



Novel Coronavirus (COVID-19)
Situation Report
09 March 2020

Summary

On 31 December 2019, the World Health Organisation (WHO) was informed of a number of pneumonia cases of unknown cause detected in Wuhan City, Hubei Province, China. This outbreak of viral pneumonia, now called **COVID-19** (Novel Coronavirus), was identified as a new strain of coronavirus in the same family as SARS and MERS. There are currently no vaccines or cure available, and testing for patients for 2019-nCoV is limited, with no tests commercially available at present. The illness may vary in severity (mild, moderate to severe) and symptoms may include fever, coughing and shortness of breath. While evidence from analyses of cases to date show that only 6% of victims experience critical illness, and that the great majority of these cases and deaths are among the elderly and those with other chronic underlying conditions, everyone in the population is assumed to be susceptible. According to the US Centre for Disease Control and Prevention (CDC), the symptoms may appear between 5 and 14 days after exposure.

Since its detection in Wuhan in December 2019, the virus has now spread throughout China and to at least 101 other countries. As of 8 March 2020, at least 105,586 laboratory-confirmed cases of novel coronavirus infection have been reported globally, with 3,100 deaths in China and 484 elsewhere. While initially most cases reported in other countries had been linked to travel to China, imported cases have now included other origins, and a series of local transmission cases have also been observed. At present, five countries have been classified as having ‘Sustained (Ongoing) Transmission’ and thus deemed as high risk. These are China, Iran, Italy, South Korea and Japan; with most governments advising to avoid all non-essential travel to these territories. Given the large and quick spread of cases, the WHO has declared a global health emergency over the COVID-19 outbreak. Moreover, while the WHO has held back declaring it a pandemic, it has identified its “pandemic potential”.

