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.
South Africa has developed a radio campaign to engage and communicate risk assessment with the public. The campaign targets regional community radio stations across the Province.

**Geographical distribution of confirmed COVID-19 cases and deaths in South Africa, 5 March - 9 August 2020**

- **559 858** cases, **10 408** deaths, **1.9%** 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%) cases. KwaZulu-Natal Province (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.

**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 province, with 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 COVID-19 cases and deaths in South Africa, 5 March - 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.
**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 Bolomba, 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. 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 Bolomba. 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.

**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 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 Tanganyika (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 68,826 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 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 Mbindome, along with reinforcement of community relays in health zones that are not reporting.

**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.
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.
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.

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.

### Ongoing Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
</table>

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 Bida.

| 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             | Grade 3 | 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, Pensé, 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 remains high and malnutrition thresholds are alarming in the areas hosting IDPs, mainly in Barsalogho, Djibo, Matiakoali, Arbinda, and Tita.

| 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.
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 are males and 48% are of age between 19 to 50 years old.

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 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 Cibitoke. As of April 2020, Burundi has reported a total of 857 confirmed measles cases of which 56 are lab-confirmed and the rest were clinically compatible cases and epidemiologically linked. There have been no deaths reported. The geographic distribution of the cases is: Cibitoke (624 cases), Butezi (221 cases), Ankuzo (6 cases) and South Bujumbura (6 cases). No new cases have been reported in South district of Bujumbura and Ankuzo since December 2019. The last cases were reported in Butezi on 2 March 2020.

Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by the Boko Haram group resulting in significant population displacement. A total of 14 women and 2 men were abducted by Boko Haram insurgents in 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.

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 (SOCDAEF) 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 NW & SW 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.

Burundi 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.

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 (SOCDAEF) 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 NW & SW 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 COVID-19 Grade 3 6-Mar-2020 6-Mar-2020 8-Aug-2020 18,213 18,213 76 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.

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.
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 Ndélé, Bira, 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.

### Table: Health Events in the Central African Republic

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central African Republic</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>21-May-2019</td>
<td>5-Aug-2020</td>
<td>22</td>
<td>22</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Measles</td>
<td>Grade 2</td>
<td>15-Mar-19</td>
<td>1-Jan-19</td>
<td>26,467</td>
<td>443</td>
<td>118</td>
<td>0.4%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-2020</td>
<td>14-Mar-2020</td>
<td>4,641</td>
<td>4,641</td>
<td>60</td>
<td>1.3%</td>
</tr>
<tr>
<td>Chad</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-18</td>
<td>1-Jan-19</td>
<td>8,463</td>
<td>357</td>
<td>39</td>
<td>0.5%</td>
</tr>
<tr>
<td>Chad</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-2020</td>
<td>19-Mar-2020</td>
<td>944</td>
<td>944</td>
<td>76</td>
<td>8.1%</td>
</tr>
<tr>
<td>Comoros</td>
<td>Dengue fever</td>
<td>Ungraded</td>
<td>22-Dec-19</td>
<td>5-Apr-2020</td>
<td>696</td>
<td>4</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Comoros</td>
<td>Coronavirus (COVID-19)</td>
<td>Grade 3</td>
<td>30-Apr-2020</td>
<td>30-Apr-2020</td>
<td>26,463</td>
<td>399</td>
<td>118</td>
<td>0.4%</td>
</tr>
<tr>
<td>Congo</td>
<td>Coronavirus (COVID-19)</td>
<td>Grade 3</td>
<td>14-Mar-2020</td>
<td>14-Mar-2020</td>
<td>3,664</td>
<td>3,664</td>
<td>58</td>
<td>1.6%</td>
</tr>
<tr>
<td>Congo</td>
<td>Dengue fever</td>
<td>Grade 1</td>
<td>22-Jan-2019</td>
<td>1-Jan-2019</td>
<td>37</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Congo</td>
<td>Measles</td>
<td>Grade 3</td>
<td>14-Mar-2020</td>
<td>14-Mar-2020</td>
<td>16,715</td>
<td>16,715</td>
<td>105</td>
<td>0.6%</td>
</tr>
<tr>
<td>Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>29-Oct-2019</td>
<td>29-Oct-2019</td>
<td>19</td>
<td>19</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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.

