### WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

#### Week 29: 13 - 19 July 2020

Data as reported by: 17:00; 19 July 2020

<table>
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<tr>
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#### Legend

- Measles
- Monkeypox
- Lassa fever
- Cholera
- cVDPV2
- COVID-19
- Anthrax
- Malaria
- Cases
- Deaths
- Epidemic
- Humanitarian crisis
- Hepatitis E
- Yellow fever
- Dengue fever
- Ebola virus disease
- Chikungunya
- Guinea Worm
- Leishmaniasis
- Plague
- Crimean-Congo haemorrhagic fever
- Countries reported in the document
- Non WHO African Region
- WHO Member States with no reported events

#### Graded events †

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#### Ungraded events

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This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 109 events in the region. This week’s main articles cover the following events:

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

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

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

**Major issues and challenges include:**

- **South Africa** has the highest number of COVID-19 cases and deaths in the WHO African Region, with well-established community transmission. The hot spot of the country’s outbreak has now moved from Western Cape Province to Gauteng Province, which is seeing a rapid rise in numbers of cases and deaths. The increase in Gauteng Province is closely followed by increasing caseloads in Eastern Cape and KwaZulu-Natal provinces, along with a smaller rise in cases in North West Province, the main mining centre in the country. Lockdown measures that previously limited movement of people have now largely been lifted, with the exception of a late night curfew, and with the return to economic activity the main challenges are around reinforcement of messages about physical distancing, putting on cloth masks in public places and hand hygiene practices.

- The **Gambia** has the smallest number of confirmed COVID-19 cases in the African continent, along with the fewest absolute numbers of deaths, albeit with a high case fatality ratio. The country’s main challenge is the risk of importation of cases across land borders, from countries that have a greater number of cases and more community transmission. The incidence of COVID-19 among healthcare workers is also of particular concern, along with inadequate provision of personal protective equipment. Infection prevention and control measures, along with messaging about physical distancing, need urgent intervention.

- The escalating outbreak of EVD in Equateur Province, Democratic Republic of the Congo, is of grave concern, given the increase in incidence cases and geographical spread. This 11th EVD outbreak is complicated by the COVID-19 outbreak, a long-standing measles outbreak and a complex humanitarian crisis in the country. Challenges continue around known confirmed cases still living in the community and contacts lost to follow-up. 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.
EVENT DESCRIPTION
The South Africa COVID-19 outbreak is now ranked fifth in the world, with only the USA, Brazil, India and Russia ahead in terms of case numbers, although reported deaths are relatively low on a global scale. Community transmission is well-established. Gauteng Province has now overtaken the Western Cape as the most affected province, with 133,617 cases (36.7%), compared to Western Cape at 85,928 cases (23.6%). However, Gauteng Province has reported 986 (19.6%) deaths, against the Western Cape’s 2,619 (52%) deaths. Total reported cases in Eastern Cape Province continue to rise rapidly, now at 63,181 cases (17.3%), with KwaZulu-Natal the next most affected province with 43,215 cases (11.9%). North West Province is also reporting relatively large numbers of cases for its population size and density, at 14,006 cases (3.8%), which is probably because of the concentration of workers in the mining industry in the province. Free State (9,993 cases), Mpumalanga (7,129 cases), Limpopo (4,928 cases) and Northern Cape (2,266 cases), with 67 cases unallocated, make up the remaining cases in the country.

As of 19 July 2020, there is a cumulative total of 364,328 cases, with 5,033 deaths (case fatality ratio 1.4%) reported in South Africa, making up more than half the total number of reported cases in the WHO African Region and around 40% of the reported deaths. The number of recoveries so far is 191,059, a recovery rate of 52.4%. Where sex is known, there are 208,343 female cases and 153,735 male cases. The age groups between 25 to 49 years are most affected.

PUBLIC HEALTH ACTIONS
- On 17 July 2020, the Minister of Health announced that the recommended isolation period for those positive for COVID-19 be shortened from 14 days to 10 days in line with WHO guidelines.
- On 17 July 2020, the National Department of Health launched COVID-Connect, the government’s official COVID-19 support service, which is a self-service portal available on cell phones, which works on any mobile device.
- On 12 July 2020, the South African President announced further tightening of lockdown regulations, reinforcing mandatory wearing of cloth masks in public and reintroducing a complete ban on alcohol sales and distribution, which had been lifted on 1 June 2020. The ban on tobacco sales, which has been in place since May 2020, remains.
- A curfew from 21:00 to 04:00 hours was introduced on 13 July 2020.
- Inter-provincial travel is banned except for essential business and for immediate family members to attend funerals; intra-provincial leisure travel, which had resumed at the beginning of June 2020, is once again banned, with only business travel allowed.

SITUATION INTERPRETATION
The massive, rapidly rising caseload in South Africa is of grave concern, even though the reported case fatality ratio remains relatively low. Undoubtedly, the COVID-19 outbreak is putting undue pressure on the country’s healthcare services. With well established community transmission in several provinces, this trend is likely to continue for a few more days to weeks. Although basic public health measures are being promoted by government, in the form of mandatory cloth masks in public, work from home where possible, physical distancing and hand hygiene, it is clear that these messages have not adequately reached densely populated areas. Most people are now back at work and travelling daily on public transport and mixing in offices and shopping malls. Continued economic activity is certainly essential, especially in a developing world country. However, government urgently require massive and wide-reaching community engagement and risk communication strategies to ensure that people who are back at work take notice of the essential public health measures around physical distancing, masks and hand hygiene.
EVENT DESCRIPTION

The first case of COVID-19 in The Gambia was imported on 17 March 2020 and there have been very few sporadic cases reported since then. Notably, the country remains the least affected in the continent. However, the number of confirmed cases has begun to rise in recent times, with a 50% increase observed in the last 20 days. On 16 July 2020, a total of 15 new cases were registered, the highest number reported in a single day, bringing the total number of confirmed and probable cases in the country to 93. Of these 15 new cases, six are linked to current hospital cases and one is an orderly from the same hospital. The remaining cases had arrived in the country from locations with ongoing local transmission, and one new case is a death. Forty-nine patients have recovered, bringing the cumulative number of active cases and probable cases in the country to 44. Of these 15 new cases, six are linked to current hospital cases and one is an orderly from the same hospital. The remaining cases had arrived in the country from locations with ongoing local transmission, and one new case is a death. Forty-nine patients have recovered, bringing the cumulative number of active cases to 44. The country currently has 662 people in quarantine, 40 active cases and three probable cases. Over 80% of confirmed cases have been imported and over 70% of confirmed cases are located in urban areas (Western 1 Health Region).

