

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 36: 31 August - 6 September 2020  
Data as reported by: 17:00; 6 September 2020

**0**

New events

**114**

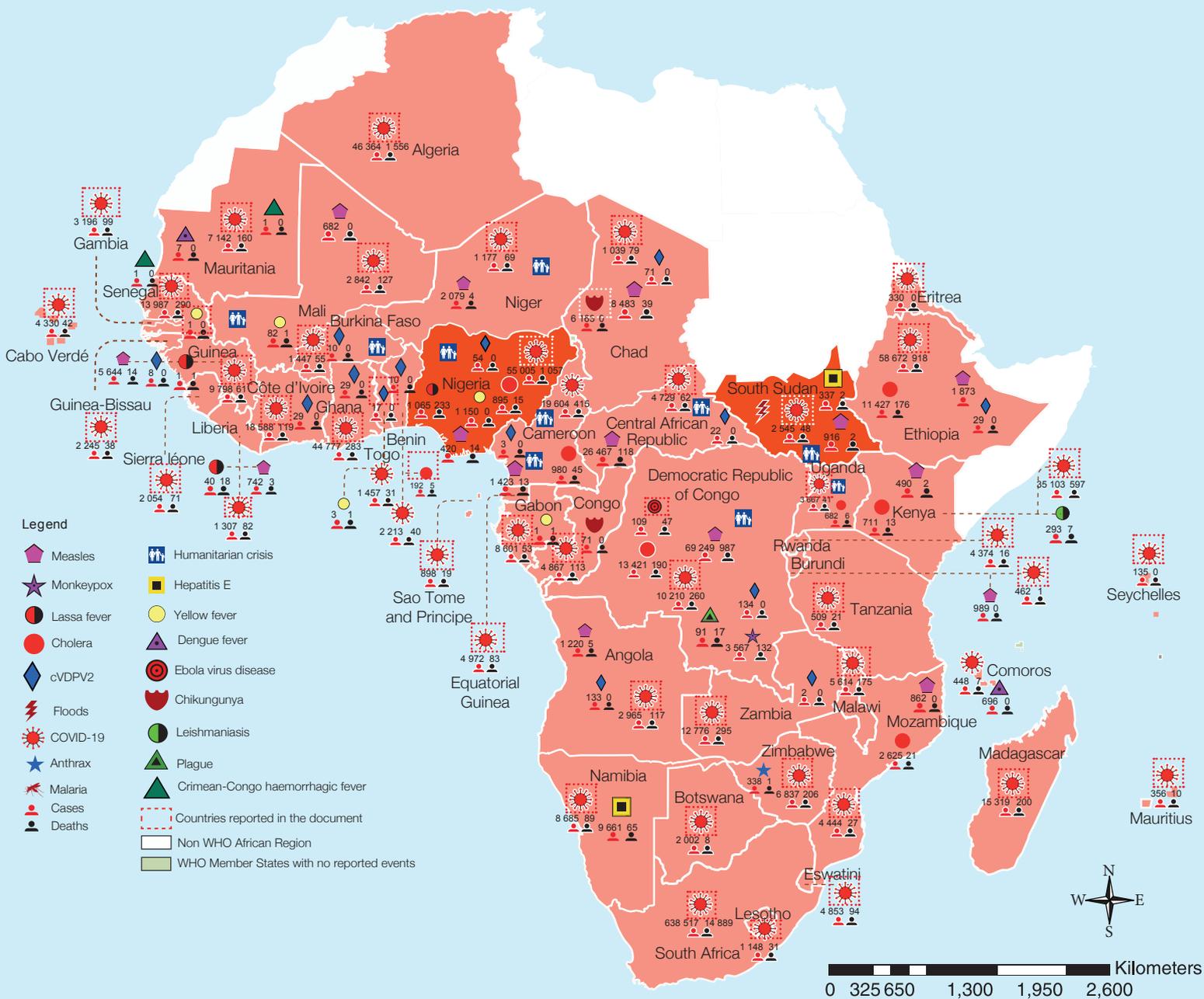
Ongoing events

**104**

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

**38**

Ungraded events

# Overview

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This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 114 events in the region. This week's main articles cover the following events :

- [Coronavirus disease 2019 \(COVID-19\) in Nigeria](#)
- [Chikungunya in Chad](#)
- [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:

- In keeping with many countries in the African Region, the weekly number of new confirmed COVID-19 cases in Nigeria has gradually been falling over the past four weeks. However, testing rates have fallen at the same time, while test positivity has stayed relatively stable, suggesting that community transmission is still well established. This means that there is no room for complacency and surveillance and risk communication and community engagement need to be continued and strengthened to ensure that this trend continues. Authorities and partners must continue to strengthen surveillance measures and ensure that communities follow all public health measures to prevent transmission of COVID-19 as much as possible.
- Cases of chikungunya have been rising rapidly in Chad in the past weeks, suggesting a heavy vector load in the city of Abéché, the most affected area of the country. Challenges exist around environmental sanitation and hygiene as well as at household level. A One Health approach needs to be instituted urgently to control this outbreak before any spread to other geographical areas.
- The EVD outbreak in Équateur Province, Democratic Republic of the Congo, continues to be of serious 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. Community resistance to response activities and safe and dignified burials is a risk to the response and may be responsible for geographical spread. 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 community 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.

