This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 103 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
- Cholera 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:**

- Cases of COVID-19 are rising rapidly across the WHO African Region, with a total of 39 countries in the Region now reporting cases, and an increase of 185% in confirmed cases (2,477) compared to the previous week (868). In addition, six countries (Algeria, Burkina Faso, Cameroon, Cote d’Ivoire, Ghana and South Africa) have recorded an exponential increase in confirmed cases in the past week. Most countries in the region are now experiencing local transmission in addition to the initial sporadic importation of cases. This trend is of grave concern in a continent in which health systems are fragile, with a high prevalence of HIV and malnutrition, and an increasing incidence of non-communicable diseases. In addition, with many countries closing borders and very limited air travel in the region, challenges are emerging around the provision of essential goods such as laboratory reagents and personal protective equipment, as well as problems with deployment of experts to aid in the response. Governments in Africa can still change the trajectory and impact of the COVID-19 pandemic on its population through taking bold actions immediately before the window of opportunity closes. In countries experiencing local transmission, with clusters reported in several locations, thorough tracing of all contacts will be crucial to containment of the disease. In addition, all countries need to implement proven public health measures such as social distancing, hand washing and cough etiquette.

- The current outbreak of EVD in Democratic Republic of the Congo remains stable. However, challenges remain, with continued insecurity and population displacement in previous hotspots, limited access to affected communities and a shortage of resources for response activities. There remains a high risk of re-emergence of the virus in the period leading to the declaration of the end of the outbreak, as well as for several months after the declaration.
**New events**

**Coronavirus disease 2019**

**WHO African Region**

<table>
<thead>
<tr>
<th>Cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,217</td>
<td>69</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

**Epicurve of confirmed cases of COVID-19 in the WHO African Region, 25 February – 29 March 2020.**

**Who and partners are supporting countries to enhance early epidemiological and clinical investigation of COVID-19 cases through the First Few Cases (FFX) protocol.**

**Up to 42 countries in the WHO African Region have acquired laboratory diagnostic capacity for SAR-CoV-2, rising from only two laboratories in Senegal and South Africa, which had the testing ability at the beginning of the pandemic.**

**Treatment facilities are being set up in all countries in the region for clinical management of cases. WHO has provided guidance to all countries in the region on the clinical management of COVID-19 cases.**

**SITUATION INTERPRETATION**

As COVID-19 geographically spreads to more countries in the African Region with an associated upsurge in the number of cases, rigorous efforts are needed to bring the situation under control. A detailed investigation to ascertain why some of the countries in the region are unaffected is needed. Many of the cases in the region are still due to sporadic importation, thus providing a window of opportunity for governments to move swiftly to prevent widespread community transmission of the disease. In countries experiencing local transmission, with clusters reported in several locations, thorough tracing of all contacts will be crucial to containment of the disease. WHO continues to advise all countries to scale-up readiness and response measures aimed at early detection and containment of the disease. In areas with widespread or the potential for widespread transmission, countries will need to swiftly adapt mitigation measure to reduce the impact of the pandemic.

**EVENT DESCRIPTION**

The WHO African Region is currently experiencing an escalation of the global coronavirus disease 2019 (COVID-19) pandemic. In week 13 (week ending 29 March 2020), two countries (Guinea Bissau and Mali) reported their first confirmed cases of COVID-19, translating into a total of 39 countries in the WHO African Region that have reported confirmed cases of COVID-19.

During week 13, a total of 2477 new confirmed cases of COVID-19 were reported, resulting into a 185% increase compared to 868 cases reported in the previous week.

As of 29 March 2020, a cumulative total of 3217 cases with 69 deaths (case fatality ratio = 2.1%) have been reported in the WHO African Region from 39 countries. These countries include: South Africa (1280), Algeria (454), Burkina Faso (222), Cote d’Ivoire (165), Ghana (152), Senegal (142), Cameroon (113), Mauritius (102), Democratic Republic of the Congo (81), Rwanda (70), Nigeria (65), Madagascar (44), Kenya (38), Uganda (33), Togo (28), Ethiopia (21), Niger (20), Republic of Congo (19), Mali (18), Guinea (16), Zambia (16), Tanzania (14), Equatorial Guinea (13), Namibia (11), United Republic of Eswatini (9), Mozambique (8), Seychelles (8), Gabon (7), Benin (6), Central African Republic (6), Eritrea (6), Cape Verde (5), Chad (5), Mauritania (5), Zimbabwe (5), Gambia (3), Liberia (3), Angola (2) and Guinea-Bissau (2).

