

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 21: 18 - 24 May 2020

Data as reported by: 17:00; 24 May 2020



World Health  
Organization

REGIONAL OFFICE FOR

Africa

WHO Health Emergencies Programme

1

New events

111

Ongoing events

102

Outbreaks

10

Humanitarian  
crises



Graded events ↑

49

Grade 3 events

14

Grade 2 events

1

Grade 1 events

41

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 112 events in the region. This week's main articles cover the following events:

- [Coronavirus disease 2019 \(COVID-19\) in the WHO African Region](#)
- [Ebola virus disease \(EVD\) in Democratic Republic of the Congo](#)
- [Cholera in Uganda](#)

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 outbreak continues to expand in Africa as the cumulative case-count surpasses 100 000, with an average of 2 000 cases reported daily in the past three weeks. While few countries are reporting large number of confirmed cases, the disease trend is increasing in most countries. All countries need to ramp up implementation of both containment and mitigation measures, especially at a time when the lockdowns are being eased. 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 27 consecutive days with zero reported confirmed EVD cases. The 42-day count-down to end of outbreak has been re-started, but efforts to retrieve the missing confirmed case and investigations into the origin of the latest cluster are still ongoing. Given the long duration and large magnitude of the Ebola outbreak in North Kivu, South Kivu and Ituri Provinces in the Democratic Republic of the Congo, there is a risk of re-emergence of the virus during the lead up to the declaration of the end of the outbreak, and for several months following that declaration. 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 new cholera outbreak in Uganda is currently small and geographically localised. However, there are major challenges around surveillance, laboratory capacity, case management, poor community engagement and a high rate of coinfection with malaria. These issues need urgent attention to prevent a larger and more widespread outbreak.

### EVENT DESCRIPTION

The total number of confirmed coronavirus disease 2019 (COVID-19) cases in the African continent has now surpassed 100 000 cases, with all countries affected. However, the WHO African Region is seeing differential trends in the number of cases between Member States. In the past three weeks, the region has recorded a daily increase of more than 2 000 reported new cases, with the highest daily count of 3 145 recorded on the 21 May 2020.

In week 21 (week ending 24 May 2020), there is a 15% increase in the number of confirmed COVID-19 cases, with a total of 18 890 new confirmed COVID-19 cases reported from 43 countries, compared to 16 376 cases reported the previous week. In addition, Angola reported its first health worker infection in this week. Seven countries in the WHO African region observed the highest increase in cases during week 21: Comoros 690% (from 11 to 87 cases), Mauritania 282% (from 62 to 237 cases), South Sudan 132% (from 282 to 655 cases), Central African Republic 85% (from 327 to 604 cases), Ethiopia 84% (from 317 to 582 cases), Madagascar 73% (from 304 to 527 cases) and Democratic Republic of the Congo 47% (from 1 455 to 2 141 cases).

In the same reporting week, Namibia (4) and Mauritius (2) reported imported confirmed cases after 45 and 28 days of zero reporting, respectively. These were cases undergoing quarantine, who had previously travelled from affected countries. Samples were collected in preparation for their discharge and tested positive for SARS-CoV-2 on 21 and 24 May 2020, respectively.

Seychelles and Eritrea have independently reported zero new confirmed COVID-19 cases in the past 48 and 36 days, respectively. Although Burundi and United Republic of Tanzania have had no new confirmed cases in our database in the last 17 and nine days, respectively, there are no official reports indicating zero confirmed cases. An additional 369 deaths were reported from 40 countries in week 21. Central African Republic recorded its first death during the reporting week.

From 18 to 24 May 2020, a cumulative total of 78 343 cases including 77 963 confirmed and 380 probable cases from Benin (210), Sao Tome and Principe (125), Democratic Republic of the Congo (1), with 2 099 associated deaths (case fatality ratio 2.7%) has been reported from all 47 countries in the region. The highest number of cases have been reported from South Africa (22 583), Algeria (8306), Nigeria (7839), Ghana (6 683), Cameroon (4 400), Guinea (3 275), Senegal (3 047), Côte d'Ivoire (2 376), Democratic Republic of the Congo (2 141) and Gabon (1 934). 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: Kenya (1 214), Guinea-Bissau (1 173), Equatorial Guinea (1 043), Mali (1 030), Niger (945), Zambia (920), Burkina Faso (832), Sierra Leone (721), Chad (675), South Sudan (655), Central African Republic (604), Ethiopia (582), Madagascar (527), United Republic of Tanzania (509), Congo (487), Benin (401), Togo (381), Cabo Verde (380), Mauritius (334), Rwanda (327), Uganda (304), Sao Tome and Principe (299), Liberia (265), Eswatini (250), Mauritania (237), Mozambique (194), Comoros (87), Malawi (83), Angola (69), Zimbabwe (56), Burundi (42), Eritrea (39), Botswana (35), Gambia (25), Namibia (21), Seychelles (11) and Lesotho (2).

