

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 30: 20 - 26 July 2020

Data as reported by: 17:00; 26 July 2020

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New event

109

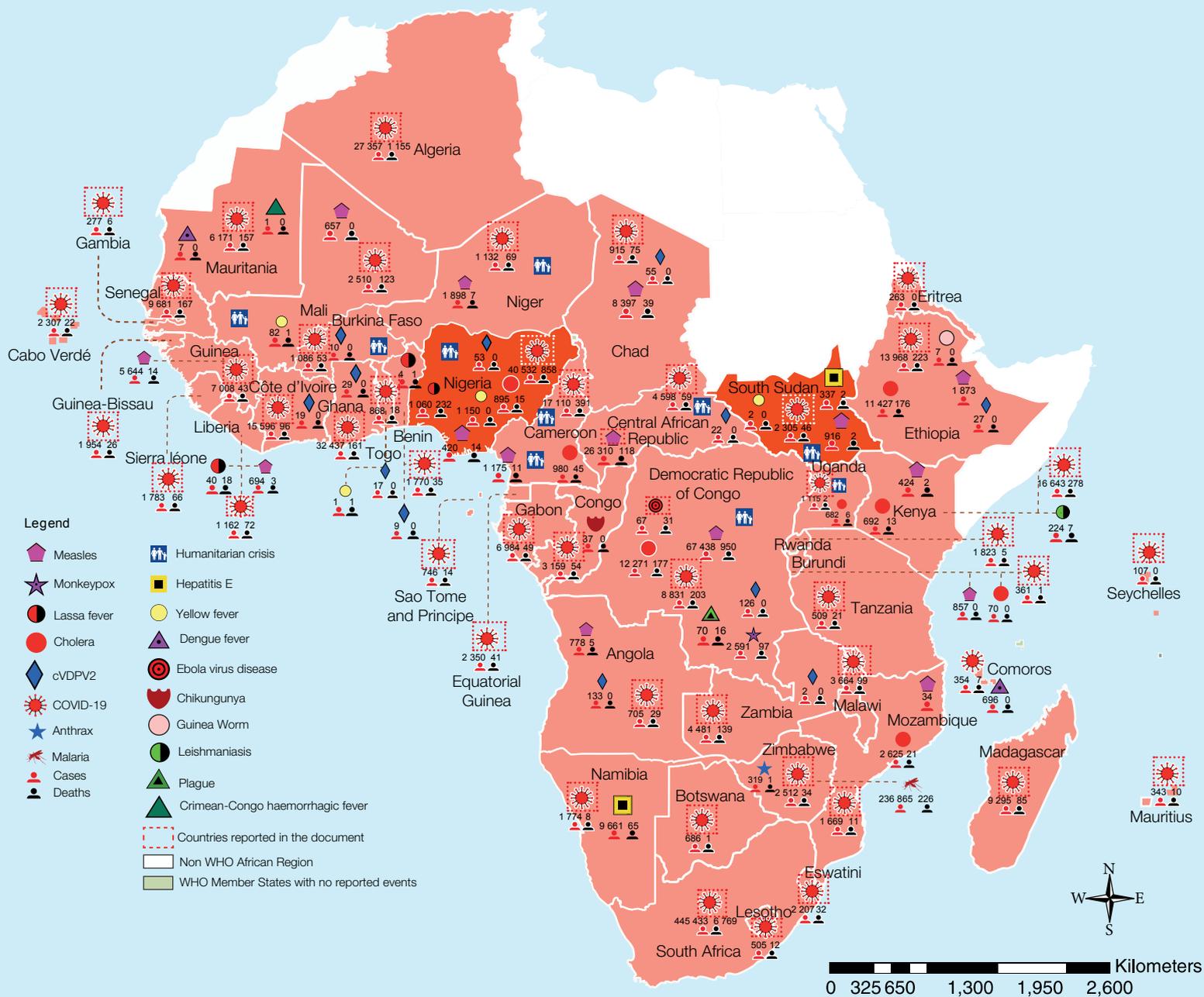
Ongoing events

99

Outbreaks

10

Humanitarian crises



Graded events †

49

Grade 3 events

15

Grade 2 events

1

Grade 1 events

2

Protracted 3 events

2

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3

Protracted 1 events

37

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:

- [Coronavirus disease 2019 \(COVID-19\) in South Africa](#)
- [Ebola virus disease \(EVD\) in Équateur Province, Democratic Republic of the Congo](#)
- [Measles in Central African Republic.](#)

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 continues to report highest number of COVID-19 cases and deaths in the WHO African Region, with well-established community transmission. Gauteng Province has now become the hot spot of the country's outbreak, with rapidly increasing case numbers also seen in Eastern Cape and KwaZulu-Natal provinces. Although the outbreak is currently mainly localised in the four most populous provinces in the country, there is a rapid rise in cases in the less populous provinces, which is of grave concern. With most people having returned to work, and the consequent large daily movements of people between home and workplace, the main challenges remain around reinforcement of public health messages about physical distancing, putting on cloth masks in public places and hand hygiene practices.
- The continued increased in EVD cases and deaths in Équateur Province, Democratic Republic of the Congo, is of grave concern, given the increase in incidence cases and geographical spread. The outbreak is further 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.
- The measles outbreak in Central African Republic, reported in January 2020, is on a declining trend after intensive reactive immunization campaigns in affected regions of the country, taking place in two phases. However, challenges remain in implementation of activities at district and health facility levels, poor distribution of vaccines, lack of disbursement of funding, non-delivery of training and failure to provide management tools.

EVENT DESCRIPTION

South Africa continues to record the highest number of COVID-19 cases and deaths on the continent. Since our last report (*Weekly Bulletin 29*), the number of recorded cases has increased by 81 105, an increase of 18% in a one-week period. Deaths have increased by 1 736, a 25% increase in the same period. As of 26 July 2020, the country has reported a total of 445 433 cases and 6 769 deaths (case fatality ratio 1.5%).

There is a heterogeneous distribution of case numbers and deaths across the nine provinces in the country, but community transmission is well established in all parts of the country. Gauteng Province currently has the highest number of cases, at 160 154 (36%), followed by Western Cape Province with 92 079 (21%) cases. Eastern Cape (73 585 cases, 17%) and KwaZulu-Natal (64 061; 14%) follow. However, case numbers are starting to rise rapidly in the less populous provinces, with 17 338 cases in North West Province (the heart of the mining industry), 16 482 cases in Free State Province, 11 008 cases in Mpumalanga Province, 7 076 cases in Limpopo Province and 3 600 cases in the sparsely populated Northern Cape Province.

