

COVID-19

Situation update for the WHO African Region
30 September 2020

External Situation Report 31



COVID-19

WHO AFRICAN REGION

External Situation Report 31

Date of issue: 30 September 2020

Data as reported by: 29 September 2020 as of 00:00 AM (GMT+1)

1. Situation update



The number of coronavirus disease 2019 (COVID-19) cases in the WHO African Region is now at 1 175 271 with 25 825 deaths. Since our last [External Situation Report 30](#) issued on 23 September 2020, a total of 25 327 new confirmed COVID-19 cases and 817 new deaths were reported from 45 countries between 23 and 29 September 2020. This is a 13% decrease in incidence cases and a 7% increase in deaths compared to 29 218 cases and 764 deaths registered during the previous reporting period (17 - 24 September 2020). Countries reporting the highest number of cases in the past seven days include; South Africa 9 290 (37%), Ethiopia 4 162 (16%), Mozambique 1 442 (6%), Uganda 1 305 (5%) and Kenya 1 154 (5%). Case incidence has continued to decrease in the past weeks, with South Africa continuing to consistently register the largest number of reported cases for many weeks, however with a 21% decrease noted in the past seven days.

Thirty-one countries recorded a decrease in new cases compared to 29 countries in the previous period, with 18 of them registering a decrease of more than 20%; Cameroon (62%), Gambia (61%), Equatorial Guinea (44%), Chad (44%), South Sudan (43%), Zambia (43%), Comoros (39%), Senegal (30%), Benin (29%), Madagascar (28%), Burkina Faso (26%), Guinea-Bissau (25%), Namibia (25%), Liberia (22%), Niger (22%), Algeria (22%), Mali (21%) and South Africa (21%).

During this reporting period, 14 countries reported an increase in case-counts; Burundi (700%), Mauritius (600%), Botswana (482%), Sao Tome and Principe (200%), Lesotho (178%), Seychelles (100%), Côte d'Ivoire (51%), Cabo Verde (30%), Kenya (27%), Congo (18%), Ghana (3%), Eritrea (3%), Mozambique (3%), and Mauritania (1%). Angola and Sierra Leone did not record any significant change in their case incidence.

Only United Republic of Tanzania did not officially submit any report indicating any new confirmed case.

A total of 289 new health worker infections were reported from seven countries: Uganda (181), Mozambique (64), Eswatini (16), Namibia (14) and Guinea (12).

During this period, 817 new COVID-19 related deaths occurred in 28 countries, with 549 (67%) of the deaths recorded in South Africa. This was followed by Ethiopia, with 64 (8%) deaths, Kenya with 48 (6%) and Algeria with 37 (5%). Ethiopia and Algeria recorded a 15% and 35% decrease in deaths, respectively; while the number of deaths in Kenya and South Africa increased by 92% and 15% respectively.

The other 24 countries that reported new deaths during the reporting period include; Angola (24), Mozambique (14), Nigeria (11), Uganda (11), Cabo Verde (7), Senegal (7), Togo (7), Namibia (5), Chad (4), Ghana (4), Botswana (3), Madagascar (3), Cameroon (2), Eswatini (2), Gambia (2), Lesotho (2), Mali (2), Rwanda (2), Zimbabwe (2), Guinea (1), Benin (1), Burkina Faso (1), Democratic Republic of the Congo (1) and Zambia (7).

As of 29 September 2020, a cumulative total of 1 175 271 COVID-19 cases was reported in the region, including 1 175 270 confirmed, with one probable case reported in Democratic Republic of the Congo. South Africa has consistently registered more than half, 57% (672 572), of all reported confirmed cases in the region. The other countries that have reported large numbers of cases are Ethiopia (74 584), Nigeria (58 647), Algeria (51 368), Ghana (46 482), Kenya (38 378), Cameroon (20 838), Côte d'Ivoire (19 669), Madagascar (16 377) and Senegal (14 919). These 10 countries collectively account for 86% (1 013 834) of all reported cases.

