

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 20: 11 - 17 May 2020

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



World Health
Organization

REGIONAL OFFICE FOR

Africa

WHO Health Emergencies Programme

4

New events

107

Ongoing events

101

Outbreaks

10

Humanitarian
crises



Graded events ↑

49

Grade 3 events

14

Grade 2 events

1

Grade 1 events

2

Protracted 3 events

2

Protracted 2 events

3

Protracted 1 events

40

Ungraded events

Overview

Contents

- 1 Overview
- 2 - 5 Ongoing events
- 6 Summary of major issues, challenges and proposed actions
- 7 All events currently being monitored

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 111 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 \(EVD\) in Democratic Republic of the Congo](#)
- [Humanitarian crisis Democratic Republic of the Congo](#)

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:

- Recent analyses of the evolution of COVID-19 outbreak in Africa showed that the disease has largely affected urban populations, with most rural communities relatively unaffected or only reporting sporadic cases. This means that the outbreak can still be controlled by aggressive implementation of both containment and mitigation measures. The critical control measures are active case finding, testing and isolation of cases, contact tracing, physical distancing and promotion of good personal hygiene practices. These measures must be implemented diligently and comprehensively in all communities. Governments, Ministries of Health and other national authorities, WHO and partners need to put in place stronger systems to monitor effective implementation of these critical interventions as well as proper accountability systems. Communities also need to own their role as responsible citizenry.
- The EVD outbreak in Democratic Republic of the Congo is being closely monitored since its resurgence in Beni on 10 April 2020, where a total of seven cases were confirmed. It is now 21 consecutive days with zero reported confirmed EVD case. Response interventions are ongoing, albeit, with many challenges, including access and security issues on the ground and competing COVID-19 response activities, jeopardizing Ebola response measures and rapid detection of EVD cases, which are crucial to contain the outbreak. This emphasises the need for prioritizing and sustaining response to both Ebola and COVID-19 outbreaks, and any other health emergencies in the country.
- The complex humanitarian crisis in Democratic Republic of the Congo continues, with little end in sight, further complicated by the ongoing effects of flooding in late April. The complexities of the situation continue to present major challenges to local and national authorities and partners, with humanitarian access compromised and population displacement as a result of ongoing insecurity. In addition, the country is facing a number of health emergencies, such as outbreaks of measles and cholera, the low-level Ebola virus disease outbreak in North Kivu and COVID-19. All these events require attention in equal measure to avoid catastrophic consequences from one or the other.

EVENT DESCRIPTION

The coronavirus disease 2019 (COVID-19) pandemic continues to progress rapidly in the WHO African Region since the first case was reported in Algeria on 25 February 2020. Currently, all the 47 member countries are affected. There has been a general increase in the number of daily reported cases during the past two weeks, with more than 2 000 cases reported each day for the past seven days. In week 20 (week ending 17 May 2020), there is a 19% increase in the number of confirmed COVID-19 cases, with a total of 16 376 new confirmed COVID-19 cases reported from 41 countries, compared to 13 755 cases reported the previous week. Of note, nine countries registered a sharp increase in cases during the reporting week: Mauritania 676% (from 8 to 62 cases), Zambia 182% (from 267 to 753 cases), Burundi 121% (from 19 to 42 cases), Gabon 100% (from 661 to 1 320 cases), Uganda 88% (from 121 to 227 cases), Central African Republic 83% (from 179 to 327 cases), South Sudan 83% (from 156 to 282 cases), Madagascar 80% (from 135 to 304 cases) and Togo 74% (from 173 to 301 cases). Six countries, Eritrea, Comoros, Mauritius, Namibia, Seychelles and United Republic of Tanzania (the issue is administrative) have not reported any new confirmed COVID-19 cases during week 20. Similar to the previous week (week 19), there was a 23% increase in the number of deaths reported from 39 countries in week 20. South Sudan recorded its first death during the reporting week.

From 11 to 17 May 2020, a cumulative total of 59 450 cases including 59 168 confirmed and 282 probable cases from Benin (210), Sao Tome and Principe (71), Democratic Republic of the Congo (1) and 1 730 associated deaths (case fatality ratio 2.9%) have been reported from all 47 countries in the region. The highest number of cases have been reported from South Africa (15 515 cases), Algeria (7 019 cases), Nigeria (5 959 cases), Ghana (5 735 cases), Cameroon (3 047 cases), Guinea (2 727 cases), Senegal (2 480 cases), Cote d'Ivoire (2 109 cases), Democratic Republic of the Congo (1 455) and Gabon (1 320). These 10 countries together account for 80% of all cases reported in the region.

The number of cases in the rest of the countries is as follows: Guinea-Bissau (990), Niger (904), Kenya (887), Mali (860), Burkina Faso (796), Zambia (753), Equatorial Guinea (719), United Republic of Tanzania (509), Sierra Leone (505), Chad (503), Congo (410), Benin (339), Mauritius (332), Cabo Verde (328), Central African Republic (327), Ethiopia (317), Madagascar (304), Togo (301), Rwanda (292), South Sudan (282), Sao Tome and Principe (240), Uganda (227), Liberia (226), Eswatini (203), Mozambique (137), Malawi (70), Mauritania (62), Angola (48), Zimbabwe (44), Burundi (42), Eritrea (39), Botswana (25), Gambia (24), Namibia (16), Comoros (11), Seychelles (11) and Lesotho (1). The highest case load has been observed in the West African region, 41% (24 345), followed by the Southern African region 27% (15 760), the North Africa 12% (7 019), Central Africa 14% (8 069) and East Africa regions 6.9% (4 110). Of the 59 450 confirmed COVID-19 cases reported, 23 792 (40%) cases have recovered from 46 countries.

