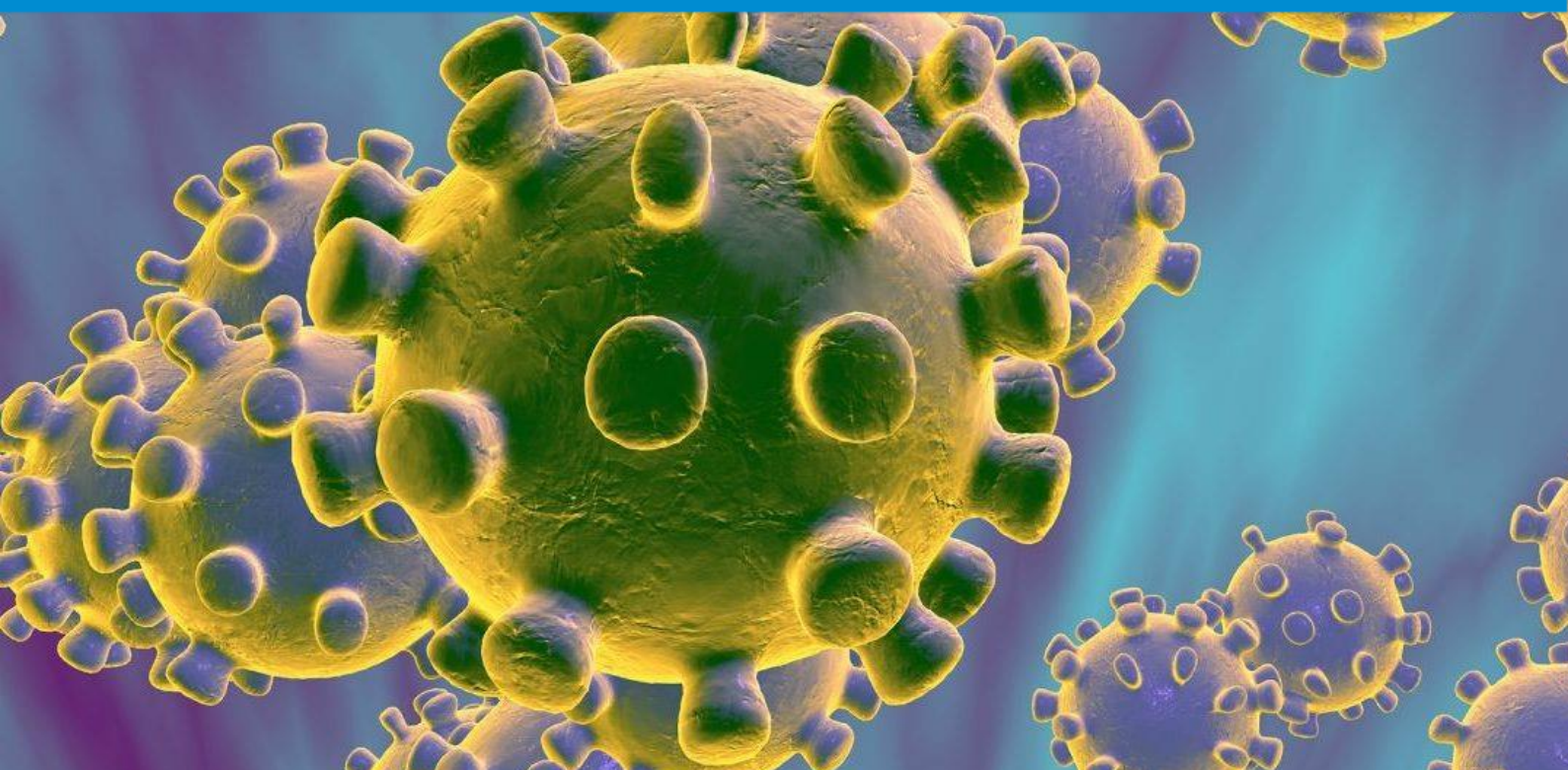


COVID-19

Situation update for the WHO African Region

5 May 2020

External Situation Report 10



World Health
Organization

REGIONAL OFFICE FOR

Africa

COVID-19

WHO AFRICAN REGION

External Situation Report 9

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1. Situation update



The coronavirus disease 2019 (COVID-19) outbreak continues to evolve in the WHO African Region since the first case was reported on 25 February 2020 in Algeria. Since then, the disease has spread to over 30 countries in less than a month, now affecting all Member States except for Lesotho. The latest country to report a confirmed case was Comoros on 30 May 2020.