Since our last report on 22 March 2020 (Weekly Bulletin 12), six countries have seen an exponential increase in confirmed cases: Cote d’Ivoire 560% (165 vs 25), Ghana 533% (152 vs 24), South Africa 218% (1280 vs 402), Burkina Faso 196% (222 vs 75) and Algeria 126% (454 vs 201), and Senegal 112% (142 vs 67).

The 69 deaths in the region were reported from Algeria (29), Burkina Faso (12), Democratic Republic of Congo (8), Ghana (6), Niger (3), Cameroon (2), Mauritius (2), Cape Verde (1), Gabon (1), Gambia (1), Kenya (1), Nigeria (1), South Africa (1) Togo (1) and Zimbabwe (1).

In the WHO African Region, 60% of cases with known sex are males. Cases range from one-month-old to 88 years of age, with a median age of 41.5 years. The age of deceased case-patients ranges from 21 to 88 years old, with a median age of 55 years.

In addition to sporadic importation of cases, the majority of the countries in the region are now experiencing local transmission of COVID-19, in the form of clusters of cases epidemiologically linked to imported cases from previously affected countries.

**PUBLIC HEALTH ACTIONS**

- The coordination of response to COVID-19 pandemic in affected countries is being led by the respective Ministries of Health with support from WHO and partners. All affected countries have activated their Public Health Emergency Operations Centres (PHEOC) to enhance coordination of the different response pillars.

- WHO is working with partners to support the respective national authorities to enhance preparedness, readiness and response measures.

- Enhanced surveillance for COVID-19 is ongoing in all countries in the African Region, including at the Points of Entry to ensure rapid detection of alerts and cases, their immediate isolation and identification, and follow-up of contacts.
EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu, South Kivu and Ituri provinces in Democratic Republic of the Congo continues to remain stable, with no new cases and deaths recorded during the reporting week. This is the 40th consecutive day without reporting new confirmed EVD cases. During the last 21 days (from 8 to 28 March 2020), there have been no confirmed cases of EVD reported. Among the 29 affected health zones, 28 have not reported confirmed cases in the past 42 days.

As of 28 March 2019, a total of 3 453 EVD cases, including 3 310 confirmed and 143 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 28 March 2020, a total of 2 273 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 28 March 2020, the total number of health workers affected remains at 171, representing 5% of confirmed and probable cases.

Twenty out of 50 health zones raised alerts on 28 March 2020. Of 3 967 alerts processed (of which 3 928 were new) in reporting health zones on 28 March 2020, 3 928 were investigated and 232 (5.9%) were validated as suspected cases.

PUBLIC HEALTH ACTIONS

- Response and surveillance activities continue in all affected areas.
- The security situation in Biakato remains problematic, with armed incursions continuing. Additionally, there was an armed attack on a truck in Butembo, which was countered by the authorities.
- As of 25 March 2020, 196 people had received the second dose of the vaccine JnJ (Ad. SEBOV/MVA-BN-Filo) in Kahembe and Majengo health areas, Karsimbi Health Zone, bringing the cumulative total of people receiving this vaccine to 6 274 since 8 January 2020.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 169 million screenings to date. A total of 102/110 (92.7%) PoE/PoC transmitted reports as of 28 March 2020.
- Community feedback has suggested that there may be relaxation of health control activities in the Mukulya PoC in Beni Health Zone.

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 is worrying, particularly since response coordination activities are being targeted and there are reports of relaxation of health controls in sectors of Beni Health Zone. Constant, sustained vigilance and continuation of all public health measures is vital to prevent a resurgence of infections at this precarious stage of the EVD outbreak.
**EVENT DESCRIPTION**

The cholera outbreak that began in Cameroon on 18 May 2018 is showing signs of decline, with only the Coastal and Southwestern regions recording cases in 2020. One case was confirmed earlier in the year in Tiko health district, South-West Region, but there appeared to be no further transmission. Cases continue to be registered in Littorl Region.

