

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 14: 30 March to 5 April 2020
Data as reported by: 17:00; 5 April 2020

6

New events

105

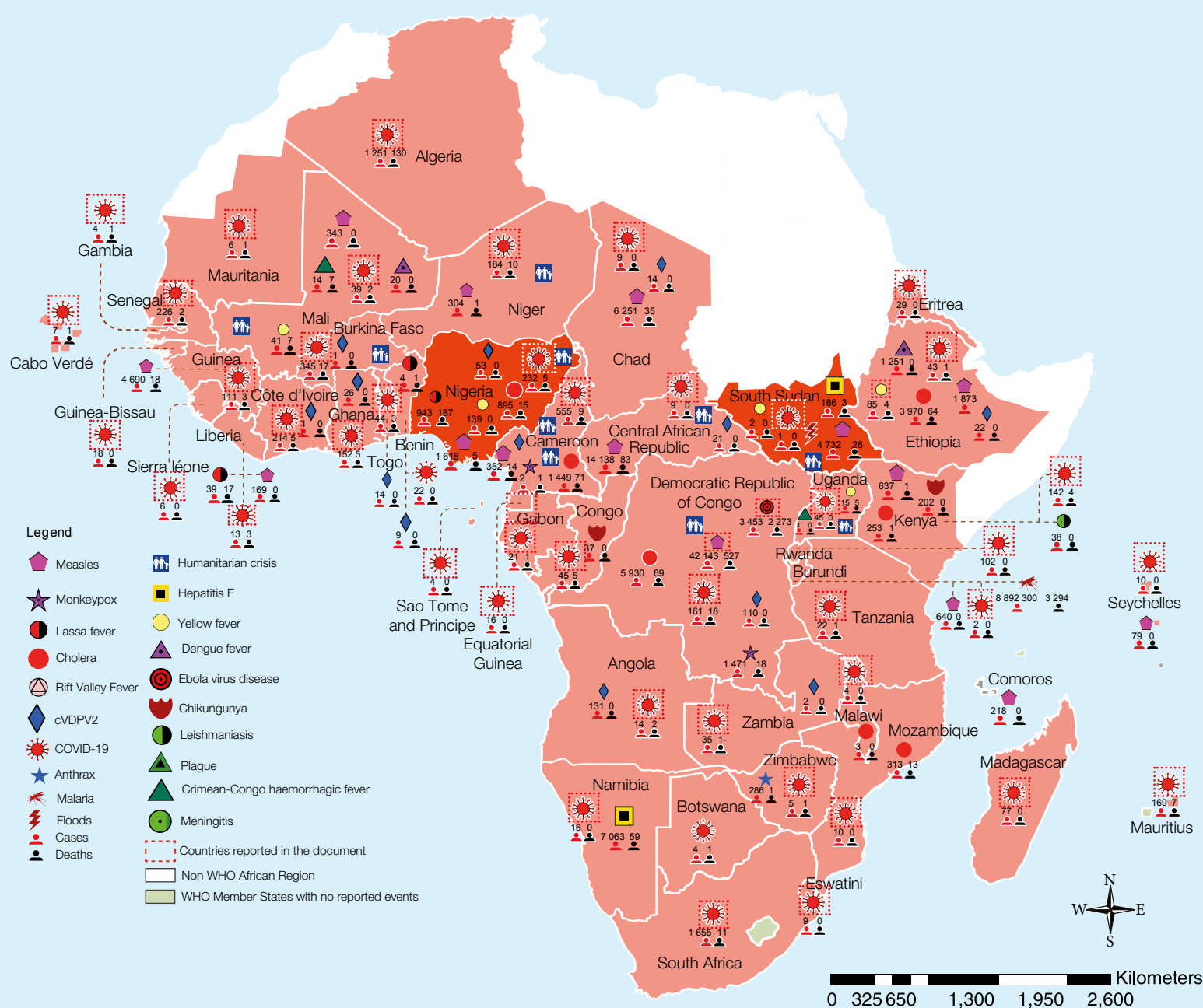
Ongoing events

100

Outbreaks

11

Humanitarian
crises



Graded events ↑

48

Grade 3 events

2

Protracted 3 events

15

Grade 2 events

2

Protracted 2 events

1

Grade 1 events

3

Protracted 1 events

40

Ungraded 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 111 events in the region. This week's main articles cover key new and ongoing events, including:

- [Coronavirus disease 2019 \(COVID-19\) in the WHO African Region](#)
- [Ebola virus disease in Democratic Republic of the Congo](#)
- [Measles in Democratic Republic of the Congo](#)
- [Yellow fever in Ethiopia](#)

