

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 19: 4 - 10 May 2020

Data as reported by: 17:00; 10 May 2020



World Health  
Organization

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

**2**

New events

**108**

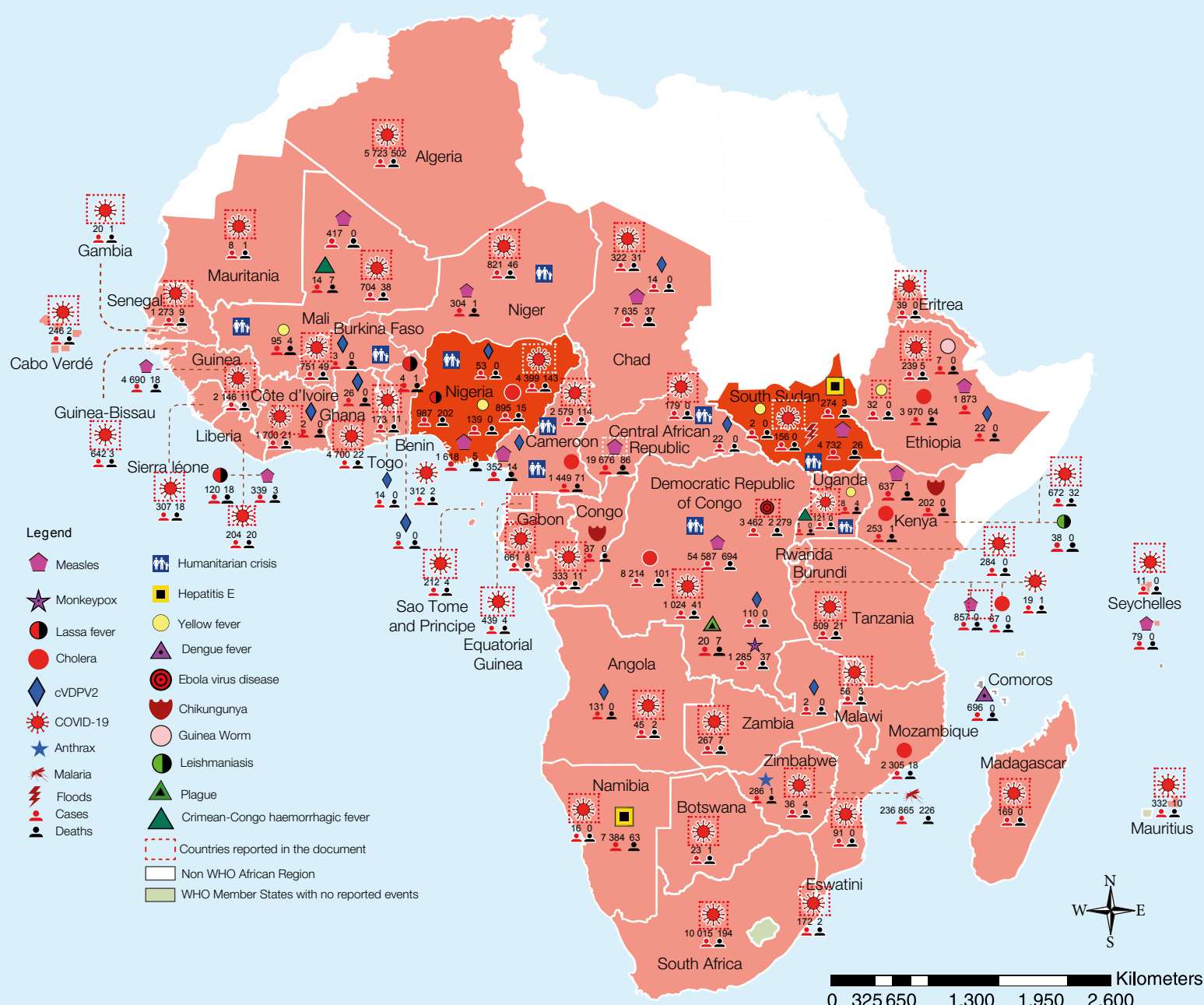
Ongoing events

**99**

Outbreaks

**11**

Humanitarian  
crises



Graded events ↑

**48**

Grade 3 events

**14**

Grade 2 events

**1**

Grade 1 events

**40**

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](#)
- [Measles in Central African Republic](#)

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 the disease trend increasing exponentially in the past two weeks. In balancing the goal of COVID-19 control and ensuring livelihoods of the population, several countries are now looking at easing restrictions. Countries are encouraged to adjust these measures cautiously and to be informed by data. Meanwhile, emphasis should be placed on instituting effective key public health measures in every community and at every stage of the response. The critical interventions include active case finding, testing, isolation of cases, providing care, and tracing and quarantining contacts. These measures need to be implemented even in communities that have not reported cases. There is also a need to ensure continuity of essential services, as well as empowering the community to practice social distancing, hand washing and good cough etiquette.
- 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 1 267 people, along with enhanced infection prevention and control activities and community sensitization and engagement.
- The ongoing measles outbreak in Central African Republic is on a declining trend as a result of the recent reactive vaccination campaigns in the 10 most affected regions in six health districts, with a second phase scheduled for the end of May 2020. However, the measles response has been disrupted by repurposing key staff to COVID-19 surveillance, creating a gap in measles surveillance information. This operational issue needs to be addressed immediately to avoid reversing the gains already achieved to date.

