

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 17: 20 - 26 April 2020

Data as reported by: 17:00; 26 April 2020



World Health  
Organization

REGIONAL OFFICE FOR  
**Africa**  
WHO Health Emergencies Programme

**1**

New event

**108**

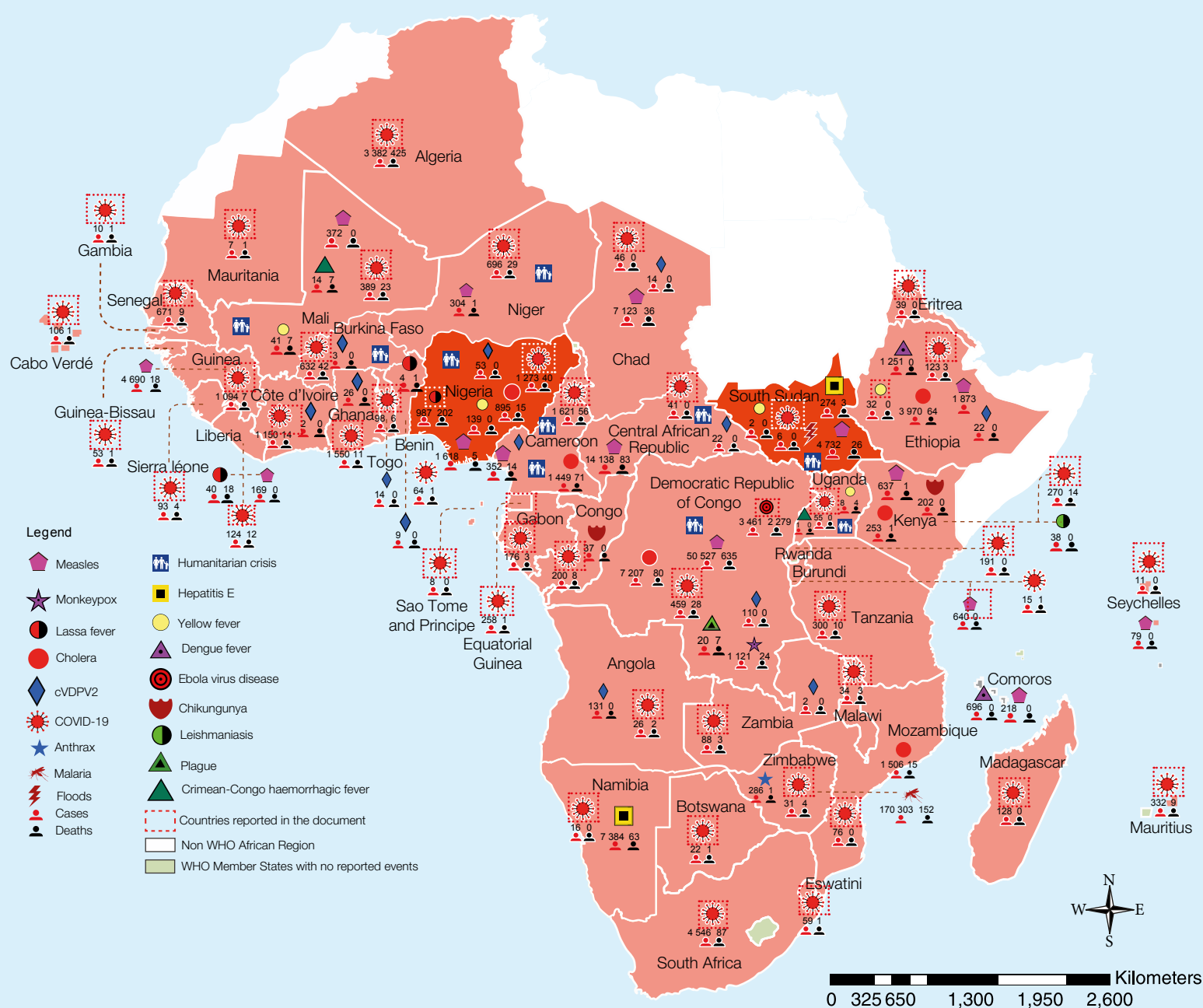
Ongoing events

**98**

Outbreaks

**11**

Humanitarian  
crises



Graded events ↑

**48**

Grade 3 events

**14**

Grade 2 events

**1**

Grade 1 events

**2**

Protracted 3 events

**2**

Protracted 2 events

**3**

Protracted 1 events

**39**

Ungraded events

# Overview

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

# Ongoing events

## Coronavirus disease 2019

## WHO African Region

20 652 : 861 : 4.2%  
Cases : Deaths : CFR

### EVENT DESCRIPTION

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. The other affected countries are: Democratic Republic of the Congo (459), 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), Sao 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. Niger 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.

