Overview

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 111 events in the region. This week’s main articles cover the following events:

- Coronavirus disease 2019 (COVID-19) in South Africa
- Ebola virus disease (EVD) in Équateur Province, Democratic Republic of the Congo
- Humanitarian crisis South Sudan.

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 evolving rapidly in South Africa, which, with a total of 138,134 cases accounts for 50% of the 276,076 cases (as of 28 June 2020) in the WHO African Region. The focus of the outbreak was initially in the populous Western Cape Province, but as economic activity has opened up after an initial hard lockdown, Gauteng Province is projected to soon overtake Western Cape in case incidence, while numbers in the poorly resourced Eastern Cape Province are also rising. Challenges exist around testing, contact tracing and quarantining those who have tested positive.

- 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 just-ended outbreak in North Kivu and Ituri provinces, the COVID-19 outbreak, a long-standing measles outbreak and a complex humanitarian crisis in the country. There are challenges around the continued residence of known confirmed cases in the community. 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.

- The complex humanitarian crisis in South Sudan continues, complicated once again by severe flooding in Bor South County and intercommunal fighting in Pipor County. The COVID-19 outbreak in the country is just one of many outbreaks of infectious diseases, with measles, malaria and acute respiratory infections ongoing. Challenges are around limited resources, weak coordination mechanisms are sub-national level and massive operational costs.
COVID-19 was first reported in South Africa on 5 March 2020, with two cases confirmed by PCR testing in KwaZulu-Natal province in a couple who had returned from Milan, Italy on 1 March 2020 in a group of ten people. By 7 March 2020, another woman from the same group had tested positive and on 11 March 2020, a further six cases were reported, only one of which had epidemiological links to the first cases, the other five having a travel history to other parts of Europe. Initial cases were all imported, mainly from Europe. The first confirmed cases of local transmission were reported by 17 March 2020 and by 24 March 2020, all nine provinces in the country had confirmed cases. The first death from COVID-19 was reported on 27 March 2020. Since March 2020 the outbreak has evolved rapidly.

As of 28 June 2020, a total of 138 134 confirmed cases, with 2 456 deaths (case fatality ratio 1.77%) has been reported. Western Cape Province is the most affected area in the country, with 60 445 (43.8%) of cases, followed by Gauteng (36 895; 26.7%), Eastern Cape (25 099; 18.2%), KwaZulu-Natal (8 433; 6.1%) and North West (3 647; 2.6%). The remaining provinces (Free State, Limpopo, Mpumalanga, and Northern Cape) have a total of 3 615 (2.6%) cases. There are a total of 68 925 recoveries reported across the country.

Data from the National Institute for Communicable Diseases (NICD) shows that females are more affected than males, with 57.3% of confirmed cases reported as of week 25 (week ending 20 June 2020) in women, with an overall incidence risk remaining higher among females than in males (183.1 cases per 100 000 in females versus 144.6 cases per 100 000 persons in males).

The Western Cape has a total of 1 764 deaths, which is 72% of all the reported deaths in the country. They are followed by Eastern Cape (387; 15.7%), Gauteng (174; 7.1%) and KwaZulu-Natal (101; 4.1%). Free State (9 deaths), Limpopo (5 deaths), North West (5 deaths), Mpumalanga (2 deaths) and Northern Cape (1 death) have few deaths. The case fatality ratio in provinces with high numbers of cases is highest in Western Cape, at 1.3% and lowest in Gauteng, at 0.12%. Most (50.3%) deaths occur between the ages of 50 to 69 years, with 17.9% occurring in those aged 70 to 79, 8.5% in those aged 80 to 89 and 2.3% in those aged more than 90. Deaths in people aged less than 49 years account for 20.3% of the total. Based on the available data for gender, the ratio of males to females among the deaths is 1 087 (51.7%) male and 1 013 (48.2%) female.

Numbers of hospitalizations continue to rise and as of 27 June 2020, most hospitalized patients were in Western Cape (36%; 1 629), Gauteng (26%; 1 164) and in Eastern Cape (17%; 775). Nationally, the highest proportion of patients are in general wards (isolation wards) at 80.1% of hospitalized patients, 11.3% are in intensive care and of these, 58.6% are ventilated. A total of 15% of all hospitalized patients are on oxygen.

PUBLIC HEALTH ACTIONS

- In March 2020, the government of South Africa formed a Ministerial Task Team to oversee the response to COVID-19, in collaboration with the National Department of Health and a scientific Ministerial Advisory Committee was formed. WHO and other partners are providing technical support to the various aspects of the COVID-19 response.
- Screening at points of entry was instituted and quarantine facilities were identified across the country.
- A National State of Disaster was announced on 15 March 2020, with a travel ban on people arriving from or flying to high-risk countries as of 18 March 2020; social distancing and hand sanitizing was encouraged; gatherings of more than 100 people were prohibited and schools were closed; surveillance and testing systems were strengthened.
- On 27 March 2020, a nationwide hard lockdown was imposed for 21 days to 16 April 2020, confining people to their homes except for those in essential work, or for obtaining essential goods or services, or medical or emergency care; inter-provincial movement was banned; most retail outlets closed and the country’s borders were closed, except for movement of essential goods. This 21 days’ period was extended by a further 14 days to the end of April 2020.
- On 1 May 2020, the lockdown level was eased to allow more economic activity, but still prohibiting movement away from home except for essential reasons; further lockdown easing occurred on 1 June 2020, with further relaxation of regulations on 17 June 2020. Country borders remain closed and inter-provincial travel is not allowed.