Since the beginning of the COVID-19 pandemic in the region, a total of 1 810 health workers have been infected in 31 countries: Nigeria (401), South Africa (325), Niger (169), Cameroon (131), Côte d'Ivoire (116), Ghana (102), Sierra Leone (66), Democratic Republic of the Congo (63), Senegal (59), Gabon (57), Equatorial Guinea (53),

Chad (46), Guinea-Bissau (46), Liberia (42), Sao Tome and Principe (32), Mauritius (30), Zambia (19), Congo (13), Togo (12), Eswatini (8), Malawi (5), Botswana (3), Benin (2), Kenya (2), Madagascar (2), Namibia (2), Burundi (1), Central African Republic (1), United Republic of Tanzania (1) and Zimbabwe (1).

The 1 730 deaths in the region were reported from 39 countries: Algeria (548), South Africa (264), Nigeria (182), Cameroon (139), Democratic Republic of Congo (60), Niger (54), Chad (53), Mali (52), Burkina Faso (51), Kenya (50), Sierra Leone (32), Ghana (29), Cote d'Ivoire (27), Senegal (25), Liberia (21), United Republic of Tanzania (21), Guinea (16), Congo (15), Gabon (11), Togo (11), Mauritius (10), Equatorial Guinea (7), Sao Tome and Principe (7), Zambia (7), Ethiopia (5), Guinea Bissau (4), Mauritania (4), South Sudan (4), Zimbabwe (4), Cabo Verde (3), Malawi (3), Angola (2), Benin (2), Eswatini (2), Botswana (1), Burundi (1), Comoros (1), Gambia (1) and Madagascar (1). Madagascar and South Sudan reported their first death (1) this week. The countries with the highest case fatality ratios are Chad 10.5% (53/503), Liberia 9.3% (21/226), Algeria 7.8% (548/7 019), Burkina Faso 6.4% (51/796), Sierra Leone 6.3% (32/505), Niger 6.0% (54/904), Mali 6.0% (52/860), and Kenya 5.6% (50/887). One new country, South Sudan reported a death in a confirmed COVID-19 case.

A total of 1 119 119 laboratory tests have been performed in the region since the beginning of the outbreak, with South Africa (460 873), Ghana (168 685), Uganda (67 171), Ethiopia (57 254) and Rwanda (49 374) accounting for 72% of all laboratory tests.

Based on the available data on age and gender distribution ($n=4\,846$), 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, 25 countries in the region are experiencing community transmission, 13 have clusters of cases and nine have sporadic cases of COVID-19.

PUBLIC HEALTH ACTIONS

- 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. Focal points have been designated for all the countries in the region to strengthen follow up and support.
- Governments, Ministries of Health and other stakeholders in the region continue to respond to the COVID-19 outbreak through multiple approaches, including the application of several public health measures and restriction of societal activities through lockdowns and curfews. The number of countries beginning to ease lockdowns is increasing.
- The regional office developed an infection prevention and control (IPC) assessment framework of healthcare facilities, aimed to reduce the high rate of infection among health workers.

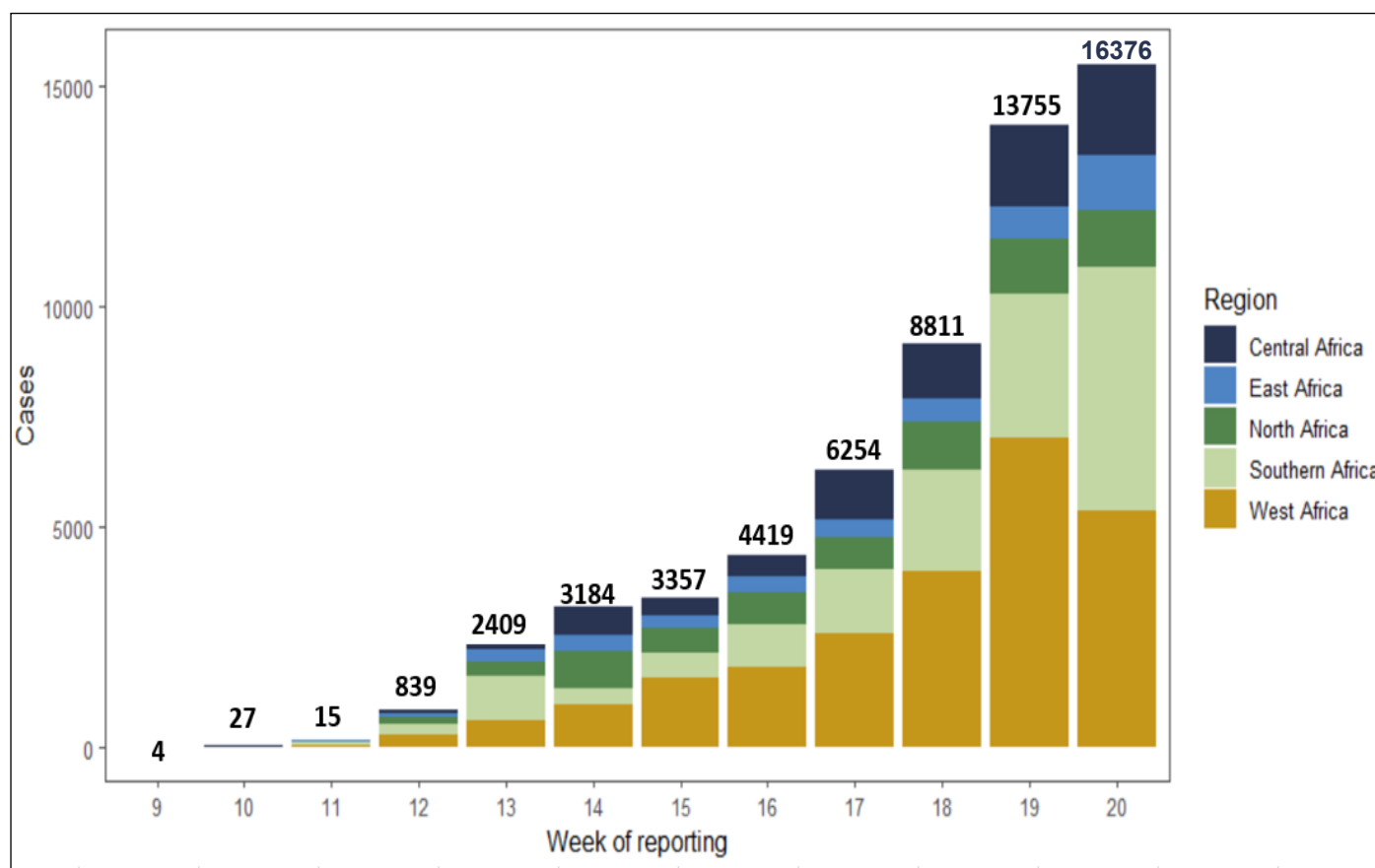
- WHO and partners continue to provide technical, operational, financial and logistical support to the respective national authorities to enhance preparedness, readiness and response measures. WHO agreed with the Africa CDC Case Management Pillar on areas of possible collaboration as regards to disseminating guidelines to member countries as jointly adapted by these bodies.
- 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.
- The deployment of Emergency Medical Teams (EMT) in countries is being monitored and is still awaiting the formal request of support from the Ministries of Health. An assessment of priority countries that will benefit from EMT support is being conducted.

