

COVID-19

Situation update for the WHO African Region

27 May 2020

External Situation Report 13



World Health
Organization

REGIONAL OFFICE FOR

Africa

COVID-19

WHO AFRICAN REGION

External Situation Report 13

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1. Situation update

Cases



83 913

Deaths



2 287

Three months into the coronavirus disease 2019 (COVID-19) outbreak in the WHO African Region (when Algeria confirmed the first case on 25 February 2020), all Member States have been affected, with Lesotho being the last to report a confirmed case on 13 May 2020. The COVID-19 incidence cases and associated deaths continue to rise, albeit with differential trends among countries. The region has been recording a daily case-count of more than 2 000 in the past three weeks.

Since our last situation report on 20 May 2020 ([External Situation Report 12](#)), an additional 19 735 new confirmed COVID-19 cases (a 31% increase) were reported from 43 countries. During this period, seven countries in the WHO African region observed the highest percentage increase in cases: South Sudan 186% (from 282 to 806 cases), Comoros 156% (from 34 to 87 cases), Mauritania 100% (from 131 to 262 cases), Ethiopia 92% (from 365 to 701 cases), Madagascar 80% (from 326 to 586 cases), Sao Tome and Principe 76% (from 251 to 441 cases), Central African Republic 59% (from 411 to 652 cases) and Cameroon 54% (from 3 529 to 5 436 cases). In the same reporting week, Namibia (4) and Mauritius (2) reported imported confirmed cases after 45 and 28 days of zero reporting, respectively. The reported cases were undergoing quarantine and 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 49 and 37 days, respectively. Although Burundi and United Republic of Tanzania have had no new confirmed cases in our database in the last 18 and 10 days, respectively, there are no official reports indicating zero confirmed cases.

From 20 to 26 May 2020, 460 new deaths (25% increase) were reported from 30 countries: South Africa (212), Algeria (57), Nigeria (56), Cameroon (37), Mali (17), Sierra Leone (11), Niger (8), Democratic Republic of the Congo (7), Senegal (7), Chad (6), Mauritania (5), Equatorial Guinea (5), South Sudan (4), Congo (4), Sao Tome and Principe (3), Liberia (3), Gabon (2), Kenya (2), Guinea (2), Côte d'Ivoire (2), Central African Republic (1), Ethiopia (1), Mozambique (1), Malawi (1), Angola (1), Benin (1), Cabo Verde (1), Togo (1), Ghana (1) and Burkina Faso (1). Central African Republic and Mozambique recorded their first death during the reporting week. The region has registered 9 713 new recoveries in this reporting period.

As of 26 May 2020, a cumulative total of 83 913 COVID-19 cases, including 83 722 confirmed and 191 probable cases have been reported across the 47 countries in the region. The probable cases have been reported in Sao Tome and Principe (146), Comoros (44) and Democratic Republic of the Congo (1). The 210 probable cases earlier reported from Benin were retested by polymerase chain reaction and all were negative for SARS-CoV-2. A total of 2 278 deaths have been reported, giving an overall case fatality ratio (CFR) of 2.7%. Six countries have not registered any COVID-19 related deaths since the beginning of the pandemic in the region: Eritrea, Seychelles, Lesotho, Namibia, Rwanda and Uganda.

The current status in the region represents only 1.6% of confirmed COVID-19 cases and 0.7% of deaths reported worldwide. **Table 1** shows the list of affected countries and their respective number of cases and deaths. The daily and weekly distribution of cases by date and week of reporting are presented in Figures 1 and 2, respectively. On 21 May 2020, the region recorded its highest daily case count of 3 145 since the beginning of the outbreak. The ten countries with the highest number of cases in the region include: South Africa (24 264), Algeria (8 697), Nigeria (8 344), Ghana (6 964), Cameroon (5 436), Guinea (3 358), Senegal (3 161), Côte d'Ivoire (2 477), Democratic Republic of the Congo (2 403) and Gabon (2 238), which collectively account for 80% of all reported cases.

