

COVID-19

Situation update for the WHO African Region

1 April 2020

External Situation Report 5



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WHO AFRICAN REGION

External Situation Report 5

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1. Situation update



The coronavirus disease 2019 (COVID-19) outbreak continues to rapidly evolve on the African continent. Since our last situation report on 25 March 2020 (*External Situation Report 4*), four new countries in the WHO African Region, including Botswana, Burundi, Guinea Bissau and Sierra Leone have reported confirmed COVID-19 cases. Forty-two (89%) out of 47 Member States of the WHO African Region are now affected.

The number of cases and deaths has more than doubled since our last report, with 2 050 new confirmed COVID-19 cases and 65 new deaths reported in the WHO African Region. As of 1 April 2020, a cumulative total of 3 766 confirmed COVID-19 cases with 95 deaths (case fatality ratio 2.5%) have been reported across the 42 affected countries in the region. The list of affected countries and their respective number of cases is presented in Table 1.

Figure 1 shows the temporal distribution of cases by country. The most affected countries in the WHO African Region are: South Africa (1 353 cases), Algeria (584 cases), Burkina Faso (261 cases), Senegal (175 cases), Cote d'Ivoire (169 cases) and Ghana (152). Together, these countries account for 72% of the cases reported in the region. Figures 2 and 3 show the temporal and geographical distribution of cases in the six most affected countries.

Information on sex and age is currently available for 523 and 513 cases, respectively. The male to female ratio among the confirmed cases is 1.5, and the median age is 41 years old (range: 0 - 88). The distribution of cases according to age and sex is presented in figure 4; overall, older males continue to be disproportionately affected by this outbreak.

Table 1. Number of confirmed COVID-19 cases in the WHO African Region, 25 February – 1 April 2020 (*n* = 3766)

Country	Date of First Notification of Cases to WHO	Cumulative Alive	Cumulative Dead	Total Cases
South Africa	05-Mar-2020	1 348	5	1 353
Algeria	25-Feb-2020	549	35	584
Burkina Faso	09-Mar-2020	247	14	261
Senegal	28-Feb-2020	175		175
Cote d'Ivoire	11-Mar-2020	169		169
Ghana	12-Mar-2020	147	5	152
Mauritius	18-Mar-2020	138	5	143
Cameroon	06-Mar-2020	133	6	139
Nigeria	27-Feb-2020	137	2	139
Democratic Republic of the Congo	10-Mar-2020	100	9	109
Rwanda	14-Mar-2020	75		75
Kenya	13-Mar-2020	58	1	59
Madagascar	21-Mar-2020	53		53
Zambia	18-Mar-2020	35		35
Togo	05-Mar-2020	33	1	34
Uganda	21-Mar-2020	33		33
Ethiopia	13-Mar-2020	26		26
Congo (Republic of)	14-Mar-2020	18	2	20
Niger	19-Mar-2020	17	3	20
Tanzania	16-Mar-2020	18	1	19
Mali	25-Mar-2020	18		18
Guinea	13-Mar-2020	16		16
Equatorial Guinea	13-Mar-2020	14		14
Namibia	14-Mar-2020	11		11
Benin	16-Mar-2020	9		9
Eswatini	13-Mar-2020	9		9
Guinea-Bissau	25-Mar-2020	9		9
Mozambique	22-Mar-2020	8		8
Seychelles	14-Mar-2020	8		8
Zimbabwe	20-Mar-2020	7	1	8
Angola	21-Mar-2020	5	2	7
Chad	19-Mar-2020	7		7
Gabon	12-Mar-2020	6	1	7
Central African Republic	14-Mar-2020	6		6
Eritrea	21-Mar-2020	6		6
Liberia	16-Mar-2020	6		6
Cape Verde	19-Mar-2020	4	1	5
Mauritania	13-Mar-2020	5		5
Botswana	30-Mar-2020	3		3
Gambia	18-Mar-2020	2	1	3
Burundi	31-Mar-2020	2		2
Sierra Leone	31-Mar-2020	1		1
		3 671	95	3 766

Figure 1. Number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 31 March 2020 (n = 3766)