- WHO AFRO has completed the mapping of diagnostic platforms in the region to facilitate the planning required to expand testing capacity. Testing is expanding and ramping up in nearly all countries.

SITUATION INTERPRETATION

The COVID-19 pandemic continues to increase exponentially in the African region, with all countries now affected. All countries need to scale up critical control measures, including active case finding, testing of all suspected cases, isolating and treating cases, rigorous contact tracing and quarantine of at-risk people. Intense communication campaigns and community engagement are required to promote physical distancing, hand washing and cough etiquette.

Graph showing distribution of confirmed COVID-19 cases in regions by week of reporting, 25 February – 17 May 2020 (n=59 450)



EVENT DESCRIPTION

There has been no new confirmed case of Ebola virus disease (EVD) for the past seven days, as of 18 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. Two other cases have recovered. The seventh case has been lost to follow-up since 16 May 2020, after leaving the temporary isolation facility. There have been no new confirmed cases for 21 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 18 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.

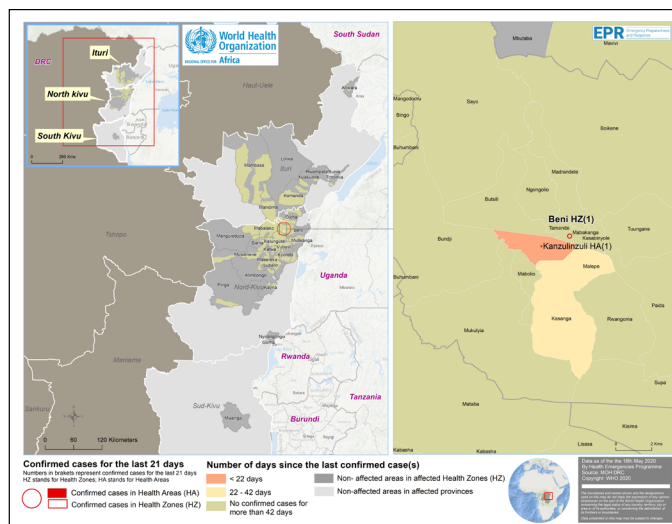
As of 18 May 2020, a total of 2 279 deaths were recorded, including 2 131 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 64% (2 134/3 317). As of 18 May 2020, the total number of health workers affected remains at 171, representing 5% of confirmed and probable cases.

No new contacts were registered on 18 May 2020, comparable to the average of one per day in the previous seven days. Ninety contacts were being followed-up in the Beni Health Zone: 72 in Kasanga, six in Rwangoma, five in Kanzulinzuli, four in Ngongolio, two in Malepe and one in Boikene. They are all in their third week of follow-up and all have been seen in the past 24 hours. A total of 2 843 alerts were received, of which 2 819 were new, and 2 843 were investigated. Among the alerts investigated, 391 (13.8%) were validated.

PUBLIC HEALTH ACTIONS

- Response and surveillance activities are being strengthened across all pillars, with preparedness enhanced in surrounding areas.
- A group of youths threatened response providers trying to resolve an issue of resistance to response in the Utulivu health facility in Kasanga health area, Beni Health Zone on 15 May 2020, and stopped teams working in this area.
- Point of Entry/Point of Control continues, with 50 out of 109 transmitting reports on 15 May 2020. A cumulative total of 178 million screenings have been carried out since August 2018.
- Since the resurgence of the outbreak in Beni a total of 1 853 people have been vaccinated, of which 1 808 were in Beni and 45 in Karisimbi. The total number of people now vaccinated with the rVSV-ZEBOC-GP vaccine is now 303 629 since the start of the outbreak in August 2018.

Geographical distribution of confirmed Ebola virus disease cases reported from 18 May 2020, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo.



- As of 15 May 2020, a total of 83 patients, all suspected cases of EVD, were hospitalized in the ten operational TCs and ETCs reporting their activities on 15 May 2020.
- Infection prevention and control (IPC) activities continue, and as of 15 May 2020 the IPC coordination supported providers in the Pakanza health area, Oicha Health Zone, in biocleaning a facility. In the sub-coordinations of Beni and Mangina, 117 health facilities were monitored and supported and nine others in Mangina were evaluated. In addition, 74 providers were briefed on IPC measures related to EVD and the functionality of 327 handwashing points was monitored and evaluated.
- Community sensitization and engagement activities continue, and as of 15 May 2020, 45 individual interviews were held with patients, contacts and family members in EVD awareness and the importance of early presentation to transit centres in the health areas of Kasanga and Kanzulinzuli, Beni Health Zone, along with eight educational talks with healthcare providers and 16 patients, stressing the importance of vaccination, and reporting alerts. In addition, 19 members of the Kanzulinzuli and Mabakowu community action units were trained on the importance of vaccination, reporting alerts and collaborating in transfer of patients to transit and treatment centres.