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.

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.

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.

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.

As of 5 August 2020, a total of 3,664 cases were confirmed in Chad. The majority of cases were reported in the region of Logone Occidental, which accounts for 29% of the total cases reported. Chad has seen a significant increase in confirmed cases since the beginning of the year, with a peak of 382 cases reported in week 31 (week ending 2 August 2020). The government has put in place measures to contain the spread of COVID-19, including travel restrictions and mandatory quarantines for travelers from affected countries.

The first case of confirmed COVID-19 was reported in Comoros on 30 April 2020. As of 8 August 2020, a total of 399 confirmed COVID-19 cases were reported in Comoros, including 7 deaths and 371 cases recovered.

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 Oubi (1 case). From week 1 to week 52 of 2019, a total of 11,600 cases have been recorded in the country. From week 1 to week 52 of 2020, a total of 8,463 suspected cases and 39 deaths (CFR 0.5%) have been reported from Beboto, Kyabe, Goundi, Korbol, Kelo and Guelao.

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, with 88 cases reported. The majority of cases (508) are reported from Anjouan, followed by Moheli islands with 179 suspected dengue cases. Ngazidja reported 37 cases, including 76 deaths and 839 cases who have recovered.

The first case of confirmed COVID-19 was reported in Comoros on 30 April 2020. As of 8 August 2020, a total of 399 confirmed COVID-19 cases were reported in Comoros, including 7 deaths and 371 cases recovered.
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, Bhemu, Yukaka, etc.) have been displaced to Kinyaunjono, Malaya, Kyabaganzi and Izinga in the same territory and in Idjoli, 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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of Congo</td>
<td>Humanitarian crisis</td>
<td>Grade 3</td>
<td>20-Dec-2016</td>
<td>17-Apr-2017</td>
<td>21-Jun-2020</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-2015</td>
<td>1-Jan-2020</td>
<td>26-Jul-2020</td>
<td>12,942</td>
<td>-</td>
<td>183</td>
<td>1.4%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-2020</td>
<td>10-Mar-2020</td>
<td>8-Aug-2020</td>
<td>9,454</td>
<td>9,453</td>
<td>224</td>
<td>2.4%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Ebola virus disease</td>
<td>Grade 2</td>
<td>31-May-2020</td>
<td>17-May-2020</td>
<td>8-Aug-2020</td>
<td>79</td>
<td>75</td>
<td>33</td>
<td>41.8%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Measles</td>
<td>Grade 2</td>
<td>10-Jan-2017</td>
<td>1-Jan-2020</td>
<td>25-Jul-2020</td>
<td>68,626</td>
<td>1,252</td>
<td>968</td>
<td>1.4%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>n/a</td>
<td>1-Jan-2020</td>
<td>19-Jul-2020</td>
<td>2,924</td>
<td>-</td>
<td>108</td>
<td>3.7%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Plague</td>
<td>Ungraded</td>
<td>12-Mar-2019</td>
<td>1-Jan-2020</td>
<td>19-Jul-2020</td>
<td>75</td>
<td>-</td>
<td>17</td>
<td>22.7%</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>15-Feb-2018</td>
<td>1-Jan-2018</td>
<td>5-Aug-2020</td>
<td>130</td>
<td>130</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-2020</td>
<td>21-Mar-2020</td>
<td>9-Aug-2020</td>
<td>285</td>
<td>285</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

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.
### Health Emergency Information and Risk Assessment

