

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 22: 25 - 31 May 2020

Data as reported by: 17:00; 31 May 2020

1

New event

113

Ongoing events

104

Outbreaks

10

Humanitarian crises



Graded events †

50

Grade 3 events

14

Grade 2 events

1

Grade 1 events

2

Protracted 3 events

2

Protracted 2 events

3

Protracted 1 events

41

Ungraded events

Overview

Contents

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

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 114 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 Ethiopia](#)

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 cumulative case-count of confirmed COVID-19 in the WHO African Region has topped 100 000 as the pandemic continues to grow. The trajectory of the pandemic in the region is on the rise, both in terms of case incidence and mortality. Meanwhile, many countries in the region are now easing confinement measures introduced to control the spread of the virus, which came with considerable social and economic cost, particularly to the most vulnerable in the society. WHO has published guidance to countries on how the lockdowns can be eased in a systematic, step-by-step approach, as well as describing what essential public health measures need to be in place throughout the process.
- Health authorities in Democratic Republic of the Congo have confirmed a fresh EVD outbreak in Mbandaka Health Zone, Équateur Province in the north-western part of the country. This event comes at a time when the 42-day countdown to the end of the EVD outbreak in Ituri, North Kivu and South Kivu Provinces was relaunched following re-emergence of the outbreak in Beni. This event re-echoes the fact that Ebola virus is present in animal reservoirs in the region and the increased risk of re-occurrence of EVD outbreak. It is critical that aggressive control measures are mounted promptly to prevent further spread of this latest event and thus escalation of the situation. Meanwhile, vigilance and sustained response should continue around the previous outbreak in North Kivu province.
- The ongoing cholera outbreak, affecting 11 woredas in three regions of Ethiopia, is showing a declining trend, with a 46% decrease in cases between weeks 20 and 21, 2020. However, challenges remain around provision of water, sanitation and hygiene, as well as access to oral cholera vaccine, as there has been a recurrence of the outbreak in a previously controlled area.

EVENT DESCRIPTION

On 1 June 2020, the Ministry of Health in Democratic Republic of the Congo notified WHO of a fresh outbreak of Ebola virus disease (EVD) in Mbandaka, Équateur Province. The event initially involved a cluster of four deaths that occurred between 18 and 30 May 2020. The index case is a 27-year-old female who reportedly died in Wangata hospital on 18 May 2020. Three other case-patients from the same community in Air Congo Quarter of Wangata fell ill and died with a similar illness in the subsequent days, with the last death occurring on 30 May 2020. A swab specimen was collected from the last deceased case-patient while no specimens were obtained from the three initial deceased case-patients. On 31 May 2020, a health worker who attended to the initial case-patients, along with his wife, presented with symptoms and both have been isolated in Wangata hospital.

The swab specimen collected from the last deceased case-patient and two blood specimens obtained from the two case-patients currently admitted tested positive for Ebola virus, *Zaire Ebolavirus* species, by reverse transcription polymerase chain reaction at the Institut National de Recherche Biomédicale (INRB), Kinshasa on 1 June 2020.

As of 1 June 2020, a total of six EVD cases, including three confirmed and three probable cases have been reported. Of the six cases, four have died, giving a case fatality ratio of 67%. Two active cases are in admission and are being managed in Wangata hospital.

Further investigations into this event are ongoing and updates will be provided as information becomes available.

EVENT DESCRIPTION

The cumulative number of confirmed coronavirus disease 2019 (COVID-19) cases formally reported in the WHO African Region has now surpassed 100 000, with all member countries affected. The daily caseload continues to increase although with differential trends among countries. There has been a daily average of more than 2 000 new cases in the past month, with a peak attained on 29 May 2020 when the region recorded its highest daily total count of 3 764 new confirmed cases. The most increase has been observed in South Africa where over 1 500 cases have been reported daily for the past 11 days. Incidences of imported cases within the region and clusters of cases among quarantine sites and prison settings are on the increase.

From 25 to 31 May (week 22), there was a 26% increase in the number of confirmed COVID-19 cases, with a total of 23 790 new confirmed COVID-19 cases reported from 43 countries, compared to 18 890 cases reported the previous week. nine countries observed the highest increase in cases during week 22: Malawi 242% (from 83 to 284 cases), Zimbabwe 218% (from 56 to 178 cases), Mauritania 124% (from 237 to 530 cases), Ethiopia 101% (from 582 to 1 172 cases), Central African Republic 67% (604 to 1 011 cases), Kenya 62% (from 1 214 to 1 962 cases), Sao Tome and Principe 62% (from 299 to 483 cases), South Sudan 52% (from 655 to 994 cases) and Uganda 51% (from 304 to 458 cases).

Seychelles and Eritrea have reported zero new confirmed COVID-19 cases in the past 54 and 42 days, respectively. Gambia, Lesotho and Equatorial Guinea did not register any new cases in week 22.

An additional 515 deaths were reported from 31 countries in week 22. Rwanda recorded their first death in a confirmed case during the reporting week. In the same reporting week, Malawi and Zimbabwe reported clusters of cases that were identified in quarantine areas. One new country, Guinea, joined the list of countries reporting health worker infections this week.

