

COVID-19

Situation update for the WHO African Region

8 July 2020

External Situation Report 19



World Health
Organization

REGIONAL OFFICE FOR

Africa

COVID-19

WHO AFRICAN REGION

External Situation Report 19

Date of issue: 8 July 2020

Data as reported by: 7 July 2020 as of 00:00 AM (GMT+1)

1. Situation update



The coronavirus disease 2019 (COVID-19) outbreak continues to grow in the WHO African Region since it was first detected in Algeria on 25 February 2020. Since our last [External Situation Report 18](#) issued on 1 July 2020 (from 24 to 30 June 2020), a total of 91 038 new confirmed COVID-19 cases (a 30% increase) was reported from 45 countries. Of the 91 038 reported new cases in the region, the majority 71% (64 646) were recorded in South Africa, which remains the epicentre of the COVID-19 outbreak in the region. South Africa is now among the top 15 most affected countries globally, with its cumulative number of cases (215 855) exceeding that for Turkey (206 844), Germany (196 944) and France (159 568), which previously reported the highest numbers. On 4 July 2020, the WHO African Region and South Africa recorded their highest daily case count of 13 474 and 10 853, respectively. Similarly, the WHO African Region and South Africa registered the highest daily death toll of 225 and 192, respectively, on 7 July 2020.

During this period, five countries in the region observed the highest percentage increase in incidence cases: Lesotho 237% (from 27 to 91 cases), Namibia 166% (from 203 to 539 cases), Madagascar 57% (from 2 214 to 3 472 cases), Malawi 48% (from 1 265 to 1 877 cases) and South Africa 43% (from 151 209 to 215 855 cases). Equatorial Guinea and United Republic of Tanzania did not officially submit reports indicating any confirmed case. A total of 119 new health worker infections were recorded from three countries: Ghana (70), Malawi (38), South Sudan (7), Sierra Leone (2), Gambia (1) and Lesotho (1). Two countries: Gambia and Lesotho reported their first health worker infection this reporting period.

From 1 to 7 July 2020, 1 221 new COVID-19 related deaths (20% increase) were registered in 33 countries, with 845 (69%) of the deaths recorded in South Africa. This was followed by Nigeria, with 79 (6.5%) deaths and then Algeria with 56 (4.6%) deaths. Other countries that reported new deaths include: Cameroon (46), Senegal (25), Kenya (19), Zambia (18), Ethiopia (17), Ghana (17), Madagascar (13), Democratic Republic of the Congo (13), Côte d'Ivoire (9), Angola (8), Malawi (8), Central African Republic (5), Liberia (5), Mauritania (5), Gabon (4), Cabo Verde (3), Congo (3), Eswatini (3), Mali (3), Sierra Leone (3), Benin (2), Mozambique (2), South Sudan (2), Zimbabwe (2), Gambia (1), Guinea (1), Guinea-Bissau (1), Niger (1), Rwanda (1) and Togo (1).

During the reporting period (1 to 7 July 2020), the cumulative number of COVID-19 cases in the region is now at 395 024 cases, including 394 703 confirmed and 321 probable cases, reported across the 47 Member States. The probable cases have been reported from Sao Tome and Principe (320) and Democratic Republic of the Congo (1). South Africa has registered more than half, 55% (215 855) of all reported confirmed cases in the region. The other countries that reported large numbers of cases are Nigeria (29 789), Ghana (21 968), Algeria (16 879), Cameroon (14 916), Côte d'Ivoire (10 966), Kenya (8 250), Democratic Republic of Congo (7 660), Senegal (7 547) and Ethiopia (6 774). These 10 countries collectively account for 86% (340 604) of all reported cases. Of the 395 024 COVID-19 cases reported, 201 296 (51%) have recovered from across all the 47 countries in the region.

A total of 7 376 deaths have been reported in 42 countries, giving an overall case fatality ratio (CFR) of 1.9%. Five countries (Eritrea, Seychelles, Lesotho, Namibia and Uganda) have not registered any COVID-19 related deaths since the beginning of the pandemic.

The countries reporting high numbers of deaths are: South Africa 3 502 (48%), Algeria 968 (13%), Nigeria 669 (9.1%), Cameroon 359 (4.9%), Democratic Republic of the Congo 182 (2.5%), Kenya 167 (2.3%), Senegal 137 (1.9%), Mauritania 133 (1.8%), Ghana 129 (1.8%), Ethiopia 120 (1.6%) and Mali 119 (1.6%). South Africa, Nigeria, Algeria and Cameroon account for 75% (5 498) of the total deaths reported in the region.

The highest case fatality ratios were observed in seven countries: Chad* (8.5%), Niger (6.2%), Algeria (5.7%), Angola (5.4%), Burkina Faso (5.3%), Mali (5.1%) and Liberia (4.5%)*.