### 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. With 98% (46/47) of Member States reporting confirmed cases, there has been a steady increase in the number of confirmed cases. In week 19 (week ending 10 May 2020), a total of 13 755 new confirmed COVID-19 cases were reported from 39 countries compared to 8 811 cases in the previous week, a 56% increase. There has been a general increase in the number of daily reported cases during the past two weeks, with more than 1 000 cases reported each day for the past 12 days. The region observed its highest peak on 8 May 2020 when 2 753 cases were registered in 24 hours. Of note, eight countries registered a marked increase in cases in this reporting week: Sao Tome and Principe 617% (23 to 165), Benin 254% (90 to 319), South Sudan 239% (46 to 156), Chad 175% (117 to 322), Central African Republic 149% (72 to 179), Guinea Bissau 120% (292 to 642), Zambia 115% (124 to 267), Gabon 97% (335 to 661) and Ghana 97% (2 169 to 4 263). Seven countries, Botswana, Burundi, Eritrea, Mauritania, Mauritius, Namibia and Seychelles, have not reported any new confirmed COVID-19 cases during week 19. Over the same period, there was a 30% increase in the number of deaths (1 404) reported from 37 countries, compared to 1 079 deaths reported during the previous week. Comoros recorded its first death (1) this week.

As of 10 May 2020, a cumulative total of 43 074 cases and 1 404 associated deaths (case fatality ratio 3.3%) have been reported across 46 countries. The countries that reported the highest number of cases are South Africa (10 015 cases), Algeria (5 723 cases), Nigeria (4 399 cases), Ghana (4 263 cases), Cameroon (2 579 cases), Guinea (2 146 cases), Senegal (1 709 cases), Cote d'Ivoire (1 700 cases), Democratic Republic of the Congo (1 024) and Niger (821). These ten countries together account for 80% of all cases reported in the region. The other countries are Burkina Faso (751), Mali (704), Kenya (672), Gabon (661), Guinea-Bissau (642), United Republic of Tanzania (509), Equatorial Guinea (439), Mauritius (332), Chad (322), Benin (319), Sierra Leone (307), Congo (287), Rwanda (284), Zambia (267), Cape Verde (246), Ethiopia (239), Liberia (204), Central African Republic (179), Togo (173), Eswatini (172), Madagascar (169), Sao Tome and Principe (165), South Sudan (156), Uganda (121), Mozambique (91), Malawi (56), Angola (45), Eritrea (39), Zimbabwe (36), Botswana (23), Gambia (20), Burundi (19), Namibia (16), Comoros (11), Seychelles (11) and Mauritania (8). The highest case load has been observed in the West African region, 43% (18 412), followed by the Southern region 24% (10 226), the North 13% (5 723), Central 13% (5 701) and Eastern regions 7% (3 012). Of the 43 074 confirmed COVID-19 cases reported, 15 388 (35%) recoveries have been documented from 45 countries in the region.

Since the beginning of the COVID-19 pandemic in the WHO African Region, a total of 971 health workers have been infected in 30 countries: South Africa (325), Niger (126), Côte d'Ivoire (85), Gabon (57), Cameroon (40), 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), Guinea-Bissau (23), Zambia (15), Congo (12), Togo (9), Eswatini (8), Chad (5), Madagascar (5), Malawi (5), Uganda (3), Benin (2), Kenya (2),

Namibia (2), Botswana (1), Burundi (1), Central African Republic (1), United Republic of Tanzania (1) and Zimbabwe (1).

Among the 971 health workers, there were 37 deaths reported from 12 countries: Democratic Republic of the Congo (6), South Africa (6), Cameroon (5), Liberia (5), Niger (4), Chad (3), Gabon (2), Sao Tome and Principe (2), Equatorial Guinea (1), Mauritius (1), Sierra Leone (1) and Tanzania (1). Two new countries, Guinea Bissau and Malawi, recorded their first health worker infections this week.

The 1 404 deaths in the region were reported from 37 countries: Algeria (502), South Africa (194), Nigeria (143), Cameroon (114), Burkina Faso (49), Niger (46), Democratic Republic of Congo (41), Mali (38), Kenya (32), Chad (31), Ghana (22), Cote d'Ivoire (21), United Republic of Tanzania (21), Liberia (20), Senegal (19), Sierra Leone (18), Guinea (11), Togo (11), Mauritius (10), Congo (10), Gabon (8), Zambia (7), Ethiopia (5), Equatorial Guinea (4), Sao Tome and Principe (4), Zimbabwe (4), Guinea Bissau (3), Malawi (3), Angola (2), Benin (2), Cape Verde (2), Eswatini (2), Botswana (1), Burundi (1), Comoros (1), Gambia (1) and Mauritania (1). Comoros reported its first death (1) this week. The countries with highest case fatality ratios are: Liberia 9.6% (31/322), Chad 9.6% (31/322), Algeria 8.8% (502/5 723), Burkina Faso 6.8% (45/662), Togo 6.4% (11/173), and Sierra Leone 5.9% (18/307).

A total of 856 953 laboratory tests have been performed in the region since the beginning of the outbreak, with South Africa (341 366), Ghana (155 201), Uganda (50 711) and Ethiopia (34 860) accounting for 69% of all laboratory tests.

According to available data on age and gender distribution ( $n=4\,786$ ), males (62%) in the 31-39 and 40-49 age groups are more affected than females (38%) across the same age groups. The age distribution of cases ranges from one month 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, 23 countries in the region are experiencing community transmission, 14 have clusters of cases and nine have sporadic cases of COVID-19.