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 and spreading geographically across the WHO African Region, with 45 (96%) of the 47 countries in the Region now reporting cases. South Sudan and Sao Tome and Principe are the latest to confirm cases, leaving only Comoros and Lesotho. The cumulative number of confirmed COVID-19 cases in the WHO African Region has surpassed 6000 and mortality figures are steadily growing, standing at 242. Eight countries (Cameroon, Nigeria, Algeria, Senegal, Burkina Faso, Ghana, Cote d'Ivoire 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. However, with local transmission still relatively limited, it is still possible to change the trajectory and impact of the COVID-19 pandemic in the continent through continuing to take all necessary and proven public health measures, especially finding cases, providing care, contact tracing and isolation. In addition, all countries need to widely inform their populations to practice physical distancing, hand washing and cough etiquette.
- The ongoing, large and complex measles outbreak in Democratic Republic of the Congo is of particular concern in the face of rising case incidence and mortality since week 7 of 2020. The outbreak has affected every province in the country, with seven provinces particularly badly affected, one of which is South Kivu, which is only just starting to recover from the Ebola virus disease outbreak. Challenges continue around the rapid organization of the immunization response, lack of free care for measles cases and inadequacy in managing complicated cases. In addition, some vital response measures may be disrupted by the lockdown measures across the country and particularly in Kinshasa Province. As focus shifts towards COVID-19 response measures, this serious and long-lasting outbreak must not be neglected.

EVENT DESCRIPTION

Since week 9 2020 (25 February 2020), the WHO African Region has been experiencing a marked increase in number of confirmed cases as well as geographical expansion of the coronavirus disease 2019 (COVID-19) global pandemic. In week 14 (week ending 5 April 2020), six countries, namely, Burundi, Botswana, Eritrea, Malawi, Sao Tome and Principe and South Sudan reported their first confirmed cases of COVID-19, which means that a total of 45 countries in the WHO African Region have reported confirmed cases of COVID-19.

During week 14, a total of 2 977 new confirmed cases of COVID-19 was reported, a 20% increase compared to 2 477 cases reported in the previous week.

As of 5 April 2020, the WHO African Region had passed 6 000 confirmed COVID-19 cases with a cumulative total of 6 194 cases and 242 associated deaths (case fatality ratio 3.9%) reported from 45 countries. These countries include: South Africa (1 655), Algeria (1 251), Cameroon (555), Burkina Faso (302), Cote d'Ivoire (261), Mauritius (227), Senegal (222), Ghana (214), Nigeria (208), Niger (184), Democratic Republic of the Congo (161), Kenya (142), Guinea (111), Rwanda (102), Madagascar (77), Uganda (48), Republic of Congo (45), Togo (44), Ethiopia (43), Zambia (39), Mali (39), Benin (22), Eritrea (29), United Republic of Tanzania (22), Gabon (21), Guinea-Bissau (18), Equatorial Guinea (16), Namibia (16), Angola (14), Liberia (13), Mozambique (10), Seychelles (10), Central African Republic (9), Chad (9), Eswatini (9), Zimbabwe (9), Mauritania (6), Sierra Leone (6), Cape Verde (5), Botswana (4), Gambia (4), Malawi (4), Sao Tome and Principe (4), Burundi (3) and South Sudan (1).

Of note is the exponential increase in confirmed cases registered in eight countries in the past week since our last report on 22 March 2020: Cameroon 391% (555 vs 113), Nigeria 220% (208 vs 65), Algeria 176% (1251 vs 454), Cote d'Ivoire 58% (261 vs 165), Senegal 56% (222 vs 142), Ghana 41% (214 vs 152), Burkina Faso 36% (302 vs 222) and South Africa 29% (1 655 vs 1280). Cape Verde and Eswatini did not record any new cases this week.

The 242 deaths in the region were reported from Algeria (130), Democratic Republic of Congo (18), Burkina Faso (15), South Africa (11), Niger (10), Cameroon (9), Mauritius (7), Ghana (5), Republic of Congo (5), Kenya (4), Mali (4), Nigeria (4), Liberia (3), Togo (3), Senegal (2), Angola (2), Botswana (1), Cape Verde (1), Cote d'Ivoire (1), Ethiopia (1), Gabon (1), Gambia (1), Mauritania (1), Senegal (1), Tanzania (1), Zambia (1) and Zimbabwe (1). Furthermore, six countries among those with a high case load in the region have shown very high case fatality ratios; Algeria 10.4 (130/1 251), Democratic Republic of Congo 11.0 (18/161), Niger 5.4 (10/184), Burkina Faso 5.0 (15/302) and Mauritius 3.1 (7/227).

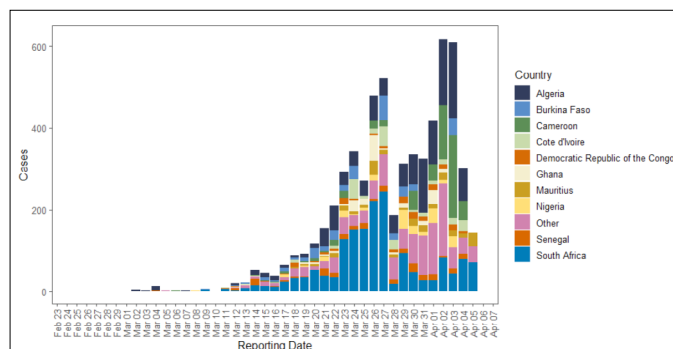
In the WHO African Region, 60% of cases with known sex are males. Cases range from one-month-old to 88 years of age with a median of 42 years. The age of deceased case-patients ranges from 21 to 88 years with a median of 55 years.

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 previous 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.

