WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 47: 16 - 22 November 2020
Data as reported by: 17:00; 22 November 2020

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- cVDPV2
- Floods
- COVID-19
- Anthrax
- Malaria
- Cases
- Deaths
- Humanitarian crisis
- Hepatitis E
- Yellow fever
- Dengue fever
- Ebola virus disease
- Chikungunya
- Leishmaniasis
- Crimean-Congo haemorrhagic fever
- Anthrax
- COVID-19
- Malaria
- Floods
- West Nile fever
- Rift Valley fever
- Cases
- Deaths

Countries outside African Region
WHO Member States with no reported events
Not applicable

"The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderlines for which there may not yet be full agreement."
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:

- End of outbreak declaration Ebola virus disease (EVD) in Équateur Province, Democratic Republic of the Congo
- Coronavirus disease 2019 (COVID-19) in Ethiopia
- Humanitarian crisis in Ethiopia and Horn of Africa region.

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:**

- The 11th Ebola virus disease outbreak in Democratic Republic of the Congo in Équateur Province was declared over on 18 November 2020 by the National Minister of Health. However, although human-to-human transmission has been broken, Ebola Zaire virus still exists in animal reservoirs, which means that robust surveillance systems need to be maintained in order to rapidly detect, isolate and treat any cases that emerge in human populations in the future.

- Ethiopia’s COVID-19 case numbers and deaths are among the top 10 in the region and although incidence cases declined from a peak in July, cases started to rise again in mid-September and are now fluctuating around a plateau. Although the average positivity rate in the country is around 6%, there are areas with positivity rates in double figures and in the past few weeks, while testing has been decreasing, the positivity rate has been increasing, raising concerns over a possible new increase in case numbers.

- The new humanitarian crisis in Ethiopia, resulting from the conflict in the Tigray region, is of grave concern, resulting in significant population displacement, both internally and across the border into Sudan. This crisis is occurring in the context of multiple and recurrent health emergencies and poor food security, as well as an already established population of internally displaced persons and refugees, all of whom have major humanitarian needs.
End of Ebola virus disease outbreak declaration

**EVENT DESCRIPTION**

On 18 November 2020, the National Minister of Health of the Democratic Republic of the Congo officially declared the end of the 11th outbreak of Ebola virus disease (EVD) in Democratic Republic of the Congo, in Équateur Province, which had been ongoing since June 2020. This statement is based on the fact that no more confirmed or probable cases of EVD have been identified and reported in Equateur Province since 28 September 2020. In addition, the last confirmed case of EVD treated at the Lusengo isolation centre in Makanza Health Zone, received a second negative PCR test on 6 October 2020.

This outbreak lasted 170 days from the date of declaration on 1 June 2020; however, the onset of symptoms of the first confirmed cases was estimated to have been around 8 May 2020. The outbreak started in the Mbandaka Health Zone, one of the three urban health zones in the city of Mbandaka and then spread to 12 other health zones in Equateur Province, mainly in rural health zones, with poor telecommunications networks and difficult road access. A total of 41 health areas reported at least one confirmed or probable case of EVD during the outbreak, with five health zone recording 79.2% of total cases: Bikoro (n=32; 24.6%), Mbandaka (n=25; 19.2%), Lotumbe (n=17; 13.1%), Bolomba (n=16; 12.3%) and Ingende (n=13; 10.0%).

There was a cumulative total of 130 cases, of which 119 were confirmed and 11 probable, with 55 deaths (case fatality ratio 42.3%). Among confirmed cases the CFR was 37.0% (44 deaths/119 confirmed cases). A total of 75 cases were declared cured, a rate of 57.7%.

The ages of the cases ranged from 2 months to 85 years, with 50% of cases under the age of 34 years. Most cases were in the age group 31-40 years, followed by the age group 41-50 years. Men were slightly more affected than women with a sex ratio of 1.2:1. The case fatality ratio among men was 41.7% (30/72) and among women 43.1% (25/58). The proportion of cases of deaths was also slightly higher among men (42.3%) than among women (37.0%).

The median time between onset of symptoms and notification of cases was five days. Three health workers were infected with EVD during this outbreak, with two deaths recorded.

Genomic sequencing at the National Institute of Biomedical Research confirmed the circulation of a new viral strain, showing that this was the 11th outbreak of EVD in the country. However, four of the cases in Butela in the Iboko Health Zone were linked to the viral strain that was the origin of the ninth outbreak of EVD in the country, which also occurred in Equateur Province in 2018.

**PUBLIC HEALTH ACTIONS**

- Outbreak response was led by the Ministry of Health with support from WHO and partners.
- Between 1 June and 17 November 2020, a total of 84 137 alerts were issued by different health zones, with an average of 88.4% investigated daily, of which 23 138 were investigated (a daily proportion of 27.2%).
- Infection prevention and control interventions were conducted in more than 221 health facilities and 11 967 providers were briefed; 595 kits were provided to different facilities (schools, health facilities, households) and 165 decontaminations were performed.
- Twenty three EVD laboratories were operational in Bikoro, Bolomba, Ingende, Itipo (in Iboko Health Zone) and Mbandaka, with 15 268 samples analysed.
- Vaccination activities started on 5 June 2020, with a total of at least 20 vaccination teams deployed in the affected health zones, with the rVSV-ZEBOV-GP vaccine the only one used through this outbreak, in which a total of 41 552 people were vaccinated.
- Nineteen isolation and care structures were set up in the affected areas, with the median time between case notification and isolation at zero days.
- Contact follow-up was generally good, with 84.2% of 20 738 listed contacts followed-up.
- A total of 10 908 suspected cases were collected, with 1 990 of the living cases agreeing to be transferred to isolation and care facilities.
carried out in households and health facilities. A total of 828 secure and dignified burial (SDB) alerts were received both via health facilities and through community reports, with 153 (18.5%) SDBs carried out.

Risk communication and community engagement activities reached 626,295 households and 3.6 million people, with educational talks reaching 98,247 people.

