Overview

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 Équateur Province, Democratic Republic of the Congo
- Measles in Democratic Republic of the Congo.

For each of these events, a brief description, followed by public health measures implemented and an interpretation of the situation is provided.

A table is provided at the end of the bulletin with information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have largely been controlled and thus closed.

Major issues and challenges include:

- The COVID-19 outbreak is gaining pace in the WHO African Region, with incidence cases and fatalities rapidly rising each week. The rising caseload and deaths are mainly being driven by 10 countries that are reporting large number of cases and deaths. Many countries continue to ease confinement measures despite rising COVID-19 cases. In any circumstances, the cornerstone of the response to COVID-19 outbreak must be to find, isolate, test and care for every case, and to trace and quarantine every contact. That is every country’s best defence against the pandemic.

- The new and escalating outbreak of EVD in Equateur Province, Democratic Republic of the Congo, is of grave concern in the context of the continued monitoring of the outbreak in North Kivu and Ituri provinces, the COVID-19 outbreak, a long-standing measles outbreak and a complex humanitarian crisis in the country. In both Ebola virus disease and COVID-19, there is a need to sustain a strong and robust surveillance system in order to detect, isolate, test and treat new suspected cases as early as possible, to improve outcomes in potential cases, and to break all chains of transmission.

- Democratic Republic of the Congo has been experiencing a sustained measles outbreak since December 2018, with fluctuating case incidence and continuing challenges with inadequate vaccination of the under-five year age group across all 26 provinces in the country. While reactive and routine vaccination activities are ongoing, there is a need for an unrelenting focus on the vaccination of the most vulnerable age groups to prevent further disease transmission and bring the outbreak to a close.
During week 24 (from 8 to 14 June 2020 week 24), there was a 30% increase in the number of confirmed COVID-19 cases, with a total of 39 881 new confirmed COVID-19 cases reported from 42 countries, compared to 30 490 cases reported the previous week. The region observed the highest increase (above 50%) in six countries during week 24: Eritrea 134% ((from 41 to 96 cases), Mauritania 88% (from 947 to 1 783 cases), Benin 75% (from 268 to 470 cases), Ethiopia 66% (from 2 020 to 3 345 cases), Angola 54% (from 91 to 140 cases), and Botswana 50% (from 40 to 60 cases).

Seychelles and Equatorial Guinea have reported zero new confirmed COVID-19 cases in the past 68 and 24 days, respectively. Gambia, Lesotho and Mauritius did not record any new cases this week. In the same reporting week, Eritrea reported 24 new confirmed cases after eight days of zero reporting. These were among returnees who had completed their quarantine period at Adibara quarantine center. No new country reported a new death or a new health worker infection for the first time in this reporting week. A total of 59 new health worker infections were recorded from six countries including, Cameroon (32), Sierra Leone (10), Malawi (6), South Sudan (4), Senegal (3) and Uganda (4). An additional 871 deaths were reported from 29 countries.

From 8 to 14 June 2020, a cumulative total of 173 000 COVID-19 cases, including 172 726 confirmed and 274 probable cases from Sao Tome and Principe (273) and Democratic Republic of the Congo (1), with 4 081 associated deaths (case fatality ratio 2.4%) has been reported across the region.

The highest number of cases have been reported from South Africa (70 038), Nigeria (16 085), Ghana (11 422), Algeria (10 919), Cameroon (9 572), Senegal (5 090), Côte d'Ivoire (5 084) Democratic Republic of the Congo (4 778), Guinea (4 534) and Kenya (3 594). South Africa, Nigeria, Algeria, Ghana and Cameroon represent the top five most-affected countries, accounting for 68% of all cases and 67% of all deaths. The other countries reporting COVID-19 cases are: Gabon (3 463), Ethiopia (3 345), Central African Republic (2 222), Mali (1 809), Mauritania (1 583), South Sudan (1 693), Guinea-Bissau (1 460), Zambia (1 358), Madagascar (1 272), Sierra Leone (1 169), Equatorial Guinea (1 043), Niger (980), Burkina Faso (894), Chad (850), Uganda (823), Congo (779), Cabo Verde (750), Sao Tome and Principe (661), Mozambique (583), Rwanda (582), Malawi (547), Togo (530), United Republic of Tanzania (509), Eswatini (490), Benin (470), Liberia (458), Zimbabwe (383), Mauritius (337), Comoros (176), Angola (140), Eritrea (96), Burundi (94), Botswana (60), Namibia (32), Gambia (28), Seychelles (11) and Lesotho (4).

Among the 173 000 confirmed COVID-19 cases, 83 574 (48%) recoveries have been reported from all 47 countries in the region. As of 14 June 2020, a total of 5 212 health workers have been infected in 36 countries: South Africa (2 084), Nigeria (812), Cameroon (325), Ghana (227), Niger (164), Guinea-Bissau (152), Senegal (141), Guinea (134), Democratic Republic of the Congo (131), Côte d'Ivoire (130), Sierra Leone (127), Zambia (111), Ethiopia (87), Chad (75), Kenya (64), Gabon (57), South Sudan (55), Equatorial Guinea (53), Liberia (48), Cabo Verde (40), Sao Tome and Principe (40), Mauritius (30), Togo (23), Congo (20), Uganda (20), Malawi (18), Eswatini (8), Botswana (3), Namibia (3), Benin (2), Madagascar (2), Zimbabwe (2), Angola (1), Burundi (1), Central African Republic (1) and United Republic of Tanzania (1).

Fifty-two countries have reported a total of 4 081 deaths in the region, including: South Africa (1 480), Algeria (767), Nigeria (420), Cameroon (275), Democratic Republic of Congo (106), Mali (104), Kenya (103), Mauritania (87), Chad (73), Niger (66), Senegal (60), Ethiopia (57), Burkina Faso (53), Ghana (51), Sierra Leone (51), Côte d'Ivoire (45), Liberia (32), South Sudan (27), Guinea (25), Congo (25), Gabon (23), United Republic of Tanzania (21), Guinea-Bissau (15), Togo (13), Equatorial Guinea (12), Zambia (11), Madagascar (10), Sao Tome and Principe (10), Mauritius (10), Central African Republic (7), Benin (7), Cabo Verde (6), Malawi (6), Angola (6), Eswatini (4), Zimbabwe (4), Comoros (2), Mozambique (2), Rwanda (2), Botswana (1), Burundi (1) and Gambia (1). The countries with the highest case fatality ratios are Chad 8.6% (73/850), Algeria 7.0% (767/10 919), Liberia 7.0% (32/458), Niger 6.7% (66/980), Burkina Faso 6.0% (53/894), Mali 5.7% (104/1 809), Mauritania 4.9% (87/1 583) and Sierra Leone 4.4% (51/1 169).

