

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 4: 19 - 25 January 2019

Data as reported by 17:00; 25 January 2019



World Health Organization

REGIONAL OFFICE FOR

Africa

WHO Health Emergencies Programme

2

New events

55

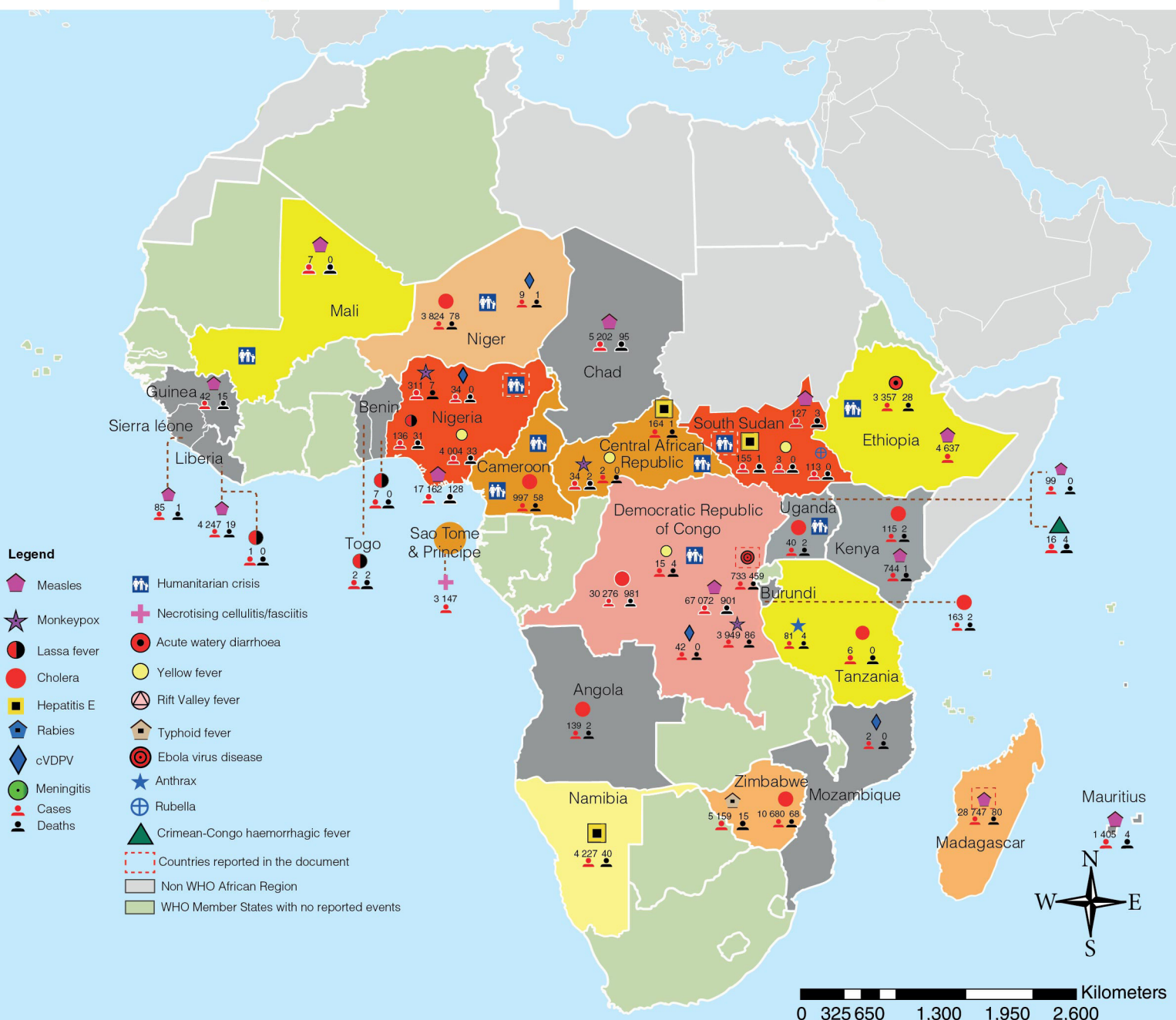
Ongoing events

47

Outbreaks

10

Humanitarian crises



Graded events †

3

Grade 3 events

8

Grade 2 events

2

Grade 1 events

2

Protracted 3 events

3

Protracted 2 events

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Protracted 1 events

35

Ungraded events

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 57 events in the region. This week's edition covers key new and ongoing events, including:

- [Ebola virus disease in the Democratic Republic of the Congo](#)
- [Measles in Madagascar](#)
- [Humanitarian crisis in Nigeria](#)
- [Humanitarian crisis 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 recent events that have largely been controlled and thus closed.

