

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 38: 14 - 20 September 2020
Data as reported by: 17:00; 20 September

0

New event

116

Ongoing events

104

Outbreaks

12

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

40

Ungraded events

Overview

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- 6 All events currently being monitored

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 116 events in the region. This week's main articles cover the following events:

- [Conavirus disease 2019 \(COVID-19\) in Algeria](#)
- [Measles in Democratic Republic of the Congo](#)
- [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:

- Algeria continues to record a gradual decline in both new confirmed cases of COVID-19 and deaths due to the disease. Although all 48 wilayas in the country have been affected, cases are concentrated in the more populous northern regions, which have recorded 33.1% of cases and 35% of deaths. Currently, hospital capacity in the country is good, with cases requiring intensive care steadily decreasing. However, primary schools, libraries and reading rooms, and museums have recently opened up, albeit with strict health protocols in place, so authorities must remain vigilant in order to prevent any new surge in cases.
- The long-standing measles outbreak in Democratic Republic of the Congo continues to decline, with ongoing reactive and routine vaccination campaigns. However, the concentration of resources towards the COVID-19 response may hamper continued measles response, particularly with restriction of movement within the country. There is also persistently high mortality in some areas, which may indicate challenges with case management, which needs urgent attention.
- The extremely rapid rise in the number of cases of chikungunya in Chad is of grave concern, indicating high vector loads and poor vector control, particularly as cases have now spread beyond the city of Abéché, with increasing case numbers in the province of Biltine. Challenges are found in availability of long-lasting insecticidal bed nets and poor risk communication and community engagement, as well as inadequate knowledge among health workers, which affects case management. A One Health approach is urgently needed to bring this outbreak under control.
- The EVD outbreak in Équateur Province, Democratic Republic of the Congo, continues to be of serious concern, with a continuing, however small, increase in incidence cases and deaths 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. 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, two of which border Republic of Congo. 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

Algeria's COVID-19 outbreak continues to show an overall declining trend, with 203 new confirmed cases reported on 20 September 2020 and seven new deaths. This brings the total of confirmed cases in the country to 49 826 since the start of the outbreak in February 2020, with a total of 1 672 deaths (case fatality ratio 3.4%). A total of 27 wilayas out of 48 (57%) have not notified any new confirmed cases during the 24 hours up to 19 September 2020. Three wilayas, El-Bayadh, Ghardaia and Bechar have not notified any new cases of COVID-19 in the past seven days, with El-Bayadh not notifying any new cases for 32 consecutive days. All 48 wilayas in Algeria have reported confirmed cases of COVID-19 since the start of the outbreak, with most cases concentrated in the north of the country.

Since the start of the outbreak, four wilayas have recorded the largest number of confirmed cases (more than 3 000 each), Algiers, Blida, Oran and Sétif. Between these four wilayas they reported 16 441 cases (33.1%) of the total number of cases. To date, the wilaya of Algiers has reported 11% (5 444) of all cases, followed by Blida (3 984; 8%), Oran (3 834; 7.7%) and Sétif (3 179; 6%). The wilayas that have recorded the fewest cases remain Illizi (135 cases) and Saida (72 cases).

More than one-third of all deaths (35%) have been recorded in the wilayas of Algiers, Blida and Sétif, which between them reported 581 deaths as of 14 September 2020. Saida remains the only wilaya that has not recorded any deaths to date.

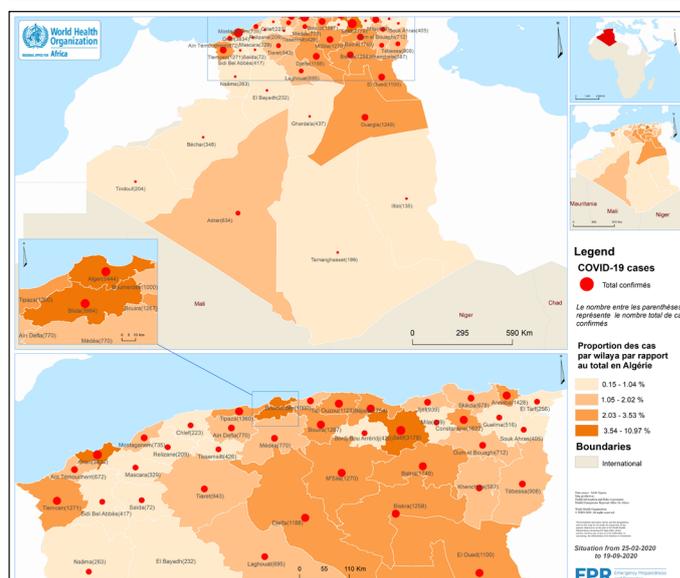
Since week 31 (week ending 2 August 2020) there has been a steady decrease in the weekly number of new confirmed cases. This trend was maintained during week 37 (week ending 20 September 2020) during which 1 890 new cases were reported, a daily average of 270 cases, which is a decrease of 14.8% (328 cases) compared to the previous week and 55.8% (2 383 cases) compared to week 30 (week ending 25 July 2020).

Young adults (25 to 49 years) remain the group most affected by COVID-19, accounting for 38.8% (19 251 cases) of all COVID-19 cases recorded since the start of the outbreak. Children aged less than 15 years account for 1.5% (722) cases of COVID-19.

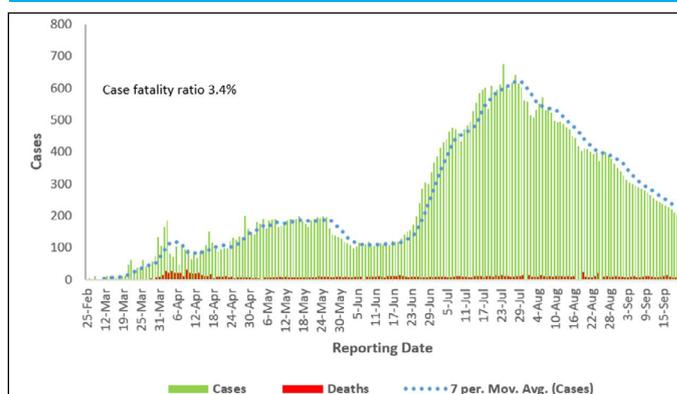
PUBLIC HEALTH ACTIONS

- Weekly coordination meetings between the WHO Algeria Office and the WHO Regional Office for Africa take place every Mondays.
- WHO continues to provide leadership at the level of the UN taskforce.
- As of September 2020, restrictions have started to be relaxed, which includes opening of day nurseries and kindergartens at 50% capacity, and opening of libraries, reading rooms and museums, with health protocols in place.
- All types of assembly, including family gatherings, are still prohibited.
- Case management continues to be undertaken in dedicated hospital beds that make up 60% of the total available, with a cumulative total of 34 923 patients reported as recovered to date.
- Thirty laboratories currently have COVID-19 diagnostic capacity and an average of 2 500 PCR tests are performed daily under the supervision of Institut Pasteur.
- A request for diagnostic consumables was submitted to the WHO office on 16 September 2020.

