

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 13: 23 - 29 March 2020

Data as reported by: 17:00; 29 March 2020



World Health
Organization

REGIONAL OFFICE FOR
Africa
WHO Health Emergencies Programme

2

New events

101

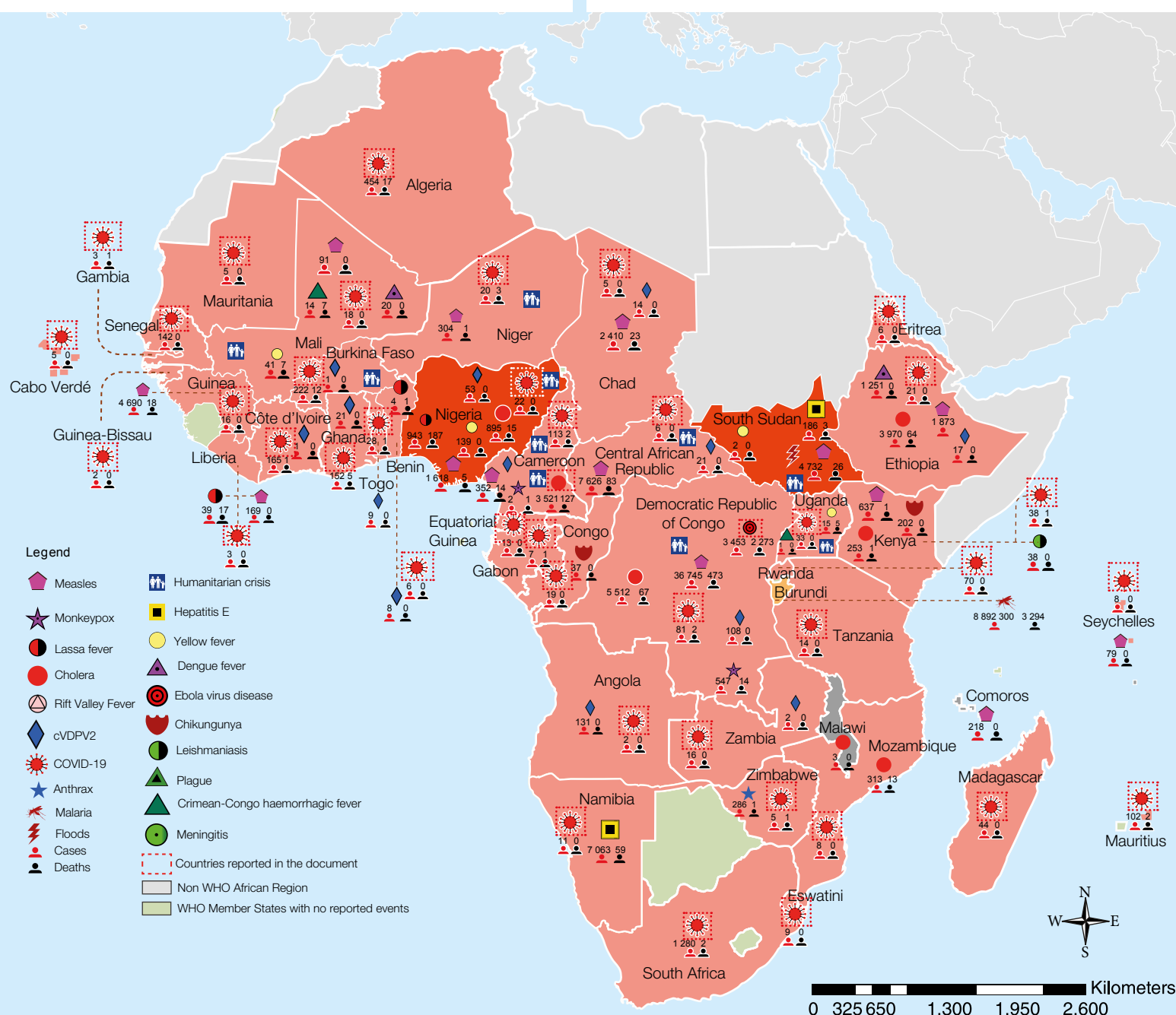
Ongoing events

92

Outbreaks

11

Humanitarian
crises



Graded events †

42

Grade 3 events

15

Grade 2 events

1

Grade 1 events

38

Ungraded events

2

Protracted 3 events

2

Protracted 2 events

3

Protracted 1 events

Overview

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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.