SITUATION INTERPRETATION

The current outbreak trajectory in South Africa is rapid, with well-established community transmission, which has particularly affected Western Cape Province. However, national authorities expect to see Gauteng Province overtake Western Cape Province within the coming days. Factors contributing to this trend are inward migration, the large, dense population, increased congregation in groups and the level of adaptation to new behaviour, such as social distancing and mandatory mask wearing. Daily numbers of new cases have exceeded 6 000 for three days, with daily deaths showing a rising trend. In spite of this, the country has largely returned to normal economic activity as a result of the economic fallout caused by the initial hard lockdowns. People are, however, still encouraged to stay at home where possible and the use of cloth masks in public places is mandatory. Social distancing is encouraged and retail outlets enforce this and the use of hand sanitizers before entering. However, the increasing number of cases in Gauteng and Eastern Cape province since lockdown measures were relaxed, and the continuing rise in cases in Western Cape Province, indicates that the peak of the outbreak has still not been reached. Hospital wards in the most affected provinces are reaching capacity and increasing numbers of health worker infections are further straining the provision of health services. Challenges exist around testing, contact tracing and quarantining those who have tested positive. Government needs to provide strong public health messages emphasizing the importance of social distancing, use of masks, hand sanitizing and isolating or presenting to medical care in the event of symptoms.
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 25), five additional confirmed EVD cases have been reported. A new confirmed case was reported on 27 June 2020 in Bikoro Health Zone, the wife of a confirmed case reported on 26 June 2020. She had not yet been listed as a contact, or vaccinated.

As of 27 June 2020 there are a total of 28 cases (25 confirmed and three probable) including 13 deaths (case fatality ratio 46.4%). The case fatality ratio among confirmed cases is 40% (10 deaths/25 confirmed cases). Two health workers are among the confirmed cases since the start of the outbreak, making up 7.1% of all cases. During the last 21 days, 16 confirmed cases have been recorded in eight of the 12 affected health areas, in the five affected health zones.

Three of the four reporting health zones reported contact data for 27 June 2020. Contact tracking data for Bolomba Health Zone was not available. Two health zones notified 104 new contacts on this day. A total of 810 (93.6%) out of 865 contacts were seen in the preceding 24 hours. Of these, 375 (43.4%) were vaccinated. Six health zones reported alerts on 27 June 2020, with a total of 112 new alerts, including three deaths, were recorded. Overall, there have been 195 alerts, of which 174 (59.5%) were investigated and 56 (48.3%) were validated as new suspected cases, eight of which were sampled.

PUBLIC HEALTH ACTIONS

- Regular coordination meetings continue and two epidemiologists were deployed to the Bikoro Health Zone to support the response team.
- The Strategic Communication plan on EVD and COVID-19 in Equateur Province was validated.
- An update of mapping of health facilities, traditional practitioners and churches in the three health zones in Mbandaka town continued on 27 June 2020.
- On 27 June 2020, 662 screenings were conducted among the 1 066 registered travellers at the 9/16 active PoCs that reported on 20 June 2020. Since the start of the response, a total of 191 250 screenings of travellers were carried out among 201 864 travellers registered at the active PoCs. Eight alerts were identified, of which two were validated.
- As of 27 June 2020, 31 samples were received in the Mbandaka laboratory and 10 in the Bikoro laboratory, one of which was confirmed as positive, since the start of the response, 264 samples have been tested.
- A total of 260 new people were vaccinated with rVSV-ZEBOV-GP on 27 June 2020, including 86 high risk contacts, 138 contacts of contacts and 36 probable contacts. Eight of the nine vaccination rings planned for the day were covered, 1/1 in Bikoro, 2/2 in Bolomba, 3/4 in Mbandaka and 2/2 in Wangata. Only one planned vaccination ring remains uncovered in Mbandaka Health Zone. Since 5 June 2020, a total of 6 336 people have been vaccinated.
- A total of 23 patients, including eight confirmed patients were managed in the transit centres and Ebola treatment centres in affected areas. The new confirmed case of 27 June 2020 was admitted to the Bikoro ETC. One suspected case in Wangata absconded and five confirmed cases are still in the community including two in Bikoro, one in Bolomba, one in Mbandaka and one in Wangata.

SITUATION INTERPRETATION

This new outbreak of EVD continues to evolve, with new confirmed cases and deaths and continued incidences of confirmed cases remaining in the community and loss of contacts to follow-up. 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. Current community engagement and education includes EVD and COVID-19, with the risk communication strategy for both outbreaks working in tandem.
EVENT DESCRIPTION

South Sudan continues to experience a complex and long-standing humanitarian crisis, now further impacted by the response required for the COVID-19 outbreak that is affecting the whole African Region. There are an estimated 7.5 million people in need, of whom 2.24 million are refugees, with 1.67 million internally displaced persons (IDPs), 1.3 million malnourished children, 352 000 malnourished women and 6.58 million people severely food insecure.

One again the country has experienced above average rainfall for the time of year, with flooding in Bor South County, which destroyed an estimated 5 000 households on 11 June 2020. Further flooding was reported in Jalle and Baidit Islands in Bor South County on 15 June 2020 and in Bor Protection of Civilians (PoC) site on 14 June 2020. Affected populations remain in urgent need of non-food items, food, medicines and access to shelter on dry land.

Intercommunal fighting in and around Kolchar and Mayabol in Pibor County was reported from 11-14 June 2020, and the security situation remained tense and is being closely monitored by humanitarian partners.