Of the 83 913 COVID-19 cases reported, 35 788 (43%) have recovered, with recoveries documented from 46 countries in the region, with 100% of cases in Eritrea (39) and Seychelles (11) recorded as recovered. Since the beginning of the outbreak, Algeria has consistently reported the highest weekly and cumulative mortality in the region, now at 617 (27%) deaths, followed by South Africa with 524 (22%). The other countries reporting high number of deaths are: Nigeria 249 (11%), Cameroon 177 (7.7%), Mali 70 (3.1%), Democratic Republic of the Congo 67 (2.9%), Niger 63 (2.8%) and Chad 62 (2.7%). The highest case fatality ratios were observed in seven countries: Liberia (9.8%), Chad (8.9%), Algeria (7.1%), Niger (6.6), Mali (6.5), Burkina Faso (6.3%) and Sierra Leone (5.8%). Of these, Liberia, Chad, Algeria, Niger and Mali have recorded case fatality ratios higher than that currently registered globally at 6.4%. **Figure 3** shows the distribution of cases and deaths by week of notification in the six most affected countries.

Of concern, health workers have been greatly affected by COVID-19, with 2 217 health workers being infected in 32 countries since the beginning of the outbreak. Overall, Nigeria has been the most affected, with 606 health workers infected, followed by South Africa (326), Niger (177), Cameroon (175), Ghana (126), Côte d'Ivoire (116), Sierra Leone (81), Zambia (80), Senegal (77), Democratic Republic of the Congo (63), Gabon (57) and Guinea-Bissau (54). The other 20 countries that recorded health worker infections are shown in **Table 1**.

Based on the available data on age and gender distribution ($n=5\,091$), the male to female ratio among confirmed cases is 1.8, and the median age is 44 years (range: 0 - 105). Males 3 186 (63%) in the 31-39 and 40-49 age-groups are more affected than females 1 905 (37%) across the same age-groups. The distribution of cases by age and sex is presented in **figure 4**.

Currently, 25 countries in the region are experiencing community transmission, 15 have clusters of cases and seven have sporadic cases of COVID-19. The region has also observed increased incidences of importation of cases from affected countries within the region, largely fueled by long-distance truck drivers and illicit movement through porous borders.

As of 26 May 2020, the number of cases in the African continent had surpassed 100 000 cases and is now at 118 717 confirmed COVID-19 cases and 3 574 deaths (CFR 3.1%). The 118 717 cases include a total of 34 804 cases from the seven countries in the WHO EMRO Region: Egypt (17 967), Morocco (7 556), Sudan (3 976), Djibouti (2 468), Somalia (1 711), Tunisia (1 051) and Libya (75) and 83 913 cases from the WHO AFRO Region. Additionally, the 1 287 deaths have been recorded from Egypt (783), Morocco (202), Sudan (170), Somalia (67), Tunisia (48), Djibouti (14), Libya (3) and 2 278 from the AFRO region.

Table 1. Number of confirmed COVID-19 cases in the WHO African Region, 25 February – 26 May 2020 ($n=83\,913$)

Country	Total cases	Total deaths	Total probable	Case fatality ratio (%)	Health Workers	Days elapsed since last case
South Africa	24 264	524		2.2	326	1
Algeria	8 697	617		7.1		1
Nigeria	8 344	249		3.0	606	1
Ghana	6 964	32		0.5	126	1
Cameroon	5 436	177		3.3	175	1
Guinea	3 358	20		0.6		1
Senegal	3 161	37		1.2	77	1
Côte d'Ivoire	2 477	30		1.2	116	1
Democratic Republic of the Congo	2 403	67	1	2.8	63	2
Gabon	2 238	14		0.6	57	1
Kenya	1 348	52		3.9	6	1
Guinea-Bissau	1 173	6		0.5	54	3
Mali	1 077	70		6.5		1
Equatorial Guinea	1 043	12		1.2	53	5
Niger	952	63		6.6	177	1
Zambia	920	7		0.8	80	3

