This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 117 events in the region. This week’s main articles cover the following events:

- Coronavirus disease 2019 (COVID-19) in Kenya
- Cholera in Ethiopia
- 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:**

- As have many countries in the African Region, Kenya continues to see declining weekly number of new confirmed COVID-19 cases and deaths, although the country’s recovery rate of 63.8% is below the Regional average. Challenges remain around dwindling contact tracing across the country and laxity in observing public health measures, particularly by those using public transport and at markets. There are also inadequate resources at sub-national and county level for surveillance, along with problems in the supply of laboratory reagents and personal protective equipment. These challenges, along with stigma against those known to have contracted the virus and a work-to-rule by health workers, need urgent attention in order to keep the momentum of falling case numbers.

- The ongoing cholera outbreak in Ethiopia remains of concern, although there has been a declining trend in the past several weeks. However, the recent flooding across much of the region may reverse this trend, with nearly one million people displaced into situations with inadequate sanitation and poor access to safe drinking water, which could enhance further transmission, leading to more widespread outbreaks. In addition, the region suffers an ongoing complex humanitarian emergency, with other outbreaks of infectious disease, as well as the COVID-19 emergency.

- 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 are still risks to the response and may be responsible for geographical spread. Additionally, there remains 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 COVID-19 outbreak in Kenya continues to show a declining trend in new cases and deaths, with the outbreak still concentrated in Nairobi County (19 958; 55%), followed by Kiambu County (2 627; 7%). As of 13 September 2020, a total of 36 157 confirmed cases of COVID-19, with 622 deaths (case fatality ratio 1.7%) has been reported.

All 47 counties have reported cases, Nairobi (19 958), Kiambu (2 634), Mombasa (2 603), Kajiado (1 934), Machakos (1 286), Busia (1 162), Nakuru (943), Uasin Gishu (544), Migori (451), Garissa (340), Kisumu (330), Nyeri (291), Kajiado (281), Kitui (267), Laikipia (251), Narok (248), Kisii (220), Kihii (200), Murang’a (183), Turkana (167), Makuene (162), Taita Taveta (155), Embu (131), Bomet (130), Trans Nzoia (116), Lamu (115), Kericho (102), Kirinyaga (86), Kwale (79), Nandi (71), Siaya (70), Kakamega (67), Homa Bay (63), Isiolo (61), Nyandarua (58), Samburu (50), Bungoma (47), Baringo (43), Tharaka (42), Wair (38), Vihiga (35), Mandera (29), Nyamira (25), Tana River (25), Marsabit (18), Elgeyo Marakwet (7) and West Pokot (7).

The total number of health workers infected is 990, reported in 35 counties, with 16 deaths (case fatality ratio 1.6%).

Nairobi city and Mombasa Counties have the highest attack rate of COVID-19, at 454.6 and 215.4 per 100 000 population, respectively, when compared to the national average of 76.

Of the 36 157 cases in which age and sex are known, 23 314 (64%) are males and 12 843 (36%) are females. Most, 11 737 (33%) are in the age group 30-39 years. However, most of the deaths have occurred in men aged 50 and over, with the majority of these occurring in men aged 60 and over. Out of the 622 reported deaths, 463 (74%) were among males and 159 (26%) were among females.

A cumulative total of 486 218 tests has been conducted to date, giving a testing rate of 10 222 samples per 1 million people. The test positivity rate has fallen from a high of 13% in week 20 (week ending 16 May 2020) to 5% as of 13 September 2020.

Contact tracing is ongoing. Of the 36 157 confirmed COVID-19 cases, 5 389 are pending contact listing. Of the 2 968 contacts under follow-up, 2 855 (96%) were followed up on the day of reporting.

PUBLIC HEALTH ACTIONS

- Coordination meetings at both national and sub-national level are ongoing to monitor and calibrate response measures.
- Surveillance continues across counties and at points of entry and all alerts have been responded to and contact tracing continues across the country.
- In terms of case management, in the past 24 hours, 329 COVID-19 patients recovered and were discharged, bringing the total number of recoveries to 23 067 (63.8%); currently 23 patients are admitted with COVID-19 in intensive care, with five on supplemental oxygen.