The COVID-19 outbreak was first reported on 5 April 2020 in the country. As of 28 June 2020, there have been 1 966 confirmed cases with 36 deaths (case fatality ratio of 1.8%) and 246 recovered cases. Most cases are asymptomatic, with only 366 (19%) reporting symptoms. As of 21 June 2020 the National Public Health Laboratory has performed 10 038 tests. Since the start of the outbreak, 86 health workers have been infected. Out of 4 373 registered contacts to date, 3 280 have completed their 14-day quarantine, with 1 093 contacts still being followed-up daily. Of these contacts, 626 (33%) have converted to cases.

In addition, there are five counties with confirmed measles outbreaks, one PoC site with a confirmed measles outbreak and two counties with malaria cases exceeding their threshold. In week 24 (week ending 13 June 2020), malaria (51%), acute respiratory infections (19%), acute watery diarrhoea (12%) and acute bloody diarrhoea (2%) contributed the highest proportionate morbidity. During this week, an early seasonal increase in malaria cases was reported from all clinics in Bentiu PoC. In addition, the hepatitis E outbreak in Bentiu PoC, which started in early 2019, continues with persistent transmission related to poor water, sanitation and hygiene conditions and poor drainage systems in the site.

PUBLIC HEALTH ACTIONS

- The Humanitarian Coordinator for South Sudan has launched an urgent appeal for an additional US$ 930 million, including US$ 150 million to support the COVID-19 response, bringing the overall humanitarian appeal for the year to US$ 1.9 billion.
- WHO has donated one trauma kit to International Medical Corps for use at the PoC site in Juba, along with six severe acute malnutrition with medical complications kits to Thuop Public Health Community Centre, Yei and Abyei Hospital's stabilization centres.
- The Ministry of Health and health cluster partners are updating the contingency and response plans for cholera, floods and malaria in anticipation of further flooding.

SITUATION INTERPRETATION

The population of South Sudan continues to experience extreme hardship as a result of the ongoing humanitarian crisis, driven by continuing insecurity in the country and complicated by flooding and outbreaks of infectious disease, including COVID-19. Major challenges remain in the response to these crises, including limited resources to cover all affected counties, weak coordination mechanisms at the sub-national level, massive operational costs that are not being fully met by donor funds and inadequate human resources for health at sub-national levels. While the WHO South Sudan country office is fully appreciative of the support provided by all donors, there is still a gap of US$ 20 million. These challenges need to be addressed urgently by donors, international agencies and national government.
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 South Africa, with Gauteng Province expected to soon overtake Western Cape Province in case incidence, with the poorly resourced Eastern Cape Province rapidly following. Although the overall case fatality ratio in the country is relatively low, hospitalizations are rising and, even in this relatively well-resourced African country, the health services are under severe strain.

- The ongoing humanitarian crisis in South Sudan is further complicated by flooding, intercommunal fighting and multiple outbreaks of infectious disease, including COVID-19. Limited resources and poor coordination, coupled with a serious lack of funds, will continue to seriously strain the already stressed humanitarian resources in the country.

- 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. Continued challenges arise around confirmed cases refusing to enter the treatment centres and living in the community. 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.

Proposed actions

- The South African government needs urgently to implement a broad reaching public information campaign stressing the importance of social distancing, mask wearing in public and hand hygiene, as well as trying to avoid crowded environments wherever possible. The issues around testing and contact tracing need urgent attention, as does the problem of persuading people to self-isolate or enter public quarantine centres. National government needs to address these issues urgently.

- Focus must remain across all areas of response in the humanitarian crisis South Sudan. The USD 20 million funding gap should be filled as quickly as possible and the challenges around coordination and limited resources need to be addressed by local and international authorities.

- 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, which does now seem to be happening. These efforts should be encouraged and supported nationally and by partners.
### Health Emergency Information and Risk Assessment

**Outbreak in Nigeria.**

There are four cases of cVDPV (circulating vaccine-derived poliovirus) in 2020. As of 28 June 2020, a total of 267 confirmed COVID-19 case have been reported in the country with 11 deaths and 83 recoveries.

**Angola**

- **Polioymelitis (cVDPV2)** Grade 2 8-May-19 1-Jan-19 24-Jun-20 131 131 0 0.00%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There have been two cases as of 24 May in 2020 so far while the total number since 2019 remain 131 cases. These cases are from several outbreaks which occurred in 2019.

**Burundi**

- **Measles** Ungraded 23-Mar-20 4-Nov-19 19-Apr-20 857 857 0 0.00%

Between 9 March and 26 June 2020, a total of 959 confirmed cases of COVID-19 with 53 deaths and 835 recoveries have been reported from Burkina Faso.

**Botswana**

- **COVID-19** Grade 3 30-Mar-20 28-Mar-20 28-Jun-20 175 175 1 0.60%

On 30 March 2020, the Ministry of Health and Wellness of Botswana reported three confirmed cases of COVID-19. As of 28 June 2020, a total of 175 confirmed COVID-19 cases were reported in the country including one death and 26 recovered cases.

**Burkina Faso**

- **Cholera** Ungraded 20-Feb-20 20-Feb-20 9-Jun-20 70 0 0 0.00%

The cholera outbreak in Burkina Faso 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 cas), Bujumbura Sud (3), Isale (25 cas), Kabeci (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.

- **Humanitarian crisis** Grade 2 1-Jan-19 1-Jan-19 4-Jun-20 - - - -

Since 2015, the security situation initially in the regions of the Sahel and later in the East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement leading to a total of 765 517 internally displaced persons registered as of 14 February 2020 in all 13 regions in the country. 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 several 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 242 contacts, including 22 healthcare workers, are under follow-up.