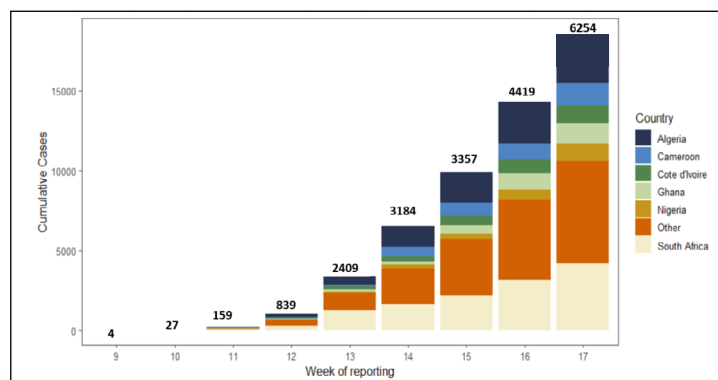
The 861 deaths in the region were reported from 33 countries: Algeria (425), South Africa (87), Cameroon (56), Burkina Faso (42), Nigeria (40), Niger (29), Democratic Republic of Congo (28), Mali (23), Cote d'Ivoire (14), Kenya (14), Liberia (12), Ghana (11), United Republic of Tanzania (10), Senegal (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% (425/3 382), 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% (29/696).

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.

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Graph showing distribution of confirmed COVID-19 cases in countries by week of reporting, 25 February – 26 April 2020 (n=20 652)



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), 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.

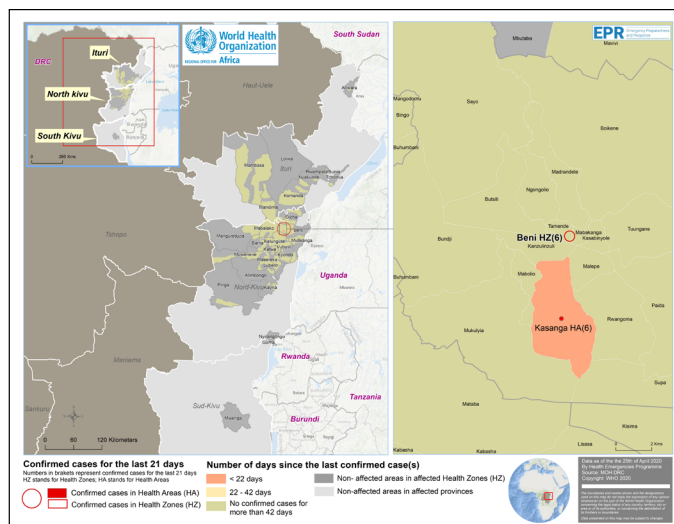
As of 24 April 2020, a total of 2 279 deaths were recorded, including 2 131 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 64% (2 134/3 316). As of 1924 April 2020, the total number of health workers affected remains at 171, representing 5% of confirmed and probable 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-ZEBOC-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.

Geographical distribution of confirmed Ebola virus disease cases reported from 24 April 2020, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo.



- Infection prevention and control (IPC) activities continue, with 17 health facilities which has received at least one of the recent confirmed cases of EVD assessed since the resurgence of the outbreak, in Kanzulinzuli, Rwangoma, Malepe, Kasabinyole and Kasanga. The IPC score ranged from 29% to 97% with a median of 81%. The Ndnini cantonment site and the Nyakunde medical centre, Beni Health Zone, were bio-cleaned and four health facilities were equipped with IPC kits. Providers were briefed on IPC measures related to EVD.
- Community sensitization and engagement activities continue, with 633 individual interviews and four home visits in Beni, along with two educational talks, including one with 19 young people, on the importance of contact tracing and follow-up, vaccination, early care and good collaboration with response teams. Alert reporting has also been strengthened with the community action group.

## 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.

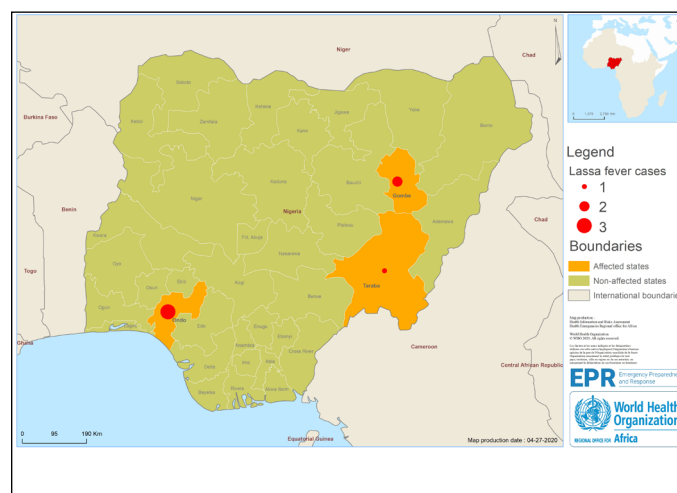
From weeks 1-16 of 2020, a cumulative total of 4 475 suspected Lassa fever cases has been reported, of which 969 were laboratory confirmed, including 188 deaths (case fatality ratio among confirmed cases 19.2%). The confirmed cases occurred across 127 local government areas (LGAs) in 27 states that recorded 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.

