

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 33: 10 - 16 August 2020

Data as reported by: 17:00; 16 August 2020



World Health
Organization

REGIONAL OFFICE FOR
Africa
WHO Health Emergencies Programme

1

New event

110

Ongoing events

101

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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- 6 All events currently being monitored

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 111 events in the region. This week's main articles cover the following events:

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

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

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

Major issues and challenges include:

- South Africa continues to report the highest number of COVID-19 cases and deaths in the WHO African Region. However, the declining trend in case numbers, deaths and hospitalizations continues, 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 continues to rise; the easing of restrictive measures to open provincial borders requires that these provinces are carefully monitored. 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 the move to level 2 lockdown has now effectively opened up the whole economy, although the country's borders remain closed.
- Cameroon is the seventh most affected country in the African Region and is regarded as 'stable' using the country progress scoring system. However, its high attack rate and the relatively large number of affected healthcare workers continues to be of concern. These two factors indicate that testing capacity needs to be improved and more attention paid to infection control measures in health facilities.
- The EVD outbreak in Équateur Province, Democratic Republic of the Congo, continues to be of grave concern, given the continuing increase in incidence cases and further 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.

Ongoing events

Coronavirus disease 2019

South Africa

587 345 : 11 839 : 2.0%
Cases : Deaths : CFR

EVENT DESCRIPTION

South Africa continues to record the highest number of COVID-19 cases and deaths on the continent, with the daily number of new cases declining steadily. However, the country's current policy of testing only those who present with symptoms makes full interpretation of case numbers difficult.

Since our last report ([Weekly Bulletin 32](#)), the number of recorded cases has increased by 27 487 (compared to 48 373 in the previous week), with 1 431 new deaths (compared to 2 042 the previous week). As of 16 August 2020, the country has reported a total of 587 345 cases and 11 839 deaths (case fatality ratio 2.0%).

All provinces in the country are affected, with Gauteng Province the most affected, at 199 635 cases (34.0%), followed by KwaZulu-Natal with 105 383 (17.9%) cases. Western Cape (102 449; 17.4%) and Eastern Cape (84 006; 14.3%) follow. Case numbers continue to rise rapidly in the less populous provinces, with 31 870 cases in Free State Province, 23 250 cases in North West Province, 21 289 cases in Mpumalanga Province, 11 573 cases in Limpopo Province and 7 840 cases in the sparsely populated Northern Cape Province.

Western Cape Province has the most deaths (3 580; 30.2%), followed by Gauteng Province (2 915; 24.6%), Eastern Cape Province (2 517; 21.2%) and KwaZulu-Natal Province (1 672; 14.1%). The remaining provinces have reported 1 155 (9.7%) deaths between them. The number of health workers affected remains 24 104 (5% of all confirmed cases), with 181 deaths (1.74% of the total) recorded. The number of recoveries stands at 472 377 (80%).

Among the 583 207 cases where age and gender is known, 339 245 cases are female and 243 623 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 16 August 2020, a total of 3 400 638 Polymerase Chain Reaction (PCR) tests has been carried out, of which 2 667 851 are passive case finding and 732 787 are community screen and test. Currently, 83% of all tests have been carried out in the private health sector, with 17% in the public health sector.

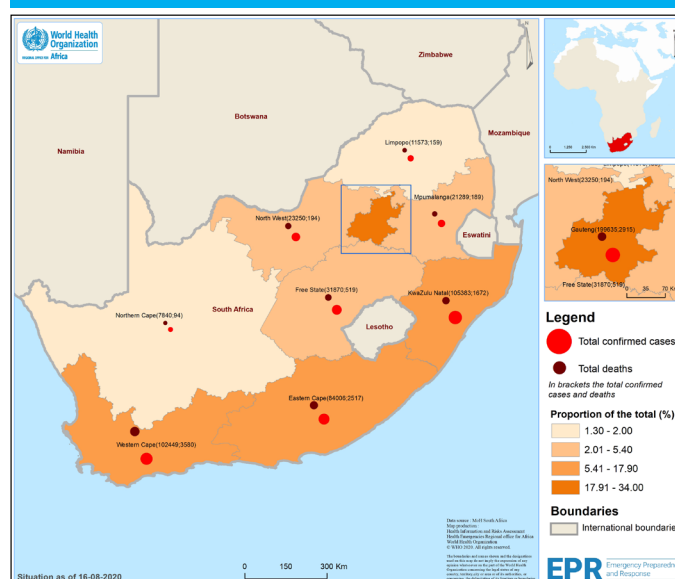
Sentinel surveillance carried out in selected public and private hospitals by the National Institute for Communicable Diseases (NICD) suggests that weekly hospital admissions are declining, rising to a peak of 6 283 during week 29 (week ending 18 July 2020) and falling in the past two weeks, with 5 292 admissions recorded in week 31 (week ending 1 August 2020). Public hospitals account for only 43% 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

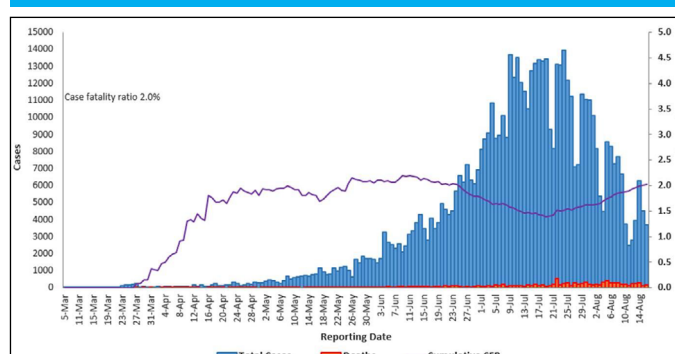
- A WHO surge team of infectious disease specialists and epidemiologists is currently in South Africa, working with the National Department of Health.
- South Africa moved to level 2 lockdown as of 17 August 2020, with all sectors of the economy now open with strict adherence to public health protocols. Inter-provincial travel is once more allowed, but international travel is still banned (except for essential reasons). Tobacco and alcohol can once more be sold, but with restricted hours of sale for alcohol and no on-site consumption after 22:00. A curfew remains in place from 22:00 to 04:00. Cloth masks are mandatory in public places, including outside areas, gatherings of more than 50 people are not allowed and spectators are not allowed at sporting events. Family and social visits in homes are now permitted.

[Go to overview](#)

Geographical distribution of confirmed coronavirus disease 2019 cases and deaths in South Africa, 5 March - 16 August 2020



The distribution of confirmed COVID-19 cases, deaths and cumulative case fatality ratio in South Africa, 5 March to 16 August 2020.



- Schools are opening using a phased approach.

SITUATION INTERPRETATION

The situation in South Africa remains of concern, although daily recorded numbers are falling, as are hospital admissions. However, the number of deaths continues to rise, including in the less populous areas of the country, which collectively now account for 9.7% of the deaths in the country. The main concentration of cases and deaths continues to be seen in the densely population urban areas, but established community transmission means that cases are steadily rising in more rural provinces, and, with inter-provincial travel once more allowed, these numbers may rise further in the coming weeks. Even with falling hospital admissions, Eastern Cape and KwaZulu-Natal provincial hospitals remain under pressure, although both Western Cape and Gauteng provinces report that there is bed capacity available. However, there is no room for complacency, particularly with further easing of restrictions. Government needs to continue with massive and wide-ranging community engagement and risk communication strategies to ensure that the gains of the past few weeks are not lost.

