

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 32: 3 - 9 August 2020

Data as reported by: 17:00; 9 August 2020



World Health  
Organization

REGIONAL OFFICE FOR

Africa

WHO Health Emergencies Programme

2

New events

110

Ongoing events

102

Outbreaks

10

Humanitarian  
crises



Graded events ↑

49

Grade 3 events

19

Grade 2 events

1

Grade 1 events

36

Ungraded events

2

Protracted 3 events

2

Protracted 2 events

3

Protracted 1 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 112 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 Democratic Republic of the Congo.](#)

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

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

### Major issues and challenges include:

- South Africa continues to report the highest number of COVID-19 cases and deaths in the WHO African Region, and has now passed the milestone of 10 000 deaths. However, there appears to be a declining trend in both daily case numbers and hospital admissions, although targeted testing strategies make interpretation of daily case numbers difficult. Established community transmission means that the number of cases in the more rural provinces is also rising, although the main centres of the outbreak continue to be in the densely populated, more urban areas of the country. The main challenges facing South Africa continue to be reinforcement of public health measures such as physical distancing, wearing cloth masks in public places and hand hygiene practices, particularly since most of the population is back at work and inter-provincial leisure travel is once again permitted. The presence of the WHO surge team is to be welcomed.
- The EVD outbreak in Équateur Province, Democratic Republic of the Congo, continues to be 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. Additionally, there is a lack of funding for the response, particularly that required to prevent further spread, and inadequate human resources for risk communication and engagement in affected health zones and hotspots. 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 Democratic Republic of the Congo is showing a declining trend, which points to the efficacy of the targeted vaccination campaigns that have been ongoing in the past two years. However, certain hospital still struggle with management of complicated cases and the COVID-19 outbreak is preventing deployment of routine response teams to affected areas. Shortcomings in communication for community involvement have also been reported, which is particularly serious in the light of persistent rumours around a vaccination campaign against COVID-19 in some provinces. Momentum must not be lost in the current reactive vaccination campaigns and these issues need to be addressed urgently by national authorities and partners.

# Ongoing events

Coronavirus disease 2019

South Africa

559 858 : 10 408 : 1.9%  
Cases : Deaths : CFR

## EVENT DESCRIPTION

South Africa continues to record the highest number of COVID-19 cases and deaths on the continent, although the daily number of new cases appears to be on a declining trend. However, this trend should be interpreted cautiously, since the current targeted testing strategy means that fewer daily tests are now conducted, and the number of deaths continues to rise.

Since our last report (*Weekly Bulletin 31*), the number of recorded cases has increased by 48 373, which is 26% fewer than the number of cases recorded in week 31 (week ending 2 August 2020). However, the number of deaths recorded in the same period is 2 042, which is 21.7% higher than the number of deaths recorded in week 31. As of 9 August 2020, the country has reported a total of 559 858 cases and 10 408 deaths (case fatality ratio 1.9%).

All provinces in the country are affected, with Gauteng Province the most affected, at 192 767 cases (34.4%), followed by Western Cape Province with 99 959 (17.9%). KwaZulu-Natal (98 068; 17.5%) and Eastern Cape (82 401; 14.7%) follow. Case numbers continue to rise rapidly in the less populous provinces, with 28 370 cases in Free State Province, 21 837 cases in North West Province (the heart of the mining industry), 19 239 cases in Mpumalanga Province, 10 546 cases in Limpopo Province and 6 621 cases in the sparsely populated Northern Cape Province.

Western Cape Province has the most deaths (3 399; 32.6%), followed by Gauteng Province (2 579; 24.4%), Eastern Cape Province (2 209; 21.2%) and KwaZulu-Natal Province (1 409; 13.5%). The remaining provinces have reported 812 deaths between them. The number of health workers affected is now 24 104 (5% of all confirmed cases), with 181 deaths (1.74% of the total) recorded. The number of recoveries stands at 411 147 (73%).

Among the 555 677 cases where age and gender is known, 323 120 cases are female and 232 557 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 9 August 2020, a total of 3 250 583 PCR tests has been carried out, of which 2 541 942 are passive case finding and 708 641 are community screen and test. Currently, 79% of all tests have been carried out in the private health sector, with 21% in the public health sector.

Sentinel surveillance carried out in selected public and private hospitals by the National Institute for Communicable Diseases (NICD) suggests that weekly hospital admissions are declining, rising to a peak of 6 088 during week 29 (week ending 18 July 2020) and falling in the past two weeks, with 5 019 admissions recorded in week 31 (week ending 1 August 2020). Public hospitals account for only 22.3% and 19.6% of these figures, although the number of admissions is also dropping in those public facilities that form part of this sentinel surveillance.

## PUBLIC HEALTH ACTIONS

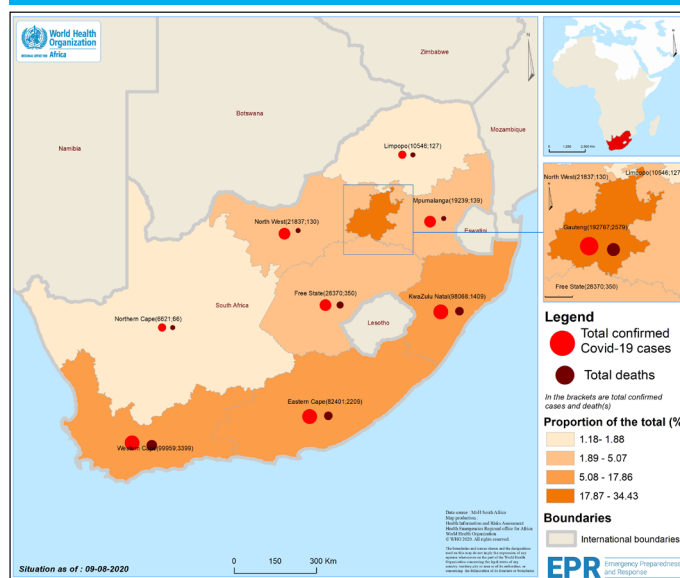
- A WHO surge team of infectious disease specialists and epidemiologists have been sent to South Africa, with the first 17 arriving on 5 August 2020. They are currently undergoing 14 days' quarantine before being deployed to different provinces.
- South Africa remains in lockdown with mandatory cloth 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 returned to school on 3 August 2020 and Grade 7 learners who will return on 11 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.