- **Major issues and challenges include:**

- The Ebola virus disease outbreak in north-east Democratic Republic of the Congo continues. The number of reported cases has increased during recent weeks, most notably in Katwa Health Zone where response teams have faced pockets of community mistrust. The outbreak has also extended southwards to Kayna Health Zone, a high security risk area. Response teams are working actively to build community trust and scale up response activities around these new clusters.

By using proven public health measures, including newer tools at hand, under the government's leadership and working collaboratively across agencies, WHO is committed to addressing these challenges and ending the outbreak.

- Madagascar has been experiencing an unprecedented measles outbreak since October 2018. While the situation has greatly improved following the first round of reactive vaccination campaign, there is still more to undertake in the coming months. Several inputs, including vaccines, funds and technical assistance are required for the successful implementation of the second and third rounds of reactive vaccination campaigns, as well as improving routine immunization activities. Only these will bring a lasting solution to the problem.

Ongoing events

Ebola virus disease

Democratic Republic of the Congo

733
Cases

459
Deaths

63%
CFR

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues. Since the last report on 18 January 2019 (Weekly Bulletin 3), 43 new confirmed and five new probable EVD cases have been reported, with an additional 43 deaths. The five probable cases were deaths reported retrospectively from Komanda following a database update.

As of 26 January 2019, a total of 733 EVD cases, including 679 confirmed and 54 probable cases have been reported. To date, confirmed cases have been reported from 18 health zones: Beni (221), Biena (4), Butembo (52), Kalunguta (40), Katwa (154), Kayna (5), Kyondo (10), Mabalako (88), Mangurujipa (4), Masereka (7), Musienene (6), Mutwanga (3), Oicha (29), Nyankunde (1), and Tchomia (2) in North Kivu Province; and Komanda (27), Mandima (17), and Musienene (6) in Ituri Province. Twelve of the 18 affected health zones reported at least one new confirmed case in the previous 21 days (6-26 January 2019).

A total of 459 deaths were recorded, including 405 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 60% (405/679). A total of 61 health workers have been affected, with 21 deaths.

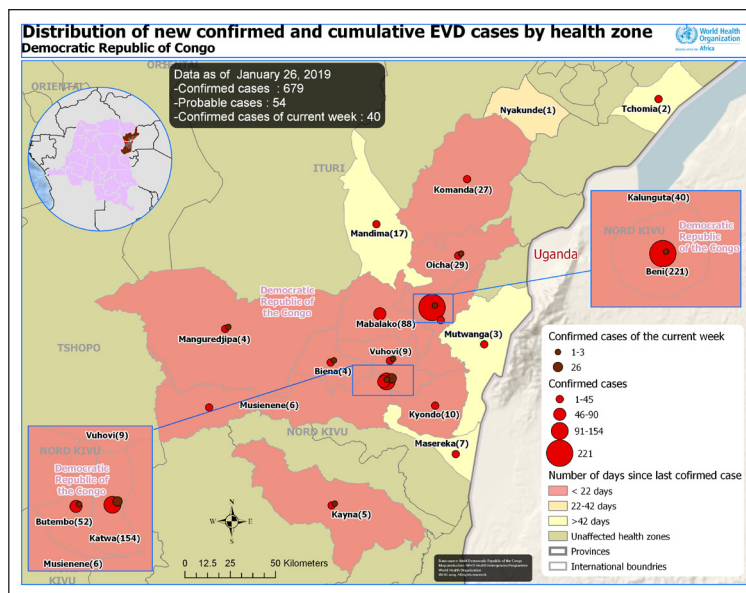
The hot spot of the outbreak is Katwa, reporting 68 (65%) of the 104 confirmed cases in the past 21 days. The newly affected health zones of Kayna and Manguredjipa have reported five and four confirmed cases, respectively, in the past 21 days.

Contact tracing is ongoing in 17 health zones; however, it remains challenging due to insecurity and continuing pockets of community reluctance. The number of contacts being followed as of 26 January 2019 was 6 241, of whom 5 333 (85%) had been seen in the previous 24 hours. Contact follow-up in Katwa is particularly problematic. Of the 908 contacts not seen in the last 24 hours, 514 (57%) are in Katwa.