Geographical distribution of confirmed coronavirus disease 2019 cases in Algeria, 25 February to 20 September 2020.



The distribution of confirmed COVID-19 cases, deaths and 7-day moving average for Algeria by reporting date, 25 February to 20 September 2020.



SITUATION INTERPRETATION

Algeria continues to show a steady declining trend in COVID-19 cases and deaths, with the lowest number of new cases since 26 June 2020 recorded on 19 September 2020. The six new deaths reported on 19 September 2020 was the lowest number recorded since 18 July 2020. While some restrictions have been eased, large gatherings are still prohibited and those facilities that are opening are doing so with strict health protocols in place. Authorities are to be commended in their approach, with hospital and laboratory capacity now easily able to deal with the extra demands of COVID-19 and numbers of patients in intensive care also falling. Strict surveillance, testing, contact tracing and isolation needs to continue in order to maintain this downward trend in the outbreak.

EVENT DESCRIPTION

The ongoing measles outbreak in Democratic Republic of the Congo is showing a sustained decline in new cases and deaths, which started in week 49 of 2019 (week ending 4 December 2019), continued to week 6 of 2020 (week ending 8 February 2020), followed by a slight increase from weeks 11-13 (week ending 28 March 2020) with a declining trend thereafter. This would appear to be as a direct result of a decreasing weekly trend in reported suspected measles cases in provinces that organized monitoring and vaccination between March and June 2020. In addition, major infant vaccine programmes have been ongoing in 2019 and 2020, with a total of 18.4 million children aged 6-59 months reached between October and December 2019.

From the start of the outbreak on 31 December 2018 to 6 September 2020, there has been a total of 382 370 cases and 7 071 deaths (case fatality ratio 1.8%). During week 36 of 2020 (week ending 6 September 2020) a total of 245 suspected cases and one death was reported (case fatality ratio 0.4%). From 1 January 2020 to 6 September 2020, 70 899 suspected cases have been reported, including 1 026 deaths (case fatality ratio 1.4%). This is a decrease compared to the same period in 2019, when there were 184 289 suspected cases and 3 650 deaths reported.

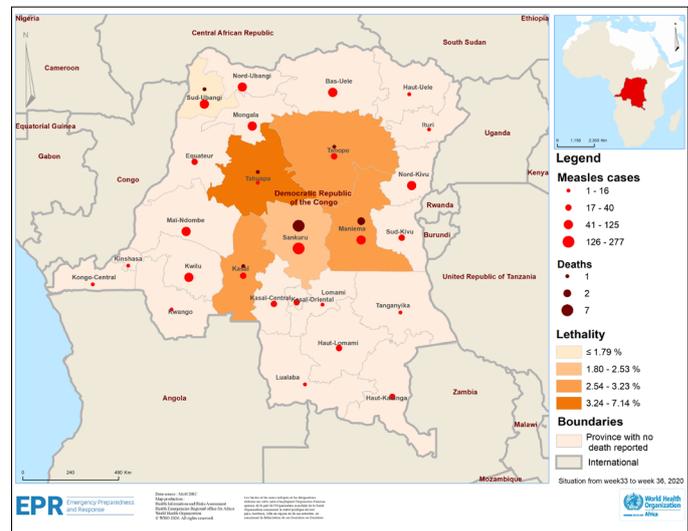
In 2020, 23 (88%) out of the 26 provinces in the country have been affected, with the highest numbers reported in Sankuru (277 cases), Kwilu (125 cases), Mongala (80 cases), Bas Uele (72 cases), North Kivu (72 cases), Maniema (69 cases) and North Ubangi (67 cases) in the four weeks prior to 6 September 2020. The case fatality ratio is highest in South Ubangi, at 6.3%.

The under five years age group remains the most affected age group during 2020, accounting for 66% of all cases.

PUBLIC HEALTH ACTIONS

- Case investigation continues to be strengthened, along with sample collection, with investigations in specific affected health zones and areas; laboratory sample results are shared with all stakeholders.
- Contact has been maintained with the national nutrition programme (PRONAUNT) for provision of vitamin A supplements in Sankuru Health Zone, and new care kits ordered by UNICEF are awaited.
- A WHO paediatric expert is to be deployed to Sankuru to strengthen health worker capacity in case management.
- Awareness is being raised around availability of free healthcare in those health zones that have received care kits and where implementing partners are available.
- Risk communication and social mobilization activities are being strengthened, with updated key messages on measles in selected urban and rural health areas, with reinforcement of community relays in silent health zones.
- An exit plan covering July to December 2020 has been developed and shared, with implementation and evaluation of the completed response in 121 health zones.
- Cargo, MUNUSCO, Médecines Sans Frontières (MSF), UNHAS flights are being utilized for vaccine supplies in the context of the COVID-19 response.
- Multiple partners are involved in all pillars of response, including but not limited to, WHO, UNICEF, MSF, ALIMA, Africa CDC, Red Cross and ADRA.

Geographical distribution of measles cases in Democratic Republic of the Congo, weeks 33-36 2020.



SITUATION INTERPRETATION

While the declining trend in this long-standing measles outbreak is to be welcomed, this is dependent on continuing vaccine programme efforts, without which cases will rebound. In this context, it is important that the COVID-19 response complements and does not hamper vaccination campaigns and other measles response efforts. The teleworking response team is working to overcome the limitations of confinement as a result of COVID-19, with reinforcement of coordination according to the multisectoral approach. Challenges are still found around insufficient nutritional kits in certain health areas and referral hospitals; inadequate case management of complicated measles cases and communication problems in some areas with lack of GSM network coverage and poor geographical accessibility. The persistently high mortality in some provinces and health zones points to problems around quality of care. Authorities and partners need urgently to address these challenges, particularly reinforcement of surveillance and case finding and vaccine response to outbreaks in order to maintain the downward trend of the outbreak.

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, with onset 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.