[Go to overview](#)

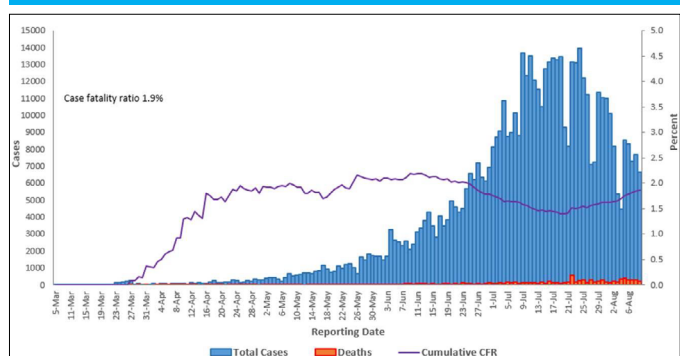
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[Go to map of the outbreaks](#)

Geographical distribution of confirmed coronavirus disease 2019 cases and deaths in South Africa, 5 March - 9 August 2020



The distribution of confirmed COVID-19 cases, deaths and cumulative case fatality ratio in South Africa, 5 March to 9 August 2020.



- 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.

## SITUATION INTERPRETATION

The situation in South Africa remains of grave concern, although daily recorded numbers are falling and there is some suggestion that hospital admissions may be falling as well. However, the number of deaths continues to rise, including in the less populous areas of the country, which collectively now account for 7.8% of the deaths in the country. While the main concentration of cases and deaths is in densely populated urban areas, there is clearly established community transmission across the country, with confirmed cases steadily rising in the more rural provinces. Although sentinel surveillance suggests that hospital admissions are falling, anecdotal reports indicate that, in Eastern Cape and KwaZulu-Natal in particular, hospital services are still under pressure. The continued increase in cases and deaths shows that there is no room for complacency. 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 28 health areas in eight health zones affected. Since our last report (*Weekly Bulletin 31*), another six additional confirmed EVD cases have been reported, with one new confirmed case in Mbandaka, and two new deaths.

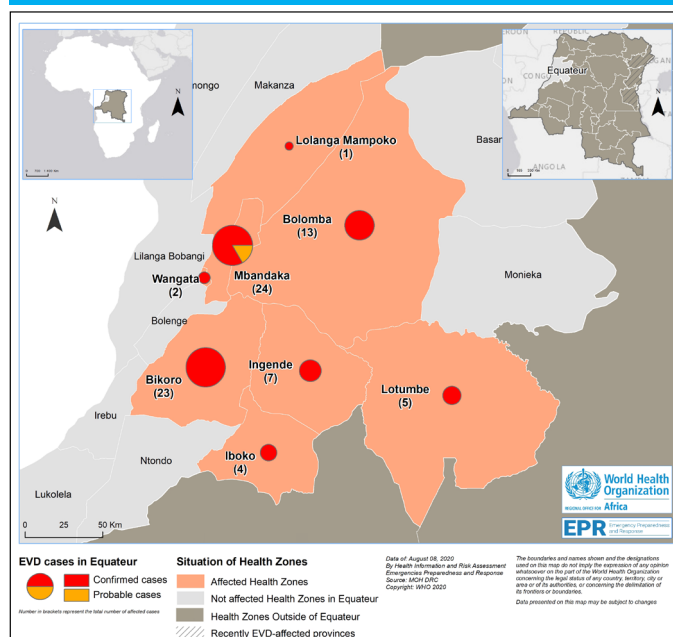
As of 8 August 2020, there are a total of 79 cases (75 confirmed and four probable) including 33 deaths (case fatality ratio 41.8%). The case fatality ratio among confirmed cases is 38.7% (29 deaths/75 confirmed cases). The number of health workers affected remains at three, making up 3.8% of all cases. 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 28, in eight of the 18 health zones in the province. In the past 21 days (19 July to 8 August 2020), 19 confirmed cases have been reported in 11 health areas across six health zones.

Five out of six health zones have listed contacts, with seven new contacts listed all from the Bolomoba Health Zone as of 8 August 2020. No contact data were available from the Ingende and Lotumbe health zones for the second and 11th consecutive days, respectively. In the 24 hours up to 8 August 2020, a total of 4 149 of the 4 358 active contacts were seen (95%). There were 176 unseen contacts, of which 36 (20.5%) have never been seen, four (2.3%) were lost to follow-up and 136 (77.3%) were seen in the past 24 hours. All 154 active contacts in Wangata Health Zone have completed their follow-up. A total of 22 contacts have become symptomatic, with 16 in Bolomoba, four in Bikoro, and one each in Mampoko and Mbandaka. A total of 784 alerts have been registered to date, of which 741 (94.5%) have been investigated, and 220 (29.7%) have been validated.

