This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 110 events in the region. This week’s main articles cover the following events:

- Coronavirus disease 2019 (COVID-19) in Kenya
- Ebola virus disease (EVD) in Équateur Province, Democratic Republic of the Congo
- Cholera in Cameroon.

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:**

- Kenya now has established community transmission of COVID-19, with a rapid increase in numbers of confirmed cases and a steady increase in deaths. Challenges remain around poor contact tracing and follow-up, with limited resources and logistical support for field teams conducting community visits and a long turn-around time for laboratory test results, which will impact contact tracing. Population complacency, resulting in failure to follow public health guidance on physical distancing and hand sanitization is also a problem.

- The 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 recently 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 ongoing cholera outbreak in Cameroon is complicated by continued insecurity, the COVID-19 outbreak and challenges around data collection and surveillance in the country, which is further complicated by unstable internet and telephone lines. The redirection of resources to the COVID-19 response is particularly concerning, leaving little for responses to other outbreaks.
EVENT DESCRIPTION

Kenya is currently experiencing rapid increase in the number of new cases and is one of the top ten most affected countries in the WHO African region. Kenya confirmed the first case of COVID-19 on 13 March 2020 and instituted mandatory quarantine on 25 March 2020, with testing of all quarantined persons starting on 29 March 2020. Mass community testing across the country was started at the end of April 2020 and laboratory test per capita currently stands at 35.2 samples per 10 000 people, with a positivity rate of 4.1%, and a total of 185 035 tests conducted as of 5 July 2020.

As of 4 July 2020, there have been a total of 7 577 confirmed cases reported, with 159 deaths (case fatality ratio 2.2%). Of these cases, 6 632 (88%) are local transmissions and 945 (12%) are imported. In the past 24 hours, up to 4 July 2020, 389 new confirmed cases were reported, of which 386 are local transmissions and three are imported cases. To date, 41 out of 47 counties have reported cases, with Nairobi City (3 968 cases) and Mombasa (1 618 cases) having the highest number of cases. Additionally, the attack rate in these two counties are 90.2 and 133.9 per 100 000 population, respectively, compared to 15.9 per 100 000 for the whole country.

Among cases where age and sex are known, 4 737 are males (68%) and 2 204 (32%) are female. Thirty-three percent of confirmed cases are in the age group 30-39 years. Most (87.5%) of deaths are in those aged over 60 years, with the next most affected age group being those between 50 to 59 years. Among deaths, 117 (77%) have been in men. In the past 24 hours, 20 COVID-19 patients recovered and were discharged, bringing the total number of recoveries and discharges to 2 109.

Active contact tracing is underway in affected areas, with a cumulative total of 10 767 contacts identified since contact tracing started. As of 4 July 2020, 8 092 contacts had completed their 14-day follow-up, with 2 684 still being followed, of whom 2 600 (97%) had been seen in the past 24 hours. A total of 423 contacts have tested positive.

PUBLIC HEALTH ACTIONS

- There are regular National Emergency Response Committee meetings and on 2 July 2020, the Cabinet Secretary for Health addressed the nation, with ongoing coordination meetings at national level and across various county health departments.
- The Public Health Emergency Operations Committee incident management team have drawn up a plan to provide technical support to counties to address gaps noted in rapid response teams, contact tracing and data management, particularly the low uptake of the web-based system in counties.
- Alert response and contact tracing are ongoing in all affected counties.
- Training is planned for more than 350 healthcare workers in case management and psychosocial support and sensitization in Kisumu.

SITUATION INTERPRETATION

Kenya is currently experiencing a rapid increase in the number of confirmed COVID-19 cases and deaths, with well established community transmission across most of the country. The national authorities and partners continue to mount a wide range of public health and social measures. However, challenges remain around poor contact tracing and follow-up, with a number of counties with active cases not submitting contact tracing reports. In addition, there are limited resources and logistical support for field teams who need to conduct community visits. There is a long turnaround time for laboratory test results, which will negatively impact on contact tracing and isolation, with a weak diagnostic quality assurance system. Personal protective equipment is in short supply. A further challenge is complacency among the population and consequent failure to follow public health guidelines around social distancing and hand sanitization. These challenges need to be addressed urgently by local and national authorities, to break chains of transmission of the virus.
**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 26), 13 additional confirmed EVD cases have been reported, with four new deaths, one of which is a community death of a confirmed case. Five new cases were reported on 4 July 2020, two in Bolomba, and one each in Iboko, Mbandaka and Bikoro. Three of the new cases were listed as contacts, but only one was followed-up and only one of the five had been vaccinated. In addition, two community deaths were among the day’s confirmed cases, one each in Bikoro and Iboko.

As of 4 July 2020, there are a total of 41 cases (38 confirmed and three probable) including 17 deaths (case fatality ratio 41.5%). The case fatality ratio among confirmed cases is 36.8% (14 deaths/38 confirmed cases). Two health workers are among the confirmed cases since the start of the outbreak, making up 4.9% of all cases. To date, five out of 18 health zones and 13 out of 281 health areas in Équateur Province have reported at least one confirmed or probably case of EVD. In the past 21 days (from 14 June 2020 to 4 July 2020), 24 confirmed cases of EVD have been reported in nine health zones.

All five health zones reported contacts on 4 July 2020, with a total of 158 contacts registered in three health zones. To date there are 3,596 active contacts, of which 2,449 (68.1%) were seen in the past 24 hours. A total of 30 contacts became symptomatic, including 22 in Bolomba, six in Iboko and two in Bikoro. Seventy-nine percent (2,850/3,596) of active contact were vaccinated. Six health zones reported alerts, with 244 new alerts, six of which were deaths. A total of 331 alerts were reported on 4 July 2020, of which 270 (81.6%) were investigated, 99 (36.7%) were validated and 34 (34.3%) 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 Équateur Province was validated.
- On 4 July 2020, 5,206 travellers were screened among the 5,876 registered at the active Points of Control (PoCs) reporting. Since the start of the response, a total of 228,637 screenings of travellers were carried out among 249,238 travellers registered at the active PoCs. Eight alerts were identified, of which two were validated.
- As of 4 July 2020, 74 samples were received in the Mbandaka laboratory and 16 in the Bikoro laboratory, five of which were confirmed as positive. Since the start of the response, 514 samples have been tested.
- A total of 299 new people were vaccinated with rVSV-ZEBOV-GP on 4 July 2020, including 38 high risk contacts, 228 contacts of contacts and 33 probable contacts.
- Since 5 June 2020, a total of 8,758 people has been vaccinated.
- A total of 70 patients, including 14 confirmed patients were managed in the transit centres and Ebola treatment centres in affected areas.