### PUBLIC HEALTH ACTIONS

- Governments, Ministries of Health and other stakeholders in the region continue to respond to the COVID-19 outbreak through multiple approaches, including generic public health measures and restriction of societal activities such as lockdowns and curfews. The number of countries beginning to ease lockdowns is increasing.
- The respective Ministries of Health continue to coordinate responses to the COVID-19 pandemic in their countries, with support from WHO and partners. Countries are expanding response systems and structures to sub-national and local levels as the outbreak slowly spreads to the rural communities.
- WHO and partners continue to provide technical, operational, financial and logistical support to the respective national authorities to enhance preparedness, readiness and response measures.
- Enhanced surveillance for COVID-19 is ongoing in all countries

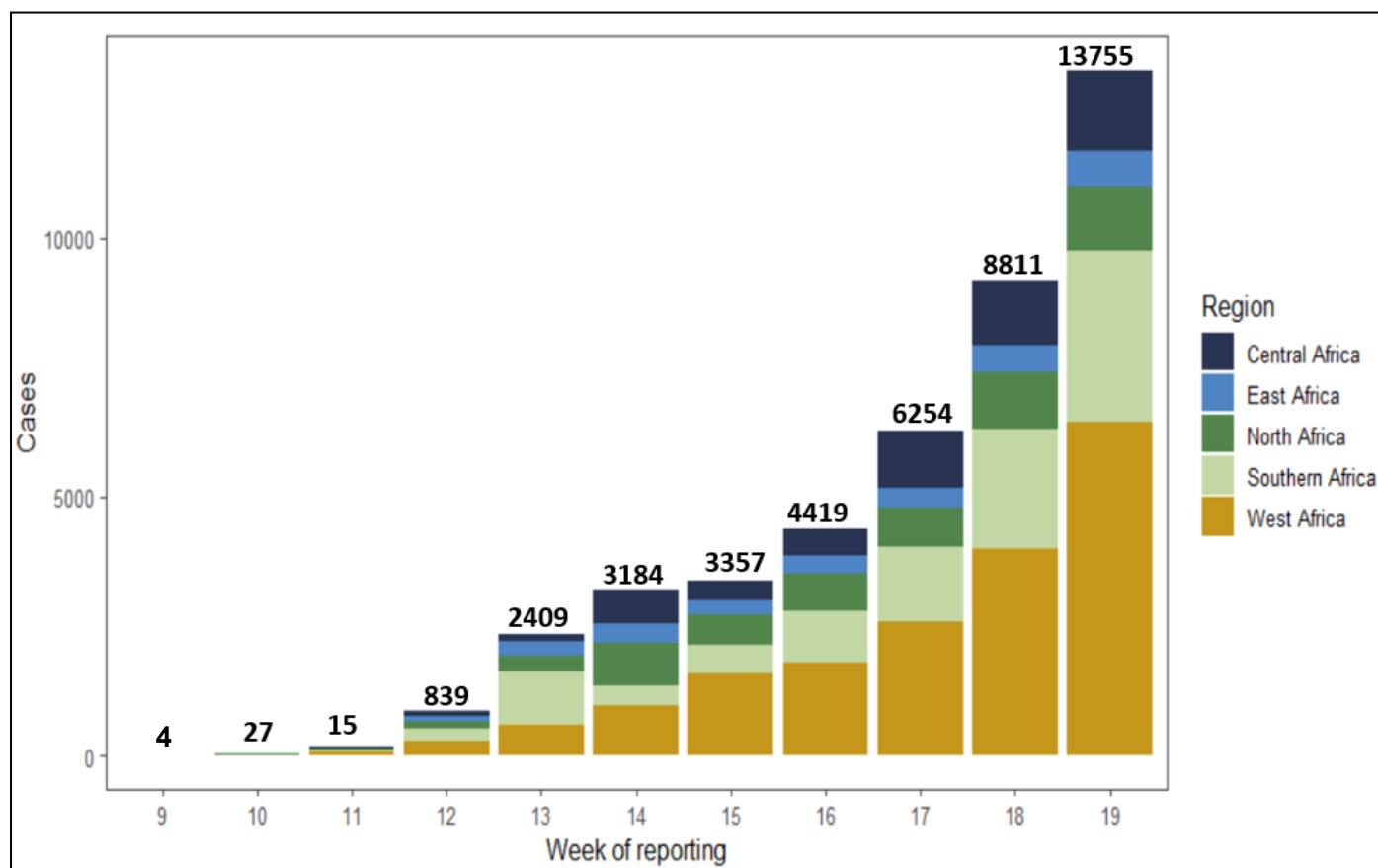
in the African Region, including at the Points of Entry to ensure rapid detection of alerts and cases, immediate isolation and identification and follow-up of contacts.

- 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. Efforts are ongoing to expand testing capacity to subnational level, including validating the use of rapid diagnostic tests.
- 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 continues to increase exponentially in the African region, with nearly all countries already affected. All countries need to enhance their efforts to scale up response and mitigation measures aimed to contain further spread of the disease and to mitigate the socioeconomic impact of the pandemic. The critical control measures remain active case finding, testing of all suspected cases, isolating and treating cases, rigorous contact tracing and quarantine of at-risk people. Intense communication campaigns, along with community engagement, 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 – 10 May 2020 ( $n=43\,074$ )





## EVENT DESCRIPTION

There has been no new confirmed case of Ebola virus disease (EVD) for the past seven days, as of 8 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 in the Beni Health Zone. Four of these cases died, including two community deaths and two in the Ebola treatment centre (ETC) in Beni. There have been no new confirmed cases for 11 successive days.

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

As of 8 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.

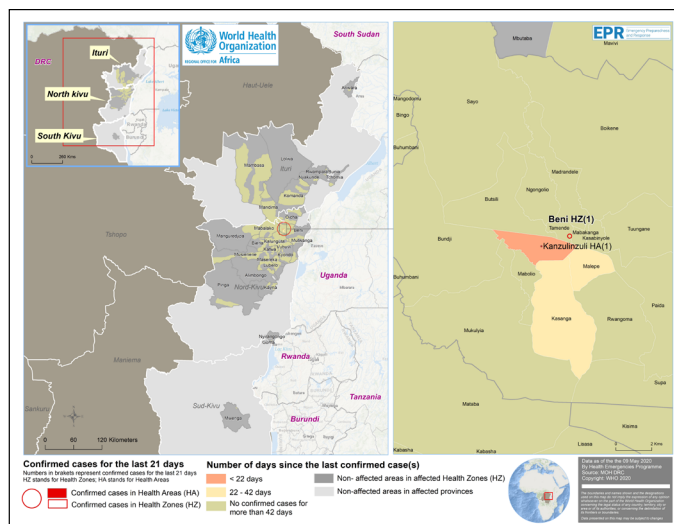
As of 8 May 2020, a total of 2 279 deaths were recorded, including 2 131 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 64% (2 134/3 317). As of 1 924 April 2020, the total number of health workers affected remains at 171, representing 5% of confirmed and probable cases.