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 (5), 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).

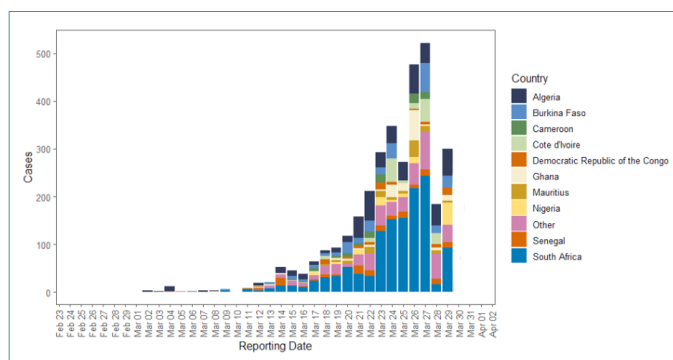
In the WHO African Region, 60% of cases with known sex are males. Cases range from one-month-old to 88 years of age, with a median age of 41.5 years. The age of deceased case-patients ranges from 21 to 88 years old, with a median age of 55 years.

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.

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.

Ongoing events

Ebola virus disease

Democratic Republic of the Congo

3 453 Cases : 2 273 Deaths : 66% CFR

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.

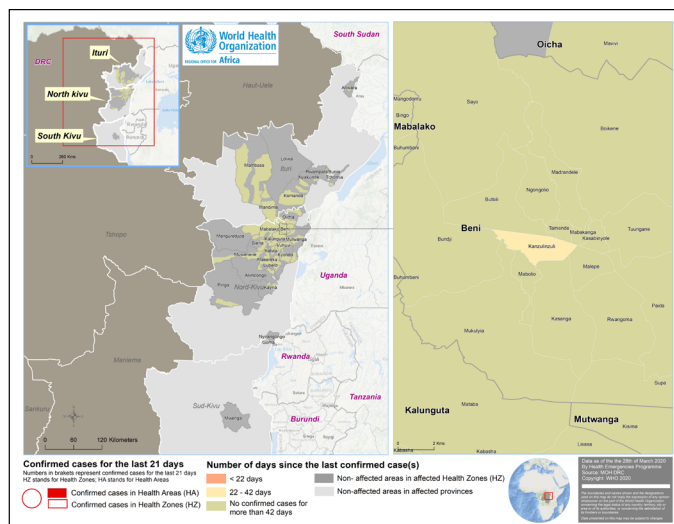
As of 28 March 2020, a total of 2 273 deaths were recorded, including 2 130 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 64% (2 130/3 310). As of 28 March 2020, the total number of health workers affected remains at 171, representing 5% of confirmed and probable 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.

Geographical distribution of confirmed Ebola virus disease cases reported from 8 to 28 March 2020, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo.



- As of 28 March 2020, 32 health facilities have been assessed in the Butembo, Katwa and Mabalako health zones, along with assessment of 290 handwashing points in the Butembo, Katwa, Oicha and Mabalako health zones.
- Educational talks and community dialogues continue in Beni, Mabalako, Mambasa and Biakato, involving target groups in each community, with the objective of strengthening community-based surveillance and facilitate the transfer of suspected cases to transit and treatment centres.

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 Littoral Region.

In the North Region, no new cases have been registered since 16 December 2019. A total of 13 out of 15 districts recorded suspected cases (Bibémi, Figuil, 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 (Kaélé, Kar Hay, Moutourwa, Guidiguiss, 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%).