From 25 to 31 May 2020, a cumulative total of 102 133 cases including 101 900 confirmed and 233 probable cases from Sao Tome and Principe (188), Comoros (44) and Democratic Republic of the Congo (1), with 2 416 associated deaths (case fatality ratio 2.6%) has been reported from all 47 countries in the region. The highest number of cases have been reported from South Africa (32 683), Nigeria (10 162), Algeria (9 394), Ghana (7 881), Cameroon (5 904), Guinea (3 771), Senegal (3 645), Democratic Republic of the Congo (3 049), Côte d'Ivoire (2 833) and Gabon (2 655). South Africa, Algeria, Nigeria, Ghana and Cameroon represent the top five most-affected countries and account for 65% of cases and 70% of deaths. However, the number of new cases per week in these countries has not increased significantly compared to the previous week.

The number of cases in the rest of the countries is as follows: Kenya (1 962), Guinea-Bissau (1 322), Mali (1 265), Ethiopia (1 172), Zambia (1 057), Equatorial Guinea (1 043), Central African Republic (1 011), South Sudan (994), Niger (958), Burkina Faso (881), Sierra Leone (861), Chad (778), Madagascar (771), Congo (604), Mauritania (530), United Republic of Tanzania (509), Sao Tome and Principe (483), Uganda (458), Togo (442), Cabo Verde (435), Rwanda (370), Mauritius (335), Liberia (288), Eswatini (285), Malawi (284), Mozambique (254), Benin (232), Zimbabwe (178),

Comoros (106), Angola (86), Burundi (63), Eritrea (39), Botswana (38), Gambia (25), Namibia (24), Seychelles (11) and Lesotho (2).

Of the 102 133 confirmed COVID-19 cases, 45 925 (45%) have recovered. Lesotho reported its first recovered case this week.

As of 31 May 2020, a total of 2 380 health workers have been infected in 33 countries: Nigeria (606), South Africa (327), Cameroon (181), Niger (177), Ghana (126), Guinea (118), Côte d'Ivoire (116), Sierra Leone (92), Zambia (80), Senegal (77), Guinea-Bissau (73), Democratic Republic of the Congo (63), Gabon (57), Equatorial Guinea (53), Chad (46), Liberia (44), Sao Tome and Principe (40), Mauritius (30), Togo (19), Congo (13), Eswatini (8), South Sudan (7), Kenya (6), Malawi (6), 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 2 614 deaths in the region were reported from 42 countries: South Africa (683), Algeria (653), Nigeria (287), Cameroon (191), Mali (77), Democratic Republic of the Congo (71), Chad (65), Kenya (64), Niger (64), Burkina Faso (53), Sierra Leone (46), Senegal (42), Ghana (36), Cote d'Ivoire (33), Liberia (27), Guinea (23), Mauritania (23), United Republic of Tanzania (21), Congo (20), Gabon (17), Togo (13), Equatorial Guinea (12), Ethiopia (11), South Sudan (10), Sao Tome and Principe (10), Mauritius (10), Guinea Bissau (8), Zambia (7), Madagascar (6), Angola (4), Cabo Verde (4), Malawi (4), Zimbabwe (4), Benin (3), Central African Republic (1), Comoros (2), Eswatini (2), Mozambique (2), Botswana (1), Burundi (1), Gambia (1) and Rwanda (1). The countries with the highest case fatality ratios are Liberia 9.4% (27/288), Chad 8.9% (60/675), Algeria 7.0% (653/9 394), Niger 6.7% (64/958), Mali 6.1% (77/1 265), Burkina Faso 6.0% (53/881), Sierra Leone 5.5% (40/721), and Kenya 4.2% (51/1 214).

Based on the available data on age and gender distribution ($n=5 120$), males 3 205 (63%) in the 31-39 and 40-49 age groups are more affected than females 1 915 (37%) across the same age groups. The age distribution of cases ranges from one month to 89 years, with a median of 38.5 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

- WHO AFRO continues with the deployment of experts upon requests by Member States amidst the travel restrictions. WHO is leveraging on humanitarian flights and also identifying resourceful persons locally to support their countries.
- WHO AFRO completed the mapping of diagnostic platforms in the region to facilitate the planning required to expand testing capacity.
- 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, and immediate isolation and identification and follow-up of contacts.
- The deployment of Emergency Medical Teams (EMT) in countries

