WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 29: 13 - 19 July 2020 Data as reported by: 17:00; 19 July 2020



New event

109
Ongoing events

99 Outbreaks

10
Humanitarian crises



Grade 3 events

Protracted 3 events

Grade 2 events

2
Protracted 2 events

Grade 1 events

Protracted 1 events

3/ Ungraded events

Overview

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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:

- Ocronavirus disease 2019 (COVID-19) in South Africa
- Ocronavirus 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.

Ongoing events

Coronavirus disease 2019

South Africa

364 328 : 5 033 **Deaths**

1.4% **CFR**

EVENT DESCRIPTION

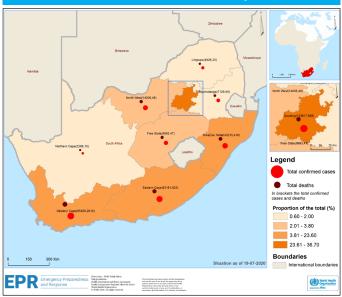
The South Africa COVID-19 outbreak is now ranked fifth in the world, with only the USA, Brazil, India and Russia ahead in terms of case numbers, although reported deaths are relatively low on a global scale. Community transmission is well-established. Gauteng Province has now overtaken the Western Cape 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.

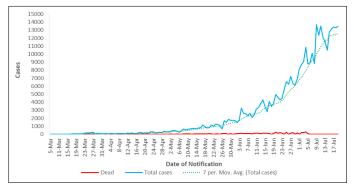
PUBLIC HEALTH ACTIONS

- 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; intraprovincial leisure travel, which had resumed at the beginning of June 2020, is once again banned, with only business travel allowed.





The distribution of confirmed COVID-19 cases, deaths and the 7-day moving average for South Africa by date of notification, 5 March – 19 July 2020 (n=364 328)



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 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.

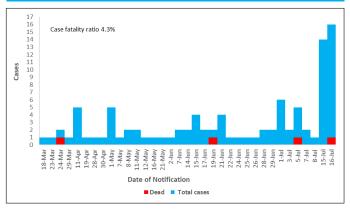
PUBLIC HEALTH ACTIONS

- 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.

Geographical distribution of confirmed coronaviris disease 2019 cases and deaths in The Gambia, 18 March - 19 July 2020



The distribution of confirmed COVID-19 cases and deaths in The Gambia, 18 March - 19 July 2020



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.

58 22 **Deaths** Cases

37.9%

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.

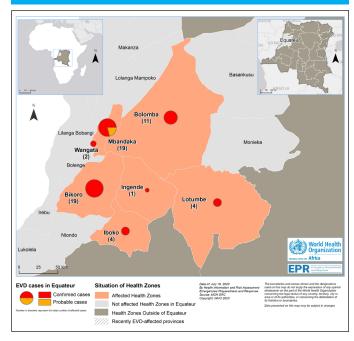
As of 16 July 2020, there are a total of 58 cases (54 confirmed and four probable) including 22 deaths (case fatality ratio 37.9%). The case fatality ratio among confirmed cases is 33% (18 deaths/54 confirmed cases). Three health workers are among the confirmed cases, making up 5.2% of all cases. The 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 5 929 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 Bolomboa, four in Mbandaka and two in Iboko. Two contacts completed their follow-up period in Bolomba. 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 were received 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

Geographical distribution of confirmed Ebola virus disease cases reported from 16 July 2020, Équateur Province, Democratic Republic of the Congo



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, injection 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, Bolemba 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 new 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.

Go to map of the outbreaks

Summary of major issues, challenges and proposed actions

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 guarantine 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.

