



**World Health
Organization**

REGIONAL OFFICE FOR

Africa

**WHO UPDATE:
MAJOR OUTBREAKS FROM 2018 TO DATE AND
SUPPORT TO MEMBERS STATE IN THE AVIATION
SECTOR.**

***8th AFRICA CAPSCA
08 – 10 February 2022***

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Presentation outlines

- 1 EVD outbreak in DRC**
- 2 EVD outbreak in Guinea**
- 3 COVID 19**
- 4 Support to members states in the aviation sector**

EVD in DRC

9,10,11,12,13th

Order	Year	Start date	End date	Major hot spots	Number of Case	Number of Date	CFR	Lenght (day)
9th	2018	08/05/2018	24/06/2018	Wangata, Bikoro - Equateur	54	33	61%	78
10th	2020	01/07/2018	25/06/2020	Nord-Sud , Sud Kivu et Ituri	3470	2280	66%	695
11th	2020	01/06/2020	18/11/2020	Mbandaka - Equateur	130	55	42%	172
12th	2021	07/02/2021	03/05/2021	Biena, Butembo - Nord-Kivu	12	6	50%	86
13th	2021	08/10/2021	16/12/2021	Beni, Beni - Nord-Kivu	11	9	81%	69

10th EVD outbreak in DRC

- 3470 cases:** 3317 confirmed et 153 probables
- 2280 deaths** (CFR 66%)
- 1163 Survivors**
- 172 Health workers**
In which 75 deaths (43,6%)
- 1st vaccin (rVSV zebov): > 303905 vaccinated :**
- 2^{ème} vaccin (Ad26-ZEBOV/MVA-BN-FILO) : > 20339 vaccinated**
- 1st dose : > 8 400 ; 2nd dose**



10th EVD outbreak in DRC

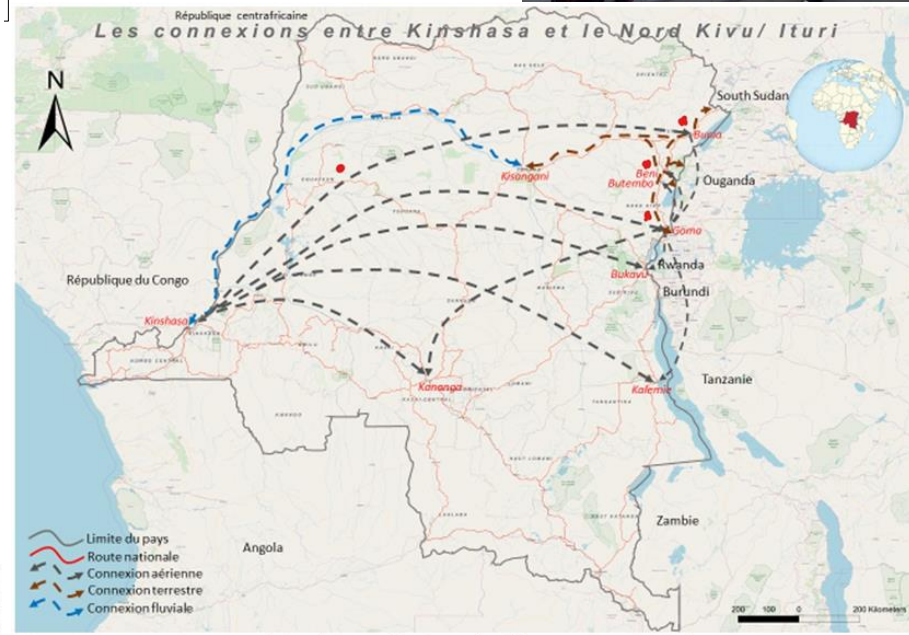
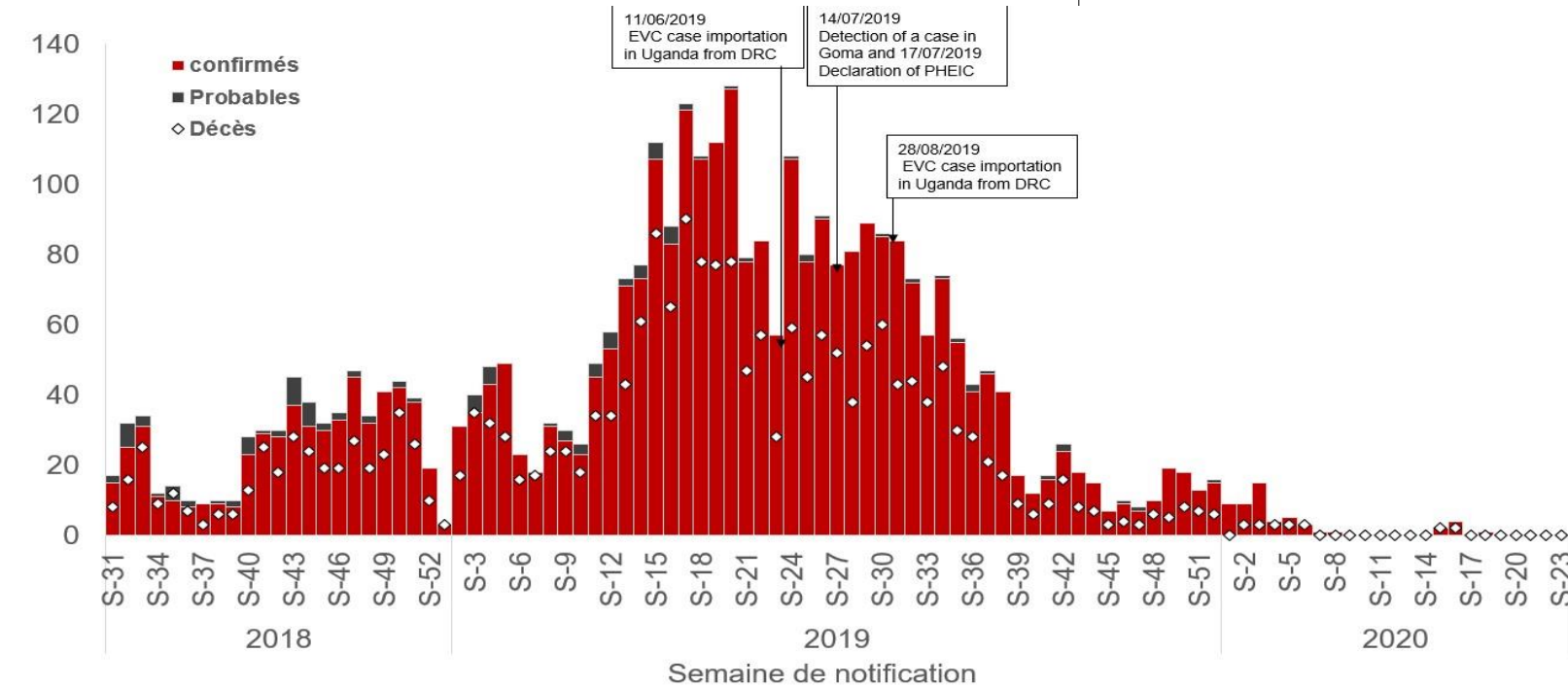


Figure 1. Les connexions entre le Nord Kivu et l'Ituri avec la ville et province de Kinshasa