**SITUATION INTERPRETATION**

Response efforts in this outbreak were mounted in the context of significant logistical challenges, including poor cellular networks and limited ground transport, which complicated transportation and testing of quality laboratory samples and delayed deployment of technical experts to affected areas. The risk of re-emergence of EVD remains, even after human-to-human transmission has been interrupted because Ebola Zaire virus is present in animal reservoirs in the region and can persist in the bodily fluids of some survivors for several months, although secondary transmission is rare. This means that cases of EVD may continue to be reported in Democratic Republic of the Congo. A post-Ebola operational plan to strengthen the health system and community resilience in Equateur Province is being finalized. In addition robust and coordinated surveillance systems must be maintained to rapidly detect, isolate, test and provide care for new suspected cases and operations must continue for EVD survivors.
EVENT DESCRIPTION

In the African region, the number of new cases continues to increase gradually with over 45,409 new cases and 649 new deaths reported in the past week. With a total of 1,439,796 cases and 32,576 deaths reported in the region, the top 10 countries (South Africa, Ethiopia, Kenya, Algeria, Nigeria, Ghana, Cameroon, Côte d’Ivoire, Madagascar and Zambia) account for 85% of all cases and 88% of all deaths. In total, 13 countries experienced increases in new cases above 20% over the last seven days, while there were 17 countries with a decrease. Kenya is currently reporting the second highest number of weekly new cases after South Africa. Deaths in the region have declined, driven mainly by decreases in new deaths in South Africa. However, Kenya and Algeria are experiencing increasing death trends. Eritrea and Seychelles have not recorded any COVID-19 related deaths. As of 22 November, 1,247,645 recovered cases and 55,886 health worker infections have been registered in 45 countries. Diverse transmission classifications continue to be experienced across the region.

Ethiopia remains in the top 10 countries reporting COVID-19 in the African region, coming second to South Africa in cumulative numbers of confirmed cases and third in the region for numbers of deaths. Like most countries in the region, Ethiopia saw a peak in infections from the end of July to the beginning of August 2020, after which new cases fell consistently until mid-September 2020, when there was again a rising number of cases. However, since early October 2020, the number of new cases and the seven-day rolling average number of cases has plateaued.

As of 22 November 2020, a cumulative total of 105,785 confirmed COVID-19 cases with 1,647 deaths (case fatality ratio 1.5%) have been reported across the country. The city of Addis Ababa accounts for 51% (54,258) of the confirmed cases. There are currently 38,445 active cases of COVID-19, with 333 patients with severe disease. The total number of recoveries is 65,691 (62%).

A total of 1,595,643 PCR tests have been conducted, with an average positivity rate of 6.6%. In the past seven days, 3,065 cases were reported, giving a positivity rate of 9.1%, with Addis Ababa and Oromia accounting for 88% of the cases. Over the same time period, Oromia, Sidama and Harari have recorded positivity rates of 17.1%, 10.4% and 22.5% respectively. From week 41 (week ending 10 October 2020) to week 47 (week ending 21 November 2020) the number of daily tests has been falling, while the positivity rate has risen.

Overall, 61% of cases are female, with 74% of cases between the ages of 15-44 years. A total of 1,916 health workers have been reported to have confirmed infections.

PUBLIC HEALTH ACTIONS

- Daily briefings of the public health emergency operations committee are held, while the regional COVID-19 incident management system and UN Forum meetings are supported in the various regions of the country.
- Daily situation reports are prepared and shared with WHO African Regional Office and with all UN agencies and partners in the country.

105 785 | 1 647 | 1.5%
Cases | Deaths | CFR

Go to overview

Go to map of the outbreaks
(IDPs) and casualties for regions bordering the conflict zones in Tigray Region.

- Plans to distribute severe acute malnutrition kits to major health facilities in Assossa zone and Guba woreda in Matekel zone, Benishangul-Gumez Region, targeting IDPs in two sites in Guba woreda.

- The post-campaign monitoring of the round two polio vaccination campaign in selected zones of six priority regions took place from 13-16 November 2020.

**SITUATION INTERPRETATION**

Ethiopia is one of the countries severely affected by COVID-19 in the African region, with numbers of new cases and deaths currently fluctuating around a plateau. However, the humanitarian crisis around the Tigray region is affecting both COVID and non-COVID activities and reporting, particularly in the context of extensive population movements. In addition, there are reported low levels of adherence to non-pharmaceutical prevention measures such as wearing face masks, physical distancing and hand hygiene, as well as lack of COVID-19 operational funds in some regions. The current security situation in the country is of grave concern and all efforts must be made by national and local authorities, international agencies and partners to continue surveillance and monitoring to prevent worsening of the COVID-19 and other disease outbreaks.
EVENT DESCRIPTION

The relationship between the Ethiopian Federal Government and the Tigray Regional Government has been severely stressed since regional elections were conducted in Tigray on 9 September 2020. On 4 November 2020, there were armed clashes between the Ethiopian Defense Force (EDF) and the Tigray Regional Security Forces (TRSF) at border locations between Amhara and Tigray regions. The Prime Minister of Ethiopia declared a state of emergency in Tigray that will initially last for six months and on 7 November 2020 the Ethiopian parliament approved the formation of an interim government to replace regional government in Tigray. Airstrikes and shelling have been reported in key locations in Mekelle, Tigray since 4 November 2020 and clashes continue in locations in the Amhara-Tigray regional border areas. There are also reports of a heavy military buildup at the border between Amhara and Afar regions.

According to reports from the UN Office for the Coordination of Humanitarian Affairs (OCHA) the humanitarian impact of the ongoing conflict between federal and Tigray regional forces is increasing, with mass population movement reported in the region, both of internally displaced persons (IDPs) and also increasing numbers of Ethiopians crossing into Sudan. An average of 4,000 people a day are reported to be crossing into Sudan through three border points, including Harer and Keren (about 1,500 people), Seghali (roughly 300 people) and Abderafi (at least 98 people). More than 27,000 people are estimated to have already fled to Sudan since 10 November 2020. This influx of people is rapidly overwhelming response capacity. Current priority needs are shelter, food, water and relocation to safe areas away from the borders.

Similarly, there are reports of people in southern Tigray crossing into Amhara region, as well as people in areas in Amhara bordering Tigray moving further inland away from conflict zones. Reports from Tigray indicate that there is a significant shortage of cash resulting from bank closures in the past day, which has impacted all households. Phone and internet remain cut and basic services such as healthcare and clean water, as well as basic commodity supplies such as food and medicine remain interrupted.

Access to health services is poor due to limited healthcare facilities, limited staff and inadequate medical supplies at available public facilities. Disruption of routine health services such as immunization, predisposes the community to outbreaks of vaccine-preventable diseases. In addition, the rainy season is about to start, and with it the risk of vector- and water-borne diseases. This is coupled with the very high risk of communicable diseases because of overcrowding and poor hygiene in IDP sites. Additionally, Tigray is one of the regions of the country most affected by COVID-19 and daily testing capacity in the region is challenged by shortages of reagents and testing kits. Health facilities near IDP camps are becoming overwhelmed by the demand for consultations, which have increased three-fold.