According to the available data on age and gender distribution (n=5 248), males 3 272 (62%) in the 31-39 and 40-49 age groups are more affected than females 1 976 (38%) across the same age groups. The age distribution of cases ranges from one month to 99 years, with a median of 38.5 years. The ages of the deceased case-patients range from 21 to 88 years, with a median of 58 years.

The distribution of transmission in the region has shown little change in the past two weeks; 27 countries are experiencing community transmission, 13 have clusters of cases and seven have sporadic cases of COVID-19.

PUBLIC HEALTH ACTIONS

- WHO continues to encourage countries to strengthen surveillance for COVID-19 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.
- WHO is supporting the response to a new Ebola outbreak in northwest Democratic Republic of the Congo. The new outbreak comes as the country continues to respond to the complex Ebola outbreak in the eastern part of the country, as well as the COVID-19 pandemic, the world’s largest measles outbreak, and a complex and long-standing humanitarian crisis.
- The roll out of PACT initiative (Partnership to Accelerate Testing and Treatment through training 100 000 health workers to support the COVID-19 response, increase testing to 15 million per month for the next six months and support provision of supportive care to patients.)
Technical issues and the required assistance in case management were discussed with focal persons of Nairobi Hub and the case management team for deployment in Guinea Bissau was oriented.

Identification of Supply Coordinators at country level is in an advanced stage to enable full use of the online portal and adequate request processing. A total of 27 countries have already placed requests in the online portal. In addition, requests have been placed for equipment to a total value of US$ 30 000 000 to cover urgent needs in 47 countries. Delivery of testing kits is in progress despite limited means of transportation.

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.

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.

### SITUATION INTERPRETATION

The COVID-19 pandemic continues to expand in the African region, with the total number of confirmed cases increasing steadily in the past weeks. All countries need to continue with strengthening 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.
**EVENT DESCRIPTION**

The Ebola virus disease (EVD) outbreak in Équateur Province, Democratic Republic of the Congo, continues to evolve. Since our last report (Weekly Bulletin 23), five additional confirmed EVD cases and five deaths have been reported. Two new health zones, Bolomba and Iboko, reported confirmed EVD cases during the reporting period – bringing the number of affected health zones to five. As of 13 June 2020, a total of 17 EVD cases (14 confirmed and three probable) with 11 deaths (case fatality ratio 64.7%) have been reported in five health zones: Mbandaka (6 confirmed, 3 probable, 7 deaths), Bikoro (3 confirmed, 3 deaths), Wangata (2 confirmed, 1 death), Bolomba (2 confirmed) and Iboko (1 confirmed). The case fatality ratio among confirmed cases is 57.1% (8 deaths/14 confirmed cases). Two health workers are among the confirmed cases since the start of the outbreak, 11.8% of all cases.

Iboko Health Zone, the newly affected health zone that reported confirmed EVD case on 12 June 2020, is 240 km from Mbandaka. The confirmed case-patient was not a listed contact and has not been vaccinated. Preliminary investigations show that he lives in Air Congo, in the Mbandaka Health Zone, which is currently affected by the outbreak. Additionally, the only surviving case from the Bikoro Health Zone died on 12 June 2020. As of 13 June 2020, nine health areas in affected health zones have reported cases, including two in Bikoro, one in Bolomba, one in Iboko, three in Mbandaka and two in Wangata.

A total of 49 new contacts were recorded as of 13 June 2020, with 47 in Mbandaka and two in Wangata. There are 923 contacts under follow-up, of which 639 (69.2%) have been seen in the past 24 hours. On 13 June 2020, 21 alerts with one death were reported. Of these 20 (95.2%) were investigated and four (20.0%) were validated as new suspected cases.

**PUBLIC HEALTH ACTIONS**

- The Representative of the Special Assistant to the Secretary General of the United Nations, the Resident Coordinator and the Humanitarian Affairs Coordinator carried out a working mission to Mbandaka on 12 June 2020, in order to see what response was needed on the ground.
- A multidisciplinary group covering all response pillars was deployed to Bolomba, 250 km from Mbandaka on 12 June 2020.
- On 13 June 2020, 6 384 travellers were screened among the 5 780 registered at the 14/16 active PoCs that reported. Since the start of the response, a total of 134 569 screenings of travellers were carried out among 140 360 travellers registered at the active PoCs.
- A screening tent was installed in the port of Onatra on 13 June 2020.
- As of 13 June 2020, seven samples were received in the Mbandaka laboratory, of which five were tested; none were positive for Ebola virus. Since the start of the response, 77 samples have been tested.
- A total of 200 people, including 80 in Mbandaka, 40 in Wangata, 40 in Bikoro and 40 in Bolomba were vaccinated with rVSV-ZEBOV-GP on 13 June 2020.
- Since 5 June 2020, a total of 2 514 people have been vaccinated, including 806 contacts, 1 574 contacts of contacts and 134 probable contacts. There are six vaccination rings, with four in Mbandaka, one in Bikoro and one in Bolomba.
- One confirmed case was admitted to the Wangata ETC, with two suspected cases under observation in the transit centre at Mbankanda General Referral Hospital. Negotiations are ongoing to transfer the remaining two confirmed cases in the community and to transfer the case newly confirmed on 12 June 2020 to an isolation facility.