No new contacts were registered on 8 May 2020, below the average of two per day in the previous seven days. In addition, 101 contacts completed their follow-up period. Of the 187 contacts under follow-up, 184 were seen in the previous 24 hours, a proportion of 98.3%. Twenty-one out of 50 health zone registered alerts on 8 May 2020. A total of 2 740 alerts were received, of which 2 721 were new, and 2 727 were investigated. Among the alerts investigated, 329 (12.1%) were validated.

## PUBLIC HEALTH ACTIONS

- Response and surveillance activities are being strengthened across all pillars, with preparedness enhanced in surrounding areas.
- Point of Entry/Point of Control continues, with 102 out of 109 transmitting reports on 8 May 2020. A cumulative total of 177 million screenings have been carried out since August 2018.
- Since the resurgence of the outbreak in Beni a total of 1 267 people have been vaccinated, of which 1 222 were in Beni and 45 in Karisimbi. The total number of people now vaccinated with the rVSV-ZEBOC-GP vaccine is now 303 043 since the start of the outbreak in August 2018.
- As of 8 May 2020, a total of 65 patients, including one confirmed case of EVD, were hospitalized in the nine operational TCs and ETCs reporting their activities.

Geographical distribution of confirmed Ebola virus disease cases reported from 8 May 2020, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo.



- Infection prevention and control (IPC) activities continue, and in Beni teams have put in place urgent strategies for the correct monitoring of health facilities in the health areas of Kasanga, Malepe, Rwangoma and Mabolio. In the Beni and Mangina sub-coordinations, 57 providers were briefed on IPC measures and 83 health facilities were assessed, with 18 provided with IPC kits.
- Community sensitization and engagement activities continue, with home visits and dialogue sessions in the Kasanga area of Beni to raise awareness of EVD response, including vaccination; educational talks were held on the importance of testing community deaths and community-based surveillance and vaccination. A briefing was held on reporting alerts.

## SITUATION INTERPRETATION

The resurgence of EVD in Beni since the 10 April 2020 highlights the importance of constant and heightened vigilance of this disease in the face of significant challenges around community acceptance and access for response teams. Insecurity is ongoing, with armed insurgents and limited community engagement. This emphasises the need for stronger coordination and communication among partners, the Ministry of Health and with civil society and local authorities. Alongside this, stronger advocacy for survivors is required, with a critical need to address rumour and stigmatization of survivors.

## EVENT DESCRIPTION

The measles outbreak in Central African Republic, first declared on 24 January 2020, shows a declining trend. In week 17 (week ending 25 April 2020), there were 274 new cases reported, with no deaths, compared to 649 cases (and 1 death) reported in week 16. From weeks 1 to 17 of 2020, there has been a total of 19 676 cases, with 86 deaths (case fatality ratio 0.43%). A total of 21 health districts have attained epidemic phase in 2020. During week 17, test results of 599 laboratory samples were released, of which 311 were positive for measles IgM, with 63 positive for rubella IgM.

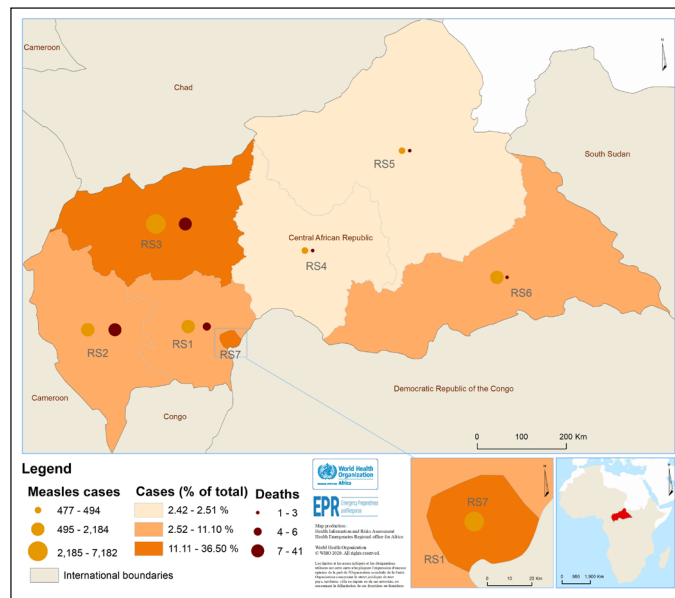
There has been a continuous reduction in the number of cases reported in the last five weeks since the first phase of the reactive measles vaccination campaign which started in the 10 most affected regions in six health districts from 14 to 18 March 2020: RSN1 (Bégoua, Bimbo and Bossembele), RSN2 (Baboua-Abba), RSN3 (Nanga-Boguila), RSN5 (Haute Kotto), RSN6 (Ouango-Gambo) and RSN7 (Bangui 1, 2 and 3). The second phase of the campaign is scheduled for the end of May 2020 in the remaining 25 districts, with preparations taking place in the context of the COVID-19 outbreak.

The overall immunization coverage rate for the priority age group of 6 to 59 months is 97%. However, four of the health districts did not reach the 95% minimum coverage objective: Bossembele (91%), Baboua-Abba (29%), Bangui 1 (93%) and Bangui 2 (89%). Baboua-Abba benefited from input from Médecines Sans Frontières (MSF) and Bossembele benefited from input from the COVID-19 prevention activities.