To date, a total of 985 103 (84%) case-patients reported from all the 47 countries have recovered. Six countries are still reporting fewer than 1 000 cases: Sao Tome and Principe (911), Burundi (508), Comoros (478), Mauritius (381), Eritrea (375) and Seychelles (141).

The total number of deaths reported in the region is 25 825, reported in 45 countries, giving an overall case fatality ratio (CFR) of 2.2%. Two countries, including Eritrea and Seychelles have not registered any COVID-19 related deaths since the beginning of the pandemic.

Since the beginning of the outbreak in the region, the majority of the deaths have been reported from: South Africa 65% (16 667), Algeria 6.7% (1 726), Ethiopia 4.6% (1 191), Nigeria 4.3% (1 111), Kenya 2.7% (707), Cameroon 1.6% (418), Zambia 1.3% (332), Senegal 1.2% (309), Ghana 1.2% (301), Democratic Republic of the Congo 1.1% (272), and Madagascar 0.9% (229). The top five countries, South Africa, Algeria, Ethiopia, Nigeria, and Kenya, account for 83% (21 402) of the total deaths reported in the region. Chad (7.1%), Liberia (6.1%), Niger (5.8%), Mali (4.2%), Angola (3.6%), Algeria (3.4%) and Sierra Leone (3.2%) have the highest country specific case fatality ratios.

The current figures in the region represent 3.5% of confirmed COVID-19 cases and 2.6% of deaths reported worldwide. South Africa remains the hardest hit country on the African continent and is ranked eighth globally, although with relatively low numbers of deaths. **Table 1** shows the affected countries and their corresponding number of cases and deaths. The daily and weekly distribution of cases by date and week of reporting are presented in **Figures 1** and **2**, respectively. **Figures 3** and **4** show the distribution of cases and deaths with case fatality ratio by reporting date in South Africa and in the other top six countries.

Health worker infections continue to increase gradually with 43 514 (3.7%) infections reported in 43 countries since the beginning of the outbreak. South Africa remains the most affected, with 27 360 (63%) health workers infected, followed by Algeria (2 300), Nigeria (2 175), Ghana (2 065), Ethiopia (1 506), Kenya (970), Cameroon (808), Guinea (513), Mozambique (473), Namibia (455), Uganda (455), Equatorial Guinea (429), Senegal (349), Eswatini (284), Guinea-Bissau (282) and Malawi (280). The other 27 countries that have recorded health worker infections are shown in **Table 1**. Liberia 16.0% (214/1 343), Niger 15.4% (184/1 196), Guinea Bissau 12.1% (282/2 324), Sierra Leone 10.4% (230/2 222), Sao Tome and Principe 9.7% (88/911), Equatorial Guinea 8.5% (429/5 028) and Mauritius 8.1% (30/381), have the highest country specific proportion of health worker infections among confirmed cases.

Complete data on age and gender distribution is only available for 1.0% (11 868), males (61%) 7 235 in the 31-39 and 40-49 age groups are more affected than females (39%) 4 633 across the same age groups in the African region. The male to female ratio among confirmed cases is 1.6, and the median age is 37 years (range: 0 - 105). The distribution of cases by age and sex is presented in **Figure 5**.

Diverse transmission patterns continue to be observed across the region, with established community transmission seen in 39 (83%) countries, five (11%) countries have clusters of cases and three (6%) with sporadic cases. Four new countries, Angola, Botswana, Cabo Verde and Uganda are currently experiencing community transmission since our previous report.

As of 29 September 2020, the seven African countries in the WHO EMRO Region reported a total of 298 325 confirmed COVID-19 cases: Morocco (121 183), Egypt (103 079), Libya (34 014), Tunisia (17 405), Sudan (13 640), Djibouti (5 416), and Somalia (3 588). Additionally, a total of 9 848 deaths has been recorded from Egypt (5 914), Morocco (2 152), Sudan (836), Libya (540), Tunisia (246), Somalia (99) and Djibouti (61).