Since our last report (*Weekly Bulletin 36*) a further 14 277 cases have been reported, with no deaths. As of 16 September 2020, there is a total of 24 858 cases, with all patients being treated as outpatients. In the 24 hours prior to 16 September 2020 a total of 823 cases were reported with zero deaths. Most, 575 cases, were reported from Abéché health district, 248 in the Biltine health district and two suspected cases notified and sampled in the Bozbeida health district. Samples tested positive in Abéché, Biltine and Abdi, the latter in a patient from Abéché. Cases were confirmed in the health districts of Abéché (Ouddai Province), Biltine (Wadi Fira Province) and Abdi (Sila Province). The number of cases is increasing in the Biltine health district, while fluctuating in Abéché.

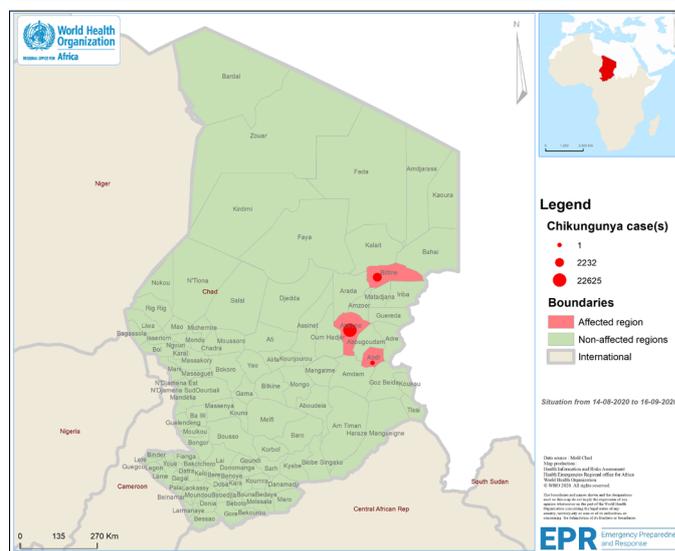
The age group most affected is that, more than 15 years and females are predominantly affected, accounting for 13 497 (54%) cases.

Investigations, including entomological investigation, of 243 patients in 138 households found the presence of *Aedes aegypti* mosquitoes, a known vector species for chikungunya.

PUBLIC HEALTH ACTIONS

- Daily national coordination meetings continue, composed of administrative and health authorities, local elected officials and partners.
- Medication for the management of chikungunya has been shipped to Biltine district.
- Local coordination is underway in Ouaddi, Wadi Fira and Sila provinces under provincial health authorities.
- Active case finding and case investigation continues, with the database and line list updated regularly, and incorporated into a daily situation report.
- Risk communication and community engagement includes continued sensitization of the population by community relays and through local radio stations.
- Free patient care continues.
- Vector control operations are continuing in the cities of Abéché, Biltine and Abdi, with intra and extra-domiciliary spraying with environmental sanitation and home hygiene.

Geographical distribution of chikungunya cases in Chad, as of 16 September 2020.



SITUATION INTERPRETATION

Cases of chikungunya have more than doubled over the past few weeks, with further geographical spread, and although no deaths have occurred, this rapid rise is of concern. Challenges include low availability of long-lasting insecticidal bed nets (LLINs), insufficient attention to risk communication and community engagement, poor notification and investigation of complicated cases and lack of knowledge of the disease among health workers. These challenges need urgently to be addressed by national and local authorities, with reinforcement of vector control measures and attention to a One Health approach, accelerated distribution of LLINs in the newly affected provinces and validation and dissemination of the chikungunya response plan, as well as providing supervision of response activities.

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in Équateur Province, Democratic Republic of the Congo, continues to see slowly rising numbers of confirmed cases and some spread to new health areas, with 40 health areas in 12 health zones affected. Since our last report ([Weekly Bulletin 37](#)), another three additional confirmed EVD cases have been reported, with two new deaths. The health area of Bekungu, in the Monieka Health Zone, has a total of 21 days without notification of a confirmed or probable case of EVD, with the last confirmed cases reported there on 29 August 2020.

As of 19 September 2020, there are a total of 124 cases (118 confirmed and six probable) including 48 deaths (case fatality ratio 40.3%). The case fatality ratio among confirmed cases is 37.3% (44 deaths/118 confirmed cases). The number of health workers affected remains at three, making up 2.4% of all cases.

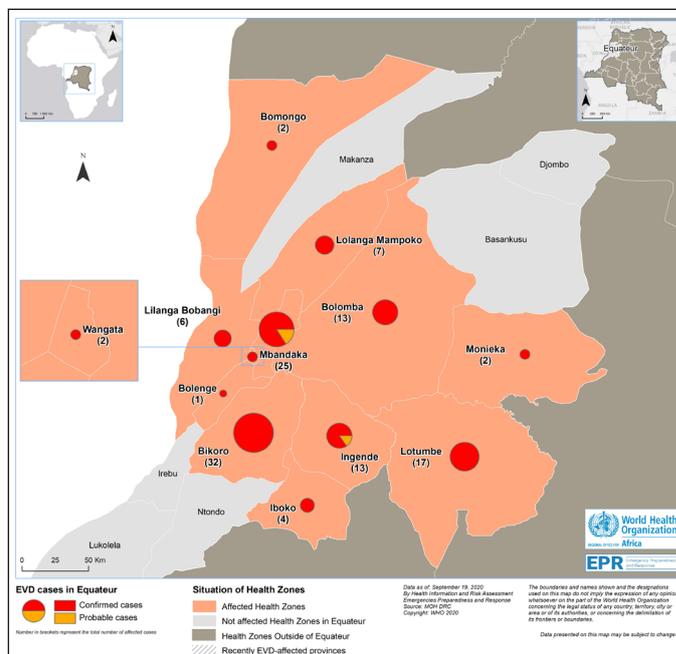
The number of health areas that have reported at least one confirmed or probable case of EVD since the start of this outbreak has risen to 40 (14.2%) of 281 health areas, in 12 (66.7%) of the 18 health zones in the province. The number of health areas that have been active in the past 21 days (30 August 2020 to 19 September 2020) remains seven, in seven of the 12 affected health areas. During this 21-day period, 15 confirmed cases were recorded in these areas.

