WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 17: 20 - 26 April 2020
Data as reported by: 17:00; 26 April 2020

1 New event
108 Ongoing events
98 Outbreaks
11 Humanitarian crises

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- cVDPV2
- COVID-19
- Anthrax
- Malaria
- Floods
- Deaths

Humanitarian crisis
- Hepatitis E
- Yellow fever
- Dengue fever
- Ebola virus disease
- Chikungunya
- Leishmaniasis
- Plague
- Crimean-Congo haemorrhagic fever

Countries reported in the document
- Non WHO African Region
- WHO Member States with no reported events

Graded events

48 Grade 3 events
14 Grade 2 events
1 Grade 1 events
39 Ungraded events

Protracted events

2 Protracted 3 events
2 Protracted 2 events
3 Protracted 1 events
Overview

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 109 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
- Lassa fever in Nigeria

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 pandemic continues to evolve rapidly in Africa, with over 30,000 confirmed cases and 1,414 deaths reported across 52 countries. Only Comoros and Lesotho in the WHO African Region are still apparently free of the disease. A few countries in the region are beginning to experience large widespread community transmission, with increasing mortality. While significant efforts are ongoing in response to the COVID-19 outbreak, countries are reminded to ensure continuity of essential health services, including routine immunization, malaria prevention and control and access to care for pregnant women. During the 2014-2016 Ebola virus outbreak in West Africa, more people lost their lives to common diseases such as malaria than to Ebola, and a similar mistake must not be repeated. Innovative approaches should be explored to deliver essential health services against the backdrop of the various restrictive measures being implemented.

- The outbreak of Ebola virus disease in Democratic Republic of the Congo has locally re-emerged in Beni Health Zone, with a total of six new cases since the 10 April 2020, four of whom have died, two in the community and two in treatment centres. Beni remains the only affected zone, the remaining 28 previously affected health zones having reported no new confirmed cases in the past 42 days. Contact follow-up is ongoing in Beni, with vaccination of a further 494 people, along with enhanced infection prevention and control activities and community sensitization and engagement.

- The Lassa fever outbreak in Nigeria has greatly improved, with continuous downward trend in the past 10 weeks. However, there is little room for complacency as the conditions for disease spread remain prevalent in the country. The local and national authorities need to remain vigilant and sustain active surveillance and preventive measures at community level.
The majority of the WHO African Region has been affected by the current coronavirus disease 2019 (COVID-19) global pandemic with 96% (45/47) of its Member States reporting confirmed cases and deaths. During week 17 (week ending 26 April 2020), a total of 6 254 new confirmed cases of COVID-19 was reported, compared to 4 405 cases reported in the previous week, a 42% increase in the weekly caseload. In addition, there was a 24% increase in the number of deaths, from 658 in week 16 to 861 in week 17. Notably, three countries (Equatorial Guinea, Nigeria, and Republic of Tanzania) observed exponential increase in their caseloads during week 17: Equatorial Guinea 168% (from 79 to 212 cases), Nigeria 102% (from 541 to 1,095 cases) and Republic of Tanzania 75% (171 to 300 cases).

Since our last report on 20 April 2020, four countries including Eritrea, Mauritania, Namibia, and Seychelles have not reported any new confirmed COVID-19 cases.

As of 26 April 2020, a cumulative total of 20 652 cases and 861 associated deaths (case fatality ratio 4.2%) have been reported across 45 countries in the WHO African Region. The most affected countries are: South Africa (4,546), Algeria (3,382), Cameroon (1,621), Ghana (1,550), Nigeria (1,273), Côte d’Ivoire (1,150), Guinea (1,094), Niger (696), Senegal (671), Burkina Faso (632). These ten countries together, account for 84% of all cases reported in the region. Among the other affected countries are: Democratic Republic of the Congo (458), Mali (389), Kenya (355), Mauritius (332), United Republic of Tanzania (300), Equatorial Guinea (258), Congo (200), Rwanda (191), Gabon (176), Madagascar (128), Liberia (124), Ethiopia (123), Cabo Verde (106), Togo (98), Sierra Leone (93), Zambia (88), Mozambique (76), Uganda (75), Benin (64), Eswatini (59), Guinea-Bissau (53), Chad (46), Eritrea (39), Malawi (34), Zimbabwe (31), Angola (26), Botswana (22), Central African Republic (19), Namibia (16), Burundi (15), Seychelles (11), Gambia (10), São Tome and Principe (8), Mauritania (7) and South Sudan (6). Of the 20 652 confirmed COVID-19 cases reported, a total of 7,155 (35%) cases have been documented as recovered from 43 countries in the region.