PUBLIC HEALTH ACTIONS

- Surveillance activities continue and are strengthened where needed, including case investigations, active case finding in health facilities and communities, and identification and listing of contacts around the latest confirmed cases.
- As of 26 January 2019, a total of 68 477 people have been vaccinated since the start of the outbreak.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with a total of 28.75 million 244 335 travellers screened as of 23 January 2019.
- Formative supervision and monitoring of PoE/PoC in Beni, Goma, Tshopo and Ituri is ongoing. An attack on the Ituri Bridge PoC in Komanda resulted in destruction of handwashing facilities.
- There are continued community reintegration activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response. Health personnel were given psychological preparation for the decontamination of four health facilities in Mbau, where a psychoeducation session for 30 people took place, including family members of a confirmed case in the area, to address fear of vaccination and to stress how important it is.
- Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) activities continue, with a working session with provincial leaders of traditional healers in Komanda; establishment of a triage area and allocation of personal protection equipment in Kyondo. The decontamination team in Mutsanga, Butembo have been subject to aggression from the community.
- Community awareness and mobilization sessions continue, with sensitization of indigenous people in Komanda Health Zone, the screening of a video forum on preventative measures at the Butsili Institute in Beni and awareness raising among students on EVD prevention measures at the Beni Horizon School Complex.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May to 26 January 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



EVENT DESCRIPTION

The measles outbreak in Madagascar continues to improve, with the trend showing a marked decline. Since our last report on 28 December 2018 ([Weekly Bulletin 52](#)), there have been 2 317 additional measles cases reported, of which 231 were confirmed (immunoglobulin M (IgM) positive) and 87 epidemiologically linked. In week 3 (week ending 20 January 2019), a total of 189 cases (2 confirmed and 187 epidemiologically linked) were reported, compared to 2 160 cases (26 confirmed and 2 134 epidemiologically linked) reported in week 2. During the reporting week, all districts were below the measles epidemic threshold, as opposed to nine districts in week 2.

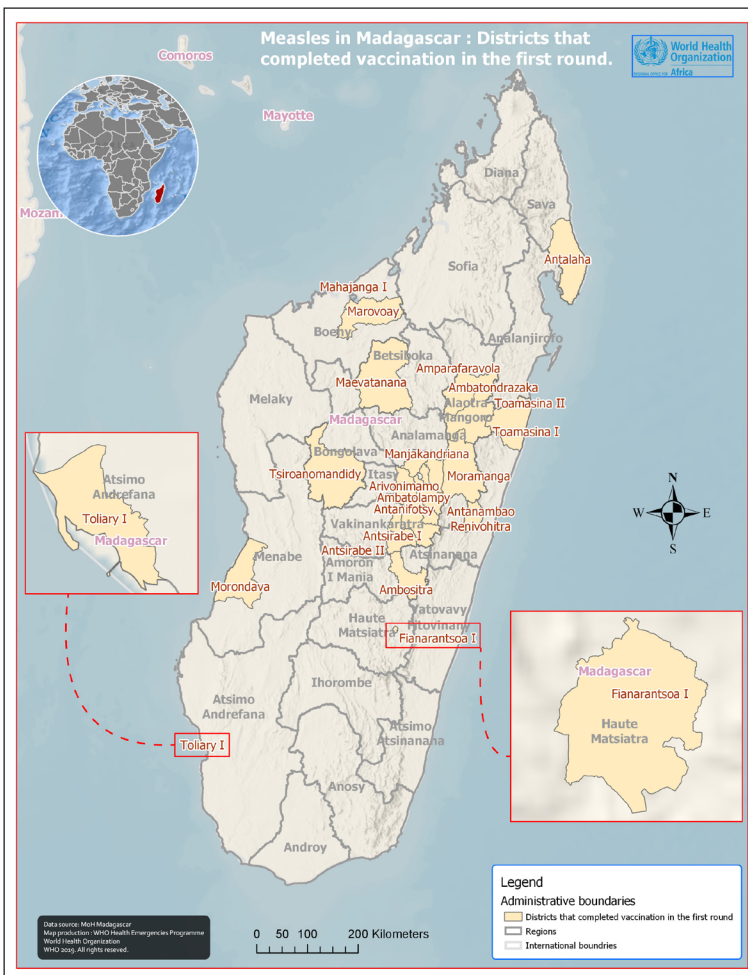
Since the onset of the outbreak on 4 October 2018 to 18 January 2018, a total of 28 747 measles cases have been reported, of which 504 were confirmed and 28 243 epidemiologically linked. A total of 80 deaths have been reported in six districts (case fatality ratio 0.3%). Of the reported cases, 49% are in the 5-14 age-group, 43% are below 5 years of age and 16% are between 15-19 years. Most of the affected persons make up the school-going population. About 55% of cases are either unvaccinated or of unknown vaccination status. There is a slight male preponderance of 1.004. Eighteen percent of the cases had moderate to severe disease and were hospitalized.

Eighty out of 114 (70.2%) health districts in all 22 regions in Madagascar have been affected. The health district of Antananarivo-Renivohitra is the most affected, with an attack rate of 10 025 per 100 000 inhabitants. Nationally, the attack rate is 815 cases per 100 000 inhabitants. Between week 35 of 2018 and week 3 of 2019, there has been a 94% drop in the number of new cases. However, this should be interpreted cautiously as there have been problems with data capture.