EVD outbreak in Guinea, 2021



23 cases: 16 confirmed et 7 probables



12 deaths

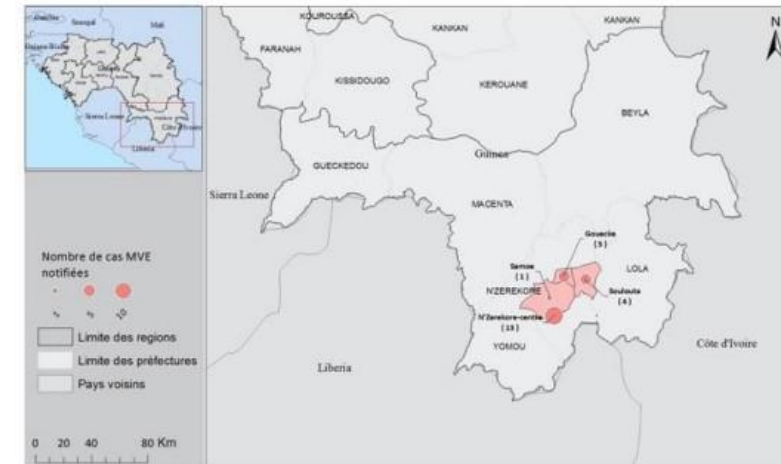


11 Survivors



5 Health workers
In which 3 deaths

- Gueckedou, Guinea
- Declaration:
14/02/2021
- End: 19/06/2021
- Length : 125 days



Carte 1 : Répartition géographique des cas confirmés et probables notifiés du 15/01 au 19/06/2021, Guinée



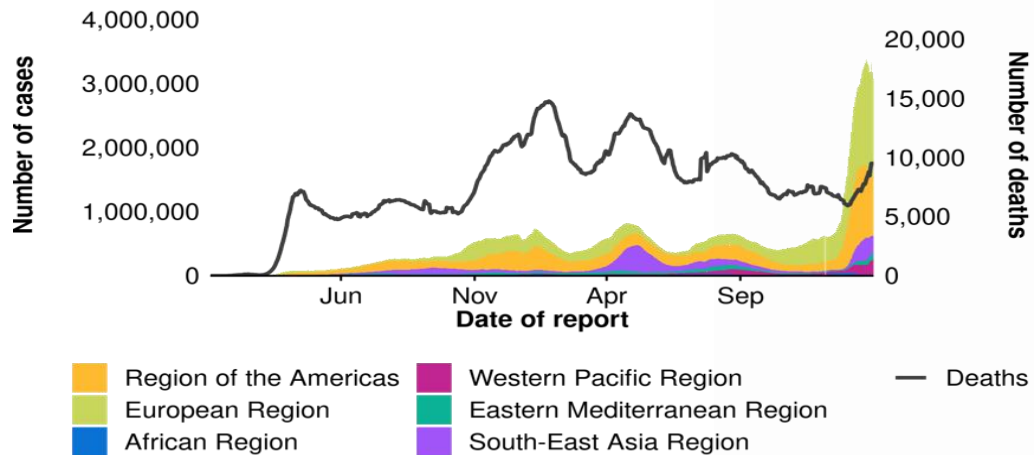
**COVID-19
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COVID-19 PANDEMIC IN THE WHO AFRICAN REGION

WHO Regional Office for Africa

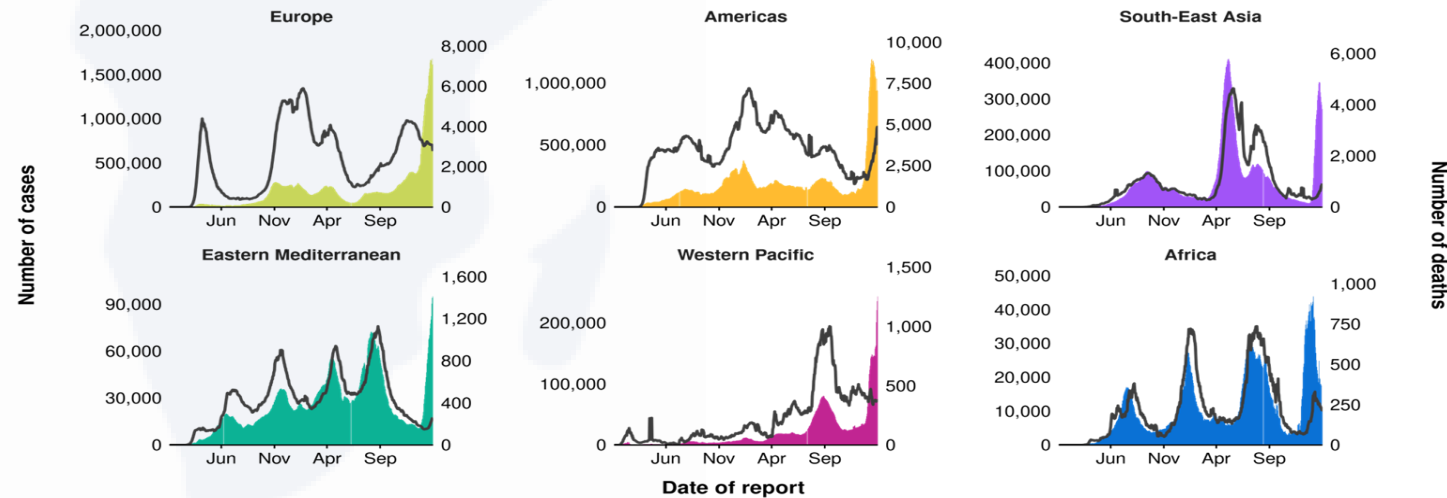
- 376,478,335 confirmed cases and 5,666,064 deaths.
- WHO African Region accounts for 2.5% of cumulative global cases and 2.9% of cumulative global deaths.

Global daily trend of COVID-19 cases and deaths



data smoothed with 7-day moving average

Daily trend of COVID-19 cases and deaths by WHO Regions



Cases depicted by bars; deaths depicted by line. Data smoothed with 7-day moving average. Note different scales for y-axes.

CUMULATIVE COVID-19 CASES AND DEATHS ON THE AFRICAN CONTINENT

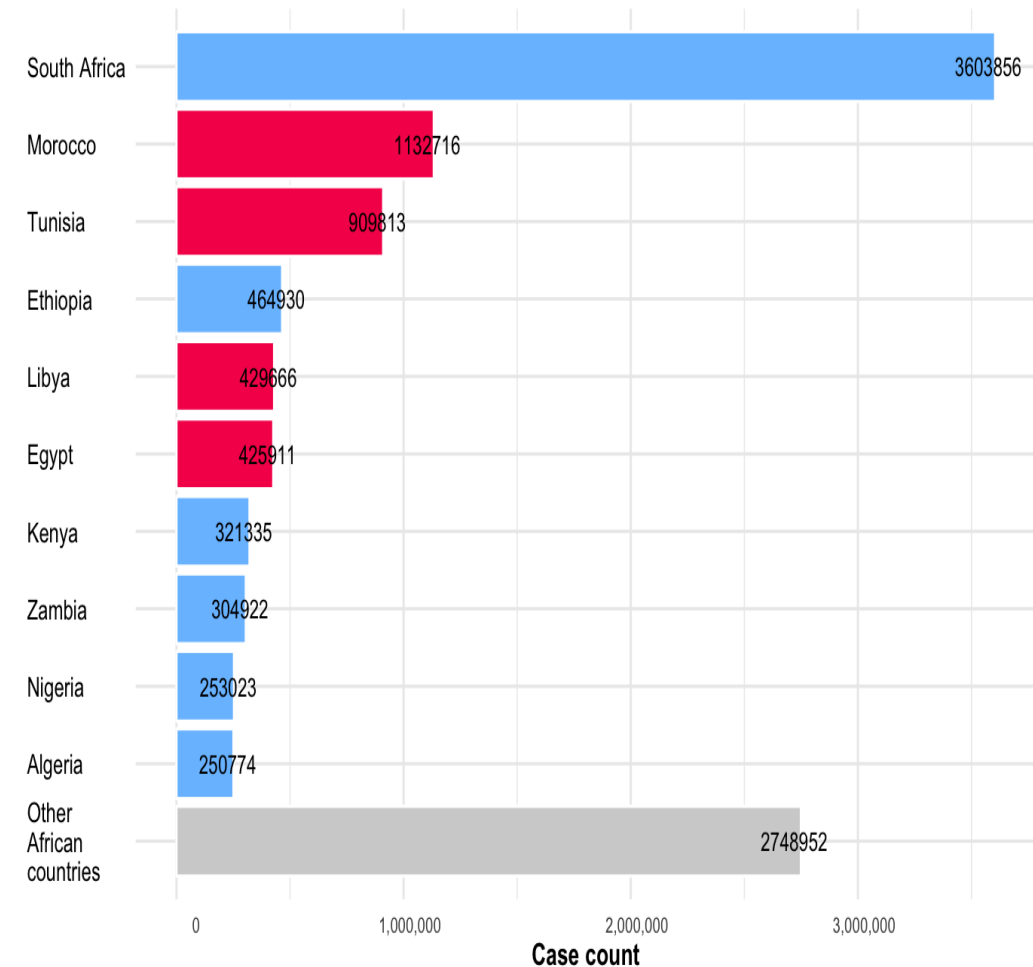
(as of 02 February 2022)

