

COVID-19

Situation update for the WHO African Region

25 March 2020

External Situation Report 4



World Health
Organization

REGIONAL OFFICE FOR

Africa

COVID-19

WHO AFRICAN REGION

External Situation Report 4

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1. Situation update



The coronavirus disease 2019 (COVID-19) outbreak in the WHO African Region has rapidly evolved over the past week, as reflected by the significant upsurge in the number of cases (**Figure 1**) and the rapid geographical expansion of the disease. Since our last situation report on 18 March 2020 (*External Situation Report 3*), 11 new countries in the WHO African Region including Angola, Cabo Verde, Chad, Eritrea, Niger, Madagascar, Mali, Mauritius, Mozambique, Uganda, and Zimbabwe have confirmed 1 371 COVID-19 cases.

As of 25 March 2020, a cumulative total of 1 716 confirmed cases have been reported across 38 countries in the region. The list of affected countries and their respective number of cases is presented in **Table 1**. An additional 23 COVID-19 associated deaths have occurred in the region since our last update, bringing the total number of reported deaths to 30, which corresponds to a case fatality ratio of 1.8% among reported confirmed cases. The most affected countries in the WHO African Region are: South Africa (709 cases), Algeria (264 cases), Burkina Faso (114 cases), Senegal (86 cases), Cameroon (72 cases), and Cote d'Ivoire (72).

Information on sex and age is currently available for 432 and 482 cases, respectively. The male to female ratio among the confirmed cases is 1.4, and the median age is 41 years old (range: 0 – 88). The distribution of cases according to age and sex is presented in **Figure 2**; overall, older males were disproportionately affected by this outbreak.

Table 1. Number of confirmed COVID-19 cases in the WHO African Region, 25 February – 25 March 2020 (n = 1 716)

| Country | Date of first notification to WHO | New cases | Cumulative Total | New Deaths | Cumulative Deaths |
|----------------------------------|-----------------------------------|------------|------------------|------------|-------------------|
| South Africa | 5-Mar-20 | 155 | 709 | | |
| Algeria | 25-Feb-20 | | 264 | | 17 |
| Burkina Faso | 9-Mar-20 | | 114 | | 3 |
| Senegal | 28-Feb-20 | | 86 | | |
| Cameroon | 6-Mar-20 | | 72 | | 1 |
| Cote d'Ivoire | 11-Mar-20 | | 72 | | |
| Ghana | 12-Mar-20 | | 53 | | 2 |
| Democratic Republic of the Congo | 10-Mar-20 | | 45 | | 2 |
| Mauritius | 18-Mar-20 | | 42 | | 2 |
| Nigeria | 27-Feb-20 | | 42 | | 1 |
| Rwanda | 14-Mar-20 | | 40 | | |
| Kenya | 13-Mar-20 | | 25 | | |
| Togo | 5-Mar-20 | 3 | 23 | | |
| Madagascar | 21-Mar-20 | | 19 | | |
| Uganda | 21-Mar-20 | 5 | 14 | | |
| Ethiopia | 13-Mar-20 | | 12 | | |
| Tanzania | 16-Mar-20 | | 12 | | |
| Seychelles | 14-Mar-20 | | 7 | | |
| Equatorial Guinea | 13-Mar-20 | | 6 | | |
| Gabon | 12-Mar-20 | | 6 | | 1 |
| Benin | 16-Mar-20 | | 5 | | |
| Central African Republic | 14-Mar-20 | | 4 | | |
| Congo (Republic of) | 14-Mar-20 | | 4 | | |
| Eswatini | 13-Mar-20 | | 4 | | |
| Guinea | 13-Mar-20 | | 4 | | |
| Namibia | 14-Mar-20 | | 4 | | |
| Cape Verde | 19-Mar-20 | | 3 | | |
| Chad | 19-Mar-20 | | 3 | | |
| Liberia | 16-Mar-20 | | 3 | | |
| Mozambique | 22-Mar-20 | | 3 | | |
| Zambia | 18-Mar-20 | | 3 | | |
| Angola | 21-Mar-20 | | 2 | | |
| Gambia | 18-Mar-20 | | 2 | | |
| Mali | 25-Mar-20 | 2 | 2 | | |
| Mauritania | 13-Mar-20 | | 2 | | |
| Niger | 19-Mar-20 | | 2 | | |
| Zimbabwe | 20-Mar-20 | | 2 | | 1 |
| Eritrea | 21-Mar-20 | | 1 | | |
| Total (n=38) | | 165 | 1 716 | 0 | 30 |