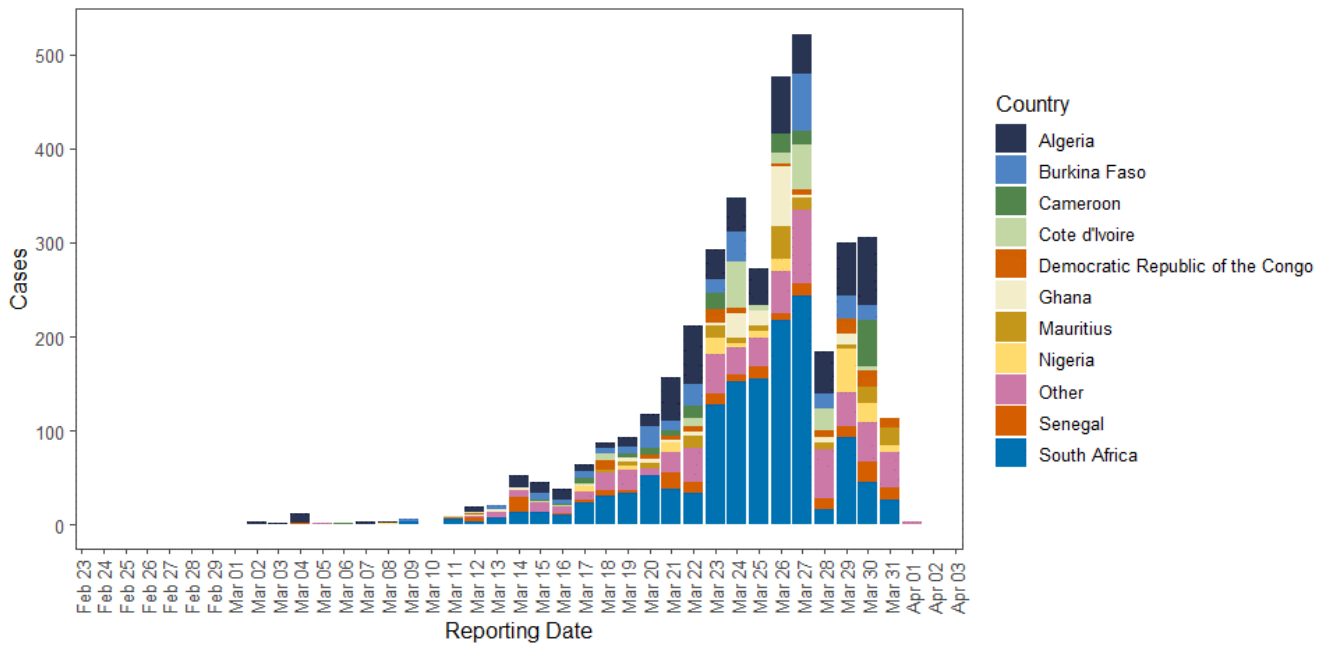
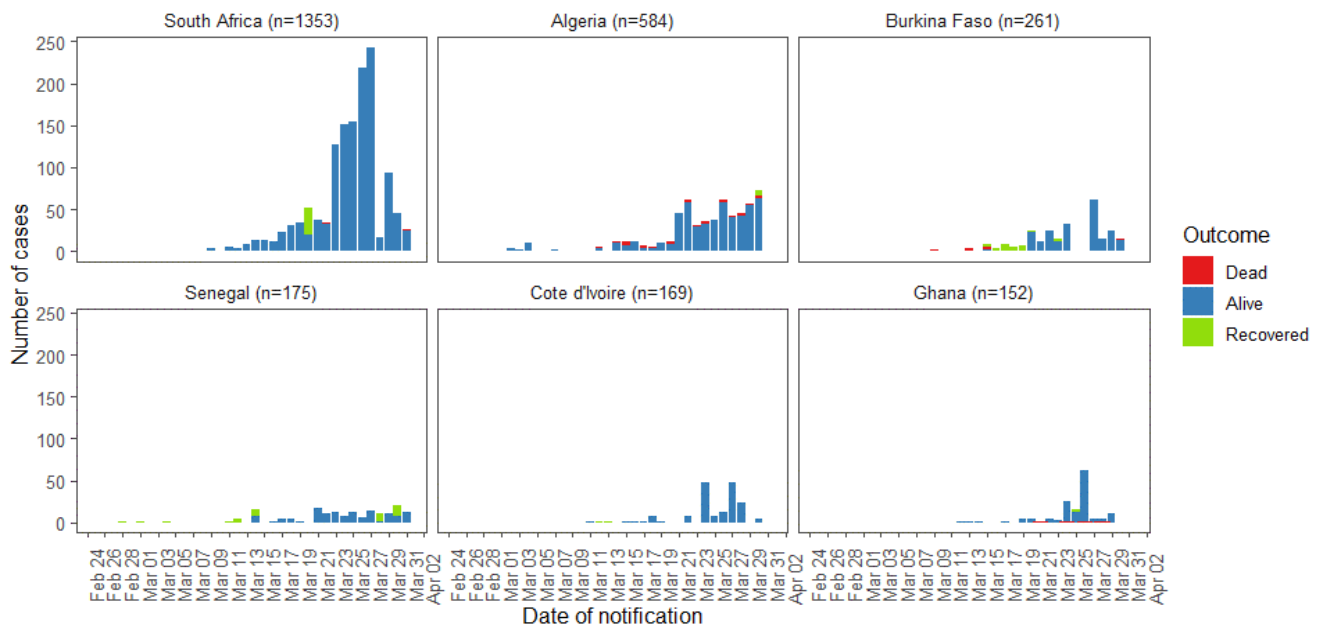
