

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 34: 17 - 23 August 2020
Data as reported by: 17:00; 23 August 2020

0

New event

111

Ongoing events

101

Outbreaks

10

Humanitarian crises



Graded events †

49

Grade 3 events

19

Grade 2 events

1

Grade 1 events

2

Protracted 3 events

2

Protracted 2 events

3

Protracted 1 events

35

Ungraded 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](#)
- [Yellow fever in Senegal](#)
- [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, but with a declining trend in case numbers and hospitalizations, although the number of new deaths remains relatively stable. Gauteng and KwaZulu-Natal provinces are now the epi-centres of the outbreak in the country, with new cases plateauing in Western Cape. The South African government has lowered restrictive measures to the extent that essentially all economic activity, other than international tourism, has resumed. As a result, the main challenges facing the authorities are adherence to public health measures such as physical distancing, wearing cloth masks in public places and hand hygiene practices, in order to maintain the declining trend in cases.
- The yellow fever outbreak in the Darou Marnane district of Touba in Senegal is the first in the area since February 2018 and the infected child has incomplete vaccine cover. The area is known to have a low vaccine coverage rate compared with the rest of the district. However, it is part of the routine sentinel surveillance for arboviruses within the 4S network at health district level in Touba. Vector surveys have revealed a relatively high rate of *Aedes aegypti* infestation in local water storage containers and open ponds. Other challenges are around access to health facilities and low vaccine uptake as a result of the COVID-19 response, which has also caused delays in sample results from the arbovirus sentinel surveillance.
- The EVD outbreak in Équateur Province, Democratic Republic of the Congo, continues to be of grave concern, with a continuing increase in incidence cases and more health areas and health zones affected. Challenges continue around known confirmed cases still living in the community and contacts lost to follow-up, as well as an ongoing strike among personnel in response pillars. 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

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 continue to decline steadily, while the number of new deaths remains relatively stable, within reporting constraints.

Since our last report (*Weekly Bulletin 32*), the number of recorded cases has increased by 22 428 (compared to 27 487 in the previous week), with 1 220 new deaths (compared to 1 431 the previous week). As of 23 August 2020, the country has reported a total of 609 773 cases and 13 059 deaths (case fatality ratio 2.1%).

Gauteng Province remains the most affected, at 206 018 cases (33.8%), followed by KwaZulu-Natal with 109 841 (18.0%) cases. Western Cape (104 588; 17.2%) and Eastern Cape (85 203; 14.0%) follow. Case numbers continue to rise in the less populous provinces, with 34 980 cases in Free State Province, 24 301 cases in North West Province, 23 100 cases in Mpumalanga Province, 12 563 cases in Limpopo Province and 9 129 cases in the sparsely populated Northern Cape Province.

Western Cape Province has still recorded the most deaths (3 726; 28.5%), followed by Gauteng Province (3 268; 25.0%), Eastern Cape Province (2 789; 21.4%) and KwaZulu-Natal Province (1 948; 15.0%). The remaining provinces have reported 1 328 (10.2%) deaths between them. The number of health workers affected remains 25 841 (4.2% of all confirmed cases), with 181 deaths (1.4% of the total) recorded. The number of recoveries stands at 506 470 (83%).

Among the 604 516 cases where age and gender is known, 352 441 (58%) cases are female and 252 075 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 23 August 2020, a total of 3 553 425 Polymerase Chain Reaction (PCR) tests has been carried out, of which 2 797 298 were identified through passive surveillance and 756 127 were detected by community screening and testing. Currently, 82% of all tests have been carried out in the private health sector, with 18% 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 continue to decline, after rising to a peak of 6 598 during week 29 (week ending 18 July 2020) and falling in the past two weeks, with 4 432 admissions recorded in week 32 (week ending 8 August 2020). Public hospitals account for 48% of these figures, although the number of admissions is also dropping in those public facilities that form part of this sentinel surveillance.

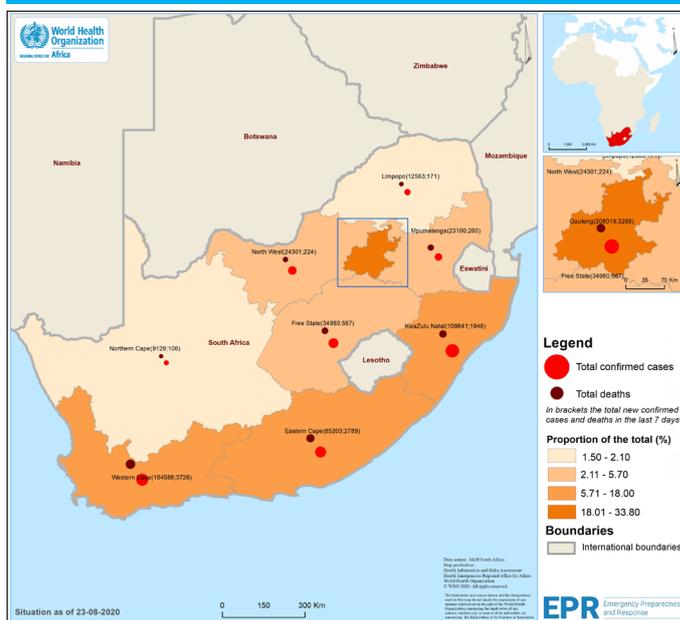
PUBLIC HEALTH ACTIONS

- A WHO surge team of experts, including infectious disease specialists and epidemiologists, is currently in South Africa, and is continuing to work 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 hours. A curfew remains in place from 22:00 to 04:00 hours.
- 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.
- Schools are now open using a phased approach, with scholars staggering days of attendance.