- **COVID-19** Grade 3 31-Mar-20 18-Mar-20 28-Jun-20 170 170 1 0.60%

On 31 March 2020, the Minister of Health in Burkina Faso reported the first two confirmed cases of COVID-19. As of 28 June 2020, the total confirmed COVID-19 cases are 170, including one death and 115 recovered.

**Benin**

- **Lassa fever** Ungraded 19-Feb-20 17-Feb-20 15-May-20 4 4 1 25.00%

From 17 February to 15 May 2020, a total of 4 confirmed cases of Lassa fever have been reported in 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.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There is one case as of 24 May 2020, while the number of cases since 2019 remains eight. These cases are all linked to the Jigawa outbreak in Nigeria.

**Burkina Faso**

- **Poliomyelitis (cVDPV2)** Grade 2 8-Aug-19 8-Aug-19 24-Jun-20 9 9 0 0.00%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There have been two cases as of 24 May in 2020 so far while the total number since 2019 remain 131 cases. These cases are from several outbreaks which occurred in 2019.

**Benin**

- **COVID-19** Grade 3 17-Mar-20 16-Mar-20 27-Jun-20 1 1149 1149 16 1.40%

The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 27 June 2020, a total of 1 149 cases have been reported in the country with 16 deaths and 306 recoveries.

- **Polioymelitis (cVDPV2)** Grade 2 8-Aug-19 8-Aug-19 24-Jun-20 9 9 0 0.00%

**Angola**

- **COVID-19** Grade 3 21-Mar-20 21-Mar-20 28-Jun-20 267 267 11 4.10%

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 28 June 2020, a total of 267 confirmed COVID-19 case have been reported in the country with 11 deaths and 83 recoveries.

**Angola**

- **COVID-19** Grade 3 21-Mar-20 21-Mar-20 28-Jun-20 267 267 11 4.10%

From 25 February to 28 June 2020, a total of 13 273 confirmed cases of COVID-19 with 897 deaths (CFR 6.8 %) have been reported from Angola. A total of 9 371 cases have recovered. Most of the cases have been reported from the Wilaya of Bilia.

**Burkina Faso**

- **Poliomyelitis (cVDPV2)** Grade 2 1-Jan-19 24-Jun-20 5 5 0 0.00%

There are four cases of cVDPV (circulating vaccine-derived poliovirus) in 2020. As of 24 June, there are five cVDPV2 cases in the country, all linked to the Jigawa outbreak in Nigeria.

**Angola**

- **COVID-19** Grade 3 28-Jun-20 28-Jun-20 1 1 0 0.00%

**Burkina Faso**

- **COVID-19** Grade 3 28-Jun-20 28-Jun-20 131 131 0 0.00%

**Burkina Faso**

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**Burkina Faso**

- **COVID-19** Grade 3 28-Jun-20 28-Jun-20 131 131 0 0.00%
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 Blakodi 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 Cameroons Defence Forces (SOCDAF) 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) 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, NFIs (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 Ouest, South and Centre regions. The Centre region was recently affected (epidemiological week 24). From 1 January to 6 June 2020, a total of 702 choler 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 Ouest 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 choleura outbreak.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 28 June 2020, a total of 1 155 confirmed COVID-19 cases including twelve deaths and 570 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,Batangaf and Bria. Interc communal violence has intensified in Ndélé, 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 - Kobo axis and within 6 days all prisoners were released. An increase in the number of wounded humanitarian workers (6) compared to only 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 on 14 March 2020. As of 26 June 2020, a total of 3 429 confirmed cases of COVID-19 cases were reported in the country with 699 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 twenty affected districts in Central Africa. A total of 2 315 new suspected measles cases were notified from epidemiological week 1 to week 7 of 2020 in 20 districts among which there are 7 new districts reporting cases in this year. Most cases are under five of age, followed by the age group between 5 to 10 years old. Response activities are ongoing in the affected health districts.
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 533 cases of cholera were reported in the country. The number of suspected cases peaked in week 12, 2020 with 88 cases reported. Most cases (508) are reported from Anjouan, followed by Moheli islands with 179 suspected dengue cases. The reported cases include 14 deaths and 473 recovered cases. 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 the North-Kivu, Tanganyika, Ituri, Kasai central and South-Kivu provinces. In Ituri, a militia group attack on a FARDC position, 52 km north of Bunia (Matete, Walendu sector Djatsi) in the territory of Djugu, made several victims in the 2 sides and one civilian was wounded. The displaced persons need basic environmental samples were reported: six in Abidjan 1- Grands Ponts and two in Abidjan 2. No circulating vaccine-derived poliovirus type 2 (cVDPV2) cases were reported this week. There are 10 cVDPV2 cases in the country. Eight cVDPV2 positive environmental samples were reported: six in Abidjan 1- Grands Ponts and two in Abidjan 2. No circulating vaccine-derived poliovirus type 2 (cVDPV2) cases were reported this week. There are 10 cVDPV2 cases in the country. Eight cVDPV2 positive environmental samples were reported: six in Abidjan 1- Grands Ponts and two in Abidjan 2. 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 was 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. 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.
No cVDPV2 cases were reported this week. There has been a total of 25 cases reported in Ethiopia since the beginning of the outbreaks.

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**Country Event** | **Grade** | **Date notified to WCO** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR**
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Democratic Republic of the Congo | COVID-19 | Grade 3 | 10-Mar-20 | 10-Mar-20 | 27-Jun-20 | 6,827 | 6,826 | 157 | 2.30%

On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 27 June 2020, 6,826 confirmed cases and 157 deaths have been reported.

Democratic Republic of the Congo | Ebola virus disease | Grade 2 | 31-May-20 | 17-May-20 | 27-Jun-20 | 28 | 28 | 13 | 46.40%

Detailed update given above.

