WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 12: 16 - 22 March 2020
Data as reported by: 17:00; 22 March 2020

7 New events
95 Ongoing events
91 Outbreaks
11 Humanitarian crises

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- Rift Valley Fever
- cVDPV2
- COVID-19
- Anthrax
- Malaria
- Floods
- Cases
- Deaths
- Humanitarian crisis
- Hepatitis E
- Yellow fever
- Dengue fever
- Ebola virus disease
- Chikungunya
- Leishmaniasis
- Plague
- Crimean-Congo haemorrhagic fever
- Meningitis
- Countries reported in the document
- Non WHO African Region
- WHO Member States with no reported events

New events
- Grade 3 events: 40
- Protracted 3 events: 2
- Grade 2 events: 15
- Protracted 2 events: 2
- Grade 1 events: 1
- Protracted 1 events: 3
- Ungraded events: 39

Health Emergency Information and Risk Assessment
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
- Humanitarian crisis in Burkina Faso

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 African continent is rapidly being engulfed by the global coronavirus disease (COVID-19) pandemic, with 43 countries reporting confirmed cases and a few countries beginning to exhibit community transmission. The number of deaths is also growing. This recent trend is concerning as most of the low-income African countries have several vulnerabilities, including fragile health systems to cope up with high caseloads, high prevalence of HIV, malnutrition and a rising incidence of non-communicable and other chronic illnesses. Governments in Africa can still change the trajectory and impact of the COVID-19 pandemic on their populations by taking bold actions now, before the window of opportunity closes. Countries that are reporting sporadic cases and clusters of cases can suppress and control the epidemics by isolating, testing and treating confirmed cases and meticulously tracing all potential contacts. Countries experiencing community transmission should adapt wide ranging mitigation measures to slow transmission of the virus and reduce the burden on the health system. Countries need to promote strict adherence to social distancing measures and good personal hygiene practices and cough etiquette.

- The humanitarian crisis in Burkina Faso continues to deteriorate, with an increasing intensity of armed attacks and a rapid rise in the number of displaced persons. The displaced persons and the affected local communities lack essential social services, including healthcare, water and sanitation, food, and shelter. In addition to the high burdens of communicable and epidemic-prone disease, the situation is being complicated by the outbreak of COVID-19 in the country, which is spreading rapidly. The conflict-affected people in Burkina Faso need urgent humanitarian assistance while urgent actions are required to address the underlying insecurity.
The WHO African Region is currently experiencing intensified transmission of coronavirus disease 2019 (COVID-19) pandemic. In week 12 (week ending 22 March 2020), 12 countries (Angola, Chad, Eritrea, Gambia, Madagascar, Mauritius, Mozambique, Niger, Uganda, United Republic of Tanzania, Zambia and Zimbabwe) reported their first confirmed cases of COVID-19. This brings to 37 the total number of countries in the WHO African Region that have reported confirmed cases of COVID-19. Six other countries on the African continent, namely Djibouti, Egypt, Morocco, Somalia, Sudan, and Tunisia have also reported cases, giving a total of 43 countries on the African continent affected by COVID-19.

During week 12, a total of 868 new confirmed cases of COVID-19, the highest number of new cases so far during a single week, was reported across all affected countries in the WHO African Region. As of 22 March 2020, a cumulative total of 1,043 cases with 24 deaths (case fatality ratio 2.3%) have been reported in the WHO African Region from 37 countries; namely South Africa (402), Algeria (201), Burkina Faso (75), Senegal (67), Cameroon (40), Democratic Republic of the Congo (30), Cote d’Ivoire (25), Nigeria (22), Ghana (24), Rwanda (19), Togo (16), Kenya (15), Mauritius (12), United Republic of Tanzania (12), Madagascar (12), Ethiopia (11), Seychelles (7), Equatorial Guinea (6), Gabon (6), Central African Republic (4), Congo (4), Eswatini (4), Cape Verde (3), Liberia (3), Namibia (3), Zambia (3), Angola (2), Benin (2), Guinea (2), Mauritania (2), Zimbabwe (2), Chad (1), Eritrea (1), Gabon (1), Mozambique (1), Niger (1) and Uganda (1). The 24 deaths in the region were reported from Algeria (17), Burkina Faso (3), Democratic Republic of Congo (2), Gabon (1) and Ghana (1). The six other countries on the African continent affected have reported a combined total of 482 cases with 17 deaths from Egypt (294 cases with 10 deaths), Morocco (109 cases with 3 deaths), Tunisia (75 cases with 3 deaths), Sudan (2 cases with 1 death), Djibouti (1 case with 0 death), and Somalia (1 case with 0 death). In total, there are 1,397 confirmed cases with 40 deaths of COVID-19 reported on the African continent.