As of 16 July 2020, there are 93 cases with four deaths (case fatality ratio 4.3%). Of confirmed cases 66% are males with 54% below the age of 40 years. The main airport in The Gambia closed on 28 March 2020, which prevented further importation of cases, until cases started to arise from land border crossings on 21 April 2020. Six of the seven health regions in The Gambia have reported cases. Districts in Upper River Division South are at high risk of importation of cases from neighbouring Senegal.

PUBLIC HEALTH ACTIONS

- Daily coordination meetings are held at central and regional levels.
- Laboratory testing is ongoing and 108 new laboratory tests results were received during the reporting period.
- Risk communication and community engagement is ongoing with three television and 18 radio programmes successfully conducted; influential leaders in 12 communities were engaged in radio phone in programmes across the country; social media is being used for COVID-19 messaging, reaching 31 012 people.

SITUATION INTERPRETATION

The Gambia is currently the least affected country in the African continent. However, their main challenge is the risk of imported cases from neighbouring countries with established community transmission. Other challenges lie in reinforcement of public health messages around crowded events, particularly since Europe’s football leagues have resumed, and the importation of cases via long-distance truck drivers. There are delays around a planned e-surveillance system that would allow real-time response data. There is also concern around the incidence of COVID-19 among healthcare workers. Government urgently needs to address infection prevention and control measures, particularly in healthcare settings and provide adequate personal protective equipment to all health facilities, as well as reinforcing the messages around the dangers associated with large gatherings, hand hygiene and the importance of isolation and quarantine in confirmed cases.
EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in Équateur Province, Democratic Republic of the Congo, continues to evolve, with 19 health areas in six health zones affected. Since our last report (Weekly Bulletin 28), another eight additional confirmed EVD cases have been reported, with two new deaths, one of which was among the newly confirmed cases. One of the new cases confirmed on 16 July 2020 in the Bolomba Health Zone, was not listed as a contact or vaccinated, although there were two suspicious deaths in his close family, including his wife. Further investigations are underway to confirm if this is part of the current transmission chain, or a new outbreak.

As of 16 July 2020, there are a total of 58 cases (54 confirmed and four probable) including 22 deaths (case fatality ratio 37.9%). The case fatality ratio among confirmed cases is 33% (18 deaths/54 confirmed cases). Three health workers are among the confirmed cases, making up 5.2% of all cases. The number of health areas that have reported at least one confirmed or probable case of EVD since the start of this outbreak has risen to 19, in six of the 18 health zones in the province. In the past 21 days (26 June to 16 July 2020), confirmed cases have been reported in 14 health areas across five health zones.

Five out of the six health zones reported contacts on 16 July 2020. Of the 476 new contacts reported, 255 (53.6%) were reported from Bikoro and 192 (40.3%) from Bolomba. Out of 9 299 active contacts, 5 259 (88.7%) had been seen in the previous 24 hours. Of the 179 contacts who were not seen in this 24-hour period, 66 (36.9%) have never been seen, 63 (35.2%) were not seen in the past 24 hours, 27 (15.1%) were away from home and 23 (12.8%) are lost to follow-up. In addition, 36 contacts have become symptomatic, including 21 in Bikoro, nine in Bolomba, four in Mbandaka and two in Iboko. Two contacts completed their follow-up period in Bikoro. Seven health zones reported alert data on 16 July 2020, with 460 new alerts reported, including eight deaths. A total of 560 alerts were reported, of which 459 (82%) were investigated. Of these, 111 (24.2%) were validated as suspected cases and 30 (27%) were investigated.

PUBLIC HEALTH ACTIONS

- On 16 July 2020, an evaluation meeting was held in Lotumbe, during which each partner reported their action plans and there is a planned briefing of response staff on prevention of sexual exploitation and abuse in Mbandaka coordination and the sub-coordinations of Bolomba, Bikoro and Itipo.
- On 16 July 2020, 15 of the 16 active Points of Control (PoCs) reported. A total of 11 684 travellers passed through these PoCs and 11 311 (96.8%) were screened. No alerts were recorded. Since the start of the response activities, 314 289 (92.4%) screenings have been performed among the 340 267 travellers who have passed through the active PoCs. Out of these 11 alerts have been detected, with four validated.
- As of 16 July 2020, 62 samples have been tested in operational laboratories; Bikoro (13), Itipo (158) and Mbandaka (41). One sample was positive for Ebola virus. Since the start of the outbreak a total of 1 308 samples have been tested.
- A total of 430 additional people were vaccinated with rVSV-ZEBOV-GP on 16 July 2020, including 175 high risk contacts, 241 contacts of contacts and 14 probable contacts.
- Since 5 June 2020, a total of 12 640 people has been vaccinated.
- A total of 56 patients, including 11 confirmed patients were managed in the transit centres and Ebola treatment centres in affected areas as of 16 July 2020, with bed occupancy at 50%. The treatment centre in Itipo, Iboko was full.
- Nine confirmed cases of EVD remain in the community, including three in Bikoro, two in Lotumbe, one in Bolomba, two in Mbandaka and one in Wangata.
- Three community death alerts were raised in Mbandaka and Bikoro health zones, with two safe and dignified burials conducted.
- As of 16 July 2020, infection prevention and control (IPC) monitoring and support was provided in 19 health facilities in Wangata, Bolomba, Bolenge and Mbandaka; 71 providers were briefed on the importance of triage, hand hygiene, infection safety and waste management; 66 households in Mbandaka and Bikoro as well as 21 health facilities in Bolenge, Bolomba, Mbandaka and Wangata received IPC kits, and one health facility in Bikoro and five households in Bikoro, Bolomba and Mbandaka were decontaminated. Five health facilities in Mbandaka Health Zone were evaluated, receiving an average score of 27.2%.
- Risk communication, mobilization and community engagement continues, with 25 motorcyclists from Ipeko health area, Mbandaka briefed on EVD prevention; community dialogues on perception of EVD and strengthening community awareness were held on 16 July 2020 in Mbandaka and Wangata health zones, with the participation of 75 street leaders and 25 youth leaders. Community action groups also visited 1 235 households and provided educational talks.

