

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 11: 9 - 15 March 2020

Data as reported by: 17:00; 15 March 2020

19

New events

73

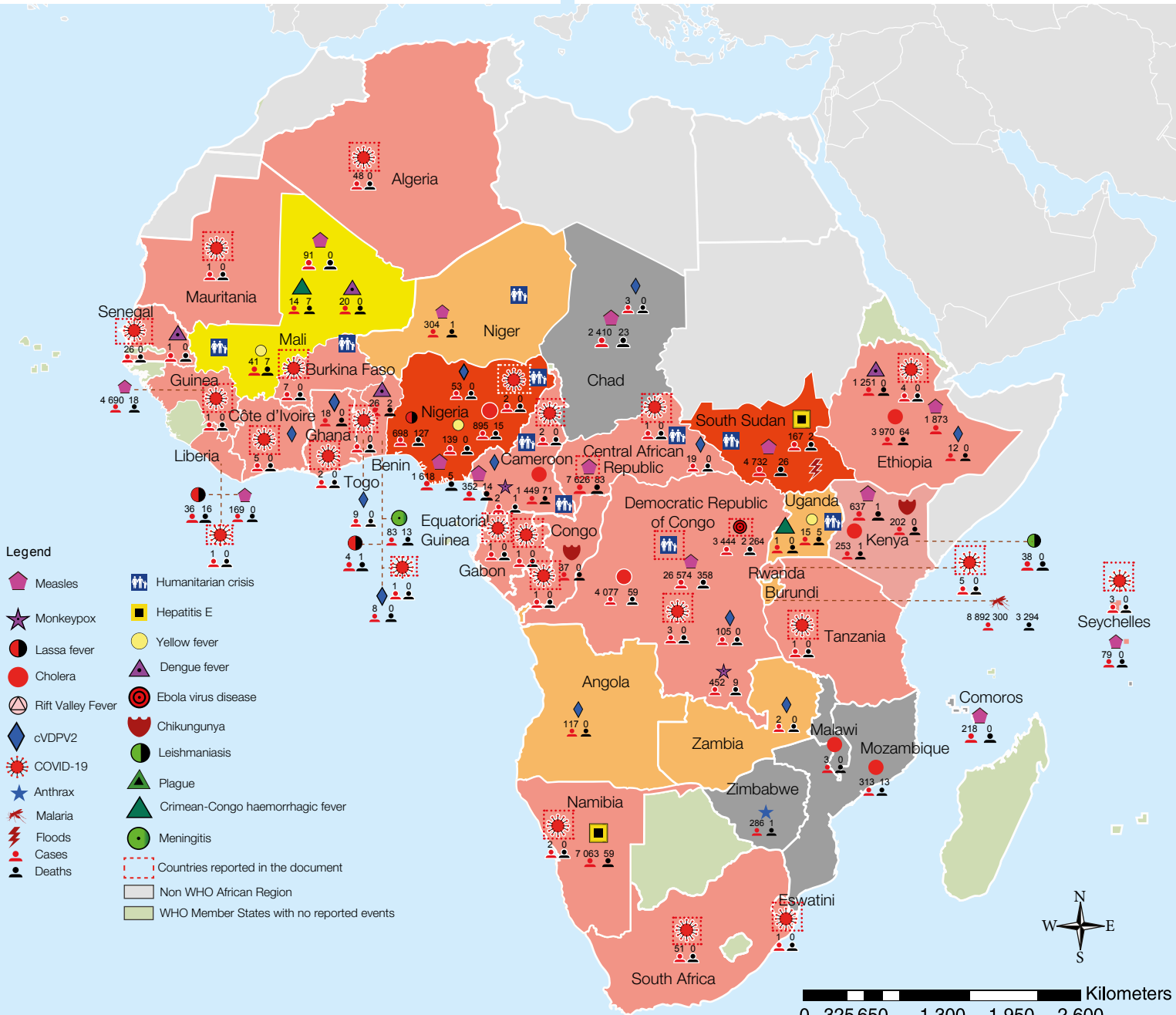
Ongoing events

81

Outbreaks

11

Humanitarian crises



Graded events ↑

28

Grade 3 events

15

Grade 2 events

1

Grade 1 events

2

Protracted 3 events

2

Protracted 2 events

3

Protracted 1 events

41

Ungraded events

Contents

- 1 Overview
- 2 New events
- 3 - 5 Ongoing events
- 6 Summary of major issues, challenges and proposed actions
- 7 All events currently being monitored

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 92 events in the region. This week's main articles cover key new and ongoing events, including:

- [Coronavirus disease 2019 \(COVID-19\) in the WHO African Region](#)
- [Ebola virus disease in Democratic Republic of the Congo](#)
- [Measles in Central Africa Republic](#)
- [Humanitarian crisis in Democratic Republic of 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:

- The global coronavirus disease (COVID-19) pandemic is rapidly evolving, with several countries in the WHO African Region reporting their first confirmed cases. Twenty-nine countries in the African continent have confirmed COVID-19 cases, with 19 reporting in the last week. While most countries on the continent have recorded sporadic and imported cases, few countries have exhibited local transmission. With this, the primary objective of the response in the African continent remains containment, which requires robust and comprehensive measures. The response to the pandemic calls for a “Whole of Government/Whole of Society” approach, which goes beyond the Ministries of Health. Going by what has been observed in China and now in Europe, African Governments need to heighten their preparedness, readiness and response capabilities, while preparing for all possible scenarios, including a situation where no external assistance is available. 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. Basic preventive measures at the personal and community levels remain the most powerful tool to limit rapid spread of the disease.
- The measles outbreak in Central African Republic continues, with the urban districts of Bangui being the most affected. The national authorities and partners are undertaking various response measures, including supplemental immunization activities, based on the national response plan. However, effective implementation of the response plan is being challenged by inadequate resources and other operational challenges. There is a need for the national authorities and partners to step up response to the ongoing measles outbreak to avoid further escalation of the situation, with the emergence of COVID-19 in the country.

EVENT DESCRIPTION

The global coronavirus disease 2019 (COVID) pandemic is rapidly escalating in the African region, with growing geographic expansion of countries reporting confirmed cases. In week 11 (week ending 15 March 2020), 19 countries (Benin, Burkina Faso, Central African Republic, Cote d'Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Equatorial Guinea, Gabon, Ghana, Guinea, Kenya, Liberia, Mauritania, Namibia, Republic of Congo, Rwanda, Seychelles, and Tanzania) reported their first confirmed cases of COVID-19, adding onto Algeria, Cameroon, Nigeria, Senegal, South Africa, and Togo, which had reported confirmed cases in the previous weeks. This brings to 25 the total number of countries in the WHO African Region that have reported confirmed cases of COVID-19. Four other countries on the African continent, namely Egypt, Morocco, Sudan, and Tunisia have also reported confirmed cases. A total of 138 new cases were reported during the reporting week (week 11), of which 43 were from new countries.

As of 15 March 2020, a cumulative total of 175 confirmed cases of COVID-19 with four deaths have been reported in the WHO African region from South Africa (51), Algeria (48), Senegal (26), Burkina Faso (7), Cote d'Ivoire (5), Rwanda (5), Ethiopia (4), Cameroon (3), Democratic Republic of the Congo (3), Kenya (3), Seychelles (3), Ghana (2), Namibia (2), Nigeria (2), Benin (1), Central African Republic (1), Equatorial Guinea (1), Eswatini (1), Gabon (1), Guinea (1), Liberia (1), Mauritania (1), Republic of Congo (1), Tanzania (1), and Togo (1). All the four deaths were reported from Algeria. Of the cumulative cases, 76 had recent history of travel to Europe, United States of America, Japan, and India. Cases of local transmission have been reported from Algeria, Senegal and South Africa.

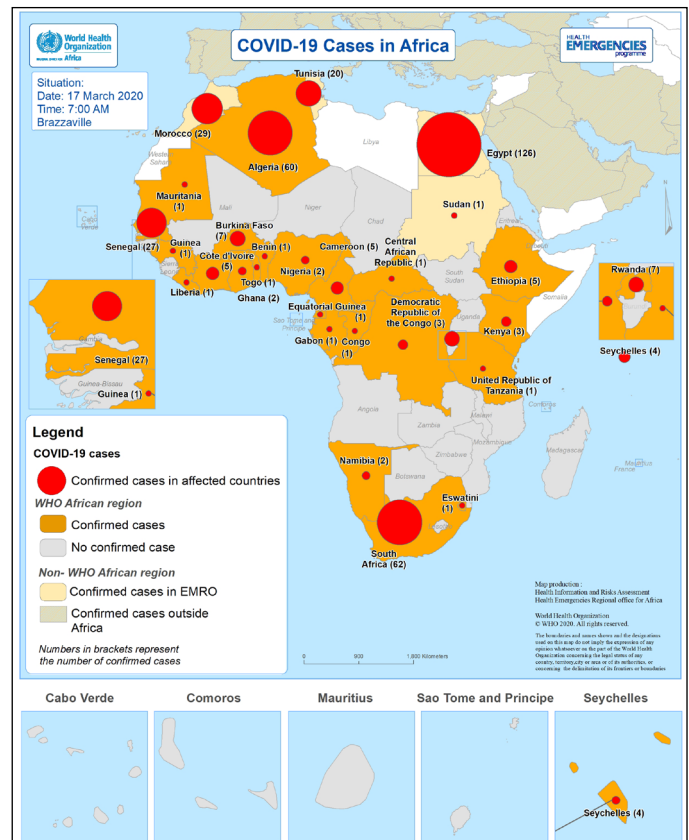
No new cases were reported from Nigeria and Togo. The two cases previously reported from Nigeria recovered after receiving clinical care and tested negative on two separate occasions. The case-patients were discharged from the treatment centre, with the last person discharged on 13 March 2020. All contacts of the index case in Nigeria have also completed 14 days of monitoring and none tested positive for SAR-CoV-2.