Of the 78 343 confirmed COVID-19 cases reported, 32 600 (42%) recovered cases have been reported from 46 countries.

As of 24 May 2020, a total of 2 007 health workers have been infected in 32 countries: Nigeria (401), South Africa (326), Niger (178), Cameroon (175), Ghana (126), Côte d'Ivoire (116), Zambia (80), Senegal (77), Sierra Leone (75), Democratic Republic of the Congo (63), Gabon (57), Guinea-Bissau (54), Equatorial Guinea (53), Chad (46), Liberia (44), Sao Tome and Principe (40), Mauritius (30), Congo (13), Togo (12), Eswatini (8), South Sudan (7), Kenya (6), Malawi (5), Botswana (3), Benin (2), Madagascar (2), Namibia (2), Zimbabwe (2), Angola (1), Burundi (1), Central African Republic (1) and United Republic of Tanzania (1).

The 2 099 deaths in the region were reported from 40 countries: Algeria (600), South Africa (429), Nigeria (226), Cameroon (159), Mali (65), Democratic Republic of Congo (62), Niger (61), Chad (60), Burkina Faso (52), Kenya (51), Sierra Leone (40), Senegal (35), Ghana (32), Cote d'Ivoire (30), Liberia (26), United Republic of Tanzania (21), Guinea (20), Congo (16), Gabon (12), Equatorial Guinea (12), Togo (12), Mauritius (10), Sao Tome and Principe (9), South Sudan (8), Zambia (7), Guinea Bissau (6), Mauritania (6), Ethiopia (5), Angola (4), Malawi (4), Zimbabwe (4), Benin (3), Cabo Verde (3), Eswatini (2), Madagascar (2), Botswana (1), Burundi (1), Central African Republic (1), Comoros (1) and Gambia (1). Central African Republic reported their first death this week. The countries with the highest case fatality ratios are Liberia 9.8% (26/265), Chad 8.9% (60/675), Algeria 7.2% (600/8 306), Niger 6.5% (61/945), Mali 6.3% (65/1 030), Burkina Faso 6.3% (52/832), Sierra Leone 5.5% (40/721), and Kenya 4.2% (51/1 214). One new country, South Sudan, reported a death in a confirmed COVID-19 case.

Based on the available data on age and gender distribution ( $n=5\,067$ ), males 3 173 (63%) in the 31-39 and 40-49 age groups are more affected than females 1 894 (37%) 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, 15 have clusters of cases and seven have sporadic cases of COVID-19.

### PUBLIC HEALTH ACTIONS

- The deployment of Emergency Medical Teams (EMT) in countries is being monitored and is still awaiting the formal request for support from the Ministries of Health. An assessment of priority countries that will benefit from EMT support is being conducted.
- 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.
- 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

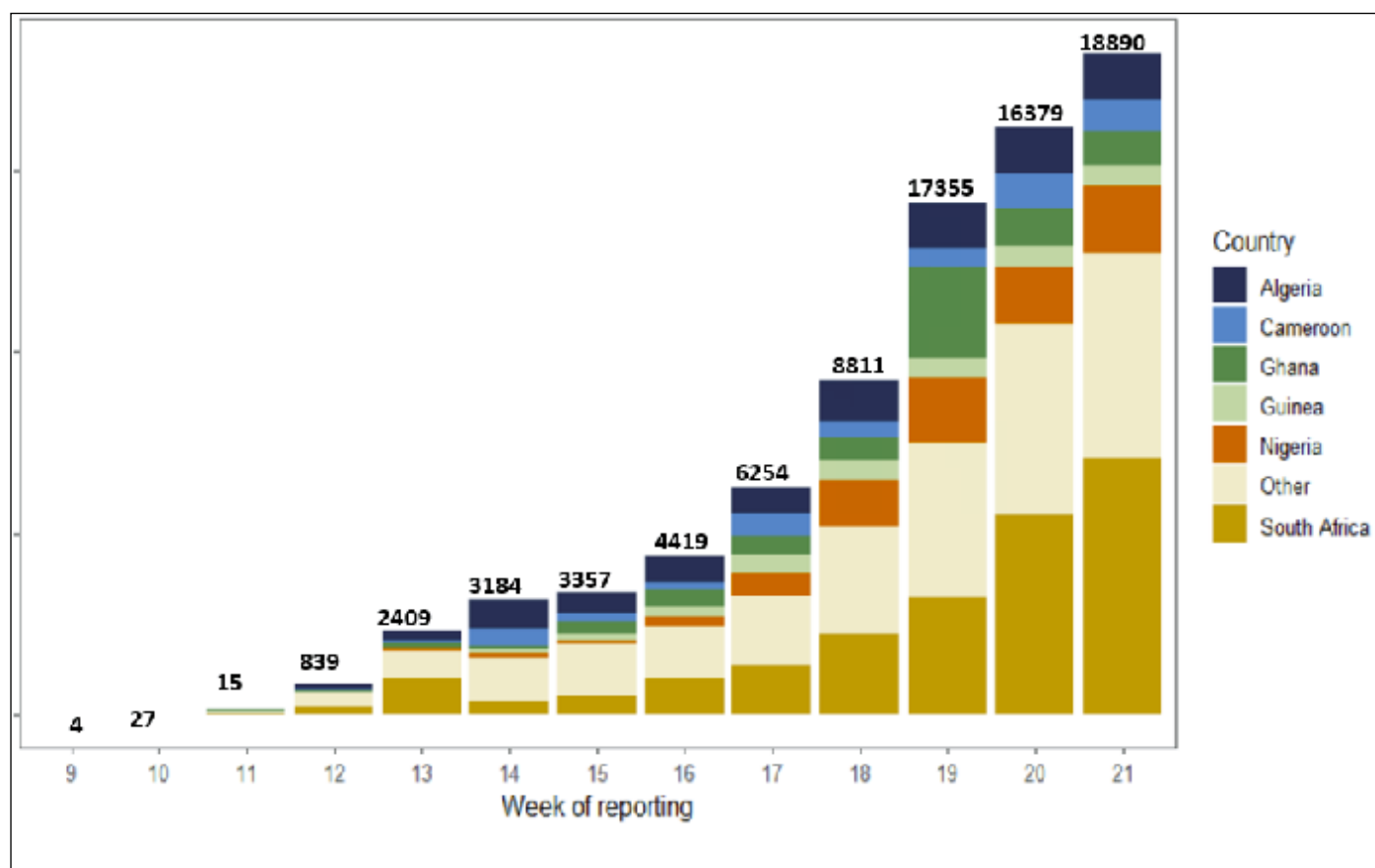
Pillar on areas of possible collaboration as regards to disseminating guidelines to member countries as jointly adapted by these bodies.