Burkina Faso	845	53		6.3		2
South Sudan	806	8		1.0	7	2
Sierra Leone	754	44		5.8	81	1
Ethiopia	701	6		0.9		1
Chad	700	62		8.9	46	2
Central African Republic	652	1		0.2	1	2
Madagascar	586	2		0.3	2	1
Congo	569	19		3.3	13	1
United Republic of Tanzania	509	21		4.1	1	18
Sao Tome and Principe	441	10	146	2.3	40	1
Benin	208	3	0	0.7	2	2
Togo	391	13		3.3	12	1
Cape Verde	390	4		1.0		2
Uganda	341	0		0.0		2
Rwanda	339	0		0.0		1
Mauritius	334	10		3.0	30	2
Liberia	266	26		9.8	44	2
Mauritania	262	9		3.4		2
Eswatini	261	2		0.8	8	1
Mozambique	213	1		0.5		1
Malawi	101	4		4.0	5	2
Comoros	87	1	44	1.1		2
Angola	71	4		5.6	1	1
Zimbabwe	56	4		7.1	2	3
Burundi	42	1		2.4	1	10
Eritrea	39	0		0.0		37
Botswana	35	1		2.9	3	2
Gambia	25	1		4.0		4
Namibia	21	0		0.0	2	2
Seychelles	11	0		0.0		49
Lesotho	2	0		0.0		3
Total	83 913	2 287	191	2.7	2 217	

Figure 1. Daily number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 26 May 2020 ($n=83\,913$)