In the North Region, no new cases have been registered since 16 December 2019. A total of 13 out 15 districts recorded suspected cases (Bibemi, Fiquil, Garoua I, Garoua II, Gashiga, Golombe, Guider, Mayo Oulo, Ngong, Pitoa, Poli, Lagdo and Tcholliré). The total number of cases in the region since 18 May 2018 was 2,212 cases with 62 deaths, with 581 cases and 22 deaths recorded in 2019. The overall case fatality ratio was 5.1%. A total of 165 out of 265 laboratory samples confirmed *Vibrio cholerae*.

In the Extreme-North Region, there have been no new cases reported since 25 November 2019. A total of seven out of 30 health districts registered cases (Kale, Kar Hay, Moutourwa, Guidiguis, Maroua 1 and Maroua 2 in 2019 as well as Makary in 2018). The total number of cases reported since 4 October 2018 is 629, with 34 deaths, with 350 cases and 17 deaths recorded in 2019, an overall case fatality ratio of 5.4%.

In the South-West region, there have been no new cases since 8 March 2020. Three health districts registered cases, Bakassi, Ekondo Titi and Tiko. All districts reporting cases are on the Atlantic coast. As of 20 March 2020, there have been 401 registered cases with 17 community deaths (case fatality ratio 4.2%).

In Littoral Region, two new cases were registered on 15 March 2020. As of this date there have been 279 cases with 14 deaths (case fatality ratio 5%), with eight laboratory confirmed cases. Ten health districts have been affected (Nyoni, Manoka, Boko, Delo, Bangue, Cité des palmiers, Bonassama, Japoma, New Bell and Logbaba), with almost all affected districts on the Atlantic coast.

Overall, the age range most affected are those between 15 to 59 years, accounting for around 50% of cases, with around 12% aged more than 60. The sex ratio is roughly equal, ranging between 40 to 50% female.

**PUBLIC HEALTH ACTIONS**

- Coordination meetings are being held at all levels in the North, Littoral and South-West regions, with technical support from WHO and UNICEF in coordinating response activities in affected regions.
- Surveillance is ongoing, with continuing community case search in two regions and line listing updates, monitoring of contacts, coordinating transport of laboratory samples and an investigation into the Littoral hotspot in the Manoka Health District.
- Case management is being supported in the Littoral Region by WHO, with briefings on case management of the district management team as well as the heads of health districts in Littoral Region.

**SITUATION INTERPRETATION**

Although the cholera outbreak in parts of Cameroon would seem to be on the decline, there is little room for complacency as the main drivers of the outbreak persist, particularly access to potable water and awareness of hygiene practices. Challenges remain around the coordination of the response in the Littoral Region. There are inadequate finances for response and poor communication to support awareness of the outbreak and communication to limit stigmatization of cases. These underlying factors need urgently to be addressed to prevent a resurgence of cholera in this vulnerable area.
Major issues and challenges

The COVID-19 pandemic has gained a foothold in Africa with most countries in the continent reporting an increasing number of confirmed cases. The number of countries with community transmission is also increasing, as is the number of deaths. Most countries in the Region have weak health systems and it is likely that high HIV prevalence, high levels of malnutrition, and the growing number of people with non-communicable diseases will influence the trajectory and impact of COVID-19 in the region. African governments need to immediately take stern actions to slow down rapid spread of the disease and mitigate the consequences.

The EVD outbreak in Democratic Republic of the Congo appears to be nearing its end. However, there is a high risk of re-emergence during the period leading up to the declaration of the end of the outbreak and for several months following this as a result of continuing insecurity, leading to population displacement and poor access to affected communities.

Proposed actions

African governments need to take bold actions now to implement containment and mitigation measures to slow progression of the COVID-19 pandemic. Physical social distancing and preventive measures at the personal and community levels should be implemented and remain in place until the incidence of new infections slows. Governments need to commit local resources, supplemented by the donor communities, to this response. In addition, humanitarian corridors need to be opened up for the movement of essential supplies and personnel in those countries whose borders have closed as part of their COVID-19 response.