In the WHO African Region, 59% of cases with known sex are males. Cases range from one-month-old to 88 years of age, with a median age of 41 years. The age of deceased case-patients ranges from 32 to 67 years old. Of the confirmed cases reported in the WHO African Region, a total of 77 have recovered from SARS-COV-2 infection and were discharged in the following countries: Algeria (66), Burkina Faso (5), Senegal (5), Cote d’Ivoire (1) and Nigeria (1).

South Africa, Algeria, Burkina Faso, Senegal, and Cameroon are among the top five countries with the highest number of cases in the African Region. In addition to sporadic importation of cases, these countries are experiencing local transmission of COVID-19 in the form of clusters of cases epidemiologically linked to imported cases in separate locations. Except for Chad, Eritrea, Gambia, Mozambique, Niger and Uganda, all other countries in the region have reported local infection among contacts of imported cases.

The Coordination of response to COVID-19 pandemic in affected countries is being led by the respective Ministries of Health, with support from WHO and partners. All affected countries have activated their Public Health Emergency Operations Centres (PHEOC) to enhance coordination of the different response pillars.

WHO is working with partners to support the respective national authorities to enhance preparedness, readiness and response measures.

Enhanced surveillance for COVID-19 is ongoing in all countries in the African Region, including at the Points of Entry to ensure rapid detection of alerts and cases, immediate isolation and identification and follow-up of contacts.

WHO and partners are supporting countries to enhance early epidemiological and clinical investigation of COVID-19 cases through the First Few Cases (FFX) protocol. So far, four countries have started implementation of the protocol while an additional seven are expected to adapt the protocol in the coming week.

Up to 42 countries in the WHO African Region have acquired laboratory diagnostic capacity for SARS-CoV-2, rising from only two laboratories in Senegal and South Africa that had testing ability at the beginning of the pandemic.

WHO conducted a five-day training of trainers’ workshop on clinical management of patients with severe acute respiratory infection (SARI) associated with COVID-19 from 16 – 21 March 2020 in Brazzaville, Congo, drawing participants from 16 anglophone countries and four regional health partners.

Treatment facilities are being set-up in all countries in the region for clinical management of cases. WHO has provided guidance to all countries in the region on the clinical management of cases.

As the COVID-19 pandemic shows spread to more countries in the African Region, with a concomitant upsurge in the number of cases, concerted efforts are needed to bring the situation under control. Many of the confirmed cases in the region are still due to sporadic importation, thus providing a window of opportunity for governments to move swiftly to prevent widespread community transmission of the disease. In countries experiencing local transmission with clusters reported in several locations, thorough tracing of all contacts will be crucial to contain the disease. WHO continues to advise all countries to scale-up readiness and response measures aimed at early detection and containment of the disease. In areas with widespread or the potential for widespread transmission, countries will need to swiftly adapt mitigation measures to reduce the impact of the pandemic.

Geographical distribution of confirmed COVID-19 cases in WHO African Region, as of 22 March 2020.
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 33rd consecutive day without reporting new confirmed EVD cases. During the last 21 days (from 1 to 21 March 2020), there have been no confirmed cases of EVD reported. Among the 29 affected health zones, 28 have not reported confirmed cases in the past 42 days.

As of 21 March 2019, a total of 3,444 EVD cases, including 3,310 confirmed and 143 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), Rwamara (8) and Tchomia (2) in Ituri Province; Alimbongo (5), Beni (721), Bieina (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 21 March 2020, a total of 2,273 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 21 March 2020, the total number of health workers affected remains at 171, representing 5% of confirmed and probable cases.