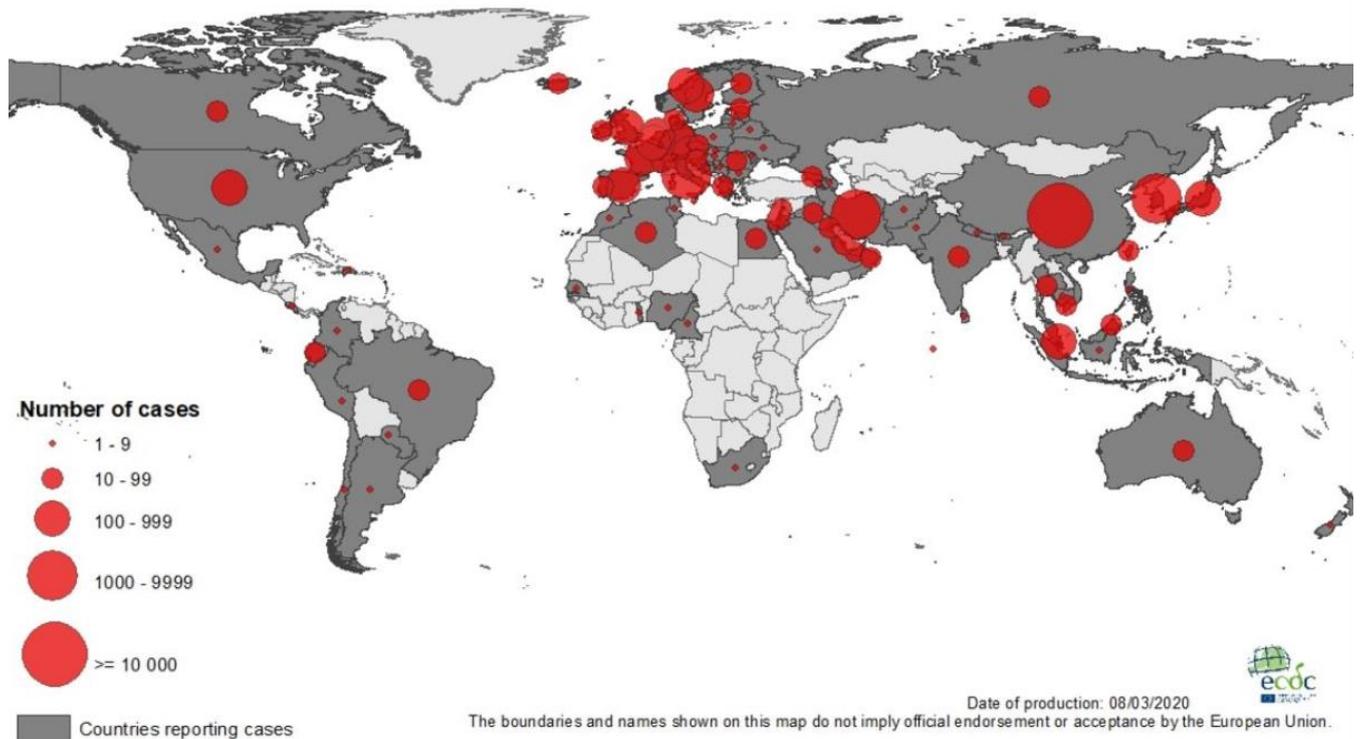


Figure 1. Global distribution of COVID-19 cases as of 8 March 2020 (ECDC)

COVID-19 in Africa

In comparison to other continents, Africa has so far presented the lowest rate of infection, with only 77 confirmed cases as of 8 March.

Region	Country	Confirmed Cases
North Africa	Egypt	48
	Algeria	17
	Morocco	2
	Tunisia	1
Sub-Saharan Africa	Senegal	4
	Cameroon	2
	Nigeria	1
	South Africa	1
	Togo	1

However, it is currently unknown if the low rate shown so far is linked to climatic or genetic factors, or rather by chance, or worse, as a result of faulty detection. The latter has been highlighted by the fact that until recently, only few African countries were able to run diagnostic tests for the coronavirus. This meant that while samples were sent abroad for testing, valuable time was being lost tracing individuals who had close contact with a suspected carrier. On this note, the WHO has warned that Africa's "fragile health systems" meant the threat posed by the virus in the continent was "considerable", in spite of its lower importation rate and risk level. As such, a number of countries on the continent are preparing for an outbreak and planning on how to reduce its effects.

In late January, the WHO identified 13 African countries as "Top Priority", given their direct links or their high volume of travel to China.

- ◆ Algeria
- ◆ Angola
- ◆ Ivory Coast
- ◆ DRC
- ◆ Ethiopia
- ◆ Ghana
- ◆ Kenya
- ◆ Mauritius
- ◆ Nigeria
- ◆ South Africa
- ◆ Tanzania
- ◆ Uganda
- ◆ Zambia

The organisation said that active screening at airports has been established in the majority of these countries and while they would be WHO first areas of focus, all countries in the continent would be supported in their preparation efforts.

In mid-February, a study published by an international team of scientists in medical journal 'The Lancet', on the preparedness and vulnerability of African countries against the importation of Covid-19, identified Algeria, Egypt and South Africa as the most likely to import new coronavirus cases from China into Africa. However, they assessed that given that they also have the best-prepared health systems on the continent, they are the least vulnerable. Nigeria was placed in the second tier of countries, assessed at a moderate risk of contamination, being also one of the best-equipped on the continent to handle an epidemic, based on analogous previous experiences, such as Ebola in 2014. Ethiopia presents a similar case, also having a large population potentially at risk. Sudan, Angola, Tanzania, Ghana and Kenya have likewise been identified as having a moderate importation risk, but with varying levels of health system preparedness to handle an outbreak and high vulnerability. All other countries had

low to moderate importation risk and low to moderate disease vulnerability, with most having a low response capacity score, with the exception of Tunisia and Rwanda. Chad and Niger were among those having the least “functional capacity to handle an epidemic.” Having said that, many of the countries with the lowest response capacity score have the advantage of being largely agricultural regions where people are mostly outdoors, meaning that the virus is less likely to spread. Moreover, the ‘The Lancet’ study noted that although 74% of African countries have an influenza pandemic preparedness plan, most of these have not been updated since the 2009 H1N1 outbreak, and are thus insufficient to address a new disease like the coronavirus. There is additional concern over countries already fighting epidemics, which may quickly find themselves overwhelmed.

On an additional note, these studies were all made based on their exposure to import of the virus from China. However, none of the first cases in each of the African countries currently presenting the virus were imported from China. Additionally, only two of the countries currently registering confirmed cases were included in the list provided by the WHO. This has demonstrated that the exposure may be greater than estimated, as new virus hubs emerge.