A cumulative total of 1 473 596 confirmed COVID-19 cases, 35 673 deaths (case fatality ratio 2.4%) with 1 217 947 cases that have recovered have been reported in the African continent.

Table 1. Number of confirmed COVID-19 cases in the WHO African Region, 25 February – 29 September 2020
(n = 1 175 271)

Country	Total Cases	Total Deaths	Recovered Cases	Probable Cases	Case fatality ratio (%)	Health Worker infections
South Africa	672 572	16 667	606 520	0	2.5	27 360
Ethiopia	74 584	1 191	30 952	0	1.6	1 506
Nigeria	58 647	1 111	49 937	0	1.9	2 175
Algeria	51 368	1 726	36 063	0	3.4	2 300
Ghana	46 482	301	45 651	0	0.6	2 065
Kenya	38 378	707	24 740	0	1.8	970
Cameroon	20 838	418	19 519	0	2.0	808
Côte d'Ivoire	19 669	120	19 241	0	0.6	187
Madagascar	16 377	229	15 139	0	1.4	70
Senegal	14 919	309	12 231	0	2.1	349
Zambia	14 715	332	13 937	0	2.3	139
Namibia	11 140	121	8 937	0	1.1	455
Guinea	10 634	66	9 960	0	0.6	513
Democratic Republic of the Congo	10 631	272	10 129	1	2.6	256
Gabon	8 752	54	7 955	0	0.6	57
Mozambique	8 556	59	5 205	0	0.7	473
Uganda	8 017	75	4 260	0	0.9	455
Zimbabwe	7 837	228	6 122	0	2.9	238
Mauritania	7 488	161	7 111	0	2.2	5
Cabo Verde	5 900	59	5 228	0	1.0	90
Malawi	5 772	179	4 245	0	3.1	280
Eswatini	5 462	108	4 859	0	2.0	284
Congo	5 089	89	3 995	0	1.7	166
Equatorial Guinea	5 028	83	4 740	0	1.7	429
Angola	4 905	179	1 833	0	3.6	40
Rwanda	4 836	29	3 125	0	0.6	0
Central African Republic	4 829	62	1 914	0	1.3	1
Gambia	3 579	112	2 161	0	3.1	142
Botswana	3 172	16	710	0	0.5	56
Mali	3 101	131	2 443	0	4.2	0
South Sudan	2 704	49	1 438	0	1.8	128
Benin	2 357	41	1 973	0	1.7	139
Guinea-Bissau	2 324	39	1 549	0	1.7	282
Sierra Leone	2 222	72	1 685	0	3.2	230
Burkina Faso	2 028	57	1 279	0	2.8	117
Togo	1 759	48	1 341	0	2.7	68
Lesotho	1 565	35	822	0	2.2	20
Liberia	1 343	82	1 221	0	6.1	214
Niger	1 196	69	1 107	0	5.8	184
Chad	1 193	85	1 007	0	7.1	75
Sao Tome and Principe	911	15	885	0	1.6	88
United Republic of Tanzania	509	21	180	0	4.1	1
Burundi	508	1	472	0	0.2	35
Comoros	478	7	458	0	1.5	34
Mauritius	381	10	344	0	2.6	30
Eritrea	375	0	341	0	0.0	0
Seychelles	141	0	139	0	0.0	0
Total (N=47)	1 175 271	25 825	985 103	1	2.2	43 514

* Chad and Liberia are implementing community mortality surveillance that could have attributed to high case fatality ratios.

