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
- Humanitarian crisis North-east Nigeria.

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. At all times, the basis 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 Équateur 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 multidisciplinary response team 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.

- The complex humanitarian crisis in North-east Nigeria continues, affecting particularly Borno, Yobe and Adamawa states. With an estimated 7.7 million people in need of humanitarian assistance in the region, response to the COVID-19 outbreak is taking priority, along with the continued need for response to other infectious disease outbreaks and other health priorities, such as malnutrition and sexual and reproductive health services. This has been complicated by an upsurge in attacks by terrorist groups in the area. Efforts must continue to ensure that the COVID-19 response activity complements and does not disrupt the necessary responses to other infectious disease outbreaks.
EVENT DESCRIPTION

The coronavirus disease 2019 (COVID-19) outbreak continues in the WHO African Region, with an increase in reported cases and deaths. The daily caseload remains high but with differential trends among countries, albeit with a continuous decrease in the overall case fatality ratio. South Africa has consistently registered the highest daily increase, with over 3 000 cases reported daily for the past two weeks. In this epidemiological week, South Africa and the entire African region recorded their highest peak of 4 966 and 8 230 cases respectively on 20 June 2020. South Africa also reported its highest daily count of deaths, 94, on 19 June 2020. Incidences of imported cases within the region and clusters of cases among quarantine sites and prison settings are still on the increase.

During week 25 (from 15 to 21 June 2020), there was a 30% increase in the number of confirmed COVID-19 cases, with a total of 49 074 new confirmed COVID-19 cases reported from 42 countries, compared to 39 881 cases reported the previous week. The region observed the highest increase (above 50%) in five countries during week 24: Namibia 72% (from 23 to 55 cases), Benin 63% (from 295 to 765 cases), Mauritania 58% (from 1 030 to 2 813 cases), Burundi 53% (from 50 to 144 cases) and Eritrea 50% (from 47 to 143 cases).

Seychelles, Equatorial Guinea, Lesotho and Mauritius have reported zero new confirmed COVID-19 cases in the past 75, 31, 20 and 15 days, respectively. Although United Republic of Tanzania has no new confirmed cases in our database in the last 24 hours, there are no official reports indicating zero confirmed cases.

A total of 91 new health worker infections were recorded from five countries including Côte d’Ivoire (33), Sierra Leone (23), Malawi (14), South Sudan (15) and Uganda (6). An additional 883 deaths were reported from 31 countries. One new country, Burkina Faso retrospectively reported 90 health worker infections in this week. No new country reported a new death for the first time in this reporting week.

From 15 to 21 June 2020, a cumulative total of 222 074 COVID-19 cases, including 221 763 confirmed and 311 probable cases from 42 countries were reported across the region. The highest number of cases have been reported from South Africa (2 084), Nigeria (987), Ghana (351), Cameroon (325), Niger (184), Côte d’Ivoire (179), Guinea-Bissau (174), Sierra Leone (150), Senegal (147), Guinea (134), Democratic Republic of the Congo (132), Zambia (111), Burkina Faso (90), Ethiopia (87), South Sudan (84), Chad (75), Kenya (64), Gabon (57), Equatorial Guinea (53), Liberia (50), Cabo Verde (40), Sao Tome and Principe (40), Malawi (35), Mauritius (30), Uganda (27), Togo (23), Congo (20), Eswatini (17), Botswana (3), Namibia (3), Benin (2), Madagascar (2), Zimbabwe (2), Angola (1), Burundi (1), Central African Republic (1) and United Republic of Tanzania (1).

Fourty-two countries have reported a total of 4 964 deaths in the region, including: South Africa (1 930), Algeria (845), Nigeria (518), Cameroon (300), Democratic Republic of Congo (129), Kenya (123), Mali (111), Mauritania (108), Ghana (85), Senegal (84), Ethiopia (74), Chad (74), Niger (67), Sierra Leone (55), Côte d’Ivoire (54), Burkina Faso (53), Gabon (34), South Sudan (34), Liberia (34), Guinea (27), Congo (27), Central African Republic (23), United Republic of Tanzania (21), Guinea Bissau (16), Madagascar (14), Benin (13), Togo (13), Equatorial Guinea (12), Zambia (11), Malawi (11), Sao Tome and Principe (10), Mauritius (10), Angola (9), Cabo Verde (8), Zimbabwe (6), Mozambique (5), Eswatini (5), Comoros (5), Gambia (2), Rwanda (2), Botswana (1) and Burundi (1). The countries with the highest case fatality ratios are Chad 8.6% (74/858), Algeria 7.2% (845/11 771), Niger 6.5% (66/1 036), Burkina Faso 6.0% (53/901), Malawi 5.7% (111/1 961), Liberia 5.4% (34/626) and Angola 5.1% (9/176).