### EVENT DESCRIPTION

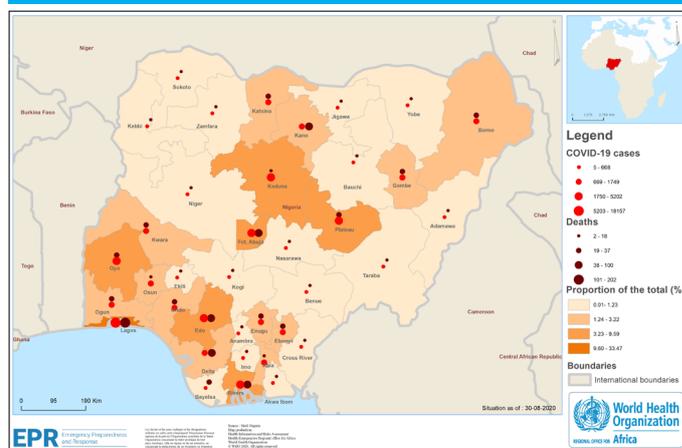
The overall number of new confirmed COVID-19 cases in Nigeria has been gradually declining over the past four weeks (week 32 to week 35; week ending 29 August 2020), with an average weekly decline of 262 cases. At state level, the trend has plateaued in 18 states, declining in 14 states and rising in five states (Plateau, Katsina, Anambra, Bauchi and Bayelsa). However, at the same time, testing declined by 12% in week 35, with a 48% decline in confirmed cases compared to week 34 (week ending 22 August 2020). Weekly test positivity also declined very slightly, from 13.8% at the end of week 34 to 13.4% by the end of week 35.

As of 6 September 2020, a cumulative total of 55 005 cases have been confirmed across all 36 states and the Federal Capital Territory (FCT), with 422 100 tests conducted. A total of 1 054 deaths have been reported from all states and the FCT (case fatality ratio 1.9%). Lagos state accounts for the highest cumulative number of cases and deaths, with a total of 18 347 (33%) cumulative cases and 202 (19%) deaths (case fatality ratio 1.1%). A total of 42 922 (78%) cases have been discharged. Where sex is known, a total of 34 880 males have been affected, with 20 025 females. The most affected age group are those between the ages of 31–40 years. The median age of those who have died was 60 years, with the median age of confirmed cases at 36 years.

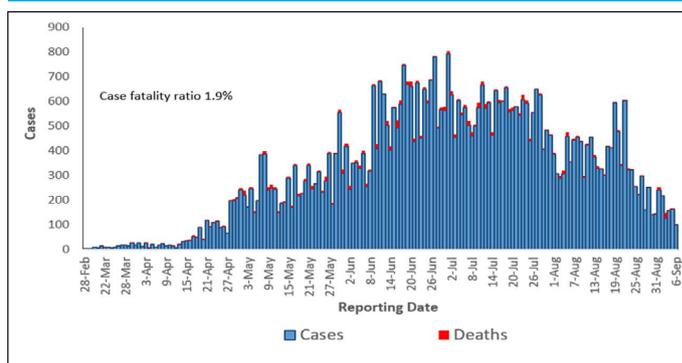
### PUBLIC HEALTH ACTIONS

- Weekly teleconferences continue under the auspices of the Incident Management System at state and national level.
- Contact tracing guidelines have been adapted at national level.
- There is continued epidemiological analysis and generation of daily and weekly COVID-19 situation reports.
- A hotspot strategy is being implemented in 20 local government areas (LGAs) from 10 states and in silent LGAs across the country.
- Essential health services monitoring has indicated that outpatient attendance gradually increased from May to July; immunization for those aged less than one year increased from May to June, but decreased again in July, while skilled birth attendance fell between May and June, but increased again in July.
- There is ongoing discussion with WHO and the Federal Ministry of Health on the requirements for the health workforce for the COVID-19 response, as well as documentation of workforce activities, with ongoing recruitment of consultants and orientation of consultants by HQ and WHO AFRO scheduled for September 2020.
- Infection Prevention and Control (IPC) training is planned for Oyo and Plateau states, which have high numbers of healthcare worker infections, as well as an integrated supportive supervision checklist that has been developed for health facilities and case management.
- Antigen rapid diagnostic tests from Abbot and Mologic are being evaluated and a national COVID-19 vaccine strategy is being planned with the Federal Ministry of Health.
- Sensitization campaigns, counselling and psychological first aid is being provided to internally displaced persons, host communities, ports of entry and selected public health centres; sensitization on gender-based violence has started in hard-to-reach areas; risk communication strategies are targeting survivors to promote behavioural change.
- Clinical trials for three therapeutic agents are being planned and an agreement on this is in progress between WHO and the Federal Ministry of Health.

Geographical distribution of confirmed coronavirus disease 2019 cases and deaths in Nigeria, 28 February to 6 September 2020



The distribution of confirmed COVID-19 cases, deaths and case fatality ratio in Nigeria, 28 February to 6 September 2020.



### SITUATION INTERPRETATION

Along with the rest of the WHO African Region, Nigeria is starting to see a decline in weekly case numbers. However, this is also coming at a time when overall testing is declining, so the trend needs to be interpreted cautiously. Test positivity would appear to be remaining more or less stable at around 13%, suggesting that community transmission is still well established. At the same time national authorities and partners are working to continue surveillance, as well as risk communication strategies to the population and are addressing issues around maintenance of essential health services in the face of the COVID-19 response. The provision of gender-based violence services is to be commended, since this has been seen to have worsened as an unintended consequence of measures such as lockdown and the subsequent economic difficulties faced by many during the pandemic, across many countries. Authorities and partners must continue to strengthen surveillance measures and ensure that communities follow all public health measures to prevent transmission of COVID-19 as much as possible.