**SITUATION INTERPRETATION**

This new outbreak of EVD comes in the context of a country already burdened with a long-standing EVD outbreak in North Kivu and Ituri, the COVID-19 outbreak (affecting mainly Kinshasa), an ongoing measles outbreak and a complex humanitarian crisis. Mbandaka is a large town with a population of 1.2 million people with air and river links to Kinshasa and Boende, and there has already been local spread to Bolomba, which is 240 km away. In addition, there are already isolated incidences of resistance to response, which leads to disruption of case finding, contact tracing and follow-up, in particular. The risk of disruption to surveillance and routine public health activities as a result of the COVID-19 response will potentially harm the country’s ability to rapidly contain the re-emergence of EVD. Public health measures, particularly a strong and robust surveillance system, required to detect, isolate and treat new suspected cases as early as possible is required to break any new chains of transmission, along with full community engagement with response measures.
**EVENT DESCRIPTION**

The long-standing measles outbreak in Democratic Republic of the Congo continues, with fluctuating case incidence. During week 22 (week ending 31 May 2020) there were 808 suspected cases reported, with 21 deaths (case fatality ratio 2.6%). This is a decrease in the number of cases compared to week 21, but with a higher case fatality ratio. The provinces that have reported high numbers of cases are Sankuru (104 cases), Tshopo (103 cases), North Kivu (88 cases), Maniema (65 cases), Bas-Uele (63 cases), Mongala (61 cases) and North Ubangi (52 cases).

No new health zone reported cases during weeks 19 to 22, 2020. During these four weeks 4,746 cases were reported, with 96 deaths (case fatality ratio 2.0%). Notably, fewer cases were reported in the provinces of Haut Katanga, Kongo Central, Kwango, Lomami, Lualaba, Maniema, Tanganyika and Tshopo during these weeks. Tshopo (805 cases), Sankuru (711 cases), North Kivu (410 cases), North Ubangi (324 cases) and Maniema (321 cases) reported the most cases.

From the start of 2020 to the end of week 22, a total of 61,207 suspected cases were reported, with 824 deaths (case fatality ratio 1.3%) in all 26 provinces of the country. This is a reduction from the same period in 2019, when 106,215 cases and 1,811 deaths were reported. A total of 372,615 cases and 6,855 deaths (case fatality ratio 1.8%) have been recorded from 31 December 2018 to 31 May 2020. During 2020 there was an initial decrease in case incidence until week 6 (week ending 8 February 2020), followed by an increase from week 7 (week ending 15 February 2020) to week 12 (week ending 21 March 2020), followed by a decrease from week 13 (week ending 28 March 2020) to week 22.

The most affected age group remain children under five years, with 63.9% of cases across the country. Out of 1,152 cases, 59% were in children under the age of five year, 33% were vaccinated, 7% were not vaccinated and 60% were of unknown vaccination status.

**PUBLIC HEALTH ACTIONS**

- Surveillance continues with daily case notification, progressive line listing and data analysis.
- There is regular information exchange with sub-coordinators and consultants deployed at hotspots.
- Community relays in Kinshasa have been briefed on measles and other disease surveillance.
- The results of nasopharyngeal swabs are awaited with WHO support and there is an increase in the proportion of IgM positive rubella cases in the samples received at laboratories.
- Case management data collection is in progress, with the support of the sub-coordinators.
- Measles surveillance technical guidelines have been shared with sub-coordinations and consultants have been deployed to strengthen epidemiological and community-based surveillance in the targeted health zones.
- There is continued support for strengthening the quality of paediatric care, with technical guidelines for the management of complicated measles cases made available in health zones.

**SITUATION INTERPRETATION**

The ongoing measles outbreak in Democratic Republic of the Congo continues to be of grave concern, with the COVID-19 response hampering the work of measles response teams. Challenges that need to be addressed are problems with daily reporting, poor multisectoral coordination, shortcomings in community engagement, insufficient nutritional kits in some areas and poor technical facilities in some hospitals for management of complicated measles cases. With an apparent declining trend in the past weeks, these issues need to be addressed urgently in order to prevent a resurgence in cases. The COVID-19 response measures being instituted need to be complementary to those for measles, and indeed other infectious diseases, to improve measures instituted across the board.
Summary of major issues, challenges and proposed actions

Major issues and challenges

- The number of new COVID-19 cases and deaths continues to rise in several countries in the WHO Africa. The disease is also expanding widely to smaller urban centres and rural communities. Many countries continue to ease 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 new Ebola virus disease outbreak in Equateur Province, Democratic Republic of the Congo, is escalating, with new health areas and health zones affected in the past week. One of these health zones is 240 km from Wangata, the original outbreak centre. The COVID-19 outbreak in the country is also showing increased case incidence, albeit at a relatively low level, which means that the country’s response mechanisms will be particularly burdened by simultaneous outbreaks of major infectious diseases.

- The ongoing measles outbreak in Democratic Republic of the Congo requires a particular focus to overcome the technical challenges around surveillance, community engagement and case management. While vaccination activities are ongoing, these are being hampered to an extent by problems with vaccine supply, as well as stretched response teams in the face of the concurrent COVID-19 outbreak.

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.

- The new Ebola virus disease outbreak requires robust response activities in order to control this rapidly, break chains of transmission and engage the community in these activities. These should be linked to existing COVID-19 surveillance activities in order to use resources efficiently. Responses to COVID-19 need to complement and not remove focus from continuing EVD surveillance and response.

- There needs to be a robust and unrelenting focus on solving the challenges around the complex and sustained measles outbreak in Democratic Republic of the Congo, with a particular focus on vaccination activities for vulnerable age groups. The activities of the COVID-19 response should be employed to complement the measles response.
**Health Emergency Information and Risk Assessment**

**Burundi**

#### Measles
- **Grade**: Ungraded
- **Date notified to WCO**: 23-Mar-20
- **Start of reporting period**: 4-Nov-19
- **End of reporting period**: 19-Apr-20
- **Total cases**: 857
- **Confirmed cases**: 56
- **Deaths**: 0
- **CFR**: 0.00%

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**: Grade 2
- **Date notified to WCO**: 8-May-19
- **Start of reporting period**: 1-Jan-19
- **End of reporting period**: 12-Jun-20
- **Total cases**: 123
- **Confirmed cases**: 123
- **Deaths**: 0
- **CFR**: 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 123 cases. These cases are from several outbreaks which occurred in 2019.