Since the beginning of the COVID-19 pandemic in the African region, a total of 325 health workers from 22 countries have been infected. Nigeria reported the highest number of confirmed cases in health workers at 126, followed by Cameroon (40), Ghana (25), Côte d’Ivoire (22), Sierra Leone (17), Zambia (14), Equatorial Guinea (13), South Africa (13), Mauritius (11), Democratic Republic of the Congo (10), Senegal (9), Togo (6), Madagascar (5), Congo (4), Eswatini (3), Kenya (2), Namibia (2), Benin (1), Burundi (1), Central African Republic (1), Guinea-Bissau (1) and Zimbabwe (1). Four new countries including, Burundi, Ghana, Zambia and Zimbabwe recorded their first health worker infections this week.

The 861 deaths in the region were reported from 33 countries: Algeria (425), South Africa (87), Cameroon (56), Burkina Faso (42), Nigeria (40), Niger (29), Democratic Republic of Congo (28), Mali (23), Côte d’Ivoire (14), Kenya (14), Liberia (12), Ghana (11), United Republic of Tanzania (10), Senegal (9), Mauritius (9), Congo (8), Guinea (7), Togo (6), Sierra Leone (4), Zimbabwe (4), Gabon (3), Ethiopia (3), Zambia (3), Malawi (3), Angola (2), Benin (1), Botswana (1), Burundi (1), Cabo Verde (1), Eswatini (1), Equatorial Guinea (1), Gambia (1), Guinea Bissau (1) and Mauritania (1). Three countries, Equatorial Guinea, Guinea Bissau and Sierra Leone (3) recorded their first deaths this week.

Six countries in the region have displayed very high case fatality ratios: Algeria 12.6% (425/3,882), Liberia 9.7% (12/124), Democratic Republic of the Congo 6.1% (28/459), Mali 5.9% (23/389), Burkina Faso 6.6% (42/632) and Niger 4.2% (29/686).

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 age of 58 years.

Currently, the majority of the countries in the region are experiencing local transmission of COVID-19 cases, with multiple clusters. There is also increasing incidents of importation of cases from other affected countries within the region.

**PUBLIC HEALTH ACTIONS**

- The coordination structure for COVID-19 response in WHO AFRO, the Incident Management Support Team, has been revised and reinforced to provide more effective support to Member States and to build synergies with the coordination activities concomitantly happening at the sub-regional hubs.
- WHO AFRO has finalized its second Strategic Response Plan for the COVID-19 pandemic, covering the period from April to September 2020.
- WHO AFRO has developed and disseminated a guidance document to improve contact tracing in Member States, especially at the district operational level.
- WHO and partners are supporting countries to enhance early epidemiological and clinical investigation of COVID-19 cases through the First Few Cases (FFX) protocol.
- WHO AFRO continues to provide technical support to countries in the region, with a total of 232 experts deployed to 39 countries since the outbreak started, including re-purposing staff to AFRO.
- Countries in the African region are implementing various forms of containment and confinement measures, including entry screening at the Points of Entries (all countries), total refusal of entry into their territories (35 countries), refusal of entry of passengers from high risk countries (9 countries), allow entry with 14-day quarantine upon arrival (3 countries), nationwide lockdown (12 countries), lockdown in affected areas (10 countries) and curfews (8 countries).
- Member States are partnering with journalists and local radio and television stations to disseminate key information on COVID-19. Regular updates are provided to the public through press releases and daily updates.

**SITUATION INTERPRETATION**

The COVID-19 pandemic has now spread to most countries in the African Region, with the number of new confirmed cases and deaths rapidly increasing. A few countries are beginning to experience large and widespread community transmission, scattered across the country. Meanwhile, most countries still have localised clusters of cases, with opportunities for containment. In all instances, intense efforts are needed to bring this situation under control, with implementation of varied strategies.
EVENT DESCRIPTION

There has been no new confirmed case of Ebola virus disease (EVD) for the past seven days, as of 24 April 2020. Since the resurgence of the outbreak on 10 April 2020, six confirmed cases have been recorded, all from the Kasanga health area in the Beni Health Zone. Four of these cases died, including two community deaths and two in the Ebola treatment centre (ETC) in Beni.