## PUBLIC HEALTH ACTIONS

- A draft document detailing the measles vaccination campaign in the Bossembele area has been circulated for validation, while the mid-term evaluation meeting of the post-campaign response in the 10 health districts has been postponed.
- Preparations for vaccination campaign in the remaining 25 health districts are ongoing, supported by MSF who have requested the Ministry of Public Health to support the campaign in Bangassou and Carnot-Gadzil.
- The arrival of vaccines and syringes, initially scheduled for 6 May 2020, is still being awaited.
- The GAVI proposal for support of COVID-19 prevention measures during routine and reactive vaccination campaigns is being developed and validated, with ongoing documentation of Central African Republic's decision-making process to organize the VAR-TMN-Polio immunization campaigns in the context of COVID-19, based on guidance from WHO.

Distribution of measles cases and deaths in Central African Republic as of 25 April 2020.



## SITUATION INTERPRETATION

The measles outbreak in Central African Republic has occurred in the context of an accumulation of susceptible individuals as a result of sub-optimal vaccine coverage of less than 75% between 2015 and 2019. Although the trajectory of the outbreak is declining, response coordination by MSF and WHO has been disrupted because some key members have been moved to COVID-19 surveillance and weekly dashboards of key surveillance information remain incomplete. In addition, there are problems around acquiring the necessary vaccine doses within the planned time period because of the suspension of most international flights. Given the reduction in cases of measles as a result of the first phase of the vaccination campaign, it is crucial that national authorities and partners find ways to overcome the problems around procurement of the additional vaccine doses required to keep up the momentum that has resulted in this decline. COVID-19 response activity must complement and not disrupt the necessary responses to other infectious disease outbreaks.

# Summary of major issues, challenges and proposed actions

## Major issues and challenges

- The COVID-19 outbreak is becoming well-established in the African region, with many countries experiencing community transmission. The last two weeks saw a rapid increase in incidence cases and deaths in several countries. Despite these trends, many countries are beginning to ease population restrictions due to the negative socioeconomic impact. 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 measles outbreak in Central African Republic, although declining in response to reactive vaccination campaigns, remains of concern, with challenges around competing priorities due to COVID-19 response and problems with acquiring necessary vaccine doses for the next phase of the campaign because of the suspension of most international flights.

## 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.
- Given the reduction in cases of measles as a result of the first phase of the vaccination campaign, it is crucial that national authorities and partners find ways to overcome the problems around procurement of the additional vaccine doses required to keep up the momentum that has resulted in this decline. COVID-19 response activity must complement and not disrupt the necessary responses to other infectious disease outbreaks.

# All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
<b>New Events</b>									
Burundi	Cholera	Ungraded	20-Feb-20	20-Feb-20	30-Apr-20	67	0	0	0.00%
Burundi is facing an upsurge of cholera cases in six districts since epidemiological week 8,2020 (week ending on 15 March 2020). A total of 67 cholera cases were notified in six districts, namely Bujumbura centre (8), Bujumbura North (25 cases), Bujumbura Sud (3), Isale (25 cases), Kabezi (1 case) and Cibitoke (5) as of 30 April 2020. The affected district reported cases as well in 2019 cholera outbreak. Of 67 cholera cases, 49% are males and 49% are of age between 19 to 50 years old.									
Ethiopia	Suspected Guinea Worm Disease	Ungraded	3-Apr-20	3-Apr-20	6-May-20	7	0	0	0.00%
Since the beginning of April 2020, the Ethiopian Dracunculiasis Eradication Program (EDEP) detected six suspected human cases of dracunculiasis in the Duli village of Gog district in the Gambella region. As of 6 May 2020, a total of seven suspected cases with an emerged worm morphologically consistent with human guinea worm have been reported. This report comes after more than two consecutive years of zero reporting, as the last cases were reported in December 2017. Since its establishment in 1993, the EDEP has made remarkable progress towards interruption of disease transmission in humans despite the existence of low-level transmission of the parasite in non-human hosts such as dogs and peri-domestic baboons. Worm specimens from all the suspected cases have already been collected ready for shipment to the CDC lab for confirmation. In response to the outbreak, a team composed of Ethiopian Public Health Institute, Gambella Regional Health Bureau and The Carter Centre which is the main global partner of WHO in support of guinea worm eradication, carried out a preliminary investigation and immediate response measures.									
<b>Ongoing Events</b>									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	10-May-20	5 723	5 723	502	8.80%
From 25 February to 3 May 2020, a total of 5723 confirmed cases of COVID-19 with 502 deaths (CFR 8.8 %) have been reported from Algeria. A total of 2678 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	10-May-20	45	45	2	4.40%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 10 May 2020, a total of 45 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	10-May-20	312	312	2	0.60%
The Ministry of health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 10 May 2020, a total of 312 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	10-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 10 May 2020, a total of 23 confirmed COVID-19 cases were reported in the country including one death and 11 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 into 10302 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 health care, and 11.9% (n=152) have reduced their services to a minimum, following insecurity. Morbidity due to epidemic-prone diseases remaining 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	10-May-20	751	751	49	6.50%
Between 9 March and 3 May 2020, a total of 751 confirmed cases of COVID-19 with 49 deaths and 577 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.									