Twenty-seven out of 50 health zones raised alerts on 21 March 2020. Of 4,638 alerts processed (of which 4,597 were new) in reporting health zones on 21 March 2020, 4,596 were investigated and 364 (7.9.0%) were validated as suspected cases.

PUBLIC HEALTH ACTIONS

- Response and surveillance activities continue in all affected areas.
- On 18 March 2020, response activities in Mangina were disrupted by demonstrations by motorcycle responders and there have been rumours of a possible attack by unidentified militiamen in Biakato.
- As of 18 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 167 million screenings to date. A total of 103/110 (93.6%) PoE/PoC transmitted reports as of 21 March 2020.

SITUATION INTERPRETATION

The continued zero reporting of new EVD cases in Democratic Republic of the Congo is encouraging, this despite the security incident that occurred in Mangina during the week. The continuing insecurity remains a concern, particularly as continued access and heightened vigilance is required in all health zones to maintain full response to prevent any resurgence of the disease.
The ongoing deterioration in the security situation in Burkina Faso is leading to further population displacement and increasing humanitarian needs. The number of people in need of humanitarian assistance was 2.2 million in January 2020 and according to the Humanitarian Needs Overview, at least 1.5 million people will depend on humanitarian assistance for their health needs in 2020.

The populations of Centre-North, Sahel, North, East and Boucle du Mouhoun are particularly affected, with deadly attacks recorded in several localities in the past two weeks, including in the villages of Guibea, Goro, Retkouga (province of Nanemtena, Centre-North region), in Nandigau, province of Kompienga, Eastern region, in Bourzaga, province of Bam, Centre-North region, in Sebbé and in Gorom Gorom, Sahel region.

On 8 March 2020, an armed attack in the villages of Dinguila and Barga located in the commune of Barga, Yatenga province (North) resulted in 43 deaths according to official figures. More than 162 people have died in several armed attacks in the last two weeks and about ten others have been wounded.

According to the Office for the Coordination of Humanitarian Affairs (OCHA), a total of 765,517 internally displaced persons (IDPs) had been registered in the 13 regions of the country as of 14 February 2020, an increase of 23% compared to the end of January 2020. The IDPs are located mainly in the Centre-North (50%) and the Sahel (37%). Most are children (57.5%) and women (25.8%). There has also been a significant increase in the numbers of IDPs in Centre-East Region, from 555,000 registered on 27 February 2020, to 13,372 on 12 February 2020.

Healthcare facilities continue to face challenges, with 135 closed as of 2 March 2020, depriving more than 1.6 million people of healthcare, while 140 others have reduced their services to a minimum.

Outbreaks of infectious diseases continue. Malaria remains the most important cause of morbidity and mortality and the risk of cholera remains high among IDP populations. Immunization coverage for measles and meningitis is low because of insecurity and low vaccine stocks. Sexual assault and gender-based violence remain a problem.

Since 9 March 2020, the first two cases of COVID-19 have been confirmed, in Ouagadougou, the capital, and the outbreak is quickly spreading. As of 21 March 2020, a total of 64 confirmed COVID-19 cases and three deaths have been reported from five districts in three regions. Patients are currently being treated at the Tengadogo University Hospital in Ouagadougou.

In week 9 (week ending 29 February 2020), there were 54 cases of meningitis with four deaths; from week 1 to 9, 2020, there have been 346 cases of meningitis including 17 deaths reported. From weeks 1 to 9 of 2020, there have been 957 cases of measles reported, with no deaths. Over the same period 1,212 cases of dengue fever were reported, including one death.

WHO is providing technical and financial support for the implementation of preparedness and response to COVID-19. The Centre for Health Emergency Response Operations (CORUS) conducted a joint assessment of health needs in the Eastern Region from 4-6 March 2020, with technical and financial support from WHO. WHO has also provided support for mobile multidisciplinary clinics in the Sahel region, in collaboration with Médicines du Monde Spain and in Barsalogho, Centre-North in collaboration with ALIMA, which also supports the continued operation of four health centres in Dablo, Foubé, Pensé and Namissiiguima.

Other health partners include ALIMA, Médicines du Monde, the International Red Cross and Help, who have provided a variety of support for health and nutritional services across the region.