Six out of seven health zones with active contacts submitted reports on 19 September 2020, with 82 new contacts reported in Lotumbe health zone. Out of 1 741 active contacts, 1 576 (90.5%) have been followed-up. Of the 107 contacts who were not seen, 11 (10.3%) have never been seen, 15 (14.0%) were lost to follow-up and 81 (75.7%) were not seen in the previous 24 hours. Nine contacts became symptomatic, six in Lotumbe, two in Bikoro and one in Ingende. A total of 632 new alerts (including nine deaths) were reported in nine health zones. Of the 700 alerts recorded to date 612 (87.4%) were investigated and 209 (34.2%) were validated and 49 (23.4%) were sampled.

PUBLIC HEALTH ACTIONS

- On 19 September 2020, 37/51 active Points of Control (POCs) reported. A total of 35 584 travellers passed through these PoCs and 33 766 (94.9%) were screened. Since the start of the response activities, 1 249 131 (92.3%) screenings have been performed among the 1 351 334 travellers who have passed through the active PoCs. Out of these 146 alerts have been detected, with 83 validated.
- As of 19 September 2020, 162 samples were received in five operational laboratories. Since the start of the outbreak a total of 7 973 samples have been tested.
- A total of 209 new people were vaccinated with rVSV-ZEBOV-GP on 19 September 2020, in seven rings, including 18 high risk contacts, and 20 probable contacts; these figures include 15 first line providers.
- Since 5 June 2020, a total of 31 179 people has been vaccinated.
- A total of 67 patients, including eight confirmed patients were managed in the transit centres and Ebola treatment centres in affected areas as of 19 September 2020.
- A total of 31 patients have received specific EVD treatment since the start of this outbreak, with six (including one death) in Wangata, six in Lilanga Bobangi, nine in Lotumbe, three in Bikoro, two in Ingende and one each in Lolange Mampoko and Bomongo.
- Five confirmed cases of EVD remain in the community, including four in Lotumbe and one in Mbandaka.

Geographical distribution of confirmed Ebola virus disease cases reported from 19 September, Équateur Province, Democratic Republic of the Congo



- As of 19 September 2020, decontamination activities around recent confirmed cases were carried out in three health facilities and six households; IPC kits were provided to 32 households in Iboko and 44 providers were briefed on topics around IPC and EVD response.
- Nine community death alerts were raised, with three in Bikori and Wangata, two in Iboko and one in Mbandaka. No safe and dignified burials were performed.
- Risk communication, mobilization and community engagement continues, with 350 people sensitized on EVD prevention in Mbandaka and Lotumbe as well as community dialogues on risk perception in the Lilanga Bobangi Health Zone.