According to the available data on age and gender distribution (n=6451), males 3 895 (60%) in the 31-39 and 40-49 age groups are more affected than females 2 556 (40%) across the same age groups. The age distribution of cases ranges from one month to 89 years. The ages of the deceased case-patients range from 21 to 88 years, with a median of 56 years.

The distribution of transmission in the region has shown little change despite the report of the first cases in Chad. As of the end of the reporting week, 39 countries are experiencing community transmission, 13 have clusters of cases and seven have sporadic cases of COVID-19.

PUBLIC HEALTH ACTIONS

- International experts from WHO AFRO arrived in Guinea Bissau to support the response of the Ministry of Health against COVID-19. The procedure for deploying emergency medical team to southern Sudan, Chad and Cameroon is still underway. Their requests are being processed at the HQ level in Geneva.

- A total of 1 952 408 (12% of amount requested) personal protective equipment and 337 789 reagents and sampling kits were sent to the 47 countries. The team still faces challenges around shipping too few supplies because shipments are made according to readiness status at supplier level and the availability of flights.
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.

**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 and now above 200,000. The pandemic is still driven by the top five reporting countries, South Africa, Nigeria, Algeria, Ghana and Cameroon which account for 70% of all cases and 74% of all deaths. All countries should 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.

Teleconference calls were held with countries with a focus on countries with high case fatality rates (Chad), and increasing numbers of cases (Ghana, Nigeria, South Africa). The aim was to understand concrete actions taken by WCO so far, as well as health worker infections, and new WHO guidelines were discussed, and discharge criteria clarified with Ghana. Management of critically ill patients with a focus on production and distribution of oxygen and the Guideline Adaptation Group reviewed the guideline “Clinical Management of the Pregnant Woman, Delivery and Postnatal period” with Sierra Leone.

WHO continues to support 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 in Africa) was supported, with aim to increase testing, tracing and treatment through training of 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.

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The distribution of confirmed COVID-19 cases in regions by week of reporting, 25 February – 21 June 2020 (n=222,074)
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 24), six additional confirmed EVD cases and two new deaths have been reported. Two of the new confirmed cases were in the Iboko Health Zone. As of 26 June 2020, a total of 23 EVD cases (20 confirmed and three probable) with 13 deaths (case fatality ratio 57%) have been reported in five health zones: Mbandaka (6 confirmed, 3 probable, 7 deaths), Bikoro (5 confirmed, 3 deaths), Wangata (2 confirmed, 1 death), Bolomba (4 confirmed, 1 death) and Iboko (3 confirmed). The case fatality ratio among confirmed cases is 57% (10 deaths/20 confirmed cases). Two health workers are among the confirmed cases since the start of the outbreak, 8.7% of all cases.

Preliminary information on the two newly confirmed cases in Iboko Health Zone indicates that these people may have been in contact with the first confirmed case in this health zone, reported on 5 June 2020. However, only one case patient was listed as a contact. Twenty-two (96%) confirmed and probable cases have been reported in the last 21 days, between 31 May 2020 and 20 June 2020.

There are five out of 18 (28%) of health zones and 11 out of 281 (3.9%) health areas affected since the start of this 11th EVD outbreak.

A total of 51 new contacts were recorded as of 20 June 2020, with 11 in Bikoro, 33 in Bolomba and seven in Iboko. There are 1 751 contacts under follow-up, of which 1 464 (84%) have been seen in the past 24 hours. On 20 June 2020, 119 alerts, including 72 new, with six deaths were reported. Of these 86 (72%) were investigated and 23 (27%) were validated as new suspected cases.

