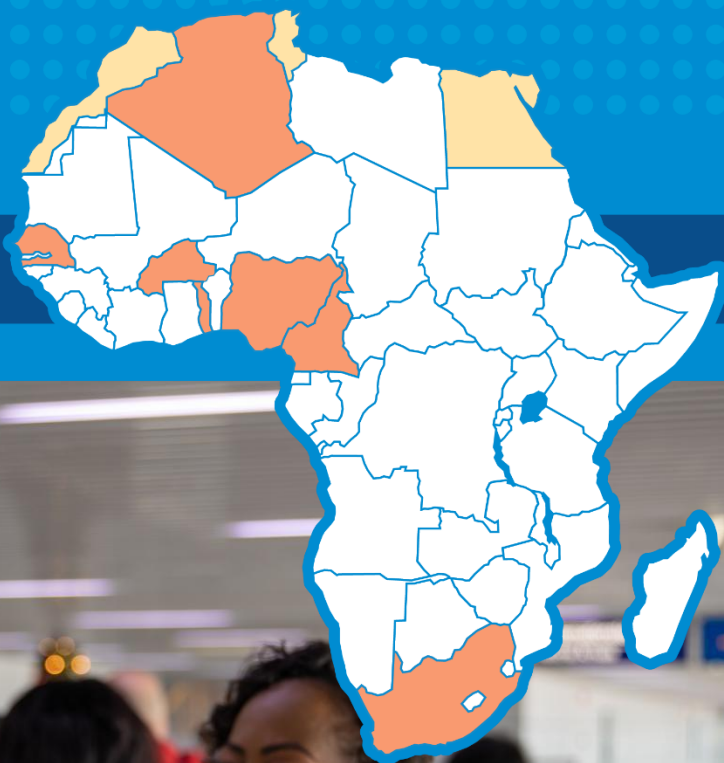


COVID-19

Situation update for the WHO African Region

11 March 2020

External Situation Report 2



COVID-19

WHO AFRICAN REGION

External Situation Report 2

Date of issue: 11 March 2020

Data as reported by: 11 March 2020

1. Situation update



On 11 March 2020, the Director-General of the World Health Organization (WHO) declared the coronavirus disease 2019 (COVID-19) a pandemic. The global COVID-19 pandemic continues to evolve rapidly, with the number of countries affected in the WHO African Region steadily growing. Since our last situation report on 4 March 2020 ([External Situation Report 1](#)), six new countries in the WHO African Region have reported confirmed COVID-19 cases; namely Burkina Faso, Cameroon, Cote d'Ivoire, Democratic Republic of the Congo, South Africa and Togo – this in addition to Algeria, Nigeria and Senegal who confirmed cases in the past week. As of 11 March 2020, a total of 47 confirmed COVID-19 cases, with no deaths, have been reported across nine countries in the region: Algeria (20), South Africa (13), Senegal (5), Nigeria (2), Cameroon (2), Burkina Faso (2), Cote d'Ivoire (1), Democratic Republic of the Congo (1), and Togo (1). Figures 1 and 2 show the temporal and geographical distribution of cases, respectively. In the rest of the African continent, a total of 66 confirmed COVID-19 cases were reported from three countries: Egypt (59), Tunisia (5), and Morocco (2). All index cases reported in the WHO African Region had a travel history to Europe (mostly Italy and France) (Figure 3).

Algeria alone accounts for 42.5% of confirmed cases reported in the region. The male to female ratio among the cases is 0.7, and the median age is 41.5 years old (range 1-83 years). Of note, information on age and sex is currently available for 38 and 41 cases, respectively. All case-patients are in stable conditions and no severe or critical cases have been reported to date. The distribution of cases according to age and sex is presented in Figure 4.

