

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 5: 27 January - 2 February 2018
Data as reported by 17:00; 2 February 2018

1

New event

54

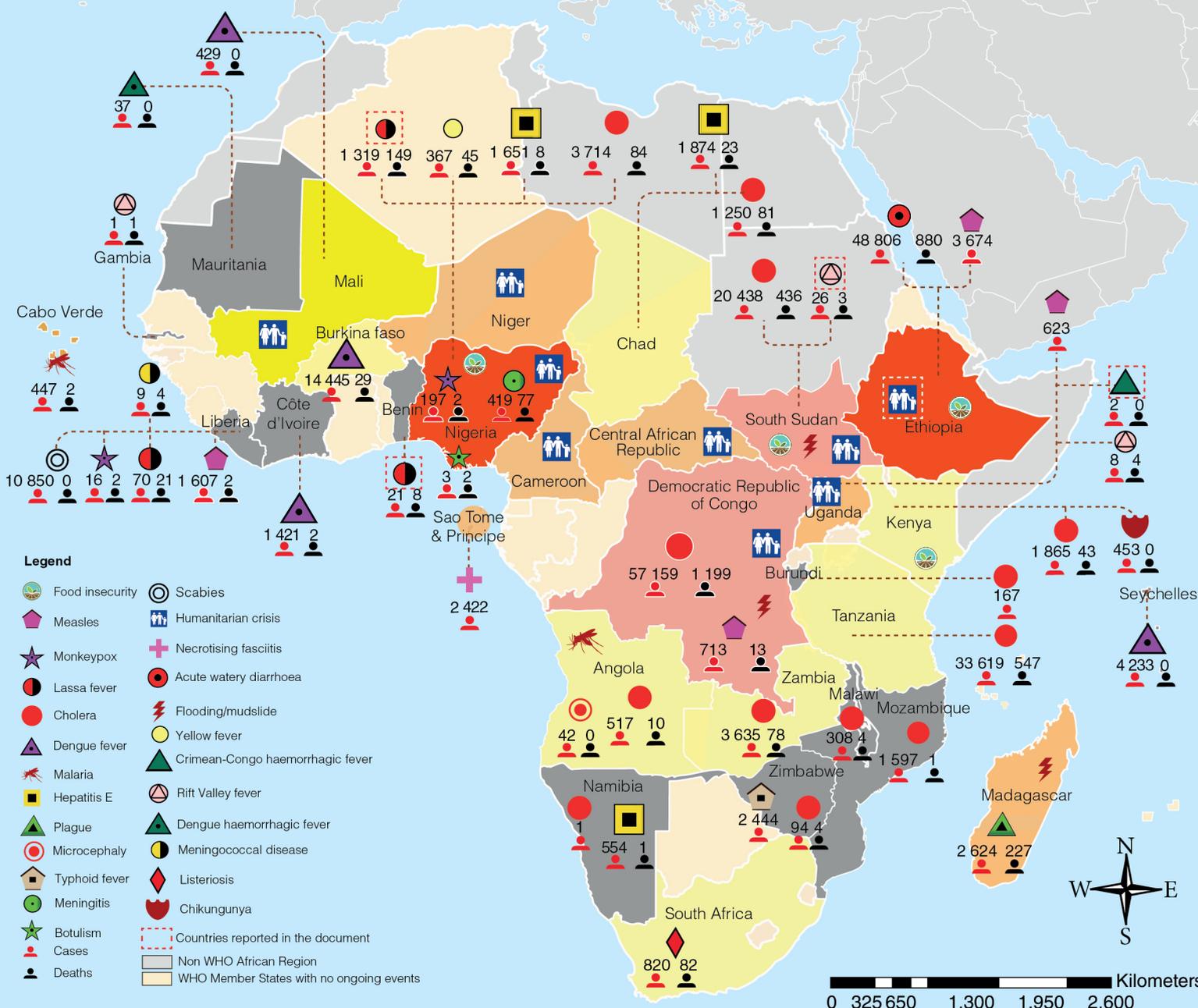
Ongoing events

44

Outbreaks

11

Humanitarian crises



2

Grade 3 events

6

Grade 2 events

8

Grade 1 events

36

Ungraded events

2

Protracted 3 events

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Protracted 2 events

1

Protracted 1 event

Overview

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- This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 55 events in the region. This week's edition covers key new and ongoing events, including:
 - [Humanitarian crisis in Ethiopia](#)
 - [Lassa fever in Benin](#)
 - [Lassa fever in Nigeria](#)
 - [Crimean-Congo haemorrhagic fever in Uganda](#)
 - [Rift Valley fever in South Sudan](#)
- 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. Since the beginning of the year, nine events have been closed including outbreaks of foodborne illness in Benin, influenza A H1N1 in Ghana, malaria in Kenya, Crimean-Congo haemorrhagic fever in Mauritania, meningitis and hepatitis E in Niger, dengue fever in Senegal, cholera in Uganda, and anthrax in Zambia.
- **Major challenges include:**
 - The complex and protracted humanitarian crisis in Ethiopia does not yet show signs of improvement, and current levels of health and other assistance are inadequate to meet the needs of affected populations. National and international humanitarian actors should urgently scale up response efforts in order to avert a worsening of the crisis in 2018.
 - The Lassa fever outbreak in Nigeria is of significant concern given its national scale and risk of regional spread. Response activities already underway in Nigeria will need to be enhanced to ensure rapid detection and response to new cases. Greater coordination between Nigeria and Benin could also benefit the responses to the concurrent Lassa fever outbreaks in these two countries.

EVENT DESCRIPTION

The complex humanitarian crisis in Ethiopia continues into 2018. As of 28 January 2018, there were about 6.3 million people in need of health assistance, over 1.7 million people internally displaced, and over 900 000 refugees. Currently, Oromia region has 669 107 internally displaced people (IDPs) settled in various temporary sites and living with host communities in six zones over 43 woredas (districts).

Nutrition remains a priority. In Oromia, the nutrition situation among the nine highly insecure zones has not yet shown improvement and there is a weekly increase in the number of cases of severe acute malnutrition (SAM). In week 3 of 2018, a total of 3 828 cases of SAM were treated in therapeutic feeding programmes (TFPs) in these zones. In Somali Region, a total of 58 cases of SAM with medical complications were admitted in weeks 3 and 4. From the start of 2018 to week 4 there were 129 admissions for SAM. In the Benishangul Gumuz Region, 39 SAM cases were reported, 21 treated as inpatients at TFPs, and 18 moderate acute malnutrition cases were treated as outpatients.

Acute watery diarrhoea (AWD) continues to be a major health problem. From the start of 2017 to 28 January 2018, there was a cumulative total of 48 806 cases, with 880 deaths (case fatality rate 1.8%). During weeks 3 and 4 of 2018 there were 11 AWD cases reported, down from 77 cases for weeks 1 to 2. To date, cases have been reported from Dire Dawa and Mustahil and Gode City, Shebelle Zone, Somali. From early 2017 to now, the majority of cases (73.5%) have been from Somali region: 35 891 out of 48 806, followed by Amhara (4 679), Oromia (3 595), Tigray (2 101) and Afar (1 300) as the regions with the greatest number of cases.