All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	19-Jul-20	23 084	23 084	1 078	4.70%
rom 25 Febru ases have rec	ary to 19 July 20 overed. Most of t	20, a total of 23 he cases have t	3 084 confirmed open reported fro	cases of COVID- om the Wilaya of	19 with 1 078 deat Blida.	hs (CFR 4.7 %)	have been repo	rted from Algeria. A	total of 16 051
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	19-Jul-20	705	705	29	4.10%
	D-19 confirmed c 9 deaths and 221		ed in Angola on 2	1 March 2020. <i>F</i>	As of 19 July 2020,	a total of 705 c	onfirmed COVII	0-19 case have been	reported in the
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	1-Jan-19	14-Jul-20	133	133	0	0.00%
	culating vaccine- nese cases are fro				d in Zaire province	making it the th	ird case in 2020). The total number	of 2019 cases
Benin	COVID-19	Grade 3	17-Mar-20	16-Mar-20	17-Jul-20	1 602	1 602	31	1.90%
	: f Health in Benin : 1 deaths and 782		first confirmed c	ase of COVID-19	on 16 March 2020	D. As of 17 July	2020, a total of	1 602 cases have be	een reported in th
Benin	Lassa fever	Ungraded	19-Feb-20	17-Feb-20	15-May-20	4	4	1	25.00%
enin. One dea	ary to 15 May 20 th was recorded A total of 34 cont	on 18 February	2020 in the inde	x case and a saf	e and dignified bur	including one de ial has been con	eath in Tchaour ducted. All cas	ou commune in Borg es are residents of B	gou department c ukuro city, Kwara
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	14-Jul-20	9	9	0	0.00%
	ulating vaccine-d These cases are				this week. There is	one case as of	24 May 2020, v	vhile the number of	cases in 2019
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	17-Jul-20	522	522	1	0.20%
	020, the Minister es were reported					es of COVID-19.	As of 17 July 2	2020, a total of 522 o	confirmed
urkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	23-Jun-20	-	-	-	-
resence of jih orth and East ver 29-30 Ma 020, Accordir nore than 1.5 I several com nd damaged a	adist groups and regions, while IE y 2020. The proving to the report of million people of munes of Centre another 2 900. Ar	self-defence ur OP numbers are isional death to f the Ministry of health care, and Nord region, incound 140 000 I	nits have created rising, along wit Il is 50 people, ir f Health, 9.5% (n d 11.9% (n=152) cluding Kongous DPs are hosted i	an increasingly th protection con cluding at least =121) of the hea have reduced th si; already affect n the affected co	volatile security sit acerns. Armed insu one humanitarian v alth facilities locate neir services to a m aed by the 19 April	uation. Humanit rgent groups ca worker. Health so d in the six regionimum, followiflooding, Pensa, y due to epidem	arian access is rried out three a ervices are seve ons affected by ng insecurity. H and Barsalogh	e 2020 in all 13 regio restricted in Sahel, I attacks on civilians a rely affected and as insecurity are closec leavy rains on 5 Jun o. Flooding destroye ses remaining high a	North, Centre- und aid workers of 13 January d, thus depriving e caused flooding ed 669 shelters
urkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	10-Jul-20	1 033	1 033	53	5.10%
etween 9 Mar	ch and 10 July 2	020, a total of 1	033 confirmed	cases of COVID-	19 with 53 deaths a	and 869 recover	ies have been r	eported from Burkin	a Faso.
urkina Faso	Poliomyelitis (cVDPV2)	Grade 2		1-Jan-19	14-Jul-20	10	10	0	0.00%
	ses of circulating January 2020. A					019 with no new	cases reported	l as of 2020. The las	t case had onset
Burundi	Cholera	Ungraded	20-Feb-20	20-Feb-20	9-Jun-20	70	0	0	0.00%
ises were rep orth(28 cases	orted on 7 May 2	2020. As of 9 Ju d (3 cases), Isa	ine 2020, a total le (25 cases), Ka	of 70 cholera ca	ses have been notif	fied in six distric	ts, namely Buju	icts is improving. Th imbura centre (8 cas ported. Of the 70 cho	ses), Bujumbura
Burundi	COVID-19	Grade 3	31-Mar-20	18-Mar-20	19-Jul-20	322	322	1	0.30%
	020, the Minister one death and 20		ırundi reported tl	ne first two confi	rmed cases of COV	/ID-19. As of 19	July 2020, the	total confirmed COV	/ID-19 cases are
Burundi	Measles	Ungraded	23-Mar-20	4-Nov-19	19-Apr-20	857	857	0	0.00%
n the district o ompatible cas ankuzo (6 cas	of Citiboke. As of a ses and epidemica	April 2020, Burı ally linked. Ther ujumbura (6 cas	undi has reporte e have been no c	d a total of 857 c leaths reported.	onfirmed measles The geographic dis	cases of which stribution of the	56 are lab-confi cases is: Cibito	neen spreading in the rmed and the rest w ke (624 cases), Bute o since December 20	ere clinically zi (221 cases),

Go to overview



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	26-Jun-20	-	-	-	-

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 Mainankoua 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.

Cameroon	Humanitarian crisis (NW & SW)	Grade 2	1-0ct-16	27-Jun-18	26-Jun-20	-	-	-	-
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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 Cameroon Defence Forces (SOCADEF) 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.

Cameroon	Cholera	Ungraded	1-Mar-19	1-Jan-20	3-Jul-20	980	39	45	4.60%
Outiloloon	Onloidia	Oliginadoa	i iviai io	1 0411 20	0 001 20	000	- 00	10	1.0070

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.

Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	18-Jul-20	16 522	16 522	382	2.30%
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Cameroon Ministry of Health announced the confirmation of the first COVD-19 case on 6 March 2020. As of 18 July 2020, a total of 16 522 cases have been reported, including 382 deaths and 14 037 recoveries.

Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-20	17-May-20	1 175	1 175	11	0%

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.

Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	19-Jul-20	2 043	2 043	21	1.00%
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The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 19 July 2020, a total of 2 043 confirmed COVID-19 cases including 21 deaths and 1 040 recoveries were reported in the country.

Central Humanii African crisi Republic	Protracted 7	11-Dec-13	11-Dec-13	31-May-20	-	-	-	-
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Civil unrest and food insecurity in most parts of the country including major cities continue to cause a complex humanitarian situation. The security situation remains tense with the persistence of inter-ethnic tensions within rival armed groups in the Northeast of the country mainly in Ndele, Birao, Batangafo and Bria. Intercommunal 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	COVID-19	Grade 3	14-Mar-20	14-Mar-20	17-Jul-20	4 485	4 485	55	1.20%
Republic									

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 July 17, there are a total of 4 485 confirmed cases and 55 deaths reported.

Central									
African	Magalag	Crada	15-Mar-19	1-Jan-19	10-Mav-20	21 219	21 210	0.0	0.40%
AIIICaii	Measles	Grade 2	15-14141-19	1-Jaii-19	10-iviay-20	1 21219	21219	_ ია	0.40%
Republic									
ITOPUDITO			:						

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

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	14-Jul-20	22	22	0	0.00%
No case of circ		erived polioviru	s type 2 (cVDPV	2) was reported	this week. There is	one case repor	ted in 2020 so	far and 21 cases in 2	2019 from severa
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	19-Jul-20	889	889	75	8.40%
	D-19 confirmed ca			March 2020. As	of 19 July 2020, a	total of 889 con	firmed COVID-	19 cases were repor	ted in the country
Chad	Measles	Ungraded	24-May-18	1-Jan-19	5-Jul-20	8 397	357	39	0.50%
n week 27 (wootal of 8 397 :	eek ending 5 July suspected cases a	2020), 11 susp nd 39 deaths ((ected cases were CFR 0.5%) have l	e reported. Five obeen reported fr	districts were in the om Beboto, Kyabe,	e epidemic phas Goundi, Korbol	e during the we , Kelo and Guel	ek. Since the beginr ao.	ning of the year, a
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-0ct-19	9-Sep-19	14-Jul-20	52	52	0	0.00%
	circulating vaccine eing the Jigawa ou		irus type 2 (cVDF	PV2) were repor	ted in Tandjile prov	ince. There are i	now 52 cases fr	om two different ou	tbreaks in the
Comoros	COVID-19	Grade 3	30-Apr-20	30-Apr-20	18-Jul-20	334	334	7	2.10%
	of confirmed COV in the country.	ID-19 was notif	ied on 30 April 2	020 in Comoros	. As of 18 July, a to	otal of 334 confi	rmed COVID19	including 7 deaths	and 313 recover
Comoros	Dengue	Ungraded		22-Dec-19	5-Apr-20	696	4	0	0.00%
were reported 2020 with 88 o	with no laborator	confirmation (ost cases (508)	as the country co are reported fro	ntinues to face	challenges in labor	atory testing. Th	e number of su	of 696 suspected de spected cases peak e cases. Ngazidja re	ed in week 12,
Congo	Chikungunya	Grade 1	22-Jan-19	1-Jan-20	9-Feb-20	37	0	0	0.00%
and Kouilou (1 reported in 44	case). From wee out of the 52 hea	k 1 to week 6, 3 th districts in 1	37 cases with no 0 out of 12 depa	deaths were rep rtments. The de	orted in the countr	y. From weeks 1 nza (3 102 cases	to 52 of 2019,	azzaville (3 cases), E a total of 11 600 ca 44 cases) and Niari	ses have been
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	16-Jul-20	2 633	2 633	49	1.90%
	nt of Congo anno 6 recovered cases				D-19 in Congo on 1	14 March 2020.	As of 16 July 2	020, a total of 2 633	cases including
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	19-Jul-20	14 119	14 119	92	0.70%
Since 11 Marc ecovered.	h 2020, a total of	14 119 confirm	ed cases of COV	ID-19 have been	reported from Côt	e d'Ivoire includ	ling 92 deaths.	A total of 8 366 pati	ents have
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Ungraded	29-0ct-19	29-Oct-19	14-Jul-20	19	19	0	0.00%
lo cVDPV2 ca	ses were reported	I this week. The	total number of	cVDPV2 cases r	eported remains 1	9.			
Democratic Republic of the Congo	Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	21-Jun-20	-	-	-	-
number of pec Kivu,Tanganyil	ple in need of hur	nanitarian assis tral and South-	stance. Populatio Kivu provinces. I	ns movement du n Ituri, following	ie to armed clashe j an attack by alleg	s and inter-comi ed members of t	munity fighting the Allied Demo	community tension continue to be repo cratic Forces (ADF)	rted in North- in the locality