Figure 1. An epicurve of confirmed cases of COVID-19 in the WHO African Region, 25 February – 29 September 2020 (n=1 175 271)

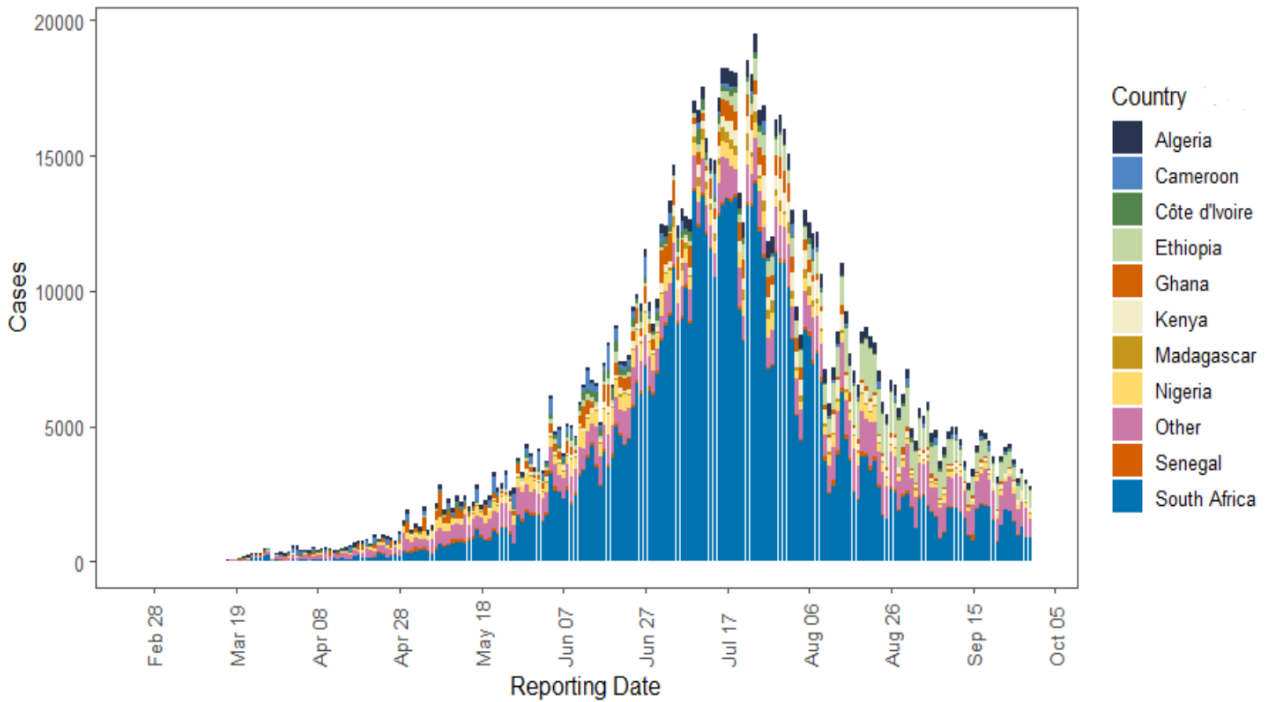


Figure 2. Weekly number of confirmed COVID-19 cases in the WHO African Region by country, 25 February – 29 September 2020 (n=1 175 271)