PUBLIC HEALTH ACTIONS

- Regular coordination meetings continue and two epidemiologists were deployed to the Bikoro Health Zone to support the response team.
- On 20 June 2020, 6 166 travellers were screened among the 6 755 registered at the 15/16 active PoCs that reported on 20 June 2020. Since the start of the response, a total of 159 808 screenings of travellers were carried out among 153 209 travellers registered at the active PoCs. Eight alerts were identified, of which two were validated.
- 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 76 new people were vaccinated with rVSV-ZEBOV-GP on 20 June 2020.
- Since 5 June 2020, a total of 4 144 people have been vaccinated, including 1 410 contacts, 2 587 contacts of contacts and 147 probable contacts. Three new vaccination rings were registered on 20 June 2020, two in Bikoro and one in Lukolela.
- Work on the Ebola treatment centre (ETC) in Bolomba was completed on 20 June 2020.
- A total of nine patients, including four confirmed and five suspected patients were in isolation and being treated in the various transit centres and ETCs, with three confirmed and five suspected cases in the Bolomba ETC and one confirmed case at the lito reference health centre in the Iboko Health Zone. One suspected case absconded from the Bolomba ETC.
- Infection prevention and control measures continue and three health facilities in the Wangata Health Zone and one in Mbandaka Health Zone were monitored and supported, with 16 providers briefed on patient screening and standard IPC precautions and preparation of chlorine solution. A triage circuit was set up in two health facilities in Mbandaka Health Zone, with one receiving handwashing kits.
- A safe and dignified burial was completed in Mbandaka Health Zone.
- On 20 June 2020, 37 households were visited in Bolenge and Bolomboa health zones and four educational talks were conducted with families of confirmed cases in the Bolombo Likolo health area, Bolomba Health Zone, with further community engagement activities conducted in the same area.
- The security situation remains relatively calm with the exception of some isolated cases of resistance to response interventions.

SITUATION INTERPRETATION

This new outbreak of EVD continues to evolve, with new confirmed cases and deaths and unfortunate incidences of suspected cases absconding into the community. However, all pillars of response are active in the affected areas and contacts are being followed up where possible. Community engagement is underway and there are few incidences of resistance to the response. 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. Response to COVID-19 should complement and not detract from EVD response activities.
EVENT DESCRIPTION

The humanitarian crisis in North-east Nigeria continues, with ongoing conflict in the states of Borno, Yobe and Adamawa. As of 14 June 2020, an estimated 7.7 million people are in need of humanitarian assistance in the region, with 1.9 million people internally displaced, 5.8 million in need of health assistance, with 4.4 million of these people targeted by the health sector.

The COVID-19 outbreak is ongoing in these conflict affected states. While the reported number of cases has reduced in Adamawa and Yobe states, there was a significant upsurge in the number of cases in Borno State in weeks 23 and 24 (week ending 13 June 2020). Between 18 April 2020 to 17 June 2020, a cumulative total of 536 confirmed cases of COVID-19, with 41 deaths (case fatality ratio 7.6%) were reported from the three states, with 83% (439/536) of the cases, and 30 of the deaths (24 in isolation facilities and six in the community) reported from Borno State. Adamawa State reported 42 cases and four deaths, while Yobe State reported 55 cases and seven deaths. Between 1 and 7 June 2020, Borno State had the highest number of new confirmed cases reported in a week, at 77 cases. No new cases were reported in Adamawa State in week 24, with two cases reported in this week in Yobe State. Yobe State has reported 13 cases among health workers. All three states have a case fatality ratio higher than the national case fatality ratio, which is 2.6%. The outbreak has mainly affected those between the ages of 24 and 45, with males and females equally affected. A total of 53 health worker infections have been reported in the three states. The case incidence in Borno State is linked to imported cases from travellers entering the state from high risk locations and states in the country, with 57% of the confirmed cases detected at the point of entry (PoE) in Borno State.

Other infectious disease outbreaks continue, with information from Integrated Community Case Management (ICCM) services in May 2020 reporting 1 884 cases of malaria, 2 273 cases of diarrhoea and 1 515 cases of pneumonia. The total number of children screened for malnutrition was 6 572, with 279 referred for severe morbidity. The leading cause of morbidity and mortality in week 24 was malaria, with 7 379 suspected and 4 383 confirmed cases. Hard-to-reach interventions resulted in 35 722 immunizations in children, with mid-upper arm circumference screening of 14 654 children. However, measles cases are increasing, possibly because of the interruption of immunization activities by the COVID-19 response.

PUBLIC HEALTH ACTIONS

The coordination of the COVID-19 response in Borno, Adamawa and Yobe states is being led by the respective ministries of health, with support from WHO and partners and the three states have activated their Public Health Emergency Operations Centres to enhance coordination of the different response pillars.

WHO is working with partners to implement response measures including strengthening disease surveillance at PoE and communities, to ensure rapid detection of alerts and cases, immediate isolation and identification and follow-up of contacts.