SITUATION INTERPRETATION

The EVD outbreak in Équateur Province is showing a slow rise in case numbers and deaths, with another health area affected in the reporting week. However, although this slow rise in numbers is encouraging, there are still contacts lost to follow up, confirmed cases still remain in the community and safe and dignified burials continue to be a challenge. In addition, two of the affected health zones, Bomongo and Lilanga Bobangi, border Republic of Congo, requiring reinforcement of trans-boundary surveillance. Funding remains inadequate, community resistance continues, as well as poor availability of laboratory reagents and commodities. Continued advocacy is required with donors and funding agencies to strengthen response activities, which must, wherever possible, be enhanced by COVID-19 response measures.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- The continued decline in cases of and deaths due to COVID-19 in Algeria is encouraging, with the lowest number of new cases recorded since 26 June 2020 and the lowest number of new deaths since 18 July 2020. However, challenges may arise around continued surveillance now that some restrictions around opening of schools, libraries and museums have been eased.
- The continued decline in measles cases in the long-standing outbreak in Democratic Republic of the Congo is welcome and testimony to the efficacy of well thought out and executed vaccine campaigns. However, diversion of resources to the COVID-19 response may, if not rather harnessed, threaten future vaccine campaigns and lead to a resurgence of the outbreak.
- Chikungunya cases are rising rapidly in Chad, with spread outside the city of Abéché, pointing to poor vector control measures, as well as lack of community engagement around ways of preventing spread of the vector. Inadequate provision of LLINs and poor case management knowledge also threaten the response.
- 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 Algeria need to remain vigilant now that some restrictions on activities have been relaxed, which will lead to greater mixing of people and so the potential for spread of infections. Surveillance activities such as testing and contact tracing and isolation must continue, as is adherence to all public health protocols in newly opened facilities.
- Authorities and partners in Democratic Republic of the Congo need to ensure that there is no break in the implementation of targeted vaccination campaigns, which are responsible for the significant decline in the trend of this long-standing outbreak. Resources dedicated to the COVID-19 response should be harnessed, and at the same time, add to the measles response.
- The rapidly rising number of cases, along with geographical spread, show that urgent intervention is required by authorities and partners, concentrating on a One Health response to this vector-borne disease.
- The ongoing Ebola virus disease outbreak continues to require robust response activities in order to 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
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	20-Sep-20	49 826	49 826	1 672	3.40%
Detailed update given above.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	20-Sep-20	3 991	3 991	152	3.80%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 20 September 2020, a total of 3 991 confirmed COVID-19 case have been reported in the country with 152 deaths and 1 445 recoveries.									
Angola	Measles	Ungraded	04-May-19	12-Dec-19	16-Sep-20	1 252	1 025	5	0.40%
From 1 January 2020 to 16 September 2020, Angola reported a total measles suspected case count of 1 252 from 56 districts in 15 provinces, mostly from Luanda Province. There are 1 025 confirmed measles (lab and epi-link). There were 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, Malanje, Bie, Luanda, Huambo and Uige.									
Angola	Poliomyelitis (cVDPV2)	Grade 2	08-May-19	01-Jan-19	17-Sep-20	133	133	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There have been three cases reported in 2020 so far. The total number of 2019 cases remain 130. These cases are from several outbreaks which occurred in 2019.									
Benin	Cholera	Ungraded		17-Aug-20	06-Sep-20	196	1	5	2.60%
As of Week 36, Benin reported a total of 196 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	15-Sep-20	2 280	2 280	40	1.80%
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 15 September 2020, a total of 2 280 cases have been reported in the country with 40 deaths and 1 950 recoveries.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	08-Aug-19	08-Aug-19	17-Sep-20	10	10	0	0.00%
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	17-Sep-20	2 567	2 567	13	0.50%
On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 17 September 2020, a total of 2 567 confirmed COVID-19 cases were reported in the country including 13 deaths and 624 recovered cases.									
Burkina Faso	Humanitarian crisis	Grade 2	01-Jan-19	01-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	09-Mar-20	18-Sep-20	1 816	1 816	56	3.10%
Between 9 March and 18 September 2020, a total of 1 816 confirmed cases of COVID-19 with 56 deaths and 1 176 recoveries have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2		01-Jan-19	17-Sep-20	10	10	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. A total of 10 cases of circulating vaccine-derived poliovirus have been reported from Benin since 2019 with no new cases reported 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	20-Sep-20	474	474	1	0.20%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 20 September 2020, the total confirmed COVID-19 cases is 474, including one death and 460 recovered.									
Burundi	Measles	Ungraded	23-Mar-20	04-Nov-19	09-Aug-20	989	989	0	0.00%
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 Cibofoke. 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: Bukinanyana (Cibofoke 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	01-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 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.									
Cameroon	Cholera	Ungraded	01-Mar-19	01-Jan-20	03-Jul-20	980	39	45	4.60%
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	06-Mar-20	06-Mar-20	19-Sep-20	20 598	20 598	416	2.00%
The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 19 September 2020, a total of 20 598 cases have been reported, including 416 deaths and 19 285 recoveries.									
Cameroon	Measles	Ungraded	02-Apr-19	01-Jan-20	09-Aug-20	1 423	1 423	13	0%
The measles outbreak is improving in Cameroon. Since 1 January 2020 to date, a total of 1 423 confirmed cases and 13 deaths have been reported in the country. Twenty-nine out of 79 health districts that were affected have not reported cases in the last four epidemiological weeks. A total of 13 deaths were reported to date in six districts, namely Kribi (4 cases), Gashiga (2 cases), Betaré Oya (1 case), Kolofata (2 cases), Awae (1 case), Ngaoundal (1 case), Ngong (1 case), Guidiguiguis (1 case). Fifty percent of cases are aged between 9 to 59 months.									
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	01-Jan-20	01-Jan-20	05-Aug-20	3	3	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Three cVDPV2 cases have been reported from the country so far in 2020.									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	20-Sep-20	5 257	5 257	51	-
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 20 September 2020, a total of 5 257 confirmed COVID-19 cases including 51 deaths and 4 599 recoveries were reported in the country.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	04-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	17-Sep-20	4 793	4 793	62	1.30%
The Ministry of Health and population announced the confirmation of the first COVID-19 case in the Central African Republic on 14 March 2020. As of 17 September 2020, there are a total of 4 793 confirmed cases, 62 deaths, and 1 830 recoveries reported.									
Central African Republic	Measles	Grade 2	15-Mar-19	01-Jan-19	16-Sep-20	28 318	443	135	0.50%
As of 16 September 2020, a total of 28 318 suspected cases have been notified and 135 deaths within 21 affected districts. The majority of cases are under five years of age. Response activities are ongoing in the affected health districts.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	17-Sep-20	23	23	0	0.00%
One cVDPV2 case was reported in Region Sanitaire 3 this week. There is 2 cases 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	19-Sep-20	27 165	11	0	0.00%
Detailed update given above.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Chad	COVID-19	Grade 3	19-Mar-20	19-Mar-20	20-Sep-20	1 151	1 151	81	7.00%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 20 September 2020, a total of 1 151 confirmed COVID-19 cases were reported in the country including 81 deaths and 967 cases who have recovered.									
Chad	Measles	Ungraded	24-May-18	01-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, Korbol, Kelo and Guelao.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	09-Sep-19	17-Sep-20	74	74	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. 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	17-Sep-20	470	470	7	1.50%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 17 September 2020, a total of 470 confirmed COVID19, including 7 deaths and 449 recoveries were reported in the country.									
Congo	Chikungunya	Grade 1	22-Jan-19	01-Jan-20	02-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: Kouillou(31 cases), Bouenza(8 cases), Brazaville(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	18-Sep-20	5 002	5 002	89	1.80%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 18 September 2020, a total of 5 002 cases including 89 deaths and 3 913 recovered cases have been reported in the country.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	19-Sep-20	19 269	19 269	120	0.60%
Since 11 March 2020, as of 19 September 2020, 18 392 confirmed cases of COVID-19 have been reported from Côte d'Ivoire including 120 deaths, and a total of 18 392 patients have recovered.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Grade 2	29-Oct-19	29-Oct-19	17-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	-	-	-	-
The Democratic Republic of the Congo continues to experience a complex humanitarian crisis involving armed conflicts and inter-community tension resulting in large numbers of people in need of humanitarian assistance. Population movement due to armed clashes and inter-community fighting continues to be reported in North-Kivu, Tanganyika, Ituri, Kasai Central and South-Kivu provinces. In Ituri, following an attack by alleged members of the Allied Democratic Forces (ADF) in the locality of Bwakadi in the ZS of Boga (Territory Irumu), which cost the lives of two civilians on 24 June 2020, the populations of several villages (Bwakadi, Sikwaela, Bhelu, Vukaka, etc.) have been displaced to Kinyanjongo, Malaya, Kyabaganzi and Izinga in the same territory and in Idohu, in the health zone of Komanda. In Tanganyika province, following the cross-border conflict between the DRC and Zambia, the territory of Moba, is experiencing population displacement 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 Kelembe / Kalonge-Mera-Peti axis in the east of Walikale territory between April and May 2020. In South Kivu province, heavy rains that resulted in floods in Uvira were reported from 16 to 17 April 2020. A total of 50 deaths and 40 wounded persons, many houses destroyed were reported and currently there is a total of 78 000 persons displaced, including 3 500 persons without shelters. Floods were reported also in the city of Kasindi and its surroundings in North Kivu between 20 and 21 May 2020. The displaced persons are in need of basic humanitarian assistance, including access to food, clean water, non-food items, shelters and health care assistance.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	01-Jan-20	09-Aug-20	13 421	-	190	1.40%
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	19-Sep-20	10 515	10 514	271	2.60%
On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 17 September 2020, 10 514 confirmed cases and 1 probable case have been reported, for a total of 10 515 cases, including 271 deaths and 9 930 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	01-Jan-20	09-Aug-20	69 249	1 317	987	1.40%
Detailed update given above.									