Beni remains the only health zone affected, with remaining 28 health zones having no reported confirmed cases for the past 42 days.

As of 24 April 2019, a total of 3 461 EVD cases, including 3 316 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 (727), Bena (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 24 April 2020, a total of 2 279 deaths were recorded, including 2 131 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 64% (2 134/3 316). As of 19 April 2020, the total number of health workers affected remains at 171, representing 5% of confirmed and probable cases.

All registered contacts are in Beni Health Zone, where 39 new contacts were registered on 24 April 2020, fewer than in the previous seven days (58). The number of contacts followed is 908, of which 813 (89.5%) have been seen in the past 24 hours. Thirty-six out of 50 health zone registered alerts on 24 April 2020. A total of 2 550 alerts were received, of which 2 509 were new, and 2 537 were investigated. Among the alerts investigated, 267 (10.5%) were validated.

PUBLIC HEALTH ACTIONS

- Response and surveillance activities are being strengthened across all pillars, with preparedness enhanced in surrounding areas.
- Point of Entry/Point of Control continues, with 102 out of 109 transmitting reports on 24 April 2020. A cumulative total of 175 million screenings have been carried out since August 2018.
- Since the resurgence of the outbreak in Beni a total of 494 people have been vaccinated, of which 449 were in Beni and 45 in Karisimbi. The total number of people now vaccinated with the rVSV-ZEBOV-GP vaccine is now 302 270 since the start of the outbreak in August 2018.
- As of 24 April 2020, there are 53 patients, one of whom is confirmed with EVD admitted in the six Transit centres and ETCs that are reporting their activities.

SITUATION INTERPRETATION

The resurgence of EVD in Beni since the 10 April 2020 highlights the importance of constant and heightened vigilance of this disease in the face of significant challenges around community acceptance and access for response teams. Insecurity is ongoing, with armed insurgents and limited community engagement. This emphasises the need for stronger coordination and communication among partners, the Ministry of Health and with civil society and local authorities. Alongside this, stronger advocacy for survivors is required, with a critical need to address rumour and stigmatization of survivors.
EVENT DESCRIPTION
The Lassa fever outbreak in Nigeria has greatly improved, with only a few sporadic cases being reported. The disease trend has been steadily declining since week 7 (2020) when a peak of 115 confirmed cases (with 18 deaths) were reported. However, in week 16 (week ending 19 April 2020), a total of six new confirmed cases (with no deaths) have been reported, compared to 10 confirmed cases reported in week 15. These new cases reported in week 16 came from three states: Ondo (3), Gombe (2) and Taraba (1). There were six case-patients admitted to treatment centres during the reporting week, and 275 contacts under follow up. No new healthcare worker was reported affected in week 16.

From weeks 1-16 of 2020, a cumulative total of 4,475 suspected Lassa fever cases has been reported, of which 969 were laboratory confirmed, including 188 deaths (case fatality ratio among confirmed cases 19.2%). The confirmed cases occurred across 127 local government areas (LGAs) in 27 states that recorded at least one confirmed case. Edo State recorded the highest number of confirmed cases at 320 (33%), followed by Ondo State with 313 (32%) – the two states accounts for 65% of all confirmed cases. A total of 37 health workers were infected with the disease in 2020.

The main age group affected is 21-30 years (range: <1 to 78 years, median age 33 years). The male to female ratio for confirmed cases in 1:1.2.

PUBLIC HEALTH ACTIONS
- The National Emergency Operations Centre (EOC) has been activated to coordinate the response activities across states and those with confirmed cases have activated state-level EOCs.
- National Rapid Response Team have been deployed from the Nigerian Centre for Disease Control (NCDC) to support response activities in ten states.
- Surge staff (doctors, nurses, laboratory technicians and hygienist) have been deployed to the Irrua Specialist Teaching Hospital (ISTH) in Edo State and Federal Medical Centre, Owo, (FMC Owo) in Ondo State.
- State Public Health Emergency Operations Centres have been activated in affected states.
- The five molecular laboratories for Lassa fever testing in the NCDC network are working at full capacity to ensure that all samples are tested and results provided with a short turnaround time.
- NCDC is working to support every state to identify one treatment centre, while supporting existing treatment centres with care, treatment and infection prevention and control commodities.