## EVENT DESCRIPTION

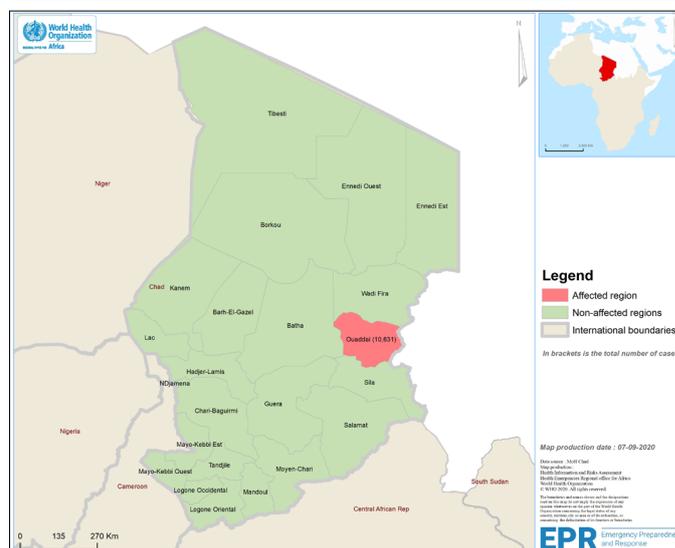
The Chief Physician of the District of Abéché, bordering Sudan, was alerted to cases of high fever, headache, vomiting and severe, disabling joint pain, with one third of patients developing maculopapular rashes, an illness locally nicknamed Kourgnalé, which had started in early April 2020. Between 30 March and 9 August 2020, more than 2 420 cases were seen in urban health centres and 243 patients were surveyed in 138 households. A total of 13 samples were taken, including 11 that were positive for chikungunya, confirmed by the mobile laboratory in Ndjamena, five of which were reconfirmed by the Institut Pasteur, Yaoundé, Cameroon.

As of 31 August 2020, a total of 10 631 cases has been reported with no deaths. The age group most affected are those aged more than 15 years, with more females than males infected. The health districts of Djatinie (1 375; 13%) and Kamina (1 163; 11%) reported the most cases, with 4 014 (37%) of cases reported from the regional hospital.

## PUBLIC HEALTH ACTIONS

- Regular national coordination meetings were held, and a coordination committee was established, which meets daily, composed of administrative and health authorities, local elected officials and partners.
- A mission team was deployed by the Ministry of Health made up of an infectious disease specialist, a laboratory technician and an entomologist.
- A contingency plan was developed and is being finalized.
- A general information meeting was held for mayors and delegates of various provincial departments.
- WHO has provided technical support for case investigation since the first alert, setting up line lists and a database, as well as support for the collection and transport of samples to Ndjamena and Cameroon.
- Nine managers of urban health centres have been oriented on the chikungunya case definition, prevention and case management.
- Data are collected and analysed daily for situation reports.
- Active case search is taking place in health facilities and households.
- Risk communication and community engagement on modes of transmission and prevention is ongoing through radio programmes.
- Medicines, consumables and mosquito nets are being provided and a treatment protocol has been drawn up for health centre managers.
- Free patient care is being offered.
- Vector control is ongoing, with 377 households sprayed and urban areas fumigated.

## Geographical distribution of confirmed Chikungunya cases in Chad, as of 31 August 2020



## SITUATION INTERPRETATION

The rapid rise in cases of chikungunya in this urban area of Chad is of concern, suggesting a heavy vector load. There are known challenges around environmental sanitation and hygiene, as well as sanitation in households, with inadequate facilities and vector breeding sites. Community engagement around modes of transmission and the importance of emptying all water containers needs to be strengthened, as do prevention and infection control activities. Response activities need to be supervised to ensure spraying of all known vector sites and disinfection of the whole city of Abéché. National and local authorities and partners need to urgently upgrade response activities to prevent a larger outbreak and spread beyond current geographical areas.

## 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 37 health areas in 12 health zones affected. Since our last report (*Weekly Bulletin 35*), another three additional confirmed EVD cases have been reported, and one new death.

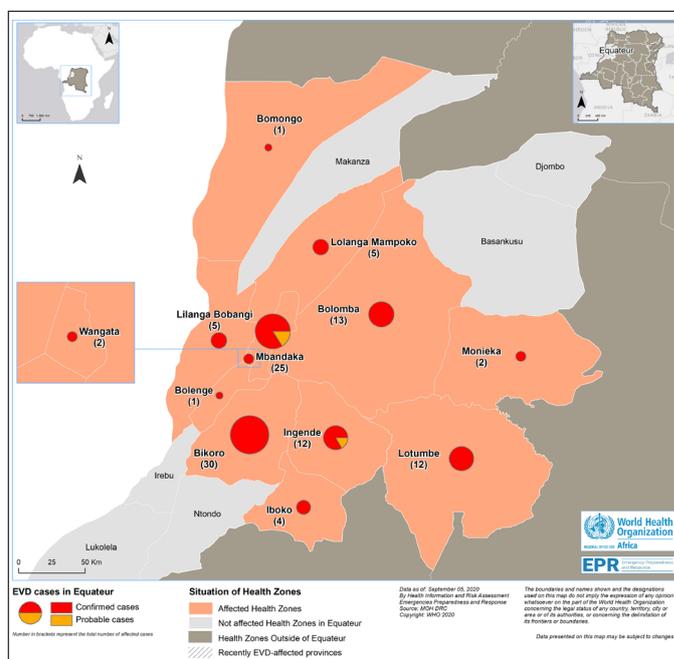
As of 5 September 2020, there are a total of 112 cases (106 confirmed and six probable) including 48 deaths (case fatality ratio 42.9%). The case fatality ratio among confirmed cases is 39.6% (42 deaths/106 confirmed cases). The number of health workers affected remains at three, making up 2.7% of all 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 37, in 12 of the 18 health zones in the province. In the past 21 days (16 August to 5 September 2020), 22 confirmed cases have been reported in 14 health areas across nine health zones.