A total of 158 cases with four deaths have been reported from four other countries on the African continent outside of the WHO African Region: Egypt (110 cases with 2 deaths), Morocco (28 cases with 1 death), Tunisia (18 cases with zero deaths), and Sudan (1 case with zero deaths). Sudan is the latest country to report cases.

PUBLIC HEALTH ACTIONS

- All the affected countries have activated their Public Health Emergency Operations Centres (PHEOC), led by their respective Ministries of Health, to coordinate the response to COVID-19 pandemic.
- WHO is working with partners to support the respective national authorities to enhance preparedness, readiness and response measures.
- All countries in the African Region have enhanced COVID-19 surveillance, including at the Points of Entry to ensure rapid detection of alerts and cases, immediate isolation and identification and follow-up of contacts.

Geographical distribution of confirmed COVID-19 cases in WHO African Region, as of 16 March 2020.



- Up to 40 countries in the WHO African Region have acquired laboratory diagnostic capacity for SAR-CoV-2, rising from only two laboratories in Senegal and South Africa, which had the testing ability at the beginning of the pandemic.
- WHO is conducting a 5-day training of trainers' workshop on clinical management of patients with severe acute respiratory infection (SARI) associated with COVID-19. The workshop is being held in Brazzaville, Congo from 16-21 March 2020, drawing participants from 16 anglophone countries and four regional health partners.

SITUATION INTERPRETATION

The number of countries reporting confirmed COVID-19 cases is rapidly rising in the African region although most of the countries are still reporting sporadic cases linked to importation from other regions of the world, especially Europe. The establishment of local transmission in Algeria, Senegal and South Africa is concerning. As the pandemic evolves across the other regions, more countries are going to be affected, with the establishment of local transmission. Governments in the African region need to quickly scale up their readiness and response capacity. Countries that are currently reporting confirmed cases need to swiftly implement containment measures aimed at preventing further transmission of the disease and prevent local and wide-spread transmission.

Ongoing events

Ebola virus disease

Democratic Republic of the Congo

3 444 Cases : **2 264 Deaths** : **66% CFR**

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu, South Kivu and Ituri provinces in Democratic Republic of the Congo remains stable, with no new cases and deaths recorded during the reporting week. This is the 26th consecutive day without reporting new confirmed EVD cases. During the last 21 days (from 23 February to 14 March 2020), there have been no confirmed cases of EVD reported. Beni remains the only health zone in which a confirmed case has been reported in the past 42 days.

As of 14 March 2019, a total of 3 444 EVD cases, including 3 310 confirmed and 134 probable cases have been reported. To date, confirmed cases have been reported from 29 health zones: Ariwara (1), Bunia (4), Komanda (56), Lolwa (6), Mambasa (82), Mandima (347), Nyakunde (2), Rwampara (8) and Tchomia (2) in Ituri Province; Alimbongo (5), Beni (721), Biena (19), Butembo (295), Goma (1), Kalunguta (198), Katwa (653), Kayna (28), Kyondo (25), Lubero (31), Mabalako (463), Manguredjipa (18), Masereka (50), Musienene (85), Mutwanga (32), Nyiragongo (3), Oicha (65), Pinga (1) and Vuhovi (103) in North Kivu Province and Mwenga (6) in South Kivu Province.

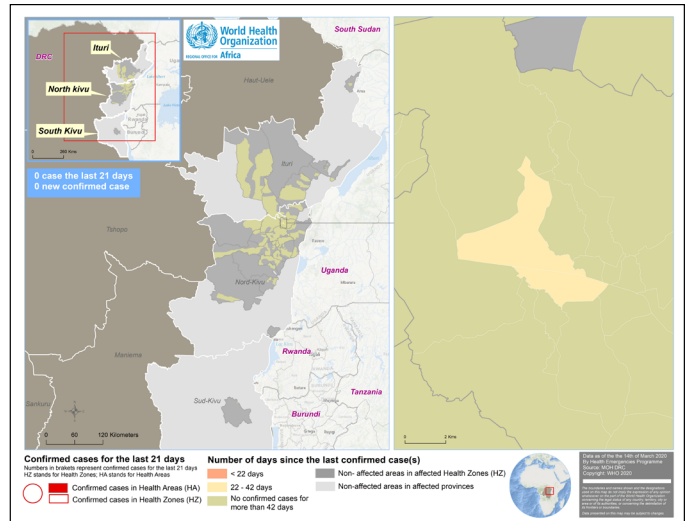
As of 14 March 2020, a total of 2 264 deaths were recorded, including 2 130 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 64% (2 130/3 310). As of 14 March 2020, the total number of health workers affected remains at 171, representing 5% of confirmed and probable cases.

In Beni, surveillance teams found an unseen contact who has already gone through the 42-day monitoring period. However, there are five other people, including three at day 38 and two at day 41 of follow up who need to be seen. In Mambasa, 58 visitors, not known as contacts, were identified. Close follow up will take place for 21 days. Thirty-three out of 50 health zones raised alerts on 14 March 2020. Of 4 691 alerts processed (of which 4 666 were new) in reporting health zones on 14 March 2020, 4 665 were investigated and 375 (8.0%) were validated as suspected cases.

PUBLIC HEALTH ACTIONS

- Response and surveillance activities continue in all affected areas.
- The security situation in Biakato is worrying, with reports of the presence of unidentified militia.
- As of 14 March 2020, a cumulative total of 301 585 people have been vaccinated since the start of the outbreak in August 2018.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 164 million screenings to date. A total of 104/110 (94.5%) PoE/PoC transmitted reports as of 14 March 2020.

Geographical distribution of confirmed Ebola virus disease cases reported from 23 February - 14 March 2020, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo.



- Water, sanitation and hygiene (WASH) activities continue and as of 14 March 2020, four briefings were organized; one for 800 students and six soldiers on handwashing, the other three for providers and students on the importance of triage in a health facility, standard IPC precautions and respiratory hygiene. In addition, six health facilities were provided with IPC kits in Beni, Oicha and Mabalako, and 282 providers were briefed on IPC measures in Mambasa Health Zone.
- The head doctor in the Beni Health Zone called on the local population to increase vigilance for COVID-19. There are reports of EVD survivors who now feel neglected and who feel they should receive further care.

SITUATION INTERPRETATION

With no confirmed reported cases in the past 21 days, this outbreak of EVD would appear to be coming under control. However, continuing insecurity and population displacement in previous hotspots is worrying, particularly as continued access and heightened vigilance is required in all health zones to maintain full response to prevent any resurgence of the disease.

EVENT DESCRIPTION

The measles outbreak in Central Africa Republic continues, with high case incidence and more districts affected. In week 9 (week ending 6 March 2020), a total of 1134 suspected measles cases were reported, compared to 1181 cases reported in week 8 and 1191 cases in week 7. The new suspected cases recorded during the reporting week (week 9) came from 11 districts, with the majority (73%) occurring in the three districts of Bangui ($n=827$), followed by Alindao ($n=114$). Three districts (Bamingui-Bangoran, Bouca and Mobaye-Zangba) were newly affected during the reporting week.

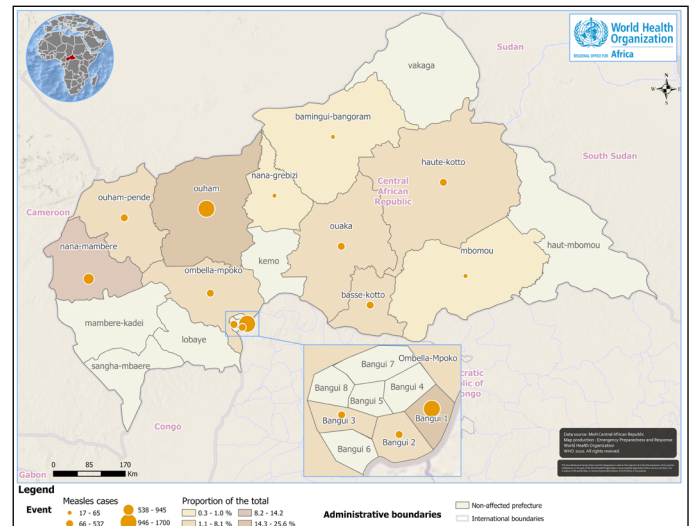
Between weeks 1-9, 2020, a total of 6641 suspected measles cases were reported in 21 of the 35 districts in the country. Of these, 517 cases were confirmed positive for measles immunoglobulin (IgM+) at the Institut Pasteur of Bangui. The majority (72%) of affected people are in the age group of 0 to 4 years, followed by the age group 5 to 10 years (18%). Females represent 49% of affected people.

Since the beginning of the measles outbreak in early 2019 (week 5 of 2019) till week 9, 2020, a total of 11 496 suspected cases and 108 deaths (case fatality ratio 0.9%) have been recorded from 21 districts across the country. Of the 21 districts, eight were affected in 2020, including Bangui, Baboua-Abba, Nangha-Boguila, Bossémbélé, Ouango-Gambo, Bamingui-Bangoran, Bouca, and Mobaye-Zangba.