SITUATION INTERPRETATION
Although the Lassa fever outbreak in Nigeria appears to be declining, there is little room for complacency as environmental conditions conducive for the disease to spread still need to be tackled and the vector, *Mastomys natalensis*, is endemic to the region. Active case finding and contact tracing and follow-up need to continue to prevent resurgence of the disease in this endemic region. The local and national authorities need to remain vigilant on this event in the wake of the shifting priorities to other health emergencies, particularly COVID-19 pandemic.
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 and the outbreak is well-established in the region, with community transmission. 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 we have yet to see how the 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 declining trend in Lassa fever in Nigeria needs to interpreted cautiously, since the disease is endemic to the region and the vector still present. Local and national authorities need to maintain the highest level of vigilance.

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. Active case finding, population screening, testing and contact follow-up are particularly important. 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 Nigeria need to continue to employ the highest levels of surveillance and response as the Lassa fever 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

<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><strong>New Events</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Malaria</td>
<td>Ungraded</td>
<td>8-Mar-20</td>
<td>1-Jan-20</td>
<td>23-Apr-20</td>
<td>170 303</td>
<td>170 303</td>
<td>152</td>
<td>-</td>
</tr>
<tr>
<td><strong>Ongoing Events</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Algeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-20</td>
<td>25-Feb-20</td>
<td>26-Apr-20</td>
<td>3 382</td>
<td>3 382</td>
<td>425</td>
<td>12.60%</td>
</tr>
<tr>
<td>Angola</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>26-Apr-20</td>
<td>26</td>
<td>26</td>
<td>2</td>
<td>7.70%</td>
</tr>
<tr>
<td>Benin</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>19-Feb-20</td>
<td>17-Feb-20</td>
<td>24-Feb-20</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>25.00%</td>
</tr>
<tr>
<td>Benin</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-Aug-19</td>
<td>8-Aug-19</td>
<td>15-Apr-20</td>
<td>9</td>
<td>9</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Botswana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-20</td>
<td>28-Mar-20</td>
<td>26-Apr-20</td>
<td>22</td>
<td>22</td>
<td>1</td>
<td>4.50%</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>1-Jan-19</td>
<td>26-Feb-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>1-Jan-19</td>
<td>15-Apr-20</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Burundi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-20</td>
<td>18-Mar-20</td>
<td>25-Apr-20</td>
<td>15</td>
<td>15</td>
<td>1</td>
<td>6.70%</td>
</tr>
<tr>
<td>Burundi</td>
<td>Measles</td>
<td>Ungraded</td>
<td>23-Mar-20</td>
<td>4-Nov-19</td>
<td>30-Mar-20</td>
<td>640</td>
<td>640</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Zimbabwe is undergoing a surge of malaria cases since epidemiological week 10 (week ending on 8 March 2020). In week 15 (week ending on 12 April) a total of 35 311 malaria cases and 25 deaths were reported. Of the reported cases 3 359 cases (9.5%) were from the under five years old. As of 23 April 2020, the cumulative figures for malaria are 170 303 and 152 deaths. The cumulative CFR is 0.1%.

Between 9 March and 26 April 2020, a total of 632 confirmed cases of COVID-19 with 42 deaths and 453 recoveries have been reported from Burkina Faso. Three cases are all linked to the Jigawa outbreak in Nigeria.

On 26 April 2020, a total of 22 confirmed COVID-19 cases were reported in the country including one death.

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, 95% (1,512) of the health facilities located in the six regions affected by insecurity are closed, thus depriving more than 1.5 million people of health care, and 11.9% (n=152) have reduced their services to a minimum, following insecurity. Morbidity due to epidemic-prone diseases remains high and Malnutrition thresholds are alarming in the areas hosting IDPs, mainly in Barsalogho, Djibo, Maitacoali, Arbinda, and Titao.

On 26 April 2020, a total of 22 confirmed COVID-19 cases were reported in the country including one death.

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, 95% (1,512) of the health facilities located in the six regions affected by insecurity are closed, thus depriving more than 1.5 million people of health care, and 11.9% (n=152) have reduced their services to a minimum, following insecurity. Morbidity due to epidemic-prone diseases remains high and Malnutrition thresholds are alarming in the areas hosting IDPs, mainly in Barsalogho, Djibo, Maitacoali, Arbinda, and Titao.