**SITUATION INTERPRETATION**

This new outbreak of EVD is evolving rapidly, with new confirmed cases and deaths occurring. The continued presence of confirmed cases in the community and the lack of follow-up of contacts is of grave concern. 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 in the response measures. Current community engagement and education cover both EVD and COVID-19, with the risk communication strategy for both outbreaks working in tandem.
EVENT DESCRIPTION

The cholera outbreak in Cameroon is ongoing, affecting four regions, Littoral, South West, South and Central regions. As of 18 June 2020, there have been a total of 647 cases and 34 deaths (case fatality ratio 5.3%). Of the deaths, a total of 23 have been in treatment centres and 11 in the community. The Littoral Region is the most affected, with a cumulative total of 563 cases, followed by South West, with 73 cases, South with 10 cases and Central with one case. Littoral Region also has the most deaths, with a cumulative total of 30 (case fatality ratio 5.3%), followed by South with three deaths and South West, with one death.

All 31 laboratory samples received from Littoral Region were positive for Vibrio cholerae, with one out of three from Central Region, one out of one from South West and four out of 10 from South Region.

Among the 563 cases for which age and sex were known, in South Region, the median age was 6.5 years (range 17 months to 53 years) and the male to female ratio is 1:3. This differed in Littoral Region, where the median age was 28 years (range 7 months to 85 years) and the male to female ratio was 3:2. In South West, the median age was 13 years (range 1 year to 79 years) and the male to female ratio was 2:1.

PUBLIC HEALTH ACTIONS

- The response to the outbreak is being coordinated by the Public Health Emergency Operations Coordination Centre, which is in alert mode and who are following response activities in the affected regions.
- The humanitarian response by the health pillar in South West Region is being led by WHO and there are regular meetings to coordinated the response and produce national situation reports.
- From 13 to 22 June 2020, there was a mission to support the response in South West by the Department to Fight Against Illness, Epidemics and Pandemics, which evaluated the response in the health zones of Tiko, Limbé and Bakassi in the region.
- Surveillance was strengthened in regions at highest risk, with notification of suspected cases in Kribi (38) and Limbé (46) in South West Region.
- Case management is ongoing with support provided to treatment centres in all regions.
- There is ongoing infection prevention and control communication around making water safe for drinking, hand hygiene and use of latrines.

SITUATION INTERPRETATION

Cameroon is one of the countries in the WHO African Region that is particularly badly affected by COVID-19 and the redirection of resources away from outbreaks such as cholera to the pandemic is making it difficult to continue to mount an effective response. Challenges exist around poor data collection in affected areas, along with unstable internet and telephone lines for transmission of surveillance reports. Additionally, there is insecurity in South West Region, which is hampering response activities, along with bad weather. Local and national authorities and partners need to ensure that COVID-19 response activities take place in collaboration with responses to other disease outbreaks. A national plan needs to be prepared around the response to cholera in the context of the COVID-19 pandemic.
Major issues and challenges

- Although the number of confirmed cases of COVID-19 and deaths in Kenya is currently relatively low, the level of established community transmission is of concern, as is the apparent failure to follow public health guidelines by the population. This, coupled with poor contact tracing and delayed test results, will lead to increased transmission if not addressed urgently.

- The 11th 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.

- The ongoing cholera outbreak in Cameroon is taking place in the context of continuing insecurity, re-direction of scarce resources to COVID-19 and poor infrastructure for surveillance. There is a risk of spread to other areas of the country and escalation within already-affected regions.

Proposed actions

- Authorities in Kenya need urgently to address the multiple challenges to containing the escalating numbers of COVID-19 cases in the country. Major community engagement needs to take place, along with public health information campaigns to sensitize the population to the importance of physical distancing and hand sanitization. Laboratory infrastructure needs to be improved to increase turnaround time for samples to aid contact tracing and follow-up.

- 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. These efforts should be encouraged and supported nationally and by partners.

- Local and national authorities and partners in Cameroon need to ensure that COVID-19 response activities take place in collaboration with responses to the cholera outbreak and a national plan needs to be prepared around the response to cholera in the context of COVID-19.
There are four cases of COVID-19 in Burundi. On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 4 July 2020, a total of 275 confirmed COVID-19 cases have been reported in the country with one death and 29 recovered cases.

**Lassa fever**

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

**Measles**

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, Centre-North and East regions, while IDP numbers are rising, along with protection concerns. Armed insurgent groups carried out three attacks on civilians and aid workers over 29-30 May 2020. The provisional death toll is 50 people, including at least one humanitarian worker. Health services are severely affected and as of 13 January 2020, according to the report of the Ministry of Health, 9.5% (n=121) of the health facilities located in the six regions affected by insecurity are closed, thus depriving more than 1.5 million people of health care, and 11.9% (n=152) have reduced their services to a minimum, following insecurity. Morbidity due to epidemic-prone diseases remaining high and malnutrition thresholds are alarming in the areas hosting IDPs, mainly in Barsalogho, Djibo, Matiacoali, Arinda, and Titao.

**Humanitarian crisis**

On 30 March 2020, the Minister of Health and Wellness of Botswana reported three confirmed cases of COVID-19. As of 5 July 2020, a total of 275 confirmed COVID-19 cases have been reported in the country including one death and 29 recovered cases.