Among the 47 confirmed cases, 28 (60%) were imported cases who became infected while travelling to another country prior to returning to the country in which they were detected. The majority (68%) of these imported cases had a travel history to Italy ($n=12$; 43%) and France ($n=7$; 25%). Other travel destinations linked to case importation included Spain ($n=2$), Germany ($n=2$), Portugal ($n=1$), Austria ($n=1$) and the United Kingdom ($n=1$). Two imported cases had a history of travel to multiple destinations; their place of exposure is still under investigation. Among the remaining 19 cases who acquired the disease locally, 17 (89%) were infected in Algeria and belong to the same cluster of cases that are linked to two confirmed cases of French nationality who travelled from France to Algeria from 14 to 21 February 2020. As of 11 March 2020, only three of the nine affected countries (Algeria, Cameroon and Nigeria) reported locally infected cases which were all contacts of imported confirmed cases. Figure 5 shows the temporal distribution of cases according to whether they were imported or infected locally.

Between 22 January to 11 March 2020, 561 people were investigated across 34 Member States. Of these, 47 were confirmed COVID-19 cases, 508 people were ruled out as non-COVID-19 cases as they either did not meet the case definition or tested negative and six are still under investigation.

Figure 1. Number of confirmed COVID-19 cases in the WHO African Region, 25 February – 11 March 2020 (n = 47)

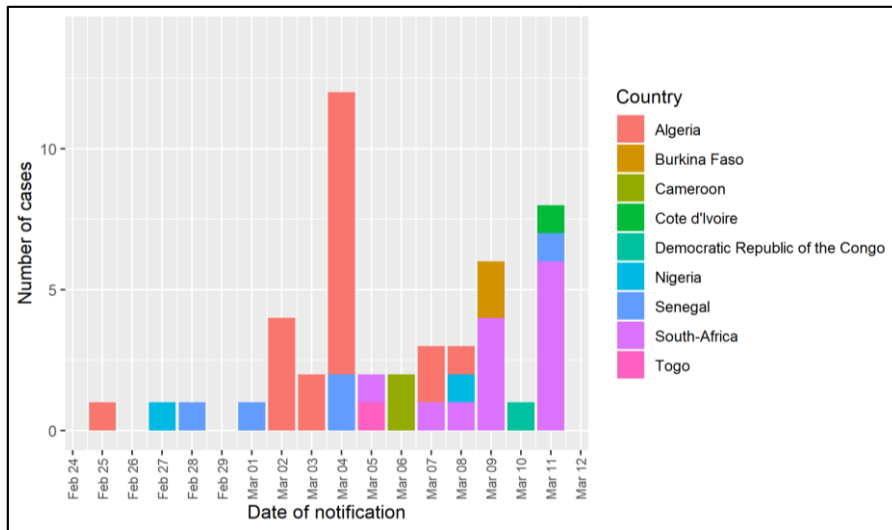


Figure 2. Geographical distribution of confirmed COVID-19 cases in Africa, 25 February – 11 March 2020 (n = 47)