Scabies has become a problem in Oromia, with 63 631 cases reported from eight zones and 57 woredas as of week 2, 2018. The Amhara region is also affected, with 3 002 suspected cases reported in week 2, 2018.

Other diseases reported from 1-28 January 2018 include dengue fever (68 cases) and measles (131 cases). Cases of rabies (10), meningococcal meningitis (7), typhoid fever (872) and relapsing fever (12) were also reported from 22-28 January 2018.

PUBLIC HEALTH ACTIONS

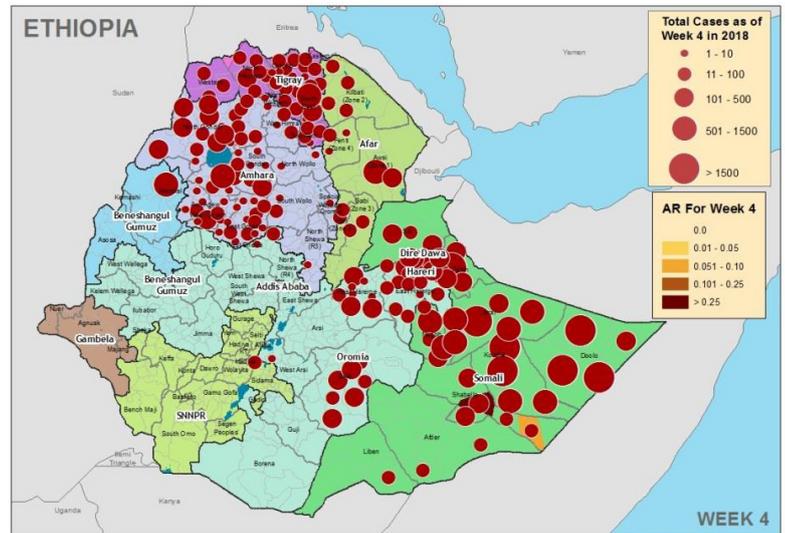
- WHO and partners continue to respond to the urgent health needs. WHO procured Interagency Emergency Health Kits for delivery to the Oromia Regional Health Bureau for IDP response.
- WHO, with the Ethiopian Somali Regional Health Bureau (ESRHB), is coordinating the process of preparing the Somali Region Emergency Preparedness and Response Plan (EPRP) to cover the period of January to June 2018. The overall process has been led by the Regional Disaster Prevention and Preparedness Bureau and coordinated by the Deputy Humanitarian Coordinator of OCHA.
- WHO surveillance teams in Shabelle and Sitti Zones, Somali Region, are working closely with ESRHB zonal teams to ensure surveillance and rapid response to new AWD cases in these zones.
- In Oromia, preparedness activities are ongoing for implementation of humanitarian assistance to IDPs. Technical committees were established, focusing on health, logistics, water, sanitation and hygiene (WASH), prevention and health promotion and education. Major population centres in Oromia surrounding the city of Addis Ababa are preparing to establish mobile health clinics or linkage of health services to existing health facilities.
- Nutrition response activities in Somali region include joint support and supervision by WHO, UNICEF, and other partners of the Community-based Management of Acute Malnutrition programme in Koraheye zone.
- Capacity building in nutrition surveillance was conducted in prioritized stabilization centres (SCs) in Somali region through on-the-job coaching and mentorship. Activities to strengthen the functionality of SCs, community mobilization, nutrition screening, and outreach activities are ongoing.

SITUATION INTERPRETATION

The complex and protracted humanitarian crisis in Ethiopia has not yet shown signs of improvement in 2018. Disease outbreaks continue across the region and there is poor immunization coverage in most zones. Inadequate supply of emergency medicines, equipment and vaccines for staff in some clinics continue to hamper the health response. The IDP response is negatively affected by inadequate food supplies, a shortage of non-food item (NFI) kits, shelter, and water purifying agents. There is a critical shortage of potable water and sanitary supplies, as well as security problems in some IDP sites (Hawi Gudina, Oromia), along with the absence of psycho-social support. Non-functional health facilities and weak involvement of partners in IDP interventions further exacerbate the problems.

National and international humanitarian actors urgently need to scale up responses and international donors need to commit to and provide funding for 2018 in order to avert a worsening of the crisis during this year.

Geographical distribution of cases of acute watery diarrhoea in Ethiopia, week 1, 2017 to week 4, 2018



EVENT DESCRIPTION

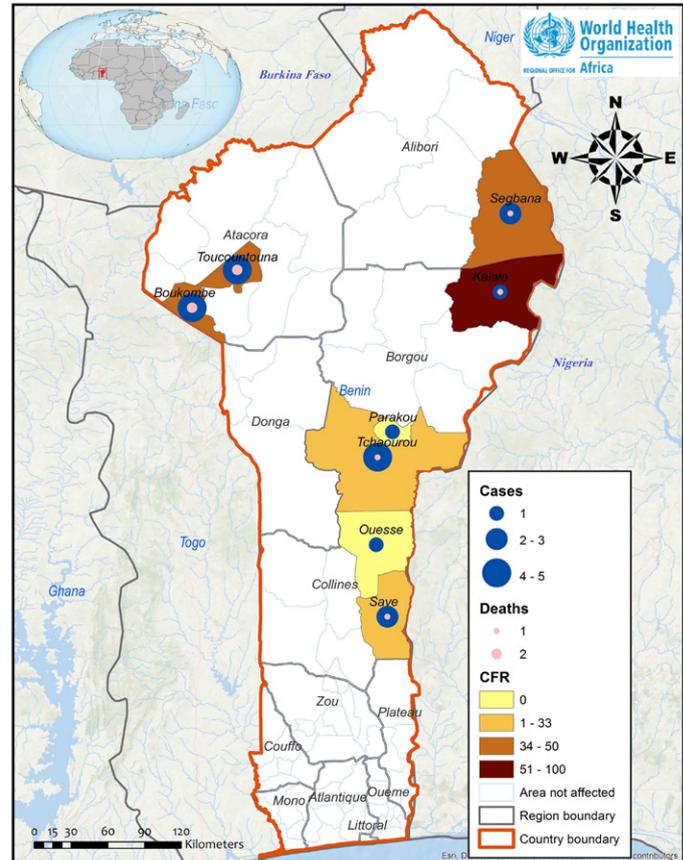
The ongoing outbreak of Lassa fever in Benin, reported on 8 January 2018, is being closely monitored by local health authorities, WHO and partners (*see Weekly Bulletin 3*). The index case was a 35 year-old male residing in Nigeria but originally from the town of Nadoba in Togo, which borders Boukoubé.