Western Cape Province has the most deaths (2 875; 43%), followed by Gauteng Province (1 564; 23%), Eastern Cape Province (1 457; 22%) and KwaZulu-Natal Province (614; 9%). The remaining provinces have reported 259 deaths between them. The number of recoveries stands at 265 077 (59.5%).

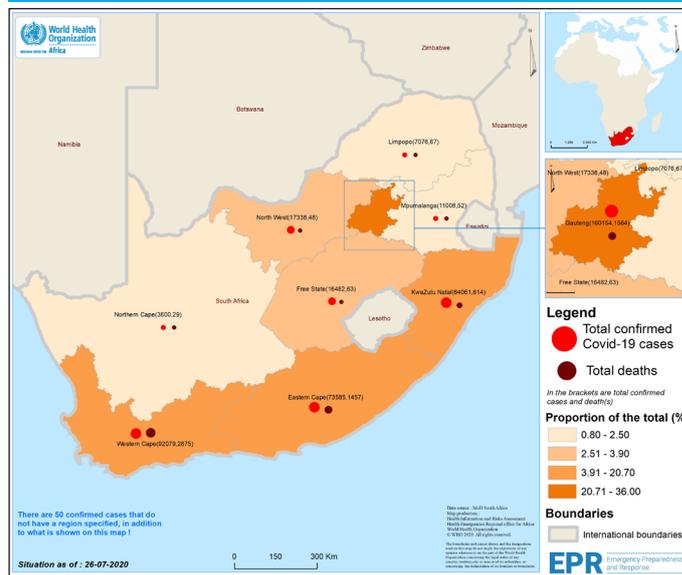
Among the 442 513 cases where age and gender is known, 255 583 cases are female and 186 930 are male. The age groups most affected are those between 25 to 54 years. In a sample of 4 894 deaths from selected hospital surveillance, the majority of deaths have been in the age groups between 40 years to over 80 years. Of these, the greatest number (1 200) have occurred in the age group 60-69 years, with just under this figure in the age group 50-59 years.

As of 26 July 2020, a total of 2 773 778 PCR tests has been carried out, of which 2 162 007 are passive case finding and 611 771 are community screen and test. Currently, 57% of all tests have been carried out in the private health sector, with 43% in the public health sector.

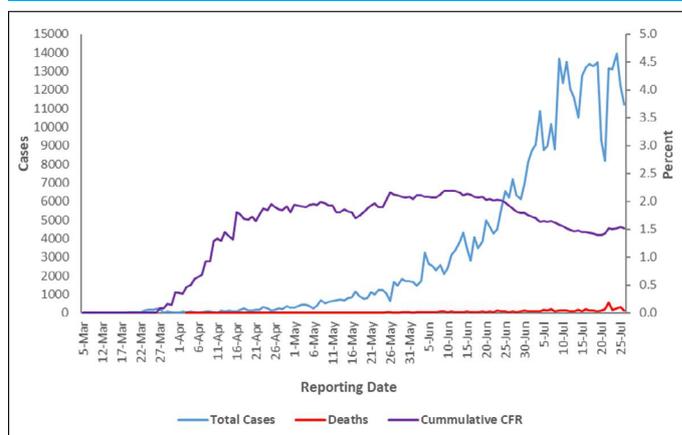
PUBLIC HEALTH ACTIONS

- South Africa remains in lockdown with mandatory cloth masks in public, a complete ban on tobacco and alcohol sales and a curfew from 21:00 to 04:00 daily. Inter-provincial travel remains banned except for essential workers and immediate family for funerals.
- Schools have been closed again from 27 July 2020 for four weeks, except for final year learners (Grade 12), who will return to school on 3 August 2020 and Grade 7 learners who will return on 10 August 2020.
- The Western Cape Government has developed a radio campaign partnering with provincial healthcare workers to share important messages about COVID-19, targeting regional community radio stations across the Province.
- The Western Cape COVID-19 communication campaign has used radio, community newspapers, loud-hailing, flyers, posters and social media in communities across the province to spread messages about essential public health measures to prevent COVID-19.
- Field hospitals have been built and equipped in Western Cape, Gauteng, Eastern Cape and KwaZulu-Natal provinces to help to relieve the burden on existing provincial hospitals.

Geographical distribution of confirmed coronavirus disease 2019 cases and deaths in South Africa, 5 March - 26 July 2020



The distribution of confirmed COVID-19 cases, deaths and cumulative case fatality ratio in South Africa, 5 March to 26 July 2020



SITUATION INTERPRETATION

The situation in South Africa remains of grave concern, with no sign of the pandemic slowing across the country as a whole. While there are signs that Western Cape Province may have peaked in case numbers and deaths, provincial authorities remain guarded in their interpretation of the numbers. Gauteng, Eastern Cape, and KwaZulu-Natal provinces continue to see rising case numbers and deaths and hospital services are coming under increasing strain in these three provinces. The rapid increase in case numbers in the remaining provinces in the country, particularly in sparsely populated provinces such as Northern Cape and Limpopo, suggests that restrictions on inter-provincial travel may not be well enforced. This could become a serious challenge as these provinces have fewer hospital beds and intensive care units available than the more populous provinces. Public health measures such as mandatory cloth mask wearing in public, physical distancing and hand hygiene continue to be promoted. However, the continuing rise in case numbers across all provinces suggests that these measures are not being widely adopted. Government urgently requires massive and wide-reaching community engagement and risk communication strategies to ensure that people who are back at work take notice of these essential public health measures.

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in Équateur Province, Democratic Republic of the Congo, is escalating further, with 23 health areas in seven health zones affected. Since our last report (*Weekly Bulletin 29*), another nine additional confirmed EVD cases have been reported, with nine new deaths, one of which was in a man who had returned two negative PCR results before dying of complications of EVD. One new confirmed case was reported on 25 July 2020, the wife of a man who had died of the disease on 22 July 2020. Their child had also been reported as a confirmed case. The patient was a known contact who had been vaccinated and was monitored regularly.