**Cholera**

From 25 February to 5 July 2020, a total of 15,941 confirmed cases of COVID-19 with 952 deaths (CFR 6%) have been reported from Algeria. A total of 11,492 cases have recovered. Most of the cases have been reported from the Wilaya of Bliida.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 5 July 2020, a total of 353 confirmed COVID-19 case have been reported in the country with 19 deaths and 108 recoveries.

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

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**COVID-19**

There are four cases of COVID-19 in Botswana. On 30 March 2020, the Minister of Health and Wellness of Botswana reported three confirmed cases of COVID-19. As of 5 July 2020, a total of 275 confirmed COVID-19 cases have been reported in the country including one death and 29 recovered cases.

**Ongoing Events**

<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>Algeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Feb-2020</td>
<td>25-Feb-2020</td>
<td>5-Jul-2020</td>
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<td>15,941</td>
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<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-2020</td>
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<td>5-Jul-2020</td>
<td>353</td>
<td>353</td>
<td>19</td>
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<td>Grade 2</td>
<td>8-May-199</td>
<td>1-Jan-2019</td>
<td>1-Jul-2020</td>
<td>131</td>
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<td>Benin</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>19-Feb-2020</td>
<td>17-Feb-2020</td>
<td>15-May-2020</td>
<td>4</td>
<td>4</td>
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<td>25.0%</td>
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<td>Benin</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-Aug-2019</td>
<td>8-Aug-2019</td>
<td>1-Jul-2020</td>
<td>9</td>
<td>9</td>
<td>0</td>
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<td>30-Mar-2020</td>
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<td>1,000</td>
<td>1,000</td>
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<td>Burkina Faso</td>
<td>Humanitarian crisis</td>
<td>Grade 2</td>
<td>1-Jan-2019</td>
<td>1-Jan-2019</td>
<td>4-Jun-2020</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>Burkina Faso</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-2020</td>
<td>9-Mar-2020</td>
<td>4-Jul-2020</td>
<td>1,000</td>
<td>1,000</td>
<td>53</td>
<td>5.3%</td>
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<td>Burkina Faso</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-2019</td>
<td>1-Jul-2020</td>
<td>5</td>
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<tr>
<td>Burundi</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>20-Feb-2020</td>
<td>20-Feb-2020</td>
<td>9-Jun-2020</td>
<td>70</td>
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<td>0</td>
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<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-2020</td>
<td>18-Mar-2020</td>
<td>5-Jul-2020</td>
<td>191</td>
<td>191</td>
<td>1</td>
<td>0.5%</td>
</tr>
<tr>
<td>Burundi</td>
<td>Measles</td>
<td>Ungraded</td>
<td>23-Mar-2020</td>
<td>23-Mar-2020</td>
<td>19-Apr-2020</td>
<td>857</td>
<td>857</td>
<td>0</td>
<td>0.0%</td>
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### Health Emergency Information and Risk Assessment

**Cameroon**

**Humanitarian crisis (Far North, North, Adamawa & East)**

<table>
<thead>
<tr>
<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>Protracted 2</td>
<td>31-Dec-2013</td>
<td>27-Jun-2017</td>
<td>6-Apr-2020</td>
<td>-</td>
<td>-</td>
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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.

**Country** | **Event** | **Grade** | **Date notified to WCO** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR** |
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-2020</td>
<td>6-Mar-2020</td>
<td>3-Jul-2020</td>
<td>14 524</td>
<td>14 524</td>
<td>342</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 3 July 2020, a total of 14 524 cases have been reported, including 342 deaths and 11 360 recoveries.

| Cameroon    | Measles   | Ungraded | 2-Apr-2019 | 1-Jan-2020 | 17-May-2020 | 1 175 | 1 175 | 11 | 0% |

A measles outbreak is ongoing in Cameroon. Since 1 January 2020 to date, a total of 1175 confirmed cases have been reported. Of these, 594 were confirmed as IgM-positive and 581 by epidemiological linkage. The outbreak is currently affecting 78 over 189 districts (41%) in 8 regions over 10 regions of the country (North west and South west regions are not affected). In addition a total of 11 cases were reported to date in six districts, namely Kribi (4), Gashiga (2), Betaré Oya (1), Kolofata (2), Awae (1), Ngoundal (1). Fifty per cent of cases are 5 years old and above and 14% are less than 9 months years old. Seventy-four confirmed cases are not vaccinated.

**Cape Verde**

**COVID-19**

<table>
<thead>
<tr>
<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>Grade 3</td>
<td>19-Mar-2020</td>
<td>18-Mar-2020</td>
<td>5-Jul-2020</td>
<td>1 451</td>
<td>1 451</td>
<td>17</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 5 July 2020, a total of 1 451 confirmed COVID-19 cases including twelve deaths and 777 recoveries were reported in the country.

**Central African Republic**

**Humanitarian crisis**

<table>
<thead>
<tr>
<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>Protracted 2</td>
<td>11-Dec-2013</td>
<td>11-Dec-2013</td>
<td>31-May-2020</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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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 presence of inter-ethnic tensions within rival armed groups in the Northeast of the country mainly in Ndele, Birao, Batangafo and Bria. Intermunicipal 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 - Kabo 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.

| Central African Republic | COVID-19 | Grade 3 | 14-Mar-2020 | 14-Mar-2020 | 3-Jul-2020 | 3 969 | 3 969 | 48 | 1.2% |

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 3 July 2020, a total of 3 969 confirmed cases of COVID-19 cases were reported in the country with 914 recoveries.

| Central African Republic | Measles | Grade 2 | 15-Mar-2019 | 1-Jan-2019 | 10-May-2020 | 21 219 | 21 219 | 83 | 0.4% |

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 first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 5 July 2020, a total of 872 confirmed COVID-19 cases were reported in the country including 74 deaths and 787 cases who have recovered.

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

Chad

**COVID-19**  
Grade 3  
19-Mar-2020  
5-Jul-2020  
872  
74  
8.5%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 5 July 2020, a total of 872 confirmed COVID-19 cases were reported in the country including 74 deaths and 787 cases who have recovered.