PUBLIC HEALTH ACTIONS

- The reactive vaccination campaign for children between 6 months to 10 years have been initiated in Haute-kotto, Baboua-Abba and Nangha-Boguila health districts, supported by MSF.
- Six health districts (Bangui I, Bangui II, Bangui III, Bimbo and Bégoua) are conducting vaccination campaign from 14 to 18 March 2020.
- The country is preparing to receive 2 348 977 doses of measles vaccine from UNICEF to conduct reactive vaccination campaigns in the remaining 25 districts.
- Coordination meetings, chaired by the Minister of Health and co-chaired by the Representatives of WHO and UNICEF, are held twice a week. There have been funding pledges from WHO, UNICEF, GAVI and the World Bank to support the national response plan.
- The WHO Country Office has received funding from the Central Emergency Response Fund (CERF) to support the ongoing response activities.

Geographic distribution of confirmed measles cases in Central Africa Republic, weeks 1 - 9, 2020.



- Risk communication and community mobilization activities, including briefing of journalists working with community radios on key messages to transmit to the population as part of vaccination campaign and meeting with community leaders in districts targeted for vaccination, have been conducted.
- The epidemiological surveillance has been enhanced, including active case search in the health facilities and communities.

SITUATION INTERPRETATION

The measles outbreak in Central African Republic continues, with high number of cases being reported and new districts being affected. The epi-centre of the outbreak has now shifted from the rural districts to the urban centre of Bangui, where an upsurge is being seen. Transmission is now slowing in many peripheral districts where reactive vaccination has been conducted. Efforts are ongoing, by the national authorities and partners, to scale up supplemental immunization activities across the affected districts – but this needs to be fast-tracked and done coherently. Any delays, however, will only lead to further escalation of the situation. There is a need for the Government and health partners to mobilize more resources, including funds, to ensure effective response to the outbreak.

EVENT DESCRIPTION

The complex humanitarian crisis in Democratic Republic of the Congo continues. The provinces of North Kivu and Ituri continue to be the main affected areas, which further complicates the Ebola virus disease outbreak that is showing hopeful signs of decline, but could still be exacerbated by insecurity, which interrupts response activities.

In Ituri Province, there has been a population influx to Biakato, Mambasa, following incursions by armed groups, the latest being on 26 February 2020, killing four people and seriously wounding five. More than 1550 internally displaced persons (IDPs) have arrived in Lopa, Djugu Territory, following clashes in Maze, Diropkad, Beliba and Largu. This is in addition to a further 1 415 IDPs who arrived at Kodjo. Civilian deaths in clashes between armed groups from 22 to 27 February 2020 led to a new wave of displacement towards Nioka, Mahagi Territory. A conflict over land between two communities in Bamuko resulted in two people seriously injured, four houses burnt and theft of valuables. A total of 38 819 IDPs arrived from North Kivu Province between 30 January and 4 February 2020.

In North Kivu Province, population displacement was observed from 30 January to 4 February 2020, along the region bordering Ituri Province, affecting several villages in Beni, North Kivu and Ndalya, Ituri. These IDPs were fleeing multiple armed attacks, resulting in civilian deaths. Other IDPs sought refuge in Anglican, Catholic and Adventist sites in Ndalya village.

In Tanganyika Province, the humanitarian situation in Nyunzu Territory remains volatile and precarious, with conflict among indigenous peoples rendering 13 health centres non-functional. In South Kivu Province, clashes between armed groups continue in Minembwe and Uvira Highlands. A total of 263 252 IDPs are still present in Itombwe, Fizi, Nundu and Minembwe reception areas. A team from an NGO based in Baraka, Fizi Territory, was abducted by armed groups and released after a few days.

In Kasai Central Province, the second convoy of 193 returnees from Angola in 2020 arrived in Kanaga to the Azda District, and were welcomed by the UNHCR delegation and international donors. The situation in Greater Kasai remains relatively calm.

Outbreaks of infectious diseases continue. In week 8 of 2020 (week ending 22 February 2020) the main causes of morbidity were malaria with 316 774 suspected cases, acute respiratory infections with 106 971 suspected cases and typhoid fever with 28 278 suspected cases. Malaria remains the leading cause of morbidity in Democratic Republic of the Congo, with a stable case fatality ratio of around 0.1%. Several diseases with epidemic potential were reported during week 8, including Ebola virus disease, cholera, meningitis, diarrhoea with dehydration in children under 5 years of age, influenza, bubonic plague, vaccine derived poliomyelitis, monkey pox and yellow fever. Major outbreaks of cholera and measles continue.

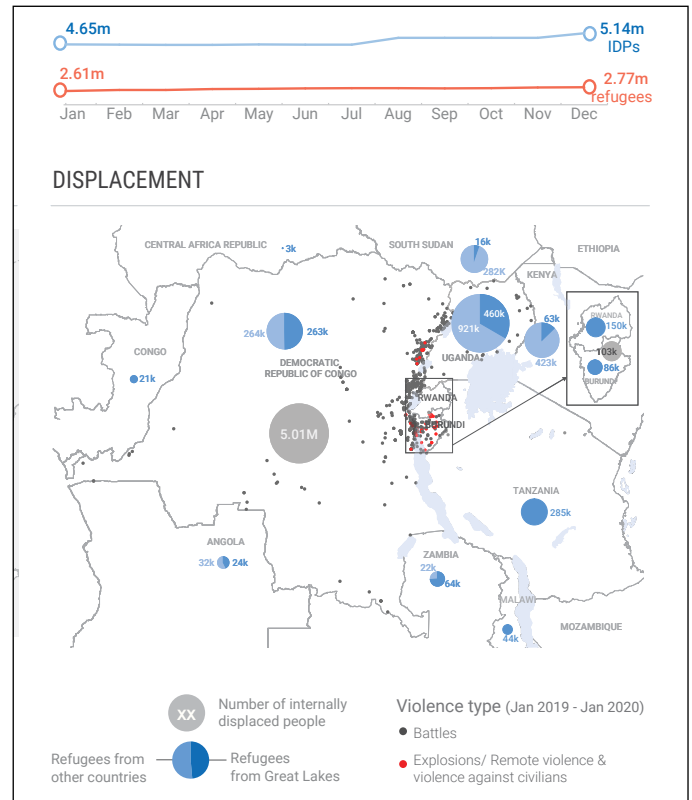
The first confirmed case of Covid-19 was detected in Kinshasa on 10 March 2020 in a Congolese man, aged 52, who lives in France, who arrived in Kinshasa on 8 March 2020. He has been isolated in a Kinshasa hospital for appropriate care, and contact listing and follow up continue.

PUBLIC HEALTH ACTIONS

- The Deputy Prime Minister and the Humanitarian Coordinator launched the Humanitarian Response Plan 2020, targeting 15.6 million people in need, with the Health Cluster targeting an identified 5.6 million people.
- A measles advocacy meeting with health cluster partners and donors was held on 4 March 2020, emphasizing the immunization campaign scheduled for 17 to 21 March 2020 in 121 prioritized health zones.
- A cluster of measles cases in Ituri was investigated, led by WHO, from 19 to 22 February 2020 and Médicines Sans Frontières (MSF) is supporting the Ministry of Health in vaccinating children under 10 years in the seven affected areas.
- CARITAS Bunia continues to implement its emergency assistance project for IDPs in the area, specifically for camp administration, health and nutrition support, which ends on 14 March 2020.
- Water, sanitation and hygiene (WASH) needs are being met in Kasenyi, Ituri, by the TEAR fund who are drilling a 40 m3 borehole to supply 10 standpipes.

[Go to overview](#)

Map of Internally Displaced Persons in Democratic Republic of the Congo, as of February 2020.



- WHO is monitoring and coordinating all health actions in Grand Kasai, providing technical support to the Ministry of Health and coordination of the Kananga health cluster.
- UNICEF has organized a mission to monitor the activities of the emergency health project in Kasai, which is implementing routine vaccination in the province.
- MSF Spain is providing medical and psychosocial care for 43 people affected by gender-based violence in Kananga, Katoka, Tshikadiji, Lukonga, Mkalayi and Mutoto health zones.
- The cholera and measles outbreaks continue to be supported, with technical support provided by WHO experts deployed in the field, along with input from other partners (UNICEF and local NGOs).
- The first round of oral cholera vaccine for Haut-Katanga is under preparation, as is the second round in 17 health zones in North Kivu.
- A total of 2 million doses of measles vaccine have been provided centrally, with 93 000 doses deployed for the response in Tshuapa Province, along with deployment of 402 out of 429 measles kits in all provinces and ongoing deployment in health zones.

SITUATION INTERPRETATION

Insecurity resulting in deaths, injuries and population displacements continue to drive this complex humanitarian situation, with no sign of an end. The situation is further complicated by infectious disease outbreaks, including large outbreaks such as cholera and measles, which have been ongoing for some time. While this insecurity continues, there is little hope that the humanitarian situation will improve, or that the infectious disease outbreaks can be effectively managed and so controlled. National and international actors need to work urgently on solutions and donors need to intervene with adequate funding to support the 2020 Humanitarian Response Plan.

[Go to map of the outbreaks](#)

Summary of major issues, challenges and proposed actions

Major issues and challenges

- Several countries in the WHO African Region have reported their first confirmed COVID-19 cases during the week, though most of the cases are sporadic and imported. Of concern is the start of local transmission documented in the region. More countries are likely to confirm cases in the coming days, with possible local transmission. To this point, the primary objective of the response in the African continent remains containment, which should take the “Whole of Government/Whole of Society” approach – going beyond the Ministries of Health. The use of innovative and low-cost interventions should be explored and customized to the local context. Basic preventive measures at the personal and community levels are still the most powerful tool to limit rapid spread of the disease.
- The measles outbreak in Central African Republic continues and new districts being affected. The national authorities and partners have developed a national response plan, which is being implemented. However, effective implementation of the response plan is being challenged by inadequate resources and other operational challenges. There is a need for the national authorities and partners to step up response to the ongoing measles outbreak to avoid further escalation of the situation, with the emergence of COVID-19 in the country.