Since our last situation report on 29 April 2020 ([External Situation Report 9](#)), an additional 10 577 confirmed COVID-19 cases (a 47% increase) and 294 additional deaths (a 33% increase) were reported across the WHO African Region. During this period, a sharp rise in the number of confirmed COVID-19 cases was observed in five countries: Sao Tome and Principe (from 11 to 171 cases, 1455%), Guinea Bissau (from 77 to 292 cases, 279%), Chad (from 52 to 170 cases, 227%), Nigeria (from 1 532 to 2 950 cases, 93%) and Central African Republic (from 50 to 94 cases, 88%). Meanwhile, five countries, including Eritrea, Mauritius, Namibia and Seychelles have reported zero new confirmed COVID-19 cases. Of note, Namibia, Seychelles and Eritrea have reported zero new confirmed COVID-19 cases in the past 30, 28 and 16 days, respectively.

As of 5 May 2020, a cumulative total of 32 953 confirmed COVID-19 cases with 1 193 deaths (case fatality ratio 3.6%) have been reported across the 46 affected countries in the region. The list of affected countries and their respective number of cases and deaths is presented in **Table 1**.

Figures 1 and 2 show the daily and weekly distribution of cases by date and week of reporting, respectively. During the reporting period, the region recorded its highest daily case-count since the beginning of the outbreak, with more than 1 000 new cases reported each day in the past seven days. Of the 46 affected countries, eight have registered more than 1 000 confirmed COVID-19 cases, including, South Africa (7 572), Algeria (4 838), Nigeria (2 950), Ghana (2 719), Cameroon (2 265), Guinea (1 811), Côte d'Ivoire (1 464) and Senegal (1 329). Senegal is the latest country to cross the 1 000 cases mark. Together, these eight most-affected countries account for 76% of all reported cases in the region.

Algeria has reported the highest mortality in the region, with 470 deaths, followed by South Africa with 148, Cameroon (108), Nigeria (98) and Burkina Faso (48). The highest case fatality ratios were observed in Algeria (9.7%), Liberia (11.8%), Chad (10.0%), Togo (7.0%) and Burkina Faso (7.0%). Algeria alone accounted for 39% of all COVID-19 deaths reported in the region. **Figure 3** shows the distribution of cases and deaths by week of notification in six most affected countries.

Notably, a critical group of people, health workers, have been greatly affected by the COVID-19 outbreak, with 945 health workers being infected in 28 countries in the region since the beginning of the outbreak. Four countries, Chad, Liberia, Sao Tome and Principe and United Republic of Tanzania, reported their first health worker infections this week. Overall, South Africa has been the most affected, with 325 health workers infected, followed by Niger (126), Côte d'Ivoire (85), Gabon (57) and Cameroon (40). Other countries that recorded health worker infections include Democratic Republic of the Congo (39), Liberia (33), Sao Tome and Principe (32), Mauritius (30), Sierra Leone (29), Senegal (27), Equatorial Guinea (26), Ghana (25), Zambia (15), Guinea-Bissau (15), Eswatini (8), Togo (6), Chad (5), Madagascar (5), Congo (4), Uganda (3), Benin (2), Kenya (2), Namibia (2), Burundi (1), Central African Republic (1), United Republic of Tanzania (1) and Zimbabwe (1).

According to available data on age and gender distribution (n=4 639), the male to female ratio among confirmed cases is 1.8, and the median age is 42 years old (range: 0 - 105). Males (62%) in the 31-39 and 40-49 age-groups are more affected than females (38%) across the same age-groups. The distribution of cases by age and sex is presented in **figure 4**

Currently, the majority of the countries in the region are experiencing local transmission of COVID-19 and the number of countries with widespread community transmission also increasing. The region has also observed increased incidences of importation of cases from affected countries within the region.

Overall, in the African continent, a total of 49 121 cases and 1 956 deaths (case fatality ratio 4.0%) have been reported as of 5 May 2020, including 32 953 cases and 1 193 deaths in the WHO African Region and 16 168 cases and 763 deaths in the WHO Eastern Mediterranean Region.