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

Chad

**Measles**  
Ungraded  
24-May-2018  
1-Jan-2019  
8,193  
295  
0.0%

Twenty three (23) cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported: two in Kanem, one each in Lac, Mayo Kebbi Est, Mayo Kebbi Ouest, Moyen Chari, Sila and Wadi Fira, two each in Lagone Oriental and Ouaddai and 11 in Tandjilé. There are now 46 cases from two different outbreaks in the country one being the Jigawa outbreak.

Comoros

**COVID-19**  
Grade 3  
30-Apr-2020  
4-Jul-2020  
311  
7  
2.3%

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 4 July, a total of 311 confirmed COVID19, including 7 deaths and 266 recovered were reported in the country.

Comoros

**Dengue**  
Ungraded  
22-Dec-2019  
5-Apr-2020  
696  
4  
0.0%

Comoros is registering many cases of suspected dengue fever since December 2019. In total, four isolated cases of dengue fever were confirmed by Institut Pasteur of Madagascar Laboratory in epidemiological week 52 in 2019. In 2020, from epidemiological week 1 to week 13, a total of 696 suspected dengue fever cases were reported with no laboratory confirmation as the country continues to face challenges in laboratory testing. The number of suspected cases peaked in week 12, 2020 with 88 cases reported. Most cases (508) are reported from Anjouan, followed by Mohéli islands with 179 suspected Dengue cases. Ngazidja reported nine suspected dengue fever cases from week 1 to week13.

Congo

**Chikungunya**  
Grade 1  
22-Jan-2019  
19-Mar-2019  
37  
0  
0.0%

In week 6 (week ending 9 February 2020), a total 6 suspected cases were reported in three out of the 12 departments, namely: Brazzaville (3 cases), Bouenza (2 cases) and Kouilou (1 case). From week 1 to week 6, 37 cases with no deaths were reported in the country. From weeks 1 to 52 of 2019, a total of 11 600 cases have been reported in 44 out of the 52 health districts in 10 out of 12 departments. The departments of Bouenza (3102 cases), Kouilou (2844 cases) and Niari (2589) were the most affected by the outbreak accounting for 74% of cases reported since the beginning of the outbreak.

Congo

**COVID-19**  
Grade 3  
14-Mar-2020  
14-Mar-2020  
1-5 Jul-2020  
1557  
44  
2.8%

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 3 July 2020, a total of 1 557 cases including 44 deaths and 501 recovered cases have been reported in the country.

Côte d’Ivoire

**COVID-19**  
Grade 3  
11-Mar-2020  
11-Mar-2020  
5-Jul-2020  
10 772  
74  
0.7%

Since 11 March 2020, a total of 10 772 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 74 deaths. A total of 5 067 patients have recovered.

Côte d’Ivoire

**Poliomyelitis (cVDPV2)**  
Ungraded  
29-Oct-2019  
29-Oct-2019  
1-Jul-2020  
18  
0  
0.0%

Eight cVDPV2 cases were reported: one each in Gbeye, Gbokle-Nawa-San Pedro, Goh and Worodougou-Bere and two each in Haut Sassandra and Poro Tchologo-Bagoue provinces. There are now 18 cVDPV2 cases in the country. Previously, eight cVDPV2 positive environmental samples were reported: six in Abidjan 1-Grands Ponts and two in Abidjan 2.

Democratic Republic of the Congo

**Humanitarian crisis**  
Grade 3  
20-Dec-2016  
17-Apr-2017  
17-May-2020  
-  
-  
-

The Democratic Republic of the Congo continues to experience a complex humanitarian crisis involving armed conflicts and inter-community tension resulting in large number of people in need of humanitarian assistance. Populations movement due to armed clashes and inter-community fighting continue to be reported in North-Kivu, Tanganyika, Ituri, Kasai central and South-Kivu provinces. In Ituri, a militia group attack on a FARDC position, 52 km north of Bunia (Matete, Walendu sector Djatsi) in the territory of Djugu, made several victims in the 2 sides and one civilian was wounded. In addition, there have been reports of displacement of almost 13 146 people who have found refuge in the locality of Djupamalabi. In Tanganyika province, a total of 14 health areas have suspended their activities due to insecurity. Around 45 000 internally displaced persons were registered in Nyunzu territory and additional 50 000 IDPs are reported in other territories of Tanganyika. In South Kivu province, heavy rains that resulted in floods in Uvira were reported from 16 to 17 April 2020. A total of 50 deaths and 40 wounded persons, many houses destroyed were reported and currently there is a total of 78 000 persons displaced, including 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 few missing people at Kasindi. The displaced persons need basic humanitarian assistance, including access to food, clean water, non-food items, shelters and health care assistance.

Democratic Republic of the Congo

**Cholera**  
Grade 3  
16-Jan-2015  
31-May-2020  
10 533  
147  
1.4%

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, 84 % 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.
On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 4 July 2020, 7,410 confirmed cases and 1 probable case have been reported, for a total of 7,411 cases, including 181 deaths and 3,184 recoveries.

During week 20 (week ending 17 May 2020), a total of 98 suspected cases of Monkeypox with ten deaths were reported across the country compared to 151 cases the preceding week. Between week 1 and week 20, a total of 1,702 suspected cases including 47 deaths were reported in the country. The majority of cases were reported from the Provinces of: Sankuru, Equateur, Bas-Uele, Mongala and Tshopo. Between weeks 1 and 52 of 2019 a cumulative total of 5,288 monkeypox cases, including 107 deaths (CFR 2%) were reported from 133 health zones in 19 provinces. One major challenge to the current emergency include acquiring the required funding to respond to all the multiple ongoing outbreaks in the country.

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 4 July 2020, a total of 215 confirmed COVID-19 cases with no deaths were reported in the country. A total of 56 patients have recovered from the disease.