As of 25 July 2020, there are a total of 67 cases (63 confirmed and four probable) including 31 deaths (case fatality ratio 46.3%). The case fatality ratio among confirmed cases is 42.9% (27 deaths/63 confirmed cases). Three health workers are among the confirmed cases, making up 4.5% 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 23, in seven of the 18 health zones in the province. In the past 21 days (5- 25 July 2020), 25 confirmed cases have been reported in 13 health areas across five health zones. However, Iboko Health Zone has gone 21 days without a confirmed case of EVD, with the last confirmed case reported on 4 July 2020.

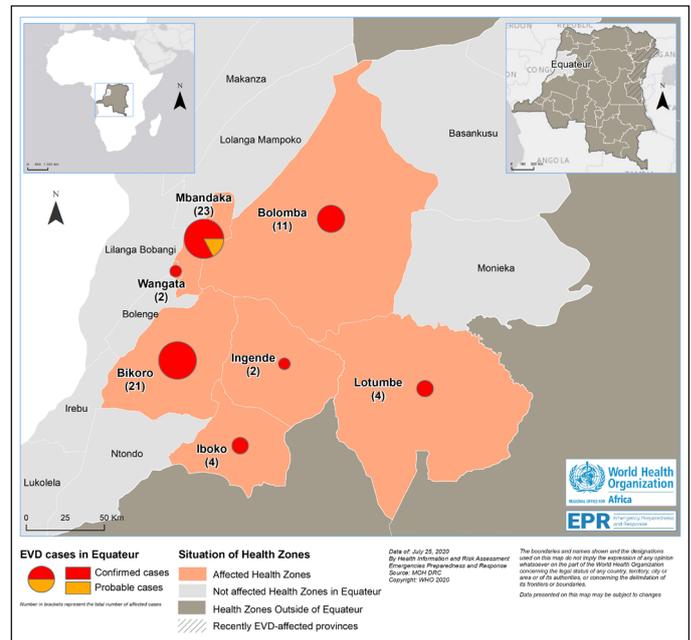
Five out of the six health zones reported contacts on 25 July 2020. Of the 914 new contacts reported, 354 (58.4%) were reported from Bikoro. Out of 5 360 active contacts, 4 242 (79.1%) had been seen in the previous 24 hours. Of the 531 contacts who were not seen in this 24-hour period, 161 (30.3%) have never been seen, 25 (4.7%) were lost to follow-up and 345 (65%) had not been seen in the previous 24 hours. In addition, 13 contacts have become symptomatic, including 10 in Bikoro, two in Mbandaka and one in Bikoro. Seven health zones reported alert data on 16 July 2020, with 501 new alerts reported, including four deaths. A total of 1 015 alerts were reported, of which 441 (43.4%) were investigated. Of these, 79 (17.9%) were validated as suspected cases and 26 (32.9%) were investigated. For the third consecutive day, the number of alerts investigated remained low in Mbandaka at 10.5%, suggesting that more investigators are needed in this health zone.

PUBLIC HEALTH ACTIONS

- On 25 July 2020, there was a meeting of partners to exchange information, assess coverage of interventions and integrated and joint planning, in which partners committed to strengthening support for all pillars of the response in sub-coordinations outside Mbandaka.
- Budgeted action plans were developed following joint partner missions to Lotumbe and Ingende health zones; WHO is positioned to support suspected cases and Médecines Sans Frontières (MSF) will provide case management in confirmed cases.
- On 25 July 2020, all 16 Points of Control (PoCs) reported. A total of 12 332 travellers passed through these PoCs and 12 144 (98.5%) were screened. Three new alerts were reported, from Bolenge and Wangata health zones. Since the start of the response activities, 380 241 (93.1%) screenings have been performed among the 408 475 travellers who have passed through the active PoCs. Out of these 28 alerts have been detected, with nine validated.
- As of 25 July 2020, 154 samples were received in operational laboratories, with 136 analysed; 102 in Mbandaka, 30 in Bikoro and four in Itipo. One sample was positive for Ebola virus. Since the start of the outbreak a total of 1 951 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.

[Go to overview](#)

Geographical distribution of confirmed Ebola virus disease cases reported from 25 July 2020, Équateur Province, Democratic Republic of the Congo



- Since 5 June 2020, a total of 16 493 people has been vaccinated.
- A total of 86 patients, including nine confirmed patients were managed in the transit centres and Ebola treatment centres in affected areas as of 25 July 2020, with bed occupancy at 67.8%. The treatment centre in Bolomba is over-capacity.
- Six confirmed cases of EVD remain in the community, including two in Bikoro, two in Lotumbe, one in Bolomba, and one each in Mbandaka and Wangata.
- Five alerts of community deaths were received from Bikoro, Bolomba and Mbandaka, but only two safe and dignified burials could be carried out.
- As of 25 July 2020, infection prevention and control (IPC) monitoring and support was provided in three health facilities in Bikoro and Ingende and one household in Bikoro. A total of 25 households in Bikoro and Ingende health zones and three health facilities in Bolomba have benefited from IPC/WASH kits, with a total of 164 health facilities equipped to date. Briefings were also carried out in affected health zones, with a total of 2 194 providers briefed since the start of response activities.
- Risk communication, mobilization and community engagement continues, with continued engagement with community outreach groups and women's associations taking part in community dialogues on perceptions of EVD. To date, a total of 75 709 people have been reached in 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. Community resistance to response activities is being seen and there are challenges around inadequate resources for alert investigations in Mbandaka, and in case management in rural and hard-to-reach areas. The constant presence of confirmed cases in the community is of particular concern, along with suspected cases who are not isolated. Although all pillars of response are active in the affected areas, further actions are required to limit spread to other areas, along with intense community engagement with community leaders to prevent resistance to response activities and ensure that communities become fully engaged in response activities.

[Go to map of the outbreaks](#)

EVENT DESCRIPTION

The measles outbreak in Central African Republic, which has been ongoing since 24 January 2020, is showing a declining trend. In week 28 (week ending 11 July 2020) 141 new cases were reported, all confirmed by epidemiological linkage, with no new deaths. As of 12 July 2020, there have been a total of 26 310 cases of measles, with 118 deaths (case fatality ratio 0.4%). A total of 21 health districts in the country reached epidemic phase in 2020. Weekly reported cases peaked at 2 613 total cases in week 11 (week ending 14 March 2020) and have been declining since then.