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 25 April 2020, the total number of confirmed COVID-19 cases has reached 15, including one death.

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 Cibiko. 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 epidemiically linked. The geographic distribution of the cases is: Cibiko 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.
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, Bokito, Bo, Dia, Dja, Ditamene, Fouta, Mfou, Monga, 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 26 April 2020, a total of 41 confirmed COVID-19 cases were reported in the country with 10 recoveries and zero deaths.
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.

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 Ochili (1). The 19 epi-linked cases are from Moroni district.

During week 14 (week ending 5 April 2020), a total of 410 cases of cholera and 4 deaths (CFR 1.1%) was notified. From week 9 to 14 of 2020, 91% 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.

In week 6 (week ending 9 February 2020), a total of 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 Ochili (1). The 19 epi-linked cases are from Moroni district.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 2 cVDPV2 cases in the country; one is linked to the Jigawa outbreak in Nigeria and the other one to the Savanes outbreak in Togo.

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-Bantu conflicts, nine health centres in Nyunzu Health Zone remain non-functional.

On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 26 April 2020, a total of 459 cases including 28 deaths and 50 recoveries have been reported in the country.

Detailed update given above.
In week 15 (week ending 12 April 2020), 1,908 measles cases including 23 deaths (CFR 1.2%) were reported across the country. Over the past five weeks (weeks 11 to 15) a decreasing trend in the number of cases was observed in the provinces of: Haut-Uele, Ituri, Kinshasa, Kwango, Lomami, Lualaba, Maindombe and South Ubangi. Since 2019 a total of 361,935 measles cases and 6,666 deaths (CFR 1.8%) have been reported in the country.

In week 14 (week ending 5 April 2020), a total of 72 suspected cases of Monkeypox with two deaths were reported across the country compared to 67 cases with six deaths the preceding week. Between week 1 and week 14, a total of 1,121 suspected cases including 24 deaths were reported in the country. The majority of cases were reported from the Provinces of Sankuru (261 cases, 23%), Equateur (219 cases, 20%), Bas-Uele (203 cases, 18%), Mongala (109 cases, 11%) and Tshopo (92 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.

During week 16 (week ending 19 April 2020), 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 (létalité 35%) were notified in 5 health zones: Aungba (4 cases et 2 deaths), Linga (7 cases and 5 deaths), Retby (6 cases and no death), Aru (2 cases and no deaths) and Kambala (1 case and no deaths). 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 cVDPV2s (notably in Kasai, Kwilu, Kwango and Sankuru provinces).

No cVDPV2 cases were reported this week. There have been a total of 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).

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 (létalité 35%) were notified in 5 health zones: Aungba (4 cases et 2 deaths), Linga (7 cases and 5 deaths), Retby (6 cases and no death), Aru (2 cases and no deaths) and Kambala (1 case and no deaths). From week 1 to 52 of 2019, a total of 48 cases of bubonic plague including eight deaths have been reported in the country.

The first 3 reported cases were members of the same household (father, mother and son) located in a rural kebele. Two of three samples had detectable virus by RT-PCR. The third sample was negative by RT-PCR but positive by LGEM and Sae di-Di assay. PCR testing was also performed at the National Laboratory and in the Ministry of Health diagnostic laboratory.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 26 April 2020, a total of 59 cases have been reported in the country. Thirteen recoveries have been recorded.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 23 April 2020, a total of 39 confirmed COVID-19 cases with no deaths were reported in the country. Ten recoveries have been reported.

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 26 April 2020, a total of 258 cases have been reported in the country. Forty-one recoveries have been reported. One associated death has been reported.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 23 April 2020, a total of 39 confirmed COVID-19 cases with no deaths were reported in the country. Thirteen recoveries have been recorded.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 26 April 2020, a total of 59 cases have been reported in the country including 10 recoveries. One associated death has been reported.

In week 15 (week ending 12 April 2020), 1,908 measles cases including 23 deaths (CFR 1.2%) were reported across the country. Over the past five weeks (weeks 11 to 15) a decreasing trend in the number of cases was observed in the provinces of: Haut-Uele, Ituri, Kinshasa, Kwango, Lomami, Lualaba, Maindombe and South Ubangi. Since 2019 a total of 361,935 measles cases and 6,666 deaths (CFR 1.8%) have been reported in the country.