Six out of nine health zones with active contacts transmitted reports on 5 September 2020, with 89 new contacts reported. Out of 2 978 active contacts, 2056 (74%) have been followed-up. Of the 113 contacts who were not seen, 44 (38.9%) have never been seen, seven (6.2%) were lost to follow-up and 62 (54.9%) were not seen in the previous 24 hours. So far, 64 contacts have left follow-up in Mbandaka and six others in Bikoro have become symptomatic. A total of 374 new alerts were detected on 5 September 2020, of which 343 were validated and 58 samples were collected.

## PUBLIC HEALTH ACTIONS

- On 5 September 2020, 15/46 active Points of Control (POCs) reported. A total of 18 769 travellers passed through these PoCs and 18 011 (96%) were screened. Since the start of the response activities, 933 811 (91.7%) screenings have been performed among the 1 018 674 travellers who have passed through the active PoCs. Out of these 118 alerts have been detected, with 70 validated.
- As of 5 September 2020, 75 samples were received in four operational laboratories; 48 in Bikoro, 24 in Itipo, two in Mbandaka and one in Bolomba. Since the start of the outbreak a total of 6 651 samples have been tested.
- A total of 173 new people were vaccinated with rVSV-ZEBOV-GP on 5 September 2020, in five rings, including 15 high risk contacts, and 158 contacts of contacts.
- Since 5 June 2020, a total of 27 303 people has been vaccinated.
- A total of 83 patients, including nine confirmed patients were managed in the transit centres and Ebola treatment centres in affected areas as of 5 September 2020, with bed occupancy at 32.7% among suspected cases and 19.6% among confirmed cases.
- A total of 24 patients have received specific EVD treatment since the start of this outbreak, with six (including one death) in Wangata, five in Lilanga Bobangi, four in Lotumbe, three in Bikoro, three in Bolomba, two in Ingende and one in Lolanga Mampoko. In addition, five out of the nine confirmed patients currently being treated in ETCs are being given this treatment: three in Lilanga Bobangi, and one each in Lolanga Mampoko and Lotumbe.
- Five confirmed cases of EVD remain in the community, including four in Lotumbe and one in Mbandaka.
- As of 5 September 2020, infection prevention and control (IPC) monitoring and support activities included training 70 hygienists from Bikoro and Bolomba, one health facility and seven households were decontaminated in Lotumbe and 15 households were provided with water, sanitation and hygiene (WASH) kits and five mattresses were returned and 19 service providers were briefed on various IPC topics during monitoring and support carried out in five health facilities.

## Geographical distribution of confirmed Ebola virus disease cases reported from 5 September, Équateur Province, Democratic Republic of the Congo



- Risk communication, mobilization and community engagement continues, with 15 community leaders taking part in community engagement on resistance to response activities and safe and dignified burials; 27 providers were trained in risk communication and community engagement and over 1 000 people who were in areas with recent confirmed cases were sensitized on EVD and COVID-19 prevention in Lilanga Bobangi and Lotumbe.

## SITUATION INTERPRETATION

The EVD outbreak in Équateur Province continues to show rising case numbers and to spread to new health areas within new health zones. There are still insufficient funds for the response, with inadequate human resources in community engagement and risk communication, particularly in hotspot areas, while strike action by responders continues. Community resistance to sampling and safe and dignified burials also threatens the response. Continued advocacy with funders and donors for mobilization of financial resources is required, along with strengthening of surveillance at points of entry and cross border collaboration with Republic of Congo. Partners need urgently to address the issue of insufficient funds and human resources 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

- The gradual decline in new confirmed cases of COVID-19 in Nigeria is encouraging but should be interpreted with caution as testing has declined over the same period, with test positivity remaining much the same, showing well-established community transmission.
- Rapidly increasing numbers of confirmed cases of chikungunya in Daily COVID-19 Report Abéché, Chad are of concern and this indicates a heavy vector load and poor environmental sanitation and hygiene.
- 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