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, following an attack by alleged members of the Allied Democratic Forces (ADF) in the locality of Bwakadi in the ZS of Boga (Territory Irumu), which cost the lives of two civilians on 24 June, 2020, the populations of several villages (Bwakadi, Sikwaela, Bhelu, Vukaka, etc.) have been displaced to Kinyanjonjo, Malaya, Kyabaganzi and Izinga in the same territory and in Idohu, in the health zone of Komanda. In Tanganyika province, following the cross-border conflict between the DRC and the Zambia, the territory of Moba, is experiencing a series of displacement of populations since 13 March 2020. In north Kivu, a total of 14 000 internally displaced people (IDPs) and around 4 000 returnees have arrived in the Kelembe / Kalonge-Mera-Peti axis in the east of Walikale territory between April and May 2020. 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 3500 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 displaced persons need basic humanitarian assistance, including access to food, clean water, non-food items, shelters and health care assistance.

Democratic									
Republic of	Cholera	Grade 3	16-Jan-15	1-Jan-20	5-Jul-20	12 271	-	177	1.40%
the Congo									

The cholera outbreak situation in the Democratique Republic of 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.

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-20	10-Mar-20	18-Jul-20	8 403	8 402	193	2.30%
					ed COVID-19 case hs and 4 335 recov		of 18 July 202	0, 8 402 confirmed	cases and 1
Democratic Republic of the Congo	Ebola virus disease	Grade 2	31-May-20	17-May-20	16-Jul-20	58	56	22	37.9%
Detailed updat	e given above.							:	
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	1-Jan-20	5-Jul-20	66 608	1 252	943	1.40%
cases include (weeks 24 to 2	Sankuru (431 cas 27) provinces that	ses), South ubar t notified most c	igi (82 cases), M ases are: Sankur	aindombe (74 ca u (1 468 cases),	ases), North Kivu (53 cases) and N cases), North K	lorth Ubangi (4	e provinces that repo 4 cases). Over the p , and North Ubangi	ast four weeks
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-20	5-Jul-20	2 591	-	97	3.70%
preceding wee cumulative total	k. Between week al of 5 288 monk	1 and week 27, eypox cases, inc	a total of 2 591 sluding 107 deatl	suspected cases ns (CFR: 2%) we	including 97 death	is were reported 33 health zones	in the country.	he country compare Between weeks 1 a s. One major challer	nd 52 of 2019 a
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	1-Jan-20	5-Jul-20	70	-	16	22.90%
notified in 5 ov a total of 70 ca bubonic plagu	er 22 health area	is of Rety health is (CFR:22.9%)	zone. The plagu in 5 health zones	e outbreak is end s, namely Aungba	demic in Ituri provi	nce. Since the b	eginning of 20	5 cases with 9 death 20 to-date, Ituri Prov week 1 to 52, a total	vince has reported
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	15-Feb-18	1-Jan-18	14-Jul-20	126	126	0	0.00%
								19 cases remains 88 u, Kwango and Sanl	
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	15-Jun-20	2 350	2 350	41	1.70%
	f Health and Welf th 41 deaths and		the first confirme	ed COVID-19 cas	e on 14 March 202	20. As of 15 Jun	e 2020, a total	of 2 350 cases have	been reported in
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	16-Jul-20	251	251	0	0.00%
	D-19 confirmed c country. A total				s of 16 July 2020,	a total of 251 co	onfirmed COVIE	0-19 cases with no d	eaths were
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	19-Jul-20	1 793	1 793	21	-
The first case including 822	of COVID-19 was recoveries. Twent	confirmed in th ty-one associate	e kingdom of Es d deaths have be	watini on 13 Mar een reported.	rch 2020. As of 19	July 2020, a tot	al of 1 793 case	es have been reporte	ed in the country
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	5-Jul-20	11 427		176	1.50%
					ated deaths were r voredas in Oromia		he beginning o	f the year, a total of	11 427 cases with
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	19-Jul-20	10 207	10 207	170	1.70%
	irmation of the fir e been reported.	rst case on 13 M	larch 2020, Ethic	pia has confirme	ed a total of 10207	cases of COVID)-19 as of 19 Ju	ıly 2020, 170 deaths	and 5137
Ethiopia	Guina Worm Disease	Ungraded	3-Apr-20	3-Apr-20	28-Jun-20	7	7	0	0.00%
Gog district in	the Gambella reg	ion. As of 28 Ju	ne 2020, a total	to seven confirm	ram (EDEP) detec ned cases with an e zero reporting, as	merged worm r	norphologically	of dracunculiasis in consistent with hur December 2017.	the Duli village of man guinea worm
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-19	26-Apr-20	1 873		-	-
	eek ending 26 Ap g the week with r					and Tigray regio	ns. A total of 5	75 suspected cases	and 7 deaths were