Table 1. Number of confirmed COVID-19 cases in the WHO African Region, 25 February – 5 May 2020 (n = 32 953)

Country	Total cases	New cases	New deaths	Total deaths	Case fatality ratio (%)	Days elapsed since last reported case
South Africa	7 572	352	10	148	2.0	1
Algeria	4 838	190	7	470	9.7	1
Nigeria	2 950	148	5	98	3.3	1
Ghana	2 719	0	0	18	0.7	2
Cameroon	2 265	0	0	108	4.8	2
Guinea	1 811	101	5	10	0.6	1
Côte d'Ivoire	1 464	32	1	18	1.2	1
Senegal	1 329	58	2	11	0.8	1
Niger	763	8	0	38	5.0	1
Democratic Republic of the Congo	705	0	0	34	4.8	2
Burkina Faso	689	17	0	48	7.0	1
Mali	612	32	1	32	5.2	1
Kenya	535	45	1	23	4.3	1
United Republic of Tanzania	480	0	0	18	3.8	5
Equatorial Guinea	439	0	0	4	0.9	3
Gabon	397	29	1	6	1.5	1
Mauritius	332	0	0	10	3.0	8
Guinea-Bissau	292	0	0	2	0.7	3
Rwanda	261	0	0	0	0.0	2
Congo (Republic of)	236	0	0	10	4.2	2
Sierra Leone	199	21	0	11	5.5	1
Cape Verde	186	11	0	2	1.1	1
Sao Tome & Principe	171	0	0	3	1.8	2
Liberia	170	0	0	20	12	2
Chad	170	53	2	17	10	1
Madagascar	158	0	0	0	0.0	3
Ethiopia	145	5	0	4	2.8	1
Zambia	139	2	0	4	2.9	1
Togo	128	2	0	9	7.0	1
Eswatini	119	3	0	1	0.8	1
Benin	102	0	0	2	2.0	2
Uganda	97	8	0	0	0.0	1
Central African Republic	94	0	0	0	0.0	2
Mozambique	80	0	0	0	0.0	3
South Sudan	58	6	0	0	0.0	1
Malawi	41	0	0	3	7.3	2
Eritrea	39	0	0	0	0.0	16
Angola	36	1	0	2	5.6	1

Zimbabwe	34	0	0	4	12	6
Botswana	23	0	0	1	4.3	6
Burundi	19	0	0	1	5.3	5
Gambia	17	0	0	1	5.9	5
Namibia	16	0	0	0	0.0	30
Seychelles	11	0	0	0	0.0	28
Mauritania	8	0	0	1	13	5
Comoros	4	0	0	1	25.0	2
Total (n=46)	32 953	1 124	35	1 193		

**New cases and new deaths are for the past 24 hours*

Figure 1. Daily number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 5 May 2020 (32 953)