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	Monkeypox	Ungraded	n/a	01-Jan-20	23-Aug-20	3 722	-	146	3.90%
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 33, a total of 3 722 suspected cases including 146 deaths (CFR 3.9%) were reported in 113 health zones from 16 out of 25 provinces 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	01-Jan-20	09-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 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	01-Jan-18	17-Sep-20	158	158	0	0.00%
Nine cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; seven in Equateur province and one each in Kwilu and Mai Ndombe provinces bringing the total number of cases reported in 2020 to 50, while the 2019 case count remains 88. There were 20 cases reported in 2018. The country continues to be affected by several other genetically-distinct cVDPV2s (notably in Kasai, Kwilu, Kwango and Sankuru provinces).									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	17-Sep-20	5 002	5 002	83	1.70%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 17 September 2020, a total of 5 002 cases have been reported in the country with 83 deaths and 4 509 recoveries.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	15-Sep-20	364	364	0	0.00%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 15 September 2020, a total of 364 confirmed COVID-19 cases with no deaths were reported in the country. A total of 305 patients have recovered from the disease.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	20-Sep-20	5 269	5 269	104	2.00%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 20 September 2020, a total of 5 269 cases have been reported in the country including 4 624 recoveries. A total of 104 associated deaths have been reported.									
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	06-Sep-20	14 728		257	1.70%
In week 36 (week ending 6 September 2020), 171 new suspected cases with one associated death was reported. Since the beginning of the year, a total of 14 728 cases with 257 associated deaths have been reported from 12 woredas in Sidama, SNNP and Oromia regions.									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	20-Sep-20	68 820	68 820	1 096	1.60%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 68 820 cases of COVID-19 as of 20 September 2020, 1 096 deaths and 28 314 recoveries have been reported.									
Ethiopia	Measles	Ungraded	14-Jan-17	01-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	17-Sep-20	29	29	0	0.00%
No cVDPV2 cases were reported this week. So far, there have been 29 cases reported in Ethiopia.									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	18-Sep-20	8 696	8 696	53	0.60%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 18 September 2020, a total of 8 696 cases including 53 deaths and 7 848 recovered have been reported in the country.									
Gabon	Yellow Fever	Ungraded	15-Apr-20	15-Apr-20	19-Sep-20	1	1	1	100.00%
One isolated YF case from Tchibanga District (Nyanga Province) was notified on 3 February 2020 and confirmed on 14 April 2020 by Institut Pasteur of Dakar. The patient died on 15 April 2020.									
Gambia	COVID-19	Grade 3	17-Mar-20	17-Mar-20	18-Sep-20	3 526	3 526	108	3.10%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 18 September 2020, a total of 3 526 confirmed COVID-19 cases including 108 deaths and 1 992 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	17-Sep-20	46 004	46 004	297	0.60%
On 12 March 2020, the Ministry of Health announced the confirmation of two confirmed COVID-19 cases in the country. As of 17 September 2020, a total of 46 004 cases including 297 deaths and 46 004 recoveries have been reported in the country.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	09-Jul-19	08-Jul-19	17-Sep-20	29	29	0	0.00%
No cVDPV2 cases were reported this week. So far, there have been 11 cases reported in 2020, while the total number of 2019 cases remains 18.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	20-Sep-20	10 325	10 325	64	0.60%
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 20 September 2020, a total of 10 325 cases including 9 692 recovered cases and 64 deaths have been reported in the country.									
Guinea	Lassa Fever	Ungraded	11-Jul-20	11-Jul-20	04-Aug-20	1	1	1	100.00%
A case of Lassa fever was confirmed on 11 July 2020 by the Haemorrhagic Fever laboratory in Guéckédou. The case patient is a 28-year-old, female, 22 weeks of pregnancy, living in the village of Kondian, in rural district of Koundou Lengo Bengou. She fell ill on 07 June 2020 with chest pain and no history of travel or receiving a foreigner a month before her illness. She consulted at Koundou health centre on 10 July 2020, with fever, cough, myalgia, diarrhoea, vomiting, sore throat, and chest pain. The malaria RDT performed was positive. She was treated for malaria and transferred to Guéckédou hospital the same day, where the 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.									
Guinea	Measles	Ungraded	09-May-18	01-Jan-19	05-Jun-20	5 644	366	14	0.30%
During week 23 (week ending in 5 June) there has been a total of 5 644 cases with 366 confirmed and 14 deaths in 2020. During week 44 (week ending 3 November 2019), 127 suspected cases of measles were reported. From week 1 to 44 (1 January - 3 November 2019), a total of 4 690 suspected cases including 18 deaths (CFR 0.4%) have been reported. Of the 4 690 suspected cases, 1 773 were sampled, of which 1 091 tested positive for measles by serology. Three localities in three health districts are in the epidemic phase, namely, Wanindara in Ratoma health district, Dounet in Mamou health district and Soumpoura in Tougue health district.									
Guinea	Poliomyelitis (cVDPV2)	Grade 2	22-Jul-20	22-Jul-20	05-Aug-20	8	8	0	0.00%
Eight cVDPV2 cases were reported in Kankan province making them the first in the country. On 22 July 2020, WHO was notified by the Global Polio Laboratory Network of cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) from Guinea. These viruses were isolated from five acute flaccid paralysis (AFP) cases with onsets of paralysis between 22 March and 28 May 2020, from two separate districts in Kankan province (Kankan district, Mandiana district).									
Guinea-Bissau	COVID-19	Grade 3	25-Mar-20	25-Mar-20	15-Sep-20	2 303	2 303	39	1.70%
On 25 March 2020, the Ministry of Health of Guinea Bissau reported the first COVID-19 confirmed case in the country. As of 15 September 2020, the country has reported 2 303 confirmed cases of COVID-19 with 1 468 recoveries and 39 deaths.									
Kenya	Cholera	Ungraded	21-Jan-19	01-Jan-20	28-Aug-20	711	27	13	1.80%
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	20-Sep-20	36 981	36 981	648	1.80%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 cases in the country. As of 20 September 2020, 36 981 confirmed COVID-19 cases including 648 deaths and 23 887 recoveries have been reported in the country.									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	03-Jan-20	15-Sep-20	293	272	7	2.40%
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	06-May-19	20-Oct-19	15-Sep-20	529	49	2	0.40%
As of 15 September 2020, a total of 529 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	18-Sep-20	1 390	1 390	33	2.40%
On 13 May 2020, WHO was notified of the first confirmed COVID-19 case in Lesotho. As of 18 September, 1 390 cases of COVID-19 have been reported, including 754 recoveries and 33 deaths.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	18-Sep-20	1 336	1 336	82	6.10%