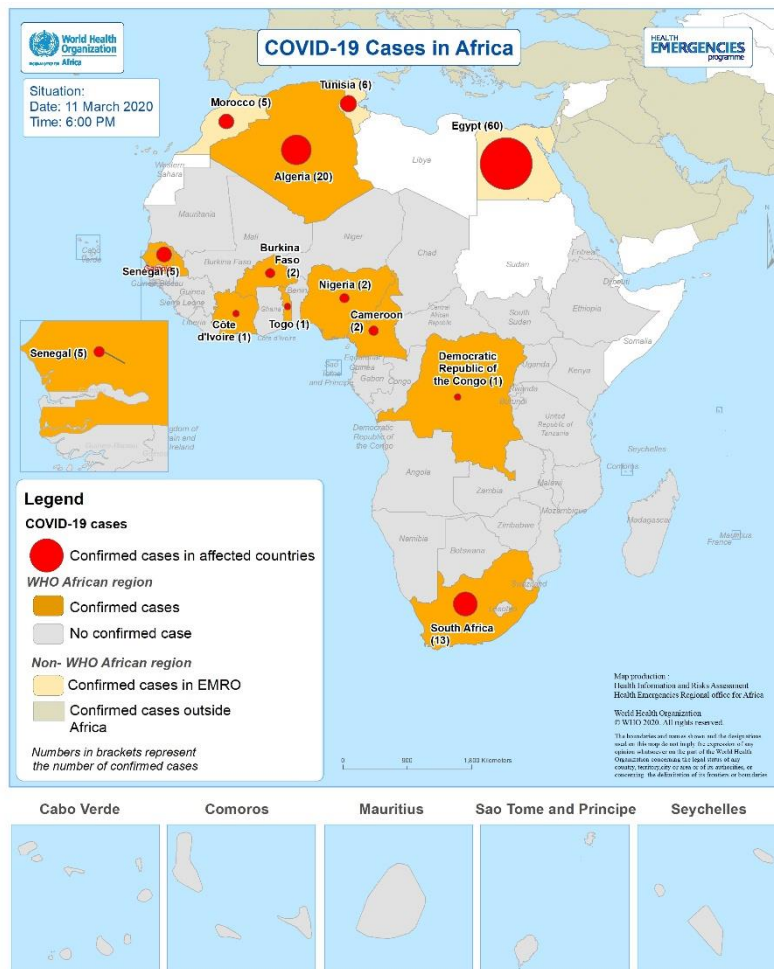


Figure 3. Importation pattern of COVID-19 cases in the WHO African Region, 25 February – 11 March 2020

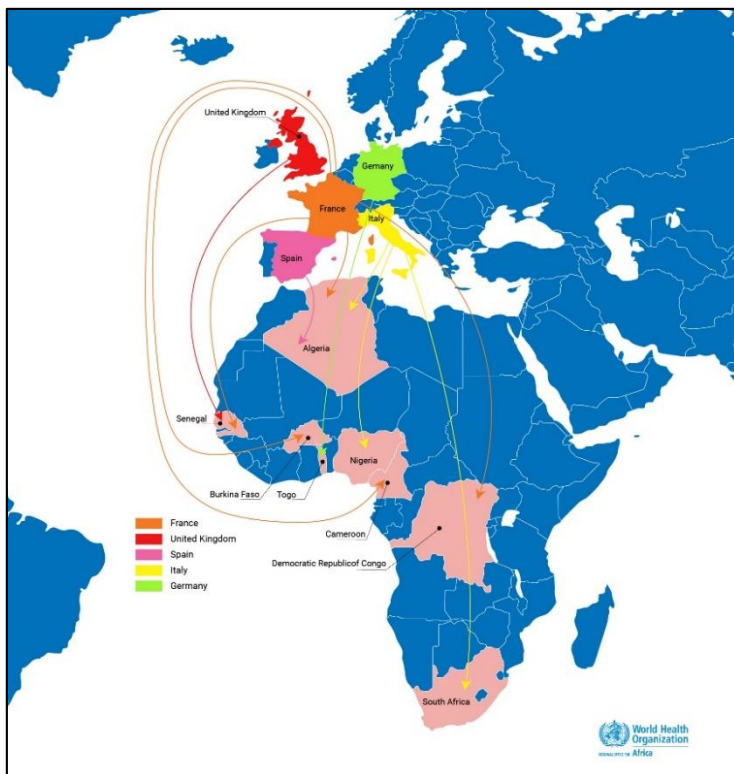


Figure 4. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 11 March 2020 ($n = 47$)