- 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 AFRO 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.
- 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.

## SITUATION INTERPRETATION

The COVID-19 pandemic continues to increase exponentially in the African region, with all countries now affected. The total number of confirmed COVID-19 cases in the African continent has now surpassed 100 000 cases. All countries need to continue strengthening all critical control measures, including active case finding, testing of all suspected cases, isolating and treating cases, 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 – 24 May 2020 (n=78 343)



## EVENT DESCRIPTION

There has been no new reported confirmed case of Ebola virus disease (EVD) in Democratic Republic of the Congo during week 21 (week ending 24 May 2020). This is the 27th successive day with zero reported confirmed EVD cases since the resurgence of the outbreak on 10 April 2020, during which seven confirmed cases were recorded in the health areas of Kasanga, Malepe and Kanzulinzuli in 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, with the last case discharged on 14 May 2020. The seventh case has been lost to follow-up since 16 May 2020, after leaving the temporary isolation facility. On the 22 May 2020, one new probable case of EVD was retrospectively validated in Mabalako, increasing the overall case-count by one.

As of 24 May 2020, a total of 3 463 EVD cases, including 3 317 confirmed and 146 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.

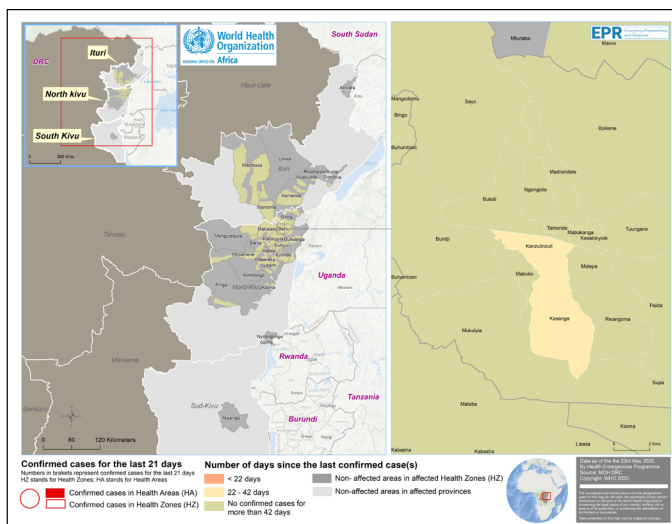
As of 24 May 2020, a total of 2 280 deaths were recorded, including 2 134 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 64% (2 134/3 317). As of 24 May 2020, the total number of health workers affected remains at 171, representing 5% of confirmed and probable cases.

No new contacts were registered on 24 May 2020. 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 have all completed their 21 days of follow-up. A total of 2 581 alerts were received, of which 2 552 were new, and 2 581 were investigated. Among the alerts investigated, 395 (15.3%) were validated.

