

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 39: 21 - 27 September 2020

Data as reported by: 17:00; 27 September 2020



World Health
Organization

REGIONAL OFFICE FOR
Africa
WHO Health Emergencies Programme

0

New event

116

Ongoing events

104

Outbreaks

12

Humanitarian
crises



Graded events †

49

Grade 3 events

19

Grade 2 events

2

Grade 1 events

39

Ungraded events

2

Protracted 3 events

2

Protracted 2 events

3

Protracted 1 events

Overview

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

- [Coronavirus disease 2019 \(COVID-19\) in South Africa](#)
- [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:

- South Africa continues to observe a steadily declining trend in cases and deaths since the end of July 2020 although it remains the most affected country in the Region. Gauteng Province is the most affected province, with the most cases and deaths. Sentinel hospital surveillance shows that hospital admissions are still declining, after a peak in week 29, showing that the outbreak in the country peaked in late July 2020. However, the country resumed full economic activity on 21 September 2020, with partial re-opening of international borders scheduled for 1 October 2020, when travel within the African continent will resume. Although there are still limits on the numbers of people who can gather indoors and outdoors and strict protocols associated with returning to work, the now almost normal movement of people needs extreme vigilance in terms of observing public health and social measures, including early identification and testing new cases and quarantining contacts in order to prevent renewed surges of infection.
- The chikungunya outbreak in Chad appears to be slowing in its spread, with the numbers of new daily cases steadily declining. However, there has now been one death, albeit in a male with comorbidities, and there are continued new cases outside Abéché. Vector control measures continue to be a challenge, as is case management. A One Health approach is urgently needed to bring this outbreak under control.
- There have been no new confirmed cases of EVD in Équateur Province, Democratic Republic of the Congo since 18 September 2020, giving rise to cautious optimism. However, there is no room for complacency, as 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.

Ongoing events

Coronavirus disease 2019

South Africa

670 766 : 16 398 : 2.4%
Cases : Deaths : CFR

EVENT DESCRIPTION

South Africa continues to record a sustained decline in the daily number of new COVID-19 cases since the end of July 2020. However, the country continues to register the highest number of cases and deaths on the continent. From 24 August 2020 to date, daily incidence cases have fluctuated, probably due to variations in testing rates, but appear to have levelled off, with the seven-day moving average showing a definite plateau.

As of 27 September 2020, the cumulative total of confirmed cases is 670 766, with 16 398 deaths (case fatality ratio 2.4%). Gauteng Province remains the most affected, at 219 039 cases (32.7%), followed by KwaZulu-Natal with 118 731 (17.7%) cases. Western Cape (110 430; 16.5%) and Eastern Cape (88 892; 13.3%) follow. Case numbers have continued to rise in the less populous provinces, with 46 1128 cases in Free State Province, 29 012 cases in North West Province, 27 021 cases in Mpumalanga Province, 16 243 cases in the sparsely populated Northern Cape Province and 15 270 cases in Limpopo Province.

Gauteng has the most reported deaths (4 203; 25.6%), followed by Western Cape (4 163; 25.4%), Eastern Cape (3 110; 18.9%) and KwaZulu-Natal (2 626; 16.0%). The remaining provinces have reported 2 296 (14.0%) deaths between them. The number of health workers reported to be affected is 27 360 (4.1% of all confirmed cases). The number of recoveries stands at 603 721 (90.0%).

Among the 664 979 cases where age and gender is known, 387 618 (58.3%) cases are female and 277 361 are male. The age groups most affected are those between 25 to 54 years. The majority of deaths are among those aged 50-69 years.

As of 27 September 2020, a total of 4 143 466 Polymerase Chain Reaction (PCR) tests has been carried out, of which 3 308 994 were identified through passive surveillance and 834 472 were detected by community screening and testing. Currently, 87% of all tests have been carried out in the private health sector, with 13% in the public health sector.

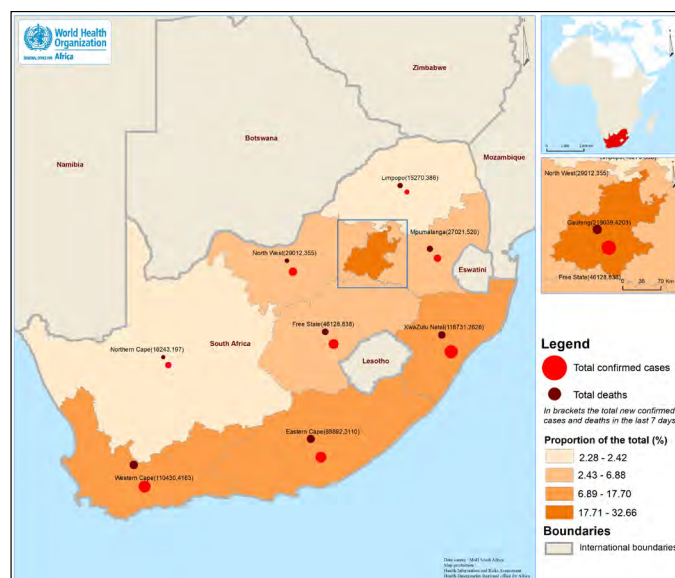
Sentinel surveillance carried out in selected public and private hospitals by the National Institute for Communicable Diseases (NICD) suggests that weekly hospital admissions continue to decline, after rising to a peak of 7 256 during week 29 (week ending 18 July 2020) and falling thereafter, with 1 460 admissions in week 38 (week ending 19 September 2020). Private hospitals account for 65.5% of these figures, although the number of admissions is also dropping in those public facilities that form part of this sentinel surveillance.