PUBLIC HEALTH ACTIONS

- Regular meetings of the National Coordinating Committee for the Response, led by the General Secretary, have been ongoing since the start of the outbreak. The sub-committees of surveillance, support, response, vaccination and social mobilization meet regularly.
- Two advocacy meetings have been held, one on 15 January 2019 organized by the Prime Minister for embassies, partners and government and the other held on 17 January 2019, organized by WHO and OCHA with partners, to mobilize private sector response resources.
- The first phase of a reactive vaccination campaign took place in 25 health districts from 14-18 January 2019, targeting 1.48 million children. Preliminary data showed an administrative coverage of 76% of the target population immunized by the fourth day of the exercise. The Measles Rubella Initiative and GAVI supported monitoring of the campaign, along with active case finding and adverse event surveillance.
- A meeting was held with the Director of Hospitals on 16 January 2019 to coordinate case and death reporting, as well as epidemiological data reporting.
- A revised case management protocol has been distributed, with updates on the use of vitamin A and other medications, along with case management in Primary Health Centres and protocols for referral of complicated cases.
- Awareness messages have been disseminated through radio and television.

Map showing districts in Madagascar that completed reactive measles vaccination campaign, 14-18 January 2019



SITUATION INTERPRETATION

The measles outbreak in Madagascar, which occurred in a context of poor performance of routine vaccination, has been unprecedented. While the situation is improving, the risk of the outbreak spreading to the few remaining unaffected regions of the country remains. Although the first phase of the reactive vaccination campaign progressed well, there is still a shortage of vaccines and funds for response in those districts at risk, and funding gaps need to be filled for phases two and three of the campaign, planned for February through April 2019. Communication to prevent anti-vaccine rumours needs to be strengthened, as does supervision and capacity building among regional and district actors around standard epidemiological response measures, such as active case search, notification of cases and deaths and data recovery. All these vital measures need urgently to be implemented to bring this outbreak to a swift close.

EVENT DESCRIPTION

The humanitarian crisis in north-east Nigeria has been ongoing for more than nine years, with hostilities continuing to escalate since the end of 2018. In the last three months, sustained attacks by the Non-State Armed Groups in 11 local government areas (LGAs) in northern Borno and parts of Yobe have led to massive population displacement to less insecure areas in the region. The most recent notable attack was on 15 January 2019 when a military base and many parts of Rann town were overrun and raided for the second time in less than a year. The United Nations humanitarian hub was looted during the attack, disrupting provision of humanitarian assistance.

As of 22 January 2019, over 29 000 newly displaced persons have been assimilated into four camps in Maiduguri and Monguno LGAs. This sudden influx of persons is critically straining the already stretched facilities in these camps, which already had over 83 000 internally displaced persons (IDPs). The deteriorating security situation has hindered access to basic services and limited agricultural activities.

Conflict between herders and farmers in Nigeria's Middle Belt and southern states has been growing increasingly violent. Farmer-herder clashes have left more than 1 300 people dead and displaced 300 000 people across the country from January-June 2018. Households affected and displaced by intercommunal conflict face greater food insecurity and are at risk of sexual and gender-based violence.

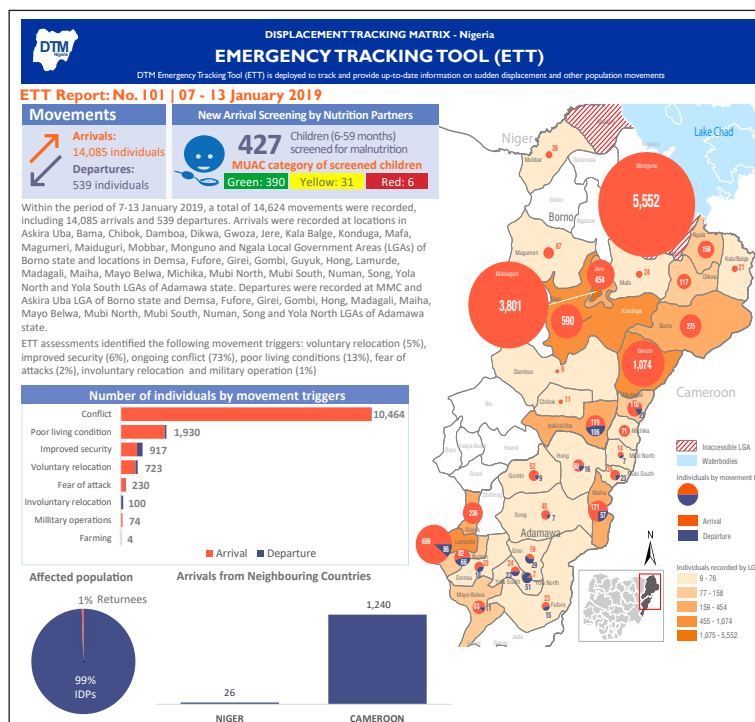
On 15 January 2019, the health commissioners of Adamawa, Borno and Yobe states in north-east Nigeria declared the end of the 2018 cholera outbreak. In total, the three states reported 10 935 cases including 175 deaths (case fatality ratio 1.6%) in 28 LGAs.