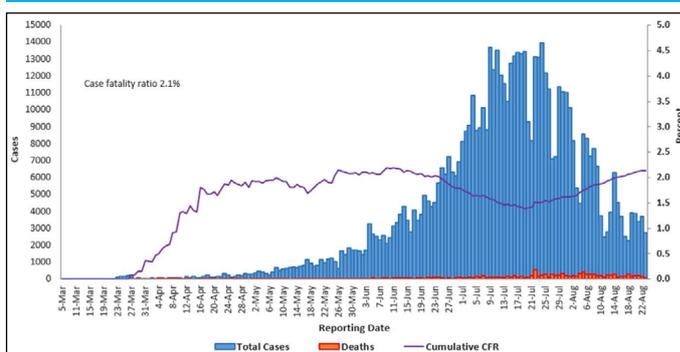
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[Go to map of the outbreaks](#)

Geographical distribution of confirmed coronavirus disease 2019 cases and deaths in South Africa as of 23 August 2020



The distribution of confirmed COVID-19 cases, deaths and cumulative case fatality ratio in South Africa, 5 March to 23 August 2020



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 is not falling at the same rate, as deaths generally lag new infections by about two weeks in this disease. The main concentration of cases and deaths continues to be seen in the densely populated urban areas, but 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.

EVENT DESCRIPTION

The National Focal Point of the International Health Regulations (NFP-IHR) for Senegal was informed of a yellow fever case in the Touba district on 21 July 2020 after a sample sent to Institut Pasteur Dakar was returned positive for yellow fever by IgM antibody testing.

The case patient is a five-year-old girl living in the Darou Marnane Ndia area, the third of five siblings, whose yellow fever vaccinations are not up to date. The onset of illness was on 24 June 2020, when she presented with fever, myalgia (muscle aches) and abdominal pain. She was taken to a traditional healer and given an unknown substance. On 1 July 2020, because her symptoms persisted, she was taken to the Daou Marnane Health Centre, where a rapid diagnostic test for malaria was negative. She was treated empirically with ceftriaxone and paracetamol and no biological workup was done. On the same day a blood sample was taken as part of the sentinel surveillance for arboviruses in the syndromic sentinel surveillance network (4S network), which was sent to Institut Pasteur Dakar on 12 July 2020. The delay was due to diversion of resources to the COVID-19 response. The child is recovering well with symptomatic treatment as an outpatient.

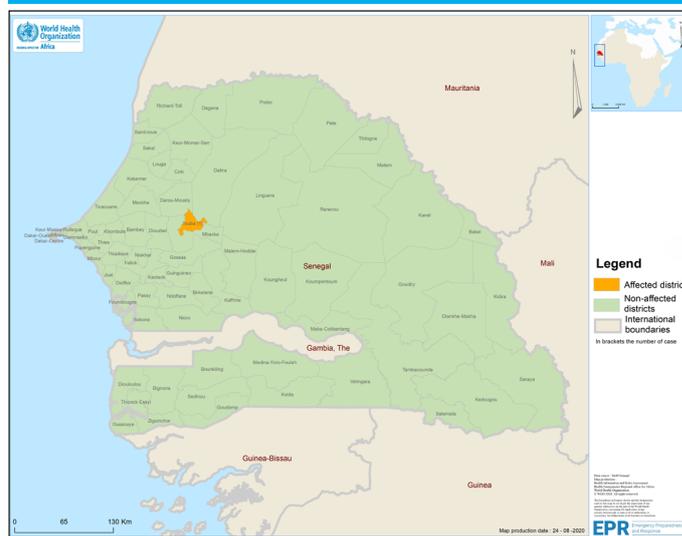
Active case searching at household level identified 28 contacts, two of whom, the mother and one sister, were sampled but tested negative. At the same time, an active search through records reviews were conducted in the Darou Marnane Health Centre and the other five facilities close to this centre, covering the period from May 2020 to 31 July 2020. No suspected cases were found. A total of 10 children from the home of the case patient were vaccinated.

A larval survey for vectors was carried out in 30 areas and 190 housing units and 144 potential sites were identified, including ponds, water storage containers, abandoned containers, tyres and animal drinking troughs. Infestation rates were above 22%, mainly in water storage containers and ponds. A high proportion of the mosquitoes identified were *Aedes aegypti*, a proven vector of yellow fever.

PUBLIC HEALTH ACTIONS

- On 21 July 2020 a district team, made up of the District Chief Medical Officer, the Surveillance Focal Point, the Primary Health Care Supervisor and the Head of the Touba Hygiene Sub-brigade met to determine the next steps in outbreak investigation.
- A support mission was carried out by the AFENET/FETP programme manager in collaboration with the Chief Medical Officer of the Touba District.
- An extended team was formed at central level on notification of the case to conduct a fact-finding mission at district level between 13-18 August 2020.
- A full epidemiological, entomological and environmental investigation of the yellow fever outbreak was carried out in the district

Geographical distribution of confirmed yellow fever cases in Senegal, 5 March - 16 August 2020



SITUATION INTERPRETATION

Health authorities in Senegal have confirmed a case of yellow fever in the Darou Marnane Ndia area, Touba. The area in which this case occurred is known to have low vaccine coverage rate compared to the rest of the district. In addition, the COVID-19 outbreak is known to have had a serious impact on the use of health services in general and vaccination services in particular, increasing the number of children who are vulnerable to vaccine-preventable diseases. Authorities in Touba are to be commended on their prompt and efficient response to this case. However, continued follow-up of the contacts to the index case is required, as is strengthening of routine and sentinel surveillance. Catch up vaccination campaigns are required, along with reinforcement of vector control, which should include destruction of breeding sites. Health personnel need to be trained in the identification of *A. aegypti* breeding areas, which are distinct from the shallower water used by *Culex* spp. Authorities should remain vigilant to ensure that there are no further cases of yellow fever and work with the COVID-19 response to improve surveillance of other infectious diseases in the area.