## PUBLIC HEALTH ACTIONS

- Response and surveillance activities are being strengthened across all pillars, with preparedness enhanced in surrounding areas.
- There has been a slow down in health control activities at Beni PoCs as a result of demonstrations organized by local civil society pressure groups.
- Point of Entry/Point of Control continues, with 50 active PoEs submitting reports. 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 2 129 people have been vaccinated, of which 2 084 were in Beni and 45 in Karisimbi. The total number of people now vaccinated with the rVSV-ZEBOC-GP vaccine is now 303 905 since the start of the outbreak in August 2018.

Geographical distribution of confirmed Ebola virus disease cases reported from 23 May 2020, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo.



- As of 24 May 2020, a total of 65 patients, all suspected cases of EVD, were hospitalized in the ten operational TCs and ETCs reporting their activities on 24 May 2020.
- Infection prevention and control (IPC) activities continue, and as of 22 May 2020, 37 health facilities were monitored and assessed, with 21 providers briefed on IPC measures; in Mangina the functionality of eight handwashing points was monitored and evaluated, with a further two health facilities evaluated.
- Community sensitization and engagement activities continue, and as of 22 May 2020, the commission is continuing educational talks and community advocacy dialogues with community target groups to strengthen vigilance, as well as with traditional practitioners and health facility managers to obtain their collaboration in the early transfer of suspected cases to transit and treatment centres in Beni, Mabalako and Katwa.

## SITUATION INTERPRETATION

Despite the launch of the 42-day countdown, efforts to retrieve the missing confirmed case and investigations into the origin of the latest cluster are still ongoing. Given the long duration and large magnitude of the Ebola outbreak in North Kivu, South Kivu and Ituri Provinces in the Democratic Republic of the Congo, there is a risk of re-emergence of the virus during the lead up to the declaration of the end of the outbreak, and for several months following that declaration. In the coming weeks and months, it is crucial to maintain a strong and robust surveillance system in order to detect, isolate, test and treat new suspected cases as early as possible, to improve outcome of potential cases, and to break new chains of transmission. Maintaining strong communication and coordination among partners, authorities and affected communities, as well as continuing support for and engagement with EVD survivors are essential in this outbreak response.

## EVENT DESCRIPTION

On 11 May 2020, the Uganda Ministry of Health reported a cholera outbreak in Moroto District, located at the north-eastern part of the country. The event initially emerged on 29 April 2020 when a 17-year-old male (the index case) from Nadunget Subcounty presented to the local health facility with acute watery diarrhoea and severe dehydration. Four additional case-patients presenting with similar symptoms from the same location were seen the same day and cholera was suspected. The initial five cases had their onset of symptoms on 28 April 2020. More suspected cases were seen in the subsequent days. Eight stool specimens were obtained from the initial cases and shipped to the Central Public Health Laboratories (CPHL) in Kampala. Test results released by CPHL on 11 May 2020 cultured *Vibrio cholerae* 01 inaba in seven out of the eight stool specimens, confirming the outbreak.

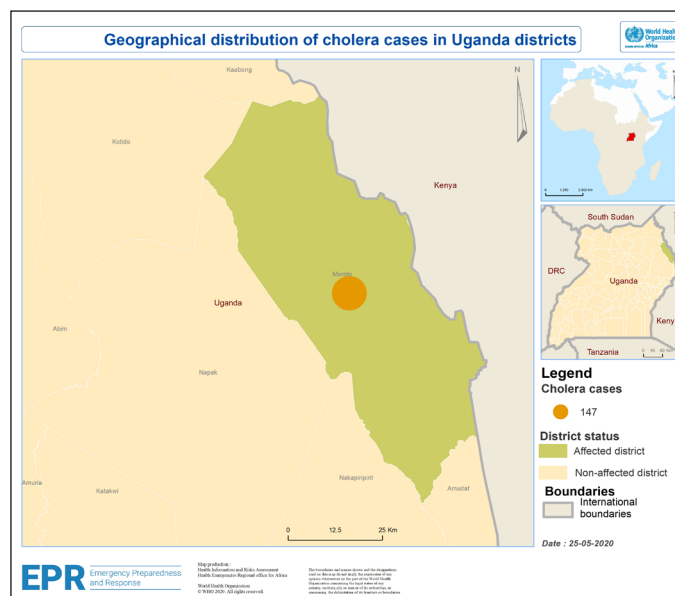
As of 21 May 2020, there is a cumulative total of 149 suspected cholera cases, with three deaths (case fatality ratio 2.0%), one in a cholera treatment centre and two in the community. The outbreak peaked on 18 May 2020 when 21 cases were reported.

Across the affected area, five out of six sub-counties, nine out of 26 parishes and 35 out of 161 villages in Moroto District have been affected. A total of 51% (75/149) cases are in children aged 0 to 14 years, with more females, 59% (86 cases), being affected than males 41% (61 cases). Of all the suspected cholera cases, 96% have malaria parasitaemia.