From 8 January to 2 February 2018, 21 cases including eight deaths (case fatality rate: 38.1%) have been reported from four departments: Alibori (2 cases, 1 death) Atacora (8 cases, 4 deaths), Borgou (7 cases and 2 deaths) and Collines (4 cases and 1 death). Of the 21 cases, five are classified as confirmed, two as probable, and 14 as suspected. The five confirmed cases were reported from Atacora (3), Borgou (1), and Collines (1) departments; all of the confirmed cases have died. A total of 340 contacts have been identified in Benin, 132 in health facilities and 208 in the community. Two of these contacts developed symptoms and became suspected cases, 120 of these contacts are still being monitored in Benin, and no contacts have been lost from follow up.

PUBLIC HEALTH ACTIONS

- WHO is supporting the Ministry of Health in the coordination of surveillance and response activities, guided by recommendations from a central level crisis meeting. A subcommittee for medical, psychological, infection prevention and control, and safe and dignified burial responses has been formed.
- A national rapid response team (RRT) has been deployed to affected communes to support the local teams.
- A meeting of the Atacora RRT has made decisions on how to appropriately deploy the team regarding safe and dignified burial, transfer samples to Cotonou, and provide fuel for transporting patients to treatment centres, while awaiting financial support from the Ministry of Health and partners. There was a similar meeting of the RRT in Savé (Collines department).
- Contacts of the last suspected case have been line listed.
- The mayor of Savé was briefed on management of the outbreak and radio messages with information on the outbreak are being transmitted through Radio Idadu.
- Awareness sessions for health centre managers and relay of community messages were held in Savé -Ouésé health zones.
- A mission to support community mobilization activities and evaluation of risk communication in Tchaourou was supported by UNICEF and DDS Borgou.
- The National Director of Public Health has briefed the media regarding Lassa fever.
- All health workers have been orientated in the detection and management of suspected Lassa fever cases and personal protective equipment has been supplied to health facilities involved in Lassa fever case management.
- Traditional healers and community leaders have been sensitized on Lassa fever prevention and control measures.
- Risk communication and social mobilization activities have been intensified in the affected communities.

Geographic distribution of Lassa fever cases in Benin, 23 January - 2 February 2018



SITUATION INTERPRETATION

Lassa fever outbreaks have occurred previously in Benin in 2014, 2016, and 2017 and occur nearly every year in some countries of the West African region. Lassa fever is endemic in bordering Nigeria and given the frequent population movements between Nigeria and Benin, the occurrence of additional cases is not unexpected. Strengthening of cross-border collaboration and information exchange between the two countries is therefore needed. Furthermore, infection prevention and control measures should be enhanced in health facilities to mitigate the risk of transmission to healthcare workers. Finally, concerted efforts should be made to strengthen active surveillance in order to improve early case detection and management and reduce case fatality.

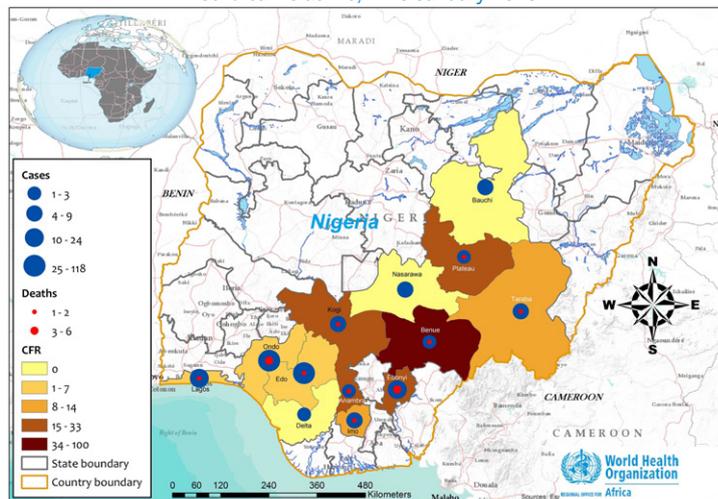
EVENT DESCRIPTION

The Lassa fever outbreak in Nigeria continues to be closely monitored by local authorities and WHO and partners. In the reporting week ending 28 January 2018, 15 new confirmed cases and two deaths were recorded from five states; Edo (6), Ondo (4), Delta (1), Imo (1) and Taraba (3). From 1-28 January 2018 a total of 297 suspected cases and 22 deaths (case fatality rate 7.4%) have been reported from 13 active states (Anambra, Bauchi, Benue, Delta, Ebonyi, Edo, Imo, Kogi, Lagos, Nasarawa, Ondo, Plateau, and Taraba).

Since the start of 2018, among the 80 cases for which laboratory results are available, 77 are confirmed as positive for Lassa fever, with three probable cases and 21 deaths (18 in confirmed cases and three in probable cases). The case fatality rate in confirmed and probable cases is 26.3%.

Ten healthcare workers have been affected in four states – Ebonyi (7), Nasarawa (1), Kogi (1) and Benue (1), with four deaths in Ebonyi (3) and Kogi (1). Confirmed cases are being treated at identified treatment/isolation centres across the states. A total of 415 contacts have been identified and are being followed up.

Geographical distribution of Lassa fever cases in Nigerian states where the outbreak is active, 1-28 January 2018



PUBLIC HEALTH ACTIONS

- A National Lassa fever Emergency Operations Centre (EOC) was activated on 22 January 2018 to coordinate the response, in conjunction with partners (WHO, CDC, UMB, AFENET, MSF and ALIMA) and a letter of notification of Lassa fever EOC activation has been sent to 36 states and the Federal Capital Territory (FCT).
- A team of Nigerian Centre for Disease Control (NCDC) staff and Nigeria Field Epidemiology and Laboratory Training Program (NFELTP) residents has been deployed to respond to the Ebonyi, Ondo and Edo outbreaks.
- Enhanced surveillance is ongoing in affected states through the State Surveillance Team and contacts are being line-listed and the viral haemorrhagic fever (VHF) management system is being updated and new data uploaded. There are plans to deploy the Surveillance, Outbreak Response, Management and Analysis System (SORMAS) in affected states.
- A 24-hour Lassa fever case management helpdesk has been set up.
- The NCDC supplied two hospitals with tents and beds in week 4 to cover the sudden increase in admissions. The NCDC is collaborating with ALIMA in Edo and Ondo states to assess and set up new isolation centres.
- WHO is collaborating to support a seroprevalence survey and research into development of a rapid diagnostic test kit for Lassa fever.

SITUATION INTERPRETATION

The upsurge in Lassa fever cases and deaths since the start of 2018 is of concern. Available treatment facilities are overstretched and lack of funding is preventing contact tracing in Edo State. These challenges, coupled with problems with logistics for deployment of supplies between states, delays in samples reaching diagnostic centres and gaps in surveillance and contact tracing in some states need to be addressed urgently. National authorities and international health cluster partners must move rapidly to prevent further spread of the disease across the country.

* Case and death counts may be underestimated due to a lack of national data available from Week 52 of 2017.

