

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 31: 27 July - 2 August 2020
Data as reported by: 17:00; 2 August 2020



REGIONAL OFFICE FOR **Africa**
WHO Health Emergencies Programme

1

New event

109

Ongoing events

100

Outbreaks

10

Humanitarian
crises



Graded events †

49

Grade 3 events

19

Grade 2 events

1

Grade 1 events

2

Protracted 3 events

2

Protracted 2 events

3

Protracted 1 events

34

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 110 events in the region. This week's main articles cover the following events:

- [Coronavirus disease 2019 \(COVID-19\) in Kenya](#)
- [Coronavirus disease 2019 \(COVID-19\) in South Africa](#)
- [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:

- The COVID-19 outbreak in Kenya is escalating rapidly, with 46 out of 47 counties now affected and cases doubling around every two weeks, although deaths remain low. The high attack rates in Nairobi City and Mombasa county are of particular concern, particularly since the country has now opened up. Challenges remain around stigma and discrimination among people discharged from quarantine and treatment centres, which may be behind reluctance to self-isolate in the community when confirmed positive. High rates of health worker infection in private health facilities are also a concern. Other issues are limited availability of personal protective equipment at sub-national level.
- South Africa continues to report highest number of COVID-19 cases and deaths in the WHO African Region, now passing the 500 000 mark, with more than 8 000 deaths. Community transmission is well established across all provinces of the country. Gauteng Province remains the hot spot of the country's outbreak, although KwaZulu-Natal is now passing Eastern Cape Province in terms of case numbers. The outbreak remains mainly localised in the four most populous provinces in the country; however, 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 measures such as physical distancing, putting on cloth masks in public places and hand hygiene practices.
- The continued increase 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.

Ongoing events

Coronavirus disease 2019

Kenya

22 053 : 369 : 1.7%
Cases : Deaths : CFR

EVENT DESCRIPTION

The COVID-19 outbreak in Kenya continues to escalate with 46 out of 47 counties now reporting cases. In the past 24 hours (as of 2 August 2020), a total of 690 new confirmed COVID-19 cases have been reported in the following counties: Nairobi (535), Kiambu (56), Kajiado (28), Nyeri (24), Busia (9), Machakos (7), Kisumu (6), Nakuru (6), Embu (4), Garissa (4), Laikipia (3), Narok (3), Bungoma (1), Kwale (1), Meru (1), Mombasa (1) and Nyandarua (1). There were five deaths reported over the same period.

As of 2 August 2020, a total of 22 053 confirmed cases have been reported, with 369 deaths (case fatality ratio 1.7%). The highest number of cases have been reported from Nairobi (13 276), Mombasa (2 074), Kiambu (1 504), and Kajiado (1 181) counties, all reporting more than 1 000 cases. Nairobi City and Mombasa Counties have the highest attack rates of COVID-19 at 301.9 and 171.6 per 100 000 population respectively. This is in comparison to an attack rate of 44.9 per 100 000 population overall and indicates that these areas need specific targeted interventions. Currently, 22 053 (97%) of the total number of confirmed cases are known to be local transmissions.

In the 24 hours up to 2 August 2020, a total of 5 393 samples were tested, bringing the cumulative total of tests in the country since the start of the outbreak in March 2020 to 304 287. The laboratory testing rate currently stands at 6 284 samples per 1 million people. The test positivity rate is 7.1%.

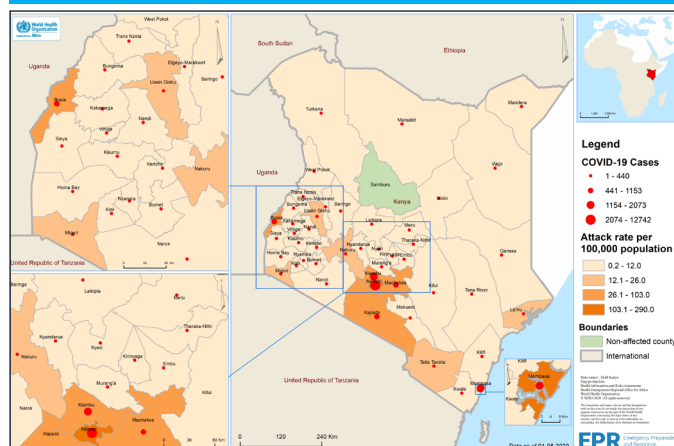
Among confirmed cases, 65% (14 396) are male and 35% (7 657) are female. Most of the deaths (276; 76%) are among males and 33% of confirmed cases are in the age group 30-39 years. The majority (33 females and 117 males) of deaths are in those aged more than 60 years.