[Go to map of the outbreaks](#)

EVENT DESCRIPTION

Cameroon is the seventh most affected country in the WHO African Region and, as of 16 August 2020, has a total of 18 582 cases, with 403 deaths (case fatality ratio 2.2%). A total of 141 (74%) of Cameroon's 190 districts has been affected. Centre (9 528 cases) and Littoral (4 084 cases) districts have been the most affected, with West (1 081 cases) and East (1 034 cases) following. The greatest number of deaths (106) have been reported from Centre District, followed by Littoral (98), West (60) and East (26). There has been a total of 16 537 (89.5%) recoveries.

A total of 780 healthcare workers have been affected across the country, with the highest number of cases seen in Littoral (215), followed by West (134) and North-West (107) districts. Out of the affected healthcare workers, 20 (2.6%) have died.

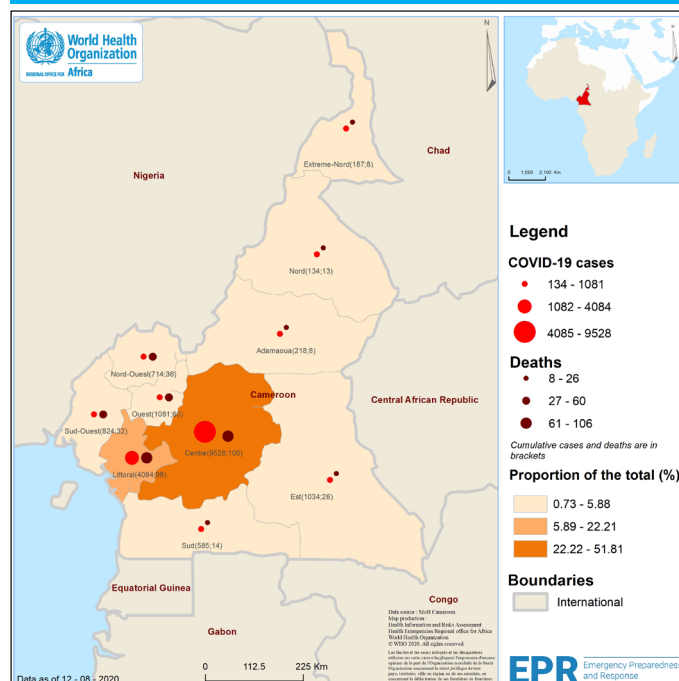
Among the 12 267 cases where age and sex were known, the age group 30 to 39 were most affected, with 1 998 males and 1 448 females.

In the 224 reported deaths where age and sex are known, more men than women have died of COVID-19, with the male to female ratio at 1.4, with most deaths taking place in those aged 60 to 69 (49 male and 23 female deaths) and in those aged 70 to 79 (30 males and 25 females).

PUBLIC HEALTH ACTIONS

- Coordination activities continue, with an evaluation workshop on the mobile screening strategy taking place on 6 August 2020, continued training on the Open Logistics Management Information System, and a meeting with the mayors of Yaoundé to review screening and community engagement strategy.
- A training workshop was held for 49 health district personnel in Centre Region on filling the COVID-19 patient registers in hospital and home follow-up; a workshop was launched in Kye-Ossi on improving data quality, line lists and data mapping for 18 participants from the 10 health districts in South Region.
- A joint WHO/Regional Public Health Delegation workshop targeted 25 media personnel in Adamaoua on risk communication, disease knowledge, compliance with barrier measures and safe and dignified burials; further collaboration targeted 55 traditional healers on COVID-19 prevention and risk communication and community engagement.
- A total of 164 new contacts were reported on 12 August 2020, with 1 273 active on this date, of whom 941 (73.9%) were followed, with 332 lost to follow-up.
- Point of Entry screening continues at the Yaoundé International Airport and land entry points at Groua Boulai and Nkentangou.
- Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) activities continue, with 77 health workers trained in IPC/WASH in health districts, as well as IPC assessment of health facilities and hospital staff briefings.
- There are 15 laboratories operational in nine health districts, with only South Region without a functional PCR laboratory; all regions now have rapid testing available.
- A total of 63 488 PCR tests have been analysed across the country, a rate of 2.4 tests per 1 000 people.

Geographical distribution of confirmed coronavirus disease 2019 cases and deaths in Cameroon, 5 March - 16 August 2020



SITUATION INTERPRETATION

Cameroon is the seventh most affected country in the WHO African Region and has seen cases rise rapidly since the initial imported cases in late February/early March 2020. Community transmission is now clearly established, with most districts of the country affected, although most infections and deaths are reported from urban centres. Cameroon is one of the countries in the Region regarded as 'stable' using the country progress scoring system, although the attack rate is high at 70.4 per 100 000 population and the number of healthcare workers affected is concerning, indicating poor infection control measures. These two factors suggest that there is no room for complacency and authorities in Cameroon need to ensure that testing capacity is improved, and that non-pharmaceutical measures are strongly encouraged among the population to keep transmission as low as possible. Risk communication and community engagement strategies are essential to ensure that the population remain aware of the risks associated with the disease.

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 30 health areas in 10 health zones affected. Since our last report (*Weekly Bulletin 32*), another nine additional confirmed EVD cases have been reported, and three new deaths. As of 15 August 2020 no new confirmed cases have been detected for the second consecutive day, with no new deaths among confirmed cases. The health area of Lyembe Moke in Bikoro Health Zone, Bosomondomba in Bolomba Health Zone and Butela in Iboko Health Zone have not reported new confirmed cases for 42 days, with the last confirmed case reported on 4 July 2020.

As of 15 August 2020, there are a total of 88 cases (84 confirmed and four probable) including 36 deaths (case fatality ratio 41.8%). The case fatality ratio among confirmed cases is 38.1% (32 deaths/84 confirmed cases). The number of health workers affected remains at three, making up 3.4% 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 30, in 10 of the 18 health zones in the province. In the past 21 days (26 July to 15 August 2020), 21 confirmed cases have been reported in 14 health areas across eight health zones.

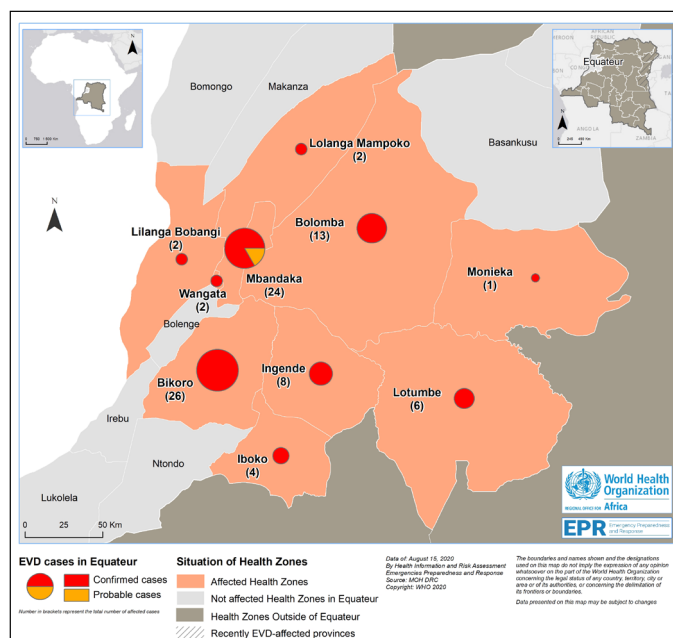
No new contacts were listed on 15 August 2020 out of the four out of eight health zones reporting contacts, with seven new contacts listed all from the Bolomoba Health Zone as of 8 August 2020. Lolanga Mampoko and Mbandaka did not transmit contact data. Of 3 327 active contacts listed, 3 160 (95%) were followed-up. Of the 60 unseen contacts for whom information was available, eight (13.3%) had never been seen, five (8.3%) were lost to follow-up and the remaining 47 (78.4%) had not been seen in the previous 24 hours. To date, no contacts have completed their follow-up period, while 24 have become symptomatic, including 19 in Bikoro, three in Ingende and two in Lotumbe. A total of 394 new alerts were raised on 15 August 2020, with most (229; 58.1%) in Bikoro ($n=133$) and Bolomba ($n=96$). Only five out of the 10 affected health zones reported data, including Mbandaka, which usually reports the most daily alerts. A total of 422 alerts were reported on 15 August 2020, of which 376 (89.1%) were investigated and 120 (31.9%) were validated, with 71 (59.2%) sampled.