WHO supports the risk communication and community engagement teams in disseminating messages on COVID-19 prevention, with rumour monitoring and interventions to address negative behaviours and social stigma associated with the outbreak.

COVID-19 treatment facilities have been set up and equipped and staffed for case management, with guidance provided by WHO to all states on the clinical management of COVID-19.

COVID-19 psychosocial support intervention has been provide in the state isolation centres, along with stigma counselling in preparation for discharge.

SITUATION INTERPRETATION

The COVID-19 outbreak in North-east Nigeria has occurred in the context of a protracted humanitarian crisis. Currently, there is a high prevalence of cases among travellers, particularly in Borno State, all coming from high risk areas and posing a considerable risk of community spread. There is an increased risk of transmission among internally displaced persons in the three states, particularly in Borno State with 51 high population density camps. Although the trajectory appears to be declining in Adamawa and Yobe, there is still a weekly increase of 20% in new confirmed cases in Borno State, with up to 60% of these imported. Efforts to scale up screening at PoEs has been disrupted by a recent surge in attacks by terrorist groups. A further challenge is the easing of lockdown, which has led to a significant increase in hospital visits and uptake of routine healthcare. Given the increase in measles cases as a result of the suspension of immunization campaigns, efforts must continue to ensure that the COVID-19 response activity complements and does not disrupt the necessary responses to other infectious disease outbreaks.

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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 humanitarian crisis in North-east Nigeria is complicated by the response required for the COVID-19 outbreak in the region, with an increased risk of transmission among travellers crossing borders, particularly in Borno State, as well as the risks to those in internally displaced persons camps. This has been complicated by an unsurge in attacks by terrorist groups in the 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.

- 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.

- Focus must remain across all areas of response in the humanitarian crisis in North-east Nigeria, ensuring that all infectious disease outbreaks and other health needs are met in the humanitarian response. The response to COVID-19 should complement these responses and ongoing surveillance.
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.

On 2 March 2020, the Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 21 June 2020, a total of 765 cases have been reported in the country with 13 deaths and 253 recovered cases.

On 30 March 2020, the Minister of Health and Wellness of Botswana reported three confirmed cases of COVID-19. As of 21 June 2020, a total of 89 confirmed COVID-19 cases were reported in the country including one death and 25 recovered cases.

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. 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 June 2020, a total of 121 health facilities located in the six regions affected by insecurity are closed, thus depriving more than 1.5 million people of health care, and 11.9% (n=152) have reduced their services to a minimum, following insecurity. Morbidity due to epidemic-prone diseases remaining high and Malnutrition thresholds are alarming in the areas hosting IDPs, mainly in Barsalogho, Djibo, Mattacoali, Arbinda, and Titao.

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From 25 February to 21 June 2020, a total of 11,771 confirmed cases of COVID-19 with 845 deaths (CFR 7.2%) have been reported from Algeria. A total of 8,422 cases have recovered. The majority of cases have been reported from the Wilaya of Blida.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 21 June 2020, a total of 176 confirmed COVID-19 case have been reported in the country with 9 deaths and 84 recoveries.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There have been two cases as of 15 May 2020 so far while the total number since 2019 remain 123 cases. These cases are from several outbreaks which occurred in 2019.

The cholera outbreak in Burundi which started since epidemiological week 8, 2020 (week ending 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 also reported cases as well in the 2019 cholera outbreak. Of 70 cholera cases, 48.5% are males and 49% are of age between 19 to 50 years old.

Three cases were reported in 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 (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.

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<th>Event</th>
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<th>Start of reporting period</th>
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Health Emergency Information and Risk Assessment

African region

Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by Boko Haram group, with significant population displacement. Between 25 -31 March, 2020, 60 households of 360 Internally Displaced Persons(IDPs) were forced to move from the Blakodji Kolofata site (Kolofata district, Mayo-Sava department) where they had been installed since 2016, due to an attack by non-state armed group. Since 1 January 2020, there have been 38 attacks by alleged Boko Haram insurgents, resulting in 20 missing people, 95 injuries and 76 deaths. Two health facilities have been attacked, with one completely destroyed, along with attacks on health workers, with two deaths and one injury reported. Flood waters have receded in Mada and Makary health districts, potentially making them more vulnerable to security incidents. Maroua, the regional capital of Far North is on alert. The Minawao Refugee Camp in the Mokolo Health District continues to host Nigerian refugees, with spontaneous refugee arrivals being recorded weekly.