An increased number of measles cases have been observed since late 2018 in several LGAs in Borno State, many of which are hosting internally displaced persons. As of 20 January 2019, a total of 660 measles cases have been reported from six LGAs since week 40 (week ending 7 October 2018). This includes 21 laboratory-confirmed cases (IgM positive). Reported cases with complications are being treated at the various health facilities in the state, supported by health sector partners.

PUBLIC HEALTH ACTIONS

- The National and State Emergency Management Agencies (NEMA and SEMA) are coordinating the activities of aid actors in the various camps. The major activities include distribution of food and non-food items (such as blankets, mats, blankets, mosquito nets, cups, rubber plates, spoons, and detergent).
- The water, sanitation and hygiene (WASH) partners, including ICRC, UNICEF, AAH and DRC, are providing water and improving sanitary conditions by constructing showers and latrines in the camps receiving new arrivals.
- WHO has deployed mobile teams, CORPs and MHPSS personnel to IDP camps receiving new arrivals to provide basic lifesaving interventions including immunization, treatment of common childhood illnesses and mental health and psychosocial support services.
- UNICEF and ALIMA are supporting health facilities in the four camps to provide primary health services.
- WHO is supporting the state to intensify case search for measles cases in the affected communities, including collection and transportation of samples for laboratory investigation.
- A request by the state for a reactive measles campaign in Borno state has been sent to the national government.

Humanitarian crisis in Cameroon as of 7-13 January 2019



SITUATION INTERPRETATION

The complex emergency in north-east Nigeria is worrying with the recent upsurge in attacks on military locations and the consequent acute and large-scale displacement of people. The displacements have further exposed an already vulnerable population to increased risk of communicable diseases such as cholera, measles and meningitis outbreaks. The situation is further complicated by the upcoming elections, which are competing for the limited government resources.

The recent control of the cholera outbreak in north-east Nigeria is reassuring, showing that capacities exist in the region to promptly detect and respond to outbreaks. However, the potential for large amplification of other vector-borne epidemic-prone diseases exists, as indicated by the large unprotected population, the presence of urban vectors and the soon approaching rainy season. Vaccination and vector control measures are key strategies for prevention and control of such disease.

EVENT DESCRIPTION

The humanitarian crisis in South Sudan continues, although progress has been made in terms of reductions in ongoing conflict since the signing of the peace agreement in September 2018. Challenges, however, remain. The local application of the presidential decree on custom exemptions issued on 18 December 2018 has led to major disruptions to humanitarian imports at the Ugandan border because officials are randomly interpreting this and preventing delivery of humanitarian goods. Violence against civilians continues, with reports of the rape of two female internally displaced persons (IDPs) on 7 January 2019 in Bentiu protection of civilian (POC) site, by a group of unknown armed men. On 8 January 2019, a vehicle carrying 20 people was ambushed on the Jalle-Bor main road, allegedly by armed Murle men, resulting in six deaths and four injuries. Cattle raiding continues to affect people in Jonglei, Upper Nile, as well as attacks on pastoralists by armed groups.

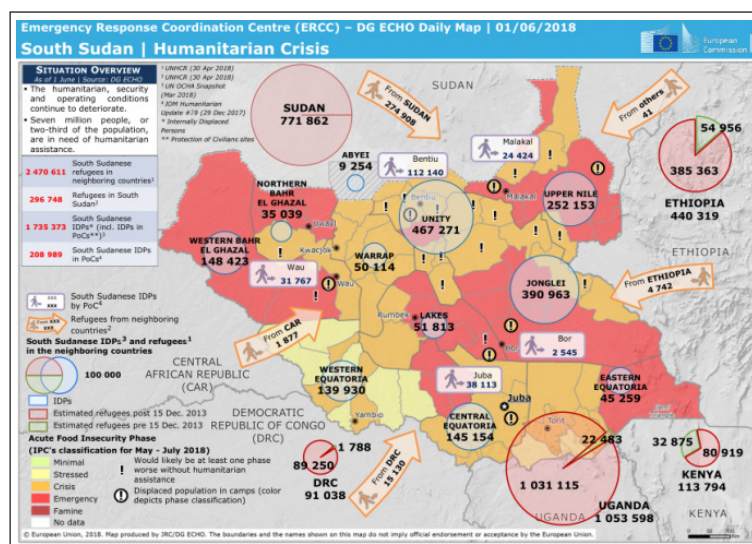
Improvements in security in Robkona and Guit County have resulted in around 1 045 IDPs leaving Bentiu POC. There are also reports of people returning to villages in southern Unity. Consolidating data on returnees remains a challenge.