SITUATION INTERPRETATION

The resurgence of EVD in Beni since the 10 April 2020 is being closely monitored and it is now 21 consecutive days with zero reported confirmed case. Response interventions are ongoing, albeit, with many challenges, including access and security issues on the ground and competing COVID-19 response activities, jeopardizing Ebola response measures and rapid detection of EVD cases, which are crucial to contain the outbreak. This emphasises the need for stronger coordination and communication among partners, the Ministry of Health and with civil society and local authorities to sustain response to both Ebola and COVID-19 outbreaks.

EVENT DESCRIPTION

The complex humanitarian crisis in Democratic Republic of the Congo continues, complicated by extensive flooding in Uvira and surrounds of South Kivu Province on 16 to 17 April 2020, which has affected 130 000 people. The floods affected the town of Uvira and the surrounding plains area of Ruzizi and Fizi territory and the water distribution network of Uvira city was damaged, leaving 280 000 people without drinking water. The internally displaced people (IDPs) have been hosted in 27 sites, two of which have reported cholera cases. The three health facilities serving the area are no longer functional.

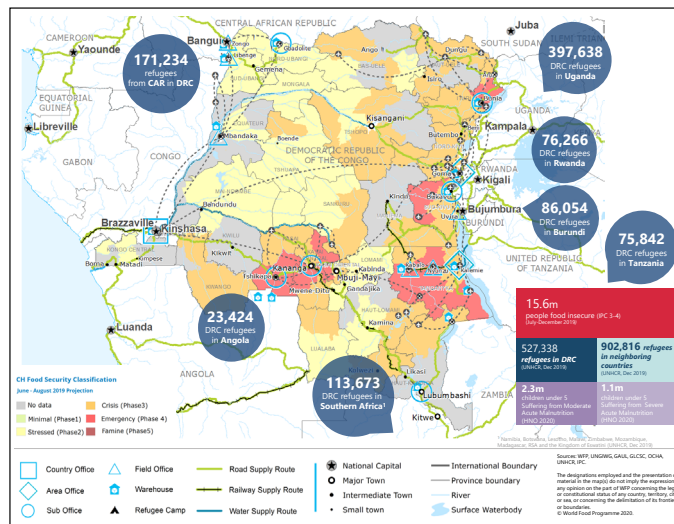
The territories of Djugu and Mahagi, Ituri Province, are the main areas in the province affected by insecurity, resulting in thousands of IDPs. A resurgence of violence in April 2020 resulted in around 300 deaths, including children, and in movement of approximately 200 000 people into neighbouring communities. On 6 May 2020, armed clashes left 11 people dead, including one civilian, and resulted in the displacement of 15 140 people. In North Kivu Province, more than 63 000 IDPs took refuge in Bwito chiefdom as a result of violence in early April 2020. Continuing tension is preventing the return of 5 242 households in Murundi. In Wlowa Luanda, there are 22 935 IDPs who are without humanitarian assistance, who arrived in the area between 18 and 19 April 2020 following armed clashes in the villages of Kipopo, Ndeko, Mimiko and Busoro. In Tanganyika Province, 17 health facilities are non-functional as a result of insecurity, with ongoing conflict between Bantu and Twa. A lull in fighting was seen in Moba territory, after the withdrawal of Zambian forces, accompanied by cautious return of displaced populations. In Tanganyika Province, the number of IDPs has increased by around 57 000 as a result of population displacement in Moliro, following incursions by the Zambian army, as well as a flow of IDPs from Maniema Provinces, following insecurity.

Outbreaks of epidemic-prone diseases continue to complicate the situation, with malaria (338 038 cases), acute respiratory infections (102 814 cases) and typhoid (26 483 cases) the main causes of morbidity in week 18 (week ending 2 May 2020). Other diseases reported are COVID-19, measles, cholera, meningitis, diarrhoea with dehydration in children under the age of five years, influenza, Ebola virus disease, monkey pox and yellow fever.

PUBLIC HEALTH ACTIONS

- WHO continues to coordinate the health interventions in the flood response in Uvira, with the Crisis Committee meeting regularly under the coordination of the Mayor of the city.
- WHO and partners continue to provide free care for children under five, pregnant and breastfeeding women and senior citizens within host families in the disaster-affected populations.
- Disease surveillance continues to be strengthened with support from WHO, with active case searching for cholera.
- Disaster relief efforts continue with several partners (WHO, UNICEF, ADRA, Doctors du Monde and MDA) ensuring cholera management.
- In Ituri province WHO is supporting epidemiological surveillance at the Provincial Health Division and coordinating health cluster meetings, co-lead by MEDAIR.

Map of Internally Displaced Persons in Democratic Republic of the Congo, as of February 2020.



- UNFPA continues to support reproductive health care in Ituri, while UNICEF and the Health Care Promotion Programme continue hygiene awareness and training among IDPs and supervise installation of handwashing points and temperature testing facilities.
- WHO is monitoring and coordinating surveillance, collection and management of health information within Kasai, Kasai Central, Sankuru and Lomami, including continuation of COVID-19 preparedness activities.

SITUATION INTERPRETATION

The complexities of the situation in Democratic Republic of the Congo continue to present major challenges to local and national authorities and partners. Ongoing insecurity in nearly all provinces, causing major population displacement, with the attendant dangers of water-borne and other diseases, continues to prevent substantive improvement in the lives of these vulnerable populations. Humanitarian access continues to be compromised. In addition, funding needs to be mobilized to address the various crises facing the country, along with the provision of basic needs such as access to safe drinking water and latrines and healthcare in villages and IDP sites. Response actions against COVID-19 should be used as an opportunity to address these other challenges at the same time.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- The COVID-19 outbreak continues in Africa, with increasing number of cases and deaths. In most countries, the outbreak has largely affected the capital cities and large urban centres, with rural communities relatively unaffected. This shows that the rural communities can still be protected through aggressive implementation of containment and mitigation measures in all communities and at every stage of the outbreak. African governments need to take stronger actions in putting in place the right measures to slow down rapid spread of the disease and mitigate the consequences.
- The resurgence of Ebola in Beni since the 10 April 2020 highlights the importance of constant and heightened vigilance for this disease in the face of significant challenges affecting the response and the need to respond to other health emergencies, including COVID-19.
- The humanitarian crisis in Democratic Republic of the Congo continues to present major challenges to local and national authorities and partners. Ongoing insecurity in nearly all provinces causes major population displacement, with the attendant dangers of water-borne and other diseases in crowded IDP camps and compromised humanitarian access. The addition of a number of major infectious disease outbreaks, with major measles and cholera outbreaks, is stretching already inadequate health services.