EVENT DESCRIPTION

On 26 December 2017, the Ugandan Ministry of health was notified of a suspected case of Crimean-Congo haemorrhagic fever (CCHF). The case was a 9 year-old boy from Luweero district who sought care from district health facilities after experiencing symptoms of vomiting, diarrhoea, abdominal pain, fatigue and high grade fever since 17 December 2017. On 23 December 2018, he was isolated at Kiwoko hospital in Nakaseke district where a whole blood sample was collected and shipped to the Uganda Virus Research Institute (UVRI). The sample was confirmed positive for CCHF virus by PCR on 27 December 2017. He was discharged from isolation on 5 January 2018.

On 17 January 2018, a second suspected CCHF case was reported from Nakaseke district. The case, a 12 year-old boy, presented to Kiwoko hospital after experiencing a high grade fever on 11 January 2018. He was transferred to Nakaseke Hospital isolation ward on 17 January 2018 and blood samples sent to UVRI tested positive for the CCHF virus by PCR on 18 January 2018. He was discharged from isolation on 31 January 2018.

As of 31 January 2018, six cases have been reported (2 confirmed, 1 probable, and 3 suspected). The probable and suspected cases tested negative for CCHF, Ebola, Marburg, Sosuga and Rift Valley fever viruses at the UVRI laboratory and are now considered non-cases. As of 31 January 2018, 32 contacts including 19 health workers were under follow up and 56 contacts had completed follow up.

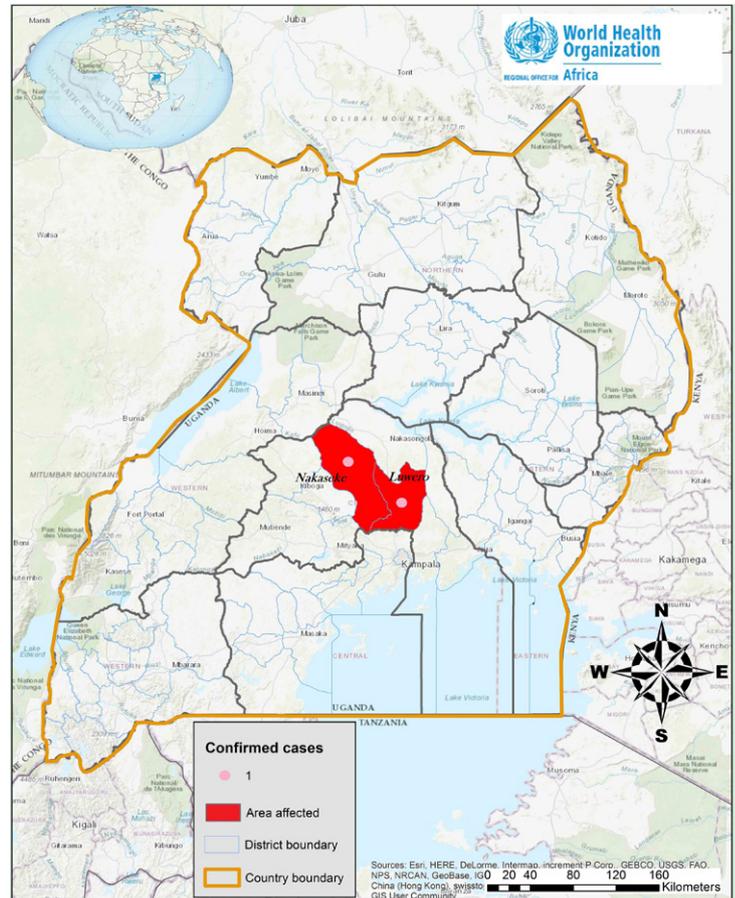
PUBLIC HEALTH ACTIONS

- On 27 January 2018, the Ministry of Health made public a press release to provide information about the outbreak.
- The central rapid response team, supported by WHO, has been deployed to affected districts to provide onsite technical assistance on outbreak investigation and response.
- WHO has provided essential infection prevention and control (IPC) supplies to support case management, safe burials and case investigations.
- Healthcare workers from Kiwoko and Nakaseke hospitals have been orientated on case management and IPC measures.
- Two isolation facilities have been set up in Kiwoko hospital and Nakaseke hospital for case management.
- Active surveillance and contact tracing activities are ongoing.
- Social mobilization, risk communication and community engagement activities are ongoing. Information, education, and communication (IEC) material has been distributed in affected districts.

SITUATION INTERPRETATION

This is the third outbreak of CCHF reported in Nakaseke district since 2015. This outbreak is occurring in an area described as a 'cattle corridor', which covers 52 districts cutting across the centre of the country from southwest to northeast. The uncontrolled movement of animals across the cattle corridor and inadequate tick control due to widespread resistance to acaricides (anti-tick chemicals) are key risk factors for the spread of this outbreak to new areas. Integrated control measures that address both human and animal health are therefore needed to bring this outbreak to a close.

Geographical distribution of Crimean-Congo haemorrhagic fever cases in Uganda, 26 December - 31 January 2018

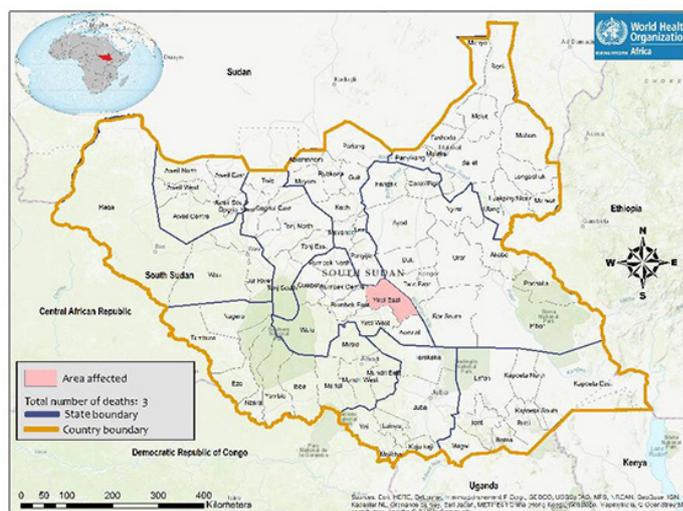


EVENT DESCRIPTION

WHO and partners continue to closely monitor the outbreak of suspected Rift Valley fever (RVF) in Eastern Lakes State, South Sudan. Since our last report on 26 January 2018 (*Weekly Bulletin 4*), six new suspected cases have been reported from Yirol East County. These cases include two males and four females aged 7-60 years. There are currently no suspected cases hospitalized. A total of 26 cases have been reported, including three confirmed cases, three probable cases who died and had epidemiological links to the confirmed cases, four classified as non-cases following RVF laboratory testing, and 16 cases for whom laboratory testing is pending or incomplete at the Uganda Viral Research Institute (UVRI). A total of three deaths have been reported.

On 28 December 2017, the Ministry of Health of South Sudan reported a cluster of three severe haemorrhagic cases, which were epidemiologically linked by place (all occurred in the same village) and time (onset of illness during epidemiological weeks 49 and 51). There was no close physical contact between the cases and no history of travel. Goats, sheep, and cattle in the area also showed evidence of zoonotic haemorrhagic illness. Wild bird die-offs were reported in association with the initial cluster of cases, and there have been continued reports of animal illness and death in the outbreak area. The rapid response team (RRT) deployed to the area this week witnessed four sick goats, one goat abortion and two with nose bleeds. One animal sample showed high RVF IgG titres indicative of previous RVF infection, however, no new results of animal sample testing have become available.

