

# COVID-19

Situation update for the WHO African Region

8 April 2020

## External Situation Report 6



REGIONAL OFFICE FOR

World Health  
Organization  
Africa

# COVID-19

## WHO AFRICAN REGION

### External Situation Report 6

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#### 1. Situation update



The coronavirus disease 2019 (COVID-19) outbreak continues to rapidly expand through the African continent. Since our last situation report on 1 April 2020 ([External Situation Report 5](#)), three new countries in the WHO African Region, including Malawi, Sao Tome & Principe and South Sudan have reported confirmed COVID-19 cases. Forty-five (96%) out of 47 Member States of the WHO African Region are now affected by the COVID-19 pandemic, leaving only Comoros and Lesotho with no reported cases to date.

Over the past week, the number of cases has nearly doubled and the number of deaths has more than tripled with 3 339 new confirmed COVID-19 cases and 229 new deaths reported in the WHO African Region. As of 7 April 2020, a cumulative total of 7 105 confirmed COVID-19 cases with 324 deaths (case fatality ratio 4.6%) have been reported across the 45 affected countries in the region. The list of affected countries and their respective number of cases is presented in **Table 1**.

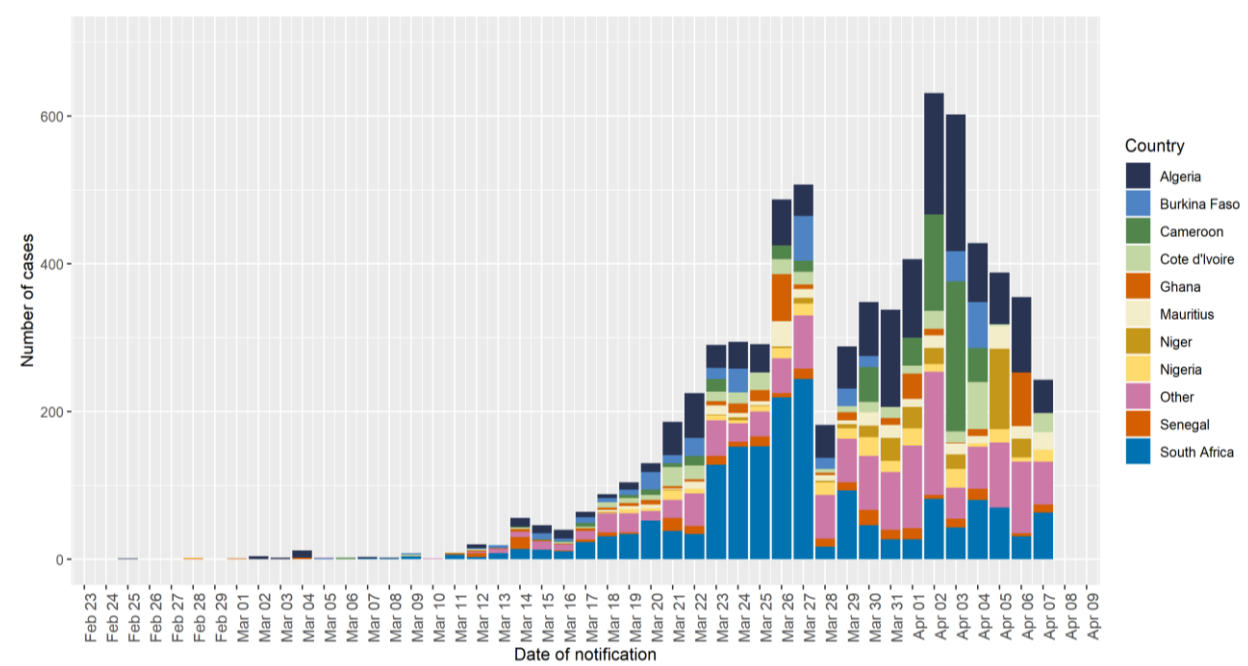
**Figure 1** shows the temporal distribution of cases by country. The most affected countries in the WHO African Region are: South Africa (1 749 cases), Algeria (1 468 cases), Cameroon (555 cases), Burkina Faso (364 cases), Cote d'Ivoire (349 cases) and Ghana (287). Together, these countries account for 67% of the cases reported in the region. In the past week, the number of cases in Cameroon and in Algeria have increased by 4 and 2.5 folds, respectively. Fourteen countries have recorded over 100 cumulative confirmed cases. The highest case fatality ratios were observed in Algeria (CFR: 13%) and Burkina Faso (7%). **Figures 2** shows the temporal distribution of cases in these six most affected countries.