Democratic Republic of the Congo | Measles | Grade 2 | 10-Jan-17 | 1-Jan-20 | 7-Jun-20 | 60,613 | 1,152 | 806 | 1.30%

In week 23 (week ending 7 June 2020), 942 measles cases including 23 deaths (CFR 2.4%) were reported across the country. The provinces that reported majority of cases include: Sankuru (227 cases), Tshwane (105 cases), Nord Kivu (110 cases), Main bombe (85 cases), Bas-Uele (51 cases), Kasai Oriental (49 cases) and South Ubangi (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, Luabala, Maniema, Tanganyika and Tshuapa. Since 28 January 2019 a total of 1,021 measles cases and 6,870 deaths (CFR 1.8%) have been reported in the country.

Democratic Republic of the Congo | Monkeypox | Ungraded | n/a | 1-Jan-20 | 17-May-20 | 1,702 | - | 47 | 2.80%

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 Tshwane. Between weeks 1 and 52 of 2019 a cumulative total of 5,288 monkeypox cases, including 107 deaths (CFR 2%) were reported from 133 health zones in 19 provinces. One major challenge to the current emergency include acquiring the required funding to respond to all the multiple ongoing outbreaks in the country.

Democratic Republic of the Congo | Plague | Ungraded | 12-Mar-19 | 28-Feb-19 | 31-May-20 | 21 | - | 7 | 33.30%

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 2 deaths), Linga (7 cases and 5 deaths), Rethy (6 cases and no death), Aru (2 cases and no death) and Kambala (1 case and no death). From week 1 to 52 of 2019, a total of 48 cases of bubonic plague including eight deaths have been reported in the country.

Democratic Republic of the Congo | Poliomyelitis (cVDPV2) | Grade 2 | 15-Feb-18 | 1-Jan-18 | 24-Jun-20 | 113 | 113 | 0 | 0.00%

No cVDPV2 cases were reported this week. So far, there have been five cases reported in 2020 while the total number of cases in 2019 remains 88. There were 20 cases reported in 2018. The country continues to be affected by several other genetically distinct cVDPV2s (notably in Kasai, Kwilu, Kwango and Sankuru provinces).

Equatorial Guinea | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 31-May-20 | 1,043 | 1,043 | 12 | 1.20%

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 31 May 2020, a total of 1,043 cases have been reported in the country with 12 deaths and 208 recoveries.

Eritrea | COVID-19 | Grade 3 | 21-Mar-20 | 21-Mar-20 | 27-Jun-20 | 191 | 191 | 0 | 0.00%

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 27 June 2020, a total of 191 confirmed COVID-19 cases with no deaths were reported in the country. A total of 53 patients have recovered from the disease.

Equatorial Guinea | COVID-19 | Grade 3 | 13-Mar-20 | 13-Mar-20 | 28-Jun-20 | 781 | 781 | 11 | 1.40%

The first case of COVID-19 was confirmed in the country on 13 March 2020. As of 28 June 2020, a total of 781 cases have been reported in the country including 372 recoveries. Eleven associated deaths have been reported.

Ethiopia | Cholera | Ungraded | 14-May-19 | 12-May-19 | 10-May-20 | 8,191 | 112 | 1 | 1.40%

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 woderas in SNNP and two woderas in Oromia regions.

Ethiopia | COVID-19 | Grade 3 | 13-Mar-20 | 13-Mar-20 | 28-Jun-20 | 5,689 | 5,689 | 98 | 1.70%

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 5,689 cases of COVID-19 as of 28 June 2020. Of the 5,689 cases, 98 deaths and 2,132 recoveries have been reported.

Ethiopia | Measles | Ungraded | 14-Jan-17 | 1-Jan-19 | 26-Apr-20 | 1,873 | - | - | -

In week 17 (week ending 26 April 2020), the measles outbreak is still ongoing in Oromia, Amhara and Tigray regions. A total of 575 suspected cases and 7 deaths were reported during the week with most suspected cases being reported from Oromia region.

Ethiopia | Poliomyelitis (cVDPV2) | Ungraded | 24-Jun-19 | 20-May-19 | 15-Jun-20 | 25 | 25 | 0 | 0.00%

No cVDPV2 cases were reported this week. There has been a total of 25 cases reported in Ethiopia since the beginning of the outbreaks.
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 emerging 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.

### Disease

#### Guinea Worm Disease

<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>Ethiopia</td>
<td>Guinea Worm Disease</td>
<td>Ungraded</td>
<td>3-Apr-20</td>
<td>3-Apr-20</td>
<td>6-May-20</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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 emerging 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.

#### Yellow Fever

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</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>Ethiopia</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>3-Mar-20</td>
<td>3-Mar-20</td>
<td>5-Mar-20</td>
<td>32</td>
<td>2</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</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>Gabon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>26-Jun-20</td>
<td>5 209</td>
<td>5 209</td>
<td>40</td>
<td>0.80%</td>
</tr>
</tbody>
</table>

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 26 June 2020, a total of 5 209 cases including 40 deaths and 2 327 recovered have been reported in the country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</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>Ghana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>27-Jun-20</td>
<td>17 351</td>
<td>17 351</td>
<td>112</td>
<td>0.60%</td>
</tr>
</tbody>
</table>

On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. As of 27 June 2020, a total of 17 351 cases including 112 deaths and 12 994 recoveries have been reported in the country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</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>Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>28-Jun-20</td>
<td>5 342</td>
<td>5 342</td>
<td>31</td>
<td>0.60%</td>
</tr>
</tbody>
</table>

