1 New event
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- Measles
- Eruptive fever
- Monkeypox
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- WHO Member States with no ongoing events

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES
Week 33: 12 – 18 August 2017
Data as reported by 17:00; 18 August 2017

Health Emergency Information and Risk Assessment
This weekly bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 43 events in the region. This week, one new event has been reported: flash floods/mudslides in Sierra Leone. This week’s edition also covers key ongoing events, including:

- Lassa fever and cholera in Nigeria
- Cholera in the United Republic of Tanzania
- Necrotizing cellulitis/fasciitis in the Democratic Republic of São Tomé and Principe
- Humanitarian crisis in the Central African Republic

For each of these events, a brief description followed by public health measures implemented and an interpretation of the situation is provided.

A table is provided at the end of the bulletin with information on all new and ongoing public health events currently being monitored in the region, as well as events that have recently been closed.

Major challenges include:

- The flash floods and mudslides in Freetown, Sierra Leone have devastated communities who need urgent assistance.

- Attacks on civilians and humanitarian workers caught in conflict have remained a serious problem, and are occurring with increasing frequency. The commemoration of World Humanitarian Day on 19 August 2017 reiterates the fact that civilians and humanitarian workers caught in conflict are #NotATarget (http://www.who.int/health-cluster/en/) and demand global action to protect them.
New event

**Floods/mudslides**

**Sierra Leone**

**Event description**

Disastrous flash floods, mudslides and mudflows afflicted neighbourhoods of Freetown, the capital city of Sierra Leone in the early hours of 14 August 2017. Torrential rains from 13-14 August 2017 caused massive floods in several parts of Freetown and triggered mudslides and mudflows that covered large parts of the Sugar Loaf Hill community, Regent village in the outskirts of Freetown. The massive mudslides and mudflows covered an estimated 1 000 households, causing the deaths of over 400 people, including 60 children. The number of deaths is expected to rise as search, rescue and recovery operations continue. About 274 people have been rescued with various injuries, some severe, while over 1 000 people are still unaccounted for. It is estimated that over 6 000 people have been made homeless, with about 350 currently living in a school. The national authorities are exploring longer term solutions to settle the displaced.

The flash floods severely affected 13 communities in the two districts of Freetown, Western Area Rural and Western Area Urban. A multi-sector initial rapid assessment established that one health facility, the Regent Community Health Centre, has been destroyed and two health workers, a nurse and a laboratory technician, have died. Access to safe drinking water is of immediate concern due to contamination of water and sewage overflows. Shelter for the homeless people, as well as the need for essential items such as blankets, clothes and other non-food items, is urgent. Contamination of water, inadequate sanitation, overcrowding, and a lack of adherence to basic infection prevention and control measures could lead to new localised outbreaks.

**Public health actions**

- High-level political coordination of the disaster response is being provided by the Office of National Security in the President’s Office. The Ministry of Health National Public Health Emergency Operations Centre has been activated to coordinate health-related aspects of the disaster response.
- An inter-agency (UN and international agencies) coordination platform has been established, under the leadership of the UN Resident Coordinator.
- WHO has established its in-country incident management system and WHO Country Office staff and resources have been repurposed for the response activities. WHO is supporting the respective pillars of the Ministry of Health and the UN Country Team.
- A multi-sector rapid risk assessment was conducted to determine the magnitude of the disaster. Continuous assessments are ongoing.
- Search and rescue operations are still ongoing, but are being transitioned into recovery operations. The search, rescue and recovery operations are being hampered by continuous rainfall, difficult terrain and lack of heavy earth-moving equipment.
- On 17 August 2017, at least 300 unidentified dead bodies were buried (in individual graves) in Waterloo in the outskirts of Freetown during an official ceremony presided over by the Presidents of Sierra Leone and Liberia, government officials, members of Parliament, Police, Military, Religious Leaders, UN and development partners. At least 40 identified dead bodies were also buried by family members. A 7-day mourning period starting on 16 August 2017 was announced on 15 August 2017.
- WHO has dispatched four trauma kits, two disease diagnostic kits and one environmental health kit from the regional logistics hub in Accra, Ghana to support risk assessment and risk reduction.
- WHO immediately appropriated US$ 50 000 to the Country Office in Sierra Leone to support operational activities. A request for an additional US$ 100 000 from the WHO Contingency Funds for Emergencies (CFE) has been submitted. A proposal for US$ 1.6 million to sustain longer-term recovery operations is being prepared.
- Provision of food and non-food items to the affected communities is ongoing.
- The Ministry of Social Welfare, with the support of WHO and other agencies, has started providing psychological first aid to the affected communities. More sustained psychological support, including managing post-traumatic distress and related disorders are being put in place.

**Situation interpretation**

Freetown, the capital city of Sierra Leone, is inhabited by slightly over 1.1 million people. The population of the coastal city has increased tenfold since the country became independent in 1961. The city extended outwards to accommodate this influx, but without proportionate urban planning in place. The informal urbanization resulted in advanced deforestation and disorganized, un-gazetted population settlements, scattered over steep hills as well as in low-lying flood-prone valley areas. Freetown has, therefore, been historically prone to floods, which have occurred annually since 2008. The most recent floods in September 2015 in the Western Area, Bo, Pujehun, and Bonthe Districts displaced an estimated 15 000 people. With climate change, the frequency, pattern and severity of flooding are expected to change, becoming more unpredictable and more damaging.