## PUBLIC HEALTH ACTIONS

- On 8 August 2020, preparations were started in Lilanga Bobangi Health Zone, where a WHO team were sent for a five-day mission.
- Five commission members were briefed on monitoring activities at Points of Entry (PoE)/Points of Control (PoC) for EVD and COVID-19.
- Three new PoC have been activated in Iboko, increasing the number of active PoCs from 24 to 27.
- On 8 August 2020, all 27 active PoCs reported. A total of 18 538 travellers passed through these PoCs and 16 666 (89.9%) were screened. Since the start of the response activities, 526 724 (92.1%) screenings have been performed among the 571 679 travellers who have passed through the active PoCs. Out of these 60 alerts have been detected, with 29 validated.
- As of 8 August 2020, 246 samples were received in operational laboratories; 96 in Bikoro, 69 in Mbandaka, 54 in Itipo and 27 in Bolomoba. Since the start of the outbreak a total of 3 618 samples have been tested.
- A total of 238 new people were vaccinated with rVSV-ZEBOV-GP on 8 August 2020, including 85 high risk contacts, 143 contacts of contacts and 10 probable contacts.
- Since 5 June 2020, a total of 20 499 people has been vaccinated.
- Four isolation centres have started to report their data: Bosomondomba, Iboko, Lopanzo and Yuli.
- A total of 83 patients, including six confirmed patients were managed in the transit centres and Ebola treatment centres in affected areas as of 8 August 2020, with bed occupancy at 48.1% among suspected cases and 15.4% among confirmed cases. The treatment centres in Itipo and Yuli are 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 8 August 2020, Équateur Province, Democratic Republic of the Congo



- Five alerts of community deaths were received from Bolomoba (3), Bikoro (1) and Wangata (1) none of which were sampled, and safe and dignified burials could not be carried out because of community resistance.
- As of 8 August 2020, infection prevention and control (IPC) monitoring and support was provided in Bolomoba and Ingende health zones, which have been equipped with IPC and WASH kits. Ten health facilities in Bolomoba (6) and Ingende (4) were evaluated, with an average score of 60.1%. A total of 22 Red Cross volunteers were briefed on IPC activities.
- Risk communication, mobilization and community engagement continues, with 43 political-administrative authorities and members of the Bolenge Community Action Groups participating in community dialogue sessions on EVD, with consequent adoption of a road map for outreach activities at their bases, along with alert raising. In the affected health zone, 2 302 households have been visited and 10 661 people have been sensitized by members of Community Action Groups and Red Cross volunteers.

## SITUATION INTERPRETATION

The EVD outbreak in Équateur Province continues to rise, albeit slowly, with new confirmed cases and geographical spread to new health areas. Community resistance is being seen, particularly to safe and dignified burials and sampling for EVD. 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, but there are concerns around insufficient resources for risk communication and engagement, particularly in hotspots. In addition, the provincial laboratory building in Mbandaka needs upgrading. 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. Partners need urgently to address the issue of insufficient funds being available for response, particularly with the concentration of response efforts to COVID-19. It is vital to ensure that COVID-19 response actions do not detract from the response required for EVD.

## EVENT DESCRIPTION

The long-standing measles outbreak in Democratic Republic of the Congo continues to show a declining trend, which started towards the end of 2019, when there was a decrease in the number of cases from week 49 of 2019 (week ending 7 December 2019) to week 6 of 2020 (week ending 8 February 2020). There was an increase between weeks 7 to 11 (weeks ending 15 February 2020 to 14 March 2020), and a peak in week 13 (week ending 28 March 2020). This was followed by a decrease to week 30 (week ending 25 July 2020). In week 30, a total of 413 suspected cases were reported, with five deaths (case fatality ratio 1.2%). These cases were reported from the 95 most affected health zones.

As of 26 July 2020, a total of 380 143 cases have been reported, with 6 999 deaths (case fatality ratio 1.8%). All 26 provinces of the country have been affected by the outbreak. The provinces that reported the most cases in week 30 were Sankuru (110 cases), Kasai (36 cases), South Ubangi (34 cases), Kasai Oriental (33 cases) and Tanganika (21 cases). However, no new health zones in these provinces have reported cases since week 29 of 2020 (week ending 18 July 2020). From weeks 1 to 30 of 2020, a total of 68 626 suspected cases have been reported, with 968 deaths (case fatality ratio 1.4%).

Between weeks 1 to 30 of 2020, a total of 3 306 laboratory samples have been received, of which 1 317 (40%) were IgM positive for measles, and 702 (21%) were IgM positive for rubella. Among children positive for rubella, 16% were aged more than 14 years.

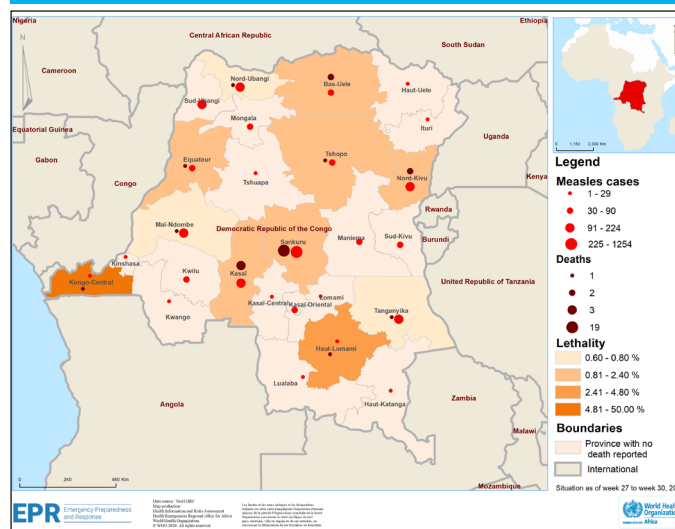
The under five-year age group remains the most affected across the country, with the proportion of cases in this age group varying from 27.6% to 34.9% since the start of 2020. Where vaccination status is known, 32% of cases had been vaccinated, 6% were not vaccinated and status was unknown in 62%.