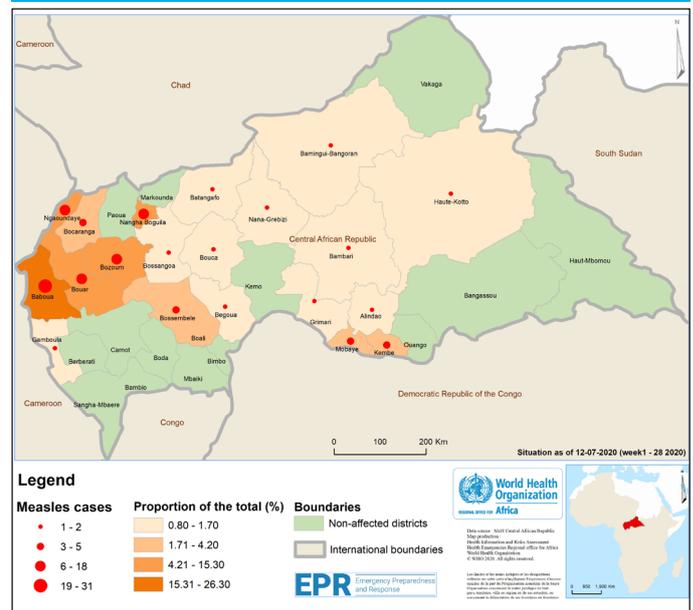
This outbreak occurred in the context of an accumulation of susceptible individuals as a result of low immunization coverage in routine immunization (less than 75%) between 2015 and 2019. The clear drop in numbers of suspected cases from week 12 occurred in the 10 health districts that had completed a responsive vaccination campaign. In the past five weeks (from 12 July 2020) the number of suspected measles cases reported has shown a plateau, with between 200 to 400 suspected case reported each week. These continued reported cases are reflective of the health districts that have yet to complete their reactive vaccination campaigns. Although the outbreak is clearly across most of the country, there is a concentration of cases in Bangui, the capital, and in the West and Centre-East of the country. Deaths due to measles follow a similar pattern and since week 16 (week ending 18 April 2020) have been reported mainly in those health districts that have not yet completed their vaccination campaigns, particularly in Bouar-Boaro, Bozoum-Bossemptélé, Kembé-Satéma and Mobaye-Zangba. Measles/rubella coinfection has also been reported, with samples analysed by the Institut Pasteur, Bangui.

A two-phase immunization campaign was adopted due to limited availability of vaccines as a result of the COVID-19 outbreak. This extended the targeted vaccinations to children aged between 6 months and 10 years, an estimated total of 2.6 million individuals. However, special emphasis was placed on immunizing those children aged 6 to 59 months, who are particularly vulnerable to the disease. The first phase took place from February to March 2020, reaching 10 health districts, and a second phase, reaching the remaining 25 health districts, has been underway since May 2020, which is being conducted in accordance with the new conditions imposed by the COVID-19 outbreak.

PUBLIC HEALTH ACTIONS

- ▶ The Ministry of Health and Population, with the support of WHO, UNICEF and NGOs, developed a response plan and mobilized resources to implement the main response actions.
- ▶ The main actions were to improve the coordination of the response, to provide free medical care for measles cases, and to strengthen routine immunization in all high-risk health districts.

Geographical distribution of confirmed measles cases and deaths in Central African Republic, as 12 July 2020



- ▶ Epidemiological surveillance was strengthened in all districts, with an emphasis on active case finding and investigation of outbreaks at district level.
- ▶ Crisis communication and social mobilization was implemented.

SITUATION INTERPRETATION

The decline in cases of measles in Central African Republic is to be welcomed and the country commended on their prompt and effective handling of the outbreak. However, with the immunization campaigns still underway, there is no room for complacency. Challenges still remain, with some activities still not implemented at district and health facility level, vaccines not distributed, lack of effective disbursement of funding, non-delivery of training modules and training sessions, and failure to provide management tools. These challenges need urgently to be addressed at national and district level, particularly given that the correct resources for response are available in the country. The results of a period with low vaccine coverage in Central African Republic are a timely reminder of the extreme importance of maintaining routine immunization programmes during the COVID-19 outbreak.

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, continues to be of grave concern, with no sign of any decline in overall case numbers and deaths. 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 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.
- Although the measles outbreak in Central African Republic is on a declining trend, cases are still recorded daily in areas that have not yet been reached by the second phase of the reactive vaccination campaign. The outbreak occurred in the context of a prolonged period with poor vaccination coverage, emphasising the importance of maintaining routine vaccination activities even when other challenges intervene.

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.
- 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.
- Central African Republic has the correct resources available in the country for a continued strong response to the declining measles outbreak. The challenges around continued deployment of these resources need urgently to be addressed to bring this outbreak to a rapid close, particularly in the light of increasing re-deployment of resources to the COVID-19 outbreak in the country.