It is essential to maintain surveillance and rapid response capacities, prioritize survivor care and maintain cooperation with survivors’ associations in the affected provinces of Democratic Republic of the Congo to prevent re-emergence of EVD in the region.
On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed cases in the country. The cases are two male individuals who travelled from India and DRC respectively and both transited through Nairobi and Dakar within one day of each other. On 21 March 2020, both cases presented with symptom onset which triggered specimen collection for testing. The cases are under self isolation as they only presented with mild symptoms of fever and cough as main symptoms. As of 29 March 2020, a total of two confirmed COVID-19 case were reported in the country.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. The cases are two nationals who returned from France on 12 and 16 March 2020 respectively. The two cases are a 49-year-old woman who lives in Bamako, the capital, and a 62-year-old man who lives in Kayes, in western Mali. As of 29 March 2020, a total of 18 confirmed COVID-19 case have been reported in the country.

The Ministry of health in Beni announced the first confirmed case of COVID-19 on 16 March 2020. As of 29 of March 2020, a total of 6 cases have been reported in the country. The last patient is a 37-year-old male, who started symptoms on 19 March 2020. He was confirmed on 25 March 2020.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 29 March 2020, a total of two confirmed COVID-19 case was reported in the country.

Since 2015, 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 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 Barsalogho, Diblo, Maitacaoali, Arbinda, and Titaou.

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 continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by Boko Haram group, with significant population displacement. Since 1 January 2020, there have been 38 attacks by alleged Boko Haram insurgents, resulting in 20 missing people, 95 injuries and 76 deaths. 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 Minawao Refugee Camp in the Mokolo Health District continues to host Nigerian refugees, with spontaneous refugee arrivals being recorded weekly.

The humanitarian situation in the Northwest and Southwest (NW & SW) of Cameroon continues to deteriorate with rising tensions between separatists and military forces. 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.

WHO was notified of an outbreak of monkeypox on 14 January 2020 by the Institut Pasteur laboratory on 08 January 2020. The index case is a 13-months old child from Tomba1 village, health area of Ayos Urbain, Ayos Health district, Adamawa & East region. The person died on 2 January 2019. The second confirmed case is the mother of the dead child.

Since 1 January 2020, OCHA estimates the number of internally displaced people in the country at 670,000. The security situation remains tense with the persistence of inter-ethnic tensions within rival armed groups in the Northeast of the country mainly in Ndele, Birao and Bria. 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.

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-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.

WHO 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 Tomba1 village, health area of Ayos Urbain, Ayos Health district, Adamawa & East region, who consulted at Arche de Noé health centre on 20 December 2019 with signs compatibles to smallpox. The child was referred to the Regional Hospital in Aronde on 21 December 2019 and 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.

The Ministry of Health and population announced the confirmation of the first COVID-19 case in the Republic of central Africa on 14 March 2020. As of 29 March 2020, a total of six confirmed COVID-19 cases were reported in the country.

From Week 1, 2019 (week ending on 7 January 2019) till week 7, 2020 (week ending on 23 February 2020), a total of 7,626 measles cases including 517 confirmed cases and 83 deaths have been reported in 20 affected districts in Central Africa. A total of 2,315 new suspected measles cases were notified from epidemiological week 1 to week 7 of 2020 in 20 districts among which there are 7 new districts reporting cases in this year. The majority of cases are under five of age, followed by the age group between 5 to 10 years old. Response activities are ongoing in the affected health districts.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported since the beginning of 2020. There were 21 cVDPV2 cases reported in 2019 from six different outbreaks.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 29 March 2020, a total of five confirmed COVID-19 cases were reported in the country.
In week 8 (week ending 23 February 2020), 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, Kolo and Guelao.

Chad

Polioviruses (cVDPV2) Grade 2 18-Oct-19 9-Sep-19 25-Mar-20 14 14 0 0.00%

Five cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week: two in Batha, one each in Guera, Tandjile and Barh el Gazel provinces making them the first cases reported in 2020. There is now a total of 14 cases from two different outbreaks in the country one being the Jingava outbreak.

Comoros

Measles Ungraded 26-May-19 20-May-19 22-Dec-19 218 59 0 0.00%

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 Didilli (1). The 19 epi-linked cases are from Moroni district.

