

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 18: 27 April - 3 May 2020

Data as reported by: 17:00; 3 May 2020



World Health
Organization

REGIONAL OFFICE FOR

Africa

WHO Health Emergencies Programme

0

New event

107

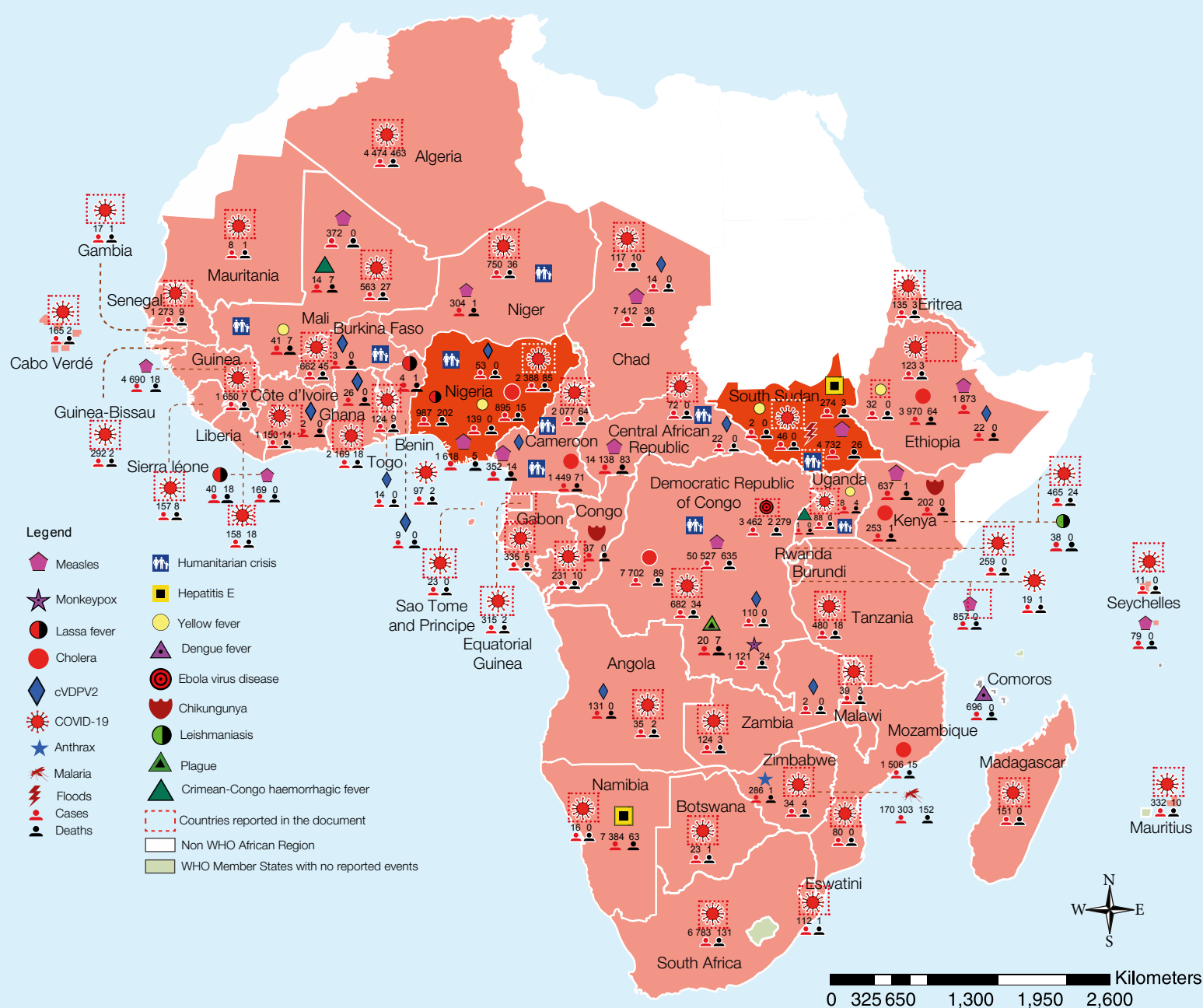
Ongoing events

97

Outbreaks

11

Humanitarian
crises



Graded events ↑

48

Grade 3 events

14

Grade 2 events

1

Grade 1 events

38

Ungraded events

2

Protracted 3 events

2

Protracted 2 events

3

Protracted 1 events

Overview

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This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 107 events in the region. This week's main articles cover key new and ongoing events, including:

- [Coronavirus disease 2019 \(COVID-19\) in the WHO African Region](#)
- [Ebola virus disease in Democratic Republic of the Congo](#)
- [Humanitarian crisis South Sudan](#)