In week 14 (week ending 5 April 2020), a total of 72 suspected cases of Monkeypox with two deaths were reported across the country compared to 67 cases with six deaths the preceding week. Between week 1 and week 14, a total of 1,121 suspected cases including 24 deaths were reported in the country. The majority of cases were reported from the Provinces of Sankuru (261 cases, 23%), Equateur (219 cases, 20%), Bas-Uele (203 cases, 18%), Mongala (109 cases, 11%) and Tshopo (92 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.

The first 3 reported cases were members of the same household (father, mother and son) located in a rural kebele. Two of three samples had detectable virus by RT-PCR. The third sample was negative by RT-PCR but positive by LGEM and Sae di-Di assay. PCR testing was also performed at the National Laboratory and in the Ministry of Health diagnostic laboratory.
### Guinea-Bissau COVID-19 Grade 3

<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>Guinea-Bissau</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>26-Mar-20</td>
<td>25-Mar-20</td>
<td>25-Apr-20</td>
<td>124</td>
<td>124</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

The Ministry of health in Guinea Conakry announced the first confirmed case of COVID-19 on 13 March 2020. As of 25 April 2020, a total of 1094 cases including 225 recovered cases and 7 deaths (CFR:0.6%) have been reported in the country.

#### Guinea COVID-19 Grade 3

<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>Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>25-Apr-20</td>
<td>1 094</td>
<td>1 094</td>
<td>7</td>
<td>0.60%</td>
</tr>
</tbody>
</table>

As of 26 April 2020, the country has 53 confirmed cases of COVID-19 no recoveries and one 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 COVID-19 Grade 3

<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>Kenya</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>26-Apr-20</td>
<td>355</td>
<td>355</td>
<td>14</td>
<td>3.90%</td>
</tr>
</tbody>
</table>

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 cases in the country. As of 26 April 2020, 355 confirmed COVID-19 cases including 14 deaths and 106 recoveries have been reported in the country.

#### Kenya Measles Ungraded

<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>Kenya</td>
<td>Measles</td>
<td>Ungraded</td>
<td>9-May-18</td>
<td>1-Jan-19</td>
<td>3-Nov-19</td>
<td>4 690</td>
<td>1 091</td>
<td>18</td>
<td>0.30%</td>
</tr>
</tbody>
</table>

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 4 680 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, Wannidera in Ratoma health district, Douenet in Mamou health district and Soumpoura in Tougue health district.

### Liberia COVID-19 Grade 3

<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>Liberia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>25-Apr-20</td>
<td>124</td>
<td>124</td>
<td>12</td>
<td>9.70%</td>
</tr>
</tbody>
</table>

The 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 26 April 2020, a total of 124 cases with 12 deaths have been reported from the country. Twenty-five case-patients have recovered.

#### Liberia Cholera Ungraded

<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>Liberia</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>21-Jan-19</td>
<td>1-Jan-20</td>
<td>16-Feb-20</td>
<td>253</td>
<td>3</td>
<td>1</td>
<td>0.40%</td>
</tr>
</tbody>
</table>

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.

#### Liberia Lassa fever Ungraded

<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>Liberia</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>23-Jan-19</td>
<td>1-Jan-20</td>
<td>12-Apr-20</td>
<td>40</td>
<td>40</td>
<td>18</td>
<td>45.00%</td>
</tr>
</tbody>
</table>

Of 113 suspected cases reported across the country from 1 January to 12 April 2020, 40 were confirmed. A total of 18 deaths (CFR 45.0%) have been reported among the confirmed cases.

#### Liberia Measles Ungraded

<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>Liberia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Sep-17</td>
<td>1-Jan-19</td>
<td>16-Feb-20</td>
<td>169</td>
<td>35</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

In week 7 (week ending 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

<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>Madagascar</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>26-Apr-20</td>
<td>128</td>
<td>128</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

The Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 26 April 2020, a total of 128 cases have been reported in the country, out of which 80 have recovered.

#### Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 26 April 2020, a total of 128 cases have been reported in the country, out of which 80 have recovered.

