This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 108 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 the Congo**

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:**

- The COVID-19 outbreak continues to expand rapidly in the WHO African Region, with 96% (45/47) of countries being affected. Only Comoros and Lesotho are still apparently free of the disease. The cumulative number of confirmed COVID-19 cases is now 14,068 and the number of deaths is steadily growing, standing at 658, an increase of 43% over the previous week. The disease is now spreading from the capital cities to the inter-land, with most countries in the region experiencing local transmission, and a few progressing to community transmission. Most countries are implementing lockdown measures of various types, with varying degree of societal impact. To prevent this outbreak from further intensifying in the region, it is critical that all governments step up implementing strong public health response: physical distancing, handwashing, finding cases, providing care and isolation, contact tracing and isolation. Additionally, countries need to ensure provision of and continuous access to basic necessities during the lockdowns.

- There are now three new confirmed cases of Ebola virus disease in Democratic Republic of the Congo, two of whom have died. Contacts are being traced and the specimens are being genetically sequenced to aid in identifying the source of infection. The resurgence of cases comes in the face of continuing insecurity and community concerns, both of which hamper the required ongoing response in this area of North Kivu. This emphasises the need for stronger coordination and communication among partners, the Ministry of Health and with civil society and local authorities.

- The measles outbreak in Democratic Republic of the Congo appears to be starting to decline, with a decreasing trend in both cases and deaths since week 13. However, the outbreak is still active in western and southern provinces and interruptions in the measles response as a result of COVID-19 activities are a concern, so there is no room for complacency. COVID-19 response activities should be harnessed to enhance and not detract from measles outbreak response. This is being attempted through coordination of both response groups.
As of 19 April 2020, a cumulative total of 14,068 confirmed COVID-19 cases and 658 associated deaths (case fatality ratio 4.7%) have been reported across 45 countries in the WHO African Region. The countries include: South Africa (3,158), Algeria (2,626), Ghana (1,042), Cameroon (1,016), Côte d’Ivoire (847), Niger (648), Burkina Faso (565), Nigeria (541), Guinea (477), Senegal (367), Democratic Republic of the Congo (332), Mauritius (328), Kenya (270), Mali (224), United Republic of Tanzania (171), Rwanda (147), Republic of Congo (143), Madagascar (121), Gabon (109), Ethiopia (108), Liberia (91), Togo (83), Equatorial Guinea (79), Zambia (61), Cape Verde (55), Uganda (55), Guinea-Bissau (50), Eritrea (39), Benin (37), Sierra Leone (35), Mozambique (35), Chad (33), Zimbabwe (25), Eswatini (22), Botswana (20), Angola (19), Malawi (17), Namibia (16), Central African Republic (12), Seychelles (11), Gambia (9), Mauritania (7), Burundi (6), Sao Tome and Principe (4) and South Sudan (4).

The most affected countries in the Region are: South Africa (3,158 cases), Algeria (2,629 cases), Ghana (1,042 cases), Cameroon (1,016 cases), Côte d’Ivoire (847 cases), Niger (648 cases), Burkina Faso (565 cases) and Nigeria (541 cases). These eight countries account for 74% of the cases reported in the region. Notably, two countries (Democratic Republic of Congo and Tanzania) observed exponential increase in their number of confirmed cases in week 16: Tanzania 434% (from 32 to 171 cases) and Republic of Congo 104% (from 70 to 143 cases). Seven countries (Angola, Gambia, Mauritania, Namibia, Sao Tome and Principe, Seychelles and South Sudan) have not reported any new confirmed COVID-19 case during week 16.

Since the beginning of the COVID-19 pandemic in the WHO African Region, a total of 112 health workers from 16 countries have been infected. Cameroon has reported the highest number of confirmed cases in health workers at 25, followed by Niger (13), South Africa (13), Mauritius (11), Sierra Leone (11), Democratic Republic of Congo (10), Côte d’Ivoire (7), Togo (6), Madagascar (5), Republic of Congo (4), Namibia (2), Benin (1), Central African Republic (1), Eswatini (1), Guinea-Bissau (1) and Kenya (1).