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 Comoros reporting its first confirmed case during the week, leaving Lesotho as the only country in the WHO African Region with no reported confirmed cases. The disease trend has been growing exponentially in the past two weeks, raising concern that Africa might be the next epicenter of the pandemic in the coming weeks to months. This calls for governments in the region to step up their response and mitigation measures, with a focus on empowering the population to own the required interventions. The need to ensure continuous provision of essential services cannot be over emphasised.
- The outbreak of Ebola virus disease in Democratic Republic of the Congo has locally re-emerged in Beni Health Zone, with a total of seven 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 940 people, along with enhanced infection prevention and control activities and community sensitization and engagement.
- Serious challenges remain in mitigating the effects of the humanitarian crisis in South Sudan, where there are an estimated 7.5 million people in need of humanitarian assistance, with 6 million of these projected to be severely food insecure between February and April 2020. There are limited resources to cover all affected counties, with continuing insecurity, one of the main drivers of the situation. In addition, there is a US\$ 20 million gap in funding that is required for WHO operations. Additionally, COVID-19 response in the region requires extra resources, if it is not to hamper response to other health and humanitarian needs.

EVENT DESCRIPTION

The coronavirus disease 2019 (COVID-19) pandemic continues to evolve rapidly in the WHO African Region since Algeria reported the first case on 25 February 2020. On 30 April 2020, Comoros reported its first confirmed case of COVID-19, leaving only Lesotho with no reported cases in the region. With 98% (46/47) of Member States reporting confirmed cases, there has been a marked increase in the number of confirmed cases. In week 18 (week ending 3 May 2020), a total of 8 811 new confirmed cases of COVID-19 were reported from 42 countries as compared to 6 254 cases in the previous week, a 41% increase. There has been a general increase in the number of daily reported cases during the week, with more than 1 000 cases reported each day. The region observed its highest peak on 2 May 2020 when 1 821 cases were registered in 24 hours. Of note, seven countries registered a marked increase in cases in this reporting week: Guinea Bissau 451% (53 to 292), Central African Republic 279% (19 to 72), Sao and Principe 188% (8 to 23), Eswatini 90% (59 to 112) and Gabon 90% (176 to 335). Four countries, Eritrea, Mauritius, Namibia and Seychelles, have not reported any new confirmed COVID-19 cases during week 18. Over the same period, there was a 25% increase in the number of deaths (1 079) reported from 36 countries, compared to 861 deaths reported during the previous week. Two countries, Chad (5) and Sao Tome and Principe (1) recorded their first deaths this week.

As of 3 May 2020, the WHO African Region has documented a cumulative total of 29 463 cases and 1 079 associated deaths (case fatality ratio 3.7%). The 46 reporting countries include South Africa (6 783), Algeria (4 474), Nigeria (2 388), Ghana (2 169), Cameroon (2 077), Guinea (1 650), Côte d'Ivoire (1 398), Senegal (1 273), Niger (750), Democratic Republic of the Congo (682), Burkina Faso (662), Mali (563), United Republic of Tanzania (480), Kenya (465), Gabon (335), Mauritius (332), Equatorial Guinea (315), Guinea-Bissau (292), Rwanda (259), Congo (229), Cabo Verde (165), Liberia (158), Sierra Leone (157), Madagascar (151), Ethiopia (135), Togo (124), Zambia (124), Chad (117), Eswatini (112), Benin (90), Uganda (89), Mozambique (80), Central African Republic (72), South Sudan (46), Eritrea (39), Malawi (39), Angola (35), Zimbabwe (34), Sao Tome and Principe (23), Botswana (23), Burundi (19), Gambia (17), Namibia (16), Seychelles (11), Mauritania (8) and Comoros (3). The highest case load has been observed in the West African region, 40% (11 864), followed by the Southern region 24% (6 934), the North 15% (4 474), Central 13% (3 885) and Eastern regions 8% (2 306).

The most affected countries in the WHO African Region are South Africa (6 783 cases), Algeria (4 474 cases), Nigeria (2 388 cases), Ghana (2 169 cases), Cameroon (2 077 cases), Guinea (1 650 cases), Côte d'Ivoire (1 398 cases), Senegal (1 273 cases), Niger (750 cases) and Burkina Faso (662 cases). These ten countries together account for 80% of the cases reported in the region.

Since the beginning of the COVID-19 pandemic in the African region, a total of 826 health workers from 27 countries have been infected. South Africa reported the highest number of confirmed cases in health workers at 325, followed by Niger (126), Côte d'Ivoire (72), Gabon (57), Cameroon (40), Mauritius (30), Sierra Leone (29), Democratic Republic of the Congo (28), Ghana (25),

Senegal (22), Zambia (15), Equatorial Guinea (13), Eswatini (8), Togo (6), Chad (5), Madagascar (5), Congo (4), Uganda (3), Benin (2), Kenya (2), Namibia (2), Sao Tome and Principe (2), Burundi (1), Central African Republic (1), Guinea-Bissau (1), United Republic of Tanzania (1) and Zimbabwe (1). Three new countries Chad, Sao Tome and Principe and United Republic of Tanzania, recorded their first health worker infections this week. Of the 29 463 confirmed COVID-19 cases reported, 10 482 (36%) recoveries have been documented from 44 countries in the region.