The current figures in the region represents 3.4% of confirmed COVID-19 cases and 1.4% of deaths reported worldwide. **Table 1** shows the list of affected countries and their respective number of cases and deaths. The daily and weekly distribution of cases by date and week of reporting are presented in Figures 1 and 2, respectively.

Figures, 2 and 3 shows the distribution of cases and deaths by date of notification in the most affected (South Africa) and the other top six countries.

Health workers have also been significantly affected by COVID-19, with 8 036 (20%) being infected in 40 countries since the beginning of the outbreak. Overall, South Africa has been the most affected, with 3 583 (45%) health workers infected, followed by Nigeria (987), Cameroon (593), Ghana (421), Guinea-Bissau (239), Niger (184), Côte d'Ivoire (179), Malawi (160), Democratic Republic of the Congo (158), Sierra Leone (157), Senegal (147) and Guinea (134). The other 28 countries that have recorded health worker infections are shown in **Table 1**. Niger 17% (184/1 094) and Guinea-Bissau 13% (239/1 790) have the highest country specific proportion of health workers.

According to the available data on age and gender distribution (n=7 476), the male to female ratio among confirmed cases is 1.8, and the median age is 37 years (range: 0 - 105). Males (62%) 4 642 in the 31-39 and 40-49 age-groups are more affected than females (38%) 2 834 across the same age-groups. The distribution of cases by age and sex is presented in **Figure 4**.

Currently, 33 (70%) countries in the region are experiencing community transmission, seven (15%) have clusters of cases and seven (15%) have sporadic cases of COVID-19. The region has also observed increased incidences of importation of cases from affected countries within the region, largely fueled by long-distance truck drivers and illicit movement through porous borders.

As of 7 July 2020, the seven African countries in the WHO EMRO Region reported a total of 112 163 confirmed COVID-19 cases: Egypt (77 279), Morocco (14 607), Sudan (9 997), Djibouti (4 878), Somalia (3 015), Tunisia (1 205) and Libya (1 182). Additionally, a total of 4 583 deaths has been recorded from Egypt (3 489), Sudan (622), Morocco (240), Somalia (92), Tunisia (50), Djibouti (55) and Libya (35). A cumulative total of 507 187 confirmed COVID-19 cases 11 959 deaths (case fatality ratio 2.4%) with 245 748 cases that have recovered have been reported in the African continent.

The TIBA COVID-19 response unit conducted SARS-CoV-2 genome sequences for (19%) nine (Algeria, Democratic Republic of the Congo, Gambia, Ghana, Kenya, Nigeria, Senegal, South Africa and Uganda) out of 47 countries within WHO Africa region(<https://www.gisaid.org>). A total of 520 full-length sequences were investigated using phylogenetic analysis with the majority from South Africa (34%), Democratic Republic of the Congo (27%) and Kenya (22%). As of 2 June 2020, a total of 102 lineages have been identified globally. Within the region, 537 sequences were assigned to 20 lineages, with (86%) 462 of all African SARS-CoV-2 genomes assigned to the B.1 lineage (a large European lineage that emerged from the Italy epidemic). Sequences belonging to sub-lineage B.4 were identified in DRC, Kenya and Uganda, which originated in Iran. There have been multiple separate introductions (currently estimated as at least 82 across the nine countries) into Africa from other continents. Of these, about 66% were from Europe. Most of the introductions do not appear to have spread between countries in Africa. However, 11 introductions from within Africa were tentatively identified. A total of 83% of African SARS-CoV-2 genomes have the D614G mutation in spike protein. It has been suggested that this mutation increases virus infectivity.

** Chad and Liberia are implementing community mortality surveillance that could have attributed to high case fatality ratios.*

Table 1. Number of confirmed COVID-19 cases in the WHO African Region, 25 February – 7 July 2020 (n =395 024)