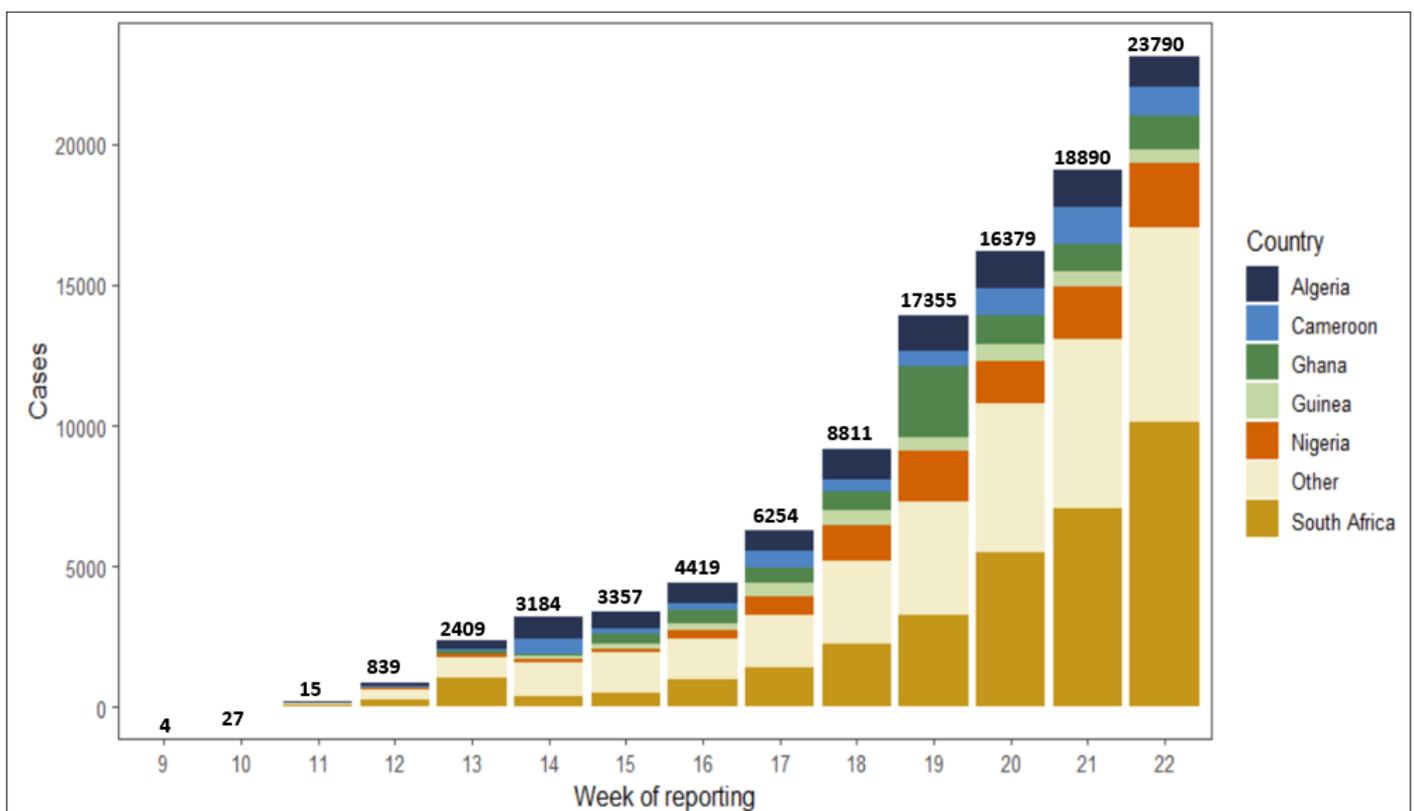
is being monitored and is still awaiting formal requests for support from the Ministries of Health. An assessment of priority countries that will benefit from EMT support is being conducted.

- ▶ 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.

SITUATION INTERPRETATION

The COVID-19 pandemic continues to expand in the African region, with the total number of confirmed cases surpassing 100 000 cases. All countries need to strengthen capacities for 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 still required to increase awareness on physical distancing, hand washing and cough etiquette.

The distribution of confirmed COVID-19 cases in regions by week of reporting, 25 February – 31 May 2020 (*n*=102 133)



EVENT DESCRIPTION

There has been no new reported confirmed case of Ebola virus disease (EVD) in Democratic Republic of the Congo during week 22 (week ending 31 May 2020). This is the 34th successive day with zero reported confirmed EVD cases since the resurgence of the outbreak on 10 April 2020.

As of 31 May 2019, 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.

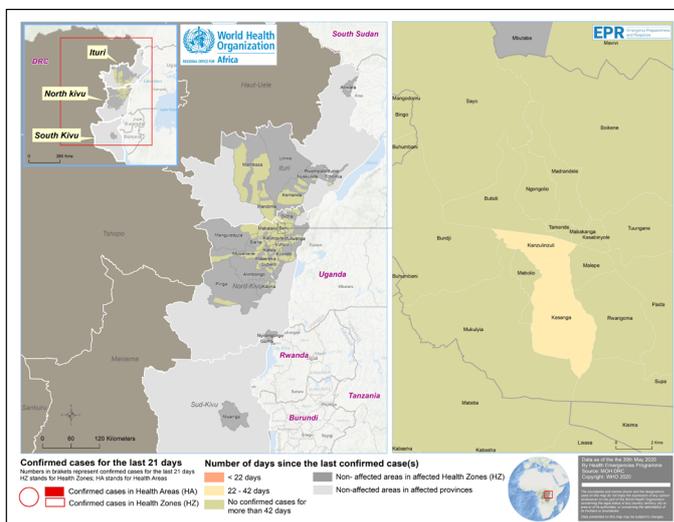
As of 31 May 2020, a total of 2 280 deaths were recorded, including 2 134 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 64% (2 134/3 317). As of 31 May 2020, the total number of health workers affected remains at 171, representing 5% of confirmed and probable cases.

All contacts have completed their 21 days of follow-up. A total of 3 231 alerts were received, of which 3 203 were new, and 3 227 were investigated. Among the alerts investigated, 483 (15.0%) were validated. All 618 alerts registered in Beni were investigated.