Information on sex and age is currently available for 1 757 and 1 372 cases, respectively. The male to female ratio among the confirmed cases is 1.7, and the median age is 42 years old (range: 0 - 105). The distribution of cases according to age and sex is presented in **figure 4**; older males continue to be disproportionately affected by this outbreak.

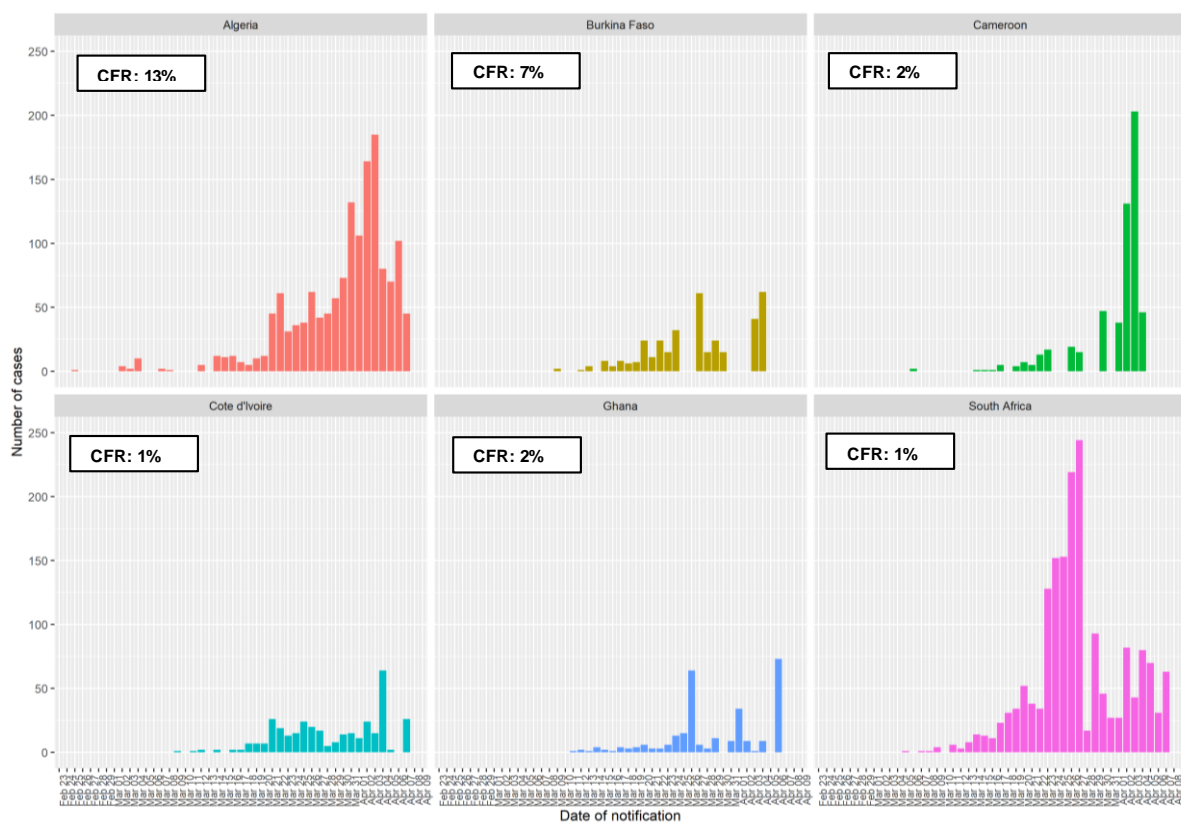
**Table 1. Number of confirmed COVID-19 cases in the WHO African Region, 25 February – 7 April 2020 (*n* = 7 105)**