Country	Total Cases	Total Deaths	Recovered Cases	Probable Total	Case fatality ratio (%)	Health Worker infections	Proportion of Health Workers (%)
South Africa	215 855	3 502	102 299	0	1.6	3 583	1.7
Nigeria	29 789	669	12 108	0	2.2	987	3.3
Ghana	21 968	129	17 156	0	0.6	421	1.9
Algeria	16 879	968	12 094	0	5.7	0	0.0
Cameroon	14 916	359	11 525	0	2.4	593	4.0
Côte d'Ivoire	10 966	75	5 384	0	0.7	179	1.6
Kenya	8 250	167	2 504	0	2.0	64	0.8
Democratic Republic of the Congo	7 660	182	3 236	1	2.4	158	2.1
Senegal	7 547	137	5 023	0	1.8	147	1.9
Ethiopia	6 774	120	3 301	0	1.8	87	1.3
Gabon	5 743	46	2 574	0	0.8	57	1.0
Guinea	5 636	34	4 542	0	0.6	134	2.4
Mauritania	4 948	133	1 896	0	2.7	0	0.0
Central African Republic	4 071	52	970	0	1.3	1	0.0
Madagascar	3 472	33	1 187	0	1.0	2	0.1
Mali	2 348	119	1 556	0	5.1	0	0.0
South Sudan	2 106	40	954	0	1.9	104	4.9
Zambia	1 895	42	1 412	0	2.2	111	5.9
Malawi	1 877	24	345	0	1.3	160	8.5
Guinea-Bissau	1 790	25	710	0	1.4	239	13.4
Congo	1 757	44	525	0	2.5	49	2.8
Sierra Leone	1 572	63	1 088	0	4.0	157	10.0
Cabo Verde	1 499	18	724	0	1.2	40	2.7
Benin	1 285	23	493	0	1.8	2	0.2
Rwanda	1 172	3	595	0	0.3	0	0.0
Niger	1 094	68	974	0	6.2	184	16.8
Eswatini	1 056	14	570	0	1.3	17	1.6
Equatorial Guinea	1 043	12	208	0	1.2	53	5.1
Mozambique	1 040	8	280	0	0.8	93	8.9
Burkina Faso	1 003	53	860	0	5.3	90	9.0
Uganda	971	0	896	0	0.0	27	2.8
Liberia	917	41	394	0	4.5	91	9.9
Chad	873	74	788	0	8.5	75	8.6
Zimbabwe	787	9	201	0	1.1	2	0.3
Sao Tome and Principe	724	11	279	320	1.5	40	5.5
Togo	689	15	467	0	2.2	25	3.6
Namibia	539	0	25	0	0.0	3	0.6
United Republic of Tanzania	509	21	180	0	4.1	1	0.2
Angola	386	21	117	0	5.4	1	0.3
Mauritius	342	10	330	0	2.9	30	8.8
Botswana	314	1	31	0	0.3	3	1.0
Comoros	313	7	272	0	2.2	0	0.0
Eritrea	215	0	56	0	0.0	0	0.0
Burundi	191	1	118	0	0.5	24	12.6
Lesotho	91	0	11	0	0.0	1	1.1
Seychelles	91	0	11	0	0.0	0	0.0
Gambia	61	3	27	0	4.9	1	1.6
Total (n=47)	395 024	7 376	201 296	321	1.9	8 036	20.0

Figure 1. Daily number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 7 July 2020 (n=395 024)

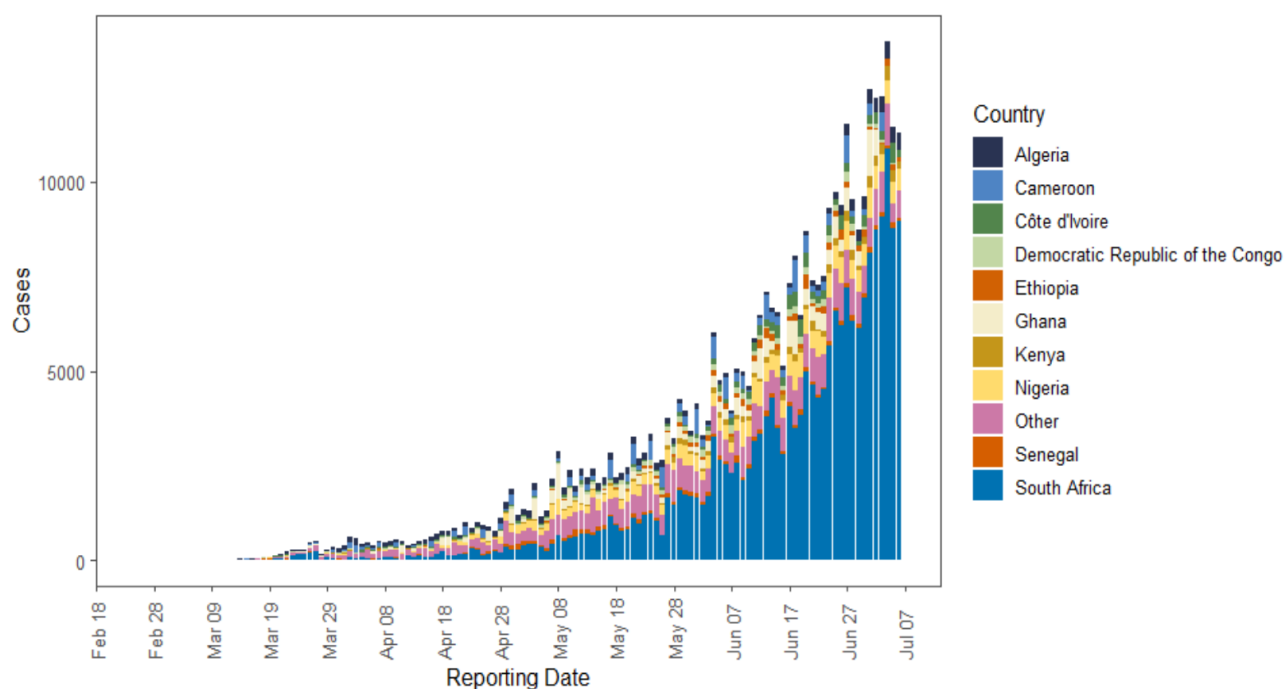


Figure 2. Weekly number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 7 July 2020 (n=395 024)