PUBLIC HEALTH ACTIONS

The UN, WHO and partner organizations are committed to delivering humanitarian assistance to people in need and in ensuring the safety of aid workers.

WHO has initiated an emergency grading process after a rapid risk assessment.

UNHCR Ethiopia is leading a daily inter-agency coordination cell to discuss the evolving situation.

Go to overview Go to map of the outbreaks
Major issues and challenges

- Although the 11th Ebola virus disease outbreak in Democratic Republic of the Congo, Équateur Province has been declared over, the Ebola Zaire virus still remains in animal reservoirs in the region, so the potential for future outbreaks remains.
- Ethiopia remains in the top 10 countries reporting COVID-19 in the African region, second to South Africa in confirmed cases and third in deaths. Although the daily reported numbers appear to have plateaued, poor adherence to wearing masks in public, physical distancing and hand hygiene may potentially result in an increase in cases once again.
- The new humanitarian crisis in Ethiopia is of grave concern in a region already faced with multiple protracted emergencies and poor food security. Population displacement both internally and across borders threatens to overwhelm already stressed health services and disrupt supply chains, leading to significant lack of basic services for internally displaced and refugee populations.

Proposed actions

- National authorities and partners in Democratic Republic of the Congo need to maintain robust and coordinated surveillance systems and implement the post-Ebola operational plan in order to prevent a resurgence of the disease in a country where the Ebola Zaire virus is endemic in animal reservoirs.
- Authorities in Ethiopia need to maintain strong COVID-19 surveillance systems and also enhance risk communication and community engagement strategies to deal with poor adherence to non-pharmaceutical prevention measures against the virus.
- The evolving humanitarian crisis in the Tigray region of Ethiopia requires urgent intervention by national and international authorities to mitigate the effects on an already stressed population and to prevent further destabilization in a fragile region.
### Health Emergency Information and Risk Assessment

**Health Emergency Information and Risk Assessment**

On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 22 November 2020, a total of 14 493 confirmed COVID-19 cases have been reported in the country with 337 deaths and 7 336 recoveries.

Five cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; one each in Ouagadougou, Kaya and Dori and two in Fada. There are now 45 cVDPV2 cases reported in 2020, with 8 cases reported in 2019. These cases are all linked to the Jigawa outbreak in Nigeria.

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 1 034 609 internally displaced persons registered as of 30 September 2020 in all 13 regions in the country. The presence of jihadist groups and self-defence units have created an increasingly volatile security situation. A cumulative number of 216 security incidents were reported from January to September 2020. The health system remains strongly impacted by the security situation in Burkina Faso. Attacks on the health system, intimidation and kidnapping of health workers, theft of medicines, were reported during the month of August 2020. As of 30 September 2020, according to the report from the Ministry of Health, at least 13 fatalities, 19 injured people, and a number of displaced people across the aforementioned regions.

**All events currently being monitored by WHO AFRO**

<table>
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<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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<td>8-May-19</td>
<td>1-Jan-19</td>
<td>18-Nov-20</td>
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**From 25 February to 22 November 2020, a total of 74 862 confirmed cases of COVID-19 with 2 275 deaths (CFR 3.0%) have been reported from Algeria. A total of 48 794 cases have recovered.**

**The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 22 November 2020, a total of 14 493 confirmed COVID-19 cases have been reported in the country with 337 deaths and 7 336 recoveries.**

**From 1 January 2020 to 14 October 2020, Angola reported a total of 1 312 suspected cases that have been notified and investigated of which 1 027 have been confirmed (329 by laboratory and 698 by epidemiological linkage). There was a total of 5 deaths reported from 1 January to 1 July 2020 in 14 provinces across Angola; there is no further information regarding deaths for this current period. 80% of the confirmed cases are <5 years of age; 14% are aged 5-9 years; 3% are 10-14 years of age. 15 out of 18 provinces are affected. The most affected provinces are Cabinda, Malanje, Bie, Luanda, Huambo and Uige.**

**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 cases reported in 2019 remain 130. These cases are from several outbreaks which occurred in 2019.**

**As of Week 39, Benin reported a total of 198 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 17 November 2020, a total of 2 916 cases have been reported in the country with 43 deaths and 2 704 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 19 November 2020, a total of 9 594 confirmed COVID-19 cases were reported in the country including 31 deaths and 7 296 recovered cases.**

**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 1 034 609 internally displaced persons registered as of 30 September 2020 in all 13 regions in the country. The presence of jihadist groups and self-defence units have created an increasingly volatile security situation. A cumulative number of 216 security incidents were reported from January to September 2020. The health system remains strongly impacted by the security situation in Burkina Faso. Attacks on the health system, intimidation and kidnapping of health workers, theft of medicines, were reported during the month of August 2020. As of 30 September 2020, according to the report from the Ministry of Health, 95 health facilities were closed, which is 7.5% of the health facilities in six regions affected by insecurity, and 199 other health facilities are working partially. Since 5 September 2020, heavy rain continues to affect central Burkina Faso (particularly the Centre Region, including the area of the capital Ouagadougou, and the Centre-Nord Region), triggering floods that have resulted in casualties and damage. As of 9 September 2020, the government declared a state of national disaster. Media report, as of 10 September 2020, at least 13 fatalities, 19 injured people, and a number of displaced people across the aforementioned regions.**

**Between 9 March and 21 November 2020, a total of 2 735 confirmed cases of COVID-19 with 68 deaths and 2 532 recoveries have been reported from Burkina Faso.**

**From 8 September to 15 November 2020, there have been 336 suspected cases of febrile jaundice detected in IDPs in Barsalogho health district, North Central Region of Burkina Faso. This includes 15 out of 16 deaths that were among pregnant or postpartum women. Of the 165 cases notified, 105 samples were taken. Eight out of nine samples were IgM positive for hepatitis E; seroneutralization results revealed 4 positive yellow fever results, however with very low titres; and 0 samples tested RT-PCR positive for yellow fever. In sum, this has now been confirmed as a hepatitis E outbreak.**

**Five cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported; one each in Ouagadougou, Kay and Dorri and two in Fada. There are now 45 cVDPV2 cases in the country. Burkina Faso is affected by different outbreaks, one linked to the Jigawa outbreak in Nigeria and one to the Savanes outbreak in Togo.**

**On 31 March 2020, the Minister of Health in Burundi reported the first two confirmed cases of COVID-19. As of 15 November 2020, the total confirmed COVID-19 cases is 664, including one death and 591 recovered.**
Burundi has been experiencing measles outbreaks since November 2019 in camps hosting Congolese refugees and the disease has recently been spreading in the host community in the district of Cibitoke. As of 9 August 2020, Burundi has reported a total of 989 confirmed measles cases of which 154 are lab-confirmed and the rest were clinically compatible cases and epidemically linked. The current outbreak is affecting the following districts: Bukinanyana (Cibitoke province), Ngozo (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.