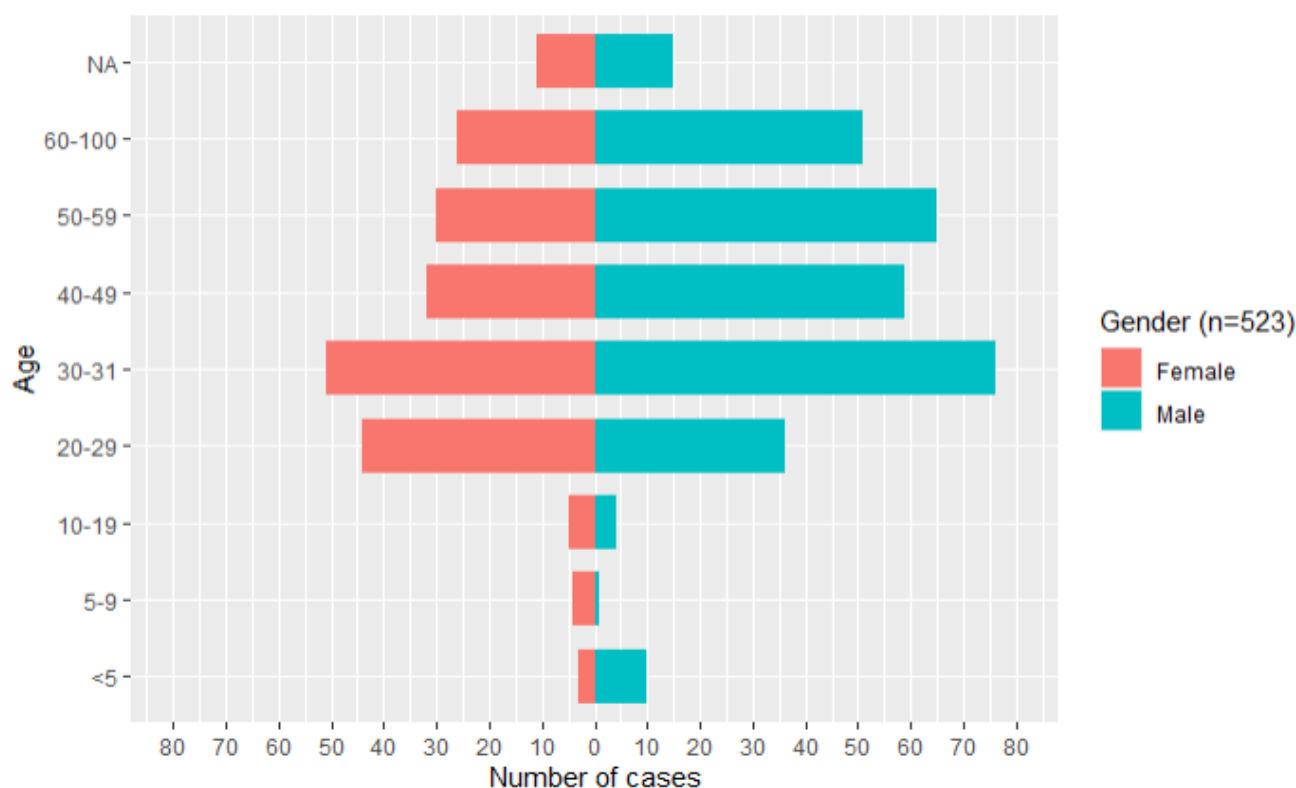