Proposed actions

- The national authorities and partners in the African region need to urgently step up their preparedness and readiness to contain potential importation of COVID-19 cases and establishment of local and wide-spread transmission. The response to COVID-19 pandemic calls for a “Whole of Government/Whole of Society” approach. The governments also need to commit their own local resources, to be supplemented by the donor communities.
- The national authorities and partners in Central African Republic need to scale up the response to the measles outbreak. The donor communities and development partners are also urged to provide additional resources (especially funding) in the face of the multiple health emergencies in the country.

All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
New Events									
Benin	COVID-19	Grade 3	16-Mar-20	16-Mar-20	16-Mar-20	1	1	0	0.00%
The Ministry of health in Beni announced the first confirmed case of COVID-19 on 16 March 2020. The case patient is a 49 years old, male patient, Burkina Faso citizenship who returned to Benin on 12 March 2020. The case patient left Burkina Faso on 21 February 2020 and stayed in Belgium for 11 days. He returned in Burkina Faso on 04 March 2020 and stayed there till 12 March 2020, then went to Benin. He consulted in a clinic on 14 March 2020 with rhinorrhoea, cough and fever, then he was isolated the same day in the isolation centre in Cotonou on 15 March 2020, where the laboratory sample was taken.									
Burkina Faso	COVID-19	Grade 3	10-Mar-20	9-Mar-20	14-Mar-20	7	7	0	0.00%
On 9 March, Burkina Faso reported its first two confirmed cases of COVID-19. The two case patients, a 73-year-old man and his 57-year-old wife, recently from France on 24 February 2020. As of 14 March 2020, a total of seven confirmed COVID-19 cases were reported in the country.									
Central African Republic	COVID-19	Grade 3	14-Mar-20	14-Mar-20	15-Mar-20	1	1	0	0.00%
The Ministry of Health and Population announced the confirmation of the first COVID-19 case in the Republic of central Africa. The index case is an Italian citizen, male, 74 years old, who arrived in Bangui on 8 March 2020 from Milan in Italy. He slept in Bangui on his first day of arrival and went to Mbaiki on 09 March 2020, where his symptoms started (fever, cough, rhinorrhoea, and asthenia). The laboratory sample taken on 14 March 2020 was confirmed positive for COVID-19 at Institute Pasteur of Bangui.									
Congo	COVID-19	Grade 3	14-Mar-20	14-Mar-20	15-Mar-20	1	1	0	0.00%
The Government of Congo announced the confirmation of the first case of COVID-19 in Congo on 14 March 2020. The case patient is a French Congolese, 50 years old who arrived in Congo on 1 March 2020 from Paris with a short time stay in Amsterdam. The case patient is receiving appropriate health care and his health status is stable. The members of his family, including his wife and his daughter are isolated and under permanent surveillance. Tracing of other contacts of the confirmed case is ongoing.									
Côte d'Ivoire	COVID-19	Grade 3	11-Mar-20	11-Mar-20	16-Mar-20	5	5	0	0.00%
On 11 March 2020, the Ministry of Health released a press communique announcing the presence of the first confirmed COVID-19 case in the country. The case-patient is a 45-year-old male Ivoirian national who recently returned from Italy (actual date to be determined). He presented at a health facility on 10 March with symptoms of fever, cough and rhinorrhoea. Samples were collected and tested positive for COVID-19. On 15 March 2020, the Ministry of Health announced the confirmation of an additional 3 new COVID-19 cases in the country. The case-patients are all nationals: a 33-year-old male who returned from France, 49-year-old male who returned from Italy and a 56-year-old female health worker at a school with no travel history (or link to a known case).									
Democratic Republic of the Congo	COVID-19	Grade 3	10-Mar-20	10-Mar-20	15-Mar-20	3	3	0	0.00%
On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. The case-patient is a 52-year-old male Congolese national who recently returned from France on 8 March 2020. He presented at a health facility with symptoms of fever, cough and rhinorrhoea. Samples were collected and tested positive for COVID-19. Two additional confirmed COVID-19 were reported in epidemiological week 11 (week ending on 15 March 2020) in Kinshasa.									
Equatorial Guinea	COVID-19	Grade 3	14-Mar-20	14-Mar-20	16-Mar-20	1	1	0	0.00%
The Ministry of Health and Welfare announced the first confirmed COVID-19 case on 14 March 2020. The case patient is 42 years old Equatorial Guinean woman who arrived on 13 March 2020 in Malabo from Madrid.									
Eswatini	COVID-19	Grade 3	13-Mar-20	13-Mar-20	15-Mar-20	1	1	0	0.00%
The first case of COVID-19 was confirmed in the kingdom of Eswatini on 13 March 2020. The case patient is a 33 years old woman who returned from the United States of America at the end of February then proceeded for a business meeting in Lesotho. She came back on 7 March 2020 and was later seen by a private practitioner who took samples for laboratory testing on the 11 March 2020. The test was confirmed positive in a South African laboratory. The patient is stable and has been taken for isolation and monitoring.									
Ethiopia	COVID-19	Grade 3	13-Mar-20	13-Mar-20	16-Mar-20	4	4	0	0.00%
Ethiopia continues to report COVID-19 Confirmed cases. On 15 March 2020, the Ministry of Health announced the confirmation of three additional COVID-19 cases in the country. The case-patients are two Japanese males, 44 and 47-year-old and a 42-year-old male Ethiopian national.									
Gabon	COVID-19	Grade 3	12-Mar-20	12-Mar-20	16-Mar-20	1	1	0	0.00%
On 12 March 2020, the Ministry of Health announced the confirmation of the first COVID-19 case in the country. The case-patient is a 27-year-old male who recently returned from Bordeaux, France. He developed symptoms days later and samples tested at International Media Research Centre of Franceville were positive.									
Ghana	COVID-19	Grade 3	12-Mar-20	12-Mar-20	16-Mar-20	2	2	0	0.00%
On 12 March 2020, the Ministry of Health announced the confirmation of two new COVID-19 cases in the country. Both case-patients recently from Norway and Turkey. Patients are in isolation and are stable									
Guinea	COVID-19	Grade 3	13-Mar-20	13-Mar-20	15-Mar-20	1	1	0	0.00%
The Ministry of health in Guinea Conakry announced the first confirmed case of COVID-19 on 13 March 2020. The case patient is 49 years old, Belgian citizen who has lived in Guinea since October 2018. The case patient went to Brussels in Belgium on 15 February for holidays, then visited Nice in France from 17-21 February 2020. She arrived in Guinea on 3 March 2020									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Kenya	COVID-19	Grade 3	13-Mar-20	13-Mar-20	15-Mar-20	3	3	0	0.00%
On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 case in the country. The case-patient is 27 years old, who recently returned to Nairobi from USA. As of 16 March 2020, three confirmed COVID-19 were confirmed in the country.									
Liberia	COVID-19	Grade 3	16-Mar-20	16-Mar-20	16-Mar-20	1	1	0	0.00%
Liberia Government confirmed the first case of COVID-19 On 16 March 2020. The case-patient was reported to have returned from Switzerland on 15 March 2020. The patient is isolated and receiving appropriate medical care.									
Mauritania	COVID-19	Grade 3	13-Mar-20	13-Mar-20	15-Mar-20	1	1	0	0.00%
The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. The case patient is an Australian male, 40 years old. The case patient was possibly infected in Autriche. The case was confirmed on 13 March 2020 by the influenza laboratory of the national institute of reasearch in Public health in Nouakchott.									
Namibia	COVID-19	Grade 3	14-Mar-20	14-Mar-20	16-Mar-20	2	2	0	0.00%
Two cases of novel coronavirus (COVID-19) have been confirmed in Namibia on 14 March 2020. Two tourists from Spain who arrived in Namibia on 11 March 2020.									
Rwanda	COVID-19	Grade 3	14-Mar-20	14-Mar-20	15-Mar-20	5	5	0	0.00%
Rwanda Ministry of Health announced the confirmation of the first COVID-19 case on 14 March 2020. The case patient is an Indian citizen who arrived in Rwanda from Mumbai, India, on 08 March 2020. The patient had no symptoms upon arrival in Rwanda and he reported himself to a health facility on 13 March 2020, where he was immediately tested. He is currently under treatment in stable condition, isolated from other patients. On 15 March 2020, the government of Rwanda announced the confirmation of four additional COVID-19 cases in the country. The first one is a 34 years old male Rwandan who returned from South Sudan on 6 March 2020, the second is his brother, 36 years old, male with no travel history, the third one is 22 years old Ugandan who returned from London on 15 march 2020 and the fourth one, is a 30 years old man in Kigali with no recent travel history.									
Seychelles	COVID-19	Grade 3	14-Mar-20	14-Mar-20	16-Mar-20	3	3	0	0.00%
The first COVID-19 confirmed cases were reported in Seychelles 14 March 2020. As of 16 March, a total of 3 confirmed COVID-19 cases were reported in the country.									
Tanzania, United Republic of	COVID-19	Grade 3	16-Mar-20	16-Mar-20	16-Mar-20	1	1	0	0.00%
The Ministry of Health, Community Health Community Development, Gender, Elderly and Children (MOHCDGEC) in Tanzania has reported the country's first case of COVID-19, a 46-year old female. The patient is believed to have contracted the virus in Belgium and was identified by the authorities on 15 March 2020. The case was confirmed on 16 March 2020 morning by the National Influenza Centre at the National Health Quality Assurance Training Laboratory and transmission is believed to have occurred abroad. The patient landed at Kilimanjaro International Airport on 15 March 2020, 4 pm returning from Belgium. She left the country on 3 March 2020 and visited a number of countries including Sweden, Denmark and Belgium. Upon return she self-isolated herself and presented to Mount Meru Hospital for testing									
Ongoing Events									
Algeria	COVID-19	Grade 3	25-Feb-20	25-Feb-20	16-Mar-20	48	48	4	8.30%
According to preliminary information received from WHO Country Office in Algeria, the Minister of Health on the evening of 25 February 2020 announced on the national television the confirmation of the first case of COVID-19 in the country. The sample was reportedly tested and confirmed positive by the National Reference Laboratory for influenza and respiratory viruses of the Pasteur Institute of Algeria. The case-patient is an Italian adult male with comorbidity (yet to be specified). He originally came from Milan and arrived in Algeria on 17 February 2020 in the city of Hassi Messaoud, 800km south-east of the capital Algiers. He is being managed in an isolation facility. As of 16 March 2020, a cumulative number of 48 COVID-19 confirmed cases, including 4 deaths were reported.									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	1-Jan-19	26-Feb-20	117	117	0	0.00%
Zero new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 114 cVDPV2 cases from seven outbreaks reported in 2019.									
Benin	Dengue fever	Ungraded	13-May-19	10-May-19	29-Nov-19	26	14	2	7.70%
Between 10 May and 29 November 2019, a total of 26 suspected cases of dengue fever, including two deaths, were reported from Atlantique, Littoral, Ouémé and Couffo Departments. Cumulatively, fourteen cases from Atlantique Department (4 cases), Littoral Department (4 cases) and Ouémé Department (6 cases) were confirmed by serology and PCR at the Benin National VHF Laboratory. Two deaths, one of which occurred in a dengue haemorrhagic fever case, were notified among the confirmed cases (CFR 14%).									
Benin	Lassa fever	Ungraded	19-Feb-20	17-Feb-20	24-Feb-20	4	4	1	25.00%
From 17 to 24 February 2020, a total of 4 confirmed cases of lassa fever have been reported in Tchaourou commune in Borgou department of Benin. One death has been recorded on 18 February 2020 in the index case and a safe and dignified burial has been conducted. All cases are residents of Bukuro city, Kwara state, Nigeria. A total of 34 contacts, including 23 health care workers, are under follow-up.									