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 34 health areas in 11 health zones affected. Since our last report ([Weekly Bulletin 33](#)), another 14 additional confirmed EVD cases have been reported, and three new deaths. However, as of 22 August 2020, no new confirmed cases or deaths had been reported on that day. The continuation of the strike among response pillars means that there are low numbers of alerts reported, low numbers of samples tested and missing data for cases, contacts and alert investigation.

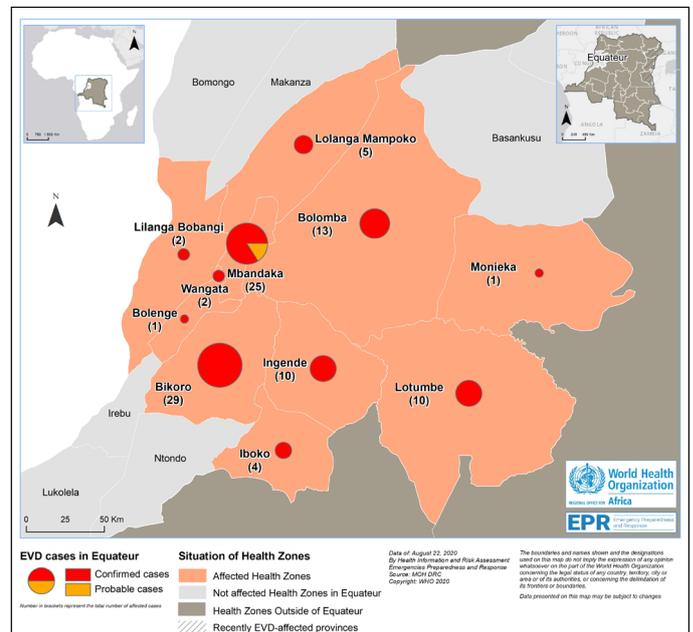
As of 22 August 2020, there are a total of 102 cases (98 confirmed and four probable) including 44 deaths (case fatality ratio 43.1%). The case fatality ratio among confirmed cases is 40.8% (40 deaths/98 confirmed cases). The number of health workers affected remains at three, making up 2.9% of all cases. 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 34, in 11 of the 18 health zones in the province. In the past 21 days (2-22 August 2020), 29 confirmed cases have been reported in 16 health areas across eight health zones.

Only four out of nine health zones with active contacts transmitted reports on 22 August 2020 and out of the 359 new contacts listed on this date, 191 (53.2%) were from Ingende and 168 (46.8%) from Lotumbe. To date, 4 053 (92.7%) of the 4 371 active contacts have been followed-up. Of the 323 contacts who have not been seen, 145 (44.9%) have never been followed-up, 95 (29.4%) were lost to follow-up and 83 (25.7%) had not been seen in the past 24 hours. In addition, 10 contacts have become symptomatic including five in Bikoro, four in Ingende and one in Bolomba. There were 376 new alerts on 22 August 2020, including eight deaths. Of these, 191 (50.8%) were from Bikoro ($n=101$) and Bolomoba ($n=90$) health zones. Of the 432 alerts recorded on that date, 328 (75.9%) were investigated and 91 (27.7%) were validated and 44 (48.4%) sampled.

PUBLIC HEALTH ACTIONS

- On 22 August 2020, all 20/42 active PoCs reported. A total of 12 153 travellers passed through these PoCs and 11 412 (93.9%) were screened. Since the start of the response activities, 704 008 (91.5%) screenings have been performed among the 769 216 travellers who have passed through the active PoCs. Out of these 81 alerts have been detected, with 49 validated.
- As of 22 August 2020, 64 samples were received in four operational laboratories; 33 in Mbandaka, 21 in Bikoro, eight in Bolomoba and two in Itipo. Since the start of the outbreak a total of 5 250 samples have been tested.
- A total of 273 new people were vaccinated with rVSV-ZEBOV-GP on 22 August 2020, in seven rings, including 84 high risk contacts, 168 contacts of contacts and 21 probable contacts.
- Since 5 June 2020, a total of 23 628 people has been vaccinated.
- A total of 98 patients, including nine confirmed patients were managed in the transit centres and Ebola treatment centres in affected areas as of 22 August 2020, with bed occupancy at 50.3% among suspected cases and 20.5% among confirmed cases. The treatment centres in Bosomondomba, Lilanga Bobangi and Lotumbe are over-capacity.
- A total of 19 patients have received specific EVD treatment since the start of this outbreak, with six (including one death) in Wangata, three in Bolomoba and two each in Bikoro, Ingende and Lilanga Bobangi.
- Seven confirmed cases of EVD remain in the community, including four in Lotumbe and one each in Bikoro, Lolanga Mampoko and Mbandaka.
- Four community death alerts were recorded in Ingende (2), Bikoro (1) and Bolomba (1). Two safe and dignified burials were carried out and one of the deceased was sampled.

Geographical distribution of confirmed Ebola virus disease cases reported from 22 August 2020, Équateur Province, Democratic Republic of the Congo



- As of 22 August 2020, infection prevention and control (IPC) monitoring and support activities included a working session on the identification and briefing of providers of safe and dignified burials in the Ingende Health Zone, with the support of Family Health International; two traditional practitioners were briefed on standard IPC precautions in the Lilanga Bobangi Health Zone; and decontamination activities were carried out in health facilities and households in Bikoro, Bolonge and Ingende. Follow-up support was provided in 14 health facilities, during which 59 providers were briefed in IPC topics.
- Risk communication, mobilization and community engagement continues, with community Action Committees (CAC) in Mbandaka briefed on community-based surveillance, with support from Oxfam; six women leaders were briefed on EVD prevention and awareness in Lotumbe Health Zone and 40 scholars and teachers from a primary school in Bikoro Health Zone, with community dialogue on risk perception related to EVD and COVID-19 organized in the Lilanga Bobangi Health Zone. Red Cross and CAC members have visited a total of 127 759 households in affected health zones to date.