❑ Cumulatively, **10,902,528 cases** and **239,874 deaths** have been reported in the African continent giving a CFR of **2.2%**.

❑ Top 10 countries account for **74.65%** of cases in the continent.

Country	Cumulative cases	Cumulative deaths	Recovered	CFR (%)	New cases (last 24 hours)	New deaths (last 24 hours)	EMRO
South Africa	3,603,856	95,022	3,443,535	2.64	3,342	121	No
Morocco	1,132,716	15,400	1,076,471	1.36	1,321	38	Yes
Tunisia	909,813	26,288	779,096	2.89	0	0	Yes
Ethiopia	464,930	7,331	397,786	1.58	371	16	No
Libya	429,666	6,017	392,457	1.40	0	0	Yes
Egypt	425,911	22,635	358,165	5.31	2,223	31	Yes
Kenya	321,335	5,580	294,615	1.74	123	0	No
Zambia	304,922	3,915	297,262	1.28	303	4	No
Nigeria	253,023	3,135	229,019	1.24	267	1	No
Algeria	250,774	6,566	167,005	2.62	1,742	10	No

*EMRO Countries in **bold**



*EMRO Countries in **red**

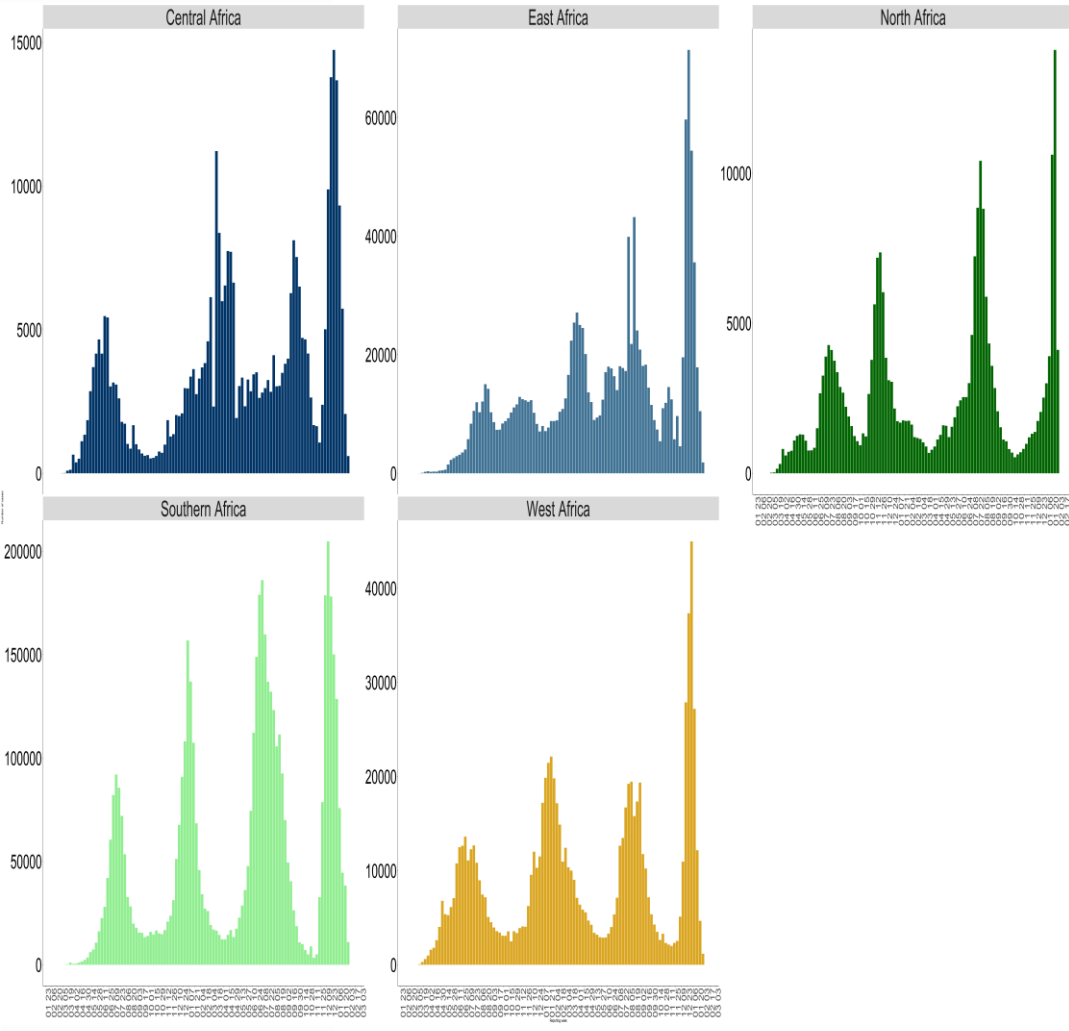
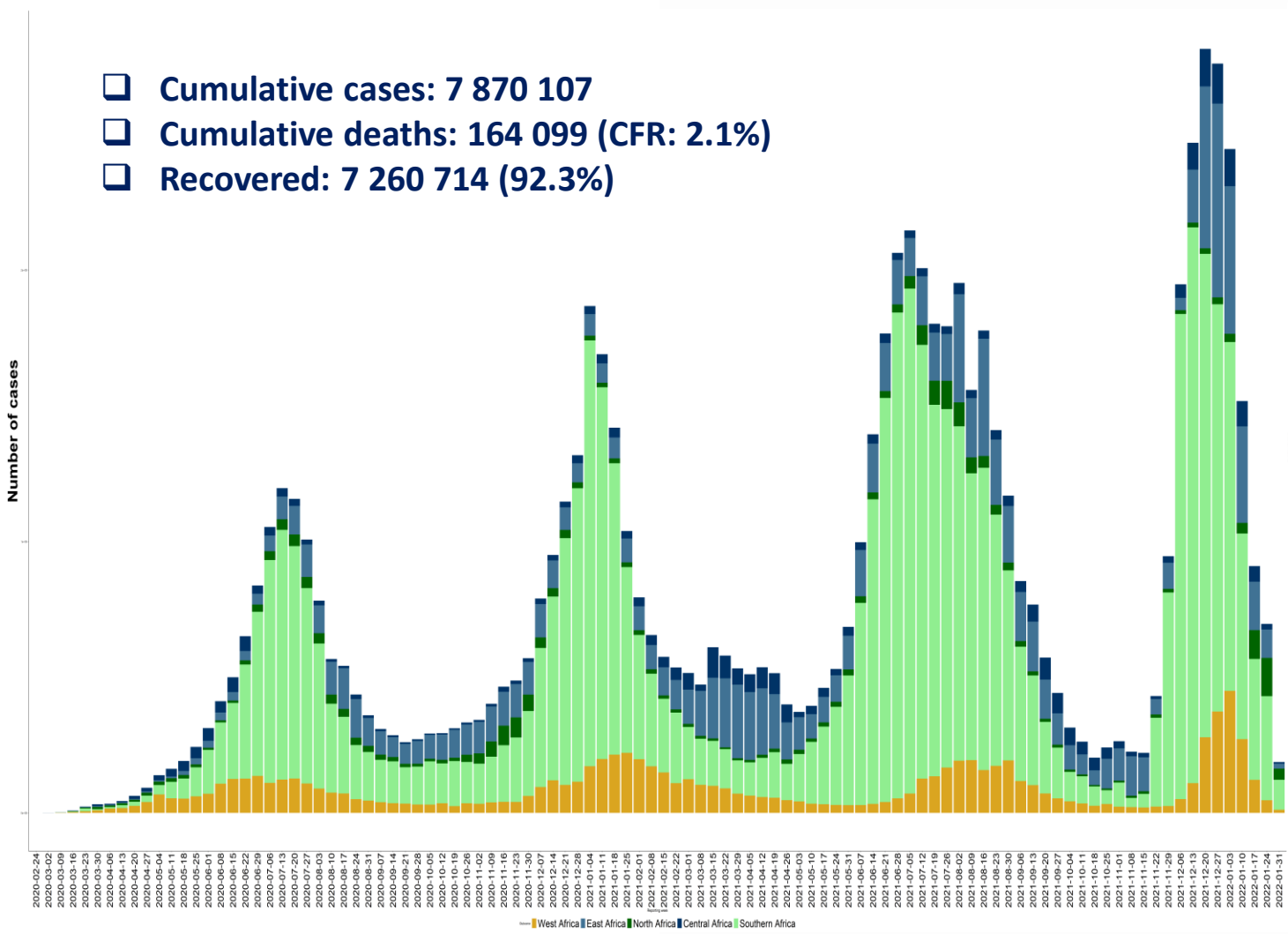