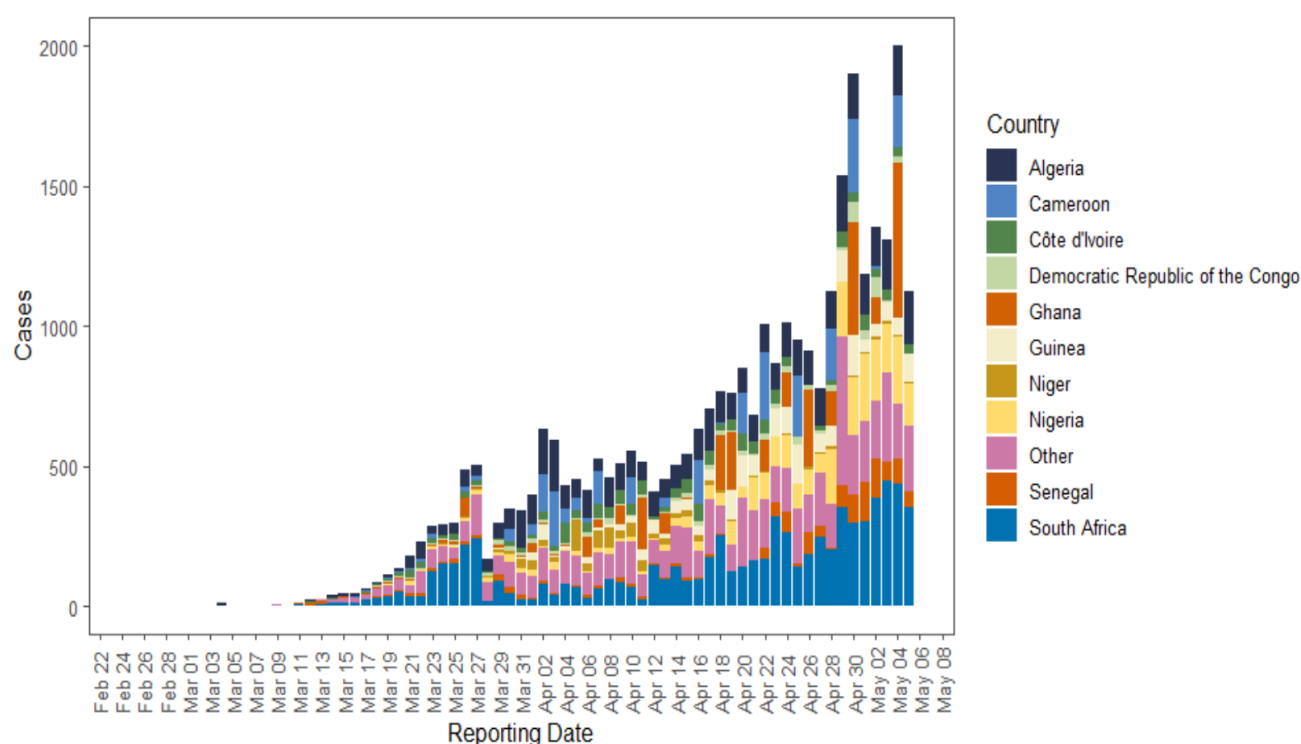
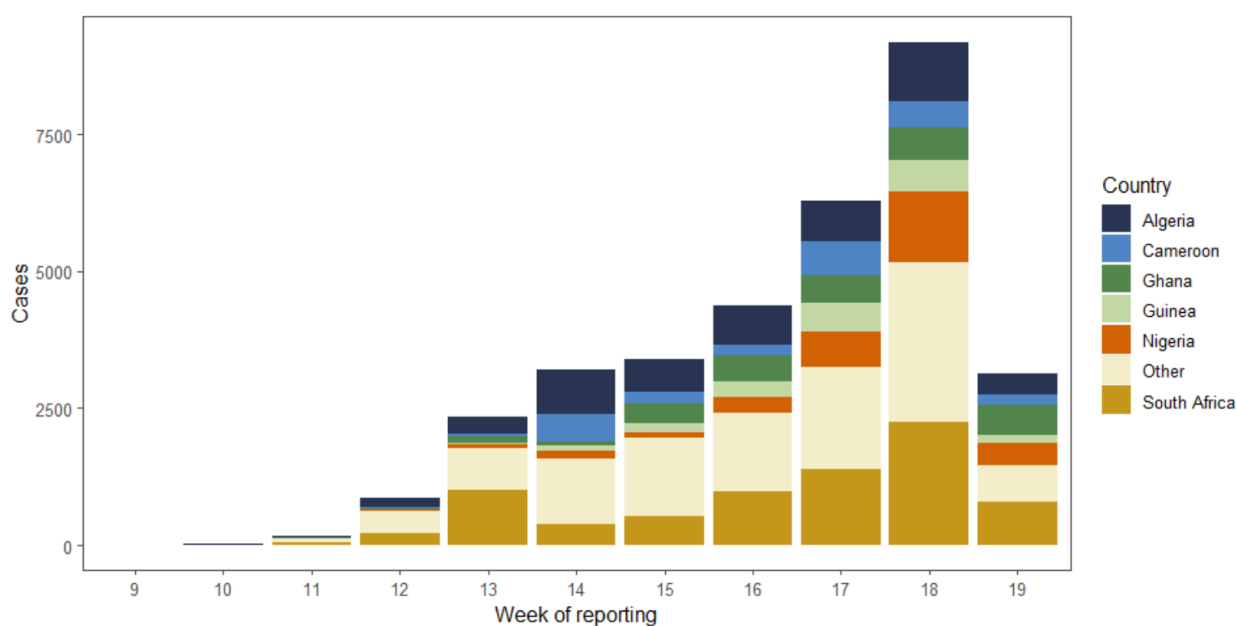