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Burundi	COVID-19	Grade 3	31-Mar-20	18-Mar-20	10-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 10 May 2020, the total confirmed COVID-19 cases have 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.									
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 (SOCODEF) 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 on 23 February 2020). One new district in south west region (Tiko district) confirmed two new cases, which bring the number of affected districts at three (Bakassi, Ekondo Titi and Tiko districts). In the Littoral region, the total number of affected districts is eight (Nylon, Manoka, Boko, Deido, Bangue, Cité des Palmiers, Bonassama, Japoma, New Bell and Logbaba districts).									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	10-May-20	2 579	2 579	114	4.40%
Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 10 May 2020, a total of 2 579 cases have been reported, including 114 deaths and 1465 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	10-May-20	246	246	2	0.80%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 10 May 2020, a total of 246 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 670 0000.									
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	10-May-20	179	179	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 10 May 2020, a total of 179 confirmed COVID-19 cases were 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
Central African Republic	Measles	Grade 2	15-Mar-19	1-Jan-19	25-Apr-20	19 676	517	86	0.60%
Detailed update given above.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	15-Apr-20	22	22	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There is one case reported in 2020 so far and 21 cases in 2019 from several outbreaks.									
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	10-May-20	322	322	31	9.60%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 10 May 2020, a total of 322 confirmed COVID-19 cases were reported in the country including 31 deaths and 53 cases that have recovered.									
Chad	Measles	Ungraded	24-May-18	1-Jan-19	3-May-20	7 635	295	37	0.50%
In week 18 (week ending 3 May 2020), 89 suspected cases were reported. Seven districts were in the epidemic phase in week 18. Since the beginning of the year, a total of 7 635 suspected cases and 76 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 has registered 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	10-May-20	333	333	11	3.30%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 10 May 2020, a total of 333 cases including 11 deaths and 53 recovered cases have been reported in the country.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	10-May-20	1 700	1 700	21	1.20%
Since 11 March 2020, a total of 1 700 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 21 deaths. A total of 794 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 Drodoro. 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 3 500 persons without shelters. The displaced persons are in need of basic humanitarian assistance, including access to food, clean water, non-food items, shelters and health care assistance.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-20	19-Apr-20	8 214	-	101	1.20%
The cholera outbreak situation in the Democratic Republic of Congo is ongoing. During week 16 (week ending 12 April 2020), a total of 512 cases of cholera and 12 deaths was notified in 41 health zones (seven provinces) of the country while 361 cases, including 8 deaths (2.2 %) were reported in 43 Health Zones (13 provinces) in the same period in 2019. From week 12 to 16 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.									

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	COVID-19	Grade 3	10-Mar-20	10-Mar-20	10-May-20	1 024	1 024	41	4.00%
On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 10 May 2020, a total of 1 024 cases including 41 deaths and 141 recoveries have been reported in the country.									
Democratic Republic of the Congo	Ebola virus disease	Grade 3	31-Jul-18	11-May-18	8-May-20	3 462	3 317	2 279	65.80%
Detailed update given above.									
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	1-Jan-20	26-Apr-20	54 587	845	694	1.30%
In week 17 (week ending 26 April 2020), 1 503 measles cases including 33 deaths (CFR 2.2 %) were reported across the country. The provinces that reported majority of cases include Sankuru (180 cases), Nord Kivu (141 cases), Mongala (139 cases), Nord Ubang (125 cases) and Kwilu (120 cases). Over the past four weeks (weeks 12 to 15) a decreasing trend in the number of cases was observed in the provinces of: Equator, Kasai, Kinshasa, Kwango, Lualaba and South Ubangi. Since 2019 a total of 361 935 measles cases and 6 666 deaths (CFR 1.8%) have been reported in the country.									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-20	24-Apr-20	1 285	-	37	2.90%
During week 16 (week ending 26 April 2020), a total of 74 suspected cases of Monkeypox with twelve deaths were reported across the country compared to 78 cases with one death the preceding week. Between week 1 and week 16, a total of 1 185 suspected cases including 37 deaths were reported in the country. The majority of cases were reported from the Provinces of: Sankuru (314 cases, 24%), Equateur (245 cases, 19%), Bas-Uele (237 cases, 18%), Mongala (118 cases, 9 %) and Tshopo (98 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 death), Aru (2 cases and no death) and Kambala (1 case and no death). From week 1 to 52 of 2019, a total of 48 cases of bubonic plague including eight deaths have been reported in the country.									
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	10-May-20	439	439	4	0.90%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 10 May 2020, a total of 439 cases have been reported in the country.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	10-May-20	39	39	0	0.00%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 10 May 2020, a total of 39 confirmed COVID-19 cases with no deaths were reported in the country. A total of 37 patients have recovered from the disease.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	10-May-20	172	172	2	1.20%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 10 May 2020, a total of 172 cases have been reported in the country including 27 recoveries. Two associated deaths have been reported.									
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	26-Apr-20	3 970		64	1.60%
In week 17 (week ending 26 April 2020), 43 new suspected cases were reported in SNNRP, Somalia and Oromia regions.									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	10-May-20	239	239	5	2.10%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 239 cases of COVID-19 as of 10 May 2020. Of the 239 cases, five deaths and 99 recoveries have been reported.									