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.

The cholera outbreak, which was notified on 1 April 2020, is ongoing, with fluctuating numbers of cases reported from Central, Littoral and South West regions. From week 17 (week ending 25 April 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 939 (50.8%) cases and 53 (67%) deaths, followed by South, with 767 (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 affected.

The Ministry of Health and population announced the confirmation of the first COVID-19 case on 6 March 2020. As of 21 November 2020, a total of 23 842 cases have been reported, including 435 deaths and 22 443 recoveries.

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 any new 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), Awa (1 case), Ngoundal (1 case), Ngong (1 case), Gudilgou (1 case). Fifty percent of cases are aged between 9 to 59 months.

One cVDPV2 positive environmental sample was reported in Sud province. Four cVDPV2 cases have been reported from the country so far in 2020.

The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 22 November 2020, a total of 10 276 confirmed COVID-19 cases including 104 deaths and 9 730 recoveries were reported in the country.

Civil unrest and food insecurity in most parts of the country, including major cities, continue to cause a complex humanitarian situation. The security situation remains tense with the persistence of inter-ethnic tensions within rival armed groups in the Northeast of the country, mainly in Ndele, Birao, Batangafo and Bria. In the first half of 2020, 192 incidents affecting humanitarian workers were recorded, including 2 deaths and 17 injured. Around 659 000 people are internally displaced in Central Africa.

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 18 November 2020, a total of 4 911 confirmed cases, 63 deaths and 4 817 recovered were reported.

As of 14 October 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.
From 14 August to 19 November 2020, there have been 38 386 cases of Chikungunya recorded and 1 death. 4 provinces are affected: Ouaddai, Wadifira, Sila and Guera 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.

### Table: Disease Outbreaks

<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>
<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>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>1-Jan-20</td>
<td>11-Oct-20</td>
<td>16 456</td>
<td>-</td>
<td>256</td>
<td>1.60%</td>
</tr>
<tr>
<td></td>
<td>Cholera</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>10-Mar-20</td>
<td>21-Nov-20</td>
<td>12 239</td>
<td>12 238</td>
<td>328</td>
<td>2.70%</td>
</tr>
<tr>
<td></td>
<td>Measles</td>
<td>Grade 2</td>
<td>10-Jan-17</td>
<td>1-Jan-20</td>
<td>6-Sep-20</td>
<td>70 899</td>
<td>1 317</td>
<td>1 026</td>
<td>1.40%</td>
</tr>
<tr>
<td></td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>29-Oct-19</td>
<td>29-Oct-19</td>
<td>18-Nov-20</td>
<td>52</td>
<td>52</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>9-Sep-19</td>
<td>18-Nov-20</td>
<td>91</td>
<td>91</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td></td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-18</td>
<td>1-Jan-19</td>
<td>21-Nov-20</td>
<td>8 640</td>
<td>547</td>
<td>40</td>
<td>0.50%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-May-19</td>
<td>24-May-19</td>
<td>18-Nov-20</td>
<td>24</td>
<td>24</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Chad</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>22-Nov-20</td>
<td>1 642</td>
<td>1 642</td>
<td>101</td>
<td>6.20%</td>
</tr>
<tr>
<td>Comoros</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>30-Apr-20</td>
<td>30-Apr-20</td>
<td>19-Nov-20</td>
<td>592</td>
<td>592</td>
<td>7</td>
<td>1.20%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Measles</td>
<td>Grade 2</td>
<td>10-Jan-17</td>
<td>1-Jan-20</td>
<td>6-Sep-20</td>
<td>70 899</td>
<td>1 317</td>
<td>1 026</td>
<td>1.40%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>29-Oct-19</td>
<td>29-Oct-19</td>
<td>18-Nov-20</td>
<td>52</td>
<td>52</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Humanitarian crisis</td>
<td>Grade 3</td>
<td>20-Dec-16</td>
<td>17-Apr-17</td>
<td>20-Sep-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>1-Jan-20</td>
<td>11-Oct-20</td>
<td>16 456</td>
<td>-</td>
<td>256</td>
<td>1.60%</td>
</tr>
<tr>
<td>Chad</td>
<td>Measles</td>
<td>Grade 1</td>
<td>27-Aug-20</td>
<td>28-Aug-20</td>
<td>19-Nov-20</td>
<td>38 386</td>
<td>22</td>
<td>1</td>
<td>0.00%</td>
</tr>
<tr>
<td>Chad</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>19-Mar-20</td>
<td>19-Mar-20</td>
<td>22-Nov-20</td>
<td>1 642</td>
<td>1 642</td>
<td>101</td>
<td>6.20%</td>
</tr>
<tr>
<td>Chad</td>
<td>Measles</td>
<td>Grade 1</td>
<td>27-Aug-20</td>
<td>28-Aug-20</td>
<td>19-Nov-20</td>
<td>38 386</td>
<td>22</td>
<td>1</td>
<td>0.00%</td>
</tr>
<tr>
<td>Congo</td>
<td>Cholera</td>
<td>Grade 1</td>
<td>22-Jan-19</td>
<td>1-Jan-20</td>
<td>2-Aug-20</td>
<td>71</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>16-Nov-20</td>
<td>5 632</td>
<td>5 632</td>
<td>93</td>
<td>1.70%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Measles</td>
<td>Grade 2</td>
<td>10-Jan-17</td>
<td>1-Jan-20</td>
<td>6-Sep-20</td>
<td>70 899</td>
<td>1 317</td>
<td>1 026</td>
<td>1.40%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>29-Oct-19</td>
<td>29-Oct-19</td>
<td>18-Nov-20</td>
<td>52</td>
<td>52</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Humanitarian crisis</td>
<td>Grade 3</td>
<td>20-Dec-16</td>
<td>17-Apr-17</td>
<td>20-Sep-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Measles</td>
<td>Grade 2</td>
<td>10-Jan-17</td>
<td>1-Jan-20</td>
<td>6-Sep-20</td>
<td>70 899</td>
<td>1 317</td>
<td>1 026</td>
<td>1.40%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>29-Oct-19</td>
<td>29-Oct-19</td>
<td>18-Nov-20</td>
<td>52</td>
<td>52</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