Figure 2. Weekly number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 5 May 2020 (n = 32 953)



**Week 19 data is up to 5 May 2020 (2 days) and is therefore partial*

Figure 3. Epidemic curves of COVID-19 outbreaks in South Africa, Algeria, Nigeria, Ghana, Cameroon and Guinea, 25 February – 5 May 2020

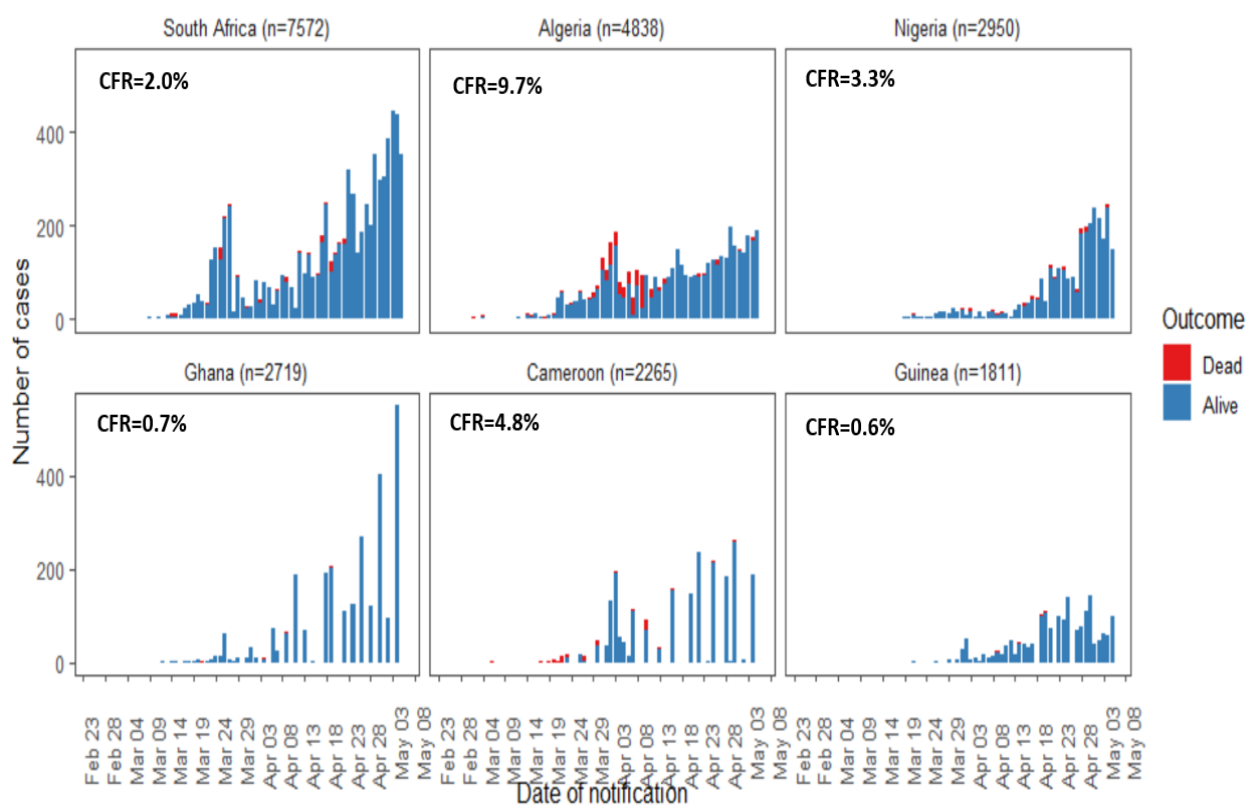
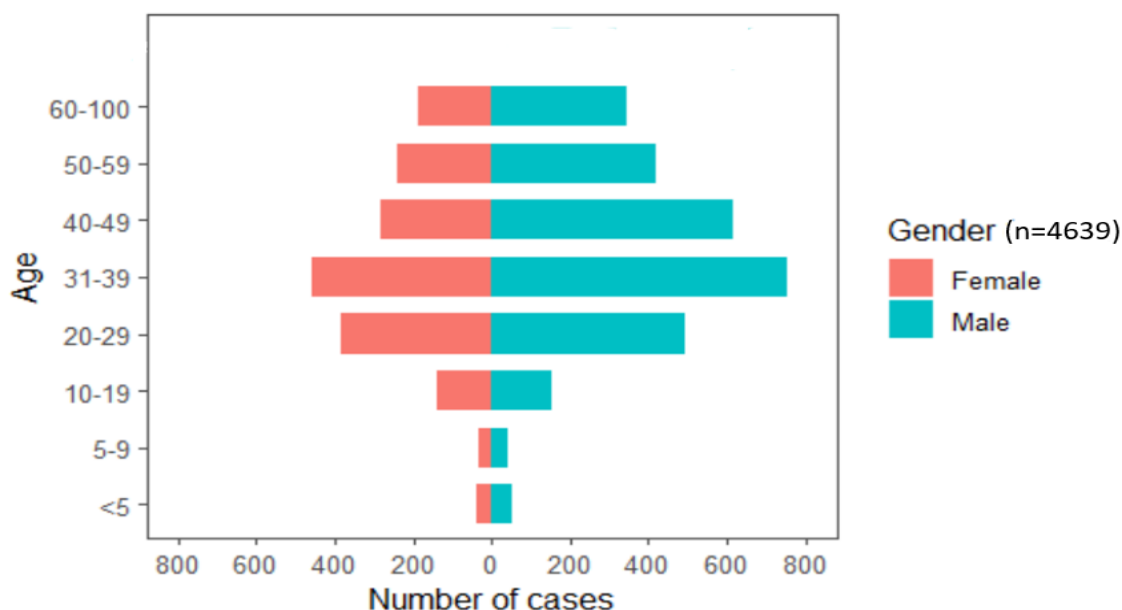