Epicurve of confirmed cases of COVID-19 in the WHO African Region, 25 February – 5 April 2020.



- 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, immediate isolation and identification and follow-up of contacts.
- 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, when previously only two laboratories in Senegal and South Africa had the ability to test 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 and deaths, rigorous efforts are needed to bring the situation under control. Many of the countries in the region are still experiencing sporadic imported or local cases, 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, swift mitigation measures should be adapted to reduce the impact of the pandemic. WHO continues to advise all countries to scale-up readiness and response measures aimed at early detection and containment of the disease.

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 44th consecutive day without reporting new confirmed EVD cases. The last confirmed EVD case was discharged from an Ebola Treatment Centre on 3 March after recovering and twice testing negative for the virus. On 9 March, the last contacts finished their mandatory follow-up period.

As of 1 April 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.

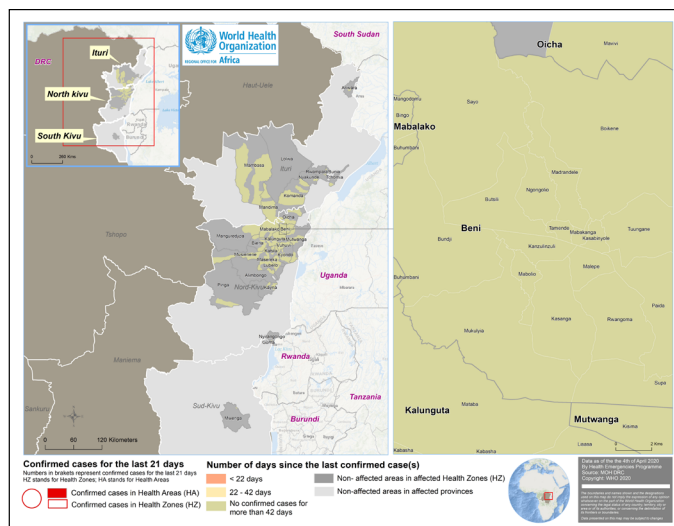
As of 1 April 2020, a total of 2 273 deaths were recorded, including 2 130 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 64% (2 130/3 310). As of 28 March 2020, the total number of health workers affected remains at 171, representing 5% of confirmed and probable cases.

Thirteen out of 50 health zones raised alerts on 1 April 2020. Of 1 594 alerts processed (of which 1 575 were new) in reporting health zones on 1 April 2020, 1 589 were investigated and 156 (9.8%) 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 some response staff leaving the area.
- As of 1 April 2020, 283 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 7 529 since 8 January 2020.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 170 million screenings to date. A total of 104/110 (94.5%) PoE/PoC transmitted reports as of 1 April 2020.
- Community feedback has suggested that there may be relaxation of health control activities in the Mukulya PoC in Beni Health Zone.
- On 1 April 2020, an incinerator and an afterbirth pit were built at the medical centre Imagerie des Grand Lacs, Beni. In addition, 168 providers from Beni, Oicha, Mambasa and Mabalako were briefed and supported on IPC measures. At the same time 100 handwashing points were assessed in Oicha, Mambasa and Mabalako.

Geographical distribution of confirmed Ebola virus disease cases reported from 1 April 2020, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo.



- 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 reported confirmed EVD cases in the past 44 days, this outbreak appears to be coming under control. However, due to challenges related to continued insecurity and population displacement in previous hotspots and potential shortages of resources required to carry out response activities amidst other local and global emergencies, there remains a high risk of re-emergence of EVD in the period leading up to the declaration of the end of the outbreak, as well as for several months following that declaration. In order to mitigate the risk of re-emergence, it is critical to maintain surveillance and rapid detection and response capacities, prioritize survivor care, and maintain cooperative relationships with survivors' associations.

EVENT DESCRIPTION

The measles outbreak in Democratic Republic of the Congo continues, with continuous high case incidence and mortality. Between weeks 1-6, 2020, there was a gradual reduction in the weekly case incidence. However, the number of new reported cases has been steadily increasing from weeks 7-12, 2020. In week 12 (week ending 22 March 2020), a total of 4 171 suspected measles cases, with 36 deaths (case fatality ratio 0.9%), were notified in 197 out of 499 health zones that reported at least one case of suspected measles. This is an increase in the number of cases compared to week 11 (week ending 15 March 2020) but a slight decrease in the number of deaths. The provinces that have notified the most cases are South Ubangi (931), North Ubangi (736), Mongala (417), Maindombe (286), North Kivu (280), Kongo Central (265) and Equateur (255). The greatest case fatality ratios have been reported from Sankuru (5.1%), Tshuapa (2.6%), Kasai (2.3%) and Equateur (2%). One new health zone, Kimpangu in Kongo Central, has newly confirmed an outbreak.