Benin	Meningitis	Ungraded	6-Jan-20	9-Dec-19	22-Jan-20	83	24	13	15.70%
On 6 January 2019, the Ministry of Health of Benin notified WHO of an outbreak of meningitis in Banikoara Commune, Alibori Department, Northern Benin. The current outbreak reportedly began in week 50 (week ending 15 December 2019) when a cluster of four case-patients with signs and symptoms suggestive of meningitis were reported from Banikoara Commune. Of these, three were subsequently confirmed as having bacterial meningitis infection. In the following week, an additional 13 cases were reported from the same area, thus exceeding the epidemic threshold for the disease. From 9 December 2019 to 22 January 2020, a cumulative total of 83 cases with 13 deaths (case fatality ratio 16%) have been reported Banikoara Commune. Of these, 16 cases with six deaths have been confirmed for bacterial meningitis infection.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	26-Feb-20	8	8	0	0.00%
One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week from plateau province. There were seven cVDPV2 cases reported in 2019 linked to the Jigawa outbreak in Nigeria.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	26-Feb-20	-	-	-	-
<p>Since 2015, the security situation initially in the regions of the Sahel and later in 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 765 517 internally displaced persons registered as of 14 February 2020 in all 13 regions in the country. The regions of Sahel, Centre-North, the North, the East and Boucle du Mouhoun are the most affected. Health services are severely affected and as of 13 January 2020, According to the report of the Ministry of Health, 9.5% (n=121) of the health facilities located in the six regions affected by insecurity are closed, thus depriving more than 1.5 million people of health care, and 11.9% (n=152) have reduced their services to a minimum, following insecurity. Morbidity due to epidemic-prone diseases remains high and Malnutrition thresholds are alarming in the areas hosting IDPs, mainly in Barsalogo, Djibo, Matiacoali, Arbinda, and Titao.</p>									
Burundi	Malaria	Grade 2		1-Jan-19	29-Dec-19	8 892 300		3 294	0.00%
<p>Since week 48 of 2018 (week ending 2 December 2018), there has been a progressive increase in the number of malaria cases reported across the 46 districts of Burundi, with the epidemic threshold surpassed in week 18 of 2019 (week ending 5 May 2019). From 1 January to 29 December 2019, a cumulative total of 8 892 300 cases and 3 294 deaths (CFR 0.04%) were reported. There is an 88% increase in the number of cases and a 62% increase in the number of deaths reported in 2019 compared to 2018.</p>									
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	5-Mar-20	-	-	-	-
<p>Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by Boko Haram group, with significant population displacement. Since 1 January 2020, there have been 38 attacks by alleged Boko Haram insurgents, resulting in 20 missing people, 95 injuries and 76 deaths. Two health facilities have been attacked, with one completely destroyed, along with attacks on health workers, with two deaths and one injury reported. Flood waters have receded in Mada and Makary health districts, potentially making them more vulnerable to security incidents. Maroua, the regional capital of Far North is on alert. The Minawao Refugee Camp in the Mokolo Health District continues to host Nigerian refugees, with spontaneous refugee arrivals being recorded weekly.</p>									
Cameroon	Humanitarian crisis (NW & SW)	Grade 2	1-Oct-16	27-Jun-18	5-Mar-20	-	-	-	-
<p>The humanitarian situation in the Northwest and Southwest (NW & SW) of Cameroon continues to deteriorate with rising tensions between separatists and military forces. The security situation has led to displacement of an estimated 437 000 people in the region. More than 39 000 people have fled to the Littoral and Western regions and around 60 000 people have crossed into neighbouring Nigeria. There are increasing numbers of insecurity incidents, resulting in further displacement, with an estimated 160 000 people potentially affected.</p>									
Cameroon	Cholera	Ungraded	1-Mar-19	1-Mar-19	25-Feb-20	1 449	285	71	4.90%
<p>The Cholera outbreak affecting two regions, namely South Ovest and Littoral regions is ongoing in Cameroon. Thirty-four new cases, including three deaths were reported in the South Ovest region (10 new cases and one death) and Littoral region (24 new cases and two deaths) during epidemiological week 8 (week ending on 23 February 2020). One new district in south west region (Tiko district) confirmed two new cases, which bring the number of affected districts at three (Bakassi, Ekondo Titi and Tiko districts). In the Littoral region, the total number of affected districts is eight (Nylon, Manoka, Boko, Deido, Bangue, Cité des palmiers, Bonassama, Japoma, New Bell et Logbaba districts).</p>									
Cameroon	COVID-19	Grade 3	6-Mar-20	6-Mar-20	16-Mar-20	3	3	0	0.00%
<p>On 6 March 2020, the Ministry of Public Health of Cameroon announced the confirmation of a case of COVID-19 in a 58-year-old French-Cameroonian case-patient who resides in France. Having returned to Cameroon on 24 February 2020, he consulted at Centre Medical Cathedrale on 5 March 2020, with fever and asthenia which started on 27 February 2020. Samples sent to the laboratory were confirmed positive for COVID-19 on 5 March 2020. A sample was also collected from the spouse of the index case which tested positive for COVID-19 on 6 March 2020. An additional case of COVID-19 confirmed was announced by the Ministry of Public Health on 14 March 2020. It is a Cameroonian citizen living in the city of Polverara in the veneto region of Italy. He arrived in Cameroon on 07 March 2020. The cumulative total number of confirmed COVID-19 cases reported in Cameroon is as of 15 March 2020 is three.</p>									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-20	28-Feb-20	352	155	14	0%
<p>A measles outbreak is ongoing in Cameroon. Since 1 January 2020 to date, a total of 352 suspected cases have been reported. Of these, 155 were confirmed as IgM-positive. The outbreak is currently affecting 15 districts, namely, Ngaoundere Urbain, Ayos, bafia, Biyem Assi, Cite verte, Djoungolo, Eliq Mfomo, Mbalmayo, Mbandjock, Mfou, Monatele, Ngoumou, Nkolbisson, Nkolndongo, and Ntui districts.</p>									
Cameroon	Monkeypox	Ungraded	14-Jan-20	8-Jan-20	17-Jan-20	2	1	1	50.00%
<p>WHO was notified of an outbreak of monkeypox on 14 January 2020 by the Ministry of Public Health in Cameroon following the confirmation of the monkeypox case by the Institut Pasteur laboratory on 08 January 2020. The index case is a 13 months old child from Tomba1 village, health area of Ayos Urbain, Ayos Health district, centre region, who consulted at Arche de Noé health centre on 20 December 2019 with signs compatibles to smallpox. The child was referred to the Regional Hospital annex of Ayos, then at Chantal Biya hospital on 24 and 26 December 2019 respectively. The person died on 2 January 2020. The second confirmed case is the mother of the dead child.</p>									
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	23-May-19	23-May-19	12-Feb-20	-	-	-	-
<p>No case of cVDPV2 was reported in the past week. On 23 May 2019, WHO received notification through the Global Polio Laboratory Network (GPLN) of the detection of circulating vaccine-derived poliovirus type 2 (cVDPV2) from an environmental sample collected on 20 April 2019 in the Northern Province of Cameroon which borders Borno State in Nigeria and Chad. There are no associated cases of paralysis detected so far.</p>									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	2-Feb-20	-	-	-	-
<p>Civil unrest and food insecurity in most parts of the country including major cities are continuing 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 and Bria. Clashes between armed groups, the persistence of inter-community tensions and the increase in crime number across the country continue to result into population displacement. As of 31 January 2020, OCHA estimates the number of internally displaced people in the country at 670 0000.</p>									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Central African Republic	Measles	Grade 2	15-Mar-19	1-Jan-19	23-Feb-20	7 626	517	83	1.10%
Detailed update given above.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	26-Feb-20	19	19	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported since the beginning of 2020. There were 19 cVDPV2 cases reported in 2019 from six different outbreaks.									
Chad	Measles	Ungraded	24-May-18	1-Jan-19	23-Feb-20	2 410	31	23	1.00%
In week 8 (week ending 23 February 2020), 621 suspected cases were reported. 29 districts were in the epidemic phase in week 8. Since the beginning of the year, a total of 2 410 suspected cases and 23 deaths (CFR 1.0%) have been reported from Beboto, Kyabe, Goundi, Korbol, Kelo and Guelao.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	26-Feb-20	3	3	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported since the beginning of 2020. There were three cVDPV2 cases reported in 2019 linked to the Jigawa outbreak in Nigeria.									
Comoros	Measles	Ungraded	26-May-19	20-May-19	22-Dec-19	218	59	0	0.00%
As of 22 December 2019, a total of 218 suspected cases with zero deaths have been reported from health facilities in Grande Comore Island. Of these, 59 cases have been confirmed (40 laboratory-confirmed and 19 by epidemiological link). IgM-positive cases were reported in five districts of Grande Comore, namely, Moroni (28), Mitsamiouli (6), Mbeni (3), Mitsoudjé (2), and Oichili (1). The 19 epi-linked cases are from Moroni district.									
Congo	Chikungunya	Grade 1	22-Jan-19	1-Jan-20	9-Feb-20	37	0	0	0.00%
In week 6 (week ending 9 February 2020), a total 6 suspected cases were reported in three out of the 12 departments, namely: Brazzaville (3 cases), Bouenza (2 cases) and Kouilou (1 case). From week 1 to week 6, 37 cases with no deaths were reported in the country. From weeks 1 to 52 of 2019, a total of 11 600 cases have been reported in 44 out of the 52 health districts in 10 out of 12 departments. The departments of Bouenza (3102 cases), Kouilou (2844 cases) and Niari (2589) were the most affected by the outbreak accounting for 74% of cases reported since the beginning of the outbreak.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Ungraded	29-Oct-19	29-Oct-19	12-Feb-20	-	-	-	-
Three cVDPV2 positive environmental samples were reported: one from Abidjan 2 province and two from Abidjan 1 Grands Ponts province, all linked to the Jigawa outbreak in Nigeria									
Democratic Republic of the Congo	Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	10-Mar-20	-	-	-	-
Detailed update give above.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-20	16-Feb-20	4 077	-	59	1.50%
During week 7 (week ending 16 February 2020), a total of 474 suspected cases of cholera and 7 deaths (CFR 1.5%) were notified from 14 out of the 26 provinces in the country. The majority (95%) reported in week 7 came from four provinces: North-Kivu, South-Kivu, Haut-Katanga and Tanganyika. There was an increase in the weekly case incidence since week 6 of 2020; a similar trend was observed in previous years. The province of Katanga continues to report high mortality rates (CFR: 6.1%). Between week 1 and week 52 of 2019, a total of 30 304 cases including 514 deaths (CFR 1.7%) were notified from 23 out of 26 provinces.									
Democratic Republic of the Congo	Ebola virus disease	Grade 3	31-Jul-18	11-May-18	13-Mar-19	3 412	3 444	2 264	66.00%
Detailed update given above.									
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	1-Jan-20	23-Feb-20	26 574	-	358	1.40%