**Data are subject to change as data validation, cleaning and reclassification are ongoing continuously. Trends during recent weeks should be interpreted cautiously.*

Figure 1. Number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 25 March 2020 (n = 1 716)

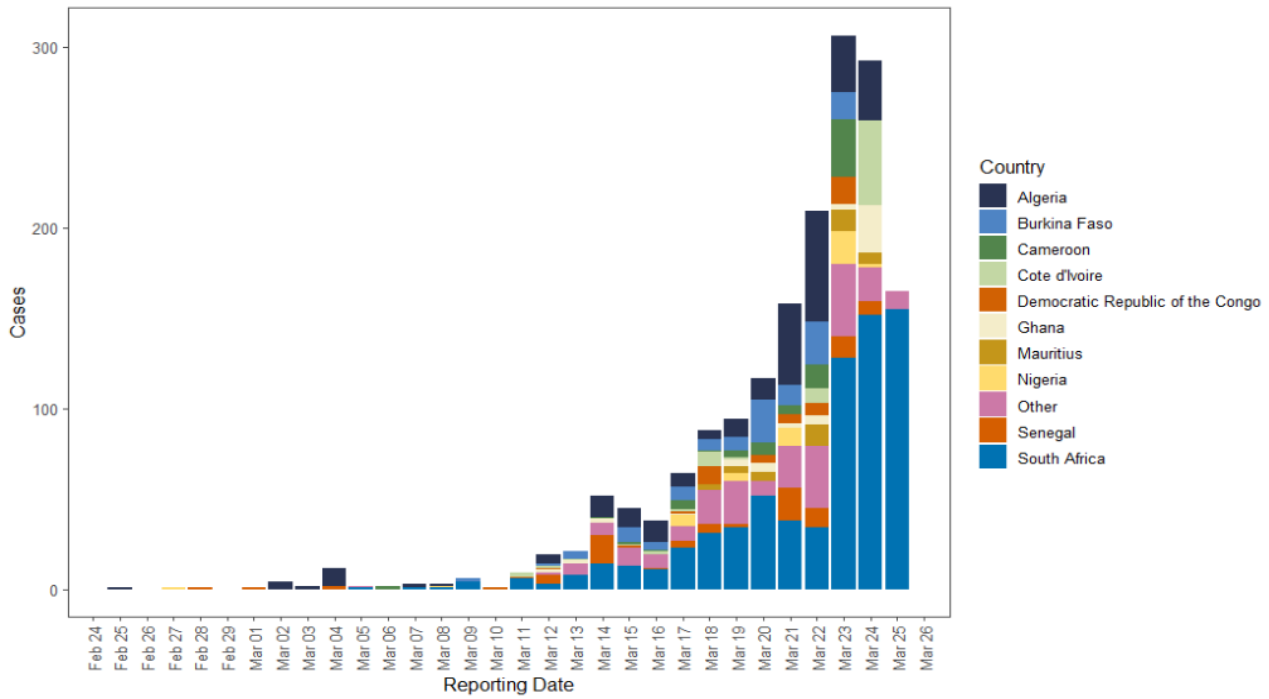
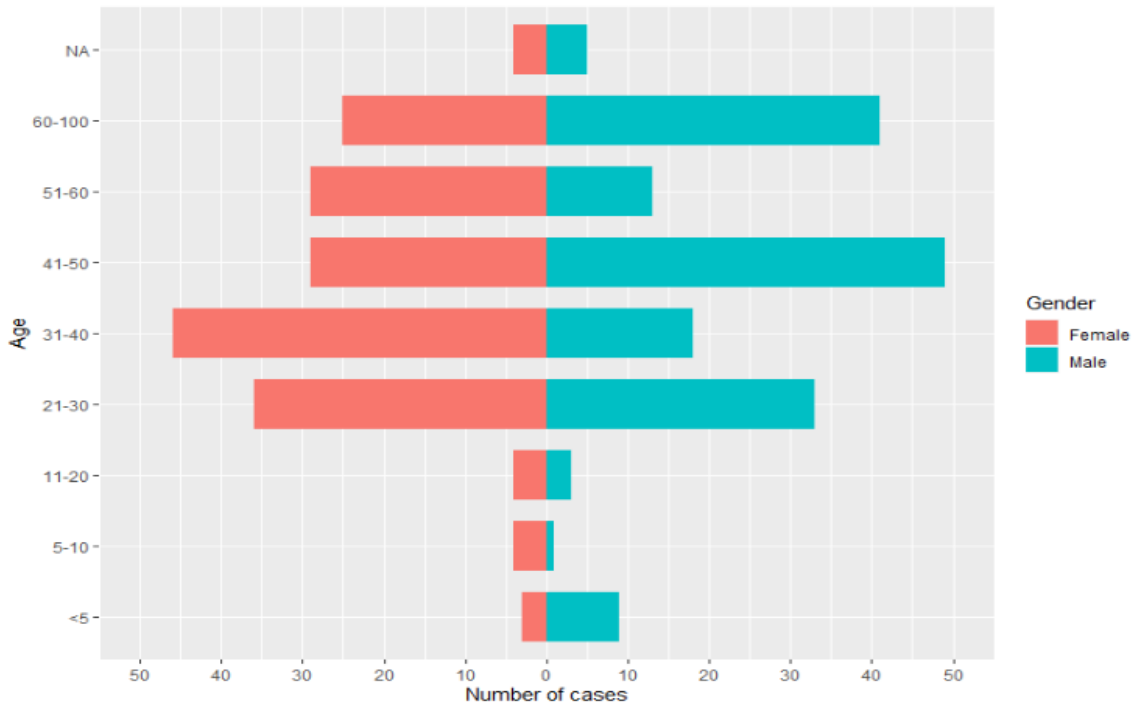