SITUATION INTERPRETATION

Along with the rest of the Region, Kenya is showing a gradual decline in new confirmed COVID-19 cases and deaths, although the recovery rate of 63.8% is below the Regional average of around 80%, which may suggest poor case follow-up. However, experience elsewhere in the world shows that countries must remain vigilant in case of surges in infections, particularly as lockdown restrictions start to ease. Challenges are dwindling contact tracing across all counties, work-to-rule by health workers in a number of counties as a result of delays in salaries, which is affecting response activities, and laxity in observing public health guidelines around COVID-19, particularly in public transport, which remains overloaded, and at crowded markets. In addition, there is emerging stigma against people discharged from quarantine and isolation centres. Staff are becoming demotivated with inadequate resources at sub-national and county level for COVID-19 surveillance activities. Problems have arisen around poor supply of laboratory test reagents and personal protective equipment. These challenges need urgently to be addressed by national and sub-national authorities in order to maintain the momentum of declining cases and deaths. Particular attention needs to be paid to the hotspot areas of Nairobi and Mombasa, whose attack rates indicate the need for enhanced interventions.
EVENT DESCRIPTION

The current cholera outbreak in Ethiopia started on 28 April 2020 in Telemt woreda, Amhara Region. The outbreak eventually affected 76 woredas from nine regions, including Addis Ababa and Dire Dawe city administrations. In week 36 (week ending 6 September 2020), a total of 14 woredas in SNNP, Oromia and Sidama regions have an active cholera outbreak; two woredas have reported no new cases in week 36. During the reporting week, a total of 171 new cholera cases and one death was reported nationally.

As of 6 September 2020, there is a cumulative total of 14,728 cases with 257 deaths (case fatality ratio 1.7%) reported from the start of the outbreak in April 2019. The highest number of cases were reported from SNNPR followed by Oromia regions.

The cumulative attack rate across the country is 100.9 persons per 100,000 population. However, the outbreak is currently showing a declining trend, with a 52% decrease in new cases in week 36 compared to the previous week and the general trend has been declining since a peak in cases in week 27 (week ending 4 July 2020). Of the 604 stool samples tested since the start of the outbreak, 266 were culture positive for Vibrio cholerae 01 Ogawa.

As of week 36 there were a total of 98 cholera treatment centres (CTCs) established across the country.

The situation is complicated by displacement of an estimated 920,930 people due to flooding from 50 woredas in 24 at-risk zones in Oromia, Afar, SNNPR Gembela and Somali regions.

PUBLIC HEALTH ACTIONS

- A rapid response team has been deployed to SNNPR and Sidama to support response activities lead by the affected woreda administrations.
- Comprehensive cholera response capacity building is underway for 50 health workers in Sidama and 45 health workers in SNNPR.
- A cholera preparedness assessment has taken place in SNNPR and Somali regions.
- A Cholera Outbreak Response Plan has been prepared for six months and shared with partners and stakeholders; in SNNPR, the cholera outbreak response is integrated with the COVID-19 emergency operations centre to coordinate outbreak response.
- Active case finding is ongoing in all cholera affected areas, with house disinfection, contact tracing and follow-up of all reported cases.
- UNICEF has supplied a CTC kit and water treatment chemicals to cholera outbreak and flood affected regions.
- Oral cholera vaccine requests are being followed-up by WHO, AHRI and EPHI.
- Risk communication and community engagement activities are in place, with key prevention messages transmitted through public media and community mobilization in active outbreak areas.

SITUATION INTERPRETATION

Cholera outbreaks have been recurrent in Ethiopia in the recent past, complicated by the complex humanitarian emergency and frequent flooding during the rainy season, which is currently prolonged across the whole region. Inadequate water, sanitation and hygiene provision and poor infection prevention and control practices in crowded cities, towns and refugee camps provide localized points of cholera transmission, leading to more widespread outbreaks with population movement. Local and national authorities are to be commended for their actions in terms of coordination, monitoring and response, but the ongoing challenges around the humanitarian situation and frequent outbreaks of other diseases such as measles and the current COVID-19 response requirements further complicate the cholera response. National authorities and partners need to ensure that the national cholera response plan is funded and implementation initiated as soon as possible and that all COVID-19 response activities also take other infectious disease outbreaks into consideration.
The Ebola virus disease (EVD) outbreak in Équateur Province, Democratic Republic of the Congo, continues to see rising numbers of confirmed cases and spread to new health areas, with 39 health areas in 12 health zones affected. Since our last report, another nine additional confirmed EVD cases have been reported, with no new deaths. The health areas of Lyembe Monene and Makako, in the Bikoro and Ingende health zones respectively, have a total of 21 days without notification of a confirmed or probable case of EVD, with the last confirmed cases reported there in 21 August 2020.

As of 11 September 2020, there are a total of 121 cases (115 confirmed and six probable) including 48 deaths (case fatality ratio 39.7%). The case fatality ratio among confirmed cases is 36.5% (42 deaths/115 confirmed cases). The number of health workers affected remains at three, making up 2.5% 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 39 (13.9%) of 281 health areas, in 12 (66.7%) of the 18 health zones in the province. However, the number of health areas that have been active in the past 21 days (22 August 2020 to 11 September 2020) has fallen from nine to seven, in seven of the 12 affected health areas. During this 21-day period, 17 confirmed cases were recorded in these areas.