PUBLIC HEALTH ACTIONS

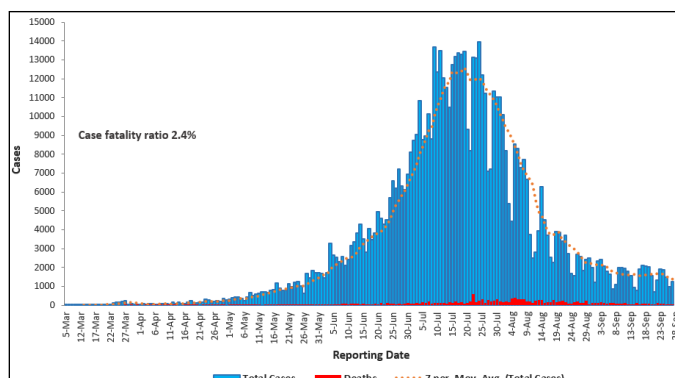
- A WHO surge team of experts, including infectious disease specialists and epidemiologists, is currently in South Africa, and is continuing to work with the National Department of Health.
- South Africa moved to level 1 lockdown as of 21 September 2020, with all sectors of the economy now open with strict adherence to public health protocols. Gatherings are limited to 250 people indoors and 500 people outdoors, with gyms, sports fields, beaches and parks and museums, galleries and libraries now open. Restaurants and bars are open with a limit of 50% of the capacity of the venue. International sporting events are still banned, but other events can take place subject to directions from the cabinet minister responsible. International travel will partially re-open on 1 October 2020, with travel allowed to and from all countries in Africa, subject to travellers providing proof of a negative PCR test within 72 hours of travelling. International travel to and from countries listed as having a high COVID-19 infection and transmission rate will remain prohibited except for business travel. A curfew remains in place from 00:00 to 04:00 hours.
- Cloth masks are mandatory in public places, including outside areas.

[Go to overview](#)

Geographical distribution of confirmed coronavirus disease 2019 cases and deaths in South Africa, as of 27 September 2020.



The distribution of confirmed COVID-19 cases, deaths and 7-day moving average for South Africa by reporting date, 5 March – 27 September 2020 (n= 670 766)



Family and social visits in homes are now permitted.

- Schools are now open using a phased approach, with scholars staggering days of attendance.

SITUATION INTERPRETATION

South Africa remains the most affected country in the African Region and the continent, although no longer consistently recording the highest number of new cases daily, sometimes being second to Ethiopia. Current trends in new daily cases are difficult to interpret fully because of variation in testing strategy in place. However, the seven-day rolling average in new cases has stabilized, while new deaths continue to fall. Hospital sentinel surveillance continues to show falling hospital admissions, with 100% of the private hospitals enrolled and 88% of public hospitals, so providing a reliable estimate of this key indicator. However, South Africa has now opened up fully in terms of economic activity and will soon open its borders at least for inter-regional travel, so continued vigilance is essential to prevent any surge in cases. All public health measures such as physical distancing, wearing cloth masks in public and strict attention to hand hygiene must continue to be adhered to. National authorities need to urgently implement a coherent and consistent testing strategy in order to identify new cases and their contacts, along with isolation and treatment of positive cases in order to fully monitor trends in the outbreak and act rapidly in the event of hotspot surges in case numbers.

[Go to map of the outbreaks](#)

EVENT DESCRIPTION

Since the declaration of the outbreak of chikungunya in August 2020, with the first confirmed sample on 26 August 2020, the cumulative number of cases has increased, although with a declining trend in daily new cases, with spread from the city of Abéché, Ouaddai Province, to Biltine, Wadi Fira Province and Abdi and Gozbeida, Sila Province.

Since our last report (*Weekly Bulletin 38*), a further 5 362 cases have been reported, with one death recorded in Kamina Health Centre, Abéché. As of 24 September 2020, there is a total of 30 220 cases, with one death. In the 24 hours prior to 24 September 2020, a total of 551 cases were reported with zero deaths. Most, 415 cases, were reported from Abéché health district, 133 in the Biltine health district and three cases in the Gozbeida health district. A total of 11 samples from the Abéché Health District tested positive, with seven positive samples from Biltine Health District, three from Gozbeida and one from Abdi health districts, all of whom were originally from Abéché.

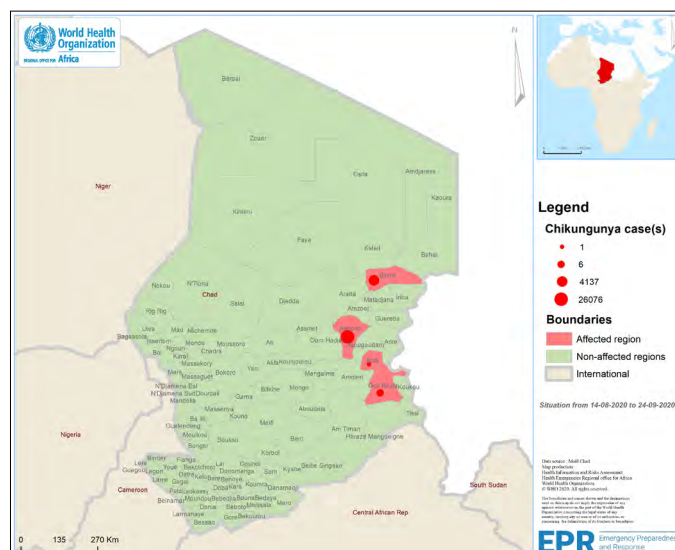
The age group most affected is that more than 15 years and females are predominantly affected, accounting for 16 337 (54%) cases. The one death was in a male aged 25 years, with a history of sickle cell disease and asthma.