The 1 079 deaths in the region were reported from 36 countries; Algeria (463), South Africa (131), Nigeria (85), Cameroon (64), Burkina Faso (45), Niger (36), Democratic Republic of Congo (34), Mali (27), Kenya (24), Ghana (18), Liberia (18), United Republic of Tanzania (18), Côte d'Ivoire (17), Mauritius (10), Congo (10), Chad (10), Senegal (9), Togo (9), Sierra Leone (8), Guinea (7), Gabon (5), Zimbabwe (4), Ethiopia (3), Zambia (3), Malawi (3), Sao Tome and Principe (3), Angola (2), Benin (2), Cabo Verde (2), Equatorial Guinea (2), Guinea Bissau (2), Botswana (1), Burundi (1), Eswatini (1), Gambia (1) and Mauritania (1).

Six countries in the region have displayed very high case fatality ratios; Liberia 11.4% (18/158), Algeria 10.3% (463/4 474), Chad 8.5% (10/117), Togo 7.3% (9/124), Burkina Faso 6.8% (45/662) and Sierra Leone 5.1% (8/157).

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

Currently, seven countries in the region are experiencing widespread community transmission, 18 have clusters of cases and 21 have sporadic cases of COVID-19.

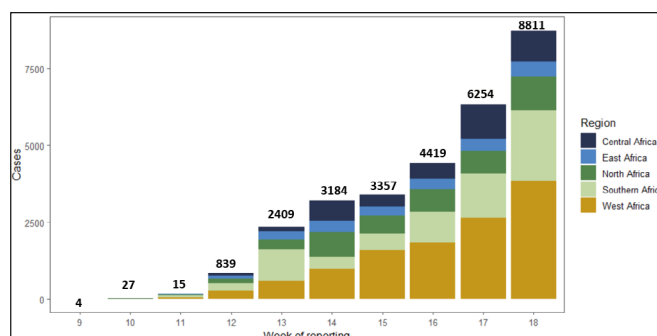
PUBLIC HEALTH ACTIONS

- The respective Ministries of Health continue to coordination response to the COVID-19 pandemic in their countries, with support from WHO and partners. All countries have activated their Public Health Emergency Operations Centres (PHEOC) to enhance coordination of the different response pillars.
- WHO is working with partners to support the respective national authorities to enhance preparedness, readiness and response measures.
- Enhanced surveillance for COVID-19 is ongoing in all countries in the African Region, including at the Points of Entry to ensure rapid detection of alerts and cases, immediate isolation and identification and follow-up of contacts.
- WHO and partners are supporting countries to enhance early epidemiological and clinical investigation of COVID-19 cases through the First Few Cases (FFX) protocol.
- Up to 44 countries in the WHO African Region now have laboratory diagnostic capacity for SARS-CoV-2.
- Treatment facilities are being set up in all countries in the region for clinical management of cases. WHO has provided guidance to all countries in the region on the clinical management of COVID-19 cases.

SITUATION INTERPRETATION

The COVID-19 pandemic has already spread to nearly all countries in the African region and the disease trend has continued to increase exponentially in the past days. On a positive note, few countries (Eritrea, Namibia and Seychelles) have reported zero cases for more than 10 days, in addition to Lesotho that has not yet recorded any confirmed COVID-19 cases. However, all countries need to enhance their efforts to scale up response and mitigation measures aimed to contain further spread of the disease and also to mitigate socioeconomic impact of the pandemic. These measures include active case finding, testing of all suspected cases and contact tracing and follow up to reduce the impact of the pandemic. Major communication campaigns are required to emphasise the importance of physical distancing, hand washing and cough etiquette.

Graph showing distribution of confirmed COVID-19 cases in regions by week of reporting, 25 February – 3 May 2020 ($n=29\,463$)



COVID-19 treatment centre in Juba, South Sudan, 23 April 2020

EVENT DESCRIPTION

There has been no new confirmed case of Ebola virus disease (EVD) for the past five days, as of 2 May 2020. Since the resurgence of the outbreak on 10 April 2020, seven confirmed cases have been recorded in the health areas of Kasanga, Malepe and Kanzulinzuli, Beni Health Zone. Of these, four cases have died, including two in the community and two at 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 2 May 2019, a total of 3 462 EVD cases, including 3 317 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 (728), 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.