Reactive measles vaccination campaigns in 2019 and 2020 have reached more than 6.4 million children aged between 6-59 months. Partial results from 121 health zones targeted during 2020 show that more than 1.2 million children have been vaccinated.

## PUBLIC HEALTH ACTIONS

- The measles action plan has been validated and shared with all stakeholders, along with evaluation of the implementation of the operational plan for 121 health zones.
- Surveillance information is regularly shared with the Department of Health, WHO and other partners, and consultants have been deployed in hotspots.
- Laboratory samples continue to be collected and transported, with results shared with stakeholders.
- There is continued support for strengthening the quality of paediatric care and intensification of awareness around the availability of free healthcare in those health zones that have received case management kits and where particular partners are involved.
- Risk communication and social mobilization activities with key messages and updates on the measles situation are being implemented in selected urban and rural health areas, with the support of the WHO sub-coordination team in Maindombe, along with reinforcement of community relays in health zones that are not reporting.

## Geographical distribution of confirmed measles cases and deaths in Democratic Republic of the Congo, as of 26 July 2020



- The reactive vaccination campaign has been implemented and evaluated in 121 health zones, reaching 111.8% of children between 6-59 months and 99% of children aged 1-9 years; leaving a total of 72 640 children requiring vaccination (64 432 aged 6-11 months and 8 208 over 12 months).
- UNICEF is distributing case management kits, as is WHO, with two boats provided to Maindombe sub-coordination in order to complete immunization activities.
- A number of partners are involved in the response, with funding originating from GAVI, DFID, WHO, ODHA, UNICEF and USAID among others; surveillance supported by WHO, MSF, Africa CDC, ALIMA, and CAFID among others; case management is supported by ALIMA, MSF, WHO, and UNICEF among others, most of whom also support the immunization response.
- Routine vaccine activities are being supported by WHO and UNICEF.

## SITUATION INTERPRETATION

The decline in the number of cases of measles in Democratic Republic of the Congo is welcomed and points to the efficacy of the reactive vaccination campaigns that have been ongoing through the past two years. However, there are still many challenges that must be addressed if cases are to remain low. The COVID-19 outbreak is preventing routine response teams from being deployed to affected areas, which are relying on teleworking teams. Coordination requires repurposing to a multisectoral approach and shortcomings in communication for community involvement have been identified. Certain hospitals still struggle with case management in complicated measles cases and poor accessibility hampers case management in hard-to-reach areas, shown by persistent high case fatality ratios in certain health zones. The effects of the COVID-19 outbreak are potentially hampering routine vaccination activities, complicated by persistent rumours around a vaccination campaign against COVID-19 in some provinces, which require community engagement and management. National and local authorities and partners need to urgently address these challenges in order to maintain the momentum of the reactive vaccination campaigns, while at the same time ensuring that routine vaccination programmes remain in operation, perhaps utilizing the COVID-19 response infrastructure in order to achieve this.

# Summary of major issues, challenges and proposed actions

## Major issues and challenges

- The large COVID-19 outbreak in South Africa, the largest in the Region, now surpassing 550 000 cases (keeping the country in fifth place globally) and 10 000 deaths, continues to be of grave concern, although there may be a suggestion that the number of new cases is levelling off, with a possible decrease in hospital admissions. Increasing numbers and deaths in the less populous, more rural provinces, point to strongly established community transmission, making public health measures such as physical distancing, mask wearing and hand hygiene all the more important.
- The Ebola virus disease outbreak in Équateur Province, Democratic Republic of the Congo, continues to spread, 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.
- The long-standing measles outbreak in Democratic Republic of the Congo is showing a strong declining trend, pointing to the efficacy of the ongoing reactive vaccination campaign. However, the COVID-19 response is preventing deployment of those involved in the measles response and there is a danger of losing momentum in the vaccine response, which could potentially see a rapid rise in transmission again.

## 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 presence of the WHO surge team will complement the current response in South Africa and support local experts in their engagement with national authorities.
- The ongoing Ebola virus disease outbreak requires robust response activities in order to control this outbreak and break chains of transmission and engage the community in these activities. It is vital that the outbreak does not spread to new geographical areas. 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.
- The decline in numbers of cases in the long-standing measles outbreak in Democratic Republic of the Congo is to be welcomed and authorities commended on their rapid and effective reactive vaccination campaigns. However, with the inability to physically deploy response teams because of the COVID-19 outbreak, there is a danger that momentum will be lost. These challenges need to be addressed urgently by local authorities and partners to prevent a resurgence of the outbreak.