In week 8 (week ending 23 February 2020), 2 642 measles cases including 41 deaths (CFR 1.6%) were reported across the country. Over the past four weeks (weeks 5 to 8), the majority of cases have been reported from the provinces of Maindombe (1 403 cases), Kongo Central (1329 cases), Mongala (1341 cases), Bas-Uele (969 cases) and Equateur (898 cases). Since the beginning of 2019, 337 982 measles cases including 6 389 deaths (CFR 1.9%) have been recorded in all 26 provinces. In total, 269 (52%) of the 519 health zones have reported a confirmed measles outbreak. To date, a total of 2 979 cases were laboratory confirmed (IgM+), 71% of which were children under five years old.									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-20	16-Feb-20	452	-	9	2.00%
During week 7 (week ending 16 February 2020), a total of 59 suspected cases including one death were reported across the country. The majority (81%) of cases in week 7, were reported from the provinces of Sankuru (48), Tshuapa (16), Mai-Ndombe (12) and Equateur (7). Between week 1 and week 7, a total of 452 suspected cases including 9 deaths were reported in the country, with the majority of cases being reported from the provinces of Sankuru (26%), Equateur (15%), Bas-Uele (12%), Mongala (10%) and Tshuapa (10%). The weekly incidence has been decreasing since week 6. Between weeks 1 and 52 of 2019 a cumulative total of 5 288 monkeypox cases, including 107 deaths (CFR 2%) were reported from 133 health zones in 19 provinces.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	15-Feb-18	1-Jan-18	19-Feb-20	105	105	0	0.00%
No new cases of cVDPV2 were reported this week. There were 85 cVDPV2 cases reported in 2019 and 20 in 2018.									
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	9-Feb-20	3 970		64	1.60%
In week 6 (week ending 9 February 2020), 157 new suspected cases were reported in SNNRP, Somalia and Oromia regions. A total of 3 970 suspected cases have been reported from three regions as of 9 February 2020.									
Ethiopia	Dengue	Ungraded	3-Nov-19	9-Sep-19	8-Dec-19	1 251	6	0	0.00%
Between week 37 and week 49 in 2019, a total of 1 251 suspected cases and 6 confirmed cases of dengue fever were reported from Afar region. The peak of the outbreak was observed in week 38 when more than 300 suspected cases were reported.									
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-19	9-Feb-20	1 873		-	-
In week 6 (week ending 9 February 2020), the measles outbreak is still ongoing in Oromia, SNNPR and Somali regions. A total of 1 873 suspected cases with were reported as of week 5 with the majority of suspected cases being reported from Oromia region.									
Ethiopia	Poliomyelitis (cVDPV2)	Ungraded	24-Jun-19	20-May-19	26-Feb-20	12	12	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There have been 12 cVDPV2 cases reported in Ethiopia so far, with four cases are linked to the outbreak in neighbouring Somalia and eight cases linked to two other outbreaks.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	26-Feb-20	18	18	0	0.00%
Six cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week with three each from Bono and Bono East provinces. There were 12 cVDPV2 cases reported in 2019.									
Guinea	Measles	Ungraded	9-May-18	1-Jan-19	3-Nov-19	4 690	1 091	18	0.30%
During week 44 (week ending 3 November 2019), 127 suspected cases of measles were reported. From week 1 to 44 (1 January – 3 November 2019), a total of 4 690 suspected cases including 18 deaths (CFR 0.4%) have been reported. Of the 4 690 suspected cases, 1 773 were sampled, of which 1 091 tested positive for measles by serology. Three localities in three health districts are in the epidemic phase, namely, Wanindara in Ratoma health district, Dounet in Mamou health district and Soumpoura in Tougue health district.									
Kenya	Chikungunya	Ungraded	24-Jan-20	31-Dec-19	16-Feb-20	202	17	0	0.00%
A chikungunya outbreak was reported in Kenya and has affected Hagadera Sub County in Garissa County. As of reporting date, a total of 163 cases with 17 confirmed positives have been reported. The index case was seen on 31 December 2019.									
Kenya	Cholera	Ungraded	21-Jan-19	1-Jan-20	16-Feb-20	253	3	1	0.40%
In week 7 (week ending 16 February 2020), 62 new suspected cases were reported from Turkana county. Since 1 January 2020, cholera outbreak has been reported in three counties namely: Garissa, Wajir and Turkana. Cumulatively, a total of 253 cases with no deaths have been reported. The outbreak in all the three counties is a continuous wave from 2019. The transmission is active in all the affected counties.									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	3-Jan-20	16-Feb-20	38	15	0	0.00%
In week 7 (week ending 16 February 2020), no new case was reported. Since the beginning of the outbreak, suspected and confirmed cases of leishmaniasis have been reported from Mandera, Marsabit, Wajir and Garissa counties.									
Kenya	Measles	Ungraded	6-May-19	20-Mar-19	16-Feb-20	637	15	1	0.20%
A total of 198 cases with 5 confirmed have been reported new outbreak of measles has been reported from Pokot North sub county, Alale location since 20 October 2019. The last measles cases were reported in Kajiado County, Kajiado West Sub-County on 8 September 2019 (425 suspected cases, 4 confirmed and 1 death). Additionally, 10 cases including 6 laboratory-confirmed cases were reported from Garissa County in Dadaab Sub-County in May 2019.									
Liberia	Lassa fever	Ungraded	23-Jan-19	1-Jan-20	1-Mar-20	36	36	16	44.40%
Of 90 suspected cases reported across the country from 1 January to 1 March 2020, 36 were confirmed and 54 discarded. A total of 16 deaths (CFR 44.4%) have been reported among the confirmed cases. Cases have been reported from six health districts in five counties: Bong county (16), Grand Bassa (15), Montserrado (2) and Nimba (2) and Lofa (1).									
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-19	16-Feb-20	169	35	0	0.00%
In week 7 (week ending on 16 February 2020), 38 suspected cases were reported from 9 out of 15 counties across the country. Since the beginning of 2020, 169 cases have been reported across the country, of which 35 are laboratory-confirmed, 20 are epi-linked, and 53 are clinically confirmed.									
Malawi	Cholera	Ungraded	9-Jan-20	9-Jan-20	24-Jan-20	3	3	0	0.00%
An outbreak of cholera is ongoing in Malawi, Blantyre district. Since the notification of the first case on 9 January 2020 till 24 January 2020, a total of 3 confirmed cases with zero deaths was reported from Limbe health facility. Blantyre is the largest commercial city in Malawi, it is in the southern part of the country. Response activities are going in the affected district and active surveillance was enhanced in all districts of the country.									
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	7-Dec-19	-	-	-	-
The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The number of internally displaced persons is increasing, and it was estimated at 199 385 in October 2019. This increase is associated with repeated violence in Mopti, Gao, Menaka and zones in the neighbourhood of Burkina Faso border. The country is also facing infectious diseases outbreaks which include yellow fever, measles, and dengue. Cases of malnutrition continue to be reported at the country level. In week 48, a total of 5 206 cases of acute malnutrition were reported.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mali	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	2-Feb-20	5-Jan-20	7-Feb-20	14	3	7	50.00%
The regional Directorate of Health in Mopti notified a total of 14 suspected haemorrhagic fever including 7 deaths on 2 February 2020. All notified cases are from Mopti Health district, Korienze health area, Kera village. Three out of nine laboratory samples that were sent to the Public health institute turned positive for Crimean Congo Hemorrhagic fever. Response activities are ongoing in the affected health district.									
Mali	Dengue	Ungraded		1-Jan-19	7-Dec-19	20	9	0	0.00%
Cases of dengue continue to be reported in Communes IV (2 cases), V (3 cases) and VI (4 cases) of Bamako district. From Week 1 to week 48, a total of nine out of 16 samples tested positive. The last confirmed case was notified in week 47. Outbreak responses measures are being implemented in affected communes.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-19	9-Feb-20	91	17	0	0.00%
During week 8 (week ending on 23 February 2020), 33 suspected cases of measles were reported from eight regions in the country. Of these, 30 were confirmed IgM-positive. Since 1 January 2020, 144 suspected cases, 50 of which were confirmed have been reported. No associated deaths have been reported so far.									
Mali	Yellow fever	Ungraded	3-Dec-19	3-Nov-19	22-Dec-19	41	5	7	17.10%
As of 22 December 2019, a total of 41 cases have been reported including 33 suspected cases, 3 probable cases and 5 confirmed from two regions: Sikasso and Koulikoro. Five deaths have been reported including 2 among confirmed cases.									
Mozambique	Cholera	Ungraded	20-Feb-20	31-Jan-20	22-Feb-20	313	1	13	4.20%
Mozambique is reporting cases of cholera from Cabo Delgado province since 31 January 2020. From 31 January till 20 February 2020, a total of 313 cases including 13 deaths were reported in three coastal districts of Cabo Delgado province, namely Mocimboa de Praia, Macomia and Ibo. A total of 14 laboratory samples was examined in the laboratory and 9 among them tested positive with the rapid diagnostic test (RPDT) and one confirmed positive by culture. Furthermore, there are rumours of Acute watery diarrhoea (AWD) in Nampula province, which are under verification.									
Namibia	Hepatitis E	Protracted 1	18-Dec-17	8-Sep-17	29-Dec-19	7 063	1 731	59	0.80%
In weeks 51 and 52 (week ending 29 December 2019), 82 cases were reported from six regions of Namibia with the majority (49 cases) from Khomas region. There was an increase in the number of cases reported in weeks 51 and 52 compared to weeks 49 and 50. As of 29 December 2019, a cumulative total of 1 731 laboratory-confirmed, 4 345 epidemiologically linked, and 987 suspected have been reported countrywide. A cumulative number of 59 deaths have been reported nationally (CFR 0.8%), of which 24 (41%) occurred in pregnant or post-partum women. Cases have been reported from 12 out of 14 regions of Namibia, namely, Khomas, Omusati, Erongo, Oshana, Oshikoto, Kavango, Ohangwena, Omaheke, Hardap, Karas, Otjozondjupa, and Kunene regions.									
Niger	Humanitarian crisis	Protracted 1	1-Feb-15	1-Feb-15	23-Jan-20	-	-	-	-
The security situation continues to worsen in bordering areas of Burkina Faso, Mali and Nigeria following armed groups attacks in the region. The military camp of Sinegodar situated in the health district of Banibangou, Tillabery region was attacked on 9 January 2020. A total of 89 governments defence and security forces was killed. The number of displaced people is increasing in Tillabery, Maradi, Diffa. This security situation is hampering the humanitarian access and affecting the access to basic health and social services. A total of 46 health posts and 10 health centers have closed due to insecurity. 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.									
Niger	Measles	Ungraded	10-May-19	1-Jan-20	2-Feb-20	304	-	1	0.30%
During week 5 (week ending 2 February 2020), 123 suspected measles cases were notified in the country. From week 1 to 5 of 2020, a total of 304 suspected measles cases with 1 death (CFR:0.3%) were notified in 8 regions: Agadez (34 cases, 0 deaths), Diffa: (3 cases, 0 deaths), Dosso (2 cases, 0 deaths), Maradi (17 cases, 1 death), Niamey (5 cases, 0 deaths), Tahoua (57 cases, 0 deaths), Tillabery (3 cases, 0 deaths) and Zinder (183 cases, 0 deaths). In 2019 a total of 10 207 suspected measles cases were reported from eight regions in the country.									
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	31-Jan-20	-	-	-	-
The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security compromised areas characterized by overcrowded population in many camps in the region. Due to shrinking humanitarian space health partners are facing challenges in delivery of timely and urgent life-saving assistance as access challenges are impacting movement of mobile medical teams, ambulances, immunization staff and medical cargo in many locations across Borno state. The cholera outbreak in Adamawa state is ongoing, though the number of cases being reported is showing a downward trend.									