Epidemic-prone diseases continue in the region. During week 2 of 2019, measles, malaria and bloody diarrhoea were the most frequently reported infectious hazards. Four new hepatitis E cases were reported from Bentiu POC, which tested positive on rapid diagnostic testing. The measles outbreak in Abyei continues, with a total of 115 cases reported as of week 3 of 2019. Of these, 103 (90%) were reported between week 51 of 2018 and week 3 of 2019. The outbreak is showing a declining trend, with 29 cases reported in week 3 of 2019, and 49 in week 2. No deaths have been reported. Chicken pox has been reported in Munri West, with 66 cases reported since November 2018. A suspected outbreak of acute watery diarrhoea has been reported in Tambura, with an increasing trend, mainly in children below five years of age, with some deaths reported. Other reported outbreaks are rubella in Malakal POC, Guinea worm in Rumbek Centre and North, yellow fever in Nzara and Rift Valley fever in Yirol East. No new cases of yellow fever and Rift Valley fever have been reported since the last update. Six cases of acute flaccid paralysis have been reported in four states in week 2, 2019. Malaria remains the top cause of morbidity and mortality, accounting for 50% of cases in this week.

PUBLIC HEALTH ACTIONS

- South Sudan remains on high alert for Ebola virus disease (EVD) with heightened preparedness and response efforts in all high-risk states. Weekly meetings of the national task force (NTL) continue, while State Level Task Force meetings share data at NTL.
- Workers from 20 private healthcare facilities were trained in EVD case detection, isolation, referral and reporting from 16-18 January 2019 in Juba with support from WHO.
- Screening for EVD at points of entry (PoE) continues, with 55 665 travellers screened at 19 PoE during week 2, 2019. A cumulative total of 1.05 million people have been screened to date. Two new PoE are in operation in Bazi and Nimule airstrip. Screening is supported by WHO, IOM, SCI, WVISS and CAUAMM.
- A full-day meeting of the Risk Communication Technical Working Group and partners was held on 15 January 2019, for 17 organizations, to improve engagement and agree on implementation of risk communication strategy and standard operating procedures.
- A weekly EVD preparedness update report has been developed and disseminated widely.

Humanitarian crisis in South Sudan as of 1 June 2018



- WHO country office is supporting the Ministry of Health in developing a proposal to improve immunization coverage, supported by GAVI Fragility, Emergencies and Refugees policy, with high (95%) reporting using the Auto Visual AFP Detection and Reporting system during week 2, 2019.
- Planning is underway for the polio campaign in February 2019, targeting 65% of children under 5 years.
- The state Ministry of Health, Lakes State, in collaboration with WHO, IOM, CUAMM and UNICEF conducted a reactive measles vaccination campaign from 16-21 January 2019, targeting 51 653 children aged 6-59 months in 12 Payams in three counties in Wulu, Yirol West and Rumbek East.
- The WHO Aweil team are supporting the Triple A and Director of HIV and AIDS in transporting samples for a study of tuberculosis and HIV/AIDS drug resistance to Juba.
- A joint Integrated Supportive Supervision visit was carried out in Panrieng County by a team from WHO, CHD and Care International to six health facilities that provide services to more than 112 000 people in Bentiu.

SITUATION INTERPRETATION

There is cause for cautious optimism in South Sudan, although humanitarian actions continue to be hampered by insecurity limiting access, and the poor road network. There are, however, still an estimated 7 million people in need, 1.96 million IDPs (200 000 of whom are in PoC sites) and 2.47 million South Sudanese refugees in neighbouring countries. In addition, more than 250 000 children are estimated to be severely malnourished. National and international authorities and agencies need to continue humanitarian and political efforts to finally end the suffering of the people.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- ▶ The Ebola virus disease outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues to evolve in a highly complex and challenging environment. Transmission persists, most notably in Katwa and Butembo health zones, mainly attributed to insecurity and community reluctance to adopt preventive public health measures. The expansion of the outbreak southwards to Kayna Health Zone (a high security risk area) is also concerning. Nevertheless, the response teams are working actively to build community trust and scale up response activities around these new clusters.
- ▶ Madagascar has been experiencing an unprecedented measles outbreak since October 2018. The outbreak situation has greatly improved following intense response efforts, including completion of the first round of reactive vaccination campaign. Two more rounds (second and third) of supplementary vaccination exercise have been planned. However, successful implementation of these activities is being challenged by inadequate funding and shortage of vaccines. Equally important is the need for continuous provision of technical assistance.

