This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 118 events in the region. This week’s main articles cover the following events:

- Coronavirus disease 2019 (COVID-19) in Togo
- Measles 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:

- Togo is one of the least affected countries in the African region and is to be commended on their efficient and systematic response to the outbreak. However, the country has challenges around funding, poor access to personal protective equipment, evidenced by their relatively high numbers of health workers affected, and only centralized testing capacity. Case management is also a potential problem, with shortages of the medication and equipment required to manage severe cases of the disease. These issues need to be addressed in order to allow authorities in Togo to continue effective management of the COVID-19 response.

- The measles outbreak in Chad, ongoing since the beginning of 2020, is continuing to decline. However, a measles risk assessment shows that the country is still at very high risk of measles transmission during the remaining quarter of 2020 and the first six months of 2021, due to poor monitoring, low vaccine coverage by routine immunization programmes and the absence of a second dose of the vaccine. This is compounded by issues with response coordination and financial management and lack of current vaccine stocks.

- There have been no new confirmed cases of EVD in Équateur Province, Democratic Republic of the Congo for the past 19 days. This is a very welcome development. However, challenges remain around known confirmed cases still living in the community and contacts lost to follow-up. Lack of funding for the response continues, with inadequate human resources for risk communication and community engagement in affected health zones and hotspots. Strong and robust surveillance systems need to be sustained in order to detect, isolate, test and treat new suspected cases as early as possible.
**EVENT DESCRIPTION**

Togo remains one of the least affected countries in the African region, with around half of the country’s cases reported in Gulf Préfecture, (1 032; 50.4%), followed by Agoe Préfecture (242; 11.8%), both in Greater Lomé. However, all 39 préfectures have been affected. As of 16 October 2020, there has been a cumulative total of 2 049 cases reported, with 51 deaths (case fatality ratio 2.5%). Of the confirmed cases, 130 (including 11 active cases) are health workers, with 114 health professionals and 16 support staff. The total number of cases that have recovered is 1 517 (74%), which is lower than the regional average of 85%.

Contact tracing is ongoing, with a total of 17 424 contacts identified, 173 of which were new on 16 October 2020 and 17 086 have self-isolated and been followed-up during the course of the outbreak. A total of 106 500 tests have been carried out, which is 138 tests per 10 000 population.

Males are more affected than females, with a sex ratio of (M/F) 1.8 (1 323/726). The median age affected is 34, with age groups 15-24, 25-34 and 35-44 most affected. Most deaths are in the age groups 45-54 (10 deaths), 55-64 (10 deaths) and 65-74 (13 deaths). Of the deaths, 36 have been in males and 15 in females. Of those who died, 22 had one comorbidity, 14 had two comorbidities, four had three comorbidities and 11 had no comorbidities. Hypertension was the most common comorbidity, followed by diabetes, obesity and tuberculosis.

**PUBLIC HEALTH ACTIONS**

- Meetings of the Health Sectoral Response Unit for Response Management are held on Monday, Wednesday and Friday each week.
- There is ongoing data collection on monitoring of compliance with barrier measures in all health centres in the Kara region with support from partners; continuation of local awareness-raising by NGOs, préfects and local elected officials and watch committees; community outreach sessions are given by community health workers and community relays; there is dissemination of awareness-raising messages in radio and television broadcasts and constant management of rumours including in districts and regions.
- Infection prevention and control measures are being evaluated in Plateau region, along with ongoing training for workers in regional care centres on management of severe cases of COVID-19.
- Active cases are cared for in specific centres and cured cases are reintegrated into their communities.
- Points of entry are monitored by central, regional and district monitoring teams; travellers are recorded at the Sanvi Condji and Noépé points of entry and travellers entering through the main airport are screened using a COVID-19 mobile biological diagnostic laboratory, as well as those travellers who have completed 14 days of quarantine.
- Case detection continues through enhanced passive surveillance in health facilities and active search in contacts and travellers, along with contact tracing and follow-up.
- All alerts are investigated and there is isolation and sampling of suspected cases.

**SITUATION INTERPRETATION**

Togo is to be commended on its efficient and organized approach to managing the COVID-19 outbreak, which has affected all regions of the country, with relatively good testing levels and contact tracing and follow-up. However, challenges remain in funding, a requirement for continued case management training and improvements needed in materials and equipment availability and supply. Personal protective equipment is required, as seen by the relatively high proportion of health worker infections among the total number of cases, and there is a shortage of the medications required to treat COVID-19 cases. Testing capacity needs to be increased throughout the country, since it is currently confined to a few centres, and collaboration and exchange between districts needs to be improved. There is also a shortage of heres to transport the bodies of those who have died of the disease. National authorities and partners need to address these challenges as a matter of urgency to ensure that the current low level of infection does not increase.
**EVENT DESCRIPTION**

A measles outbreak was declared in Chad in January 2020, when 123 cases were reported in 23 districts of the country. As of 17 October 2020, there is a cumulative total of 8,584 suspected cases of measles (with 362 confirmed by IgM), with 39 deaths (case fatality ratio 0.45%) recorded in 99 out of 126 (79%) health districts. More than 70% of cases are concentrated in four main districts, Kyabe, Goundi, Beneto and Sarh. However, there has been a decline in the number of suspected cases in these four districts since week 20 (week ending 16 May 2020), with zero cases in the past two weeks, with an overall declining trend across the country in the same period. Currently only three districts are in epidemic phase, compared with four in week 41 (week ending 10 October 2020).

