

Outbreak Brief #8: Novel Coronavirus (COVID-19) Global Epidemic Date of Issue: 10 March 2020

109,575 cases and 3,810 deaths

Data sources: National Health Commission of the People's Republic of China, World Health Organization, European Centre for Disease Prevention and Control, the U.S. Centers for Disease Control and Prevention, and African Union Member States

Outbreak Update: Since the last brief, 20,627 new novel coronavirus (COVID-19) cases^[1] and 766 new deaths have been reported globally. Thirty-six new countries, including four new African countries, are reporting cases^[2], and six new countries, including one African country, (Argentina, Egypt, Netherlands, San Marino, Switzerland, UK) are reporting deaths for the first time. To date, 109,575 total COVID-19 confirmed cases, and 3,810 related deaths have been reported. Most cases (80,904; 74%) and deaths (3,123; 86%) have been reported from mainland China. One hundred and five different countries outside of China have reported 28,588 cases. To date 687 total deaths have been reported outside China from seven countries. The case fatality rate for COVID-19 has remained between 2-4% throughout the outbreak. For more detailed information on cases and deaths being reported outside of Africa, refer to the WHO daily situation reports.^[3]

To date, 33 countries in Africa have reported persons under investigation (PUI) for COVID-19: Algeria, Angola, Botswana, Burkina Faso, Cameroon, Cabo Verde, Côte d'Ivoire, DRC, Egypt, Equatorial Guinea, Eswatini, Ethiopia, Gabon, Ghana, Guinea, Kenya, Lesotho, Madagascar, Mali, Mauritius, Morocco, Mozambique, Namibia, Nigeria, South Africa, Senegal, Seychelles, South Sudan, Sudan, Tanzania, Togo, Tunisia, Uganda, Zimbabwe. The only countries reporting new PUIs with a positive test for SARS-CoV-2 over the last week were: Algeria (17), Burkina Faso (2), Cameroon (2), Egypt (57), Morocco (2), Nigeria (1), Senegal (3), South Africa (7), Togo (1), and Tunisia (4).

Table 1. New confirmed COVID-19 Cases Reported in Africa (04 Feb - 10 March 2020)

Country	No. of new cases	Date range reported	Comments
Algeria	17	4-9 March 2020	All cases were from the same family who had contact with the first cases and attended a wedding.

Burkina Faso	2	9 March 2020	2 French nationals, a wife and husband. A third person who travelled with the couple has no symptoms, but is currently being quarantined.
Cameroon	2	7 March 2020	1 French national who arrived in the country on Feb 24, 2020 and a Cameroonian who had contact with the first case reported.
Egypt	57	6-9 March 2020	45 from a cruise ship (12 crew members, 14 Egyptians and 19 foreigners).
Morocco	2	5-9 March 2020	1 Moroccan national who recently returned from Bologna, Italy and 1 French national who came as a tourist from Paris to Marrakech.
Nigeria	1	9 March 2020	Tunisian national who recently returned from Italy.
Senegal	3	2-4 March 2020	1 British national from London and 2 French nationals, a wife and husband.
South Africa	7	5-7 March 2020	2 Kazakh nationals, a wife and husband, and one South African from Gauteng.
Tunisia	4	8-10 March 2020	2 Italian nationals - 1 visiting Gafsa state and 1 in the governorate of Mahdia; 1 French national from Strasbourg in the state of Bizerte; 1 contact of the first case reported in Tunisia that is considered Tunisia's first local case.

To date, 105 total COVID-19 cases have been reported in 10 African countries: Algeria (20), Burkina Faso (2), Cameroon (2), Egypt (59), Morocco (3), Nigeria (2), Senegal (4), South Africa (7), Togo (1) and Tunisia (5). One death was reported from Egypt, a German tourist who was aboard in the Nile ship cruise. Africa CDC has been in contact with all affected countries and is mobilizing laboratory, surveillance, and other response support where requested.

Background: This is an on-going outbreak that was first reported from Wuhan, China and was identified as a novel coronavirus disease (COVID-19) on 10 January 2020. Preliminary analysis of viral genomes from China and other countries suggests that initial transmission from a zoonotic reservoir to humans could have occurred as early as late October. Human to human transmission has been documented, and healthcare workers have been infected. Like other coronaviruses, people may be infectious before showing any symptoms of the disease.