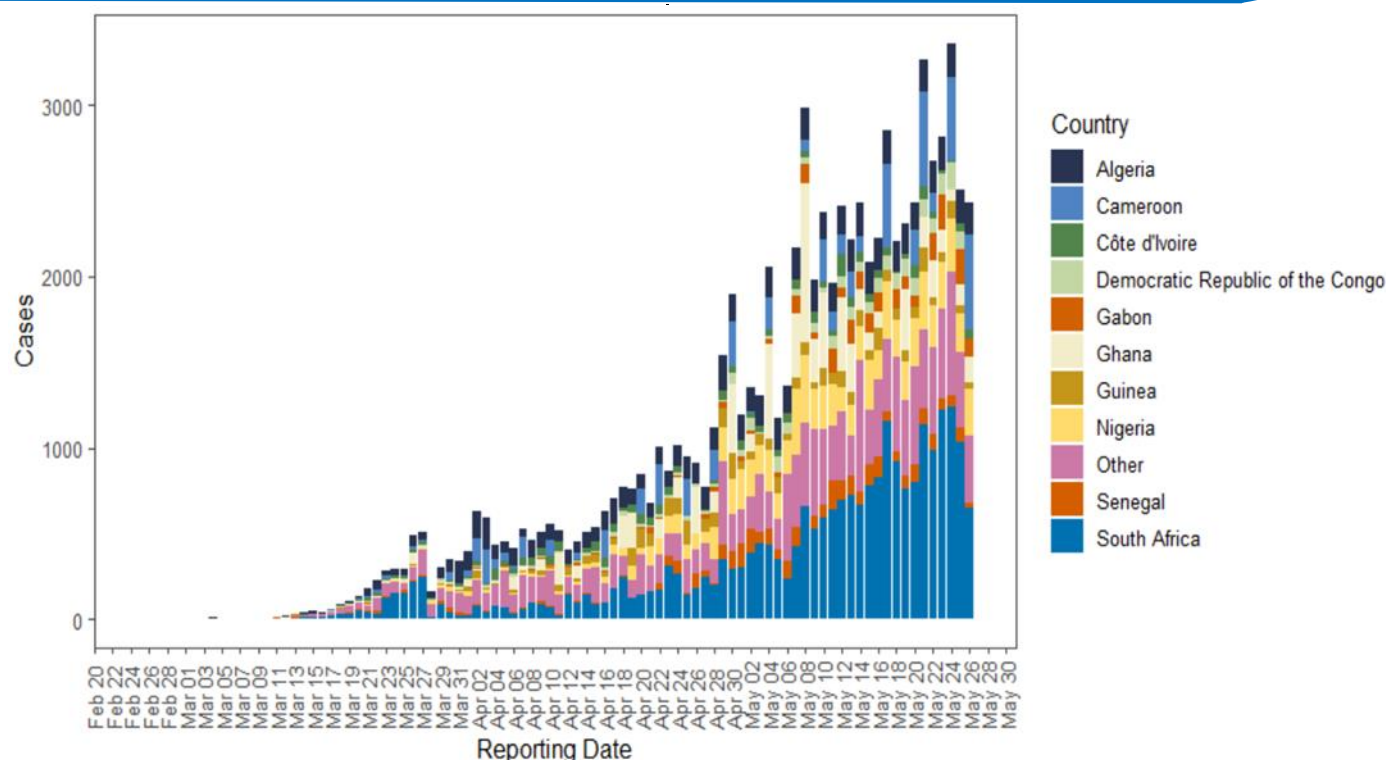


Figure 2. Weekly number of confirmed COVID-19 cases in the WHO African Region by country, 25 February –26 May 2020 (*n* = 83 913)

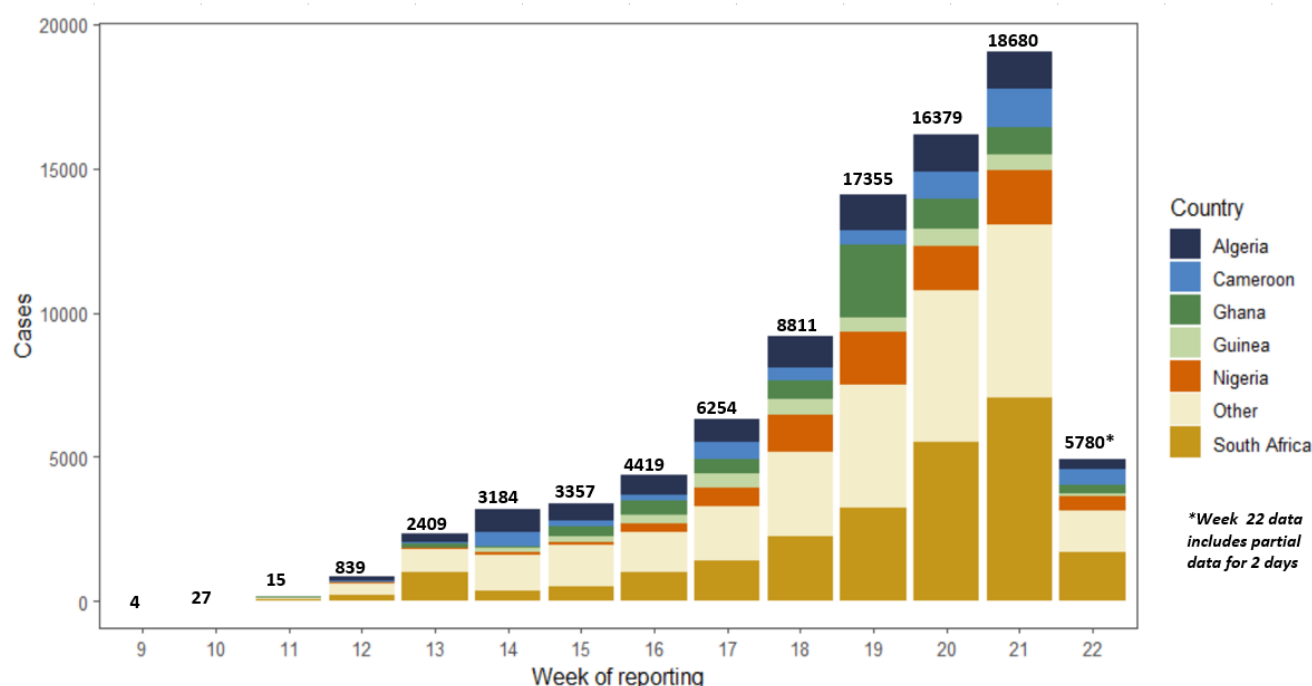


Figure 3. Epidemic curves of COVID-19 outbreaks in South Africa, Algeria, Nigeria, Ghana, Cameroon and Guinea, 25 February –26 May 2020 (*n*=57 063)