Geographical distribution of confirmed Lassa fever cases reported in Nigeria, weeks 1-16, 2020.



- Risk communications and community engagement activities have been scaled up across states using television, radio, print, social media and other strategies.
- The Lassa Fever Environmental response campaign has been implemented in high burden states by the Federal Ministry of Environment.

## 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 be 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

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
<b>New Events</b>									
Zimbabwe	Malaria	Ungraded	8-Mar-20	1-Jan-20	23-Apr-20	170 303	170 303	152	-
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%.									
<b>Ongoing Events</b>									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	26-Apr-20	3 382	3 382	425	12.60%
From 25 February to 26 April 2020, a total of 3 382 confirmed cases of COVID-19 with 425 deaths (CFR 12.6 %) have been reported from Algeria. A total of 1 508 cases have recovered. The majority of the cases have been reported from the Wilaya of Blida.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	26-Apr-20	26	26	2	7.70%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 26 April 2020, a total of 26 confirmed COVID-19 cases have been reported in the country with 2 deaths and 6 recoveries.									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	1-Jan-19	15-Apr-20	131	131	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There have been two cases in 2020 so far while the total number of 2019 cases remain 129. These cases are from several outbreaks which occurred in 2019.									
Benin	COVID-19	Grade 3	17-Mar-20	16-Mar-20	26-Apr-20	64	64	1	1.60%
The Ministry of health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 26 April 2020, a total of 64 cases have been reported in the country with 1 death, a 43-year-old patient with sickle cell co-morbidity.									
Benin	Lassa fever	Ungraded	19-Feb-20	17-Feb-20	24-Feb-20	4	4	1	25.00%
From 17 to 24 February 2020, a total of 4 confirmed cases of Lassa fever have been reported in Tchaourou commune in Borgou department of Benin. One death was recorded on 18 February 2020 in the index case and a safe and dignified burial has been conducted. All cases are residents of Bukuro city, Kwara state, Nigeria. A total of 34 contacts, including 23 healthcare workers, are under follow-up.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	15-Apr-20	9	9	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There is one case in 2020, while the number of cases in 2019 remains eight. These cases are all linked to the Jigawa outbreak in Nigeria.									
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	26-Apr-20	22	22	1	4.50%
On 30 March 2020, the Minister of Health and Wellness of Botswana reported three confirmed cases of COVID-19. As of 26 April 2020, a total of 22 confirmed COVID-19 cases were reported in the country including one death.									
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	26-Feb-20	-	-	-	-
Since 2015, the security situation initially in the regions of the Sahel and later in the East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement leading to a total of 765 517 internally displaced persons registered as of 14 February 2020 in all 13 regions in the country. The regions of Sahel, Centre-North, the North, the East and Boucle du Mouhoun are the most affected. Health services are severely affected and as of 13 January 2020, According to the report of the Ministry of Health, 9.5% (n=121) of the health facilities located in the six regions affected by insecurity are closed, thus depriving more than 1.5 million people of health care, and 11.9% (n=152) have reduced their services to a minimum, following insecurity. Morbidity due to epidemic-prone diseases remains high and Malnutrition thresholds are alarming in the areas hosting IDPs, mainly in Barsalogho, Djibo, Matiacoali, Arbinda, and Titao.									
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	26-Apr-20	632	632	42	6.60%
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.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2		1-Jan-19	15-Apr-20	3	3	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are three cVDPV2 cases in the country, all linked to the Jigawa outbreak in Nigeria.									
Burundi	COVID-19	Grade 3	31-Mar-20	18-Mar-20	25-Apr-20	15	15	1	6.70%
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	Measles	Ungraded	23-Mar-20	4-Nov-19	30-Mar-20	640	640	0	0.00%
Burundi has been experiencing measles outbreaks since November 2019 in camps hosting Congolese refugees and has recently been spreading in the host community in the district of Citiboke. As of 30 March 2020, a total of 640 confirmed measles cases have been reported among which are 59 lab-confirmed measles cases and the rest were clinically compatible cases and epidemically linked. The geographic distribution of the cases is: Citiboke District (407 cases), Butezi District (221 cases), Cankuzo District (6 cases), South Bujumbura District (6 cases). The District of Butezi has not notified of any new cases since 2 March 2020.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	5-Mar-20	-	-	-	-
Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by Boko Haram group, with significant population displacement. Since 1 January 2020, there have been 38 attacks by alleged Boko Haram insurgents, resulting in 20 missing people, 95 injuries and 76 deaths. Two health facilities have been attacked, with one completely destroyed, along with attacks on health workers, with two deaths and one injury reported. Flood waters have receded in Mada and Makary health districts, potentially making them more vulnerable to security incidents. Maroua, the regional capital of Far North is on alert. The Minawao Refugee Camp in the Mokolo Health District continues to host Nigerian refugees, with spontaneous refugee arrivals being recorded weekly.									
Cameroon	Humanitarian crisis (NW & SW)	Grade 2	1-Oct-16	27-Jun-18	5-Mar-20	-	-	-	-
The humanitarian situation in the Northwest and Southwest (NW & SW) of Cameroon continues to deteriorate with rising tensions between separatists and military forces. The security situation has led to displacement of an estimated 437 000 people in the region. More than 39 000 people have fled to the Littoral and Western regions and around 60 000 people have crossed into neighbouring Nigeria. There are increasing numbers of insecurity incidents, resulting in further displacement, with an estimated 160 000 people potentially affected.									
Cameroon	Cholera	Ungraded	1-Mar-19	1-Mar-19	25-Feb-20	1 449	285	71	4.90%
The Cholera outbreak affecting two regions, namely South Ouest and Littoral regions is ongoing in Cameroon. Thirty-four new cases, including three deaths were reported in the South Ouest region (10 new cases and one death) and Littoral region (24 new cases and two deaths) during epidemiological week 8 (week ending on 23 February 2020). One new district in south west region (Tiko district) confirmed two new cases, which bring the number of affected districts at three (Bakassi, Ekondo Titi and Tiko districts). In the Littoral region, the total number of affected districts is eight (Nylon, Manoka, Boko, Deïdo, Bangue, Cité des Palmiers, Bonassama, Japoma, New Bell and Logbaba districts).									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	26-Apr-20	1 621	1 621	56	-
Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 26 April 2020, a total of 1 621 cases have been reported, including 56 deaths and 786 recoveries.									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-20	28-Feb-20	352	155	14	0%
A measles outbreak is ongoing in Cameroon. Since 1 January 2020 to date, a total of 352 suspected cases have been reported. Of these, 155 were confirmed as IgM-positive. The outbreak is currently affecting 15 districts, namely, Ngaoundere Urbain, Ayos, Bafia, Biyem Assi, Cite Vverte, Djoungolo, Elig Mfomo, Mbalmayo, Mbandjock, Mfou, Monatele, Ngoumou, Nkolbisson, Nkolndongo, and Ntui districts.									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	26-Apr-20	106	106	1	0.90%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 26 April 2020, a total of 106 confirmed COVID-19 cases including one death were reported in the country.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	2-Feb-20	-	-	-	-
Civil unrest and food insecurity in most parts of the country including major cities are continuing to cause a complex humanitarian situation. The security situation remains tense with the persistence of inter-ethnic tensions within rival armed groups in the Northeast of the country mainly in Ndele, Birao and Bria. Clashes between armed groups, the persistence of inter-community tensions and the increase in crime number across the country continue to result into population displacement. As of 31 January 2020, OCHA estimates the number of internally displaced people in the country at 670 0000.									
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	26-Apr-20	41	41	0	0.00%
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.									
Central African Republic	Measles	Grade 2	15-Mar-19	1-Jan-19	31-Mar-20	14 138	517	83	0.60%
From Week 1, 2019 (week ending on 7 January 2019) until week 7, 2020 (week ending on 23 February 2020), a total of 7 626 measles cases including 517 confirmed cases and 83 deaths have been reported in 20 affected districts in Central Africa. A total of 2 315 new suspected measles cases were notified from epidemiological week 1 to week 7 of 2020 in 20 districts among which there are 7 new districts reporting cases in this year. The majority of cases are under five of age, followed by the age group between 5 to 10 years old. Response activities are ongoing in the affected health districts.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	15-Apr-20	22	22	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.									
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	25-Apr-20	46	46	0	0.00%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 26 April 2020, a total of 46 confirmed COVID-19 cases were reported in the country including 15 cases that have recovered.									