Congo

Chikungunya Grade 1 22-Jan-19 1-Jan-20 9-Feb-20 37 0 0 0.00%

In week 6 (week ending 9 February 2020), a total of 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 (2944 cases) and Niari (2389) were the most affected by the outbreak accounting for 74% of cases reported since the beginning of the outbreak.

Côte d’Ivoire

COVID-19 Grade 3 14-Mar-20 29-Oct-20 29-Oct-20 19 19 0 0.00%

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 29 March 2020, a total of 19 cases have been reported in the country.

Côte d’Ivoire

Poliomyelitis (cVDPV2) Ungraded 29-Oct-19 29-Oct-19 25-Mar-20 1 1 0 0.00%

No cVDPV2 cases were reported this week. There has been one case reported from Sud-Comoé province in 2020. This case is linked to the Savanes outbreak in Togo.

Democratic Republic of the Congo

Humanitarian crisis Grade 3 20-Dec-16 17-Apr-17 9-Feb-20 - - - -

The Democratic Republic of the Congo continues to experience a complex humanitarian crisis involving armed conflicts and inter-community tension resulting in large numbers 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, Itumo and Mambasa territories armed group attacks which resulted in 60 civilians victims and kidnapping of around 20 persons were reported. In Tanganyika province, a new confrontation between Twa militia 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 Center (Nyunzu territory) continue to suffer from lack of health humanitarian assistance. Due to insecurity caused by Twa-Bantou conflicts, nine health centres in Nyunzu Health Zone remain non-functional.

Democratic Republic of the Congo

Cholera Grade 3 16-Jan-15 1-Jan-20 8-Mar-20 5,152 - 67 1.20%

During week 10 (week ending 8 March 2020), a total of 514 cases of cholera and 4 death (CFR 0.8%) was notified from 7 of 26 provinces in the country. From week 7 to 10 of 2020, 94.5% of the cases have been reported from four provinces: North-Kivu, South-Kivu, Haut-Katanga and Tanganyika. Provinces where cholera is endemic has reported majority of the cases. There has been an increase in the number of cases and deaths reported since week 9 of 2020, and the first 10 weeks of the year has shown similar reporting trends to cases reported yearly since 2017. Between week 1 and week 52 of 2019, a total of 30,304 cases including 514 deaths (CFR 1.7%) were notified from 23 out of 26 provinces.

Democratic Republic of the Congo

COVID-19 Grade 3 10-Mar-20 10-Mar-20 29-Mar-20 81 75 2 2.50%

On 10 March 2020, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 29 March 2020, a total of 81 cases including 8 deaths have been reported in the country. Three cases have recovered to date.

Democratic Republic of the Congo

Ebola virus disease Grade 3 31-Jul-18 11-May-18 29-Mar-20 3,453 3,310 2,273 66.00%

Detailed update given above.

Democratic Republic of the Congo

Measles Grade 2 10-Jan-17 1-Jan-20 15-Mar-20 36,745 589 473 1.30%

In week 11 (week ending 15 March 2020), 2,878 measles cases including 49 deaths (CFR 1.7%) were reported across the country. A decreasing trend in number of cases were observed in the past three weeks (weeks 9 to 11) including in Haut Katanga, Kwango, Kwilu, Lomami, Lualaba, Maniema and Tshuapa. The majority of cases have been reported from the provinces of Mongala, North and South Ubangi, Maindombe, Kongo-Central, Equateur, Kwilu, Kasai and Sankuru.
During week 9 (week ending 1 March 2020), a total of 95 suspected cases of Monkeypox including 5 deaths were reported across the country. Between week 1 and week 9, a total of 547 suspected cases including 14 deaths were reported in the country, which was lower than the number of cases reported in the same period in 2019 (n=873). 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. One major challenge to the current emergency include acquiring the required funding to respond to all the multiple ongoing outbreaks in the country.

During week 9 (week ending 1 March 2020), a total of 547 suspected cases including 14 deaths were reported in the country, which was lower than the number of cases reported in the same period in 2019 (n=873). 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. One major challenge to the current emergency include acquiring the required funding to respond to all the multiple ongoing outbreaks in the country.

