

COVID-19

Situation update for the WHO African Region

18 March 2020

External Situation Report 3



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WHO AFRICAN REGION

External Situation Report 3

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1. Situation update



The coronavirus disease 2019 (COVID-19) outbreak in the WHO African Region continues to evolve rapidly, with several new countries reporting confirmed cases and an associated upsurge in incidence cases reported across the region. WHO and partners continue to monitor and provide technical and operational support to Member States to scale up the response in affected countries and enhance readiness in the rest of the region.

Since our last situation report on 11 March 2020 ([External Situation Report 2](#)), 18 new countries in the WHO African Region have reported confirmed COVID-19 cases; namely Benin, Central African Republic, Eswatini, Ethiopia, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Kenya, Liberia, Mauritania, Namibia, Republic of Congo, Rwanda, Seychelles, Tanzania, and Zambia. As of 18 March 2020, a total of 345 confirmed COVID-19 cases have been reported across 27 countries in the region: South Africa (116), Algeria (72), Senegal (31), Burkina Faso (26), Democratic Republic of the Congo (14), Rwanda (11), Cameroon (10), Nigeria (8), Ghana (7), Kenya (7), Cote d'Ivoire (6), Ethiopia (6), Seychelles (6), Congo (Republic of) (3), Equatorial Guinea (3), Gabon (3), Tanzania (3), Liberia (2), Namibia (2), Zambia (2), Benin (1), Central African Republic (1), Eswatini (1), Gambia (1), Guinea (1), Mauritania (1), and Togo (1). A total of seven deaths have been reported from Algeria (6) and Burkina Faso (1). All deaths involved case-patients 50 years of age and above with comorbidities. **Figures 1 and 2** show the temporal and geographical distribution of cases, respectively. In the rest of the African continent an additional 277 confirmed COVID-19 cases have been reported from six other countries: Egypt (196 cases with 4 deaths), Morocco (49 cases with 2 deaths), Tunisia (29 cases with 0 deaths), Sudan (1 case with 1 death), Djibouti (1 case with 0 deaths), and Somalia (1 case with 0 death).

All index cases reported in the WHO African Region had a travel history either to Europe (mostly France, United Kingdom, Italy, Switzerland, Spain, and Germany), United States of America, United Arab Emirates, India, Iran, Japan, or New Zealand (**Figure 3**). Of 266 case-patients with a history of the likely country of exposure, 71% ($n=188$) were cases who became infected while travelling to another country prior to returning to the country in which they were detected and 29% ($n=78$) were locally infected, all of whom were contacts of imported cases (figure 4). The 12 countries with locally infected cases include Algeria (34), Senegal (18), South Africa (14), Burkina Faso (1), Cameroon (1), Cote d'Ivoire (2), Democratic Republic of the Congo (1), Ethiopia (3), Gabon (1), Liberia (1), Nigeria (1), and Rwanda (1). Local infection in Senegal and Algeria occurred in the context of clusters of cases. All 18 locally infected cases in Senegal belong to a cluster in the Diourbel Region while in Algeria they are spread across 13 provinces. Of the 34 locally infected cases in Algeria, 17 belong to the same cluster of cases which has been linked to two confirmed cases of French nationality who travelled from France to Algeria from 14 to 21 February 2020.

The male to female ratio among the confirmed cases is 1.4, and the median age is 41.5 years old (IQR 31 – 54). Of note, information on sex and age is currently available for 231 and 228 cases, respectively. Two of the case-patients reported from Nigeria have been treated and discharged.

All other case-patients are in stable conditions and undergoing clinical care. The distribution of cases according to age and sex is presented in **Figure 4**. **Figure 5** shows the temporal distribution of cases according to whether they were imported or infected locally.

Figure 1. Number of confirmed COVID-19 cases in the WHO African Region, 25 February – 18 March 2020 (n = 345)