#### Ethiopia
- **COVID-19**
  - Grade: 3
  - Date notified to WHO: 13-Mar-2020
  - Start of reporting period: 13-Mar-2020
  - End of reporting period: 9-Aug-2020
  - Total cases: 3,236
  - Confirmed cases: 3,236
  - Deaths: 58
  - CFR: 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
  - Date notified to WHO: 14-May-2019
  - Start of reporting period: 12-May-2019
  - End of reporting period: 5-Jul-2020
  - Total cases: 11,427
  - Confirmed cases: 176
  - Deaths: 1
  - CFR: 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
  - Date notified to WHO: 13-Mar-2020
  - Start of reporting period: 13-Mar-2020
  - End of reporting period: 9-Aug-2020
  - Total cases: 22,818
  - Confirmed cases: 22,818
  - Deaths: 407
  - CFR: 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
  - Date notified to WHO: 3-Apr-2020
  - Start of reporting period: 3-Apr-2020
  - End of reporting period: 28-Jun-2020
  - Total cases: 7
  - Confirmed cases: 7
  - Deaths: 0
  - CFR: 0.0%

Since the beginning of April 2020, the Ethiopian Dracunculiasis Eradication Program (EDEP) detected six suspected human cases of dracunculiasis in the Dull village of Gog district in the Gambella region. As of 28 June 2020, a total to seven confirmed cases with an emerged worm morphologically consistent with human guinea worm have been reported. This report comes after more than two consecutive years of zero reporting, as the last cases were reported in December 2017.

#### Ethiopia
- **Measles**
  - Ungraded
  - Date notified to WHO: 14-Jan-2017
  - Start of reporting period: 1-Jan-2017
  - End of reporting period: 26-Apr-2020
  - Total cases: 1,873
  - Confirmed cases: -
  - Deaths: -
  - CFR: -

In week 17 (week ending 26 April 2020), the measles outbreak is still ongoing in Oromia, Amhara and Tigray regions. A total of 575 suspected cases and 7 deaths were reported during the week with the majority of suspected cases being reported from Oromia region.

#### Ethiopia
- **Poliomyelitis (cVDPV2)**
  - Grade: 2
  - Date notified to WHO: 24-Jun-2019
  - Start of reporting period: 20-May-2019
  - End of reporting period: 5-Aug-2020
  - Total cases: 27
  - Confirmed cases: 27
  - Deaths: 0
  - CFR: 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
  - Date notified to WHO: 12-Mar-2020
  - Start of reporting period: 12-Mar-2020
  - End of reporting period: 6-Aug-2020
  - Total cases: 41,003
  - Confirmed cases: 41,003
  - Deaths: 215
  - CFR: 0.5%

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case 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
  - Date notified to WHO: 9-Jul-2019
  - Start of reporting period: 8-Jul-2019
  - End of reporting period: 5-Aug-2020
  - Total cases: 29
  - Confirmed cases: 29
  - Deaths: 0
  - CFR: 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.

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
- **COVID-19**
  - Grade: 3
  - Date notified to WHO: 13-Mar-2020
  - Start of reporting period: 13-Mar-2020
  - End of reporting period: 9-Aug-2020
  - Total cases: 7,390
  - Confirmed cases: 7,930
  - Deaths: 50
  - CFR: 0.7%

On 12 March 2020, the Ministry of Health announced the confirmation of the second COVID-19 case in the country. 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.