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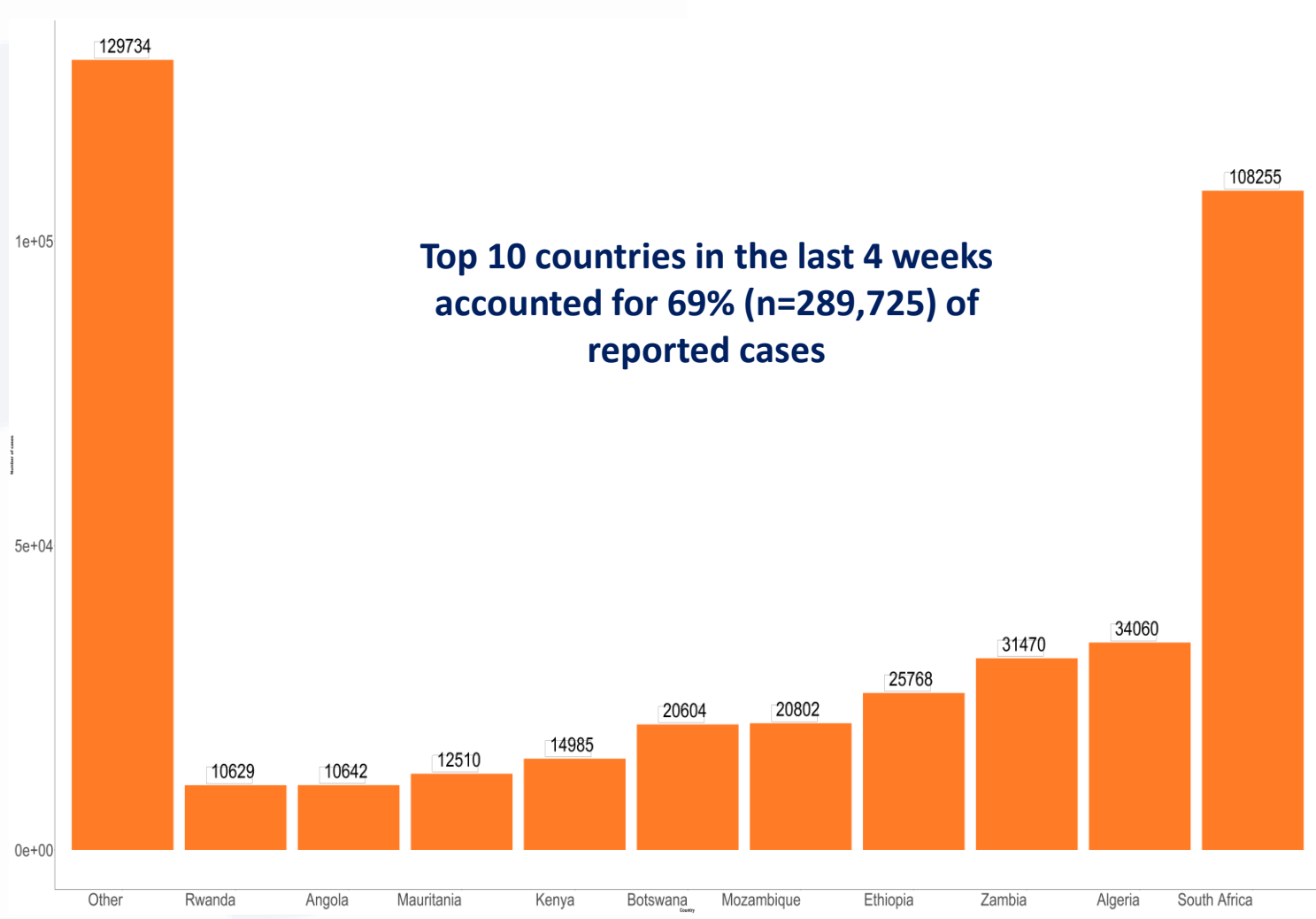
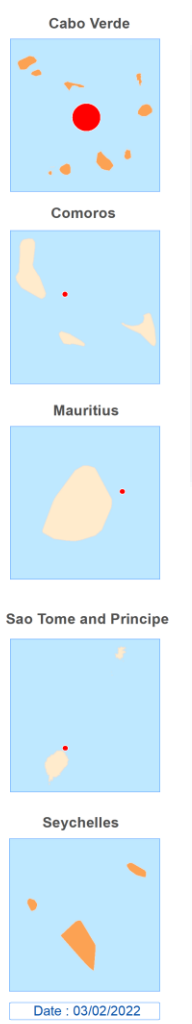
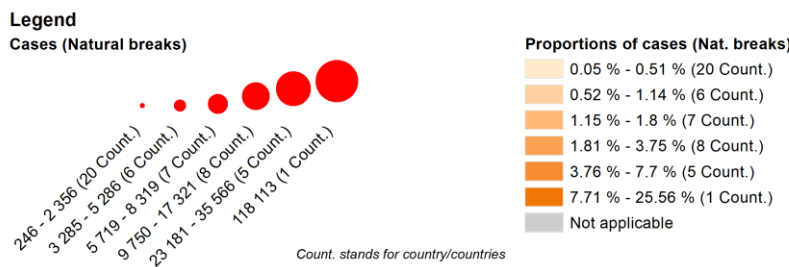
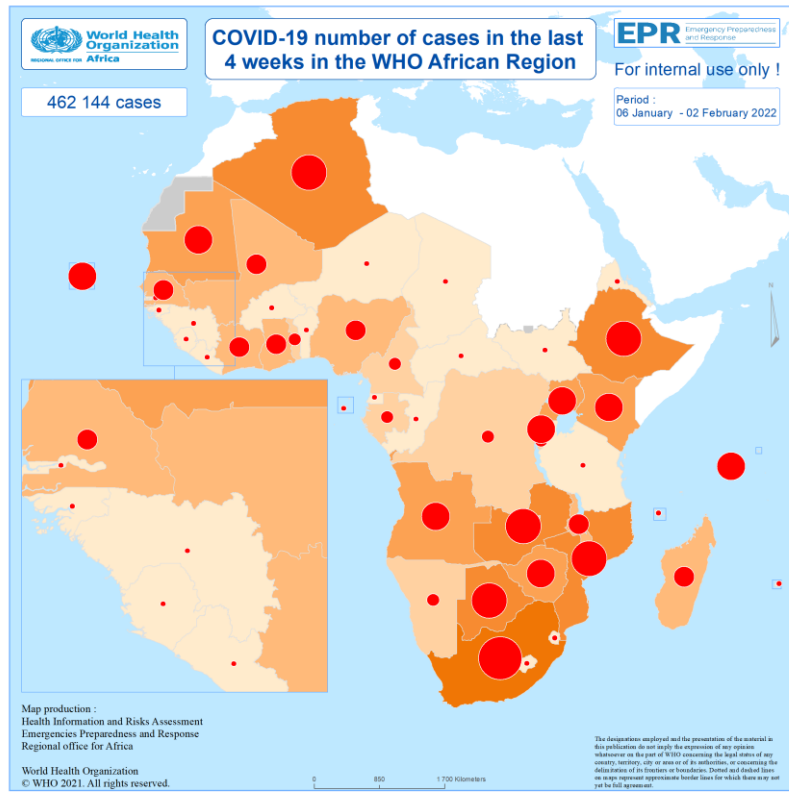
WEEKLY TREND OF COVID-19 CASES IN THE WHO AFRICAN REGION