SITUATION INTERPRETATION

The EVD outbreak in Équateur Province is escalating, with increasing confirmed cases along with geographical spread to new health areas. The continued presence of confirmed cases in the community is of particular concern, with the risk of further transmission arising as a result, along with contacts completely lost to follow-up. The large numbers of travellers being screened show how busy this area of the country is, with easy links by river to the rest of the region. However, all pillars of response are active in all affected areas and robust public health measures continue to be implemented, along with ring vaccination. These efforts must be sustained, with a strong and robust surveillance system in place to detect, isolate and treat new suspected cases early to break new chains of transmission. Full community engagement is vital to this response, particularly in the face of the COVID-19 outbreak in the country, which requires the same robust public health measures and strong community engagement.
Major issues and challenges

The large and rapidly increasing COVID-19 outbreak in South Africa, the largest in the Region, and fifth globally, is of grave concern. Public health measures such as physical distancing, mask wearing and hand hygiene are in place, but with the very necessary return to economic activity of most of the population, these measures need to be reinforced.

The Gambia, although it has the lowest incidence of COVID-19 in the Region, is vulnerable to imported cases from neighbouring countries. They also face challenges around public health messages around large gatherings and general hand hygiene, as well as inadequate funds for sustaining government quarantine facilities and a rising incidence of cases among healthcare workers.

The Ebola virus disease outbreak in Équateur Province, Democratic Republic of the Congo, continues to spread rapidly, with new health areas affected in the past week. There are still confirmed cases at large in the community, making it difficult to break chains of transmission. The COVID-19 outbreak in the country is also showing rising case incidence, with Democratic Republic of the Congo now in ninth position in the WHO African Region, which means that the country’s response mechanisms are likely to be particularly burdened by simultaneous outbreaks of major infectious diseases.

Proposed actions

The government and all stakeholders in South Africa urgently need to implement massive and wide-reaching community engagement and risk communication strategies to ensure that people take notice of essential public health measures such as physical distancing, mask wearing and hand hygiene. There is also an urgent need to rapidly and widely scale up other components of the response, including treatment facilities, laboratory testing capacity and provision of essential medical supplies and PPE.

Authorities in The Gambia need to step up efforts to screen, trace and control importation of COVID-19 cases from more affected neighbouring countries. Alternative sources of funding for quarantine centres need to be sourced, as does personal protective equipment to stem the increase in cases in healthcare workers. Local and national authorities need to engage with the community to reinforce public health messages around physical distancing and hand hygiene.

The ongoing 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. The response to EVD should be linked to existing COVID-19 activities in order to use resources efficiently. These efforts should be encouraged and supported nationally and by partners.
From 25 February to 19 July 2020, a total of 23 084 confirmed cases of COVID-19 with 1 078 deaths (CFR 4.7 %) have been reported from Algeria. A total of 16 051 cases have recovered. Most of the cases have been reported from the Wilaya of Bida. The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 19 July 2020, a total of 705 confirmed COVID-19 case have been reported in the country with 29 deaths and 221 recoveries.

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Zaire province making it the third case in 2020. The total number of 2019 cases remain 130. These cases are from several outbreaks which occurred in 2019.

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

From 17 February to 15 May 2020, a total of 4 confirmed cases of Lassa fever have been reported including one death in Tchaourou commune in Borgou department of Benin. One death was recorded on 18 February 2020 in the index case and a safe and dignified burial has been conducted. All cases are residents of Bukuro city, Kwara state, Nigeria. A total of 34 contacts, including 25 healthcare workers, are under follow-up.

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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 942 040 internally displaced persons registered as of 23 June 2020 in all 13 regions in the country. Presence of jihadist groups and self-defence units have created an increasingly volatile security situation. Humanitarian access is restricted in Sahel, North, Centre-North and East regions, while IDP numbers are rising, along with protection concerns. Armed insurgent groups carried out three attacks on civilians and aid workers over 29-30 May 2020. The provisional death toll is 50 people, including at least one humanitarian worker. Health services are severely affected and as of 13 January 2020, according to the report of the Ministry of Health, 9.5% (n=121) of the health facilities located in the six regions affected by insecurity are closed, thus depriving more than 1.5 million people of health care, and 11.9% (n=152) have reduced their services to a minimum, following insecurity. Heavy rains on 5 June caused flooding in several communes of Centre Nord region, including Kongoussi; already affected by the 19 April flooding, Pensa, and Barsalogho. Flooding destroyed 669 shelters and damaged another 2 900. Around 140 000 IDPs are hosted in the affected communes. 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 Titaou.