Entomological investigations around 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.
- A team from central level are conducting an entomological survey in Biltine.
- Medication for the supportive treatment 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 confirmed chikungunya cases in Chad, as of 24 September 2020.



SITUATION INTERPRETATION

Cases of chikungunya are continuing to rise, with further geographical spread, although at a declining rate. The one death so far was in an individual with major comorbidities. Challenges include a deficit in the availability of free medication, which was based on an estimate of 20 000 cases, which has been exceeded and there is also inadequate reporting of complications of the disease. Low availability of long-lasting insecticidal bed nets (LLINs), insufficient attention to risk communication and community engagement, suboptimal notification and investigation of complicated cases and lack of knowledge of the disease among health workers continue. 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, has seen no new confirmed cases or deaths since 18 September 2020. In the past 21 days (from 6–26 September 2020) there have been 12 confirmed cases of EVD in seven out of 40 health areas in six out of 12 affected health zones.

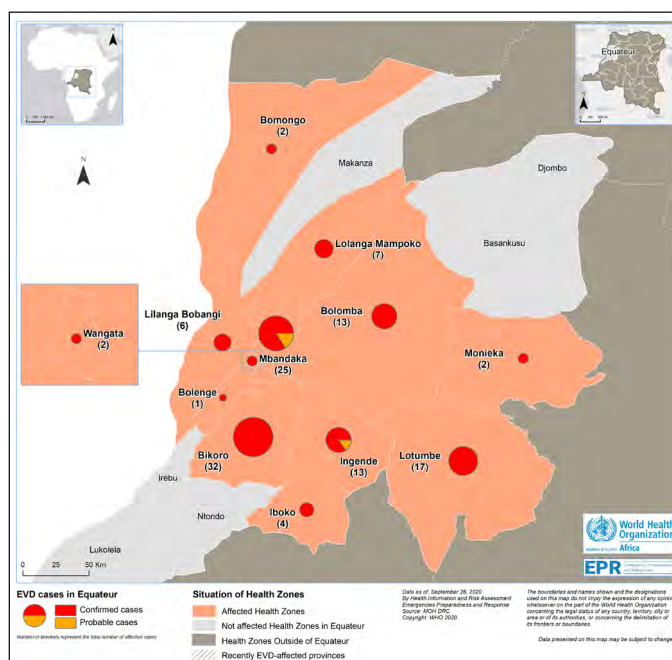
As of 26 September 2020, the cumulative total of EVD cases remains 124 (118 confirmed and six probable) including 50 deaths (case fatality ratio 40.3%). The case fatality ratio among confirmed cases remains at 37.3% (44 deaths/118 confirmed cases). The number of health workers affected remains at three, making up 2.4% of all cases.

No new contacts were reported on 26 September 2020. Out of 1 601 active contacts, 1 481 (92.5%) have been followed-up. Of the 92 contacts who were not seen, eight (8.7%) have never been seen, nine (9.8%) were lost to follow-up and 75 (81.5%) were not seen in the previous 24 hours. Nine contacts became symptomatic, seven in Lotumbe, two in Ingende. A total of 632 new alerts (including nine deaths) were reported in nine health zones. Of the 746 alerts recorded to date 711 (95.3%) were investigated and 81 (47.1%) were validated.

PUBLIC HEALTH ACTIONS

- On 26 September 2020, 28/51 active Points of Control (POCs) reported. A total of 30 184 travellers passed through these PoCs and 25 751 (85.3%) were screened. Since the start of the response activities, 1 442 597 (92.3%) screenings have been performed among the 1 565 363 travellers who have passed through the active PoCs. Out of these 165 alerts have been detected, with 92 validated.
- As of 26 September 2020, 151 samples were received in five operational laboratories. Since the start of the outbreak a total of 8 628 samples have been tested.
- A total of 388 new people were vaccinated with rVSV-ZEBOV-GP on 19 September 2020, in seven rings, including 222 contact-of-contact, three high risk contacts, and 163 probable contacts; these figures include 78 first line providers.
- Since 5 June 2020, a total of 32 999 people has been vaccinated.
- A total of 45 patients, all suspected patients, were managed in the transit centres and Ebola treatment centres in affected areas as of 26 September 2020.
- Seven confirmed cases of EVD remain in the community, including four in Lotumbe, two in Lolanga Mampoko and one in Mbandaka.
- On 26 September 2020 there were nine community death alerts in Wangata (3), Lilanga Bonangi (2), Mbandaka (2), and one each in Bikoro and Ingende. Only four samples were taken with only one secure and dignified burial carried out.
- As of 26 September 2020, 95 providers were briefed on IPC topics and isolation and triage rooms in four Bikoro health facilities were finished.
- Risk communication, mobilization and community engagement continues, with 45 Red Cross volunteers being briefed on EVD prevention, along with community dialogue on risk perception in the Lotumbe Health Zone, attended by 69 people.