Contact tracing is ongoing, with a total of 21 524 contacts listed, of whom 552 have tested positive for COVID-19. There are 9 927 contacts under follow-up, and 98% (9 721) were followed up in the 24 hours reported. A total of 8 477 patients have recovered from COVID-19.

PUBLIC HEALTH ACTIONS

- The National Emergency Response Committee on Coronavirus resolved to open the country up to international travel on 1 August 2020, which has now commenced, with stringent protocols in place at Jomo Kenyatta International Airport, in conjunction with Kenya Airports Authority and other stakeholders, in line with Ministry of Health guidelines on social distancing, hand sanitizing, enhanced temperature screening, aircraft and facilities disinfection and sensitizing of staff.
- The Ministry of Health, Department of Disease Surveillance, the National Public Health Emergency Operations Centre and FELTP in collaboration with WHO is supporting assessment of key isolation facilities, with advice on case progression, to inform national protocols on prevention and treatment.

Geographical distribution of confirmed coronavirus disease 2019 cases and deaths in Kenya, as of 2 August 2020



- All alerts were responded to and contact tracing continues in all affected counties.

SITUATION INTERPRETATION

The rapid escalation in confirmed cases in Kenya is of grave concern, with case numbers doubling roughly every two weeks. However, the case fatality ratio remains low, possibly because of the young age of many of those infected. The high attack rates in Nairobi City, and Mombasa and Kajiado counties are of particular concern because of the concentration of the population in these areas and the fact that these are popular tourist destinations. Specific challenges lie in emerging evidence of stigma and discrimination against people discharged from quarantine and isolation centres and the high rate of infection among health workers in private health facilities pointing to poor adherence to infection prevention and control guidelines. It also seems that there is poor adherence to government guidelines on social distancing and hand sanitizing among the general population, as well as positive cases not adhering to quarantine orders, with complacency at community level. There are inadequate resources for surveillance at sub-national and particularly sub-county level and a long turnaround time for laboratory tests. Procurement of personal protective equipment is inadequate at sub-national level and there is low uptake of integrated data management systems, particularly for the digital case investigation form that is available. These challenges need to be addressed urgently in the light of rising case numbers, particularly as the country opens up to international tourism.

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[Go to map of the outbreaks](#)

EVENT DESCRIPTION

South Africa continues to record the highest number of COVID-19 cases and deaths on the continent, now passing the 500 000 mark. Since our last report (*Weekly Bulletin 30*), the number of recorded cases has increased by 66 051, while deaths have increased by 1 597 in the same period. As of 2 August 2020, the country has reported a total of 511 485 cases and 8 366 deaths (case fatality ratio 1.5%).

There continues to be a heterogeneous distribution of case numbers and deaths across the nine provinces in the country, with community transmission well established in all parts of the country. Gauteng Province currently has the highest number of cases, at 180 532 (35.3%), followed by Western Cape Province with 96 838 (18.9%) cases. KwaZulu-Natal (82 300; 16.1%) and Eastern Cape (79 410; 15.5%) follow, KwaZulu-Natal now overtaking Eastern Cape as the third most affected province in terms of cases in the country. Case numbers continue to rise rapidly in the less populous provinces, with 19 961 cases in North West Province (the heart of the mining industry), 23 099 cases in Free State Province, 15 120 cases in Mpumalanga Province, 9 044 cases in Limpopo Province and 5 131 cases in the sparsely populated Northern Cape Province.

Western Cape Province has the most deaths (3 117; 37.2%), followed by Gauteng Province (2 115; 25.3%), Eastern Cape Province (1 769; 21%) and KwaZulu-Natal Province (875; 19.5%). The remaining provinces have reported 412 deaths between them. The number of recoveries stands at 347 227 (68%).