**Benin**

#### Lassa fever
- **Grade**: Ungraded
- **Date notified to WCO**: 19-Feb-20
- **Start of reporting period**: 17-Feb-20
- **End of reporting period**: 15-May-20
- **Total cases**: 4
- **Confirmed cases**: 4
- **Deaths**: 1
- **CFR**: 25.00%

From 17 February to 15 May 2020, a total of 4 confirmed cases of Lassa fever have been reported in Tchaourou commune in Borgou department of Benin. One death was recorded on 16 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 54 contacts, including 23 healthcare workers, are under follow-up.

**Botswana**

#### COVID-19
- **Grade**: Grade 3
- **Date notified to WCO**: 30-Mar-20
- **Start of reporting period**: 18-Mar-20
- **End of reporting period**: 14-Jun-20
- **Total cases**: 60
- **Confirmed cases**: 60
- **Deaths**: 1
- **CFR**: 1.70%

On 30 March 2020, the Minister of Health and Wellness of Botswana reported three confirmed cases of COVID-19. As of 14 June 2020, a total of 60 confirmed COVID-19 cases were reported in the country including one death and 24 recovered cases.

**Burkina Faso**

#### Humanitarian crisis
- **Grade**: Grade 2
- **Date notified to WCO**: 1-Jan-19
- **Start of reporting period**: 1-Jan-19
- **End of reporting period**: 4-Jun-20
- **Total cases**: -
- **Confirmed cases**: -
- **Deaths**: -
- **CFR**: -

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 765 917 internally displaced persons registered as of 14 February 2020 in all 13 regions in the country. Presence of jihadist groups and self-defence units have created an increasingly volatile security situation. Humanitarian access is restricted in Sahel, North, Centre-North and East regions, while IDP numbers are rising, along with protection concerns. Armed insurgent groups carried out three attacks on civilians and aid workers over 29-30 May 2020. The provisional death toll is 50 people, including at least one humanitarian worker. Health services are severely affected and as of 13 January 2020, according to the report of the Ministry of Health, 9.5% (n=121) of the health facilities located in the six regions affected by insecurity are closed, thus depriving more than 1.5 million people of health care, and 11.9% (n=152) have reduced their services to a minimum, following insecurity. Morbidity due to epidemic-prone diseases remaining high and Malnutrition thresholds are alarming in the areas hosting IDPs, mainly in Barsalogho, Dilllo, Mattacouli, Arbinda, and Tillac.

**Burundi**

#### Cholera
- **Grade**: Ungraded
- **Date notified to WCO**: 25-Feb-20
- **Start of reporting period**: 25-Feb-20
- **End of reporting period**: 14-Jun-20
- **Total cases**: 10 919
- **Confirmed cases**: 10 919
- **Deaths**: 767
- **CFR**: 7.00%

From 25 February to 31 May 2020, a total of 10 919 confirmed cases of COVID-19 with 767 deaths (CFR 7 %) have been reported from Algeria. A total of 7 606 cases have recovered. The majority of the cases have been reported from the Wilaya of Bida.

**Angola**

#### COVID-19
- **Grade**: Grade 3
- **Date notified to WCO**: 21-Mar-20
- **Start of reporting period**: 21-Mar-20
- **End of reporting period**: 14-Jun-20
- **Total cases**: 140
- **Confirmed cases**: 140
- **Deaths**: 6
- **CFR**: 4.30%

The Ministry of health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 14 June 2020, a total of 470 cases have been reported in the country with 7 deaths and 228 recoveries.

**Benin**

#### Poliomyelitis (cVDPV2)
- **Grade**: Grade 2
- **Date notified to WCO**: 8-Aug-19
- **Start of reporting period**: 8-Aug-19
- **End of reporting period**: 12-Jun-20
- **Total cases**: 9
- **Confirmed cases**: 9
- **Deaths**: 0
- **CFR**: 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**: Grade 3
- **Date notified to WCO**: 30-Mar-20
- **Start of reporting period**: 28-Mar-20
- **End of reporting period**: 14-Jun-20
- **Total cases**: 70
- **Confirmed cases**: 60
- **Deaths**: 1
- **CFR**: 1.70%

Between 9 March and 5 June 2020, a total of 894 confirmed cases of COVID-19 were reported in Botswana.

**Burkina Faso**

#### Poliomyelitis (cVDPV2)
- **Grade**: Grade 2
- **Date notified to WCO**: 1-Jan-19
- **Start of reporting period**: 12-Jun-20
- **End of reporting period**: -
- **Total cases**: 5
- **Confirmed cases**: 5
- **Deaths**: 0
- **CFR**: 0.00%

There are four cases of cVDPV (circulating vaccine-derived poliovirus) in 2020. There are five cVDPV2 cases in the country, all linked to the Jigawa outbreak in Nigeria.

**Burundi**

#### Cholera
- **Grade**: Ungraded
- **Date notified to WCO**: 23-Mar-20
- **Start of reporting period**: 19-Feb-20
- **End of reporting period**: 9-Jun-20
- **Total cases**: 70
- **Confirmed cases**: 70
- **Deaths**: 0
- **CFR**: 0.00%

The cholera outbreak in Burundi which started since epidemiological week 8.2020 (week ending on 15 March 2020) in six districts is improving. The last confirmed cases were reported on 7 May 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 9 of June 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**: Grade 3
- **Date notified to WCO**: 31-Mar-20
- **Start of reporting period**: 18-Mar-20
- **End of reporting period**: 14-Jun-20
- **Total cases**: 94
- **Confirmed cases**: 94
- **Deaths**: 1
- **CFR**: 1.10%

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 14 June 2020, the total confirmed COVID-19 cases is 94, including one death and 61 recovered cases.

**Burundi**

#### Measles
- **Grade**: Ungraded
- **Date notified to WCO**: 23-Mar-20
- **Start of reporting period**: 4-Nov-19
- **End of reporting period**: 19-Apr-20
- **Total cases**: 857
- **Confirmed cases**: 857
- **Deaths**: 0
- **CFR**: 0.00%

Burundi has been experiencing measles outbreaks since November 2019 in camps hosting Congolese refugees and has recently been spreading in the host community in the district of Cibitoke. As of April 2020, a total of 857 confirmed measles cases have been reported among which are 56 lab-confirmed measles cases and the rest were clinically compatible cases and epidemiically 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 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, 80 households of 360 Internally Displaced Persons(IDPs) were forced to move from the Blakkodi 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 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 Cameroonos Defense Forces (SOSCDEF) 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.