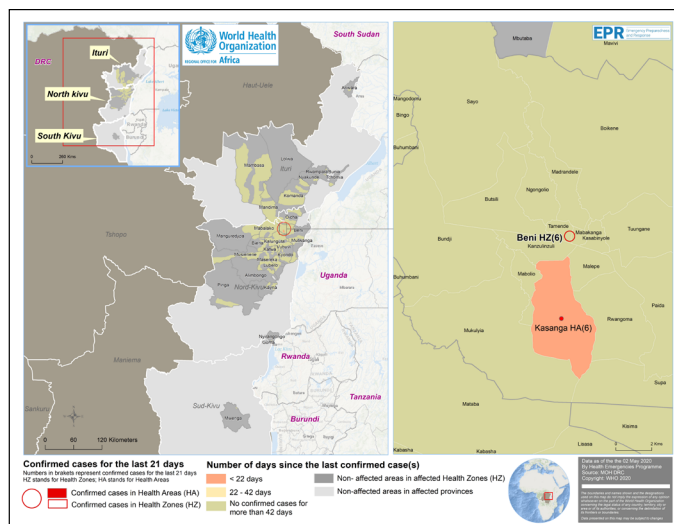
As of 2 May 2020, a total of 2 279 deaths were recorded, including 2 134 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 64% (2 134/3 317). As of 2 May 2020, the total number of health workers affected remains at 171, representing 5% of confirmed and probable cases.

On 2 May 2020, two new contacts were registered in Beni, which is fewer than in the previous seven days ($n=22$). Of the 558 contacts being followed-up, 533 (95.5%) were seen in the past 24 hours. Twenty-one out of 50 health zone registered a total of 2 200 alerts on 2 May 2020, of which 2 167 were new, and 1 247 were investigated. Among the alerts investigated, 235 (18.8%) were validated.

PUBLIC HEALTH ACTIONS

- Overall response activities continue to be strengthened across all pillars, with preparedness enhanced in surrounding areas.
- Point of Entry/Point of Control continues, with a cumulative total of 176 million screenings carried out since August 2018.
- Since the resurgence of the outbreak in Beni, a total of 940 people has been vaccinated, of which 895 were in Beni and 45 in Karisimbi, as of 2 May 2020. The total number of people now vaccinated with the rVSV-ZEBOC-GP vaccine is now 302 716 since the start of the outbreak in August 2018.
- As of 2 May 2020, there are 63 patients, one of whom is confirmed with EVD, admitted in the nine Transit centres and ETCs that are reporting their activities.

Geographical distribution of confirmed Ebola virus disease cases reported from 2 May 2020, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo.



- Infection prevention and control (IPC) activities continue, with biocleaning and briefing of service providers carried out after follow-up of all contacts at the Nyankunde medical centre and five contacts at the Ndini medical site. Service providers from Kasabinyole health area and a health facility in the Kanzulinzuli health area were briefed on EVD case definition and the use of personal protective equipment. In Beni and Mangina, teams evaluated, monitored and supported 97 health facilities and briefed 24 health providers on IPC measures.
- Community sensitization and engagement activities continue, with engagement with the chief of Butanuka district, Beni Health Zone around security response, with individual interviews, home visits and interviews conducted in Kadeba cell to sensitize people to EVD case management in TC/ETCs as well as on the importance of their support for activities of the community outreach teams.

SITUATION INTERPRETATION

The resurgence of EVD in Beni since 10 April 2020 is concerning, especially in the face of challenges around community access for the response teams and other operational limitations. The security situation in the region remains precarious, occasionally disrupting critical response activities on the ground. The Ministry of Health and national authorities, partners and other civil society and local authorities need to reinforce and maintained all outbreak control interventions, with emphasis on active disease surveillance and community engagement and participation.

EVENT DESCRIPTION

The humanitarian crisis in South Sudan continues, with an estimated 7.5 million people in need of humanitarian assistance, 1.67 internally displaced persons (IDPs) and 2.24 million South Sudanese refugees as of 15 April 2020. According to the Integrated Food Security Phase Classification (IPC) report released in February 2020, an estimated 6 million people are projected to be severely food insecure between February and April 2020. In addition, the ongoing problem of locust swarms, stretching from Uganda to Ikotos and Magwi counties in Eastern Equatorial State, poses a significant threat to food security and livelihoods in the region.

Internally displaced persons living in UNMISS Adjacent Area in Pibor continue to return to their homes, with approximately 400 to 800 individuals still living there as of 15 April 2020. Most of the IDPs are from the Greater Likungole area of Pibor County.

Infectious disease outbreaks continue, with South Sudan confirming its first case of COVID-19 on 5 April 2020. As of 3 May 2020, a cumulative total of 49 confirmed COVID-19 cases have been confirmed. A total of 312 contacts have been registered, of whom 101 have completed their 14-day quarantine and 211 are still being followed. Internal passenger flights from Juba were suspended on 13 April 2020, and the country's borders were closed and international flights banned. This has resulted in a lack of resources for effective monitoring of 13 border crossing points across Central Equatorial State, affecting the local authority's capacity to identify and quarantine travellers.

In week 16 of 2020 (week ending 19 April 2020), malaria was the leading cause of morbidity and mortality, accounting for 45.1% of all morbidities and 9.9% of all mortalities in the reporting week. The malaria trends in Pibor County exceeded the threshold (third quartile of trends for the period 2013 -2017) during the reporting week and the situation is being monitored.