PUBLIC HEALTH ACTIONS

- Response and surveillance activities are being implemented across all pillars, with preparedness enhanced in surrounding areas.
- Point of Entry/Point of Control continues, with 50 active PoEs submitting reports. A cumulative total of 179 million screenings have been carried out since August 2018.
- The summary of rVSV-ZEBOV-GP vaccination data shows that between 8 August 2018 and 20 May 2020, 305 841 people were identified as eligible for vaccination; 99.4% ($n=303\ 905$) of them were vaccinated.
- At the same time, vaccination activities using Ad26-ZEBOV/MVA-BN-FILO (JnJ vaccine) were carried out in the health areas of Majengo and Kahembe, Karisimbi health zone. Between 14 October 2019 and 10 April 2020, 20 339 people received the first dose of this vaccine, and 9 560 of them received the second.
- As of 28 May 2020, a total of 50 patients, all suspected cases of EVD, were hospitalized in the ten operational TCs and ETCs reporting their activities.
- Infection prevention and control (IPC) activities continue, central level provided technical support for a workshop to upgrade IPC focal points in health facilities in Katwa Health Zone, under leadership of North Kivu provincial health division; three providers in Beni Health Zone were briefed on intra-hospital surveillance and in the Beni and Mangina sub-coordinations, 53 health facilities were monitored and supported, along with IPC

Geographical distribution of confirmed Ebola virus disease cases reported from 31 May 2020, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo.



briefings for 32 providers. In addition, 206 handwashing points were monitored and evaluated.

- Community sensitization and engagement activities continue, and as of 28 May 2020, interviews and educational talks were conducted in three health areas in Beni to discuss challenges around transferring a suspected infected person to a treatment centre, as well as around testing and safe and dignified burials. In Kasanga Health Area, Beni, a community dialogue was held with women in the community action cell on EVD prevention measures and raising alerts, which led to participation of 40 women in response activities, including reports of two alerts.

SITUATION INTERPRETATION

The 42-day countdown to the declaration of the end of the EVD outbreak continues since its launch on 14 May 2020. Efforts to investigate the origin of the latest cluster of cases are still ongoing, as are the measures to interrupt further transmission of the disease. 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. 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

The ongoing cholera outbreak in Ethiopia is showing a declining trend, with a 46% decrease in reported cases in week 21 (week ending 23 May 2020) compared to the previous week. In week 21, 2020 there are 11 affected woredas, most of which are in SNNP (7 woredas), with Oromia (3 woredas) and Somali (1 woreda) with the remaining active outbreaks. During this week there was a total of 164 new suspected cholera cases, with no deaths reported. However, there was one newly affected woreda, Wondogenet in SNNP, and a recurrence of the outbreak in Geza Gofa woreda, SNNP.

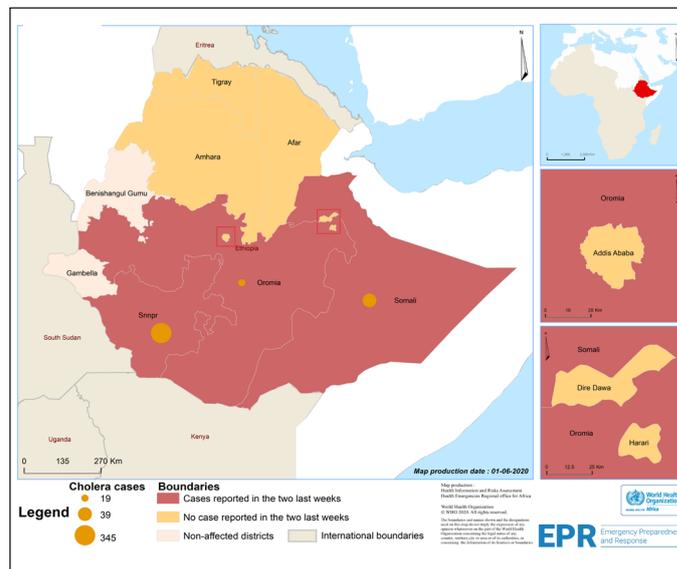
As of 24 May 2020, there is a cumulative total of 8 684 cases, with 112 deaths (case fatality ratio 1.3%) reported from nine regions. In week 19, 2020 (week ending 9 May 2020) there were 463 (83.8%) cases and 17 deaths reported from SNNP Region. Since the start of the outbreak, the cumulative attack rate is 67.3 persons per 100 000.

Of the 523 stool samples tested since April 2019, a total of 122 tested positive for *Vibrio cholerae*.

PUBLIC HEALTH ACTIONS

- A rapid response team has been deployed to SNNP Region to support the outbreak response of the different pillars, with additional funding transferred to the region for outbreak response.
- Active case search is ongoing in all outbreak affected woredas and their neighbours, with house disinfection, contact tracing and follow-up for all reported cases.
- Data analysis and interpretation informs decision making in all affected areas and a weekly situation report is shared with all stakeholders.
- There have been 82 cholera treatment centres established throughout the country, with essential supplies transported by the regional health board of SNNP to South Omo Zone.
- Community mobilization is ongoing in Dasenech, North Ari woreda and Wonago.
- Water, sanitation and hygiene activities are ongoing, with orientation in water purification and treatment provided through demonstrations, and a temporary water filter established in Dasenech woreda.