Geographical distribution of confirmed Ebola virus disease cases reported from 26 September 2020, Équateur Province, Democratic Republic of the Congo



SITUATION INTERPRETATION

There have been no new cases or deaths in the EVD affected areas since 18 September 2020, which while we can be cautiously optimistic, it is too early to say if all transmission chains have been broken. 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. Funding remains inadequate, community resistance continues, as well as inadequate 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 new cases and in particular, deaths and hospital admissions, in South Africa are to be welcomed. However, the past two weeks have seen a 6% increase in new cases, which while difficult to interpret because of varying testing strategies, should lead to caution, particularly since full economic activity has resumed in the country.
- New daily chikungunya cases are starting to show a decline, which is to be welcomed. However, challenges remain around case management, shortage in medications available for the number of cases, inadequate provision of LLINs and poor vector control, which all continue to threaten the response.
- The Ebola virus disease outbreak in Équateur Province, Democratic Republic of the Congo, appears to have slowed, with no new confirmed cases detected since 18 September 2020. However, while there are still confirmed cases at large in the community and difficulties with safe and dignified burials, transmission risks remain. Challenges remain around inadequate funding and personnel for the response, particularly in hotspot areas, and problems with screening at points of control.

Proposed actions

- The declining trend in new confirmed cases of COVID-19 in South Africa needs to be followed-up with implementation of robust surveillance and testing strategies, including contact follow-up and isolation where required, in order to effectively monitor and identify any new hotspots of activity. Authorities in South Africa need to remain particularly vigilant now that full economic activity has re-started, along with reinforcing public health measures such as physical distancing, wearing cloth masks in public and hand hygiene, which requires strengthened risk communication and community engagement to prevent 'lockdown fatigue' in the population and not lose the momentum gained in the past six months.
- The slight decline in daily new cases of chikungunya is to be welcomed. However, the challenges that still remain around vector control, risk communication and case management need urgently to be addressed using a One Health approach by authorities and partners.
- Even though the Ebola virus disease outbreak appears to be slowing, robust response activities are still required, particularly around positive cases at large in the community and challenges around safe and dignified burials. 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	27-Sep-20	51 067	51 067	1 714	3.40%
From 25 February to 27 September 2020, a total of 51 067 confirmed cases of COVID-19 with 1 714 deaths (CFR 3.4 %) have been reported from Algeria. A total of 35 860 cases have recovered. The majority of the cases have been reported from the Wilaya of Blida.									
Angola	COVID-19	Grade 3	21-Mar-20	21-Mar-20	27-Sep-20	4 718	4 718	174	3.70%
The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 27 September 2020, a total of 4 718 confirmed COVID-19 case have been reported in the country with 174 deaths and 1 707 recoveries.									
Angola	Measles	Ungraded	4-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 2020 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	8-May-19	1-Jan-19	23-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	6-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	27-Sep-20	2 340	2 340	40	1.70%
The Ministry of Health in Benin announced the first confirmed case of COVID-19 on 16 March 2020. As of 27 September 2020, a total of 2 340 cases have been reported in the country with 40 deaths and 1 960 recoveries.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	23-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	24-Sep-20	2 921	2 921	13	0.40%
On 30 March 2020, the Minister of Health and Wellness in Botswana reported three confirmed cases of COVID-19. As of 24 September 2020, a total of 2 921 confirmed COVID-19 cases were reported in the country including 13 deaths and 701 recovered cases.									
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	31-Jul-20	-	-	-	-
Since 2015, the security situation in the Sahel and the East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement leading to a total of 978 744 internally displaced persons registered as of 31 July 2020 in all 13 regions in the country. The presence of jihadist groups and self-defence units have created an increasingly volatile security situation. Humanitarian access is restricted in Sahel, North, Centre-North and East regions, while IDP numbers are rising, along with protection concerns. From January to the end of July 2020, a cumulative number of 1 217 security incidents were reported, 19 of which were directed against humanitarian actors. Health services are severely affected.									
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	22-Sep-20	1 929	1 929	56	2.90%
Between 9 March and 22 September 2020, a total of 1 929 confirmed cases of COVID-19 with 56 deaths and 1 252 recoveries have been reported from Burkina Faso.									
Burkina Faso	Poliomyelitis (cVDPV2)	Grade 2		1-Jan-19	23-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	27-Sep-20	502	502	1	0.20%
On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 27 September 2020, the total confirmed COVID-19 cases is 502, including one death and 472 recovered.									
Burundi	Measles	Ungraded	23-Mar-20	4-Nov-19	9-Aug-20	989	989	0	0.00%
Burundi has been experiencing measles outbreaks since November 2019 in camps hosting Congolese refugees and the disease has recently been spreading in the host community in the district of Citiboke. As of 9 August 2020, Burundi has reported a total of 989 confirmed measles cases of which 154 are lab-confirmed and the rest were clinically compatible cases and epidemically linked. The current outbreak is affecting the following districts: Bukinanyana (Cibitoke province), Ngozi (Ngozi province), Bujumbura Nord (Bujumbura province). There have been no deaths reported.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	18-Aug-20	-	-	-	-
Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by the Boko Haram group resulting in significant population displacement. More than 6 000 internally displaced people, refugees and host communities reportedly left their homes in and around Kordo and Gadero in Cameroon's Far-North to seek protection and refuge in the Kolofata district last week. It is alleged that this pre-emptive displacement of people followed the dismantling and subsequent relocation of military outposts from Kordo and Gadero to Grea last week. Since the beginning of the humanitarian crisis in 2014, more than 500 000 people were displaced in Cameroon's Far-North according to latest figures available from OCHA (July 2020). The Minawao Refugee Camp in the Mokolo Health District continues to host Nigerian refugees, with spontaneous refugee arrivals being recorded.									
Cameroon	Humanitarian crisis (NW & SW)	Grade 2	1-Oct-16	27-Jun-18	11-Aug-20	-	-	-	-
The humanitarian situation in the Northwest and Southwest (NW & SW) regions of Cameroon continues to deteriorate with rising tensions between separatists and military forces despite calls for a COVID-19 ceasefire by the UN Secretary General. Attacks against aid workers are increasing. On 17 June 2020, an attempted abduction of NGO workers in Fon Baba, followed by the killing of an MSF aid worker in Kumba on 10 July 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	1-Mar-19	1-Jan-20	3-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	6-Mar-20	6-Mar-20	26-Sep-20	20 838	20 838	418	2.00%
The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 26 September 2020, a total of 20 838 cases have been reported, including 418 deaths and 19 519 recoveries.									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-20	9-Aug-20	1 423	1 423	13	0%
The measles outbreak is improving in Cameroon. Since 1 January 2020 to date, a total of 1 423 confirmed cases and 13 deaths have been reported in the country. Twenty-nine out of 79 health districts that were affected have not reported cases in the last four epidemiological weeks. A total of 13 deaths were reported to date in six districts, namely Kribi (4 cases), Gashiga (2 cases), Betaré Oya (1 case), Kolofata (2 cases), Awae (1 case), Ngaoundal (1 case), Ngong (1 case), Guidiguig (1 case). Fifty percent of cases are aged between 9 to 59 months.									
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	1-Jan-20	1-Jan-20	23-Sep-20	4	4	0	0.00%
One cVDPV2 positive environmental sample was reported in Sud province. Four cVDPV2 cases have been reported from the country so far in 2020.									
Cape Verde	COVID-19	Grade 3	19-Mar-20	18-Mar-20	27-Sep-20	5 771	5 771	57	1.00%
The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 27 September 2020, a total of 5 771 confirmed COVID-19 cases including 57 deaths and 5 031 recoveries were reported in the country.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	4-Aug-20	-	-	-	-
Civil unrest and food insecurity in most parts of the country, including major cities, continue to cause a complex humanitarian situation. The security situation remains tense with the persistence of inter-ethnic tensions within rival armed groups in the Northeast of the country, mainly in Ndele, Birao, Batangafo and Bri. 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	24-Sep-20	4 806	4 806	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 24 September 2020, there are a total of 4 806 confirmed cases, 62 deaths, and 1 840 recoveries reported.									
Central African Republic	Measles	Grade 2	15-Mar-19	1-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	23-Sep-20	23	23	0	0.00%
No case of cVDPV2 case was reported this week. There have been 2 cases reported in 2020 so far and 21 cases in 2019 from several outbreaks giving a total of 23 cases.									
Chad	Chikungunya	Grade 1	27-Aug-20	28-Aug-20	26-Sep-20	31 373	22	1	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	27-Sep-20	1 178	1 178	84	7.10%
The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 27 September 2020, a total of 1 178 confirmed COVID-19 cases were reported in the country including 84 deaths and 1 005 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, Korbol, Kelo and Guelao.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	23-Sep-20	77	77	0	0.00%
Three cVDPV2 cases were reported; two in Logone Oriental and one in Mayo Kebbi Est. There are now 66 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	24-Sep-20	474	474	7	1.50%
The first case of confirmed COVID-19 was notified on 30 April 2020 in Comoros. As of 24 September 2020, a total of 474 confirmed COVID-19 cases, including 7 deaths and 453 recoveries were reported in the country.									
Congo	Chikungunya	Grade 1	22-Jan-19	1-Jan-20	2-Aug-20	71	0	0	0.00%
No suspected case of chikungunya was reported in week 31 (week ending 2 August 2020). From week 1 to week 31, 71 cases with no deaths were reported in six departments: Kouilou (31 cases), Bouenza (8 cases), Brazzaville (9 cases), Lekoumou (1 case), Plateau (13 cases) and Pool (9 cases). From weeks 1 to 52 of 2019, a total of 11 600 cases have been reported in 44 out of the 52 health districts in 10 out of 12 departments. The departments of Bouenza (3 102 cases), Kouilou (2 844 cases) and Niari (2 589) 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	22-Sep-20	5 008	5 008	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 22 September 2020, a total of 5 008 cases including 89 deaths and 3 920 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 and around 4 000 returnees have arrived in the Kelembe / Kalonge-Mera-Peti axis in the east of Walikale territory between April and May 2020. In South Kivu province, heavy rains that resulted in floods in Uvira were reported from 16 to 17 April 2020. A total of 50 deaths and 40 wounded persons, many houses destroyed were reported and currently there is a total of 78 000 persons displaced, including 3 500 persons without shelters. Floods were reported also in the city of Kasindi and its surroundings in North Kivu between 20 and 21 May 2020. The displaced persons are in need of basic humanitarian assistance, including access to food, clean water, non-food items, shelters and health care assistance.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-20	9-Aug-20	13 421	-	190	1.40%
The cholera outbreak 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	26-Sep-20	10 612	10 611	271	2.60%
On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 26 September 2020, 10 611 confirmed cases and 1 probable case have been reported, for a total of 10 612 cases, including 271 deaths and 10 093 recoveries.									
Democratic Republic of the Congo	Ebola virus disease	Grade 2	31-May-20	17-May-20	11-Sep-20	121	115	48	39.7%
Detailed update given above.									
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	1-Jan-20	6-Sep-20	70 899	1 317	1 026	1.4%
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. 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.									