### Malawi COVID-19 Grade 3

<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>Malawi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>2-Apr-20</td>
<td>2-Apr-20</td>
<td>26-Apr-20</td>
<td>34</td>
<td>34</td>
<td>3</td>
<td>8.80%</td>
</tr>
</tbody>
</table>

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 of the index patient, while the third case is a domestic worker for the index-patient in their household. The government is providing initial care and medical management for all three cases. Contact tracing of all close contacts is ongoing. As of 26 April 2020, the country has a total of 34 confirmed cases with three deaths and four recoveries.

---

**Legend:**
- **Grade:** Health Emergency Information and Risk Assessment Level
- **Table:** A table showing the number of confirmed cases, deaths, and CFR over time, from the start of the reporting period to the latest available date.
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.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 25 April 2020, a total of 389 confirmed COVID-19 case have been reported in the country including 23 deaths and 112 recoveries.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 26 April 2020, a total of 76 confirmed COVID-19 cases including 1 death and six recovered.

A cholera outbreak is ongoing in Mozambique. From 31 January until 20 March 2020, a total of 1,506 cases including 15 deaths were reported in two provinces, namely Nampula and Cabo Delgado. In total, ten districts of Nampula province, namely Nampula City, Moçovo, Mamba, Nacala-a-Velha, Nacarao, Namialo, Ribawé, Monapo, and Londe, Angoche are affected and three districts of Cabo Delgado, namely Mocímboa de Praia, Macomia and Ibo are affected.

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.

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.

The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 26 April 2020, a total of 332 confirmed COVID-19 cases including nine deaths and 208 recoveries have been reported in the country.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 26 April 2020, a total of 332 confirmed COVID-19 cases including nine deaths and 208 recoveries have been reported in the country.

A cholera outbreak is ongoing in Mozambique. From 31 January until 20 March 2020, a total of 1,506 cases including 15 deaths were reported in two provinces, namely Nampula and Cabo Delgado. In total, ten districts of Nampula province, namely Nampula City, Moçovo, Mamba, Nacala-a-Velha, Nacarao, Namialo, Ribawé, Monapo, and Londe, Angoche are affected and three districts of Cabo Delgado, namely Mocímboa de Praia, Macomia and Ibo are affected.

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, Korié health area, Kera village. Three out of nine laboratory samples that were sent to the Public Health institute turned positive for Crimean Congo Hemorrhagic fever. Response activities are ongoing in the affected health district.
The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security compromised areas characterized by overcrowded population in many camps in the region. Due to shrinking humanitarian space 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.

The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 26 April 2020, a total of 1,273 confirmed cases including 40 deaths and 239 recovered cases have been reported in the country.

A total of 10 new confirmed cases with zero deaths were reported from five states across Nigeria in week 15 (week ending 12 April 2020). This is a decline in the number of cases compared to 12 reported during the previous week. From 1 January to 12 April 2020, a total of 987 cases (973 confirmed and 14 probable) with 202 deaths (CFR 20.5%) have been reported from 127 Local Government Areas across 27 states in Nigeria. A total of 598 contacts are currently being followed.

Detailed update given above.

South Africa COVID-19 Grade 3 5-Mar-20 3-Mar-20 26-Apr-20 4,546 4,546 40 1.90%

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 (Abeye, 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

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</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>South Sudan</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Mar-20</td>
<td>3-Mar-20</td>
<td>26-Apr-20</td>
<td>4,546</td>
<td>4,546</td>
<td>40</td>
<td>1.90%</td>
</tr>
</tbody>
</table>

South Sudan continues to report cases of COVID-19. From 5 March to 26 April 2020, a total of 4,546 cases with 87 deaths have been reported from all provinces across the country namely; Western Cape (1,608), Gauteng (1,331), KwaZulu-Natal (863), Eastern Cape (535), Free State (110), Limpopo (31), North West (28), Mpumalanga (23), and Northern Cape (17). A total of 1,473 cases have recovered.

#### Flood

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</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>South Sudan</td>
<td>Flood</td>
<td>Ungraded</td>
<td>28-Oct-19</td>
<td>29-Oct-19</td>
<td>15-Mar-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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.