Count	Date of first notification to WHO	Cumul alive	Cumul deaths	Cumul recovered	Total cases	CFR-%	New cases	New deaths
Algeria	25-Feb-20	1259	194	15	1468	13	45	21
Angola	29-Mar-20	13	2	2	17	13	1	0
Benin	16-Mar-20	20	1	5	26	5	3	0
Botswana	30-Mar-20	5	1	0	6	17	0	0
Burkina Faso	9-Mar-20	238	18	108	364	7	0	0
Burundi	31-Mar-20	3	0	0	3	0	0	0
Cameroon	6-Mar-20	529	9	17	555	2	0	0
Cape Verde	19-Mar-20	6	1	0	7	14	0	0
Central African Rep.	14-Mar-20	6	0	3	9	0	0	0
Chad	19-Mar-20	8	0	2	10	0	0	0
Congo	14-Mar-20	37	5	3	45	12	0	0
Cote d'Ivoire	9-Mar-20	305	3	41	349	1	26	0
DR Congo	10-Mar-20	153	20	10	183	12	3	2
Equatorial Guinea	13-Mar-20	13	0	3	16	0	0	0
Eritrea	21-Mar-20	31	0	0	31	0	0	0
Eswatini	13-Mar-20	10	0	0	10	0	1	0
Ethiopia	13-Mar-20	47	1	4	52	2	8	0
Gabon	12-Mar-20	22	1	1	24	4	0	0
Gambia	18-Mar-20	1	1	2	4	50	0	0
Ghana	11-Mar-20	279	5	3	287	2	0	0
Guinea	13-Mar-20	139	0	5	144	0	0	0
Guinea-Bissau	25-Mar-20	33	0	0	33	0	0	0
Kenya	13-Mar-20	163	6	3	172	4	30	0
Liberia	16-Mar-20	11	3	0	14	21	0	0
Madagascar	21-Mar-20	89	0	3	92	0	7	0
Malawi	2-Apr-20	7	1	0	8	12	4	0
Mali	25-Mar-20	30	5	12	47	14	0	0
Mauritania	13-Mar-20	3	1	2	6	25	0	0
Mauritius	18-Mar-20	257	7	4	268	3	24	0
Mozambique	22-Mar-20	10	0	0	10	0	0	0
Namibia	14-Mar-20	14	0	2	16	0	0	0
Niger	18-Mar-20	267	11	0	278	4	0	0
Nigeria	28-Feb-20	213	6	35	254	3	16	1
Rwanda	14-Mar-20	98	0	7	105	0	0	0
Sao Tome & Principe	6-Apr-20	4	0	0	4	0	0	0
Senegal	28-Feb-20	130	2	105	237	2	11	0
Seychelles	14-Mar-20	9	0	2	11	0	0	0
Sierra Leone	31-Mar-20	6	0	0	6	0	0	0
South Africa	5-Mar-20	1691	13	45	1749	1	63	1
South Sudan	5-Apr-20	1	0	0	1	0	0	0
Tanzania	16-Mar-20	18	1	5	24	5	0	0
Togo	5-Mar-20	31	3	24	58	9	0	0
Uganda	21-Mar-20	52	0	0	52	0	0	0
Zambia	18-Mar-20	31	1	7	39	3	0	0
Zimbabwe	20-Mar-20	9	2	0	11	18	1	0
<b>Total</b>	<b>-</b>	<b>6301</b>	<b>324</b>	<b>480</b>	<b>7105</b>	<b>-</b>	<b>243</b>	<b>25</b>