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.
- Democratic Republic of the Congo requires mobilization of funding, from authorities and partners, to address the various crises facing the country, along with the provision of basic needs such as access to safe drinking water and latrines and health care in villages and IDP sites. Response actions against COVID-19 should be used as an opportunity to address these other challenges at the same time.

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
New Events									
Lesotho	COVID-19	Grade 3	13-May-20	13-May-20	13-May-20	1	1	0	0.00%
On 13 May 2020, WHO was notified of the first confirmed COVID-19 case in Lesotho. The case is a traveller from Saudi Arabia via South Africa and was asymptomatic. The results from the sample sent to the NICD laboratory in South Africa tested positive on 12 May 2020. As of 13 May 2020, the country sent 597 samples for testing to NICD, 295 were negative, one positive and 301 are pending.									
Mauritania	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	11-May-20	2-May-20	11-May-20	1	1	0	0.00%
On 11 May 2020, one confirmed case of Crimean Congo hemorrhagic fever was reported from the Moughataa of Mederdra in the district of Tiguint in the wilaya of Trarza. The case is a 60-year-old butcher from Tiguent presenting symptoms of fever, fatigue, headaches and epistaxis, with onset on 2 May 2020. He had a history of handling of the carcasses of meat and no recent travel history. He presented at a health facility of 7 May 2020 and a sample was collected for testing following the suspicion of a viral haemorrhagic fever disease. The case-patient was evacuated the same day in the Emergency Department in Nouakchott for further care. On 8 May 2020, the case was confirmed with CCHF by RT-PCR from the INRSP and transferred to the infectious diseases department where he was isolated and treated.									
Mauritania	Dengue	Ungraded	11-May-20	3-May-20	11-May-20	7	7	0	0.00%
On 3 May 2020, two suspected cases of dengue fever were admitted to a hospital in Mauritania. On 4 May 2020, it was found that the majority of consultations at the hospital had a history of unexplained fever. Thus, samples from the two suspected cases were collected and sent to the National Institute of Research in Public Health (INRSP). On 5 May 2020 the 2 cases were confirmed by RT-PCR positive for Dengue virus with DEN-1 serotype. The cases were discharged from hospital and declared cured after symptomatic treatment. A rapid investigation was carried out at city level and made it possible to identify 5 additional cases (4 women and 1 man) distributed in 4 districts of Atar (Atar, Tineri, Aghnemrite and Edebaye).									
Uganda	Cholera	Ungraded	11-May-20	29-Apr-20	15-May-20	67	7	1	1.50%
On 11 May 2020, a cholera outbreak was confirmed in Moroto district. The index case was a 17-year-old male patient from Natapar Kocuc Village, Loputuk parish, Nadunget Subcounty who was seen on 29 April 2020 with acute watery diarrhoea and severe dehydration. On 4 May 2020 more cases with similar symptoms from the same location with the index case were seen and cholera was suspected. On 11 May 2020, CPHL confirming <i>Vibrio cholerae</i> serotype 01 Inaba detected in 7 out of 8 stool samples that were collected. As of 14 May, a cumulatively number of cases is 67 with 1 death were reported and a safe burial was conducted.									
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	17-May-20	7 019	7 019	548	7.80%
From 25 February to 17 May 2020, a total of 7 019 confirmed cases of COVID-19 with 548 deaths (CFR 7.8 %) have been reported from Algeria. A total of 3 507 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	17-May-20	48	48	2	4.20%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 17 May 2020, a total of 48 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-May-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 as of 15 May 2020 so far while the total number of 2019 cases remain 136. These cases are from several outbreaks which occurred in 2019.									
Benin	COVID-19	Grade 3	17-Mar-20	16-Mar-20	17-May-20	339	339	2	0.60%
The Ministry of health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 17 May 2020, a total of 339 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 Tchaourou commune in Borgou department of Benin. One death was recorded on 18 February 2020 in the index case and a safe and dignified burial has been conducted. All cases are residents of Bukuro city, Kwara state, Nigeria. A total of 34 contacts, including 23 healthcare workers, are under follow-up.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	15-May-20	9	9	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There is one case as of 15 May 2020, while the number of cases in 2019 remains nine. These cases are all linked to the Jigawa outbreak in Nigeria.									
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	17-May-20	25	25	1	4.00%
On 30 March 2020, the Minister of Health and Wellness of Botswana reported three confirmed cases of COVID-19. As of 17 May 2020, a total of 25 confirmed COVID-19 cases were reported in the country including one death and 17 recovered cases.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	31-Mar-20	-	-	-	-
<p>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.</p>									
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	17-May-20	796	796	51	6.40%
Between 9 March and 17 May 2020, a total of 796 confirmed cases of COVID-19 with 51 deaths have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2		1-Jan-19	15-May-20	3	3	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are three cVDPV2 cases in the country, all linked to the Jigawa outbreak in Nigeria.									
Burundi	Cholera	Ungraded	20-Feb-20	20-Feb-20	3-May-20	70	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 70 cholera cases were notified in six districts, namely Bujumbura centre (8), Bujumbura nord (28 cases), Bujumbura Sud (3), Isale (25 cases), Kabezi (1 case) and Cibitoke (5) as of 3 of May 2020. The affected district reported cases as well in 2019 cholera outbreak. Of 70 cholera cases, 48.5 % are males and 49% are of age between 19 to 50 years old.									