The 658 deaths occurred in 31 countries: Algeria (375), South Africa (54), Burkina Faso (36), Democratic Republic of Congo (25), Cameroon (21), Niger (20), Nigeria (19), Kenya (14), Mali (14), Côte d’Ivoire (9), Ghana (9), Mauritius (9), Liberia (8), Tanzania (7), Republic of Congo (6), Togo (5), Ethiopia (3), Guinea (3), Senegal (3), Zambia (3), Zimbabwe (3), Angola (2), Malawi (2), Benin (1), Botswana (1), Burundi (1), Cape Verde (1), Eswatini (1), Gabon (1), Gambia (1), and Mauritania (1). Three countries, Burundi, Eswatini and Guinea, recorded their first deaths this week.

Six countries in the region have shown very high case fatality ratios: Algeria 14% (375/2,629), Democratic Republic of Congo 8.0% (25/322), Mali 6.3% (14/224), Burkina Faso 6.4% (36/565), Kenya 5.2% (14/270) and Republic of Congo 4.2% (11/266).

Of the 14,068 confirmed COVID-19 cases reported, a total of 4,065 (29%) case-patients from 36 countries have recovered.

In the WHO African Region, 64% of cases with known sex are males. The age distribution of cases ranges from one-month-old to 89 years, with a median of 46 years. The age of deceased case-patients ranges from 21 to 88 years, with a median of 58 years.

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

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

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

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

Up to 43 countries in the WHO African Region have acquired laboratory diagnostic capacity for SARS-CoV-2, increasing from only two laboratories in Senegal and South Africa that had testing capacity 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.

The outbreak of COVID-19 has spread to most countries in the WHO African Region, with an associated upsurge in the number of cases and deaths in the past weeks. Many countries are now experiencing local transmission, with a few beginning to see widespread community transmission. Rigorous efforts are needed to bring this situation under control. WHO continues to advise all countries in the region to scale up their public health response measures aimed to contain further spread of the disease. In areas with widespread or potential widespread transmission, countries will need to quickly adapt mitigation measures to reduce the impact of the pandemic. Comoros and Lesotho, that are still silent, need to ramp up their alert management systems, including intensifying active case search and testing of suspected cases.
EVENT DESCRIPTION

From 10 to 14 April 2020, three new confirmed cases of Ebola virus disease (EVD) were reported, all from Beni Health Zone, North Kivu. Two of the confirmed cases died after visiting several healthcare facilities. The infection of the third individual has been epidemiologically linked to one of these cases, who is currently receiving care at an Ebola treatment centre (ETC). Prior to this resurgence of cases, the last person confirmed to have EVD tested negative twice and was discharged from a treatment centre on 3 March 2020.

Specimens from all confirmed cases were sent to the Institut Research Biomedicale (INRB) for genetic sequencing to support surveillance teams in investigating the source of infection and to determine if cases were linked to a known source of transmission. A total of 332 contacts of these cases have been registered, of which 248 were followed on 14 April 2020 and 200 of whom were vaccinated.

As of 19 April 2019, a total of 3,461 EVD cases, including 3,316 confirmed and 147 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 (727), 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 19 April 2020, a total of 2,277 deaths were recorded, including 2,131 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 64% (2,131/3,316). As of 19 April 2020, the total number of health workers affected remains at 171, representing 5% of confirmed and probable cases.

The number of contacts registered as of 18 April 2020 is 578, all in Beni Health Zone. Of these 428 were followed-up, 74% of the total. Alerts continue to be raised and as of 18 April 2020, 1,748 were reported, of which 1,724 were investigated, with 180 validated. The alert rate has decreased in the past three weeks as teams are moved to COVID-19 response.

PUBLIC HEALTH ACTIONS

- Response and surveillance activities are being strengthened across all pillars, with preparedness enhanced in surrounding areas.
- In Beni, three vaccination teams have been activated to carry out vaccinations around the confirmed community death confirmed on 10 April 2020 and 200 contacts were vaccinated.
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. The number of new reported cases then steadily increased from weeks 7-12, 2020. However, from week 13 (week ending 29 March 2020) there has been a decreasing trend in both case numbers and deaths.