Five out of seven health zones with active contacts transmitted reports on 11 September 2020, with 164 new contacts reported in Bomongo (43) and Lotumbe (121) health areas. Out of 1 379 active contacts, 917 (66.5%) have been followed-up. Of the 87 contacts who were not seen, eight (9.2%) have never been seen, two (2.3%) were lost to follow-up and 77 (88.5%) were not seen in the previous 24 hours. Seven contacts became symptomatic in Bomongo. A total of 293 new alerts (including three deaths) were detected on 11 September 2020. Of the 329 alerts recorded to date, 274 (83.3%) were investigated, of which 94 (34.3%) were validated and 31 samples were collected. Active case finding in 69 out of 321 health facilities including Bolenge, Bolomba, Bomongo, Iboko, Lolang Mampoko and Mbandaka detected 70 alerts, out of which 17 (24.3%) were validated.

PUBLIC HEALTH ACTIONS

- On 11 September 2020, 16/51 active Points of Control (PoCs) reported. A total of 13 441 travelllers passed through these PoCs and 12 404 (92.3%) were screened. A new alert was detected in Bikoro Health Zone, which was validated after investigation and the patient isolated at the Mpende health post. Since the start of the response activities, 1 045 019 (92.1%) screenings have been performed among the 1 135 126 travellers who have passed through the active PoCs. Out of these 125 alerts have been detected, with 74 validated.
- As of 11 September 2020, 75 samples were received in five operational laboratories. Since the start of the outbreak a total of 7 179 samples have been tested.
- A total of 260 new people were vaccinated with rVSV-ZEBOV-GP on 11 September 2020, in six rings, including 32 high risk contacts, and 20 probable contacts; these figures include 29 first line providers.
- Since 5 June 2020, a total of 28 477 people has been vaccinated.
- A total of 50 patients, including 11 confirmed patients were managed in the transit centres and Ebola treatment centres in affected areas as of 11 September 2020, with bed occupancy at 16.9% among suspected cases and 22.4% among confirmed cases.
- A total of 28 patients have received specific EVD treatment since the start of this outbreak, with six (including one death) in Wangata, six in Lilanga Bobangi, seven in Lotumbe, three in Bikoro, three in Bolomba, two in Ingende and one in Lolang Mampoko.

SITUATION INTERPRETATION

The EVD outbreak in Équateur Province continues to show rising case numbers and spread to new health areas within new health zones. However, there are two health zones who have not reported cases for 21 days and the number of unseen contacts appears to be falling slightly, although there is no room for complacency with continued contacts lost to follow up and confirmed cases still in the community. The same challenges that have harpered response activities remain, with insufficient funds for the response, 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 continues to threaten 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.
Major issues and challenges

- The gradual decline in new confirmed cases of COVID-19 in Kenya is encouraging but declining contact tracing and poor adherence to public health measures in crowded areas remain a risk. A work-to-rule by health workers also threatens response activities, as does a shortage of test reagents and personal protective equipment. Staff demotivation as a result of inadequate surveillance resources may further hamper the response.

- While the ongoing cholera outbreak in Ethiopia is showing a declining trend, the recent flooding in the region, with inadequate water, sanitation and hygiene and poor access to safe drinking water for displaced persons is of concern.

- 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 Kenya 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. Particular attention needs to be paid to the hotspot areas of Nairobi and Mombasa, whose attack rates indicate the need for enhanced interventions.

- National authorities and partners in Ethiopia need to ensure that the national cholera response plan is funded and implemented as soon as possible and that all COVID-19 response activities also take other infectious disease outbreaks into consideration.

- 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.
### Health Emergency Information and Risk Assessment

**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 Cibitoke. 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: Bukiñanyana (Cibitoke province), Ngozi (Ngozi province), Bujumbura Nord (Bujumbura province). There have been no deaths reported.

### Latest Updates

- **Botswana**: COVID-19 (Grade 3) 30-Mar-20 28-Mar-20 12-Sep-20 2 252 2 252 10 0.40%

- **Benin**: COVID-19 (Grade 3) 17-Mar-20 16-Mar-20 13-Sep-20 2 267 2 267 40 1.80%

- **Burundi**: COVID-19 (Grade 3) 31-Mar-20 18-Mar-20 13-Sep-20 472 472 1 0.20%

- **Algeria**: COVID-19 (Grade 3) 25-Feb-20 25-Feb-20 13-Sep-20 48 007 48 007 1 605 3.30%

- **Angola**: Poliomyelitis (cVDPV2) Grade 2 8-Aug-19 8-Aug-19 9-Sep-20 10 10 0 0.00%

### Poliomyelitis

- **Angola**: Poliomyelitis (cVDPV2) Grade 2 8-May-19 1-Jan-19 9-Sep-20 133 133 0 0.00%

### Measles

- **Burundi**: Measles Ungraded 4-May-19 12-Dec-19 19-Aug-20 1 220 1 008 5 0.40%

### Cholera

- **Benin**: Cholera Ungraded 17-Aug-20 6-Sep-20 196 1 5 2.60%

### Humanitarian

- **Benin**: Humanitarian crisis Grade 2 1-Jan-19 1-Jan-19 31-Jul-20 - - - -

### COVID-19

- **Algeria**: COVID-19 Grade 3 25-Feb-20 25-Feb-20 13-Sep-20 48 007 48 007 1 605 3.30%