(as of 02 February 2022)

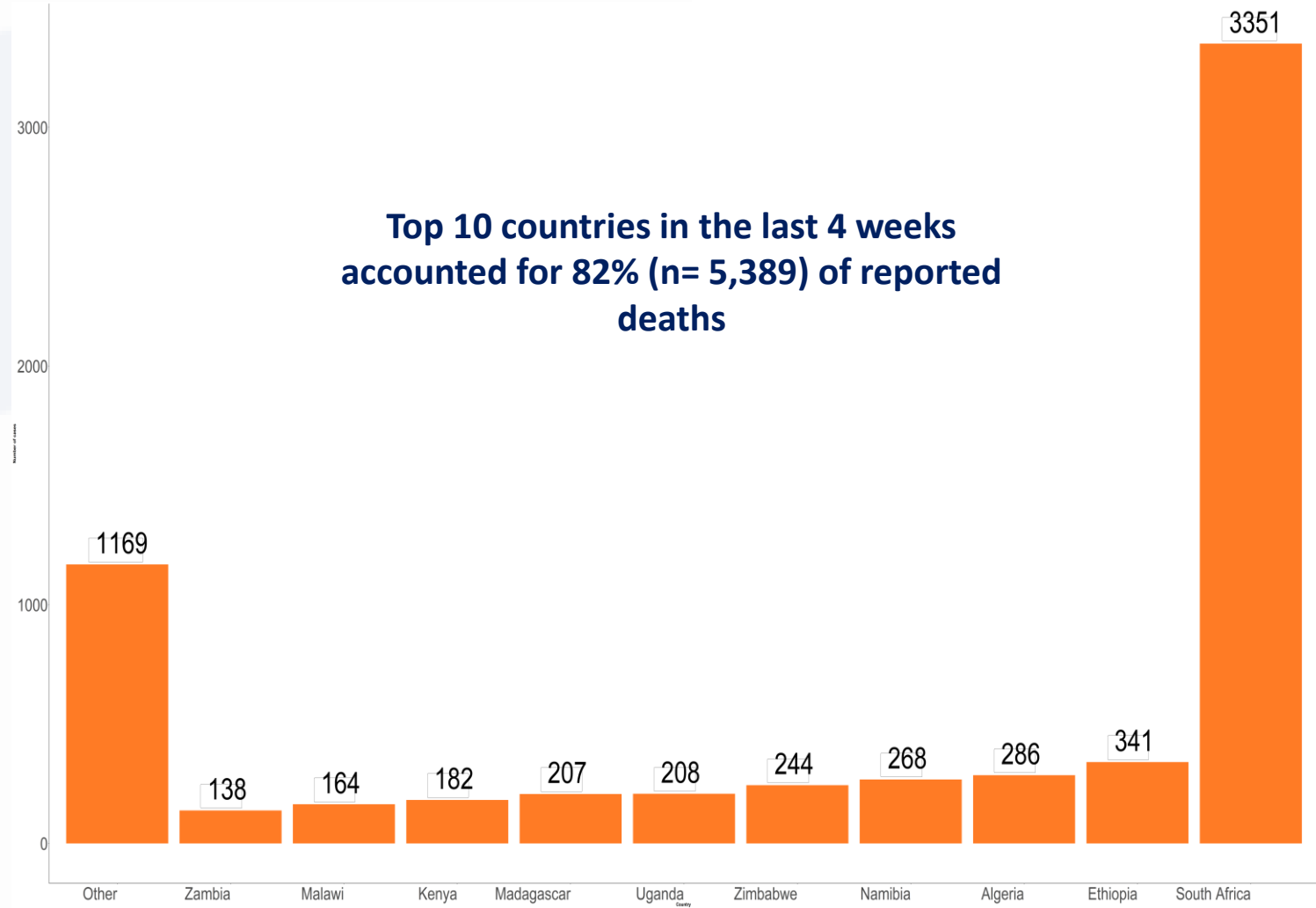
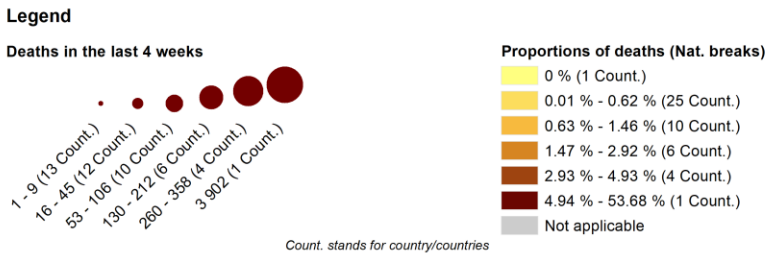
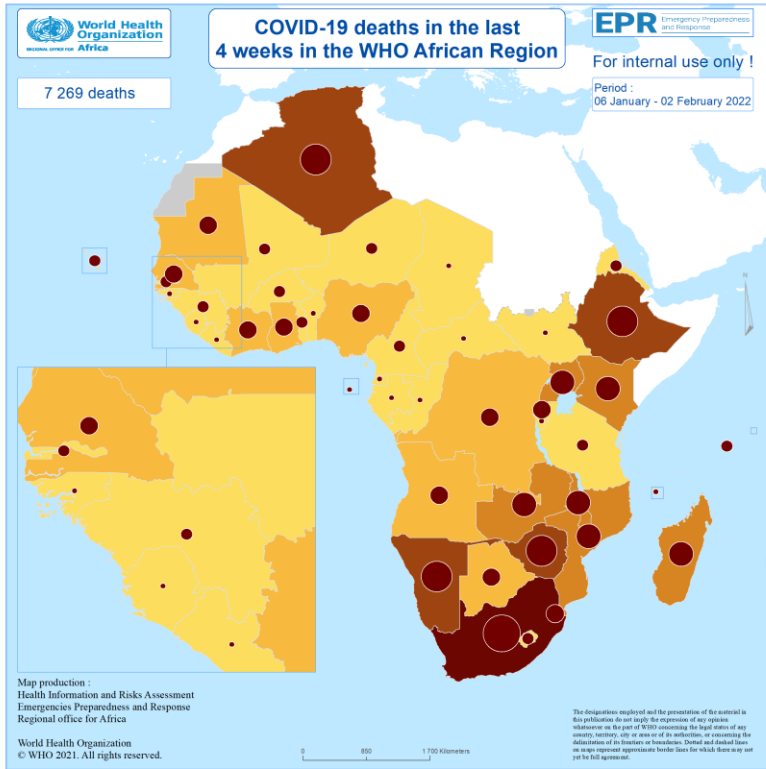
- Cumulative cases: 7 870 107
- Cumulative deaths: 164 099 (CFR: 2.1%)
- Recovered: 7 260 714 (92.3%)