In week 14 (week ending 5 April 2020), a total of 2,854 suspected measles cases, with 27 deaths (case fatality ratio 0.9%), were notified in 186 out of 499 health zones that reported at least one case of suspected measles. This is a decrease in the number of cases and deaths compared to week 13 when 3,444 cases and 50 deaths were reported, and week 12 when 3,962 cases and 38 deaths were recorded. The provinces that have reported the most cases during the reporting week (week 14) are North Ubangi (523), North Kivu (27), Mongala (273) and Equateur (273).

Between weeks 1-14, 2020, a total of 40,893 suspected measles cases with 612 deaths (case fatality ratio 1.5%) were reported. Of the 1,611 cases investigated, 778 tested positive for measles immunoglobulin M (IgM). Thirty-five percent of the positive cases were vaccinated against measles, 9% were unvaccinated and 56% had unknown vaccination status. The under-five age group remains the most affected across the country from week 1 to 14 of 2020, with 62.6% 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 and Sankuru. Some eastern provinces, including Haut Uele, South Kivu and Tanganyika are also affected.

As of 5 April 2020, there has been a total of 360,301 cases and 6,643 deaths (case fatality ratio 1.9%) since the 31 December 2018.

PUBLIC HEALTH ACTIONS

- Surveillance continues with daily case notification, progressive line listing and data analysis.
- 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.
- The results of nasopharyngeal swabs are awaited with WHO support.
- Case management data collection is in progress, with the support of the sub-coordinators.
- The vaccine response is ongoing, with contact with the COVID-19 coordination to request posters for placement at vaccination sites.
- Funds have been received for targeted immunization responses in specific health zones in Tshuapa, Equateur, Mongala, Kong Central, Kasai Oriental, South Kivu, Sankuru, Maniema and Lualaba.
- Unfortunately, measles response has been suspended in Ituri, North Kivu and Kinshasa because of the COVID-19 response and the absence of testing kits. However, WHO has deployed technical staff who are sharing guidelines for infection prevention and control linked to the COVID-19 response as part of the response to the measles outbreak.

SITUATION INTERPRETATION

The ongoing measles outbreak in Democratic Republic of the Congo is of grave concern, and we have already seen interruptions in vaccine response as a result of the COVID-19 response measures in affected provinces. There are also challenges around capturing daily notification, reinforcement of coordination, difficulties in routing samples to the relevant laboratories and delay in sample confirmation, inaccessible health zones, lack of free measles case management and general communication problems. With an apparent declining trend in the past two weeks, these issues need to be addressed urgently in order to prevent a resurgence in cases. The COVID-19 response measures being instituted need to be complementary to those for measles, and indeed other infectious diseases, to improve measures instituted across the board.
Major issues and challenges

- Most countries in the African region are now reporting an increasing number of confirmed cases of COVID-19. Community transmission is established, and the number of deaths is increasing, 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. African governments need to continue to take bold actions to slow down rapid spread of the disease and mitigate the consequences.

- The appearance of three new confirmed cases of EVD in Beni since the 10 April 2020 highlights the importance of constant and heightened vigilance for this disease in the face of significant challenges around community acceptance and access for response teams. Alongside this, the apparent stigmatization of survivors needs to be addressed.

- The apparent declining trend in measles in Democratic Republic of the Congo needs to be treated cautiously as there are still major challenges in the response, not least the appearance of COVID-19 in three of the affected areas. The response to COVID-19 has already caused interruptions in vaccine response in these areas. This, with the continuing problems with logistics, case management and access to affected populations, needs to be addressed urgently.

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. These need to include population screening, testing and contact follow-up. 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 necessary at this point, as survivors experience increasing stigmatization and rumours abound. Again, responses to COVID-19 in the area need to complement and not remove focus from continuing EVD surveillance.