- **Angola**: COVID-19 Grade 3 21-Mar-20 21-Mar-20 13-Sep-20 3 388 3 388 134 4.00%

- **Benin**: COVID-19 Grade 3 17-Mar-20 16-Mar-20 13-Sep-20 2 267 2 267 40 1.80%

### Poliomyelitis

- **Angola**: Poliomyelitis (cVDPV2) Grade 2 8-Aug-19 8-Aug-19 9-Sep-20 10 10 0 0.00%

### Ongoing Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tr>
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<td>16-Mar-20</td>
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<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Mar-20</td>
<td>28-Mar-20</td>
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<td>31-Jul-20</td>
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<td>-</td>
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<td>23-Mar-20</td>
<td>4-Nov-19</td>
<td>9-Aug-20</td>
<td>989</td>
<td>989</td>
<td>0</td>
<td>0.00%</td>
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*For the latest updates and events monitored by WHO AFRO.*
Cameroon continues to experience 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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis (Far North, North, Adamawa &amp; East)</td>
<td>Protracted</td>
<td>31-Dec-13</td>
<td>27-Jun-17</td>
<td>18-Aug-20</td>
<td>-</td>
<td>-</td>
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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.

<table>
<thead>
<tr>
<th>Cameroon</th>
<th>Humanitarian crisis (NW &amp; SW)</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>1-Oct-16</td>
<td>27-Jun-18</td>
<td>11-Aug-20</td>
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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 2020 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.

<table>
<thead>
<tr>
<th>Cameroon</th>
<th>Cholera</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ungraded</td>
<td>1-Mar-19</td>
<td>1-Jan-20</td>
<td>3-Jul-20</td>
<td>980</td>
<td>39</td>
<td>45</td>
<td>4.60%</td>
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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.

<table>
<thead>
<tr>
<th>Cameroon</th>
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<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tr>
<td></td>
<td></td>
<td>Grade</td>
<td>6-Mar-20</td>
<td>6-Mar-20</td>
<td>13-Sep-20</td>
<td>20,228</td>
<td>20,228</td>
<td>415</td>
<td>2.10%</td>
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The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 13 September 2020, a total of 20,228 cases have been reported, including 415 deaths and 18,945 recoveries.

<table>
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<tr>
<th>Cameroon</th>
<th>Measles</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
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<th>Deaths</th>
<th>CFR</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ungraded</td>
<td>2-Apr-19</td>
<td>1-Jan-20</td>
<td>9-Aug-20</td>
<td>1,423</td>
<td>1,423</td>
<td>13</td>
<td>0%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Cameroon</th>
<th>Poliomyelitis (cVDPV2)</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Grade</td>
<td>1-Jan-20</td>
<td>1-Jan-20</td>
<td>5-Aug-20</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Cape Verde</th>
<th>COVID-19</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Grade</td>
<td>19-Mar-20</td>
<td>18-Mar-20</td>
<td>13-Sep-20</td>
<td>4,813</td>
<td>4,813</td>
<td>44</td>
<td>0.90%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 13 September 2020, a total of 4,813 confirmed COVID-19 cases including 44 deaths and 4,119 recoveries were reported in the country.

<table>
<thead>
<tr>
<th>Central African Republic</th>
<th>Humanitarian crisis</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Protracted</td>
<td></td>
<td>11-Dec-13</td>
<td>11-Dec-13</td>
<td>4-Aug-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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 N\dele, 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.

<table>
<thead>
<tr>
<th>Central African Republic</th>
<th>COVID-19</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Grade</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>10-Sep-20</td>
<td>4,749</td>
<td>4,749</td>
<td>62</td>
<td>1.30%</td>
</tr>
</tbody>
</table>

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 10 September 2020, there are a total of 4,749 confirmed cases, 62 deaths, and 1,825 recoveries reported.

<table>
<thead>
<tr>
<th>Central African Republic</th>
<th>Measles</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Grade</td>
<td>15-Mar-19</td>
<td>1-Jan-19</td>
<td>5-Aug-20</td>
<td>26,467</td>
<td>443</td>
<td>118</td>
<td>0.40%</td>
</tr>
</tbody>
</table>

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.
On 28 Aug 2020, WHO received an official notification of Chikungunya outbreak from the IHR National Focal Point of Chad. The report noted that between 14 to 26 Aug 2020, 6 163 cases and no deaths were recorded at the health facility level in the Abéché district in the border region to Sudan. The index case of the epidemic is a 62-year-old farmer who has spent the entire rainy season in her field located in the Abougoudam Zone, about 20km from Abéché with information of no travel outside the district. 13 samples were sent for analysis at the N'Djamen mobile laboratory of which 11 were positive for the presence of Chikungunya virus highlighting the disease as responsable for the epidemic in Ouaddai Province and mainly in the health districts of Abéché and Adré. Results of the test were corroborated by Pasteur Laboratory in Yaoundé, Cameroon where 4 of 5 samples sent for quality control tested positive for Chikungunya. As of 6 September 15 694 cases have been reported so far.