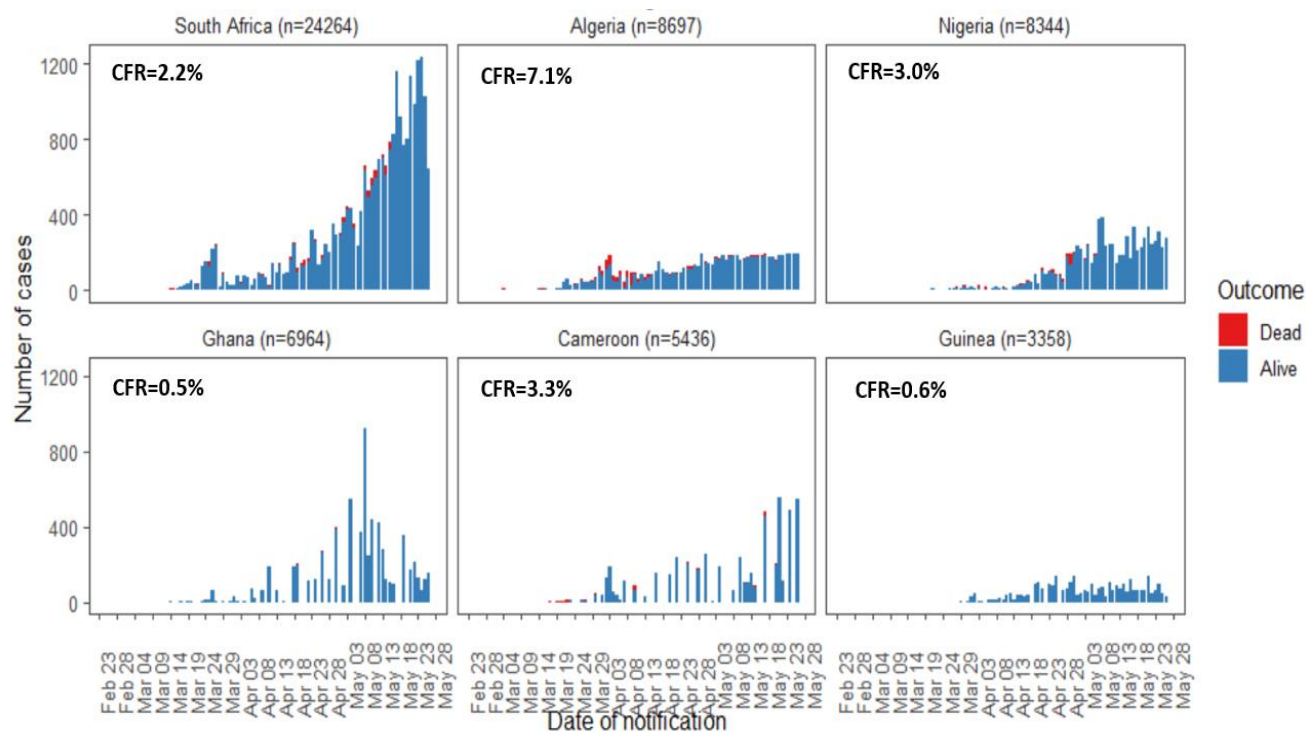
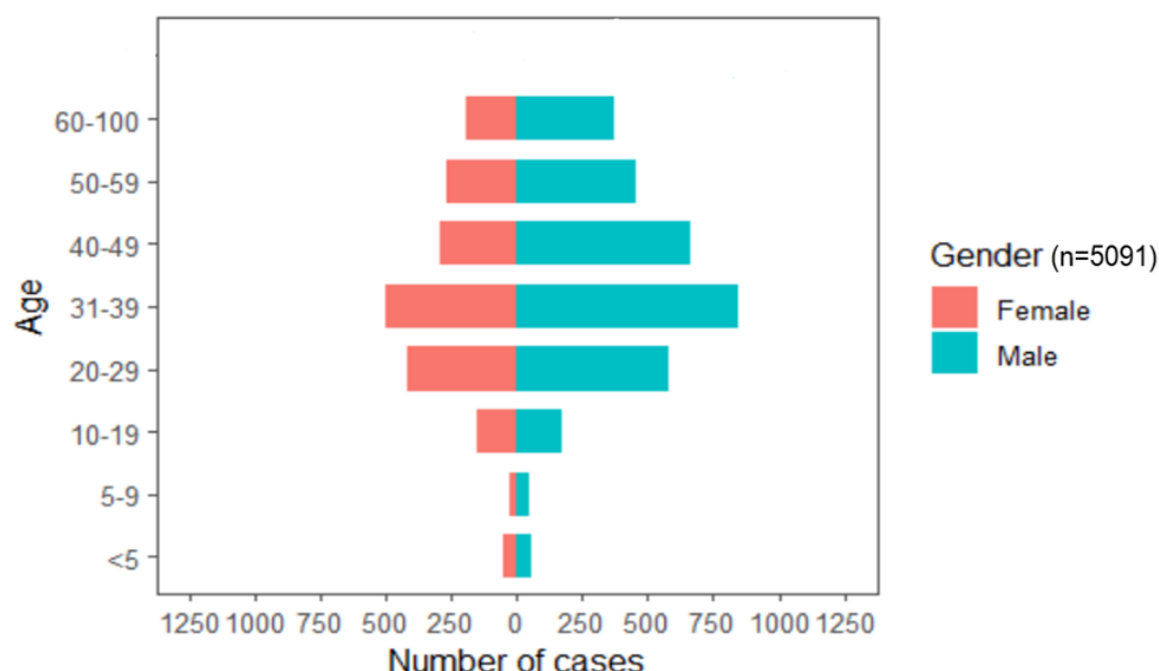


