirmed cases are from Praslin Island, although 20 were detected on Mahé Island. All age groups have been affected.

South Africa continues to report cases of COVID-19. The first case was confirmed on 5 March 2020. The case-patient is a 38-year-old male who was part of a group of 10 people who recently visited Italy and returned to South Africa on 1 March 2020. He reportedly consulted a private general practitioner on 3 March 2020 after developing symptoms of fever, headache, malaise, sore throat, and cough. An oral swab was collected and sent for laboratory investigation which tested positive for SARS-CoV-2 infection on 5 March 2020. The case-patient has reportedly been self-isolating since 3 March 2020. As of 15 March 2020, a total of 51 COVID-19 confirmed cases with zero deaths were notified in South Africa.

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 (Abyei, Mayom, Melut, Aweil South, Aweil East, Tonj North, Juba, Waaw, Aweil West, Gorgial West, Gorgial East, Renk, Tonj South, Jur River, Pibor and Yambio) and four protections of civilian (PoC) sites (Juba, Bentiu, Malakal and Wau).

The current outbreak in Bentiu PoC continues since teh beginning of 2019. As of reporting date, a total of 155 cases and two deaths have been reported 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).

Between week 1 in 2019 to week 4 in 2020, a total of 24,731 suspected cases of measles which 247 laboratory-confirmed and 26 deaths (CFR 0.5%) have been reported. The outbreak has affected 23 counties (Pibor, Abyei, Mayom; Gorgial West; Aweil South; Juba; Tonj North; Aweil West; Aweil East; Renk; Waaw; Tonj North; Jur River; Yambio, Budi, Ikots, Maban and Aweil East, Ikots, Tonj East, Magwi and BomaND) and 4 Protection of civilians Sites PoCS (Juba, Bentiu, Malakal and Wau).
<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>
</thead>
<tbody>
<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>
</tr>
<tr>
<td></td>
<td>A 23-year male, lumber jack, from Kagadi district developed a fever on 7 January 2020 and had self-medication for malaria without improvement. He later developed generalized body weakness, abdominal pains and on 20 January 2020 followed by bleeding from the nose, vomiting and urinating blood. The bleeding increased hence it was rushed to Kagadi hospital and was isolated. A sample was collected and transported to UVRI on 21 January and the results were positive for CCHF on the same day. Nine contact were followed up as of 10 February 2020.</td>
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<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>22-Jan-20</td>
<td>31-Oct-19</td>
<td>30-Jan-20</td>
<td>15</td>
<td>5</td>
<td>5</td>
<td>33.30%</td>
</tr>
<tr>
<td></td>
<td>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 were 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.</td>
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<td></td>
</tr>
<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>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>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.</td>
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<td></td>
<td></td>
</tr>
<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></td>
<td>0.30%</td>
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<td></td>
<td>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 week38, 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.</td>
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</tbody>
</table>

**Closed Events**

<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>
</thead>
<tbody>
<tr>
<td>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>
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<tr>
<td></td>
<td>Since 3 October 2019, heavy rains resulted in floods in 8 out of 12 departments of the Republic of Congo, namely: Likouala, Cuvette, Plateaux, Sangha, Kouilou, Nia, 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 health care. Furthermore, the floods have caused significant damage to the agricultural and farming sectors thus posing a threat to food security. On 19 November, 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.</td>
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<tr>
<td>Nigeria</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>26-Sep-17</td>
<td>24-Sep-17</td>
<td>30-Nov-19</td>
<td>336</td>
<td>181</td>
<td>7</td>
<td>2.10%</td>
</tr>
<tr>
<td></td>
<td>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.</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>
<td>57.10%</td>
</tr>
<tr>
<td></td>
<td>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.</td>
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</table>

†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/en/](http://www.who.int/hac/about/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.
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.

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