The Ituri province is notifying an upsurge of plague cases in the health zone of Rethy. From 11 June to 1 July 2020, a total of 34 cases with 7 deaths (CFR 21%) were notified in 5 over 22 health areas of Rety health zone. The plague outbreak is endemic in Ituri province. During the first wave of this outbreak which started in January 2020, a total of 21 suspected bubonic plague cases with 7 deaths (Case Fatality Ratio 35%) were notified in 5 health zones: Aungba (4 cases et 2 deaths), Linga (7 cases and 5 deaths), Rethy (6 cases and no death), Aru (2 cases and no death) and Kambala (1 case and no death). In 2019, from week 1 to 52, a total of 48 cases of bubonic plague including eight deaths have been reported in the country.

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 6386 cases of COVID-19 as of 4 July 2020. Of the 6386 cases, 116 deaths and 3018 recoveries have been reported.

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 28 June 2020, a total to seven confirmed 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.

### Table: Health Emergency Information and Risk Assessment

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-2020</td>
<td>10-Mar-2020</td>
<td>4-Jul-2020</td>
<td>7,411</td>
<td>7,410</td>
<td>181</td>
<td>2.4%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Measles</td>
<td>Grade 2</td>
<td>10-Jan-2017</td>
<td>1-Jan-2020</td>
<td>21-Jun-2020</td>
<td>64,552</td>
<td>1,206</td>
<td>898</td>
<td>1.4%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>n/a</td>
<td>1-Jan-2020</td>
<td>17-May-2020</td>
<td>1,702</td>
<td>-</td>
<td>47</td>
<td>2.8%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Plague</td>
<td>Ungraded</td>
<td>12-Mar-2019</td>
<td>11-Jun-2020</td>
<td>1-Jul-2020</td>
<td>34</td>
<td>-</td>
<td>7</td>
<td>20.6%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis</td>
<td>Grade 2</td>
<td>15-Feb-2018</td>
<td>1-Jan-2018</td>
<td>1-Jul-2020</td>
<td>126</td>
<td>126</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Ebola virus disease</td>
<td>Grade 2</td>
<td>31-May-2020</td>
<td>17-May-2020</td>
<td>4-Jul-2020</td>
<td>41</td>
<td>38</td>
<td>17</td>
<td>41.5%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Guinea worm disease</td>
<td>Grade 2</td>
<td>13-Mar-2020</td>
<td>13-Mar-2020</td>
<td>4-Jul-2020</td>
<td>6,386</td>
<td>6,386</td>
<td>116</td>
<td>1.8%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>14-May-2019</td>
<td>12-May-2019</td>
<td>10-May-2020</td>
<td>8,191</td>
<td>8,191</td>
<td>112</td>
<td>1.4%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Guinea Worm Disease</td>
<td>Ungraded</td>
<td>3-Apr-2020</td>
<td>3-Apr-2020</td>
<td>28-Jun-2020</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
Health Emergency Information and Risk Assessment

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

<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>Ethiopia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jan-2017</td>
<td>1-Jan-2019</td>
<td>1 873</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Ungraded</td>
<td>24-Jun-2019</td>
<td>20-May-2019</td>
<td>25</td>
<td>25</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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

Ethiopia

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.

Gabon

<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>Gabon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-2020</td>
<td>12-Mar-2020</td>
<td>5 620</td>
<td>5 620</td>
<td>44</td>
<td>0.8%</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 3 July 2020, a total of 5 620 cases including 44 deaths and 2 555 recoveries have been reported in the country.

Gambia

<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>Gambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-2020</td>
<td>17-Mar-2020</td>
<td>57</td>
<td>57</td>
<td>2</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 5 July 2020, a total of 57 confirmed COVID-19 cases including two deaths and 27 recoveries have been reported in the country.

Ghana

<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>Ghana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-2020</td>
<td>12-Mar-2020</td>
<td>20 085</td>
<td>20 085</td>
<td>122</td>
<td>0.6%</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 4 July 2020, a total of 20 085 cases including 122 deaths and 14 870 recoveries have been reported in the country.

Guinea

<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>Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-2020</td>
<td>13-Mar-2020</td>
<td>5 610</td>
<td>5 610</td>
<td>34</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

The Ministry of health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 5 July 2020, a total of 5 610 cases including 4 522 recovered cases and 34 deaths have been reported in the country.

Guinea

<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>Guinea-Bissau</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>25-Mar-2020</td>
<td>25-Mar-2020</td>
<td>1 765</td>
<td>1 765</td>
<td>25</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 2 July 2020, the country has 1 765 confirmed cases of COVID-19 with 676 recoveries and 25 deaths.

Kenya

<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>Kenya</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>21-Jan-2019</td>
<td>21-Jun-2020</td>
<td>662</td>
<td>15</td>
<td>13</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

In week 25 (week ending 21 June 2020), 15 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 662 cases with 13 deaths has been reported. The outbreak is currently active in Marsabit county.

Kenya

<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>Kenya</td>
<td>Leishmaniasis</td>
<td>Ungraded</td>
<td>31-Mar-2019</td>
<td>3-Jun-2019</td>
<td>178</td>
<td>93</td>
<td>5</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

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

Kenya

<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>Kenya</td>
<td>Measles</td>
<td>Ungraded</td>
<td>6-May-2019</td>
<td>20-Mar-2019</td>
<td>817</td>
<td>58</td>
<td>3</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

As of 21 June 2020, a total of 291 measles cases including 9 confirmed cases and one death have been reported in 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), Kiliwi (3 confirmed cases) and Wajir (7 confirmed cases). Additionally, Kajiado (425 total cases, 4 confirmed and 1 death) and Garissa counties (10 total cases, 6 confirmed) reported measles cases in 2019.

Lesotho

<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>Lesotho</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-May-2020</td>
<td>13-May-2020</td>
<td>91</td>
<td>91</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

On 13 May 2020, WHO was notified of the first confirmed COVID-19 case in Lesotho. As of 5 July, 91 cases of COVID-19 have been reported, including 11 recoveries.