Burundi has been experiencing measles outbreaks since November 2019 in camps hosting Congolese refugees and has recently been spreading in the host community in the district of Cibitoke. As of April 2020, Burundi has reported a total of 857 confirmed measles cases of which 56 are lab-confirmed and the rest were clinically compatible cases and epidemiologically linked. There have been no deaths reported. The geographic distribution of the cases is: Cibitoke (624 cases), Butezï (221 cases), Gankuzo (6 cases) and South Bujumbura (6 cases). No new cases have been reported in South district of Bujumbura and Cankuzo since December 2019. The last cases were reported in Butezi on 2 March 2020.
Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by the Boko Haram group resulting in significant population displacement. A total of 14 women and 2 men were abducted by Boko Haram insurgents in Mainkoua village bordering Nigeria in Cameroon’s Far North on 23 June. Since 1 January 2020, there have been 38 attacks by alleged Boko Haram insurgents, resulting in 20 missing people, 95 injuries and 76 deaths. Two health facilities have been attacked, with one destroyed, along with attacks on health workers, with two deaths and one injury reported. Flood waters have receded in Mada and Makary health districts, potentially making them more vulnerable to security incidents. Maroua, the regional capital of Far North is on alert. The Minawao Refugee Camp in the Mokolo Health District continues to host Nigerian refugees, with spontaneous refugee arrivals being recorded weekly.

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The humanitarian situation in the Northwest and Southwest (NW & SW) regions of Cameroon continues to deteriorate with rising tensions between separatists and military forces despite calls for a COVID-19 ceasefire by the UN Secretary General. The Southern Cameroonian Defence Forces (SOPCAM) is the only non-state armed group (NSAG) that yielded to the UN Secretary General’s call for a ceasefire as a result of the pandemic. An estimated 3 889 persons (604 households) in the NWSW were displaced as a result of continued violence in March alone. Seventy percent (2 751 persons; 415 households) of the displaced are from the NW and the remaining 30% from the SW region. Since January 2020, there has been an upsurge in violence especially in the NW region affecting mostly women and children. Attacks on humanitarian workers in NW and SW Cameroon are increasing. Shelter, NFI (Non-Food Items), protection and food continue to be the most urgent needs of the displaced populations.

The cholera outbreak is ongoing in Cameroon affecting four regions, namely Littoral, Southwest, South and Centre regions. A total of 73 new suspected cholera cases and 6 new deaths were reported in South region (71 suspected cases and 4 deaths) and centre region (2 suspected cases and 2 deaths) from 19 June to 2 July 2020. Since the beginning of this outbreak in January to 3 July, 2020, a total of 980 cholera cases, including 39 confirmed cases and 45 deaths (29 in the hospitals and 16 in the community) (CFR: 4.6%) were reported in four regions. Most cases were reported in the Littoral region (563 suspected cases and 30 deaths), followed by the South region (344 suspected cases and 12 deaths). In 2019, only the Far North, North and Southwest regions were affected by the cholera outbreak.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 17 July 2020, there are a total of 4 485 confirmed cases and 14 037 recoveries.

A measles outbreak is ongoing in Cameroon, since 1 January 2020 to-date, a total of 1 175 confirmed cases have been reported. Of these, 594 were confirmed as IgM-positive and 581 by epidemiological link. The outbreak is currently affecting 78 over 189 districts (41%) in 8 out of 10 regions in the country (Northwest and Southwest regions are not affected). A total of 11 cases were reported to-date in six districts, namely Kribi (4 cases), Gashiga (2 cases), Betaré Oya (1 case), Kolofata (2 cases), Awae (1 case), Ngaoundal (1 case). Fifty percent of cases are 5 years old and above and 14% are less than 9-months old. Seventy-four confirmed cases are not vaccinated.

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Period in 2019. From week 24 to 27 of 2020, 92% of the cases have been reported from four provinces: North-Kivu, South-Kivu, Haut-Katanga, and Haut Lomami.

Deaths were notified in 34 health zones (8 provinces) in the country. While 345 cases including 0 deaths were reported in 37 Health Zones (11 provinces) in the same period, a total of 8 897 suspected cases and 39 deaths (CFR 0.5%) have been reported from Beboto, Kyabe, Goundi, Kelo, Kelo, and Lomani.

In week 27 (week ending 5 July 2020), 11 suspected cases were reported. Five districts were in the epidemic phase during the week. Since the beginning of the year, a total of 8 397 suspected cases and 39 deaths (CFR 0.5%) have been reported from Beboto, Kyabe, Goundi, Kelo, and Kelo.

The cholera outbreak situation in the Democratic Republic of the Congo is improving. During week 27 (week ending 5 July 2020), a total of 247 cases of cholera and 6 deaths were notified in 34 health zones (8 provinces) in the country. While 345 cases including 0 deaths were reported in 37 Health Zones (11 provinces) in the same period in 2019. From week 24 to 27 of 2020, 92% of the cases have been reported from four provinces: North-Kivu, South-Kivu, Haut-Katanga, and Haut Lomami. 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 18 July 2020, 8 402 confirmed cases and 170 deaths have been reported, for a total of 8 403 cases, including 193 deaths and 4 335 recoveries.

Democratic Republic of the Congo (COVID-19)
- Grade: Grade 3
- Date notified to WCO: 10-Mar-20
- Start of reporting period: 10-Mar-20
- End of reporting period: 18-Jul-20
- Total cases: 8 403
- Confirmed deaths: 193
- CFR: 2.30%

In week 27 (week ending 5 July 2020), 830 measles cases including 10 deaths (CFR 1.2%) were reported across the country. The provinces that reported majority of cases include Sankuru (431 cases), South Ubangi (82 cases), Maindombe (74 cases), North Kivu (53 cases) and North Ubangi (44 cases). Over the past four weeks (weeks 24 to 27) provinces that notified most cases are: Sankuru (1 468 cases), Maindombe (289 cases), North Kivu (182 cases), and North Ubangi (169 cases). Since 2019 a total of 378 031 measles cases and 6 974 deaths (CFR 1.8%) have been reported in the country.