Chad COVID-19 Grade 3 19-March-20 19-March-20 13-Sep-20 1 084 1 084 80 7.40%

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 13 September 2020, a total of 1 084 confirmed COVID-19 cases were reported in the country including 80 deaths and 938 cases who have recovered.

Chad Measles Ungraded 24-May-18 1-Jan-19 16-Aug-20 8 494 357 39 0.50%

In week 33 (week ending 16 August 2020), 11 suspected cases were reported. No districts were in the epidemic phase during the week. Since the beginning of the year, a total of 8 494 suspected cases and 39 deaths (CFR 0.5%) have been reported from Beboto, Kyabe, Goundi, Korbiol, Kelo and Guelao.

Chad Poliomyelitis (cVDPV2) Grade 2 18-Sept-19 9-Sep-20 9-Sep-20 74 74 0 0.00%

Three cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; two in Logone Oriental province and one in Tandilje. There are now 63 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 8-Sep-20 456 456 7 1.50%

The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 8 September 2020, a total of 456 confirmed COVID19, including 7 deaths and 417 recoveries were reported in the country.

Comoros Dengue Ungraded 22-Dec-19 5-Apr-20 696 4 0 0.00%

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 Anjoan, 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 (9 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 11-Sep-20 4 934 4 934 88 1.80%

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 11 September 2020, a total of 4 934 cases including 88 deaths and 3 887 recovered cases have been reported in the country.

Côte d'Ivoire COVID-19 Grade 3 11-Mar-20 11-Mar-20 12-Sep-20 18 987 18 987 119 0.60%

Since 11 March 2020, as of 12 September 2020, 18 987 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 119 deaths, and a total of 17 961 patients have recovered.

Côte d'Ivoire Poliomyelitis (cVDPV2) Grade 2 29-Oct-19 29-Oct-19 9-Sep-20 29 29 0 0.00%

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 8 216 - - 8%
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed Deaths</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>1-Jan-20</td>
<td>9-Aug-20</td>
<td>13 421</td>
<td>-</td>
<td>190</td>
<td>1.40%</td>
</tr>
</tbody>
</table>

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.

Democratic Republic of the Congo | COVID-19               | Grade 3 | 10-Mar-20          | 10-Mar-20                 | 12-Sep-20               | 10 390      | 10 390           | 262    | 2.50%    |

On 10 March 2020, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 12 September 2020, 10 389 confirmed cases and 1 probable case have been reported, for a total of 10 390 cases, including 264 deaths and 9 756 recoveries.

Democratic Republic of the Congo | Ebola virus disease    | Grade 2  | 31-May-20          | 17-May-20                 | 29-Aug-20               | 109         | 103              | 47     | 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 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    | 3.70%    |

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 includes acquiring the required funding to respond to all the multiple ongoing outbreaks in the country.

Democratic Republic of the Congo | Plague                 | Ungraded | 12-Mar-19          | 1-Jan-20                  | 9-Aug-20                | 91          | -                | 17     | 18.70%   |

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 (CFR 13.6%) were notified in 5 out of 22 health areas of Rethy 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, Langa, Rethy, Aru, Lolo and Kambala. In 2018, 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                  | 9-Sep-20                | 149         | 149              | 0      | 0.00%    |

15 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; 13 in Equateur province and one each in Kinshasa and Mai Ndombe provinces bringing the total number of cases reported in 2020 to 41 while the number of 2019 cases remains 88. There were 20 cases reported in 2018. The country continues to be affected by several other genetically-distinct cVDPVs (notably in Kasai, Kwilu, Kwango and Sankuru provinces).

Equatorial Guinea | COVID-19               | Grade 3  | 14-Mar-20          | 14-Mar-20                 | 11-Sep-20               | 4 996       | 4 996            | 83     | 1.70%    |

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 11 September 2020, a total of 4 993 cases have been reported in the country with 83 deaths and 4 490 recoveries.

Eritrea     | COVID-19               | Grade 3  | 21-Mar-20          | 21-Mar-20                 | 10-Sep-20               | 361         | 361              | 0      | 0.00%    |

The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 10 September 2020, a total of 361 confirmed COVID-19 cases with no deaths were reported in the country. A total of 304 patients have recovered from the disease.

Equatorial Guinea | COVID-19               | Grade 3  | 13-Mar-20          | 13-Mar-20                 | 13-Sep-20               | 5 075       | 5 075            | 98     | 1.90%    |

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 13 September 2020, a total of 5 075 cases have been reported in the country including 4 229 recoveries. A total of 98 associated deaths have been reported.