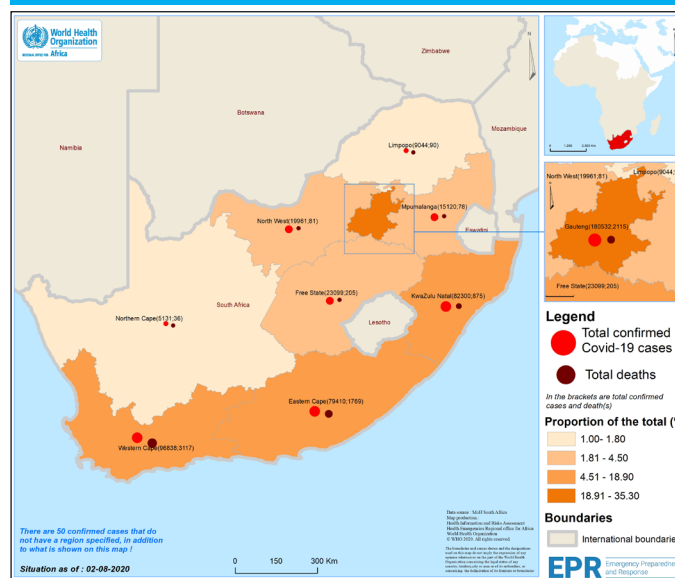
Among the 507 894 cases where age and gender is known, 294 498 cases are female and 213 396 are male. The age groups most affected are those between 25 to 54 years. The majority of deaths are among those aged 50-69 years.

As of 2 August 2020, a total of 3 036 779 PCR tests has been carried out, of which 2 368 212 are passive case finding and 668 567 are community screen and test. Currently, 61% of all tests have been carried out in the private health sector, with 39% in the public health sector.

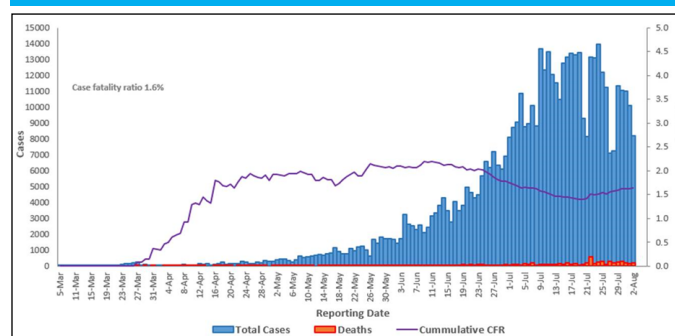
PUBLIC HEALTH ACTIONS

- South Africa remains in lockdown with mandatory cloth masks in public, a complete ban on tobacco and alcohol sales; the curfew times have been amended to 22:00 to 04:00 daily. Inter-provincial travel remains banned except for essential workers and immediate family for funerals.
- Schools are closed from 27 July 2020 for four weeks, except for final year learners (Grade 12), who 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 - 2 August 2020



The distribution of confirmed COVID-19 cases, deaths and cumulative case fatality ratio in South Africa, 5 March to 2 August 2020.



SITUATION INTERPRETATION

The situation in South Africa remains of grave concern, although the numbers appear to be levelling off in Western Cape and Gauteng provinces. However, variable daily testing numbers make this difficult to interpret. 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, continues to see rising numbers of confirmed cases and geographical spread, with 27 health areas in eight health zones affected. Since our last report (*Weekly Bulletin 30*), another six additional confirmed EVD cases have been reported, with no new deaths. However, there have been no new confirmed cases of EVD for the second consecutive day.

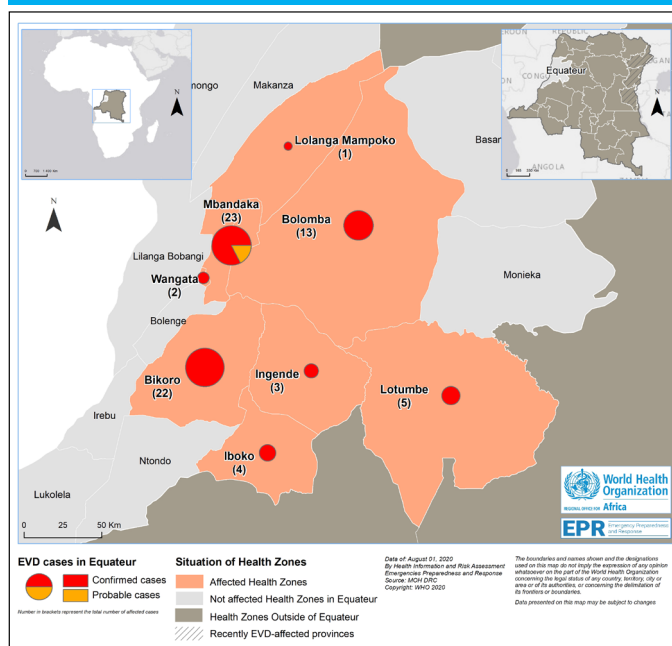
As of 1 August 2020, there are a total of 73 cases (69 confirmed and four probable) including 31 deaths (case fatality ratio 42.9%). The case fatality ratio among confirmed cases is 42.9% (27 deaths/63 confirmed cases). The number of health workers affected remains at three, making up 4.1% of all cases. 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 27, in eight of the 18 health zones in the province. In the past 21 days (12 July to 1 August 2020), 23 confirmed cases have been reported in 20 health areas across six health zones.