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	26-Jul-20	27 357	27 357	1 155	4.20%
From 25 February to 26 July 2020, a total of 27 357 confirmed cases of COVID-19 with 1 155 deaths (CFR 4.2%) have been reported from Algeria. A total of 18 471 cases have recovered. The majority of the cases have been reported from the Wilaya of Blida.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	26-Jul-20	932	932	40	4.30%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 26 July 2020, a total of 932 confirmed COVID-19 case have been reported in the country with 40 deaths and 242 recoveries.									
Angola	Measles	Ungraded	4-May-19	12-Dec-19	1-Jul-20	778	593	5	0.60%
From 1 January 2020 to 1 July 2020, Angola reported a total measles suspected case count of 778 of which there were 593 confirmed cases with 287 being lab confirmed (IgM positive) including 5 deaths in 14 provinces across Angola.									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	1-Jan-19	21-Jul-20	133	133	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There have been three cases reported in 2020 so far. The total number of 2019 cases remain 130. These cases are from several outbreaks which occurred in 2019.									
Benin	COVID-19	Grade 3	17-Mar-20	16-Mar-20	24-Jul-20	1 770	1 770	35	2.00%
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 24 July 2020, a total of 1 770 cases have been reported in the country with 35 deaths and 1 036 recoveries.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	21-Jul-20	9	9	0	0.00%
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.									
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	24-Jul-20	686	686	1	0.10%
On 30 March 2020, the Minister of Health and Wellness of Botswana reported three confirmed cases of COVID-19. As of 24 July 2020, a total of 686 confirmed COVID-19 cases were reported in the country including one death and 52 recovered cases.									
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	23-Jun-20	-	-	-	-
Since 2015, the security situation initially in the regions of the Sahel and later in the East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement leading to a total of 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 Barsalogo. 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 Barsalogo, Djibo, Matiacoali, Arbinda, and Titao.									
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	24-Jul-20	1 086	1086	53	4.90%
Between 9 March and 24 July 2020, a total of 1 086 confirmed cases of COVID-19 with 53 deaths and 923 recoveries have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2		1-Jan-19	21-Jul-20	10	10	0	0.00%
A total of 10 cases of circulating vaccine-derived poliovirus have been reported from Benin since 2019 with no new cases reported as of 2020. The last case had onset of paralysis on 16 January 2020. All cases were linked to the Jigawa outbreak in Nigeria.									
Burundi	Cholera	Ungraded	20-Feb-20	20-Feb-20	9-Jun-20	70	0	0	0.00%
The cholera outbreak in Burundi which started since epidemiological week 8 of 2020 (week ending on 15 March 2020) in six districts is improving. The last confirmed cases were reported on 7 May 2020. As of 9 June 2020, a total of 70 cholera cases have been notified in six districts, namely Bujumbura centre (8 cases), Bujumbura North (28 cases), Bujumbura Sud (3 cases), Isale (25 cases), Kabezi (1 case) and Cibitoke (5 cases). There have been 0 deaths reported. Of the 70 cholera cases, 48.5 % are males and 49% are of age between 19 to 50 years old.									
Burundi	COVID-19	Grade 3	31-Mar-20	18-Mar-20	26-Jul-20	361	361	1	0.30%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 27 July 2020, the total confirmed COVID-19 cases are 361, including one death and 279 recovered.									
Burundi	Measles	Ungraded	23-Mar-20	4-Nov-19	19-Apr-20	857	857	0	0.00%
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 epidemically linked. There have been no deaths reported. The geographic distribution of the cases is: Cibitoke (624 cases), Butezi (221 cases), Cankuzo (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.									

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 completely destroyed, along with attacks on health workers, with two deaths and one injury reported. Flood waters have receded in Mada and Makary health districts, potentially making them more vulnerable to security incidents. Maroua, the regional capital of Far North is on alert. The Minawao Refugee Camp in the Mokolo Health District continues to host Nigerian refugees, with spontaneous refugee arrivals being recorded weekly.									
Cameroon	Humanitarian crisis (NW & SW)	Grade 2	1-Oct-16	27-Jun-18	26-Jun-20	-	-	-	-
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 Cameroons Defence Forces (SOCODEF) 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%
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. The majority of 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	25-Jul-20	17 110	17 110	391	2.30%
Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 25 July 2020, a total of 17 110 cases have been reported, including 391 deaths and 14 691 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	26-Jul-20	2 307	2 307	22	1.00%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 26 July 2020, a total of 2 307 confirmed COVID-19 cases including 22 deaths and 1 447 recoveries were reported in the country.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	31-May-20	-	-	-	-
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 4 months of the year was also recorded.									
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	24-Jul-20	4 598	4 598	59	1.30%
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 24, there are a total of 4 598 confirmed cases and 59 deaths reported.									
Central African Republic	Measles	Grade 2	15-Mar-19	1-Jan-19	21-Jul-20	26 310	-	118	0.40%
Detailed update given above.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	21-Jul-20	22	22	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There is one case reported in 2020 so far and 21 cases in 2019 from several outbreaks for a total of 22.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	26-Jul-20	915	915	75	8.20%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 26 July 2020, a total of 915 confirmed COVID-19 cases were reported in the country including 75 deaths and 810 cases who have recovered.									
Chad	Measles	Ungraded	24-May-18	1-Jan-19	5-Jul-20	8 397	357	39	0.50%
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, Korbol, Kelo and Guelao.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	21-Jul-20	55	55	0	0.00%
Three cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; one each in Logone Occidental, Tandjile and Wadi Fira provinces. There are now 55 cases from two different outbreaks in the country, one being the Jigawa outbreak.									
Comoros	COVID-19	Grade 3	30-Apr-20	30-Apr-20	25-Jul-20	354	354	7	2.00%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 25 July, a total of 354 confirmed COVID19, including 7 deaths and 324 recovered were reported in the country.									
Comoros	Dengue	Ungraded		22-Dec-19	5-Apr-20	696	4	0	0.00%
Comoros is registering many cases of suspected Dengue fever since December 2019. In total, four isolated cases of Dengue fever serotype I were confirmed by Institut Pasteur of Madagascar Laboratory in epidemiological week 52 in 2019. In 2020, from epidemiological week 1 to week 13, a total of 696 suspected dengue fever cases were reported with no laboratory confirmation as the country continues to face challenges in laboratory testing. The number of suspected cases peaked in week 12, 2020 with 88 cases reported. The majority of cases (508) are reported from Anjouan, followed by Moheli islands with 179 suspected Dengue cases. Ngazidja reported nine suspected dengue fever cases from week 1 to week 13.									
Congo	Chikungunya	Grade 1	22-Jan-19	1-Jan-20	9-Feb-20	37	0	0	0.00%
In week 6 (week ending 9 February 2020), a total 6 suspected cases were reported in three out of the 12 departments, namely: Brazzaville (3 cases), Bouenza (2 cases) and Kouilou (1 case). From week 1 to week 6, 37 cases with no deaths were reported in the country. From weeks 1 to 52 of 2019, a total of 11 600 cases have been reported in 44 out of the 52 health districts in 10 out of 12 departments. The departments of Bouenza (3 102 cases), Kouilou (2 844 cases) and Niari (2 589) were the most affected by the outbreak accounting for 74% of cases reported since the beginning of the outbreak.									
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	24-Jul-20	3 159	3 159	54	1.70%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 24 July 2020, a total of 3 159 cases including 54 deaths and 829 recovered cases have been reported in the country.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	26-Jul-2020	15 596	15 596	96	0.60%
Since 11 March 2020, a total of 15 596 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 96 deaths. A total of 10 178 patients have recovered.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Ungraded	29-Oct-19	29-Oct-19	21-Jul-20	19	19	0	0.00%
No cVDPV2 cases were reported this week. The total number of cVDPV2 cases reported remains 19.									
Democratic Republic of the Congo	Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	21-Jun-20	-	-	-	-
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 Kinyanjongo, 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 March 13 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 3 500 persons without shelters. Floods were reported also in the city of Kasindi and its surroundings in North Kivu between 20 and 21 May 2020. The displaced persons are in need of basic humanitarian assistance, including access to food, clean water, non-food items, shelters and health care assistance.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-20	5-Jul-20	12 271	-	177	1.40%
The cholera outbreak situation in the Democratic 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.									
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-20	10-Mar-20	25-Jul-20	8 831	8 830	203	2.30%
On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 25 July 2020, 8 831 confirmed cases and 1 probable case have been reported, for a total of 8 831 cases, including 203 deaths and 5 510 recoveries.									