The Ministry of health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 28 June 2020, a total of 5 342 cases including 4 282 recovered cases and 31 deaths (CFR:0.6%) have been reported in the country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</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>Kenya</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>21-Jan-19</td>
<td>1-Jan-20</td>
<td>21-Jun-20</td>
<td>1 614</td>
<td>1 614</td>
<td>21</td>
<td>1.30%</td>
</tr>
</tbody>
</table>

On 25 March 2020, the Ministry of Health of Kenya announced the first COVID-19 confirmed case in the country. As of 25 June 2020, the country has 1 614 confirmed cases of COVID-19 with 317 recoveries and 21 deaths.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</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>Kenya</td>
<td>Leishmaniasis</td>
<td>Ungraded</td>
<td>31-Mar-19</td>
<td>3-Jan-20</td>
<td>21-Jun-20</td>
<td>178</td>
<td>93</td>
<td>5</td>
<td>2.80%</td>
</tr>
</tbody>
</table>

In week 25 (week ending 21 June 2020), 10 new case was reported. Since the beginning of the outbreak, suspected and confirmed cases of leishmaniasis have been reported from Baringo, Garissa, Kitui and Marsabit counties.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</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>Lesotho</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-May-20</td>
<td>13-May-20</td>
<td>26-Jun-20</td>
<td>27</td>
<td>27</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

On 13 May 2020, WHO was notified of the first confirmed COVID-19 case in Lesotho. As of 26 June, 27 cases of COVID-19 have been reported, including four recoveries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</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>Lesotho</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-May-20</td>
<td>13-May-20</td>
<td>26-Jun-20</td>
<td>27</td>
<td>27</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

On 13 May 2020, WHO was notified of the first confirmed COVID-19 case in Lesotho. As of 26 June, 27 cases of COVID-19 have been reported, including four recoveries.
### Health Emergency Information and Risk Assessment

**COVID-19**  
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 28 June 2020, a total of 2,147 confirmed COVID-19 cases have been reported in the country including 114 deaths and 1,432 recoveries. Of 2,147 confirmed COVID-19 cases, 1,387 were from the city of Mopti, 270 from the city of Segou, 174 from Sikasso, and 106 from the city of Bamako. No associated deaths have been reported so far.

### Lassa fever

**Liberia**  
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 28 June 2020, the country has a total of 1,152 confirmed cases with 13 deaths and 260 recoveries.

### Measles

**Mali**  
The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The last week of May was particularly deadly in the Mopti region. It was marked by a resurgence of security incidents in the circles of Koro, Bandiagara, Bankass and Douentza. At least 68 civilians are reported to have been killed in attacks leading to serious human rights abuses during the week. In addition, an incident caused by an explosive device which took place in the Douentza circle left eight civilians dead and thirty wounded, five of whom were seriously wounded. More than 75 percent of security incidents reported in May (282 incidents) took place in the regions of Mopti (175 cases) and Ségou (107 cases) in the center of the country. Mali now has more than 250,000 internally displaced persons.

### Humanitarian crisis

**Mauritania**  
The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 26 June 2020, a total of 3,907 cases including 120 deaths and 1,280 recovered cases have been reported in the country.

### Cholera

**Mozambique**  
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 (987 cases and 15 deaths). In total, 11 districts of Nampula province, namely Nampula city, Mogovolas, Mamba, Nacala-a-Velha, Nacara, Namialo, Ribawé, Monapo, Larde, Angecho and Malena 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.

### Table: Country Event Grade Date notified Total cases Cases Confirmed Deaths CFR

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified</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>Liberia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>27-Jun-20</td>
<td>768</td>
<td>768</td>
<td>34</td>
<td>4.40%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>23-Jan-19</td>
<td>1-Jan-20</td>
<td>21-Jun-20</td>
<td>40</td>
<td>40</td>
<td>18</td>
<td>45.00%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Sep-17</td>
<td>1-Jan-19</td>
<td>17-May-20</td>
<td>593</td>
<td>81</td>
<td>3</td>
<td>0.50%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>28-Jun-20</td>
<td>2,078</td>
<td>2,078</td>
<td>18</td>
<td>0.90%</td>
</tr>
<tr>
<td>Malawi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>2-Apr-20</td>
<td>2-Apr-20</td>
<td>28-Jun-20</td>
<td>1,152</td>
<td>1,152</td>
<td>13</td>
<td>1.10%</td>
</tr>
<tr>
<td>Mali</td>
<td>Humanitarian crisis</td>
<td>Protracted 1</td>
<td>n/a</td>
<td>n/a</td>
<td>17-Jun-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mali</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Mar-20</td>
<td>25-Mar-20</td>
<td>28-Jun-20</td>
<td>2,147</td>
<td>2,147</td>
<td>114</td>
<td>5.30%</td>
</tr>
<tr>
<td>Mali</td>
<td>Measles</td>
<td>Ungraded</td>
<td>20-Feb-18</td>
<td>1-Jan-19</td>
<td>10-May-20</td>
<td>485</td>
<td>218</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mali</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>3-Dec-19</td>
<td>1-Jan-20</td>
<td>7-Jun-20</td>
<td>82</td>
<td>4</td>
<td>1</td>
<td>1.20%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>26-Jun-20</td>
<td>3,907</td>
<td>3,907</td>
<td>120</td>
<td>3.10%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>11-May-20</td>
<td>2-May-20</td>
<td>11-May-20</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>11-May-20</td>
<td>3-May-20</td>
<td>11-May-20</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>20-Feb-20</td>
<td>31-Jan-20</td>
<td>12-Jun-20</td>
<td>2,625</td>
<td>-</td>
<td>21</td>
<td>0.80%</td>
</tr>
</tbody>
</table>
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 28 June 2020, a total of 859 confirmed COVID-19 cases were reported in the country including five deaths and 228 recoveries.