# 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
<b>New Events</b>									
Guinea	Lassa fever	Ungraded	5-Aug-2020	11-Jul-2020	4-Aug-2020	1	1	1	100.0%
A case of Lassa fever was confirmed on 11 July 2020 by the Haemorrhagic Fever laboratory in Guéckédou. It is a 28-year-old, female, 22 weeks of pregnancy, living in the village of Kondian, in the rural district of Koundou Lengo Bengou. She fell ill on 07 June 2020 with chest pain and no history of travel or contact with foreigners a month before her illness. She consulted at Koundou health centre on 10 July 2020, with fever, cough, myalgia, diarrhoea, vomiting, sore throat, and chest pain. The malaria RDT performed was positive. She was treated for malaria and transferred to Guéckédou hospital the same day, where the suspicion of haemorrhagic fever was made. A diagnostic test for haemorrhagic fever performed at the Haemorrhagic Fever laboratory in Guéckédou was positive for Lassa fever. The patient died the next day. A dignified and secure burial was carried out by the Red Cross on 12 July 2020.									
Senegal	Yellow Fever	Ungraded	4-Aug-2020	30-Jul-2020	30-Jul-2020	1	1	0	0.0%
A 5-year-old girl presented with fever and abdominal pain a few days prior to consultation on 1 July 2020. She had no history of YF vaccination. A sample was sent to IP Dakar and the patient tested positive for YF via seroneutralization technique.									
<b>Ongoing Events</b>									
Algeria	COVID-19	Grade 3	25-Feb-2020	25-Feb-2020	9-Aug-2020	35,214	35,214	1,302	3.7%
From 25 February to 9 August 2020, a total of 35 214 confirmed cases of COVID-19 with 1 302 deaths (CFR 3.7%) have been reported from Algeria. A total of 24 506 cases have recovered. The majority of the cases have been reported from the Wilaya of Blida.									
Angola	COVID-19	Grade 3	21-Mar-2020	21-Mar-2020	9-Aug-2020	1,672	1,672	75	4.5%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 9 August 2020, a total of 1 672 confirmed COVID-19 case have been reported in the country with 75 deaths and 567 recoveries.									
Angola	Measles	Ungraded	4-May-2019	12-Dec-2019	1-Jul-2020	778	287	5	0.6%
From 1 January 2020 to 1 July 2020, Angola reported a total measles suspected case count of 778 suspected measles cases; 287 were IgM + cases and 306 cases were epi-linked; 6 cases remain pending and 179 were discarded. There was a total of 5 deaths reported for this period in 14 provinces across Angola.									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-2019	1-Jan-2019	5-Aug-2020	133	133	0	0.0%
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-2020	16-Mar-2020	3-Aug-2020	1,936	1,936	38	2.0%
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 3 August 2020, a total of 1 936 cases have been reported in the country with 38 deaths and 1 616 recoveries.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-2019	8-Aug-2019	5-Aug-2020	9	9	0	0.0%
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-2020	28-Mar-2020	9-Aug-2020	804	804	2	0.2%
On 30 March 2020, the Minister of Health and Wellness of Botswana reported three confirmed cases of COVID-19. As of 9 August 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-2019	1-Jan-2019	23-Jun-2020	-	-	-	-
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. The 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 between 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 2020 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 remains high and malnutrition thresholds are alarming in the areas hosting IDPs, mainly in Barsalogo, Djibo, Matiacoli, Arbinda, and Titao.									
Burkina Faso	COVID-19	Grade 3	10-Mar-2020	9-Mar-2020	9-Aug-2020	1,180	1,180	54	4.6%
Between 9 March and 31 July 2020, a total of 1 180 confirmed cases of COVID-19 with 54 deaths and 978 recoveries have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2		1-Jan-2019	5-Aug-2020	10	10	0	0.0%
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 May 2020. All cases were linked to the Jigawa outbreak in Nigeria.									



Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Burundi	Cholera	Ungraded	20-Feb-2020	20-Feb-2020	9-Jun-2020	70	0	0	0.0%
The cholera outbreak in Burundi which started during 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 Nord (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-2020	18-Mar-2020	9-Aug-2020	408	408	1	0.2%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 9 August 2020, the total confirmed COVID-19 cases are 408, including one death and 315 recovered.									
Burundi	Measles	Ungraded	23-Mar-2020	4-Nov-2019	19-Apr-2020	857	857	0	0.0%
Burundi has been experiencing measles outbreaks since November 2019 in camps hosting Congolese refugees, which 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-2013	27-Jun-2017	26-Jun-2020	-	-	-	-
Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by the Boko Haram group resulting in significant population displacement. A total of 14 women and 2 men were abducted by Boko Haram insurgents in 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-2016	27-Jun-2018	26-Jun-2020	-	-	-	-
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-2019	1-Jan-2020	3-Jul-2020	980	39	45	4.6%
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-2020	6-Mar-2020	8-Aug-2020	18,213	18,213	398	2.2%
Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 8 July 2020, a total of 18 213 cases have been reported, including 398 deaths and 16 194 recoveries.									
Cameroon	Measles	Ungraded	2-Apr-2019	1-Jan-2020	17-May-2020	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.									
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-2020	1-Jan-2020	5-Aug-2020	3	3	0	0.0%
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-2020	18-Mar-2020	9-Aug-2020	2,858	2,858	32	1.1%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 9 August 2020, a total of 2 858 confirmed COVID-19 cases including 32 deaths and 2 086 recoveries were 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
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-2013	11-Dec-2013	31-May-2020	-	-	-	-
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 2020. 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-2020	14-Mar-2020	7-Aug-2020	4,641	4,641	60	1.3%
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 7 August, there are a total of 4 641 confirmed cases and 60 deaths reported.									
Central African Republic	Measles	Grade 2	15-Mar-2019	1-Jan-2019	5-Aug-2020	26,467	443	118	0.4%
As of 5 August 2020, a total of 26 467 cases have been notified and 118 deaths within 21 affected districts. Of the 26 467 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 29. 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-2019	24-May-2019	5-Aug-2020	22	22	0	0.0%
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-2020	19-Mar-2020	9-Aug-2020	944	944	76	8.1%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 9 August 2020, a total of 944 confirmed COVID-19 cases were reported in the country including 76 deaths and 839 cases who have recovered.									
Chad	Measles	Ungraded	24-May-2018	1-Jan-2019	2-Aug-2020	8,463	357	39	0.5%
In week 31 (week ending 2 August 2020), 17 suspected cases were reported. Four districts were in the epidemic phase during the week. Since the beginning of the year, a total of 8 463 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-2019	9-Sep-2019	5-Aug-2020	62	62	0	0.0%
Three cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; one each in Ndjamenia, Sila and Tandjile. There are now 62 cases from two different outbreaks in the country, one being the Jigawa outbreak.									
Comoros	COVID-19	Grade 3	30-Apr-2020	30-Apr-2020	8-Aug-2020	399	399	7	1.8%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 8 August, a total of 399 confirmed COVID19, including 7 deaths and 371 recovered were reported in the country.									
Comoros	Dengue fever	Ungraded		22-Dec-2019	5-Apr-2020	696	4	0	0.0%
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 de 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-2019	1-Jan-2020	9-Feb-2020	37	0	0	0.0%
In week 6 (week ending 9 February 2020), a total of 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 (2589) 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-2020	14-Mar-2020	6-Aug-2020	3,664	3,664	58	1.6%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 6 August 2020, a total of 3 664 cases including 58 deaths and 1605 recovered cases have been reported in the country.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-2020	11-Mar-2020	9-Aug-2020	16,715	16,715	105	0.6%
Since 11 March 2020, a total of 16 715 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 105 deaths. A total of 12 926 patients have recovered.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Grade 2	29-Oct-2019	29-Oct-2019	5-Aug-2020	19	19	0	0.0%
No cVDPV2 cases were reported this week. The total number of cVDPV2 cases reported remains 19.									