## PUBLIC HEALTH ACTIONS

- A Cholera Task Force, chaired by the District Chairperson of Moroto, has been activated, along with the various technical committees that sit daily to coordinate and implement response activities.
- The Cholera Task Force has prepared a response plan and budget to help mobilization of the necessary funds and other resources for the response operations.
- Cholera treatment centre/units have been established to provide clinical/nursing care to the patients.
- Water, sanitation and hygiene (WASH) interventions are being implemented, including protection of water sources, water quality testing, sanitation enforcement, construction of latrines and distribution of water purification chlorine tablets and hand washing facilities.

Geographical distribution of Cholera cases in Moroto district in Uganda as of 21 May 2020



## SITUATION INTERPRETATION

The Uganda Ministry of Health confirmed an outbreak of cholera in Moroto, one of the five districts of Karamoja sub-region. Karamoja is one of the least developed part of the country, with high poverty level and poor access to social services and infrastructure. The inhabitants are largely nomads living in the semi-arid area that usually experience prolonged dry spells and occasional droughts. Access to potable water and adequate sanitation have always been a challenge in the region, as is hygiene practice. Food insecurity and the burden of malnutrition in the region is high, with a significant proportion of the population depending on food aid.

Although Uganda is experienced in dealing with cholera outbreaks, there are numerous challenges affecting the response to this particular outbreak, partly due to the context. All aspects of the response to this outbreak require strengthening, ranging from surveillance, social mobilization and community engagement and WASH. These challenges need to be urgently attended to both by local authorities and partners in the various pillars to prevent this outbreak growing and becoming more widespread.

# 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. The outbreak is expanding in most countries. There is a need for all governments to step up 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, although the 42-day count down to end of outbreak declaration has re-started.
- The small, localised cholera outbreak in Uganda faces many challenges such as inadequate surveillance, poor case management, a shortage of laboratory reagents and lack of community mobilization and engagement.

## 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.
- The cholera outbreak in Uganda needs urgent attention to the challenges around surveillance, case management, shortage of laboratory reagents and lack of social engagement by local authorities and partners to prevent a larger outbreak, with geographical spread.