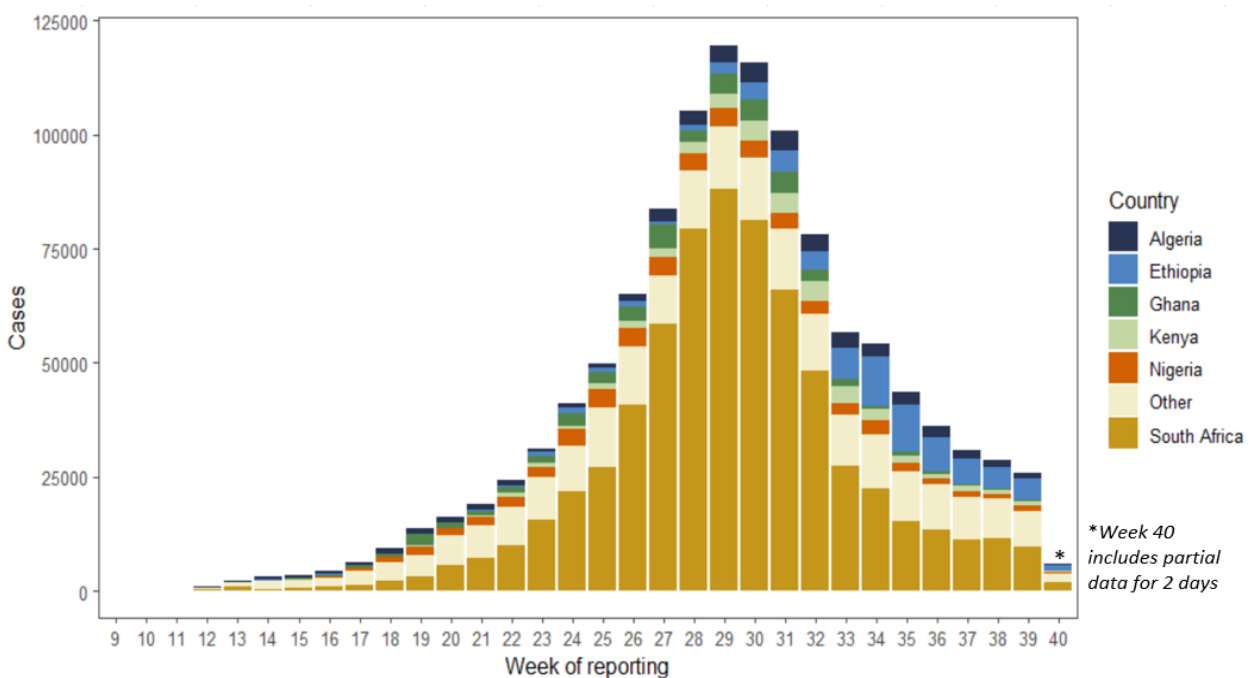


Figure 3. The distribution of confirmed COVID-19 cases and deaths for South Africa by reporting date, 5 March – 29 September 2020 (n=672 572)