Figure 4. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 5 May 2020



2. Global update

- As of 5 May 2020, at 18:00 CET, a total of **3 517 345** confirmed cases, including **243 401** deaths (case fatality ratio 6.9%), were reported globally. Both the global number of confirmed COVID-19 cases and deaths have continued to increase significantly during the past week.
- As of 5 May 2020, 213 countries/territories/areas and one international conveyance have reported laboratory confirmed COVID-19 cases. The 10 countries with the highest number of cumulative cases are: United States of America (1 154 985), Spain (218 011), Italy (211 938), the United Kingdom (190 588), Germany (163 860), the Russian Federation (155 370) France (130 242), Turkey (127 659), Iran (Islamic Republic of) (98 647) and China (84 404). All affected countries have reported new confirmed cases in the past week.
- Please refer to the WHO Daily Coronavirus disease (COVID-2019) situation reports for further information: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>.

3. Current risk assessment

On 11 March 2020, the WHO Director-General characterized the COVID-19 as a pandemic.

Chinese authorities identified a new type of coronavirus (novel coronavirus, SARS-CoV-2) from a cluster of pneumonia cases in Wuhan city, Hubei Province, China, on 7 January 2020. SARS-CoV-2 is a new strain of coronavirus that has not been previously identified in humans. According to the information provided, the initial cases described in Wuhan were linked to Hunan seafood market in Wuhan (the market was closed on 1 January 2020). The possible source of the outbreak is still under investigation by the Chinese authorities and it may have emerged from an animal species, as has been the case for other coronaviruses. The exact extent of the outbreak remains unknown.

On 30 January 2020, the WHO Director-General declared the COVID-19 outbreak a public health emergency of international concern (PHEIC), with temporary recommendations issued for all countries. On 28 February 2020, WHO raised the risk assessment for the COVID-19 outbreak internationally from “high” to “very high”.

4. Actions to date

The WHO Regional Office for Africa (AFRO) is working closely with its 47 Member States, as well as partners, in order to implement several outbreak preparedness and response interventions.