Insecurity in the five most affected regions of Burkina Faso continues to result in a precarious existence for millions of people, who lack basic healthcare because of population displacement and destruction of healthcare facilities. Major challenges include maintaining the functioning of health facilities and reopening closed structures in insecure areas, strengthening response coordination at health region and district levels, strengthening the coordination and deployment capacity of CORUS and mobilizing financial resources for the continuation of WHO’s contribution to the health response to the current humanitarian crisis, including maintenance of the lead functions of the incident management system. The rapid spread of COVID-19 outbreak seen during the reporting week, against the existing impediments, is concerning. With limited capacity to institute effective containment measures, the COVID-19 outbreak could go unabated, with severe consequences. Local and national authorities need to give these challenges urgent attention.
Major issues and challenges

The COVID-19 pandemic has started to gain a foothold in Africa as most countries in the continent have reported confirmed cases, with increasing number. The number of countries with community transmission is also increasing as is the growing number of deaths. The pandemic is beginning to move to Africa where most countries have weak health systems. It is also not known how the high HIV prevalence, high number of malnourished children, and the growing number of people with non-communicable diseases and other chronic illnesses will influence the COVID-19 outbreak in the region. African governments need to immediately take stern actions to slow down rapid spread of the disease and mitigate the consequences.

The worsening insecurity in Burkina Faso has continued to displace large number of people and disrupt livelihoods. The number of internally displaced persons has sharply grown, overwhelming available social services including healthcare, water and sanitation, food and shelter. The insecurity is also restricting humanitarian access to the people in need. The burden of communicable and epidemic-prone disease is high, being complicated by the novel COVID-19 outbreak in the country. The conflict-affected people in Burkina Faso need urgent humanitarian assistance while urgent actions are required to address the underlying insecurity.

Proposed actions

African governments must take bold actions now to implement containment and mitigation measures to slow progression of the pandemic. Physical social distancing and preventive measures at the personal and community levels should be implemented consistently. Governments also need to commit their own local resources, to be supplemented by the donor communities.

The national authorities and partners in Burkina Faso need to scale up humanitarian response to the crisis. 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. Meanwhile, more efforts need to be directed to addressing the security situation as well as the underlying cause.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
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The first COVID-19 confirmed case was reported in Cape Verde on 19 March 2020. As of 22 March 2020, a total of three confirmed COVID-19 case were reported in the country.

The first COVID-19 confirmed case was reported in Chad on 19 March 2020. As of 22 March 2020, a total of one confirmed COVID-19 case was reported in the country.

The first COVID-19 confirmed case was reported in the Gambia on 17 March 2020. As of 22 March 2020, a total of one confirmed COVID-19 case was reported in the country.

The first COVID-19 confirmed cases were reported in Madagascar on 20 March 2020. As of 22 March 2020, a total of 12 confirmed COVID-19 cases were reported in the country.

The Republic of Mauritius announced the first three positive cases of COVID-19 on 18 March 2020. As of 22 March 2020, a total of 24 confirmed COVID-19 case including 2 deaths were reported in the country.

The first COVID-19 confirmed case was reported in the Niger on 19 March 2020. As of 22 March 2020, a total of one confirmed COVID-19 case was reported in the country.

The first COVID-19 confirmed case was reported in Zambia on 18 March 2020. As of 22 March 2020, a total of three confirmed COVID-19 case was reported in the country.

The first COVID-19 confirmed case was reported in Angola on 21 March 2020. As of 22 March 2020, a total of one confirmed COVID-19 case was reported in the country.

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported from Cuando Cubango province making it the second cVDPV2 case in the country in 2020. The total number of cases reported in 2019 is 127. These cases are from 7 outbreaks which occurred in 2019.

From 25 February to 22 March 2020, a total of 201 confirmed cases of COVID-19 with 17 deaths (CFR 8.5%) have been reported from Algeria. Fifty-five percent (n=110) of the cases have been reported from the Wilaya of Bilia. All deaths occurred in people aged 50 years and above with one or more comorbidities.

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 in 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.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were eight cVDPV2 cases in 2019 linked to the Jigawa outbreak in Nigeria.