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	Humanitarian crisis	Grade 3	20-Dec-2016	17-Apr-2017	21-Jun-2020	-	-	-	-
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. Population 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 population displacement since 13 March 2020. In north Kivu, a total of 14 000 internally displaced people (IDPs) and around 4 000 returnees have arrived in the Kelembe / Kalonge-Mera-Peti axis in the east of Walikale territory between April and May 2020. In South Kivu province, heavy rains that resulted in floods in Uvira were reported from 16 to 17 April 2020. A total of 50 deaths and 40 wounded persons, with many houses destroyed were reported and currently there is a total of 78 000 persons displaced, including 3 500 persons without shelter. 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-2015	1-Jan-2020	26-Jul-2020	12,942	-	183	1.4%
The cholera outbreak situation in the Democratic Republic of Congo is improving. During week 30 (week ending 26 July 2020), a total of 251 cases of cholera and 2 deaths were notified in 32 health zones (8 provinces) in the country. From week 27 to 30 of 2020, 86.5 % of the cases have been reported from three provinces: North-Kivu, South-Kivu, Haut-Katanga. 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-2020	10-Mar-2020	8-Aug-2020	9,454	9,453	224	2.4%
On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 8 August 2020, 9 453 confirmed cases and 1 probable case have been reported, for a total of 9 454 cases, including 224 deaths and 8 324 recoveries.									
Democratic Republic of the Congo	Ebola virus disease	Grade 2	31-May-2020	17-May-2020	8-Aug-2020	79	75	33	41.8%
Detailed update give above.									
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-2017	1-Jan-2020	25-Jul-2020	68,626	1,252	968	1.4%
Detailed update given above.									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-2020	19-Jul-2020	2,924	-	108	3.7%
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-2019	1-Jan-2020	19-Jul-2020	75	-	17	22.7%
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-2018	1-Jan-2018	5-Aug-2020	130	130	0	0.0%
Two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; one each in Kwango and Kwilu bringing the number of cases reported in 2020 to 22. 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-2020	14-Mar-2020	28-Jul-2020	4,821	4,821	83	1.7%
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-2020	21-Mar-2020	9-Aug-2020	285	285	0	0.0%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 9 August 2020, a total of 285 confirmed COVID-19 cases with no deaths were reported in the country. A total of 245 patients have recovered from the disease.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Eswatini	COVID-19	Grade 3	13-Mar-2020	13-Mar-2020	9-Aug-2020	3,236	3,236	58	1.8%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 9 August 2020, a total of 3 236 cases have been reported in the country including 1 607 recoveries. A total of 58 associated deaths have been reported.									
Ethiopia	Cholera	Ungraded	14-May-2019	12-May-2019	5-Jul-2020	11,427		176	1.5%
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 region.									
Ethiopia	COVID-19	Grade 3	13-Mar-2020	13-Mar-2020	9-Aug-2020	22,818	22,818	407	1.8%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 22 818 cases of COVID-19 as of 9 August 2020, 407 deaths and 10 206 recoveries have been reported.									
Ethiopia	Guinea Worm Disease	Ungraded	3-Apr-2020	3-Apr-2020	28-Jun-2020	7	7	0	0.0%
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-2017	1-Jan-2019	26-Apr-2020	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-2019	20-May-2019	5-Aug-2020	27	27	0	0.0%
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-2020	12-Mar-2020	7-Aug-2020	7,923	7,923	51	0.6%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 7 August 2020, a total of 7 923 cases including 51 deaths and 5 704 recovered have been reported in the country.									
Gambia	COVID-19	Grade 3	17-Mar-2020	17-Mar-2020	7-Aug-2020	1,235	1,235	23	1.9%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 7 August 2020, a total of 1235 confirmed COVID-19 cases including 23 deaths and 221 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-2020	12-Mar-2020	6-Aug-2020	41,003	41,003	215	0.5%
On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. As of 6 August 2020, a total of 41 003 cases including 215 deaths and 38 330 recoveries have been reported in the country.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-2019	8-Jul-2019	5-Aug-2020	29	29	0	0.0%
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-2020	13-Mar-2020	9-Aug-2020	7,390	7,930	50	0.7%
The Ministry of health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 9 August 2020, a total of 7 930 cases including 6 898 recovered cases and 50 deaths have been reported in the country.									
Guinea	Measles	Ungraded	9-May-2018	1-Jan-2019	5-Jun-2020	5,644	366	14	0.3%
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	Poliomyelitis (cVDPV2)	Grade 2	22-Jul-2020	22-Jul-2020	5-Aug-2020	8	8	0	0.0%
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 and 28 May, from two separate districts in Kankan province (Kankan district, Mandiana district).									
Guinea-Bissau	COVID-19	Grade 3	25-Mar-2020	25-Mar-2020	9-Aug-2020	2,052	2,052	29	1.4%
On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 9 August 2020, the country has reported 2 052 confirmed cases of COVID-19 with 978 recoveries and 29 deaths.									
Kenya	Cholera	Ungraded	21-Jan-2019	1-Jan-2020	12-Jul-2020	692	27	13	1.9%