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 Camerooners Defense Forces (SОСАDEF) 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 a confirmed case 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 cholera outbreak is ongoing in Cameroon affecting four regions, namely littoral, South West, South and Centre regions. The Centre region was recently affected (epidemiological week 24). From 1 January to 6 June, 2020, a total of 702 cholera cases, including 36 confirmed cases and 38 deaths (CFR: 5.4%) were reported in four regions. The majority of cases were reported in the littoral region (581 cases and 31 deaths), followed by the South West region (110 cases and 5 deaths), South region (10 cases and 2 deaths) and the Centre region (1 case and 0 death). In 2019, only the Far North, North and South Ouest regions were affected by the cholera outbreak.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 21 June 2020, a total of 890 confirmed COVID-19 cases including eight deaths and 377 recoveries were reported in the country.

The cholera outbreak is ongoing in Cameroon affecting four regions, namely littoral, South West, South and Centre regions. The Centre region was recently affected (epidemiological week 24). From 1 January to 6 June, 2020, a total of 702 cholera cases, including 36 confirmed cases and 38 deaths (CFR: 5.4%) were reported in four regions. The majority of cases were reported in the littoral region (581 cases and 31 deaths), followed by the South West region (110 cases and 5 deaths), South region (10 cases and 2 deaths) and the Centre region (1 case and 0 death). In 2019, only the Far North, North and South Ouest regions were affected by the cholera outbreak.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 21 June 2020, a total of 890 confirmed COVID-19 cases including eight deaths and 377 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 Ndélé, Birao, Batangafo and Brna. Intercommunal violence has intensified in Ndélé, capital of the northern prefecture of Bamingui Bangoran, since March. The violence started on 29 April 2020 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 suspension 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 and within 6 days all prisoners were released. An increase in the number of wounded humanitarian workers (6) compared to 8 in the first four months of the year was also recorded.

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 22 June 2020, a total of 2 808 confirmed cases of COVID-19 cases were reported in the country with 472 recoveries.

As of 10 May 2020, a total of 21 219 cases have been confirmed with 91 deaths in the country. From Week 1, 2019 (week ending on 7 January 2019) until week 7, 2020 (week ending on 23 February 2020), a total of 7 626 measles cases including 517 confirmed cases and 83 deaths have been reported in 20 affected districts in Central Africa. A total of 2 315 new suspected measles cases were notified from epidemiological week 1 to week 7 of 2020 in 20 districts among which there are 7 new districts reporting cases in this year. The majority of cases are under five of age, followed by the age group between 5 to 10 years old. Response activities are ongoing in the affected health districts.
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.

The cholera outbreak situation in the Democratic Republic of Congo is improving. During week 22 (week ending 31 May 2020), a total of 445 cases of cholera and 18 deaths were notified in 36 health zones (6 provinces) of the country while 460 cases, including 11 deaths (2.4%) were reported in 48 Health Zones (13 provinces) in the same period in 2019. From week 17 to 22 of 2020, 94% of the cases have been reported from four provinces: North-Kivu, South-Kivu, Haut-Katanga, and Lualaba.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 21 June 2020, a total of 858 confirmed COVID-19 cases were reported in the country including 74 deaths and 752 cases who have recovered.

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 21 June, a total of 247 confirmed COVID19, including 2 deaths and 159 recovered were 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 of Madagascar Laboratory in epidemiological week 52 in 2019. In 2020, from epidemiological week 1 to week 13, a total of 696 suspected dengue fever cases were reported with no laboratory confirmation as the country continues to face challenges in laboratory testing. The number of suspected cases peaked in week 12, 2020 with 88 cases reported. The majority of cases (508) are reported from Anjouan, followed by Moheli islands with 179 suspected dengue cases. Ngazidja reported nine suspected dengue fever cases from week 1 to week 13.

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 (Matele, 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 Djumapalawi. 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 Nyuzu 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 were destroyed and currently there is a total of 78 000 persons displaced, including 3 500 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 a 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.

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Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 4,532 cases of COVID-19 as of 21 June 2020. Of the 4,532 cases, 74 deaths were reported during the week with the majority of suspected cases being reported from Oromia region.

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 from six woderas in SNNP and two woderas in Oromia regions. 112 associated deaths have been reported from six woderas in SNNP and two woderas in Oromia regions.

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 285 recoveries. Five associated deaths have been reported.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 21 June 2020, a total of 635 cases have been reported in the country. A total of 39 patients have recovered from the disease.

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 1,043 cases have been reported in the country including 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).

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 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.