Since 9 March 2020, a total of 75 confirmed cases of COVID-19 with 3 deaths have been reported from Burkina Faso. Males constitute 60% (n=45) of the cases. The two case patients, a 73-year-old man and his 57-year-old wife, returned from France on 24 February 2020. As of 14 March 2020, a total of 7 confirmed COVID-19 cases were reported in the country. A cumulative total of 835 persons have been listed as contacts since 9 March 2020. Of these, 19 became positive for SARS-COV-2, 118 have completed 14 days of monitoring, and 717 are currently being monitored.
The humanitarian situation in the Northwest and Southwest (NW & SW) of Cameroon continues to deteriorate with rising tensions between separatists and military. Camp in the Mokolo Health District continues to host Nigerian refugees, with spontaneous refugee arrivals being recorded weekly. 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 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 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 Since 6 March 2020, a total of 40 cases have been reported from three cities (Yaounde, Bafoussam, and Douala) in Cameroon. Yaounde is the most affected. 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, Blyem Assi, Cite Verte, Djoungolo, Elig Mfomo, Mbalmayo, Mbam, Mfou, Monatele, Ngouomou, Nkolbisson, Nkol Domingo, and Ntui districts. 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 Tombang 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 to Chantal Biya hospital on 24 and 26 December 2019 respectively. The person died on 2 January 2019. The second confirmed case is the mother of the dead child. 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, Biara and Bría. 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.

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. Since 6 March 2020, a total of 40 cases have been reported from three cities (Yaounde, Bafoussam, and Douala) in Cameroon. Yaounde is the most affected. 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, Blyem Assi, Cite Verte, Djoungolo, Elig Mfomo, Mbalmayo, Mbam, Mfou, Monatele, Ngouomou, Nkolbisson, Nkol Domingo, and Ntui districts. 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 Tombang 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 to Chantal Biya hospital on 24 and 26 December 2019 respectively. The person died on 2 January 2019. The second confirmed case is the mother of the dead child. 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, Biara and Bría. 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.

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.
**Health Emergency Information and Risk Assessment**

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, Koroib, Kelo and Guelao.

**Central African Republic**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-May-19</td>
<td>24-May-19</td>
<td>18-Mar-20</td>
<td>19</td>
<td>19</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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.

**Democratic Republic of the Congo**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chad</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-18</td>
<td>1-Jan-19</td>
<td>23-Feb-20</td>
<td>2,410</td>
<td>31</td>
<td>23</td>
<td>1.00%</td>
</tr>
</tbody>
</table>

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 Nian (2588) were the most affected by the outbreak accounting for 74% of cases reported since the beginning of the outbreak.

**Comoros**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comoros</td>
<td>Measles</td>
<td>Ungraded</td>
<td>26-May-19</td>
<td>20-May-19</td>
<td>22-Dec-19</td>
<td>218</td>
<td>59</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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), Mbene (3), Mitsoudjé (2), and Ochili (1). The 19 epi-linked cases are from Moroni district.

**Côte d’Ivoire**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Côte d’Ivoire</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>11-Mar-20</td>
<td>11-Mar-20</td>
<td>22-Mar-20</td>
<td>25</td>
<td>25</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Since 11 March 2020, a total of 25 confirmed cases of COVID-19 have been reported from Côte d’Ivoire. The majority of cases have been reported from Abidjan (n=22) followed by one each from Sud Comoe, Haut Sassandra, and Tonpki districts. Cases range from 27 to 56 years of age with a median age of 38 years (IQR 29 - 48). Sixty percent (n=15) of cases are males.

**Democratic Republic of the Congo**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Ungraded</td>
<td>29-Oct-19</td>
<td>29-Oct-19</td>
<td>18-Mar-20</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

One cVDPV2 case was reported from Sud-Comoré province making it the first in the country. This case is linked to the Savanes outbreak in Togo.

**Democratic Republic of the Congo**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Humanitarian crisis</td>
<td>Grade 3</td>
<td>20-Dec-16</td>
<td>17-Apr-17</td>
<td>9-Feb-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The Democratic Republic of the Congo continues to experience a complex humanitarian crisis involving armed conflicts and inter-community tension resulting in large number of people in need of humanitarian assistance. Populations movement due to armed clashes and inter-community fightings continue to be reported in North-Kivu, Tanganyika, Ituri, Kasai central and South-Kivu provinces. In Ituri, Irumu and Mambasa territories armed group attacks which resulted in 60 civilian victims and kidnapping of around 20 persons were reported. In Tanganyika province, a new confrontation between Twa militias and FARDC resulted in several cases of wounds and some cases of rape. A total of 45 000 internally displaced persons registered in the Nyunzu Center (Nyunzu territory) continue to suffer from lack of health humanitarian assistance. Due to insecurity caused by Twa-Bantou conflicts, nine health centres of Nyunzu Health Zone remain unfunctional.