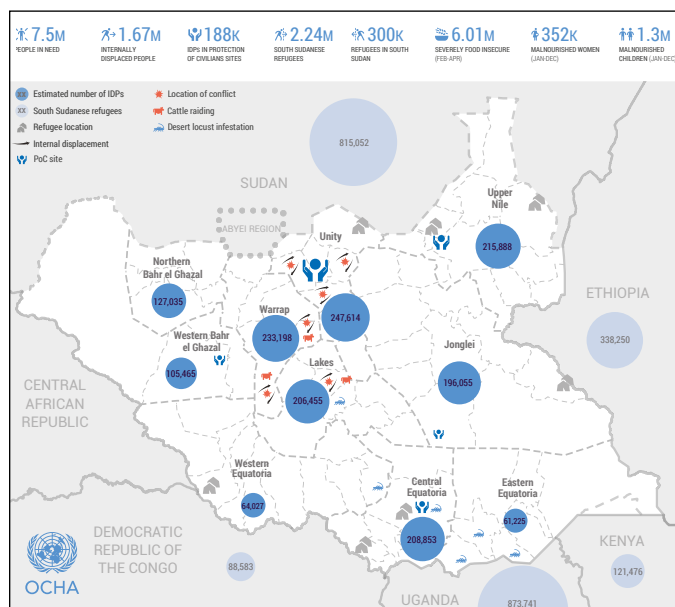
In 2020 measles outbreaks have been confirmed in five counties, Bor (14 cases), Tonj South (4 cases), Tonj East (61 cases), Magwi (10 cases) and Kapoeta East (6 cases). Active transmission is ongoing in Aweil East and Bentiu POC

Between 19 and 23 March 2020, there was a suspected cholera outbreak in Pibor. Nine stool samples collected tested negative for *Vibrio cholerae*. However, water testing indicated high levels of contamination in different water sources.

PUBLIC HEALTH ACTIONS

- The Ministry of Health and WHO responded to the suspected cholera outbreak in Pibor by deploying the national rapid response team (RRT) from 19 to 23 March 2020, and the Ministry of Health and partners have conducted a preventive oral cholera vaccine campaign in the area, vaccinating 16 455 individuals, in phases between 1 and 22 April 2020.
- The Ministry of Health and WHO are concluding an assessment for the creation of a nationwide database for the RRTs, which will help planning for capacity building and ensuring availability

Map of Internally Displaced Persons in South Sudan, as of March 2020.



for prompt deployment for outbreak investigation and response.

- WHO's mobile medical team participated in an inter-cluster humanitarian assessment mission in Kajo Kejo from 23-28 March 2020 to obtain an overall view of the health situation and health service availability in the county. Major gaps were found, with facilities forced to refer patients requiring advanced clinical care across the border to Mayo Hospital in Uganda. WHO donated assorted medical supplies to the county health department to support about 100 000 people for three months.
- Nutritional support was provided to stabilization centres by WHO with the provision of three severe acute malnutrition (SAM) kits to Al Sabah Children's Hospital in Juba, sufficient for 150 children for three months, with an additional kit donated to Koch stabilization centre to treat 50 children with SAM with medical complications.
- States and counties have stepped up COVID-19 surveillance, case detection and investigation, including building capacity of health workers from government and private health facilities.

SITUATION INTERPRETATION

While there have been various political activities around efforts to end the conflict in South Sudan, which has been one of the main drivers of the humanitarian crisis in the country, serious challenges remain. Some of the major gaps include limited resources to cover all affected counties, weak coordination mechanisms at sub-national level, continuing insecurity in conflict affected counties and inadequate human resources for health at sub-national levels. WHO's response operations have a shortfall of US\$ 20 million that calls for immediate funding support. The national authorities and partners need to address the identified challenges urgently to ensure response to other health and humanitarian needs in the country is not hampered – this in addition to the COVID-19 response that require additional resources.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- Most countries in the WHO African Region are now affected with COVID-19 and the outbreak is well established in the region, with many countries experiencing community transmission. The number of new confirmed cases and deaths is increasing fast, with some countries having a particularly high case fatality ratio. This development is seen in the face of the weak health systems in the region. African governments need to continue to take bold actions to slow down rapid spread of the disease and mitigate the consequences.
- The appearance of seven 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 humanitarian crisis in South Sudan requires continuing efforts from national authorities and humanitarian partners to mitigate the challenges around limited resources and ongoing insecurity.

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 need to 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 and response.
- National authorities and humanitarian partners in South Sudan need to step up efforts to provide aid to the vulnerable population, particularly as COVID-19 responses may hamper the ongoing provision of aid. In addition, the US\$ 20 million funding gap needs to be addressed urgently.