Figure 2. Epicurves of COVID-19 outbreaks in South Africa, Algeria, Burkina Faso, Senegal, Cote d'Ivoire and Ghana, 25 February – 1 April 2020



**Data are subject to delays in case confirmation and reporting, as well as ongoing data cleaning and reclassification – trends during recent weeks should be interpreted cautiously. Transmission classification is based on WHO analysis of available official data and may be subject to reclassification as additional data become available.*

Figure 3. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 31 March 2020



2. Global update

Since the declaration of the COVID-19 outbreak on 31 December 2020, the global number of cases has surpassed the half million mark. As of 31 March 2020, a total of 750 890 confirmed cases, including 36 405 deaths (case fatality ratio 4.9%), were reported globally. Both the global number of confirmed COVID-19 cases and deaths have nearly doubled in the course of the past week.

As of 31 March 2020, 203 countries/territories/areas and one international conveyance have reported laboratory confirmed COVID-19 cases. The 10 countries with the highest number of cumulative cases are: United States of America (140 640), Italy (101 739), China (82 445), Spain (85 195), Germany (61 913), Iran (Islamic Republic of) (41 495), France (43 977), The United Kingdom (22 145), Switzerland (15 412), Netherlands (11)

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

3. Current risk assessment

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

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

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

4. Actions to date

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

Coordination

- The Incident Management Support Team (IMST) at WHO AFRO continues to coordinate and provide support to Member States in response to the COVID-19 outbreak. There are daily IMST meetings and regular communication with the affected countries through conference calls, WebEx, emails, etc.
- On 1 April 2020, the Training and Capacity Building Team of the IMST at WHO AFRO hosted a virtual zoom session to discuss several aspects of COVID-19 case management, including clinical characterization, triage and hospitalization, sepsis and antimicrobial therapy, treatment of severely ill patients in facilities, criteria of discharge and management of convalescent patients, etc. The session was attended by over 400 participants: technical experts from Ministries of Health from all 47 Member States, WHO Country Offices, partner universities and particularly the members of the East, Central and Southern Africa College of Physicians (ECSACOP).
- WHO AFRO has conducted two regional trainings on rapid response teams in February and March 2020. Overall, 52 persons from 16 countries were trained including WHO/AFRO staff and partners (IMC, ALIMA, MSF, AU Medical services).
- As a result of these regional trainings, in-countries cascade trainings were conducted in seven countries including: Nigeria, Zambia, Ghana, Tanzania, Liberia, Lesotho and Democratic Republic of the Congo.
- A total of 158 experts have been deployed to 31 countries to support the following functions: Coordination (27), Surveillance (10), Laboratory (8), IPC (18), Case Management (11), Point of Entry (2), Epidemiology (8), Risk Communication (16), Media Communication (4), Logistics (11), Partners coordination (1), Data Management (9), Information Management Officer (1), SHOC Support (1), Training & Capacity Building (2), Surveillance & Documentation (1), Planning & Monitoring (1), Countries focal point (25), Resources Mobilization (1), Planning and Information Management (2), and Translator (1).

Surveillance

- WHO is supporting Member States to conduct active surveillance for early detection of COVID-19 cases and tracing of contacts at the community and health facility levels, including at the Points of Entries (PoEs). At WHO AFRO, epidemic intelligence for COVID-19 is continuously being performed using the Epidemic Intelligence through Open Source (EIOS) platform.
- The Member States are being supported to improve data management practices through provision of electronic tools, technical guidance and remote mentoring and coaching.
- WHO AFRO has developed a [public interactive dashboard](#) for the visualization of the COVID-19 pandemic situation in the region.

Research

- To date, 11 countries in the WHO African Region have expressed interest in implementing the first few cases (FFX) protocol for early investigation, which aims to facilitate timely estimates of the severity and transmissibility of COVID-19 infection, as well as informing public health responses and policy decisions at national, regional and global levels.
- Three countries (Côte d’Ivoire, Madagascar and South Africa) have started implementing the FFX protocol. More specifically, investigations are being conducted on the first few X cases and close contacts (Côte

d'Ivoire/Madagascar), household transmission (Madagascar) and clinical presentation and viral shedding in HIV-infected and uninfected individuals (South Africa).

- Discussions are ongoing with partners to identify a collaborative approach to provide technical and financial support to countries.

Laboratory capacity

- WHO is working with Member States to rapidly scale-up diagnostic capacity. Between 2 February and 31 March 2020, the laboratory capacity for testing for SARS-CoV-2 has increased from two to 43 countries.
- Eritrea is the latest country to acquire testing capacity.

Risk communication and community engagement

- WHO continues to provide guidance to countries on community management.
- WHO is collaborating with the private sector, including telecommunication, Facebook and traditional media, to disseminate prevention messages.
- Most governments continue to build public trust through the timely announcement of confirmed cases and the provision of updated information on the national epidemiological situation.