**Democratic Republic of the Congo**

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<tr>
<th>Country</th>
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<th>Start of reporting period</th>
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<th>Total cases</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>1-Jan-20</td>
<td>1-Mar-20</td>
<td>4 998</td>
<td>-</td>
<td>63</td>
<td>1.30%</td>
</tr>
</tbody>
</table>

During week 9 (week ending 1 March 2020), a total of 468 cases of cholera and 1 death (CFR 0.2%) was notified from 26 provinces in the country. From week 6 to 9 of 2020, 95% of the cases have been reported from four provinces: North-Kivu, South-Kivu, Haut-Katanga and Tanganyika. Provinces where cholera is endemic has reported majority of the cases. There has been a slight decrease in number of cases and deaths reported since week 7 of 2020, and the first 9 weeks of the year has shown similar reporting trends to cases reported yearly since 2017. Two new provinces (Equateur and Mongala) have reported suspect cases in week 9. Between week 1 and week 52 of 2019, a total of 50 004 cases including 514 deaths (CFR 1.7%) were notified from 23 out of 26 provinces.

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<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>10-Mar-20</td>
<td>10-Mar-20</td>
<td>22-Mar-20</td>
<td>30</td>
<td>30</td>
<td>2</td>
<td>6.70%</td>
</tr>
</tbody>
</table>

On 10 March, the Minister of Health announced the presence of the first confirmed COVID-19 case in Kinshasa. As of 22 March 2020, a total of 30 cases including 2 deaths have been reported in the country.

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<table>
<thead>
<tr>
<th>Country</th>
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<th>Grade</th>
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<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Ebola virus disease</td>
<td>Grade 3</td>
<td>31-Jul-18</td>
<td>11-May-18</td>
<td>18-Jan-19</td>
<td>3 453</td>
<td>3 310</td>
<td>2 273</td>
<td>66.00%</td>
</tr>
</tbody>
</table>

Detailed update given above.
Health Emergency Information and Risk Assessment

In week 9 (week ending 1 March 2020), 3,069 measles cases including 23 deaths (CFR 0.8%) were reported across the country. A decreasing trend in number of cases was observed in the past four weeks (weeks 6 to 9), including in Bas-Uele, Haut Katanga, Kinshasa, Lomami, Luapula, Mal-Ndombé, Maniema and Tshopo. The majority of cases have been reported from the provinces of Mongala (1665 cases), Mbandaka (1357 cases), Kongo-Central (1283 cases), Equateur (796 cases) and Bas-Uele (775 cases). The case fatality rate was high in week 9 in Equateur where 11 deaths were reported (CFR 5.3%) and in Bas-Uele where 3 deaths were reported (CFR 2%). Since the beginning of 2019, 341,389 measles cases including 6,412 deaths (CFR 1.9%) have been recorded in all 26 provinces. In total, 289 (92%) of the 519 health zones have reported a confirmed measles outbreak. To date, a total of 2,979 cases were laboratory confirmed (IgM+).

In week 9 (week ending 1 March 2020), a total of 95 suspected cases of Monkeypox including 5 deaths were reported across the country. Between week 1 and week 9, a total of 547 suspected cases including 14 deaths were reported in the country, which was lower than the number of cases reported in the same period in 2019 (n=873). 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. One major challenge to the current emergency include acquiring the required funding to respond to all of the multiple ongoing outbreaks in the country.

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During week 6 (week ending 9 February 2020), 157 new suspected cases were reported in SNNPR, Somalia and Oromia regions. A total of 3,970 suspected cases have been reported from three regions as of 9 February 2020.