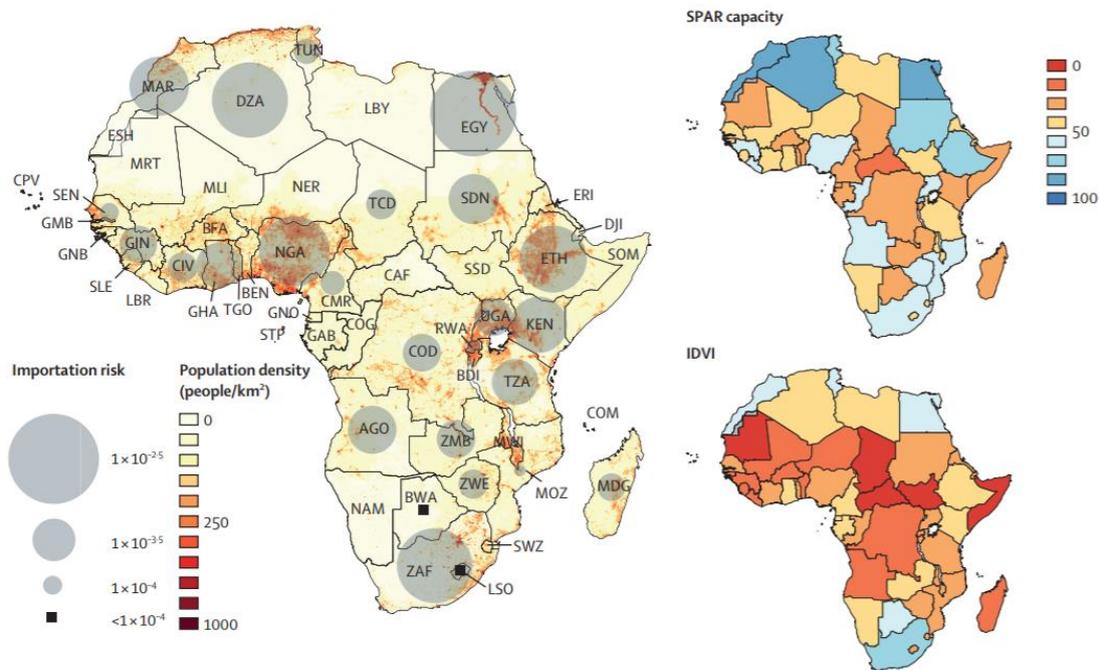


Figure 2: Global distribution of importation risk over human population density, distribution of the State Party Self-Assessment Annual Reporting (SPAR) capacity and Infectious Disease Vulnerability Index (IDVI). (The Lancet, 19 February 2020)

Measures

As the continent with the lowest ratio of infection, member countries have mainly focused their efforts on mitigation strategies. These have included the suspension of direct flights to China from Egypt, Morocco, Algeria, Kenya, Mauritius and South Africa, with only Ethiopia still providing them but at a reduced frequency. Given that all cases have so far originated from Europe (or linked to travel to Europe), European routes are likely to soon be affected. Additionally, almost all African governments have put in place strict screening at points of entry, especially airports. The Africa Centre for Disease Control and Prevention (CDC) has so far trained 43 countries to fight the spreading of COVID-19 across the continent by enabling and training them on swift detection of cases, mitigation of the effects of the disease, and preventing severe illness and death. Moreover, currently 33 out of

47 sub-Saharan African countries have testing facilities, up from only two in January (in South Africa and Senegal). Additionally, as the virus continues to expand throughout the continent, some countries have started to take stricter measures. In some cases, including mitigation measures, such as closures of places of mass gathering.



Screening of passengers at Maputo airport, Mozambique.
(Photo: Abola)

The first measures in Africa were recorded on 23 January, when Cote d'Ivoire, the Republic of Congo, the Democratic Republic of Congo (DRC), Ethiopia, Kenya, Ghana, Nigeria, Senegal, South Africa, and Uganda started implementing health screenings. Other african countries, including Zambia, Rwanda, Comoros, Mozambique, Sudan, South Sudan, Angola, Tanzania, Liberia, Benin, Chad, Burkina Faso, Cameroon, Equatorial Guinea, Gambia, Madagascar, Mauritius, Seychelles, Sierra Leone, Togo, Botswana, Burundi, the Central African Republic (CAR), Djibouti, Eritrea, Lesotho, Malawi, Namibia, and Zimbabwe, followed suit, implementing enhanced health screenings for passengers since 29 January. As of 6 February, several countries throughout the North Africa region, including Egypt, Tunisia and Morocco, implemented enhanced health screenings for passengers from China, with regional airlines, including Royal Air Maroc (AT), having suspended services to the asian country.