- Authorities and partners in Nigeria must not become complacent in the face of the apparent decline in incidence cases and continue to strengthen surveillance measures and ensure that communities follow all public health measures to prevent transmission of COVID-19 as much as possible.
- Authorities and partners in Chad need to urgently implement a One Health approach to the outbreak of chikungunya in the country to reduce the vector load and prevent further transmission of the disease.
- 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 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
<b>Ongoing Events</b>									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	6-Sep-20	46 364	46 364	1 556	3.4%
From 25 February to 6 September 2020, a total of 46 364 confirmed cases of COVID-19 with 1 556 deaths (CFR 3.4%) have been reported from Algeria. A total of 32 745 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	6-Sep-20	2 965	2 965	117	3.9%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 6 September 2020, a total of 2 965 confirmed COVID-19 case have been reported in the country with 117 deaths and 1 198 recoveries.									
Angola	Measles	Ungraded	4-May-19	12-Dec-19	19-Aug-20	1 220	1 008	5	0.4%
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; there is 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	3-Sep-20	133	133	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There have been three cases reported in 2020 so far. The total number of 2019 cases remain 130 These cases are from several outbreaks which occurred in 2019.									
Benin	Cholera	Ungraded		17-August-20	24-August-20	192	1	5	2.6%
As of Week 33, Benin reported a total of 192 suspected cases of cholera. There is only 1 culture confirmed case and 5 deaths reported for 2020.									
Benin	COVID-19	Grade 3	17-Mar-20	16-Mar-20	3-Sep-20	2 213	2 213	40	1.8%
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 3 September 2020, a total of 2 213 cases have been reported in the country with 40 deaths and 1 818 recoveries.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	3-Sep-20	10	10	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Two cases have been reported in 2020, with 8 cases reported in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.									
Botswana	COVID-19	Grade 3	30-Mar-20	28-Mar-20	4-Sep-20	2 002	2 002	8	0.4%
On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 4 September 2020, a total of 2 002 confirmed COVID-19 cases were reported in the country including eight deaths and 493 recovered cases.									
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	31-Jul-20	-	-	-	-
Since 2015, the security situation in the Sahel and 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. The presence of jihadist groups and self-defence units have created an increasingly volatile security situation. Humanitarian access is restricted in Sahel, North, Centre-North and East regions, while IDP numbers are rising, along with protection concerns. 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	4-Sep-20	1 447	1 447	55	3.8%
Between 9 March and 4 September 2020, a total of 1 447 confirmed cases of COVID-19 with 55 deaths and 1 100 recoveries have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2		1-Jan-19	3-Sep-20	10	10	0	0.0%
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 in 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	6-Sep-20	462	462	1	0.2%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 6 September 2020, the total of confirmed COVID-19 cases is 462, including one death and 374 recovered.									
Burundi	Measles	Ungraded	23-Mar-20	4-Nov-19	9-Aug-20	989	989	0	0.0%
Burundi has been experiencing measles outbreaks since November 2019 in camps hosting Congolese refugees and the disease 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), Ngozi (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 2020, an attempted 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 2020, 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	4.6%
A 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 cases, including 39 confirmed cases and 45 deaths (29 in 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	3-Sep-20	19 604	19 604	415	2.1%
The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 3 September 2020, a total of 19 604 cases have been reported, including 415 deaths and 18 448 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), Guidiguis (1 case). Fifty percent of cases are aged between 9 to 59 months.									
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	5-Aug-20	3	3	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Three cVDPV2 cases have been reported from the country so far in 2020.									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	6-Sep-20	4 330	4 330	42	1.0%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 6 September 2020, a total of 4 330 confirmed COVID-19 cases including 42 deaths and 3 682 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 2020, 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	6-Sep-20	4 729	4 729	62	1.3%
The Ministry of Health and population announced the confirmation of the first COVID-19 case in the Central African Republic on 14 March 2020. As of 6 September, there are a total of 4 729 confirmed cases, 62 deaths, and 1 818 recoveries reported.									
Central African Republic	Measles	Grade 2	15-Mar-19	1-Jan-19	5-Aug-20	26 467	443	118	0.4%
As of 5 August 2020, a total of 26 467 cases have been notified and 118 deaths within 21 affected districts. Of the 26 467 suspected cases, there were 443 IgM+ lab confirmed. 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	3-Sep-20	22	22	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There is one case reported in 2020 so far and 21 cases in 2019 from several outbreaks giving a total of 22 cases.									
Chad	Chikungunya	Ungraded	27-Aug-20	28-Aug-20	28-Aug-20	6 163	11	0	0.0%
Detailed update given above.									
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	6-Sep-20	1 039	1 039	79	7.6%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 6 September 2020, a total of 1 039 confirmed COVID-19 cases were reported in the country including 79 deaths and 918 cases who have recovered.									
Chad	Measles	Ungraded	24-May-18	1-Jan-19	9-Aug-20	8 483	357	39	0.5%
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	3-Sep-20	71	71	0	0.0%
Three cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in Logone Oriental province. There are now 60 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	3-Sep-20	448	448	7	1.6%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 3 September 2020, a total of 448 confirmed COVID-19, including 7 deaths and 410 recoveries were reported in the country.									
Comoros	Dengue	Ungraded		22-Dec-19	5-Apr-20	696	4	0	0.0%
Comoros has been registering 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 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	0.0%
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 (2589) were the most affected by the outbreak accounting for 74% of cases reported since the beginning of the outbreak.									
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	6-Sep-20	4 867	4 867	113	2.3%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 6 September 2020, a total of 4 867 cases including 113 deaths and 3 882 recovered cases have been reported in the country.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	5-Sep-20	18 588	18 588	119	0.6%
Since 11 March 2020, as of 5 September 2020, 18 588 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 119 deaths, and a total of 17 472 patients have recovered.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Grade 2	29-Oct-19	29-Oct-19	3-Sep-20	29	29	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. 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 the Zambia, the territory of Moba, is experiencing a series of displacement of populations since March 13 2020. In north Kivu, a total of 14 000 internally displaced people (IDPs) and around 4 000 returnees have arrived in the Kelemebe / Kalonge-Mera-Peti axis in the east of Walikale territory between April and May 2020. In South Kivu province, heavy rains that resulted in floods in Uvira were reported from 16 to 17 April 2020. A total of 50 deaths and 40 wounded persons, many houses destroyed were reported and currently there is a total of 78 000 persons displaced, including 3500 persons without shelters. Floods were reported also in the city of Kasindi and its surroundings in North Kivu between 20 and 21 May 2020. The displaced persons are in need of basic humanitarian assistance, including access to food, clean water, non-food items, shelters and health care assistance.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-20	9-Aug-20	13 421	-	190	1.4%
The cholera outbreak in the Democratic Republic of 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 and 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	5-Sep-20	10 210	10 210	260	2.5%
On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 5 September 2020, 10 209 confirmed cases and 1 probable case have been reported, for a total of 10 210 cases, including 260 deaths and 9 439 recoveries.									
Democratic Republic of the Congo	Ebola virus disease	Grade 2	31-May-20	17-May-20	29-Aug-20	109	103	47	43.1%
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	1.4%
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 the majority of cases include Sankuru and South Ubangi. A high case 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	3.7%