The age ranges less than one year (425 cases; 18.3%), 1-4 years (1,109 cases; 47.7%) and 5-9 years (114 cases; 4.9%) have been the most affected, with 86% of cases under the age of 10 years. The vaccination status of investigated cases shows that 88.1% are not vaccinated, with only 9.8% vaccinated and 2.1% of unknown status. Of the unvaccinated cases, most (943; 40.6%) are in the age group 1-4 years.

Reactive vaccination campaigns have been in progress since early March 2020, starting in Kyabe health district, where 59,627 children aged 6-59 months were vaccinated. At the end of the campaign on 18 March 2020, vaccination coverage with proof of vaccination was estimated at 80.1% and by verbal reports by parents, at 94.5%. On 23 March 2020 vaccination started in 13 health centres in Beboto health district, reaching 24,990 children out of a targeted 24,700 (101.7% coverage).

**PUBLIC HEALTH ACTIONS**

- The vaccine response activities continue, with UNICEF financing the vaccine response in five districts of Ndjemena and further planned vaccine campaigns in epidemic districts, with 22 districts targeted.
- Technical discussions at the level of the Directorate of the Expanded Programme on the preparations for the national measles monitoring campaign have resumed, planned in two blocks, one in November 2020, with 12 provinces and the second in December 2020 with 11 provinces.
- Integrated micro-planning workshops for routine EPI were held from 30 September to 12 October in 23 provinces.
- Médecines Sans Frontières (MSF) supported the care of 1,190 sick children, of whom 82 were hospitalized. All children with mid-upper arm circumference of less than 120 mm were provided with three week’s supply of plumpy nut.
- Meetings of the national technical committee involving partners (WHO, UNICEF, MSF) under the leadership of the Directorate of Immunization have resulted in sharing campaign timelines, guidelines, tools and a micro-planning framework; an orientation meeting organized for central level managers and consultants on campaign planning; management tools and training modules adapted; central level managers and partners deployed to support planning and technical details related to release of funding finalized.
- Preparations are in place for placement of orders of vaccine doses, as well as assessing cold chain capacity and development of a logistical plan.
- Orientation and micro-planning workshops were held in all 26 provinces and districts during week 41; this showed that vaccines are yet to be received with available GAVI funds; however, there is no date for their receipt. The State counterpart has also not yet been mobilized.

**SITUATION INTERPRETATION**

The continuing decline in measles cases in Chad since week 20 is to be welcomed, although case numbers are still fluctuating weekly. However, a measles risk assessment carried out by WHO found Chad as being very high risk of transmission during the next measles season, expected in the fourth quarter of 2020 to June 2021. This is as a result of a low routine immunization coverage, the absence of a second dose in the immunization schedule, the four-year delay in conducting a measles monitoring campaign and the current major epidemic. This finding, coupled with delays in receipt of vaccine stocks and issues around mobilization of GAVI funding could potentially compromise further vaccine campaigns and the measles response generally, particularly with the COVID-19 response possibly causing further delays in measles response and the fact that a plan to mitigate the risk of COVID-19 transmission during the campaign has not yet been developed. National authorities and partners need urgently to address these challenges in order to prevent a resurgence of measles cases in the final quarter of 2020.
EVENT DESCRIPTION

There have been no new confirmed cases of Ebola virus disease in Équateur Province for the past 19 days, with the last confirmed case reported on 28 September 2020. Similarly, no new cases have been reported in treatment centres.

As of 17 October 2020, the cumulative total of EVD cases is 128 (119 confirmed and nine probable) including 53 deaths (case fatality ratio 41.4%). The case fatality ratio among confirmed cases 37.0% (44 deaths/119 confirmed cases). The number of health workers affected remains at three, making up 2.3% of all cases. One health area and one health zone have been active in the past 21 days (27 September to 17 October 2020). A total of 13/18 (72.2%) of health areas and 42/284 (14.8%) of health zones reported at least one confirmed case of EVD since the start of the outbreak. Only one confirmed case, from Lusengo health area in Makanza Health Zone, has been reported in the past 21 days.

No new contacts were listed on 17 October 2020, with only Makanza and Mbandaka reporting contacts. Out of 204 active contacts, 191 (93.6%) have been followed-up. Of the 11 contacts who were not seen, two (18.2%) have never been seen, six (54.5%) were lost to follow-up and three (27.3%) were not seen in the previous 24 hours. Two contacts have become symptomatic in Makanza. A total of 797 new alerts (including 12 deaths) were reported on 17 October 2020. Of the 929 alerts recorded to date 880 (94.7%) were investigated and 304 (34.5%) were validated.