Since the beginning of the year a total of 21 suspected bubonic plague cases with 7 deaths (Case Fatality Ratio 35%) were notified in 5 health zones: Aungba (4 cases and 2 deaths), Linga (7 cases and 5 deaths), Rethy (6 cases and no death), Aru (2 cases and no death) and Kambala (1 case and no death). From week 1 to 52 of 2019, a total of 48 cases of bubonic plague including eight deaths have been reported in the country.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 21 June 2020, a total of 143 confirmed COVID-19 cases with no deaths were reported in the country.

The number of cases include: Sankuru (227 cases), Tshoiba (105 cases), Nord Kivu (110 cases), Mbandaka (85 cases), Bas-Uele (51 cases), Kasai Oriental (49 cases) and South Uele (47 cases). Over the past four weeks (weeks 20 to 23) a decreasing trend in the number of cases was observed in the provinces of: Haut Katanga, Kinshasa, Kongo Central, Lomami, Lualaba, Maniema, Tanganyika et Tshuapa. Since 2019 a total of 372,021 measles cases and 6,870 deaths (CFR 1.8%) have been reported in the country.

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 Tshoiba. 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.

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On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 cases in the country. As of 21 June 2020, 4,738 confirmed COVID-19 cases in Marsabit county.

Five counties namely: Garissa, Marsabit, Muranga, Turkana and Wajir. Cumulatively, a total of 642 cases with 13 deaths has been reported. The outbreak is currently active in week 24 (week ending 14 June 2020), nine new suspected cases were reported from Marsabit county. Since 1 January 2020, cholera outbreak has been reported in 65 districts including 34 confirmed and 27 deaths (CFR:0.5%) have been reported in the country.

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 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.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 20 June 2020, a total of 37 confirmed COVID-19 cases including two deaths and 24 recoveries have been reported in the country.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 20 June 2020, a total of 4,428 cases including 34 deaths and 1,750 recovered have been reported in the country.

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

On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. As of 20 June 2020, a total of 14,154 cases including 123 suspected cases and 24 recoveries have been reported in the country.

No cVDPV2 cases were reported this week. There have been eleven cases in 2020 so far, while the total number of 2019 cases remains 18 and 11 for 2020.

The Ministry of health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 21 June 2020, a total of 4,998 cases including 3,669 recovered cases and 27 deaths (CFR:0.5%) have been reported in the country.

During week 23 (week ending in 5 June) there has been a total of 5,644 cases with 366 confirmed and 14 deaths in 2020. 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, Waniindara in Ratoma health district, Dounet in Mamou health district and Soumpourou in Tougou health district.

The Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed cases in the country.

As of 22 June 2020, the country has 1,512 confirmed cases of COVID-19 with 152 recoveries and 16 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.

In week 24 (week ending 14 June 2020), nine new suspected cases were reported from Marsabit county. Since 1 January 2020, cholera outbreak has been reported in five counties namely: Garissa, Marsabit, Muranga, Turkana and Wajir. Cumulatively, a total of 642 cases with 13 deaths has been reported. The outbreak is currently active in Marsabit county.

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 cases in the country. As of 21 June 2020, 4,738 confirmed COVID-19 cases including 123 deaths and 1,607 recoveries have been reported in the country.

In week 23 (week ending 7 June 2020), one 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.
A total of 291 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. Four additional counties have been affected in 2020 including: Tana River (56 total cases, 7 confirmed and 1 death), Garissa (33 total cases, 20 confirmed), Kilifi (5 confirmed cases) and Wajir (7 total 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.

On 13 May 2020, WHO was notified of the first confirmed COVID-19 case in Lesotho. As of 20 June, four cases of COVID-19 have been reported, including two recoveries. All cases have had recent history of travel.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 21 June 2020, the country has a total of 730 confirmed cases with 11 deaths and 258 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, 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 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 malaria continue to be reported at the country level.

On 25 March 2020, the Ministry of Health of Mali reported the first confirmed COVID-19 cases in the country. As of 21 June 2020, a total of 1 961 confirmed COVID-19 cases have been reported in the country including 111 deaths and 1 266 recoveries.

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.

The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 20 June 2020, a total of 2 813 cases including 108 deaths and 696 recovered cases have been reported in the country.

On 11 May 2020, one confirmed case of Crimean Congo haemorrhagic fever was reported from the Moughata of Mederda in the district of Tigitin in the wilaya of Traza. The case is a 60-year-old butcher from Tigitin 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 on 7 May 2020 and a sample was collected for testing following the suspicion of a viral haemorrhagic fever case. 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.