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	18.7%
Ituri province is notifying an upsurge of plague cases in the health zone of Rethy. From 11 June to 9 August 2020, a total of 73 cases with 10 deaths (CFR 13.6%) were notified in 5 out of 22 health areas of Rety health zone. Plague is endemic in Ituri province. Since the beginning of 2020 to date, Ituri Province has reported a total of 91 cases and 17 deaths (CFR 18.7%) 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	3-Sep-20	134	134	0	0.0%
One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Equateur province, bringing the total number of cases reported in 2020 to 26 while the number of 2019 cases remains 88. 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	4-Sep-20	4 972	4 972	83	1.7%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 4 September 2020, a total of 4 972 cases have been reported in the country with 83 deaths and 4 413 recoveries.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	3-Sep-20	330	330	0	0.0%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 3 September 2020, a total of 330 confirmed COVID-19 cases with no deaths were reported in the country. A total of 295 patients have recovered from the disease.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	6-Sep-20	4 853	4 853	94	1.9%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 6 September 2020, a total of 4 853 cases have been reported in the country including 3 951 recoveries. A total of 94 associated deaths have been reported.									
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	5-Jul-20	11 427		176	1.5%
In week 27 (week ending 5 July 2020), 989 new suspected cases with 41 associated deaths were reported. Since the beginning of the year, a total of 11 427 cases with 176 associated deaths have been reported from five woredas in SNNP and two woredas in Oromia regions.									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	6-Sep-20	58 672	58 672	918	1.6%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 58 672 cases of COVID-19 as of 6 September 2020, 918 deaths and 21 307 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	3-Sep-20	29	29	0	0.0%
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	4-Sep-20	8 601	8 601	53	0.6%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 4 September 2020, a total of 8 601 cases including 53 deaths and 7 424 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
Gabon	Yellow Fever	Ungraded	15-Apr-20	15-Apr-20	3-Jun-20	1	1	1	100.0%
One case of yellow fever was notified on 3 February 2020 and confirmed on 14 April 2020 by the Pasteur Institute of Dakar. The patient died on 15 April 2020.									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	4-Sep-20	3 196	3 196	99	3.1%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 4 September 2020, a total of 3 196 confirmed COVID-19 cases including 99 deaths and 1 326 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	2-Sep-20	44 777	44 777	283	0.6%
On 12 March 2020, the Ministry of Health announced the confirmation of two confirmed COVID-19 cases in the country. As of 2 September 2020, a total of 44 777 cases including 283 deaths and 43 693 recoveries have been reported in the country.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	3-Sep-20	29	29	0	0.0%
No cVDPV2 cases were reported this week. So far, there have been 11 cases reported in 2020, while the total number of 2019 cases remains 18.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	6-Sep-20	9 798	9 798	61	0.6%
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 6 September 2020, a total of 9 798 cases including 8 928 recovered cases and 61 deaths have been reported in the country.									
Guinea	Lassa Fever	Ungraded	11-Jul-20	11-Jul-20	4-Aug-20	1	1	1	100.0%
A case of Lassa fever was confirmed on 11 July 2020 by the Haemorrhagic Fever laboratory in Guéckédou. It is a 28-year-old, female, 22 weeks of pregnancy, living in the village of Kondian, in 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 center 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	0.3%
During week 23 (week ending in 5 June) there has been a total of 5 644 cases with 366 confirmed and 14 deaths in 2020. During week 44 (week ending 3 November 2019), 127 suspected cases of measles were reported. From week 1 to 44 (1 January - 3 November 2019), a total of 4 690 suspected cases including 18 deaths (CFR 0.4%) have been reported. Of the 4 690 suspected cases, 1 773 were sampled, of which 1 091 tested positive for measles by serology. Three localities in three health districts are in the epidemic phase, namely, Wanindara in Ratoma health district, Dounet in Mamou health district and Soumpoura in Tougue health district.									
Guinea	Poliomyelitis (cVDPV2)	Grade 2	22-Jul-20	22-Jul-20	5-Aug-20	8	8	0	0.0%
Eight cVDPV2 cases were reported in Kankan province making them the first in the country. On 22 July 2020, WHO was notified by the Global Polio Laboratory Network of cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) from Guinea. These viruses were isolated from five acute flaccid paralysis (AFP) cases with onsets of paralysis between 22 March and 28 May 2020, from two separate districts in Kankan province (Kankan district, Mandiana district).									
Guinea-Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	3-Sep-20	2 245	2 245	38	1.7%
On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 31 August 2020, the country has reported 2 245 confirmed cases of COVID-19 with 1 226 recoveries and 38 deaths.									
Kenya	Cholera	Ungraded	21-Jan-19	1-Jan-20	28-Aug-20	711	27	13	1.8%
The outbreak is currently active in Garissa and Turkana counties. A cholera outbreak has been reported in five counties; Garissa, Wajir, Turkana, Murang'a and Marsabit since the beginning of 2020. Cumulative cases are 711 with 13 deaths (CFR 1.9%). The Wajir, Murang'a, Marsabit and Garissa outbreaks are 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%).									
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	6-Sep-20	35 103	35 103	597	1.7%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 cases in the country. As of 6 September 2020, 35 103 confirmed COVID-19 cases including 597 deaths and 21 230 recoveries have been reported in the country.									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	3-Jan-20	28-Aug-20	293	146	7	2.4%
Since 1 January 2020, a total of 293 (suspected and confirmed) visceral leishmaniasis cases have been reported in Marsabit, Garissa, Kitui and Baringo Counties. No new cases were reported in the past week in any affected counties.									
Kenya	Measles	Ungraded	6-May-19	20-Oct-19	28-Aug-20	490	49	2	0.4%
As of 28 August 2020, a total of 490 measles cases including 49 confirmed cases and 2 deaths 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	3-Sep-20	1 148	1 148	31	2.7%
On 13 May 2020, WHO was notified of the first confirmed COVID-19 case in Lesotho. As of 3 September, 1 148 cases of COVID-19 have been reported, including 528 recoveries and 31 deaths.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	5-Sep-20	1 307	1 307	82	6.3%
From 16 March to 5 September 2020, a total of 1 307 cases including 82 deaths and 1 182 recoveries 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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Liberia	Lassa fever	Ungraded	23-Jan-19	1-Jan-20	26-Jul-20	40	40	18	45.0%
No new confirmed case was reported during week 30 (week ending 26 July 2020). Of 146 suspected cases reported across the country from 1 January to 9 August 2020, 40 were confirmed. A total of 18 deaths (CFR 45.0%) have been reported among the confirmed cases.									
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-19	9-Aug-20	742	87	3	0.4%
In week 32 (week ending 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	6-Sep-20	15 319	15 319	200	1.3%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 6 September 2020, a total of 15 319 cases have been reported in the country, out of which 14 139 have recovered, with 200 deaths reported.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	6-Sep-20	5 614	5 614	175	3.1%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 6 September 2020, the country has a total of 5 614 confirmed cases with 175 deaths and 3 551 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 2020, which have 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	6-Sep-20	2 842	2 842	127	4.5%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 6 September 2020, a total of 2 842 confirmed COVID-19 cases have been reported in the country including 127 deaths and 2 238 recoveries.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-19	9-Aug-20	682	353	0	0.0%
During week 32 (week ending 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	1.2%
As of 7 June 2020, a total of 82 suspected cases have been reported including 4 confirmed cases and 1 death. The cumulative epidemiological situation in 2019 included 78 suspected cases including four 4 confirmed cases and three deaths (CFR 75%). Confirmed cases of yellow fever were reported from the Sikasso and Koulikoro regions.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	6-Sep-20	7 142	7 142	160	2.2%
The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 6 September 2020, a total of 7 142 cases including 160 deaths and 6 669 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	0.0%