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 cas	ses were reported	d this week. The	ere have been 27	cases reported i	n Ethiopia since 20)19. So far 14 ca	ases have been	reported in 2020. Ti	here were 13 cases
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	15-Jul-20	6 121	6 121	46	0.80%
	020, the Ministry 64 recovered hav			mation of the fire	st COVID-19 case in	n the country. As	s of 15 July 202	20, a total of 6 121 c	ases including 46
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	16-Jul-20	93	93	4	4.30%
Detailed update	e given above.								
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	16-Jul-20	27 667	27 667	148	0.50%
	020, the Ministry I 23 249 recoveri				ew COVID-19 cases	in the country.	As of 16 July 2	2020, a total of 27 66	37 cases including
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	14-Jul-20	29	29	0	0.00%
No cVDPV2 cas	ses were reported	d this week. The	ere have been ele	ven cases in 202	20 so far, while the	total number of	2019 cases rei	main 18.	
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	19-Jul-20	6 544	6 544	39	0.60%
	health in Guinea s and 39 deaths				9 on 13 March 202	20. As of 19 July	2020, a total o	f 6 544 cases includ	ling 5 511
Guinea	Measles	Ungraded	9-May-18	1-Jan-19	5-Jun-20	5 644	366	14	0.30%
2019), 127 sus 0.4%) have bee	pected cases of the pected cases of the pected cases of the pected. Of the pected cases of the pected case of the pected cases	measles were re ie 4 690 suspec	eported. From we ted cases, 1 773	eek 1 to 44 (1 Ja were sampled,	nuary – 3 Novembo of which 1 091 test	er 2019), a total ted positive for r	of 4 690 suspenses	week 44 (week endi ected cases including blogy. Three localitie a in Tougue health di	g 18 deaths (CFR s in three health
Guinea- Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	9-Jul-20	1 842	1 842	25	1.40%
	020, the Ministry es of COVID-19 w				VID-19 confirmed	case in the cour	ntry. As of 9 Jul	y 2020, the country	has 1 842
Kenya	Cholera	Ungraded	21-Jan-19	1-Jan-20	12-Jul-20	692	27	13	1.90%
reported in five	counties namely	r: Garissa, Mars	abit, Muranga, T	urkana and Waji		otal of 692 cases	with 13 death	anuary 2020, cholera s has been reported	
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	19-Jul-20	13 353	13 353	234	1.80%
	020, the Ministry 234 deaths and					in the country.	As of 19 July 2	.020, 13 353 confirm	ned COVID-19
Kenya	Leishmaniasis	Ungraded	31-Mar-19	3-Jan-20	12-Jul-20	224	102	7	3.10%
	ek ending 12 Jul Baringo, Garissa,			orted. Since the	beginning of the o	utbreak, suspect	ed and confirm	ned cases of leishma	niasis have been
Kenya	Measles	Ungraded	6-May-19	20-0ct-19	12-Jul-20	424	48	2	0.50%
20 October 201		al counties have	been affected in	2020 including:				ub county, West Pok ath), Garissa (33 tot	
Lesotho	COVID-19	Grade 3	13-May-20	13-May-20	17-Jul-20	359	359	6	1.70%
On 13 May 202 and 6 deaths.	0, WHO was not	ified of the first	confirmed COVI	D-19 case in Les	otho. As of 17 July	, 359 cases of C	COVID-19 have	been reported, inclu	ding 69 recoveries
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	18-Jul-20	1 091	1 091	70	6.40%
70 deaths have		om 14 out of th	ne 15 counties of					2020, a total of 109 by remains at the epi	
Liberia	Lassa fever	Ungraded	23-Jan-19	1-Jan-20	12-Jul-20	40	40	18	45.00%
					i 0). Of 146 suspectory the confirmed cas		ed across the co	untry from 1 Janua	ry to 12 July 2020,
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-19	5-Jul-20	694	87	3	0.40%
In week 27 (we	ek ending on 5 J	uly 2020), 17 s	uspected cases v	vere reported fro	om 6 out of 15 cou oratory-confirmed,	nties across the	country. Since	the beginning of 20	20, 694 cases with