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	1-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	1-Jan-20	9-Aug-20	91	-	17	18.70%
Ituri province has notified an upsurge of plague cases in the health zone of Rethy. From 11 June to 9 August 2020, a total of 73 cases with 10 deaths (CFR 13.6%) were notified in 5 out of 22 health areas of 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, Linga, Rethy, Aru, Logo and Kambala. In 2019, from week 1 to 52, a total of 48 cases of bubonic plague including eight deaths have been reported in the country.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	15-Feb-18	1-Jan-18	23-Sep-20	158	158	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The total number of cases reported in 2020 is 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	27-Sep-20	5 028	5 028	83	1.70%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 27 September 2020, a total of 5 028 cases have been reported in the country with 83 deaths and 4 740 recoveries.									
Eritrea	COVID-19	Grade 3	21-Mar-20	21-Mar-20	26-Sep-20	375	375	0	0.00%
The first COVID-19 confirmed case was reported in Eritrea on 21 March 2020. As of 26 September 2020, a total of 375 confirmed COVID-19 cases with no deaths were reported in the country. A total of 341 patients have recovered from the disease.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	27-Sep-20	5 431	5 431	108	2.00%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 27 September 2020, a total of 5 431 cases have been reported in the country including 4 821 recoveries. A total of 108 associated deaths have been reported.									
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	6-Sep-20	14 728		257	1.70%
In week 36 (week ending 6 September 2020), 171 new suspected cases with one associated death were 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	27-Sep-20	73 332	73 332	1 170	1.60%
Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 73 332 cases of COVID-19 as of 27 September 2020, 1 170 deaths and 30 363 recoveries have been reported.									
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-19	26-Apr-20	1 873		-	-
In week 17 (week ending 26 April 2020), the measles outbreak is still ongoing in Oromia, Amhara and Tigray regions. A total of 575 suspected cases and 7 deaths were reported during the week with the majority of suspected cases being reported from Oromia region.									
Ethiopia	Poliomyelitis (cVDPV2)	Grade 2	24-Jun-19	20-May-19	23-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	25-Sep-20	8 728	8 728	54	0.60%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 25 September 2020, a total of 8 728 cases including 54 deaths and 7 934 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	25-Sep-20	3 569	3 569	111	3.10%
The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 25 September 2020, a total of 3 569 confirmed COVID-19 cases including 111 deaths and 2 161 recoveries have been reported in the country.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	23-Sep-20	46 387	46 387	299	0.60%
On 12 March 2020, the Ministry of Health announced the confirmation of two confirmed COVID-19 cases in the country. As of 23 September 2020, a total of 46 387 cases including 299 deaths and 45 618 recoveries have been reported in the country.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	23-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.									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	27-Sep-20	10 580	10 580	66	0.60%
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 27 September 2020, a total of 10 580 cases including 9 892 recovered cases and 66 deaths have been reported in the country.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Guinea	Lassa Fever	Ungraded	11-Jul-20	11-Jul-20	4-Aug-20	1	1	1	100.00%
A case of Lassa fever was confirmed on 11 July 2020 by the Haemorrhagic Fever laboratory in Guéckédou. The case 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 being in contact with 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	9-May-18	1-Jan-19	5-Jun-20	5 644	366	14	0.30%
During week 23 (week ending in 5 June) there has been a total of 5 644 cases with 366 confirmed and 14 deaths in 2020. During week 44 (week ending 3 November 2019), 127 suspected cases of measles were reported. From week 1 to 44 (1 January - 3 November 2019), a total of 4 690 suspected cases including 18 deaths (CFR 0.4%) have been reported. Of the 4 690 suspected cases, 1 773 were sampled, of which 1 091 tested positive for measles by serology. Three localities in three health districts are in the epidemic phase, namely, Wanindara in Ratoma health district, Dounet in Mamou health district and Soumpoura in Tougue health district.									
Guinea	Poliomyelitis (cVDPV2)	Grade 2	22-Jul-20	22-Jul-20	23-Sep-20	11	11	0	0.00%
Three cVDPV2 cases were reported; two in Kankan and one in N'zerekore. There are now 11 cVDPV2 cases in the country. Previously, 8 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	22-Sep-20	2 324	2 324	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 22 September 2020, the country has reported 2 324 confirmed cases of COVID-19 with 1 549 recoveries and 39 deaths.									
Kenya	Cholera	Ungraded	21-Jan-19	1-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	27-Sep-20	38 115	38 115	691	1.80%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. As of 27 September 2020, 38 115 confirmed COVID-19 cases including 691 deaths and 24 621 recoveries have been reported in the country.									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	3-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	6-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	25-Sep-20	1 559	1 559	35	2.20%
On 13 May 2020, WHO was notified of the first confirmed COVID-19 case in Lesotho. As of 25 September, 1 558 cases of COVID-19 have been reported, including 797 recoveries and 35 deaths.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	27-Sep-20	1 339	1 339	82	6.10%