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 Cameroonos Defense Forces (SOSCDEF) 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.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 14 June 2020, a total of 750 confirmed COVID-19 cases including five deaths and 301 recoveries were reported in the country.

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 N’déle, Birao, Batangafo and Bria. Intercommunal violence has intensified in N’déle, capital of the northern prefecture of Bamingui Bangoran, since March. The violence started on 29 April and led to at least 8,000 people displaced, 28 deaths, and 56 injuries. This situation of insecurity in CAR has led to restrictions of movement of humanitarian organizations and to temporary suspensions of their activities. A total of 31 incidents directly affecting humanitarian personnel or property were recorded in May compared to 23 incidents in May 2019. In Ndélé, looting of humanitarian premises continued during the first part of the month. A humanitarian team was kidnapped on the Batangafo - Kabo axis including 275 deaths and 5,570 recoveries.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 14 June 2020, a total of 750 confirmed COVID-19 cases including five deaths and 301 recoveries were reported in the country.
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.

In week 22 (week ending 31 May 2020), 87 suspected cases were reported. Seven districts were in the epidemic phase during the week. Since the beginning of the year, a total of 8,193 suspected cases and 39 deaths (CFR 0.5%) have been reported from Beboto, Kyabe, Goundi, Kelo, and Guelao.

The cholera outbreak situation in the Democratic Republic of Congo is improving. During week 20 (week ending 17 May 2020), a total of 585 confirmed COVID-19 cases were reported in the country including 73 deaths and 720 cases who have recovered.

There were 2 more cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported this week for a total of 10 cases in 2020. There are four cVDPV2 cases from Nigeria and the other two from Togo.

Since 11 March 2020, a total of 5,084 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 45 deaths. A total of 2,505 patients have recovered.

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 14 June, a total of 779 cases including 25 deaths and 261 recovered cases have been reported in the country.

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 de Madagascar Laboratory in epidemiological week 52 in 2019. In 2020, from epidemiological week 1 to week 13, a total of 696 suspected dengue fever cases were reported with no laboratory confirmation as the country continues to face challenges in laboratory testing. The number of suspected cases peaked in week 12, 2020 with 88 cases reported. The majority of cases (508) are reported from Anjouan, followed by Moheli islands with 179 suspected Dengue cases. Ngazidja reported 22 suspected Dengue fever cases from week 1 to week 13.

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.

The Democratic Republic of 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 (Matede, Walendu sector Djas) 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 Nyuvu territory and additional 55,000 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 are in need of basic humanitarian assistance, including access to food, clean water, non-food items, shelters and health care assistance.

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-May-19</td>
<td>24-May-19</td>
<td>12-Jun-20</td>
<td>22</td>
<td>22</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Chad</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>14-Jun-20</td>
<td>850</td>
<td>850</td>
<td>73</td>
<td>8.60%</td>
</tr>
<tr>
<td>Chad</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-18</td>
<td>1-Jan-19</td>
<td>31-May-20</td>
<td>8,193</td>
<td>295</td>
<td>39</td>
<td>0.50%</td>
</tr>
<tr>
<td>Comoros</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Apr-20</td>
<td>30-Apr-20</td>
<td>14-Jun-20</td>
<td>176</td>
<td>176</td>
<td>2</td>
<td>1.10%</td>
</tr>
<tr>
<td>Comoros</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>22-Dec-19</td>
<td>5-Apr-20</td>
<td>696</td>
<td>4</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Congo</td>
<td>Chikungunya</td>
<td>Grade 1</td>
<td>22-Jan-20</td>
<td>1-Jan-20</td>
<td>9-Feb-20</td>
<td>37</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>14-Jun-20</td>
<td>779</td>
<td>779</td>
<td>25</td>
<td>3.20%</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>11-Mar-20</td>
<td>11-Mar-20</td>
<td>14-Jun-20</td>
<td>5,084</td>
<td>5,084</td>
<td>45</td>
<td>0.90%</td>
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<tr>
<td>Democratic Republic of Congo</td>
<td>Humanitarian crisis</td>
<td>Grade 3</td>
<td>20-Dec-16</td>
<td>17-Apr-17</td>
<td>17-May-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>1-Jan-20</td>
<td>17-May-20</td>
<td>9,630</td>
<td>-</td>
<td>121</td>
<td>1.30%</td>
</tr>
<tr>
<td>Country</td>
<td>Event</td>
<td>Grade</td>
<td>Date notified to WCO</td>
<td>Start of reporting period</td>
<td>End of reporting period</td>
<td>Total cases</td>
<td>Cases Confirmed</td>
<td>Deaths</td>
<td>CFR</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------------------</td>
<td>-------</td>
<td>----------------------</td>
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<td>-------------------------</td>
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<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>10-Mar-20</td>
<td>13-Jun-20</td>
<td>4,778</td>
<td>4,777</td>
<td>106</td>
<td>2.20%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Ebola virus disease</td>
<td>Grade 3</td>
<td>31-Jul-18</td>
<td>11-May-18</td>
<td>23-May-20</td>
<td>3,463</td>
<td>3,317</td>
<td>2,280</td>
<td>65.80%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Ebola virus disease</td>
<td>Grade 2</td>
<td>31-May-20</td>
<td>17-May-20</td>
<td>12-Jun-20</td>
<td>17</td>
<td>14</td>
<td>11</td>
<td>64.70%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Measles</td>
<td>Grade 2</td>
<td>10-Jan-17</td>
<td>1-Jan-20</td>
<td>31-May-20</td>
<td>61207</td>
<td>1,124</td>
<td>824</td>
<td>2.00%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>n/a</td>
<td>1-Jan-20</td>
<td>17-May-20</td>
<td>1,702</td>
<td>-</td>
<td>47</td>
<td>2.80%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Plague</td>
<td>Ungraded</td>
<td>12-Mar-19</td>
<td>28-Feb-19</td>
<td>22-Mar-20</td>
<td>20</td>
<td>-</td>
<td>7</td>
<td>35.00%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>15-Feb-18</td>
<td>1-Jan-18</td>
<td>12-Jun-20</td>
<td>113</td>
<td>113</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>31-May-20</td>
<td>1,043</td>
<td>1,043</td>
<td>12</td>
<td>1.20%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>14-Jun-20</td>
<td>96</td>
<td>96</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Eswatini</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>14-Jun-20</td>
<td>490</td>
<td>490</td>
<td>4</td>
<td>0.80%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>14-May-19</td>
<td>12-May-19</td>
<td>10-May-20</td>
<td>8191</td>
<td>112</td>
<td>1.40%</td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>14-Jun-20</td>
<td>3,345</td>
<td>3,345</td>
<td>57</td>
<td>1.70%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jan-17</td>
<td>1-Jan-19</td>
<td>26-Apr-20</td>
<td>1,873</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Ungraded</td>
<td>24-Jun-19</td>
<td>20-May-19</td>
<td>12-Jun-20</td>
<td>25</td>
<td>25</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 13 June 2020, 4,777 confirmed cases and 1 probable case have been reported, for a total of 4,778 cases, including 106 deaths and 600 recoveries.