Four out of six health zones have listed contacts, with 451 new contacts listed, most (360; 79.8%) from Bikoro Health Zone. In the 24 hours up to 1 August 2020, only 3 390 of the 4 775 active contacts were seen (71%). There were 194 unseen contacts, of which 46 (23.7%) have never been seen, 19 (9.8%) were lost to follow-up and 129 (66.5%) were seen in the past 24 hours. A total of 11 contacts became symptomatic, six in Bikoro, three in Ingende and two in Mbandaka. A total of 294 contacts have completed their follow-up period in Bikoro. Six health zones reported alerts on 1 August 2020, with 411 new alerts, including nine deaths, registered. Of these 150 (53.8%) were from Bikoro and 71 from Mbandaka. A total of 676 alerts have been registered to date, of which 494 (73.1%) have been investigated, and 113 (73.1%) have been validated. Active case finding was conducted in 190 out of 312 health facilities and 136 alerts were detected, with 10 (7.4%) validated.

PUBLIC HEALTH ACTIONS

- Five new Points of Control (PoCs) were installed in Bikoro, all of which have started reporting.
- On 1 August 2020, all 19/21 active PoCs reported. A total of 14 218 travellers passed through these PoCs and 13 342 (93.8%) were screened. Two new alerts were reported, from Trois-Rivières, Mbandaka Health Zone and the second in Ikengo, Mbandaka Health Zone. Since the start of the response activities, 446 442 (93.4%) screenings have been performed among the 477 835 travellers who have passed through the active PoCs. Out of these 38 alerts have been detected, with 17 validated.
- As of 1 August 2020, 118 samples were received in operational laboratories, with 110 analysed; 36 in Bikoro, 32 in Mbandaka, 27 in Bolomba and 15 in Itipo. Since the start of the outbreak a total of 2 635 samples have been tested.
- A total of 143 new people were vaccinated with rVSV-ZEBOV-GP on 1 August 2020, including 11 high risk contacts, 115 contacts of contacts and 19 probable contacts.
- Since 5 June 2020, a total of 18 814 people has been vaccinated.
- A total of 61 patients, including eight confirmed patients were managed in the transit centres and Ebola treatment centres in affected areas as of 1 August 2020, with bed occupancy at 47.3%. The treatment centre in Bikoro is over-capacity.
- Six confirmed cases of EVD remain in the community, including three in Lotumbe and one each in Bikoro, Lolanga-Mampoko and Mbandaka.

Geographical distribution of confirmed Ebola virus disease cases reported from 1 August 2020, Équateur Province, Democratic Republic of the Congo



- Seven alerts of community deaths were received from Bolomba, Iboko, Ingende and Mbandaka, but only two safe and dignified burials could be carried out.
- As of 1 August 2020, infection prevention and control (IPC) monitoring and support was provided in Bolomba, Bikoro and Iboko health zones and 20 households in Bikoro, which have been equipped with IPC and WASH kits, with an additional 25 health facilities in affected health zones monitored and supported; 134 providers have been briefed on response topics.
- Risk communication, mobilization and community engagement continues, with continued engagement with celebrities from Mbandaka and 20 biker leaders from Wangata participating in community dialogues on EVD perceptions; community outreach groups and women's associations taking part in community dialogues on perceptions of EVD. To date, a total of 81 559 people have been reached in educational talks.