Burundi	COVID-19	Grade 3	31-Mar-20	18-Mar-20	17-May-20	42	42	1	2.40%
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 17 May 2020, the total confirmed COVID-19 cases have reached 42, including one death and 20 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 Cibitoke. 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: Cibitoke (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 Cameroons Defence Forces (SOCADef) is the only non-state armed group (NSAG) that yielded to the UN Secretary General's call for a ceasefire as a result of the pandemic. An estimated 3 889 persons (604 households) in the NWSW were displaced as a result of continued violence in March alone. 70% (2 751 persons; 415 households) of the displaced are from the NW and the remaining 30% from the SW region. Since January 2020, there has been an upsurge in violence especially in the NW region affecting mostly women and children. Shelter, NFI (Non-Food Items), protection and food continue to be the most urgent needs of the displaced populations.									
Cameroon	Cholera	Ungraded	1-Mar-19	1-Mar-19	25-Feb-20	1 449	285	71	4.90%
The Cholera outbreak affecting two regions, namely South Ovest and Littoral regions is ongoing in Cameroon. Thirty-four new cases, including three deaths were reported in the South Ovest region (10 new cases and one death) and Littoral region (24 new cases and two deaths) during epidemiological week 8 (week ending on 23 February 2020). One new district in south west region (Tiko district) confirmed two new cases, which bring the number of affected districts at three (Bakassi, Ekondo Titi and Tiko districts). In the Littoral region, the total number of affected districts is eight (Nylon, Manoka, Boko, Deïdo, Bangue, Cité des Palmiers, Bonassama, Japoma, New Bell and Logbaba districts).									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	17-May-20	3 047	3 047	139	4.60%
Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 17 May 2020, a total of 3 047 cases have been reported, including 139 deaths and 1 695 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, Nkolndongo, and Ntui districts.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	17-May-20	328	328	3	0.90%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 17 May 2020, a total of 328 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	17-May-20	327	327	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 17 May 2020, a total of 327 confirmed COVID-19 cases were reported in the country.									
Central African Republic	Measles	Grade 2	15-Mar-19	1-Jan-19	31-Mar-20	14 138	517	83	0.60%
From Week 1, 2019 (week ending on 7 January 2019) until week 7, 2020 (week ending on 23 February 2020), a total of 7 626 measles cases including 517 confirmed cases and 83 deaths have been reported in 20 affected districts. A total of 2 315 new suspected measles cases were notified from epidemiological week 1 to week 7 of 2020 in 20 districts among which there are 7 new districts reporting cases in this year. The majority of cases are under five of age, followed by the age group between 5 to 10 years old. Response activities are ongoing in the affected health districts.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	15-May-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	17-May-20	503	503	53	10.50%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 17 May 2020, a total of 503 confirmed COVID-19 cases were reported in the country including 53 deaths and 117 cases that have recovered.									
Chad	Measles	Ungraded	24-May-18	1-Jan-19	30-Apr-20	7 635	295	37	0.50%
In week 18 (week ending 30 April 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-May-20	13	13	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 13 cases from two different outbreaks in the country one being the Jigawa outbreak.									
Comoros	Dengue	Ungraded		22-Dec-19	5-Apr-20	696	4	0	0.00%
Comoros is registering many cases of suspected Dengue fever since December 2019. In total, four isolated cases of Dengue fever type I were confirmed by Institut Pasteur of Madagascar Laboratory in epidemiological week 52 in 2019. In 2020, from epidemiological week 1 to week 13, a total of 696 suspected dengue fever cases were reported with no laboratory confirmation as the country continues to face challenges in laboratory testing. The number of suspected cases peaked in week 12, 2020 with 88 cases reported. The majority of cases (508) are reported from Anjouan, followed by Moheli islands with 179 suspected Dengue cases. Ngazidja reported nine suspected dengue fever cases from week 1 to week13.									
Congo	Chikungunya	Grade 1	22-Jan-19	1-Jan-20	9-Feb-20	37	0	0	0.00%
In week 6 (week ending 9 February 2020), a total 6 suspected cases were reported in three out of the 12 departments, namely: Brazzaville (3 cases), Bouenza (2 cases) and Kouilou (1 case). From week 1 to week 6, 37 cases with no deaths were reported in the country. From weeks 1 to 52 of 2019, a total of 11 600 cases have been reported in 44 out of the 52 health districts in 10 out of 12 departments. The departments of Bouenza (3102 cases), Kouilou (2844 cases) and Niari (2589) were the most affected by the outbreak accounting for 74% of cases reported since the beginning of the outbreak.									
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	17-May-20	410	410	15	3.70%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 17 May 2020, a total of 410 cases including 15 deaths and 111 recovered cases have been reported in the country.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	17-May-20	2 109	2 109	27	1.30%
Since 11 March 2020, a total of 2 109 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 27 deaths. A total of 1 004 patients have recovered.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Ungraded	29-Oct-19	29-Oct-19	15-May-20	4	4	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are four cVDPV2 cases in the country; one is linked to the Jigawa outbreak in Nigeria and the other one to the Savanes outbreak in Togo.									