#### Guinea
- **Measles**
  - Ungraded
  - Date notified to WHO: 9-May-2018
  - Start of reporting period: 1-Jan-2019
  - End of reporting period: 5-Jun-2020
  - Total cases: 5,644
  - Confirmed cases: 366
  - Deaths: 16
  - CFR: 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
  - Date notified to WHO: 22-Jul-2020
  - Start of reporting period: 22-Jul-2020
  - End of reporting period: 5-Aug-2020
  - Total cases: 8
  - Confirmed cases: 8
  - Deaths: 0
  - CFR: 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
  - Date notified to WHO: 25-Mar-2020
  - Start of reporting period: 25-Mar-2020
  - End of reporting period: 9-Aug-2020
  - Total cases: 2,052
  - Confirmed cases: 2,052
  - Deaths: 29
  - CFR: 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
  - Date notified to WHO: 21-Jan-2019
  - Start of reporting period: 1-Jan-2020
  - End of reporting period: 12-Jul-2020
  - Total cases: 692
  - Confirmed cases: 27
  - Deaths: 13
  - CFR: 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.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesotho</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-May-2020</td>
<td>13-May-2020</td>
<td>9-Aug-2020</td>
<td>781</td>
<td>781</td>
<td>24</td>
<td>3.1%</td>
</tr>
<tr>
<td>Malawi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>2-26</td>
<td>2-26</td>
<td>9-Aug-2020</td>
<td>4,658</td>
<td>4,658</td>
<td>146</td>
<td>-</td>
</tr>
<tr>
<td>Mali</td>
<td>Measles</td>
<td>Ungraded</td>
<td>26-Jul-2020</td>
<td>26-Jul-2020</td>
<td>40</td>
<td>40</td>
<td>18</td>
<td>45.0%</td>
<td></td>
</tr>
<tr>
<td>Mali</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>23-Jan-2019</td>
<td>23-Jan-2019</td>
<td>26-Jul-2020</td>
<td>40</td>
<td>40</td>
<td>18</td>
<td>45.0%</td>
</tr>
</tbody>
</table>

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.

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).

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.

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.

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 9 August, 26,436 confirmed COVID-19 cases including 420 deaths and 12,961 recoveries have been reported in the country.

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.

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.

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.

Mali Measles | Ungraded | 26-Jul-2020 | 26-Jul-2020 | 40 | 40 | 18 | 45.0% |

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.

Kenya Leishmaniasis | Ungraded | 31-Mar-2019 | 3-Jan-2020 | 12-Jul-2020 | 224 | 102 | 7 | 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.

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.

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.

In 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.
### Mozambique

**Mozambique Measles Ungraded**
- **Start of reporting period**: 1 January 2020
- **End of reporting period**: 22 July 2020
- **Total cases**: 862
- **Cases confirmed**: 140
- **Deaths**: 0
- **CFR**: 0.0%

**Mozambique Cholera Ungraded**
- **Start of reporting period**: 31 January 2020
- **End of reporting period**: 12 June 2020
- **Total cases**: 2,625
- **Deaths**: 21
- **CFR**: 0.8%

### Namibia

**Namibia COVID-19 Grade 3**
- **Start of reporting period**: 14 March 2020
- **End of reporting period**: 8 August 2020
- **Total cases**: 2,949
- **Deaths**: 19
- **CFR**: 0.64%

**Namibia Hepatitis E**
- **Start of reporting period**: 17 May 2020
- **End of reporting period**: 17 May 2020
- **Total cases**: 9,661
- **Deaths**: 1,972
- **CFR**: 0.2%

### Niger

**Niger COVID-19 Grade 3**
- **Start of reporting period**: 19 March 2020
- **End of reporting period**: 9 August 2020
- **Total cases**: 1,158
- **Deaths**: 69
- **CFR**: 6.0%

**Niger Measles Ungraded**
- **Start of reporting period**: 10 May 2019
- **End of reporting period**: 31 May 2020
- **Total cases**: 2,079
- **Deaths**: 4
- **CFR**: 0.2%

**Niger Humanitarian crisis**
- **Start of reporting period**: 19 March 2020
- **End of reporting period**: 1 August 2020
- **Total cases**: 1,158
- **Deaths**: 69
- **CFR**: 6.0%

### Mauritania

**Mauritania COVID-19 Grade 3**
- **Start of reporting period**: 18 March 2020
- **End of reporting period**: 9 August 2020
- **Total cases**: 344
- **Deaths**: 10
- **CFR**: 2.9%

### Mauritius

**Mauritius Dengue Ungraded**
- **Start of reporting period**: 1 May 2020
- **End of reporting period**: 31 May 2020
- **Total cases**: 7
- **Deaths**: 0
- **CFR**: 0.0%

### Mozambique

**Mozambique Measles Ungraded**
- **Start of reporting period**: 19 March 2020
- **End of reporting period**: 9 August 2020
- **Total cases**: 862
- **Deaths**: 0
- **CFR**: 0.0%

**Mozambique Cholera Ungraded**
- **Start of reporting period**: 14 March 2020
- **End of reporting period**: 8 August 2020
- **Total cases**: 2,949
- **Deaths**: 19
- **CFR**: 0.64%

**Mozambique COVID-19 Grade 3**
- **Start of reporting period**: 19 March 2020
- **End of reporting period**: 9 August 2020
- **Total cases**: 2,949
- **Deaths**: 19
- **CFR**: 0.64%
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 from Sao Tome and Principe on 25 September 2020. A total of 2,140 cases were confirmed with 14 deaths were recorded.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 18 cVDPV2 cases reported in 2019 and 103 in 2020.