On 11 May 2020, one confirmed case of Crimean Congo haemorrhagic fever was reported from the Moughataa of Mederdra in the district of Tiguint in the wilaya of Trarza. The case is a 60-year-old butcher from Tiguint who presented with symptoms of fever, fatigue, headaches and epistaxis, with onset on 2 May 2020. He had a history of handling meat carcasses but 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	0.0%
On 3 May 2020, two suspected cases of dengue fever were admitted to 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 a further 5 additional cases (4 women and 1 man) distributed in 4 districts of Atar (Atar, Tineri, Aghnemrite and Edebaye) were detected.									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	5-Sep-20	356	356	10	2.8%
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 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	0.8%
A cholera outbreak is ongoing in Mozambique. From 11 January till 12 June 2020, a total of 2 625 cases including 21 deaths (CFR 0.8%) were reported in two provinces, namely Nampula (1 648 cases and 3 deaths) and Cabo Delgado (997 cases and 15 deaths). In total, 11 districts of Nampula province, namely Nampula City, Mogovolas, Memba, Nacala-à-Velha, Nacaroa, Namialo, Ribawé, Monapo, Larde, Angoche and Malema have been 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	6-Sep-20	4 444	4 444	27	0.6%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 6 September 2020, a total of 4 444 confirmed COVID-19 cases were reported in the country including 27 deaths and 2 615 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	0.0%
There are measles outbreaks in six districts of Zambezia. The outbreak was declared in March 2020 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	5-Sep-20	8 685	8 685	89	1.0%
Two cases of COVID-19 were confirmed in Namibia on 14 March 2020. As of 5 September 2020, a total of 8 685 cases have been reported in the country including 3 786 cases who recovered with 89 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 border areas of Burkina Faso, Mali and Nigeria following armed groups attacks in the region. This security situation is hampering 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 2020, 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	3-Sep-20	1 177	1 177	69	5.9%
From 19 March to 3 September 2020, a total of 1 177 cases with 69 deaths have been reported across the country. A total of 1 091 recoveries have been reported from the country.									
Niger	Measles	Ungraded	10-May-19	1-Jan-20	31-May-20	-	241	4	#VALUE!
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), Tillabéri (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 overcrowding in many camps in the region. Health Sector partners are supporting the government led COVID-19 response across the three states, including support through joint resource mobilization activities, overall coordination and monitoring of the response in the northeast.									
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-20	6-Sep-20	55 005	55 005	1 057	1.9%
Detailed update given above.									
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-20	26-Jul-20	1 065	1 051	233	21.9%
A total of five new confirmed cases with one death were reported from Ondo State in Nigeria in week 29 (week ending 19 July 2020). From 1 January to 19 July 2020, a total of 1 065 cases (1 051 confirmed and 14 probable) with 233 deaths (CFR 21.9%) have been reported from 129 Local Government Areas across 27 states in Nigeria. A total of 13 contacts are currently being followed.									
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-20	7-Jun-20	420	-	14	3.3%
Between epi weeks 1 - 23 (week ending 7 June 2020), a total of 420 suspected cases of measles were reported from 88 LGAs in 20 states and FCT. None was laboratory confirmed and 14 deaths were recorded.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	3-Sep-20	54	54	0	0.0%
No (cVDPV2) cases was reported this week. There have been 2cVDPV2 cases in 2020, and 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	0.0%
In week 25, there were 18 suspected cases reported from 16 LGA in 12 states. Between week 1 and 25 in 2020, a total of 1 150 suspected cases including 12 presumptive positive cases and 5 confirmed cases were reported. In 2019, a total of 4 288 suspected cases were reported in 618 (83.1%) LGAs from all states in the country. Four states: Katsina, Kebbi, Bauchi and Benue had the highest attack rates. A total of 227 cases were confirmed in Nigeria and from IP Dakar and 231 deaths were reported.									
Rwanda	COVID-19	Grade 3	14-Mar-20	14-Mar-20	6-Sep-20	4 374	4 374	19	0.4%
The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 6 September 2020, a total of 4 374 cases with 19 deaths and 2 235 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	6-Sep-20	898	898	15	1.7%
On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 6 September 2020, a total of 898 confirmed cases of COVID-19 have been reported, including 15 deaths. A total of 859 cases 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	6-Sep-20	13 987	13 987	290	2.1%
Between 2 March 2020 and 6 September 2020, a total of 13 987 confirmed cases of COVID-19 including 290 deaths have been reported from Senegal. A total of 9 922 cases have recovered.									
Senegal	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	10-Aug-20	10-Aug-20	12-Aug-20	1	0	0	0.0%
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, in a 27-year-old 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 where she handled raw 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	0.0%
A 5 year old girl presented with fever and abdominal pain a few days prior to consultation on 1 July 2020. She had no history of yellow fever vaccination. A sample was sent to IP Dakar and patient tested positive to YF via seroneutralization technique.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	6-Sep-20	135	135	0	0.0%
The first COVID-19 confirmed cases were reported in Seychelles 14 March 2020. After 78 days of reporting no confirmed cases, a fishing vessel replacement crew arrived by air in Seychelles on 23 June 2020, a group of them having tested positive for COVID-19 at the point of entry. As of 6 September, 135 cases have been confirmed for COVID-19 in total, including 127 recoveries and no deaths.									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	6-Sep-20	2 054	2 054	71	3.5%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 30 August 2020, a total of 2 022 confirmed COVID-19 cases were reported in the country including 70 deaths and 1 594 recovered cases.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	6-Sep-20	638 517	638 517	14 889	2.3%
South Africa continues to report cases of COVID-19. From 5 March to 6 September, a total of 638 517 confirmed cases with 14 889 deaths have been reported from all provinces across the country. A total of 563 891 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 fighting in Pibor town caused 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	6-Sep-20	2 545	2 545	48	1.9%
On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 6 September 2020, a total of 2 545 confirmed COVID-19 cases were reported in the country including 48 deaths and 1 316 recovered cases.									
South Sudan	Hepatitis E	Ungraded	-	3-Jan-19	21-Jun-20	337	41	2	0.6%
The current outbreak in Bentiu UN Protection of Civilians (POC), which started at the beginning of 2019, continues since the beginning of 2019 with five new cases reported in week 25 (week 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	0.2%
Between week 38 of 2019 to week 25 of 2020, a total of 916 suspected cases of measles which 50 laboratory-confirmed and 2 deaths (CFR 0.6%) have been reported. The outbreak has affected 6 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	6-Sep-20	509	509	21	4.1%
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 3 September 2020, a total of 509 cases have been reported in the country including 21 deaths. The last information on confirmed COVID-19 cases was shared by Tanzania mainland on 29 April 2020 and Zanzibar last shared information on on-going COVID-19 outbreak on 7 May 2020.									
Togo	COVID-19	Grade 3	6-Mar-20	1-Mar-20	6-Sep-20	1 457	1 457	31	2.1%
On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 6 September 2020, a total of 1 457 cases including 31 deaths and 1 079 recovered cases have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	3-Sep-20	17	17	0	0.0%
No new case of cVDPV2 was reported during the past week. There have been nine cases so far in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.									
Togo	Yellow Fever	Ungraded	4-Feb-20	3-Feb-20	24-Aug-20	3	1	1	33.3%
On 28 April 2020, WHO received information regarding a confirmed yellow fever case in Mango village, Oti district, Savanes region in the northern part of Togo. The results were confirmed at the yellow fever reference laboratory, Institute Pasteur in Dakar, Senegal by seroneutralisation. The case is a 55-year old female with no travel or vaccination history for yellow fever. On 3 February 2020, she presented to a health facility with symptoms of fever with aches. The following day she developed jaundice and a blood sample was taken and transported to the national laboratory as yellow fever was suspected. The case-patient died three days later while receiving treatment. On 17 March, the sample tested IgM positive for yellow fever. On 22 March 2020, an in-depth multi-disciplinary investigation was conducted, and no additional case was detected.									