Sierra Leone normally experiences heavy rains between May and October every year. However, this year, the country has experienced severe weather conditions with heavy rainfall, culminating in the current event. While the country is flood-prone, it was not prepared for a disaster of this magnitude. Nonetheless, the national authorities, non-governmental organizations and other partners (including the United Nations Systems) have quickly galvanized efforts to alleviate the suffering of the affected people, and mitigate the public health and socio-economic impact of this disaster.

The contamination of municipal water systems, destruction of sanitation facilities and overcrowding are some of the potential risk factors for outbreaks of communicable diseases such as diarrhoeal diseases including cholera. The need for psychosocial support to the hundreds of survivors, including women and children, who lost most of their family members remains critical.
The incidence of Lassa fever cases in Nigeria continues to increase despite ongoing efforts to control the disease. The outbreak is currently active in six states – (Ondo, Edo, Plateau, Bauchi, Lagos, and Ogun) – where at least one confirmed case has been reported in the past 21 days. During week 32 (week ending 13 August 2017), 10 new confirmed cases were reported from five states, namely Lagos (4), Edo (2), Plateau (2), Ondo (1), and Ogun (1). Ogun State has come back into the active outbreak category after an extended period of zero reporting (signifying no active transmission). One death has occurred among the four confirmed cases in Lagos State. Furthermore, 11 new suspected cases were reported and investigated (during the reporting week) in Lagos (7), Plateau (2), Ondo (1), and Bauchi (1). Of these 11 cases, five (all from Lagos) tested negative for Lassa fever while the test results for six cases from Plateau (2), Lagos (2), Ondo (1), and Bauchi (1) are still pending.

Since the resurgence of the current Lassa fever outbreak in December 2016 (week 49), 710 suspected cases including 114 deaths (overall case fatality rate 16.1%) have been reported, to date. Of these, 227 cases were confirmed and 14 classified as probable. There were 82 deaths among the confirmed and probable case groups collectively, giving a case fatality rate of 34% in this group. In the current wave of this Lassa fever outbreak, 18 out of 36 states have been affected. Two states, Edo (217 cases) and Ondo (184 cases), have accounted for over half of all the reported cases.

Public health actions
- The Nigeria Centres for Disease Control (NCDC) Lassa fever response working group is leading coordination of weekly review meetings, in conjunction with partners (WHO, CDC, UMB, AFENET).
- Preparations for the 2016/2017 national Lassa fever outbreak review and preparedness meeting scheduled for 21-22 August 2017 are ongoing.
- Confirmed cases are being managed at identified treatment and isolation centres across the affected states with ribavirin and other supportive treatment. The NCDC distributed an additional 2 000 ampules of ribavirin to Lagos State to support case management, in view of the growing number of cases.
- The NCDC has released a series of new guidelines, including: National Viral Haemorrhagic Fevers (VHF) Preparedness guidelines, Infection Prevention and Control of VHF guidelines, and Standard Operating Procedures for Lassa fever management.
- State Surveillance Teams continue to conduct enhanced surveillance and contact tracing activities in states with active outbreaks. Surveillance data is being collated nationally via the VHF management system, which has received 294 entries from 16 states to date. Reported cases continue to be classified based on the case definitions. NCDC recently sent a team to Edo State to assist with harmonization and updating their data into the national database.

Situation interpretation
The resurgence of Lassa fever cases in Nigeria in the recent weeks is concerning. While active surveillance and rapid response to suspected cases is critical, timely laboratory investigations to confirm or exclude the diagnosis must be maintained and further strengthened to enable authorities to focus available resources to follow true cases and their contacts.

Indeed, the importance of strategic and effective use of limited resources is underscored by the concurrent response to the protracted humanitarian crisis in the northern part of the country, outbreaks of cholera and hepatitis E, as well as other preparedness activities, including the ongoing seasonal malaria chemoprevention campaigns during the current rainy season. To support these multiple interventions, WHO continues to enhance its resource mobilization strategies, including the use of its Contingency Fund for Emergencies (CFE) and other funding sources.

During the imminent national Lassa fever review and preparedness meeting, the national authorities need to come up with feasible ways to boost efforts in each of the key response pillars ahead of the next season, including encouraging good community hygiene to reduce rodent activity through proven effective measures, such as storing grain and other foodstuffs in rodent-proof containers, disposing of garbage far from the home, maintaining clean households and keeping cats.
Cholera

Nigeria

Event description
Nigeria has been experiencing an outbreak of cholera since the first week of May 2017, though the situation has now greatly improved. Three states, Kwara, Zamfara and Lagos have been affected. As of 30 July 2017, a cumulative total of 1,978 suspected cases including 26 confirmed cases and 35 deaths (case fatality rate 1.8%) have been reported from the three states.

Kwara State has borne the brunt of the current cholera outbreak, with 1,627 cases reported to date, including 18 confirmed cases and 22 deaths (case fatality rate 1.4%). The outbreak peaked in week 23 (week ending 11 June 2017), during which over 300 cases were reported. Since then, the situation has markedly improved, with seven new cases detected in week 30 (week ending 30 July 2017). Five out of 16 local government areas (LGAs) have been affected.