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-19	26-Apr-20	1 873		-	-
In week 17 (week ending 26 April 2020), the measles outbreak is still ongoing in Oromia, Amhara and Tigray regions. A total of 575 suspected cases and 7 deaths were reported during the week 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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	10-May-20	661	661	8	1.20%
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.									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	10-May-20	20	20	1	5.00%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 10 May 2020, a total of 20 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	10-May-20	4 700	4 700	22	0.50%
On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. As of 10 May 2020, a total of 4 700 cases including 22 deaths and 494 recoveries have been reported in the country.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	15-Apr-20	26	26	0	0.00%
No cVDPV2 cases were reported this week. There have been eight cases in 2020 so far, while the total number of 2019 cases remain 18.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	10-May-20	2 146	2 146	11	0.50%
The Ministry of health in Guinea Conakry announced the first confirmed case of COVID-19 on 13 March 2020. As of 10 May 2020, a total of 2 146 cases including 714 recovered cases and 11 deaths (CFR 0.5%) 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	10-May-20	642	642	3	0.50%
As of 10 May 2020, the country has 642 confirmed cases of COVID-19 with 25 recoveries and three 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 reporting date, a total of 163 cases with 17 confirmed positives have been reported. The index case was seen on 31 December 2019.									
Kenya	Cholera	Ungraded	21-Jan-19	1-Jan-20	16-Feb-20	253	3	1	0.40%
In week 7 (week ending 16 February 2020), 62 new suspected cases were reported from Turkana county. Since 1 January 2020, cholera outbreak has been reported in three counties namely: Garissa, Wajir and Turkana. Cumulatively, a total of 253 cases with one death has been reported. The outbreak in all the three counties is a continuous wave from 2019. The transmission is active in all the affected counties.									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	10-May-20	672	672	32	4.80%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 cases in the country. As of 10 May 2020, 672 confirmed COVID-19 cases including 32 deaths and 239 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 total of 198 cases with 5 confirmed have been reported new outbreak of measles has been reported from Pokot North sub county, Alale location since 20 October 2019. The last measles cases were reported in Kajiado County, Kajiado West Sub-County on 8 September 2019 (425 suspected cases, 4 confirmed and 1 death). Additionally, 10 cases including 6 laboratory-confirmed cases were reported from Garissa County in Dadaab Sub-County in May 2019.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	10-May-20	204	204	20	9.80%
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 10 May 2020, a total of 204 cases with 20 deaths have been reported from the country. Eight-five case-patients have recovered.									
Liberia	Lassa fever	Ungraded	23-Jan-19	1-Jan-20	3-May-20	120	40	18	15.00%
Of 120 suspected cases reported across the country from 1 January to 3 May 2020, 40 were confirmed. A total of 18 deaths (CFR 45.0%) have been reported among the confirmed cases.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-19	3-May-20	339	35	3	0.90%
In week 17 (week ending on 26 April 2020), 5 suspected cases were reported from 4 out of 15 counties across the country. Since the beginning of 2020, 339 cases with 3 associated deaths 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	10-May-20	169	169	0	0.00%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 10 May 2020, a total of 169 cases have been reported in the country, out of which 101 have recovered.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	10-May-20	56	56	3	5.40%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 10 May 2020, the country has a total of 56 confirmed cases with three deaths and 14 recoveries.									
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	10-May-20	704	704	38	5.40%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 10 May 2020, a total of 704 confirmed COVID-19 case have been reported in the country including 38 deaths and 351 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	3-May-20	417	203	0	0.00%
During week 18 (week ending on 3 May 2020), 52 suspected cases of measles were reported from eight regions in the country. Eleven samples were confirmed IgM-positive during the week. Since 1 January 2020, 417 suspected cases, 203 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	2-Feb-20	95	6	4	4.20%
As of 2 February 2020, a total of 17 cases have been reported including 15 suspected cases, 2 confirmed cases and 1 death from two regions in 2020. The cumulative epidemiological situation in 2019 included 78 suspected cases including four 4 confirmed cases and three deaths (CFR - 75%). Confirmed cases of yellow fever, were reported from the Sikasso and Koulikoro regions.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	10-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	10-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 10 May 2020, a total of 332 confirmed COVID-19 cases including ten deaths and 320 recovered cases have been reported in the country.									
Mozambique	Cholera	Ungraded	20-Feb-20	31-Jan-20	30-Mar-20	2 305	1	18	0.80%
Cholera outbreak is ongoing in Mozambique. From 11 January till 30 March 2020, a total of 2 305 cases including 18 deaths were reported in two provinces, namely Nampula and Cabo Delgado. In total, eleven districts of Nampula province, namely Nampula City, Mogovolas, Memba, Nacala-à-Velha, Nacaroa, Namialo, Ribawé, Monapo, Larde, Angoche and Malema are affected and four districts of Cabo Delgado, namely Mocimboa de Praia, Macomia, Ibo and Pemba city are affected.									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	10-May-20	91	91	0	0.00%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 10 May 2020, a total of 91 confirmed COVID-19 cases were reported in the country.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	10-May-20	16	16	0	0.00%
Two cases of novel coronavirus (COVID-19) were confirmed in Namibia on 14 March 2020. As of 10 May 2020, a total of 16 cases have been reported in the country including eleven 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.									