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Kenya	COVID-19	Grade 3	13-Mar-2020	13-Mar-2020	9-Aug-2020	26,436	26,436	420	1.6%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 9 August 2020, 26 436 confirmed COVID-19 cases including 420 deaths and 12 961 recoveries have been reported in the country.									
Kenya	Leishmaniasis	Ungraded	31-Mar-2019	3-Jan-2020	12-Jul-2020	224	102	7	3.1%
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-2019	20-Oct-2019	12-Jul-2020	424	48	2	0.5%
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-2020	13-May-2020	9-Aug-2020	781	781	24	3.1%
On 13 May 2020, WHO was notified of the first confirmed COVID-19 case in Lesotho. As of 9 August, 781 cases of COVID-19 have been reported, including 189 recoveries and 24 deaths.									
Liberia	COVID-19	Grade 3	16-Mar-2020	16-Mar-2020	9-Aug-2020	1,237	1,237	79	6.4%
From 16 March to 9 August 2020, a total of 1 237 cases including 79 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 723 case-patients have recovered.									
Liberia	Lassa fever	Ungraded	23-Jan-2019	1-Jan-2020	26-Jul-2020	40	40	18	45.0%
No new confirmed case was reported during week 30 (week ending 26 July 2020). Of 146 suspected cases reported across the country from 1 January to 9 August 2020, 40 were confirmed. A total of 18 deaths (CFR 45.0%) have been reported among the confirmed cases.									
Liberia	Measles	Ungraded	24-Sep-2017	1-Jan-2019	2-Aug-2020	722	87	3	0.4%
In week 31 (week ending 2 August 2020), four suspected cases were reported from Grand Gedeh (2), Montserrado (1) and Margibi (1) counties. Since the beginning of 2020, 722 cases with 3 associated deaths have been reported across the country, of which 87 are laboratory-confirmed, 228 are epi-linked, and 246 are clinically confirmed.									
Madagascar	COVID-19	Grade 3	20-Mar-2020	20-Mar-2020	9-Aug-2020	13,086	13,086	148	1.1%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 9 August 2020, a total of 13 086 cases have been reported in the country, out of which 10 816 have recovered and 148 deaths have been reported in the country.									
Malawi	COVID-19	Grade 3	2-Apr-2020	2-Apr-2020	9-Aug-2020	4,658	4,658	146	-
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 9 August 2020, the country has a total of 4 658 confirmed cases with 146 deaths and 2 375 recoveries.									
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	17-Jun-2020	-	-	-	-
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-2020	25-Mar-2020	9-Aug-2020	2,567	2,567	125	3.1%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 9 August 2020, a total of 2 567 confirmed COVID-19 cases have been reported in the country including 125 deaths and 1 962 recoveries.									
Mali	Measles	Ungraded	20-Feb-2018	1-Jan-2019	26-Jul-2020	680	350	0	0.0%
During week 30 (week ending 26 July 2020), 4 suspected cases of measles were reported from three regions in the country. Twelve batched samples were confirmed IgM-positive during the week. Since 1 January 2020, 680 suspected cases, 350 of which were confirmed have been reported. No associated deaths have been reported so far.									
Mali	Yellow fever	Ungraded	3-Dec-2019	1-Jan-2020	7-Jun-2020	82	4	1	1.2%
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-2020	13-Mar-2020	8-Aug-2020	6,510	6,510	157	2.4%
The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 8 August 2020, a total of 6 510 cases including 157 deaths and 5 527 recovered cases 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
Mauritania	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	11-May-2020	2-May-2020	11-May-2020	1	1	0	0.0%
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 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-2020	3-May-2020	11-May-2020	7	7	0	0.0%
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-2020	18-Mar-2020	9-Aug-2020	344	344	10	2.9%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 9 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-2020	31-Jan-2020	12-Jun-2020	2,625	-	21	0.8%
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, 11 districts of Nampula province, namely Nampula City, Mogovolas, Memba, Nacala-à-Velha, Nacarora, 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 Pemba city are affected.									
Mozambique	COVID-19	Grade 3	22-Mar-2020	22-Mar-2020	9-Aug-2020	2,269	2,269	16	0.7%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 9 August 2020, a total of 2 269 confirmed COVID-19 cases were reported in the country including 16 deaths and 654 recoveries.									
Mozambique	Measles	Ungraded	25-Jun-2020	1-Jan-2020	22-Jul-2020	862	140	0	0.0%
Measles outbreak in six districts of Zambezia. The outbreak was diagnosed in March at the Nauela Administrative Post, Alto Molócuê district. As of week 21, there were 21 862 suspected cases reported, 711 suspected cases tested, 140 IgM+ for measles, no epi-linked cases reported, and no deaths; 23 rubella IgM+ cases were reported for the same period. As of week 25, there were 18 lab-confirmed cases reported from Cabo Delgado. So far there are 67 cases from Nampula, 18 from Cabo Delgado, 17 from Zambezia and 13 from Niassa provinces. 42% are <5 years old; 48% are aged 5-14 years.									
Namibia	COVID-19	Grade 3	14-Mar-2020	14-Mar-2020	8-Aug-2020	2,949	2,949	19	0.64%
Two cases of novel coronavirus (COVID-19) were confirmed in Namibia on 14 March 2020. As of 8 August 2020, a total of 2 949 cases have been reported in the country including 704 cases who recovered with 19 death.									
Namibia	Hepatitis E	Protracted 1	18-Dec-2017	8-Sep-2017	17-May-2020	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-2015	1-Feb-2015	11-Jun-2020	-	-	-	-
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-2020	19-Mar-2020	9-Aug-2020	1,158	1,158	69	6.0%