TOP 10 COUNTRIES WITH HIGHEST NUMBER OF COVID-19 CASES IN LAST 4 WEEKS IN THE WHO AFRICAN REGION (13 January - 02 February 2022)

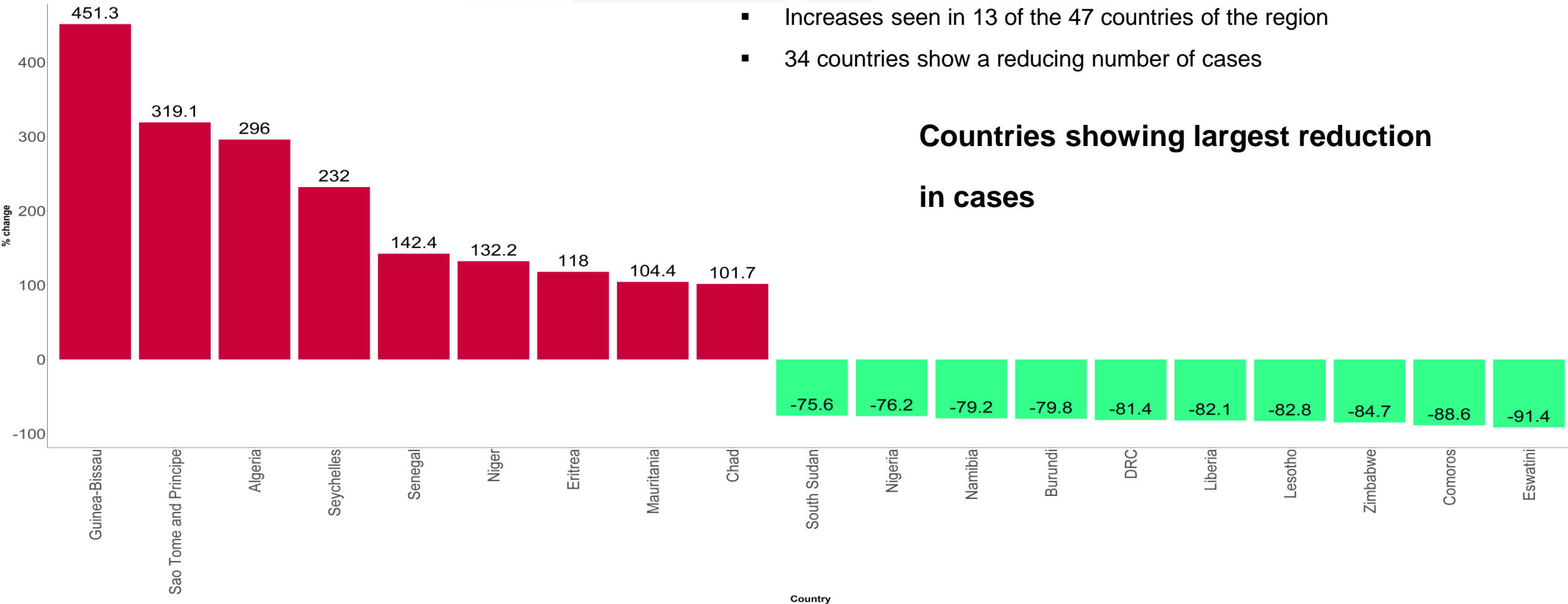


TOP 10 COUNTRIES WITH HIGHEST NUMBER OF COVID-19 DEATHS IN LAST 4 WEEKS IN THE WHO AFRICAN REGION (13 January - 02 February 2022)

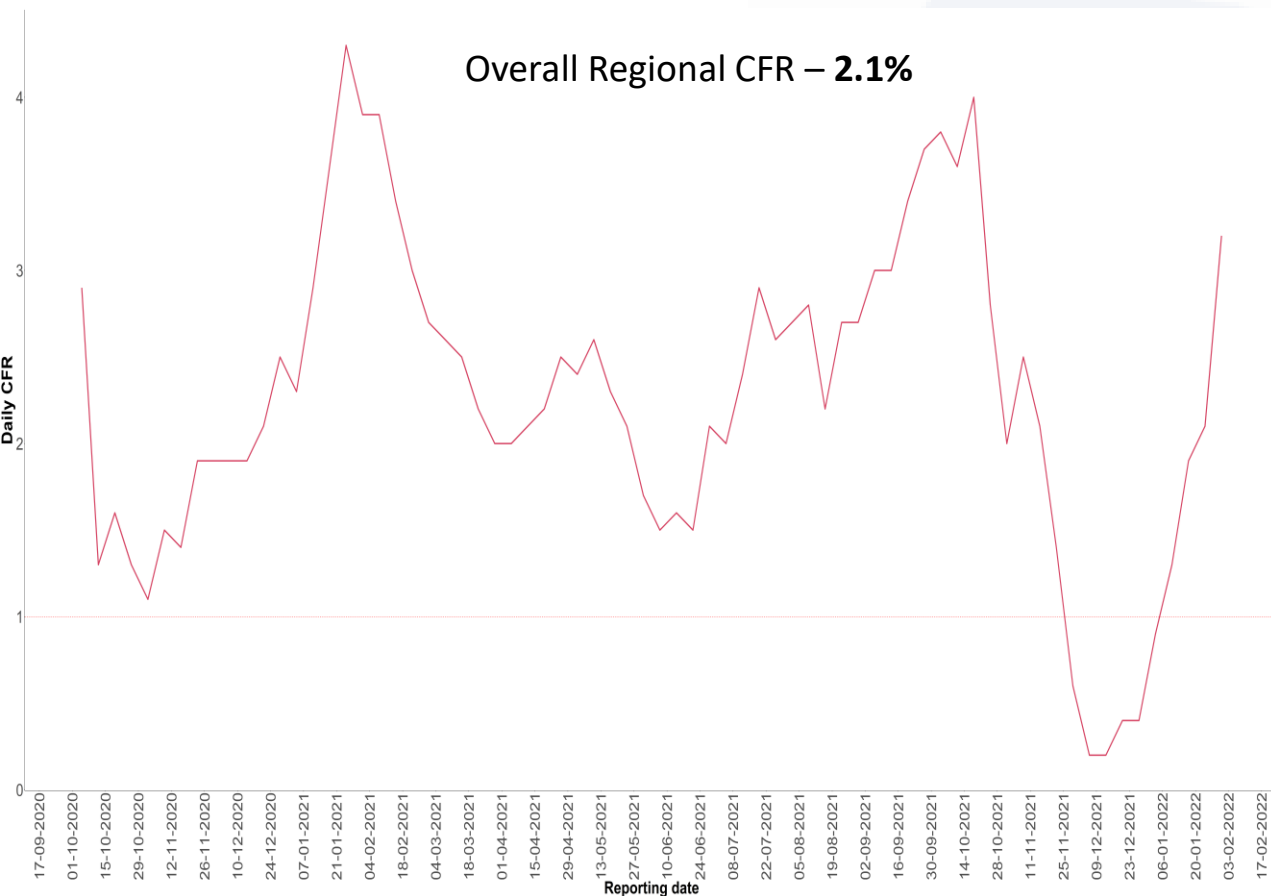


Countries showing largest increases in cases

- Current pattern is an overall decline in the number of cases (60% decline)
- Increases seen in 13 of the 47 countries of the region
- 34 countries show a reducing number of cases