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	Ebola virus disease	Grade 2	31-May-20	17-May-20	25-Jul-20	67	63	31	46.30%
Detailed update given above.									
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	1-Jan-20	21-Jul-20	67 438	1 252	950	1.40%
In week 28 (week ending 12 July 2020), 850 measles cases including 6 deaths (CFR 0.7%) were reported across the country. The provinces that reported majority of cases include: Sankuru (414 cases), South ubangi (70 cases), Maindombe (43 cases), Bas-uele (41), South Kivu (34 cases) and North Ubangi (38 cases). Over the past four weeks (weeks 25 to 28) provinces that notified the majority of cases are: Sankuru (1 511 cases), Maindombe (283 cases), North Kivu (170 cases), and North Ubangi (159 cases). Since 2019 a total of 378 955 measles cases and 6 981 deaths (CFR 1.8%) have been reported in the country.									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-20	5-Jul-20	2 591	-	97	3.70%
During 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	Plague	Ungraded	12-Mar-19	1-Jan-20	5-Jul-20	70	-	16	22.90%
The Ituri province is notifying an upsurge of plagues 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 Rety 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 have been reported in the country.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	15-Feb-18	1-Jan-18	21-Jul-20	126	126	0	0.00%
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 2019 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).									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	15-Jun-20	2 350	2 350	41	1.70%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 15 June 2020, a total of 2 350 cases have been reported in the country with 41 deaths and 660 recoveries.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	25-Jul-20	263	263	0	0.00%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 25 July 2020, a total of 263 confirmed COVID-19 cases with no deaths were reported in the country. A total of 189 patients have recovered from the disease.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	26-Jul-20	2 207	22 207	32	-
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 26 July 2020, a total of 2 207 cases have been reported in the country including 986 recoveries. Thirty-two associated deaths have been reported.									
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	5-Jul-20	11 427		176	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	COVID-19	Grade 3	13-Mar-20	13-Mar-20	26-Jul-20	13 968	13 968	223	1.60%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 13 968 cases of COVID-19 as of 26 July 2020, 223 deaths and 6 216 recoveries have been reported.									
Ethiopia	Guinee Worm Disease	Ungraded	3-Apr-20	3-Apr-20	28-Jun-20	7	7	0	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 to seven confirmed cases with an emerged worm morphologically consistent with human guinea worm have been reported. This report comes after more than two consecutive years of zero reporting, as the last cases were reported in December 2017.									
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-19	26-Apr-20	1 873		-	-
In week 17 (week ending 26 April 2020), the measles outbreak is still ongoing in Oromia, Amhara and Tigray regions. A total of 575 suspected cases and 7 deaths were reported during the week with the majority of suspected cases being reported from Oromia region.									
Ethiopia	Poliomyelitis (cVDPV2)	Ungraded	24-Jun-19	20-May-19	21-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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	24-Jul-20	6 984	6 984	49	-
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 24 July 2020, a total of 6 984 cases including 49 deaths and 4 463 recovered have been reported in the country.									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	26-Jul-2020	277	277	6	2.20%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 24 July 2020, a total of 277 confirmed COVID-19 cases including six deaths and 60 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	23-Jul-20	32 437	32 437	161	0.50%
On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. As of 23 July 2020, a total of 32 437 cases including 161 deaths and 28 927 recoveries have been reported in the country.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	21-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 remains 18.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	26-Jul-20	7 008	7 008	43	0.60%
The Ministry of health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 26 July 2020, a total of 7 008 cases including 6 152 recovered cases and 43 deaths have been reported in the country.									
Guinea	Measles	Ungraded	9-May-18	1-Jan-19	5-Jun-20	5 644	366	14	0.30%
During week 23 (week ending in 5 June) there has been a total of 5 644 cases with 366 confirmed and 14 deaths in 2020. During week 44 (week ending 3 November 2019), 127 suspected cases of measles were reported. From week 1 to 44 (1 January – 3 November 2019), a total of 4 690 suspected cases including 18 deaths (CFR 0.4%) have been reported. Of the 4 690 suspected cases, 1 773 were sampled, of which 1 091 tested positive for measles by serology. Three localities in three health districts are in the epidemic phase, namely, Wanindara in Ratoma health district, Dounet in Mamou health district and Soumpoura in Tougue health district.									
Guinea-Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	19-Jul-20	1 954	1 954	26	1.30%
On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 19 July 2020, the country has reported 1954 confirmed cases of COVID-19 with 903 recoveries and 26 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	25-Jul-20	16 643	16 643	278	1.70%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 cases in the country. As of 25 July 2020, 16 643 confirmed COVID-19 cases including 278 deaths and 7 574 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).									
Lesotho	COVID-19	Grade 3	13-May-20	13-May-20	26-Jul-2020	505	505	12	2.40%
On 13 May 2020, WHO was notified of the first confirmed COVID-19 case in Lesotho. As of 26 July, 505 cases of COVID-19 have been reported, including 128 recoveries and 12 deaths.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	25-Jul-20	1 162	1 162	72	6.20%
Since the last update on 18 July 2020, a total of 71 new cases including two deaths have been reported. From 16 March to 25 July 2020, a total of 1162 cases including 72 deaths have been reported from all 15 counties of Liberia. Montserrado County which hosts the country's capital city remains at the epicentre of the outbreak. A total of 641 case-patients have recovered.									
Liberia	Lassa fever	Ungraded	23-Jan-19	1-Jan-20	19-Jul-20	40	40	18	45.00%
No new confirmed case was reported during week 29 (week ending 19 July 2020). Of 146 suspected cases reported across the country from 1 January to 19 July 2020, 40 were confirmed. A total of 18 deaths (CFR 45.0%) have been reported among the confirmed cases.									
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-19	5-Jul-20	694	87	3	0.40%
In week 27 (week ending on 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.									
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	26-Jul-20	9 295	9 295	85	0.90%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 26 July 2020, a total of 9 295 cases have been reported in the country, out of which 6 017 have recovered and 85 deaths have been reported in the country.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	26-Jul-20	3 664	3 664	99	-