SITUATION INTERPRETATION

The EVD outbreak in Équateur Province continues to rise, with increasing new confirmed cases along with geographical spread to new health areas. Challenges around inadequate resources for alert investigations in Mbandaka, and in case management in rural and hard-to-reach areas continue. The constant presence of confirmed cases in the community is of particular concern, along with suspected cases who are not isolated. Additionally, there are insufficient funds available to cover the response required. 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.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- The COVID-19 outbreak in Kenya continues to escalate, now affecting 46 out of the 47 counties in the country, with high attack rates of particular concern in Nairobi City and Mombasa county, particularly since these are tourist hot spots and international travel to the country opened up on 1 August 2020. There is apparent complacency in the population with poor adherence to social distancing and hand sanitizing among the population, as well as stigma and discrimination against those who have been discharged from quarantine and treatment centres, as well as inadequate procurement of personal protective equipment at sub-national level.
- The large and rapidly increasing COVID-19 outbreak in South Africa, the largest in the Region, surpassing 500 000 cases, and fifth globally, continues to be of grave concern, although there may be a suggestion that the number of new cases is levelling off. 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.

Proposed actions

- Authorities in Kenya need urgently to address the challenges around public health messages to the population on distancing and hand sanitizing, as well as providing strong community engagement to address issues of stigma and discrimination. The problems with procurement of personal protective equipment must be addressed. These issues are of particular concern as the country opens up for tourism again, potentially bringing in much needed revenue in this sector.
- 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.

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
New Events									
Guinea	Poliomyelitis (cVDPV2)	Grade 2	22-Jul-20	22-Jul-20	29-Jul-20	8	8	0	0.00%
Eight cVDPV2 cases were reported in Kankan province making them the first in the country. On 22 July 2020, WHO was notified by the Global Polio Laboratory Network of cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) from Guinea. These viruses were isolated from five acute flaccid paralysis (AFP) cases with onsets of paralysis between 22 March 2020 and 28 May 2020, from two separate districts in Kankan province (Kankan district, Mandiana district).									
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	2-Aug-20	31 465	31 465	1 231	3.90%
From 25 February to 2 August 2020, a total of 31 465 confirmed cases of COVID-19 with 1 231 deaths (CFR 3.9 %) have been reported from Algeria. A total of 21 419 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	1-Aug-20	1 164	1 164	54	4.60%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 1 August 2020, a total of 1 164 confirmed COVID-19 case have been reported in the country with 54 deaths and 463 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	29-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	28-Jul-20	1 805	1 805	36	2.00%
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 28 July 2020, a total of 1 805 cases have been reported in the country with 36 deaths and 1 157 recoveries.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	29-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 in 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	29-Jul-20	804	804	2	0.20%
On 30 March 2020, the Minister of Health and Wellness of Botswana reported three confirmed cases of COVID-19. As of 29 July 2020, a total of 804 confirmed COVID-19 cases were reported in the country including two deaths and 63 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 Barsalogho. Flooding destroyed 669 shelters and damaged another 2 900. Around 140 000 IDPs are hosted in the affected communes. Morbidity due to epidemic-prone diseases remaining high and malnutrition thresholds are alarming in the areas hosting IDPs, mainly in Barsalogho, Djibo, Matiacoali, Arbinda, and Titao.									
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	31-Jul-20	1 149	1 149	53	4.60%
Between 9 March and 31 July 2020, a total of 1 149 confirmed cases of COVID-19 with 53 deaths and 945 recoveries have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2		1-Jan-19	29-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 10 May2020. 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 in 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 Centre (8 cases), Bujumbura North (28 cases), Bujumbura South (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	2-Aug-20	395	395	1	0.30%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 2 August 2020, the total confirmed COVID-19 cases are 395, including one death and 304 recovered.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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 the outbreak has recently been spreading in the host community in the district of Citiboke. 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.									
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 2020. 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 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%
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	2-Aug-20	17 718	17 718	392	2.20%
Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 28 July 2020, a total of 17 255 cases have been reported, including 391 deaths and 15 320 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 out of 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), Awaé (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.									
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	29-Jul-20	3	3	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Three cVDPV2 cases have been reported from the country so far in 2020.									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	2-Aug-20	2 457	2 457	24	1.00%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 2 August 2020, a total of 2 547 confirmed COVID-19 cases including 24 deaths and 1 860 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 four months of the year was also recorded.									
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	1-Aug-20	4 614	4 614	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 1 August, there are a total of 4 614 confirmed cases and 59 deaths reported.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Central African Republic	Measles	Grade 2	15-Mar-19	1-Jan-19	22-Jul-20	26 310	443	118	0.40%
As of 22 July 2020, a total of 26 310 cases have been notified and 118 deaths within 21 affected districts. Of the 26 310 suspected cases, there were 443 IgM+ lab confirmed; 78 were IgM+ for rubella. A total of 141 new cases and 0 deaths were reported as of Epi week 28. The majority of cases are under five years of age, followed by the 5 to under 15-year-old age group. Response activities are ongoing in the affected health districts.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	29-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.									
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	2-Aug-20	936	936	75	8.00%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 2 August 2020, a total of 936 confirmed COVID-19 cases were reported in the country including 75 deaths and 813 cases who have recovered.									
Chad	Measles	Ungraded	24-May-18	1-Jan-19	19-Jul-20	8 446	357	39	0.50%
In week 30 (week ending 19 July 2020), 12 suspected cases were reported. Three districts were in the epidemic phase during the week. Since the beginning of the year, a total of 8 446 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	29-Jul-20	59	59	0	0.00%
Four cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; one in Logone Occidental and three in Logone Oriental. There are now 59 cases from two different outbreaks in the country, one being the Jigawa outbreak.									
Comoros	COVID-19	Grade 3	30-Apr-20	30-Apr-20	1-Aug-20	386	386	7	1.80%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 1 August, a total of 386 confirmed COVID19, including 7 deaths and 330 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	30-Jul-20	3 387	3 387	56	1.70%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 30 July 2020, a total of 3 387 cases including 56 deaths and 923 recovered cases have been reported in the country.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	2-Aug-20	16 182	16 182	102	0.60%
Since 11 March 2020, a total of 16 182 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 102 deaths. A total of 11 801 patients have recovered.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Grade 2	29-Oct-19	29-Oct-19	29-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 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 Kelembé / 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 are in need of basic humanitarian assistance, including access to food, clean water, non-food items, shelters and health care assistance.									