Trend of daily CFR in the WHO African region



- CFR highly variable across time, and geographical location

Top 10 countries with highest death in last 4 weeks

country	cases	deaths	CFR
Namibia	4087	268	6.6
Eswatini	1433	50	3.5
South Africa	108255	3351	3.1
Madagascar	6885	207	3.0
Burkina Faso	1289	38	2.9
Malawi	6227	164	2.6
Zimbabwe	9834	244	2.5
Gambia	884	21	2.4
Uganda	9162	208	2.3
Niger	1066	24	2.3



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TECHNICAL NOTE ON THE SARS-COV-2 OMICRON VARIANT

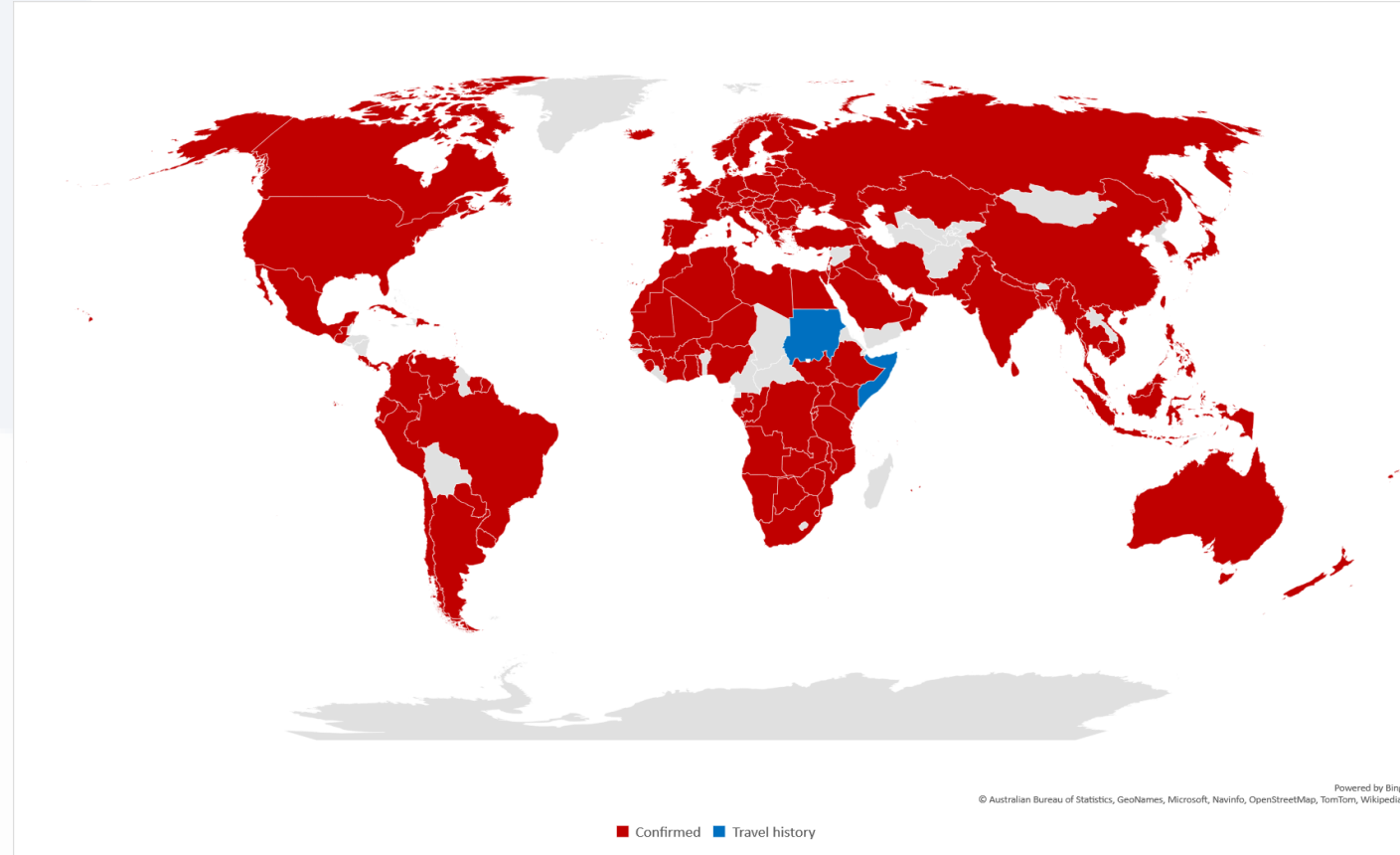
Geographic spread of the Omicron variant

Since Omicron was first identified just nine weeks ago, **more than 80 million cases** have been reported to WHO - **more than were reported in the whole of 2020**.

So far, **the explosion in cases has not been matched by a surge in deaths**, although deaths are increasing in all regions, especially in Africa, the region with the least access to vaccines

Reported in all WHO regions in **179 countries**

In the WHO African region, only **Chad, CAR, Togo, Liberia Madagascar and Cameroon** have not reported circulation of the variant



Countries that experienced a rapid rise in Omicron cases in November and December 2021 **have been or are beginning to see declines in cases**.

Current evidence summary

The Omicron variant includes Pango lineages **B.1.1.529**, **BA.1**, **BA.2** and **BA.3**. BA.1 accounts for **98.8% of sequences submitted to GISAID** as of 25 January 2022, although **a number of countries have reported recent increases in the proportion of BA.2 sequences**.

All these variants are being monitored by WHO under the umbrella of '**Omicron**'.

While the BA.1 lineage has previously been the most dominant, recent trends from India, South Africa, the United Kingdom, and Denmark **suggest that BA.2 is increasing in proportion**. Drivers of transmission and other properties of BA.2 are **under investigation but remain unclear** to date

Current evidence summary

Transmissibility

The Omicron variant has a **significant growth advantage**, a **higher secondary attack rate** and a **higher observed reproduction number** as compared to the Delta variant, and as a result, it is **rapidly replacing the latter globally**.



Severity of disease

Epidemiological trends continue to show a **decoupling between case incidence, hospital admissions and deaths** in most countries, when compared to epidemic waves due to previous variants

Ongoing studies evaluating the risk of hospitalization and severe disease with Omicron as compared to Delta have shown a **47% reduction in the risk of presentation to emergency care or hospital admission** with Omicron compared to Delta **and 66% reduction in the risk of admission from emergency departments**



Current evidence summary

Impact on immunity

The Omicron variant has an **increased ability to evade immunity** as compared to prior variants, causing re-infections in those who have had a previous infection and in those who have been vaccinated



Impact on therapeutics

There is ongoing research to understand the impact of the Omicron variant on therapeutics and treatments. It is expected that **corticosteroids** and **drugs which block the cytokine interleukin 6 (IL-6) will remain effective** in those with severe disease

Preliminary data from non-peer-reviewed publications suggest that some of the **monoclonal antibodies may be less effective** against the Omicron variant..



Current evidence summary

Impact on diagnostics and testing

Current **SARS-CoV-2 PCR diagnostics continue to detect** this variant.