Geographical distribution of suspected Rift Valley fever cases in South Sudan, 7 December 2017 – 1 February 2018



PUBLIC HEALTH ACTIONS

- The Ministry of Health continues to convene regular multi-sectoral and inter-agency meetings to coordinate investigation and response activities, while the state level taskforce holds daily coordination meetings in Yirol East County, with technical support from the national Ministry of Health, the Ministry of Livestock, WHO, and partners.
- National and state RVF taskforce meetings were held on 31 January 2018 and 1 February 2018, respectively, with participation in the Yirol East taskforce meeting by WHO, UNICEF, the Food and Agriculture Organization of the United Nations (FAO), Community Health and Development Organization (CHADO), and other partners.
- A joint Ministry of Health/WHO rapid response team deployed to Yirol East since 19 January 2018 continues to support coordination, investigation, and response activities in Eastern Lakes state.
- WHO is supporting six teams of community health workers to conduct active case finding in Yirol East. Active case finding was also conducted this week in Yirol West.
- A Ministry of Livestock and Fisheries/FAO animal health team arrived in Yirol West on 31 January 2018 and is expected to lead an animal health investigation and response interventions including sample collection and mobilization of communities to report sick animals and promote safe animal handling.
- CHADO, with support from UNICEF, continues to conduct community engagement, active case finding, and reporting of human and animal cases. A CHADO team of 27 volunteers is collaborating with the active case finding team to engage the community and conduct risk communication activities.
- Active case finding and community mobilization has been activated in Awerial county following reports of cases and deaths of animals from 16 to 26 January.
- UNICEF technical officers oriented eight CHADO mobilizers on key RVF preventive messages and IPC skills in Yirol East.
- RVF messages continue to be disseminated over the radio, and 82 705 people in Yirol East and 5 619 people in Awerial county have been reached through household visits and community meetings.
- A total of 200 long-lasting insecticide-treated nets have been delivered to the outbreak area and will be distributed to 60 households.
- The Ministry of Health and Ministry of Livestock and Fisheries continue to convene regular multisectoral and multi-agency meetings to coordinate investigation and response activities.

SITUATION INTERPRETATION

Close monitoring of the suspected RVF outbreak in South Sudan continues, and there is a continued need for support for investigations, specifically regarding the reported animal deaths in Yirol East and Awerial Counties. Surveillance in human and animal populations in the affected and at-risk areas should continue to be scaled up to rapidly detect new human and animal cases, and support from partners and international laboratories will continue to be needed to support testing of animal and human cases and inform outbreak response.

Summary of major challenges and proposed actions

Challenges

- Health and other types of assistance from national and international partners is needed to meet the needs of internally displaced people, refugees, and other populations affected by the humanitarian situation in Ethiopia and to avert a deterioration of the crisis.
- The recent upsurge in Lassa fever cases in Nigeria has resulted in national response efforts, but key gaps in activities such as surveillance, case management, and laboratory capacity remain. The outbreak has affected Nigerian states bordering Cameroon and Benin, where a Lassa fever outbreak is ongoing, and thus will require cross-border collaboration to ensure effective response to these outbreaks.

Proposed actions

- National and international humanitarian actors urgently need to scale up provision of health and other types of assistance to meet the needs of the populations affected by the humanitarian crisis in Ethiopia. Additional commitment on the part of international donors is needed to facilitate an effective response and to adequately address the great humanitarian needs of the country.
- Ongoing efforts to respond to the outbreak of Lassa fever in Nigeria should be enhanced in order to ensure rapid detection, response, and appropriate treatment of new cases. The risk of cross-border spread between Nigeria and Benin needs to be reduced through enhanced information sharing and collaboration regarding current response activities.