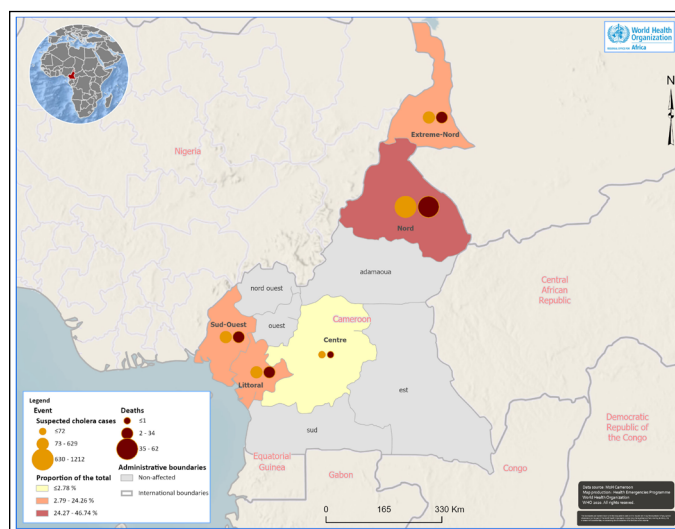
In Littoral Region, two new cases were registered on 15 March 2020. As of this date there have been 279 cases with 14 deaths (case fatality ratio 5%), with eight laboratory confirmed cases. Ten health districts have been affected (Nylon, Manoka, Boko, Deido, Bangue, Cité des palmiers, Bonassama, Japoma, 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.

Geographical distribution of confirmed cholera cases reported in Cameroon, as of 15 March 2020.



- Water, sanitation and hygiene (WASH) activities include distribution of Aquatabs by REO in the South-West Region, and household disinfection in the Littoral Region.
- Vaccination is being supported in the Littoral Region by WHO, IMC and Médicines Sans Frontières.
- Cholera awareness tools are being disseminated in the Littoral region, with community relays deployed in the field.

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.

Summary of major issues, challenges and proposed actions

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.