Coronaviruses are a large family of viruses. There are several known human coronaviruses that usually only cause mild respiratory disease, such as the common cold. However, at least twice previously, coronaviruses have emerged to infect people and

cause severe disease: severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). The cases in this outbreak tested negative for both SARS and MERS.

Africa CDC Response:

General activities

1. Africa CDC activated its Emergency Operations Center and its Incident Management System (IMS) for the COVID-19 outbreak on 27 January 2020. The second Africa CDC Incident Action Plan (IAP) for COVID-19 covering a one month period from 13 February to 12 March 2020 has been developed.
2. The Africa Union Ministers of Health gathered in Addis Ababa, Ethiopia, on 22 February for an emergency COVID-19 meeting where they agreed upon a joint continental strategy and guidance for assessment, movement restrictions, and monitoring of people at risk for COVID-19, including people being repatriated from China.
3. Africa CDC is holding weekly updates with national public health institutes in Member States and has formed working groups for high priority areas of coronavirus control, including: surveillance; laboratory diagnosis; infection prevention and control; clinical care; and risk communication.
4. Three experts have been deployed to Cameroon and one expert to Nigeria and to support COVID-19 outbreak response efforts.
5. Response simulation exercises (i.e., 'table top' exercises for high-level coordination) are being initiated, including an initial simulation conducted with a group of ~10 West African Countries in partnership with WAHO.
6. Africa CDC is working to procure emergency medical equipment stockpiles including diagnostics (over 6,000 test kits), PPE, thermal scanners and other critical equipment that can be used to rapidly equip countries in the event of rapid onset of cases.
7. Seventeen volunteers have been recruited to support various response activities with more in-process of recruitment.

Surveillance

8. Africa CDC collaborated with the World Health Organization on 22 February 2020 to train in-coming analysts in event-based surveillance using the Epidemic Intelligence from Open Sources platform. These headquarters will be working closely with the Regional Collaborating Centres and Member States to track and verify COVID-19 related events, providing critical information to inform Member States response and control efforts.
9. Africa CDC in collaboration with WHO provided two Training of Trainers events for participants from 18 countries: Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Egypt, Ethiopia, Ghana, Kenya, Mauritius, Mauritania, Nigeria, Niger, Zambia,

Rwanda, Sao Tome and Principe, South Africa, Tunisia and Zambia to enhance surveillance at points of entry for COVID-19. Additional training is planned for March and April targeting the remaining countries in Africa.

10. Africa CDC in collaboration with the U.S Centers for Disease Control and Prevention will be training 20 countries in event-based surveillance for COVID-19 starting in March 2020. The first training for 7 countries was held in Kampala, Uganda on 2-4 March 2020.

Laboratory

11. From 6-8 February 2020 in Senegal, Africa CDC in collaboration with Institute of Pasteur, Dakar, trained 16 African laboratories to diagnose SARS-CoV-2 using PCR: Côte d'Ivoire, Cameroon, DRC, Egypt, Ethiopia, the Gambia, Gabon, Ghana, Kenya, Nigeria, Morocco, Senegal, South Africa, Tunisia, Uganda, and Zambia. A second training for 12 additional African laboratories was held in South Africa in collaboration with the National Institute for Communicable Diseases and Roche Diagnostics for Angola, Botswana, Burundi, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Sudan, Tanzania, and Zimbabwe. Each went with a kit which allows screening of 192 suspects and confirming 96. In addition to the kits provided during the training, kits were also provided to Egypt (700), Nigeria (1,000), and Rwanda (1,000).
12. Africa CDC is coordinating with partners to establish sequencing capacity in 12 African reference laboratories, as well as external quality assessment and proficiency testing for all laboratories with COVID-19 testing capacity.
13. Member States can use WHO's existing specimen referral network for influenza to ship their specimens to laboratories with capacity to test for COVID-19. For a full list of laboratories in Africa and how to submit specimens, Member States should contact the WHO country office and Africa CDC at yenewk@africa-union.org.