Below some country-specific measures:

Kenya:

Restrictions or other measures: Kenya is screening travellers at all points of entry. Individuals showing signs or symptoms of Coronavirus may be required to undergo further screening at the port of entry or at a local hospital. No quarantine policies are in effect. The Government has also, with immediate effect, banned all meetings, conferences and events of an international nature in Kenya.

Travel status: Kenya banned all flights to China and northern Italy. Kenya Airways subsequently cancelled all flights to China indefinitely. China Southern Airline suspended its four-weekly flights to Kenya until 28 March and suspended bookings until late June.

Tunisia:

Restrictions or other measures: Use of thermal imaging to screen arriving airline passengers and laser thermometers to screen individuals entering Tunisia at land borders. Arriving airline passengers and land border travellers who show signs of an elevated body temperature are required to complete documentation on their recent travel history. On 4 March, the Government of Tunisia announced that it would instruct all those travelling to Tunisia from or via China, Italy, Iran or South Korea to self-isolate for a period of two weeks upon arrival.

Travel status: Flights from northern Italy will use a separate terminal at Tunis airport to keep passengers apart before a screening process. Passenger ferry services to northern Italy have also been suspended.

Mozambique:

Restrictions or other measures: Screening travellers at all points of entry and interview of those traveling from countries where COVID-19 has been detected. No quarantine policies are in effect. Mozambique has instituted a

14-day self-quarantine for asymptomatic travellers arriving from countries affected by COVID-19. Travellers may be required to stay home for a 14-day period and will be assessed by a health ministry team. If they develop symptoms and test positive for COVID-19, they will be required to move to a health facility.

Travel status: No suspensions known.

Nigeria:

Restrictions or other measures: Screening travellers at all points of entry. No mandatory quarantine policies known.

Travel status: The authorities said Nigeria was not planning to halt flights from affected countries.

Algeria:

Restrictions or other measures: Screening travellers at all points of entry. No mandatory quarantine policies known.

Travel status: No known travel or visa restrictions in response to the COVID-19 outbreak.

Uganda:

Restrictions or other measures: Screening measures are in place at Entebbe International Airport and land border crossings. Arriving passengers are now required to complete a self-assessment health questionnaire, which includes questions related to COVID-19. Those travelling from high-risk areas and are showing symptoms of Coronavirus may be placed in quarantine in a government hospital for 14 days. Those not showing symptoms will be required to place themselves in self-isolation (at home or at your hotel at your own cost) for 14 days.

Travel status: Additionally, the authorities have placed restrictions on travellers from seven COVID-19-affected countries. Travellers (of any nationality) from China, South Korea, Japan, Italy, France, Germany, Spain and Iran have been asked to consider postponing all non-essential travel. It is possible that these restrictions will be extended to travellers arriving from other countries over the coming days or weeks. The Ugandan government is particularly following events in the UK, Switzerland, Norway, Netherlands, Sweden, Belgium, India, and USA.

South Africa:

Restrictions or other measures: Screening processes have been introduced at all major ports of entry, including airports.

Travel status: There are no measures currently in place to limit travel from affected countries.

Senegal:

Restrictions or other measures: the Government of Senegal has activated a public health emergency operations centre (PHEOC) and incident command system. Blaise Diagne International Airport (Dakar) has heightened screening measures in place for visitors arriving in Senegal. In addition to automated thermal screening, travellers from China to Senegal are asked questions upon arrival about symptoms of illness and travel history.

Travel status: No known travel or visa restrictions in response to the COVID-19 outbreak.

Morocco:

Restrictions or other measures: Visitors will be asked to fill out a health questionnaire on arrival and may be subject to temperature and other screening. Moroccan citizens returning from China will be quarantined for 20 days. The Moroccan government has cancelled all events with participants traveling from abroad, as well as events gathering more than 1,000 people, at least until the end of March.

Travel status: Royal Air Maroc suspended direct flights to China. No other known travel restrictions.