Coordination

- The WHO AFRO COVID-19 Incident Management Support Team (IMST) continues to coordinate and support response efforts across the region. The IMST holds daily virtual coordination meetings and regularly engages with the country Incident Management Systems in Member States to provide technical, financial and logistical support.
- The update of the WHO AFRO COVID-19 Strategic Response Plan (SRP), February – December 2020, has been finalized. The total cost of the SRP is US\$ 455 910 114, with US\$ 40 436 494 for supporting Regional Office activities and US\$ 415 473 620 to support critical interventions in Member States in the region. Mobilization of the resources for effective implementation of the SRP is ongoing.
- As the majority of African countries have now entered the COVID-19 mitigation phase, WHO AFRO is intensifying its efforts to support these countries.

Surveillance

- The Surveillance Pillar of the IMST continues to provide technical support to Member States to improve active surveillance, including alert management systems, case investigations and contact tracing. During the reporting week, technical support was provided to many countries, as follows:
 - A virtual meeting was held with staff from the Ministry of Health and WHO Country Office in Comoros aimed to strengthen COVID-19 surveillance, including setting up an alert management system, training of rapid response teams at the district level and implementing the WHO AFRO guidance on contact tracing.
 - Technical support was provided to Niger, Senegal and Burkina Faso in contact tracing, data entry, quality control and analysis.
- Epidemiological analysis of COVID-19 cases, laboratory testing and contact tracing database was continued to provide evidence to guide and improve public health measures.
- A rapid assessment of the status of COVID-19 surveillance was initiated in the 47 countries of the region to inform targeted technical support and guidance.

Infection Prevention and Control

- WHO AFRO has developed an infection and prevention control (IPC) assessment framework of healthcare facilities, aimed to reduce the high rate of infection among health workers.
- Since the beginning of the pandemic:
 - **7 127** healthcare workers (948 more than last week) were trained in Algeria (33), Angola (303), Burkina Faso (757), Cameroon (534), Congo (407), Cote d'Ivoire (1 512), Democratic Republic of the Congo (246), Kenya (32), Senegal (1 079), South Africa (1 800) and Tanzania (424).
 - **2 122** households (476 more than last week) were disinfected in Burkina Faso (406), Cameroon (1 231), DRC (162) and Senegal (128).
 - **993** IPC trainers (331 more than last week) were trained in Angola (687), Burkina Faso (69), Cameroon (4), Congo (Republic of) (12), Cote d'Ivoire (12), Democratic Republic of the Congo (51), Ethiopia (2), Gabon (2), Ghana (1), Kenya (34), Madagascar (2), Malawi (2), Mali (1), Mozambique (2), Namibia (2), Nigeria (6), Senegal (30), Uganda (2), Zambia (1) and Zimbabwe (1).
 - **179** healthcare facilities (87 more than last week) have been disinfected in Angola (1), Burkina Faso (83), Cameroon (17), Congo (6), Cote d'Ivoire (13) and Democratic Republic of the Congo (50).

- **112** COVID-19 treatment centres (two more than last week) have been assessed across the region in Angola (7), Burkina Faso (3), Cameroon (17), Congo (4), Democratic Republic of the Congo (8), Kenya (4), Senegal (13), South Africa (47) and Tanzania (9).

Laboratory

- WHO AFRO has completed the mapping of diagnostic platforms in the region to facilitate the planning required to expand testing capacity.
- A procurement consortium between the UN agencies and partners was established to harmonize procurement and equitable allocation of critical COVID commodities to countries. The first round of allocations has been made and will be shipped to countries in the coming weeks.
- A performance management system is being established to monitor laboratory performance and to support capacity expansion.
- The first batch of external quality assurance (EQA) panels has been received by countries as part of quality improvement of diagnostic capacity. The second round of the EQA panels will be distributed during the month of May 2020.

Case management

- On 29 April 2020, the Country Focal Persons in the WHO AFRO IMST were oriented on Clinical Case Management of COVID-19 at treatment centres and other health facilities. The key areas covered included a general overview of screening, triage, clinical treatment, the need to have healthcare worker protection from infection, and monitoring of confirmed cases.
- On 30 April 2020, a meeting with the Focal Point for Chad was held to discuss issues around the case management situation in the country, and guidance was provided to address health worker contamination and other support.
- The case management team held a meeting with staff in the Ghana WHO Country Office around case management in the country, and progress was made in the area of establishing treatment centres and decentralization of care.