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	Cholera	Grade 3	16-Jan-15	1-Jan-20	19-Jul-20	12 691	-	181	1.40%
The cholera outbreak situation in the Democratic Republic of Congo is improving. During week 29 (week ending 19 July 2020), a total of 177 cases of cholera and 2 deaths were notified in 39 health zones (10 provinces) in the country. While 339 cases including 1 death were reported in 31 Health Zones (12 provinces) in the same period in 2019. From week 26 to 29 of 2020, 88 % 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	1-Aug-20	9 115	9 114	214	2.30%
On 10 March 2020, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 1 August 2020, 9 114 confirmed cases and 1 probable case have been reported, for a total of 9 115 cases, including 214 deaths and 7 319 recoveries.									
Democratic Republic of the Congo	Ebola virus disease	Grade 2	31-May-20	17-May-20	2-Aug-20	73	69	31	42.50%
Detailed update given above.									
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	1-Jan-20	19-Jul-20	67 956	1 252	961	1.40%
In week 29 (week ending 19 July 2020), 588 measles cases including 11 deaths (CFR 1.9 %) were reported across the country. The provinces that reported most cases include: Sankuru (299 cases), Kassai (46 cases), Maindombe (42 cases). Over the past four weeks (weeks 26 to 29) provinces that notified the majority of cases are: Sankuru (1 476 cases), Maindombe (240 cases), South Ubangi (263 cases). Since 2019 a total of 379 473 measles cases and 6 992 deaths (CFR 1.4 %) have been reported in the country.									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-20	19-Jul-20	2 924	-	108	3.70%
During week 29 (week ending 19 July 2020), a total of 91 suspected cases of monkeypox with six deaths were reported across the country compared to 128 cases the preceding week. Between week 1 and week 29, a total of 2 924 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 108 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	19-Jul-20	75	-	17	22.70%
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 75 cases and 17 deaths (CFR 22.7%) 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	29-Jul-20	128	128	0	0.00%
Two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; one each in Kongo Central and Kwilu bringing the number of cases reported in 2020 to 20 while the total number of 2019 cases remain 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	28-Jul-20	4 821	4 821	83	1.70%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 28 July 2020, a total of 4 821 cases have been reported in the country with 83 deaths and 2 182 recoveries.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	30-Jul-20	279	279	0	0.00%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 30 July 2020, a total of 279 confirmed COVID-19 cases with no deaths were reported in the country. A total of 225 patients have recovered from the disease.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	2-Aug-20	2 775	2 775	42	-
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 2 August 2020, a total of 2 775 cases have been reported in the country including 1 214 recoveries. A total of 42 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	2-Aug-20	18 706	18 706	310	1.70%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 18 706 cases of COVID-19 as of 2 August 2020, 310 deaths and 7 601 recoveries have been reported.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ethiopia	Guinea 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 of seven confirmed cases with an emerged worm morphologically consistent with human guinea worm have been reported. This report comes after more than two consecutive years of zero reporting, as the last cases were reported in December 2017.									
Ethiopia	Measles	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)	Grade 2	24-Jun-19	20-May-19	29-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 15 cases have been reported in 2020. There were 12 cases in 2019.									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	1-Aug-20	7 531	7 531	50	0.70%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 1 August 2020, a total of 7 531 cases including 50 deaths and 5 223 recovered have been reported in the country.									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	29-Jul-20	498	498	9	1.80%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 29 July 2020, a total of 498 confirmed COVID-19 cases including nine deaths and 68 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	2-Aug-20	37 014	37 014	182	0.50%
On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. As of 2 August 2020, a total of 37 014 cases including 182 deaths and 33 365 recoveries have been reported in the country.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	29-Jul-20	29	29	0	0.00%
No cVDPV2 cases were reported this week. There have been eleven cases in 2020 so far, while the total number of 2019 cases remain 18.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	2-Aug-20	7 364	7 364	46	0.60%