Ethiopia confirmed a total of 11 cases of COVID-19 on 22 March 2020 since the confirmation of the first case on 13 March 2020. A decreasing trend in number of cases was observed in week 38 when more than 300 suspected cases were reported. No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are three cases in 2020 so far while the total number of 2019 cases remain 18.

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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.

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.

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.

On 12 March 2020, the Ministry of Health announced the confirmation of one new COVID-19 cases in the country. The case-patient is 27 years old, who recently returned to Nairobi from USA. As of 22 March 2020, 15 confirmed COVID-19 were confirmed in the country.

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.

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).

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. As of 22 March 2020, a total of three cases have been reported in the country.

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: Dong (16), Grand Bassa (15), Montserrado (2) and Nimba (2) and Lofa (1).

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.

An outbreak of cholera was reported in Malawi, Blantyre district on 9 January 2020. Since the notification of the first case on 9 January 2020 to 19 February 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 ongoing in the affected health district and active surveillance was enhanced in all districts of the country. No new confirmed cases have been reported since 19 January 2020.

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.

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, Kioneri 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.

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.

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.
### Health Emergency Information and Risk Assessment

#### Namibia

- **Event:** Measles
- **Grade:** Ungraded
- **Date notified to WCO:** 18-Dec-17
- **Start of reporting period:** 1-Jan-19
- **End of reporting period:** 31-Jan-19
- **Total cases:** 1 618
- **Cases Confirmed:** 303
- **Deaths:** 5
- **CFR:** 0.30%

Two cases of novel coronavirus (COVID-19) have been confirmed in Namibia on 14 March 2020. As of 22 March 2020, a total of 3 cases have been reported in the country.

#### Niger

- **Event:** Humanitarian crisis
- **Grade:** Ungraded
- **Date notified to WCO:** 1-Feb-15
- **Start of reporting period:** 1-Feb-15
- **End of reporting period:** 31-Jan-20
- **Total cases:** 1 206
- **Cases Confirmed:** -
- **Deaths:** -
- **CFR:** -

The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security compromised areas characterized by overcrowding in many camps in the region. Due to shrinking humanitarian space health partners are facing challenges in delivery of timely and urgent life-saving access as 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.

### Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mali</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>3-Dec-19</td>
<td>3-Nov-19</td>
<td>22-Dec-19</td>
<td>41</td>
<td>5</td>
<td>7</td>
<td>17.10%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>13-Mar-20</td>
<td>13-Mar-20</td>
<td>22-Mar-20</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>20-Feb-20</td>
<td>31-Jan-20</td>
<td>22-Feb-20</td>
<td>313</td>
<td>1</td>
<td>13</td>
<td>4.20%</td>
</tr>
<tr>
<td>Namibia</td>
<td>Measles</td>
<td>Protracted 1</td>
<td>18-Dec-17</td>
<td>8-Sep-17</td>
<td>29-Dec-19</td>
<td>7 063</td>
<td>1 731</td>
<td>59</td>
<td>0.80%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>10-Oct-16</td>
<td>n/a</td>
<td>31-Jan-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>19-Jun-19</td>
<td>15-May-19</td>
<td>15-Dec-19</td>
<td>895</td>
<td>207</td>
<td>15</td>
<td>1.70%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>24-Mar-15</td>
<td>1-Jan-20</td>
<td>15-Mar-20</td>
<td>917</td>
<td>906</td>
<td>172</td>
<td>18.80%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>25-Sep-17</td>
<td>1-Jan-19</td>
<td>31-Jan-20</td>
<td>1 618</td>
<td>303</td>
<td>5</td>
<td>0.30%</td>
</tr>
</tbody>
</table>

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.

The government of Mauritania announced its first confirmed COVID-19 on 13 March 2020. As of 22 March 2020, a total of 2 cases have been reported in the country.

Mozambique is reporting cases of cholera from Cabo Delgado province since 31 January 2020. From 21 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 da 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.

The first COVID-19 confirmed case was reported in Mozambique on 22 March 2020. As of 22 March, a total of one confirmed COVID-19 case was reported in the country.

