

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 15: 6 - 12 April 2020

Data as reported by: 17:00; 12 April 2020



World Health
Organization

REGIONAL OFFICE FOR
Africa
WHO Health Emergencies Programme

0

New event

107

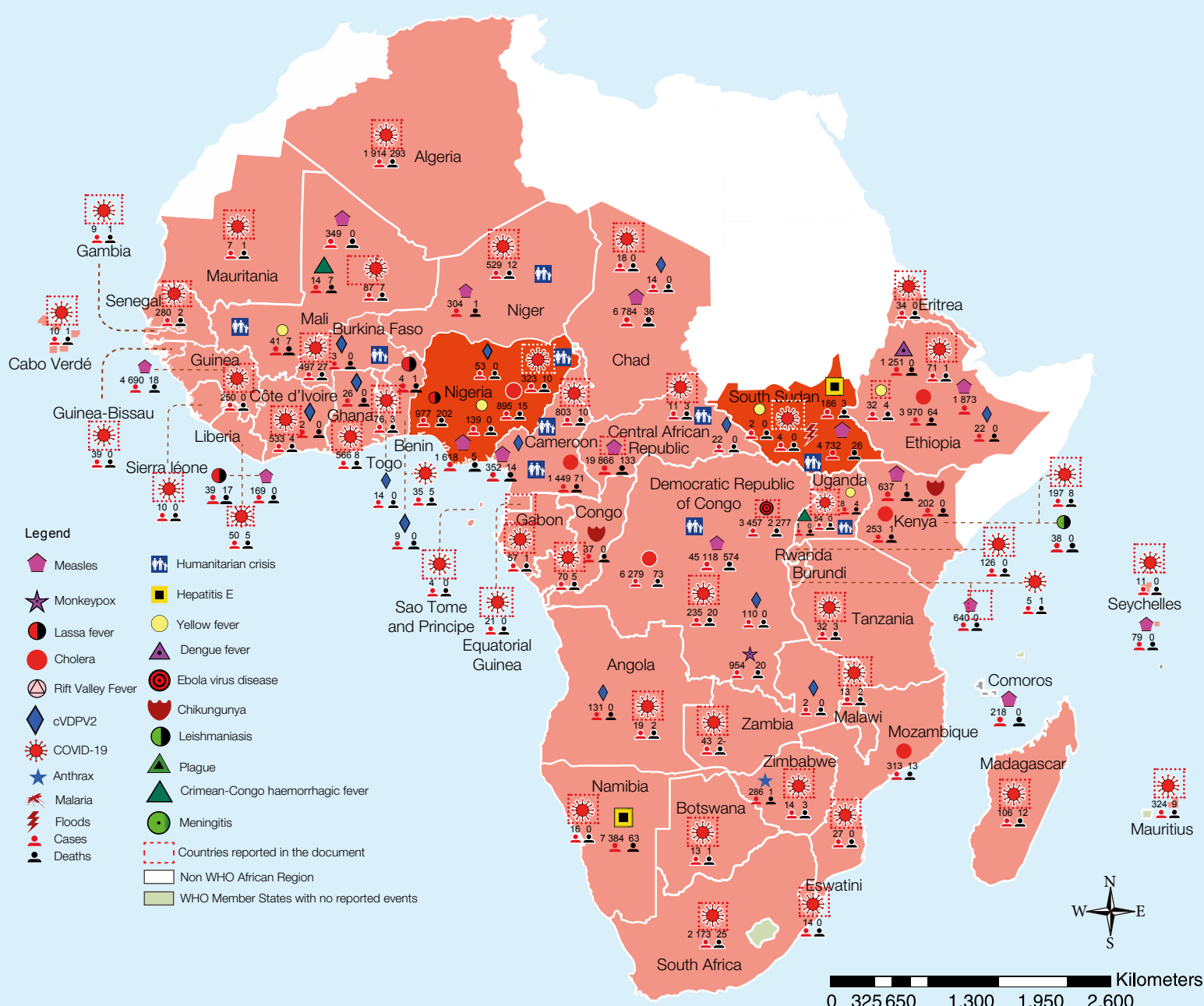
Ongoing events

96

Outbreaks

11

Humanitarian
crises



Graded events ↑

48

Grade 3 events

14

Grade 2 events

1

Grade 1 events

2

Protracted 3 events

2

Protracted 2 events

3

Protracted 1 events

37

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

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

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 continue to rise rapidly across the WHO African Region, with 96% (45) of the 47 countries in the Region now reporting cases. Only Comoros and Lesotho have remained without the disease. The cumulative number of confirmed cases is close to 10 000 and the number of deaths is steadily growing, standing at 461. Eight countries (Algeria, Burkina Faso, Cameroon, Cote d'Ivoire, Ghana, Nigeria, Senegal, and South Africa) have recorded a marked increase in confirmed cases in the past week. Most countries in the region are now experiencing local transmission, with the disease spreading from the capital cities to rural communities. Governments need to take strong action to prevent the current trend. The necessary and proven public health measures include finding new cases, providing care and isolation, contact tracing and isolation. In addition, all countries need to widely inform their populations to practice physical distancing, hand washing and cough etiquette.
- On 10 and 12 April 2020, health authorities in Democratic Republic of the Congo confirmed two new cases of Ebola virus disease (EVD) in Beni Health Zone. This event comes 52 days after the country reported zero cases of Ebola and just days from the anticipated formal declaration of the end of the outbreak. While concerning, this event is not completely unexpected in a situation where continuing insecurity has made surveillance and response challenging. Contacts have been identified and are being followed-up. This reinforces the importance of continued vigilance, surveillance and proven public health response measures in this outbreak.
- The measles outbreak in Central African Republic appears to be starting to decline, with new cases in the past week confined to a health zone in which the reactive vaccination campaign has not yet started. However, there is no cause for complacency, as the outbreak is occurring in the context of an accumulation of susceptible diseases linked to poor immunization coverage during 2015 and 2019, when routine immunization cover was less than 75%. The current responsive vaccination campaigns will hopefully finally bring the outbreak to a close.

EVENT DESCRIPTION