In week 25, there were 18 suspected cases reported from 16 LGAs in 12 states. Between week 1 and 25 in 2020, a total of 1,150 suspected cases were reported from IP Dakar and 231 deaths were reported.

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.

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.

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.

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 1,175 confirmed COVID-19 cases were reported in the country including 68 deaths and 1,445 recovered cases.

Detailed update given above.

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.

Between week 25 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).

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>27-Feb-2020</td>
<td>27-Feb-2020</td>
<td>9-Aug-2020</td>
<td>46,577</td>
<td>46,577</td>
<td>945</td>
<td>2.0%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>24-Mar-2015</td>
<td>1-Jan-2020</td>
<td>26-Jul-2020</td>
<td>1,065</td>
<td>1,051</td>
<td>233</td>
<td>21.9%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>25-Sep-2017</td>
<td>1-Jan-2020</td>
<td>7-Jun-2020</td>
<td>420</td>
<td>420</td>
<td>14</td>
<td>3.3%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jun-2018</td>
<td>1-Jan-2018</td>
<td>5-Aug-2020</td>
<td>53</td>
<td>53</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>14-Sep-2017</td>
<td>1-Jan-2020</td>
<td>21-Jun-2020</td>
<td>1,150</td>
<td>5</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Senegal</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-2020</td>
<td>14-Mar-2020</td>
<td>9-Aug-2020</td>
<td>2,140</td>
<td>2,140</td>
<td>7</td>
<td>0.3%</td>
</tr>
<tr>
<td>Rwanda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-2020</td>
<td>14-Mar-2020</td>
<td>9-Aug-2020</td>
<td>2,140</td>
<td>2,140</td>
<td>7</td>
<td>0.3%</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Apr-2020</td>
<td>6-Apr-2020</td>
<td>9-Aug-2020</td>
<td>878</td>
<td>878</td>
<td>15</td>
<td>1.7%</td>
</tr>
<tr>
<td>Senegal</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>2-Mar-2020</td>
<td>2-Mar-2020</td>
<td>9-Aug-2020</td>
<td>11,175</td>
<td>11,175</td>
<td>232</td>
<td>2.1%</td>
</tr>
<tr>
<td>Seychelles</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-2020</td>
<td>14-Mar-2020</td>
<td>9-Aug-2020</td>
<td>126</td>
<td>126</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>31-Mar-2020</td>
<td>27-Mar-2020</td>
<td>9-Aug-2020</td>
<td>1,916</td>
<td>1,916</td>
<td>68</td>
<td>-</td>
</tr>
<tr>
<td>South Africa</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Mar-2020</td>
<td>3-Mar-2020</td>
<td>9-Aug-2020</td>
<td>553,188</td>
<td>553,188</td>
<td>10,210</td>
<td>1.8%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Apr-2020</td>
<td>2-Apr-2020</td>
<td>8-Aug-2020</td>
<td>2,470</td>
<td>2,470</td>
<td>47</td>
<td>-</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>-</td>
<td>3-Jan-2019</td>
<td>21-Jun-2020</td>
<td>337</td>
<td>41</td>
<td>2</td>
<td>0.6%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Nov-2018</td>
<td>19-Sep-2019</td>
<td>21-Jun-2020</td>
<td>916</td>
<td>50</td>
<td>2</td>
<td>0.2%</td>
</tr>
</tbody>
</table>
The anthrax outbreak in Zimbabwe is ongoing 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.

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.
Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.