Figure 4. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 26 May 2020 (n=5 091)



2. Global update

- As of 26 May 2020, at 18:00 CET, a total of **5 404 512** confirmed cases, including **343 514** deaths (CFR 6.4%), was reported globally. Both the global number of confirmed COVID-19 cases and deaths have continued to increase significantly during the past week.
- To date, 214 countries/territories/areas and one international conveyance have reported laboratory confirmed COVID-19 cases. The 10 countries with the highest number of cumulative cases are: United States of America (1 618 757), Brazil (363 211), the Russian Federation (362 342), the United Kingdom (261 188), Spain (235 400), Italy (230 158), Germany (179 002), Turkey (157 814), India (145 380), France (142 482) and Iran - Islamic Republic (137 724). All affected countries have reported new confirmed cases in the past week.
- Please refer to the WHO Daily Coronavirus disease (COVID-2019) situation reports for further information: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>.

3. Current risk assessment

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

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

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

4. Actions to date

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

Coordination

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

Surveillance

- The Surveillance Pillar of the IMST continues to provide technical support to Member States to improve active surveillance, including alert management systems, case investigations and contact tracing. During the reporting week, technical support was provided to many countries, as follows:
 - Conducted data management (Go. Data, Open Data Kit, EWARs) trainings and offered technical support to Algeria, Eswatini, Democratic Republic of the Congo, Liberia, Sierra Leone, South Africa, South Sudan and Zimbabwe.
 - Virtual meetings were held with staff from the Ministries of Health and WHO Country Offices in Botswana, Eritrea, Mauritius, Sierra Leone, South Sudan and Tanzania to strengthen COVID-19 surveillance, including alert management system, contact tracing, reporting and data analysis.
 - Technical support was provided to Niger, Senegal and Burkina Faso in contact tracing, data entry, quality control and analysis.
- A detailed epidemiological analysis of COVID-19 cases, laboratory testing and contact tracing database was continued to provide evidence to guide and improve public health measures.
- A rapid assessment of the status of COVID-19 surveillance was initiated in the 47 countries of the region to inform targeted technical support and guidance.