Since week 9 2020 (25 February 2020), the WHO African Region has been experiencing a marked increase in number of confirmed cases and geographical expansion of the coronavirus disease 2019 (COVID-19) global pandemic. In week 15 (week ending 12 April 2020), one of the previously silent countries: Sao Tome and Principe, reported its first confirmed case of COVID-19, translating into a total of 45 countries in the WHO African Region that have reported confirmed cases of COVID-19.

During week 15, we recorded a total of 3 473 new confirmed cases of COVID-19, compared to 2 973 cases reported in the previous week. More so, a 91% (461) increase in the number of total deaths has been observed since the past week when 242 deaths were reported.

As of 12 April 2020, the WHO African Region had exceeded 9 000 confirmed COVID-19 cases with a cumulative total of 9 663 cases and 461 associated deaths (case fatality ratio 4.8%) reported from 45 countries. These countries include: South Africa (2 173), Algeria (1 914), Cameroon (803), Ghana (566), Cote d'Ivoire (533), Niger (529), Burkina Faso (443), Mauritius (324), Nigeria (323), Senegal (280), Guinea (250), Democratic Republic of the Congo (235), Kenya (197), Rwanda (126), Madagascar (106), Mali (87), Togo (76), Ethiopia (71), Republic of Congo (70), Gabon (57), Uganda (54), Liberia (50), Zambia (43), Guinea-Bissau (39), Benin (35), Eritrea (34), United Republic of Tanzania (32), Mozambique (20), Angola (19), Chad (18), Equatorial Guinea (18), Namibia (16), Eswatini (14), Zimbabwe (14), Botswana (13), Malawi (13), Central African Republic (11), Seychelles (11), Sierra Leone (10), Gambia (9), Cape Verde (7), Mauritania (7), Burundi (5), Sao Tome and Principe (4), and South Sudan (4).

Of the 9 663 confirmed COVID-19 cases reported, 1 853 (19%) recoveries have been documented.

Significantly, a marked increase in confirmed cases has been observed in six countries; Niger 188% (529 vs 184), Ghana 165% (566 vs 214), Cote d'Ivoire 104% (533 vs 261), Nigeria 55% (323 vs 208), Algeria 53% (1914 vs 1251) and Burkina Faso 47% (443 vs 302) in the past one week since our last report on 6 April 2020. Only Namibia did not record any new confirmed COVID-19 case this week.

The 461 deaths in the region were reported from 28 countries: Algeria (293), South Africa (25), Democratic Republic of Congo (20), Burkina Faso (19), Niger (12), Cameroon (10), Nigeria (10), Mauritius (9), Ghana (8), Kenya (7), Mali (7), Republic of Congo (5), Liberia (5), Cote d'Ivoire (4), Togo (3), Ethiopia (3), Tanzania (3), Zimbabwe (3), Angola (2), Malawi (2), Senegal (2), Zambia (2), Botswana (1), Cape Verde (1), Benin (1), Botswana (1), Cape Verde (1), Gabon (1), Gambia (1), and Mauritania (1).

Furthermore, six countries among those with a high case load in the region have displayed very high case fatality rates; Algeria 15 (293/1914), Democratic Republic of Congo 9.0 (20/235), Burkina Faso 4.3 (19/443), Mauritius 2.8 (9/324) and Niger 2.7 (12/438).