Detailed update given above.

During week 20 (week ending 17 May 2020), a total of 98 suspected cases of Monkeypox with ten deaths were reported across the country compared to 151 cases the preceding week. Between week 1 and week 20, a total of 1,702 suspected cases including 47 deaths were reported in the country. The majority of cases were reported from the Provinces of: Sankuru, Equateur, Bas-Uele, Mongala and Tshopo. Between weeks 1 and 52 of 2019 a cumulative total of 5,288 monkeypox cases, including 107 deaths (CFR 2%) 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.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 14 June 2020, a total of 96 confirmed COVID-19 cases with no deaths were reported in the country. A total of 39 patients have recovered, from the disease.

In week 19 (week ending 10 May 2020), 552 new suspected cases with 20 associated deaths were reported. Since the beginning of the year, a total of 8,191 cases with 112 associated deaths have been reported from six woredas in SNNP and two woredas in Oromia regions.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 14 June 2020, a total of 490 confirmed COVID-19 cases have been reported in the country including 247 recoveries. Four associated deaths have been reported.

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 3,345 cases of COVID-19 as of 14 June 2020. Of the 3,345 cases, 57 deaths and 545 recoveries have been reported.

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.

No cVDPV2 cases were reported this week. There has been a total of 25 cases reported in Ethiopia since the beginning of the outbreaks.
Since the beginning of April 2020, the Ethiopian Dracunculiasis Eradication Program (EDEP) detected six suspected human cases of dracunculiasis in the Duli village of Gog district in the Gambella region. As of 6 May 2020, a total of seven suspected cases with an emerged worm morphologically consistent with human guinea worm have been reported. This report comes after more than two consecutive years of zero reporting, as the last cases were reported in December 2017. Since its establishment in 1993, the EDEP has made remarkable progress towards interruption of disease transmission in humans despite the existence of low-level transmission of the parasite in non-human hosts such as dogs and peri-domestic baboons. Worm specimens from all the suspected cases have already been collected ready for shipment to the CDC lab for confirmation. In response to the outbreak, a team composed of Ethiopian Public Health Institute, Gambella Regional Health Bureau and The Carter Center which is the main global partner of WHO in support of guinea worm eradication, carried out a preliminary investigation and immediate response measures.

On 3 March 2020, the Ethiopian Public Health Institute (EPHI) reported three suspected Yellow fever cases in Ener Enor woreda, Gurage zone, South Nations Nationalities and Peoples Region (SNNPR). The first 3 reported cases were members of the same household (father, mother and son) located in a rural kebele. Two of three samples tested positive at the national level on RT-PCR and were subsequently confirmed positive by plaque reduction neutralization testing (PRNT) at the regional reference laboratory, Uganda Viral Research Institute (UVRI) on 28 March 2020. In response to the positive RT-PCR results, Ethiopia performed an in-depth investigation and response, supported by partners including WHO. As of 30 March, a total of 85 suspect cases have been notified from 5 kebele in Ener Enor woreda, of which 55 are reported from Wedessa kebele. Laboratory testing is ongoing at the national laboratory.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 14 June 2020, a total of 363 confirmed cases including 23 deaths and 1,024 recovered have been reported in the country.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 13 June 2020, a total of 28 confirmed COVID-19 cases including one death and 24 recoveries have been reported in the country.

On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. As of 14 June 2020, a total of 11,422 cases including 1,460 confirmed, 1,024 recovered have been reported in the country.

The Ministry of health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 14 June 2020, a total of 4,534 cases including 3,234 confirmed cases, 6 confirmed and 25 deaths (CFR 0.6%) have been reported in the country.

The health ministry in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 14 June 2020, a total of 4,534 cases including 3,234 confirmed cases, 6 confirmed and 25 deaths (CFR 0.6%) have been reported in the country.

As of 14 June 2020, the country has 1,460 confirmed cases of COVID-19 with 153 recoveries and 15 deaths. On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. 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.

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.

During week 23 (week ending 5 June) there have been eleven cases in 2020 so far, while the total number of 2019 cases remain 18 and 11 for 2020.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 13 June 2020, a total of 28 confirmed COVID-19 cases including one death and 24 recoveries have been reported in the country.

On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. As of 14 June 2020, a total of 11,422 cases including 1,460 confirmed, 1,024 recovered have been reported in the country.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 13 June 2020, a total of 28 confirmed COVID-19 cases including one death and 24 recoveries have been reported in the country.

As of 14 June 2020, the country has 1,460 confirmed cases of COVID-19 with 153 recoveries and 15 deaths. On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. 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.
On 13 May 2020, WHO was notified of the first confirmed COVID-19 case in Lesotho. As of 13 June, four cases of COVID-19 have been reported, including one recovery. All cases have had recent history of travel.

Liberia COVID-19 Grade 3 16-Mar-20 16-Mar-20 31-Mar-20 458 458 0 0 0.00%

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 13 June 2020, a total of 458 cases with 32 deaths have been reported from the country. A total of 219 case-patients have recovered.

Libya Lassa fever Ungraded 23-Jan-20 1-Jan-20 3-May-20 120 40 18 15.00%

Of 120 suspected cases reported from 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.