PUBLIC HEALTH ACTIONS

- A strike of response providers is underway in the health zones of Bolenge, Mbandaka and Wangata in the city of Mbandaka.
- On 15 August 2020, all 33/40 active PoCs reported. A total of 19 600 travellers passed through these PoCs and 16 17 048 (87%) were screened. Since the start of the response activities, 614 887 (91.3%) screenings have been performed among the 673 145 travellers who have passed through the active PoCs. Out of these 71 alerts have been detected, with 37 validated.
- As of 15 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 170 new people were vaccinated with rVSV-ZEBOV-GP on 15 August 2020, including 22 high risk contacts, 143 contacts of contacts and five probable contacts.
- Since 5 June 2020, a total of 22 468 people has been vaccinated.
- A total of 117 patients, including 10 confirmed patients were managed in the transit centres and Ebola treatment centres in affected areas as of 15 August 2020, with bed occupancy at 59.9% among suspected cases and 22.7% among confirmed cases. The treatment centres in Ikoko Bonginda and Ingende are over-capacity.
- A total of 15 patients have received specific EVD treatment since the start of this outbreak, with six (including on death) in Wangata, three in Bolomoba and two each in Bikoro, Ingende and Lilanga Bobangi.

[Go to overview](#)

Geographical distribution of confirmed Ebola virus disease cases reported from 15 August 2020, Équateur Province, Democratic Republic of the Congo



- Five confirmed cases of EVD remain in the community, including three in Lotumbe and one each in Bikoro and Mbandaka.
- Thirteen alerts of community deaths have been received to date, but only five safe and dignified burials could be conducted; in Lobumbe Health Zone none of the six alerts received could be processed due to lack of transport.
- As of 15 August 2020, infection prevention and control (IPC) monitoring and support was provided at the Bolomba Home Base, as well as in two health facilities; prevention kits were distributed in Bikoro at the national primary school leaving test centre and in the state examination centres in Bikoro; additionally, nine households and one health facility were decontaminated in the Monieka and Lotumbe health zones.
- Risk communication, mobilization and community engagement continues, with 15 members of community action cells briefed on EVD prevention measures, with a public awareness communication on barrier measures against EVD and COVID-19 distributed at various churches and religious centres; a total of 4 392 households have been sensitized in affected areas.

SITUATION INTERPRETATION

The EVD outbreak in Équateur Province continues to rise in case numbers and spread to new geographical areas, although Bikoro, Bolomba and Iboko health zones have not reported any new confirmed cases for 42 days. Challenges include, insufficient funds for the response, along with too few people qualified in risk communication and community engagement, particularly in hotspot areas. Community resistance continues, specifically to sampling and general response measures and some travellers refusing screening at health checkpoints, partly because of poor security support and congestion at these points. 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.

[Go to map of the outbreaks](#)

Summary of major issues, challenges and proposed actions

Major issues and challenges

- South Africa remains in fifth place globally with 587 345 cases, although the 11 839 deaths attributed to COVID-19 are a relatively low number. The majority of cases and deaths continue to be reported from the four most urbanized provinces, Gauteng, KwaZulu-Natal, Western Cape and Eastern Cape. However, cases continue to rise in the less populous provinces, who between them now account for 9.7% of the country's deaths. With strongly established community transmission and the lowering of barriers to inter-provincial travel, these provinces need to be monitored carefully. Public health measures such as physical distancing, mask wearing in public places and hand hygiene remain of utmost importance.
- Cameroon, as the fifth most affected country in African Region, remains vulnerable to increases in cases, with well established community transmission. Although there is an apparent decline in the number of new cases, the country's high attack rate suggests that testing levels are low. Relatively high number of affected health workers are also of concern, indicating inadequate infection control measures in health facilities.
- 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.

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.
- Authorities in Cameroon need to review their current targeted testing policy to more accurately reflect the extent of the COVID-19 outbreak in the country. At the same time infection control policies in health facilities should be investigated in view of the high number of health worker infections reported. Non-pharmaceutical measures such as physical distancing, cloth mask wearing in public places and hand hygiene should be encourage across the population, along with risk communication and community engagement campaigns to emphasise the risks associated with the disease and its prevention.
- 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.