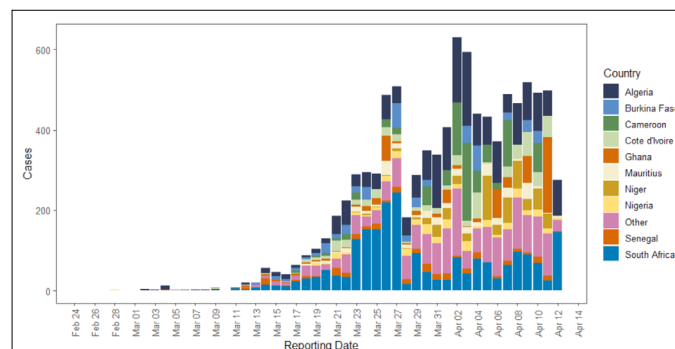
In the WHO African Region, 64% of cases with known sex are males. Cases range from one-month-old to 89 years of age with a median of 42 years. The age of deceased case-patients ranges from 21 to 88 years old with a median of 58 years.

Currently, majority of the countries in the region are experiencing local transmission of COVID-19 cases epidemiologically linked to both local and 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.

Epicurve of confirmed cases of COVID-19 in the WHO African Region, 25 February – 12 April 2020 (n=9 663)



- ▶ 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, 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, 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 spread 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. Intensification of surveillance and other preparedness activities in the region are paramount in the Comoros and Lesotho that are still silent. 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 wide-spread or potential wide-spread transmission, countries will need to quickly adapt mitigation measure to reduce the impact of the pandemic.

EVENT DESCRIPTION

On 10 April 2020, one new case of EVD was confirmed in Beni Health Zone, North Kivu Province, Democratic Republic of the Congo – coming after 52 days since the last confirmed case was reported in the country. The event involved a 26-year-old man from Kasanga health area, who reportedly fell ill between the end of March and early-April 2020, and died in the community on 9 April 2020. Test results turned out positive for Ebola virus on 10 April 2020 by polymerase chain reaction, and the deceased was accorded a safe and dignified burial on 10 April 2020. A total of 215 new contacts of this case have been registered, of these, 105 (48.8%) were seen in the previous 24 hours.

On 12 April 2020, a second EVD case was confirmed in Kasanga health area, Beni Health Zone following a community death of an 11-year-old girl who reportedly developed illness in the last days of March 2020. The case-patient died on 12 April 2020 from home and test results returned positive for Ebola virus on 12 April 2020. Detailed investigations around the two events are ongoing and further updates will be provided.

As of 12 April 2020, a total of 3 457 EVD cases, including 3 312 confirmed and 145 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 (723), 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.

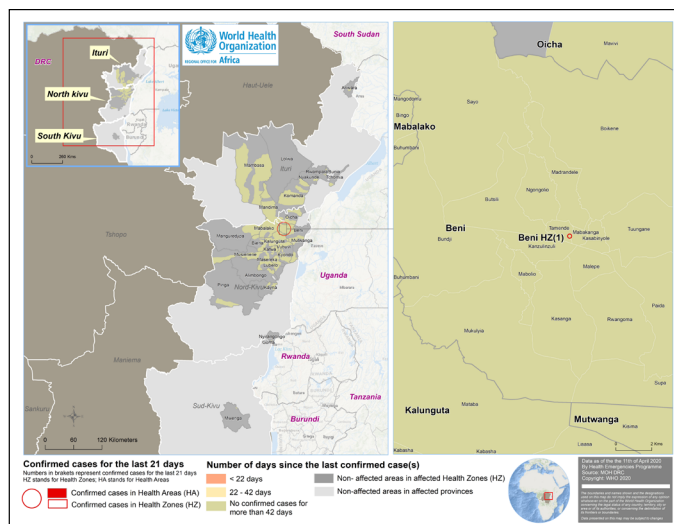
As of 12 April 2020, a total of 2 277 deaths were recorded, including 2 132 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 64% (2 132/3 312). As of 28 March 2020, the total number of health workers affected remains at 171, representing 5% of confirmed and probable cases.

Nineteen out of 50 health zones raised alerts on 11 April 2020. Of 2 225 alerts processed (of which 2 220 were new) in reporting health zones on 1 April 2020, 2 222 were investigated and 178 (8%) were validated as suspected cases.

PUBLIC HEALTH ACTIONS

- Response and surveillance activities continue in all affected areas.
- In Beni, three vaccination teams have been activated to carry out vaccinations around the confirmed community death confirmed on 10 April 2020.
- As of 11 April 2020, three people received the rVSV-ZEBOV-GP vaccine in Kasanga health area, Beni Health Zone, bringing the total number of people vaccinated since August 2018 to 301 779.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 170 million screenings to date. A total of 102/110 (93.6%) PoE/PoC transmitted reports as of 11 April 2020.