The north-western state of Zamfara has reported a total of 313 cases, including 11 deaths (case fatality rate 3.5%). Of 10 samples collected, *Vibrio cholerae* was isolated in seven of them. Three out of 14 LGAs have been affected, including four hard-to-reach communities in Zurmi LGA, where most new cases are currently being reported. In other areas of the state, incidence rates have declined since week 26 (week ending 2 July 2017). Collectively, 31 new suspected cases were reported in week 30.

Lately, a cholera outbreak has been confirmed in the densely populated city of Lagos, and the situation is under control. A total of 38 cases have been reported between weeks 28 and 30, of which one was laboratory confirmed and two died (case fatality rate 5.3%). Three out of 20 LGAs have been affected. During week 30, 10 new suspected cases were reported.

Public health actions
- The State Ministries of Health are coordinating response efforts in their respective jurisdictions with support of the Federal Ministry of Health, Nigeria Centre for Diseases Control (NCDC) and partners.
- In Kwara State, an emergency operations centre (EOC) was established with the support of NCDC, Nigeria Field Epidemiology and Laboratory Training Programme (AFENET), National Primary Health Care Development Agency, the University of Ilorin Teaching Hospital, and WHO. Active case search was conducted in affected communities. Rapid diagnostic test (RDT) kits were distributed to selected facilities and healthcare staff trained in their use. Case management training was conducted in the worst affected areas. Social mobilization activities were carried out, including dissemination of information ‘jingles’ using the local language, Yoruba. Environmental assessment is being carried out in the affected communities.
- In Zamfara, response by state has been slow but NCDC is supporting the response activities in the state.
- In Lagos, the state deployed their rapid response team to affected LGAs and communities to carry out active case search and support case management. State-wide social/community mobilization is ongoing.
- The NCDC has been proactive in alerting all states, monitoring trends, supporting case detection and diagnosis, and deploying supplies and rapid response teams.

Situation interpretation
Nigeria has experienced recurrent cholera outbreaks for several years. The response to the current outbreak presents varying degrees of public health actions observed across the affected states, with a strong or growing public health response mounted in some states, as opposed to others. A recent assessment of states’ preparedness carried out by the NCDC highlighted several gaps, including: unavailability of RDT kits for screening and early diagnosis, inadequate prepositioning of cholera kits, inadequate capacity for health emergency response or inability to respond without national support, and non-reporting of cholera cases (for political reasons) in some areas.

Several risk factors are driving the recurrence of cholera outbreaks in Nigeria, including inadequate access to safe potable water supplies, generally poor sanitation infrastructure, and flooding in many states. With the onset of the rainy season and floods predicted in the coming months, the risk of further propagation of the outbreak has been greatly increased. Moreover, public health capacity is being stretched by the protracted humanitarian crises and hepatitis E outbreaks in the north-east of the country, as well ongoing outbreaks of Lassa fever. Local authorities need to address gaps identified during the recent assessment while continuing to mount a strong and coordinated response. Water, sanitation and hygiene (WASH) interventions should receive priority to prevent a widespread cholera outbreak in the coming months.
The flare-up of the cholera outbreak in the United Republic of Tanzania continues. In week 32 (week ending 13 August 2017), 252 new suspected cholera cases and four deaths (case fatality rate 1.5%) were reported in Tanzania mainland, compared to 198 and 24 cases reported during weeks 31 and 30 respectively. Zanzibar Island has reported zero cases and deaths for the past 33 days. Three new districts have been affected during the reporting week, bringing the number of districts with active cholera transmission to five, namely: Mbarali (199 cases and three deaths), Iringa DC (40 cases and one death), Korogwe DC (7 cases), Mbeya City (4), and Chunya DC (2 cases). A total of 83 out of the 199 cases reported in Mbarali District were historical cases (identified retrospectively by the rapid response team during a review of records) that were not previously reported. In addition to Mbeya Region, Iringa and Tanga Regions have been affected. Five of the 11 samples cultured at Mbeya Regional Laboratory during the reporting week grew *Vibrio cholerae*.

Since the beginning of the outbreak on 15 August 2015, 26 030 cases including 411 deaths (case fatality rate 1.6%) have been reported in Tanzania mainland, as of 13 August 2017. During the same period, Zanzibar reported a total of 4 689 cases including 72 deaths (case fatality rate 1.5%).

**Public health actions**

- The Ministry of Health, with support of WHO and other partners, continues to guide and monitor implementation of cholera control activities through the National Task Force. Rapid response teams have been deployed to the affected areas.
- In Zanzibar, the multisectoral coordination committee, involving the Ministries of Health, Education and Local Government, non-governmental organizations and other partners, continue to monitor the cholera situation, under the leadership of the Second Vice President’s Office.
- The regional health teams are being followed up to ensure prompt reporting as well as laboratory confirmation of all suspected cholera cases.
- Active surveillance is being strengthened in the affected regions, including timely reporting, contact tracing, investigating new cases to identify modes of transmission, and decontamination of patients’ homes.
- There is continued advocacy for household water treatment along with community mobilization to promote safe water utilization, and improve sanitation and hygiene practices. Distribution of water guard, oral rehydration solution and chlorine tablets (Aqua tabs) continues in hotspot regions. Eight million Aqua tabs have been transported from the national level to Mbarali District.
- There are sustained health promotion activities in communities through the media, community gatherings and madrassas.
- There are efforts to reinforce public health regulations on hygiene and food safety practices.