All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
New Events									
Senegal	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	10-Aug-20	10-Aug-20	12-Aug-20	1	0	0	0.00%
A case of Crimean Congo haemorrhagic fever was notified in Senegal on 12 August 2020, as part of the epidemiological surveillance system in the country. The case is a 27-year-old single woman, artist, living in the Pikine district in Dakar. At the time of diagnosis, she presented with a fever with haemorrhagic signs (gingivorrhagia, metrorrhagia). The preliminary information shows that she visited 3 public structures, including 2 private structures and one private dispensary since the beginning of the disease. This was in the context of post-Tabaski with strong handling of meat. Investigations by a multidisciplinary team are ongoing to document this outbreak.									
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	16-Aug-20	38 583	38 583	1 370	3.60%
From 25 February to 6 August 2020, a total of 38 583 confirmed cases of COVID-19 with 1 370 deaths (CFR 3.6 %) have been reported from Algeria. A total of 27 017 cases have recovered. The majority of the cases have been reported from the Wilaya of Blida.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	16-Aug-20	1 906	1 906	88	4.60%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 16 August 2020, a total of 1 906 confirmed COVID-19 case have been reported in the country with 88 deaths and 628 recoveries.									
Angola	Measles	Ungraded	4-May-19	12-Dec-19	5-Aug-20	1 217	1 005	5	0.40%
From 1 January 2020 to 5 August 2020, Angola reported a total measles suspected case count of 1 217, from 56 districts in 14 provinces, mostly from Luanda Province. There are 1 005 confirmed measles (lab and epi-link); 196 discarded, 16 pending lab results. There was a total of 5 deaths reported from 1 January to 1 July 2020 in 14 provinces across Angola; no further information regarding deaths for this current period. 80% of the confirmed cases are <5 years of age; 14% are aged 5-9 years; 3% are 10-14 years of age.									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	1-Jan-19	12-Aug-20	133	133	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There have been three cases reported in 2020 so far. The total number of 2019 cases remain 130 These cases are from several outbreaks which occurred in 2019.									
Benin	COVID-19	Grade 3	17-Mar-20	16-Mar-20	16-Aug-20	2 063	2 063	39	1.90%
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 16 August 2020, a total of 2 063 cases have been reported in the country with 39 deaths and 1 690 recoveries.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	12-Aug-20	9	9	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There is one case in 2020, while the number of cases in 2019 remains eight. These cases are all linked to the Jigawa outbreak in Nigeria.									
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	16-Aug-20	1 214	1 214	3	-
On 30 March 2020, the Minister of Health and Wellness of Botswana reported three confirmed cases of COVID-19. As of 16 August 2020, a total of 1 214 confirmed COVID-19 cases were reported in the country including three death and 120 recovered cases.									
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	31-Jul-20	-	-	-	-
Since 2015, the security situation initially in the regions of the Sahel and later in the East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement leading to a total of 978 744 internally displaced persons registered as of 31 July 2020 in all 13 regions in the country. Presence of jihadist groups and self-defence units have created an increasingly volatile security situation. Humanitarian access is restricted in Sahel, North, Centre-North and East regions, while IDP numbers are rising, along with protection concerns. From January to the end of July 2020, a cumulative number of 1 217 of security incidents were reported, 19 of which were directed against humanitarian actors. Health services are severely affected.									
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	16-Aug-20	1 249	1 249	54	4.30%
Between 9 March and 16 August 2020, a total of 1 249 confirmed cases of COVID-19 with 54 deaths and 1 013 recoveries have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2		1-Jan-19	12-Aug-20	10	10	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. 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.									
Burundi	Cholera	Ungraded	20-Feb-20	20-Feb-20	9-Jun-20	70	0	0	0.00%
The cholera outbreak in Burundi which started since epidemiological week 8 of 2020 (week ending on 15 March 2020) in six districts is improving. The last confirmed cases were reported on 7 May 2020. As of 9 June 2020, a total of 70 cholera cases have been notified in six districts, namely Bujumbura centre (8 cases), Bujumbura 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 aged between 19 to 50 years old.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Burundi	COVID-19	Grade 3	31-Mar-20	18-Mar-20	16-Aug-20	413	413	1	0.20%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 16 August 2020, the total confirmed COVID-19 cases are 413, including one death and 338 recovered.									
Burundi	Measles	Ungraded	23-Mar-20	4-Nov-19	9-Aug-20	989	989	0	0.00%
Burundi has been experiencing measles outbreaks since November 2019 in camps hosting Congolese refugees and has recently been spreading in the host community in the district of Citiboke. As of 9 August 2020, Burundi has reported a total of 989 confirmed measles cases of which 154 are lab-confirmed and the rest were clinically compatible cases and epidemiologically linked. The current outbreak is affecting the following districts: Bukinanyana (Cibitoke province), Ngozi (Ngozi province), Bujumbura Nord (Bujumbura province). There have been no deaths reported.									
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	26-Jun-20	-	-	-	-
Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by the Boko Haram group resulting in significant population displacement. A total of 14 women and 2 men were abducted by Boko Haram insurgents in Mainankoua village bordering Nigeria in Cameroon's Far North on 23 June. Since 1 January 2020, there have been 38 attacks by alleged Boko Haram insurgents, resulting in 20 missing people, 95 injuries and 76 deaths. Two health facilities have been attacked, with one completely destroyed, along with attacks on health workers, with two deaths and one injury reported. Flood waters have receded in Mada and Makary health districts, potentially making them more vulnerable to security incidents. Maroua, the regional capital of Far North is on alert. The Minawao Refugee Camp in the Mokolo Health District continues to host Nigerian refugees, with spontaneous refugee arrivals being recorded weekly.									
Cameroon	Humanitarian crisis (NW & SW)	Grade 2	1-Oct-16	27-Jun-18	26-Jun-20	-	-	-	-
The humanitarian situation in the Northwest and Southwest (NW & SW) regions of Cameroon continues to deteriorate with rising tensions between separatists and military forces despite calls for a COVID-19 ceasefire by the UN Secretary General. The Southern Cameroons Defense Forces (SOCODEF) is the only non-state armed group (NSAG) that yielded to the UN Secretary General's call for a ceasefire as a result of the pandemic. An estimated 3 889 persons (604 households) in the NWSW were displaced as a result of continued violence in March alone. Seventy percent (2 751 persons; 415 households) of the displaced are from the NW and the remaining 30% from the SW region. Since January 2020, there has been an upsurge in violence especially in the NW region affecting mostly women and children. Attacks on humanitarian workers in NW and SW Cameroon are increasing. Shelter, NFI (Non-Food Items), protection and food continue to be the most urgent needs of the displaced populations.									
Cameroon	Cholera	Ungraded	1-Mar-19	1-Jan-20	3-Jul-20	980	39	45	4.60%
The cholera outbreak is ongoing in Cameroon affecting four regions, namely Littoral, Southwest, South and Centre regions. A total of 73 new suspected cholera cases and 6 new deaths were reported in South region (71 suspected cases and 4 deaths) and centre region (2 suspected cases and 2 deaths) from 19 June to 2 July 2020. Since the beginning of this outbreak in January to 3 July, 2020, a total of 980 cholera cases, including 39 confirmed cases and 45 deaths (29 in the hospitals and 16 in the community) (CFR 4.6%) were reported in four regions. The majority of cases were reported in the Littoral region (563 suspected cases and 30 deaths), followed by the South region (344 suspected cases and 12 deaths). In 2019, only the Far North, North and Southwest regions were affected by the cholera outbreak.									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	16-Aug-20	18 582	18 582	403	2.20%
Detailed update given above.									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-20	17-May-20	1 175	1 175	11	0%
A measles outbreak is ongoing in Cameroon. Since 1 January 2020 to date, a total of 1 175 confirmed cases have been reported. Of these, 594 were confirmed as IgM-positive and 581 by epidemiological link. The outbreak is currently affecting 78 out of 189 districts (41%) in 8 out of 10 regions in the country (Northwest and Southwest regions are not affected). A total of 11 cases were reported to date in six districts, namely Kribi (4 cases), Gashiga (2 cases), Betaré Oya (1 case), Kolofata (2 cases), Awaé (1 case), Ngaoundal (1 case). Fifty percent of cases are 5 years old and above and 14% are less than 9 months old. Seventy-four confirmed cases are not vaccinated.									
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	5-Aug-20	3	3	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Three cVDPV2 cases have been reported from the country so far in 2020.									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	16-Aug-20	3 179	3 179	35	1.10%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 16 August 2020, a total of 3 179 confirmed COVID-19 cases including 35 deaths and 2 317 recoveries were reported in the country.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	31-May-20	-	-	-	-
Civil unrest and food insecurity in most parts of the country including major cities continue to cause a complex humanitarian situation. The security situation remains tense with the persistence of inter-ethnic tensions within rival armed groups in the Northeast of the country mainly in Ndele, Birao, Batangafo and Bria. Intercommunal violence has intensified in Ndélé, capital of the northern prefecture of Bamingui Bangoran, since March. The violence started on 29 April 2020 and led to at least 8 000 people displaced, 28 deaths, and 56 injuries. This 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	11-Aug-20	4 652	4 652	61	1.30%
The Ministry of Health and population announced the confirmation of the first COVID-19 case in the Central African Republic on 14 March 2020. As of 11 August 2020, there are a total of 4 652 confirmed cases and 61 deaths reported.									
Central African Republic	Measles	Grade 2	15-Mar-19	1-Jan-19	5-Aug-20	26 467	443	118	0.40%
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-19	24-May-19	12-Aug-20	22	22	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There is one case reported in 2020 so far and 21 cases in 2019 from several outbreaks for a total of 22.									
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	16-Aug-20	956	956	76	7.90%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 16 August 2020, a total of 956 confirmed COVID-19 cases were reported in the country including 76 deaths and 865 cases who have recovered.									
Chad	Measles	Ungraded	24-May-18	1-Jan-19	9-Aug-20	8 483	357	39	0.50%
In week 32 (week ending 9 August 2020), 20 suspected cases were reported. Four districts were in the epidemic phase during the week. Since the beginning of the year, a total of 8 483 suspected cases and 39 deaths (CFR 0.5%) have been reported from Beboto, Kyabe, Goundi, Korbol, Kelo and Guelao.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	12-Aug-20	67	67	0	0.00%
Five cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week; one in Logone Oriental, one in Mayo Kebbi Est, two in Tandjile and one in Wadi Fira. There are now 67 cases from two different outbreaks in the country, one being the Jigawa outbreak.									
Comoros	COVID-19	Grade 3	30-Apr-20	30-Apr-20	16-Aug-20	405	405	7	1.70%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 16 August 2020, a total of 405 confirmed COVID-19, including 7 deaths and 385 recovered were reported in the country.									
Comoros	Dengue	Ungraded		22-Dec-19	5-Apr-20	696	4	0	0.00%
Comoros has registered many cases of suspected dengue fever since December 2019. In total, four isolated cases of dengue fever serotype I were confirmed by Institut Pasteur of Madagascar Laboratory in epidemiological week 52 in 2019. In 2020, from epidemiological week 1 to week 13, a total of 696 suspected dengue fever cases were reported with no laboratory confirmation as the country continues to face challenges in laboratory testing. The number of suspected cases peaked in week 12, 2020 with 88 cases reported. The majority of cases (508) are reported from Anjouan, followed by Moheli islands with 179 suspected dengue cases. Ngazidja reported nine suspected dengue fever cases from week 1 to week 13.									
Congo	Chikungunya	Grade 1	22-Jan-19	1-Jan-20	9-Feb-20	37	0	0	0.00%
In week 6 (week ending 9 February 2020), a total 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 (2 589) were the most affected by the outbreak accounting for 74% of cases reported since the beginning of the outbreak.									
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	14-Aug-20	3 831	3 831	76	2.00%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 14 August 2020, a total of 3 831 cases including 76 deaths and 1 628 recovered cases have been reported in the country.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	16-Aug-20	17 026	17 026	110	0.60%
Since 11 March 2020, a total of 17 026 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 110 deaths. A total of 13 947 patients have recovered.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Grade 2	29-Oct-19	29-Oct-19	12-Aug-20	25	25	0	0.00%
Six cVDPV2 cases were reported this week; two from Gbokle-Nawa-San, two from Hambol, one from Haut Sassandra and one from Loh-Djiboua. The total number of cVDPV2 cases reported is 25.									