Liberia

<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>Liberia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-2020</td>
<td>16-Mar-2020</td>
<td>874</td>
<td>874</td>
<td>37</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

The Liberia Government confirmed the first case of COVID-19 on 16 March 2020. The case-patient was reported to have returned from Switzerland on 15 March 2020. As of 4 July 2020, a total of 874 cases with 37 deaths have been reported from the country. A total of 377 case-patients have recovered.
## Health Emergency Information and Risk Assessment

### Health Emergency Information and Risk Assessment

**COVID-19**

- **Liberia**: Lassa fever, Ungraded, 23-Jan-2019 to 1-Jan-2020, 28-Jun-2020, 40 cases confirmed, 18 deaths, CFR 45.0%
- **Madagascar**: COVID-19, Grade 3, 20-Mar-2020 to 20-Mar-2020, 4-Jul-2020, 2 941 cases confirmed, 32 deaths, 1.1%
- **Mauritania**: COVID-19, Grade 3, 20-Mar-2020 to 20-Mar-2020, 5-Jul-2020, 1 742 cases confirmed, 19 deaths, 1.1%
- **Mali**: COVID-19, Grade 3, 24-Sep-2017 to 1-Jan-2019, 17-May-2020, 593 cases confirmed, 81 deaths, 0.5%
- **Mauritius**: COVID-19, Grade 3, 20-Mar-2020 to 20-Mar-2020, 4-Jul-2020, 2 941 cases confirmed, 32 deaths, 1.1%
- **Malawi**: COVID-19, Grade 3, 2-2020 to 2-2020, 5-Jul-2020, 1 742 cases confirmed, 19 deaths, 1.1%

### Protracted 1

- **Mozambique**: Cholera, Ungraded, 24-Sep-2017, 1-Jan-2019, 17-May-2020, 593 cases confirmed, 81 deaths, 0.5%
- **Madagascar**: COVID-19, Grade 3, 20-Mar-2020, 20-Mar-2020, 4-Jul-2020, 2 941 cases confirmed, 32 deaths, 1.1%

### Grade 3

- **Mali**: Humanitarian crisis, Protracted 1, n/a, n/a, 17-Jun-2020, -
- **Mauritania**: COVID-19, Grade 3, 13-Mar-2020 to 13-Mar-2020, 5-Jul-2020, 4 879 cases confirmed, 130 deaths, 2.7%

### Grade 2

- **Mali**: COVID-19, Grade 3, 25-Mar-2020 to 25-Mar-2020, 5-Jul-2020, 2 330 cases confirmed, 119 deaths, 5.1%

### Grade 1

- **Mali**: Yellow fever, Ungraded, 3-Dec-2019 to 1-Jan-2019, 7-Jun-2020, 485 cases confirmed, 0 deaths, 0.0%
- **Mauritania**: COVID-19, Grade 3, 13-Mar-2020, 13-Mar-2020, 5-Jul-2020, 4 879 cases confirmed, 130 deaths, 2.7%

### Ungraded

- **Mali**: Measles, Ungraded, 20-Feb-2018 to 1-Jan-2019, 10-May-2020, 218 cases confirmed, 0 deaths, 0.0%

### Grade 0

- **Mauritania**: COVID-19, Grade 3, 18-Mar-2020 to 18-Mar-2020, 2-Jul-2020, 341 cases confirmed, 10 deaths, 2.9%

### Grade -

- **Mozambique**: Cholera, Ungraded, 20-Feb-2020, 31-Jan-2020, 12-Jun-2020, 2 625 cases confirmed, 21 deaths, 0.8%

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 serious wounded. More than 75 percent of security incidents reported in May (282 incidents) took place in the regions of Mopti (175 cases) and Séguo (107 cases) in the centre of the country. Mali now has more than 250 000 internally displaced persons.

On 5 July 2020, the government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 5 July 2020, a total of 4 879 cases including 130 deaths and 1844 recovered cases have been reported in the country.

On 11 May 2020, one confirmed case of Crimean Congo haemorrhagic fever was reported from the Moughataa of Mederde in the district of Tiguint in the wilaya of Trarza. The case is a 60-year-old butcher from Tiguent presenting symptoms of fever, fatigue, headaches and epistaxis, with onset on 2 May 2020. He had a history of handling the carcasses of meat and no recent travel history. He presented at a health facility of 7 May 2020 and a sample was collected for testing following the suspicion of a viral haemorrhagic fever disease. The case-patient was evacuated the same day in the Emergency Department in Nouakchott for further care. On 8 May 2020, the case was confirmed with CCHF by RT-PCR from the INRSP and transferred to the infectious diseases department where he was isolated and treated.

On 3 May 2020, two suspected cases of dengue fever were admitted to a hospital in Mauritania. On May 4, 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, Aghnemrite and Edebaie).

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 2 July 2020, a total of 341 confirmed COVID-19 cases including ten deaths and 330 recovered cases have been reported in the country.

Cholera outbreak is ongoing in Mozambique. From 11 January till 12 June 2020, a total of 2 625 cases including 21 deaths (CFR 0.8%) were reported in two provinces, namely Nampula (1 648 cases and 3 deaths) and Cabo Delgado (997 cases and 15 deaths). In total, eleven districts of Nampula province, namely Nampula City, Mogovolas, Mamba, Nacala-a-Velha, Nacarao, Namialo, Ribów, Monapo, Lobo, Aringoche 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, lbo and pemba city are affected.