PUBLIC HEALTH ACTIONS

On 17 October 2020 a total of 45 459 (94.4%) travellers passed through 35/55 active Points of Control (POC) and 42 153 (92.7%) were screened. Since the start of the response activities, 2 143 015 (92.9%) screenings have been performed among the 2 306 598 travellers who have passed through the active PoCs. Out of these 246 alerts have been detected, with 116 validated.

As of 10 October 2020, 204 samples were received in four operational laboratories. Since the start of the outbreak a total of 10 269 samples have been tested.

A total of 320 new people were vaccinated with rVSV-ZEBOV-GP on 17 October 2020, including 127 contacts-of-contacts, and 193 probable contacts; these figures include 148 first line providers.

Since 5 June 2020, a total of 38 053 people has been vaccinated.

A total of 52 patients, all suspected cases, were managed in the transit centres and Ebola treatment centres in affected areas as of 10 October 2020.

Since the start of specific EVD supportive therapy, 32 (41%) confirmed patients have been treated, out of 78 patients.

Six confirmed cases of EVD remain in the community, including three in Lotumbe, two in Lolanga Mampoko and one in Mbandaka. The final outcome of these patients remains undetermined.

On 17 October 2020 there were 14 community death alerts in Ingende (6), Bikoro (3), Mbandaka (3) and Wangata (2). Only five (35.7%) safe and dignified burials were performed.

SITUATION INTERPRETATION

The EVD outbreak in this area of Democratic Republic of the Congo is currently halted, with no new confirmed cases or deaths reported for the past 19 days. A total of 119 confirmed cases has been reported, with 53 deaths (case fatality ratio 41.4%). The case fatality ratio among confirmed cases 37.0% (44 deaths/119 confirmed cases). The number of health workers affected remains at three, making up 2.3% of all cases.

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SITUATION INTERPRETATION

The EVD outbreak in this area of Democratic Republic of the Congo is currently halted, with no new confirmed cases or deaths reported for the past 19 days. There is now room for cautious optimism, but contacts are still lost to follow up, the outcome for known confirmed cases in the community is indeterminant and safe and dignified burials continue to be a challenge. Funding remains inadequate, as well as the problem of inadequate laboratory reagents and commodities. Continued advocacy is required with donors and funding agencies to strengthen response activities. EVD awareness activities are taking place in tandem with COVID-19 response activities, which is to be commended, and which will hopefully continue, to help to break the stigma associated with both diseases.
Summary of major issues, challenges and proposed actions

Major issues and challenges

- Togo remains one of the least affected countries in the African region, with an exemplary response to COVID-19. However, challenges remain in funding, availability of personal protective equipment and with only centralized testing available.

- Although the measles outbreak in Chad is showing a strong declining trend, risks for resurgence remain very high in the last quarter of the year and into the first six months of 2021, as a result of poor monitoring, lack of a second dose of vaccine, delays in receipt of vaccine stocks for planned further campaigns and poor management of available funding.

- The Ebola virus disease outbreak in Équateur Province, Democratic Republic of the Congo, has slowed, with no new confirmed cases and deaths reported in the past 19 days. 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

- Togo needs to address the challenges around provision of personal protective equipment and medication and equipment for case management, while testing capacity needs to be expanded throughout the country. In addition, collaboration and exchange between districts need to be improved. These issues need urgent attention to ensure that Togo does not see a rise in COVID-19 infections, particularly with the return of international travel within the region as more countries open up.

- Authorities and partners in Chad need urgently to address the problem of poor measles monitoring, the delays in receipt of vaccine stocks for future vaccine campaigns and poor management of funding. The very real risk for resurgence of the disease later in 2020 and into 2021 needs urgently to be addressed by attending to these issues.

- 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 continue to 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

<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>
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**Health Emergency Information and Risk Assessment**

- **Burkina Faso Poliomyelitis (cVDPV2)**
  
  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.
A 2 year-old child previously vaccinated for yellow fever was confirmed by PRNT at the IP Dakar lab. She was suspected to have YF on the 21 March 2020 after she presented with symptoms of fever and jaundice on the 14 and 17 March 2020, respectively.

Burundi COVID-19 Grade 3 31-Mar-20 18-Mar-20 18-Oct-20 549 549 1 1 0 0.20%

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 18 October 2020, the total confirmed COVID-19 cases is 549, including one death and 505 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 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 Humanitarian crisis (Far North, North, Adamawa & East) Protraced 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) Protraced 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 1 868 confirmed cases and 13 deaths have been reported in the country. 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), Ngoundal (1 case), Ngong (1 case), Guidiguì (1 case). Fifty percent of cases are aged between 9 to 59 months.

Cameroon Cholera Ungraded 1-Mar-19 1-Jan-20 30-Sep-20 1 848 63 79 4.30%

The cholera outbreak, which was notified on 1 April 2020, is ongoing, with fluctuating numbers of cases reported from Central, Littoral, South and South West regions. From week 17 (week ending 25 April 2020), South and Littoral regions were the most affected, with cases reported in Central from week 28 (week ending 11 July 2020). In week 38 (week ending 19 September 2020), South West started to report cases again for the first time since week 16 (week ending 18 April 2020). As of 30 September 2020, the cumulative number of cases is 1 848, with 79 deaths (case fatality ratio 4.3%). A total of 63 cases have been confirmed by culture. Littoral remains the most affected region, with 928 (68.0%) cases and 53 (67%) deaths, followed by South, with 786 (41.5%) cases and 24 (30.4%) deaths. Central region has not notified any new cases for 21 days (as of 30 September 2020). Currently, there are three active regions, with five health active health districts, out of 18 originally notified.