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Chad	Measles	Ungraded	24-May-18	1-Jan-19	12-Apr-20	7 123	295	36	0.50%
In week 15 (week ending 12 April 2020), 335 suspected cases were reported. 14 districts were in the epidemic phase in week 15. Since the beginning of the year, a total of 7 123 suspected cases and 36 deaths (CFR 0.5%) have been reported from Beboto, Kyabe, Goundi, Korbol, Kelo and Guelao.									
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 are 14 cases from two different outbreaks in the country one being the Jigawa outbreak.									
Comoros	Dengue	Ungraded		22-Dec-19	5-Apr-20	696	4	0	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 of 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. Majority of 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 week13.									
Comoros	Measles	Ungraded	26-May-19	20-May-19	22-Dec-19	218	59	0	0.00%
As of 22 December 2019, a total of 218 suspected cases with zero deaths have been reported from health facilities in Grande Comore Island. Of these, 59 cases have been confirmed (40 laboratory-confirmed and 19 by epidemiological link). IgM-positive cases were reported in five districts of Grande Comore, namely, Moroni (28), Mitsamiouli (6), Mbeni (3), Mitsoudjé (2), and Oichili (1). The 19 epi-linked cases are from Moroni district.									
Congo	Chikungunya	Grade 1	22-Jan-19	1-Jan-20	9-Feb-20	37	0	0	0.00%
In week 6 (week ending 9 February 2020), a total 6 suspected cases were reported in three out of the 12 departments, namely: Brazzaville (3 cases), Bouenza (2 cases) and Kouilou (1 case). From week 1 to week 6, 37 cases with no deaths were reported in the country. From weeks 1 to 52 of 2019, a total of 11 600 cases have been reported in 44 out of the 52 health districts in 10 out of 12 departments. The departments of Bouenza (3102 cases), Kouilou (2844 cases) and Niari (2589) were the most affected by the outbreak accounting for 74% of cases reported since the beginning of the outbreak.									
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	25-Apr-20	200	200	8	4.00%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 26 April 2020, a total of 200 cases including 8 deaths and 19 recovered cases have been reported in the country.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	26-Apr-20	1 150	1 150	14	1.20%
Since 11 March 2020, a total of 1 150 confirmed cases of COVID-19 have been reported from Cote d'Ivoire including 14 deaths. A total of 468 patients have recovered.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Ungraded	29-Oct-19	29-Oct-19	15-Apr-20	2	2	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are two cVDPV2 cases in the country; one is linked to the Jigawa outbreak in Nigeria and the other one to the Savanes outbreak in Togo.									
Democratic Republic of the Congo	Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	9-Feb-20	-	-	-	-
The Democratic Republic of the Congo continues to experience a complex humanitarian crisis involving armed conflicts and inter-community tension resulting in large number of people in need of humanitarian assistance. Populations movement due to armed clashes and inter-community fighting continue to be reported in North-Kivu, Tanganyika, Ituri, Kasai central and South-Kivu provinces. In Ituri, Irumu and Mambasa territories armed group attacks which resulted in 60 civilian victims and kidnapping of around 20 persons were reported. In Tanganyika province, a new confrontation between Twa militia and FARDC resulted in several cases of wounds and some cases of rape. A total of 45 000 internally displaced persons registered in the Nyunzu Centre (Nyunzu territory) continue to suffer from lack of health humanitarian assistance. Due to insecurity caused by Twa-Bantu conflicts, nine health centres in Nyunzu Health Zone remain non-functional.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-20	5-Apr-20	7 207	-	80	1.10%
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.									
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-20	10-Mar-20	26-Apr-20	459	459	28	6.10%
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.									
Democratic Republic of the Congo	Ebola virus disease	Grade 3	31-Jul-18	11-May-18	24-Apr-20	3 461	3 316	2 279	66.00%
Detailed update given above.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	1-Jan-20	12-Apr-20	50 527	845	635	1.30%
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.									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-20	5-Apr-20	1 121	-	24	2.10%
During 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.									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	28-Feb-19	22-Mar-20	20	-	7	35.00%
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 (létaleté 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 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.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	15-Feb-18	1-Jan-18	15-Apr-20	110	110	0	0.00%
No cVDPV2 cases were reported this week. So far, there have been four cases reported in 2020 while the total number of cases reported in 2019 remains 86. There were 20 cases reported in 2018. The country continues to be affected by several other genetically distinct cVDPV2s (notably in Kasai, Kwilu, Kwango and Sankuru provinces).									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	26-Apr-20	258	258	1	0.40%