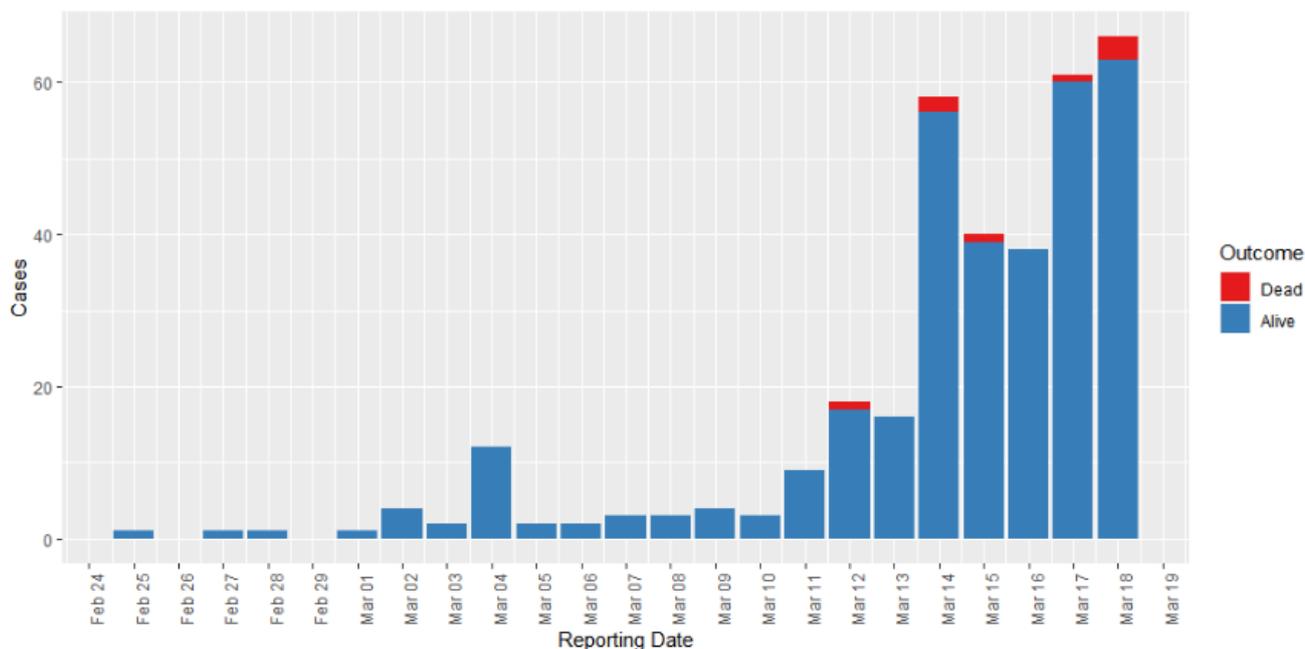


Figure 3. Importation pattern of COVID-19 cases in the WHO African Region, 25 February – 18 March 2020