For the complete list of events and updates, please refer to the latest Provincial and Regional Weekly Situation Reports.
<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>Monkeypox</td>
<td>Ungraded</td>
<td>n/a</td>
<td>1-Jan-20</td>
<td>18-Oct-20</td>
<td>6 231</td>
<td>39</td>
<td>203</td>
<td>3.30%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Plague</td>
<td>Ungraded</td>
<td>12-Mar-19</td>
<td>1-Jan-20</td>
<td>4-Oct-20</td>
<td>124</td>
<td>-</td>
<td>17</td>
<td>13.70%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Polioyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>15-Feb-18</td>
<td>1-Jan-18</td>
<td>18-Nov-20</td>
<td>171</td>
<td>171</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>14-Mar-20</td>
<td>14-Mar-20</td>
<td>19-Nov-20</td>
<td>5 130</td>
<td>5 130</td>
<td>85</td>
<td>1.70%</td>
</tr>
<tr>
<td>Eritrea</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>21-Nov-20</td>
<td>551</td>
<td>551</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Eswatini</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>22-Nov-20</td>
<td>6 219</td>
<td>6 219</td>
<td>120</td>
<td>1.90%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Humanitarian crisis (conflict in Tigray)</td>
<td>Grade 2</td>
<td>4-Nov-20</td>
<td>4-Nov-20</td>
<td>18-Nov-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>14-May-19</td>
<td>12-May-19</td>
<td>31-Oct-20</td>
<td>14 728</td>
<td>-</td>
<td>257</td>
<td>1.70%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jan-17</td>
<td>1-Jan-19</td>
<td>31-Oct-20</td>
<td>1 873</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Polioyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-Jun-19</td>
<td>20-May-19</td>
<td>18-Nov-20</td>
<td>35</td>
<td>35</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Gabon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>12-Mar-20</td>
<td>12-Mar-20</td>
<td>20-Nov-20</td>
<td>9 131</td>
<td>9 131</td>
<td>59</td>
<td>0.60%</td>
</tr>
<tr>
<td>Gambia</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>17-Mar-20</td>
<td>17-Mar-20</td>
<td>20-Nov-20</td>
<td>3 726</td>
<td>3 726</td>
<td>123</td>
<td>3.30%</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>18-Nov-20</td>
<td>50 874</td>
<td>50 874</td>
<td>330</td>
<td>0.60%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Polioyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>9-Jul-19</td>
<td>8-Jul-19</td>
<td>18-Nov-20</td>
<td>30</td>
<td>30</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

During week 40 (week ending 18 October 2020), a total of 73 suspected cases of monkeypox with two deaths were reported across the country. Between week 1 and week 40, a total of 6 231 suspected cases including 203 deaths (CFR 3.3%) were reported in 127 health zones from 17 out of 26 provinces in the country. During the same period in 2019, 4 311 suspected cases and 87 deaths (CFR 2.0%) were reported in 124 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.

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 with two deaths were reported across the country. Between week 1 and week 40, a total of 6 231 suspected cases including 203 deaths (CFR 3.3%) were reported in 127 health zones from 17 out of 26 provinces in the country. During the same period in 2019, 4 311 suspected cases and 87 deaths (CFR 2.0%) were reported in 124 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.

During the same period in 2019, 4 311 suspected cases and 87 deaths (CFR 2.0%) were reported in 124 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.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. The total number of cVDPV2 cases reported is 35.
The Ministry of Health in Guinea announced the first confirmed case of COVID-19 on 13 March 2020. As of 21 November 2020, a total of 12 826 cases including 11 838 recovered cases and 75 deaths have been reported in the country.

A case of Lassa fever was confirmed on 11 July 2020 by the Haemorrhagic Fever laboratory in Guéckédou. The case patient is a 28-year-old, female, 22 weeks of pregnancy, living in the village of Konkand, in the rural district of Koundou Lengo Bengou. She fell ill on 07 June 2020 with chest pain and no history of travel or being in contact with a foreigner a month before her illness. She consulted at Koundou health centre on 10 July 2020, with fever, cough, myalgia, diarrhoea, vomiting, sore throat, and chest pain. The malaria RDT performed was positive. She was treated for malaria and transferred to Guéckédou hospital the same day, where the diagnosis of haemorrhagic fever was made. A diagnostic test for haemorrhagic fever performed at the Haemorrhagic Fever laboratory in Guéckédou was positive for Lassa fever. The patient died the next day. A dignified and secure burial was carried out by the Red Cross on 12 July 2020.

During week 39 (week ending 26 September 2020) there has been a total of 6 038 cases with 366 confirmed and 14 deaths in 2020. During week 44 of 2019 (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, Wandelana in Ratonha health district, Dounet in Mamou health district and Soublepora in Tougue health district.

On 2 April 2020, the president of Malawi announced the first confirmed cases of COVID-19 in the country. As of 22 November 2020, the country has a total of 6 003 confirmed cases and 75 deaths have been reported in the country.

### Health Emergency Information and Risk Assessment

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
<th>Total cases</th>
<th>Confirmed Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea</td>
<td>Measles</td>
<td>Ungraded</td>
<td>9-May-18</td>
<td>6 038</td>
<td>366</td>
<td>0.30%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Guinea Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>22-Jul-20</td>
<td>2 421</td>
<td>43</td>
<td>1.80%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Guinea Measles</td>
<td>Ungraded</td>
<td>9-May-18</td>
<td>6 038</td>
<td>366</td>
<td>0.30%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Guinea Lassa Fever</td>
<td>Ungraded</td>
<td>11-Jul-20</td>
<td>1 196</td>
<td>711</td>
<td>2.30%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Guinea COVID-19</td>
<td>Grade 3</td>
<td>25-Mar-20</td>
<td>1 554</td>
<td>82</td>
<td>0.60%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Guinea Lassa Fever</td>
<td>Ungraded</td>
<td>11-Jul-20</td>
<td>1 196</td>
<td>711</td>
<td>2.30%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Guinea Measles</td>
<td>Ungraded</td>
<td>9-May-18</td>
<td>6 038</td>
<td>366</td>
<td>0.30%</td>
</tr>
</tbody>
</table>

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 29 cVDPV2 cases in the country.
### Health Emergency Information and Risk Assessment

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 13,000 people, including 5,000 IDPs.

### Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Confirmed Cases</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mali</td>
<td>Measles</td>
<td>Ungraded</td>
<td>20-Feb-18</td>
<td>1-Jan-19</td>
<td>8-Nov-20</td>
<td>759</td>
<td>385</td>
<td>2</td>
<td>0.30%</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-Nov-20</td>
<td>8,075</td>
<td>8,075</td>
<td>169</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>Grade 1</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>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>18-Mar-20</td>
<td>18-Mar-20</td>
<td>15-Nov-20</td>
<td>491</td>
<td>491</td>
<td>10</td>
<td>2.00%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Humanitarian crisis in Cabo-delgado</td>
<td>Grade 2</td>
<td>1-Jan-20</td>
<td>1-Jan-20</td>
<td>26-Oct-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>20-Feb-20</td>
<td>31-Jan-20</td>
<td>21-Oct-20</td>
<td>1,698</td>
<td>38</td>
<td>27</td>
<td>1.60%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>22-Mar-20</td>
<td>22-Mar-20</td>
<td>22-Nov-20</td>
<td>15,037</td>
<td>15,037</td>
<td>124</td>
<td>0.80%</td>
</tr>
</tbody>
</table>

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 15 November 2020, a total of 491 confirmed COVID-19 cases including 10 deaths and 431 recovered cases have been reported in the country.

Cabo Delgado Province passed one year and six months since it was hit by Tropical Cyclone Kenneth in April 2019 followed with a deteriorated humanitarian situation due to consecutive climatic shocks, insecurity and violence, leading to significant displacement, disruption of livelihoods and access to basic services and occurrence of different disease outbreaks. The security situation continues to deteriorate due to frequent insurgency attacks. The province has been hit by a wave of violence since October 2017, which escalated significantly since January 2020. Frequent attacks are happening in 8 districts (Quissanga, Mocimab D parai, Mulidembo, Nagadi, Melucu, Manocmia and Ibo) situated in the north part of the capital of the province resulting in destruction of government offices, and service providing facilities including health facilities. Of the total health facilities in the province 41 (32%) have been closed down, 4 small ruminants and 6 cattle were positive.

A cholera outbreak is ongoing in Mozambique. From 11 January till 21 October 2020, a total of 16,989 cases including 27 deaths (CFR 1.6%) were reported in Cabo Delgado province. Five districts, namely Mocimboa de Praia, macomia, Ibo, Pemba city and Metuge are affected.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 22 November 2020, a total of 15,037 confirmed COVID-19 cases were reported in the country including 124 deaths and 13,151 recoveries.
There are measles outbreaks in six districts of Zambezia. The outbreak was declared in March 2020 at the Nauela Administrative Post, Alto Molócuè district. As of week 21, there were 862 suspected cases reported, 711 suspected cases tested, 140 IgM+ for measles, no epi-linked cases reported, and no deaths. So far there are 67 cases from Nampula, 18 from Cabo Delgado, 17 from Zambezia and 13 from Niassa provinces. 42% are <5 years old, 48% are aged 5-14 years.

Namibia COVID-19

Grade 3

14-Mar-20

14-Mar-20

21-Nov-20

13 865

13 865

144

1.00%

Namibia recorded its first confirmed case of COVID-19 on 13 March 2020. As of 21 November Namibia has a cumulative total of 13 865 COVID-19 cases, with 144 deaths. A total of 13 225 recoveries have been reported.

In weeks 39 and 40 (21 September - 04 October 2020), a total of 12 HEV cases were reported country-wide. Since the beginning of the outbreak in December 2017, a cumulative total of 10 114 cases (2 069 laboratory-confirmed, 4 530 epidemiologically linked, and 1 378 suspected cases) including 66 deaths (CFR 0.8%) have been reported countrywide. Komas Region remains the most affected region, accounting for 5 078 (50%) of reported cases, followed by Erongo 1 880 (19%) since the outbreak began.

Niger COVID-19

Grade 3

19-Mar-20

19-Mar-20

17-Nov-20

1 327

1 327

70

5.30%

In August 2020, widespread flooding caused by heavy rain and by overflow of the Niger river has affected several regions of Niger (Maradi most affected, Agadzé, Niamé, 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 693 cubic centimetres. As of 9 September 2020, around 39 655 households have been affected, with 342 263 victims. The WHO is supporting the country office in assessing the public health impact of flooding including access to essential lifesaving health services, surveillance of possible disease outbreaks and participating in joint needs assessments.

Niger Humanitarian crisis

Protracted 1

1-15-Sep

1-15-Sep

3-Sep-20

- - - -

The security situation continues to worsen in border areas of Burkina Faso, Mali and Nigeria following armed groups' attacks in the region. This security situation is hampering humanitarian access and affecting access to basic health and social services. Members of an unidentified armed group attacked seven humanitarians working for ACTED and their guide on 9 August 2020, killing all eight people. They were visiting a wildlife reserve near Kouré, in Tillabéri region. In August 2020, widespread flooding caused by heavy rain and by overflow of the Niger river has affected several regions of Niger (Maradi most affected, Agadzé, Niamé 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 Tillabéri regions.

Niger Measles

Grade 3

1 - - - -

From 19 March to 17 November 2020, a total of 1 327 cases with 70 deaths have been reported across the country. A total of 1 166 recoveries have been reported from the country.

Niger Humanitarian crisis

Protracted 3

10-Oct-16

n/a

30-Sep-20

- - - -

The humanitarian crisis in the North-eastern part of Nigeria persists, with continued population displacement from security compromised areas characterized by overcrowding in many camps in the region. Health Sector partners are supporting the government led COVID-19 response across the three states, including support through joint resource mobilization activities, overall coordination and monitoring of the response in the northeast.

Nigeria COVID-19

Grade 3

27-Feb-20

27-Feb-20

22-Nov-20

66 383

66 383

1 167

1.80%

The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria on 27 February 2020. As of 22 November 2020, a total of 66 383 confirmed cases including 1 167 deaths and 62 076 recovered cases have been reported in the country.

Nigeria Lassa fever

Ungraded

24-Mar-15

1-Jan-20

11-Oct-20

1 117

1 103

242

21.70%

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 (1 103 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.