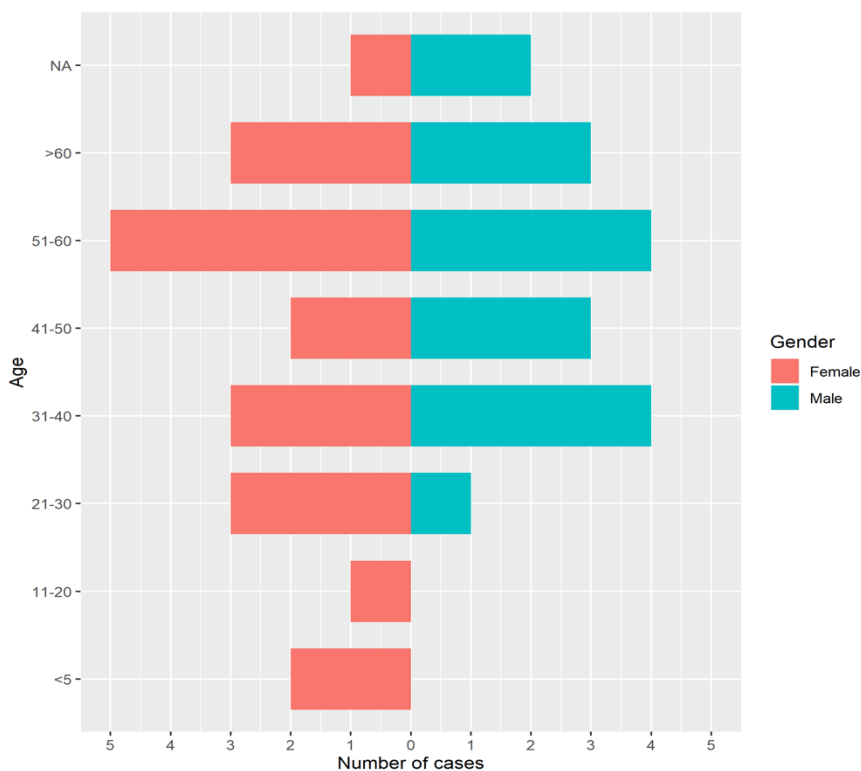
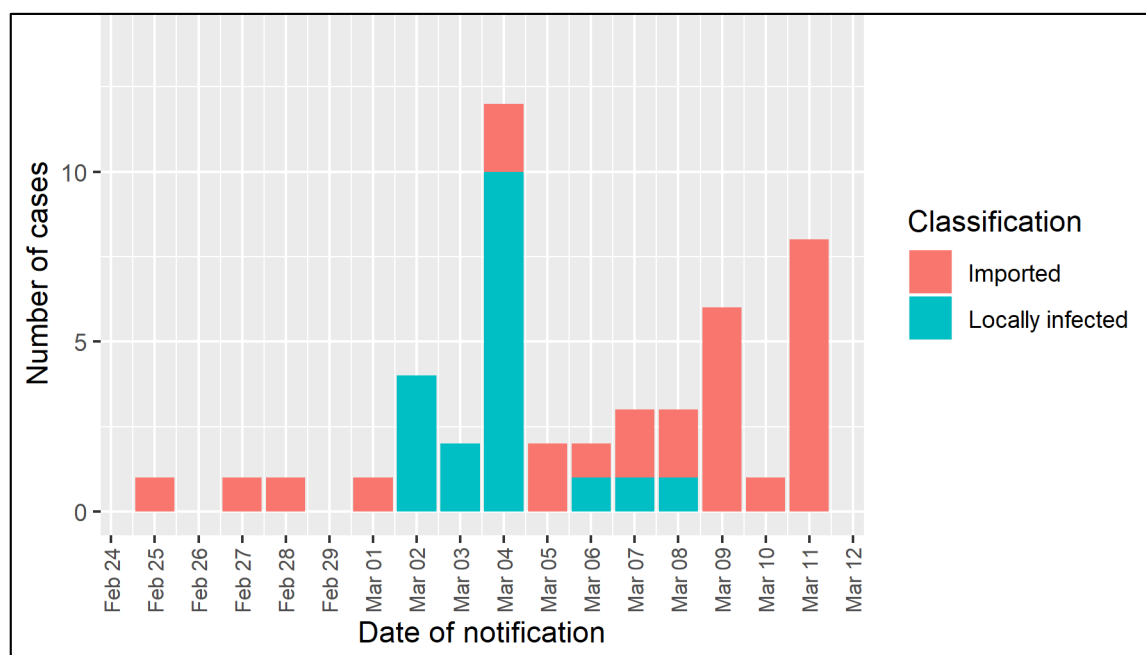


Figure 5. Number of confirmed COVID-19 cases in the WHO African Region by place of infection, 25 February – 11 March 2020 (n = 47)



2. Global update

Since the declaration of the COVID-19 pandemic on 31 December 2020, a total of 118 223 cases, including 4012 deaths (case fatality ratio 3.6%), were reported globally, as of 11 March 2020.