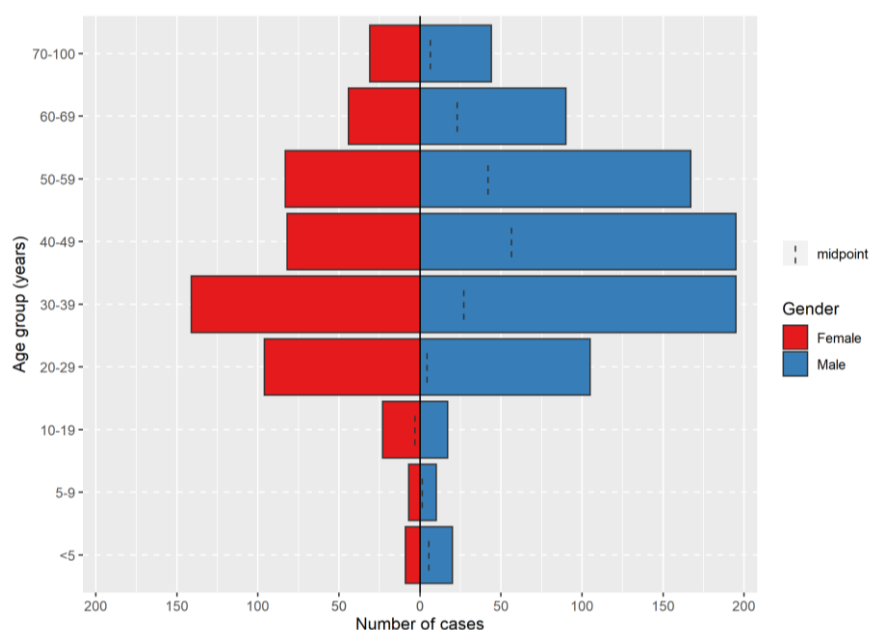
**Figure 1. Number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 7 April 2020 ( $n = 7\,105$ )**



**Figure 2. Epicurves of COVID-19 outbreaks in Algeria, Burkina Faso, Cameroon, Cote d'Ivoire, Ghana and South Africa, 25 February – 7 April 2020**



**Figure 4. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 7 April 2020**



## 2. Global update

Since the declaration of the COVID-19 outbreak on 31 December 2020, the global number of cases has surpassed the one million mark. As of 7 April 2020, a total of 1 279 722 confirmed cases, including 72 614 deaths (case fatality ratio 5.7%), were reported globally. Both the global number of confirmed COVID-19 cases and deaths have significantly increased in the course of the past week.

As of 7 April 2020, 210 countries/territories/areas and one international conveyance have reported laboratory confirmed COVID-19 cases. The 10 countries with the highest number of cumulative cases are: United States of America (333 811), Spain (135 032), Italy (132 547), Germany (99 225), China (83 071), France (73 488), Iran (Islamic Republic of) (62 589), The United Kingdom (51 612), Turkey (30 217) and Switzerland (21 574). Please refer to the WHO Daily Coronavirus disease (COVID-2019) situation reports for further information: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>.

## 3. Current risk assessment

**On 11 March 2020, the WHO Director-General declared the COVID-19 a pandemic.**

Chinese authorities identified a new type of coronavirus (novel coronavirus, SARS-CoV-2) from a cluster of pneumonia cases in Wuhan city, Hubei Province, China, on 7 January 2020. SARS-CoV-2 is a new strain of coronavirus that has not been previously identified in humans. According to the information provided, the initial cases described in Wuhan were linked to Hunan seafood market in Wuhan (the market was closed on 1 January 2020). The possible source of the outbreak is still under investigation by the Chinese authorities and it may have emerged from an animal species, as has been the case for other coronaviruses. The exact extent of the outbreak remains unknown.

On 30 January 2020, the WHO Director-General declared the COVID-19 outbreak a public health emergency of international concern (PHEIC), with temporary recommendations issued for all countries. On 28 February 2020, WHO raised the risk assessment for the COVID-19 outbreak internationally from “high” to “very high”.

## 4. Actions to date

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

### Surveillance

- WHO continues to support Member States to conduct active surveillance for early detection of COVID-19 cases and tracing of contacts at the community and health facility levels. At WHO AFRO, epidemic intelligence for COVID-19 is continuously being performed using the Epidemic Intelligence through Open Source (EIOS) platform.
- WHO AFRO conducted country specific detailed epidemiological analyses to guide strategic response activities in Niger and Democratic Republic of the Congo.
- WHO AFRO has initiated an evaluation of the strengths and weaknesses of the contact tracing processes implemented in the region.