All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	3-May-20	4 474	4 474	463	10.30%
From 25 February to 3 May 2020, a total of 4 474 confirmed cases of COVID-19 with 463 deaths (CFR 10.3 %) have been reported from Algeria. A total of 1 936 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	3-May-20	35	35	2	5.70%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 3 May 2020, a total of 35 confirmed COVID-19 case have been reported in the country with 2 deaths.									
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	3-May-20	97	97	2	2.10%
The Ministry of health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 3 May 2020, a total of 97 cases have been reported in the country with 2 deaths.									
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 Tchaurou 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	3-May-20	23	23	1	4.30%
On 30 March 2020, the Minister of Health and Wellness of Botswana reported three confirmed cases of COVID-19. As of 3 May 2020, a total of 23 confirmed COVID-19 cases were reported in the country including one death and 8 recovered cases.									
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	31-Mar-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. In March 2020, a total of 14 attacks by armed groups that resulted in 10 302 additional displaced people were notified. 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 healthcare, 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	3-May-20	662	662	45	6.80%
Between 9 March and 3 May 2020, a total of 662 confirmed cases of COVID-19 with 45 deaths and 540 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	3-May-20	19	19	1	5.30%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of 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 3 May 2020, the total confirmed COVID-19 cases has reached 19, including one death and seven recovered.									
Burundi	Measles	Ungraded	23-Mar-20	4-Nov-19	19-Apr-20	857	857	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 Cibofoke. As of April 2020, a total of 857 confirmed measles cases have been reported among which are 56 lab-confirmed measles cases and the rest were clinically compatible cases and epidemically linked. The geographic distribution of the cases is: Cibofoke (624 cases), Butezi (221 cases), Cankuzo (6 cases) and South Bujumbura (6 cases). No new cases have been reported in South district of Bujumbura and Cankuzo since December 2019. The last cases were reported in Butezi on 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	6-Apr-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. Between 25 -31 March, 2020, 60 households of 360 Internally Displaced Persons(IDPs) were forced to move from the Blakodji Kolofata site (Kolofata district, Mayo-Sava department) where they had been installed since 2016, due to an attack by non-state armed group. 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	31-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 despite calls for a COVID-19 ceasefire by the UN Secretary General. The Southern Cameroon Defence Forces (SOCADEF) is the only non-state armed group (NSAG) that yielded to the UN Secretary General's call for a ceasefire as a result of the pandemic. An estimated 3 889 persons (604 households) in the NWSW were displaced as a result of continued violence in March alone. 70% (2 751 persons; 415 households) of the displaced are from the NW and the remaining 30% from the SW region. Since January 2020, there has been an upsurge in violence especially in the NW region affecting mostly women and children. Shelter, NFI (Non Food Items), protection and food continue to be the most urgent needs of the displaced populations.									
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 23 February 2020). One new district in south west region (Tiko district) confirmed two new cases, which bring the number of affected districts at three (Bakassi, Ekondo Titi and Tiko districts). In the Littoral region, the total number of affected districts is eight (Nylon, Manoka, Boko, Deido, Bangue, Cité des Palmiers, Bonassama, Japoma, New Bell and Logbaba districts).									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	3-May-20	2 077	2 077	64	3.10%
Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 2 May 2020, a total of 2 077 cases have been reported, including 64 deaths and 953 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 verte, Djoungolo, Elig Mfomo, Mbalmayo, Mbandjock, Mfou, Monatele, Ngoumou, Nkolbisson, Nkolondongo, and Ntui districts.									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	3-May-20	165	165	2	1.20%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 03 April 2020, a total of 165 confirmed COVID-19 cases including two deaths 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 6 700 000.									
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	3-May-20	72	72	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 3 May 2020, a total of 72 confirmed COVID-19 cases were reported in the country.									
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 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 African Republic. 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	3-May-20	117	117	10	8.50%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 5 May 2020, a total of 117 confirmed COVID-19 cases were reported in the country including 10 deaths and 39 cases that have recovered.									
Chad	Measles	Ungraded	24-May-18	1-Jan-19	19-Apr-20	7 412	295	36	0.50%
In week 16 (week ending 19 April 2020), 293 suspected cases were reported. 8 districts were in the epidemic phase in week 16. Since the beginning of the year, a total of 7 412 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 cases 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. The 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.									
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	3-May-20	231	231	10	4.30%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 3 May 2020, a total of 231 cases including 10 deaths and 25 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	12-Apr-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, around 15 780 persons are internally displaced and are in need of humanitarian assistance especially in Masumbuko and Drodro. In Tanganyika province, a total of 14 health areas have suspended their activities due to insecurity. Around 45 000 internally displaced persons were registered in Nyunzu territory and additional 50 000 IDPs are reported in other territories of Tanganyika. In South Kivu province, heavy rains that resulted in floods in Uvira were reported from 16 to 17 April 2020. A total of 50 deaths and 40 wounded persons, many houses destroyed were reported and currently there is a total of 78 000 persons displaced, including 3500 persons without shelters. The displaced persons are in need of basic humanitarian assistance, including access to food, clean water, non-food items, shelters and healthcare assistance.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-20	12-Apr-20	7 702	-	89	1.20%