As of 11 March 2020, 113 countries/territories/areas outside China and international conveyances have reported 37 268 confirmed COVID-19 cases and 1 129 deaths. 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

Chinese authorities identified the 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 has been closed since 1 January 2020). The possible source of the pandemic 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 pandemic remains unknown.

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

As of 11 March 2020, evidence of sustained human-to-human transmission, including local and community transmission, has been observed in international conveyances and in 54 different countries (Algeria, Australia, Austria, Belarus, Belgium, Bosnia and Herzegovina, Brazil, Bulgaria, Cambodia, Cameroon, Canada, China, Croatia, Czech Republic, Denmark, Ecuador, Egypt, Finland, France, Germany, Greece, Iceland, India, Indonesia,

Iran (Islamic Republic of), Ireland, Israel, Italy, Hungary, Japan, Lebanon, Malaysia, Maldives, Netherlands, New Zealand, Norway, Occupied Palestinian Territory, Peru, Philippines, Portugal, Republic of Korea, Romania, San Marino, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Thailand, United Arab Emirates, the United Kingdom, the United States, and Viet Nam) where the cases had no travel history to China but had contact (direct or indirect) with travellers from Wuhan, from China, or were close contacts of confirmed case of COVID-19.

4. Actions to date

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

Coordination

- The affected countries and several non-affected countries have activated the Public Health Emergencies Operations Centres (PHEOC) to coordinate response and preparedness activities to the pandemic.
- WHO supported refresher trainings of national Rapid Response Teams (RRTs) in Congo, Ethiopia, Cote d'Ivoire and Democratic Republic of the Congo. The RRTs are being deployed to conduct case investigations at the Points of Entry, contact tracing and application of the containment measures.
- In South Africa, national RRT were deployed to KwaZulu-Natal and Johannesburg to support the provincial teams in the monitoring of contacts and provide public reassurance.
- In Algeria, a training of national RRT targeting 25 staff is taking place from 9-12 March 2020.

Surveillance

- The national authorities, WHO and partners are working to enhance surveillance measures for early detection of alerts and cases, and identification and follow-up of contacts.
- WHO AFRO is supporting the affected countries on the use of electronic tools for data collection and analysis. A WebEx briefing on the use of Go.Data was conducted on 6 March 2020.
- WHO AFRO has developed a [public interactive dashboard](#) for the visualization of the COVID-19 pandemic in the region.
- Pasteur Institute Paris, US-CDC, AFENET and RESOLVE have indicated their support to countries in the implementation of early investigation studies, such as the FFX protocol which is an epidemiological data collection protocol that will help to better analyse the key clinical, epidemiological and virological characteristics of the first few cases of COVID-19.
- Fourteen countries (South Africa, Madagascar, Nigeria, Uganda, Ethiopia, Seychelles, Malawi, Senegal, Democratic Republic of the Congo, Togo, Liberia, Cameroon, Central African Republic, and Algeria) have expressed interest in implementing the “first few cases” (FFX) protocol for early investigation.
- Nigeria is currently implementing the FFX protocol under the coordination of the Nigeria Centres for Disease Control, making it the first country in the WHO African region to do so.

Laboratory capacity

- WHO is working with Member States to rapidly scale up diagnostic capacity. Between 2 February and 10 March 2020, the laboratory capacity for testing for SARS-CoV-2 has increased from two to 39 countries. This is largely due to the capacity built through the Influenza Network in the region.
- In Nigeria, five laboratories have capacity for in-country testing for COVID-19: NRL- Abuja, NIMR-Lagos, LUTH-Lagos, ISTH-Edo and African Centre of Excellence for Genomics of Infectious Diseases – Osun.
- In Algeria, five laboratories have capacity for in-country testing for COVID-19 including Institute Pasteur Algiers and four other referral laboratories.
- Experts are in the process of being deployed to Mauritania, Zimbabwe, Liberia and Chad to support laboratory activities.