**Situation interpretation**

The cholera outbreak in Tanzania mainland continues to deteriorate, with new areas being affected. Once again, unreported cholera cases have been identified in Mbarali District through record review, showing weakness in the current surveillance systems in place. It is anticipated that this gap will be addressed by the rapid response team deployed to the district earlier in August 2017. The continuing cholera outbreak in Mbarali District is attributed to water scarcity and use of contaminated water sources. The recent resurgence in cholera cases in Tanzania mainland continues to highlight the necessity to improve water, sanitation and hygiene situation at community level as the only effective long-term solution to prevent recurrent cholera outbreaks in the country and Africa at large.
The outbreak of necrotizing cellulitis/fasciitis in the Democratic Republic of São Tomé and Principe has continued to worsen in recent weeks, after a steady decline since the beginning of the year and eventual stagnation thereafter. During week 32 (week ending 13 August 2017), the number of new cases rose to 30 with 23 hospitalizations; almost twice as many cases reported in the previous week (17 cases in week 31). These new cases were reported from five districts: Me-zochi (10), Agua Grande (4), Lobata (3), Cantagalo (11) and Principle (2). As of 13 August 2017, 1,885 cases have been reported since the beginning of the outbreak in September 2016. The overall attack rate stands at 9.7 cases per 1,000 inhabitants. The most affected districts are Caué and Lembá with attack rates of 27.5 and 13.6 cases per 1,000 populations, respectively. However, the two districts have not reported cases in the last 10 weeks.

In general, men are disproportionally affected with 57% of the total cases reported. In addition, people aged 35 years and above are the most affected, accounting for more than 50% of the total cases.

**Public health actions**

- The Ministry of Health continues to coordinate the response activities to the outbreak.
- A case management protocol has been developed and clinical staff trained in its use.
- Epidemiological surveillance and investigation of reported cases are ongoing.
- Twenty-eight patients have undergone surgery, including 19 skin grafts.
- Ninety specimens have been collected and analysed with the support of partner laboratories.
- An analytical study has been conducted to determine risk factors associated with necrotizing cellulitis.
- Training of supervisors and clinicians on epidemiological data management, including the use of electronic data transmission technologies is ongoing.
- About 30 international multidisciplinary experts are deployed to support the response activities.
- Additional medicines and laboratory reagents have been secured and distributed to the health facilities.

**Situation interpretation**

The Ministry of Health, with the support of WHO and other partners, has made significant progress in controlling the necrotizing cellulitis/fasciitis outbreak in São Tomé and Principe. Enhanced surveillance systems and improved clinical and surgical management of patients have seen a large reduction in the incidence of cases. However, recent data show an increase in the number of cases, which raises concerns. The number of new cases continues to be higher than expected, which is estimated to be below 20 cases per month. In addition, the mode of transmission has not been established and laboratory capacity remains low. Therefore, continued research and support to the country in terms of technical and financial assistance is required.
The security situation in the Central African Republic remains precarious, with multiple armed clashes reported in several parts of the country during the last weeks, punctuated with calm in certain areas. The conflict, characterized by targeted killings along communal lines and human rights abuses, has resulted in over 600,000 internal displaced people (IDPs). Almost half of the population (2.2 million people) is in need of humanitarian assistance and over 1 million people are food insecure. Protection, humanitarian access and food security are priority needs, which far exceed the available resources. Delivery of humanitarian assistance has continued to decline further due to underfunding and restricted access to large parts of the country. The deaths of six Red Cross volunteers on 5 August 2017 in Gambo, Ouham Prefecture epitomizes the humanitarian challenges and increasing targeting of aid workers. This incident marked the third such attack on the Red Cross this year and at least 16 incidents targeting humanitarian workers.

The latest armed clashes took place in Batangafo Prefecture in the central part of the country on 10 August 2017, displacing 24,000 people, including 7,000 who fled to Cameroon. Over 10,000 people who fled the internally displaced camp that was burnt down are now sheltering in Batangafo hospital compound. Five patients were evacuated by air for appropriate care in Bangui. Three suspected cases of measles were detected during the reporting week and samples have been collected and transported to the Institut Pasteur in Bangui. A fourth suspected case has been identified and plans are underway to collect the sample during the week. In addition, a MSF team has collected samples from an acute flaccid paralysis case and the results are pending.

**Public health actions**

- WHO has dispatched malaria kits to Batangafo and interagency emergency health kits (IEHKs) to Zemio, Bangassou and Damara IDP sites. Response actions are, however, still hampered by the resurgence of violence in many areas.
- WHO is also supporting health facilities in Ngaoundaye and Bocaranga, where humanitarian actors have withdrawn, for a period of 3 months.
- WHO has allocated funds to two partner NGOs to provide essential healthcare services to various communities affected by the conflict.
- The WHO has approved US$ 360,867 from the WHO Contingency Fund for Emergencies (CFE) for the country office in the Central African Republic.
- MSF is redeploying its expatriate team on the ground, joining JUPEDEC, an NGO that is already on site. The Zemio hospital is still operational with the support of MSF.
- A vaccination campaign against measles is being prepared and will cover children aged from 6 months to 14 years in the three IPD sites.
- MSF continues to provide care at the Batangafo hospital where there are several internally displaced persons. Catch-up vaccination sessions have begun at the site and Mentor continues to organize mobile clinics at the sites.