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-16	17-Apr-17	21-Jun-20	-	-	-	-
The Democratic Republic of the Congo continues to experience a complex humanitarian crisis involving armed conflicts and inter-community tension resulting in large number of people in need of humanitarian assistance. Populations movement due to armed clashes and inter-community fighting continue to be reported in North-Kivu, Tanganyika, Ituri, Kasai central and South-Kivu provinces. In Ituri, following an attack by alleged members of the Allied Democratic Forces (ADF) in the locality of Bwakadi in the ZS of Boga (Territory Irumu), which cost the lives of two civilians on 24 June 2020, the populations of several villages (Bwakadi, Sikwaela, Bhelu, Vukaka, etc.) have been displaced to Kinyanjongo, Malaya, Kyabaganzi and Izinga in the same territory and in Idohu, in the health zone of Komanda. In Tanganyika province, following the cross-border conflict between the DRC and Zambia, the territory of Moba, is experiencing displacement of populations since 13 March 2020. In north Kivu, a total of 14 000 internally displaced people (IDPs) and around 4 000 returnees have arrived in the Kelembe / Kalonge-Mera-Peti axis in the east of Walikale territory between April and May 2020. In South Kivu province, heavy rains that resulted in floods in Uvira were reported from 16 to 17 April 2020. A total of 50 deaths and 40 wounded persons, many houses destroyed were reported and currently there is a total of 78 000 persons displaced, including 3 500 persons without shelters. Floods were reported also in the city of Kasindi and its surroundings in North Kivu between 20 and 21 May 2020. The displaced persons are in need of basic humanitarian assistance, including access to food, clean water, non-food items, shelters and healthcare assistance.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-20	26-Jul-20	12 942	-	183	1.40%
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-20	10-Mar-20	15-Aug-20	9 676	9 676	240	2.50%
On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 15 August 2020, 9 675 confirmed cases and 1 probable case have been reported, for a total of 9 676 cases, including 240 deaths and 8 705 recoveries.									
Democratic Republic of the Congo	Ebola virus disease	Grade 2	31-May-20	17-May-20	15-Aug-20	88	84	36	40.90%
Detailed update given above.									
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	1-Jan-20	2-Aug-20	68 812	1 317	979	1.40%
In week 31 (week ending 2 August 2020), 402 measles cases including 12 deaths (CFR 2.9%) were reported across the country. The provinces that reported majority of cases include: Sankuru (112 cases), Kasai (26 cases), Kwilu (27 cases), Bas-uele (23 cases) and North Ubangi (20 cases). Over the past four weeks (weeks 28 to 31) provinces that notified the majority of cases are: Sankuru (935 cases), South Ubangi (213 cases), Kasai (135 cases), Maindombe (120 cases), Tanganyika (108 cases) and North Ubangi (102 cases). Since 2019 a total of 380 329 measles cases and 7 010 deaths (CFR 1.8%) have been reported in the country.									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-20	19-Jul-20	2 924	-	108	3.70%
During week 29 (week ending 19 July 2020), a total of 91 suspected cases of Monkeypox with six deaths were reported across the country compared to 128 cases the preceding week. Between week 1 and week 29, a total of 2 924 suspected cases including 97 deaths were reported in the country. Between weeks 1 and 52 of 2019 a cumulative total of 5 288 monkeypox cases, including 108 deaths (CFR 2%) were reported from 133 health zones in 19 provinces. One major challenge to the current emergency includes acquiring the required funding to respond to all the multiple ongoing outbreaks in the country.									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	1-Jan-20	19-Jul-20	75	-	17	22.70%
The Ituri province is notifying an upsurge of plague cases in the health zone of Rethy. From 11 June to 15 July 2020, a total of 45 cases with 9 deaths (CFR 20%) were notified in 5 over 22 health areas of Rety health zone. The plague outbreak is endemic in Ituri province. Since the beginning of 2020 to-date, Ituri Province has reported a total of 75 cases and 17 deaths (CFR 22.7%) in 5 health zones, namely Aungba, Linga, Rethy, Aru and Kambala. In 2019, from week 1 to 52, a total of 48 cases of bubonic plague including eight deaths have been reported in the country.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	15-Feb-18	1-Jan-18	12-Aug-20	131	131	0	0.00%
One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported from Kwilu, bringing the number of cases reported in 2020 to 23. The total number of cases in 2019 remain 88. There were 20 cases reported in 2018. The country continues to be affected by several other genetically-distinct cVDPV2s (notably in Kasai, Kwilu, Kwango and Sankuru provinces).									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	28-Jul-20	4 821	4 821	83	1.70%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 28 July 2020, a total of 4 821 cases have been reported in the country with 83 deaths and 2 182 recoveries.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	9-Aug-20	285	285	0	0.00%
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 248 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-20	13-Mar-20	16-Aug-20	3 839	3 839	70	1.80%
The first case of COVID-19 was confirmed in Eswatini on 13 March 2020. As of 16 August 2020, a total of 3 839 cases have been reported in the country including 2 268 recoveries. A total of 70 associated deaths have been reported.									
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	5-Jul-20	11 427		176	1.50%
In week 27 (week ending 5 July 2020), 989 new suspected cases with 41 associated deaths were reported. Since the beginning of the year, a total of 11 427 cases with 176 associated deaths have been reported from five woredas in SNNP and two woredas in Oromia region.									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	16-Aug-20	29 876	29 876	528	1.80%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 29 876 cases of COVID-19 as of 16 August 2020, 528 deaths and 12 359 recoveries have been reported.									
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-19	26-Apr-20	1 873		-	-
In week 17 (week ending 26 April 2020), the measles outbreak is still ongoing in Oromia, Amhara and Tigray regions. A total of 575 suspected cases and 7 deaths were reported during the week with the majority of suspected cases being reported from Oromia region.									
Ethiopia	Poliomyelitis (cVDPV2)	Grade 2	24-Jun-19	20-May-19	12-Aug-20	29	29	0	0.00%
Two cVDPV2 cases were reported this week in Ethiopia in Oromiya province. There have been 29 cases reported in Ethiopia so far.									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	14-Aug-20	8 225	8 225	51	0.60%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 14 August 2020, a total of 8 225 cases including 51 deaths and 6 277 recovered have been reported in the country.									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	14-Aug-20	1 872	1 872	63	3.40%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 14 August 2020, a total of 1 872 confirmed COVID-19 cases including 63 deaths and 401 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	14-Aug-20	42 532	42 532	231	0.50%
On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. As of 14 August 2020, a total of 42 532 cases including 231 deaths and 40 362 recoveries have been reported in the country.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	12-Aug-20	29	29	0	0.00%
No cVDPV2 cases were reported this week. There have been 11 cases in 2020 so far, while the total number of 2019 cases remain 18.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	16-Aug-20	8 482	8 482	51	0.60%