# 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>									
Togo	Yellow Fever	Ungraded	28-Apr-20	3-Feb-20	20-May-20	1	1	1	100.00%
On 28 April 2020, WHO received information regarding a confirmed yellow fever case in Mango village, Oti district, Savanes region in the northern part of Togo. The results were confirmed at the yellow fever reference laboratory, Institute Pasteur in Dakar, Senegal by seroneutralisation. The case is a 55-year old female with no travel or vaccination history for yellow fever. On 3 February 2020, she presented to a health facility with symptoms of fever with aches. The following day she developed jaundice and a blood sample was taken and transported to the national laboratory as yellow fever was suspected. The case-patient died three days later while receiving treatment. On 17 March, the sample tested IgM positive for yellow fever. On 22 March 2020, an in-depth multi-disciplinary investigation was conducted, and no additional case was detected.									
<b>Ongoing Events</b>									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	24-May-20	8 306	8 306	600	7.20%
From 25 February to 24 May 2020, a total of 8 306 confirmed cases of COVID-19 with 600 deaths (CFR 7.2 %) have been reported from Algeria. A total of 4 578 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	24-May-20	69	69	4	5.80%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 24 May 2020, a total of 69 confirmed COVID-19 case have been reported in the country with 4 deaths.									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	1-Jan-19	15-May-20	121	121	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 in 2020 so far while the total number of 2019 cases remain 119. These cases are from several outbreaks which occurred in 2019.									
Benin	COVID-19	Grade 3	17-Mar-20	16-Mar-20	24-May-20	401	191	3	0.70%
The Ministry of health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 24 May 2020, a total of 401 cases have been reported in the country with 3 deaths. Of the total cases, 191 were confirmed by PCR and 210 cases were classified as probable after testing positive by rapid diagnostic test (RDT).									
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	22-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 22 May 2020, while the number of cases since 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	24-May-20	35	35	1	2.90%
On 30 March 2020, the Minister of Health and Wellness of Botswana reported three confirmed cases of COVID-19. As of 24 May 2020, a total of 35 confirmed COVID-19 cases were reported in the country including one death and 19 recovered cases.									
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	31-Mar-20	-	-	-	-
Since 2015, the security situation in the regions of the Sahel and later in the East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement leading to a total of 765 517 internally displaced persons registered as of 14 February 2020 in all 13 regions in the country. The regions of Sahel, Centre-North, the North, the East and Boucle du Mouhoun are the most affected. In March 2020, a total of 14 attacks by armed groups that resulted in 10 302 additional displaced people were notified. Health services are severely affected and as of 13 January 2020, according to the report of the Ministry of Health, 9.5% (n=121) of the health facilities located in the six regions affected by insecurity are closed, thus depriving more than 1.5 million people of 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	24-May-20	832	832	52	6.30%
Between 9 March and 24 May 2020, a total of 832 confirmed cases of COVID-19 with 52 deaths have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2		1-Jan-19	22-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 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 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	24-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 24 May 2020, the total confirmed COVID-19 cases remain 42, including one death and 20 recovered.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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 epidemiologically 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 Cameroons Defence Forces (SOCADDEF) 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	24-May-20	4 400	4 400	159	3.60%
Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 24 May 2020, a total of 4 400 cases have been reported, including 159 deaths and 1 822 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.									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	24-May-20	380	380	3	0.80%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 24 May 2020, a total of 380 confirmed COVID-19 cases including three 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 670 000.									
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	24-May-20	604	604	1	0.20%
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 24 May 2020, a total of 604 confirmed COVID-19 cases were reported in the country.									
Central African Republic	Measles	Grade 2	15-Mar-19	1-Jan-19	10-May-20	21 219	21 219	83	0.40%
As of 10 May 2020, a total of 21 219 cases have been confirmed with 91 deaths in the country. From Week 1, 2019 (week ending on 7 January 2019) until week 7, 2020 (week ending on 23 February 2020), a total of 7 626 measles cases including 517 confirmed cases and 83 deaths have been reported in 20 affected districts in Central Africa. A total of 2 315 new suspected measles cases were notified from epidemiological week 1 to week 7 of 2020 in 20 districts among which there are 7 new districts reporting cases in this year. The majority of cases are under five of age, followed by the age group between 5 to 10 years old. Response activities are ongoing in the affected health districts.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	22-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	24-May-20	675	675	60	8.90%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 24 May 2020, a total of 675 confirmed COVID-19 cases were reported in the country including 60 deaths and 215 cases who 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	22-May-20	13	13	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are a total 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 (3 102 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	24-May-20	487	487	16	3.30%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 24 May 2020, a total of 487 cases including 16 deaths and 147 recovered cases have been reported in the country.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	24-May-20	2 376	2 376	30	1.30%
Since 11 March 2020, a total of 2 376 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 30 deaths. A total of 1 219 patients have recovered.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Ungraded	29-Oct-19	29-Oct-19	22-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.									
Democratic Republic of the Congo	Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	3-May-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, a militia group attack on a FARDC position, 52 km north of Bunia (Matete, Walendu sector Djatsi) in the territory of Djugu, caused several victims both sides and one civilian were wounded. In addition, there have been reports of displacement of almost 15 140 people who have found refuge in the locality of Djupamalawi. 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 an additional 50 000 IDPs are reported in other territories of Tanganyika. In South Kivu province, heavy rains that resulted in floods in Uvira were reported from 16 to 17 April 2020. A total of 50 deaths and 40 wounded persons, many houses destroyed were reported and currently there is a total of 78 000 persons displaced, including 3500 persons without shelters. The displaced persons are in need of basic humanitarian assistance, including access to food, clean water, non-food items, shelters and healthcare assistance.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-20	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 (CFR 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	24-May-20	2 305	2 304	66	2.90%