Geographical distribution of confirmed Ebola virus disease cases reported from 12 April 2020, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo.



- On 11 April 2020, IPC teams decontaminated one out of every two health facilities in the Kasanga health area and one out of every two households in the Malepe health area in the Beni Health Zone. In addition, three health facilities were assessed in the Beni Health Zone, while 64 health facilities were supported in Beni, Oicha, Butembo and Mabalako health zones.
- In Beni, 38 household members who were close to the newest confirmed case were reminded of response activities, while authorities received reports of response resistance from young people in Butanuka and Rwangoma in Beni, who are demanding explanations of a new confirmed cases after 52 days.

SITUATION INTERPRETATION

The newly confirmed EVD case in Beni after 52 days, while unfortunate, is not completely unexpected, particularly in the face of continued insecurity making ongoing surveillance and response activities particularly difficult. This reinforces the importance of continued vigilance and the maintenance of surveillance, rapid detection and response capacities in the area. It is also important that any focus on COVID-19 response activities enhance and not detract from, EVD response and surveillance.

EVENT DESCRIPTION

The measles outbreak in Central African Republic continues, although with a declining trend now apparent in the first quarter of 2020. Twenty-one health districts out of 35 are in outbreak status. From 1 January to 5 April 2020, there have been a total of 15 011 new cases, with 252 confirmed, including 66 deaths (case fatality ratio 0.44%). In the first 14 weeks of 2020, new cases started at a relatively low level, with only 176 new cases recorded in week 1 of 2020, peaking at 2 107 new cases during week 11 (week ending 15 March 2020) and then dropping. During week 14 (week ending 5 April 2020) there were 647 new cases notified including one death, in the health district of Bossembélé, which has not yet started a vaccination campaign.

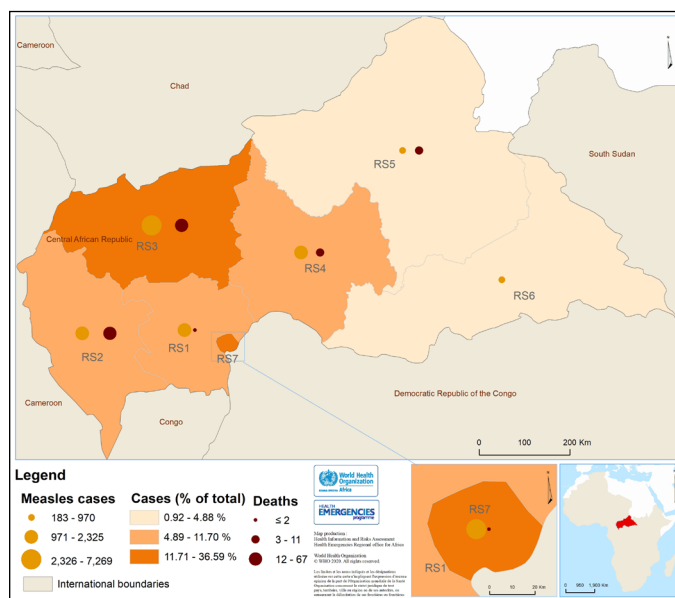
Eight out of the 21 affected health districts have already started their responsive vaccination campaigns (Bangui 1, 2, and 3; Bégoua; Bimbo; Baboua-Abba; Nangha Boguila and Haute Kotto) and the fall in new cases would appear to coincide with the start of the campaigns.

The measles outbreak in the country is occurring in the context of an accumulation of susceptible diseases linked to poor immunization coverage during 2015 and 2019, when routine immunization cover was less than 75%.

PUBLIC HEALTH ACTIONS

- Responsive vaccination campaigns, with the support of WHO, UNICEF and other partners, have been aimed at a targeted 2.65 million children between the ages of 6 months and 10 years.
- Vaccine campaigns have taken place in two phases, with the first phase in 10 health districts between 14 to 18 March 2020, and the second phase covering the remaining 25 health districts planned for the end of May 2020.
- An evaluation of the response will be undertaken after phase 1 of the vaccination campaign.
- Data collection continues through line-listing in 10 of the 21 affected health districts, with a review of the Baboua Abba and Nangha Boguila districts, followed by updating their line lists.
- The measles vaccination campaign continues in the Ouango-Gambo health district with support of Médecines Sans Frontières Belgium, which took place between 26 March and 6 April 2020, targeting children aged 6 months to 15 years.
- A vaccination campaign will take place in Bossembélé from 10-14 April 2020.
- Guidelines are being developed in order to organize vaccination campaigns in the context of COVID-19 restrictions and a meeting was held with the COVID-19 preparedness and response coordination team to make concrete proposals on implementation of routine vaccination in this regard.