From 19 March 2020 to 1 August 2020, a total of 1 158 cases with 69 deaths have been reported across the country. A total of 1 062 recoveries have been reported from the country.									
Niger	Measles	Ungraded	10-May-2019	1-Jan-2020	31-May-2020	2,079	241	4	0.2%
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-2016	n/a	30-Jun-2020	-	-	-	-
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Nigeria	COVID-19	Grade 3	27-Feb-2020	27-Feb-2020	9-Aug-2020	46,577	46,577	945	2.0%
The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 9 August 2020, a total of 46 577 confirmed cases including 945 deaths and 33 186 recovered cases have been reported in the country.									
Nigeria	Lassa fever	Ungraded	24-Mar-2015	1-Jan-2020	26-Jul-2020	1,065	1,051	233	21.9%
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-2017	1-Jan-2020	7-Jun-2020	420		14	3.3%
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-2018	1-Jan-2018	5-Aug-2020	53	53	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 18 cVDPV2 cases reported in 2019 and one in 2020, and 34 in 2018.									
Nigeria	Yellow fever	Ungraded	14-Sep-2017	1-Jan-2020	21-Jun-2020	1,150	5	0	0.0%
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-2020	14-Mar-2020	9-Aug-2020	2,140	2,140	7	0.3%
Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 9 August 2020, a total of 2 140 cases with seven deaths and 1 346 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-2020	6-Apr-2020	9-Aug-2020	878	878	15	1.7%
On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 9 August 2020, a total of 878 confirmed cases of COVID-19 have been reported, including 15 deaths. A total of 800 have been reported as recoveries.									
Senegal	COVID-19	Grade 3	2-Mar-2020	2-Mar-2020	9-Aug-2020	11,175	11,175	232	2.1%
Between 2 March 2020 and 9 August 2020, a total of 11 175 confirmed cases of COVID-19 including 232 deaths have been reported from Senegal. A total of 7 352 cases have recovered.									
Seychelles	COVID-19	Grade 3	14-Mar-2020	14-Mar-2020	9-Aug-2020	126	126	0	0.0%
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 9 August, there are 126 total cases, including 125 recoveries.									
Sierra Leone	COVID-19	Grade 3	31-Mar-2020	27-Mar-2020	9-Aug-2020	1,916	1,916	68	-
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 9 August 2020, a total of 1 916 confirmed COVID-19 cases were reported in the country including 68 deaths and 1 445 recovered cases.									
South Africa	COVID-19	Grade 3	5-Mar-2020	3-Mar-2020	9-Aug-2020	553,188	553,188	10,210	1.8%
Detailed update given above.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-2016	n/a	15-Jul-2020	-	-	-	-
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-2020	2-Apr-2020	8-Aug-2020	2,470	2,470	47	-
On 5 April 2020, the Ministry of Health of South Sudan has reported the country's first case of COVID-19. As of 9 August 2020, a total of 2 470 confirmed COVID-19 cases were reported in the country including 47 deaths and 1 252 recovered cases.									
South Sudan	Hepatitis E	Ungraded	-	3-Jan-2019	21-Jun-2020	337	41	2	0.6%
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-2018	19-Sep-2019	21-Jun-2020	916	50	2	0.2%
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).									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Tanzania, United Republic of	COVID-19	Grade 3	16-Mar-2020	16-Mar-2020	9-Aug-2020	509	509	21	4.1%
The Ministry of Health, Community Health Community Development, Gender, Elderly and Children (MOHCDEGEC) in Tanzania has reported the country's first case of COVID-19 on 16 March 2020. As of 9 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-2020	1-Mar-2020	8-Aug-2020	1,046	1,046	22	2.1%
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 8 August 2020, a total of 1 046 cases including 22 deaths and 721 recovered cases have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-2019	13-Sep-2019	5-Aug-2020	17	17	0	0.0%
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-2020	3-Feb-2020	5-Jun-2020	1	1	1	100.0%
On 28 April 2020, WHO received information regarding a confirmed yellow fever case in Mango village, Oti district, Savanes region in northern 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 2020, 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-2017	n/a	30-Jun-2020	-	-	-	-
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-2020	29-Apr-2020	11-Jun-2020	682	17	6	0.9%
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.									
Uganda	COVID-19	Grade 3	21-Mar-2020	21-Mar-2020	8-Aug-2020	1,283	1,283	7	0.5%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 8 August 2020, a total of 1 283 confirmed COVID-19 cases, 1 115 recoveries with 7 deaths.									
Zambia	COVID-19	Grade 3	18-Mar-2020	18-Mar-2020	9-Aug-2020	8,085	8,085	235	2.9%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 9 August 2020, a total of 8 085 confirmed COVID-19 cases were reported in the country including 235 deaths and 6 698 recovered cases.									
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-2019	16-Jul-2019	5-Aug-2020	2	2	0	0.0%
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-2019	6-May-2019	14-Jun-2020	319		1	0.3%
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 6 May 2019) of 2019. This outbreak started during 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-2020	20-Mar-2020	9-Aug-2020	4,649	4,649	104	2.2%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 9 August 2020, a total of 4 649 confirmed COVID-19 cases were reported in the country including 104 deaths and 1 437 cases that recovered.									

†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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