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	12-Jul-20	4 867	4 867	35	0.70%
					case on 14 Marc orted in the countr		July 2020, a to	tal of 4 867 cases h	ave been reported
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	19-Jul-20	2 992	2 992	62	2.10%
	20, the president of deaths and 1 153		nced the first cor	nfirmed cases of	COVID-19 in the	country. As of 19	July 2020, the	country has a total	of 2 992 confirmed
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	17-Jun-20	-	-	-	-
particularly de are reported to place in the D	eadly in the Mopti o have been killed ouentza circle left	region. It was m in attacks leadi eight civilians d	narked by a resur ng to serious hur ead and thirty wo	gence of securit man rights abuse ounded, five of w	y incidents in the es during the week whom were serious	circles of Koro, E k. In addition, an s wounded. More	Bandiagara, Ban incident caused than 75 percei	d by an explosive de	At least 68 civilians evice which took nts reported in May
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	19-Jul-20	2 475	2 475	121	4.90%
	2020, the Ministry en reported in the					he country. As o	f 19 July 2020,	a total of 2 475 cor	nfirmed COVID-19
Mali	Measles	Ungraded	20-Feb-18	1-Jan-19	5-Jul-20	657	324	0	0.00%
								samples were confi eaths have been rep	
Mali	Yellow fever	Ungraded	3-Dec-19	1-Jan-20	7-Jun-20	82	4	1	1.20%
								demiological situat ed from the Sikasso	ion in 2019 included o and Koulikoro
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	19-Jul-20	5 873	5 873	155	2.60%
	ent of Mauritania a es have been repo			VID-19 on 13 M	arch 2020. As of 1	9 July 2020, a to	otal of 5 873 ca	ses including 155 d	eaths and 3 436
Mauritania	Crimean- Congo haemorrhagic fever (CCHF)	Ungraded	11-May-20	2-May-20	11-May-20	1	1	0	0.00%
Trarza. The ca of handling th suspicion of a	se is a 60-year-old e carcasses of me viral haemorrhag	d butcher from ⁻ at and no recen ic fever disease	Figuent presentin t travel history. H . The case-patien	g symptoms of le presented at a t was evacuated	fever, fatigue, hea health facility of the same day in t	daches and epist 7 May 2020 and a he Emergency D	axis, with onset a sample was c epartment in No	e district of Tiguint i t on 2 May 2020. He ollected for testing ouakchott for furthe the was isolated an	e had a history following the r care. On 8 May
Mauritania	Dengue	Ungraded	11-May-20	3-May-20	11-May-20	7	7	0	0.00%
hospital had a (INRSP). On 5 cured after sy	history of unexpl May 2020 the 2	ained fever. Thu cases were conf ent. A rapid inve	s, samples from irmed by RT-PCF estigation was ca	the two suspect R positive for De	ed cases were col ngue virus with D	lected and sent to ENV-1 serotype.	o the National I The cases were		
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	19-Jul-20	343	343	10	2.90%
	of Mauritius anno deaths and 331 re). As of 19 July 2	:020, a total of	343 confirmed COV	ID-19 cases
Mozambique	Cholera	Ungraded	20-Feb-20	31-Jan-20	12-Jun-20	2 625	-	21	0.80%
namely Namp Mogovolas, N	ula (1 648 cases a Iemba, Nacala-à-V	and 3 deaths) ar 'elha, Nacaroa, I	id Cabo Delgado Namialo, Ribawé,	(997 cases and Monapo, Larde	15 deaths). In tota , Angoche and Ma	al, eleven districts lema were affect	s of Nampula p ed since the be	0.8%) were reporte rovince, namely Nai ginning of the outb a, macomia, Ibo and	reak and only two
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	12-Jul-20	1 157	1 157	9	0.80%
	D-19 confirmed c ling nine deaths a			e on 22 March 2	020. As of 12 July	2020, a total of	1 157 confirme	d COVID-19 cases	were reported in the
Mozambique	Measles	Ungraded	25-Jun-20	1-Jan-20	8-Jul-20	34	-	<u>-</u>	-%
of measles in		e age of 14 in Al	to Molócuè, Peba	ane, Mocuba, Lu				cuè district. So far t ve been reported ir	