Geographical distribution of confirmed measles cases reported in Central African Republic, as of 5 April 2020.



SITUATION INTERPRETATION

The ongoing measles outbreak in Central African Republic is showing encouraging signs of a decline, with the response continuing in the context of insecurity, lack of vaccine doses and the COVID-19 pandemic. Challenges remain around surveillance and poor completeness of immunization campaign data, as well as delays in acquisition of the vaccine itself. Surveillance measures need to be strengthened at health district level. It is hoped that the mid-term evaluation meeting scheduled for 19 April 2020 will allow what was learnt from the current response to inform the overall response in the second phase of immunization. Focus must remain on this preventable disease in the face of increasing pressure around the COVID-19 response.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- Most countries in the African region are now reporting an increasing number of confirmed cases of COVID-19. Community transmission appears to be 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 continue to take bold actions to slow down rapid spread of the disease and mitigate the consequences.
- The report of a newly confirmed case of EVD in Democratic Republic of the Congo, while of grave concern, was not unexpected in the face of continuing insecurity in the affected region. This does, however, reinforce the need for continued surveillance and response measures, even 52 days after the previous confirmed case.
- Responsive vaccination campaigns appear to have been largely responsible for the decline in case incidence in the measles outbreak in Central Africa Republic, which is to be commended in the face of continuing insecurity and now the COVID-19 pandemic. There is, however, no room for complacency in a country with generally poor routine vaccination coverage.

Proposed actions

- African governments need to continue with the containment and mitigation measures that many have implemented, in order to slow the progression of the COVID-19 pandemic. 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 continue to reinforce surveillance and response measures in the areas affected by the EVD outbreak in order to prevent a major resurgence of cases. Increased community engagement is going to be necessary at this point, as there has already been unrest among youth questioning the occurrence of this case so long after the last confirmed case in the region. Again, responses to COVID-19 in the area need to complement and not remove focus from continuing EVD surveillance.
- Authorities in Central African Republic need to continue to employ the highest levels of surveillance and response as the measles outbreak in the country starts to show signs of decline. Focus must not be diverted from this ongoing outbreak by the requirements of response to the COVID-19 outbreak.

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
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	12-Apr-20	1 914	1 914	293	15.30%
From 25 February to 12 April 2020, a total of 1 914 confirmed cases of COVID-19 with 293 deaths (CFR 15.3 %) have been reported from Algeria. A total of 591 cases have recovered. The majority of the cases have been reported from the Wilaya of Blida.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	12-Apr-20	19	19	2	10.50%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 12 April 2020, a total of 19 confirmed COVID-19 case have been reported in the country with 2 deaths and 4 recoveries.									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	1-Jan-19	8-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 remains 129. These cases are from several outbreaks which occurred in 2019.									
Benin	COVID-19	Grade 3	17-Mar-20	16-Mar-20	12-Apr-20	35	35	5	14.30%
The Ministry of health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 12 April 2020, a total of 35 cases have been reported in the country with 5 deaths, a 43-year-old patient with sickle cell co-morbidity.									
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	8-Apr-20	9	9	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There is one case in 2020, while the number of cases in 2019 remains eight. These cases are all linked to the Jigawa outbreak in Nigeria.									
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	12-Apr-20	13	13	1	7.70%
On 30 March 2020, the Minister of Health and Wellness of Botswana reported three confirmed cases of COVID-19. As of 12 April 2020, a total of 13 confirmed COVID-19 cases were reported in the country including two deaths.									
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 remain high and malnutrition thresholds are alarming in the areas hosting IDPs, mainly in Barsalogho, Djibo, Maticocoali, Arbinda, and Titao.									
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	12-Apr-20	497	497	27	5.40%
Between 9 March and 12 April 2020, a total of 497 confirmed cases of COVID-19 with 27 deaths have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2		1-Jan-19	8-Apr-20	3	3	0	0.00%
Two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in the Centre-East region making them the first in 2020. There are now three cases in the country, all linked to the Jigawa outbreak in Nigeria.									
Burundi	COVID-19	Grade 3	31-Mar-20	18-Mar-20	12-Apr-20	5	5	1	20.00%
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. As of 12 April 2020, the total confirmed COVID-19 cases have reached 5, including one death.									
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 Citeboke. 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: Citeboke 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.									