Proposed actions

- ▶ The national authorities and partners in the Democratic Republic of the Congo need to continue implementation of outbreak control activities, with special focus on field epidemiology and community engagements.
- ▶ The national authorities and partners in Madagascar should work closely with the global partners to conduct a series of supplementary vaccination activities. Additionally, efforts should be directed to enhance the performance of the national expanded immunization programmes to improve routine vaccination coverage.

All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
New Events										
Kenya	Cholera	Ungraded	21-Jan-19	02-Jan-19	21-Jan-19	115	4	2	1.70%	A new cholera outbreak has been reported in Narok County from Narok North, South and East sub counties. The date of the onset of the index case was 2 January 2019. Since the beginning of the outbreak to date, a total of 71 cases with 4 confirmed and 2 deaths (CFR 2.8%) have been reported in Narok County. Kajiado county has also reported 44 suspected cholera cases, including 12 positive cases on RDT. Confirmation results are still pending.
Liberia	Lassa fever	Ungraded	23-Jan-19	01-Jan-19	23-Jan-19	1	1	0	0.00%	A 21-year-old female from Grand Bassa County has been confirmed for Lassa virus infection by PCR on 17 January 2019. The affected area is known to be part of the Lassa fever belt in Liberia. A total of 20 contacts including two healthcare workers are under follow-up.
Ongoing Events										
Angola	Cholera	Ungraded	20-Nov-18	09-Oct-18	12-Nov-18	139	-	2	1.40%	Two community deaths have been reported in this outbreak which began on 9 October 2018. The peak of the outbreak was on week 44 (week ending 4 November 2018) with 41 cases including one death reported. Since then, there has been a declining trend in the weekly number of cases. Papelao is the most affected area in Uige Province, reporting a total of 35 cases.
Benin	Lassa fever	Ungraded	07-Dec-18	07-Dec-18	27-Jan-19	7	7	0	0.00%	There have been seven confirmed cases reported since the start of this outbreak of which, six belong to the same cluster with a history of travel reportedly from Taberu, Kwara State, Nigeria. The last confirmed case was reported on 2 January 2019. There are 21 contacts under follow-up as of 17 January 2019.
Burundi	Cholera	Ungraded	28-Oct-18	25-Dec-18	24-Jan-19	163	11	2	1.20%	The cholera outbreak is ongoing in Burundi. Kanyosha commune has reported new suspected cases of Cholera during this reporting period. From 20 to 24 January 2019, four new suspected cases were reported in Bujumbura and Rumonge district reported 0 suspected cholera cases
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	11-Jan-19	-	-	-	-	The situation remains precarious with several regions of the country affected. In the Far North, the situation is marked by attacks linked to Boko Haram thus generating an influx of refugees from Nigeria including mass displacement of the local population. In other regions, similar trends are noted with a huge influx of refugees from the neighbouring Central African Republic. Humanitarian access also remains a challenge.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Cameroon	Humanitarian crisis (NW & SW)	G2	01-Oct-16	27-Jun-18	26-Jan-19	-	-	-	-	The security situation in the North-west and South-west remains volatile. Clashes between secessionists and the army continue, triggering further displacement and disrupting the healthcare, education and livelihood systems. This is impacting the health status of the population and the possible occurrence of infectious disease outbreaks is a concern. The nutrition situation of the displaced persons and population of the host communities is a concern.
Cameroon	Cholera	G1	24-May-18	18-May-18	23-Jan-19	997	81	58	5.80%	The cholera outbreak in Cameroon continue to improve. From 1 January 2019 to date, five new cases were reported in the north region. The Central and Littoral regions have not reported new cases since 27 August 2018 and 11 October 2018, respectively. The outbreak has affected four out of 10 regions in Cameroon, these include North, Far North, Central and Littoral region.
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	07-Jan-19	-	-	-	-	Security incidents and other crimes are recurring in many parts of the country. The security situation is still tense in Bakouma after the attack perpetrated by the coalition of two armed groups on 31 December 2018. The population continues to leave the city towards the southern part of the Sub-prefecture and Bangassou. It is estimated that around 23 000 persons are directly affected by the conflict.