Two cases of novel coronavirus (COVID-19) were confirmed in Namibia on 14 March 2020. As of 28 June 2020, a total of 150 cases have been reported in the country including 22 cases who recovered.

The first COVID-19 confirmed case was reported in the Niger on 19 March 2020. As of 28 June 2020, a total of 1074 confirmed COVID-19 cases including 67 deaths and 359 recoveries have been reported in the country.

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 need 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.

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.

The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 28 June 2020, a total of 24 567 confirmed cases including 565 deaths and 9 007 recovered cases have been reported in the country.

A total of five new confirmed cases with two deaths were reported from four states across Nigeria in week 25 (week ending 21 June 2020). From 1 January to 21 June 2020, a total of 1050 confirmed cases (125 confirmed and 14 probable) with 230 deaths (CFR 21.9%) have been reported from 129 Local Government Areas across 27 states in Nigeria. A total of 22 contacts are currently being followed.

Between epi weeks 1 - 23 (week ending 7 June 2020), a total of 420 suspected cases of measles were reported from 88 LGAs in 20 states and FCT. None was laboratory confirmed and 14 deaths were recorded.

A 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.

In week 23, there were 17 suspected cases reported from 17 LGA in 11 states. Between week 1 and 23 in 2020, a total of 1120 suspected cases including 12 confirmed cases and zero deaths were reported. 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 Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 28 June 2020, a total of 900 cases with two deaths and 431 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 28 June 2020, a total of 713 cases of COVID-19 has been reported, including 393 cases confirmed by PCR and an additional 320 probable cases. Among the confirmed cases, 11 deaths have been reported. Among the total number of cases, 219 have been reported as recoveries.

<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>
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<tbody>
<tr>
<td>Mozambique</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>22-Mar-20</td>
<td>22-Mar-20</td>
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<td>859</td>
<td>859</td>
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<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>28-Jun-20</td>
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<td>150</td>
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<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>10-May-19</td>
<td>1-Jan-20</td>
<td>2-Feb-20</td>
<td>304</td>
<td>-</td>
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<td>Nigeria</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>24-Mar-15</td>
<td>1-Jan-20</td>
<td>21-Jun-20</td>
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<td>1 036</td>
<td>230</td>
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<td>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-18</td>
<td>1-Jan-18</td>
<td>24-Jun-20</td>
<td>53</td>
<td>53</td>
<td>0</td>
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<tr>
<td>Nigeria</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>14-Sep-17</td>
<td>1-Jan-20</td>
<td>7-Jun-20</td>
<td>1 120</td>
<td>12</td>
<td>0</td>
<td>0.00%</td>
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<td>COVID-19</td>
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<td>28-Jun-20</td>
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<td>6-Apr-20</td>
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<td>393</td>
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<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>
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<td>Grade 3</td>
<td>2-Mar-20</td>
<td>2-Mar-20</td>
<td>28-Jun-20</td>
<td>6 586</td>
<td>6 586</td>
<td>105</td>
<td>1.60%</td>
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</tr>
<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>21-Jan-20</td>
<td>13-Jan-20</td>
<td>8-Jun-20</td>
<td>79</td>
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<td>Humanitarian crisis</td>
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<td>15-Aug-16</td>
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<td>15-May-20</td>
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<tr>
<td>South Sudan</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Apr-20</td>
<td>2-Apr-20</td>
<td>27-Jun-20</td>
<td>1 966</td>
<td>1 966</td>
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<td>1.80%</td>
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<td>24-Nov-18</td>
<td>1-Jan-19</td>
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<td>16-Mar-20</td>
<td>16-Mar-20</td>
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<tr>
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<td>Togo</td>
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<td>6-Mar-20</td>
<td>1-Mar-20</td>
<td>28-Jun-20</td>
<td>642</td>
<td>642</td>
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<tr>
<td>Togo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>24-Jun-20</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>0.00%</td>
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</tr>
<tr>
<td>Uganda</td>
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<td>Ungraded</td>
<td>20-Jul-17</td>
<td>n/a</td>
<td>31-Mar-20</td>
<td>-</td>
<td>-</td>
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</tr>
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</table>

Between 2 March 2020 and 28 June 2020, a total of 6 586 confirmed cases of COVID-19 including 105 deaths have been reported from Senegal. A total of 4 291 cases have recovered.

The first COVID-19 confirmed cases were reported in Seychelles 14 March 2020. After 78 days of reporting no confirmed cases, a fishing vessel replacement crew arrived by air in Seychelles on 23 June 2020, 66 of whom have tested positive for COVID-19 at the point of entry. These crew members are currently in isolation. The number of cases who have made recoveries remains eleven.

As of Week 24, 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 28 June 2020, a total of 1 427 confirmed COVID-19 cases were reported in the country including 60 deaths and 943 recovered cases.

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.

Between 2 March 2020 and 28 June 2020, a total of 8 731 suspected cases of measles which 247 laboratory-confirmed and 26 deaths (CFR 0.5%) have been reported. 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 Lankein. The last case in Lankein was reported in week 25 (week ending on 23 June 2019).

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. As of 28 June 2020, a total of 1 966 confirmed COVID-19 cases were reported in the country including 36 deaths and 246 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).