- Authorities in Democratic Republic of the Congo 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.
# Health Emergency Information and Risk Assessment

### Cameroon

- **Humanitarian crisis (Far North, North, Adamawa & East)**
  - Start of reporting period: 31-Dec-13
  - End of reporting period: 5-Mar-20
  - Total cases confirmed: 3
  - Deaths: 0
- **Conflict**
  - Start of reporting period: 31-Dec-13
  - End of reporting period: 5-Mar-20
  - Total cases confirmed: 3
  - Deaths: 0

### Angola

- **COVID-19**
  - Grade: 3
  - Date notified to WHO: 21-Mar-20
  - Start of reporting period: 21-Mar-20
  - End of reporting period: 19-Apr-20
  - Total cases: 2 629
  - Cases confirmed: 2 629
  - Deaths: 375
  - CFR: 14.30%
- **Poliomyelitis (cVDPV2)**
  - Grade: 2
  - Date notified to WHO: 8-May-19
  - Start of reporting period: 15-Apr-20
  - End of reporting period: 15-Apr-20
  - Total cases: 0
  - Cases confirmed: 0
  - Deaths: 0
  - CFR: 0.00%

### Botswana

- **COVID-19**
  - Grade: 3
  - Date notified to WHO: 30-Mar-20
  - Start of reporting period: 28-Mar-20
  - End of reporting period: 19-Apr-20
  - Total cases: 20
  - Cases confirmed: 20
  - Deaths: 1
  - CFR: 5.00%

### Benin

- **COVID-19**
  - Grade: 3
  - Date notified to WHO: 17-Mar-20
  - Start of reporting period: 16-Mar-20
  - End of reporting period: 19-Apr-20
  - Total cases: 37
  - Cases confirmed: 37
  - Deaths: 1
  - CFR: 2.70%
- **Lassa fever**
  - Grade: Ungraded
  - Date notified to WHO: 19-Feb-20
  - Start of report: 17-Feb-20
  - End of reporting period: 24-Feb-20
  - Total cases: 4
  - Cases confirmed: 4
  - Deaths: 1
  - CFR: 25.00%

### Benin Measles

- **Measles**
  - Grade: Ungraded
  - Date notified to WHO: 23-Mar-20
  - Start of reporting period: 4-Nov-19
  - End of reporting period: 30-Mar-20
  - Total cases: 640
  - Cases confirmed: 59
  - Deaths: 8
  - CFR: 1.36%

### Benin COVID-19

- **COVID-19**
  - Grade: 3
  - Date notified to WHO: 16-Mar-20
  - Start of reporting period: 18-Mar-20
  - End of reporting period: 19-Apr-20
  - Total cases: 37
  - Cases confirmed: 37
  - Deaths: 1
  - CFR: 2.70%

### Burkina Faso

- **COVID-19**
  - Grade: 3
  - Date notified to WHO: 10-Mar-20
  - Start of reporting period: 9-Mar-20
  - End of reporting period: 19-Apr-20
  - Total cases: 576
  - Cases confirmed: 576
  - Deaths: 36
  - CFR: 6.30%

### Completed Events

- **Burkina Faso COVID-19**
  - Grade: 3
  - Date notified to WHO: 25-Feb-20
  - Start of reporting period: 25-Feb-20
  - End of reporting period: 19-Apr-20
  - Total cases: 576
  - Cases confirmed: 576
  - Deaths: 36
  - CFR: 6.30%

- **Burkina Faso Poliomyelitis (cVDPV2)**
  - Grade: 2
  - Date notified to WHO: 8-May-19
  - Start of reporting period: 1-Jan-19
  - End of reporting period: 15-Apr-20
  - Total cases: 9
  - Cases confirmed: 9
  - Deaths: 0
  - CFR: 0.00%

### Algeria COVID-19

- **COVID-19**
  - Grade: 3
  - Date notified to WHO: 25-Feb-20
  - Start of reporting period: 25-Feb-20
  - End of reporting period: 19-Apr-20
  - Total cases: 2 629
  - Cases confirmed: 2 629
  - Deaths: 375
  - CFR: 14.30%