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	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, Deido, Bangue, Cité des Palmiers, Bonassama, Japoma, New Bell and Logbaba districts).									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	12-Apr-20	803	803	10	1.20%
Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 12 April 2020, a total of 803 cases have been reported, including 10 deaths and 60 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.									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	12-Apr-20	10	10	1	10.00%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of April 12th, a total of 10 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	12-Apr-20	11	11	3	27.30%
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 12 April 2020 a total of 11 confirmed COVID-19 cases were reported in the country with 3 recoveries.									
Central African Republic	Measles	Grade 2	15-Mar-19	1-Jan-19	5-Apr-20	19 866	252	133	0.66%
Detailed update given above.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	8-Apr-20	22	22	0	0.00%
One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in RS2 province making it the first in 2020. There were 21 reported cases in 2019 from several outbreaks.									
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	11-Apr-20	18	18	0	0.00%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 11 April 2020, a total of 18 confirmed COVID-19 cases were reported in the country including two cases that have recovered.									
Chad	Measles	Ungraded	24-May-18	1-Jan-19	29-Mar-20	6 784	295	36	0.50%
In week 14 (week ending 5 April 2020), 533 suspected cases were reported. 14 districts were in the epidemic phase in week 14. Since the beginning of the year, a total of 6 784 suspected cases and 36 deaths (CFR 0.6%) have been reported from Beboto, Kyabe, Goundi, Korbol, Kelo and Guelao.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	8-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	11-Apr-20	70	70	5	7.10%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 10 April 2020, a total of 70 cases including 5 deaths and 5 recovered cases have been reported in the country.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	11-Apr-20	533	533	4	0.80%
Since 11 March 2020, a total of 533 confirmed cases of COVID-19 have been reported from Cote d'Ivoire including four deaths. A total of 58 patients have recovered.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Ungraded	29-Oct-19	29-Oct-19	8-Apr-20	2	2	0	0.00%
One cVDPV2 case was reported from Gbokle–Nawa-San Pedro province. This case is linked to the Jigawa outbreak in Nigeria. A total of two cVDPV2 cases have been reported from Cote d'Ivoire.									
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	22-Mar-20	6 279	-	73	1.20%
During week 12 (week ending 22 March 2020), a total of 349 cases of cholera and 4 deaths (CFR 1.1%) was notified from 7 of 26 provinces in the country. From week 9 to 12 of 2020, 92.6% 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 12 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.									
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-20	10-Mar-20	12-Apr-20	235	235	20	8.50%
On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 12 April 2020, a total of 235 cases including 20 deaths have been reported in the country. Seventeen cases have recovered to date.									
Democratic Republic of the Congo	Ebola virus disease	Grade 3	31-Jul-18	11-May-18	11-Apr-20	3 457	3 311	2 277	65.80%
Detailed update given above..									
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	1-Jan-20	29-Mar-20	45 118	740	574	1.30%
In week 13 (week ending 29 March 2020), 3 073 measles cases including 46 deaths (CFR 1.5%) were reported across the country. Over the past four weeks (weeks 10 to 13) a decreasing trend in the number of cases was observed in the provinces of: Haut Katanga, Haut Lomami, Kinshasa, Kwango, Lomami, Lualaba, Maindombe et Sankuru; while an increasing trend was observed in Equateur and Kasai Oriental. Since 2019 a total of 356 526 measles cases and 6 605 deaths (CFR 1.9%) have been reported in the country.									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-20	22-Mar-20	954	-	20	2.10%
During week 12 (week ending 22 March 2020), a total of 67 suspected cases of monkeypox with six deaths were reported across the country compared to 75 cases with no deaths the preceding week. Between week 1 and week 12, a total of 954 suspected cases including 20 deaths were reported in the country. The majority of cases were reported from the Provinces of Sankuru (219 cases, 23%), Equateur (180 cases, 19%), Bas-Uele (172 cases, 18%), Mongala (102 cases, 11%) and Tshopo (79 cases, 8%). 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.									