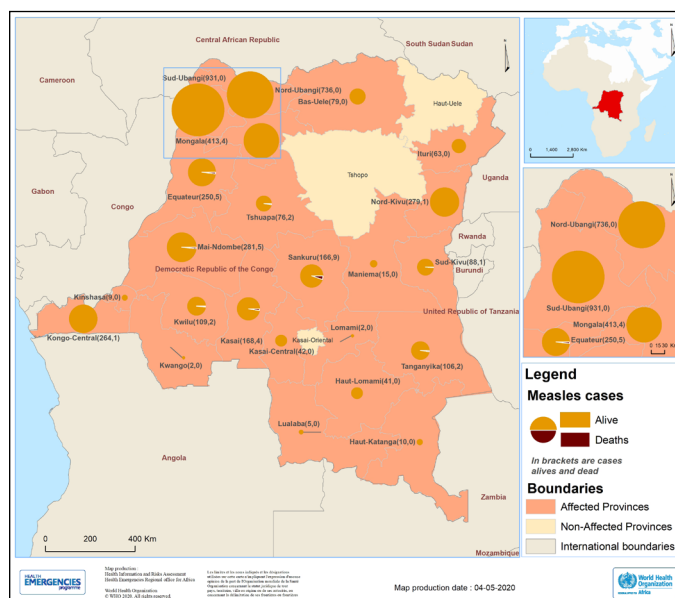
Between weeks 1 to 12 of 2020, a total of 42 143 suspected cases have been reported, with 527 deaths (case fatality ratio 1.3%). This is fewer than the same period in 2019, when 48 845 cases, with 879 deaths (case fatality ratio 1.8%) were reported.

As of 22 March 2020, there has been a total of 353 551 cases and 6 558 deaths (case fatality ratio 1.9%) since the 31 December 2018. The under-five age group remains the most affected across the country from week 1 to 12 of 2020, with 62.3% of cases. The outbreak is still active in western and southern provinces in the health zones of Mongala, South and North Ubangi, Equateur, Maindombe, Kongo Central, Kasai, Kwilu and Sankuru. Some eastern provinces, including Haut Uele, North and South Kivu and Tanganyika are also affected.

PUBLIC HEALTH ACTIONS

- Surveillance continues with daily case notification, and 95 health zones have updated their line lists.
- There is regular information exchange with sub-coordinators and consultants deployed at hotpots.
- Community relays in Kinshasa have been briefed on measles and other disease surveillance.
- A total of 350 nutritional kits have been ordered and distribution is planned with support from WHO; there is continued supervision and training of health workers on case management, along with technical guidelines for the management of simple and complicated cases of measles provided to health zones.
- Case management data collection is in progress, with the support of the sub-coordinators.
- The vaccine response is ongoing, although coordination meetings have been cut back in response to the COVID-19 pandemic, with most teams working remotely and meeting through teleconferencing.

Geographical distribution of confirmed measles cases reported in Democratic Republic of the Congo, as of 22 March 2020.



- Funds for immunization campaigns have been forwarded to provinces with the support of WHO, along with deployment of technical staff and central supervisors from the Ministry of Health to health zones.
- The immunization response activities have been completed in Tshuapa and results are being centralized; immunization is in progress in Kongo Central and Mongala, but has been delayed in Kinshasa as a result of the COVID-19 outbreak.
- MSP Guidelines on the organization of the immunization services in the context of the COVID-19 pandemic in the country have been shared, along with guidelines on submitting reports via phone apps.

SITUATION INTERPRETATION

The ongoing measles outbreak in Democratic Republic of the Congo is of grave concern, particularly as some vital response measures may be disrupted by lockdown measures during the COVID-19 outbreak, particularly in Kinshasa Province. Challenges continue around rapid organization of the immunization response in many provinces, lack of free care for measles cases, lack of sampling kits, insufficient nutritional kits in some health areas and referral hospitals and inadequacies in managing complicated measles cases. Communication problems persist, with a lack of GSM networks and geographical inaccessibility of many health facilities. While funds are being transferred to provinces to aid in their measles response, the problems with organization and communication need urgently to be addressed by national and local authorities. As focus shifts towards COVID-19 response measures, this serious and long-lasting outbreak must not be neglected.

EVENT DESCRIPTION

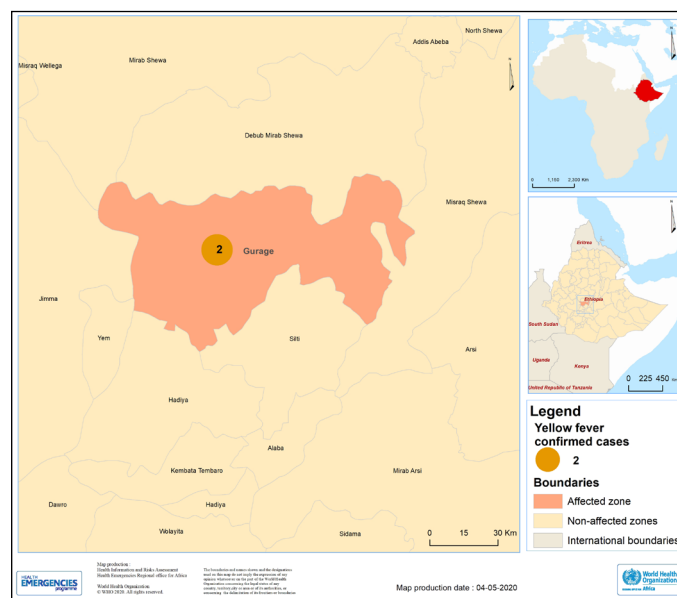
On 3 March 2020, the Ethiopian Public Health Institute (EPHI) reported three suspected yellow fever cases in Ener Enor woreda, Gurage zone, Southern Nations Nationalities and Peoples Region (SNNPR). These cases were reported from the same household (father, mother and son) located in a rural kebele. Two of three samples tested positive at national level on reverse transcription-polymerase chain reaction, and were subsequently confirmed positive by plaque reduction neutralization testing at the regional reference laboratory, Uganda Viral Research Institute (UVRI) on 28 March 2020.