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, Aghenimnete and Edebaye).
### Table: Health Emergency Information and Risk Assessment

<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>Mauritius</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>20-Jun-20</td>
<td>337</td>
<td>337</td>
<td>10</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 20 June 2020, a total of 337 confirmed COVID-19 cases including ten deaths and 326 recovered cases have been reported in the country.

| Mozambique    | Cholera       | Ungraded | 20-Feb-2019               | 12-Jun-2019              | 2,625       | -              | 21     | 0.8%|

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 (1,689 cases and 3 deaths) and Cabo Delgado (967 cases and 15 deaths). In total, eleven districts of Nampula province, namely Nampula City, Mogovolas, Mamba, Nacala-a-Velha, Nacarao, Namialo, Ribavó, Monapo, Larde, Ancohe and Malema 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.

| Mozambique    | COVID-19      | Grade 3 | 22-Mar-20                 | 21-Jun-20               | 733         | 733            | 5      | 0.7%|

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 21 June 2020, a total of 733 confirmed COVID-19 cases were reported in the country including five deaths and 181 recoveries.

| Namibia       | COVID-19      | Grade 3 | 14-Mar-20                 | 21-Jun-20               | 55          | 55             | 0      | 0.0%|

Two cases of novel coronavirus (COVID-19) were confirmed in Namibia on 14 March 2020. As of 21 June 2020, a total of 55 cases have been reported in the country including 19 cases who recovered.

| Namibia       | Hepatitis E   | Protracted 1 | 18-Dec-2017               | 5-Apr-2020              | 7,587       | 1,937         | 65     | 0.9%|

In weeks 12 and 13 (week ending 5 April 2020), 66 new cases were reported countrywide with the majority (38 cases) from Khomas 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. Khomas Region remains the most affected region, accounting for 4,707 (62%) of reported cases, followed by Erongo 1,623 (21%) since the outbreak began.

| Niger         | Humanitarian crisis | Protracted 1 | 1-Feb-2015               | 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, 2.3 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 to 2.7 million over June-August 2020.

| Niger         | COVID-19       | Grade 3 | 19-Mar-20                 | 21-Jun-20               | 1,036       | 1,036         | 67     | 6.5%|

The first COVID-19 confirmed case was reported in the Niger on 19 March 2020. As of 21 June 2020, a total of 1,036 confirmed COVID-19 cases including 67 deaths and 911 recoveries have been reported in the country.

| Nigeria       | Humanitarian crisis | Protracted 3 | 10-Oct-2016               | 17-Jun-20              | -           | -             | -     | -   |

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), Maradi (17 cases, 1 death), Niamey (5 cases, 0 deaths), Tahoua (57 cases, 0 deaths), Tillabery (3 cases, 0 deaths) and Zinder (183 cases, 0 deaths). In 2019 a total of 10,207 suspected measles cases were reported from eight regions in the country.

| Nigeria       | Lassa fever    | Ungraded | 24-Mar-2015               | 01-Jan-2020            | 967         | 973           | 202    | 20.5%|

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 298 contacts are currently being followed.

| Nigeria       | Measles       | Ungraded | 25-Sep-2017               | 01-Jan-2019            | 1,618       | 333           | 5      | 0.3%|

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 | 01-Jun-2018               | 15-Jun-2019            | 53          | 53            | 0      | 0.0%|

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 53 since 2018.

| Nigeria       | Yellow fever   | Ungraded | 14-Sep-2017               | 31-Jan-2020            | 139         | 0             | 0      | 0.0%|