**Situation interpretation**

The security situation in the Central African Republic has remained worrying since renewed fighting erupted in November 2016, displacing large numbers of people. Protection, food security and humanitarian access remain critical in the country. Humanitarian access is restricted by continued attacks on convoys, lack of crossing rights by armed groups at checkpoints and destruction of bridges, a new strategy being adopted to block the movement of the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA).

The current wave of violence has derailed the implementation of the humanitarian response plan, developed around three strategic objectives: saving more lives, strengthening the protection of affected populations and preserving human dignity through basic social services. There is a need to scale up provision of humanitarian assistance, including food, water, hygiene, education, nutrition, health, protection and other services.
Challenges

A catastrophic flash floods, mudslides and mudflows struck communities in Freetown, the capital city of Sierra Leone on 14 August 2017 following torrential rains from 13-14 August 2017. This disaster comes barely months after the Ebola outbreak ripped the populations’ psychological sense and emotions, which are just beginning to rebuild. The country’s response capacity has been overwhelmed with the sheer scale of this disaster.

Attacks on civilians and humanitarian workers caught in conflict have remained a serious problem, with increasing frequency. On 5 August 2017, six Red Cross volunteers were killed in Central African Republic in the course of providing humanitarian assistance. This latest incident in the African Region exemplifies several such attacks in the region and globally. Civil communities have, unfortunately, borne the brunt of conflicts, either directly or indirectly. The commemoration of World Humanitarian Day on 19 August 2017 reiterates the fact that civilians and humanitarian workers caught in conflict are #NotATarget (http://www.who.int/health-cluster/en/).

Proposed actions

The global community are urged to rally support to the people and the Government of Sierra Leone in response to this event. WHO, working within the United Nations systems, is supporting the health-related components of the response, with a focus on providing immediate medical care to the affected people, including providing psychosocial support, to strengthening health systems resilience.

In commemoration of World Humanitarian Day, we pay homage to the colleagues (aid workers and specifically health workers) who became victims to violence during the course of their work. WHO also joins the world to demand global action to protect civilians and aid workers caught up in conflict situation.
## All events currently being monitored by WHO AFRO

### Newly reported events

<table>
<thead>
<tr>
<th>Event</th>
<th>Country</th>
<th>Current grade</th>
<th>Date of notification to WHO</th>
<th>No. of cases: suspected (confirmed)</th>
<th>No. of deaths</th>
<th>CFR (suspected): %</th>
<th>Comments</th>
<th>Date of last update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flooding/ mudslide</td>
<td>Sierra Leone</td>
<td>G1</td>
<td>14/08/2017</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Detailed update given above</td>
<td>18-Aug-17</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>South Africa</td>
<td>Ungraded</td>
<td>16/08/2017</td>
<td>4 (4)</td>
<td>1</td>
<td>25.0%</td>
<td>A total of four cases (3 laboratory-confirmed cases and 1 asymptomatic carrier) were reported by Helderberg in the Western Cape. These cases are all the direct family of the index case: the two children are at the Helderberg Hospital completing their antibiotics and their parents have been discharged. A local vaccination campaign in the under 15 year age group will commence 15 August 2017.</td>
<td>15-Aug-17</td>
</tr>
<tr>
<td>Landslide</td>
<td>Democratic Republic of the Congo</td>
<td>Ungraded</td>
<td>18/08/2017</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>A landslide following heavy rains has caused many casualties in a fishing village in Tora, Ituri Province. Early estimates suggest more than 50 households were affected, over 200 persons killed, important infrastructure destroyed, and animals lost. Four severely injured persons have been evacuated to Bunia General Hospital. A comprehensive assessment and is ongoing; however, due to the mountainous terrain, access to the affected zone has been limited. Red Cross has assisted the recovery of 50 bodies to date. WHO Country Officers are supporting the response.</td>
<td>20-Aug-17</td>
</tr>
</tbody>
</table>