Following the positive test results, an in-depth investigation and response was conducted by a multidisciplinary team, with support from the government and partners. As of 4 April 2020, a total of 85 cases (2 confirmed cases, 6 presumptive positive cases and 77 suspected cases) have been notified from six kebele in Ener Enor woreda, of which 54 suspected cases are reported from Wedesha kebele. The other 31 cases were reported from four Kebele: Doba, Shimorow, Kend and Terbe. Sample from the suspected cases are currently being tested at the national laboratory. Four deaths have been recorded from a single kebele (Wedesha) with an overall case fatality ratio of 4.7% among suspected cases. The preliminary results from the entomological findings indicate presence of larvae of suspected *Aedes* mosquitoes, which are found in the surroundings of several homesteads.

PUBLIC HEALTH ACTIONS

- Rapid response teams have been deployed to conduct detailed epidemiological and entomological investigations in Ener Enor woreda.
- The country rapidly mounted a reactive vaccination campaign from 26 to 31 March 2020 targeting approximately 32 000 persons in the affected and surrounding kebeles (12 in total).
- A request for yellow fever vaccines for a larger scale reactive mass vaccination campaigns has been drafted by the country and submitted to the International Coordinating Group (ICG).
- An application for funds to facilitate preventive mass vaccination campaigns and to introduce yellow fever vaccine in routine immunization programme is under preparation, to be submitted to GAVI.
- Samples collected from presumptive positive cases have been shipped and are being tested at the arboviral reference laboratory in UVRI.
- Active case search and case management for all patients with suspected, probable and confirmed yellow fever is ongoing in the affected woreda.
- Risk communication to sensitize the populations on preventive measures against yellow fever are being conducted in the affected districts.

Geographical distribution of confirmed yellow fever cases reported in Ethiopia, as of 4 April 2020.



SITUATION INTERPRETATION

Yellow fever is known to be endemic in Ethiopia, with a history of outbreaks in 1960 to 1962, 1966, 2013 and lately in 2018. The country is classified as a high-risk in the “Eliminate Yellow Fever Epidemics” (EYE) Strategy and the estimated overall population immunity is very low in the current affected woreda. The onset of the rainy season since early March is anticipated to increase the vector burden in coming weeks, thereby increase the risk of ongoing yellow fever transmission to crowded urban areas. However, the country, with support of partners, has rapidly mounted a targeted reactive campaign in the affected woreda. A larger scale vaccination response is planned and will require careful assessment and planning due to the ongoing COVID-19 pandemic and the resulting wide spread travel restrictions. The introduction of yellow fever vaccine into the routine immunization schedule can reduce the risk of future outbreaks.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- The COVID-19 pandemic has gained a firm foothold in Africa, with most countries in the continent reporting an increasing number of confirmed cases. Community transmission is also increasing, as is the number of deaths, with some countries having a particularly high case fatality ratio. 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 bold actions to slow down rapid spread of the disease and mitigate the consequences.
- The serious and long-lasting outbreak of measles in Democratic Republic of the Congo is of grave concern, particularly as response measures may be adversely affected by lockdown restrictions imposed in response to the COVID-19 outbreak. Challenges remain around the immunization response, poor management of complicated cases, and communication problems with inadequate GSM networks and the inaccessibility of many health facilities.

Proposed actions

- African governments need to continue to implement containment and mitigation measures to slow the progression of the COVID-19 pandemic. Physical distancing and preventive measures at the personal and community levels has been implemented in many countries in the Region and should 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 the many countries whose borders have closed as part of their COVID-19 response.
- Local and national authorities in Democratic Republic of the Congo must not neglect responses to the measles outbreak as focus shifts towards COVID-19 response measures. Infrastructure supporting the COVID-19 measures, must, wherever possible, also be available for other serious outbreaks. At the same time, focus must remain on this measles outbreak, a disease with high morbidity and mortality, for which a vaccine is readily available.