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 16 August 2020, a total of 8 482 cases including 7 364 recovered cases and 51 deaths have been reported in the country.									
Guinea	Lassa Fever	Ungraded	11-Jul-20	11-Jul-20	4-Aug-20	1	1	1	100.00%
A case of Lassa fever was confirmed on 11 July 2020 by the Haemorrhagic Fever laboratory in Guéckédou. The case is a 28-year-old, female, 22 weeks pregnant, living in the village of Kondian, in rural district of Koundou Lengo Bengou. She fell ill on 07 June 2020 with chest pain and no history of travel or receiving a foreigner 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 raised. 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.									
Guinea	Measles	Ungraded	9-May-18	1-Jan-19	5-Jun-20	5 644	366	14	0.30%
During week 23 (week ending in 5 June) there has been a total of 5 644 cases with 366 confirmed and 14 deaths in 2020. During week 44 (week ending 3 November 2019), 127 suspected cases of measles were reported. From week 1 to 44 (1 January – 3 November 2019), a total of 4 690 suspected cases including 18 deaths (CFR 0.4%) have been reported. Of the 4 690 suspected cases, 1 773 were sampled, of which 1 091 tested positive for measles by serology. Three localities in three health districts are in the epidemic phase, namely, Wanindara in Ratoma health district, Dounet in Mamou health district and Soumpoura in Tougue health district.									
Guinea	Poliomyelitis (cVDPV2)	Grade 2	22-Jul-20	22-Jul-20	5-Aug-20	8	8	0	0.00%
Eight cVDPV2 cases were reported in Kankan province making them the first in the country. On 22 July 2020, WHO was notified by the Global Polio Laboratory Network of cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) from Guinea. These viruses were isolated from five acute flaccid paralysis (AFP) cases with onsets of paralysis between 22 March and 28 May 2020, from two separate districts in Kankan province (Kankan district, Mandiana district).									
Guinea-Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	16-Aug-20	2 117	2 117	33	1.60%
On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 16 August 2020, the country has reported 2117 confirmed cases of COVID-19 with 1 089 recoveries and 33 deaths.									
Kenya	Cholera	Ungraded	21-Jan-19	1-Jan-20	12-Jul-20	692	27	13	1.90%
In week 28 (week ending 12 July 2020), seven new suspected cases were reported from Garissa and Turkana counties. Since 1 January 2020, cholera outbreak has been reported in five counties namely: Garissa, Marsabit, Muranga, Turkana and Wajir. Cumulatively, a total of 692 cases with 13 deaths has been reported. Turkana County has reported a fourth wave since the beginning of the year. The outbreak is currently active in Garissa and Turkana counties.									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	16-Aug-20	30 120	30 120	474	1.60%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 cases in the country. As of 16 August 2020, 30 120 confirmed COVID-19 cases including 474 deaths and 16 656 recoveries 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
Kenya	Leishmaniasis	Ungraded	31-Mar-19	3-Jan-20	12-Jul-20	224	102	7	3.10%
In week 28 (week ending 12 July 2020), 14 new cases were reported. Since the beginning of the outbreak, suspected and confirmed cases of leishmaniasis have been reported from Baringo, Garissa, Kitui and Marsabit counties.									
Kenya	Measles	Ungraded	6-May-19	20-Oct-19	12-Jul-20	424	48	2	0.50%
As of 12 July 2020, a total of 323 measles cases including 9 confirmed cases and one death have been reported in Pokot North sub county, West Pokot county since 20 October 2019. Four additional counties have been affected in 2020 including: Tana River (56 total cases, 7 confirmed and 1 death), Garissa (33 total cases, 20 confirmed), Kilifi (5 confirmed cases) and Wajir (7 total confirmed cases).									
Lesotho	COVID-19	Grade 3	13-May-20	13-May-20	16-Aug-20	946	946	30	3.20%
On 13 May 2020, WHO was notified of the first confirmed COVID-19 case in Lesotho. As of 16 August 2020, 946 cases of COVID-19 have been reported, including 423 recoveries and 30 deaths.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	16-Aug-20	1 257	1 257	82	6.50%
From 16 March to 9 August 2020, a total of 1 257 cases including 82 deaths have been reported from all 15 counties of Liberia. Montserrado County which hosts the country's capital city remains at the epicenter of the outbreak. A total of 788 case-patients have recovered.									
Liberia	Lassa fever	Ungraded	23-Jan-19	1-Jan-20	26-Jul-20	40	40	18	45.00%
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-17	1-Jan-19	9-Aug-20	742	87	3	0.40%
In week 32 (week ending on 9 August 2020), twenty suspected cases were reported from Sinoe (15), Grand Gedeh (3), Lofa (1) and Nimba (1) counties. Since the beginning of 2020, 742 cases with 3 associated deaths have been reported across the country, of which 87 are laboratory-confirmed, 228 are epi-linked, and 267 are clinically confirmed.									
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	16-Aug-20	13 827	13 827	170	1.20%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 16 August 2020, a total of 13 827 cases have been reported in the country, out of which 12 424 have recovered and 170 deaths have been reported in the country.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	16-Aug-20	5 072	5 072	161	-
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 16 August 2020, the country has a total of 5 072 confirmed cases with 161 deaths and 2 626 recoveries.									
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	17-Jun-20	-	-	-	-
The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The last week of May was particularly deadly in the Mopti region. It was marked by a resurgence of security incidents in the circles of Koro, Bandiagara, Bankass and Douentza. At least 68 civilians are reported to have been killed in attacks leading to serious human rights abuses during the week. In addition, an incident caused by an explosive device which took place in the Douentza circle left eight civilians dead and 30 wounded, five of whom were seriously wounded. More than 75% of security incidents reported in May 2020 (282 incidents) took place in the regions of Mopti (175 cases) and Ségou (107 cases) in the centre of the country. Mali now has more than 250 000 internally displaced persons.									
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	16-Aug-20	2 640	2 640	125	4.70%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 16 August 2020, a total of 2 640 confirmed COVID-19 cases have been reported in the country including 125 deaths and 1 987 recoveries.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-19	9-Aug-20	682	353	0	0.00%
During week 32 (week ending on 9 August 2020), two suspected cases of measles were reported from three regions in the country. Since 1 January 2020, 682 suspected cases, 353 of which were confirmed have been reported. No associated deaths have been reported so far.									
Mali	Yellow fever	Ungraded	3-Dec-19	1-Jan-20	7-Jun-20	82	4	1	1.20%
As of 7 June 2020, a total of 82 suspected cases have been reported including 4 confirmed cases and 1 death. The cumulative epidemiological situation in 2019 included 78 suspected cases including 4 confirmed cases and 3 deaths (CFR 75%). Confirmed cases of yellow fever were reported from the Sikasso and Koulikoro regions.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	16-Aug-20	6 701	6 701	157	2.30%
The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 16 August 2020, a total of 6 701 cases including 157 deaths and 5 985 recovered cases have been reported in the country.									
Mauritania	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	11-May-20	2-May-20	11-May-20	1	1	0	0.00%