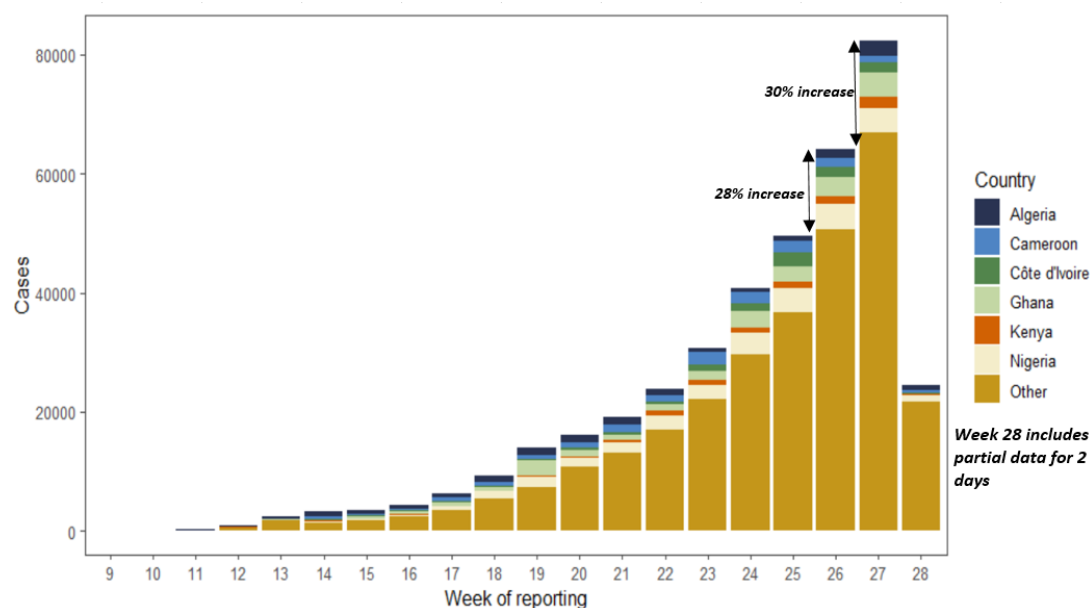


Figure 3. An epicurve showing distribution of confirmed cases and deaths with case fatality ratios of COVID -19 in South Africa, 5 March – 7 July 2020 ($n=215\ 855$)