### Angola COVID-19

- **COVID-19**
  - Grade: 3
  - Date notified to WHO: 21-Mar-20
  - Start of reporting period: 21-Mar-20
  - End of reporting period: 19-Apr-20
  - Total cases: 24
  - Cases confirmed: 24
  - Deaths: 2
  - CFR: 8.30%

### Cameroon COVID-19

- **COVID-19**
  - Grade: 3
  - Date notified to WHO: 17-Mar-20
  - Start of reporting period: 16-Mar-20
  - End of reporting period: 19-Apr-20
  - Total cases: 37
  - Cases confirmed: 37
  - Deaths: 1
  - CFR: 2.70%

### Bolivia COVID-19

- **COVID-19**
  - Grade: 3
  - Date notified to WHO: 30-Mar-20
  - Start of reporting period: 28-Mar-20
  - End of reporting period: 19-Apr-20
  - Total cases: 20
  - Cases confirmed: 20
  - Deaths: 1
  - CFR: 5.00%

### Burundi COVID-19

- **COVID-19**
  - Grade: 3
  - Date notified to WHO: 31-Mar-20
  - Start of reporting period: 16-Mar-20
  - End of reporting period: 19-Apr-20
  - Total cases: 6
  - Cases confirmed: 6
  - Deaths: 1
  - CFR: 16.70%

- **Measles**
  - Grade: Ungraded
  - Date notified to WHO: 23-Mar-20
  - Start of reporting period: 4-Nov-19
  - End of reporting period: 30-Mar-20
  - Total cases: 640
  - Cases confirmed: 59
  - Deaths: 8
  - CFR: 1.36%

### Business Process

- **COVID-19**
  - Grade: 3
  - Date notified to WHO: 25-Feb-20
  - Start of reporting period: 25-Feb-20
  - End of reporting period: 25-Feb-20
  - Total cases: 576
  - Cases confirmed: 576
  - Deaths: 36
  - CFR: 6.30%
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.

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 to three (Bakassi, Ekondo Titi and Tiko districts). In the Littoral region, the total number of affected districts is eight (Nyonya, Manoka, Boko, Bévidio, Bangue, Cité des Palmiers, Bonassama, Japoma, New Bell and Logbaba districts).

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, Ngoundere Urbain, Ayos, Bafia, Biyem Assi, Cite Verte, Djoungolo, Elig Mfomo, Mbalmayo, Mbandjock, Mfou, Monatele, Ngoumou, Nkolbisson, Nkolndongo, and Ntui districts.

The Ministry of Health and population announced the confirmation of the first COVID-19 case in the Central African Republic on 14 March 2020. As of 19 April 2020, a total of 12 confirmed COVID-19 cases were reported in the country with 3 recoveries.

**Country** | **Event** | **Grade** | **Date notified to WCO** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR**
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Cameroon | Humanitarian crisis (NW & SW) | Grade 2 | 1-Oct-16 | 27-Jun-18 | 5-Mar-20 | - | - | - | -
Cameroon | Cholera | Ungraded | 1-Mar-19 | 1-Mar-19 | 25-Feb-20 | 1,449 | 265 | 71 | 4.90%
Cameroon | COVID-19 | Grade 3 | 6-Mar-20 | 6-Mar-20 | 18-Apr-20 | 1,017 | 1,017 | 42 | 4.10%
Cameroon | Measles | Ungraded | 2-Apr-19 | 1-Jan-20 | 28-Feb-20 | 352 | 155 | 14 | 0%
Cape Verde | COVID-19 | Grade 3 | 19-Mar-20 | 18-Mar-20 | 19-Apr-20 | 54 | 54 | 1 | 1.90%
Central African Republic | Humanitarian crisis | Protracted 2 | 11-Dec-13 | 11-Dec-13 | 2-Feb-20 | - | - | - | -
Central African Republic | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 19-Apr-20 | 12 | 12 | 0 | 0.00%
Central African Republic | Measles | Grade 2 | 15-Mar-19 | 1-Jan-19 | 31-Mar-20 | 14,138 | 517 | 83 | 0.60%
Central African Republic | Poliomyelitis (cVDPV2) | Grade 2 | 24-May-19 | 24-May-19 | 15-Apr-20 | 22 | 22 | 0 | 0.00%
Chad | COVID-19 | Grade 3 | 19-Mar-20 | 19-Mar-20 | 18-Apr-20 | 33 | 33 | 0 | 0.00%
Chad | Measles | Ungraded | 24-May-18 | 1-Jan-19 | 12-Apr-20 | 7,123 | 295 | 36 | 0.50%
Chad | Poliomyelitis (cVDPV2) | Grade 2 | 18-Oct-19 | 9-Sep-19 | 15-Apr-20 | 14 | 14 | 0 | 0.00%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There is one case reported in 2020 so far and 21 cases in 2019 from several outbreaks.
### Comoros