From 16 March to 26 September 2020, a total of 1 339 cases including 82 deaths and 1 221 recoveries have been reported from all 15 counties of Liberia. Montserrado County, which hosts the country's capital city, remains at the epicenter of the outbreak.									
Liberia	Lassa fever	Ungraded	23-Jan-19	1-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	1-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	27-Sep-20	16 285	16 285	229	1.40%
Madagascar Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 27 September 2020, a total of 16 285 cases have been reported in the country, out of which 14 922 have recovered and 229 deaths reported.									
Malawi	COVID-19	Grade 3	2-Apr-20	2-Apr-20	27-Sep-20	5 768	5 768	179	3.10%
On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 27 September 2020, the country has a total of 5 768 confirmed cases with 179 deaths and 4 206 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	27-Sep-20	3 086	3 086	130	4.20%
On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 27 September 2020, a total of 3 086 confirmed COVID-19 cases have been reported in the country including 130 deaths and 2 420 recoveries.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-19	9-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	3-Dec-19	1-Jan-20	20-Sep-20	115	4	1	0.90%
As of 20 September 2020, a total of 115 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	2-May-20	11-May-20	1	1	0	0.00%
On 11 May 2020, one confirmed case of Crimean Congo haemorrhagic fever was reported from the Moughataa of Mederdra in the district of Tiguin in the wilaya of Trarza. The case is a 60-year-old butcher from Tiguin who presented with symptoms of fever, fatigue, headaches and epistaxis, with onset on 2 May 2020. He had a history of handling meat carcasses but no recent travel history. He presented at a health facility of 7 May 2020 and a sample was collected for testing following the suspicion of a viral haemorrhagic fever disease. The case-patient was evacuated the same day in the Emergency Department in Nouakchott for further care. On 8 May 2020, the case was confirmed with CCHF by RT-PCR from the INRSP and transferred to the infectious diseases department where he was isolated and treated.									
Mauritania	Dengue	Ungraded	11-May-20	3-May-20	11-May-20	7	7	0	0.00%
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, Tinari, Aghnemrite and Edebaye) were detected.									
Mauritius	COVID-19	Grade 3	18-Mar-20	18-Mar-20	25-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 25 September 2020, a total of 367 confirmed COVID-19 cases including ten deaths and 340 recovered cases have been reported in the country.									
Mozambique	Cholera	Ungraded	20-Feb-20	31-Jan-20	12-Jun-20	2 625	-	21	0.80%
A cholera outbreak is ongoing in Mozambique. From 11 January till 12 June 2020, a total of 2 625 cases including 21 deaths (CFR 0.8%) were reported in two provinces, namely Nampula (1 648 cases and 3 deaths) and Cabo Delgado (997 cases and 15 deaths). In total, 11 districts of Nampula province, namely Nampula City, Mogovolas, Memba, Nacala-à-Velha, Nacaroa, Namialo, Ribawé, Monapo, Larde, Angoche and Malema have been affected since the beginning of the outbreak and only two of them remain currently active (Monapo and Nampula city). In Cabo Delgado province, four districts, namely Mocimboa de Praia, macomia, Ibo and Pemba city are affected.									
Mozambique	COVID-19	Grade 3	22-Mar-20	22-Mar-20	27-Sep-20	7 983	7 983	58	0.70%
The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 27 September 2020, a total of 7 983 confirmed COVID-19 cases were reported in the country including 58 deaths and 4 807 recoveries.									
Mozambique	Measles	Ungraded	25-Jun-20	1-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 Molócuê district. As of week 21, there were 862 suspected cases reported, 711 suspected cases tested, 140 IgM+ for measles, no epi-linked cases reported, and no deaths. So far there are 67 cases from Nampula, 18 from Cabo Delgado, 17 from Zambezia and 13 from Niassa provinces. 42% are <5 years old; 48% are aged 5-14 years.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	26-Sep-20	11 033	11 033	120	1.10%
Two cases of COVID-19 were confirmed in Namibia on 14 March 2020. As of 26 September 2020, a total of 11 033 cases have been reported in the country including 8 776 cases who recovered with 120 deaths.									
Namibia	Hepatitis E	Protracted 1	18-Dec-17	8-Sep-17	17-May-20	9 661	1 972	65	-
In weeks 19 and 20 (week ending 17 May 2020), 38 new cases were reported countrywide with the majority (16 cases) from Khomas region. Since the beginning of the outbreak in December 2017, a cumulative total of 9 661 cases (1 972 laboratory-confirmed, 4 447 epidemiologically linked, and 1 292 suspected cases) including 65 deaths (CFR 0.7%) have been reported countrywide. Khomas Region remains the most affected region, accounting for 4 907 (51%) of reported cases, followed by Erongo 1 807 (19%) since the outbreak began.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Niger	Floods	Ungraded	9-Sep-20	9-Sep-20	1-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 the country office in assessing the public health impact of flooding including access to essential lifesaving health services, surveillance of possible disease outbreaks and participating in joint needs assessments.									
Niger	Humanitarian crisis	Protracted 1	1-Feb-15	1-Feb-15	13-Aug-20	-	-	-	-
The security situation continues to worsen in border areas of Burkina Faso, Mali and Nigeria following armed groups' attacks in the region. This security situation is hampering humanitarian access and affecting access to basic health and social services. Members of an unidentified armed group attacked seven humanitarian workers 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	27-Sep-20	1 196	1 196	69	5.80%
From 19 March to 27 September 2020, a total of 1 196 cases with 69 deaths have been reported across the country. A total of 1 107 recoveries have been reported from the country.									