SITUATION INTERPRETATION

The EVD outbreak in Équateur Province continues to show rising case numbers and spread to new geographical areas. Challenges remain around insufficient funds for the response, particularly given the risk of spread to new geographical areas, 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 travelers 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. Surveillance activities at points of entry need to be strengthened. Partners need urgently to address the issue of insufficient funds being available for response, particularly with the concentration of response efforts to COVID-19.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- ▶ South Africa remains in fifth place globally in terms of case numbers, but still has a low number of deaths relative to other large countries. However, the number of new cases is falling, as are hospitalizations. The majority of cases and deaths continue to be reported from the four most urbanized provinces, Gauteng, KwaZulu-Natal, Western Cape and Eastern Cape. Cases are also still rising in the less populous provinces, who between them now account for 10% 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.
- ▶ The yellow fever outbreak in Touba, Senegal is the first in the district since February 2020. Although the district in which the outbreak occurred is part of the 4S sentinel surveillance network for arboviruses, there is known low vaccine coverage. Further challenges remain around compromised health facility access and routine vaccine coverage as a result of COVID-19.
- ▶ The Ebola virus disease outbreak in Équateur Province, Democratic Republic of the Congo, continues to spread to new health areas and health zones. While there are still confirmed cases at large in the community, it will be difficult to break chains of transmission. Challenges remain around inadequate funding and personnel for the response, particularly in hotspot areas, and problems with screening at points of control.

Proposed actions

- ▶ The government and all stakeholders in South Africa urgently need to continue to implement massive and wide-reaching community engagement and risk communication strategies to ensure that people are implementing 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 (in the recently affected provinces), laboratory testing capacity and provision of essential medical supplies and PPE. Extreme vigilance is required now that South Africa has removed most restrictions to movement and re-started nearly all economic activity.
- ▶ Authorities in Senegal are to be commended on their prompt and efficient response to the new yellow fever outbreak in Touba. However, continued follow-up of contacts is required, as is strengthening of routine and sentinel surveillance, along with catch-up vaccination campaigns and reinforced vector control and training of health personnel.
- ▶ 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. The ongoing strike among responders needs to be brought to a rapid conclusion as this will be impeding vital response measures and it is particularly important 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
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	23-Aug-20	41 460	41 460	1 435	3.50%
From 25 February to 23 August 2020, a total of 41 460 confirmed cases of COVID-19 with 1 435 deaths (CFR 3.5%) have been reported from Algeria. A total of 29 142 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	23-Aug-20	2 171	2 171	96	4.40%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 23 August 2020, a total of 2 171 confirmed COVID-19 case have been reported in the country with 96 deaths and 818 recoveries.									
Angola	Measles	Ungraded	4-May-19	12-Dec-19	19-Aug-20	1 220	1 008	5	0.40%
From 1 January 2020 to 19 August 2020, Angola reported a total measles suspected case count of 1 220, from 56 districts in 15 Provinces, mostly from Luanda Province. There are 1 008 confirmed measles (lab and epi-link). There was a total of 5 deaths reported from 1 January to 1 July 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. 15 out of 18 provinces are affected. The most affected provinces are Cabinda (436), Malanje (108), Bie (184), Luanda (88), Huambo (54) and Uige (45).									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	1-Jan-19	19-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	19-Aug-20	2 115	2 115	39	1.80%
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 19 August 2020, a total of 2 115 cases have been reported in the country with 39 deaths and 1 715 recoveries.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	19-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	17-Aug-20	1 308	1 308	3	-
On 30 March 2020, the Minister of Health and Wellness of Botswana reported three confirmed cases of COVID-19. As of 17 August 2020, a total of 1 308 confirmed COVID-19 cases were reported in the country including three death and 136 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 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	22-Aug-20	1 328	1 328	55	4.10%
Between 9 March and 23 August 2020, a total of 1 328 confirmed cases of COVID-19 with 55 deaths and 1 050 recoveries have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2		1-Jan-19	19-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	COVID-19	Grade 3	31-Mar-20	18-Mar-20	23-Aug-20	430	430	1	0.20%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 23 August 2020, the total number of confirmed COVID-19 cases is 430, including one death and 345 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 epidemically linked. The current outbreak is affecting the following districts: Bukinyanya (Cibitoke province), Ngozo (Ngozi province), Bujumbura Nord (Bujumbura province). There have been no deaths reported.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	18-Aug-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. More than 6 000 internally displaced people (IDPs), refugees and host communities reportedly left their homes in and around Kordo and Gadero in Cameroon's Far-North to seek protection and refuge in the Kolofata district last week. It is alleged that this pre-emptive displacement of people followed the dismantling and subsequent relocation of military outposts from Kordo and Gadero to Grea last week. Since the beginning of the humanitarian crisis in 2014, more than 500 000 people were displaced in Cameroon's Far-North according to latest figures available from OCHA (July 2020). The Minawao Refugee Camp in the Mokolo Health District continues to host Nigerian refugees, with spontaneous refugee arrivals being recorded.									