Nigeria	Cholera	Ungraded	19-Jun-19	15-May-19	15-Dec-19	895	207	15	1.70%
Three new cases of cholera were reported in Adamawa State from 27 November to 6 December 2019 from Yola North (2) and Yola South (1) Local Government Areas. From 15 May to 6 December 2019, a cumulative total of 839 suspected cases with four deaths have been reported from four LGAs: Yola North (513 cases with two deaths), Girei (200 cases with one death), Yola South (125 cases with one death), and Song (1 case with zero deaths). Of 539 stool specimens collected and analysed at the state specialist hospital, 206 cultured <i>Vibrio cholerae</i> as the causative agent. An outbreak of cholera has also been reported in Andoni Local Government Area, Rivers State. From 27 November to 9 December 2019, a total of 56 cases with 11 deaths were reported from 15 communities in Andoni LGA.									
Nigeria	COVID-19	Grade 3	27-Feb-20	27-Feb-20	16-Mar-20	2	2	0	0.00%
The Federal Ministry of Health of Nigeria announced the first confirmed case of COVID-19 in Lagos, Nigeria. The case is an Italian citizen who works in Nigeria and returned from Milan, Italy to Lagos, Nigeria on 25 February 2020. He reportedly developed symptoms on 26 February and was confirmed on 27 February for SARS COV-2 infection by the Virology Laboratory of the Lagos University Teaching Hospital on 27 February 2020. The patient is reported to be clinically stable, with no serious symptoms, and is being managed at the Infectious Disease Hospital in Yaba, Lagos. A second case was confirmed from the contacts being followed up on Ogun state.									
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-20	23-Feb-20	698	689	127	18.20%
A total of 102 new confirmed cases with 13 deaths were reported from 18 states across Nigeria in week 8 (week ending 23 February 2020). This is a decline in the number of cases from 115 cases reported for the previous week. From 1 January to 23 February 2020, a total of 698 cases (689 confirmed and 9 probable) with 127 deaths (CFR 18.2%) have been reported from 115 Local Government Areas across 27 states in Nigeria. A total of 1843 contacts are currently being followed.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-19	31-Jan-20	1 618	303	5	0.30%
Between epi weeks 1 - 5 (week ending 31 January 2019), a total of 1 618 suspected cases of measles were reported from 36 states including 5 deaths (CFR 0.3%). Katsina (356) Sokoto (324), Borno (165), and Yobe (88) states account for 62.3% of the cases reported in January 2020. Of the 720 samples tested, 303 were IgM positive for measles.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	26-Feb-20	53	53	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 18 cVDPV2 cases reported in 2019 and 34 in 2018.									
Nigeria	Yellow fever	Ungraded	14-Sep-17	1-Jan-20	31-Jan-20	139	0	0	0.00%
In January 2020, a total of 139 suspected yellow fever cases have been reported from 90 LGAs across 27 States 604. Of the 139 samples collected, 2 twsted positive in Nigerian network laboratories. In 2019, a total of 4288 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.									
Senegal	COVID-19	Grade 3	2-Mar-20	2-Mar-20	15-Mar-20	26	26	0	0.00%
On 2 March 2020, health authorities in Senegal reported one confirmed case of COVID-19. The case-patient is a 33-year-old French national who has been a resident in Senegal for the past two years but travelled to Nimes and Auvergne-Rhône-Alpes region, France from 13-25 February 2020 and returned to Senegal on 26 February 2020 and developed a flu-like illness on 27 February 2020. Tests results released by the Institut Pasteur Dakar, Senegal on 2 March 2020 returned positive for SARS-CoV-2 by quantitative reverse transcription-polymerase chain reaction (qRT-PCR). As of 15 March 2020, a total of 26 cases with zero deaths were reported in the country.									
Seychelles	Measles	Ungraded	21-Jan-20	13-Jan-20	16-Feb-20	79	24	0	0.00%
As of 16 February 2020 a total of 24 confirmed measles cases with no deaths were reported. All reported confirmed cases are from Praslin Island, although two were detected on Mahe island. All age groups have been affected.									
South Africa	COVID-19	Grade 3	5-Mar-20	3-Mar-20	15-Mar-20	51	51	0	0.00%
South Africa continues to report cases of COVID-19. The first case was confirmed on 5 March 2020. The case-patient is a 38-year-old male who was part of a group of 10 persons who recently visited Italy and returned to South Africa on 1 March 2020. He reportedly consulted a private general practitioner on 3 March 2020 after developing symptoms of fever, headache, malaise, sore throat, and cough. An oral swab was collected and sent for laboratory investigation which tested positive for SARS-CoV-2 infection on 5 March 2020. The case-patient has reportedly been self-isolating since 3 March 2020. As of 15 March 2020, a total of 51 COVID-19 confirmed cases with zero deaths were notified in South Africa.									
South Sudan	Flood	Ungraded	28-Oct-19	29-Oct-19	14-Feb-20	-	-	-	-
In the last four weeks, most of the areas affected by floods did not experience rains at all, and as a result, the water levels are receding, improving access to communities that were initially cut off.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	14-Feb-20	-	-	-	-
The humanitarian situation has been largely calm but unpredictable in most of the states. The number of internally displaced people (IDPs) in South Sudan was estimated at 1.47 million. Malnutrition continues to be a problem in the country as more than 6.35 million people are reported to be severely food insecure in South Sudan. Communicable disease burden remains high with ten counties reporting malaria cases above their epidemic thresholds and measles cases being reported from 16 counties (Abyei, Mayom, Melut, Aweil South, Aweil East, Tonj North, Juba, Wau, Aweil West, Gogrial West, Gogrial East, Renk, Tonj South, Jur River, Pibor and Yambio) and four protections of civilian (PoC) sites (Juba, Bentiu, Malakal and Wau).									
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	26-Jan-20	167	41	2	1.20%
The current outbreak in Bentiu POC continues since teh beginning of 2019. As of reporting date, a total of 155 cases and two deaths have been recorded from Bentiu PoC and a total of 12 suspected cases including 4 confirmed cases in Lankein. The last cases in Lankein were reported in week 25 (week ending on 23 June 2019).									
South Sudan	Measles	Ungraded	24-Nov-18	1-Jan-19	26-Jan-20	4 732	247	26	0.50%
Between week 1 in 2019 to week 4 in 2020, a total of 4 731 suspected cases of measles which 247 laboratory-confirmed and 26 deaths (CFR 0.5%) have been reported. The outbreak has affected 23 counties (Pibor; Abyei; Mayom; Gogrial West; Aweil South; Melut; Gogrial East; Juba; Tonj North; Aweil West; Aweil East; Renk; Wau; Tonj North; Jur River; Yambio, Budi, Ikotos, Maban and Aweil East, Ikotos, Tonj East, Magwi and Bomaand) and 4 Protection of Civilians Sites POCs (Juba, Bentiu, Malakal and Wau).									
Togo	COVID-19	Grade 3	6-Mar-20	1-Mar-20	15-Mar-20	1	1	0	0.00%
On 6 March 2020, the Ministry of Health and Public Hygiene of Togo announced the confirmation of its first case of COVID-19. The case-patient is a 42-year-old female with recent history of travel to Germany, France, Turkey and to Benin where she crossed the land border in a private vehicle to Lomé on 2 March 2020. She presented at the Centre Hospitalier Universitaire campus in Lomé on 3 March 2020 after developing symptoms of fever, sore throat and headache two days prior. A sample was collected and sent for laboratory investigation which tested positive for SARS-CoV-2 infection on 6 March 2020.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	26-Feb-20	9	9	0	0.00%
Two new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week, one each from Lome and Maritime provinces. There were seven cVDPV2 cases reported in 2019.									
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	31-Jan-20	-	-	-	-
Between 1 and 31 January 2019, a total of 6 172 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo (3 799), South Sudan (1 932) and Burundi (441). Uganda hosted 1 394 678 asylum seekers as of 31 January 2019, with 95% living in settlements in 11 of Uganda's 128 districts and in Kampala. The majority of refugees are from South Sudan (62.9%), the Democratic Republic of the Congo (28.8%) and Burundi (3.5). Most are women within the age group 18 - 59 years.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	13-Feb-20	21-Jan-20	10-Feb-20	1	1	0	0.00%
A 23-year male, lumber jack, from Kagadi district developed a fever on 7 January 2020 and had self-medication for malaria without improvement. No history of getting in contact with slaughtered animal meat or bush meat. He later developed generalized body weakness, abdominal pains and on 20 January 2020 followed by bleeding from the nose, vomiting and urinating blood. The bleeding increased hence was rushed to Kagadi hospital and was isolated. A sample was collected and transported to UVRI on 21 January and the results were positive for CCHF on the same day. Nine contact were followed up as of 10 February 2020.									
Uganda	Yellow fever	Ungraded	22-Jan-20	31-Oct-19	30-Jan-20	15	5	5	33.30%
As of 30 January 2020, there are 15 cases reported from Moyo and Bulisa District in Uganda. In Moyo District, there are three confirmed cases, two probable cases and 8 suspected cases. There were a total of 11 deaths. In Bulisa, there are also two confirmed cases and 1 death reported. None of the confirmed cases was vaccinated against yellow fever virus.									
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-19	16-Jul-19	19-Feb-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	20-Jan-20	286		1	0.30%
The anthrax outbreak is ongoing in Zimbabwe with a cumulative total number of 286 cases and one death notified since the beginning of the outbreak in week 36 (Week starting from 6 May 2019) of 2019. This outbreak started since week 36, 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. Since 1 January to 20 January 2020, a total of 178 cases were reported mainly in Masvingo (119 cases), Midlands (31 cases) and Mashonaland west (28 cases) provinces.									
Closed Events									
Congo	Floods	Ungraded	22-Nov-19	3-Oct-19	10-Dec-19	-	-	-	-
Since 3 October 2019, heavy rains resulted in floods in 8 out of 12 departments of the Republic of Congo, namely: Likouala, Cuvette, Plateaux, Sangha, Kouilou, Niari, Brazzaville and Pointe-Noire. As a result of the floods, homes and public infrastructure have been destroyed leaving the affected population in precarious living conditions and with limited access to health care. Furthermore, the floods have caused significant damage to the agricultural and farming sectors thus posing a threat to food security. On 19 November, the Congolese government declared a state of emergency in the affected areas. As of 10 December 2019, at least 170 000 people have been affected.									
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	30-Nov-19	336	181	7	2.10%
The country continues to report monkeypox cases since September 2019. Eight new cases were reported in the month of November from five states with no associated deaths. Only one suspected case was confirmed in Oyo state. A total of 106 suspected cases have been reported so far in 2019, 44 of which were confirmed in nine states.									
Sierra Leone	Lassa fever	Ungraded	22-Nov-19	30-Oct-19	6-Dec-19	7	5	4	57.10%
No new confirmed cases have been reported since 24 November 2019 from Tonkolili district. From 30 October to 6 December, a total of five cases (three confirmed and two probable) with three deaths have been reported in Tonkolili district. Of the total 71 contacts identified, 38 have completed 21 days of monitoring while 33 are still being followed. In a separate cluster, two-laboratory confirmed cases with one death were reported from Kenema district from 27 to 28 November 2019. A total of 119 contacts of these cases are being followed.									