### Table 1: Health Emergency Information and Risk Assessment

<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>
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<tbody>
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<td>Monkeypox</td>
<td>Ungraded</td>
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<td>1-Jan-20</td>
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<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>25-Mar-20</td>
<td>108</td>
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<tr>
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<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
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<td>21-Mar-20</td>
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<tr>
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<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>
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<td>14-Jan-17</td>
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<td>9-Feb-20</td>
<td>1 873</td>
<td>-</td>
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<td>Grade 3</td>
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<td>17-Mar-20</td>
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<td>3</td>
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<td>Guinea</td>
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<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>29-Mar-20</td>
<td>0</td>
<td>0</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>
</tbody>
</table>

### Footnotes:

- No cVDPV2 cases were reported this week. There are three cases in 2020 so far while the total number of 2019 cases remain 18.
- The Ministry of health in Guinea Conakry announced the first confirmed COVID-19 case on 13 March 2020. As of 29 March 2020, a total of 16 cases have been reported in the country.
- The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 29 March, a total of six confirmed COVID-19 case was reported in the country.
- The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 29 March 2020, a total of 13 cases have been reported in the country.
- The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 29 March 2020, a total of 9 cases have been reported in the country.
- The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 29 March 2020, a total of 9 cases have been reported in the country.
- In week 6 (week ending 9 February 2020), 157 new suspected cases were reported in SNNRP, Somalia and Oromia regions. A total of 3 970 suspected cases have been reported from three regions as of 9 February 2020.
- In week 6 (week ending 9 February 2020), 157 new suspected cases were reported in SNNRP, Somalia and Oromia regions. A total of 3 970 suspected cases have been reported from three regions as of 9 February 2020.
- 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 suspected cases being reported from Oromia region.
- Three circulating vaccine-derived poliovirus type 2 (cVDPV2) cases were reported in Oromiya province in Ethiopia bringing the total number of cases in the country to 17. Previously, there have been 14 cVDPV2 cases reported, where four cases are linked to the outbreak in neighbouring Somalia and ten cases are part of three different outbreaks in the country.
- 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, Wamindara in Ratoma health district, Dounet in Mamou health district and Soumpoura in Tougue health district.
A chikungunya outbreak was reported in Kenya and has affected Hagadera Sub County in Garissa County. As of reporting date, a total of 163 cases with 17 confirmed positives have been reported. The index case was seen on 31 December 2019.

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 one death has been reported. The outbreak in all the three counties is a continuous wave from 2019. The transmission is active in all the affected counties.

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 have been reported from Mandera, Marsabit, Wajir and Garissa counties.

A total of 198 cases with 5 confirmed have been reported 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, 3 confirmed and 1 death). Additionally, 10 cases including 6 laboratory-confirmed cases were reported from Garissa County in Dadaab Sub-County in May 2019.

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. As of 29 March 2020, a total of three cases have been reported in the country.

Of 101 suspected cases reported across the country from 1 January to 15 March 2020, 39 were confirmed and 61 discarded. One is pending testing. A total of 17 deaths (CFR 43.6%) have been reported among the confirmed cases. The number of new cases reported in week 11 was less than the previous week.

The first COVID-19 confirmed cases were reported in Madagascar on 20 March 2020. As of 29 March 2020, a total of 44 confirmed COVID-19 cases were reported in the country.

An outbreak of cholera was reported in Malawi, Blantyre district on 9 January 2020. Since the notification of the first case on 9 January 2020 to 19 February 2020, a total of 3 confirmed cases with zero deaths was reported from Limbe health facility. Blantyre is the largest commercial city in Malawi, it is in the southern part of the country. Response activities are going in the affected district and active surveillance was enhanced in all districts of the country. No new confirmed cases have been reported since 19 January 2020.

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 3,206 cases of acute malnutrition were reported.

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.

During week 8 (week ending on 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 reported 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.
The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 29 March 2020, a total of 5 cases have been reported in the country.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 29 March, a total of 102 confirmed COVID-19 cases including 2 deaths were reported in the country.

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 (RPDT) and one confirmed positive by culture. Furthermore there are rumors of Acute watery Diarrhea (AWD) in Nampula province, which are under verification.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 29 March, a total of eight confirmed COVID-19 cases were reported in the country.