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	Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	6-May-20	-	-	-	-
Detailed update given above.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-20	3-May-20	9 018	-	112	1.20%
The cholera outbreak situation in the Democratic Republic of Congo is improving. During week 18 (week ending 3 May 2020), a total of 379 cases of cholera and 3 deaths was notified in 42 health zones (Six provinces) of the country while 450 cases, including 9 deaths (2 %) were reported in 42 Health Zones (13 provinces) in the same period in 2019. From week 15 to 18 of 2020, 93 % of the cases have been reported from four provinces: North-Kivu, South-Kivu, Haut-Katanga, and Lualaba. Between week 1 and week 52 of 2019, a total of 30 304 cases including 514 deaths (CFR 1.7%) were notified from 23 out of 26 provinces.									
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-20	10-Mar-20	17-May-20	1 455	1 455	60	4.10%
On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 17 May 2020, a total of 1 455 cases including 60 deaths and 271 recoveries have been reported in the country.									
Democratic Republic of the Congo	Ebola virus disease	Grade 3	31-Jul-18	11-May-18	24-Apr-20	3 462	3 317	2 279	65.80%
Detailed update given above.									
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	1-Jan-20	3-May-20	56 064	845	720	1.30%
In week 18 (week ending 3 May April 2020), 1 261 measles cases including 24 deaths (CFR 1.9 %) were reported across the country. The provinces that reported majority of cases include: Sankuru (121 cases), Nord Kivu (150 cases), Mongala (82 cases), Equateur (91 cases), Maindombe (81 cases), and Tshopo (241 cases). Over the past four weeks (weeks 15 to 18) a decreasing trend in the number of cases was observed in the provinces of: Haut Katanga, Kasai, Kinshasa, Kwango, Lomami, Lualaba, Maindombe, Maniema 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	17-May-20	719	719	7	1.00%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 17 May 2020, a total of 719 cases have been reported in the country.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	16-May-20	39	39	0	0.00%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 16 May 2020, a total of 39 confirmed COVID-19 cases with no deaths were reported in the country. All the 39 patients have recovered from the disease.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	17-May-20	203	203	2	1.00%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 17 May 2020, a total of 203 cases have been reported in the country including 73 recoveries. Two associated deaths have been reported									
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	3-May-20	7 551		92	1.20%
In week 18 (week ending 3 May 2020), 628 new suspected cases with four associated deaths were reported signifying a 59.2% increase in reported cases compared to the previous week. Six woredas in SNNP and Oromia are currently reporting cases.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	17-May-20	317	317	5	1.60%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 317 cases of COVID-19 as of 17 May 2020. Of the 317 cases, five deaths and 113 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-May-20	22	22	0	0.00%
No cVDPV2 cases were reported this week. There has been a total of 22 cases reported in Ethiopia since the beginning of the outbreaks.									
Ethiopia	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.									
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	17-May-20	1 320	1 320	11	0.80%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 17 May 2020, a total of 1320 cases including 11 deaths and 244 recovered have been reported in the country.									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	17-May-20	24	24	1	4.20%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 17 May 2020, a total of 24 confirmed COVID-19 cases including one death and 13 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	17-May-20	5 735	5 735	29	0.50%
On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. As of 17 May 2020, a total of 5 739 cases including 29 deaths and 1 754 recoveries have been reported in the country.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	15-May-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	17-May-20	2 727	2 727	16	0.60%
The Ministry of health in Guinea Conakry announced the first confirmed case of COVID-19 on 13 March 2020. As of 17 May 2020, a total of 2 727 cases including 1183 recovered cases and 16 deaths (CFR 0.6%) have been reported in the country.									
Guinea	Measles	Ungraded	9-May-18	1-Jan-19	3-Nov-19	4 690	1 091	18	0.30%
During week 44 (week ending 3 November 2019), 127 suspected cases of measles were reported. From week 1 to 44 (1 January – 3 November 2019), a total of 4 690 suspected cases including 18 deaths (CFR 0.4%) have been reported. Of the 4 690 suspected cases, 1 773 were sampled, of which 1 091 tested positive for measles by serology. Three localities in three health districts are in the epidemic phase, namely, Wanindara in Ratoma health district, Dounet in Mamou health district and Soumpoura in Tougue health district.									
Guinea-Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	17-May-20	990	990	4	0.40%
As of 17 May 2020, the country has 990 confirmed cases of COVID-19 with 27 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	10-May-20	532	10	13	2.40%
In week 19 (week ending 10 May 2020), 10 new suspected cases were reported from Marsabit county. Since 1 January 2020, cholera outbreak has been reported in five counties namely: Garissa, Marsabit, Muranga, Turkana and Wajir. Cumulatively, a total of 532 cases with 13 deaths has been reported. The outbreak is currently active in Marsait county.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	17-May-20	887	887	50	5.60%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 cases in the country. As of 17 May 2020, 887 confirmed COVID-19 cases including 50 deaths and 313 recoveries have been reported in the country.									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	3-Jan-20	10-May-20	65	33	2	3.10%
In week 19 (week ending 10 May 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	19-Apr-20	801	54	12	1.50%
A total of 270 cases with 9 confirmed and one death have been reported new outbreak of measles has been reported from Pokot North sub county, West Pokot county since 20 October 2019. Three additional counties have been affected in 2020 including: Tana River (56 total cases, 7 confirmed and 1 death), Garissa (33 total cases, 21 confirmed and 12 deaths), and Wajir (7 total cases, 7 confirmed cases). The last measles cases were reported in Kajiado 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	17-May-20	226	226	21	9.30%
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 17 May 2020, a total of 226 cases with 21 deaths have been reported from the country. Eighty-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.									
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	17-May-20	304	304	1	0.30%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 17 May 2020, a total of 304 cases have been reported in the country, out of which 114 have recovered.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	17-May-20	70	70	3	4.30%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 17 May 2020, the country has a total of 70 confirmed cases with three deaths and 27 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	17-May-20	860	860	52	6.00%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 17 May 2020, a total of 860 confirmed COVID-19 case have been reported in the country including 52 deaths and 494 recoveries.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-19	10-May-20	485	218	0	0.00%
During week 19 (week ending on 10 May 2020), 31 suspected cases of measles were reported from eight regions in the country. Fifteen samples were confirmed IgM-positive during the week. Since 1 January 2020, 485 suspected cases, 218 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	17-May-20	62	62	4	6.50%
The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 17 May 2020, a total of 62 cases including four deaths and six recovered cases have been reported in the country.									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	17-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 17 May 2020, a total of 332 confirmed COVID-19 cases including ten deaths and 322 recovered cases have been reported in the country. No new case has been registered since the last case was reported on 26 April 2020.									