Ethiopia    | Cholera                | Ungraded | 14-May-19          | 12-May-19                 | 6-Sep-20                | 14 728      | 257              | -      | -        |

Detailed update given above.

Ethiopia    | COVID-19               | Grade 3  | 13-Mar-20          | 13-Mar-20                 | 13-Sep-20               | 64 301      | 64 301           | 1 013  | 1.60%    |

Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 64 301 cases of COVID-19 as of 13 September 2020, 1 013 deaths and 24 983 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.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-Jun-19</td>
<td>20-May-19</td>
<td>9-Sep-20</td>
<td>29</td>
<td>29</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Gabon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>11-Sep-20</td>
<td>8 643</td>
<td>8 643</td>
<td>53</td>
<td>0.60%</td>
</tr>
<tr>
<td>Gambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>17-Mar-20</td>
<td>11-Sep-20</td>
<td>3 405</td>
<td>3 405</td>
<td>103</td>
<td>3.00%</td>
</tr>
<tr>
<td>Ghana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>13-Sep-20</td>
<td>10 045</td>
<td>10 045</td>
<td>63</td>
<td>0.60%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>11-Jul-20</td>
<td>11-Jul-20</td>
<td>4-Aug-20</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.00%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Measles</td>
<td>Ungraded</td>
<td>9-May-18</td>
<td>1-Jan-19</td>
<td>5-Jun-20</td>
<td>5 644</td>
<td>366</td>
<td>14</td>
<td>0.30%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>22-Jul-20</td>
<td>22-Jul-20</td>
<td>5-Aug-20</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>13-May-19</td>
<td>20-Oct-19</td>
<td>28-Aug-20</td>
<td>490</td>
<td>49</td>
<td>2</td>
<td>0.40%</td>
</tr>
<tr>
<td>Kenya</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>13-Sep-20</td>
<td>36 157</td>
<td>36 157</td>
<td>622</td>
<td>1.70%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Measles</td>
<td>Ungraded</td>
<td>31-Mar-19</td>
<td>3-Jan-20</td>
<td>28-Aug-20</td>
<td>293</td>
<td>146</td>
<td>7</td>
<td>2.40%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-May-20</td>
<td>13-May-20</td>
<td>10-Sep-20</td>
<td>1 245</td>
<td>1 245</td>
<td>33</td>
<td>2.70%</td>
</tr>
</tbody>
</table>

No cVDPV2 cases were reported this week. So far, there have been 29 cases reported in Ethiopia.

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 11 September 2020, a total of 8 643 cases including 53 deaths and 7 706 recovered have been reported in the country.

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.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 11 September 2020, a total of 3 405 confirmed COVID-19 cases including 103 deaths and 2 673 recoveries have been reported in the country.

On 12 March 2020, the Ministry of Health announced the confirmation of two confirmed COVID-19 cases in the country. As of 8 September 2020, a total of 45 434 cases including 286 deaths and 44 342 recoveries have been reported in the country.

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.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 13 September 2020, a total of 10 045 cases including 9 292 recovered cases and 63 deaths have been reported in the country.

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 Koundian, 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 diagnosis 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.

Six 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).

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.

The outbreak is active 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%).

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%).

On 13 May 2020, WHO was notified of the first confirmed COVID-19 case in Lesotho. As of 10 September 2020, 1 245 cases of COVID-19 have been reported, including 661 recoveries and 33 deaths.

No new cases were reported in the past week in any affected counties.
From 16 March to 13 September 2020, a total of 1,311 cases including 82 deaths and 1,194 recoveries have been reported from all 15 counties of Mauritius. Montserrat Island which hosts the country's capital city remains at the epicenter of the outbreak.

No new confirmed case was reported during week 35 (week ending 30 August 2020). Of 147 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.

In week 35 (week ending 30 August 2020), 11 suspected cases were reported from Nimba (3), Grand Gedeh (1), Lofa (1), Margibi (1), Rivercess (1), Bong (1) and Sinoe (1) counties. Since the beginning of 2020, 805 cases with 3 associated deaths have been reported across the country, of which 93 are laboratory-confirmed, 312 are epi-linked, and 312 are clinically confirmed.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 13 September 2020, a total of 15,757 confirmed cases have been reported in the country, with 177 deaths and 3,731 recoveries.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 13 September 2020, the country has a total of 5,690 confirmed cases with 178 deaths and 2,285 recoveries.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 13 September 2020, a total of 924 confirmed COVID-19 cases have been reported in the country including 128 deaths and 2,285 recoveries.

During week 32 (week ending 9 August 2020), two suspected cases of yellow fever 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.

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 confirmed cases and three deaths (CFR 75%). Confirmed cases of yellow fever were reported from the Sikasso and Koulikoro regions.

The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 13 September 2020, a total of 7,276 cases including 161 deaths and 6,825 recovered cases have been reported in the country.