Democratic Republic of the Congo (Measles)
- Grade: Grade 2
- Date notified to WCO: 10-Jan-17
- Start of reporting period: 10-Jan-20
- End of reporting period: 5-Jul-20
- Total cases: 66 608
- Confirmed deaths: 943
- CFR: 1.40%

In week 27 (week ending 5 July 2020), a total of 115 suspected cases of monkeypox with four deaths were reported across the country compared to 85 cases the preceding week. Between week 1 and week 27, a total of 2 591 suspected cases including 97 deaths were reported in the country. Between weeks 1 and 52 of 2019 a cumulative total of 5 288 monkeypox cases, including 107 deaths (CFR: 2%) were reported from 133 health zones in 19 provinces. One major challenge to the current emergency include acquiring the required funding to respond to all the multiple ongoing outbreaks in the country.

Democratic Republic of the Congo (Monkeypox)
- Grade: Ungraded
- Date notified to WCO: n/a
- Start of reporting period: 1-Jan-20
- End of reporting period: 5-Jul-20
- Total cases: 2 591
- Confirmed deaths: 97
- CFR: 3.70%

No new cVDPV2 case was reported in the past week. A total of 18 cases have been reported in 2020 while the total number of 2 019 cases remains 88. There were 20 cases reported in 2018. The country continues to be affected by several other genetically distinct cVDPV2s (notably in Kasai, Kwilu, Kwango and Sankuru provinces).

Democratic Republic of the Congo (Poliomyelitis (cVDPV2))
- Grade: Grade 2
- Date notified to WCO: 15-Feb-18
- Start of reporting period: 1-Jan-18
- End of reporting period: 14-Jul-20
- Total cases: 126
- Confirmed deaths: 0
- CFR: 0.00%

The Ituri province is notifying an upsurge of plague cases in the health zone of Rethy. From 11 June to 15 July 2020, a total of 45 cases with 9 deaths (CFR 20%) were notified in 5 over 22 health areas of Rethy health zone. The plague outbreak is endemic in Ituri province. Since the beginning of 2020 to-date, Ituri Province has reported a total of 70 cases and 16 deaths (CFR 22.9%) in 5 health zones, namely Aungba, Linga, Rethy, Aru and Kambala. In 2019, from week 1 to 52, a total of 48 cases of bubonic plague including eight deaths were reported in the country.

Democratic Republic of the Congo (Plague)
- Grade: Ungraded
- Date notified to WCO: 12-Mar-19
- Start of reporting period: 1-Jan-20
- End of reporting period: 5-Jul-20
- Total cases: 70
- Confirmed deaths: 16
- CFR: 22.90%

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 16 July 2020, a total of 251 confirmed COVID-19 cases with no deaths were reported in the country.

Eritrea (COVID-19)
- Grade: Grade 3
- Date notified to WCO: 21-Mar-20
- Start of reporting period: 21-Mar-20
- End of reporting period: 16-Jul-20
- Total cases: 251
- Confirmed deaths: 0
- CFR: 0.00%

The first COVID-19 confirmed case was reported in the kingdom of Eswatini on 21 March 2020. As of 19 July 2020, a total of 1 793 confirmed COVID-19 cases including 193 deaths and 4 335 recoveries.

Eswatini (COVID-19)
- Grade: Grade 3
- Date notified to WCO: 13-Mar-20
- Start of reporting period: 13-Mar-20
- End of reporting period: 19-Jul-20
- Total cases: 1 793
- Confirmed deaths: 193
- CFR: 21.00%

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 19 July 2020, a total of 1 793 confirmed COVID-19 cases and 193 deaths have been reported in the country including 422 recoveries. Twenty-one associated deaths have been reported.

Ethiopia (Cholera)
- Grade: Ungraded
- Date notified to WCO: 14-May-19
- Start of reporting period: 12-May-20
- End of reporting period: 5-Jul-20
- Total cases: 11 427
- Confirmed deaths: 176
- CFR: 1.50%

In week 27 (week ending 5 July 2020), 989 new suspected cases with 41 associated deaths were reported. Since the beginning of the year, a total of 11 427 cases with 176 associated deaths have been reported from five woredas in SNNP and two woredas in Oromia regions.

Ethiopia (Cholera)
- Grade: Grade 3
- Date notified to WCO: 13-Mar-20
- Start of reporting period: 13-Mar-20
- End of reporting period: 19-Jul-20
- Total cases: 10 207
- Confirmed deaths: 176
- CFR: 1.70%

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 10 207 cases of COVID-19 as of 19 July 2020, 170 deaths and 5 137 recoveries have been reported.

Ethiopia (Guinea Worm Disease)
- Grade: Ungraded
- Date notified to WCO: 3-Apr-20
- Start of reporting period: 3-Apr-20
- End of reporting period: 28-Jun-20
- Total cases: 7
- Confirmed deaths: 0
- CFR: 0.00%

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 of 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.

Ethiopia (Measles)
- Grade: Ungraded
- Date notified to WCO: 14-Jan-17
- Start of reporting period: 1-Jan-19
- End of reporting period: 26-Apr-20
- Total cases: 1 873
- Confirmed deaths: -
- CFR: -

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.
### Health Emergency Information and Risk Assessment

**Country** | **Event** | **Grade** | **Date notified to WCO** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR**
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
**Ethiopia** | Poliomyelitis (cVDPV2) | Ungraded | 24-Jun-19 | 20-May-19 | 14-Jul-20 | 27 | 27 | 0 | 0.00%

No cVDPV2 cases were reported this week. There have been 27 cases reported in Ethiopia since 2019. So far 14 cases have been reported in 2020. There were 13 cases in 2019.

**Gabon** | COVID-19 | Grade 3 | 12-Mar-20 | 12-Mar-20 | 15-Jul-20 | 6 121 | 6 121 | 46 | 0.80%

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 15 July 2020, a total of 6 121 cases including 46 deaths and 3 664 recovered have been reported in the country.