On 11 May 2020, one confirmed case of Crimean Congo haemorrhagic fever was reported from the Moughataa of Mederdra in the district of Tiguint in the wilaya of Trarza. The case is a 60-year-old butcher from Tiguint presenting symptoms of fever, fatigue, headaches and epistaxis, with onset on 2 May 2020. He had a history of handling the carcasses of meat and no recent travel history. He presented at a health facility on 7 May 2020 and a sample was collected for testing following the suspicion of a viral haemorrhagic fever disease. The case-patient was evacuated the same day in the Emergency Department in Nouakchott for further care. On 8 May 2020, the case was confirmed with CCHF by RT-PCR from the INRSP and transferred to the infectious diseases department where he was isolated and treated.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mauritania	Dengue	Ungraded	11-May-20	3-May-20	11-May-20	7	7	0	0.00%
On 3 May 2020, two suspected cases of dengue fever were admitted to a hospital in Mauritania. On May 4 2020, it was found that the majority of consultations at the hospital had a history of unexplained fever. Thus, samples from the two suspected cases were collected and sent to the National Institute of Research in Public Health (INRSP). On 5 May 2020 the 2 cases were confirmed by RT-PCR positive for Dengue virus with DENV-1 serotype. The cases were discharged from hospital and declared cured after symptomatic treatment. A rapid investigation was carried out at city level and made it possible to identify 5 additional cases (4 women and 1 man) distributed in 4 districts of Atar (Atar, Tineri, Aghnemrite and Edebaye).									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	15-Aug-20	346	346	10	2.90%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 15 August 2020, a total of 346 confirmed COVID-19 cases including 10 deaths and 334 recovered cases have been reported in the country.									
Mozambique	Cholera	Ungraded	20-Feb-20	31-Jan-20	12-Jun-20	2 625	-	21	0.80%
A cholera outbreak is ongoing in Mozambique. From 11 January till 12 June 2020, a total of 2 625 cases including 21 deaths (CFR 0.8%) were reported in two provinces, namely Nampula (1 648 cases and 3 deaths) and Cabo Delgado (997 cases and 15 deaths). In total, 11 districts of Nampula province, namely Nampula City, Mogovolas, Memba, Nacala-à-Velha, Nacarua, 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-20	22-Mar-20	16-Aug-20	2 855	2 855	19	0.70%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 19 August 2020, a total of 2 855 confirmed COVID-19 cases were reported in the country including 19 deaths and 1 163 recoveries.									
Mozambique	Measles	Ungraded	25-Jun-20	1-Jan-20	22-Jul-20	862	140	0	0.00%
There is a measles outbreak in six districts of Zambezia. The outbreak was declared in March at the Nauela Administrative Post, Alto Molócuê district. As of week 21, there were 862 suspected cases reported, 711 suspected cases tested, 140 IgM+ for measles, no epi-linked cases reported, and no deaths. 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-20	14-Mar-20	15-Aug-20	4 154	4 154	35	0.80%
Two cases of novel coronavirus (COVID-19) were confirmed in Namibia on 14 March 2020. As of 15 August 2020, a total of 4 154 cases have been reported in the country including 2 370 cases who recovered with 35 deaths.									
Namibia	Hepatitis E	Protracted 1	18-Dec-17	8-Sep-17	17-May-20	9 661	1 972	65	-
In weeks 19 and 20 (week ending 17 May 2020), 38 new cases were reported countrywide with the majority (16 cases) from Khomas region. Since the beginning of the outbreak in December 2017, a cumulative total of 9 661 cases (1 972 laboratory-confirmed, 4 447 epidemiologically linked, and 1 292 suspected cases) including 65 deaths (CFR 0.7%) have been reported countrywide. Khomas Region remains the most affected region, accounting for 4 907 (51%) of reported cases, followed by Erongo 1 807 (19%) since the outbreak began.									
Niger	Humanitarian crisis	Protracted 1	1-Feb-15	1-Feb-15	11-Jun-20	-	-	-	-
The security situation continues to worsen in border areas of Burkina Faso, Mali and Nigeria following armed groups attacks in the region. This security situation is hampering the humanitarian access and affecting the access to basic health and social services. A total of 46 health posts and 10 health centres have closed due to insecurity. According to OCHA statistics, 2.9 million people are in need of humanitarian assistance, 190 248 people are internally displaced, and 217 858 are refugees in the country. Food security remains a key challenge in Niger, particularly for displaced populations and host communities in Diffa, Tahoua, and Tillabery regions. Increased violence and COVID-19 related restrictions are expected to increase the number of people projected in severe food insecurity (IPC-3 and above) from 2 million to 2.7 million over June-August 2020.									
Niger	COVID-19	Grade 3	19-Mar-20	19-Mar-20	16-Aug-20	1 167	1 167	69	5.90%
From 19 March to 19 August 2020, a total of 1 167 cases with 69 deaths have been reported across the country. A total of 1 078 recoveries have been reported from the country.									
Niger	Measles	Ungraded	10-May-19	1-Jan-20	31-May-20	2 079	241	4	1.70%
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 deaths), Tahoua (62 cases, 1 death), Tillabery (67 cases, 0 deaths) and Zinder (167 cases, 1 death). In 2019 a total of 10 207 suspected measles cases were reported from eight regions in the country. So far, 72 districts have been affected by outbreaks in 2020.									
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	31-Jul-20	-	-	-	-
The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security compromised areas characterized by overcrowded population in many camps in the region. Health Sector partners are supporting the government led COVID-19 response across the three states, including support through joint resource mobilization activities, overall coordination and monitoring of the response in the northeast.									
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-20	16-Aug-20	49 068	49 068	975	2.00%
The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 16 August 2020, a total of 49 068 confirmed cases including 975 deaths and 36 497 recovered cases have been reported in the country.									
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-20	26-Jul-20	1 065	1 051	233	21.90%
A total of five new confirmed cases with one death were reported from Ondo State in Nigeria in week 29 (week ending 19 July 2020). From 1 January to 19 July 2020, a total of 1 065 cases (1 051 confirmed and 14 probable) with 233 deaths (CFR 21.9%) have been reported from 129 Local Government Areas across 27 states in Nigeria. A total of 13 contacts are currently being followed.									
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-20	7-Jun-20	420		14	3.30%
Between epi weeks 1 - 23 (week ending 7 June 2020), a total of 420 suspected cases of measles were reported from 88 LGAs in 20 states and FCT. None was laboratory confirmed and 14 deaths were recorded.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	12-Aug-20	53	53	0	0.00%
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-17	1-Jan-20	21-Jun-20	1 150	5	0	0.00%
In week 25, there were 18 suspected cases reported from 16 LGA in 12 states. Between week 1 and 25 in 2020, a total of 1 150 suspected cases including 12 presumptive positive cases and 5 confirmed cases were reported. In 2019, a total of 4 288 suspected cases were reported in 618 (83.1%) LGAs from all states in the country. Four States: Katsina, Kebbi, Bauchi and Benue had the highest attack rates. A total of 227 cases were confirmed in Nigeria and from IP Dakar and 231 deaths were reported.									
Rwanda	COVID-19	Grade 3	14-Mar-20	14-Mar-20	16-Aug-20	2 453	2 453	8	0.30%
Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 16 August 2020, a total of 2 453 cases with eight deaths and 1 648 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	16-Aug-20	885	885	15	1.70%
On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 16 August 2020, a total of 885 confirmed cases of COVID-19 have been reported, including 15 deaths. A total of 818 have been reported as recoveries.									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	16-Aug-20	12 162	12 612	253	2.10%
Between 2 March 2020 and 16 August 2020, a total of 12 162 confirmed cases of COVID-19 including 253 deaths have been reported from Senegal. A total of 7 677 cases have recovered.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	16-Aug-20	127	127	0	0.00%
The first COVID-19 confirmed cases were reported in Seychelles on 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 16 August 2020, 127 cases have been confirmed for COVID-19 in total, including 126 recoveries and one active case.									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	16-Aug-20	1 956	1 956	69	3.50%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 16 August 2020, a total of 1 956 confirmed COVID-19 cases were reported in the country including 69 deaths and 1 506 recovered cases.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	16-Aug-20	587 345	587 345	11 839	2.00%
South Africa continues to report cases of COVID-19. From 5 March to 16 August 2020, a total of 587 345 confirmed cases with 11 839 deaths have been reported from all provinces across the country. A total of 472 377 cases have recovered.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	15-Jul-20	-	-	-	-
The humanitarian situation has escalated in recent weeks with recent armed inter-communal fighting in several parts of the country. On 22 June 2020 in Pibor town causing displacement toward Verteth and Labarab. A presidential committee has been set up in response to the recent escalation. Floods in Bor South and Panyijar counties also continue to cause displacement of over 13 000 persons.									
South Sudan	COVID-19	Grade 3	5-Apr-20	2-Apr-20	16-Aug-20	2 490	2 490	47	1.90%
On 5 April 2020, the Ministry of Health of South Sudan has reported the country's first case of COVID-19. As of 16 August 2020, a total of 2 490 confirmed COVID-19 cases were reported in the country including 47 deaths and 1 290 recovered cases.									
South Sudan	Hepatitis E	Ungraded	-	3-Jan-19	21-Jun-20	337	41	2	0.60%
The current outbreak in Bentiu UN Protection of Civilians (POC) continues since the beginning of 2019 with five new cases reported in week 25 (ending 21 June 2020). As of the reporting date, a total of 337 cases of hepatitis E including two deaths have been reported from South Sudan, mostly from Bentiu POC (325 total cases), and a total of 12 suspected cases including 4 confirmed cases in Lankein. The last case in Lankein was reported in week 25 (week ending 23 June 2019).									
South Sudan	Measles	Ungraded	24-Nov-18	19-Sep-19	21-Jun-20	916	50	2	0.20%
Between week 38 of 2019 to week 25 of 2020, a total of 916 suspected cases of measles, of which 50 were laboratory-confirmed and 2 deaths (CFR 0.6%) have been reported. The outbreak has affected six counties (Tonj East, Magwi, Bor, Kapoeta East, Aweil East and Wau) and Bentiu Protection of Civilians Sites (POC).									
Tanzania, United Republic of	COVID-19	Grade 3	16-Mar-20	16-Mar-20	16-Aug-20	509	509	21	4.10%
The Ministry of Health, Community Health Community Development, Gender, Elderly and Children (MOHCDGEC) in Tanzania reported the country's first case of COVID-19 on 16 March 2020. As of 16 August 2020, a total of 509 cases have been reported in the country including 21 deaths and 180 recovered cases. Tanzania mainland last reported a confirmed case on 29 April 2020.									
Togo	COVID-19	Grade 3	6-Mar-20	1-Mar-20	16-Aug-20	1 147	1 147	27	2.40%
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 16 August 2020, a total of 1 147 cases including 27 deaths and 843 recovered cases have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	12-Aug-20	17	17	0	0.00%
No new case of cVDPV2 was reported during the past week. There have been nine cases so far in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Togo	Yellow Fever	Ungraded	4-Feb-20	3-Feb-20	5-Jun-20	1	1	1	100.00%
On 28 April 2020, WHO received information regarding a confirmed yellow fever case in Mango village, Oti district, Savanes region in northern part of Togo. The results were confirmed at the yellow fever reference laboratory, Institute Pasteur in Dakar, Senegal by sero-neutralisation. 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-17	n/a	30-Jun-20	-	-	-	-
Between 1 and 30 June 2020, a total of 3 056 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo (3 056), South Sudan (0) and Burundi (0). Uganda hosted 1 425 040 asylum seekers as of 30 June 2020, with 94% living in settlements in 11 of Uganda's 128 districts and in Kampala. Most are women within the age group 18 - 59 years.									
Uganda	Cholera	Ungraded	11-May-20	29-Apr-20	11-Jun-20	682	17	6	0.90%
On 11 May 2020, a cholera outbreak was confirmed in Moroto district. The index case was a 17-year-old male patient from Natapar Kocuc Village, Loputuk parish, Nadunget Subcounty who was seen on 29 April 2020 with acute watery diarrhoea and severe dehydration. On 4 May 2020 more cases with similar symptoms from the same location as 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.									
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	15-Aug-20	1 500	1 500	13	0.90%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 15 August 2020, a total of 1 300 confirmed COVID-19 cases, 1 150 recoveries with 13 deaths.									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	16-Aug-20	9 343	9 343	260	2.80%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 16 August 2020, a total of 9 343 confirmed COVID-19 cases were reported in the country including 260 deaths and 8 412 recovered cases.									
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-19	16-Jul-19	12-Aug-20	2	2	0	0.00%
No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported since the beginning of 2020. There were two cVDPV2 cases reported in 2019.									
Zimbabwe	Anthrax	Ungraded	6-May-19	6-May-19	14-Jun-20	319		1	0.30%
The anthrax outbreak is ongoing in Zimbabwe with a cumulative total number of 319 cases and one death notified since the beginning of the outbreak in week 36 (Week starting from 6 May 2019) of 2019. This outbreak started since week 36, 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. Since 1 January to 15 May 2020, a total of 319 cases were reported mainly in Masvingo, Midlands and Mashonaland west provinces.									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	16-Aug-20	5 261	5 261	132	2.50%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 16 August 2020, a total of 5 261 confirmed COVID-19 cases were reported in the country including 132 deaths and 2 092 cases that recovered.									
Closed Events									
Ethiopia	Guinea Worm Disease	Ungraded	3-Apr-20	3-Apr-20	6-Aug-20	7	7	0	0.00%
Since the beginning of April 2020, the Ethiopian Dracunculiasis Eradication Program (EDEP) detected six suspected human cases of dracunculiasis in the Duli village of Gog district in the Gambella region. As of 8 August 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. The outbreak in connection with human cases is now controlled. All 575 people having exposure to the contaminated water sources were identified and regularly followed up until no one developed signs and symptoms. No human cases have been reported for three and a half months since it was last detected on 23 April 2020.									

†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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