Mozambique

<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>Liberia</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>23-Jan-2019</td>
<td>1-Jan-2020</td>
<td>28-Jun-2020</td>
<td>40</td>
<td>40</td>
<td>18</td>
<td>45.0%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Sep-2017</td>
<td>1-Jan-2019</td>
<td>17-May-2020</td>
<td>593</td>
<td>81</td>
<td>3</td>
<td>0.5%</td>
</tr>
<tr>
<td>Madagascar</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-2020</td>
<td>20-Mar-2020</td>
<td>4-Jul-2020</td>
<td>2 941</td>
<td>2 941</td>
<td>32</td>
<td>1.1%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-2020</td>
<td>13-Mar-2020</td>
<td>5-Jul-2020</td>
<td>4 879</td>
<td>4 879</td>
<td>130</td>
<td>2.7%</td>
</tr>
<tr>
<td>Mali</td>
<td>Measles</td>
<td>Ungraded</td>
<td>20-Feb-2018</td>
<td>1-Jan-2019</td>
<td>10-May-2020</td>
<td>485</td>
<td>218</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Mali</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>3-Dec-2019</td>
<td>1-Jan-2019</td>
<td>7-Jun-2020</td>
<td>82</td>
<td>4</td>
<td>1</td>
<td>1.2%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-2020</td>
<td>18-Mar-2020</td>
<td>2-Jul-2020</td>
<td>341</td>
<td>341</td>
<td>10</td>
<td>2.9%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>20-Feb-2020</td>
<td>31-Jan-2020</td>
<td>12-Jun-2020</td>
<td>2 625</td>
<td>-</td>
<td>21</td>
<td>0.8%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>22-Mar-2020</td>
<td>22-Mar-2020</td>
<td>5-Jul-2020</td>
<td>987</td>
<td>987</td>
<td>8</td>
<td>0.8%</td>
</tr>
<tr>
<td>Country</td>
<td>Event</td>
<td>Grade</td>
<td>Date notified to WOC</td>
<td>Start of reporting period</td>
<td>End of reporting period</td>
<td>Total cases</td>
<td>Cases Confirmed</td>
<td>Deaths</td>
<td>CFR</td>
</tr>
<tr>
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<td>-----</td>
</tr>
<tr>
<td>Namibia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-2020</td>
<td>14-Mar-2020</td>
<td>5-Jul-2020</td>
<td>412</td>
<td>412</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Namibia</td>
<td>Hepatitis E</td>
<td>Protracted 1</td>
<td>18-Dec-2017</td>
<td>8-Sep-2017</td>
<td>5-Apr-2020</td>
<td>7 587</td>
<td>1 937</td>
<td>65</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WOC</th>
<th>Start of reporting period</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-2020</td>
<td>19-Mar-2020</td>
<td>5-Jul-2020</td>
<td>1 093</td>
<td>1 093</td>
<td>68</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Country</th>
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<th>Grade</th>
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<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>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>10-May-2019</td>
<td>1-Jan-2020</td>
<td>2-Feb-2020</td>
<td>304</td>
<td>-</td>
<td>1</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

During week 5 (week ending 2 February 2020), 123 suspected measles cases were notified in the country. From week 1 to 5 of 2020, a total of 304 suspected measles cases with 1 death (CFR 0.3%) were notified in 8 regions: Agadez (34 cases, 0 deaths), Diffa: (3 cases, 0 deaths), Dosso (2 cases, 0 deaths), Maradi (17 cases, 1 death), Niamey (5 cases, 0 deaths), Tahoua (57 cases, 0 deaths), Tillaberi (3 cases, 0 deaths) and Zinder (183 cases, 0 deaths). In 2019 a total of 10 207 suspected measles cases were reported from eight regions in the country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
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<th>Start of reporting period</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>25-Sep-2017</td>
<td>1-Jan-2020</td>
<td>7-Jun-2020</td>
<td>420</td>
<td>-</td>
<td>14</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WOC</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>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jun-2018</td>
<td>1-Jan-2018</td>
<td>1-Jul-2020</td>
<td>53</td>
<td>53</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 18 cVDPV2 cases reported in 2019, 34 in 2018, and one in 2020.

<table>
<thead>
<tr>
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<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>Nigeria</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>14-Sep-2017</td>
<td>1-Jan-2020</td>
<td>7-Jun-2020</td>
<td>1 120</td>
<td>5</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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 presumptive positive cases and 5 confirmed cases 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.

<table>
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<tr>
<th>Country</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rwanda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-2020</td>
<td>14-Mar-2020</td>
<td>5-Jul-2020</td>
<td>1 105</td>
<td>1 105</td>
<td>2</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 2 July 2020, a total of 1105 cases with two deaths and 567 recovered cases have been reported in the country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
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<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>Sao Tome and Principe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Apr-2020</td>
<td>6-Apr-2020</td>
<td>5-Jul-2020</td>
<td>720</td>
<td>400</td>
<td>11</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 5 July 2020, a total of 720 cases of COVID-19 has been reported, including 400 cases confirmed by PCR and an additional 320 probable cases. Among the total confirmed cases, 11 deaths have been reported. Among the 720 cases, 219 have been reported as recoveries.

<table>
<thead>
<tr>
<th>Country</th>
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<th>Grade</th>
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<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>Senegal</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>2-Mar-2020</td>
<td>2-Mar-2020</td>
<td>5-Jul-2020</td>
<td>7 400</td>
<td>7 400</td>
<td>133</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Between 2 March 2020 and 5 July 2020, a total of 7 400 confirmed cases of COVID-19 including 133 deaths have been reported from Senegal. A total of 4 870 cases have recovered.
## Health Emergency Information and Risk Assessment

### COVID-19

- **Country**: South Africa
  - **Event**: COVID-19
  - **Grade**: Graded 3
  - **Confirmed cases**: 509
  - **Deaths**: 19
  - **End of reporting period**: 5-Jul-2020
  - **Total cases**: 1,542
  - **Cases Confirmed**: 1,542

### Measles

- **Country**: Togo
  - **Event**: Measles
  - **Grade**: Graded 3
  - **Total cases**: 100

### Yellow Fever

- **Country**: South Sudan
  - **Event**: Yellow fever
  - **Grade**: Ungraded
  - **Total cases**: 337
  - **Deaths**: 4

- **Country**: Tanzania, United Republic of
  - **Event**: Yellow fever
  - **Grade**: Ungraded
  - **Total cases**: 2

### Poliomyelitis

- **Country**: Togo
  - **Event**: Poliomyelitis (cVDPV2)
  - **Grade**: Grade 2
  - **Total cases**: 1

### Hepatitis E

- **Country**: South Sudan
  - **Event**: Hepatitis E
  - **Grade**: Ungraded
  - **Total cases**: 2

### Protracted

- **Country**: South Sudan
  - **Event**: Protracted
  - **Grade**: Grade 3

### Prophylaxis

- **Country**: South Sudan
  - **Event**: Prophylaxis
  - **Grade**: Ungraded

### Conclusions

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, 70 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.