The diagnostic accuracy of routinely used **PCR** and the **WHO emergency use listing (EUL) approved antigen-detection rapid diagnostic test assays does not appear to be significantly impacted** by Omicron



Additional resources

Weekly epidemiological update on COVID-19

<https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---25-january-2022>

Enhancing response to Omicron SARS-CoV-2 variant

[https://www.who.int/publications/m/item/enhancing-readiness-for-omicron-\(b.1.1.529\)-technical-brief-and-priority-actions-for-member-states](https://www.who.int/publications/m/item/enhancing-readiness-for-omicron-(b.1.1.529)-technical-brief-and-priority-actions-for-member-states)

International traffic policy and technical guidance related to COVID 19

Temporary recommendations in relation to international traffic following the 10th meeting of the IHR Emergency Committee on COVID-19

COVID-19 IHR Emergency Committee



➤ [https://www.who.int/news/item/19-01-2022-statement-on-the-tenth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic](https://www.who.int/news/item/19-01-2022-statement-on-the-tenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic)

- **Lift or ease international traffic bans as they do not provide added value and continue to contribute to the economic and social stress experienced by States Parties.** The failure of travel restrictions introduced after the detection and reporting of Omicron variant to limit international spread of Omicron demonstrates the ineffectiveness of such measures over time. Travel measures (e.g. masking, testing, isolation/quarantine, and vaccination) should be based on risk assessments and avoid placing the financial burden on international travellers in accordance with Article 40 of the IHR. [WHO advice for international traffic in relation to the SARS-CoV-2 Omicron variant](#)
- **Do NOT require proof of vaccination against COVID-19 for international travel as the only pathway or condition permitting international travel given limited global access and inequitable distribution of COVID-19 vaccines.** State Parties should consider a risk-based approach to the facilitation of international travel by lifting or modifying measures, such as testing and/or quarantine requirements, when appropriate, in accordance with the WHO guidance. [Interim position paper: considerations regarding proof of COVID-19 vaccination for international travellers](#); [Policy considerations for implementing a risk-based approach to international travel in the context of COVID-19](#)
- **Recognize all vaccines that have received WHO Emergency Use Listing and all heterologous vaccine combinations as per SAGE recommendations**, including in the context of international travel. States Parties are also requested to support research to derive the optimal vaccination strategy for reducing infection, morbidity and mortality. [Interim Recommendations for heterologous COVID-19 Vaccine Schedules](#) ; [WHO Emergency Use Listing](#)

Policy and technical considerations for a risk-based approach to international travel in the context of COVID-19 (published July 2021) (2)



- A **risk-based approach to international travel** should continue to be applied, taking into account risk of importation/exportation in the context of the evolving epidemiology; increase of vaccine-induced and natural immunity; lessons learnt on the use of PHSMs, IPC, early detection and management of cases.

International travellers are not COVID-19 cases or contacts by default and should not be a priority group for SARS-CoV-2 testing, particularly in resource-limited contexts.

If countries have testing capacities to cover all high-risk groups and settings and decide to use testing of travellers as an additional risk mitigation measure, this should be done in a **risk-based** manner and be **regularly reviewed** to ensure it is **proportionate** and **lifted when no longer necessary**. This applies to all international-travel related measures.

Travel for essential purposes should continue to be prioritized.

- The **dignity, human rights** and **fundamental freedoms** of travellers should be respected as per the provisions in the IHR (2005).

[Link to guidance](#)

Policy and technical considerations for a risk-based approach to international travel in the context of COVID-19 (published July 2021) (3)

- **Proof of COVID-19 vaccination should not be required as a condition** for entry or exit.
- **Exemptions to testing and/or quarantine requirements** may be provided to travellers who:
 - a. were **fully vaccinated**, at least 2 weeks prior to travelling, with COVID-19 vaccines that are WHO EUL-listed or approved by a stringent regulatory authority;
 - a. had **previous SARS-CoV-2 infection** confirmed by rRT-PCR within 6 months prior to travelling and are no longer infectious.
- **Alternatives should be offered** for travellers who are unvaccinated or do not have proof of previous infection.
- All travellers should continue **adhering to personal protective measures and PHSMs** throughout the travel journey.

Risk-based approach to international travel in the context of SARS-CoV-2 variants

In response to the emergence of Omicron, many countries have reintroduced travel-related health measures, including travel bans -> *WHO rapidly published updated travel advice in relation to Omicron on 30th November 2021, following expert consultation:*

Blanket travel bans will not prevent international spread, will place a heavy burden on lives and livelihoods, and may disincentivize countries to report and share epidemiological data

An evidence-informed and risk-based approach to international travel should be applied in the context of COVID-19, in line with the IHR (2005)

Travel for essential purposes should continue to be prioritised, including emergency and humanitarian missions, travel of essential personnel, repatriations and cargo transport of essential supplies

• <https://www.who.int/news-room/articles-detail/who-advice-for-international-traffic-in-relation-to-the-sars-cov-2-omicron-variant>

• <https://www.who.int/publications/i/item/WHO-2019-nCoV-Risk-based-international-travel-2021.1>

• <https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy-Brief-Risk-based-international-travel-2021.1>



Risk assessment should consider:

- ❖ The local epidemiological situation in departure and destination countries
- ❖ The risk of importing and exporting SARS-CoV-2 (including variants)
- ❖ Vaccine-induced and natural immunity
- ❖ Health system capacities
- ❖ Volume of travel and arrangements for follow-up of incoming travellers who test positive
- ❖ Public health and social measures in departure and destination countries
- ❖ Contextual factors, including economic impact, feasibility of applying measures

Restrictive measures and Vaccination required for international travelers – as of 01 February 2022 in AFRO Region

	2020	2021	2022
Number of countries in Lockdown	29	11	1
Number of countries with Refusal of entry in country	41	9	2
Number of countries with quarantine	46	19	7
Number of countries with Suspension of domestic flights	31	2	0
Number of countries with curfew	31	18	4

Generally numbers of countries applying restrictive measures to national and international travels have been reducing over time in the region.

Lockdown include number of country applying nationwide lockdown plus those applying lockdown to the affected areas : 1 country in the region to date applies lockdown to the affected area.

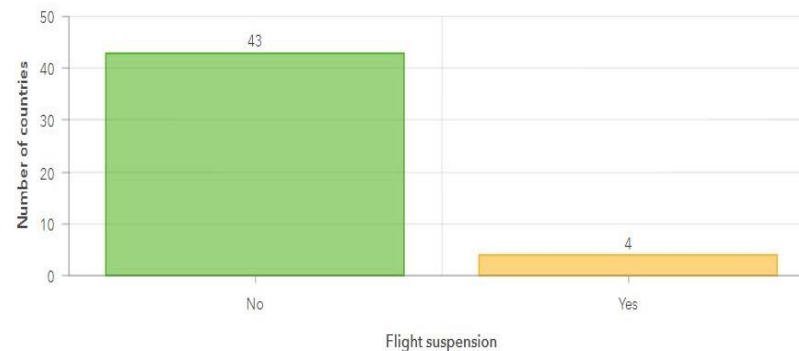
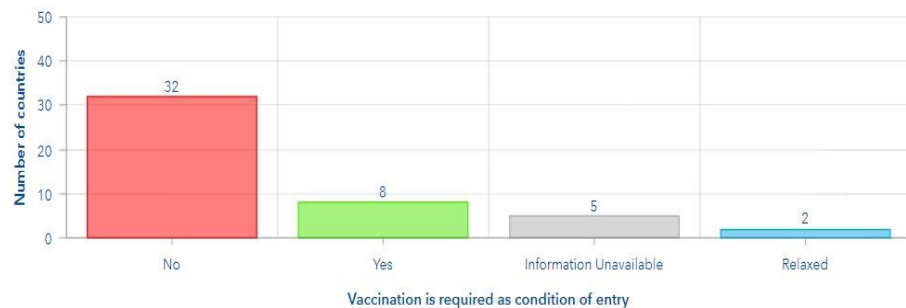
Refusal of entry include number of country applying total refusal of entry plus those applying refusal on entry of group of country or travelers: 2 countries apply refusal on entry of group of country.

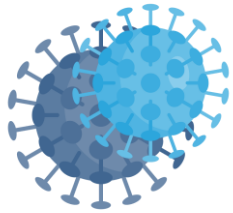
0 country applies suspension of domestic flight.

8 countries required evidence of COVID 19 vaccination for international travelers.

4 countries applied international flight suspension to group of country following OMICRON deliration in late November 2021.

Countries with evidence of COVID19 vaccination required for International travel





Thank you