Figure 2. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 24 March 2020 (n=482)



2. Global update

Since the declaration of the COVID-19 outbreak on 31 December 2020, the global number of cases has surpassed

400 000. As of 25 March 2020, a total of 414 179 **confirmed cases**, including 18 440 **deaths** (case fatality ratio 4.5%), were reported globally.

As of 25 March 2020, 208 countries/territories/areas and one international conveyance have reported laboratory confirmed COVID-19 cases. The 10 countries with the highest number of cumulative cases are: China (81 848), Italy (69 176), United States of America (51 914), Spain (39 673), Germany (31 554), Iran (Islamic Republic of) (24 811), France (22 025), Republic of Korea (9 137), Switzerland (8 789) and the United Kingdom (8 091).

Please refer to the WHO Daily Coronavirus disease (COVID-2019) situation reports for further information: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>.

3. Current risk assessment

On 11 March 2020, the WHO Director-General declared the COVID-19 a pandemic

Chinese authorities identified a new type of coronavirus (novel coronavirus, SARS-CoV-2) from a cluster of pneumonia cases in Wuhan city, Hubei Province, China, on 7 January 2020. SARS-CoV-2 is a new strain of coronavirus that has not been previously identified in humans. According to the information provided, the initial cases described in Wuhan were linked to Hunan seafood market in Wuhan (the market was closed on 1 January 2020). The possible source of the outbreak is still under investigation by the Chinese authorities and it may have emerged from an animal species, as has been the case for other coronaviruses. The exact extent of the outbreak remains unknown.

On 30 January 2020, the WHO Director-General declared the COVID-19 outbreak a public health emergency of international concern (PHEIC), with temporary recommendations issued for all countries. On 28 February 2020, WHO raised the risk assessment for the COVID-19 outbreak internationally from “high” to “very high”.

4. Actions to date

The WHO Regional Office for Africa (AFRO) is working closely with its 47 Member States, as well as partners, to implement several outbreak preparedness and response interventions.

Coordination

- An Incident Management Support Team (IMST) has been instituted in the WHO AFRO to coordinate and provide support to Member States in response to the COVID-19 outbreak. There are daily IMST meetings and regular communication with the affected countries through conference calls, WebEx, emails, etc.
- The Regional Director constituted a Technical Advisory Group (TAG) to provide strategic and technical guidance to the IMST.
- A total of 39 technical and administrative staff in WHO AFRO have been repurposed to support COVID-19 response. The repurposed staff were oriented on 23 March 2020 and subsequently assigned to perform various IMST functions: 20 were designated as country focal points, 10 filled positions in the IMST and seven were deployed to countries.