Cameroon	Humanitarian crisis (NW & SW)	Grade 2	1-Oct-16	27-Jun-18	11-Aug-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. Attacks against aid workers are increasing. On 17 June, an attempt of abduction of NGO workers in Fon Baba, followed by the killing of an MSF aid worker in Kumba on 10 July were reported. On 7 August, an aid worker with the Community Initiative for Sustainable Development (COMINSUD) in Batibo Subdivision (Northwest region) was kidnapped and killed by unidentified individuals. 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 Jun 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	19-Aug-20	18 662	18 662	408	2.20%
Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 19 August 2020, a total of 18 662 cases have been reported, including 408 deaths and 17 065 recoveries.									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-20	9-Aug-20	1 423	1 423	13	0%
The measles outbreak is improving in Cameroon. Since 1 January 2020 to-date, a total of 1 423 confirmed cases and 13 deaths have been reported in the country. Twenty-nine out of 79 health districts that were affected have not reported cases in the last four epidemiological weeks. A total of 13 deaths 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), Ngong (1 case), Guidiguiguis (1 case). Fifty percent of cases are of age between 9 to 59 months.									
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	23-Aug-20	3 509	3 509	37	1.10%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 23 August 2020, a total of 3 509 confirmed COVID-19 cases including 37 deaths and 2 540 recoveries were reported in the country.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	4-Aug-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. In the first half of the year, 192 incidents affecting humanitarian workers were recorded, including 2 deaths and 17 injured. Around 659 000 people are internally displaced in Central Africa.									
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	17-Aug-20	4 679	4 679	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 17 August, there are a total of 4 679 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	19-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	23-Aug-20	986	986	76	7.70%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 23 August 2020, a total of 986 confirmed COVID-19 cases were reported in the country including 76 deaths and 870 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	19-Aug-20	67	67	0	0.00%
No cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There are 56 cases from two different outbreaks in the country, one being the Jigawa outbreak. There were 11 cases reported in 2019.									
Comoros	COVID-19	Grade 3	30-Apr-20	30-Apr-20	23-Aug-20	417	417	7	1.70%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 23 August 2020, a total of 417 confirmed COVID19, including 7 deaths and 396 recovered were reported in the country.									
Comoros	Dengue	Ungraded		22-Dec-19	5-Apr-20	696	4	0	0.00%
Comoros is registering many cases of suspected dengue fever since December 2019. In total, four isolated cases of dengue fever serotype 1 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	2-Aug-20	71	0	0	0.00%
No suspected case of chikungunya was reported in week 31 (week ending 2 August 2020). From week 1 to week 31, 71 cases with no deaths were reported in six departments: Kouilou (31 cases), Bouenza (8 cases), Brazzaville (9 cases), Lekoumou (1 case), Plateau (13 cases) and Pool (9 cases). 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 cases) 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	16-Aug-20	3 850	3 850	77	2.00%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 16 August 2020, a total of 3 850 cases including 77 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	23-Aug-20	17 471	17 471	113	0.60%
Since 11 March 2020, a total of 17 471 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 113 deaths. A total of 15 301 patients have recovered.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Grade 2	29-Oct-19	29-Oct-19	19-Aug-20	29	29	0	0.00%
Four cVDPV2 cases were reported this week; one from Gbokle-Nawa-San, one from Poro-Tchologo-Bagoue and two from Tonkpi. The total number of cVDPV2 cases reported is 29.									
Democratic Republic of the Congo	Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	21-Jun-20	-	-	-	-
The Democratic Republic of the Congo continues to experience a complex humanitarian crisis involving armed conflicts and inter-community tension resulting in large number of people in need of humanitarian assistance. Populations movement due to armed clashes and inter-community fighting continue to be reported in North-Kivu, Tanganyika, Ituri, Kasai central and South-Kivu provinces. In Ituri, following an attack by alleged members of the Allied Democratic Forces (ADF) in the locality of Bwakadi in the ZS of Boga (Territory Irumu), which cost the lives of two civilians on 24 June 2020, the populations of several villages (Bwakadi, Sikwaela, Bhelu, Vukaka, etc.) have been displaced to Kinyanjongo, Malaya, Kyabaganzi and Izinga in the same territory and in Idohu, in the health zone of Komanda. In Tanganyika province, following the cross-border conflict between the DRC and Zambia, the territory of Moba, is experiencing a series of displacement of populations since 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 health care assistance.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-20	9-Aug-20	13 421	-	190	1.40%
The cholera outbreak situation in the Democratic Republic of the Congo is improving. During week 32 (week ending 9 August 2020), a total of 246 cases of cholera and 2 deaths were notified in 26 health zones (7 provinces) in the country. From week 29 to 32 of 2020, 81.5 % of the cases have been reported from two provinces: North-Kivu, South-Kivu. 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.									