All events currently being monitored by WHO AFRO

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
New events										
Namibia	Cholera	Ungraded	31-Jan-18	25-Jan-18	31-Jan-18	1	1	0	0.0%	On 25 January 2018, a 10-year-old school boy was admitted to a hospital in Windhoek after presenting with diarrhoea, vomiting and dehydration. The patient fell ill after sharing food with two other classmates who subsequently developed similar symptoms. On 29 January 2018 stool samples isolated from the patient tested positive for <i>Vibrio cholerae</i> .
Ongoing events										
Angola	Cholera	G1	2-Jan-18	21-Dec-17	27-Jan-17	517	5	10	1.9%	On 21 December 2018, two suspected cholera cases were reported from Uige district, Uige province. Both of these cases had a history of travel to Kimpangu (DRC). The number of weekly cases has increased in Week 4, with 74 cases and 0 deaths reported, as compared to 55 cases and 0 deaths in Week 3.
Angola	Malaria	Ungraded	20-Nov-17	n/a	30-Sep-17	-	-	-	-	The outbreak has been ongoing since the beginning of 2017. In the province of Benguela, a total of 311 661 malaria cases were reported from January to September 2017 as compared to 244 381 reported in all of 2016. In the province of Huambo, 155 311 malaria cases were reported from January to September 2017, as compared to 82 138 cases during the same period in 2016. Epidemiological investigations are ongoing in these two contiguous provinces.
Angola	Microcephaly - suspected Zika virus disease	Ungraded	10-Oct-17	End September	29-Nov-17	42	-	-	-	A cluster of microcephaly cases was detected in Luanda in late September 2017 and reported on 10 October 2017 by the provincial surveillance system. Of the 42 cases, three were stillbirths and 39 were live births. Suspected cases have been reported from Luanda province (39), Zaire province (1), Moxico province (1), and Benguela province (1).
Benin	Lassa fever	Ungraded	13-Jan-18	8-Jan-18	2-Feb-18	21	5	8	38.1%	Detailed update given above.
Burkina Faso	Dengue	G1	4-Oct-17	1-Jan-17	10-Dec-17	14,445	-	29	0.2%	Weekly case counts have decreased since week 44. The majority (62%) of cases have been reported in the central region, notably in Ouagadougou (the capital). Dengue virus serotypes 1, 2, and 3 are circulating, with serotype 2 predominating (72%).
Burundi	Cholera	Ungraded	20-Aug-17	15-Aug-17	6-Dec-17	167	14	0	0.0%	As of 6 December 2017, a cumulative total of 167 cases and no deaths were reported from 6 districts; DS Nyanza lac 30 cases, DS Mpanda 31 cases, DS Cibitoke 35 cases, DS Isare 33 cases, DS Bubanza 31 cases, and DS B M Nord 6 cases.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Cameroon	Humanitarian crisis	G2	31-Dec-13	27-Jun-17	3-Nov-17	-	-	-	-	In the beginning of November, the general security situation in the Far North Region worsened. Terrorist attacks and suicide bombings are continuing and causing displacement. Almost 10% of the population of Cameroon, particularly in the Far North, North, Adamaoua, and East Regions, is in need of humanitarian assistance as a result of the insecurity. To date, more than 58 838 refugees from Nigeria are present in Minawao Camp, and more than 21 000 other refugees have been identified out of the camp. In addition, approximately 238 000 Internally Displaced People have been registered.
Cape Verde	Malaria	G2	26-Jul-17	1-Jan-17	20-Dec-17	447	-	2	0.4%	As of 20 December, a total of 447 cases have been reported including 418 indigenous, 12 imported cases, and 17 reinfections/recurrences. Two deaths have been reported (1 in an indigenous case and 1 in an imported case). The outbreak has been contained to the city of Praia. Cases reported from other areas/islands likely acquired the infection during travel to Praia or overseas, and there is currently no evidence of indigenous transmission outside of Praia.
Central African Republic	Humanitarian crisis	G2	11-Dec-13	11-Dec-13	15-Jan-18	-	-	-	-	The eastern part of the country currently has the greatest need for humanitarian assistance. There continue to be insecure zones that are left unserved by humanitarian actors and medical providers, and the number of internally displaced persons has increased continuously since March 2017.
Chad	Hepatitis E	G1	20-Dec-16	1-Aug-16	3-Dec-17	1 874	98	23	1.2%	Outbreaks are ongoing in the Salamat Region predominantly affecting North and South Am Timan, Amsinéné, Mouraye, Foulonga and Aboudeia. The number of cases has been decreasing since week 39. Of the 64 cases in pregnant women, five died (CFR: 7.8%) and 20 were hospitalized. Water chlorination activities were stopped at the end of September 2017 due to a lack of partners and financial means. Monitoring and case management are continuing.
Chad	Cholera	G1	19-Aug-17	14-Aug-17	10-Dec-17	1 250	9	81	6.5%	The case incidence has been decreasing since week 43. In week 49, no new cases were reported. A total of 817 cases and 29 deaths were reported in the Salamat region from 11 September 2017 to 10 December 2017. No new cases have been reported in the Sila Region since 22 October 2017.
Cote d'Ivoire	Dengue fever	Ungraded	3-May-17	22-Apr-17	16-Dec-17	1 421	322	2	0.1%	The outbreak has been on a downward trend since week 35, with no cases being reported in weeks 49 and 50. This is likely due to the decrease in rainfall. Abidjan remains the epicentre of this outbreak, accounting for 95% of the total reported cases. Of the 272 confirmed cases with available information on serotypes, 181 were dengue virus serotype 2 (DENV-2), 78 were DENV-3 and 13 were DENV-1. In addition, 50 samples were confirmed IgM positive by serology.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Democratic Republic of the Congo	Flood	Ungraded	20-Nov-17	20-Nov-17	2-Feb-18	-	-	-	-	From 4-7 January 2018, a flooding event occurred in Kinshasa. The flood resulted in 45 deaths, 5 100 flooded homes, 192 collapsed houses and 2 damaged cholera treatment centres (CTCs). A total of 736 cholera cases and 16 deaths (CFR 2.2%) have been reported since the beginning of 2018.
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	22-Jan-18	-	-	-	-	The humanitarian crisis remains serious. An estimate of 13.1 million is in need of emergency aid assistance, including around 4.3 million Internally Displaced Persons (IDPs), and 552 000 refugees. In addition, an estimated 7.7 million people are at risk of critical food insecurity. More than 74% of the country's total IDPs are from Kasai region, North, and South Kivu. The humanitarian and security situation in North and South Kivu regions continue to deteriorate with massive population displacements recorded in the South Kivu region.
Democratic Republic of the Congo	Cholera		16-Jan-15	1-Jan-17	31-Jan-18	57 159	841	1,199	2.1%	The trend of the outbreak continues to improve nationwide. During week 3 of 2018, a total of 679 suspected cases with 16 deaths (CFR: 2.3%) were reported, compared to 763 suspected cases and 14 deaths (CFR: 1.8%) during week 2 of 2018. During this week, 59% of cases were reported from three provinces: Kinshasa (166 cases), North Kivu (129) and South Kivu (108). As of 31 January 2018, Kinshasa reported 931 cases with 38 deaths (CFR: 4.1%) across 27 health areas since the outbreak started in the capital city on 25 November 2017.
Democratic Republic of the Congo	Measles		10-Jan-17	1-Jan-18	14-Jan-18	713	-	13	1.8%	Over 43 000 cases were reported in 2017. In weeks 1 and 2 of 2018, 713 cases and 13 deaths were reported, with a stable weekly number of cases since week 52 of 2017. The trend of the outbreak has decreased this week. Most of the suspected cases this week were reported from South Kivu province.
Ethiopia	Humanitarian crisis	Protracted 3	15-Nov-15	n/a	28-Jan-18	-	-	-	-	Detailed update given above.
Ethiopia	Acute watery diarrhoea (AWD)		15-Nov-15	1-Jan-17	28-Jan-18	48 806	-	880	1.8%	The outbreak is showing a downward trend. Only 11 new cases have been reported in weeks 3 and 4 in two regions: Somali (10) and Dire Dawa (1). Nine regions in Ethiopia have been affected, and 73.5% of the total cases are from Somali region.
Ethiopia	Measles		14-Jan-17	1-Jan-17	24-Nov-17	3 674	-	-	-	The outbreak of measles continues to improve. During week 47, 37 cases were reported from Dollo zone and Jijiga City. Oromia Region remains the most affected region with approximately 46% of the total reported cases, followed by Amhara (21%), Addis Ababa (16%) and Somali (20%).
Gambia	Rift Valley fever (RVF)	Ungraded	3-Jan-17	25-Dec-17	3-Jan-18	1	1	1	100.0%	A 52 year-old man presenting with severe malaria was medically evacuated from the Gambia and hospitalized in Fann, Dakar. A blood sample collected from the case was positive for Rift Valley fever virus on IgM testing done at Institut Pasteur Dakar. The sample was negative for RVF and other arboviruses on PCR testing. An investigation is ongoing.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Kenya	Chikungunya	Ungraded	mid-December 2017	mid-December 2017	25-Jan-18	453	32	0	0.0%	As of 25 January 2018, 453 suspected cases were reported across seven sub-counties: Changamwe, Jomvu, Kilifi, Kisauni, Likoni, Mvita and Nyali. The majority of suspected cases are reported from Mvita (31%) and Likoni (23%) sub-counties. To date 32 samples tested positive for chikungunya on PCR analyses conducted at the KEMRI laboratory.