The cholera outbreak situation in the Democratic Republic of Congo is ongoing. During week 15 (week ending 12 April 2020), a total of 493 cases of cholera and 8 deaths (CFR 1.6%) was notified in 43 health zones (seven provinces) of the country while 383 cases, including 4 deaths (1%) were reported in 45 Health Zones (13 provinces) in the same period in 2019. From week 11 to 15 of 2020, 97% of the cases have been reported from five provinces: North-Kivu, South-Kivu, Haut-Katanga, Tanganyika and Lualaba. 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	3-May-20	682	682	34	5.00%
On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 3 May 2020, a total of 682 cases including 34 deaths and 80 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	3 462	3 317	2 279	65.80%
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, Maimbo and Sud 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 (case fatality ratio 35%) were notified in 5 health zones: Aungba (4 cases et 2 deaths), Linga (7 cases and 5 deaths), Rethy (6 cases and no deaths), 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	3-May-20	315	315	2	0.60%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 3 May 2020, a total of 315 cases have been reported in the country.									
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 3 May 2020, a total of 39 confirmed COVID-19 cases with no deaths were reported in the country. A total of 26 patients have recovered from the disease.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	3-May-20	112	112	1	0.90%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 3 May 2020, a total of 112 cases have been reported in the country including 12 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	3-May-20	135	135	3	2.20%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 135 cases of COVID-19 as of 3 May 2020. Of the 135 cases, three deaths and 75 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	2-May-20	335	335	5	1.50%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 2 May 2020, a total of 335 cases including five deaths and 85 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	3-May-20	17	17	1	5.90%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 3 May 2020, a total of 17 confirmed COVID-19 cases including one death and nine recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	3-May-20	2 169	2 169	18	0.80%
On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. As of 3 May 2020, a total of 2 169 cases including 18 deaths and 229 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 remains 18.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	3-May-20	1 650	1 650	7	0.40%
The Ministry of health in Guinea Conakry announced the first confirmed case of COVID-19 on 13 March 2020. As of 3 May 2020, a total of 1 650 cases including 436 recovered cases and 7 deaths (CFR 0.4%) 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	3-May-20	292	292	2	0.70%
As of 03 May 2020, the country has 292 confirmed cases of COVID-19 with 25 recoveries and two deaths. On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed cases in the country.									
Kenya	Chikungunya	Ungraded	24-Jan-20	31-Dec-19	16-Feb-20	202	17	0	0.00%
A chikungunya outbreak was reported in Kenya and has affected Hagadera Sub County in Garissa County. As of the reporting date, a total of 163 cases with 17 confirmed positives have been reported. The index case was seen on 31 December 2019.									
Kenya	Cholera	Ungraded	21-Jan-19	1-Jan-20	16-Feb-20	253	3	1	0.40%
In week 7 (week ending 16 February 2020), 62 new suspected cases were reported from Turkana county. Since 1 January 2020, cholera outbreak has been reported in three counties namely: Garissa, Wajir and Turkana. Cumulatively, a total of 253 cases with one death has been reported. The outbreak in all the three counties is a continuous wave from 2019. Transmission is active in all the affected counties.									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	3-May-20	465	465	24	5.20%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 cases in the country. As of 3 May 2020, 465 confirmed COVID-19 cases including 24 deaths and 167 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	3-May-20	158	158	18	11.40%
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 3 May 2020, a total of 158 cases with 18 deaths have been reported from the country. Fifty eight 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	3-May-20	151	151	0	0.00%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 3 May 2020, a total of 151 cases have been reported in the country, out of which 99 have recovered.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	3-May-20	39	39	3	7.70%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. There were three cases. The first affected person is a 61-year-old female from Lilongwe. The affected woman had recently returned from India where she was in contact with a relative who was later confirmed as Coronavirus positive. She was in self-quarantine for 14 days after arriving in Malawi, but later became symptomatic within the 14 days' quarantine period. The second case is a relative to the index patient, while the third case is a domestic worker for the index in their household. The government is providing initial care and medical management for all three cases. Contact tracing of all close contacts is ongoing. As of 3 May 2020, the country has a total of 39 confirmed cases with three deaths and nine 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	9-Apr-20	-	-	-	-
The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. Persistent insecurity and intercommunal violence displaced nearly 100 000 people from February 2019 to February 2020, bringing the total number of internally displaced persons (IDPs) in Mali to approximately 219 000 people, according to the UN. 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.									
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	3-May-20	563	563	27	4.80%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 3 May 2020, a total of 563 confirmed COVID-19 case have been reported in the country including 27 deaths and 213 recoveries.									
Mali	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	2-Feb-20	5-Jan-20	7-Feb-20	14	3	7	50.00%