Two cases of novel coronavirus (COVID-19) have been confirmed in Namibia on 14 march 2020. As of 29 March 2020, a total of 11 cases have been reported in the country.

In weeks 51 and 52 (week ending 29 December 2019), 82 cases were reported from six regions of Namibia with the majority (49 cases) from Khomas region. There was an increase in the number of cases reported in weeks 51 and 52 compared to weeks 49 and 50. As of 29 December 2019, a cumulative total of 1,731 laboratory-confirmed, 4,345 epidemiologically-linked, and 987 suspected have been reported countrywide. A cumulative number of 59 deaths have been reported nationally (CFR 0.8%), of which 24 (41%) occurred in pregnant or post-partum women. Cases have been reported from 12 out of 14 regions of Namibia, namely, Khomas, Omusati, Otjozondjupa, Oshikoto, Kunene, Ombika, Oshana, Erongo, Namibe, and Huab.

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%).

Nigeria COVID-19 Grade 3 19-Mar-20 19-Mar-20 29-Mar-20 20 20 3 15.00%

The first COVID-19 confirmed case was reported in the Niger in 19 March 2020. As of 29 March, a total of 20 confirmed COVID-19 cases including 3 deaths were reported in the country.

During week 5 (week ending 2 February 2020), 123 suspected measles cases were notified in the country. From week 1 to 5 of 2020, a total of 304 suspected measles cases with 1 death (CFR 0.3%) were notified in 8 regions: Agadez (34 cases, 0 deaths), Diffa (3 cases, 0 deaths), Dosso (2 cases, 0 deaths), Maradi (17 cases, 1 death), Niamey (5 cases, 0 deaths), Tahoua (57 cases, 0 deaths), Tillaberi (3 cases, 0 deaths) and Zinder (183 cases, 0 deaths). In 2019 a total of 10207 suspected measles cases were reported from eight regions in the country.

The security situation continues to worsen in bordering areas of Burkina fasso, Mali and Nigeria following armed groups attacks in the region. The military camp in Sinegodar situated in the health district of Bambangou, 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 Tilaberi, 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 millions of people are in need of humanitarian assistance, 190 248 people are internally displaced, and 217 858 are refugees in the country.

The government of Mauritania announced its first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 29 March 2020, a total of 65 cases including one death has been reported in the country.

The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 29 March 2020, a total of 65 cases including one death has been reported in the country.

A total of 28 new confirmed cases with three deaths were reported from 12 states across Nigeria in week 12 (week ending 22 March 2020). This is a decline in the number of cases compared to 51 reported during the previous week. From 1 January to 22 March 2020, a total of 943 cases (932 confirmed and 11 probable) with 187 deaths (CFR 19.8%) have been reported from 125 Local Government Areas across 27 states in Nigeria. A total of 2648 contacts are currently being followed.

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%).

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.
<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>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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.

| Rwanda           | COVID-19       | Grade 3   | 14-Mar-20            | 14-Mar-20                 | 29-Mar-20               | 70          | 70              | 0      | 0.00% |

Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 29 March 2020, a total of 70 cases have been reported in the country.

| Senegal          | COVID-19       | Grade 3   | 2-Mar-20             | 2-Mar-20                  | 29-Mar-20               | 142         | 142             | 0      | 0.00% |

From 2 to 29 March 2020, a total of 142 confirmed cases of COVID-19 have been reported from Senegal. A total of 27 cases have recovered.

| Seychelles       | COVID-19       | Grade 3   | 14-Mar-20            | 14-Mar-20                 | 29-Mar-20               | 8           | 8               | 0      | 0.00% |

The first COVID-19 confirmed cases were reported in Seychelles 14 March 2020. As of 29 March 2020, a total of 8 cases have been reported in the country.

| South Africa     | COVID-19       | Grade 3   | 5-Mar-20             | 3-Mar-20                  | 29-Mar-20               | 1 280       | 1 280           | 2     | 0.20% |

South Africa continues to report cases of COVID-19. From 5 to 29 March 2020, a total of 1 280 cases with two deaths have been reported from all provinces across the country namely; Gauteng (584), Western Cape (310), KwaZulu-Natal (167), Free State (72), Eastern Cape (12), Limpopo (12), Mpumalanga (11), Northern Cape (6) and North West (6).