Kenya	Cholera	G1	6-Mar-17	1-Jan-17	24-Jan-18	1 865	431	43	2.3%	The outbreak is still ongoing and 6 counties are actively reporting cases: Garissa, Mombasa, Siaya, Tharaka Nithi, Meru, and Busia counties. The outbreak was recently controlled in Kirinyaga.
Liberia	Meningococcal disease	Ungraded	19-Jan-18	23-Dec-18	29-Jan-18	9	2	4	44.4%	A cluster of undiagnosed illness and deaths were reported from Lofa county, north-eastern Liberia. Samples taken from two suspected cases were positive for Neisseria meningitidis serogroup W. All seven samples collected as of 29 January were negative for Ebola and Lassa fever viruses by PCR, negative for yellow fever by serology (IgM), and negative for typhoid by WDAL. Additional testing is ongoing.
Liberia	Suspected monkeypox	Ungraded	14-Dec-17	1-Nov-16	25-Jan-18	16	2	2	12.5%	During weeks 48 and 49 of 2017, three suspected cases of monkeypox were reported from Maryland and Rivercess counties. Since November 2016, a cumulative of 16 suspected cases and two deaths have been reported in Grand Cape Mount (4), Rivercess (11) and Maryland (1). Two cases have been confirmed to date and laboratory testing of samples collected from five other cases is ongoing.
Liberia	Measles	Ungraded	24-Sep-17	6-Sep-17	3-Dec-17	1 607	255	2	0.1%	From week 1 to week 48, 1 607 cases were reported from 15 counties, including 225 laboratory confirmed, 336 clinically compatible and 199 epi-linked. Nimba county has had the greatest cumulative number of cases to date (235). Children between 1-4 years accounted for 49% of the cases.
Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-17	24-Nov-17	70	28	21	30.0%	Since the beginning of 2017, a total of 70 suspected Lassa fever cases including 21 deaths (CFR: 30%) have been reported from nine counties in Liberia. On 12 January 2018, a suspected case reported from Nimba County was confirmed by PCR. Contact tracing is ongoing.
Liberia	Scabies	Ungraded	11-Jan-18	11-Dec-17	18-Jan-18	10 850	17	0	0.0%	A total of 10 850 cases have been reported from five counties: Montserrado (9 647), Grand Bassa (687), Rivercess (315), Margibi (185), and Bong (16). All 17 confirmed cases have been reported from Montserrado county.
Madagascar	Cyclone	Ungraded	5-Jan-18	5-Jan-18	6-Jan-18	-	-	-	-	On 5 January 2018, tropical Cyclone AVA reached the East coast of Madagascar. The most affected regions were Analanjirifo, Atsinanana and Vatovavy-Fitovinany. As of 6 January 2018, 1 009 people had been affected, including 695 displaced. Two dead and 21 injured were reported in the Atsinanana region.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Madagascar	Plague	G2	13-Sep-17	13-Sep-17	28-Jan-18	2 624	533	227	8.7%	Cases include pneumonic (2 013, 77%), bubonic (406, 15%), septicemic (1) and unspecified (204, 8%) forms of disease. Of the 2 013 clinical cases of pneumonic plague, 397 (20%) have been confirmed, 635 (32%) are probable and 981 (49%) remain suspected. The trend in the number of cases has been decreasing since 10 October 2017.
Malawi	Cholera	Ungraded	28-Nov-17	20-Nov-17	28-Jan-18	308	5	4	1.3%	During week 4 of 2018, 23 new cases were reported. As of 28th January 2018, a total of 308 cases including 4 deaths had been reported from 7 districts: Karonga (211 cases with 4 deaths), Nkhatabay (20 cases), Kasungu (1 case), Dowa (4 cases), Salima (10 cases), Lilongwe (58 cases) and Mulanje 3 cases.
Mali	Dengue fever	Ungraded	4-Sep-17	1-Aug-17	10-Dec-17	429	33	0	0.0%	In week 49, no suspected cases were reported. No confirmed cases have been reported since week 41. All cases have been reported from Bamako and the Kati health district northwest of Bamako.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	19-Nov-17	-	-	-	-	The security situation remains volatile in the north and centre of the country. At the last update, incidents of violence had been perpetrated against civilians, humanitarian workers, and political-administrative authorities.
Mauritania	Dengue haemorrhagic fever	Ungraded	30-Nov-17	6-Dec-17	13-Dec-17	37	37	-	-	On 30 November, the MoH notified 3 cases of dengue fever including one hemorrhagic case (Dengue virus type 2) with a history of Dengue virus type 1 infection in 2016. Out of 100 samples collected at the Teyarett health centre, 83 cases tested positive for dengue on RDT. On 12 December, the national reference laboratory confirmed the diagnosis of 37 out of 49 RDT positive samples collected between 16 November and 11 December 2017.
Mozambique	Cholera	Ungraded	27-Oct-17	12-Aug-17	26-Jan-18	1,597	-	1	0.1%	The cholera outbreak is ongoing. Cases have been reported from two provinces and five districts. Affected districts in Namapula province are (Memba, Erati, Nacaroa, and Nampula city), and Pemba city in Cabo Delgado province. The outbreak started in mid-August 2017 from Memba district. Erati district started reporting cases from week 41, Nacaroa started reporting cases from week 42, and Cabo Delgado Province started reporting cases from week 1 of 2018.
Namibia	Hepatitis E	Ungraded	18-Dec-17	14-Dec-17	29-Jan-18	554	51	1	0.5%	A total of 554 cases and 3 deaths (CFR 0.5%) have been seen at health facilities in Windhoek district. The majority of cases have been reported from informal settlements in the capital, with Havana being most affected, accounting for about 284 (51%) cases of the total cases, followed by Goreagab settlements with 145(26%) cases, and Hakahana settlements with 21 (4%) cases.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	11-Aug-17	-	-	-	-	The security situation remains precarious and unpredictable. On 28 June 2017, 16 000 people were displaced after a suicide attack on an internally displaced persons camp in Kablewa. In another attack on 2 July 2017, 39 people from Ngalewa village, many of them children, were abducted. The onset of the rainy season is impeding the movements of armed forces around the region.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	17-Dec-17	-	-	-	-	The protracted conflict has resulted in widespread population displacement, restricted access to basic social services, including healthcare and protection needs, and a deepening humanitarian crisis. An estimated 8.5 million people have been affected and are in need of life-saving assistance, including 1.7 million IDPs.
Nigeria	Cholera (nation wide)	Ungraded	7-Jun-17	1-Jan-17	10-Dec-17	3,714	43	84	2.3%	Between weeks 1 and 49, 3 714 cases were reported from 20 states compared to 727 suspected cases from 14 states during the same period in 2016. The cumulative total of cases and deaths in 2017 surpasses that observed during the same period in 2016 (727 suspected cases, 32 deaths).
Nigeria	Botulism	Ungraded	12-Jan-18	9-Jan-18	16-Jan-18	3	-	2	66.7%	On 9 January 2018, the NCDC was notified of two suspected cases of botulism involving a husband and his wife, both with symptoms onset on 7 January 2018. A third suspected case, their daughter, was admitted on 11 January with similar symptoms. The wife died on 8 January 2018. The father died on 15 January. The daughter is still admitted. Foodborne botulism was suspected based on the typical signs and symptoms such as cranial nerve paralysis. The diagnosis is yet to be confirmed by laboratory. So far, the source of infection has not been identified.
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Dec-16	28-Jan-18	1 319	385	149	11.3%	Detailed update given above.
Nigeria	Hepatitis E	Ungraded	18-Jun-17	1-May-17	31-Dec-17	1 651	182	8	0.6%	The number of cases has been decreasing since week 51. Forty-three new cases were reported in Kala/Balge LGA in week 52 (ending 31 December 2017).
Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	10-Jan-18	367	33	45	12.3%	A total of 367 suspected cases have been reported from 16 states: Abia, Anambra, Borno, Edo, Enugu, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Oyo, Plateau, and Zamfara. Thirty-three cases from seven states (Kano, Kebbi, Kogi, Kwara, Nasarawa, Niger, and Zamfara) have been laboratory-confirmed at IP Dakar.
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	22-Dec-17	197	68	2	1.0%	Suspected cases are geographically spread across 22 states and the Federal Capital Territory (FCT). Sixty-eight laboratory-confirmed cases have been reported from 14 states/territories (Akwa Ibom, Abia, Bayelsa, Benue, Cross River, Delta, Edo, Ekiti, Enugu, Lagos, Imo, Nasarawa, Rivers and FCT).
Nigeria	Meningitis	Ungraded	26-Dec-17	1-Sep-18	18-Jan-18	419	74	77	18.4%	Cases have been reported from eight States; Zamfara (240), Katsina (72), Sokoto (22), Jigawa (24), Bauchi (17), Cross River (17), Kebbi (12), Yobe (9), Borno (3), Adamawa (2) and Kaduna (1). As of 18 January 2018, 74 of 155 (48%) samples tested were positive, including 46 (62%) positive for Neisseria meningitidis serogroup C (NmC).