**Dengue**
- **Grade:** Ungraded
- **Date notified to WCO:** 22-Dec-19
- **Start of reporting period:** 5-Apr-20
- **End of reporting period:** 9-Feb-20
- **Total cases:** 696
- **Cases Confirmed:** 4
- **Deaths:** 0
- **CFR:** 0.00%

Comoros is registering many cases of suspected Dengue fever since December 2019. In total, four isolated cases of Dengue fever type I were confirmed by Institut Pasteur de Madagascar Laboratory in epidemiological week 52 in 2019. In 2020, from epidemiological week 1 to week 13, a total of 696 suspected dengue fever were reported with no laboratory confirmation as the country continues to face challenges in laboratory testing. The number of suspected cases peaked in week 12, 2020 with 88 cases reported. Most cases (508) are reported from Anjouan, followed by Moheli islands with 179 suspected Dengue cases. Ngazidja reported nine suspected dengue fever cases from week 1 to week 13.

**Measles**
- **Date notified to WCO:** 26-May-19
- **Start of reporting period:** 20-May-19
- **End of reporting period:** 22-Dec-19
- **Total cases:** 218
- **Cases Confirmed:** 59
- **Deaths:** 0
- **CFR:** 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), Mitsoudji (2), and Oichili (1). The 19 epi-linked cases are from Moroni district.

**Chikungunya**
- **Grade:** 1
- **Start of reporting period:** 22-Jan-19
- **End of reporting period:** 9-Feb-20
- **Total cases:** 37
- **Cases Confirmed:** 0
- **Deaths:** 0
- **CFR:** 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 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.

### Democratic Republic of the Congo

**Measles**
- **Grade:** 2
- **Date notified to WCO:** 10-Jan-17
- **Start of reporting period:** 1-Jan-20
- **End of reporting period:** 5-Apr-20
- **Total cases:** 360 301
- **Cases Confirmed:** -
- **Deaths:** 6 643
- **CFR:** 1.9%

Detailed update given above.

**Ebola virus disease**
- **Grade:** 3
- **Date notified to WCO:** 31-Jul-18
- **Start of reporting period:** 11-May-18
- **End of reporting period:** 19-Apr-20
- **Total cases:** 3 461
- **Cases Confirmed:** 3 316
- **Deaths:** 2 277
- **CFR:** 65.80%

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.
Following several weeks with no reported plague cases, new cases were reported between weeks 7 and 11. Since the beginning of the year a total of 20 suspected bubonic plague cases with 7 deaths (CFR 35%) were notified in 5 health zones: Aungba (4 cases et 2 deaths), Linga (7 cases and 5 deaths), Rethy (6 cases and no death), Aru (2 cases and no death) and Kambala (1 case and no death). From week 1 to 52 of 2019, a total of 48 cases of bubonic plague including eight deaths have been reported in the country.

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 cVDPVs (notably in Kasai, Kwilu, Kwango and Sankuru provinces).