On 11 May 2020, one confirmed case of Crimean Congo haemorrhagic fever was reported from the Moughata of Mederda 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. 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.

On 3 May 2020, two suspected cases of dengue fever were admitted to hospital in Mauritania. On 4 May 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, Tinéri, Agnehmende and Edébey) were detected.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 11 September 2020, a total of 361 confirmed COVID-19 cases including ten deaths and 337 recovered cases have been reported in the country.

A cholera outbreak is ongoing in Mozambique. From 1 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, Mamba, Nacala-a-Velha, Nacarao, 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 da Praia, macomia, Ibo and Pemba city are affected.
### Mozambique

#### COVID-19
- **Grade**: 3
- **Date notified to WHO**: 22-Mar-20
- **Start of reporting period**: 22-Mar-20
- **End of reporting period**: 13-Sep-20
- **Total cases**: 5 269
- **Cases Confirmed**: 5 269
- **Deaths**: 35
- **CFR**: 0.70%

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 13 September 2020, a total of 5 269 confirmed COVID-19 cases were reported in the country including 35 deaths and 2 960 recoveries.

### Namibia

#### Measles
- **Grade**: Ungraded
- **Date notified to WHO**: 25-Jun-20
- **Start of reporting period**: 1-Jan-20
- **End of reporting period**: 22-Jul-20
- **Total cases**: 862
- **Cases Confirmed**: 140
- **Deaths**: 0
- **CFR**: 0.00%

There are measles outbreaks in six districts of Zambézia. The outbreak was declared in March 2020 at the Nauela Administrative Post, Alto Molócué 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 Zambézia and 13 from Niassa provinces. 42% are <5 years old, 48% are aged 5-14 years.

#### COVID-19
- **Grade**: 3
- **Date notified to WHO**: 14-Mar-20
- **Start of reporting period**: 14-Mar-20
- **End of reporting period**: 12-Sep-20
- **Total cases**: 9 719
- **Cases Confirmed**: 9 719
- **Deaths**: 101
- **CFR**: 1.00%

Two cases of COVID-19 were confirmed in Namibia on 14 March 2020. As of 12 September 2020, a total of 9 719 cases have been reported in the country including 6 543 cases who recovered with 101 deaths.

### Niger

#### Measles
- **Grade**: Ungraded
- **Date notified to WHO**: 9-Sep-20
- **Total cases**: 3
- **CFR**: -

In August, widespread flooding caused by heavy rain and by overflows of the Niger river have affected several regions of Nigeria (Maradi most affected, Agadez, Niamer and Tahoua regions), leading to fatalities, people displaced and severe damage. Floods are reaching record breaking levels of 700 cm3 - the highest was in 2019 with 639 cm3. As of 9 September, around 39 655 households have been affected, with 342 263 victims. The WHO is supporting country office in assessing the public health impact of flooding including access to essential lifesaving health services, surveillance of possible disease outbreaks and participate in joint needs assessments.

#### COVID-19
- **Grade**: 3
- **Date notified to WHO**: 19-Mar-20
- **Start of reporting period**: 19-Mar-20
- **End of reporting period**: 13-Sep-20
- **Total cases**: 1 178
- **Cases Confirmed**: 1 178
- **Deaths**: 69
- **CFR**: 5.90%

From 19 March to 3 September 2020, a total of 1 178 cases with 69 deaths have been reported across the country. A total of 1 097 recoveries have been reported from the country.

### Nigeria

#### Lassa fever
- **Grade**: Ungraded
- **Date notified to WHO**: 26-Jul-20
- **Start of reporting period**: 26-Jul-20
- **End of reporting period**: 21-Jun-20
- **Total cases**: 2 079
- **Cases Confirmed**: 241
- **Deaths**: 4
- **CFR**: 0.00%

From week 1 to 22 of 2020, Nigeria 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), Niamert (23 cases, 0 deaths), Tahoua (62 cases, 1 death), Tillaberi (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.

#### Humanitarian crisis
- **Grade**: Protracted 1
- **Date notified to WHO**: 10-Oct-16
- **Total cases**: n/a
- **Cases Confirmed**: 31-Aug-20
- **Deaths**: -
- **CFR**: -

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.

#### COVID-19
- **Grade**: 3
- **Date notified to WHO**: 27-Feb-20
- **Start of reporting period**: 27-Feb-20
- **End of reporting period**: 13-Sep-20
- **Total cases**: 56 256
- **Cases Confirmed**: 56 256
- **Deaths**: 1 082
- **CFR**: 1.90%

The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Nigeria on 27 February 2020. As of 13 September 2020, a total of 56 256 confirmed cases including 1 082 deaths and 44 152 recovered cases have been reported in the country.