Nigeria Poliomyelitis (cVDPV2)

Grade 2

1-Jun-18

1-Jan-18

18-Nov-20

56

56

0

0.00%

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in Sokoto province. There are four cVDPV2 cases reported in 2020 and 18 cVDPV2 cases reported in 2019 and 34 in 2018.

Nigeria Yellow fever

Ungraded

14-Sep-17

1-Jan-20

2-Oct-20

1 899

5

0

0.00%

In week 25, there were 18 suspected cases reported from 16 LGA in 12 states. Between week 1 and 46 in 2020, a total of 1 899 suspected cases including 26 presumptive positive cases and 5 confirmed cases were reported. As of 8 November 2020, Bauchi state is currently reporting 8 IgM positive and PCR positive samples, seroneutralization tests are still pending. Additionally, as of 5 November 2020, Ika North East LGA in Delta southern state is reporting 48 suspected cases of which 3 out of 6 samples were confirmed by PCR (seroneutralization still pending) and registered 30 deaths. No confirmed deaths have been 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.
### Health Emergency Information and Risk Assessment

**Sao Tome and Principe**
- **COVID-19**
  - Grade: 3
  - Date notified to WCO: 6-Apr-20
  - Start of reporting period: 6-Apr-20
  - End of reporting period: 22-Nov-20
  - Total cases: 979
  - Cases Confirmed: 979
  - Deaths: 17
  - CFR: 1.70%

On 6 April 2020, the Ministry of Health of Sao Tome and Principe reported the country's first case of COVID-19. As of 22 November 2020, a total of 979 confirmed cases of COVID-19 have been reported, including 17 deaths. A total of 923 cases have been reported as recoveries.

**Senegal**
- **COVID-19**
  - Grade: 3
  - Date notified to WCO: 2-Mar-20
  - Start of reporting period: 2-Mar-20
  - End of reporting period: 22-Nov-20
  - Total cases: 15 882
  - Cases Confirmed: 15 882
  - Deaths: 328
  - CFR: 2.10%

Since 2 March 2020, a total of 15 7882 confirmed cases of COVID-19 including 330 deaths have been reported from Senegal. A total of 15 488 cases have recovered.

**Senegal**
- **Dengue**
  - Grade: Ungraded
  - Date notified to WCO: 1-Sep-20
  - Start of reporting period: 7-Sep-20
  - End of reporting period: 7-Sep-20
  - Total cases: 1
  - Cases Confirmed: 1
  - Deaths: 0
  - CFR: 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**
- ** Rift Valley Fever**
  - Grade: Ungraded
  - Date notified to WCO: 23-Oct-20
  - Start of reporting period: 23-Oct-20
  - End of reporting period: 15-Nov-20
  - Total cases: 3
  - Cases Confirmed: 3
  - Deaths: 0
  - CFR: 0.00%

The Institut Pasteur of Dakar through the directorate of diseases prevention notified to the district of Matam of two confirmed cases of Rift Valley Fever (IgM positive) on 23 October 2020. It is a 20 years old, male, living in Bokidiawé. He consulted at the health post on 13 October 2020 for an infectious syndrome without history of travel with an axillary temperature of 39.6 degree Celsius. The onset of symptoms is one day before the consultation date. The second case is a 24 years old, female, living in Bokidiawé. She consulted the health post on 2 October 2020 for an infectious syndrome without history of travel with an axillary temperature of 38.2 degree Celsius. The symptoms occurred 2 days before the consultation. Five additional cases were notified later in Tambacounda, Matam, Dakar et Ziguinchor regions.

**Seychelles**
- **COVID-19**
  - Grade: 3
  - Date notified to WCO: 14-Mar-20
  - Start of reporting period: 14-Mar-20
  - End of reporting period: 22-Nov-20
  - Total cases: 161
  - Cases Confirmed: 161
  - Deaths: 0
  - CFR: 0.00%

Since the first COVID-19 confirmed cases were reported in Seychelles 14 March 2020, 161 cases have been confirmed in total, including 157 recoveries and no deaths reported.

**Sierra Leone**
- **COVID-19**
  - Grade: 3
  - Date notified to WCO: 31-Mar-20
  - Start of reporting period: 27-Mar-20
  - End of reporting period: 21-Nov-20
  - Total cases: 2 405
  - Cases Confirmed: 2 405
  - Deaths: 74
  - CFR: 3.10%

On 31 March 2020, the President of Sierra Leone reported the first confirmed COVID-19 case in the country. As of 21 November 2020, a total of 2 405 confirmed COVID-19 cases were reported in the country including 74 deaths and 1 827 recovered cases.

**South Africa**
- **COVID-19**
  - Grade: 3
  - Date notified to WCO: 5-Mar-20
  - Start of reporting period: 3-Mar-20
  - End of reporting period: 22-Nov-20
  - Total cases: 765 409
  - Cases Confirmed: 765 409
  - Deaths: 20 845
  - CFR: 2.70%

The first COVID-19 confirmed cases were reported in South Africa on 5 March 2020. As of 22 November 2020, 765 409 cases have been confirmed in total, with 707784 cases having recovered and 20 845 deaths reported.

**South Sudan**
- **Floods**
  - Grade: 1
  - Date notified to WCO: 1-May-20
  - Start of reporting period: 1-May-20
  - End of reporting period: 31-Oct-20
  - Total cases: -
  - Cases Confirmed: -
  - Deaths: -
  - CFR: -

Floods continue to displace and isolate people across Jonglei State. Flooding along the River Nile and its tributaries continue to force communities in eleven counties of Jonglei State and the Greater Pibor Administrative Area (GPAA) to move to higher ground. At least 34 712 people affected by floods in Mundri West and Mundri East counties receive emergency assistance. On 26 October, FSL partners delivered 79 metric tons of emergency food assistance to 34 712 people affected by flooding. A total of 22 196 people in Mundri West County and 12 516 in Mundri East County were targeted.

**South Sudan**
- **Humanitarian crisis**
  - Grade: Protracted 3
  - Date notified to WCO: 15-Aug-16
  - Start of reporting period: n/a
  - End of reporting period: 31-Oct-20
  - Total cases: -
  - Cases Confirmed: -
  - Deaths: -
  - CFR: -

The humanitarian situation has continued to deteriorate in recent weeks with inter-communal fighting in several parts of the country. On 23 October, there was a report that an unknown number of people were displaced in Lobonok following clashes between South Sudan People’s Defense Force (SSPDF) and National Salvation (NAS) forces in Karippo, Pagar and Sindru in July and August.