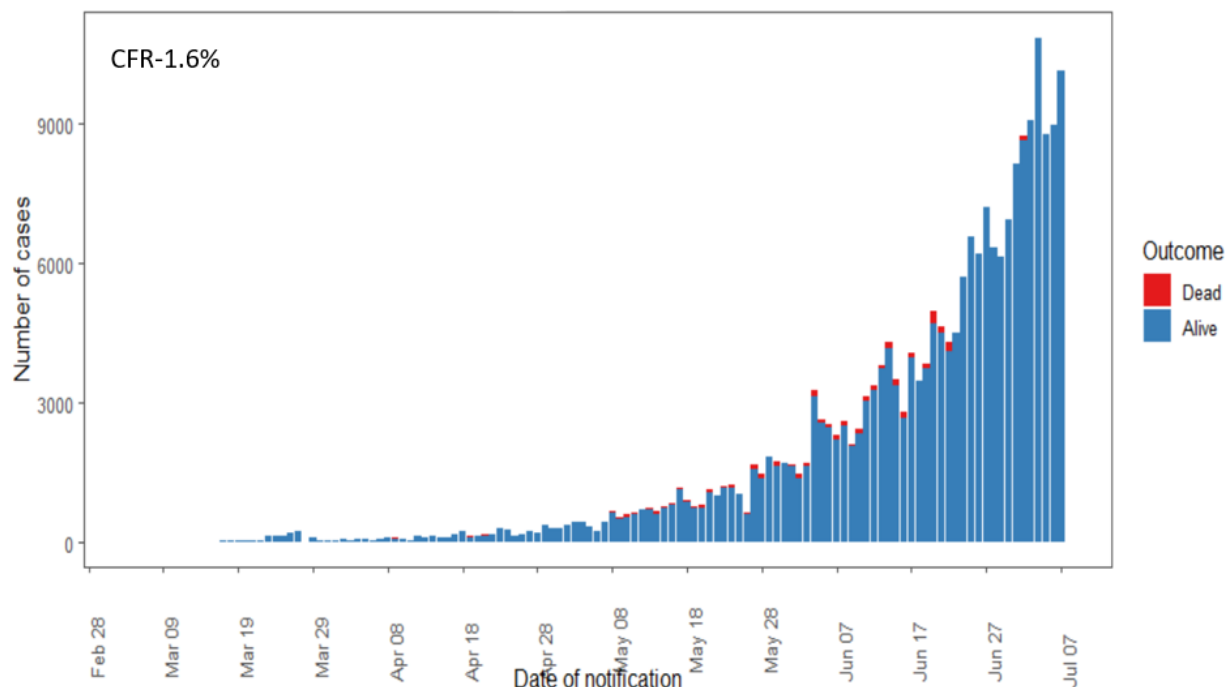


Figure 4. Epicurves showing distribution of confirmed cases and deaths with case fatality ratios of COVID-19 in the other top six reporting countries: Nigeria, Ghana, Algeria, Cameroon, Côte d'Ivoire and Kenya, 25 February – 7 July 2020 ($n=102\ 768$)

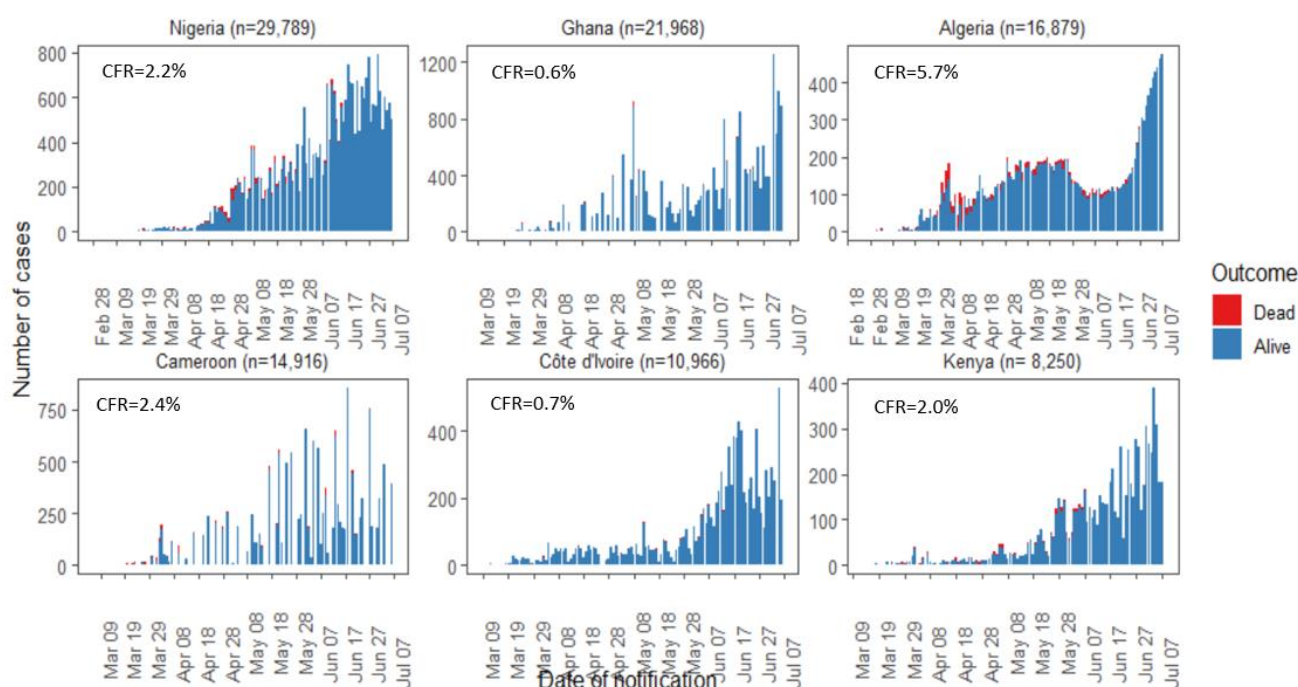
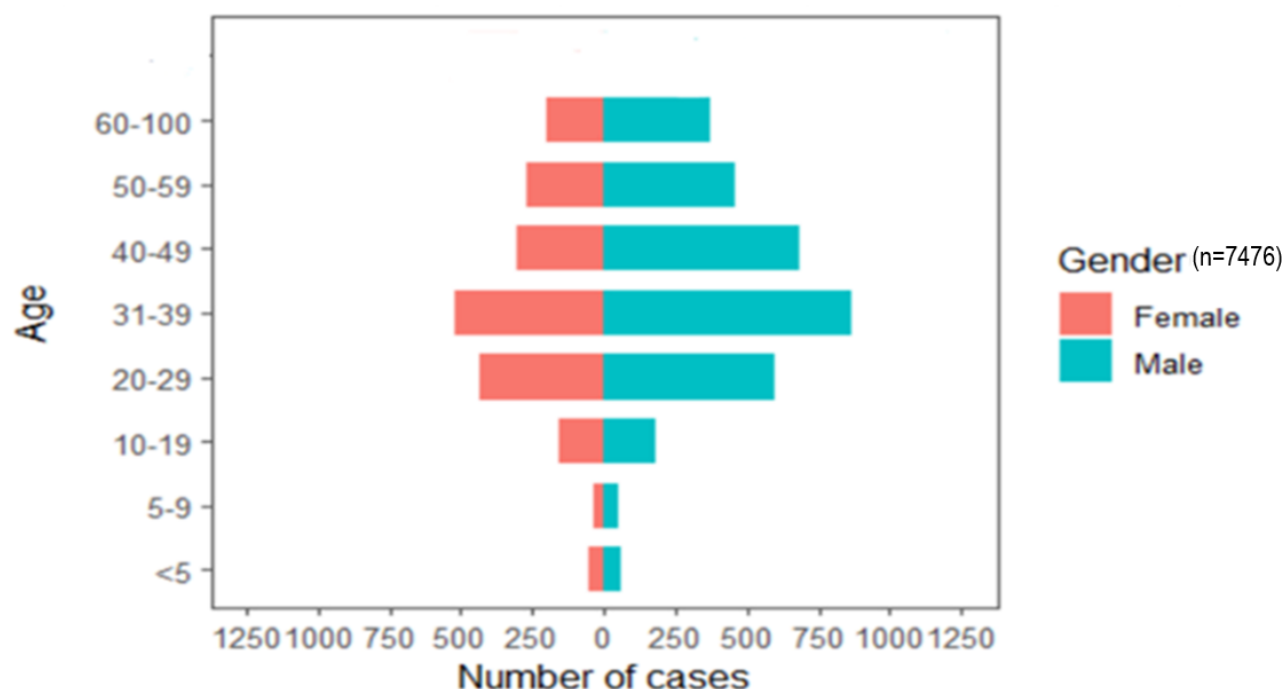