Healthcare Preparedness

14. Africa CDC has been working with Member States to build infection prevention and control capacities in healthcare facilities and with the airline sector to support screening of travelers. The first two IPC trainings, targeting 22 Member States took place between from 20-25 February 2020 in Abuja, Nigeria for Cameroon, Côte d'Ivoire, DRC, Ethiopia, Gabon, Ghana, Kenya, Madagascar, Malawi, Mali, Mozambique, Namibia, Senegal, Sierra Leone, South Africa, South Sudan, Sudan, Tunisia, Uganda, Zambia, and Zimbabwe.
15. Africa CDC initiated a continent-wide network of clinicians which met for the first time on 9 March 2020, with a webinar that included ~230 clinicians from across the continent.
16. Africa CDC initiated design of an online portal with training materials via online courses, online case studies, and social media vignettes to support evidence-based care of COVID-19 patients.

Risk Communication

17. Africa CDC conducted a training on risk communication for government officials in 26 countries across multiple sectors to manage public information flow during a potential outbreak.

Recommendations for Member States:

1. All Member States should enhance their surveillance for severe acute respiratory infections (SARI)^[4] and to carefully review any unusual patterns of SARI or pneumonia cases. Examples of enhanced surveillance include:
 - a. Adding questions about travel and testing for coronaviruses to existing influenza surveillance systems;
 - b. Notifying healthcare facilities to immediately inform local public health officials about persons who meet the case definition for SARI and recently traveled to Wuhan (or other affected countries).
2. All Member States should a) activate their Emergency Operations Centers and rapid response teams for COVID-19, b) exercise their emergency response systems for readiness.
3. Member States that receive direct or connecting flights from affected countries should screen incoming passengers for severe respiratory illness and a history of recent travel to any country/area or territory reporting local transmission. Member States should be prepared to expand questions about recent travel to additional countries as the outbreak evolves.
4. Notify WHO and Africa CDC immediately if suspected or confirmed cases of infection with novel coronavirus are identified. Africa CDC should be notified by emailing AfricaCDCEBS@africa-union.org.
5. Prepare to collect specimens from patients suspected of having novel coronavirus infection. Interim guidance on specimen collection and handling is available from WHO at <https://www.who.int/health-topics/coronavirus/laboratory-diagnostics-for-novel-coronavirus>.
6. Provide guidance to the general public about seeking immediate medical care and informing healthcare providers about recent travel in anyone who develops symptoms of severe respiratory illness and recently traveled to Wuhan or one of the affected areas.

Resources for more information:

- Africa CDC. <http://www.africacdc.org/press-centre/fact-sheets-and-brochures/>
- China CDC. Coronavirus overview. http://www.chinacdc.cn/yyrdgz/202001/t20200109_211159.html
- European Centre for Disease Prevention and Control. Novel coronavirus overview. <https://www.ecdc.europa.eu/en/novel-coronavirus-china>
- National Health Commission of the People's Republic of China. http://www.nhc.gov.cn/xcs/yqtb/list_gzbd.shtml
- Shanghai Public Health Clinical Center & School of Public Health. 10 January 2020. Initial genome release of novel coronavirus. <http://virological.org/t/initial-genome-release-of-novel-coronavirus/319>
- US Centers for Disease Control and Prevention. 14 January 2020. Novel Coronavirus (COVID-19), Wuhan, China. <https://www.cdc.gov/coronavirus/novel-coronavirus-2019.html>
- WHO. Coronavirus overview. <https://www.who.int/health-topics/coronavirus>
- WHO. Technical Guidance. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

^[1] Per WHO, effective 17 February 2020, 'confirmed' cases include both laboratory-confirmed and clinically diagnosed (Hubei province, China only).

^[2] Albania, Andorra, Argentina, Bangladesh, Bhutan, Bosnia and Herzegovina, Bulgaria, Burkina Faso, Chile, Cameroon, Colombia, Costa Rica, Faroe Islands, Gibraltar, French Guiana, Hungary, Holy See, Jordan, Latvia, Liechtenstein, Malta, Martinique, Occupied Palestinian territory, Peru, Poland, Portugal, Republic of Moldova, Saint Barthelemy, Saint Martin, Saudi Arabia, Serbia, Slovakia, Slovenia, South Africa, Togo, and Ukraine

^[3] WHO coronavirus disease (COVID-19) situation reports: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

^[4] WHO SARI case definition: anyone with an acute respiratory infection with history of fever (or measured fever of $\geq 38\text{ C}^\circ$) and cough with symptom onset within the last 10 days that requires hospitalization. https://www.who.int/influenza/surveillance_monitoring/ili_sari_surveillance_case_definition/en/