Cameroon COVID-19 Grade 3 6-Mar-20 6-Mar-20 19-Oct-20 21 570 21 570 425 2.00%

The Cameroon Ministry of Health announced the confirmation of the first COVID-19 case on 6 March 2020. As of 19 October 2020, a total of 21 570 cases have been reported, including 425 deaths and 20 427 recoveries.

Cameroon Measles Ungraded 1-Mar-19 1-Jan-20 25-Aug-20 1 868 634 13 4.30%

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), Ngoundal (1 case), Ngong (1 case), Guidiguì (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 19-Mar-20 18-Oct-20 7 752 7 752 86 1.10%

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 18 October 2020, a total of 7 752 confirmed COVID-19 cases including 86 deaths and 6 526 recoveries were reported in the country.

Central African Republic Humanitarian crisis Protraced 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 Ndélé, Birao, Batangafo and Bria. In the first half of 2020, 192 incidents affecting humanitarian workers were recorded, including 2 deaths and 17 injured. Around 659 000 people are internally displaced in Central Africa.

Central African Republic COVID-19 Grade 3 14-Mar-20 14-Mar-20 12-Oct-20 4 856 4 856 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 12 October 2020, a total of 4 856 confirmed cases and 62 deaths were reported.
Four cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; one each in Gbokle-Nawa-San-Pedro, Loh-Djiboua, Poro-Tchologo-Bagoue and patients have recovered.

Since 11 March 2020, as of 17 October 2020, 20,301 confirmed cases of COVID-19 have been reported from Côte d’Ivoire including 121 deaths, and a total of 19,983 recoveries were reported in the country.

The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. As of 10 October 2020, a total of 502 confirmed COVID-19 cases, including 7 deaths and 485 recoveries were reported in the country.

No suspected case of chikungunya was reported in week 31 (week ending 2 August 2020). From week 1 to week 31, 71 cases with no deaths were reported in six departments: Kouillou (31 cases), Bouenza (8 cases), Brazzaville (9 cases), Lekoumou (1 case), Plateau (13 cases) and Pool (9 cases). From weeks 1 to 52 of 2019, a total of 2589 cases and Niari (2 589) were the most affected by the outbreak accounting for 74% of cases reported since the beginning of the outbreak.

Detailed update given above.

Three cVDPV2 cases were reported; two in Logone Occidental and one in Logone Oriental. There are 69 cases from two different outbreaks in the country, one being the Jigawa outbreak. There were 11 cases reported in 2019.

The first COVID-19 confirmed case was reported in Comoros on 30 April 2020. As of 15 October 2020, a total of 502 confirmed COVID-19 cases, including 7 deaths and 485 recoveries were reported in the country.

No suspected case of chikungunya was reported in week 31 (week ending 2 August 2020). From week 1 to week 31, 71 cases with no deaths were reported in six departments: Kouillou (31 cases), Bouenza (8 cases), Brazzaville (9 cases), Lekoumou (1 case), Plateau (13 cases) and Pool (9 cases). From weeks 1 to 52 of 2019, a total of 2589 cases and Niari (2 589) were the most affected by the outbreak accounting for 74% of cases reported since the beginning of the outbreak.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 18 October 2020, a total of 1,379 confirmed COVID-19 cases were reported in the country including 93 deaths and 1,181 cases who have recovered.

The cholera outbreak in the Democratic Republic of Congo is improving. During week 40 (week ending 9 August 2020), a total of 28,676 suspected cases have been notified and 137 deaths within 22 affected districts. A total of 32 new cases and 0 deaths were reported as of epi week 40. The majority of cases are under five years of age, followed by the 5 to under 15 year old age group. Response activities are ongoing in the affected health districts.

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The Democratic Republic of 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, Kasaï Central and South-Kivu provinces. In Ituri, According to an alert from UNICEF Rapid Response (UniRR) on 18 September 2020, approximately 9,000 people including 1,500 South Sudanese refugees were forced to move from several villages (Kindu, Ukaraba, Ujanga, Ulembere, etc.) to the health (AS) of N'Djabe and Rukoko (ZS of Adi, Kalambo Territory). In North Kivu province, a resurgence of violence between two factions of Nduma Defense of Congo rénové de Guibonde (NDF-R), was reported to Pinga in the Walikale territory since 14 September 2020. Clashes forced the population of the Nkasa and Pibiri districts, estimated at 24,542 inhabitants, to move, some of whom took refuge in the forest surrounding the city of Pinga and others in the general hospital. In Kasaï Central, heavy torrential rain was observed in the health zones of Dibaya, Tshikuma and Kapena (ZS Bukende), with the collapse of 289 houses causing 10 wounded were registered. The displaced persons are in need of basic humanitarian assistance, including access to food, clean water, non-food items, shelters and health care assistance.