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. Eight cases have recovered, and the other case has been repatriated back to Portugal.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	23-Apr-20	39	39	0	0.00%
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.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	26-Apr-20	59	59	1	1.70%
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									
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	9-Feb-20	3 970		64	1.60%
In week 6 (week ending 9 February 2020), 157 new suspected cases were reported in SNNRP, Somalia and Oromia regions. A total of 3 970 suspected cases have been reported from three regions as of 9 February 2020.									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	26-Apr-20	123	123	3	2.40%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 123 cases of COVID-19 as of 26 April 2020. Of the 123 cases, three deaths and 41 recoveries have been reported.									
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-19	9-Feb-20	1 873		-	-
In week 6 (week ending 9 February 2020), the measles outbreak is still ongoing in Oromia, SNNPR and Somali regions. A total of 1 873 suspected cases with were reported as of week 5 with the majority of suspected cases being reported from Oromia region.									
Ethiopia	Poliomyelitis (cVDPV2)	Ungraded	24-Jun-19	20-May-19	15-Apr-20	22	22	0	0.00%
No cVDPV2 cases were reported this week. There has been a total of 22 cases reported in Ethiopia since the beginning of the outbreaks.									
Ethiopia	Yellow fever	Ungraded	3-Mar-20	3-Mar-20	5-Mar-20	32	2	0	0.00%
On 3 March 2020, the Ethiopian Public Health Institute (EPHI) reported three suspected Yellow fever cases in Ener Enor woreda, Gurage zone, South Nations Nationalities and Peoples Region (SNNPR). The first 3 reported cases were members of the same household (father, mother and son) located in a rural kebele. Two of three samples tested positive at the national level on RT-PCR and were subsequently confirmed positive by plaque reduction neutralization testing (PRNT) at the regional reference laboratory, Uganda Viral Research Institute (UVRI) on 28 March 2020. In response to the positive RT-PCR results, Ethiopia performed an in-depth investigation and response, supported by partners including WHO. As of 30 March, a total of 85 suspect cases have been notified from 5 kebele in Ener Enor woreda, of which 55 are reported from Wedesha kebele. Laboratory testing is ongoing at the national laboratory.									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	25-Apr-20	176	176	3	1.70%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 25 April 2020, a total of 176 cases including three deaths and 30 recovered have been reported in the country.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	26-Apr-20	10	10	1	10.00%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 26 April 2020, a total of ten confirmed COVID-19 cases including one death and eight recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	26-Apr-20	1 550	1 550	11	0.70%
On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. As of 26 April 2020, a total of 1 550 cases including 11 deaths and 155 recoveries have been reported in the country.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	15-Apr-20	26	26	0	0.00%
No cVDPV2 cases were reported this week. There have been eight cases in 2020 so far, while the total number of 2019 cases remain 18.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	25-Apr-20	1 094	1 094	7	0.60%
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	Measles	Ungraded	9-May-18	1-Jan-19	3-Nov-19	4 690	1 091	18	0.30%
During week 44 (week ending 3 November 2019), 127 suspected cases of measles were reported. From week 1 to 44 (1 January – 3 November 2019), a total of 4 690 suspected cases including 18 deaths (CFR 0.4%) have been reported. Of the 4 690 suspected cases, 1 773 were sampled, of which 1 091 tested positive for measles by serology. Three localities in three health districts are in the epidemic phase, namely, Wanindara in Ratoma health district, Dounet in Mamou health district and Soumpoura in Tougue health district.									
Guinea-Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	26-Apr-20	53	53	1	1.90%
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	Chikungunya	Ungraded	24-Jan-20	31-Dec-19	16-Feb-20	202	17	0	0.00%
A chikungunya outbreak was reported in Kenya and has affected Hagadera Sub County in Garissa County. As of reporting date, a total of 163 cases with 17 confirmed positives have been reported. The index case was seen on 31 December 2019.									
Kenya	Cholera	Ungraded	21-Jan-19	1-Jan-20	16-Feb-20	253	3	1	0.40%
In week 7 (week ending 16 February 2020), 62 new suspected cases were reported from Turkana county. Since 1 January 2020, cholera outbreak has been reported in three counties namely: Garissa, Wajir and Turkana. Cumulatively, a total of 253 cases with one death has been reported. The outbreak in all the three counties is a continuous wave from 2019. The transmission is active in all the affected counties.									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	26-Apr-20	355	355	14	3.90%
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	Leishmaniasis	Ungraded	31-Mar-19	3-Jan-20	16-Feb-20	38	15	0	0.00%