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	COVID-19	Grade 3	10-Mar-20	10-Mar-20	22-Aug-20	9 830	9 830	251	2.60%
On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 22 August 2020, 9 829 confirmed cases and 1 probable case have been reported, for a total of 9 830 cases, including 251 deaths and 8 934 recoveries.									
Democratic Republic of the Congo	Ebola virus disease	Grade 2	31-May-20	17-May-20	22-Aug-20	102	98	44	43.10%
Detailed update given above.									
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	1-Jan-20	9-Aug-20	69 249	1 317	987	1.40%
In week 32 (week ending 9 August 2020), 418 measles cases including 7 deaths (CFR 1.7 %) were reported across the country. The provinces that reported majority of cases include: Sankuru and South Ubangi. The high fatality ratio was notified in Maniema (CFR 6.7%) and Sankuru (CFR: 4%). Since 2019 a total of 380 766 measles cases and 7 018 deaths (CFR 1.8%) have been reported in the country.									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-20	9-Aug-20	3 567	-	132	3.70%
During week 32 (week ending 9 August 2020), a total of 189 suspected cases of Monkeypox with seven deaths were reported across the country compared to 258 cases the preceding week. Between week 1 and week 32, a total of 3 567 suspected cases including 132 deaths were reported in the country. One major challenge to the current emergency include acquiring the required funding to respond to all the multiple ongoing outbreaks in the country.									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	1-Jan-20	9-Aug-20	91	-	17	18.70%
The Ituri province is notifying an upsurge of plagues cases in the health zone of Rethy. From 11 June to 9 August 2020, a total of 73 cases with 10 deaths (CFR13.6%) 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 91 cases and 17 deaths (CFR18.7%) in 5 health zones, namely Aungba, Linga, Rethy, Aru, Logo 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	19-Aug-20	131	131	0	0.00%
No cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week, the number of cases reported in 2020 is 23. The total number of 2019 cases remain 88. There were 20 cases reported in 2018. The country continues to be affected by several other genetically-distinct cVDPV2s (notably in Kasai, Kwilu, Kwango and Sankuru provinces).									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	20-Aug-20	4 926	4 926	83	1.70%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 20 August 2020, a total of 4 926 cases have been reported in the country with 83 deaths and 3 795 recoveries.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	20-Aug-20	306	306	0	0.00%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 20 August 2020, a total of 306 confirmed COVID-19 cases with no deaths were reported in the country. A total of 274 patients have recovered from the disease.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	23-Aug-20	4 225	4 225	85	2.00%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 23 August 2020, a total of 4 225 cases have been reported in the country including 2 898 recoveries. A total of 85 associated deaths have been reported.									
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	5-Jul-20	11 427		176	1.50%
In week 27 (week ending 5 July 2020), 989 new suspected cases with 41 associated deaths were reported. Since the beginning of the year, a total of 11 427 cases with 176 associated deaths have been reported from five woredas in SNNP and two woredas in Oromia regions.									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	23-Aug-20	40 671	40 671	678	1.70%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 40 671 cases of COVID-19 as of 23 August 2020, 678 deaths and 14 995 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	19-Aug-20	29	29	0	0.00%
No cVDPV2 cases were reported this week. So far, there have been 29 cases reported in Ethiopia.									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	21-Aug-20	8 388	8 388	53	0.60%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 21 August 2020, a total of 8 388 cases including 53 deaths and 6 734 recovered 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
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	21-Aug-20	2 585	2 585	87	3.40%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 21 August 2020, a total of 2 585 confirmed COVID-19 cases including 87 deaths and 490 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	23-Aug-20	43 505	43 505	261	0.60%
On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. As of 23 August 2020, a total of 43 505 cases including 261 deaths and 41 532 recoveries have been reported in the country.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	19-Aug-20	29	29	0	0.00%
No cVDPV2 cases were reported this week. So far, there have been 11 cases reported in 2020, while the total number of 2019 cases remain 18.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	22-Aug-20	8 967	8 967	53	0.60%
The Ministry of health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 22 August 2020, a total of 8 967 cases including 7 708 recovered cases and 53 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. It is a 28-year-old, female, 22 weeks of pregnancy, 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 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.									
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, from two separate districts in Kankan province (Kankan district, Mandiana district).									
Guinea-Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	18-Aug-20	2 149	2 149	33	1.50%
On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 18 August 2020, the country has reported 2 149 confirmed cases of COVID-19 with 1 104 recoveries and 33 deaths.									
Kenya	Cholera	Ungraded	21-Jan-19	1-Jan-20	13-Aug-20	711	27	13	1.80%
The outbreak is currently active in Garissa and Turkana counties. Cholera outbreak has been reported in five counties; Garissa, Wajir, Turkana, Murang'a and Marsabit since the beginning of the year. Cumulative cases are 711 with 13 deaths (CFR 1.9 percent) reported. Wajir, Murang'a, Marsabit and Garissa outbreak is now controlled. The outbreak is active in Turkana County. Turkana County is reporting the fourth wave of the outbreak this year, with 42 cases, so far and a total of 279 cases with 1 death (CFR 0.4 percent).									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	23-Aug-20	32 364	32 364	548	1.70%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 cases in the country. As of 23 August 2020, 32 364 confirmed COVID-19 cases including 548 deaths and 18 670 recoveries have been reported in the country.									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	3-Jan-20	13-Aug-20	293	146	7	2.40%
Since 1st January 2020, a total of 293 (suspected and confirmed) visceral leishmaniasis cases have been reported in Marsabit, Garissa, Kitui and Baringo Counties. No new case reported the last one week in all affected counties.									
Kenya	Measles	Ungraded	6-May-19	20-Oct-19	13-Aug-20	470	48	2	0.40%
As of 13 August 2020, a total of 470 measles cases including 48 confirmed cases and one death have been reported in Pokot North sub county, West Pokot county since 20 October 2019. The outbreak is active in five Counties; West Pokot, Garissa, Wajir, Tana River and Kilifi.									
Lesotho	COVID-19	Grade 3	13-May-20	13-May-20	21-Aug-20	1 015	1 015	30	3.00%
