WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 39: 21 - 27 September 2020
Data as reported by: 17:00; 27 September 2020

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- cVDPV2
- Dengue fever
- Ebola virus disease
- Chikungunya
- Leishmaniasis
- Plague
- Crimean-Congo haemorrhagic fever
- Countries reported in the document
- Non WHO African Region
- WHO Member States with no reported events

New event 116 Ongoing events 104 Outbreaks 12 Humanitarian crises

0 116 104 12

Protracted 3 events 2 Protracted 2 events 3 Protracted 1 events

Grade 3 events 49 Grade 2 events 19 Grade 1 events 2

Health Emergency Information and Risk Assessment
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 chikunguya 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.
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 continues to be adhered to. National authorities need to urgently implement surge in cases. All public health measures such as physical distancing, for inter-regional travel, so continued vigilance is essential to prevent any hotspot surges in case numbers.

For the latest information, please visit the National Department of Health’s website. Health information and risk assessment is available at: [Website Link].

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.

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. 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 the private health sector, with 13% in the public health sector. Screening and testing. Currently, 87% of all tests have been carried out in (PCR) tests has been carried out, of which 3 308 994 were identified among those aged 50-69 years. 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.

Go to overview

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.

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.

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.
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.

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.

From 1 January 2020 to 16 September 2020, Angola reported a total measles suspected case count of 1 252 from 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 Uíge.

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.

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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.

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.

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.

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.

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 recoveries.

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.

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.

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.

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 recoveries.

Burundi has been experiencing measles outbreaks since November 2019 in camps hosting Congolese refugees and the disease has recently been spreading in the host community in the district of Cibitoke. As of 9 August 2020, Burundi has reported a total of 989 confirmed measles cases of which 154 are lab-confirmed and the rest were clinically compatible cases and epidemiologically 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.
 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.

<table>
<thead>
<tr>
<th>Country</th>
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<th>Grade</th>
<th>Date notified to WCO</th>
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<th>CFR</th>
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<tr>
<td>Cameroon</td>
<td>Humanitarian crisis (Far North, North, Adamawa &amp; East)</td>
<td>Protracted 2</td>
<td>31-Dec-13</td>
<td>27-Jun-17</td>
<td>18-Aug-20</td>
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The humanitarian situation in the Northwest and Southwest (NW & SW) regions of Cameroon continues to deteriorate with rising tensions between separatists and military forces despite calls for a COVID-19 ceasefire by the UN Secretary General. Attacks against aid workers are increasing. On 17 June 2020, an attempted abduction of NGO workers in Fon Baba, followed by the killing of an MSF aid worker in Kumba on 10 July 2020 were reported. On 7 August 2020, an aid worker with the Community Initiative for Sustainable Development (COMINSUD) in Batibo Subdivision (Northwest region) was kidnapped and killed by unidentified individuals. Shelter, NFI (non-food Items), protection and food continue to be the most urgent needs of the displaced populations.

| Cameroon        | Humanitarian crisis (NW & SW) | Grade 2 | 1-Oct-16 | 27-Jun-18 | 11-Aug-20 | - | - | - | - |

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), Aware (1 case), Ngoundal (1 case), Ngong (1 case), Guidiguis (1 case). Fifty percent of cases are aged between 9 to 59 months.

| Cameroon        | Measles | Ungraded | 2-Apr-19 | 1-Jan-20 | 9-Aug-20 | 1,423 | 1,423 | 13 | 0% |

The Ministry of Health and population 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        | COVID-19 | Grade 3 | 6-Mar-20 | 6-Mar-20 | 26-Sep-20 | 20,838 | 20,838 | 418 | 2.00% |

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| Cameroon        | Measles | Ungraded | 2-Apr-19 | 1-Jan-20 | 9-Aug-20 | 1,423 | 1,423 | 13 | 0% |

The confirmation of the first COVID-19 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.

| Cape Verde      | COVID-19 | Grade 3 | 19-Mar-20 | 18-Mar-20 | 27-Sep-20 | 5,771 | 5,771 | 57 | 1.00% |

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, Batangaro 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 | Humanitarian crisis | Protracted 2 | 11-Dec-13 | 11-Dec-13 | 4-Aug-20 | - | - | - | - |

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.
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 271 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. 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 reported 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. 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.
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 in 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.

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, Ari, 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.

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, Kwili, Kwango and Sankuru provinces).

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<thead>
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<td>1-Jan-18</td>
<td>23-Sep-20</td>
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</table>

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

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 25 September 2020, a total of 8,728 cases including 54 deaths and 7,934 recovered have been reported in the country.