All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
New Events									
Guinea-Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	29-Mar-20	2	2	0	0.00%
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.									
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	29-Mar-20	18	18	0	0.00%
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.									
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	28-Mar-20	454	454	29	6.40%
From 25 February to 28 March 2020, a total of 454 confirmed cases of COVID-19 with 29 deaths (CFR 6.4%) have been reported from Algeria. Thirty-nine percent (n=176) of the cases have been reported from the Wilaya of Blida.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	29-Mar-20	2	2	0	0.00%
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.									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	1-Jan-19	25-Mar-20	131	131	0	0.00%
Two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported from Moxico province. The total number of cases for 2019 is 129 while in 2020 two cases have been reported to date. These cases are from seven outbreaks which occurred in 2019.									
Benin	COVID-19	Grade 3	17-Mar-20	16-Mar-20	29-Mar-20	6	6	0	0.00%
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.									
Benin	Lassa fever	Ungraded	19-Feb-20	17-Feb-20	24-Feb-20	4	4	1	25.00%
From 17 to 24 February 2020, a total of 4 confirmed cases of Lassa fever have been reported in Tchaourou commune in Borgou department of Benin. One death was recorded on 18 February 2020 in the index case and a safe and dignified burial has been conducted. All cases are residents of Bukuro city, Kwara state, Nigeria. A total of 34 contacts, including 23 healthcare workers, are under follow-up.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	25-Mar-20	8	8	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were eight cVDPV2 cases in 2019 linked to the Jigawa outbreak in Nigeria.									
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	26-Feb-20	-	-	-	-
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, Djibo, Matiacoali, Arbinda, and Titao.									
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	28-Mar-20	222	222	12	5.40%
Between 9 and 28 March 2020, a total of 222 confirmed cases of COVID-19 with 12 deaths have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2		1-Jan-19	25-Mar-20	1	1	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There is one case from 2019 in the country, linked to the Jigawa outbreak in Nigeria.									
Burundi	Malaria	Grade 2		1-Jan-19	29-Dec-19	8 892 300		3 294	0.00%
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	5-Mar-20	-	-	-	-
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.									
Cameroon	Humanitarian crisis (NW & SW)	Grade 2	1-Oct-16	27-Jun-18	5-Mar-20	-	-	-	-
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.									
Cameroon	Cholera	Ungraded	1-Mar-19	1-Mar-19	15-Mar-20	3 521	-	127	3.6%
Detailed update given above.									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	29-Mar-20	113	113	2	1.80%
Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 29 March 2020, a total of 113 cases have been reported, including two deaths.									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-20	28-Feb-20	352	155	14	0%
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, bafia, Biyem Assi, Cite Verte, Djoungolo, Elig Mfomo, Mbalmayo, Mbandjock, Mfou, Monatele, Ngoumou, Nkolbisson, Nkolondongo, and Ntui districts.									
Cameroon	Monkeypox	Ungraded	14-Jan-20	8-Jan-20	17-Jan-20	2	1	1	50.00%
WHO was notified of an outbreak of monkeypox on 14 January 2020 by the Ministry of Public Health in Cameroon following the confirmation of the monkeypox case by the Institut Pasteur laboratory on 08 January 2020. The index case is a 13 months old child from Tomba1 village, health area of Ayos Urbain, Ayos Health district, centre region, who consulted at Arche de Noé health centre on 20 December 2019 with signs compatibles 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 2020. The second confirmed case is the mother of the dead child.									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	29-Mar-20	5	5	1	20.00%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 29 March, a total of five confirmed COVID-19 cases including one death were reported in the country.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	2-Feb-20	-	-	-	-
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 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 0000.									
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	29-Mar-20	6	6	0	0.00%
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.									
Central African Republic	Measles	Grade 2	15-Mar-19	1-Jan-19	23-Feb-20	7 626	517	83	1.10%
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.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	25-Mar-20	21	21	0	0.00%
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.									
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	29-Mar-20	5	5	0	0.00%
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Chad	Measles	Ungraded	24-May-18	1-Jan-19	23-Feb-20	2 410	31	23	1.00%
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, Korbol, Kelo and Guelao.									
Chad	Poliomyelitis (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 Jigawa 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 Oichili (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 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.									
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	29-Mar-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	COVID-19	Grade 3	11-Mar-20	11-Mar-20	29-Mar-20	165	165	1	0.60%
Since 11 March 2020, a total of 165 confirmed cases of COVID-19 have been reported from Cote d'Ivoire. The majority of cases have been reported from Abidjan (80% of reported cases). Three cases have recovered from the disease.									
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 number of people in need of humanitarian assistance. Populations movement due to armed clashes and inter-community fighting continue to be reported in North-Kivu, Tanganyika, Ituri, Kasai central and South-Kivu provinces. In Ituri, Irumu and Mambasa territories armed group attacks which resulted in 60 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	5 512	-	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 8 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, Mandombe, Kongo-Central, Equateur, Kwilu, Kasai and Sankuru.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-20	1-Mar-20	547	-	14	2.60%