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 19 April 2020, a total of 22 cases have been reported in the country. 2 cases have recovered, and the other case has been repatriated back to Portugal.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 19 April 2020, a total of 22 cases have been reported in the country including 8 recoveries. One associated deaths has been reported.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 19 April 2020, a total of 39 confirmed COVID-19 cases with no deaths were reported in the country.

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 19 April 2020, a total of 79 cases have been reported in the country including 8 recoveries. One associated deaths has been reported.

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 108 cases of COVID-19 as of 19 April 2020. Of the 108 cases, three deaths and 16 recoveries have been reported.

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Guinea-Bissau COVID-19 Grade 3 25-Mar-20 25-Mar-20 19-Apr-20 50 50 0 0.00%
As of 19 April 2020, the country has 50 confirmed cases of COVID-19 no recoveries and no death. 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-20 202 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 positive have been reported. The index case was seen on 31 December 2019.

Kenya Cholera Ungraded 21-Jan-19 253 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-20 270 270 14 5.20%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 cases in the country. As of 19 April 2020, 270 confirmed COVID-19 cases including 14 deaths and 67 recoveries have been reported in the country.

Kenya Measles Ungraded 6-May-19 637 15 0 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 81 81 8 9.90%
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 18 April 2020, a total of 81 cases with eight deaths have been reported from the country. Seven case-patients have recovered.

Liberia Measles Ungraded 24-Sep-16 169 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-20 121 121 0 0.00%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 19 April 2020, a total of 121 cases have been reported in the country.

Malawi COVID-19 Grade 3 2-Apr-20 224 224 14 6.30%
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 19 April 2020, the country has a total of 17 confirmed cases with two deaths and three recoveries.

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 the 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.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 19 April 2020, a total of 224 confirmed COVID-19 case have been reported in the country including 14 deaths and 42 recoveries.
### Country Event Grade Date notified Start of reporting period End of reporting period Total cases Cases Confirmed Deaths CFR

#### 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, Korienne health area, Kera village. Three out of nine laboratory samples that were sent to the Public health institute turned positives for Crimean Congo Haemorrhagic fever. Response activities are ongoing in the affected health district.

#### Mali
- **Measles**
  - Ungraded
  - 20-Feb-18
  - 1-Jan-19
  - 12-Apr-20
  - 372
  - 156
  - 0
  - 0.00%

During week 15 (week ending on 12 April 2020), 23 suspected cases of measles were reported from ten regions in the country. Three samples were confirmed IgM-positive during the week. Since 1 January 2020, 372 suspected cases, 156 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
  - 19-Apr-20
  - 7
  - 7
  - 1
  - 14.30%

The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 19 April 2020, a total of 7 cases including one death and six recovered cases have been reported in the country. Currently there is no active case under treatment.

#### Mauritius
- **COVID-19**
  - Grade 3
  - 18-Mar-20
  - 18-Mar-20
  - 19-Apr-20
  - 328
  - 328
  - 9
  - 2.70%

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 19 April 2020, a total of 328 confirmed COVID-19 cases including nine deaths and 208 recoveries have been reported in the country.

#### Mozambique
- **Cholera**
  - Ungraded
  - 20-Feb-20
  - 31-Jan-20
  - 20-Mar-20
  - 1506
  - 1
  - 15
  - 1.00%

Cholera outbreak is ongoing in Mozambique. From 31 January till 20 March 2020, a total of 1506 cases including 15 deaths were reported in two provinces, namely Namfula and Cabo Delgado. In total, ten districts of Namfula province, namely Namfula City, Mogovolas, Mamba, Nacala-a-Velha, Nacarao, Namialo, Ribawe, Monapo, Larde, Ancoche are affected and three districts of Cabo Delgado, namely Mocimboa de Praia, Macomia and Ibo are affected.

#### Namibia
- **COVID-19**
  - Grade 3
  - 14-Mar-20
  - 14-Mar-20
  - 19-Apr-20
  - 16
  - 16
  - 0
  - 0.00%

Two cases of novel coronavirus (COVID-19) were confirmed in Namibia on 14 March 2020. As of 19 April 2020, a total of 16 cases have been confirmed in the country including six 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 Sindegodar situated in the health district of Banibangou, Tillaberry 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.