#### Yellow fever
- **Grade**: Ungraded
- **Date notified to WHO**: 14-Sep-20
- **Total cases**: 1 150
- **Cases Confirmed**: 5
- **Deaths**: 0
- **CFR**: 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.
**The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 13 September 2020, a total of 4591 cases with 22 deaths and 2556 recovered cases have been reported in the country.**

**On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 13 September 2020, a total of 906 confirmed cases of COVID-19 have been reported, including 15 deaths. A total of 870 cases have been reported as recoveries.**

**Between 2 March 2020 and 11 September 2020, a total of 14,193 confirmed cases of COVID-19 including 293 deaths have been reported from Senegal. A total of 10,350 cases have recovered.**

**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.**

**On 23 June 2020, the Ministry of Health of South Africa reported the country’s confirmed COVID-19 cases including 2,505 confirmed cases and 1,438 recovered cases.**

**On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 13 September 2020, a total of 2,587 confirmed COVID-19 cases were reported in the country including 72 deaths and 1,636 recovered cases.**

**On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country’s first case of COVID-19. As of 13 September 2020, a total of 906 confirmed cases of COVID-19 have been reported, including 15 deaths. A total of 870 cases have been reported as recoveries.**

**On 5 April 2020, the Ministry of Health of South Sudan reported the country’s first case of COVID-19. As of 13 September 2020, a total of 2,587 confirmed COVID-19 cases were reported in the country including 72 deaths and 1,636 recovered cases.**

**On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 13 September 2020, a total of 2,109 confirmed COVID-19 cases were reported in the country including 135 recoveries and no deaths.**

**South Africa continues to report cases of COVID-19. From 5 March to 13 September, a total of 648,214 confirmed cases with 15,427 deaths have been reported from all provinces across the country. A total of 576,423 cases have recovered.**

**From early May 2020, several Counties reported above-average rainfall and rising water levels in the River Nile, this has resulted in massive flooding affecting an estimated 500,000 individuals in 22 affected Counties. Furthermore, most of the flood-affected counties are already experiencing multiple shocks such as large-scale displacement, intercommunal violence, and disease outbreaks including Covid-19.**

**The humanitarian situation has escalated in recent weeks with inter-communal fighting in several parts of the country. On 22 June 2020 fighting in Pibor town caused displacement toward Vertebh and Labarab. A presidential committee has been set up in response to the recent escalation. Floods in Bor South and Panyijiar counties also continue to cause displacement of over 13,000 persons.**

**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 (225 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).**

**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).**

**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.**
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Togo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>1-Mar-20</td>
<td>6-Sep-20</td>
<td>1 572</td>
<td>1 572</td>
<td>37</td>
<td>2.40%</td>
</tr>
</tbody>
</table>

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 13 September 2020, a total of 1 572 cases including 37 deaths and 1 190 recovered cases have been reported in the country.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
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<th>Confirmed cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Togo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>9-Sep-20</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Togo</td>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>4-Feb-20</td>
<td>3-Feb-20</td>
<td>24-Aug-20</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>33.30%</td>
</tr>
</tbody>
</table>

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.

<table>
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<tr>
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<th>Total cases</th>
<th>Confirmed cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Humanitarian crisis - refugee</td>
<td>Ungraded</td>
<td>20-Jul-17</td>
<td>n/a</td>
<td>31-Aug-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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 and Burundi. 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.

<table>
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<th>Confirmed cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>11-May-20</td>
<td>29-Apr-20</td>
<td>11-Jun-20</td>
<td>682</td>
<td>17</td>
<td>6</td>
<td>0.90%</td>
</tr>
</tbody>
</table>

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 *Vibrio cholerae* 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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>12-Sep-20</td>
<td>4 799</td>
<td>4 799</td>
<td>4 799</td>
<td>55</td>
<td>1.10%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 12 September 2020, a total of 4 799 confirmed COVID-19 cases, 2 255 recoveries with 55 deaths.

<table>
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<tr>
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<th>Deaths</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>13-Sep-20</td>
<td>13 539</td>
<td>13 539</td>
<td>312</td>
<td>2.30%</td>
<td></td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 13 September 2020, a total of 13 539 confirmed COVID-19 cases were reported in the country including 312 deaths and 12 260 recoverd cases.

<table>
<thead>
<tr>
<th>Country</th>
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<tbody>
<tr>
<td>Zambia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>17-Oct-19</td>
<td>3-Sep-20</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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.

<table>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>9-Aug-20</td>
<td>338</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0.30%</td>
</tr>
</tbody>
</table>

The anthrax outbreak is ongoing in Zimbabwe with a cumulative total of 338 cases and one death notified since the beginning of the outbreak in week 36 (week starting 6 May 2019) of 2019. This outbreak started in 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.

<table>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>13-Sep-20</td>
<td>7 526</td>
<td>7 526</td>
<td>224</td>
<td>3.00%</td>
<td></td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 13 September 2020, a total of 7 526 confirmed COVID-19 cases were reported in the country including 224 deaths and 5 678 cases that recovered.

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

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.