From 16 March to 18 September 2020, a total of 1 336 cases including 82 deaths and 1 216 recoveries have been reported from all 15 counties of Liberia. Montserrat County which hosts the country's capital city remains at the epicenter of the outbreak.									
Liberia	Lassa fever	Ungraded	23-Jan-19	01-Jan-20	30-Aug-20	40	40	18	45.00%
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.									
Liberia	Measles	Ungraded	24-Sep-17	01-Jan-19	30-Aug-20	805	93	3	0.40%
In week 35 (week ending 30 August 2020), 11 suspected cases were reported from Nimba (3), Grand Gedeh (1), Cape Mount (2), 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.									
Madagascar	COVID-19	Grade 3	20-Mar-20	20-Mar-20	20-Sep-20	16 053	16 053	223	1.40%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 20 September 2020, a total of 16 053 cases have been reported in the country, out of which 14 646 have recovered and 223 deaths reported.									
Malawi	COVID-19	Grade 3	02-Apr-20	02-Apr-20	20-Sep-20	5 731	5 731	179	3.10%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 20 September 2020, the country has a total of 5 731 confirmed cases with 179 deaths and 4 040 recoveries.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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, raising 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	20-Sep-20	3 013	3 013	128	4.20%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 20 September 2020, a total of 3 013 confirmed COVID-19 cases have been reported in the country including 128 deaths and 2 372 recoveries.									
Mali	Measles	Ungraded	20-Feb-18	01-Jan-19	09-Aug-20	682	353	0	0.00%
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	03-Dec-19	01-Jan-20	07-Jun-20	82	4	1	1.20%
As of 7 June 2020, a total of 82 suspected cases have been reported including 4 confirmed cases and 1 death. The cumulative epidemiological situation in 2019 included 78 suspected cases including four 4 confirmed cases and three deaths (CFR 75%). Confirmed cases of yellow fever were reported from the Sikasso and Koulikoro regions.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	20-Sep-20	7 368	7 368	161	2.20%
The government of Mauritania announced its first confirmed COVID-19 case on 13 March 2020. As of 20 September 2020, a total of 7 368 cases including 161 deaths and 6 951 recovered cases have been reported in the country.									
Mauritania	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	11-May-20	02-May-20	11-May-20	1	1	0	0.00%
On 11 May 2020, one confirmed case of Crimean Congo haemorrhagic fever was reported from the Moughataa of Mederdra in the district of Tiguint in the wilaya of Trarza. The case is a 60-year-old butcher from Tiguint 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	03-May-20	11-May-20	7	7	0	0.00%
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	18-Sep-20	367	367	10	2.70%
The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 18 September 2020, a total of 367 confirmed COVID-19 cases including ten deaths and 338 recovered cases have been reported in the country.									
Mozambique	Cholera	Ungraded	20-Feb-20	31-Jan-20	12-Jun-20	2 625	-	21	0.80%
A cholera outbreak is ongoing in Mozambique. From 11 January till 12 June 2020, a total of 2 625 cases including 21 deaths (CFR 0.8%) were reported in two provinces, namely Nampula (1 648 cases and 3 deaths) and Cabo Delgado (997 cases and 15 deaths). In total, 11 districts of Nampula province, namely Nampula City, Mogovolas, Momba, Nacala-à-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 de Praia, macomia, Ibo and Pemba city are affected.									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	20-Sep-20	6 771	6 771	43	0.60%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 20 September 2020, a total of 6 771 confirmed COVID-19 cases were reported in the country including 43 deaths and 3 622 recoveries.									
Mozambique	Measles	Ungraded	25-Jun-20	01-Jan-20	22-Jul-20	862	140	0	0.00%
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	19-Sep-20	10 377	10 377	112	1.10%
Two cases of COVID-19 were confirmed in Namibia on 14 March 2020. As of 19 September 2020, a total of 10 377 cases have been reported in the country including 8 033 cases who recovered with 112 deaths.									
Namibia	Hepatitis E	Protracted 1	18-Dec-17	08-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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Niger	Floods	Ungraded	09-Sep-20	09-Sep-20	01-Aug-20			3	-
In August 2020, widespread flooding caused by heavy rain and by overflow of the Niger river has affected several regions of Nigeria (Maradi most affected, Agadez, Niamei and Tahoua regions), leading to fatalities, people displaced and severe damage. Floods are reaching record breaking levels of 700 cubic centimetres - the highest was in 2019 with 639 cubic centimetres. As of 9 September 2020, 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.									
Niger	Humanitarian crisis	Protracted 1	01-Feb-15	01-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 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	19-Sep-20	1 182	1 182	69	5.80%
From 19 March to 19 September 2020, a total of 1 182 cases with 69 deaths have been reported across the country. A total of 1 104 recoveries have been reported from the country.									
Niger	Measles	Ungraded	10-May-19	01-Jan-20	31-May-20		241	4	0
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-Aug-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	20-Sep-20	57 242	57 242	1 098	1.90%
The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 20 September 2020, a total of 57 242 confirmed cases including 1 098 deaths and 48 569 recovered cases have been reported in the country.									
Nigeria	Lassa fever	Ungraded	24-Mar-15	01-Jan-20	26-Jul-20	1 065	1 051	233	21.90%
A total of five new confirmed cases with one death were reported from Ondo State in Nigeria in week 29 (week ending 19 July 2020). From 1 January to 19 July 2020, a total of 1 065 cases (1 051 confirmed and 14 probable) with 233 deaths (CFR 21.9%) have been reported from 129 Local Government Areas across 27 states in Nigeria. A total of 13 contacts are currently being followed.									
Nigeria	Measles	Ungraded	25-Sep-17	01-Jan-20	07-Jun-20	420		14	3.30%
Between epi weeks 1 - 23 (week ending 7 June 2020), a total of 420 suspected cases of measles were reported from 88 LGAs in 20 states and FCT. None was laboratory confirmed and 14 deaths were recorded.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	01-Jun-18	01-Jan-18	17-Sep-20	54	54	0	0.00%
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	01-Jan-20	21-Jun-20	1 150	5	0	0.00%
In week 25, there were 18 suspected cases reported from 16 LGA in 12 states. Between week 1 and 25 in 2020, a total of 1 150 suspected cases including 12 presumptive positive cases and 5 confirmed cases were reported. In 2019, a total of 4 288 suspected cases were reported in 618 (83.1%) LGAs from all states in the country. Four states: Katsina, Kebbi, Bauchi and Benue had the highest attack rates. A total of 227 cases were confirmed in Nigeria and from IP Dakar and 231 deaths were reported.									
Rwanda	COVID-19	Grade 3	14-Mar-20	14-Mar-20	20-Sep-20	4 711	4 711	26	0.60%