Figure 4. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 7 July 2020 (n=7 476)



2. Global update

- As of 7 July 2020, at 18:00 CET, a total of **11 500 302** confirmed cases, including **535 759** deaths (CFR 4.7%), was reported globally. Both the global number of confirmed COVID-19 cases and deaths have continued to increase significantly during the past weeks.
- To date, 215 countries/territories/areas and one international conveyance have reported laboratory confirmed COVID-19 cases. The 10 countries with the highest number of cumulative cases are: United States of America (2 877 238), Brazil (1 603 055), India (719 665), the Russian Federation (694 230), Peru (302 718), Chile (298 557), the United Kingdom (285 772), Mexico (256 848), Spain (251 789) and Iran (Islamic Republic of) (243 051). All affected countries have reported new confirmed cases in the past week. Please refer to the WHO Daily Coronavirus disease (COVID-2019) situation reports for further information: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>.

3. Current risk assessment

On 11 March 2020, the WHO Director-General characterized the COVID-19 as a pandemic.

Chinese authorities identified a new type of coronavirus (novel coronavirus, SARS-CoV-2) from a cluster of pneumonia cases in Wuhan city, Hubei Province, China, on 7 January 2020. SARS-CoV-2 is a new strain of coronavirus that has not been previously identified in humans. According to the information provided, the initial cases described in Wuhan were linked to Hunan seafood market in Wuhan (the market was closed on 1 January 2020). The possible source of the outbreak is still under investigation by the Chinese authorities and it may have emerged from an animal species, as has been the case for other coronaviruses. The exact extent of the outbreak remains unknown.

On 30 January 2020, the WHO Director-General declared the COVID-19 outbreak a public health emergency of international concern (PHEIC), with temporary recommendations issued for all countries. On 28 February 2020, WHO raised the risk assessment for the COVID-19 outbreak internationally from “high” to “very high”.

4. Actions to date

The WHO Regional Office for Africa (AFRO) is working closely with its 47 Member States, as well as partners, in order to implement several outbreak preparedness and response interventions.