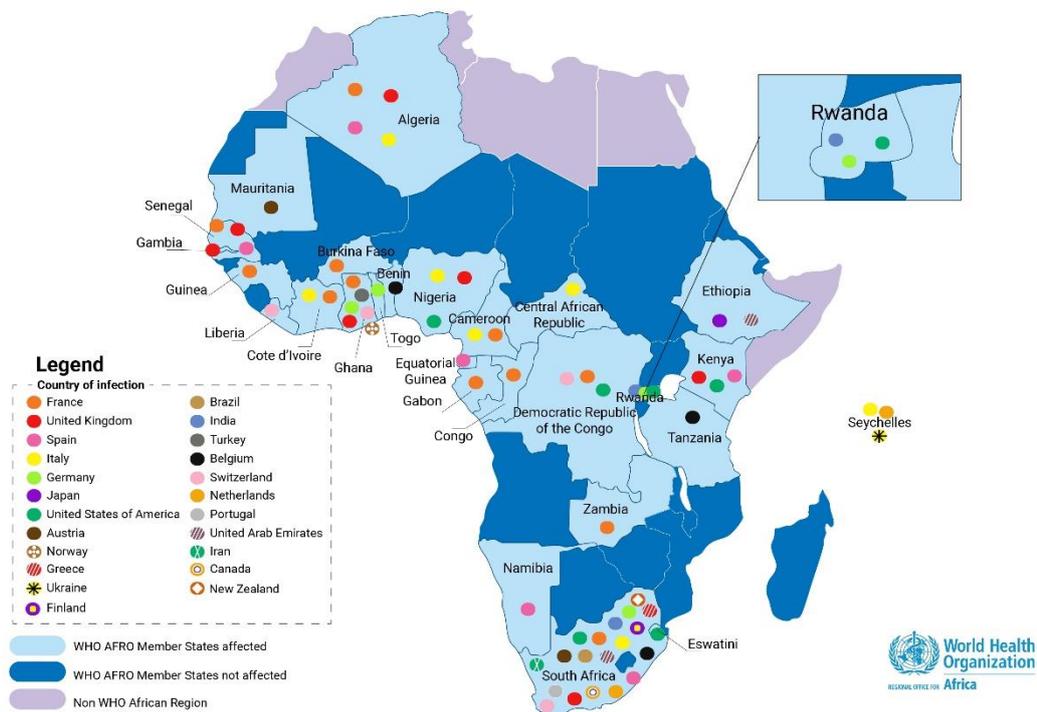


Figure 4. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 18 March 2020

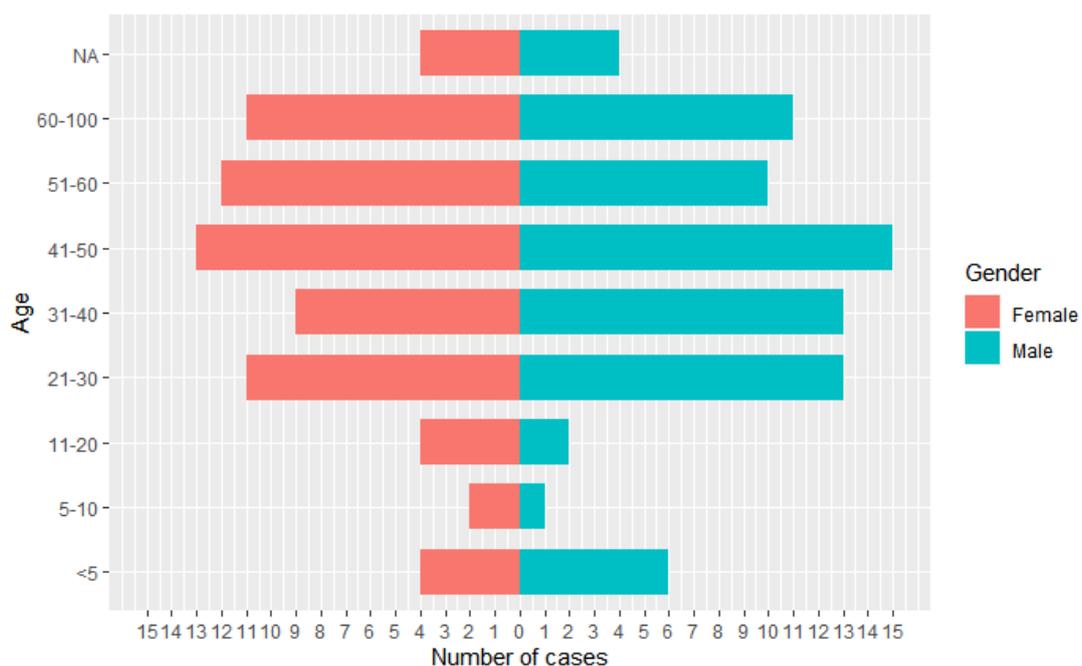
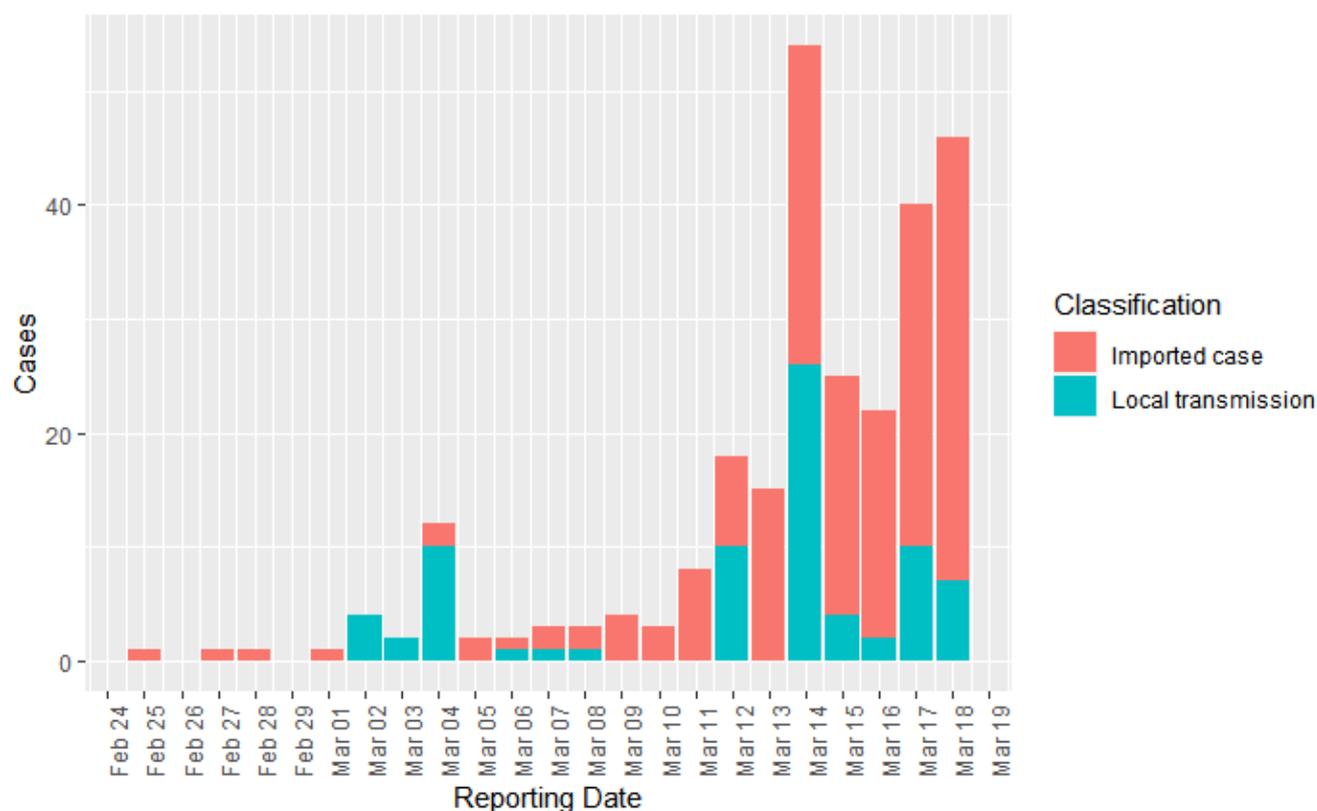