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	Poliomyelitis (cVDPV2)	Grade 2	15-Feb-18	1-Jan-18	8-Apr-20	110	110	0	0.00%
No cVDPV2 cases were reported this week. So far, there have been four cases reported in 2020 while 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	12-Apr-20	21	21	3	14.30%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 12 April 2020, a total of 21 cases have been reported in the country. Three cases have recovered, and the other case has been repatriated back to Portugal.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	10-Apr-20	34	34	0	0.00%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 10 April 2020, a total of 34 confirmed COVID-19 cases with no deaths were reported in the country.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	12-Apr-20	14	14	0	0.00%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 12 April 2020, a total of 14 cases have been reported in the country including 7 recoveries.									
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	12-Apr-20	71	71	3	4.20%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 71 cases of COVID-19 as of 12 April 2020. Of the 71 cases, three deaths and 10 recoveries have 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	8-Apr-20	22	22	0	0.00%
No cVDPV2 cases were reported this week. There has been a total of 22 cases reported in Ethiopia since the beginning of the outbreaks.									
Ethiopia	Yellow fever	Ungraded	3-Mar-20	3-Mar-20	5-Mar-20	32	2	0	0.00%
On 3 March 2020, the Ethiopian Public Health Institute (EPHI) reported three suspected Yellow fever cases in Ener Enor woreda, Gurage zone, South Nations Nationalities and Peoples Region (SNNPR). The first 3 reported cases were members of the same household (father, mother and son) located in a rural kebele. Two of three samples tested positive at the national level on RT-PCR and were subsequently confirmed positive by plaque reduction neutralization testing (PRNT) at the regional reference laboratory, Uganda Viral Research Institute (UVRI) on 28 March 2020. In response to the positive RT-PCR results, Ethiopia performed an in-depth investigation and response, supported by partners including WHO. As of 30 March, a total of 85 suspect cases have been notified from 5 kebele in Ener Enor woreda, of which 55 are reported from Wedesha kebele. Laboratory testing is ongoing at the national laboratory.									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	12-Apr-20	57	57	1	1.80%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 12 April 2020, a total of 57 cases including one death and one recovered have been reported in the country.									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	11-Apr-20	9	9	1	11.10%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 11 April 2020, a total of nine 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	12-Apr-20	566	566	8	1.40%
On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. As of 12 April 2020, a total of 566 cases including 8 deaths have been reported in the country.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	8-Apr-20	26	26	0	0.00%
No cVDPV2 cases were reported this week. There have been eight 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	11-Apr-20	250	250	0	0.00%
The Ministry of health in Guinea Conakry announced the first confirmed case of COVID-19 on 13 March 2020. As of 11 April 2020, a total of 250 cases including 17 recovered 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
Guinea-Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	12-Apr-20	39	39	0	0.00%
As of 12 April 2020, the country has 39 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.									
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 the 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	12-Apr-20	197	197	8	4.10%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 cases in the country. As of 12 April 2020, 197 confirmed COVID-19 cases including 8 deaths and 25 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 and a 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	11-Apr-20	50	50	5	10.00%
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 12 April 2020, a total of 50 cases with five deaths have been reported from the country. Three case-patients have recovered.									
Liberia	Lassa fever	Ungraded	23-Jan-19	1-Jan-20	29-Mar-20	39	39	17	43.60%
Of 108 suspected cases reported across the country from 1 January to 29 March 2020, 39 were confirmed. A total of 17 deaths (CFR 43.6%) have been reported among the confirmed cases.									
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	12-Apr-20	106	106	12	11.30%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 12 April 2020, a total of 106 cases have been reported in the country.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	12-Apr-20	13	13	2	15.40%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. There were 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 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 12 April 2020, the country has a total of 13 confirmed cases with two deaths.									
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	COVID-19	Grade 3	25-Mar-20	25-Mar-20	10-Apr-20	87	87	7	8.00%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 10 April 2020, a total of 87 confirmed COVID-19 case have been reported in the country including 7 deaths and 16 recoveries.									
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mali	Measles	Ungraded	20-Feb-18	1-Jan-19	29-Mar-20	349	153	0	0.00%
During week 14 (week ending on 5 April 2020), 6 suspected cases of measles were reported from six regions in the country. Seven batched samples were confirmed IgM-positive during the week. Since 1 January 2020, 349 suspected cases, 153 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	12-Apr-20	7	7	1	14.30%
The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 12 April 2020, a total of 7 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	12-Apr-20	324	324	9	2.80%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 12 April 2020, a total of 324 confirmed COVID-19 cases including nine deaths and 42 recoveries have been 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 rumours of acute watery diarrhoea (AWD) in Nampula province, which are under verification.									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	12-Apr-20	27	27	0	0.00%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of April 12th, a total of 27 confirmed COVID-19 cases were reported in the country with one death.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	12-Apr-20	16	16	0	0.00%
Two cases of novel coronavirus (COVID-19) were confirmed in Namibia on 14 March 2020. As of 12 April 2020, a total of 16 cases have been reported in the country including three cases who recovered.									
Namibia	Hepatitis E	Protracted 1	18-Dec-17	8-Sep-17	22-Feb-20	7 384	1 872	63	0.90%