On 5 April 2020, the Ministry of Health of South Sudan has reported the country's first case of COVID-19. As of 27 June 2020, a total of 1 996 confirmed COVID-19 cases were reported in the country including 36 deaths and 246 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, Abyei, Mayom; Gogrial West; Aweil South; Melut; Gogrial East; Juba; Tonj North; Aweil East; Renk; Wau; Tonj North; Jur River; Yambio, Budi, Ikotos, Maban and Aweil East, Ikotos, Tonj East, Magwi and Boma) and 4 Protection of Civilians 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 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.

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 28 June 2020, a total of 642 confirmed cases including 14 deaths and 401 recovered cases have been reported in the country.

One cVDPV2 cases were reported this week. There have been 9 cases so far in 2020 while the total number of cVDPV2 cases reported in 2019 remains 8 for a total of 17 cases since the start of report.

On 28 April 2020, WHO received information regarding a confirmed yellow fever case in Mango village, Otji district, Savanes region in northern part of Togo. The results were confirmed at the yellow fever reference laboratory, Institute Pasteur in Dakar, Senegal by seroneutralisation. The case is a 55-year old female with no travel or vaccination history for yellow fever. On 3 February 2020, she presented to a health facility with symptoms of fever with aches. The following day she developed jaundice and a blood sample was taken and transported to the national laboratory as yellow fever was suspected. The case-patient died three days later while receiving treatment. On 17 March, the sample tested IgM positive for yellow fever. On 22 March 2020, an in-depth multi-disciplinary investigation was conducted, and no additional case was detected.

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.
<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>Uganda</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>11-May-20</td>
<td>29-Apr-20</td>
<td>11-Jun-20</td>
<td>682</td>
<td>17</td>
<td>6</td>
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</tr>
<tr>
<td>Uganda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>25-Jun-20</td>
<td>833</td>
<td>833</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>26-Jun-20</td>
<td>1 531</td>
<td>1 531</td>
<td>21</td>
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<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>17-Oct-19</td>
<td>16-Jul-19</td>
<td>24-Jun-20</td>
<td>2</td>
<td>2</td>
<td>0</td>
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<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>6-May-19</td>
<td>14-Jun-20</td>
<td>319</td>
<td>1</td>
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<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>28-Jun-20</td>
<td>567</td>
<td>567</td>
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<td>Zimbabwe</td>
<td>Malaria</td>
<td>Ungraded</td>
<td>8-Mar-20</td>
<td>1-Jan-20</td>
<td>4-May-20</td>
<td>236 865</td>
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<td>226</td>
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<td>Ebola virus disease</td>
<td>Grade 3</td>
<td>31-Jul-18</td>
<td>11-May-18</td>
<td>25-Jun-20</td>
<td>3 470</td>
<td>3 317</td>
<td>2 287</td>
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<tr>
<td>Kenya</td>
<td>Chikungunya</td>
<td>Ungraded</td>
<td>24-Jan-20</td>
<td>31-Dec-19</td>
<td>7-Mar-20</td>
<td>269</td>
<td>17</td>
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<td>Uganda</td>
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<td>Ungraded</td>
<td>22-Jan-20</td>
<td>31-Oct-19</td>
<td>14-Feb-20</td>
<td>8</td>
<td>8</td>
<td>4</td>
<td>50.00%</td>
</tr>
</tbody>
</table>

On 11 May 2020, a cholera outbreak was confirmed in Moroto district. The index case was a 17-year-old male patient from Natapar Kocuc Village, Loputuk parish, Nadunget Subcounty who was seen on 29 April 2020 with acute watery diarrhoea and severe dehydration. On 4 May 2020 more cases with similar symptoms from the same location with the index case were seen and cholera was suspected. On 11 May 2020, CPHL confirming *Vibrio cholerae* serotype 01 Inaba detected in 7 out of 8 stool samples that were collected. As of 12 June 2020, the cumulative number of cases is 682 including 6 deaths have been reported.

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 25 June 2020, a total of 833 confirmed COVID-19 cases, 761 recoveries with no death were reported in the country.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 26 June 2020, a total of 1531 confirmed COVID-19 cases were reported in the country including 21 deaths and 1233 recover cases.

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.

The anthrax outbreak is ongoing in Zimbabwe with a cumulative total number of 319 cases and one death notified since the beginning of the outbreak in week 36 (Week starting from 6 May 2019) of 2019. This outbreak started since week36, 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. Since 1 January to 15 May 2020, a total of 319 cases were reported mainly in Masvingo, Midlands and Mashonaland west provinces.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 28 June 2020, a total of 567 confirmed COVID-19 cases were reported in the country including 6 deaths and 6142 cases that recovered.

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.

On 25 June 2020, the Minister of Health of the Democratic Republic of the Congo declared the end of the EVD outbreak in North Kivu, Ituri and South Kivu Provinces. In accordance with WHO recommendations, the declaration was made more than 42 days after the last person who contracted EVD in this outbreak tested negative twice and was discharged from care. From 1 August 2018 to 25 June 2020, a total of 3 470 cases including 3 317 confirmed and 153 probables have been reported from North Kivu, South Kivu and Ituri provinces. Case fatality rate is 66% with 2 287 deaths.

A chikungunya outbreak was reported in Kenya and has affected Hagadera Sub County in Garissa County. The index case was seen on 31 December 2019. As of 7 March 2020, a total of 269 cases with 17 confirmed positives have been reported. No new cases have been reported for more than two incubation periods.

From 4 November through 14 February 2020, eight laboratory confirmed cases of yellow fever in Bulisa (3), Maracha (1) and Moyo (4); including four deaths (CFR 50%), were detected through the national surveillance system. No new cases have been reported.

†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
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