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Since the start of the COVID-19 outbreak, declared on 10 March 2020, there have been 11 051 confirmed cases and one probable case, with 303 deaths reported. A total of 10 357 people have recovered.

The Ministry of Health announced the confirmation of the first COVID-19 case in the country on 10 March 2020. As of 16 October 2020, a total of 8 881 cases including 54 deaths and 8 430 recovered have been reported in the country.

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.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 18 October 2020, a total of 5 780 cases have been reported in the country including 5 415 recoveries. A total of 116 associated deaths have been reported.

The first case of COVID-19 was confirmed in Ethiopia on 12 March 2020. Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 89 137 cases of COVID-19 as of 18 October 2020, 1 352 deaths and 42 649 recoveries. A total of 257 associated deaths have been reported from 12 woredas in Sidama, SNNP and Oromia regions.

No cVDPV2 cases were reported this week. A total of 73 suspected cases of monkeypox with two deaths were reported across the country compared to 187 cases the preceding week. Between week 1 and week 40, a total of 6 231 suspected cases including 203 deaths (CFR 3.2%) were reported in 127 health zones from 17 out of 21 provinces in the country. During the same period in 2019, 4 311 suspected cases and 87 deaths (CFR 2.0%) were reported in 120 health zones from 16 provinces. 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

<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>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>15-Feb-18</td>
<td>1-Jan-18</td>
<td>7-Oct-20</td>
<td>159</td>
<td>159</td>
<td>0</td>
<td>0.00%</td>
</tr>
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</table>

Equatorial Guinea

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
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<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equatorial Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>15-Oct-20</td>
<td>5 070</td>
<td>5 070</td>
<td>83</td>
<td>1.60%</td>
</tr>
</tbody>
</table>

The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. As of 15 October 2020, a total of 5 070 cases have been reported in the country with 83 deaths and 4 954 recoveries.

The first case of COVID-19 was confirmed in Eritrea on 21 March 2020. As of 17 October 2020, a total of 425 confirmed COVID-19 cases with no deaths were reported in the country. A total of 388 patients have recovered from the disease.

The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. As of 18 October 2020, a total of 5 780 cases have been reported in the country including 5 415 recoveries. A total of 116 associated deaths have been reported.

Ethiopia

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>14-May-19</td>
<td>12-May-19</td>
<td>6-Sep-20</td>
<td>14 728</td>
<td>12 738</td>
<td>257</td>
<td>1.70%</td>
</tr>
</tbody>
</table>

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.

The first case of COVID-19 was confirmed in Ethiopia on 12 March 2020. Since the confirmation of the first case on 13 March 2020, Ethiopia has confirmed a total of 89 137 cases of COVID-19 as of 18 October 2020, 1 352 deaths and 42 649 recoveries have been reported.

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

Gabon

<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>Gabon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>16-Oct-20</td>
<td>8 881</td>
<td>8 881</td>
<td>54</td>
<td>0.60%</td>
</tr>
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</table>

On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. As of 16 October 2020, a total of 8 881 cases including 54 deaths and 8 430 recovered have been reported in the country.

Since the beginning of 2020 to date, Ituri Province has reported a total of 124 cases and 17 deaths (CFR 13.7%) 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.

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 suspected cases of monkeypox with two deaths were reported across the country compared to 187 cases the preceding week. Between week 1 and week 40, a total of 6 231 suspected cases including 203 deaths (CFR 3.2%) were reported in 127 health zones from 17 out of 21 provinces in the country. During the same period in 2019, 4 311 suspected cases and 87 deaths (CFR 2.0%) were reported in 120 health zones from 16 provinces. One major challenge to the current emergency includes acquiring the required funding to respond to all the multiple ongoing outbreaks in the country.
### Health Emergency Information and Risk Assessment

**Health Emergency Information and Risk Assessment**

14-Oct-20

2.30%

13-May-20

COVID-19

1 833

4-Oct-20

Lassa fever

Ungraded

48

42

48

43.80%

13-May-20

No cVDPV2 cases were reported this week. So far, there have been 11 cases reported in 2020, while the total number of 2019 cases remains 18.

The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 18 October 2020, a total of 11 518 cases including 10 427 recovered cases and 70 deaths have been reported in the country.

Guinea Measles Ungraded 9-May-18 1-Jan-19 19-Oct-20 6 038 366 14 0.30%

 Guinea Lassa Fever Ungraded 11-Jul-20 11-Jul-20 4-Aug-20 1 1 1 100.00%

Three cVDPV2 cases were reported; two in Kankan and one in Nzerekore. 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).

**Country** | **Event** | **Grade** | **Date notified to WCO** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR**
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
Gambia | COVID-19 | Grade 3 | 17-Mar-20 | 17-Mar-20 | 14-Oct-20 | 3 649 | 3 649 | 118 | 3.20%

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 15 October 2020, a total of 3 649 confirmed COVID-19 cases including 118 deaths and 2 649 recoveries have been reported in the country.