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 5 July 2020, a total of 1,542 confirmed COVID-19 cases were reported in the country including 62 cases and 1066 recovered cases.

South Africa continues to report cases of COVID-19. From 5 March to 5 July 2020, a total of 196,750 confirmed cases including 3,199 deaths have been reported from all provinces across the country. A total of 93,315 cases have recovered. On 5 April 2020, the Ministry of Health of South Sudan has reported the first case of COVID-19. As of 5 July 2020, a total of 2,093 confirmed COVID-19 cases were reported in the country including 40 deaths and 464 recovered cases.

The current outbreak in Bentiu UN Protection of Civilians (POC) continues since the beginning of 2019 with five new cases reported in week 25 (ending 21 June 2020). As of the reporting date, 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 West; Gogrial East, Renk; Tonj South, Jur River, Pibor and Yambio) and four protections of civilian (POC) sites (Juba, Bentiu, Malakal and Wau).

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

On 3 March 2020, the Ministry of Health of South Sudan reported 2 cases of presumptive yellow fever, found sGM 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.

Between week 1 in 2019 to week 4 in 2020, a total of 4,731 suspected cases of measles which 247 laboratory-confirmed and 26 deaths (CFR 0.5%) have been reported. The outbreak has affected 23 counties (Pibor; Abyei; Mayom; Gogrial West; Aweil South; Melut; Gogrial East; Juba; Tonj North; Aweil West; Aweil East; Renk; Wau; Tonj North; Jur River; Yambio, Budi, Ikotos, Maban and Aweil East, Ikotos, Tonj East, Magwi and Bomaand) and 4 Protection of Civilians Sites POCs (Juba, Bentiu, Malakal and Wau).

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 5 July 2020, a total of 680 cases including 15 deaths and 447 recovered cases have been reported in the country.

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

On 17 March, the sample tested sGM positive for yellow fever. On 22 March 2020, an in-depth multi-disciplinary investigation was conducted, and no additional case was detected.

On 16 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 5 July 2020, a total of 680 cases including 15 deaths and 447 recovered cases have been reported in the country.

South Africa continues to report cases of COVID-19. From 5 March to 5 July 2020, a total of 196,750 confirmed cases including 3,199 deaths have been reported from all provinces across the country. A total of 93,315 cases have recovered.

On 5 April 2020, the Ministry of Health of South Sudan has reported the first case of COVID-19. As of 5 July 2020, a total of 2,093 confirmed COVID-19 cases were reported in the country including 40 deaths and 464 recovered cases.

South Sudan

- **Humanitarian crisis**: Protracted
- **Grade**: 3
- **Start of reporting period**: 15-Aug-2016
- **End of reporting period**: 15-May-2020

The humanitarian situation has largely been 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).

### Poliomyelitis

- **Country**: Togo
  - **Event**: Poliomyelitis (cVDPV2)
  - **Grade**: Grade 2
  - **Total cases**: 1

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 reporting.

### Summary

Between week 1 in 2019 to week 4 in 2020, a total of 4,731 suspected cases of measles which 247 laboratory-confirmed and 26 deaths (CFR 0.5%) have been reported. The outbreak has affected 23 counties (Pibor; Abyei; Mayom; Gogrial West; Aweil South; Melut; Gogrial East; Juba; Tonj North; Aweil West; Aweil East; Renk; Wau; Tonj North; Jur River; Yambio, Budi, Ikotos, Maban and Aweil East, Ikotos, Tonj East, Magwi and Bomaand) and 4 Protection of Civilians Sites POCs (Juba, Bentiu, Malakal and Wau).

###References

### Health Emergency Information and Risk Assessment

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<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Humanitarian crisis - refugee</td>
<td>Ungraded</td>
<td>20-Jul-2017</td>
<td>n/a</td>
<td>31-Mar-2020</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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>
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</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>11-May-2020</td>
<td>29-Apr-2020</td>
<td>11-Jun-2020</td>
<td>682</td>
<td>17</td>
<td>6</td>
<td>0.9%</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 V. cholerae serotype O1 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.

<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>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-2020</td>
<td>21-Mar-2020</td>
<td>4-Jul-2020</td>
<td>939</td>
<td>939</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 4 July 2020, a total of 939 confirmed COVID-19 cases, 891 recoveries with no death were reported in the country.

<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>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-2020</td>
<td>18-Mar-2020</td>
<td>1-Jul-2020</td>
<td>1 632</td>
<td>1 632</td>
<td>30</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 1 July 2020, a total of 1632 confirmed COVID-19 cases were reported in the country including 30 deaths and 1348 recovered cases.

<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>Zambia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>17-Oct-2019</td>
<td>16-Jul-2019</td>
<td>1-Jul-2020</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported since the beginning of 2020. There were two cVDPV2 cases reported in 2019.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>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>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-2019</td>
<td>6-May-2019</td>
<td>14-Jun-2020</td>
<td>319</td>
<td>1</td>
<td>319</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

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 310 cases were reported mainly in Masvingo, Midlands and Mashonaland west provinces.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-2020</td>
<td>20-Mar-2020</td>
<td>5-Jul-2020</td>
<td>716</td>
<td>716</td>
<td>8</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 5 July 2020, a total of 716 confirmed COVID-19 cases were reported in the country including 8 deaths and 181 cases that recovered.

<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>Zimbabwe</td>
<td>Malaria</td>
<td>Ungraded</td>
<td>8-Mar-2020</td>
<td>1-Jan-2020</td>
<td>4-May-2020</td>
<td>236 865</td>
<td>236 865</td>
<td>226</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

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.

### Closed Events

<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>Seychelles</td>
<td>Measles</td>
<td>Ungraded</td>
<td>21-Jan-2020</td>
<td>13-Jan-2020</td>
<td>18-May-2020</td>
<td>79</td>
<td>27</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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.

†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.
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.