**South Sudan**
- **COVID-19**
  - Grade: 3
  - Date notified to WCO: 5-Apr-20
  - Start of reporting period: 2-Apr-20
  - End of reporting period: 19-Nov-20
  - Total cases: 3 047
  - Cases Confirmed: 3 047
  - Deaths: 60
  - CFR: 2.00%

On 5 April 2020, the Ministry of Health of South Sudan reported the country's first case of COVID-19. As of 19 November 2020, a total of 3 047 confirmed COVID-19 cases were reported in the country including 60 deaths and 2 897 recovered cases.

**South Sudan**
- **Hepatitis E**
  - Grade: Ungraded
  - Date notified to WCO: 3-Jan-19
  - Start of reporting period: 3-Jan-19
  - End of reporting period: 31-Jan-20
  - Total cases: 337
  - Cases Confirmed: 41
  - Deaths: 2
  - CFR: 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**
  - Grade: Ungraded
  - Date notified to WCO: 24-Nov-18
  - Start of reporting period: 19-Sep-19
  - End of reporting period: 21-Jun-20
  - Total cases: 916
  - Cases Confirmed: 50
  - Deaths: 2
  - CFR: 0.20%

Between week 38 of 2019 to week 25 of 2020, a total of 916 suspected cases of measles of which 50 were laboratory-confirmed and 2 deaths (CFR 0.6%) have been reported. The outbreak has affected 6 counties (Tonj East, Magwi, Bor, Kapoeta East, Aweil East and Wau) and Bentiu Protection of Civilians Sites (POC).

**Tanzania, United Republic of**
- **COVID-19**
  - Grade: 3
  - Date notified to WCO: 16-Mar-20
  - Start of reporting period: 16-Mar-20
  - End of reporting period: 22-Nov-20
  - Total cases: 509
  - Cases Confirmed: 509
  - Deaths: 21
  - CFR: 4.10%

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 22 November 2020, a total of 509 cases have been reported in the country including 21 deaths. The last information on confirmed COVID-19 cases was shared by Tanzania mainland on 29 April 2020 and Zanzibar last shared information on on-going COVID-19 outbreak on 7 May 2020.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Togo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>1-Mar-20</td>
<td>21-Nov-20</td>
<td>2 829</td>
<td>2 829</td>
<td>64</td>
<td>2.30%</td>
</tr>
<tr>
<td>Togo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>13-Sep-19</td>
<td>18-Nov-20</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. As of 22 November 2020, a total of 2 829 cases including 64 deaths and 2 209 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.

Togo Yellow Fever Ungraded 4-Feb-20 3-Feb-20 24-Aug-20 3 1 1 33.30%

On 28 April 2020, WHO received information regarding a confirmed yellow fever case in Mango village, Oti district, Savanes region in the northern part of Togo. The results were confirmed at the yellow fever reference laboratory, Institut Pasteur in Dakar, Senegal by seroneutralisation. The case is a 55-year-old female with no travel or vaccination history for yellow fever. On 3 February 2020, she presented to a health facility with symptoms of fever with aches. The following day she developed jaundice and a blood sample was taken and transported to the national laboratory as yellow fever was suspected. The case-patient died three days later while receiving treatment. On 17 March, the sample tested IgM positive for yellow fever. On 22 March 2020, an in-depth multi-disciplinary investigation was conducted, and no additional case was detected.

Uganda Humanitarian crisis - refugee Ungraded 20-Jul-17 n/a 30-Sep-20 - - - -

Between 1 and 30 September 2020, a total of 2 786 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo. Uganda hosted 1 431 477 asylum seekers as of 30 September 2020, with 94% living in settlements in 11 of Uganda’s 128 districts and in Kampala. Most are women within the age group 18 - 59 years.

Uganda Cholera Ungraded 11-May-20 29-Apr-20 7-Sep-20 1 488 17 6 0.40%

As of 7 September 2020, we have 1 488 cases, 483 in Moroto, 543 in Nabilatuk, 72 in Napak, 390 in Kotido. On 11 May 2020, a cholera outbreak was confirmed in Moroto district. The index case was a 17-year-old male patient from Natapar Kocuc Village, Loputuk parish, Nadunget Subcounty who was seen on 29 April 2020 with acute watery diarrhoea and severe dehydration. On 4 May 2020 more cases with similar symptoms from the same location with the index case were seen and cholera was suspected. On 11 May 2020, CPHL confirming *Vibrio cholerae* serotype 01 Inaba detected in 7 out of 8 stool samples that were collected. As of 12 June 2020, the cumulative number of cases is 682 including 6 deaths.

Uganda COVID-19 Grade 3 21-Mar-20 21-Mar-20 21-Nov-20 17 968 17 968 172 1.00%

The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 21 November 2020, a total of 17 968 confirmed COVID-19 cases, 8 611 recoveries with 172 deaths.

Zambia COVID-19 Grade 3 18-Mar-20 18-Mar-20 22-Nov-20 17 424 17 424 357 2.00%

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 22 November 2020, a total of 17 424 confirmed COVID-19 cases were reported in the country including 357 deaths and 16 701 recovered cases.

Zambia Poliomyelitis (cVDPV2) Grade 2 17-Oct-19 16-Jul-19 18-Nov-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 1-Nov-20 464 1 1 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 38 when cases were reported in some other areas. Thirteen new anthrax cases and no deaths were reported in week 44 (week ending on 1 November 2020). The reported cases were from Gokwe North District (2), Gokwe South District (9) in Midlands Province, Bikita District (1) in Masvingo Province and Hurungwe District (1) in Mashonaland West Province. The cumulative figures for anthrax are 464 cases and 1 death.

Zimbabwe COVID-19 Grade 3 20-Mar-20 20-Mar-20 22-Nov-20 9 220 9 220 268 2.90%

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 22 November 2020, a total of 9 220 confirmed COVID-19 cases were reported in the country including 268 deaths and 8 255 cases that recovered.

<table>
<thead>
<tr>
<th>Closed Events</th>
</tr>
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<tbody>
<tr>
<td>Democratic Republic of the Congo Ebola virus disease Grade 2 31-May-20 17-May-20 18-Nov-20 130 119 55 42.30%</td>
</tr>
</tbody>
</table>

Detailed update given above.

†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
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