Geographical distribution of Cholera cases in Ethiopia as of 24 May 2020



SITUATION INTERPRETATION

Although there is a declining trend in the long-running cholera outbreak in these regions of Ethiopia, there should be no room for complacency. The outbreak is in areas that have poor sanitation, hygiene and housing. Further challenges have arisen around the relocation of people to Lake Turkana in response to a cholera outbreak in another area and there is a shortage of chemicals for water treatment and a lack of potable water in rural areas. There is no oral cholera vaccine available for the currently affected woredas, and a recurrence of the outbreak in areas of SNNP. Local and national authorities and partners need to act urgently to capitalize on the declining trend in the outbreak to prevent any further resurgence and geographical spread.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- The COVID-19 outbreak continues in Africa, with the total number of confirmed cases surpassing 100 000. The overall trends continue to rise although with variation among countries. Many countries have started easing confinement measures imposed earlier. WHO advises governments to ease the lockdowns in a systematic step-by-step approach as detailed in the guidelines issued.
- 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 ongoing cholera outbreak in three regions of Ethiopia continues to face many challenges, in spite of the declining trend. There is poor sanitation, hygiene and housing in at least one of the affected areas, along with lack of oral cholera vaccine and water treatment chemicals, as well as a recurrence in a previously controlled area.

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 ongoing cholera outbreak in three regions of Ethiopia needs urgent attention from local and national authorities and partners, to capitalize on the declining trend and prevent any recurrence or 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
New Events									
Democratic Republic of the Congo	Ebola virus disease	Ungraded	31-May-20	17-May-20	1-Jun-20	6	-	4	67%
Detailed update given above.									
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	31-May-20	9 394	9 394	653	7.00%
From 25 February to 31 May 2020, a total of 9394 confirmed cases of COVID-19 with 653 deaths (CFR 7 %) have been reported from Algeria. A total of 5 748 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	31-May-20	86	86	4	4.70%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 31 May 2020, a total of 86 confirmed COVID-19 case have been reported in the country with 4 deaths and 18 recoveries.									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	1-Jan-19	25-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 since 2019 remain 121 cases. These cases are from several outbreaks which occurred in 2019.									
Benin	COVID-19	Grade 3	17-Mar-20	16-Mar-20	31-May-20	232	232	3	1.30%
The Ministry of health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 31 May 2020, a total of 232 cases have been reported in the country with 3 deaths 143 recoveries.									
Benin	Lassa fever	Ungraded	19-Feb-20	17-Feb-20	15-May-20	4	4	1	25.00%
From 17 February to 15 May 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 15 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	31-May-20	38	38	1	2.60%
On 30 March 2020, the Minister of Health and Wellness of Botswana reported three confirmed cases of COVID-19. As of 31 May 2020, a total of 38 confirmed COVID-19 cases were reported in the country including one death and 20 recovered cases.									
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	31-Mar-20	-	-	-	-
Since 2015, the security situation initially in the regions of the Sahel and later in the East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement leading to a total of 765 517 internally displaced persons registered as of 14 February 2020 in all 13 regions in the country. The regions of Sahel, Centre-North, the North, the East and Boucle du Mouhoun are the most affected. In March 2020, a total of 14 attacks by armed groups that resulted into 10302 additional displaced people were notified. Health services are severely affected and as of 13 January 2020, According to the report of the Ministry of Health, 9.5% (n=121) of the health facilities located in the six regions affected by insecurity are closed, thus depriving more than 1.5 million people of health care, and 11.9% (n=152) have reduced their services to a minimum, following insecurity. Morbidity due to epidemic-prone diseases remaining high and malnutrition thresholds are alarming in the areas hosting IDPs, mainly in Barsalogo, Djibo, Matiacoali, Arbinda, and Titao.									
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	24-May-20	881	881	53	6.00%
Between 9 March and 24 May 2020, a total of 881 confirmed cases of COVID-19 with 53 deaths and 735 recoveries have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2		1-Jan-19	25-May-20	3	3	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are three cVDPV2 cases in the country, all linked to the Jigawa outbreak in Nigeria.									
Burundi	Cholera	Ungraded	20-Feb-20	20-Feb-20	3-May-20	70	0	0	0.00%
Burundi is facing an upsurge of cholera cases in six districts since epidemiological week 8,2020 (week ending on 15 March 2020). A total of 70 cholera cases were notified in six districts, namely Bujumbura centre (8), Bujumbura nord (28 cases), Bujumbura Sud (3), Isale (25 cases), Kabezi (1 case) and Cibitoke (5) as of 3 of May 2020. The affected district reported cases as well in 2019 cholera outbreak. Of 70 cholera cases, 48.5 % are males and 49% are of age between 19 to 50 years old.									
Burundi	COVID-19	Grade 3	31-Mar-20	18-Mar-20	31-May-20	63	63	1	1.60%
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 31 May 2020, the total confirmed COVID-19 cases are 63, including one death and 33 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 Citiboke. As of April 2020, a total of 857 confirmed measles cases have been reported among which are 56 lab-confirmed measles cases and the rest were clinically compatible cases and epidemically linked. The geographic distribution of the cases is: Cibitoke (624 cases), Butezi (221 cases), Cankuzo (6 cases) and South Bujumbura (6 cases). No new cases have been reported in South district of Bujumbura and Cankuzo since December 2019. The last cases were reported in Butezi on 2 March 2020.									
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	6-Apr-20	-	-	-	-
Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by Boko Haram group, with significant population displacement. Between 25 -31 March, 2020, 60 households of 360 Internally Displaced Persons (IDPs) were forced to move from the Blakodji Kolofata site (Kolofata district, Mayo-Sava department) where they had been installed since 2016, due to an attack by non-state armed group. Since 1 January 2020, there have been 38 attacks by alleged Boko Haram insurgents, resulting in 20 missing people, 95 injuries and 76 deaths. Two health facilities have been attacked, with one 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 Defense 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 Ovest and Littoral regions is ongoing in Cameroon. Thirty-four new cases, including three deaths were reported in the South Ovest region (10 new cases and one death) and Littoral region (24 new cases and two deaths) during epidemiological week 8 (week ending on 23 February 2020). One new district in south west region (Tiko district) confirmed two new cases, which bring the number of affected districts at three (Bakassi, Ekondo Titi and Tiko districts). In the Littoral region, the total number of affected districts is eight (Nylon, Manoka, Boko, Deïdo, Bangue, Cité des Palmiers, Bonassama, Japoma, New Bell and Logbaba districts).									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	31-May-20	5 904	5 904	191	3.20%
Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 31 May 2020, a total of 5904 cases have been reported, including 191 deaths and 3 568 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	31-May-20	435	435	4	0.90%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 31 May 2020, a total of 435 confirmed COVID-19 cases including three deaths and 193 recoveries were reported in the country.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	2-Feb-20	-	-	-	-
Civil unrest and food insecurity in most parts of the country including major cities are continuing to cause a complex humanitarian situation. The security situation remains tense with the persistence of inter-ethnic tensions within rival armed groups in the Northeast of the country mainly in Ndele, Birao and Bria. Clashes between armed groups, the persistence of inter-community tensions and the increase in crime number across the country continue to result into population displacement. As of 31 January 2020, OCHA estimates the number of internally displaced people in the country at 670 0000.									
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	31-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 twenty 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. Most 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	25-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	30-May-20	778	778	65	8.40%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 30 May 2020, a total of 778 confirmed COVID-19 cases were reported in the country including 65 deaths and 491 cases who have recovered.									
Chad	Measles	Ungraded	24-May-18	1-Jan-19	24-May-20	8 105	295	38	0.50%
In week 21 (week ending 24 May 2020), 79 suspected cases were reported. Seven districts were in the epidemic phase in week 21. Since the beginning of the year, a total of 8 105 suspected cases and 38 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	25-May-20	22	22	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are a total 13 cases in 2020 and 9 in 2019 from two different outbreaks in the country one being the Jigawa outbreak.									
Comoros	COVID-19	Grade 3	30-Apr-20	30-Apr-20	31-May-20	106	106	2	1.90%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 31 May, a total of 106 confirmed COVID19, including 2 deaths and 26 recovered were reported in the country.									
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. Most cases (508) are reported from Anjouan, followed by Moheli islands with 179 suspected Dengue cases. Ngazidja reported nine suspected dengue fever cases from week 1 to week13.									
Congo	Chikungunya	Grade 1	22-Jan-19	1-Jan-20	9-Feb-20	37	0	0	0.00%
In week 6 (week ending 9 February 2020), a total 6 suspected cases were reported in three out of the 12 departments, namely: Brazzaville (3 cases), Bouenza (2 cases) and Kouilou (1 case). From week 1 to week 6, 37 cases with no deaths were reported in the country. From weeks 1 to 52 of 2019, a total of 11 600 cases have been reported in 44 out of the 52 health districts in 10 out of 12 departments. The departments of Bouenza (3102 cases), Kouilou (2844 cases) and Niari (2589) were the most affected by the outbreak accounting for 74% of cases reported since the beginning of the outbreak.									
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	31-May-20	604	604	20	3.30%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 31 May 2020, a total of 604 cases including 20 deaths and 173 recovered cases have been reported in the country.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	31-May-20	2 833	2 833	33	1.20%
Since 11 March 2020, a total of 2 833 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 33 deaths. A total of 1 435 patients have recovered.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Ungraded	29-Oct-19	29-Oct-19	25-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 are from 2019; 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	17-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, made several victims in the 2 sides and one civilian was 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 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. Floods were reported also in the city of Kasindi and its surroundings in North Kivu between 20 and 21 May 2020. The preliminary assessment reported 2 victims and few missing people at Kasindi. The displaced persons need basic humanitarian assistance, including access to food, clean water, non-food items, shelters and health care assistance.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-20	17-May-20	9 630	-	112	1.20%
The cholera outbreak situation in the Democratic Republic of Congo is improving. During week 20 (week ending 17 May 2020), a total of 285 cases of cholera and 5 deaths was notified in 35 health zones (6 provinces) of the country while 459 cases, including 4 deaths (0.9%) were reported in 51 Health Zones (15 provinces) in the same period in 2019. From week 17 to 20 of 2020, 94% 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-20	10-Mar-20	31-May-20	3 195	3 194	71	2.20%
On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 31 May 2020, 3 194 confirmed cases and 1 probable case have been reported, for a total of 3 049 cases, including 71 deaths and 454 recoveries.									
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	17-May-20	59 796	845	783	1.30%
In week 20 (week ending 17 May April 2020), 1 375 measles cases including 34 deaths (CFR 2.5 %) were reported across the country. The provinces that reported majority of cases include: Tshopo (226 cases), Sankuru (206 cases), North-Ubangui (106 cases), North-Kivu (98 cases) and Mongala (82 cases). Over the past four weeks (weeks 17 to 20) 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. Most 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%) were reported from 133 health zones in 19 provinces. One major challenge to the current emergency include acquiring the required funding to respond to all the multiple ongoing outbreaks in the country.									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	28-Feb-19	22-Mar-20	20	-	7	35.00%
Following several weeks with no reported plague cases. New cases were reported between weeks 7 and 11. Since the beginning of the year a total of 20 suspected bubonic plague cases with 7 deaths (Case Fatality Ratio 35%) were notified in 5 health zones: Aungba (4 cases et 2 deaths), Linga (7 cases and 5 deaths), Rethy (6 cases and no death), Aru (2 cases and no death) and Kambala (1 case and no death). From week 1 to 52 of 2019, a total of 48 cases of bubonic plague including eight deaths have been reported in the country.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	15-Feb-18	1-Jan-18	25-May-20	113	113	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, Kwilu, Kwango and Sankuru provinces).									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	31-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 31 May 2020, a total of 1043 cases have been reported in the country with 12 deaths and 208 recoveries.									
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	31-May-20	285	285	2	0.70%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 31 May 2020, a total of 285 cases have been reported in the country including 189 recoveries. Two associated deaths have been reported.									
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	10-May-20	8 191		112	1.40%
Detailed update given above.									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	31-May-20	1 172	1 172	11	0.90%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 1172 cases of COVID-19 as of 31 May 2020. Of the 1172 cases, 11 deaths and 209 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	25-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 outbreaks.									