#### Humanitarian crisis

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</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>South Sudan</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>n/a</td>
<td>15-Aug-16</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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 (Abeye, 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).
<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>South Sudan</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Apr-20</td>
<td>2-Apr-20</td>
<td>25-Apr-20</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

On 5 April 2020, the Ministry of Health of South Sudan has reported the country’s first case of COVID-19. As of 26 April 2020, a total of six confirmed COVID-19 cases were reported in the country.

| South Sudan      | Hepatitis E   | Ungraded | -                     | 3-Jan-19                  | 19-Apr-20               | 274         | 41             | 3      | 1.10%   |

The current outbreak in Bentiu UN Protection of Civilians (POC) continues since the beginning of 2019. As of the reporting date, a total of 274 cases of Hepatitis E including two deaths have been reported from South Sudan, mostly from Bentiu POC (262 cases), 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 three new cases reported in week 16 (ending 19 April 2020).

| 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; Awiel South; Melut; Gogrial East; Juba; Tonj North; Awiel West; Awiel East; Renk; Wau; Tonj North; Jur River; Yambio, Budi, Ikotos, Maban and Awiel East, Ikotos, Tonj East, Magwi and Bomaand) and 4 Protection of Civilians Sites (Juba, Bentiu, Malakal and Wau).

| South Sudan      | Yellow fever  | Ungraded | 3-Mar-20               | 3-Mar-20                  | 5-Apr-20               | 2           | 2              | 0      | 0.00%   |

On 3 March 2020, the Ministry of Health of South Sudan reported 2 cases of presumptive yellow fever, found IgM positive at the regional reference laboratory, Uganda Viral Research Institute (UVRI). Eventually on 28 March 2020, the two cases were confirmed for yellow fever after plaque reduction neutralization testing (PRNT). As of 5 April 2020, there are two confirmed cases reported.

| Tanzania, United Republic of | COVID-19       | Grade 3 | 16-Mar-20              | 16-Mar-20                  | 26-Apr-20               | 300         | 300            | 10     | 3.30%   |

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 26 April 2020, a total of 300 cases have been reported in the country including 10 deaths and 48 recovered cases.

| Togo             | COVID-19       | Grade 3 | 6-Mar-20               | 1-Mar-20                  | 26-Apr-20               | 98          | 98             | 6      | 6.10%   |

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 26 April 2020, a total of 98 cases including six deaths and 62 recovered cases have been reported in the country.

| Togo             | Poliomyelitis (cVDPV2) | Grade 2 | 18-Oct-19              | 13-Sep-19                  | 15-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                  | 26-Apr-20               | 75          | 75             | 0      | 0.00%   |

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 26 April 2020, a total of 75 confirmed COVID-19 cases, 46 recoveries with no death were reported in the country.

| Uganda           | Crimean-Congo haemorrhagic fever (CCHF) | Ungraded | 13-Feb-20              | 21-Jan-20                  | 10-Feb-20               | 1           | 1              | 0      | 0.00%   |

A 23-year-old male, lumber jack, from Kagadi district developed a fever on 7 January 2020 and had self-medication for malaria without improvement. No history of getting in contact with slaughtered animal meat or bush meat. He later developed generalized body weakness, abdominal pains and on 20 January 2020 followed by bleeding from the nose, vomiting and urinating blood. The bleeding increased hence was rushed to Kagadi hospital and was isolated. A sample was collected and transported to UVRI on 21 January and the results were positive for CCHF on the same day. Nine contact were followed up as of 10 February 2020.

| Uganda           | Yellow fever  | Ungraded | 22-Jan-20              | 31-Oct-19                 | 30-Jan-20               | 8           | 8              | 4      | 50.00%  |

From 4 November through 14 February 2020, eight laboratory confirmed cases of yellow fever in Buliisa (3), Maracha (1) and Moyo (4), including four deaths (CFR 50%), were detected through the national surveillance system.

| Zambia           | COVID-19       | Grade 3 | 18-Mar-20              | 18-Mar-20                  | 26-Apr-20               | 88          | 88             | 3      | 3.40%   |

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 26 April 2020, a total of 88 confirmed COVID-19 cases were reported in the country including three deaths and 42 recoveredcases.

| Zambia           | Poliomyelitis (cVDPV2) | Grade 2 | 17-Oct-19              | 16-Jul-19                  | 15-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 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 26 April 2020, a total of 31 confirmed COVID-19 cases were reported in the country including four deaths and five cases that recovered.

<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>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>26-Apr-20</td>
<td>31</td>
<td>31</td>
<td>4</td>
<td>12.90%</td>
</tr>
</tbody>
</table>

†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/](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.
Contributors
I. Okudo (Nigeria)
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

Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.