Risk Communication

- WHO AFRO has distributed its guidance on physical distancing to all Member States.
- Twenty-eight countries have developed and are implementing engagement strategies.
- 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.
- Eighteen countries have trained risk communication and community health teams.
- Twenty-seven countries have identified and trained community influencers on preventive measures.
- Seventeen countries have trained traditional leaders and traditional health practitioners to practice community guidance on preventive measures.
- Twenty-eight government and relevant authorities have engaged and supported Risk Communication actions.

Logistics

- WHO AFRO Operations and Logistics Team is part of the UN COVID-19 Supply Chain Task Force established at the global level to address current international supply and transport challenges.
- A centralized pooled procurement model at global level and accessible to partners involved in COVID-19 response at country level has been presented to partners.
- An online platform has been recently launched and requests can be now placed online. A series of communications and Webex are taking place in order to support countries in its implementation.

Emergency Medical Team

- A strategic and operational partnership has been established between the WHO Regional Office for Africa and partners (NGOs, African academic institutions and the African Partner Outbreak Response Alliance (APORA). Discussions are still ongoing for the collaboration. Further discussions are continuing with NGOs and French-speaking academic institutions.
- An evaluation of partners' project proposals was conducted on Tuesday, 5 April 2020 to pave the way for collaboration.
- The mission of Chinese experts in Burkina Faso has come to an end after providing technical assistance to the country.
- Cuban medical brigades (EMT) have been deployed to Togo and South Africa to support clinical care of COVID-19 patients.
- There are ongoing discussions with International EMTs to respond to the request for support coming from Member States in the WHO AFRO Region.

Human Resources

- Since the outbreak started, a total of 232 experts have been deployed to 39 countries, including the Regional Office in Congo, to support: Coordination (33), Surveillance (19), Laboratory (14), IPC (24), Case Management (19), Point of Entry (5), Epidemiology (11), Risk Com (22), Media Com (10), Logistics (19), Partnership coordination (2), Data Management (15), Information Management Officer (1), SHOC Support (1), Training & Capacity Building (2), Planning & Monitoring (1), technical support to Countries (focal points) (25), Resources Mobilization (2), Planning & Information Management (1), Translator (2), staff wellbeing (1), EOC (1) Technical advisor (1) and Writing and Reporting (1).
- The lockdowns and international flights restrictions in most African countries remain the main challenges affecting the deployment of experts to support national responses.

5. IHR travel measures and cross border health

- WHO recommendations for international traffic in relation to COVID-19 outbreak are available at <https://www.who.int/news-room/articles-detail/updated-who-recommendations-for-international-traffic-in-relation-to-covid-19-outbreak>
- WHO continues to closely monitor and, if necessary, verify travel and trade measures in relation to this event.
- WHO continues to monitor IHR measures being implemented by countries in the region:
 - All countries in the region are conducting entry screening at the Points of Entries (PoEs), mainly at the airports, with some doing so at seaports and ground crossings.
 - A total of 35 countries are implementing total refusal of entry into their territories; of these, 22 countries allow cargo, humanitarian or emergency flights.
 - Nine countries are implementing refusal of entry of passengers from high risk countries and three countries allow entry with days 14 quarantine upon arrival.
 - A total of 22 countries are implementing lockdown; nationwide lockdown in 12 countries and lockdown in affected areas in 10 countries.
 - Curfew has been put in place in eight countries.

6. Conclusion

The COVID-19 pandemic continues to evolve in the WHO African Region, with the number of new confirmed cases and deaths increasing every week. Eight countries (South Africa, Algeria, Cameroon, Ghana, Nigeria, Guinea, Côte d'Ivoire and Senegal) are reporting large numbers of confirmed cases (over 1 000 cases), accounting for 76% of all cases reported in the region. It is critical that these countries, and all other countries, reinforce mitigation measures to reduce morbidity and mortality, maintain essential health services and minimize the disruption of public services and economic activities. Critical measures to contain or at least delay the spread of the outbreak need to be intensified, including active case finding, testing and isolation of cases, contact tracing, physical distancing and promotion of good personal hygiene practices in countries reporting fewer cases. Finally, the absence of reported COVID-19 cases in Lesotho calls for a reinforcement of the alert management system in the country, including intensifying active case search and testing of suspected cases.

Annex 1. Global and Regional time line for COVID-19 as of 4 May 2020