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%
<p>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.</p>									
Ethiopia	Yellow fever	Ungraded	3-Mar-20	3-Mar-20	5-Mar-20	32	2	0	0.00%
<p>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 2020, 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.</p>									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	31-May-20	2 655	2 655	17	0.60%
<p>On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 31 May 2020, a total of 2 655 cases including 17 deaths and 722 recovered have been reported in the country.</p>									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	30-May-20	25	25	1	4.00%
<p>The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 30 May 2020, a total of 25 confirmed COVID-19 cases including one death and 20 recoveries have been reported in the country.</p>									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	31-May-20	7 881	7 881	36	0.50%
<p>On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. As of 31 May 2020, a total of 7 881 cases including 36 deaths and 2 841 recoveries have been reported in the country.</p>									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	25-May-20	29	29	0	0.00%
<p>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 and 11 for 2020.</p>									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	31-May-20	3 771	3 771	23	0.60%
<p>The Ministry of health in Guinea Conakry announced the first confirmed case of COVID-19 on 13 March 2020. As of 31 May 2020, a total of 3 771 cases including 2 112 recovered cases and 23 deaths (CFR:0.6%) have been reported in the country.</p>									
Guinea	Measles	Ungraded	9-May-18	1-Jan-19	3-Nov-19	4 690	1 091	18	0.30%
<p>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.</p>									
Guinea-Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	31-May-20	1 322	1 322	8	0.60%
<p>As of 31 May 2020, the country has 1322 confirmed cases of COVID-19 with 67 recoveries and eight deaths. On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed cases in the country.</p>									
Kenya	Chikungunya	Ungraded	24-Jan-20	31-Dec-19	16-Feb-20	202	17	0	0.00%
<p>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.</p>									
Kenya	Cholera	Ungraded	21-Jan-19	1-Jan-20	17-May-20	555	14	13	2.30%
<p>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.</p>									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	31-May-20	1 962	1 962	64	3.30%
<p>On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 cases in the country. As of 31 May 2020, 1 962 confirmed COVID-19 cases including 64 deaths and 478 recoveries have been reported in the country.</p>									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	3-Jan-20	17-May-20	95	47	4	4.20%
<p>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.</p>									
Kenya	Measles	Ungraded	6-May-19	20-Mar-19	17-May-20	812	53	3	0.40%
<p>A total of 281 cases with 9 confirmed and one death have been reported new outbreak of measles has been reported from Pokot North sub county, West Pokot county since 20 October 2019. Three additional counties have been affected in 2020 including: Tana River (56 total cases, 7 confirmed and 1 death), Garissa (33 total cases, 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.</p>									