On 13 May 2020, WHO was notified of the first confirmed COVID-19 case in Lesotho. As of 21 August 2020, 1 015 cases of COVID-19 have been reported, including 472 recoveries and 30 deaths.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	21-Aug-20	1 286	1 286	82	6.40%
From 16 March to 21 August 2020, a total of 1 286 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 epicentre of the outbreak. A total of 816 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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), 20 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	23-Aug-20	14 327	14 327	178	1.20%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 23 August 2020, a total of 14 327 cases have been reported in the country, out of which 13 355 have recovered and 178 deaths have been reported in the country.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	23-Aug-20	5 414	5 414	168	3.10%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 23 August 2020, the country has a total of 5 414 confirmed cases with 168 deaths and 3 012 recoveries.									
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	13-Aug-20	-	-	-	-
The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The presence and activities of armed groups not included in the 2015 agreement continues to influence the security situation and rising challenges for humanitarian access and safety. The country continues to record incidents targeting aid workers. Certain humanitarian operations in Timbuktu and Menaka regions were suspended as a result of violent security incidents. The country is facing heavy rains since end of June have, which caused flooding in Mopti, Gao, Segou and Sikasso regions affecting over 13 200 people, including 5 400 IDPs.									
Mali	COVID-19	Grade 3	25-Mar-20	25-Mar-20	23-Aug-20	2 705	2 705	125	4.60%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 23 August 2020, a total of 2 705 confirmed COVID-19 cases have been reported in the country including 125 deaths and 2 018 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 four 4 confirmed cases and three deaths (CFR 75%). Confirmed cases of yellow fever, were reported from the Sikasso and Koulikoro regions.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	23-Aug-20	6 905	6 905	158	2.30%
The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 23 August 2020, a total of 6 905 cases including 158 deaths and 6 232 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 of 7 May 2020 and a sample was collected for testing following the suspicion of a viral haemorrhagic fever disease. The case-patient was evacuated the same day in the Emergency Department in Nouakchott for further care. On 8 May 2020, the case was confirmed with CCHF by RT-PCR from the INRSP and transferred to the infectious diseases department where he was isolated and treated.									
Mauritania	Dengue	Ungraded	11-May-20	3-May-20	11-May-20	7	7	0	0.00%
On 3 May 2020, two suspected cases of dengue fever were admitted to a hospital in Mauritania. On May 4 2020, it was found that the majority of consultations at the hospital had a history of unexplained fever. Thus, samples from the two suspected cases were collected and sent to the National Institute of Research in Public Health (INRSP). On 5 May 2020 the 2 cases were confirmed by RT-PCR positive for Dengue virus with DENV-1 serotype. The cases were discharged from hospital and declared cured after symptomatic treatment. A rapid investigation was carried out at city level and made it possible to identify 5 additional cases (4 women and 1 man) distributed in 4 districts of Atar (Atar, Tineri, Aghnemrite and Edebaye).									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	23-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 23 August 2020, a total of 346 confirmed COVID-19 cases including ten deaths and 335 recovered cases have been reported in the country.									
Mozambique	Cholera	Ungraded	20-Feb-20	31-Jan-20	12-Jun-20	2 625	-	21	0.80%
Cholera outbreak is ongoing in Mozambique. From 11 January till 12 June 2020, a total of 2 625 cases including 21 deaths (CFR 0.8%) were reported in two provinces, namely Nampula (1 648 cases and 3 deaths) and Cabo Delgado (997 cases and 15 deaths). In total, eleven districts of Nampula province, namely Nampula City, Mogovolas, 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	23-Aug-20	3 395	3 395	20	0.60%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 23 August 2020, a total of 3 395 confirmed COVID-19 cases were reported in the country including 20 deaths and 1 503 recoveries.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mozambique	Measles	Ungraded	25-Jun-20	1-Jan-20	22-Jul-20	862	140	0	0.00%
Measles outbreak in six districts of Zambezia. The outbreak was declared in March at the Nauela Administrative Post, Alto Molócuè 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	22-Aug-20	5 854	5 854	52	0.90%
Two cases of novel coronavirus (COVID-19) were confirmed in Namibia on 14 March 2020. As of 22 August 2020, a total of 5 854 cases have been reported in the country including 2 509 cases who recovered with 52 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	13-Aug-20	-	-	-	-
The security situation continues to worsen in bordering areas of Burkina Faso, Mali and Nigeria following armed groups attacks in the region. This security situation is hampering the humanitarian access and affecting the access to basic health and social services. Members of an unidentified armed group attacked seven humanitarians working for ACTED and their guide on 9 August, killing all eight people. They were visiting a wildlife reserve near Kouré, in Tillabéri region. Niger is also facing flooding due to heavy rains, particularly in the western and central regions. As of 13 August 2020 over 88 000 people have been affected by floods, 33 people killed, and over 9 100 houses destroyed. 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 Tillabéri regions.									
Niger	COVID-19	Grade 3	19-Mar-20	19-Mar-20	21-Aug-20	1 172	1 172	69	5.90%
From 19 March to 21 August 2020, a total of 1 172 cases with 69 deaths have been reported across the country. A total of 1 087 recoveries have been reported from the country.									
Niger	Measles	Ungraded	10-May-19	1-Jan-20	31-May-20	-	241	4	1.60%
From week 1 to 22 of 2020, Niger reported a total measles suspected case count of 2 079 of which there were 241 lab confirmed (IgM positive) and 4 deaths in 8 regions: Agadez (50 cases, 0 deaths), Diffa (4 cases, 0 deaths), Dosso (27 cases, 0 deaths), Maradi (101 cases, 2 deaths), Niamey (23 cases, 0 death), Tahoua (62 cases, 1 death), Tillabéri (67 cases, 0 deaths) and Zinder (167 cases, 1 deaths). In 2019 a total of 10 207 suspected measles cases were reported from eight regions in the country. So far, 72 districts have been affected by outbreaks in 2020.									
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	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	23-Aug-20	52 227	52 227	1 002	1.90%
The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 23 August 2020, a total of 52 227 confirmed cases including 1 002 deaths and 38 945 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.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	19-Aug-20	54	54	0	0.00%
One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week in Dange-Shuni district, Sokoto province, which makes 2 cases in 2020. There were 18 cVDPV2 cases reported in 2019 and 34 in 2018.									
Nigeria	Yellow fever	Ungraded	14-Sep-17	1-Jan-20	21-Jun-20	1 150	5	0	0.00%