Coordination

- Several constraints and increasing inequalities have been posed by COVID-19 regarding the ability of the WHO and countries to address other health issues, therefore they should use this opportunity to call for funding for other health issues beyond COVID-19. WHO AFRO also emphasizes the need to address mental health and other health issues beyond COVID-19.
- The WHO AFRO is supporting countries through COVID-19, building resilient health systems to deal with this and other health emergencies, and addressing the Region's health priorities. To that effect, the AFRO IMST focal points are linking with WRs to assign focal persons to focus on improving continuity in routine health services.
- The WHO AFRO East and Southern Africa HUB held a preparatory meeting with partners for a ministerial meeting on cross-border collaboration in East Africa. The Hub also contributed to the drafting research protocol on asymptomatic cases, drafted list of research topics for consideration of inclusion in the regional research agenda and reviewed harmonization of the IPC assessment tool.
- The WHO AFRO COVID-19 Incident Management Support Team (IMST) is supporting countries with priority for hot spots and countries with major change in their case pattern including risk factors, response performance and other gaps or challenges.

Surveillance

- The Surveillance Pillar of the IMST continues to provide technical support to Member States to improve active surveillance, including alert management systems, case investigations and contact tracing. During the reporting week, technical support was provided to many countries.
- A mechanism for tracking of cases in neighboring countries in order to report confirmed cases during cross-border screening is being established to avoid missing cases from the country of origin or duplication of notifications in two countries.
- An analysis is being carried out on the impact of the lockdown on the current epi-situation (joint analysis on the lower trend of COVID in Africa).
- A rapid assessment of the status of COVID-19 surveillance was initiated in the 47 countries of the region to inform targeted technical support and guidance.

Infection Prevention and Control (IPC)

- The AFRO IPC team shared an IPC evaluation template with countries; only (55%) 26 of the 47 countries have provided data following a survey campaign that was concluded in June.
- The IPC team recognizes that one of the most important activities that improve IPC is increased awareness among health workers, therefore a total of 258 296 health workers (20% of target) have been trained in 24 countries. Poor data management for cross border infections has been highlighted as a key challenge.
- Further challenges faced by the IPC teams in countries include: lack of resources to organise training sessions, poor implementation of learned concepts and inefficient training due to physical distancing.

Laboratory

- WHO is sending laboratory reagent for an amount of US\$ 58 000 and country offices need to request additional required reagent through follow-up with World Bank. AFRO will discuss with the WCO and deploy a lab expert to enhance laboratory system and decentralization in Cote d'Ivoire.
- The laboratory team are working closely with the IPC team to promote waste management across all countries in the region.

- The AFRO laboratory team contributed to the development of SARI treatment centre guidelines, participated in the training sessions and supported and coordinated implementation through partners.
- The team is regularly monitoring and analyzing influenza data to see the impact of COVID-19 response measures including lockdown on influenza. Support to countries that are conducting surveillance for seasonal and pandemic influenza is also ongoing.
- Laboratories are working closely with the surveillance team to enhance laboratory information management including: tests per capita; positivity rate of specimens tested; and analysis of laboratory information based on sampling strategy to provide a better understanding of the regional status.

Case management

- The case management team held a joint webinar on dexamethasone and hydroxychloroquine use during patient management. A total of 295 participants from 33 countries attended.
- Seven countries received a boost in their oxygen production capacity; South Sudan – 160 concentrators; Sierra Leone – seven PSA plants, Guinea Bissau – WHO/WFP procuring 200 cylinders of oxygen from Senegal, UNDP and UNICEF have committed to purchase 100 cylinders each and repair of existing plant. WHO currently facilitating oxygen production capacity in the Democratic Republic of the Congo, Ethiopia, Nigeria and South Sudan.
- A curriculum was developed for community health workers along with guidelines on healthcare workers performing CPR in a COVID-19 patient. General and specific technical advice was provided on prone position ventilation and home management of COVID-19 patients.

Risk Communication

- The communication team at AFRO developed a fact sheet on non-communicable diseases and asymptomatic cases.
- Conducted an orientation session on risk communication and community engagement monitoring and evaluation system in partnership with WHO country offices in Pretoria and Kansas for Universities of Namibia, Sudan, Zambia to support ministries of Health in generating data on behavior change including documentation. Also trained prison administrators and transport union delegates in Cameroon.
- In Nigeria, 11 000 people were reached using mobile vans, 108 civil society organisations were sensitized in Kano state on prevention strategies. Yobe state sensitized bike riders on correct use of face masks and 100 media correspondents and news reporters were trained in Kano state.
- The team briefed elderly people and equipped them to protect themselves, peers and other members of community against COVID-19 in Burkina Faso.
- In Kenya, supported 21 counties with training and community engagement, oriented and deployed five risk communication and community engagement staff in five sub regions.
- The communication team conducted capacity building on risk communication and community engagement, rumor management and communication to healthcare workers in Cabo Verde, Cote d'Ivoire, Senegal and Mauritania. The team also trained field team leads in Nigeria and Senegal, trained local journalists in three region of Cote D'Ivoire and prison administrators and transport union delegates in Cameroon.
- In Ghana, training of 100 district health staff, engagement of traditional leaders, sensitization of fishermen and dissemination of key messages in the central Region. A 2-day stakeholder engagement and material development workshop was organized by USAID Breakthrough Action and focused on communication needs assessment for stakeholders to generate knowledge and information for print and audio materials for COVID-19. 50 blind students were sensitized on prevention and control measures. Engagement of the public using mass media was intensified throughout the country.