#### Nigeria
- **COVID-19**
  - Grade 3
  - 27-Feb-20
  - 27-Feb-20
  - 19-Apr-20
  - 541
  - 541
  - 19
  - 3.50%

The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 19 April 2020, a total of 541 confirmed cases including 19 deaths and 166 recovered cases have been reported in the country.
**Health Emergency Information and Risk Assessment**

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 and 30 deaths were reported. There are ongoing response activities, including social mobilization, case management, WASH interventions, follow-up in communities and case identification.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>24-Mar-15</td>
<td>1-Jan-20</td>
<td>12-Apr-20</td>
<td>987</td>
<td>973</td>
<td>202</td>
<td>20.50%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>25-Sep-17</td>
<td>1-Jan-19</td>
<td>31-Jan-20</td>
<td>1 618</td>
<td>303</td>
<td>5</td>
<td>0.30%</td>
</tr>
<tr>
<td>Rwanda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>19-Apr-20</td>
<td>147</td>
<td>147</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Senegal</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>14-Sep-17</td>
<td>31-Jan-20</td>
<td>31-Jan-20</td>
<td>139</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>South Africa</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>19-Apr-20</td>
<td>367</td>
<td>367</td>
<td>0</td>
<td>0.80%</td>
</tr>
<tr>
<td>Seychelles</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>19-Apr-20</td>
<td>11</td>
<td>11</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-20</td>
<td>27-Mar-20</td>
<td>19-Apr-20</td>
<td>35</td>
<td>35</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>15-Aug-16</td>
<td>n/a</td>
<td>15-Mar-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>3-Jan-19</td>
<td>23-Feb-20</td>
<td>186</td>
<td>41</td>
<td>3</td>
<td>1.60%</td>
<td></td>
</tr>
</tbody>
</table>

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 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.
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 19 April 2020, a total of 171 cases have been reported in the country including seven deaths and 11 recovered cases.

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 2 confirmed cases reported.

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 19 April 2020, a total of 83 cases including three deaths and 52 recovered cases have been reported in the country.

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 2 confirmed cases reported.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 19 April 2020, a total of 25 confirmed COVID-19 cases were reported in the country including three deaths and two cases that recovered.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 19 April 2020, a total of 61 confirmed COVID-19 cases were reported in the country including three deaths and 32 recovered cases.

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 (411). 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.

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 anthrax outbreak is ongoing in Zimbabwe with a cumulative total number of 286 cases and one death notified since the beginning of the outbreak in week 36 (Week starting from 6 May 2019) of 2019. This outbreak started since week36, 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. Since 1 January to 20 January 2020, a total of 178 cases were reported mainly in Masvingo (119 cases), Midlands (31 cases) and Mashonaland west (28 cases) provinces.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 19 April 2020, a total of 25 confirmed COVID-19 cases were reported in the country including three deaths and two cases that recovered.

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.
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Correspondence on this publication may be directed to:
Dr Benido Impouma
Programme Area Manager, Health Information & Risk Assessment
WHO Health Emergencies Programme
WHO Regional Office for Africa
P O Box. 06 Cité du Djoué, Brazzaville, Congo
Email: afrooutbreak@who.int

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Contributors
V. Tugumizemu (Ethiopia)
V. Sodjinou (Democratic Republic of the Congo)
R. Nansseu (Democratic Republic of the Congo)

Graphic design
A. Moussongo

Editorial Team
B. Impouma
C. Okot
E. Hamblion
B. Farham
G. Williams
Z. Kassamali
P. Ndumbi
J. Kimenyi
E. Kibangou
O. Ogundiran
T. Lee
J. Nguna

Production Team
A. Bukhari
T. Mlanda
R. Ngom
F. Moussana

Editorial Advisory Group
Z. Yoti, Regional Emergency Director ai
B. Impouma
Y. Ali Ahmed
M. Yao
M. Djingarey

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Health Emergency Information and Risk Assessment