Case management

- The case management pillar at the Regional Office continues to provide technical support to countries through review, adaptation and dissemination of guidance, with the last guidance sent to countries being pregnancy in the context of COVID-19.

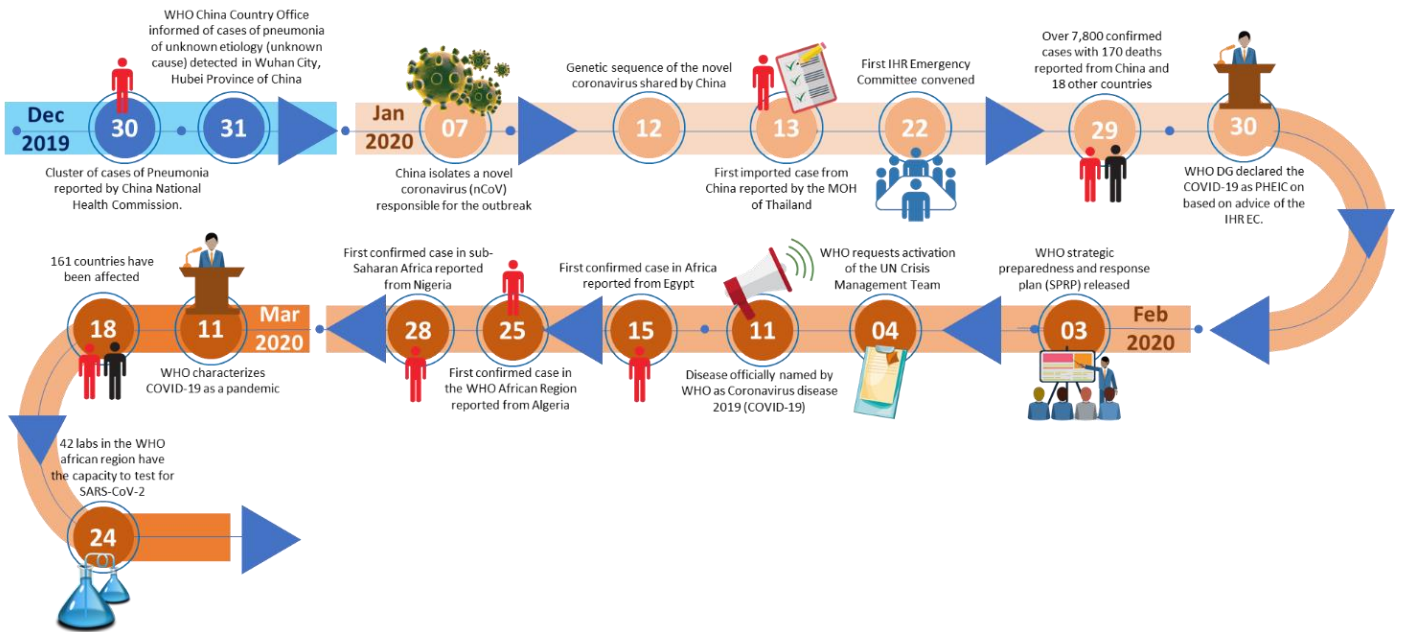
5. IHR travel measures and cross border health

- 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.

6. Conclusion

The COVID-19 pandemic continues to expand in the WHO African Region, with the majority of Member States (41 out of 47) now reporting confirmed cases. The number of confirmed cases reported this week has increased by 213% (3 664) compared to the previous week (1 716). The exponential growth of this outbreak in the WHO African Region is of grave concern considering that the public health ecosystem of many of the affected countries is characterized by fragile health systems and a high prevalence of HIV, malnutrition and other comorbidities which can increase the severity of COVID-19 and represent an additional strain on the health system. The decreasing trend observed in the past few days may not reflect a true decline in case incidence, but may be due to delayed reporting. Delayed and incomplete data, or lack of data sharing hinders the generation of timely, accurate and informative epidemiological analyses, which should guide strategic response. Border closure and existing restrictions in international travel constitute major impediments for the deployment of experts to support response activities and for the provision of essential goods such as laboratory reagents and personal protective equipment. It is essential that African governments continue to promote strict adherence to proven public health measures such as social distancing, good personal hygiene practices and cough etiquette. Health information management and data sharing needs to be strengthened in all affected countries. In countries with no reported confirmed cases, preparedness and readiness activities should be scaled up and closely monitored.

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



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