In week 22 (week ending on 31 May 2020), 7 suspected cases were reported from 3 out of 15 counties across the country. Since the beginning of 2020, 593 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 14-Jun-20 1 272 1 272 10 0.80%

Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 14 June 2020, a total of 1272 cases have been reported in the country, out of which 367 have recovered.

Malawi COVID-19 Grade 3 2-Apr-20 2-Apr-20 14-Jun-20 547 547 6 1.10%

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 14 June 2020, the country has a total of 547 confirmed cases with six deaths and 69 recoveries.

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 Faladie IDP camp, located in the capital Bamako, was destroyed by fire on 28 April. The fire reportedly started from the burning of a pile of rubbish. The country continues to face 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 14-Jun-20 1 809 1 809 104 5.70%

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 14 June 2020, a total of 1 809 confirmed COVID-19 cases have been reported in the country including 104 deaths and 1088 recoveries.

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, 593 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.

Mali Measles Ungraded 24-Sep-17 1-Jan-19 17-May-20 593 81 3 0.50%

On 11 May 2020, one confirmed case of Crimean Congo haemorrhagic fever (CCHF) was reported from the Moughataa of Mederdra in the district 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 COVID-19 Grade 3 13-Mar-20 13-Mar-20 14-Jun-20 1 783 1 783 87 4.90%

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 14 June 2020, a total of 1 783 cases including 87 deaths and 332 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 Tiguent in the wilaya of Trarza. The case is a 60-year-old butcher from Tiguent presenting symptoms of fever, fatigue, headaches and epistaxis, with onset on 2 May 2020. He had a history of handling the carcasses of meat and no recent travel history. He presented at a health facility of 7 May 2020 and a sample was collected for testing following the suspicion of a viral haemorrhagic fever disease. The case-patient was evacuated the same day in the Emergency Department in Nouakchott for further care. On 8 May 2020, the case was confirmed with CCHF by RT-PCR from the INRSP and transferred to the infectious diseases department where he was isolated and treated.

Mauritania Dengue Ungraded 11-May-20 3-May-20 11-May-20 7 7 0 0.00%

On 3 May 2020, two suspected cases of dengue fever were admitted to a hospital in Mauritania. On 4 May 2020, it was found that the majority of consultations at the hospital had a history of unexplained fever. Thus, samples from the two suspected cases were collected and sent to the National Institute of Research in Public Health (INRSP). On 5 May 2020 the 2 cases were confirmed by RT-PCR positive for Dengue virus with DENV-1 serotype. The cases were discharged from hospital and declared cured after symptomatic treatment. A rapid investigation was carried out at city level and made it possible to identify 5 additional cases (4 women and 1 man) distributed in 4 districts of Atar (Atar, Tineri, Aghennemite and Edebaye).

Mauritius COVID-19 Grade 3 18-Mar-20 18-Mar-20 13-Jun-20 337 337 10 3.00%

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 13 June 2020, a total of 337 confirmed COVID-19 cases including ten deaths and 335 recovered cases have been reported in the country.
Cholera outbreak is ongoing in Mozambique. From 11 January till 12 June 2020, a total of 2 625 cases including 21 deaths (CFR: 0.8%) were reported in two provinces, namely Nampula (1 648 cases and 3 deaths) and Cabo Delgado (997 cases and 15 deaths). In total, eleven districts of Nampula province, namely Nampula City, Mogovolas, Mamba, Nacata-a-Velha, Nacarao, Namialo, Ribawé, Monapo, Larte, Angoche and Maléma were affected since the beginning of the outbreak and only two of them remain currently active (Monapo and Nampula city). In Cabo Delgado province, four districts, namely Mocimboa da Praia, Macomia, Ibo and Pemba city are affected.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 14 June 2020, a total of 583 confirmed COVID-19 cases were reported in the country with 151 recoveries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mozambique</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>20-Feb-20</td>
<td>31-Jan-20</td>
<td>2 625</td>
<td>-</td>
<td>21</td>
<td>0.80%</td>
</tr>
</tbody>
</table>

| Mozambique  | COVID-19    | Grade 3 | 22-Mar-20                 | 14-Jun-20               | 583         | 583            | 2      | 0.30%|

The first COVID-19 confirmed case was reported in Namibia on 14 March 2020. As of 14 June 2020, a total of 32 cases have been reported in the country including 17 cases who recovered.

| Namibia     | COVID-19    | Grade 3 | 14-Mar-20                 | 14-Jun-20               | 32          | 32             | 0      | 0.00%|

In weeks 12 and 13 (week ending 5 April 2020), 66 new cases were reported countrywide with the majority (38 cases) from Khoamas region. Since the beginning of the outbreak in December 2017, a cumulative total of 7 587 cases (1 937 laboratory-confirmed, 4 410 epidemiologically linked, and 1 240 suspected cases) including 65 deaths (CFR 0.9%) have been reported countrywide. Khoamas Region remains the most affected region, accounting for 4 707 (62%) of reported cases, followed by Erongo 1 623 (21%) since the outbreak began.

The security situation continues to worsen in bordering areas of Burkina Faso, Mali and Nigeria following armed groups attacks in the region. 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. Food security remains a key challenge in Niger, particularly for displaced populations and host communities in Diffa, Tahoua, and Tillabery regions. Increased violence and COVID-19 related restrictions are expected to increase the number of people projected in severe food insecurity (IPC-3 and above) from 2 million over June-August 2020.

The first COVID-19 confirmed case was reported in the Niger on 19 March 2020. As of 13 June 2020, a total of 980 confirmed COVID-19 cases including 66 deaths and 881 recoveries have been reported in the country.

| Niger       | Humanitarian crisis | Protracted 1 | 1-Feb-15 | 1-Feb-15 | 11-Jun-20 | - | - | - | - |

The security situation continues to worsen in bordering areas of Burkina Faso, Mali and Nigeria following armed groups attacks in the region. 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. Food security remains a key challenge in Niger, particularly for displaced populations and host communities in Diffa, Tahoua, and Tillabery regions. Increased violence and COVID-19 related restrictions are expected to increase the number of people projected in severe food insecurity (IPC-3 and above) from 2 million over June-August 2020.