In week 7 (week ending 16 February 2020), no new case was reported. Since the beginning of the outbreak, suspected and confirmed cases of leishmaniasis have been reported from Mandera, Marsabit, Wajir and Garissa counties.									
Kenya	Measles	Ungraded	6-May-19	20-Mar-19	16-Feb-20	637	15	1	0.20%
A new outbreak of measles has been reported from Pokot North sub county, Alale location since 20 October 2019. The last measles cases were reported in Kajiado County, Kajiado West Sub-County on 8 September 2019 (425 suspected cases, 4 confirmed and 1 death). Additionally, 10 cases including 6 laboratory-confirmed cases were reported from Garissa County in Dadaab Sub-County in May 2019.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	25-Apr-20	124	124	12	9.70%
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	Lassa fever	Ungraded	23-Jan-19	1-Jan-20	12-Apr-20	40	40	18	45.00%
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	24-Sep-17	1-Jan-19	16-Feb-20	169	35	0	0.00%
In week 7 (week ending on 16 February 2020), 38 suspected cases were reported from 9 out of 15 counties across the country. Since the beginning of 2020, 169 cases have been reported across the country, of which 35 are laboratory-confirmed, 20 are epi-linked, and 53 are clinically confirmed.									
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	26-Apr-20	128	128	0	0.00%
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	2-Apr-20	2-Apr-20	26-Apr-20	34	34	3	8.80%
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	7-Dec-19	-	-	-	-
The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The number of internally displaced persons is increasing, and it was estimated at 199 385 in October 2019. This increase is associated with repeated violence in Mopti, Gao, Menaka and zones in the neighbourhood of Burkina Faso border. The country is also facing infectious diseases outbreaks which include yellow fever, measles, and dengue. Cases of malnutrition continue to be reported at the country level. In week 48, a total of 5 206 cases of acute malnutrition were reported.									
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	26-Apr-20	389	389	23	5.90%
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.									
Mali	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	2-Feb-20	5-Jan-20	7-Feb-20	14	3	7	50.00%
The regional Directorate of Health in Mopti notified a total of 14 suspected haemorrhagic fever including 7 deaths on 2 February 2020. All notified cases are from Mopti Health district, Korienze health area, Kera village. Three out of nine laboratory samples that were sent to the Public health institute turned positives for Crimean Congo Hemorrhagic 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	26-Apr-20	7	7	1	14.30%
The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 26 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	26-Apr-20	332	332	9	2.70%
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.									
Mozambique	Cholera	Ungraded	20-Feb-20	31-Jan-20	20-Mar-20	1 506	1	15	1.00%
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, Mogovolas, Memba, Nacala-à-Velha, Nacaroa, Namialo, Ribawé, Monapo, Larde, Angoche are affected and three districts of Cabo Delgado, namely Mocimboa de Praia, Macomia and Ibo are affected.									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	26-Apr-20	76	76	0	0.00%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 26 April, a total of 76 confirmed COVID-19 cases were reported in the country.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	24-Apr-20	16	16	0	0.00%
Two cases of novel coronavirus (COVID-19) were confirmed in Namibia on 14 March 2020. As of 24 April 2020, a total of 16 cases have been reported in the country including eight 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 Fasso, Mali and Nigeria following armed groups attacks in the region. The military camp of Sinegodar situated in the health district of Banibangou, Tillabery region was attacked on 9 January 2020. A total of 89 governments defence and security forces was killed. The number of displaced people is increasing in Tillabery, Maradi, Diffa. This security situation is hampering the humanitarian access and affecting the access to basic health and social services. A total of 46 health posts and 10 health centres have closed due to insecurity. According to OCHA statistics, 2.9 million people are in need of humanitarian assistance, 190 248 people are internally displaced, and 217 858 are refugees in the country.									
Niger	COVID-19	Grade 3	19-Mar-20	19-Mar-20	26-Apr-20	696	696	29	4.20%
The first COVID-19 confirmed case was reported in the Niger on 19 March 2020. As of 26 April 2020, a total of 696 confirmed COVID-19 cases including 29 deaths and 350 recoveries have been reported from the country.									
Niger	Measles	Ungraded	10-May-19	1-Jan-20	2-Feb-20	304	-	1	0.30%
During week 5 (week ending 2 February 2020), 123 suspected measles cases were notified in the country. From week 1 to 5 of 2020, a total of 304 suspected measles cases with 1 death (CFR:0.3%) were notified in 8 regions: Agadez (34 cases, 0 deaths), Diffa: (3 cases, 0;deaths), Dosso (2 cases, 0 deaths), Maradi (17cases, 1 death), Niamey (5 cases, 0 deaths), Tahoua (57 cases, 0 deaths), Tillabery (3 cases, 0 deaths) and Zinder (183 cases, 0 deaths). In 2019 a total of 10 207 suspected measles cases were reported from eight regions in the country.									