In January 2020, a total of 139 suspected yellow fever cases have been reported from 90 LGAs across 27 States. Of the 139 samples collected, 2 tested positive in Nigerian network laboratories. In 2019, a total of 4,288 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.
<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>Rwanda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>01-Mar-20</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>1,327</td>
<td>569</td>
<td>2</td>
<td>0.3%</td>
</tr>
<tr>
<td>Sao Tome and Prince</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>06-Apr-20</td>
<td>6-Apr-20</td>
<td>20-Jun-20</td>
<td>698</td>
<td>388</td>
<td>10</td>
<td>1.4%</td>
</tr>
<tr>
<td>Senegal</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>02-Mar-20</td>
<td>2-Mar-20</td>
<td>21-Jun-20</td>
<td>5,888</td>
<td>5,888</td>
<td>84</td>
<td>4.1%</td>
</tr>
<tr>
<td>Between 2 March 2020 and 21 June 2020, a total of 5,888 confirmed cases of COVID-19 including 84 deaths have been reported from Senegal. A total of 3,919 cases have recovered.</td>
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</tr>
<tr>
<td>Seychelles</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>06-Apr-20</td>
<td>6-Apr-20</td>
<td>21-Jun-20</td>
<td>11</td>
<td>11</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>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.</td>
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<tr>
<td>Senegal</td>
<td>Measles</td>
<td>Ungraded</td>
<td>21-Jan-20</td>
<td>13-Jan-20</td>
<td>18-May-20</td>
<td>79</td>
<td>27</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>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.</td>
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<tr>
<td>Sierra Leone</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-20</td>
<td>27-Mar-20</td>
<td>21-Jun-20</td>
<td>1,327</td>
<td>1,327</td>
<td>55</td>
<td>4.1%</td>
</tr>
<tr>
<td>On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 21 June 2020, a total of 1,327 confirmed COVID-19 cases were reported in the country including 55 deaths and 786 recovered cases.</td>
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<tr>
<td>South Africa</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>03-Mar-20</td>
<td>03-Mar-20</td>
<td>21-Jun-20</td>
<td>97,302</td>
<td>97,302</td>
<td>1,930</td>
<td>2.0%</td>
</tr>
<tr>
<td>South Africa continues to report cases of COVID-19. From 5 March to 21 June 2020, a total of 97,302 confirmed cases with 1,930 deaths have been reported from all provinces across the country. A total of 51,608 cases have recovered.</td>
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<tr>
<td>South Sudan</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>15-Aug-2016</td>
<td>n/a</td>
<td>15-May-2020</td>
<td>-</td>
<td>-</td>
<td>-</td>
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</tr>
<tr>
<td>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).</td>
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<tr>
<td>South Sudan</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>-</td>
<td>03-Jan-19</td>
<td>24-May-2020</td>
<td>274</td>
<td>41</td>
<td>3</td>
<td>1.1%</td>
</tr>
<tr>
<td>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). As of the reporting date, a total of 321 cases of Hepatitis E including two deaths have been reported from South Sudan, mostly from Bentiu POC (309 total cases), and a total of 12 suspected cases including 4 confirmed cases in Lankien. The last case in Lankien was reported in week 25 (week ending on 23 June 2019).</td>
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<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Nov-18</td>
<td>01-Jan-19</td>
<td>26-Jan-20</td>
<td>4,732</td>
<td>247</td>
<td>26</td>
<td>0.5%</td>
</tr>
<tr>
<td>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; Aweil East; Tonj North; Juba; Wau; Aweil West; Gogrial East; Renk; Tonj South; 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).</td>
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<tr>
<td>South Sudan</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>03-Mar-20</td>
<td>03-Mar-20</td>
<td>5-Apr-2020</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>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.</td>
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<tr>
<td>Tanzania, United Republic of</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>21-Jun-20</td>
<td>509</td>
<td>509</td>
<td>21</td>
<td>4.1%</td>
</tr>
<tr>
<td>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 21 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.</td>
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<tr>
<td>Togo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>06-Mar-20</td>
<td>01-Mar-20</td>
<td>21-Jun-20</td>
<td>569</td>
<td>569</td>
<td>13</td>
<td>2.3%</td>
</tr>
<tr>
<td>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 21 June 2020, a total of 569 cases including 13 deaths and 375 recovered cases have been reported in the country.</td>
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<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>
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<tr>
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</tr>
<tr>
<td>Togo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>16-Oct-19</td>
<td>13-Sep-19</td>
<td>15-Jun-20</td>
<td>14</td>
<td>14</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Togo</td>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>4-Feb-2020</td>
<td>3-Feb-2020</td>
<td>05-Jun-20</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>20-Jul-17</td>
<td>n/a</td>
<td>31-Mar-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Zambia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>17-Oct-19</td>
<td>16-Jul-19</td>
<td>05-Jun-20</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Ananthrax</td>
<td>Ungraded</td>
<td>6-May-2019</td>
<td>6-May-2019</td>
<td>17-May-2020</td>
<td>303</td>
<td>-</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Malaria</td>
<td>Ungraded</td>
<td>08-Mar-2000</td>
<td>01-Jan-2000</td>
<td>4-May-2020</td>
<td>236,865</td>
<td>236,865</td>
<td>226</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

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.

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 confirmed were 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 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.

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: http://www.who.int/hac/about/erf/en/.

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