### Ongoing events

<table>
<thead>
<tr>
<th>Event</th>
<th>Country</th>
<th>Current grade</th>
<th>Date of notification to WHO</th>
<th>No. of cases: suspected (confirmed)</th>
<th>No. of deaths</th>
<th>CFR (suspected): %</th>
<th>Comments</th>
<th>Date of last update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>Angola</td>
<td>G1</td>
<td>04/01/2017</td>
<td>468</td>
<td>21</td>
<td>5.6%</td>
<td>Since 13 December 2016, cases have been detected in Cabinda (236), Soyo (227) and Liemba (3). Soyo reported zero cases since epidemiological week 26 where at Cabinda reported the same since epidemiologic week 26 in 2017. Liemba has not reported any cases since week 5. The high transmission areas are linked to the cholar outbreak in Kongo Central Province in DRC.</td>
<td>06-Aug-17</td>
</tr>
<tr>
<td>Malaria</td>
<td>Burundi</td>
<td>G1 extension</td>
<td>01/01/2017</td>
<td>4 864 976*</td>
<td>2 205*</td>
<td>0.05%</td>
<td>&quot;Counts include cases notified during 2017 YTD only. Weekly case counts are exceeding 2016 rates and on the rise. During week 28, 152 137 cases and 68 deaths were reported (35.6% above the same period last year).</td>
<td>23-Jul-17</td>
</tr>
<tr>
<td>Malaria</td>
<td>Cabo Verde</td>
<td>Ungraded</td>
<td>26/07/2017</td>
<td>45</td>
<td>0</td>
<td>0.0%</td>
<td>An outbreak of indigenous malaria was reported in the capital city of Praia, Santiago Island, peaking in week 29. 53% of cases were adults aged 20 years and older.</td>
<td>30-Jul-17</td>
</tr>
<tr>
<td>Humanitarian crisis</td>
<td>Cameroon</td>
<td>G2 extension</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Conflict in both north-east Nigeria and Central African Republic has led to mass population movement to Cameroon. Almost 10% of the population of Cameroon, particularly in the Far North, North, Adamawa, and East Regions, is in need of humanitarian assistance as a result of the insecurity. A detailed update was provided in the week 31 bulletin.</td>
<td>23-Jul-17</td>
</tr>
<tr>
<td>Eruptive fever</td>
<td>Cameroon</td>
<td>Ungraded</td>
<td>16/02/2017</td>
<td>52</td>
<td>20</td>
<td>38.5%</td>
<td>An outbreak of atypical paediatric eruptive fever of an unknown etiology emerged in the northern region of Cameroon during November-December 2015. Investigations to date are yet to identify a definitive cause; however, evidence is pointing to leishmaniasis in some cases and endemic African Kaposi's sarcoma in others. A detailed update was provided in the week 30 bulletin.</td>
<td>21-Jul-17</td>
</tr>
<tr>
<td>Humanitarian crisis</td>
<td>Central African Republic</td>
<td>Downgraded to G2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Detailed update given above</td>
<td>15-Aug-17</td>
</tr>
<tr>
<td>Monkeypox</td>
<td>Central African Republic</td>
<td>Ungraded</td>
<td>14/04/2017</td>
<td>12</td>
<td>0</td>
<td>0.0%</td>
<td>The outbreak of monkeypox in the Salamat region of Chad remains serious, with a high risk of escalation. During week 33, 15 new suspected cases and zero deaths were reported from four areas: Amtiman Nord (7), Amtiman Sud (3), Amniaté (1), and Aboudia (8). Of the 18 reported, five were pregnant women.</td>
<td>13-Jul-17</td>
</tr>
<tr>
<td>Hepatitis E</td>
<td>Chad</td>
<td>G1</td>
<td>01/09/2016</td>
<td>1 712 (98)</td>
<td>19</td>
<td>1.1%</td>
<td>The outbreak of hepatitis E in the Salamat region of Chad remains serious, with a high risk of escalation. During week 24, 18 June 2017, one new case was confirmed by the Institut Pasteur Bangui in a camp in Tomo, Lobaye Prefecture. Further investigations supported by the Ministry of Health and WHO revealed 24 of 26 (92.3%) of close contacts had antibodies (IgG) against monkeypox, and 4 against cowpox. This suggests a high level of circulation of the virus in the region, and may explain the low number of cases recorded during these outbreaks. Including this latest case, just 2 confirmed cases and 1 suspected case have been reported since the event was first notified to WHO on 14 April 2017.</td>
<td>13-Aug-17</td>
</tr>
<tr>
<td>Monkeypox</td>
<td>Congo Republic of (</td>
<td>Ungraded</td>
<td>01/02/2017</td>
<td>78 (7)</td>
<td>4</td>
<td>51.5%</td>
<td>Since 27 Jan 2017, suspected cases of monkeypox have been reported in the department of Likouala and the department of Likouala (unconfirmed). Suspected cases have been reported from Bétou, Enyelle, Dongou, Impfondo and Owando districts.</td>
<td>14-May-17</td>
</tr>
<tr>
<td>Dengue</td>
<td>Cote d'Ivoire</td>
<td>Ungraded</td>
<td>06/05/2017</td>
<td>858 (375)</td>
<td>2</td>
<td>0.2%</td>
<td>From 19 to 25 July, 322 new suspected cases were reported, 120 of them in Abidjan. Three subtypes of dengue virus have been isolated: DENV-2 (174 cases), DENV-3 (57 cases) and DENV-1 (13 cases). In addition, 112 samples were confirmed IgM positive by serology. Of 77 yellow fever virus cross reactions, further testing confirmed dengue virus on 31 samples tested to date.</td>
<td>25-Jul-17</td>
</tr>
<tr>
<td>Humanitarian crisis</td>
<td>Democratic Republic of the Congo</td>
<td>Ungraded</td>
<td>August 2016</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>The fighting and insecurity continue to cause a humanitarian crisis with severe public health impacts mostly in the provinces of South- and North-Kivu, Ituri, Tanganyika, and Haut-Katanga. And since mid-October 2016, the security situation has significantly deteriorated in the Kasai Region. A detailed update was provided in the week 30 bulletin.</td>
<td>21-Jul-17</td>
</tr>
<tr>
<td>Cholera</td>
<td>Democratic Republic of the Congo</td>
<td>G2</td>
<td>02/01/2015</td>
<td>19 915*</td>
<td>480*</td>
<td>2.5%</td>
<td>&quot;Counts reported are for 2017 YTD only. During week 31 in 2017, 1 028 cases and 5 deaths (CFR: 0.5%) were reported in the country. The provinces that have reported the most cases include North Kivu (647), South Kivu (106), Upper Lomami (103) and Tanganyika (76).</td>
<td>16-Aug-17</td>
</tr>
<tr>
<td>Measles</td>
<td>Democratic Republic of the Congo</td>
<td>Ungraded</td>
<td>10/01/2017</td>
<td>24 864 976*</td>
<td>315</td>
<td>1.2%</td>
<td>The incidence of new cases has declined since the current outbreak peaked in early 2017.</td>
<td>04-Jul-17</td>
</tr>
</tbody>
</table>
**Humanitarian crisis**