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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	10-May-20	821	821	46	5.60%
The first COVID-19 confirmed case was reported in the Niger on 19 March 2020. As of 10 May 2020, a total of 821 confirmed COVID-19 cases including 46 deaths and 624 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.									
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	30-Apr-20	-	-	-	-
The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security compromised areas characterized by overcrowding in many camps in the region. Health Sector partners are supporting the government led COVID-19 response across the three states, including support through joint resource mobilization activities, overall coordination and monitoring of the response in the northeast.									
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-20	10-May-20	4 399	4 399	143	3.30%
The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 10 May 2020, a total of 4 399 confirmed cases including 143 deaths and 778 recovered cases have been reported in the country.									
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-20	12-Apr-20	987	973	202	20.50%
A total of 10 new confirmed cases with zero deaths were reported from five states across Nigeria in week 15 (week ending 12 April 2020). This is a decline in the number of cases compared to 12 reported during the previous week. From 1 January to 12 April 2020, a total of 987 cases (973 confirmed and 14 probable) with 202 deaths (CFR 20.5%) have been reported from 127 Local Government Areas across 27 states in Nigeria. A total of 598 contacts are currently being followed.									
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	10-May-20	284	284	0	0.00%
Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 10 May 2020, a total of 284 cases with zero deaths and 140 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	10-May-20	212	165	4	1.90%
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 10 May 2020, a total of 165 cases of COVID-19 confirmed by PCR have been reported in the country, and an additional 47 cases have tested positive by rapid diagnostic testing for a total of 212 cases including 4 deaths.									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	10-May-20	1 273	1 273	9	0.70%
Between 2 March 2020 and 10 May 2020, a total of 1 709 confirmed cases of COVID-19 including nineteen deaths have been reported from Senegal. A total of 650 cases have recovered.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	10-May-20	11	11	0	0.00%
The first COVID-19 confirmed cases were reported in Seychelles 14 March 2020. As of 10 May, a total of 11 cases have been reported in the country, ten of whom have made full 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	10-May-20	307	307	18	5.90%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 10 May 2020, a total of 307 confirmed COVID-19 cases were reported in the country including 18 deaths and 67 recovered cases.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	10-May-20	10 015	10 015	194	1.90%
South Africa continues to report cases of COVID-19. From 5 March to 3 May 2020, a total of 10 015 cases with 194 deaths have been reported from all provinces across the country namely: Western Cape (5 168), Gauteng (1 952), KwaZulu-Natal (1 353), Eastern Cape (1 218), Free State (135), Mpumalanga (61), Limpopo (54), North West (45) and Northern Cape (29). A total of 4 173 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	30-Apr-20	-	-	-	-
The humanitarian situation has been largely calm but unpredictable in most of the states. The number of internally displaced people (IDPs) in South Sudan was estimated at 1.47 million. Malnutrition continues to be a problem in the country as more than 6.35 million people are reported to be severely food insecure in South Sudan. Communicable disease burden remains high with ten counties reporting malaria cases above their epidemic thresholds and measles cases being reported from 16 counties (Abyei, Mayom, Melut, Aweil South, Aweil East, Tonj North, Juba, Wau, Aweil West, Gogrial West, Gogrial East, Renk, Tonj South, Jur River, Pibor and Yambio) and four protections of civilian (POC) sites (Juba, Bentiu, Malakal and Wau).									
South Sudan	COVID-19	Grade 3	5-Apr-20	2-Apr-20	10-May-20	156	156	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 10 May 2020, a total of 156 confirmed COVID-19 cases were reported in the country including three recovered cases.									
South Sudan	Hepatitis E	Ungraded	-	3-Jan-19	19-Apr-20	274	41	3	1.10%
The current outbreak in Bentiu UN Protection of Civilians (POC) continues since the beginning of 2019. As of the reporting date, a total of 274 cases of Hepatitis E including two deaths have been reported from South Sudan, mostly from Bentiu POC (262 cases), and a total of 12 suspected cases including 4 confirmed cases in Lankein. The last case in Lankein was reported in week 25 (week ending on 23 June 2019). There were three new cases reported in week 16 (ending 19 April 2020).									
South Sudan	Measles	Ungraded	24-Nov-18	1-Jan-19	26-Jan-20	4 732	247	26	0.50%
Between week 1 in 2019 to week 4 in 2020, a total of 4 731 suspected cases of measles which 247 laboratory-confirmed and 26 deaths (CFR 0.5%) have been reported. The outbreak has affected 23 counties (Pibor; Abyei; Mayom; Gogrial West; Aweil South; Melut; Gogrial East; Juba; Tonj North; Aweil West; Aweil East; Renk; Wau; Tonj North; Jur River; Yambio, Budi, Ikotos, Maban and Aweil East, Ikotos, Tonj East, Magwi and Bomaand) and 4 Protection of Civilians Sites 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	10-May-20	509	509	21	4.10%
The Ministry of Health, Community Health Community Development, Gender, Elderly and Children (MOHCDGEC) in Tanzania has reported the country's first case of COVID-19 on 16 March 2020. As of 10 May 2020, a total of 509 cases have been reported in the country including 21 deaths and 180 recovered cases.									
Togo	COVID-19	Grade 3	6-Mar-20	1-Mar-20	10-May-20	173	173	11	6.40%
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 10 May 2020, a total of 173 cases including 11 deaths and 89 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	31-Mar-20	-	-	-	-
Between 1 and 31 March 2019, a total of 17 157 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo (10 266), South Sudan (6 407) and Burundi (1 484). Uganda hosted 1 423 377 asylum seekers as of 31 March 2019, with 94% living in settlements in 11 of Uganda's 128 districts and in Kampala. Most are women within the age group 18 - 59 years.									
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	10-May-20	121	121	0	0.00%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 10 May 2020, a total of 121 confirmed COVID-19 cases, 55 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 self-medicated for malaria without improvement. There was no history of 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	10-May-20	267	267	7	2.60%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 10 May 2020, a total of 267 confirmed COVID-19 cases were reported in the country including seven deaths and 117 recovered cases.									
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-19	16-Jul-19	15-Apr-20	2	2	0	0.00%
No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported since the beginning of 2020. There were two cVDPV2 cases reported in 2019.									
Zimbabwe	Anthrax	Ungraded	6-May-19	6-May-19	20-Jan-20	286		1	0.30%
The anthrax outbreak is ongoing in Zimbabwe with a cumulative total number of 286 cases and one death notified since the beginning of the outbreak in week 36 (Week starting from 6 May 2019) of 2019. This outbreak started since week 36, 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. Since 1 January to 20 January 2020, a total of 178 cases were reported mainly in Masvingo (119 cases), Midlands (31 cases) and Mashonaland west (28 cases) provinces.									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	10-May-20	36	36	4	11.10%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 10 May 2020, a total of 36 confirmed COVID-19 cases were reported in the country including four deaths and nine cases that recovered.									
Zimbabwe	Malaria	Ungraded	8-Mar-20	1-Jan-20	4-May-20	236 865	236 865	226	0.10%
On 4 May 2020, WHO received an update regarding the malaria situation in Zimbabwe. Since the beginning of the year and as of 26 April 2020, there have been 236865 malaria cases and 226 deaths. This is an almost doubling of the cases in comparison for the same time period in 2018 when 120,758 cases and 109 deaths were reported, and 2019, when 137,843 cases and 137 deaths were reported. The outbreaks are densely clustered in the eastern districts and scattered in the southern and northern districts of the country (highly affected provinces are Manicaland, Mash East, Mash Central). Health Facilities in affected areas face the overwhelming malaria situation in the context of COVID 19 pandemic. The surge of cases poses negative impact on elimination efforts in 28 districts. (Email from Elizabeth Juma, May 4th)									

†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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