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.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	15-Feb-18	1-Jan-18	25-Mar-20	108	108	0	0.00%
No cVDPV2 cases were reported this week. There are two cases reported in 2020 so far and the total number of cases reported in 2019 remains 86. There were 20 cases reported in 2018. DR Congo continues to be affected by several other genetically distinct cVDPV2s (notably in Kasai, Kwilu, Kwango and Sankuru provinces).									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	29-Mar-20	13	13	0	0.00%
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.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	29-Mar-20	6	6	0	0.00%
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.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	29-Mar-20	9	9	0	0.00%
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.									
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	9-Feb-20	3 970		64	1.60%
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.									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	29-Mar-20	21	21	0	0.00%
Ethiopia confirmed a total of 21 cases of COVID-19 on 27 March 2020 since the confirmation of the first case on 13 March 2020.									
Ethiopia	Dengue	Ungraded	3-Nov-19	9-Sep-19	8-Dec-19	1 251	6	0	0.00%
Between week 37 and week 49 in 2019, a total of 1 251 suspected cases and 6 confirmed cases of dengue fever were reported from Afar region. The peak of the outbreak was observed in week 38 when more than 300 suspected cases were reported.									
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-19	9-Feb-20	1 873		-	-
In week 6 (week ending 9 February 2020), the measles outbreak is still ongoing in Oromia, SNNPR and Somali regions. A total of 1 873 suspected cases with were reported as of week 5 with the majority of suspected cases being reported from Oromia region.									
Ethiopia	Poliomyelitis (cVDPV2)	Ungraded	24-Jun-19	20-May-19	25-Mar-20	17	17	0	0.00%
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.									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	29-Mar-20	7	7	1	14.30%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 29 March 2020, a total of 7 cases including one death have been reported in the country.									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	29-Mar-20	3	3	1	33.30%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 22 March 2020, a total of three confirmed COVID-19 cases including one death was reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	29-Mar-20	152	152	5	0.00%
On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. As of 29 March 2020, a total of 152 cases including 5 deaths have been reported in the country.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	25-Mar-20	21	21	0	3.30%
No cVDPV2 cases were reported this week. There are three cases in 2020 so far while the total number of 2019 cases remain 18.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	29-Mar-20	16	16	0	0.00%
The Ministry of health in Guinea Conakry announced the first confirmed case of COVID-19 on 13 March 2020. As of 29 March 2020, a total of 16 cases have been reported in the country.									
Guinea	Measles	Ungraded	9-May-18	1-Jan-19	3-Nov-19	4 690	1 091	18	0.30%
During week 44 (week ending 3 November 2019), 127 suspected cases of measles were reported. From week 1 to 44 (1 January – 3 November 2019), a total of 4 690 suspected cases including 18 deaths (CFR 0.4%) have been reported. Of the 4 690 suspected cases, 1 773 were sampled, of which 1 091 tested positive for measles by serology. Three localities in three health districts are in the epidemic phase, namely, Wanindara in Ratoma health district, Dounet in Mamou health district and Soumpoura in Tougue health district.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Kenya	Chikungunya	Ungraded	24-Jan-20	31-Dec-19	16-Feb-20	202	17	0	0.00%
A chikungunya outbreak was reported in Kenya and has affected Hagadera Sub County in Garissa County. As of reporting date, a total of 163 cases with 17 confirmed positives have been reported. The index case was seen on 31 December 2019.									
Kenya	Cholera	Ungraded	21-Jan-19	1-Jan-20	16-Feb-20	253	3	1	0.40%
In week 7 (week ending 16 February 2020), 62 new suspected cases were reported from Turkana county. Since 1 January 2020, cholera outbreak has been reported in three counties namely: Garissa, Wajir and Turkana. Cumulatively, a total of 253 cases with 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.									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	29-Mar-20	38	38	1	2.60%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 cases in the country. As of 29 March 2020, 38 confirmed COVID-19 cases including one death were confirmed in the country.									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	3-Jan-20	16-Feb-20	38	15	0	0.00%
In week 7 (week ending 16 February 2020), no new case was reported. Since the beginning of the outbreak, suspected and confirmed cases of leishmaniasis have been reported from Mandera, Marsabit, Wajir and Garissa counties.									
Kenya	Measles	Ungraded	6-May-19	20-Mar-19	16-Feb-20	637	15	1	0.20%
A total of 198 cases with 5 confirmed have been reported new outbreak of measles has been reported from Pokot North sub county, Alale location since 20 October 2019. The last measles cases were reported in Kajiado County, Kajiado West Sub-County on 8 September 2019 (425 suspected cases, 4 confirmed and 1 death). Additionally, 10 cases including 6 laboratory-confirmed cases were reported from Garissa County in Dadaab Sub-County in May 2019.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	29-Mar-20	3	3	0	0.00%
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.									
Liberia	Lassa fever	Ungraded	23-Jan-19	1-Jan-20	15-Mar-20	39	39	17	43.60%
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.									
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-19	16-Feb-20	169	35	0	0.00%
In week 7 (week ending on 16 February 2020), 38 suspected cases were reported from 9 out of 15 counties across the country. Since the beginning of 2020, 169 cases have been reported across the country, of which 35 are laboratory-confirmed, 20 are epi-linked, and 53 are clinically confirmed.									
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	29-Mar-20	44	44	0	0.00%
The first COVID-19 confirmed cases were reported in Madagascar on 20 March 2020. As of 29 March, a total of 44 confirmed COVID-19 cases were reported in the country.									