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									
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	5-Mar-20	4	4	1	25.00%
On 30 March 2020, the Minister of Health and Wellness of Botswana reported three confirmed cases of COVID-19. Two of the cases had recently returned from Thailand (on 20 March 2020) and the third case, (a male) came from UK (21 March 2020). All the three were in quarantine and developed symptoms around the 28 March 2020. Contact tracing has already started for all the three cases. As of 5 April 2020, a total of four confirmed COVID-19 case have been reported in the country.									
Burundi	COVID-19	Grade 3	31-Mar-20	18-Mar-20	2-Apr-20	2	2	0	0.00%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases COVID-19. The two case-patients are Burundians, 56 and 42 years old, with travel history to Rwanda and the United Arab Emirates respectively. The patients were under quarantine at an isolation hotel in Bujumbura.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	5-Apr-20	4	4	0	0.00%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. There are three cases. The first affected person is a 61-year-old female from Lilongwe. The affected woman had recently returned from India where she was in contact with a relative who was later confirmed as Coronavirus positive. She was in self-quarantine for 14 days after arriving in Malawi, but later became symptomatic within the 14 days' quarantine period. The second case is a relative to the index patient, while the third case is a domestic worker for the index-patient in their household. The government is providing initial care and medical management for all three cases. Contact tracing of all close contacts is ongoing. As of 5 April 2020, the country has a total of four confirmed cases									
Sao Tome And Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	6-Apr-20	4	4	0	0.00%
On 6 April 2020, the Ministry of Health of Sao Tome and Principe has reported the country's first cases of COVID-19. The results of the samples sent in Gabon for testing in the laboratory of Franceville confirmed four cases with COVID-19. These are among the 146 people who were in quarantine for the last two weeks.									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	5-Apr-20	6	6	0	0.00%
On 31 March 2020, the President of Sierra Leone reported a the first confirmed COVID-19 case in the country. As of 5 April 2020, a total of six confirmed COVID-19 cases were reported in the country.									
South Sudan	COVID-19	Grade 3	5-Apr-20	2-Apr-20	5-Apr-20	1	1	0	0.00%
On 5 April 2020, the Ministry of Health of South Sudan has reported the country's first case of COVID-19. The patient, a 29-year old female, returned from Netherlands on 28 February 2020 via Addis Ababa. The patient developed fever, cough, headache and shortness of breath and was identified by the authorities on 2 April 2020 and was subsequently confirmed on 4 April 2020 by the National Public Health Laboratory in Juba. She has no history of underlying or pre-existing illness. She is in isolation and is in good health.									
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	5-Apr-20	1 251	1 251	130	10.40%
From 25 February to 3 April 2020, a total of 1 251 confirmed cases of COVID-19 with 130 deaths (CFR 10.4 %) have been reported from Algeria. The majority of the cases have been reported from the Wilaya of Blida.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	5-Apr-20	14	14	2	14.30%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 5 April 2020, a total of 14 confirmed COVID-19 case have been reported in the country with 2 deaths.									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	1-Jan-19	1-Apr-20	131	131	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There have been two cases in 2020 so far while the total number of 2019 cases remain 129. These cases are from several outbreaks which occurred in 2019.									
Benin	COVID-19	Grade 3	17-Mar-20	16-Mar-20	5-Apr-20	22	22	0	0.00%
The Ministry of health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 5 April 2020, a total of 22 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 positive 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	1-Mar-20	9	9	0	0.00%
One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Borgou province making it the first 2020 case while the number of cases in 2019 remains eight. These cases are all 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 healthcare, 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	5-Apr-20	345	345	17	4.90%
Between 9 and 5 April 2020, a total of 345 confirmed cases of COVID-19 with 17 deaths have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2		1-Jan-19	1-Apr-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 which is 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.									
Burundi	Measles	Ungraded	23-Mar-20	4-Nov-19	30-Mar-20	640	640	0	0.00%
Burundi has been experiencing measles outbreaks since November 2019 in camps hosting Congolese refugees and has recently been spreading in the host community in the district of Cibitoke. As of 30 March 2020, a total of 640 confirmed measles cases have been reported among which are 59 lab-confirmed measles cases and the rest were clinically compatible cases and epidemically linked. The geographic distribution of the cases is: Cibitoke District (407 cases), Butezi District (221 cases), Cankuzo District (6 cases), South Bujumbura District (6 cases). The District of Butezi has not notified of any new cases since 2 March 2020.									
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	25-Feb-20	1 449	285	71	4.90%
The Cholera outbreak affecting two regions, namely South Ouest and Littoral regions is ongoing in Cameroon. Thirty-four new cases, including three deaths were reported in the South Ouest region (10 new cases and one death) and Littoral region (24 new cases and two deaths) during epidemiological week 8 (week ending on 23 February 2020). One new district in south west region (Tiko district) confirmed two new cases, which bring the number of affected districts at three (Bakassi, Ekondo Titi and Tiko districts). In the Littoral region, the total number of affected districts is eight (Nylon, Manoka, Boko, Deïdo, Bangue, Cité des Palmiers, Bonassama, Japoma, New Bell and Logbaba districts).									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	4-Apr-20	555	555	9	1.60%
Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 4 April 2020, a total of 555 cases have been reported, including nine deaths and 17 recovered.									
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 compatible with 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	5-Apr-20	7	7	1	14.30%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 5 April 2020, a total of seven 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 670 000.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	5-Apr-20	9	9	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 5 April 2020 a total of 9 confirmed COVID-19 cases were reported in the country.									
Central African Republic	Measles	Grade 2	15-Mar-19	1-Jan-19	31-Mar-20	14 138	517	83	0.60%
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 twenty 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	1-Apr-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	5-Apr-20	9	9	0	0.00%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 5 April 2020, a total of nine confirmed COVID-19 cases were reported in the country.									
Chad	Measles	Ungraded	24-May-18	1-Jan-19	29-Mar-20	6 251	214	35	0.60%
In week 13 (week ending 29 March 2020), 741 suspected cases were reported. 21 districts were in the epidemic phase in week 13. Since the beginning of the year, a total of 6 251 suspected cases and 35 deaths (CFR 0.6%) have been reported from Beboto, Kyabe, Goundi, Korbol, Kelo and Guelao.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	1-Apr-20	14	14	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 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 (3 102 cases), Kouilou (2 844 cases) and Niari (2 589) 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	5-Apr-20	45	45	5	11.10%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 5 April 2020, a total of 45 cases including 5 deaths have been reported in the country.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	5-Apr-20	261	261	1	0.40%
Since 11 March 2020, a total of 261 confirmed cases of COVID-19 have been reported from Cote d'Ivoire including one death. Three patients have recovered.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Ungraded	29-Oct-19	29-Oct-19	1-Apr-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 civilian 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 Centre (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	15-Mar-20	5 930	-	69	1.20%
During week 11 (week ending 15 March 2020), a total of 418 cases of cholera and 2 deaths (CFR 0.5%) was notified from 8 of 26 provinces in the country. From week 8 to 11 of 2020, 92.4% of the cases have been reported from four provinces: North-Kivu, South-Kivu, Haut-Katanga and Tanganyika. There has been a decrease in the number of cases and deaths reported since week 10 of 2020, and the first 11 weeks of the year has shown similar reporting trends to cases reported yearly since 2018. 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.									