On 10 March 2020, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 24 May 2020, a total of 2 305 cases including 66 deaths and 337 recoveries have been reported in the country.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Democratic Republic of the Congo	Ebola virus disease	Grade 3	31-Jul-18	11-May-18	23-May-20	3 463	3 317	2 280	65.80%
Detailed update given above.									
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	1-Jan-20	10-May-20	58 112	845	748	1.30%
In week 19 (week ending 10 May April 2020), 1 265 measles cases including 20 deaths (CFR 1.6 %) were reported across the country. The provinces that reported majority of cases include: Tshopo(266 cases), North Kivu(138 cases), Sankuru (94 cases), Mongala (82 cases), Maimbo ( 82 cases), and North Ubangi (80 cases). Over the past four weeks (weeks 16 to 19) a decreasing trend in the number of cases was observed in the provinces of: Bas-Uele, Haut Katanga, Ituri, Kasai, Kinshasa, Kwango, Lomami, Lualaba, Maniema, North and South Ubangi, and Sankuru. Since 2019 a total of 369 520 measles cases and 6 779 deaths (CFR 1.8%) have been reported in the country.									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-20	3-May-20	1 441	-	37	2.60%
During week 18 (week ending 3 May 2020), a total of 88 suspected cases of monkeypox with five deaths were reported across the country compared to 68 cases the preceding week. Between week 1 and week 18, a total of 1 763 suspected cases including 37 deaths were reported in the country. The majority of cases were reported from the Provinces of: Sankuru, Equateur, Bas-Uele, Mongala and Tshopo. Between weeks 1 and 52 of 2019 a cumulative total of 5 288 monkeypox cases, including 107 deaths (CFR 2%) was reported from 133 health zones in 19 provinces. One major challenge to the current emergency includes 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 and 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	22-May-20	5	5	0	0.00%
No cVDPV2 cases were reported this week. So far, there have been five cases reported in 2020 while the total number of cases reported in 2019 remains 88. There were 20 cases reported in 2018. The country continues to be affected by several other genetically distinct cVDPV2s (notably in Kasai, Kivu, Kwango and Sankuru provinces).									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	24-May-20	1 043	1 043	12	1.20%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 24 May 2020, a total of 1043 cases have been reported in the country.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	21-May-20	39	39	0	0.00%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 21 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	24-May-20	250	250	2	0.80%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 24 May 2020, a total of 250 cases have been reported in the country including 156 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.									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	24-May-20	582	582	5	0.90%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 582 cases of COVID-19 as of 24 May 2020. Of the 582 cases, five deaths and 152 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	22-May-20	25	25	0	0.00%
No cVDPV2 cases were reported this week. There has been a total of 25 cases reported in Ethiopia since the beginning of the outbreak.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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 to 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 Center 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	24-May-20	1 934	1 934	12	0.60%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 24 May 2020, a total of 1 934 cases including twelve deaths and 459 recovered have been reported in the country.									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	24-May-20	25	25	1	4.00%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 24 May 2020, a total of 25 confirmed COVID-19 cases including one death and thirteen recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	24-May-20	6 683	6 683	32	0.50%
On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. As of 24 May 2020, a total of 6 683 cases including 32 deaths and 1 998 recoveries have been reported in the country.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	22-May-20	29	29	0	0.00%
No cVDPV2 cases were reported this week. There have been 11 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	24-May-20	3 275	3 275	20	0.60%
The Ministry of health in Guinea Conakry announced the first confirmed case of COVID-19 on 13 March 2020. As of 24 May 2020, a total of 3 275 cases including 1 673 recovered cases and 20 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	24-May-20	1 173	1 173	6	0.50%
As of 24 May 2020, the country has 1 173 confirmed cases of COVID-19 with 42 recoveries and six 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	17-May-20	555	14	13	2.30%
In week 20 (week ending 17 May 2020), 18 new suspected cases were reported from Marsabit and Turkana counties. Since 1 January 2020, cholera outbreak has been reported in five counties namely: Garissa, Marsabit, Muranga, Turkana and Wajir. Cumulatively, a total of 555 cases with 13 deaths has been reported. The outbreak is currently active in Marsabit and Turkana counties.									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	24-May-20	1 214	1 214	51	4.20%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 24 May 2020, 1 214 confirmed COVID-19 cases including 51 deaths and 383 recoveries have been reported in the country.									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	3-Jan-20	17-May-20	95	47	4	4.20%
In week 20 (week ending 17 May 2020), no new case was reported. Since the beginning of the outbreak, suspected and confirmed cases of leishmaniasis have been reported from Garissa, Kitui, Mandera, Marsabit, Wajir counties.									
Kenya	Measles	Ungraded	6-May-19	20-Mar-19	17-May-20	812	53	3	0.40%
A 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, 20 confirmed), and Wajir (7 total cases, 7 confirmed cases). Additionally, Kajiado (425 total cases, 4 confirmed and 1 death) and Garissa counties (10 total cases, 6 confirmed) reported measles cases in 2019.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Lesotho	COVID-19	Grade 3	13-May-20	13-May-20	22-May-20	2	2	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. On 22 May 2020, a second case with travel history to South Africa was confirmed positive.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	24-May-20	265	265	26	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 24 May 2020, a total of 265 cases with 26 deaths have been reported from the country. A total of 139 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 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	24-May-20	527	527	2	0.40%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 24 May 2020, a total of 527 cases have been reported in the country, out of which 142 have recovered.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	24-May-20	83	83	4	4.80%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 24 May 2020, the country has a total of 83 confirmed cases with four deaths and 33 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	24-May-20	1 030	1 030	65	6.30%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 24 May 2020, a total of 1030 confirmed COVID-19 case have been reported in the country including 65 deaths and 597 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	24-May-20	237	237	6	2.50%