### Research

- South Sudan is the latest country to start the implementation of early investigations protocols.
- To date four countries have started the implementation of the COVID-19 early investigation protocols; the first few X case and contact investigation protocol (Côte d'Ivoire, Madagascar and South Sudan) and the clinical characterization and virus shedding of HIV infected and uninfected people (South Africa).

### Infection Prevention and Control

- WHO AFRO has deployed international IPC experts to support 61 healthcare facilities in 12 countries: Algeria, Angola, Burkina-Faso, Cameroon, Congo, Cote d'Ivoire, Democratic Republic of the Congo, Gabon, Senegal, Tanzania, Zambia and Zimbabwe.
- IPC cascade trainings are currently ongoing in 42 Member States. Across the region, the IPC teams have trained 4 199 healthcare workers including 1 800 in South-Africa, 1 019 in Senegal, and 400 in both Cote d'Ivoire and Tanzania.
- A total of three regional IPC trainings have been conducted since the beginning of the outbreak, including two via WebEx.

### Case management

- Since the beginning of April 2020, WHO AFRO is organizing daily interactive virtual WebEx sessions to provide technical guidance on COVID-19 case management and IPC interventions. To date 500 health professionals within and outside the African region have attended these two-and-half hour long Zoom sessions, which enable officers and consultants in-country to share their experience, specific concerns and recommendations on best practices.
- WHO AFRO continues to follow-up on patients' data from health facilities. To date, 21 countries have reported data from 30 health facilities, including information on intensive care unit (ICU) bed capacity.

### Communication

- On 2 April 2020, the Regional Director of WHO in the African Region, Dr Moeti, accompanied by Senior Officials, hosted a Virtual Press Conference where about 200 reporters across the globe participated, and the event had 110 000 views on Twitter and YouTube.

### Logistic

- Shortage of essential supplies at international level, restriction of flights and border closure represent an important constraint for the supply of protective and life-saving equipment to affected countries.
- WHO AFRO is collaborating with WFP, Ethiopian airlines and the United Arab Emirates to organize charter flights to distribute personal protective equipment (PPE) to 33 countries in the region. Additionally, ad-hoc solutions are being explored for shipment of supplies to small islands with difficult access.

- A sub-regional group was created and is working on setting-up regional logistics hubs for supply and human resource movement. This group is working closely with WHO AFRO senior management in order to open humanitarian corridors for the response.

## Human Resources

- A total of 158 experts have been deployed to 31 countries, including AFRO, to support Coordination (27), Surveillance (10), Laboratory (8), IPC (18), Case Management (11), Point of Entry (2), Epidemiology (8), Risk Communication (16), Media Communication (4), Logistics (11), Partnership coordination (1), Data Management (9), Information Management Officer (1), SHOC Support (1), Training & Capacity Building (2), Planning & Monitoring (1), technical support to Countries (focal points) (25), Resources Mobilization (1), Planning & Information Management (1), Translator (1).