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	18-Jul-20	1 247	1 247	3	-
	ovel coronavirus ases who recover			Namibia on 14 M	larch 2020. As of 1	8 July 2020, a t	otal of 1 247 ca	ses have been repo	rted in the country
Namibia	Hepatitis E	Protracted 1	18-Dec-17	8-Sep-17	17-May-20	9 661	1 972	65	-
the outbreak ir 65 deaths (CFF	December 2017	, a cumulative to n reported coun	otal of 9 661 case	es (1 972 laborat	tory-confirmed, 4	147 epidemiolog	ically linked, ar	mas region. Since th nd 1 292 suspected 51%) of reported ca	cases) including
Niger	Humanitarian crisis	Protracted 1	1-Feb-15	1-Feb-15	11-Jun-20	-	-	-	-
is hampering t to insecurity. A country. Food violence and C	he humanitarian a ccording to OCH, security remains	access and affec A statistics, 2.9 a key challenge	cting the access t million people no in Niger, particul	o basic health a eed humanitariar arly for displace	nd social services. n assistance, 190 2 d populations and	A total of 46 he 48 people are ir host communiti	alth posts and 1 Iternally displac es in Diffa, Taho	the region. This set 0 health centres ha ed, and 217 858 are oua, and Tillabery re -3 and above) from	ve closed due e refugees in the gions. Increased
Niger	COVID-19	Grade 3	19-Mar-20	19-Mar-20	19-Jul-20	1 104	1 104	69	6.30%
	update on 12 July s the country. A t					March to 19 July	2020, a total of	f 1104 cases with 69	deaths have been
Niger	Measles	Ungraded	10-May-19	1-Jan-20	26-Apr-20	1 898	477	7	0.40%
positive) and 7 0 death), Taho	deaths in 8 regio	ons: Ágadez (50 eath), Tillaberi (cases, 0 deaths) 67 cases, 0 deatl	, Diffa: (4 cases, ns) and Zinder (1	, 0 deaths), Dosso 146 cases, 2 death:	(27 cases, 2 dea	aths), Maradi (9	es with 230 being la 18 cases, 2 deaths), spected measles cas	Niamey (23 cases,
Nigeria	Humanitarian crisis	Protracted 3	10-0ct-16	n/a	30-Jun-20	-	-	-	-
overcrowded p support throug	opulation in man h joint resource i	y camps in the i mobilization act	region. Health Se ivities, overall co	ctor partners are ordination and n	e supporting the go nonitoring of the re	overnment led C esponse in the n	OVID-19 respon ortheast.	omised areas charac nse across the three	states, including
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-20	19-Jul-20	36 663	36 663	789	2.20%
					COVID-19 in Lagos ported in the coun		February 2020.	As of 19 July 2020,	a total of 36 663
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-20	12-Jul-20	1 060	1 046	232	21.90%
2020, a total o		46 confirmed an	d 14 probable) v					2020). From 1 Janu Government Areas a	
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-20	7-Jun-20	420		14	3.30%
	eeks 1 - 23 (week 14 deaths were r		2020), a total of	420 suspected o	cases of measles w	ere reported fro	m 88 LGAs in 2	20 states and FCT. N	one was laboratory
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	14-Jul-20	53	53	0	0.00%
					: n the list of WPV-6 I in 2019, 34 in 201			circulating vaccine-d	erived poliovirus
Nigeria	Yellow fever	Ungraded	14-Sep-17	1-Jan-20	21-Jun-20	1 150	5	0	0.00%
presumptive p	ositive cases and	5 confirmed cas	ses were reporte	d. In 2019, a tota	al of 4288 suspect	ed cases were re	ported in 618 (uspected cases inclu 83.1%) LGAs from a and from IP Dakar	all states in the
Rwanda	COVID-19	Grade 3	14-Mar-20	14-Mar-20	19-Jul-20	1 582	1 582	5	0.30%
	ry of Health anno			rst COVD-19 cas	e on 14 March 202	20. As of 19 July	2020, a total o	f 1 582 cases with f	ive deaths and 834
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	19-Jul-20	746	746	14	1.90%
					: ountry's first case (orted as recoveries		of 19 July 202	0, a total of 746 con	firmed cases of
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	19-Jul-20	8 810	8 810	167	1.90%
Between 2 Ma have recovered		July 2020, a tota	al of 8 810 confir	med cases of CC	OVID-19 including	167 deaths have	been reported	from Senegal. A tot	al of 5 948 cases