Niger	Measles	Ungraded	10-May-19	1-Jan-20	31-May-20	2 079	241	4	0.20%
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	27-Sep-20	58 324	58 324	1 108	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 27 September 2020, a total of 58 324 confirmed cases including 1 108 deaths and 49 794 recovered cases have been reported in the country.									
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-20	26-Jul-20	1 065	1 051	233	21.90%
A total of five new confirmed cases with one death were reported from Ondo State in Nigeria in week 29 (week ending 19 July 2020). From 1 January to 19 July 2020, a total of 1 065 cases (1 051 confirmed and 14 probable) with 233 deaths (CFR 21.9%) have been reported from 129 Local Government Areas across 27 states in Nigeria. A total of 13 contacts are currently being followed.									
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-20	7-Jun-20	420		14	3.30%
Between epi weeks 1 - 23 (week ending 7 June 2020), a total of 420 suspected cases of measles were reported from 88 LGAs in 20 states and FCT. None was laboratory confirmed and 14 deaths were recorded.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	23-Sep-20	55	55	0	0.00%
One cVDPV2 positive environmental sample was reported in Lagos. There have been 3 cVDPV2 cases in 2020, and there were 18 cVDPV2 cases reported in 2019 and 34 in 2018.									
Nigeria	Yellow fever	Ungraded	14-Sep-17	1-Jan-20	21-Jun-20	1 150	5	0	0.00%
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	27-Sep-20	4 820	4 820	29	0.60%
The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 27 September 2020, a total of 4 820 cases with 29 deaths and 3 099 recovered cases have been reported in the country.									
Sao Tome and Principe	COVID-19	Grade 3	6-Apr-20	6-Apr-20	27-Sep-20	911	911	15	1.60%
On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 27 September 2020, a total of 911 confirmed cases of COVID-19 have been reported, including 15 deaths. A total of 883 cases have been reported as recoveries.									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	27-Sep-20	14 909	14 909	308	2.10%
Between 2 March 2020 and 27 September 2020, a total of 14 909 confirmed cases of COVID-19 including 308 deaths have been reported from Senegal. A total of 12 113 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	1-Sep-20	7-Sep-20	7-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 for YF via seroneutralization technique.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	27-Sep-20	141	141	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 27 September 2020, 141 cases have been confirmed for COVID-19 in total, including 139 recoveries and no deaths.									
Sierra Leone	COVID-19	Grade 3	31-Mar-20	27-Mar-20	27-Sep-20	2 215	2 215	72	3.30%
On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 27 September 2020, a total of 2 215 confirmed COVID-19 cases were reported in the country including 72 deaths and 1 681 recovered cases.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	20-Sep-20	661 211	661 211	15 983	2.40%
Detailed update give above.									
South Sudan	Floods	Ungraded	1-May-20	1-May-20	1-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	5-Apr-20	2-Apr-20	26-Sep-20	2 692	2 692	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 26 September 2020, a total of 2 692 confirmed COVID-19 cases were reported in the country including 49 deaths and 1 438 recovered cases.									
South Sudan	Hepatitis E	Ungraded	-	3-Jan-19	21-Jun-20	337	41	2	0.60%
The current outbreak in Bentiu UN Protection of Civilians (POC), which started at the beginning of 2019, has continued 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 of which 50 were 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 (MOHCDEGC) 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	6-Mar-20	1-Mar-20	27-Sep-20	1 743	1 743	46	2.60%
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 27 September 2020, a total of 1 743 cases including 46 deaths and 1 330 recovered cases have been reported in the country.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	23-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	4-Feb-20	3-Feb-20	24-Aug-20	3	1	1	33.30%
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.									
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	15-Sep-20	-	-	-	-
Between 1 and 31 July 2020, a total of 3 056 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo (3 056), South Sudan 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.									
Uganda	Cholera	Ungraded	11-May-20	29-Apr-20	7-Sep-20	1 488	17	6	0.40%
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.									
Uganda	COVID-19	Grade 3	21-Mar-20	21-Mar-20	26-Sep-20	7 530	7 530	73	1.00%
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 26 September 2020, a total of 7 530 confirmed COVID-19 cases, 3 647 recoveries with 73 deaths.									
Zambia	COVID-19	Grade 3	18-Mar-20	18-Mar-20	27-Sep-20	14 641	14 641	332	2.30%
The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 27 September 2020, a total of 14 641 confirmed COVID-19 cases were reported in the country including 332 deaths and 13 784 recovered cases.									
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-19	16-Jul-19	23-Sep-20	2	2	0	0.00%
No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported since the beginning of 2020. There were two cVDPV2 cases reported in 2019.									
Zimbabwe	Anthrax	Ungraded	6-May-19	6-May-19	9-Aug-20	338		1	0.30%
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.									
Zimbabwe	COVID-19	Grade 3	20-Mar-20	20-Mar-20	27-Sep-20	7 812	7 812	227	2.90%
The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 27 September 2020, a total of 7 812 confirmed COVID-19 cases were reported in the country including 227 deaths and 6 106 cases that recovered.									

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

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

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