Ghana COVID-19 Grade 3 12-Mar-20 12-Mar-20 14-Oct-20 47 232 47 232 310 0.70%

On 12 March 2020, the Ministry of Health announced two confirmed COVID-19 cases in the country. As of 14 October 2020, a total of 47 232 cases including 310 deaths and 46 578 recoveries have been reported in the country.

Ghana Poliomyelitis (cVDPV2) Grade 2 9-Jul-19 8-Jul-19 14-Oct-20 29 29 0 0.00%

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 currently 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 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 Kitil.

Lesotho COVID-19 Grade 3 13-May-20 13-May-20 14-Oct-20 1 833 1 833 42 2.30%

On 13 May 2020, WHO was notified of the first confirmed COVID-19 case in Lesotho. As of 14 October 2020, 1 833 cases of COVID-19 have been reported, including 961 recoveries and 42 deaths.

Liberia COVID-19 Grade 3 16-Mar-20 16-Mar-20 17-Oct-20 1 380 1 380 82 5.90%

From 16 March to 17 October 2020, a total of 1 380 cases including 82 deaths and 1 268 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 4-Oct-20 48 48 21 43.80%

No new confirmed case was reported during week 40 (week ending 4 October 2020). Of 153 suspected cases reported across the country from 1 January to 4 October 2020, 48 were confirmed. A total of 21 deaths (CFR 43.8%) have been reported among the confirmed cases.
Health Emergency Information and Risk Assessment

<table>
<thead>
<tr>
<th>Country</th>
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<th>Start of reporting period</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Liberia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Sep-17</td>
<td>1-Jan-19</td>
<td>30-Aug-20</td>
<td>805</td>
<td>93</td>
<td>3</td>
<td>0.40%</td>
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<tr>
<td>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>16-Oct-20</td>
<td>16 810</td>
<td>16 810</td>
<td>238</td>
<td>1.40%</td>
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<tr>
<td>Mali</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>n/a</td>
<td>n/a</td>
<td>13-Aug-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Mali</td>
<td>Measles</td>
<td>Ungraded</td>
<td>20-Feb-18</td>
<td>1-Jan-19</td>
<td>27-Sep-20</td>
<td>733</td>
<td>382</td>
<td>2</td>
<td>0.30%</td>
</tr>
<tr>
<td>Mali</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>3-Dec-19</td>
<td>1-Jan-20</td>
<td>4-Oct-20</td>
<td>134</td>
<td>4</td>
<td>1</td>
<td>0.70%</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>18-Oct-20</td>
<td>7 608</td>
<td>7 608</td>
<td>163</td>
<td>2.10%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>11-May-20</td>
<td>2-May-20</td>
<td>11-May-20</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Rift Valley Fever</td>
<td>Ungraded</td>
<td>9-Oct-20</td>
<td>4-Sep-20</td>
<td>28-Sep-20</td>
<td>36</td>
<td>36</td>
<td>13</td>
<td>36.10%</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>13-Oct-20</td>
<td>407</td>
<td>407</td>
<td>10</td>
<td>2.50%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>31-Jan-20</td>
<td>20-Sep-20</td>
<td>20-Sep-20</td>
<td>1 638</td>
<td>38</td>
<td>27</td>
<td>1.60%</td>
</tr>
</tbody>
</table>

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 Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 16 October 2020, a total of 16 810 cases have been reported in the country, out of which 16 215 have recovered and 238 deaths reported.

On 2 April 2020, the president of Malawi announced the first confirmed COVID-19 in the country. As of 18 October 2020, the country has a total of 5 857 confirmed cases with 181 deaths and 4 742 recoveries.

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 has had heavy rains since the end of June 2020, which have caused flooding in Mopti, Gao, Segou and Sikasso regions affecting over 13 200 people, including 5 400 IDPs.

On 25 March 2020, the Ministry of Health of Mali reported the first COVID-19 confirmed cases in the country. As of 18 October 2020, a total of 3 388 confirmed COVID-19 cases have been reported in the country including 132 deaths and 2 586 recoveries.

On 24 September 2020, the case was confirmed with CCHF by RT-PCR from the INRSP and transferred to the infectious diseases department where he was isolated and treated.

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

On 5 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 Aitar (Aitar, Tineri, Aghnemrite and Edebaye) were detected.

The Ministry of Health notified the WHO of 8 cases, including 7 deaths of Rift Valley Fever (RVF) (PCR positive) in breeders, which occurred between 13 September 2020 and 1 October 2020, in several localities in the departments of Tidjika and Moudjária (Tagant region), Guero department (Assaba region) and Chinguetti department (Afar region). The 7 deaths occurred in the Tagant region (5) and in the Assaba region (2). All these deaths occurred among hospitalized cases with fever and haemorrhagic syndrome (petechiae, gingivorrhagia) and vomiting, in the 3 departments of the region. As of 5 October 2020, a total of 88 samples of suspected cases have been sent to the National Institute for Public Health Research (INRSP): 36 were positive (by PCR and Elisa), 46 were negative. Six samples are still pending for results. Confirmed cases have been reported in 9 regions (Afar, Assaba, Brakna, Hodh EchChargui, Hodh El Gharbi, Tagant, Trarza, Gorgol and Nouakchott Sud). The continuous surveillance of RVF at the animal level has confirmed the outbreaks in the Assaba, Tagant, Brakna, Trarza and Hodh Elgcharbi regions. The results of 165 samples taken in the period from September 16 to 23, 2020, show that 33 camels, 4 small ruminants and 6 cattle were positive.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 13 October 2020, a total of 407 confirmed COVID-19 cases including 10 deaths and 371 recovered cases have been reported in the country.