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	30-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 was 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, a second case with travel history to South Africa was confirmed positive. On 27 May, one case had fully recovered, leaving one active case in the country.									
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	17-May-20	574	81	3	0.50%
In week 20 (week ending on 17 May 2020), 5 suspected cases were reported from 4 out of 15 counties across the country. Since the beginning of 2020, 574 cases with 3 associated deaths have been reported across the country, of which 81 are laboratory-confirmed, 228 are epi-linked, and 109 are clinically confirmed.									
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	31-May-20	771	771	6	0.80%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 31 May 2020, a total of 771 cases have been reported in the country, out of which 168 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	31-May-20	1 265	1 265	77	6.10%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 31 May 2020, a total of 1265 confirmed COVID-19 case have been reported in the country including 77 deaths and 716 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	31-May-20	530	530	23	4.30%
The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 31 May 2020, a total of 530 cases including 23 deaths and 27 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 haemorrhagic 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 most 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 (Atar, Tineri, Aghnemrite and Edebaye).									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	31-May-20	335	335	10	3.00%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 31 May 2020, a total of 335 confirmed COVID-19 cases including ten deaths and 322 recovered cases have been reported in the country. Three new imported cases of COVID-19 were registered in the country after twenty-eight 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, 11 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	31-May-20	254	254	2	0.80%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 31 May 2020, a total of 254 confirmed COVID-19 cases were reported in the country with 91 recoveries.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	31-May-20	24	24	0	0.00%
Two cases of novel coronavirus (COVID-19) were confirmed in Namibia on 14 March 2020. As of 31 May 2020, a total of 24 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 (17cases, 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	31-May-20	10 162	10 162	287	2.80%
The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 31 May 2020, a total of 10 162 confirmed cases including 287 deaths and 3 007 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	25-May-20	56	56	0	0.00%
1 case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in 2020. 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	31-May-20	370	370	1	0.30%
Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 31 May 2020, a total of 370 cases with one death and 256 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	31-May-20	483	295	10	2.1%
On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 31 May 2020, a total of 483 cases of COVID-19 has been reported, including 295 cases confirmed by PCR and an additional 188 probable cases. Among the confirmed cases, 295 cases confirmed by PCR and an additional 188 probable cases. Among the confirmed cases, 4 recoveries and 10 deaths have been reported.									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	31-May-20	3 645	3 645	42	1.20%
Between 2 March 2020 and 31 May 2020, a total of 3 645 confirmed cases of COVID-19 including 42 deaths have been reported from Senegal. A total of 1 801 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 31 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	18-May-20	79	27	0	0.00%
As of 18 May there has been no new cases of measles in the country. 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	31-May-20	861	861	46	5.30%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 31 May 2020, a total of 861 confirmed COVID-19 cases were reported in the country including 46 deaths and 444 recovered cases.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	31-May-20	32 683	32 683	683	2.10%
South Africa continues to report cases of COVID-19. From 5 March to 31 May 2020, a total of 32 683 confirmed cases with 683 deaths have been reported from all provinces across the country. A total of 16 809 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	31-May-20	994	994	10	1.00%
On 5 April 2020, the Ministry of Health of South Sudan has reported the country's first case of COVID-19. As of 31 May 2020, a total of 944 confirmed COVID-19 cases were reported in the country including 10 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	31-May-20	509	509	21	4.10%
The Ministry of Health, Community Health Community Development, Gender, Elderly and Children (MOHCDCGEC) in Tanzania has reported the country's first case of COVID-19 on 16 March 2020. As of 31 May 2020, a total of 509 cases have been reported in the country including 21 deaths and 180 recovered cases. Tanzania mainland last reported a confirmed case on 29 April 2020.									
Togo	COVID-19	Grade 3	6-Mar-20	1-Mar-20	31-May-20	442	442	13	2.90%
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 31 May 2020, a total of 442 cases including 13 deaths and 211 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Togo	Yellow fever	Ungraded	4-Feb-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 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.									
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	31-Mar-20	-	-	-	-
Between 1 and 31 March 2019, a total of 17 157 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo (10 266), South Sudan (6 407) and Burundi (1 484). Uganda hosted 1 423 377 asylum seekers as of 31 March 2019, with 94% living in settlements in 11 of Uganda's 128 districts and in Kampala. Most are women within the age group 18 - 59 years.									
Uganda	Cholera	Ungraded	11-May-20	29-Apr-20	22-May-20	154	7	4	2.60%
On 11 May 2020, a cholera outbreak was confirmed in Moroto district. The index case was a 17-year-old male patient from Natapar Kocuc Village, Loputuk parish, Nadunget Subcounty who was seen on 29 April 2020 with acute watery diarrhoea and severe dehydration. On 4 May 2020 more cases with similar symptoms from the same location with the index case were seen and cholera was suspected. On 11 May 2020, CPHL confirming <i>Vibrio cholerae</i> serotype 01 Inaba detected in 7 out of 8 stool samples that were collected. As of 22 May 2020, the cumulative number of cases is 154 including 4 deaths.									
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	30-May-20	458	458	0	0.00%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 30 May 2020, a total of 458 confirmed COVID-19 cases, 72 recoveries with no death 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	27-May-20	1 057	1 057	7	0.70%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 27 May 2020, a total of 1057 confirmed COVID-19 cases were reported in the country including seven deaths and 779 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	17-May-20	303		1	0.30%
The anthrax outbreak is ongoing in Zimbabwe with a cumulative total number of 303 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 15 May 2020, a total of 303 cases were reported mainly in Masvingo, Midlands and Mashonaland west provinces.									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	31-May-20	178	178	4	2.20%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 31 May 2020, a total of 178 confirmed COVID-19 cases were reported in the country including four deaths and 29 cases that recovered.									
Zimbabwe	Malaria	Ungraded	8-Mar-20	1-Jan-20	4-May-20	236 865	236 865	226	0.10%
On 4 May 2020, WHO received an update regarding the malaria situation in Zimbabwe. Since the beginning of the year and as of 26 April 2020, there have been 236 865 malaria cases and 226 deaths. This is an almost doubling of the cases in comparison for the same time period in 2018 when 120 758 cases and 109 deaths were reported, and 2019, when 137 843 cases and 137 deaths were reported. The outbreaks are densely clustered in the eastern districts and scattered in the southern and northern districts of the country (highly affected provinces are Manicaland, Mash East, Mash Central). Health Facilities in affected areas face the overwhelming malaria situation in the context of COVID 19 pandemic. The surge of cases has a 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.

© WHO Regional Office for Africa

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

Correspondence on this publication may be directed to:

Dr Benido Impouma

Programme Area Manager, Health Information & Risk Assessment

WHO Health Emergencies Programme

WHO Regional Office for Africa

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

Email: afrooutbreak@who.int

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

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

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

Contributors

G. Folefack (Democratic Republic of the Congo)
V. Tugumizemu (Ethiopia)

Graphic design

A. Moussongo

Editorial Team

B. Impouma
C. Okot
B. Farham
G. Williams
Z. Kassamali
J. Kimenyi
E. Kibangou
O. Ogundiran
T. Lee
J. Nguna
I. Fernandes

Production Team

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

Editorial Advisory Group

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

Data sources

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