The Ministry of health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 2 August 2020, a total of 7 364 cases including 6 505 recovered cases and 46 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	28-Jul-20	1 981	1 981	27	1.40%
On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 28 July 2020, the country has reported 1 981 confirmed cases of COVID-19 with 903 recoveries and 27 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, the 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	2-Aug-20	22 053	22 053	369	1.70%
Detailed update given above.									
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	2-Aug-20	718	718	19	2.60%
On 13 May 2020, WHO was notified of the first confirmed COVID-19 case in Lesotho. As of 2 August, 718 cases of COVID-19 have been reported, including 173 recoveries and 19 deaths.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	1-Aug-20	1 207	1 207	77	6.40%
From 16 March to 1 August 2020, a total of 1 207 cases including 77 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 691 case-patients have recovered.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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	26-Jul-20	716	87	3	0.40%
In week 30 (week ending on 26 July 2020), one suspected case was reported from Grand Kru country. Since the beginning of 2020, 716 cases with 3 associated deaths have been reported across the country, of which 87 are laboratory-confirmed, 228 are epi-linked, and 241 are clinically confirmed.									
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	2-Aug-20	11 528	11 528	114	1.00%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 2 August 2020, a total of 11 528 cases have been reported in the country, out of which 8 444 have recovered and 114 deaths have been reported in the country.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	2-Aug-20	4 231	4 231	123	2.90%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 2 August 2020, the country has a total of 4 231 confirmed cases with 123 deaths and 1 919 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 30 wounded, five of whom were seriously wounded. More than 75% of security incidents reported in May 2020 (282 incidents) took place in the regions of Mopti (175 cases) and Ségou (107 cases) in the centre of the country. Mali now has more than 250 000 internally displaced persons.									
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	31-Jul-20	2 535	2 535	124	4.90%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 31 July 2020, a total of 2 535 confirmed COVID-19 cases have been reported in the country including 124 deaths and 1 941 recoveries.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-19	19-Jul-20	669	338	0	0.00%
During week 29 (week ending on 19 Jul 2020), 10 suspected cases of measles were reported from three regions in the country. Six samples were confirmed IgM-positive during the week. Since 1 January 2020, 669 suspected cases, 338 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 three 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	2-Aug-20	6 323	6 323	157	2.50%
The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 2 August 2020, a total of 6 323 cases including 157 deaths and 5 115 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 Tiguint 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 on 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	2-Aug-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 2 August 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%
A 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, Memba, 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 pamba city are affected.									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	2-Aug-20	1 946	1 946	13	0.70%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 2 August 2020, a total of 1 946 confirmed COVID-19 cases were reported in the country including 13 deaths and 654 recoveries.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mozambique	Measles	Ungraded	25-Jun-20	1-Jan-20	8-Jul-20	34	-	-	-%
A measles outbreak was reported 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 14 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	1-Aug-20	1 774	1 774	8	0.45%
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 eight deaths.									
Namibia	Hepatitis E	Protracted 1	18-Dec-17	8-Sep-17	17-May-20	9 661	1 972	65	3.29%
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	1-Aug-20	1 138	1 138	69	6.10%
From 19 March to 1 August 2020, a total of 1 138 cases with 69 deaths have been reported across the country. A total of 1 028 recoveries have been reported from the country.									
Niger	Measles	Ungraded	10-May-19	1-Jan-20	31-May-20	2 079	241	4	0.20%
From week 1 to 22 of 2020, Niger reported a total measles suspected case count of 2 079 of which there were 241 lab confirmed (IgM positive) and 4 deaths in 8 regions: Agadez (50 cases, 0 deaths), Diffa (4 cases, 0 deaths), Dosso (27 cases, 0 deaths), Maradi (101 cases, 2 deaths), Niamey (23 cases, 0 death), Tahoua (62 cases, 1 death), Tillabery (67 cases, 0 deaths) and Zinder (167 cases, 1 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 overcrowding 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	2-Aug-20	43 841	43 841	888	2.00%