In week 25, there were 18 suspected cases reported from 16 LGA in 12 states. Between week 1 and 25 in 2020, a total of 1 150 suspected cases including 12 presumptive positive cases and 5 confirmed cases were reported. In 2019, a total of 4 288 suspected cases were reported in 618 (83.1%) LGAs from all states in the country. Four States: Katsina, Kebbi, Bauchi and Benue had the highest attack rates. A total of 227 cases were confirmed in Nigeria and from IP Dakar and 231 deaths were reported.									
Rwanda	COVID-19	Grade 3	14-Mar-20	14-Mar-20	23-Aug-20	3 089	3 089	12	0.40%
Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 23 August 2020, a total of 3 089 cases with 12 deaths and 1 755 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	23-Aug-20	892	892	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 23 August 2020, a total of 892 confirmed cases of COVID-19 have been reported, including 15 deaths. A total of 831 have been reported as recoveries.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	23-Aug-20	12 949	12 949	269	2.10%
Between 2 March 2020 and 23 August 2020, a total of 12 949 confirmed cases of COVID-19 including 269 deaths have been reported from Senegal. A total of 8 455 cases have recovered.									
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. It 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 two 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 is ongoing to document this outbreak.									
Senegal	Yellow Fever	Ungraded	30-Jul-20	30-Jul-20	30-Jul-20	1	1	0	0.00%
Detailed update given above.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	23-Aug-20	127	127	0	0.00%
The first COVID-19 confirmed cases were reported in Seychelles 14 March 2020. After 78 days of reporting no confirmed cases, a fishing vessel replacement crew arrived by air in Seychelles on 23 June 2020, a group of them having tested positive for COVID-19 at the point of entry. As of 23 August 2020, there 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	23-Aug-20	1 992	1 992	69	3.50%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 23 August 2020, a total of 1 992 confirmed COVID-19 cases were reported in the country including 69 deaths and 1 550 recovered cases.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	23-Aug-20	609 773	609 773	13 059	2.10%
Detailed update given above.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	15-Jul-20	-	-	-	-
The humanitarian situation has escalated in recent weeks with recent armed inter-communal fighting in several parts of the country. On 22 June 2020 in Pibor town causing displacement toward Verteth and Labarab. A presidential committee has been set up in response to the recent escalation. Floods in Bor South and Panyijar counties also continue to cause displacement of over 13 000 persons.									
South Sudan	COVID-19	Grade 3	5-Apr-20	2-Apr-20	22-Aug-20	2 504	2 504	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 22 August 2020, a total of 2 504 confirmed COVID-19 cases were reported in the country including 47 deaths and 1 294 recovered cases.									
South Sudan	Hepatitis E	Ungraded	-	3-Jan-19	21-Jun-20	337	41	2	0.60%
The current outbreak in Bentiu UN Protection of Civilians (POC) continues since the beginning of 2019 with five new cases reported in week 25 (ending 21 June 2020). As of the reporting date, a total of 337 cases of Hepatitis E including two deaths have been reported from South Sudan, mostly from Bentiu POC (325 total cases), and a total of 12 suspected cases including 4 confirmed cases in Lankein. The last case in Lankein was reported in week 25 (week ending on 23 June 2019).									
South Sudan	Measles	Ungraded	24-Nov-18	19-Sep-19	21-Jun-20	916	50	2	0.20%
Between week 38 of 2019 to week 25 of 2020, a total of 916 suspected cases of measles which 50 laboratory-confirmed and 2 deaths (CFR 0.6%) have been reported. The outbreak has affected six counties (Tonj East, Magwi, Bor, Kapoeta East, Aweil East and Wau) and Bentiu Protection of Civilians Sites (POC).									
Tanzania, United Republic of	COVID-19	Grade 3	16-Mar-20	16-Mar-20	23-Aug-20	509	509	21	4.10%
The Ministry of Health, Community Health Community Development, Gender, Elderly and Children (MOHCDGEC) in Tanzania has reported the country's first case of COVID-19 on 16 March 2020. As of 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	23-Aug-20	1 277	1 277	27	2.10%
On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 23 August 2020, a total of 1 277 cases including 27 deaths and 910 recovered cases have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	19-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.									
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, 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	31-Jul-20	-	-	-	-
Between 1 and 31 July 2020, a total of 3 056 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo (3 056), South Sudan (0) and Burundi (0). Uganda hosted 1 425 040 asylum seekers as of 30 June 2020, with 94% living in settlements in 11 of Uganda's 128 districts and in Kampala. Most are women within the age group 18 - 59 years.									
Uganda	Cholera	Ungraded	11-May-20	29-Apr-20	11-Jun-20	682	17	6	0.90%
On 11 May 2020, a cholera outbreak was confirmed in Moroto district. The index case was a 17-year-old male patient from Natapar Kocuc Village, Loputuk parish, Nadunget Subcounty who was seen on 29 April 2020 with acute watery diarrhoea and severe dehydration. On 4 May 2020 more cases with similar symptoms from the same location with the index case were seen and cholera was suspected. On 11 May 2020, CPHL confirming <i>Vibrio cholerae</i> serotype O1 Inaba detected in 7 out of 8 stool samples that were collected. As of 12 June 2020, the cumulative number of cases is 682 including 6 deaths have been reported.									
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	22-Aug-20	2 263	2 263	20	0.90%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 22 August 2020, a total of 2 263 confirmed COVID-19 cases, 1 226 recoveries with 20 deaths.									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	23-Aug-20	11 082	11 082	280	2.50%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 23 August 2020, a total of 11 082 confirmed COVID-19 cases were reported in the country including 280 deaths and 10 062 recovered cases.									
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-19	16-Jul-19	19-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	23-Aug-20	5 930	5 930	155	2.60%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 23 August 2020, a total of 5 930 confirmed COVID-19 cases were reported in the country including 155 deaths and 4 872 cases that recovered.									
Closed Events									
Burundi	Cholera	Ungraded	20-Feb-20	20-Feb-20	9-Jun-20	70	0	0	0.00%
The cholera outbreak in Burundi which started since epidemiological week 8 of 2020 (week ending on 15 March 2020) in six districts is improving. The last confirmed cases were reported on 7 May 2020. As of 9 June 2020, a total of 70 cholera cases have been notified in six districts, namely Bujumbura centre (8 cases), Bujumbura North (28 cases), Bujumbura Sud (3 cases), Isale (25 cases), Kabezi (1 case) and Cibitoke (5 cases). There have been 0 deaths reported. Of the 70 cholera cases, 48.5% are males and 49% are of age between 19 to 50 years old.									

†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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