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.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>14-Sep-17</td>
<td>1-Jan-20</td>
<td>31-Jan-20</td>
<td>139</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>South Africa</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>5-Mar-20</td>
<td>2-Mar-20</td>
<td>23-Mar-20</td>
<td>402</td>
<td>402</td>
<td>0</td>
<td>0.00%</td>
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<tr>
<td>South Sudan</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>15-Aug-16</td>
<td>n/a</td>
<td>14-Feb-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>3-Jan-19</td>
<td>3-Jan-19</td>
<td>23-Feb-20</td>
<td>186</td>
<td>41</td>
<td>3</td>
<td>1.60%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Nov-18</td>
<td>1-Jan-19</td>
<td>26-Jan-20</td>
<td>4 732</td>
<td>247</td>
<td>26</td>
<td>0.50%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>16-Mar-20</td>
<td>16-Mar-20</td>
<td>22-Mar-20</td>
<td>12</td>
<td>12</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Togo</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>1-Mar-20</td>
<td>22-Mar-20</td>
<td>16</td>
<td>16</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Humanitarian crisis - refugee</td>
<td>Ungraded</td>
<td>20-Jul-17</td>
<td>n/a</td>
<td>31-Jan-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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 tested 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, Banchi 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.

From 2 to 23 March 2020, a total of 67 confirmed cases of COVID-19 have been reported from 11 districts across Senegal. Majority of the cases have been reported from Touba district (n=25) followed by Dakar (n=19). Of 56 cases with data available for sex, females constitute 59% of the cases affected.

The current outbreak in Bentiu UN Protection of Civilians (PoC) continues since the beginning of 2019. As of the reporting date, a total of 183 cases of Hepatitis E including three deaths have been reported from South Sudan, mostly from Bentiu PoC, and a total of 12 suspected cases including 4 confirmed cases in Lankein. The last case in Lankein was reported in week 25 (week ending on 23 June 2019). There were two new cases reported in week 8 (ending 23 February 2020). From week 1 to week 8 of 2020, 46 cases of HEV were reported in Bentiu PoC, including 2 deaths (CFR 0.27%). The most affected age group are those under 15 years of age (73%).

The current outbreak in Benin continued to impact humanitarian operations. The peak so far was on 19 March 2020 when over 50 cases were reported. Sixty-two percent (n=170) of the cases are males. The age of cases ranges from 1 to 90 years with the following distribution: 1 - 10 year (3.2%), 11 - 30 years (21.2%), 31 - 60 years (63.5%), and >60 years (11.7%).

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.

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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 (3.3). Most are women within the age group 18 - 59 years.
The first COVID-19 confirmed case was reported in Uganda on 21 March 2020. As of 22 March 2020, a total of one confirmed COVID-19 case was reported in the country.

A 23-year-old male lumberjack, 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.

As of 30 January 2020, there are 15 cases reported from Moyo and Buliisa District in Uganda. In Moyo District, there are three confirmed cases, two probable cases and 8 suspected cases. There was a total of 11 deaths. In Buliisa, there are also two confirmed cases and 1 death reported. None of the confirmed cases was vaccinated against yellow fever virus.

No new case of circulating vaccine-derived polio virus type 2 (cVDPV2) has been reported since the beginning of 2020. There were two cVDPV2 cases reported in 2019.

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 week36, 2019, affecting mainly Bhueria 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 176 cases were reported mainly in Masvingo (119 cases), Midlands(31 cases) and Mashonaland west (28 cases) provinces.

The first COVID-19 confirmed case was reported in Zimbabwe on 20 March 2020. As of 22 March 2020, a total of 2 confirmed COVID-19 cases were reported in the country.

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.

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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>21-Mar-20</td>
<td>21-Mar-20</td>
<td>22-Mar-20</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Uganda</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>13-Feb-20</td>
<td>21-Jan-20</td>
<td>10-Feb-20</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Uganda</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>22-Jan-20</td>
<td>31-Oct-19</td>
<td>30-Jan-20</td>
<td>15</td>
<td>5</td>
<td>5</td>
<td>33.30%</td>
</tr>
<tr>
<td>Zambia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>17-Oct-19</td>
<td>16-Jul-19</td>
<td>18-Mar-20</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Zambia</td>
<td>Anthrax</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>6-May-19</td>
<td>20-Jan-20</td>
<td>286</td>
<td>1</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>20-Mar-20</td>
<td>20-Mar-20</td>
<td>22-Mar-20</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>
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.

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