- **Country:** Ethiopia
  - **Grade:** Pre-graded
  - **Date:** 15/11/2015
  - **No. of cases:** 40 (457)*
  - **%:** 2.0%
  - **Comments:** This complex emergency includes outbreaks of AWD and measles (reported separately below). A detailed update was provided in the week 32 bulletin.
  - **Date of last update:** 23-Jul-17

- **Country:** Mauritania
  - **Grade:** Ungraded
  - **Date:** 15/11/2015
  - **No. of cases:** 817
  - **%:** 1.8%
  - **Comments:** *Counts reported are for 2017 YTD only. Of 491 new cases reported in week 34. The recent resurgence is predominantly occurring in the northwest regions of Ambary (394 cases) and Tigray (182 cases) this past week. A detailed update was provided in the week 32 bulletin.*
  - **Date of last update:** 06-Aug-17

- **Country:** Mali
  - **Grade:** Ungraded
  - **Date:** 14/01/2017
  - **No. of cases:** 2.601* (457)*
  - **%:** 16.1%
  - **Comments:** *Counts reported are for 2017 YTD. There have been 58 separate laboratory-confirmed measles outbreaks in the country. 137 new cases were reported in week 31. A detailed update was provided in the week 32 bulletin.*
  - **Date of last update:** 31-Jul-17

- **Country:** Namibia
  - **Grade:** Ungraded
  - **Date:** 15/11/2015
  - **No. of cases:** 817
  - **%:** 1.8%
  - **Comments:** *Counts reported are for 2017 YTD only. Of 491 new cases reported in week 34. The recent resurgence is predominantly occurring in the northwest regions of Ambary (394 cases) and Tigray (182 cases) this past week. A detailed update was provided in the week 32 bulletin.*
  - **Date of last update:** 06-Aug-17

- **Country:** Kenya
  - **Grade:** Ungraded
  - **Date:** 15/11/2015
  - **No. of cases:** 817
  - **%:** 1.8%
  - **Comments:** *Counts reported are for 2017 YTD. There have been 58 separate laboratory-confirmed measles outbreaks in the country. 137 new cases were reported in week 31. A detailed update was provided in the week 32 bulletin.*
  - **Date of last update:** 31-Jul-17

- **Country:** Nigeria
  - **Grade:** Ungraded
  - **Date:** 15/11/2015
  - **No. of cases:** 817
  - **%:** 1.8%
  - **Comments:** *Counts reported are for 2017 YTD only. Detailed update given above.*
  - **Date of last update:** 27-Jul-17

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**ACUTE WATER DIARRHOEA (AWD)**

- **Country:** Ethiopia
  - **Grade:** Ungraded
  - **Date:** 15/11/2015
  - **No. of cases:** 40 (457)*
  - **%:** 2.0%
  - **Comments:** *Counts reported are for 2017 YTD only. Of 491 new cases reported in week 34. The recent resurgence is predominantly occurring in the northwest regions of Ambary (394 cases) and Tigray (182 cases) this past week. A detailed update was provided in the week 32 bulletin.*
  - **Date of last update:** 06-Aug-17

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**Drought/Food insecurity**

- **Country:** Kenya
  - **Grade:** G1
  - **Date:** 10/10/2016
  - **No. of cases:** 1 (551 (457)*
  - **%:** 1.6%
  - **Comments:** *Counts reported are for 2017 YTD only. Detailed update.*
  - **Date of last update:** 31-Jul-17

---

**Cholera**

- **Country:** Kenya
  - **Grade:** G1
  - **Date:** 05/05/2017
  - **No. of cases:** 353 (212)
  - **%:** 2.4%
  - **Comments:** *Counts reported are for 2017 YTD only. Detailed update.*
  - **Date of last update:** 31-Jul-17

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**Measles**

- **Country:** Kenya
  - **Grade:** Ungraded
  - **Date:** 12/03/2017
  - **No. of cases:** 49 (12)
  - **%:** 2.0%
  - **Comments:** *Counts reported are for 2017 YTD only. Detailed update.*
  - **Date of last update:** 31-Jul-17

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**Visceral leishmaniasis / ka- la-azar**