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
São Tomé and Príncipe	Necrotising cellulitis/fasciitis	G2	10-Jan-17	25-Sep-16	17-Dec-17	2 422	0	0	0.0%	Over past 11 weeks the incidence of new cases remained stable with an average of 32 cases per week. In week 50, 37 cases reported across six of the seven districts: Me-zochi (12), Agua Grande (9), Lobata (2), Cantagalo (12), Lembá (1) and Príncipe (1). Currently, 22 cases are receiving care in hospital and no deaths have been directly attributed to the infection.
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	28-Nov-17	4 233	1 429	-	-	As of 28 November, 4 233 cases have been reported from all regions of the three main islands (Mahé, Praslin and La Digue). The trend in the number of cases has been decreasing since week 23.
South Africa	Listeriosis	G1	6-Dec-17	4-Dec-17	23-Jan-18	820	820	82	10.0%	Most cases have been reported from Gauteng Province (59%) followed by Western Cape (13%) and KwaZulu-Natal (7%) provinces. Cases have been diagnosed in both public (66%) and private (34%) healthcare sectors. The diagnosis was based most commonly on the isolation of <i>Listeria monocytogenes</i> in blood culture (71%), followed by CSF (23%). Ages range from birth to 93 years (median 18 years) and 42% are neonates aged ≤28 days. The source of the outbreak has not been identified and investigations are ongoing.
South Sudan	Humanitarian crisis	G3	15-Aug-16	n/a	28-Jan-18	-	-	-	-	The conflict in South Sudan has left 7 million people in need of humanitarian assistance. The compounding effects of violence and economic decline have eroded the capacity of the people to mitigate the risk to life, livelihood, and wellbeing. So far, 4 million people have been displaced due to the ongoing crises. Risk of infectious disease outbreak remains high in many parts of the country.
South Sudan	Cholera	Ungraded	25-Aug-16	18-Jun-16	29-Dec-17	20 438	512	436	2.2%	Cholera transmission continues to decline nationally. Since week 47, the outbreak has been localized in two counties (Juba and Budi), and no new cholera cases reported during week 52, 2017. The last case in Budi was reported in week 47, 2017 and the last case reported from Juba was in week 50, 2017.
South Sudan	Rift Valley fever (RVF)	Ungraded	28-Dec-17	7-Dec-17	2-Feb-18	26	3	3	11.5%	Detailed update given above.
Tanzania	Cholera	G1	15-Aug-15	1-Jan-17	28-Jan-18	33 619	-	547	1.6%	From Weeks 1 to 4 of 2018, a total of 325 cases with 9 deaths (CFR 2.8%) were reported. In 2015, 12619 cases including 199 deaths (CFR 1.6%) were reported; in 2016, 11360 cases including 172 deaths (CFR 1.5%) and in 2017, cumulative total of 4 627 cases including 95 (CFR 2%) were reported in the United Republic of Tanzania.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	31-Dec-17	-	-	-	-	The influx of refugees to Uganda has continued as the security situation in the neighbouring countries remains fragile. According to UNHCR, between 1 - 4 January 2018, 207 refugees from South Sudan entered Uganda. The total number of registered refugees and asylum seekers in Uganda stands at 1 395 146, as of 31 December 2017. Approximately 75% of the refugees are from South Sudan and 61% are children under 18.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Uganda	Measles	Ungraded	8-Aug-17	24-Apr-17	3-Oct-17	623	34	-	-	The outbreak is occurring in two urban districts: Kampala (310 cases) and Wakiso (313 cases).
Uganda	Rift Valley fever (RVF)	Ungraded	22-Nov-17	14-Nov-17	19-Jan-18	8	5	4	50.0%	As of 19 January 2018, three additional cases have been identified through enhanced surveillance. Five districts are affected: Kyankwanzi, Kiboga, Mityana, Kiruhura and Buikwe. They are all located within the cattle corridor.
Uganda	Crimean-Congo haemorrhagic Fever (CCHF)	Ungraded	27-Dec-17	23-Dec-17	31-Jan-18	2	2	0	0.0%	Detailed update given above.
Zambia	Cholera	G1	4-Oct-17	4-Oct-17	23-Jan-18	3 635	67	78	2.1%	On 23 January 2018, 32 new cases with no deaths were reported in Lusaka district and one case and no deaths were reported from Chongwe district. Since the start of the outbreak, Lusaka district reported a total of 3 424 cases with 70 deaths (CFR: 2.0%). The cumulative number of cases from other districts is 211 including 8 deaths.
Zimbabwe	Cholera	Ungraded	22-Jan-18	8-Jan-18	30-Jan-18	94	6	4	4.2%	Chegutu Municipality in Mashonaland West Province of Zimbabwe, southwest of the Capital City Harare remains the hotspot of this outbreak. As of 30 January 2018, a cumulative number of 94 cases and 4 deaths (CFR: 4.2%) have been reported. Of these, 81 cases are from Chegutu, 12 cases are from different peri-urban areas of Chegutu, and one case from Msengezi area.
Zimbabwe	Typhoid fever	Ungraded	-	1-Oct-17	21-Jan-18	2 444	160	0	0.0%	Since the beginning of the outbreak 2 444 cases including 160 confirmed cases have been reported. The outbreak has spread from its epicentre in Matapi to other suburbs in Harare and areas outside of Harare.
Recently closed events										
Uganda	Cholera	Ungraded	28-Sep-17	25-Sep-17	30-Jan-18	250	17	4	1.6%	As of 30 January 2018, the cumulative case count stands at 250 cases with 4 deaths (CFR: 1.6%). No additional cases were reported since 15 January 2018.

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

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