Case Management

- Two national experts from Algeria have participated to the case management training held in Brazzaville on 26-28 February 2020.
- ALIMA is working closely with WHO to support the Ministry of Health of Senegal in improving the quality of health facilities taking into account specific requirement for the management of COVID-19 cases.
- National experts in Nigeria were invited to develop a treatment protocol based on WHO technical guidelines while considering available evidence from published manuscript on COVID-19 treatment.
- In Nigeria, a daily webinar is organized to update staff in charge of clinical management, treatment centres have been identified in all states and case management teams are receiving training.
- In South Africa, WHO is working closely with local authorities to ensure treatment protocols and guidelines are in place. Eleven healthcare facilities, all with intensive care unit (ICU) capacity, have been designated for the treatment of COVID-19

Infection Prevention and Control

- WHO AFRO is developing a COVID-19 IPC score card for the evaluation of IPC guidelines implementation in healthcare centres.
- Personal Protective Equipment (PPE) kits have been prepositioned to support case management of the first 100 cases in priority countries.
- Twenty-three experts have been deployed to selected countries including five affected countries.
- A regional Webinar on IPC guidelines and tools will take place on 11 March 2020.
- A Regional IPC training of trainers is scheduled on 16-20 March 2020 for Anglophone countries.
- At the Regional Office; IPC briefing was conducted for key personnel including medical staff, ambulance staff, and Security.

- Two IPC consultants have been recruited at the regional level to support the IPC strategic plan and capacity building activities.

Operation support logistics

- PPE starter kits have been shipped to 24 countries. The second wave of PPE is in preparation to supply countries with confirmed cases and the main points of entry in the region (Ethiopia, Kenya, Togo, Benin).
- A WebEx briefing session on the set-up of treatment centres is planned for next week and will target designated health logisticians.
- The blueprint for an isolation and treatment centre at the Regional Office has been finalized.
- The preparation of a partner meeting for the Logistic Working Group in East and Southern Africa is ongoing.
- The deployment of OSL experts to strengthen responses in Senegal, South Africa and Nigeria is ongoing.

Risk communication and community engagement

- WHO is providing support to local authorities for the dissemination of radio messages and TV spots aimed at sensitizing the public to COVID-19.
- Rumour management and response to the public is ongoing in affected countries
- Community engagement strategies were developed in Eritrea, Cote D'Ivoire, South Sudan and Ethiopia
- In Seychelles, a risk communication package was disseminated to all health facilities
- A risk communication plan was developed for the Central African Republic.

Human Resources

- WHO AFRO has deployed 63 experts to 18 Countries to support coordination (12), Surveillance (6), Laboratory (7), IPC (9), Case Management (5), Point of Entry (4), Epidemiology (1), Risk Com (9), Media Com (3), Logistics (5) and Partnership coordination (1).
- 44 other deployments are in process.

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.
- WHO AFRO conducted a comprehensive risk mapping and prioritization of the 47 countries to guide preparedness and readiness interventions. Readiness measures are being enhanced in all the countries but started with Priority 1 countries and now being scale across the region. Four of the eight countries that confirmed COVID-19 in the WHO African Region came from Priority 1 countries (Algeria, Nigeria, South Africa and Togo), and the measures put in place are helping to reduce the risk of further local and cross-border transmission.

6. Conclusion

The COVID-19 epidemic has now been declared a pandemic. The pandemic is rapidly expanding in the African continent, with 12 countries reporting confirmed cases, including nine countries from the WHO African Region. All index cases in the region have been imported from European countries. In the WHO African Region, cases have occurred either sporadically or as part of clusters, with a common exposure to confirmed cases. WHO African Region is working closely with national authorities to strengthen response measures to contain the pandemic and prevent sustained local transmission of the disease in affected and at-risk Member States. Given that a fifth of COVID-19 cases reported globally are either severe (15%) or critical (5%), it is particularly crucial that countries strengthen their capacity for case management as well as infection prevention and control at health facilities.

Annex 1. Global and Regional time line for COVID-19 as of 10 March 2020