- **Country:** Kenya
  - **Grade:** G1
  - **Date:** 09/05/2017
  - **No. of cases:** 1 (305 (706)
  - **%:** 0.0%
  - **Comments:** *Counts reported are for 2017 YTD only. During week 30 (end of 30 July 2017), 108 suspected new cases were reported from eight counties, of which 76% were from Nairobi (59 cases) and Kisumu (23 cases) counties. Detailed national updates are not available this week due to the elections; however, an update from the outbreak in Nairobi as of 6 Aug reported 16 new cases in the past week, totalling 921 cases to date.*
  - **Date of last update:** 31-Jul-17

---

**Humanitarian crisis**

- **Country:** Mauritania
  - **Grade:** Ungraded
  - **Date:** 27/07/2017
  - **No. of cases:** 79
  - **%:** 0.0%
  - **Comments:** *Counts reported are for 2017 YTD only. During week 30 (end of 30 July 2017), 108 suspected new cases were reported from eight counties, of which 76% were from Nairobi (59 cases) and Kisumu (23 cases) counties. Detailed national updates are not available this week due to the elections; however, an update from the outbreak in Nairobi as of 6 Aug reported 16 new cases in the past week, totalling 921 cases to date.*
  - **Date of last update:** 31-Jul-17

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**Dengue**

- **Country:** Kenya
  - **Grade:** G1
  - **Date:** 09/05/2017
  - **No. of cases:** 1 (305 (706)
  - **%:** 0.0%
  - **Comments:** *Counts reported are for 2017 YTD only. Detailed update.*
  - **Date of last update:** 31-Jul-17

---

**Food insecurity**

- **Country:** Madagascar
  - **Grade:** Ungraded
  - **Date:** 23/02/2017
  - **No. of cases:** 40 cases of non-febrile, non-typhoidal, watery diarrhoea
  - **%:** 2.4%
  - **Comments:** *Counts reported are for 2017 YTD only. Detailed update.*
  - **Date of last update:** 15-Jul-17

---

**Humanitarian crisis**

- **Country:** Mali
  - **Grade:** G1
  - **Date:** 06/04/2017
  - **No. of cases:** 1 (610 (833)
  - **%:** 2.4%
  - **Comments:** *Counts reported are for 2017 YTD only. Detailed update given above.*
  - **Date of last update:** 11-Aug-17

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**CCF**

- **Country:** Namibia
  - **Grade:** Ungraded
  - **Date:** 09/08/2017
  - **No. of cases:** 2 (1)
  - **%:** 50.0%
  - **Comments:** *Counts reported are for 2017 YTD only. Detailed update given above.*
  - **Date of last update:** 10-Aug-17

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**Hepatitis E**

- **Country:** Niger
  - **Grade:** Ungraded
  - **Date:** 06/04/2017
  - **No. of cases:** 1 (610 (833)
  - **%:** 2.4%
  - **Comments:** *Counts reported are for 2017 YTD only. Detailed update given above.*
  - **Date of last update:** 11-Aug-17

---

**Hummanitarian crisis**

- **Country:** Niger
  - **Grade:** G2 extension
  - **Date:** 23-Jul-17
  - **No. of cases:** 40 cases of non-febrile, non-typhoidal, watery diarrhoea
  - **%:** 2.4%
  - **Comments:** *Counts reported are for 2017 YTD only. Detailed update given above.*
  - **Date of last update:** 11-Aug-17

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**Lassa fever**

- **Country:** Nigeria
  - **Grade:** Ungraded
  - **Date:** 01/12/2016
  - **No. of cases:** 710 (227)
  - **%:** 16.1%
  - **Comments:** *Counts reported are for 2017 YTD only. Detailed update given above.*
  - **Date of last update:** 11-Aug-17

---

**Cholera**

- **Country:** Nigeria
  - **Grade:** Ungraded
  - **Date:** 07/06/2017
  - **No. of cases:** 1 (975 (26)*
  - **%:** 0.0%
  - **Comments:** *Counts reported are for 2017 YTD only. Detailed update given above.*
  - **Date of last update:** 11-Aug-17

---

**Humanitarian crisis**

- **Country:** Nigeria
  - **Grade:** G2 extension
  - **Date:** 23-Jul-17
  - **No. of cases:** 40 cases of non-febrile, non-typhoidal, watery diarrhoea
  - **%:** 2.4%
  - **Comments:** *Counts reported are for 2017 YTD only. Detailed update given above.*
  - **Date of last update:** 11-Aug-17

---

**Humanitarian crisis**

- **Country:** Nigeria
  - **Grade:** Pre-graded
  - **Date:** 15/11/2015
  - **No. of cases:** 40 (457)*
  - **%:** 2.0%
  - **Comments:** *Counts reported are for 2017 YTD only. Detailed update.*
  - **Date of last update:** 27-Jul-17
Ten new cases were reported in week 31. A detailed update was provided in the week 32 bulletin.

Equatorial Guinea

Nudecutulosis

Ungraded

Humanitarian crisis

South Sudan

G2 extension

Cholera

South Sudan

14 447*

1.7%

Cholera

Tanzania

G2

15/08/2015

36 719

30 689 (1 295)

70

Ungraded

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.

Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: http://www.who.int/hac/about/erf/en/
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