In weeks 7 and 8 (week ending 23 February 2020), 99 new cases were reported countrywide with the majority (62 cases) from Khomas region. Since the beginning of the outbreak in December 2017, a cumulative total of 7 384 cases (1 872 laboratory-confirmed, 4 535 epidemiologically linked, and 977 suspected cases) including 63 deaths (CFR 0.9%) have been reported countrywide. Khomas Region remains the most affected region, accounting for 4 593 (62%) of reported cases, followed by Erongo 1 588 (22%) since the outbreak began.									
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, Tillaberi 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 Tillaberi, 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	12-Apr-20	529	529	12	2.30%
The first COVID-19 confirmed case was reported in the Niger on 19 March 2020. As of 12 April 2020, a total of 529 confirmed COVID-19 cases including 12 deaths have been reported from the country. Seventy-five case-patients have recovered.									
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-Mar-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	12-Apr-20	323	323	10	3.10%
The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 12 April 2020, a total of 323 confirmed cases including 10 deaths and 70 recovered cases have been reported in the country.									
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-20	5-Apr-20	977	963	202	20.70%
A total of 12 new confirmed cases with three deaths were reported from five states across Nigeria in week 14 (week ending 5 April 2020). This is a decline in the number of cases compared to 19 reported during the previous week. From 1 January to 5 April 2020, a total of 977 cases (963 confirmed and 14 probable) with 202 deaths (CFR 20.7%) have been reported from 126 Local Government Areas across 27 states in Nigeria. A total of 959 contacts are currently being followed.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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	8-Apr-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	12-Apr-20	126	126	0	0.00%
Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 12 April 2020, a total of 126 cases with zero death and 18 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	11-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 in the last two weeks.									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	12-Apr-20	280	280	2	0.70%
Between 2 March 2020 and 12 April 2020, a total of 280 confirmed cases of COVID-19 including two deaths have been reported from Senegal. A total of 171 cases have recovered.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	12-Apr-20	11	11	0	0.00%
The first COVID-19 confirmed cases were reported in Seychelles 14 March 2020. As of 12 April 2020, a total of 11 cases have been reported in the country including two recoveries.									
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.									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	12-Apr-20	10	10	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 12 April 2020, a total of ten confirmed COVID-19 cases were reported in the country.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	12-Apr-20	2 173	2 173	25	1.20%
South Africa continues to report cases of COVID-19. From 5 March to 12 April 2020, a total of 2 173 cases with 25 deaths have been reported from all provinces across the country namely; Gauteng (865), Western Cape (587), Kwazulu-Natal (443), Free State (96), Eastern Cape (88), Limpopo (23), Mpumalanga (21), North West (19) and Northern Cape (16). A total of 410 cases have recovered.									
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.									
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	COVID-19	Grade 3	5-Apr-20	2-Apr-20	12-Apr-20	4	4	0	25%
On 5 April 2020, the Ministry of Health of South Sudan has reported the country's first case of COVID-19. As of 12 April 2020, a total of four confirmed COVID-19 cases were reported in the country.									
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 (Juba, Bentiu, Malakal and Wau).									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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	12-Apr-20	32	32	3	9.40%
The Ministry of Health, Community Health Community Development, Gender, Elderly and Children (MOHCDEGEC) in Tanzania has reported the country's first case of COVID-19 on 16 March 2020. As of 12 April 2020, a total of 32 cases have been reported in the country including three deaths and seven recovered cases.									
Togo	COVID-19	Grade 3	6-Mar-20	1-Mar-20	11-Apr-20	76	76	3	3.90%
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 11 April 2020, a total of 76 cases including three deaths and 25 recovered cases have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	8-Apr-20	14	14	0	0.00%
No cVDPV2 cases were reported this week. There have been six cases so far in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.									
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	29-Feb-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	12-Apr-20	54	54	0	0.00%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 12 April 2020, a total of 54 confirmed COVID-19 cases with no deaths 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 and he was rushed to Kagadi hospital and isolated. A sample was collected and transported to UVRI on 21 January 2020 and the results were positive for CCHF on the same day. Nine contacts were followed up as of 10 February 2020.									
Uganda	Yellow fever	Ungraded	22-Jan-20	31-Oct-19	14-Feb-20	8	8	4	50.0%
From 4 November through 14 February 2020, eight laboratory confirmed cases of yellow fever in Bulisa (3), Maracha (1) and Moyo (4); including four deaths (CFR 50%), were detected through the national surveillance system.. None of the confirmed cases was vaccinated against yellow fever virus.									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	12-Apr-20	43	43	2	4.70%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 12 April 2020, a total of 43 confirmed COVID-19 cases were reported in the country including two deaths and 30 recovered cases.									
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-19	16-Jul-19	8-Apr-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 6 May 2019) of 2019. This outbreak started in 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	12-Apr-20	14	14	3	21.40%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 12 April 2020, a total of 14 confirmed COVID-19 cases were reported in the country including three deaths.									
Closed Events									
Burundi	Malaria	Grade 2		30-Dec-19	5-Apr-20	1 552 506		880	0.10%
In week 14 (week ending 5 April 2020), 88 365 new cases were reported, bringing the total number of cases reported in 2020 to 1 552 506. 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	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.									
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	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.									

†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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