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	COVID-19	Grade 3	10-Mar-20	10-Mar-20	5-Apr-20	161	161	18	11.20%
On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 5 April 2020, a total of 161 cases including 18 deaths have been reported in the country. Five 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	3 453	2 273	65.80%
Detailed update given above.									
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	1-Jan-20	22-Mar-20	42 143	662	527	1.30%
Detailed update given above.									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-20	15-Mar-20	1 471	-	18	1.20%
During week 11 (week ending 15 March 2020), a total of 73 suspected cases of monkeypox with no deaths were reported across the country compared to 130 cases with 2 deaths the preceding week. Between week 1 and week 11, a total of 1 471 suspected cases including 18 deaths were reported in the country. The majority of cases were reported from the Provinces of: Sankuru (817 cases, 56%), Equateur (163 cases, 11%), Bas-Uele (131 cases, 9%), Mongala (99 cases, 7%) and Tshopo (79 cases, 5%). 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	1-Apr-20	110	110	0	0.00%
Two cVDPV2 cases were reported in Kwilu province bringing the number of 2020 cases to four. The total number of cases reported in 2019 remains 86. There were 20 cases reported in 2018. The country 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	5-Apr-20	16	16	0	0.00%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 5 April 2020, a total of 16 cases have been reported in the country. 1 case has recovered, and another case has been repatriated back to Portugal.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	5-Apr-20	29	29	0	0.00%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 5 April 2020, a total of 29 confirmed COVID-19 cases with no deaths were reported in the country.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	3-Apr-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 3 April 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	5-Apr-20	43	43	1	0.00%
Ethiopia confirmed a total of 43 cases of COVID-19 on 5 March 2020 since the confirmation of the first case on 13 March 2020. Of the 43 cases, one death has been reported.									
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	1-Apr-20	22	22	0	0.00%
Five circulating vaccine-derived poliovirus type 2 (cVDPV2) cases were reported in Ethiopia: four in Oromiya province and one in SNNP bringing the total number of cases in the country to 22. Previously, there have been 17 cVDPV2 cases reported, where four cases are linked to the outbreak in neighbouring Somalia and 13 cases are part of different outbreaks in the country.									
Ethiopia	Yellow fever	Ungraded	3-Mar-20	3-Mar-20	4-Apr-20	85	2	4	4.70%
Detailed update given above.									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	4-Apr-20	21	21	1	4.80%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 4 April 2020, a total of 21 cases including one death have been 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
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	5-Apr-20	4	4	1	25.00%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 5 April 2020, a total of four confirmed COVID-19 cases including one death and two recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	5-Apr-20	214	214	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 5 April 2020, a total of 215 cases including 5 deaths have been reported in the country.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	1-Apr-20	26	26	0	0.00%
Five cVDPV2 cases were reported: three in Ashanti and one each in Bono and Western North provinces. This brings the number of cases in 2020 to eight while the total number of 2019 cases remain 18.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	5-Apr-20	111	111	3	2.70%
The Ministry of health in Guinea Conakry announced the first confirmed case of COVID-19 on 13 March 2020. As of April 2020, a total of 111 cases including 3 deaths and 5 recovered 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.									
Guinea-Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	5-Apr-20	18	18	0	0.00%
As of 5 April 2020, the country has 18 confirmed cases of COVID-19. 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.									
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	5-Apr-20	142	142	4	2.80%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 cases in the country. As of 5 April 2020, 142 confirmed COVID-19 cases including four deaths and four recoveries have been reported 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	5-Apr-20	13	13	3	23.10%
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 5 April 2020, a total of 13 cases have been reported in the country including three deaths.									
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	5-Apr-20	77	77	0	0.00%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 5 April 2020, a total of 77 cases have been 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
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 2019, a total of 5 206 cases of acute malnutrition were reported.									
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	4-Apr-20	39	39	2	5.10%
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 4 April 2020, a total of 39 confirmed COVID-19 case have been reported in the country.									
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 Hemorrhagic 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	29-Mar-20	343	146	0	0.00%
During week 13 (week ending on 29 March 2020), 11 suspected cases of measles were reported from five regions in the country. 21 batched samples were confirmed IgM-positive during the week. Since 1 January 2020, 328 suspected cases, 146 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.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	5-Apr-20	6	6	1	0.00%