**Gambia** | COVID-19 | Grade 3 | 17-Mar-20 | 17-Mar-20 | 16-Jul-20 | 93 | 93 | 4 | 4.30%

Detailed update given above.

**Ghana** | COVID-19 | Grade 3 | 12-Mar-20 | 12-Mar-20 | 16-Jul-20 | 27 667 | 27 667 | 148 | 0.50%

On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. As of 16 July 2020, a total of 27 667 cases including 148 deaths and 23 249 recoveries have been reported in the country.

**Ghana** | Poliomyelitis (cVDPV2) | Grade 2 | 9-Jul-19 | 8-Jul-19 | 14-Jul-20 | 29 | 29 | 0 | 0.00%

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

**Guinea** | COVID-19 | Grade 3 | 13-Mar-20 | 13-Mar-20 | 19-Jul-20 | 6 544 | 6 544 | 39 | 0.60%

The Ministry of health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 19 July 2020, a total of 6 544 cases including 5 511 recovered cases and 39 deaths have been reported in the country.

**Guinea-Bissau** | COVID-19 | Grade 3 | 25-Mar-20 | 25-Mar-20 | 9-Jul-20 | 1 842 | 1 842 | 25 | 1.40%

On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 9 July 2020, the country has 1 842 confirmed cases of COVID-19 with 873 recoveries and 25 deaths.

**Kenya** | Cholera | Ungraded | 21-Jan-19 | 1-Jan-20 | 12-Jul-20 | 692 | 27 | 13 | 1.90%

In week 28 (week ending 12 July 2020), seven new suspected cases were reported from Garissa and Turkana counties. Since 1 January 2020, cholera outbreak has been reported in five counties namely: Garissa, Marsabit, Muranga, Turkana and Wajir. Cumulatively, a total of 692 cases with 13 deaths has been reported. Turkana County has reported a fourth wave since the beginning of the year. The outbreak is currently active in Garissa and Turkana counties.

**Kenya** | COVID-19 | Grade 3 | 13-Mar-20 | 13-Mar-20 | 19-Jul-20 | 13 353 | 13 353 | 234 | 1.80%

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 cases in the country. As of 19 July 2020, 13 353 confirmed COVID-19 cases including 234 deaths and 5 122 recoveries have been reported in the country.

**Kenya** | Leishmaniasis | Ungraded | 31-Mar-19 | 3-Jan-20 | 12-Jul-20 | 224 | 102 | 7 | 3.10%

In week 28 (week ending 12 July 2020), 14 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** | Measles | Ungraded | 6-May-19 | 20-Oct-19 | 12-Jul-20 | 424 | 48 | 2 | 0.50%

As of 12 July 2020, a total of 323 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), Kilifi (5 confirmed cases) and Wajir (7 total confirmed cases).

**Liberia** | COVID-19 | Grade 3 | 16-Mar-20 | 16-Mar-20 | 18-Jul-20 | 1 091 | 1 091 | 70 | 6.40%

Since the last update on 11 July 2020, a total of 81 new cases including 19 deaths have been reported. From 16 March to 18 July 2020, a total of 1 091 cases including 70 deaths have been reported from 14 out of the 15 counties of Liberia. Montserrado County which hosts the country’s capital city remains at the epicentre of the outbreak. A total of 534 case-patients have recovered.

**Liberia** | Lassa fever | Ungraded | 23-Jan-19 | 1-Jan-20 | 12-Jul-20 | 40 | 40 | 18 | 45.00%

No new confirmed case was reported during week 28 (week ending 12 July 2020). Of 146 suspected cases reported across the country from 1 January to 12 July 2020, 40 were confirmed. A total of 18 deaths (CFR 45.0%) have been reported among the confirmed cases.

**Lesotho** | COVID-19 | Grade 3 | 13-May-20 | 13-May-20 | 17-Jul-20 | 359 | 359 | 6 | 1.70%

On 13 May 2020, WHO was notified of the first confirmed COVID-19 case in Lesotho. As of 17 July, 359 cases of COVID-19 have been reported, including 69 recoveries and 6 deaths.

**Liberia** | Measles | Ungraded | 24-Sep-17 | 1-Jan-19 | 5-Jul-20 | 694 | 87 | 3 | 0.40%

In week 27 (week ending 5 July 2020), 17 suspected cases were reported from 6 out of 15 counties across the country. Since the beginning of 2020, 694 cases with 3 associated deaths have been reported across the country, of which 87 are laboratory-confirmed, 228 are epi-linked, and 225 are clinically confirmed.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tr>
<td>Madagascar</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>12-Jul-20</td>
<td>4 867</td>
<td>4 867</td>
<td>35</td>
<td>0.70%</td>
</tr>
</tbody>
</table>
| Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 12 July 2020, a total of 4 867 cases have been reported in the country, out of which 2 378 have recovered and 35 deaths have been reported in the country.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 19 July 2020, the country has a total of 2 992 confirmed cases with 62 deaths and 1 153 recoveries.

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

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 19 July 2020, a total of 2 475 confirmed COVID-19 cases have been reported in the country including 121 deaths and 1 828 recoveries.

During week 27 (week ending on 5 Jul 2020), 6 suspected cases of measles were reported from two regions in the country. Four samples were confirmed IgM-positive during the week. Since 1 January 2020, 657 suspected cases, 324 of which were confirmed have been reported. No associated deaths have been reported so far.

As of 7 June 2020, a total of 82 suspected cases have been reported including 4 confirmed cases and 1 death. The cumulative epidemiological situation in 2019 included 78 suspected cases including four 4 confirmed cases and three deaths (CFR - 75%). Confirmed cases of yellow fever, were reported from the Sikasso and Koulikoro regions.