Prevention & Recommendations

Basic principles to reduce the general risk of transmission of acute respiratory infections include the following:

- ◆ Avoiding close contact with people suffering from acute respiratory infections;
- ◆ Frequent hand-washing, especially after direct contact with ill people or their environment. Use an alcohol-based hand sanitiser if soap and water are not available;
- ◆ Avoid touching your eyes, nose or mouth with unwashed hands;
- ◆ Avoiding unprotected contact with farm or wild animals;
- ◆ People with symptoms of acute respiratory infection should practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, dispose of used tissue immediately, and wash hands);
- ◆ If you have fever, cough, and have difficulty breathing seek medical care early and share previous travel history with your health care provider;
- ◆ The consumption of raw or undercooked animal products should be avoided. Raw meat, milk or animal organs should be handled with extra care, to avoid cross-contamination with uncooked foods.
- ◆ Not travel while sick and endeavour to stay home;
- ◆ While the Chinese authorities have required people to wear face masks in public, their efficacy has not been demonstrated as they will not necessarily prevent infection; however, they may help limit the spread.

If you were in China or another high-risk country in the last 14 days and are experiencing fever or respiratory symptoms, you should:

- ◆ Seek medical care right away. Before you go to a doctor's office or emergency room, call ahead and tell them about your recent travel and your symptoms.
- ◆ Avoid contact with others.

Constellis' intelligence analysts and security consultants produce bespoke political and security reports, threat assessments and security risk assessments to inform decisions and to protect people and assets across Africa, Europe and the Middle East.

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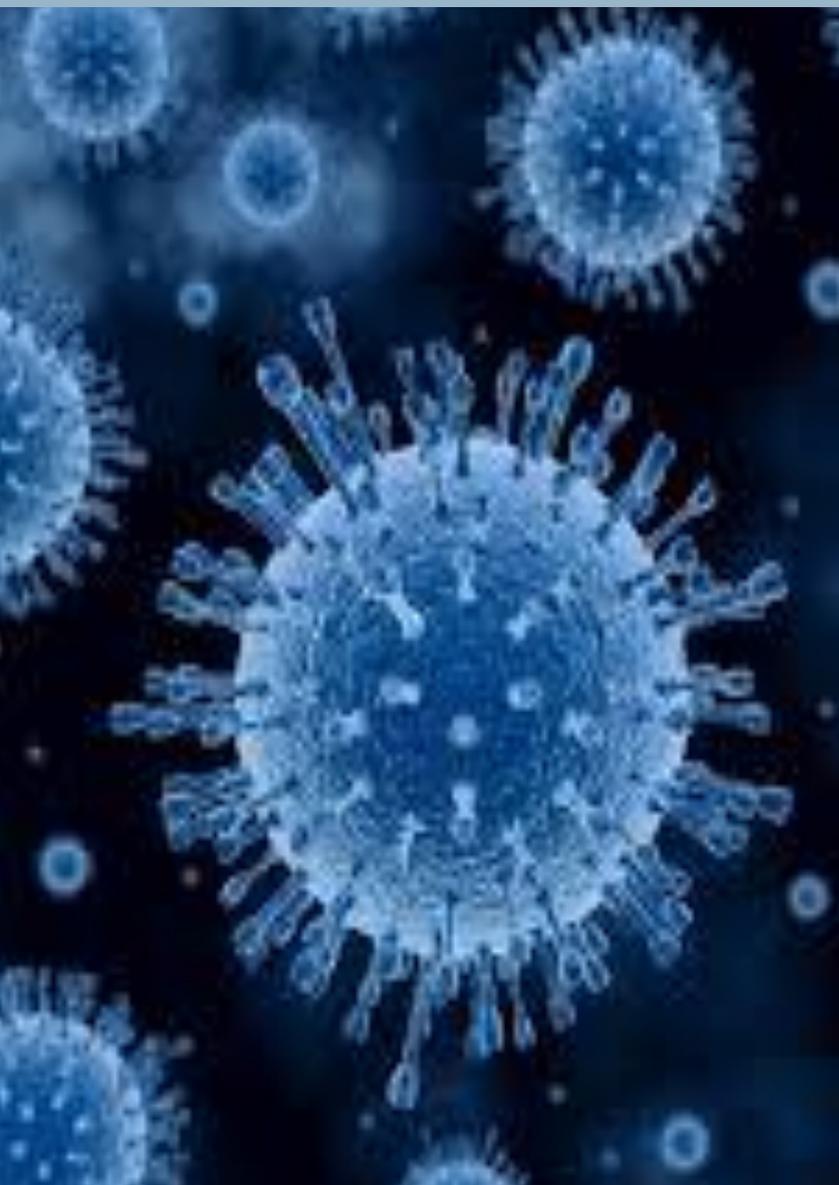
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