Malawi	Cholera	Ungraded	9-Jan-20	9-Jan-20	19-Feb-20	3	3	0	0.00%
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.									
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	7-Dec-19	-	-	-	-
The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The number of internally displaced persons is increasing, and it was estimated at 199 385 in October 2019. This increase is associated with repeated violence in Mopti, Gao, Menaka and zones in the neighbourhood of Burkina Faso border. The country is also facing infectious diseases outbreaks which include yellow fever, measles, and dengue. Cases of malnutrition continue to be reported at the country level. In week 48, a total of 5 206 cases of acute malnutrition were reported.									
Mali	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	2-Feb-20	5-Jan-20	7-Feb-20	14	3	7	50.00%
The regional Directorate of Health in Mopti notified a total of 14 suspected haemorrhagic fever including 7 deaths on 2 February 2020. All notified cases are from Mopti Health district, Korienze health area, Kera village. Three out of nine laboratory samples that were sent to the Public health institute turned positive for Crimean Congo Haemorrhagic fever. Response activities are ongoing in the affected health district.									
Mali	Dengue	Ungraded		1-Jan-19	7-Dec-19	20	9	0	0.00%
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.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-19	9-Feb-20	91	17	0	0.00%
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.									
Mali	Yellow fever	Ungraded	3-Dec-19	3-Nov-19	22-Dec-19	41	5	7	17.10%
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	29-Mar-20	5	5	0	0.00%
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.									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	29-Mar-20	102	102	2	2.00%
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	Cholera	Ungraded	20-Feb-20	31-Jan-20	22-Feb-20	313	1	13	4.20%
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 de Praia, Macomia and Ibo. 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.									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	29-Mar-20	8	8	0	0.00%
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.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	29-Mar-20	11	11	0	0.00%
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.									
Namibia	Hepatitis E	Protracted 1	18-Dec-17	8-Sep-17	29-Dec-19	7 063	1 731	59	0.80%
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, Erongo, Oshana, Oshikoto, Kavango, Ohangwena, Omaheke, Hardap, Karas, Otjozondjupa, and Kunene regions.									
Niger	Humanitarian crisis	Protracted 1	1-Feb-15	1-Feb-15	23-Jan-20	-	-	-	-
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 of Sinegodar situated in the health district of Banibangou, 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 Tillabery, 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.									
Niger	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 on 19 March 2020. As of 29 March, a total of 20 confirmed COVID-19 cases including 3 deaths were reported in the country.									
Niger	Measles	Ungraded	10-May-19	1-Jan-20	2-Feb-20	304	-	1	0.30%
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 (17cases, 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 10 207 suspected measles cases were reported from eight regions in the country.									
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	31-Jan-20	-	-	-	-
The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security compromised areas characterized by overcrowded population in many camps in the region. Due to shrinking humanitarian space health partners are facing challenges in delivery of timely and urgent life-saving assistance as access challenges are impacting movement of mobile medical teams, ambulances, immunization staff and medical cargo in many locations across Borno state. The cholera outbreak in Adamawa state is ongoing, though the number of cases being reported is showing a downward trend.									
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-20	29-Mar-20	65	65	1	1.50%
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.									
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-20	22-Mar-20	943	932	187	19.80%
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.									
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-19	31-Jan-20	1 618	303	5	0.30%
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%). Katsina (356) Sokoto (324), Borno (165), and Yobe (88) states account for 62.3% of the cases reported in January 2020. Of the 720 samples tested, 303 were IgM positive for measles.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	25-Mar-20	53	53	0	0.00%
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Nigeria	Yellow fever	Ungraded	14-Sep-17	1-Jan-20	31-Jan-20	139	0	0	0.00%
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 twsted 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 havebeen 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.									
Seychelles	Measles	Ungraded	21-Jan-20	13-Jan-20	16-Feb-20	79	24	0	0.00%
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 two were detected on Mahe island. All age groups have been affected.									
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 Lankein. 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	Measles	Ungraded	24-Nov-18	1-Jan-19	26-Jan-20	4 732	247	26	0.50%
Between week 1 in 2019 to week 4 in 2020, a total of 4 731 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; Gogrial West; Aweil South; Melut; Gogrial East; Juba; Tonj North; Aweil West; Aweil East; Renk; Wau; Tonj North; Jur River; Yambio, Budi, Ikotos, Maban and Aweil East, Ikotos, Tonj East, Magwi and Bomaand) and 4 Protection of Civilians Sites POCs (Juba, Bentiu, Malakal and Wau).									
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 country, 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 (MOHCDCGEC) 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	31-Jan-20	-	-	-	-
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. No history of getting in contact with slaughtered animal meat or bush meat. 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 week 36, 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. Since 1 January to 20 January 2020, a total of 178 cases were reported mainly in Masvingo (119 cases), Midlands (31 cases) and Mashonaland west (28 cases) provinces.									
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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