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	19-Jul-20	108	108	0	0.0%
arrived by air ii		3 June 2020, a						a fishing vessel repl July, there are 108 t	acement crew otal cases, including
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	19-Jul-20	1 711	1 711	65	3.80%
			ne reported the fi deaths and 1 23			e country. As of	19 July 2020, a	a total of 1 711 con	firmed COVID-19
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	19-Jul-20	364 328	364 328	5 033	1.40%
Detailed update	given above.	-					Y		+
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	30-Jun-20	-	-	-	-
causing displac	ement toward Ve	erteth and Labar		l committee has				ry. On 22 June 202 Floods in Bor Sout	
South Sudan	COVID-19	Grade 3	5-Apr-20	2-Apr-20	19-Jul-20	2 211	2 200	45	2.00%
			Sudan has repo s and 1 180 reco		's first case of CO\	/ID-19. As of 18	July 2020, a to	otal of 2 211 confirm	ned COVID-19 cases
South Sudan	Hepatitis E	Ungraded	-	3-Jan-19	21-Jun-20	337	41	2	0.60%
As of the repor	ting date, a total	of 337 cases of	Hepatitis È includ	ding two deaths	have been reporte	d from South Su	ıdan, mostİy fro	ed in week 25 (endi om Bentiu POC (32 ng on 23 June 2019	5 total cases), and a
South Sudan	Measles	Ungraded	24-Nov-18	19-Sep-19	21-Jun-20	916	50	2	0.20%
					measles which 50 eil East and Wau)			eaths (CFR 0.6%) hans Sites (POC).	ave been reported.
Tanzania, United Republic of	COVID-19	Grade 3	16-Mar-20	16-Mar-20	19-Jul-20	509	509	21	4.10%
of COVID-19 o		. As of 19 July 2	2020, a total of 50					reported the countr nd 180 recovered c	
Togo	COVID-19	Grade 3	6-Mar-20	1-Mar-20	19-Jul-20	774	774	15	1.90%
			ublic Hygiene of T ave been reported			of its first case o	f COVID-19. As	of 19 July 2020, a	total of 774 cases
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-0ct-19	13-Sep-19	14-Jul-20	17	17	0	0.00%
No new case o emains eight.	cVDPV2 was rep	ported during th	e past week. The	re have been nir	ne cases so far in 2	2020 while the to	otal number of o	cVDPV2 cases repo	rted in 2019
Togo	Yellow Fever	Ungraded	4-Feb-20	3-Feb-20	5-Jun-20	1	1	1	100.00%
were confirmed vaccination his and a blood sa	l at the yellow fev tory for yellow fe nple was taken a	ver reference lat ver. On 3 Februa and transported	ooratory, Institute ary 2020, she pre to the national la	e Pasteur in Daka esented to a heal boratory as yello	ar, Senegal by serce th facility with syn ow fever was suspe	oneutralisation. Inptoms of fever ected. The case-	The case is a 55 with aches. The patient died thr	5-year-old female w e following day she ee days later while	of Togo. The results ith no travel or developed jaundice receiving treatment. additional case was
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	30-Jun-20	-	-	-	-
Burundi (0). U		25 040 asylum						go (3 056), South S districts and in Kan	
Uganda	Cholera	Ungraded	11-May-20	29-Apr-20	11-Jun-20	682	17	6	0.90%
Nadunget Subo same location	ounty who was s with the index cas	seen on 29 April se were seen an	2020 with acute d cholera was su	watery diarrhoe spected. On 11	a and severe dehy	dration. On 4 Ma confirming <i>Vibri</i>	ay 2020 more o o <i>cholerae</i> sero	ar Kocuc Village, Lo cases with similar s type 01 Inaba detec rted.	ymptoms from the
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	18-Jul-20	1 065	1 065	0	-
he first COVID	-19 confirmed ca	ase was reporte	d in Uganda on 2	1 March 2020. A	As of 18 July 2020	, a total of 1 065	confirmed CO	VID-19 cases, 972	recoveries with no

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	18-Jul-20	2 980	2 980	120	0.00%

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 recoverd cases.

Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-0ct-19	16-Jul-19	14-Jul-20	2	2	0	0.00%		
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.											
Zimbabwe	Anthrax	Ungraded	6-May-19	6-May-19	14-Jun-20	319		1	0.30%		

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.

Zimbabwe COVID-19 G	Grade 3 20-Mar-20	20-Mar-20	19-Jul-20	1 611	1 611	25	1.60%
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The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 19 July 2020, a total of 1 611 confirmed COVID-19 cases were reported in the country including 25 deaths and 472 cases that recovered.

Zimbabwe	Malaria	Ungraded	8-Mar-20	1-Jan-20	4-May-20	236 865	236 865	226	0.10%

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 Ethiopia Yellow fever Ungraded 3-Mar-20 3-Mar-20 6-Apr-20 85 2 0 0.00%

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 6 April 2020, a total of 85 suspected cases have been notified from 6 kebeles in Enor Ener Woreda, of which 54 were reported from Wedesha kebele. Among the total suspected cases, 6 samples tested positive at EPHI national laboratory and they have been referred to UVRI for confirmation. 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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Data sources

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