Logistics

- A total of 37 countries placed requests in the UN supply portal for an amount of 34 million laboratory test kits with sample collection kits, 22 million units of personal protective equipment and five million units of biomed equipment. Delivery of lab test kits is starting this week and is expected to continue during the following weeks.
- Delivery of PPE was expected to start next week but partners are facing challenges in organizing shipments from China. An alternative solution being explored in order to retain the same estimated time of arrival.

- The AFRO logistics team doubled the number of laboratory shipments and new ad-hoc routes have been opened with a progressive increase in the number of commercial flights.

Emergency Medical Team

- Deployment of EMT Malteser International in Cameroon since 25 June 2020 for a duration of three weeks. Training of medical staff is planned at three hospitals in Douala city for optimizing their actions in the face of COVID-19.
- Preparation of a scoping mission in Addis Ababa with WHO/AFRO EMT, HQ, Ministry of Health and WFP for the technical discussions of the implementation of the Regional EMT Simulation Center.
- DFID proposes a scoping mission to assess how UK MED can support the establishment of an HDU Hospital for the treatment of COVID patients in Nimule in South Sudan.
- Monitoring the submission of operational partner projects at the country office level (NGOs and academic institutions) and activities of technical thematic group with academic institutions.
- There are ongoing discussions for the deployment of UK MED in Chad. UK-Med must discuss with DFID to reach a final agreement, with expansion of the team with two additional persons to support the two hospitals (Farcha and La Renaissance).
- The community component remains a hub of the response and remains the subject of most projects submitted to date to country offices. The WHO Africa Regional Office, through country offices, is open to bilateral exchanges in cases of difficulties encountered in the implementation of its projects.

Human Resources

- Since the outbreak started, a total of 232 experts have been deployed to 39 countries, including the Regional Office in Congo, to support: Coordination (33), Surveillance (19), Laboratory (14), IPC (24), Case Management (19), Point of Entry (5), Epidemiology (11), Risk Com (22), Media Com (10), Logistics (19), Partnership coordination (2), Data Management (15), Information Management Officer (1), SHOC Support (1), Training & Capacity Building (2), Planning & Monitoring (1), technical support to Countries (focal points) (25), Resources Mobilization (2), Planning & Information Management (1), Translator (2), staff wellbeing (1), EOC (1) Technical advisor (1) and Writing and Reporting (1).
- The team is conducting advocacy at higher level for more flexible funding within the region.
- The lockdowns and international flights restrictions in most African countries remain the main challenges affecting the deployment of experts to support national responses.

5. IHR travel measures and cross border health

- WHO recommendations for international traffic in relation to COVID-19 outbreak are available at <https://www.who.int/news-room/articles-detail/updated-who-recommendations-for-international-traffic-in-relation-to-covid-19-outbreak>

WHO continues to monitor IHR measures being implemented by countries in the region:

- All countries in the region are conducting entry screening at the Points of Entries (PoEs), mainly at the airports, with some doing so at seaports and ground crossings.
- Due to movement of goods through the ground crossing, countries have intensified screening at ground crossings, which has led to detection of COVID-19 cases among truck drivers.
- A total of 24 countries are implementing lockdown; nationwide lockdown in 13 countries and lockdown in affected areas in 11 countries.
- Eight countries have started a phased easing of the lockdown measures.

6. Conclusion

The COVID-19 outbreak continues to evolve in the WHO African Region, with the numbers of new cases and deaths rapidly increasing. The pandemic in the region is mainly driven by South Africa, although four other countries (Nigeria, Algeria, Ghana and Cameroon) are also reporting larger number of cases. These five countries account for 72% of all cases and 74% of all deaths.

Many governments are gradually easing their lockdown restrictions, including the reopening of businesses and the gradual reopening of schools; however, restrictions on border crossings and flight operations largely remain in effect. With a few reports from countries on re-introduction of lock down in some countries leading to civil unrest, including attacks on ministry of health vehicles and healthcare workers, there is need for countries to start focusing on protection of responders.

Countries must continue with strong implementation of comprehensive public health measures in order to slow down this rapid growth in cases. The cornerstone of the response in every country is to find, isolate, test and care for every case, and to trace and quarantine every contact. Additionally, communities need to adhere to physical distancing, with good personal hygiene practices and cough etiquette.

Annex 1. Global and Regional time line for COVID-19 as of 30 June 2020