The regional Directorate of Health in Mopti notified a total of 14 suspected haemorrhagic fever including 7 deaths on 2 February 2020. All notified cases are from Mopti Health district, Korienze health area, Kera village. Three out of nine laboratory samples that were sent to the Public health institute turned positive for Crimean Congo Haemorrhagic fever. Response activities are ongoing in the affected health district.									
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	3-May-20	8	8	1	12.50%
The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 3 May 2020, a total of 8 cases including one death and six recovered cases have been reported in the country. Currently there is one active case under treatment.									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	3-May-20	332	332	10	3.00%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 3 May 2020, a total of 332 confirmed COVID-19 cases including ten deaths and 315 recovered cases have been reported in the country.									
Mozambique	Cholera	Ungraded	20-Feb-20	31-Jan-20	20-Mar-20	1 506	1	15	1.00%
Cholera outbreak is ongoing in Mozambique. From 31 January till 20 March 2020, a total of 1506 cases including 15 deaths were reported in two provinces, namely 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	3-May-20	80	80	0	0.00%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 3 May 2020, a total of 80 confirmed COVID-19 cases were reported in the country.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	3-May-20	16	16	0	0.00%
Two cases of novel coronavirus (COVID-19) were confirmed in Namibia on 14 March 2020. As of 3 May 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 Faso, 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	3-May-20	750	750	36	4.80%
The first COVID-19 confirmed case was reported in the Niger on 19 March 2020. As of 3 May 2020, a total of 750 confirmed COVID-19 cases including 36 deaths and 518 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	3-May-20	2 388	2 388	85	3.60%
The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 3 May 2020, a total of 2 388 confirmed cases including 85 deaths and 385 recovered cases have been reported in the country.									
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	3-May-20	259	259	0	0.00%
Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 3 May 2020, a total of 259 cases with zero deaths and 124 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	3-May-20	23	23	3	13.00%
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 3 May 2020, a total of 23 cases of COVID-19 have been reported in the country including 3 deaths.									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	3-May-20	1 273	1 273	9	0.70%
Between 2 March 2020 and 3 May 2020, a total of 1 273 confirmed cases of COVID-19 including nine deaths have been reported from Senegal. A total of 372 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 3 May, a total of 11 cases have been reported in the country including eight 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	3-May-20	157	157	8	5.10%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 3 May 2020, a total of 157 confirmed COVID-19 cases were reported in the country including eight deaths and 21 recovered cases.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	3-May-20	6 783	6 783	131	1.90%
South Africa continues to report cases of COVID-19. From 5 March to 3 May 2020, a total of 6 783 cases with 131 deaths have been reported from all provinces across the country namely; Western Cape (3 044), Gauteng (1 624), Kwazulu-Natal (1 076), Eastern Cape (774), Free State (122), Mpumalanga (46), Limpopo (37), North West (36) and Northern Cape (24). A total of 2 549 cases have recovered.									
South Sudan	Flood	Ungraded	28-Oct-19	29-Oct-19	15-Apr-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-Apr-20	-	-	-	-
Detailed update given above.									
South Sudan	COVID-19	Grade 3	5-Apr-20	2-Apr-20	3-May-20	46	46	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 3 May 2020, a total of 46 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).									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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 POCs (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	3-May-20	480	480	18	3.80%
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 3 May 2020, a total of 480 cases have been reported in the country including 18 deaths and 168 recovered cases.									
Togo	COVID-19	Grade 3	6-Mar-20	1-Mar-20	2-May-20	124	124	9	7.30%
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 3 May 2020, a total of 124 cases including nine deaths and 67 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	88	88	0	0.00%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 3 May 2020, a total of 88 confirmed COVID-19 cases, 52 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	3-May-20	124	124	3	2.40%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 3 May 2020, a total of 124 confirmed COVID-19 cases were reported in the country including three deaths and 78 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 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.									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	3-May-20	34	34	4	11.80%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 3 May 2020, a total of 34 confirmed COVID-19 cases were reported in the country including four deaths and five cases that recovered.									
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, The cumulative figures for malaria are 170 303 and 152 deaths. The cumulative CFR is 0.1%.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Closed Events									
Comoros	Measles	Ungraded	26-May-19	20-May-19	19-Apr-20	243	59	0	0.00%
As of 19 April 2020, a total of 243 measles cases, including 59 confirmed cases(IgM positive and epi link) and zero deaths have been reported from health facilities in three islands of Comoros. The 40 confirmed cases by IgM were reported from epidemiological week 21 to week 51, 2020 in Moroni (28), Mitsamiouli (6), Mbeni (3), Mitsoudje(2) and oichili districts(1). Since epidemiological week 1 to week 16 of 2020, a total of 23 suspected cases were reported and all of them tested negatives.									

†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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Correspondence on this publication may be directed to:

Dr Benido Impouma

Programme Area Manager, Health Information & Risk Assessment

WHO Health Emergencies Programme

WHO Regional Office for Africa

P O Box. 06 Cité du Djoué, Brazzaville, Congo

Email: afrooutbreak@who.int

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Contributors

G. GUYO (South Sudan)
R. Nansseu (Democratic Republic of the Congo)

Graphic design

A. Moussongou

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*
B. Impouma
Y. Ali Ahmed
M. Yao
M. Djingarey

Data sources

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