The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 24 May 2020, a total of 237 cases including six deaths and fifteen recovered cases have been reported in the country.									
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 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 DENV-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, Tineri, Aghnemrite and Edebaye).									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	24-May-20	334	334	10	3.00%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 24 May 2020, a total of 334 confirmed COVID-19 cases including ten deaths and 322 recovered cases have been reported in the country. Two new imported cases of COVID-19 were registered in the country after 28 consecutive days with no new confirmed positive COVID-19 cases.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mozambique	Cholera	Ungraded	20-Feb-20	31-Jan-20	30-Mar-20	2 305	1	18	0.80%
A 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	24-May-20	194	194	0	0.00%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 24 May 2020, a total of 194 confirmed COVID-19 cases were reported in the country.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	24-May-20	21	21	0	0.00%
Two cases of novel coronavirus (COVID-19) were confirmed in Namibia on 14 March 2020. As of 24 May 2020, a total of 21 cases have been reported in the country including 14 cases who recovered.									
Namibia	Hepatitis E	Protracted 1	18-Dec-17	8-Sep-17	22-Feb-20	7 384	1 872	63	0.90%
In weeks 7 and 8 (week ending 23 February 2020), 99 new cases were reported countrywide with the majority (62 cases) from Khomas region. Since the beginning of the outbreak in December 2017, a cumulative total of 7 384 cases (1 872 laboratory-confirmed, 4 535 epidemiologically linked, and 977 suspected cases) including 63 deaths (CFR 0.9%) have been reported countrywide. Khomas Region remains the most affected region, accounting for 4 593 (62%) of reported cases, followed by Erongo 1 588 (22%) since the outbreak began.									
Niger	Humanitarian crisis	Protracted 1	1-Feb-15	1-Feb-15	23-Jan-20	-	-	-	-
The security situation continues to worsen in bordering areas of Burkina Faso, Mali and Nigeria following armed groups attacks in the region. The military camp of Sinegodar situated in the health district of Banibangou, Tillabery region was attacked on 9 January 2020. A total of 89 governments defence and security forces was killed. The number of displaced people is increasing in Tillaberi, 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	24-May-20	945	945	61	6.50%
The first COVID-19 confirmed case was reported in the Niger on 19 March 2020. As of 17 May 2020, a total of 945 confirmed COVID-19 cases including 61 deaths and 783 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 (17 cases, 1 death), Niamey (5 cases, 0 deaths), Tahoua (57 cases, 0 deaths), Tillaberi (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	24-May-20	7 839	7 839	226	2.90%
The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 24 May 2020, a total of 7 839 confirmed cases including 226 deaths and 2 263 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	22-May-20	22	22	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 for a total of 56 since 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	24-May-20	327	327	0	0.00%
Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 24 May 2020, a total of 327 cases with zero deaths and 237 recovered cases have been reported in the country.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	24-May-20	299	165	9	3.00%
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 24 May 2020, 165 cases of COVID-19 confirmed by PCR and an additional 134 probable cases have tested positive by rapid diagnostic testing. Thus, a total of 299 cases of COVID-19 have been reported, including 9 deaths and 4 recoveries among confirmed cases.									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	24-May-20	3 047	3 047	35	1.10%
Between 2 March 2020 and 24 May 2020, a total of 3 047 confirmed cases of COVID-19 including 35 deaths have been reported from Senegal. A total of 1 456 cases have recovered.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	24-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. The last confirmed case was reported on 6 April 2020.									
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	24-May-20	721	721	40	5.50%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 21 May 2020, a total of 721 confirmed COVID-19 cases were reported in the country including 40 deaths and 241 recovered cases.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	24-May-20	22 583	22 583	429	1.90%
South Africa continues to report cases of COVID-19. From 5 March to 24 May 2020, a total of 22 583 confirmed cases with 429 deaths have been reported from all provinces across the country. A total of 11 100 cases have recovered.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	15-May-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	24-May-20	655	655	8	1.20%
On 5 April 2020, the Ministry of Health of South Sudan has reported the country's first case of COVID-19. As of 24 May 2020, a total of 655 confirmed COVID-19 cases were reported in the country including 8 deaths and 6 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	24-May-20	509	509	21	4.10%
The Ministry of Health, Community Health Community Development, Gender, Elderly and Children (MOHCDCGEC) in Tanzania reported the country's first case of COVID-19 on 16 March 2020. As of 24 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	24-May-20	381	381	12	3.10%
On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 24 May 2020, a total of 381 cases including 12 deaths and 141 recovered cases have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	24-May-20	14	14	0	0.00%
One cVDPV2 cases were reported this week. There have been seven 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Uganda	Cholera	Ungraded	11-May-20	29-Apr-20	21-May-20	149	7	3	2.01%
Detailed update given above.									
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	23-May-20	304	304	0	0.00%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 23 May 2020, a total of 304 confirmed COVID-19 cases, 66 recoveries with no deaths were reported in the country.									
Uganda	Yellow fever	Ungraded	22-Jan-20	31-Oct-19	30-Jan-20	8	8	4	50.00%
From 4 November through 14 February 2020, eight laboratory confirmed cases of yellow fever in Buliisa (3), Maracha (1) and Moyo (4); including four deaths (CFR 50%), were detected through the national surveillance system.									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	22-May-20	920	920	7	0.80%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 22 May 2020, a total of 920 confirmed COVID-19 cases were reported in the country including seven deaths and 336 recovered cases.									
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-19	16-Jul-19	22-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	24-May-20	56	56	4	7.10%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 24 May 2020, a total of 56 confirmed COVID-19 cases were reported in the country including four deaths and 25 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 almost a 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.									

†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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### Data sources

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