A cholera outbreak is ongoing in Mozambique. From 11 January till 20 September 2020, a total of 1 638 cases including 27 deaths (CFR 1.6 %) were reported in Cabo Delgado province. Five districts, namely Mocimboa da Praia, macomia, Ibo, Pemba city and Metuge are affected.
### Health Emergency Information and Risk Assessment

#### Nigeria

<table>
<thead>
<tr>
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<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>22-Mar-20</td>
<td>22-Mar-20</td>
<td>18-Oct-20</td>
<td>10 866</td>
<td>10 866</td>
<td>75</td>
<td>0.70%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>25-Jun-20</td>
<td>1-Jan-20</td>
<td>22-Jul-20</td>
<td>862</td>
<td>140</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Namibia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>17-Oct-20</td>
<td>12 293</td>
<td>12 293</td>
<td>131</td>
<td>1.10%</td>
</tr>
<tr>
<td>Niger</td>
<td>Flooding</td>
<td>Ungraded</td>
<td>9-Sep-20</td>
<td>9-Sep-20</td>
<td>1-Aug-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>10-May-19</td>
<td>1-Jan-20</td>
<td>31-May-20</td>
<td>2 079</td>
<td>241</td>
<td>4</td>
<td>0.20%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jun-18</td>
<td>1-Jan-18</td>
<td>14-Oct-20</td>
<td>55</td>
<td>55</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 18 October 2020, a total of 10 866 confirmed COVID-19 cases were reported in the country including 75 deaths and 8 513 recoveries.

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

Two cases of COVID-19 were confirmed in Namibia on 14 March 2020. As of 17 October 2020, a total of 12 293 cases have been reported in the country including 10 422 cases who recovered with 131 deaths.

In weeks 35 and 36 (24 August - 06 September 2020), a total of 19 HEV cases were reported country-wide. Since the beginning of the outbreak in December 2017, a cumulative total of 10 072 cases (2 066 laboratory-confirmed, 4 520 epidemiologically linked, and 1 386 suspected cases) including 65 deaths (CFR 0.7%) have been reported countrywide. Khamas Region remains the most affected region, accounting for 5 071 (50%) of reported cases, followed by Erongo 1 864 (19%) since the outbreak began.

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, Naieme 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 humanitarians working for ACTED and their guide on 9 August 2020, killing all eight people. They were visiting a wildlife reserve near Kouré, in Tillabéri region. 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, Naieme and Tahoua regions), leading to fatalities, people displaced and severe damage. As of 9 September 2020, around 39 655 households have been affected, with 342 263 victims. 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 Tillabery regions.

From 19 March to 18 October 2020, a total of 1 210 cases with 69 deaths have been reported across the country. A total of 1 126 recoveries have been reported from the country.

### Namibia

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
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<th>Confirmed cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
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<tbody>
<tr>
<td>Namibia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>17-Oct-20</td>
<td>12 293</td>
<td>12 293</td>
<td>131</td>
<td>1.10%</td>
</tr>
</tbody>
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From 19 March to 18 October 2020, a total of 1 210 cases with 69 deaths have been reported across the country. A total of 1 126 recoveries have been reported from the country.

From week 1 to 22 of 2020, Nigeria reported a total measles suspected case count of 2 079 of which there were 241 lab confirmed (IgM positive) and 4 deaths in 8 regions: Agadez (50 cases, 0 deaths), Diffa (4 cases, 0 deaths), Dosso (27 cases, 0 deaths), Maradi (101 cases, 2 deaths), Naieme (23 cases, 0 deaths), Tahoua (62 cases, 1 death), Tillaberi (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, 24 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 18 October 2020, a total of 61 440 confirmed cases including 1 125 deaths and 56 611 recovered cases have been reported in the country.

A total of five new confirmed cases with one death were reported from three states - Ondo (three cases with one death), Edo (one case), and Ebonyi (one case) in week 41 (week ending 11 October 2020). From 1 January to 11 October 2020, a total of 1 117 cases (1 125 confirmed and 14 probable) with 242 deaths (CFR 21.7%) have been reported from 129 Local Government Areas across 27 states in Nigeria. A total of 12 contacts are currently being followed.

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.