Surveillance

- WHO is supporting local authorities of affected countries and in all the other countries to put in place appropriate surveillance measures for early identification of cases and follow-up of contacts. WHO AFRO is providing remote support to affected countries for the use of electronic tools to record data on confirmed case(s).
- WHO AFRO has developed a [public interactive dashboard](#) for the visualization of the COVID-19 pandemic situation in the region.

Laboratory capacity

- WHO is working with Member States to rapidly scale up diagnostic capacity. Between 2 February and 23 March 2020, the laboratory capacity for testing for SARS-CoV-2 has increased from two to 42 countries.
- Guinea Bissau is the latest country to acquire testing capacity.
- Eswatini and Guinea Bissau have acquired reagents for SARS-CoV-2 testing.

Case Management

- Cascade training in management of critical patient in intensive care unit is ongoing in countries following the training of trainer's workshop conducted by WHO in Brazzaville, Congo.
- Discussions are still ongoing with partners including Emergency Medical Teams Network and other Non-Governmental Organizations to scale up the capacity of countries for case management of patients with COVID-19.

Operation support logistics

- Personal Protective Equipment (PPE) starter kits have been shipped to 28 countries.
- Additional PPE starter kits will be shipped to 10 countries this week and to 5 countries early next week.
- WHO is liaising with China to obtain additional PPE from the China stock.
- The shortage of PPE items on the international market, the disruption of flights and the closure of international borders is affecting the capacity to procure and ship goods to countries in need.
- Discussions are ongoing to identify ways to open humanitarian access to support countries.

Risk communication and community engagement

- WHO has provided guidance to countries on the community management of mild cases at home and on isolation of cases.
- Telecommunication companies including national broadcasters are supporting the dissemination of prevention and control practices in Soa Tome and Principe, Zambia, Burkina Faso, Niger and Tanzania.
- Risk communication and community engagement through TV, radio and meetings is ongoing.
- In **Senegal**, the orientation of the Imams and Koranic masters on COVID-19 preventive measures have taken place in Touba. Traditional medicine practitioners have also been oriented on preventive measures.
- In **Togo**, medical students are supporting sensitization in schools and market settings.

Human Resources

- WHO AFRO has deployed 96 experts in 31 countries to support coordination (19), surveillance (8), laboratory (8), IPC (15), case management (8), PoE (3), epidemiology (4), risk communication (13), media communication (4), logistics (8) and partnership coordination (1), data management (1), information management officer (1), SHOC support (1), training & capacity building (1), surveillance and documentation (1).
- Several deployments are currently on hold due to closure of borders and airports in most of the 47 countries as well as restrictions of international flight operations.

5. IHR travel measures and cross border health

- WHO advises against any restriction of travel and trade based on the currently available information. WHO continues to closely monitor and, if necessary, verify travel and trade measures in relation to this event.

- All countries in the region are conducting entry screening at the Points of Entries (PoEs), mainly at the airports, with some doing so at seaports and ground crossings.
- A total of 25 countries are implementing total refusal of entry into their territories; of these, 13 countries allow cargo, humanitarian or emergency flights.
- Seventeen countries are implementing refusal of entry of passengers from high risk countries and five countries allow entry with days 14 quarantine upon arrival.

6. Conclusion

The COVID-19 pandemic continues to evolve rapidly across the African continent. Not surprisingly, more countries in the continent have been affected by the outbreak and community transmission has been established in some countries. The number of deaths is also growing. This recent trend is concerning as most of the low-income African countries have several vulnerabilities, including fragile health systems to cope up with high caseloads, high prevalence of HIV, malnutrition and a rising incidence of non-communicable and other chronic illnesses. Countries that are reporting sporadic cases and clusters of cases can suppress and control the epidemics by isolating, testing and treating confirmed cases and meticulously tracing all potential contacts. Countries experiencing community transmission should adapt wide ranging mitigation measures to slow transmission of the virus and reduce the burden on the health system. Countries need to promote strict adherence to social distancing measures and good personal hygiene practices and cough etiquette. African Governments need to scale up their preparedness, readiness and response capabilities, while preparing for all possible scenarios. The use of innovative and low-cost interventions should be explored, for instance, large-scale provision of oxygen to patients as part of optimized treatment.

Annex 1. Global and Regional time line for COVID-19 as of 24 March 2020