Figure 5. Number of confirmed COVID-19 cases in the WHO African Region by type of transmission, 25 February – 18 March 2020 (n = 266)



2. Global update

Since the declaration of the COVID-19 outbreak on 31 December 2020, a total of **191 127** cases, including **7 807** deaths (case fatality ratio 4.1%), were reported globally, as of 18 March 2020.

As of 18 March 2020, 161 countries/territories/areas and one international conveyance have reported laboratory confirmed COVID-19 cases. 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 has been closed since 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”.

As of 18 March 2020, evidence of human-to-human transmission, including local and community transmission, has been observed in international conveyances and in 88 different countries/territories (Albania, Algeria, Argentina, Armenia, Australia, Austria, Bahamas, Bahrain, Bangladesh, Belarus, Belgium, Bosnia and Herzegovina, Brazil, Brunei Darussalam, Bulgaria, Cambodia, Cameroon, Canada, Chile, China, Colombia, Costa Rica, Croatia, Czech Republic, Denmark, Dominican Republic, Ecuador, Egypt, Estonia, Finland, France, Germany, Greece, Guam, Guyana, Hungary, Iceland, India, Indonesia, Iraq, Iran (Islamic Republic of), Ireland, Israel, Italy, Hungary, Jamaica, Japan, Kenya, Kuwait, Lebanon, Luxembourg, Malaysia, Maldives, Morocco, Netherlands, New Zealand, North Macedonia, Norway, Occupied Palestinian Territory, Panama, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Rwanda, San Marino, Saudi Arabia, Senegal, Serbia, Singapore, Slovakia, Slovenia, South Africa, Spain, Sri Lanka, Sweden, Switzerland, Thailand, Tunisia, Ukraine, United Arab Emirates, the United Kingdom, the United States, and Viet Nam) where the cases had no travel history but had contact (direct or indirect) with travellers, 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 outbreak preparedness and response interventions.

Surveillance

- WHO is supporting local authorities of affected countries and in all the other countries to put in place appropriate surveillance measures for early identification of cases and follow-up of contacts. WHO AFRO is providing remote support to affected countries for the use of electronic tools to record data on confirmed case(s). 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 situation in the region.
- Fourteen countries (South Africa, Madagascar, Nigeria, Uganda, Ethiopia, Seychelles, Malawi, Senegal, DRC, Togo, Liberia, Cameroon, CAR 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 NCDC, making it the first country in the WHO African region to do so.
- Pasteur Institut 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.

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 40 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 Institut Pasteur Algiers and four other referral laboratories.
- Experts are in the process of being deployed to Mauritania, Zimbabwe, Liberia and Chad to support laboratory strengthening activities.

Case Management

- 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.
- ALIMA is working closely with WHO to support the Ministry of Health of Senegal to improve 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 manuscripts 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 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 was conducted on 11 March 2020.
- At the Regional Office; IPC briefing was conducted for key personnel including medical staff, ambulance staff, and Security.

Operation support logistics

- PPE starter kits have been shipped to 24 countries. The second consignment of PPE is being prepared for shipment to countries with confirmed cases and major Points of Entry in the region (Ethiopia, Kenya, Togo, Benin).
- A blueprint for an isolation and treatment centre at the Regional Office has been finalized.
- Preparation is ongoing of a partners' meeting for the Logistic Working Group in East and southern Africa.

- The deployment of operational support and logistics 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 on 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). A total of 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.

6. Conclusion

The COVID-19 pandemic continues to evolve rapidly, with several countries in the WHO African Region reporting their first confirmed cases. While most countries on the continent have recorded sporadic and imported cases, seven countries have exhibited local transmission, and this is concerning. As expected, more countries in the region 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, based on the “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.

Annex 1. Global and Regional time line for COVID-19 as of 18 March 2020