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	17-May-20	137	137	0	0.00%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 17 May 2020, a total of 137 confirmed COVID-19 cases were reported in the country.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	17-May-20	16	16	0	0.00%
Two cases of novel coronavirus (COVID-19) were confirmed in Namibia on 14 March 2020. As of 17 May 2020, a total of 16 cases have been reported in the country including 13 cases who recovered.									
Namibia	Hepatitis E	Protracted 1	18-Dec-17	8-Sep-17	22-Feb-20	7 384	1 872	63	0.90%
In weeks 7 and 8 (week ending 23 February 2020), 99 new cases were reported countrywide with the majority (62 cases) from Khomas region. Since the beginning of the outbreak in December 2017, a cumulative total of 7 384 cases (1 872 laboratory-confirmed, 4 535 epidemiologically linked, and 977 suspected cases) including 63 deaths (CFR 0.9%) have been reported countrywide. Khomas Region remains the most affected region, accounting for 4 593 (62%) of reported cases, followed by Erongo 1 588 (22%) since the outbreak began.									
Niger	Humanitarian crisis	Protracted 1	1-Feb-15	1-Feb-15	23-Jan-20	-	-	-	-
The security situation continues to worsen in bordering areas of Burkina Faso, Mali and Nigeria following armed groups attacks in the region. The military camp of Sinégodar 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	17-May-20	904	904	54	6.00%
The first COVID-19 confirmed case was reported in the Niger on 19 March 2020. As of 17 May 2020, a total of 904 confirmed COVID-19 cases including 54 deaths and 698 recoveries have been reported in 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 overcrowded population 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	17-May-20	5 959	5 959	182	3.10%
The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 17 May 2020, a total of 5 959 confirmed cases including 182 deaths and 1 594 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-May-20	54	54	0	0.00%
1 case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 1 cVDPV2 in 2020, 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	17-May-20	292	292	0	0.00%
Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 17 May 2020, a total of 292 cases with zero deaths and 197 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	17-May-20	240	165	7	2.90%
On 6 April 2020, the Ministry of Health of Sao Tome and Principe has reported the country's first case of COVID-19. As of 17 May 2020, a total of 165 cases of COVID-19 confirmed by PCR have been reported in the country, and an additional 75 probable cases have tested positive by rapid diagnostic testing. Thus, a total of 240 cases have been reported, including 7 deaths and 4 recoveries.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	17-May-20	2 480	2 480	25	1.00%
Between 2 March 2020 and 17 May 2020, a total of 2 480 confirmed cases of COVID-19 including 25 deaths have been reported from Senegal. A total of 973 cases have recovered.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	17-May-20	11	11	0	0.00%
The first COVID-19 confirmed cases were reported in Seychelles 14 March 2020. As of 17 May, a total of 11 cases have been reported in the country, all eleven 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	17-May-20	505	505	32	6.30%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 17 May 2020, a total of 505 confirmed COVID-19 cases were reported in the country including 32 deaths and 141 recovered cases.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	17-May-20	15 515	15 515	264	1.70%
South Africa continues to report cases of COVID-19. From 5 March to 17 May 2020, a total of 15 515 confirmed cases with 264 deaths have been reported from all provinces across the country. A total of 7 006 cases have recovered.									
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	17-May-20	282	282	4	1.40%
On 5 April 2020, the Ministry of Health of South Sudan has reported the country's first case of COVID-19. As of 17 May 2020, a total of 282 confirmed COVID-19 cases were reported in the country including four deaths and four 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	17-May-20	509	509	21	4.10%
The Ministry of Health, Community Health Community Development, Gender, Elderly and Children (MOHCDEGEC) in Tanzania has reported the country's first case of COVID-19 on 16 March 2020. As of 17 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	17-May-20	301	301	11	3.70%
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 17 May 2020, a total of 301 cases including 11 deaths and 104 recovered cases have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	15-May-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	16-May-20	227	227	0	0.00%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 16 May 2020, a total of 227 confirmed COVID-19 cases, 63 recoveries with no death 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
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 Bulisa (3), Maracha (1) and Moyo (4); including four deaths (CFR 50%), were detected through the national surveillance system.									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	17-May-20	753	753	7	0.90%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 17 May 2020, a total of 753 confirmed COVID-19 cases were reported in the country including seven deaths and 188 recovered cases.									
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-19	16-Jul-19	15-May-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	16-May-20	44	44	4	9.10%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 17 May 2020, a total of 44 confirmed COVID-19 cases were reported in the country including four deaths and 17 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 236,865 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, 4 May 2020)									
Closed Events									
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.									
South Sudan	Flood	Ungraded	28-Oct-19	29-Oct-19	15-May-20	-	-	-	-
Over the past five months, none of the counties that witnessed the unprecedented flooding has experienced any rainfalls. All the floodwaters in the previously flooded counties have receded and people have returned to their homes/places. The health needs of the population after the floods still remain immense due to inter-ethnic fighting resulting to another wave of displacements.									
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	13-Feb-20	21-Jan-20	10-Feb-20	1	1	0	0.00%
A 23-year-old male, lumber jack, from Kagadi district developed a fever on 7 January 2020 and had self-medication for malaria without improvement. No history of getting in contact with slaughtered animal meat or bush meat. He later developed generalized body weakness, abdominal pains and on 20 January 2020 followed by bleeding from the nose, vomiting and urinating blood. The bleeding increased hence was rushed to Kagadi hospital and was isolated. A sample was collected and transported to UVRI on 21 January and the results were positive for CCHF on the same day. Nine contacts were followed up as of 10 February 2020.									

†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.

© WHO Regional Office for Africa

This is not an official publication of the World Health Organization.

Correspondence on this publication may be directed to:

Dr Benido Impouma

Programme Area Manager, Health Information & Risk Assessment

WHO Health Emergencies Programme

WHO Regional Office for Africa

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

Email: afrooutbreak@who.int

Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be sent to the same address.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate borderlines for which there may not yet be full agreement.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or its Regional Office for Africa be liable for damages arising from its use.

Contributors

G. Folefack (Democratic Republic of the Congo)
R. Nansseu (Democratic Republic of the Congo)

Graphic design

A. Moussongou

Editorial Team

B. Impouma
C. Okot
E. Hamblion
B. Farham
G. Williams
Z. Kassamali
P. Ndumbi
J. Kimenyi
E. Kibangou
O. Ogundiran
T. Lee
J. Nguna

Production Team

A. Bukhari
T. Mlanda
R. Ngom
F. Moussana

Editorial Advisory Group

Z. Yoti, *Regional Emergency Director*
B. Impouma
Y. Ali Ahmed
M. Yao
M. Djingarey

Data sources

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