The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 5 April 2020, a total of 6 cases including one death and two recovered cases have been reported in the country.									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	5-Apr-20	169	169	7	4.10%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of April 2nd, a total of 169 confirmed COVID-19 cases including 7 deaths were reported in the country. The total number of positive COVID-19 cases rose to 128 on 30 March 2020. Local transmission: 61 cases (47.7%) and imported cases: 67 (52.3%).									
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 rumours of acute watery diarrhoea (AWD) in Nampula province, which are under verification.									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	5-Apr-20	10	10	0	0.00%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of April 5th, a total of ten confirmed COVID-19 cases were reported in the country.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	5-Apr-20	16	16	0	0.00%
Two cases of novel coronavirus (COVID-19) were confirmed in Namibia on 14 March 2020. As of 5 April 2020, a total of 16 cases have been reported in the country including one case who recovered.									
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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 Faso, 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 centres have closed due to insecurity. According to OCHA statistics, 2.9 million people are in need of humanitarian assistance, 190 248 people are internally displaced, and 217 858 are refugees in the country.									
Niger	COVID-19	Grade 3	19-Mar-20	19-Mar-20	4-Apr-20	184	184	10	5.40%
The first COVID-19 confirmed case was reported in the Niger on 19 March 2020. As of 4 April 2020, a total of 184 confirmed COVID-19 cases including 10 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 (17 cases, 1 death), Niamey (5 cases, 0 deaths), Tahoua (57 cases, 0 deaths), Tillabery (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	29-Feb-20	-	-	-	-
The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security compromised areas characterized by overcrowding in many camps in the region. Due to shrinking humanitarian space health partners are facing challenges in delivery of timely and urgent life-saving assistance as access challenges are impacting movement of mobile medical teams, ambulances, immunization staff and medical cargo in many locations across Borno state. The cholera outbreak in Adamawa state is ongoing, though the number of cases being reported is showing a downward trend.									
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-20	5-Apr-20	232	232	5	2.20%
The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 5 April 2020, a total of 232 confirmed cases including five deaths and 33 recovered cases have 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 2 648 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.									
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 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	4-Apr-20	102	102	0	0.00%
Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 4 April 2020, a total of 102 cases with zero deaths have been reported in the country.									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	6-Apr-20	226	226	2	0.90%
Between 2 March 2020 and 6 April 2020, a total of 226 confirmed cases of COVID-19 including two deaths have been reported from Senegal. A total of 92 cases have recovered.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	5-Apr-20	10	10	0	0.00%
The first COVID-19 confirmed cases were reported in Seychelles 14 March 2020. As of 5 April 2020, a total of 10 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	5-Apr-20	1 655	1 655	11	0.70%
South Africa continues to report cases of COVID-19. From 5 March to 5 April 2020, a total of 1 655 cases with 11 deaths have been reported from all provinces across the country namely; Gauteng (704), Western Cape (454), KwaZulu-Natal (246), Free State (87), Eastern Cape (31), Limpopo (19), Mpumalanga (18), North West (11) and Northern Cape (8).									
South Sudan	Flood	Ungraded	28-Oct-19	29-Oct-19	15-Mar-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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	15-Mar-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	5-Apr-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 5 April 2020, there are two confirmed cases reported.									
Tanzania, United Republic of	COVID-19	Grade 3	16-Mar-20	16-Mar-20	5-Apr-20	22	22	1	4.50%
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 5 April 2020, a total of 22 cases have been reported in the country including one death and 3 recovered cases.									
Togo	COVID-19	Grade 3	6-Mar-20	1-Mar-20	4-Apr-20	44	44	3	6.80%
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 4 April 2020, a total of 44 cases including three deaths have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	1-Apr-20	14	14	0	0.00%
Five cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported: three in Lomt and two in Savanes provinces bringing the number of 2020 cases to six. The total number of cVDPV2 cases reported in 2019 remains eight.									
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	5-Apr-20	45	45	0	0.00%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 5 April 2020, a total of 45 confirmed COVID-19 cases with no death were 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-old 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 was a total of 11 deaths. In Buliisa, there are also two confirmed cases and 1 death reported. None of the confirmed cases was vaccinated against yellow fever virus.									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	5-Apr-20	35	35	1	2.90%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 5 April 2020, a total of 35 confirmed COVID-19 cases were reported in the country including one death and three recovered cases.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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	5-Apr-20	5	5	1	20.00%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 5 April 2020, a total of 5 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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