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	0.9%
On 11 May 2020, a cholera outbreak was confirmed in Moroto district. The index case was a 17-year-old male patient from Natapar Kocuc Village, Loputuk parish, Nadunget Subcounty who was seen on 29 April 2020 with acute watery diarrhoea and severe dehydration. On 4 May 2020 more cases with similar symptoms from the same location with the index case were seen and cholera was suspected. On 11 May 2020, CPHL confirming <i>Vibrio cholerae</i> serotype 01 Inaba detected in 7 out of 8 stool samples that were collected. As of 12 June 2020, the cumulative number of cases is 682 including 6 deaths have been reported.									
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	5-Sep-20	3 667	3 667	41	1.1%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 5 September 2020, a total of 3 667 confirmed COVID-19 cases, 1 608 recoveries with 41 deaths.									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	6-Sep-20	12 776	12 776	295	2.3%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 6 September 2020, a total of 12 776 confirmed COVID-19 cases were reported in the country including 295 deaths and 11 674 recovered cases.									
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-19	16-Jul-19	3-Sep-20	2	2	0	0.0%
No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported since the beginning of 2020. There were two cVDPV2 cases reported in 2019.									
Zimbabwe	Anthrax	Ungraded	6-May-19	6-May-19	9-Aug-20	338		1	0.3%
The anthrax outbreak is ongoing in Zimbabwe with a cumulative total number of 338 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 9 August 2020, a total of 338 cases were reported. As of week 32, the two recent cases reported were from Gokwe North District (1) in Midlands Province and Buhera District (1) in Manicaland Province.									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	4-Sep-20	6 837	6 837	206	3.0%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 4 September 2020, a total of 6 837 confirmed COVID-19 cases were reported in the country including 206 deaths and 5 345 cases that recovered.									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	30-Aug-20	6 412	6 412	196	3,10%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 30 August 2020, a total of 6 412 confirmed COVID-19 cases were reported in the country including 196 deaths and 5 061 cases that recovered.									

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: <http://www.who.int/hac/about/erf/en/>.

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.

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