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 26 July 2020, the country has a total of 3 664 confirmed cases with 99 deaths and 1 645 recoveries.									
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	17-Jun-20	-	-	-	-
The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The last week of May was particularly deadly in the Mopti region. It was marked by a resurgence of security incidents in the circles of Koro, Bandiagara, Bankass and Douentza. At least 68 civilians are reported to have been killed in attacks leading to serious human rights abuses during the week. In addition, an incident caused by an explosive device which took place in the Douentza circle left eight civilians dead and thirty wounded, five of whom were serious wounded. More than 75 percent of security incidents reported in May (282 incidents) took place in the regions of Mopti (175 cases) and Ségou (107 cases) in the center of the country. Mali now has more than 250 000 internally displaced persons.									
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	26-Jul-20	2 510	2 510	123	-
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 26 July 2020, a total of 2 510 confirmed COVID-19 cases have been reported in the country including 123 deaths and 1 911 recoveries.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-19	5-Jul-20	657	324	0	0.00%
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.									
Mali	Yellow fever	Ungraded	3-Dec-19	1-Jan-20	7-Jun-20	82	4	1	1.20%
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 3 deaths (CFR - 75%). Confirmed cases of yellow fever, were reported from the Sikasso and Koulikoro regions.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	26-Jul-20	6 171	6 171	157	2.50%
The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 26 July 2020, a total of 6 171 cases including 157 deaths and 4 430 recovered cases have been reported in the country.									
Mauritania	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	11-May-20	2-May-20	11-May-20	1	1	0	0.00%
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 Trarza. The case is a 60-year-old butcher from Tiguent presenting symptoms of fever, fatigue, headaches and epistaxis, with onset on 2 May 2020. He had a history of handling the carcasses of meat and no recent travel history. He presented at a health facility of 7 May 2020 and a sample was collected for testing following the suspicion of a viral haemorrhagic fever disease. The case-patient was evacuated the same day in the Emergency Department in Nouakchott for further care. On 8 May 2020, the case was confirmed with CCHF by RT-PCR from the INRSP and transferred to the infectious diseases department where he was isolated and treated.									
Mauritania	Dengue	Ungraded	11-May-20	3-May-20	11-May-20	7	7	0	0.00%
On 3 May 2020, two suspected cases of dengue fever were admitted to a hospital in Mauritania. On May 4 2020, it was found that the majority of consultations at the hospital had a history of unexplained fever. Thus, samples from the two suspected cases were collected and sent to the National Institute of Research in Public Health (INRSP). On 5 May 2020 the 2 cases were confirmed by RT-PCR positive for Dengue virus with DENV-1 serotype. The cases were discharged from hospital and declared cured after symptomatic treatment. A rapid investigation was carried out at city level and made it possible to identify 5 additional cases (4 women and 1 man) distributed in 4 districts of Atar (Atar, Tineri, Aghnemrite and Edebaye).									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	24-Jul-20	344	344	10	2.90%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 24 July 2020, a total of 344 confirmed COVID-19 cases including ten deaths and 333 recovered cases have been reported in the country.									
Mozambique	Cholera	Ungraded	20-Feb-20	31-Jan-20	12-Jun-20	2 625	-	21	0.80%
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, Mema, Nacala-à-Velha, Nacaroa, Namialo, Ribawé, Monapo, Larde, Angoche 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 de Praia, macomia, Ibo and pema city are affected.									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	26-Jul-20	1 669	1 669	11	0.70%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 26 July 2020, a total of 1 669 confirmed COVID-19 cases were reported in the country including 11 deaths and 593 recoveries.									
Mozambique	Measles	Ungraded	25-Jun-20	1-Jan-20	8-Jul-20	34	-	-	-
Measles outbreak in six districts of Zambezia. The outbreak was diagnosed in March at the Nauela Administrative Post, Alto Molócuè district. So far there are 17 cases of measles in children under the age of fourteen in Alto Molócuè, Pebane, Mocuba, Luabo Mopeia and Ile districts; 34 measles cases have been reported in the districts of Chiúre, Namuno, Montepuez, Ancuabe and Metuge in Cabo Delgado.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	25-Jul-20	1 774	1 774	8	-
Two cases of novel coronavirus (COVID-19) were confirmed in Namibia on 14 March 2020. As of 25 July 2020, a total of 1 774 cases have been reported in the country including 75 cases who recovered with 8 deaths.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Namibia	Hepatitis E	Protracted 1	18-Dec-17	8-Sep-17	17-May-20	9 661	1 972	65	-
In weeks 19 and 20 (week ending 17 May 2020), 38 new cases were reported countrywide with the majority (16 cases) from Khomas region. Since the beginning of the outbreak in December 2017, a cumulative total of 9 661 cases (1 972 laboratory-confirmed, 4 447 epidemiologically linked, and 1 292 suspected cases) including 65 deaths (CFR 0.7%) have been reported countrywide. Khomas Region remains the most affected region, accounting for 4 907 (51%) of reported cases, followed by Erongo 1 807 (19%) since the outbreak began.									
Niger	Humanitarian crisis	Protracted 1	1-Feb-15	1-Feb-15	11-Jun-20	-	-	-	-
The security situation continues to worsen in bordering areas of Burkina Faso, Mali and Nigeria following armed groups attacks in the region. This security situation is hampering the humanitarian access and affecting the access to basic health and social services. A total of 46 health posts and 10 health centres have closed due to insecurity. According to OCHA statistics, 2.9 million people are in need of humanitarian assistance, 190 248 people are internally displaced, and 217 858 are refugees in the country. Food security remains a key challenge in Niger, particularly for displaced populations and host communities in Diffa, Tahoua, and Tillabery regions. Increased violence and COVID-19 related restrictions are expected to increase the number of people projected in severe food insecurity (IPC-3 and above) from 2 million to 2.7 million over June-August 2020.									
Niger	COVID-19	Grade 3	19-Mar-20	19-Mar-20	26-Jul-20	1 132	1 132	69	6.10%
Since the last update on 19 July 2020, 28 new cases with zero deaths were reported. From 19 March to 26 July 2020, a total of 1 132 cases with 69 deaths have been reported across the country. A total of 1 027 recoveries have been reported from the country.									
Niger	Measles	Ungraded	10-May-19	1-Jan-20	26-Apr-20	1 898	477	7	0.40%