The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 19 July 2020, a total of 5 873 cases including 155 deaths and 3 436 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 Mederdra in the district of Tiguint in the wilaya of Tizra. 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 an 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 Edebyae).

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 19 July 2020, a total of 343 confirmed COVID-19 cases including ten deaths and 331 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, Membra, Nacala-à-Velha, Nacaroa, Namialo, Ribawé, Monapo, Larde, Ancoche 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 pema city are affected.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 12 July 2020, a total of 1 157 confirmed COVID-19 cases were reported in the country including nine deaths and 364 recoveries.

Measles outbreak in six districts of Zambezia. The outbreak was diagnosed in March at the Nauela Administrative Post, Alto Molóccu district. So far there are 17 cases of measles in children under the age of 14 in Alto Molóccu, Pebane, Mocuba, Luabo Mopeia and Ile districts; 35 measles cases have been reported in the districts of Chiure, Namuno, Montepuez, Ancasabe and Metuge in Cabo Delgado.
### Nigeria

**Measles**

- **Ungraded**
- **Grade**
- **Start of reporting period**
- **End of reporting period**
- **Total cases**
- **Cases Confirmed**
- **Deaths**
- **CFR**

From week 1 to 18 of 2020, Niger reported a total measles suspected case count of 1,898 of which there were 477 confirmed cases with 230 being lab confirmed (IgM positive) and 7 deaths in 8 regions: Agadez (50 cases, 0 deaths), Diffa (4 cases, 0 deaths), Dosso (27 cases, 2 deaths), Maradi (98 cases, 2 deaths), Niamey (23 cases, 0 death), Tahoua (62 cases, 1 death), Tillabery (67 cases, 0 deaths) and Zinder (146 cases, 2 deaths). In 2019 a total of 10,207 suspected measles cases were reported across the country. A total of 1,014 recoveries have been reported from the country.

Since the last update on 12 July 2020, five (5) new cases with one death were reported. From 19 March to 19 July 2020, a total of 1104 cases with 69 deaths have been reported across the country. A total of 1014 recoveries have been reported from the country.

#### From 1 to 18 of 2020

- **Total cases**: 1,898
- **Confirmed cases**: 477
- **Deaths**: 7
- **CFR**: 0.40%

#### Between 2 March 2020 and 12 July 2020

- **Total cases**: 1104
- **Deaths**: 69
- **CFR**: 6.30%

### Senegal

**COVID-19**

- **Grade**: 3
- **Start of reporting period**: 2-Mar-20
- **End of reporting period**: 7-Jun-20
- **Total cases**: 420
- **Cases Confirmed**: 14
- **Deaths**: 7
- **CFR**: 1.67%

Between 13 March and 20 April 2020, Senegal reported 881 confirmed cases of COVID-19 including 78 deaths and 15105 recovered cases have been reported in the country.

### Nigeria COVID-19

- **Grade**: 3
- **Start of reporting period**: 19-Mar-20
- **End of reporting period**: 19-Jul-20
- **Total cases**: 1,104
- **Cases Confirmed**: 1,104
- **Deaths**: 69
- **CFR**: 6.30%

Since the last update on 12 July 2020, five (5) new cases with one death were reported. From 19 March to 19 July 2020, a total of 1104 cases with 69 deaths have been reported across the country. A total of 1014 recoveries have been reported from the country.

### Nigeria

**Measles**

- **Ungraded**
- **Grade**
- **Start of reporting period**
- **End of reporting period**
- **Total cases**
- **Cases Confirmed**
- **Deaths**
- **CFR**

From week 1 to 18 of 2020, Niger reported a total measles suspected case count of 1,898 of which there were 477 confirmed cases with 230 being lab confirmed (IgM positive) and 7 deaths in 8 regions: Agadez (50 cases, 0 deaths), Diffa (4 cases, 0 deaths), Dosso (27 cases, 2 deaths), Maradi (98 cases, 2 deaths), Niamey (23 cases, 0 death), Tahoua (62 cases, 1 death), Tillabery (67 cases, 0 deaths) and Zinder (146 cases, 2 deaths). In 2019 a total of 10,207 suspected measles cases were reported across the country. A total of 1,014 recoveries have been reported from the country.

Since the last update on 12 July 2020, five (5) new cases with one death were reported. From 19 March to 19 July 2020, a total of 1104 cases with 69 deaths have been reported across the country. A total of 1014 recoveries have been reported from the country.

#### From 1 to 18 of 2020

- **Total cases**: 1,898
- **Confirmed cases**: 477
- **Deaths**: 7
- **CFR**: 0.40%

#### Between 2 March 2020 and 12 July 2020

- **Total cases**: 1104
- **Deaths**: 69
- **CFR**: 6.30%

### Rwanda

**COVID-19**

- **Grade**: 3
- **Start of reporting period**: 14-Mar-20
- **End of reporting period**: 19-Jul-20
- **Total cases**: 1,582
- **Cases Confirmed**: 1,582
- **Deaths**: 5
- **CFR**: 0.30%

Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 19 July 2020, a total of 1,582 cases with five deaths and 834 recovered cases have been reported in the country.
### Health Emergency Information and Risk Assessment

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<thead>
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<td>364 328</td>
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</tbody>
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#### Detailed update given above.

**South Sudan**

- **Humanitarian crisis**: Protracted 3 - 15-Aug-16 - 30-Jun-20
- **COVID-19**: Grade 3 - 5-Apr-20 - 2-Apr-20 - 19-Jul-20 - 2 211 - 2 200 - 45 - 2.00%

The humanitarian situation has escalated in recent weeks with recent armed inter-communal fighting in several parts of the country. On 22 June 2020 in Pibor town causing displacement toward Verteth and Labarab. A presidential committee has been set up in response to the recent escalation. Floods in Bor South and Panyijiar counties also continue to cause displacement of over 13 000 persons.