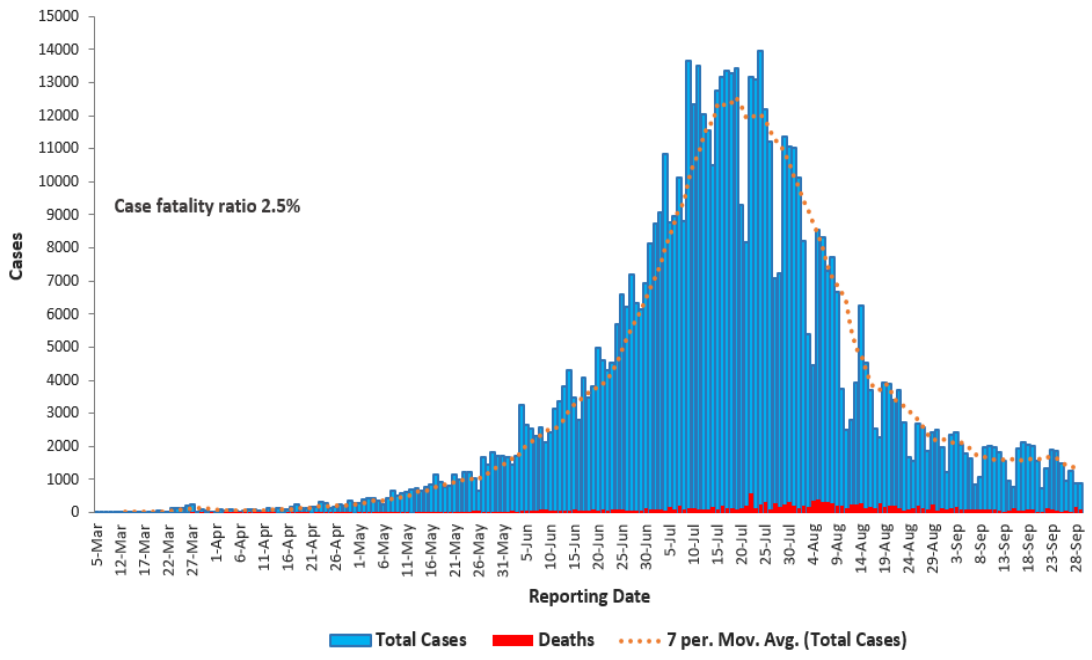


Figure 4. Epicurves showing distribution of confirmed cases and deaths with case fatality ratios of COVID-19 in the other top six reporting countries: Ethiopia, Nigeria, Algeria, Ghana, Kenya, and Cameroon, 25 February – 29 September 2020 (n=290 297)

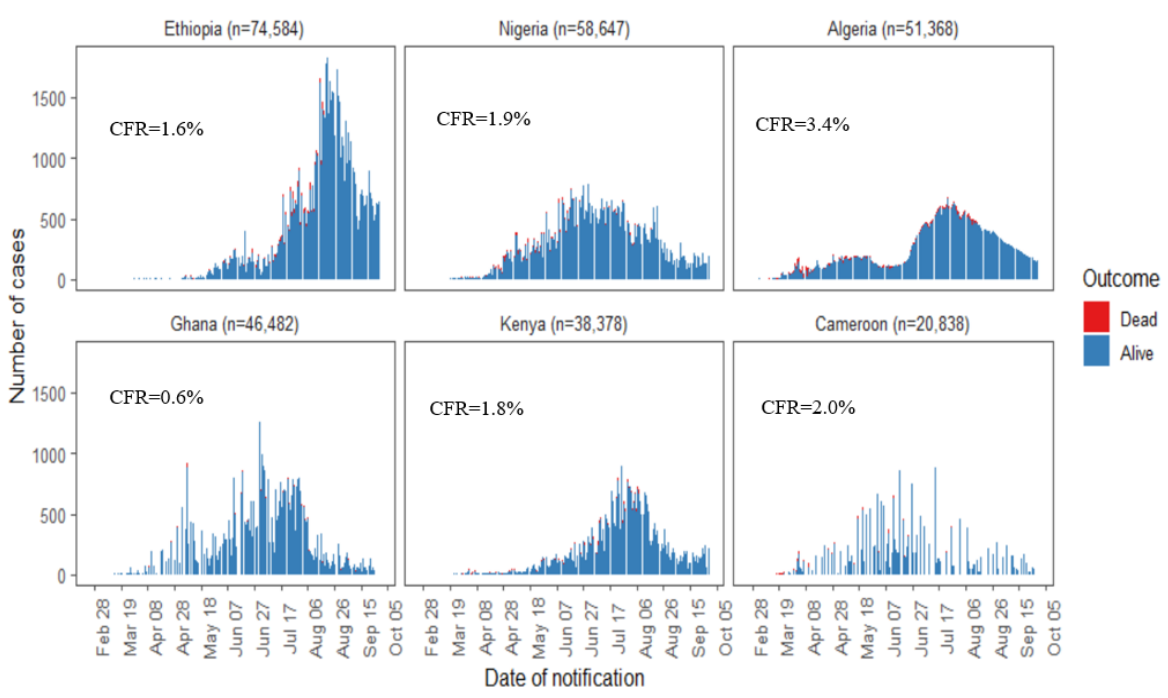
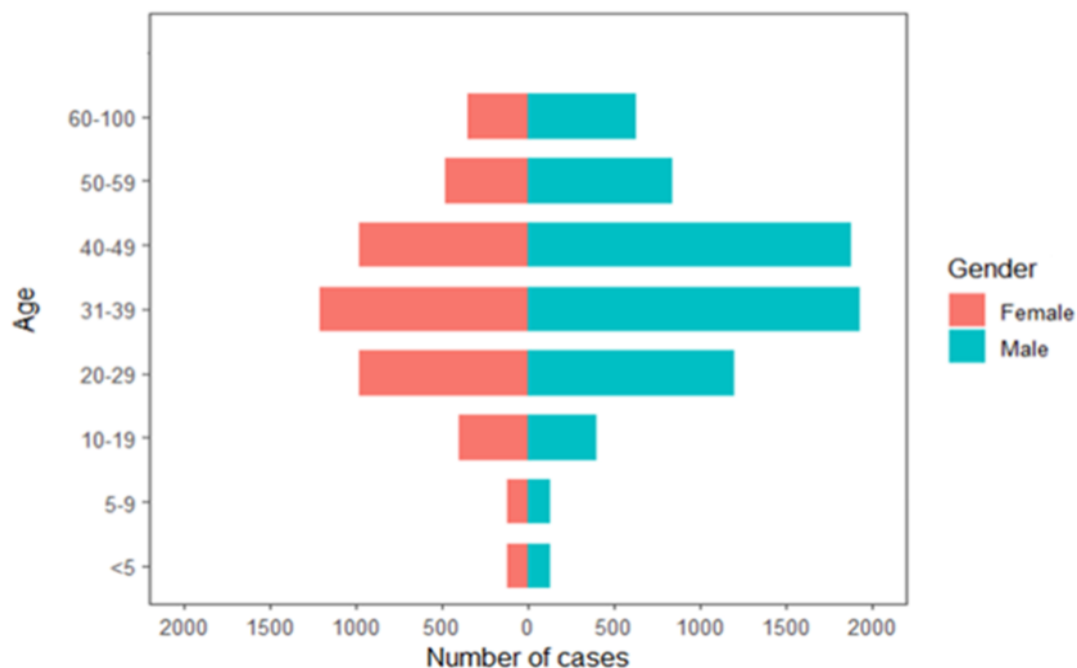