**No cVDPV2 cases was reported this week. There are 3 cVDPV2 cases in 2020 including one environmental case, and 18 cVDPV2 cases were reported in 2019. 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 40 in 2020, a total of 1 843 suspected cases including 12 presumptive positive cases and 5 confirmed cases were reported. No associated death was 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.
<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>Rwanda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>18-Oct-20</td>
<td>4 974</td>
<td>4 974</td>
<td>34</td>
<td>0.70%</td>
</tr>
</tbody>
</table>

The Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. As of 18 October 2020, a total of 4 974 cases with 34 deaths and 4 783 recovered cases have been reported in the country.

| Sao Tome and Principe | COVID-19 | Grade 3 | 6-Apr-20 | 6-Apr-20 | 18-Oct-20 | 933 | 933 | 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 18 October 2020, a total of 933 confirmed cases of COVID-19 have been reported, including 15 deaths. A total of 898 cases have been reported as recoveries.

| Senegal | COVID-19 | Grade 3 | 2-Mar-20 | 2-Mar-20 | 18-Oct-20 | 15 418 | 15 418 | 317 | 2.10% |

Between 2 March 2020 and 18 October 2020, a total of 15 418 confirmed cases of COVID-19 including 317 deaths have been reported from Senegal. A total of 13 814 cases have recovered.

| 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 (gingivostomatitis, petechiae). 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 1 June 2020 onward had found 6 suspect cases who then tested negative for dengue. No other cases have been reported as of 21 September 2020. 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 the patient tested positive for YF via seroneutralization technique.

| Seychelles | COVID-19 | Grade 3 | 14-Mar-20 | 14-Mar-20 | 18-Oct-20 | 148 | 148 | 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 18 October 2020, 148 cases have been confirmed for COVID-19 in total, including 147 recoveries and no deaths.

| Sierra Leone | COVID-19 | Grade 3 | 31-Mar-20 | 27-Mar-20 | 18-Oct-20 | 2 330 | 2 330 | 73 | 3.10% |

On 31 March 2020, the President of Sierra Leone reported the first COVID-19 case in the country. As of 18 October 2020, a total of 2 330 confirmed COVID-19 cases were reported in the country including 73 deaths and 1 760 recovered cases.

| South Africa | COVID-19 | Grade 3 | 5-Mar-20 | 3-Mar-20 | 18-Oct-20 | 703 793 | 703 793 | 18 471 | 2.50% |

The first case of COVID-19 was reported in South Africa on 5 March 2020. As of 18 October 2020, there has been a cumulative total of 703 793 cases, with 18 471 deaths and 634 543 recoveries.

| South Sudan | Floods | Grade 1 | 1-May-20 | 1-May-20 | 1-Sep-20 | - | - | - | - |

From early May 2020, several countries 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 up to respond 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 | 18-Oct-20 | 2 847 | 2 847 | 55 | 1.90% |

On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 18 October 2020, a total of 2 847 confirmed COVID-19 cases were reported in the country including 55 deaths and 2 655 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 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).
<table>
<thead>
<tr>
<th>Country, United Republic of</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>Tanzania, United Republic of</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>18-Oct-20</td>
<td>509</td>
<td>509</td>
<td>21</td>
<td>4.10%</td>
</tr>
</tbody>
</table>

The Ministry of Health, Community Health Community Development, Gender, Elderly and Children 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 | 18-Oct-20 | 2 057 | 2 057 | 51 | 2.50% |

Detailed update given above.

| Togo | Poliomyelitis (cVDPV2) | Grade 2 | 18-Oct-19 | 13-Sep-19 | 14-Oct-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.

| Togo | Yellow Fever | Ungraded | 20-Jul-17 | n/a | 15-Sep-20 | - | - | - | - |

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.

| 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 | 20-Jul-17 | n/a | 15-Sep-20 | - | - | - | - |

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, Nudenget Subcounty who was seen on 29 April 2020 with acute watery diarrhoea and severe dehydration. On 4 May 2020 more cases with similar symptoms from the same location with the index case were seen and cholera was suspected. On 11 May 2020, CPHL confirming *Vibrio cholerae* serotype 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 | 17-Oct-20 | 10 590 | 10 590 | 97 | 0.90% |

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 17 October 2020, a total of 10 590 confirmed COVID-19 cases, 6 992 recoveries with 97 deaths.

| Zambia | COVID-19 | Grade 3 | 18-Mar-20 | 18-Mar-20 | 18-Oct-20 | 15 853 | 15 853 | 346 | 2.20% |

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 18 October 2020, a total of 15 853 confirmed COVID-19 cases were reported in the country including 346 deaths and 15 005 recoverd cases.

| Zambia | Poliomyelitis (cVDPV2) | Grade 2 | 17-Oct-19 | 16-Jul-19 | 14-Oct-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 | 4-Aug-20 | 406 | 1 | 0 | 0.20% |

The anthrax outbreak is ongoing in Zimbabwe. 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 39 when cases were reported in some other areas. Ten new anthrax cases and no deaths were reported in epidemiological week 40 (week ending on 4 October 2020). The reported cases are from Gokwe North District (9), Gokwe South District (1) in Midlands Province. Since 1 January to 4 October 2020, a total of 406 cases were reported.

| Zimbabwe | COVID-19 | Grade 3 | 20-Mar-20 | 20-Mar-20 | 18-Oct-20 | 8 147 | 8 147 | 231 | 2.80% |

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 18 October 2020, a total of 8 147 confirmed COVID-19 cases were reported in the country including 231 deaths and 7 678 cases that recovered.

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

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