The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 20 September 2020, a total of 4 711 cases with 26 deaths and 2 961 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	06-Apr-20	06-Apr-20	20-Sep-20	908	908	15	1.70%
On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 20 September 2020, a total of 908 confirmed cases of COVID-19 have been reported, including 15 deaths. A total of 878 cases have been reported as recoveries.									
Senegal	COVID-19	Grade 3	02-Mar-20	02-Mar-20	20-Sep-20	14 714	14 714	302	2.10%
Between 2 March 2020 and 20 September 2020, a total of 14 714 confirmed cases of COVID-19 including 302 deaths have been reported from Senegal. A total of 11 260 cases have recovered.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Senegal	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	10-Aug-20	10-Aug-20	12-Aug-20	1	0	0	0.00%
A case of Crimean Congo haemorrhagic fever was notified in Senegal on 12 August 2020, as part of the epidemiological surveillance system in the country, in a 27-year-old woman, an 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	Dengue	Ungraded	01-Sep-20	07-Sep-20	07-Sep-20	1	1	0	0.00%
A 36 year old male tested positive for dengue serotype 2 (IgM) on 14 August 2020 by IP Dakar. Onset of symptoms began 10 July 2020 including fever, headaches, and arthralgia. Initial case investigations from the first of June onward had found 6 suspect cases who then tested negative for dengue. No other cases have been reported as of 21 September. Response actions include vector control entomological investigation and ongoing case identification.									
Senegal	Yellow Fever	Ungraded	30-Jul-20	30-Jul-20	30-Jul-20	1	1	0	0.00%
A 5 year old girl presented with fever and abdominal pain a few days prior to consultation on 1 July 2020. She had no history of YF vaccination. A sample was sent to IP Dakar and patient tested positive to YF via seroneutralization technique.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	20-Sep-20	139	139	0	0.00%
The first COVID-19 confirmed cases were reported in Seychelles 14 March 2020. After 78 days of reporting no confirmed cases, a fishing vessel replacement crew arrived by air in Seychelles on 23 June 2020, a group of them having tested positive for COVID-19 at the point of entry. As of 20 September, 139 cases have been confirmed for COVID-19 in total, including 135 recoveries and no deaths.									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	20-Sep-20	2 168	2 168	72	3.30%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 20 September 2020, a total of 2 168 confirmed COVID-19 cases were reported in the country including 72 deaths and 1 650 recovered cases.									
South Africa	COVID-19	Grade 3	05-Mar-20	03-Mar-20	20-Sep-20	661 211	661 211	15 983	2.40%
South Africa continues to report cases of COVID-19. From 5 March to 20 September, a total of 661211 confirmed cases with 15 983 deaths have been reported from all provinces across the country. A total of 590 071 cases have recovered.									
South Sudan	Floods	Ungraded	01-May-20	01-May-20	01-Sep-20				-
From early May 2020, several counties reported above-average rainfall and rising water levels in the River Nile, which 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.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	31-Aug-20	-	-	-	-
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 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	05-Apr-20	02-Apr-20	20-Sep-20	2 649	2 649	49	1.80%
On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 20 September 2020, a total of 2 649 confirmed COVID-19 cases were reported in the country including 49 deaths and 1 438 recovered cases.									
South Sudan	Hepatitis E	Ungraded	-	03-Jan-19	21-Jun-20	337	41	2	0.60%
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	0.20%
Between week 38 of 2019 to week 25 of 2020, a total of 916 suspected cases of measles which 50 laboratory-confirmed and 2 deaths (CFR 0.6%) have been reported. The outbreak has affected 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	20-Sep-20	509	509	21	4.10%
The Ministry of Health, Community Health Community Development, Gender, Elderly and Children (MOHCDGEC) in Tanzania reported the country's first case of COVID-19 on 16 March 2020. As of 20 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	06-Mar-20	01-Mar-20	20-Sep-20	1 666	1 666	41	2.50%
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 20 September 2020, a total of 1 666 cases including 41 deaths and 1 269 recovered cases have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	17-Sep-20	17	17	0	0.00%
No new case of cVDPV2 was reported during the past week. There have been nine cases so far in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Togo	Yellow Fever	Ungraded	04-Feb-20	03-Feb-20	24-Aug-20	3	1	1	33.30%
<p>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, Institut 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.</p>									
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	15-Sep-20	-	-	-	-
<p>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.</p>									
Uganda	Cholera	Ungraded	11-May-20	29-Apr-20	07-Sep-20	1 488	17	6	0.40%
<p>As of 7 September 2020, we have 1 488 cases, 483 in Moroto, 543 in Nabilatuk, 72 in Napak, 390 in Kotido. On 11 May 2020, a cholera outbreak was confirmed in Moroto district. The index case was a 17-year-old male patient from Natapar Kocuc Village, Loputuk parish, Nadunget Subcounty who was seen on 29 April 2020 with acute watery diarrhoea and severe dehydration. On 4 May 2020 more cases with similar symptoms from the same location with the index case were seen and cholera was suspected. On 11 May 2020, CPHL confirming <i>Vibrio cholerae</i> serotype O1 Inaba detected in 7 out of 8 stool samples that were collected. As of 12 June 2020, the cumulative number of cases is 682 including 6 deaths have been reported.</p>									
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	19-Sep-20	6 287	6 287	63	1.00%
<p>The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 19 September 2020, a total of 6 283 confirmed COVID-19 cases, 2 616 recoveries with 63 deaths.</p>									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	20-Sep-20	14 131	14 131	330	2.30%
<p>The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 20 September 2020, a total of 14 131 confirmed COVID-19 cases were reported in the country including 330 deaths and 13 618 recovered cases.</p>									
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-19	16-Jul-19	17-Sep-20	2	2	0	0.00%
<p>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.</p>									
Zimbabwe	Anthrax	Ungraded	06-May-19	06-May-19	09-Aug-20	338		1	0.30%
<p>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.</p>									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	20-Sep-20	7 683	7 683	225	2.90%
<p>The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 20 September 2020, a total of 7 683 confirmed COVID-19 cases were reported in the country including 225 deaths and 5 924 cases that recovered.</p>									
CLOSED EVENT									
Comoros	Dengue	Ungraded		22-Dec-19	02-Aug-20	1 437	4	0	0.00%
<p>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 31, a total of 1437 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 15, 2020. The majority of cases are reported from Anjouan, followed by Moheli islands. There have been no new cases reported since Week 31.</p>									

†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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