The first COVID-19 confirmed case was reported in the Niger on 19 March 2020. As of 13 June 2020, a total of 980 confirmed COVID-19 cases including 66 deaths and 881 recoveries have been reported in the country.

| Niger       | COVID-19     | Grade 3 | 19-Mar-20                 | 19-Mar-20               | 980         | 980            | 66     | 6.70%|

The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 14 June 2020, a total of 16 085 confirmed cases including 420 deaths and 5 220 recovered cases have been reported in the country.

| Nigeria     | 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.

The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security compromised areas characterized by overcrowded population in many camps in the region. Health Sector partners are supporting the government led COVID-19 response across the three states, including support through joint resource mobilization activities, overall coordination and monitoring of the response in the northeast.

| Nigeria     | Measles      | 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 973 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 | 1618 | 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 lgM positive for measles.

| Nigeria     | Poliomyelitis (cVPDV2) | Grade 2 | 1-Jun-18 | 1-Jan-18 | 12-Jun-20 | 53 | 53 | 0 | 0.00%|

1 case of circulating vaccine-derived poliovirus type 2 (cVPDV2) was reported in 2020. There were 1 cVPDV2 in 2020, 18 cVPDV2 cases reported in 2019 and 34 in 2018 for a total of 53 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               | 582         | 582            | 2 | 0.30%|

Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 14 June 2020, a total of 582 cases with two deaths and 332 recovered cases have been reported in the country.
On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 14 June 2020, a total of 661 cases of COVID-19 have been reported, including 388 cases confirmed by PCR and an additional 273 probable cases. Among the confirmed cases, 10 deaths have been reported. Among the total number of cases, 177 have been reported as recoveries.

Between 2 March 2020 and 14 June 2020, a total of 5 090 confirmed cases of COVID-19 including 51 deaths have been reported from Senegal. A total of 3 344 cases have recovered.

The first COVID-19 confirmed cases were reported in Seychelles 14 March 2020. As of 14 June, 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.

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.

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 14 June 2020, a total of 1169 confirmed COVID-19 cases were reported in the country including 51 deaths and 680 recovered cases.

South Africa continues to report cases of COVID-19. From 5 March to 14 June 2020, a total of 70 038 confirmed cases with 1480 deaths have been reported from all provinces across the country. A total of 38 531 cases have recovered.

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 8.35 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).

On 5 April 2020, the Ministry of Health of South Sudan has reported the country’s first case of COVID-19. As of 13 June 2020, a total of 1 693 confirmed COVID-19 cases were reported in the country including 27 deaths and 49 recovered cases.

The current outbreak in Bentiu UN Protection of Civilians (POC) continues since the beginning of 2019 with two new cases reported in week 21 (ending 24 May 2020). The outbreak has affected 23 counties (Pibor, Abiyei, 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 Boma; and) and 4 Protection of Civilians Sites POCs (Juba, Bentiu, Malakal and Wau).

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.

The Ministry of Health, Community Health Community Development, Gender, Elderly and Children (MOHCDGEC) in Tanzania has reported the country’s first case of COVID-19 on 16 March 2020. As of 14 June 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.

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 14 June 2020, a total of 530 cases including 13 deaths and 291 recovered cases have been reported in the country.

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 for a total of 14 cases since the start of report.
### Health Emergency Information and Risk Assessment

**COVID-19**

- **Grade 3**
- **1.00%**
- **383**
- **14-Jun-20**

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 14 June 2020, a total of 1358 confirmed COVID-19 cases were reported in the country including 11 deaths and 1122 recovered cases.

### Anthrax

- **Grade 3**
- **20-Mar-20**
- **20-Mar-20**
- **14-Jun-20**
- **383**
- **383**
- **4**
- **1.00%**

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 14 June 2020, a total of 383 confirmed COVID-19 cases were reported in the country including 4 deaths and 54 cases that recovered.

### Humanitarian crisis - refugee

- **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.

### Cholera

- **Grade 3**
- **22-Jan-20**
- **30-Jan-20**
- **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.

### Poliomyelitis (cVDPV2)

- **Grade 2**
- **17-Oct-19**
- **16-Jul-19**
- **5-Jun-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.

### Malaria

- **Grade 3**
- **8-Mar-20**
- **1-Jan-20**
- **4-May-20**
- **236 865**
- **236 865**
- **226**
- **0.10%**

On 4 May 2020, WHO received an update regarding the malaria situation in Zimbabwe. Since the beginning of the year and as of 26 April 2020, there have been 236 865 malaria cases and 226 deaths. This is an almost doubling of the cases in comparison for the same time period in 2018 when 120 758 cases and 109 deaths were reported, and 2019, when 137 843 cases and 137 deaths were reported. The outbreaks are densely clustered in the eastern districts and scattered in the southern and northern districts of the country (highly affected provinces are Manicaland, Mash East, Mash Central). Health Facilities in affected areas face the overwhelming malaria situation in the context of COVID-19 pandemic. The surge of cases poses negative impact on elimination efforts in 28 districts.

### Yellow fever

- **Grade 3**
- **21-Mar-20**
- **21-Mar-20**
- **13-Jun-20**
- **823**
- **823**
- **0**
- **0.00%**

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 13 June 2020, a total of 833 confirmed COVID-19 cases, 199 recoveries with no death were reported in the country.

### Polio

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Togo</td>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>4-Feb-20</td>
<td>3-Feb-20</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.00%</td>
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<tr>
<td>Uganda</td>
<td>Humanitarian crisis - refugee</td>
<td>Ungraded</td>
<td>20-Jul-17</td>
<td>n/a</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Uganda</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>11-May-20</td>
<td>29-Apr-20</td>
<td>575</td>
<td>8</td>
<td>6</td>
<td>1.00%</td>
</tr>
<tr>
<td>Uganda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>823</td>
<td>823</td>
<td>0</td>
<td>0.00%</td>
</tr>
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<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>1 358</td>
<td>1 358</td>
<td>11</td>
<td>0.80%</td>
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<tr>
<td>Zambia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>17-Oct-19</td>
<td>16-Jul-19</td>
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<td>Zambia</td>
<td>Malaria</td>
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<td>8-Mar-20</td>
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<td>236 865</td>
<td>236 865</td>
<td>226</td>
<td>0.10%</td>
</tr>
</tbody>
</table>

†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/](http://www.who.int/hac/about/erf/en/).

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
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Data sources
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.