**South Sudan**

- **COVID-19**: Grade 3 - 5-Apr-20 - 2-Apr-20 - 19-Jul-20 - 2 211 - 2 200 - 45 - 2.00%

On 5 April 2020, the Ministry of Health of South Sudan has reported the country’s first case of COVID-19. As of 18 July 2020, a total of 2 211 confirmed COVID-19 cases were reported in the country including 45 deaths and 1 180 recovered cases.

**South Sudan**

- **Hepatitis E**: Ungraded - 3-Jan-19 - 21-Jun-20 - 337 - 41 - 2 - 0.60%

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 337 cases of Hepatitis E including two deaths have been reported from South Sudan, mostly from Bentiu POC (325 total cases), and a total of 12 suspected cases including 4 confirmed cases in Lankein. The last case in Lankein was reported in week 25 (week ending on 23 June 2019).

**South Sudan**

- **Measles**: Ungraded - 24-Nov-18 - 19-Sep-19 - 21-Jun-20 - 916 - 50 - 2 - 0.20%

Between week 38 of 2019 to week 25 of 2020, a total of 916 suspected cases of measles which 50 laboratory-confirmed and 2 deaths (CFR 0.6%) have been reported. The outbreak has affected six counties (Tonj East, Magui, Bor, Kapoeta East, Aweil East and Wau) and Bentiu Protection of Civilians Sites (POC).

**Tanzania, United Republic of**

- **COVID-19**: Grade 3 - 16-Mar-20 - 16-Mar-20 - 19-Jul-20 - 509 - 509 - 21 - 4.10%

The Ministry of Health, Community Health Community Development, Gender, Elderly and Children (MOHCDGEC) in Tanzania has reported the country’s first case of COVID-19 on 16 March 2020. As of 19 July 2020, a total of 509 cases have been reported in the country including 21 deaths and 180 recovered cases. Tanzania mainland last reported a confirmed case on 29 April 2020.

**Togo**

- **COVID-19**: Grade 3 - 6-Mar-20 - 1-Mar-20 - 19-Jul-20 - 774 - 774 - 15 - 1.90%

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 19 July 2020, a total of 774 cases including 15 deaths and 548 recovered cases have been reported in the country.

**Togo**

- **Poliomyelitis (cVDPV2)**: Grade 2 - 18-Oct-19 - 13-Sep-19 - 14-Jul-20 - 17 - 17 - 0 - 0.00%

No new case of cVDPV2 was reported during the past week. There have been nine cases so far in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.

**Togo**

- **Yellow Fever**: Ungraded - 4-Feb-20 - 3-Feb-20 - 5-Jun-20 - 1 - 1 - 1 - 100.00%

On 28 April 2020, WHO received information regarding a confirmed yellow fever case in Mngo 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 35-year-old female with no travel or vaccination history for yellow fever. On 3 February 2020, she presented to a health facility with symptoms of fever with aches. The following day she developed jaundice and a blood sample was taken and transported to the national laboratory as yellow fever was suspected. The case-patient died three days later while receiving treatment. On 17 March, the sample tested IgM positive for yellow fever. On 22 March 2020, an in-depth multi-disciplinary investigation was conducted, and no additional case was detected.

**Uganda**

- **Humanitarian crisis - refugee**: Ungraded - 20-Jul-17 - - - - -

Between 1 and 30 June 2020, a total of 3 056 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo (3 056), South Sudan (0) and Burundi (0). Uganda hosted 1 425 040 asylum seekers as of 30 June 2020, 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.

**Uganda**

- **Cholera**: Ungraded - 11-May-20 - 29-Apr-20 - 11-Jun-20 - 682 - 17 - 6 - 0.90%

On 11 May 2020, a cholera outbreak was confirmed in Moroto district. The index case was a 17-year-old male patient from Natapar Kocuc Village, Loputuk parish, Nadunget Subcounty who was seen on 29 April 2020 with acute watery diarrhoea and severe dehydration. On 4 May 2020 more cases with similar symptoms from the same location with the index case were seen and cholera was suspected. On 11 May 2020, CPHL confirming Vibrio cholerae serotype 01 Inaba detected 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.

**Uganda**

- **COVID-19**: Grade 3 - 21-Mar-20 - 21-Mar-20 - 18-Jul-20 - 1 065 - 1 065 - 0 - -

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 18 July 2020, a total of 1 065 confirmed COVID-19 cases, 972 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-20</td>
<td>18-Mar-20</td>
<td>18-Jul-20</td>
<td>2 980</td>
<td>2 980</td>
<td>120</td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>17-Oct-19</td>
<td>16-Jul-19</td>
<td>14-Jul-20</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>6-May-19</td>
<td>14-Jun-20</td>
<td>319</td>
<td>1</td>
<td>0.30%</td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>19-Jul-20</td>
<td>1 611</td>
<td>1 611</td>
<td>25</td>
<td>1.60%</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Malaria</td>
<td>Ungraded</td>
<td>8-Mar-20</td>
<td>1-Jan-20</td>
<td>4-May-20</td>
<td>236 865</td>
<td>236 865</td>
<td>226</td>
<td>0.10%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>3-Mar-20</td>
<td>3-Mar-20</td>
<td>6-Apr-20</td>
<td>85</td>
<td>2</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 7 July 2020, a total of 1 895 confirmed COVID-19 cases were reported in the country including 42 deaths and 1 412 recovered cases.

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

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

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 120 738 cases and 109 deaths were reported, and 2019, when 137 843 cases and 137 deaths were reported. The outbreaks are densely clustered in the eastern districts and scattered in the southern and northern districts of the country (highly affected provinces are Manicaland, Mash East, Mash Central). Health Facilities in affected areas face the overwhelming malaria situation in the context of COVID 19 pandemic. The surge of cases poses negative impact on elimination efforts in 28 districts.

On 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 18 July 2020, no updates on new cases have been reported.

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

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