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 from eight regions in the country. So far, 72 districts have been affected by outbreaks in 2020.									
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	30-Jun-20	-	-	-	-
The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security compromised areas characterized by overcrowded population in many camps in the region. Health Sector partners are supporting the government led COVID-19 response across the three states, including support through joint resource mobilization activities, overall coordination and monitoring of the response in the northeast.									
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-20	26-Jul-20	40 532	40 532	858	2.10%
The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 26 July 2020, a total of 40 532 confirmed cases including 858 deaths and 17 374 recovered cases have been reported in the country.									
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-20	19-Jul-20	1 065	1 051	233	21.90%
A total of five new confirmed cases with one death were reported from Ondo State in Nigeria in week 29 (week ending 19 July 2020). From 1 January to 19 July 2020, a total of 1 065 cases (1 051 confirmed and 14 probable) with 233 deaths (CFR 21.9%) have been reported from 129 Local Government Areas across 27 states in Nigeria. A total of 13 contacts are currently being followed.									
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-20	7-Jun-20	420		14	3.30%
Between epi weeks 1 - 23 (week ending 7 June 2020), a total of 420 suspected cases of measles were reported from 88 LGAs in 20 states and FCT. None was laboratory confirmed and 14 deaths were recorded.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	21-Jul-20	53	53	0	0.00%
With no WPV detected in Nigeria since 2016, the country has been removed from the list of WPV-endemic countries. No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There has been one case in 2020 so far, 18 cVDPV2 cases were reported in 2019, and 34 in 2018.									
Nigeria	Yellow fever	Ungraded	14-Sep-17	1-Jan-20	21-Jun-20	1 150	5	0	0.00%
In week 25, there were 18 suspected cases reported from 16 LGA in 12 states. Between week 1 and 25 in 2020, a total of 1 150 suspected cases including 12 presumptive positive cases and 5 confirmed cases were reported. In 2019, a total of 4 288 suspected cases were reported in 618 (83.1%) LGAs from all states in the country. Four States: Katsina, Kebbi, Bauchi and Benue had the highest attack rates. A total of 227 cases were confirmed in Nigeria and from IP Dakar and 231 deaths were reported.									
Rwanda	COVID-19	Grade 3	14-Mar-20	14-Mar-20	26-Jul-20	1 823	1 823	5	0.30%
Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 26 July 2020, a total of 1 823 cases with five deaths and 918 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	26-Jul-20	863	863	14	1.60%
On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 26 July 2020, a total of 863 confirmed cases of COVID-19 have been reported, including 14 deaths. A total of 696 have been reported as recoveries.									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	26-Jul-20	9 681	9 681	191	2.00%
Between 2 March 2020 and 26 July 2020, a total of 9 681 confirmed cases of COVID-19 including 191 deaths have been reported from Senegal. A total of 6 409 cases have recovered.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	26-Jul-20	107	107	0	0.00%
The first COVID-19 confirmed cases were reported in Seychelles 14 March 2020. After 78 days of reporting no confirmed cases, a fishing vessel replacement crew arrived by air in Seychelles on 23 June 2020, a group of them having tested positive for COVID-19 at the point of entry. As of 26 July, there are 107 total cases, including 45 recoveries and 89 active cases.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	26-Jul-20	1 783	1 783	66	3.70%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 26 July 2020, a total of 1 783 confirmed COVID-19 cases were reported in the country including 66 deaths and 1 313 recovered cases.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	26-Jul-20	445 433	445 433	6 769	1.50%
Detailed update given above.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	30-Jun-20	-	-	-	-
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 Panyijar counties also continue to cause displacement of over 13 000 persons.									
South Sudan	COVID-19	Grade 3	5-Apr-20	2-Apr-20	26-Jul-20	2 305	2 305	46	-
On 5 April 2020, the Ministry of Health of South Sudan has reported the country's first case of COVID-19. As of 26 July 2020, a total of 2 305 confirmed COVID-19 cases were reported in the country including 46 deaths and 1 196 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, Magwi, 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	26-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 26 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	26-Jul-20	868	868	18	2.10%
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 26 July 2020, a total of 868 cases including 18 deaths and 599 recovered cases have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	21-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 Mango village, Oti district, Savanes region in northern part of Togo. The results were confirmed at the yellow fever reference laboratory, Institute Pasteur in Dakar, Senegal by seroneutralisation. The case is a 55-year old female with no travel or vaccination history for yellow fever. On 3 February 2020, she presented to a health facility with symptoms of fever with aches. The following day she developed jaundice and a blood sample was taken and transported to the national laboratory as yellow fever was suspected. The case-patient died three days later while receiving treatment. On 17 March, the sample tested 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	n/a	30-Jun-20	-	-	-	-
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 in 7 out of 8 stool samples that were collected. As of 12 June 2020, the cumulative number of cases is 682 including six deaths have been reported.									
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	25-Jul-20	1 115	1 115	2	0.20%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 25 July 2020, a total of 1 115 confirmed COVID-19 cases, 982 recoveries with two deaths.									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	26-Jul-20	4 481	4 481	139	3.10%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 26 July 2020, a total of 4 481 confirmed COVID-19 cases were reported in the country including 139 deaths and 2 350 recovered cases.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-19	16-Jul-19	21-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 week 36, 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	Grade 3	20-Mar-20	20-Mar-20	26-Jul-20	2 512	2 512	34	1.40%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 26 July 2020, a total of 2 512 confirmed COVID-19 cases were reported in the country including 34 deaths and 518 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									
Benin	Lassa fever	Ungraded	19-Feb-2020	17-Feb-2020	15-May-2020	4	4	1	25.0%
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 23 healthcare workers, are under follow-up.									

†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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