Infection Prevention and Control

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

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

Laboratory

- Experts are being deployed to Comoros and Sao Tome to support initiation and strengthening of Polymerase Chain Reaction testing for SARS-CoV-2.
- A comprehensive document Technical Guidance on Laboratory Operations for Coronavirus Disease (COVID-19) Testing in the WHO African Region to support countries in providing streamlined laboratory actions for COVID-19 was published in French, Portuguese and English and disseminated regionally.
- A laboratory reporting platform was launched during the reporting week. This is a data reporting tool to monitor, from a regional level, the number of specimens tested, stock levels and other laboratory performance parameters.

Case management

- The WHO AFRO case management team conducted a two day virtual training for Comoros, Guinea Bissau, AMERN and 30 participating clinicians across the continent and Europe on 19 to 20 May 2020. A total of 410 participants attended, 234 individuals have followed up and viewed the presentation online with 163 downloads.
- The team participated in a teleconference call with focal points daily meeting on 21 May 2020 to discuss issues countries are facing; specific and general technical assistance. The team had a call with Botswana on the same day to review COVID-19 Case Management practices and the Guidance Adaptation Technical Group (GATG) also met to complete a draft "Management of Critical Care of COVID-19 Patient Guide".

Risk Communication

- The team developed messages on key prevention behaviors with focus on benefits of hand washing, physical and social distancing, use of masks and staying away from public when sick.
- Twenty-eight countries have developed and are implementing engagement strategies. In Uganda, truck drivers were engaged to discuss risk, prevention and control measures.
- The Senegal hub had in-depth discussions with Algeria, Cameroun, Benin, Togo and Democratic Republic of the Congo country team to support them in strategies to improve capacity.
- Key messages were developed for health workers working in quarantine facilities in Ethiopia.

Logistics

- Individual follow up, briefings and trainings on the new supply chain system have been conducted to countries within the region. A new online portal version with new features has been released.
- Identification of Supply Coordinators at country level is in advance process to enable full use of the online portal and adequate requests processing. A total of 27 countries have already placed requests in the online portal.
- In addition, requests have been placed for a total value of US\$ 30 000 000 to cover urgent needs in 47 countries. Delivery of testing kits in progress despite limited means of transportation
- A centralized helpdesk, offering direct support from AFRO has been implemented.

Emergency Medical Team

- Implementation of partnership with NGOs: The very first draft of the "template" for presenting project proposals was shared with the partners. The partners were asked to use the format of the project presentation form, which was given to them pending further information and details on the sending process which will be communicated later.

- Of all the countries eligible for EMT intervention, only Guinea Bissau has sent an official request to deploy an EMT. A mapping of the gaps to cover and estimates of budgets for the implementation of these interventions will be made to anticipate a possible deployment of implementing partners to accelerate the response on the ground.
- The process to sign a collaboration agreement still ongoing with academic institutions: A technical secretariat to follow up on the recommendations of meetings organized between WHO AFRO and the African conference of Deans of French expression medicine faculties will be set up.

Human Resources

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

5. IHR travel measures and cross border health

- WHO recommendations for international traffic in relation to COVID-19 outbreak are available at <https://www.who.int/news-room/articles-detail/updated-who-recommendations-for-international-traffic-in-relation-to-covid-19-outbreak>

WHO continues to monitor IHR measures being implemented by countries in the region:

- All countries in the region are conducting entry screening at the Points of Entries (PoEs), mainly at the airports, with some doing so at seaports and ground crossings.
- Due to movement of goods through the ground crossing, countries have intensified screening at ground crossings, which has led to detection of COVID-19 cases among truck drivers.
- A total of 24 countries are implementing lockdown; nationwide lockdown in 13 countries and lockdown in affected areas in 11 countries.
- Eight countries have started a phased easing of the lockdown measures.

6. Conclusion

The COVID-19 outbreak has been ongoing in the WHO African Region in the last three months, affecting all countries. The overall trajectory of the outbreak is still on the increase, although with differential trends among countries. Despite the rising trends being observed, many countries in the region have started easing measures restricting social and economic activities. At this stage, it is critical that rigorous public health measures are implemented at all levels of the national health systems and in all communities. The emphasis remains on effective active case finding, testing and isolation of cases, contact tracing, physical distancing and promotion of good personal hygiene practices.

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