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<td>Yellow Fever</td>
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<td>Grade 3</td>
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<td>25-Sep-20</td>
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<td>3.10%</td>
</tr>
<tr>
<td>Ghana</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>23-Sep-20</td>
<td>46,387</td>
<td>46,387</td>
<td>299</td>
<td>0.60%</td>
</tr>
<tr>
<td>Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>27-Sep-20</td>
<td>10,580</td>
<td>10,580</td>
<td>66</td>
<td>0.60%</td>
</tr>
</tbody>
</table>

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.
## Health Emergency Information and Risk Assessment

**COVID-19**

A case of Lassa fever was confirmed on 11 July 2020 by the Haemorrhagic Fever laboratory in Guékédou. The case patient is a 28-year-old, female, 22 weeks of pregnancy, living in the village of Kondian, in rural district of Koudou 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 Koudou 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 Guékédou 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 Guékédou 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.

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, Douent in Mamou health district and Sounpoua in Tougue health district.

### Guinea

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea</td>
<td>Lassa Fever</td>
<td>Ungraded</td>
<td>11-Jul-20</td>
<td>11-Jul-20</td>
<td>4-Aug-20</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.00%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Measles</td>
<td>Ungraded</td>
<td>9-May-18</td>
<td>1-Jan-19</td>
<td>5-Jun-20</td>
<td>5 644</td>
<td>366</td>
<td>14</td>
<td>0.30%</td>
</tr>
</tbody>
</table>

### Lesotho

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).

### Liberia

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, Kitui and Baringo Counties. No new cases were reported in the past week in any affected counties.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>22-Jul-20</td>
<td>22-Jul-20</td>
<td>23-Sep-20</td>
<td>11</td>
<td>11</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>27-Sep-20</td>
<td>38 115</td>
<td>38 115</td>
<td>691</td>
<td>1.80%</td>
</tr>
<tr>
<td>Kenya</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>27-Sep-20</td>
<td>38 115</td>
<td>38 115</td>
<td>691</td>
<td>1.80%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Leishmaniasis</td>
<td>Ungraded</td>
<td>31-Mar-19</td>
<td>3-Jan-20</td>
<td>15-Sep-20</td>
<td>293</td>
<td>272</td>
<td>7</td>
<td>2.40%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>Measles</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>20-Oct-19</td>
<td>15-Sep-20</td>
<td>529</td>
<td>49</td>
<td>2</td>
<td>0.40%</td>
</tr>
</tbody>
</table>

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.

### Kenya

The outbreak is currently active in Garissa and Turkana counties. A cholera outbreak has been reported in five counties; Garissa, Wajir, Murang’a and Marsabit since the beginning of 2020. Cumulative cases are 111 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%).

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>21-Jan-19</td>
<td>1-Jan-20</td>
<td>28-Aug-20</td>
<td>711</td>
<td>27</td>
<td>13</td>
<td>1.80%</td>
</tr>
</tbody>
</table>

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, Douent in Mamou health district and Sounpoua in Tougue health district.

### Malawi

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malawi</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>2-Apr-20</td>
<td>2-Apr-20</td>
<td>27-Sep-20</td>
<td>5 768</td>
<td>5 768</td>
<td>179</td>
<td>3.10%</td>
</tr>
</tbody>
</table>

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 24 621 recoveries and 229 deaths.
**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.

**Mauritania**

COVID-19 Grade 3 13-Mar-20 13-Mar-20 20-Sep-20 7,368 7,368 161 2.20%

On 11 May 2020, one confirmed case of Crimean Congo haemorrhagic fever was reported from the Moughataa of Mederdra in the district of Tiguent in the wilaya of Trarza. The case is a 60-year-old butcher from Tiguent 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.

**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 10 deaths and 340 recovered cases have been reported in the country.

**Namibia**

Hepatitis E Protracted 1 18-Dec-17 8-Sep-17 17-May-20 9,661 1,972 65 0.00%

In weeks 19 and 20 (week ending 17 May 2020), 38 new cases were reported with the majority by countrywide (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.

**Mozambique**

Cholera Grade 3 22-Mar-20 22-Mar-20 29-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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mali</td>
<td>Humanitarian crisis</td>
<td>Protracted 1</td>
<td>n/a</td>
<td>n/a</td>
<td>13-Aug-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>20-Sep-20</td>
<td>7,368</td>
<td>7,368</td>
<td>161</td>
<td>2.20%</td>
</tr>
<tr>
<td>Mauritius</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>25-Sep-20</td>
<td>367</td>
<td>367</td>
<td>10</td>
<td>2.70%</td>
</tr>
</tbody>
</table>

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.
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, Niamiri 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.

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 healtharians working for ACTED and their guide on 9 August 2020, killing all eight people. They were visiting a wildlife reserve near Kouré, in Tillaberi 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 Tillabary regions.