†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.

© WHO Regional Office for Africa

This is not an official publication of the World Health Organization.

Correspondence on this publication may be directed to:

Dr Benido Impouma

Programme Area Manager, Health Information & Risk Assessment

WHO Health Emergencies Programme

WHO Regional Office for Africa

P O Box. 06 Cité du Djoué, Brazzaville, Congo

Email: afrooutbreak@who.int

Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be sent to the same address.

The designations employed and the presentation of the material in this publication 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 lines on maps represent approximate borderlines for which there may not yet be full agreement.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or its Regional Office for Africa be liable for damages arising from its use.

Contributors

D. Mawule (Togo)
E. Douba (Cameroon)
F. Mboussou (Senegal)
K. Houria (Algeria)
M. Groepe (South Africa)
I. Okudo (Nigeria)
G. Folefack (Democratic Republic of the Congo)
R. Nansseu (Democratic Republic of the Congo)
R. Fotsing (Central Africa Republic)
T. Koyazegbe (Central Africa Republic).

Graphic design

A. Moussongo

Editorial Team

B. Impouma
C. Okot
E. Hamblion
B. Farham
G. Williams
Z. Kassamali
P. Ndumbi
J. Kimenyi
E. Kibangou
O. Ogundiran
T. Lee

Production Team

A. Bukhari
T. Mlanda
R. Ngom
F. Moussana

Editorial Advisory Group

Z. Yoti, *Regional Emergency Director*
B. Impouma
Y. Ali Ahmed
M. Yao
M. Djingarey

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.