| 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 | n/a | 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 (Abyei, 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  | -             | 3-Jan-19                  | 23-Feb-20               | 186         | 41              | 3     | 1.60% |

The current outbreak in Bentiu UN Protection of Civilians (POC) continues since the beginning of 2019. As of the reporting date, a total of 183 cases of Hepatitis E including three deaths have been reported from South Sudan, mostly from Bentiu PoC, and a total of 12 suspected cases including 4 confirmed cases in Lankien. The last case in Lankein was reported in week 25 (week ending on 23 June 2019). There were two new cases reported in week 8 (ending 23 February 2020). From week 1 to week 8 of 2020, 46 cases of HEV were reported in Bentiu PoC, including 2 deaths (CFR 0.27%). The most affected age group are those under 15 years of age (73%). There are ongoing response activities, including social mobilization, case management, WASH interventions, follow-up in communities and case identification.

| South Sudan      | Yellow fever   | Ungraded  | 3-Mar-20             | 3-Mar-20                  | 23-Mar-20               | 2           | 2               | 0     | 0.00% |

On 3 March 2020, the Ministry of Health of South Sudan reported 2 cases of presumptive yellow fever, found IgM positive at the regional reference laboratory, Uganda Viral Research Institute (UVRI). Eventually on 28 March 2020, the two cases were confirmed for yellow fever after plaque reduction neutralization testing (PRNT). As of 27 March 2020, these are the only two cases (no deaths, CFR 0%) that have been confirmed by serological and PRNT at UVRI from Kajo Keji county, in villages located close to forested areas in close proximity and frequent contact with communities in affected Moyo District.

| Tanzania, United Republic of | COVID-19 | Grade 3 | 16-Mar-20 | 16-Mar-20 | 29-Mar-20 | 14 | 14 | 0 | 0.00% |

The Ministry of Health, Community Health Community Development, Gender, Elderly and Children (MOHCDGEC) in Tanzania has reported the country’s first case of COVID-19 on 16 March 2020. As of 29 March 2020, a total of 14 cases have been reported in the country.

| Togo             | COVID-19       | Grade 3   | 6-Mar-20             | 1-Mar-20                  | 29-Mar-20               | 28          | 28              | 1     | 3.60% |

On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 22 March 2020, a total of 28 cases including one death have been reported in the country. Two cases have recovered to date.

| Togo             | Poliomyelitis (cVDPV2) | Grade 2 | 18-Oct-19 | 13-Sep-19 | 25-Mar-20 | 9 | 9 | 0 | 0.00% |

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Since the beginning of 2020, one case has been reported. There were eight cases reported in 2019.
Between 1 and 31 January 2019, 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 majority of refugees are from South Sudan (62.9%), the Democratic Republic of the Congo (28.8%) and Burundi (3.5%). Most are women within the age group 18 - 59 years.

Uganda COVID-19 Grade 3 21-Mar-20 21-Mar-20 29-Mar-20 33 33 0 0.00%

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 29 March, a total of 33 confirmed COVID-19 case was reported in the country.

Uganda Crimean-Congo haemorrhagic fever (CCHF) Ungraded 13-Feb-20 21-Jan-20 10-Feb-20 1 1 0 0.00%

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 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.

Uganda Yellow fever Ungraded 22-Jan-20 31-Oct-19 30-Jan-20 15 5 5 33.30%

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.

Zambia COVID-19 Grade 3 18-Mar-20 18-Mar-20 26-Mar-20 16 16 0 0.00%

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 29 March, a total of 16 confirmed COVID-19 case were reported in the country.

Zambia Poliomyelitis (cVDPV2) Grade 2 17-Oct-19 16-Jul-19 25-Mar-20 2 2 0 0.00%

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.

Zimbabwe Anthrax Ungraded 6-May-19 6-May-19 20-Jan-20 286 1 0.30%

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 week36, 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.

Zimbabwe COVID-19 Grade 3 20-Mar-20 20-Mar-20 29-Mar-20 5 5 1 0.00%

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 22 March, a total of 2 confirmed COVID-19 cases were reported in the country.

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

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