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), Tillaberi (67 cases, 0 deaths) and Zinder (167 cases, 1 deaths). In 2019 a total of 10 207 suspected measles cases were reported from eight regions in the country. So far, 72 districts have been affected by outbreaks in 2020.

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.

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.

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.

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.

In week 25, there were 18 suspected cases reported from 16 LGA in 12 states. Between week 1 and 25 in 2020, a total of 1 150 suspected cases including 12 presumptive positive cases and 5 confirmed cases were reported. In 2019, a total of 4 288 suspected cases were reported in 618 (83.1%) LGAs from all states in the country. Four states: Katsina, Kebbi, Bauchi and Benue had the highest attack rates. A total of 227 cases were confirmed in Nigeria and from IP Dakar and 231 deaths were reported.

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 27 September 2020, a total of 4 820 cases with 29 deaths and 3 099 recovered cases have been reported in the country.

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 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.

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.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WOC</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senegal</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>10-Aug-20</td>
<td>10-Aug-20</td>
<td>12-Aug-20</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Senegal</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>1-Sep-20</td>
<td>7-Sep-20</td>
<td>7-Sep-20</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Senegal</td>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>30-Jul-20</td>
<td>30-Jul-20</td>
<td>30-Jul-20</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Seychelles</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>27-Sep-20</td>
<td>214</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>South Africa</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Mar-20</td>
<td>20-Sep-20</td>
<td>661 211</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>South Africa</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>3-Mar-20</td>
<td>20-Sep-20</td>
<td>661 211</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Floods</td>
<td>Ungraded</td>
<td>1-May-20</td>
<td>1-Sep-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>15-Aug-16</td>
<td>n/a</td>
<td>31-Aug-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Nov-19</td>
<td>19-Sep-19</td>
<td>916</td>
<td>-</td>
<td>2</td>
<td>0</td>
<td>0.20%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>1743</td>
<td>21</td>
<td>2</td>
<td>0.60%</td>
<td></td>
</tr>
<tr>
<td>Togo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>23-Sep-19</td>
<td>17</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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.

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.

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.

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.

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.

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. Furthermost, the flood-affected counties are already experiencing multiple shocks such as large-scale displacement, intercommunal violence, and disease outbreaks including Covid-19.

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

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 1 483 recovered cases.

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 23 June 2019).

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).

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 559 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.

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.

No new case of cVDPV2 was reported during the past week. There have been nine cases so far in 2020 while the total number of cVDPV2 cases reported in 2019 remains eight.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Togo</td>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>4-Feb-20</td>
<td>3-Feb-20</td>
<td>24-Aug-20</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>33.30%</td>
</tr>
</tbody>
</table>

On 28 April 2020, WHO received information regarding a confirmed yellow fever case in Mango village, Oti district, Savanes region in the northern part of Togo. The results were confirmed at the yellow fever reference laboratory, 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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Humanitarian crisis - refugee</td>
<td>Ungraded</td>
<td>20-Jul-17</td>
<td>n/a</td>
<td>15-Sep-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Between 1 and 31 July 2020, a total of 3 056 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo (3 056), South Sudan and Burundi. Uganda hosted 1 425 040 asylum seekers as of 30 June 2020, with 94% living in settlements in 11 of Uganda’s 128 districts and in Kampala. Most are women within the age group 18 – 59 years.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>26-Sep-20</td>
<td>7 530</td>
<td>7 530</td>
<td>73</td>
<td>1.00%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>27-Sep-20</td>
<td>14 641</td>
<td>14 641</td>
<td>332</td>
<td>2.30%</td>
</tr>
</tbody>
</table>

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 recoverd cases.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zambia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>17-Oct-19</td>
<td>16-Jul-19</td>
<td>23-Sep-20</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported since the beginning of 2020. There were two cVDPV2 cases reported in 2019.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zimbabwe</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>6-May-19</td>
<td>9-Aug-20</td>
<td>338</td>
<td>1</td>
<td></td>
<td>0.30%</td>
</tr>
</tbody>
</table>

The anthrax outbreak is ongoing in Zimbabwe with a cumulative total of 338 cases and one death notified since the beginning of the outbreak in week 36 (week starting 6 May 2019) of 2019. This outbreak started in week 36, 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. Since 1 January to 9 August 2020, a total of 338 cases were reported. As of week 32, the two recent cases reported were from Gokwe North District (1) in Midlands Province and Buhera District (1) in Manicaland Province.

<table>
<thead>
<tr>
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<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>27-Sep-20</td>
<td>7 812</td>
<td>7 812</td>
<td>227</td>
<td>2.90%</td>
</tr>
</tbody>
</table>

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/](http://www.who.int/hac/about/erf/en/).

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