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	31-Mar-20	-	-	-	-
The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security compromised areas characterized by overcrowded population in many camps in the region. Due to shrinking humanitarian space health partners are facing challenges in delivery of timely and urgent life-saving assistance as access challenges are impacting movement of mobile medical teams, ambulances, immunization staff and medical cargo in many locations across Borno State. The cholera outbreak in Adamawa state is ongoing, though the number of cases being reported is showing a downward trend.									
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-20	26-Apr-20	1 273	1 273	40	3.10%
The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 26 April 2020, a total of 1 273 confirmed cases including 40 deaths and 239 recovered cases have been reported in the country.									
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-20	129-Apr-20	969	973	188	19.2%
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									
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-19	31-Jan-20	1 618	303	5	0.30%
Between epi weeks 1 - 5 (week ending 31 January 2019), a total of 1 618 suspected cases of measles were reported from 36 states including 5 deaths (CFR 0.3%). Katsina (356) Sokoto (324), Borno (165), and Yobe (88) states account for 62.3% of the cases reported in January 2020. Of the 720 samples tested, 303 were IgM positive for measles.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	15-Apr-20	53	53	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 18 cVDPV2 cases reported in 2019 and 34 in 2018.									
Nigeria	Yellow fever	Ungraded	14-Sep-17	1-Jan-20	31-Jan-20	139	0	0	0.00%
In January 2020, a total of 139 suspected yellow fever cases have been reported from 90 LGAs across 27 States 604. Of the 139 samples collected, 2 tested positive in Nigerian network laboratories. In 2019, a total of 4288 suspected cases were reported in 618 (83.1%) LGAs from all states in the country. Four States: Katsina, Kebbi, Bauchi and Benue had the highest attack rates. A total of 227 cases were confirmed in Nigeria and from IP Dakar and 231 deaths were reported.									
Rwanda	COVID-19	Grade 3	14-Mar-20	14-Mar-20	26-Apr-20	191	191	0	0.00%
Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 26 April 2020, a total of 191 cases with zero deaths and 92 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	23-Apr-20	8	8	0	0.00%
On 6 April 2020, the Ministry of Health of Sao Tome and Principe has reported the country's first cases of COVID-19. As of 23 April 2020, a total of eight cases of COVID-19 have been reported in the country, out of which four cases have recovered.									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	26-Apr-20	671	671	9	1.30%
Between 2 March 2020 and 26 April 2020, a total of 671 confirmed cases of COVID-19 including nine deaths have been reported from Senegal. A total of 283 cases have recovered.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	26-Apr-20	11	11	0	0.00%
The first COVID-19 confirmed cases were reported in Seychelles 14 March 2020. As of 26 April 2020, a total of 11 cases have been reported in the country including six recoveries.									
Seychelles	Measles	Ungraded	21-Jan-20	13-Jan-20	20-Feb-20	79	27	0	0.00%
As of 20 February 2020 a total of 27 confirmed measles cases with no deaths were reported. All reported confirmed cases are from Praslin Island, although two were detected on Mahe island. All age groups have been affected.									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	26-Apr-20	93	93	4	4.30%
On 31 March 2020, the President of Sierra Leone reported a the first confirmed COVID-19 case in the country. As of 26 April 2020, a total of 93 confirmed COVID-19 cases were reported in the country including four deaths and ten recovered cases.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	26-Apr-20	4 546	4 546	87	1.90%
South Africa 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.									
South Sudan	Flood	Ungraded	28-Oct-19	29-Oct-19	15-Mar-20	-	-	-	-
In the last four weeks, most of the areas affected by floods did not experience rains at all, and as a result, the water levels are receding, improving access to communities that were initially cut off.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	15-Mar-20	-	-	-	-
The humanitarian situation has been largely calm but unpredictable in most of the states. The number of internally displaced people (IDPs) in South Sudan was estimated at 1.47 million. Malnutrition continues to be a problem in the country as more than 6.35 million people are reported to be severely food insecure in South Sudan. Communicable disease burden remains high with ten counties reporting malaria cases above their epidemic thresholds and measles cases being reported from 16 counties (Abyei, Mayom, Melut, Aweil South, Aweil East, Tonj North, Juba, Wau, Aweil West, Gogrial West, Gogrial East, Renk, Tonj South, Jur River, Pibor and Yambio) and four protections of civilian (POC) sites (Juba, Bentiu, Malakal and Wau).									



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
South Sudan	COVID-19	Grade 3	5-Apr-20	2-Apr-20	25-Apr-20	6	6	0	0.00%
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; Aweil South; Melut; Gogrial East; Juba; Tonj North; Aweil West; Aweil East; Renk; Wau; Tonj North; Jur River; Yambio, Budi, Ikotos, Maban and Aweil East, Ikotos, Tonj East, Magwi and Bomaand) and 4 Protection of Civilians Sites (Juba, Bentiu, Malakal and Wau).									
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 (MOHCDEGEC) 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 recovered cases.									
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 week 36, 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. Since 1 January to 20 January 2020, a total of 178 cases were reported mainly in Masvingo (119 cases), Midlands (31 cases) and Mashonaland west (28 cases) provinces.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	26-Apr-20	31	31	4	12.90%
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.									

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: <http://www.who.int/hac/about/erf/en/>.

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.

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