Figure 5. Age and sex distribution of confirmed COVID-19 cases in the WHO African Region, 25 February – 29 September 2020 (n=11 868)



2. Global update

As of 29 September 2020, at 10:38 CET, a total of 33 441 919 confirmed cases, including 1 003 497 deaths (CFR 3.0%), was reported globally. Both the global number of confirmed COVID-19 cases and deaths have continued to increase significantly during the past weeks.

To date, 215 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 (7 077 015), India (6 225 763), Brazil (4 745 464), the Russian Federation (1 167 805), Colombia (818 203), Peru (808 714), Mexico (733 717), Argentina (723 132), Spain (716 481) and South Africa (672 572).

All affected countries have reported new confirmed cases in the past week. 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 characterized the COVID-19 as 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.

Cross-pillar country actions

- Ethiopia has started a joint technical mission between Regional Health Beareaus and WHO to support facility readiness at zonal and woreda level in SNNP and Sidama regions to map out and assess alternative facilities for treatment and isolation centres as schools and universities plan to reopen.
- Integrated messages on smoking and COVID-19 prevention have been developed and shared (posters, radio and TV messages) for Amhara Regional Health Bureau and input on risk communication interventions has been provided for the draft COVID-19 Preventions Measures National Guideline for tourism, transport and hotels in Ethiopia.
- Nine IPONATIC laboratory kits have been sent for calibration, for use for travellers. Trainers have been deployed in targeted health facilities for training and support of field teams in screening using IPONATIC kits and epidemiological surveillance has been reinforced at health checkpoints and entry points.
- Republic of Congo has equipped the urban community of Ingende with personal protection, temperature monitoring and disinfection equipment, along with disinfection of administrative sites, means of transport, health facilities and quarantine sites.
- In Namibia, IPC simulation sessions have started across the country and response strategies for post State of Emergency are underway.
- Eswatini has opened seven out of 13 formal points of entry and is performing exit and entry screening of all travellers; in preparation for resumption of international travel, preparedness and response plans and guidelines for managing ill travellers is ongoing, with consultation and development of guidance documents.
- Eswatini has completed the quantification tool for COVID-19 consumables and submitted this to WHO AFRO for the next three months to facilitate orders through the Supply Portal.
- Ghana is continuing with the two-bound test approach practices at the Kotoka International Airport for incoming travellers.
- Comoros have conducted evaluations of IPC in health centres and elaborated improvement plans, with providers trained in IPC procedures; an IPC evaluation of Moroni Airport has been carried out, with recommendations provided on the location of the isolation room planned at the airport; high school students have been sensitized to IPC activities and behaviours; a medical team were briefed on the use of oxygen therapy at the Sambakpuni Treatment Centre.
- Burundi has finalized the implementation of a secure passenger health management system at the Melchior Ndadayede Bujumbura Airport.
- WHO participated in a strategic meeting with the Ugandan Ministry of Health and others to review current progress in implementation of COVID-19 response activities; Ugandan laboratory authorities prepared and presented the new WHO Guidance on use of rapid diagnostic tests for SARS-CoV-2 detection, along with the new Ag-RDT kit, which will be rolled out cautiously, coupled with confirmatory testing with PCR.
- In Uganda, with Irish AID support, WHO strengthened case management through provision of 65 pulse oximeters, 49 oxygen concentrators and 31 high flow nasal cannulas, which will be handed over to the Ministry of Health during this week.
- In Namibia, schools have become a major source of new COVID-19 infections, accounting for several cases detected in the past week.

- The pillar secretariat in Uganda met and followed up on the continuation of essential health services (CEHS) action tracker, including updating the CEHS National Guidelines on Non-Communicable Diseases, Vulnerabilities, and Oral Health services, which are being considered for inclusion.
- In Niger, the community-based monitoring in place for acute flaccid paralysis has been expanded to include surveillance for COVID-19.

Emergency Medical Team (EMT)

- The deployment of the Polish EMT PCPM (Polish Center for International Aid) supported the operations of the temporary COVID-19 hospital set up in Millennium Hall exhibition center in Addis Ababa. The deployment will be effective from next week.
- The MoH (South Sudan) agreed to the terms of reference of the deployment of IMC EMT and the proposed team composition regarding the offered support to the IDU in Juba. The preliminary deployment timeframe is for two months from 1 October 2020.
- Following initial contact made with UK-med in response to support the establishment of an HDU for COVID-19 treatment at Nimule hospital in South Sudan, further communication has been made with the WCO in order to liaise with the MoH to confirm their need in this regard.

5. IHR travel measures and cross border health

- WHO recommendations for international traffic in relation to COVID-19 outbreak are available at <https://www.who.int/news-room/articles-detail/updated-who-recommendations-for-international-traffic-in-relation-to-covid-19-outbreak>

WHO continues to monitor IHR measures being implemented by countries in the region:

- All countries in the region are conducting entry screening at the Points of Entries (PoEs), mainly at the airports, with some doing so at seaports and ground crossings.
- Due to movement of goods through the ground crossing, countries have intensified screening at ground crossings, which has led to detection of COVID-19 cases among truck drivers.

6. Conclusion

The African Region has continued to observe a levelling in both COVID-19 cases and deaths. We registered a 13% decrease in case incidence during the past seven days, with, however, a 7% increase in deaths for the same period. Cameroon (62), Gambia (61%) and Equatorial Guinea (44%) recorded the highest case increase while Burundi (700%), Mauritius (600%) and Botswana (482%) recorded the greatest decrease in cases.

South Africa, which bears the greatest burden of disease in the region, recorded a 21% decrease in case count, with a 15% increase in the death toll.

Angola, Botswana, Cabo Verde and Uganda joined the list of countries experiencing community transmission in the past seven days. With the increase in number of countries with community transmission, WHO advises member states to adjust their COVID-19 precautionary measures according to their transmission patterns in each affected province or district.

Annex 1. Global and Regional time line for COVID-19 as of 23 August 2020