The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 2 August 2020, a total of 43 841 confirmed cases including 888 deaths and 20 308 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	29-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 4288 suspected cases were reported in 618 (83.1%) LGAs from all states in the country. Four States: Katsina, Kebbi, Bauchi and Benue had the highest attack rates. A total of 227 cases were confirmed in Nigeria and from IP Dakar and 231 deaths were reported.									
Rwanda	COVID-19	Grade 3	14-Mar-20	14-Mar-20	2-Aug-20	2 062	2 062	5	0.20%
Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 2 August 2020, a total of 2 062 cases with five deaths and 1 144 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	2-Aug-20	874	874	15	1.70%
On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 2 August 2020, a total of 874 confirmed cases of COVID-19 have been reported, including 15 deaths. A total of 787 have been reported as recoveries.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	2-Aug-20	10 344	10 344	209	2.00%
Between 2 March 2020 and 2 August 2020, a total of 10 344 confirmed cases of COVID-19 including 209 deaths have been reported from Senegal. A total of 6 838 cases have recovered.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	26-Jul-20	114	114	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 2 August, there are 114 total cases, including 113 recoveries.									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	2-Aug-20	1 843	1 843	67	3.60%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 2 August 2020, a total of 1 843 confirmed COVID-19 cases were reported in the country including 67 deaths and 1 375 recovered cases.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	2-Aug-20	511 485	511 485	8 366	1.50%
Detailed update given above.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	15-Jul-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	1-Aug-20	2 429	2 429	46	-
On 5 April 2020, the Ministry of Health of South Sudan has reported the country's first case of COVID-19. As of 1 August 2020, a total of 2 429 confirmed COVID-19 cases were reported in the country including 46 deaths and 1 209 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	2-Aug-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 2 August 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	2-Aug-20	961	961	19	2.00%
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 2 August 2020, a total of 961 cases including 19 deaths and 660 recovered cases have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	29-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 <i>Vibrio cholerae</i> 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 6 deaths have been reported.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	1-Aug-20	1 182	1 182	4	0.30%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 1 August 2020, a total of 1 182 confirmed COVID-19 cases, 1 045 recoveries with 4 deaths.									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	2-Aug-20	6 347	6 347	170	2.70%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 2 August 2020, a total of 6 347 confirmed COVID-19 cases were reported in the country including 170 deaths and 4 493 recovered cases.									
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-19	16-Jul-19	29-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 in 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	2-Aug-20	3 921	3 921	70	1.80%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 2 August 2020, a total of 3 921 confirmed COVID-19 cases were reported in the country including 70 deaths and 1 016 cases that recovered.									
Closed Events									
Zimbabwe	Malaria	Ungraded	8-Mar-20	1-Jan-20	19-Jul-20	358 637	358 637	361	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 19 July 2020, there have been 358 637 malaria cases and 361 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 and Mashonaland Central Province. Health Facilities in affected areas face the overwhelming malaria situation in the context of COVID 19 pandemic. However, efforts to reverse the upsurge of malaria in the country continue unabated. A review of Week 24 showed a 33.1% (2 644) drop on weekly reported malaria cases from 6 632 (week 23) to 5 345 (wk. 24). Additionally, the number of health facilities with ongoing outbreaks dropped to 69 from 80 reported in week 22. Continued efforts to reverse upsurge of malaria situation can be attributed to the deployment of activated malaria epidemic response activities, integrated training of malaria vs COVID-19 through strengthened partnerships as well as cooperative efforts in escalating malaria intervention efforts.									

†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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