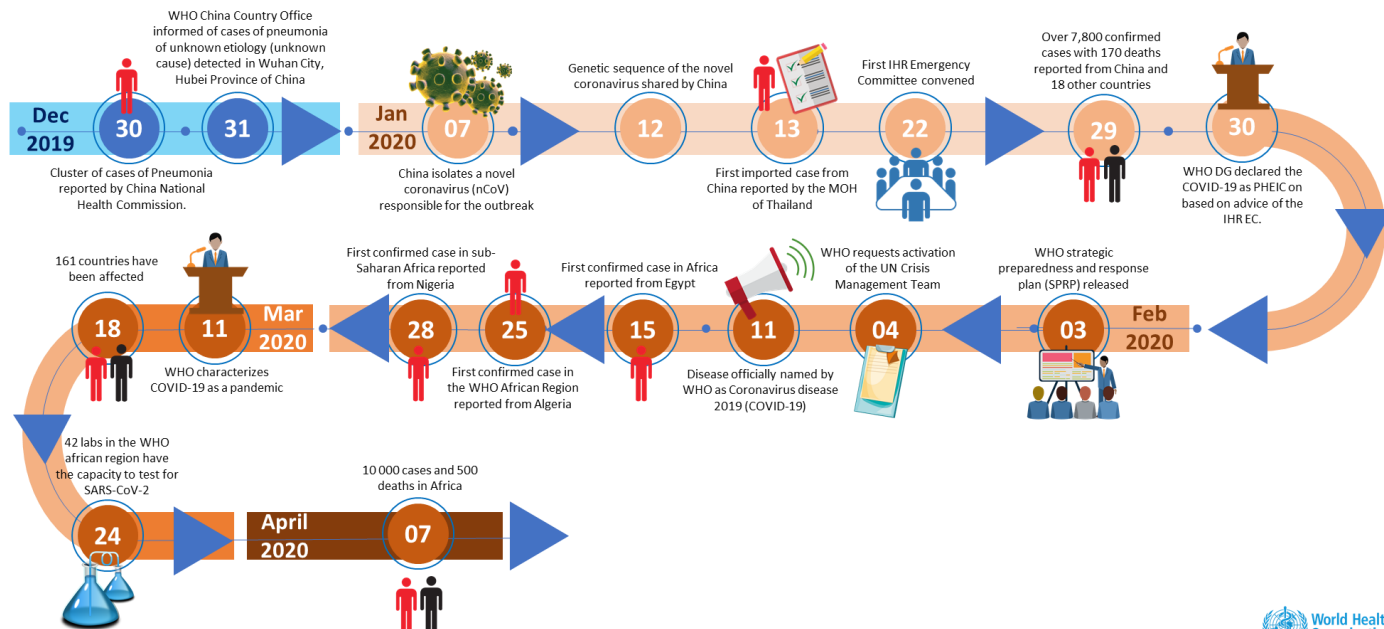
## 5. IHR travel measures and cross border health

- WHO advises against any restriction of travel and trade based on the currently available information. WHO continues to closely monitor and, if necessary, verify travel and trade measures in relation to this event.
- WHO continues to monitor IHR measures being implemented by countries in the region:
  - All countries in the region are conducting entry screening at the Points of Entries (PoEs), mainly at the airports, with some doing so at seaports and ground crossings.
  - A total of 35 countries are implementing total refusal of entry into their territories; of these, 22 countries allow cargo, humanitarian or emergency flights.
  - Nine countries are implementing refusal of entry of passengers from high risk countries and three countries allow entry with days 14 quarantine upon arrival.
  - A total of 23 countries are implementing lockdown; nationwide lockdown in 12 countries and lockdown in affected areas in 11 countries.
  - Curfew has been put in place in eight countries.

## 6. Conclusion

The COVID-19 pandemic has gained a firm foothold in Africa, with all but two countries now reporting confirmed cases. The number of confirmed cases and deaths continues to rise at an alarming rate. The rapid surge in the number of cases in Algeria and Cameroon is of particular concern and calls for a scale up and intensification of current response measures in order to mitigate the impact of this outbreak. Most countries in the region are now experiencing local transmission following the initial sporadic importation of cases. Thus, there is a need to improve contact tracing processes in most of the countries as this will allow the rapid identification and isolation of secondary cases, which is key to breaking transmission chains and slowing down the spread of the outbreak. In countries which have implemented confinement/lock-down measures, there is a need to identify innovative contact tracing tools and processes to optimize the performance of contact tracing. Governments should strengthen the implementation of all necessary and proven public health measures, such as active case finding, contact tracing and isolation, provision of care as well as social distancing and good personal hygiene practices such as hand washing and cough etiquette. The need to improve the timeliness and completeness of data reporting remains, and should be urgently addressed in order to adequately guide targeted response interventions. Finally, it is essential to accelerate efforts towards the establishment of humanitarian corridors to facilitate the deployment of essential supplies and experts to support affected countries.

## Annex 1. Global and Regional time line for COVID-19 as of 7 April 2020



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