Central African Republic	Hepatitis E	Ungraded	02-Oct-18	10-Sep-18	06-Jan-19	164	120	1	0.60%	Two new cases of hepatitis E were reported in week 52 (week ending 31 December 2018) from Bocaranga-Koui Health district, the epicentre of the current outbreak. This is a slight decrease compared to the previous two weeks when three new cases were reported respectively.
Central African Republic	Monkey-pox	Ungraded	20-Mar-18	02-Mar-18	21-Jan-19	34	25	2	5.90%	Since 2 October 2018, clusters of cases have been identified across three health districts, namely; Mbai-ki district with nine cases including eight confirmed, Bangassou district with five cases including three confirmed, and Bossembele district with 4 cases including three confirmed. One death was reported in Bossembele. Previous clusters have occurred in three districts: Bangassou (weeks 9-11, nine cases including six confirmed), Bambari (weeks 13-16, 15 cases including three confirmed) and Mbaïki (weeks 26-27, five cases including two confirmed).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Central African Republic	Yellow fever	Ungraded	20-Oct-18	12-Aug-18	24-Dec-18	2	1	0	0.00%	One new suspected case from Bocaranga-Koui Health District tested IgM-positive for both Yellow fever and Hepatitis E at IP Bangui on 7 December 2018. The sample has been sent to IP Dakar for further confirmatory testing. No additional suspected cases were reported as of 23 December 2018. A confirmed case was reported from Bocaranga in October 2018.
Chad	Measles	Ungraded	24-May-18	26-Apr-18	26-Dec-18	5 202	356	95	1.80%	Thirty-nine districts across the country have been affected by the outbreak as of 26 December 2018. The mean age among cases is nine years. Of the 1 338 cases with available information, only 13% were vaccinated against measles. The outbreak is reportedly controlled in 31 districts.
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	05-Jan-19	-	-	-	-	The humanitarian and security situation remains unpredictable because of the presidential elections of 30 December 2018 whose results are expected. Inter-ethnic clashes in the province of Mai-Ndombe have caused about 302 deaths, several wounded, and a massive displacement of populations (estimated at about 24 000 people) towards the islets along the Congo River, Congo-Brazzaville and to other surrounding localities.
Democratic Republic of the Congo	Cholera	G3	16-Jan-15	01-Jan-18	30-Dec-18	30 276	-	981	-	A total of 394 suspected cases of cholera including six deaths (CFR 1.5%) were reported during week 50. The number of suspected cases reported per week has dropped below 500 since the week 48 of 2018. Cases reported in the endemic provinces (South Kivu, Tanganyika, Haut Lomami and Haut Katanga) account for 74% of cases and 33% of deaths in week 50.
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	26-Jan-19	733	679	459	63%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	01-Jan-18	09-Dec-18	67 072	842	901	1.30%	During week 49 (week ending 9 December 2018), 2 162 suspected cases including 36 deaths (CFR: 1.7%) were reported across the country. Eight provinces including Upper Katanga, Lualaba, Tshopo, Kasai Oriental, Tanganyika, Ituri, Lomami and South Kivu notified 84% of cases. Since week 47, there has been a decreasing trend in the weekly number of reported cases.
Democratic Republic of the Congo	Monkey-pox	Ungraded	n/a	01-Jan-18	11-Nov-18	3 949	-	86	2.20%	During week 45 (week ending 11 November 2018), 74 suspected cases with two deaths were reported across the country. Suspected cases have been detected in 14 provinces. Sankuru Province has had an exceptionally high number of suspected cases in the reporting year.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Democratic Republic of the Congo	Polio-myelitis (cVDPV2)	G2	15-Feb-18	n/a	25-Jan-19	42	42	0	0.00%	No cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The total number of cVDPV2 cases reported in 2018 was 20. DRC is affected by four separate cVDPV2 outbreaks, in the provinces of Haut Katanga; Mongala, Maniema and Haut Loma-mi/Tanganika/Haut Katanga/Ituri.
Democratic Republic of the Congo	Yellow fever	Ungraded	23-Jun-18	01-Jul-18	01-Dec-18	15	12	4	26.70%	Fifteen cases of yellow fever have been confirmed at the National Reference Laboratory (INRB) since the beginning of 2018. Of these, twelve cases were confirmed by IP Dakar from Tshuapa, Lualaba, Bas Uele, North Kivu province and Kinshasa Region.
Ethiopia	Humanitarian crisis	G2	15-Nov-15	n/a	31-Dec-18	-	-	-	-	About 2.6 million Internally Displaced People (IDPs) and 905 000 refugees are in Ethiopia. Although conflict is the main cause of displacement, around 500 000 have been displaced due to climatic shocks and their impact on food production. Currently, there are about 946 788 IDPs in the West Guji zone (Oromia region) and neighbouring Gedee zone (SNNPR region). The protracted complex emergencies characterized by high incidence of endemic and epidemic-prone diseases as well Severe Acute Malnutrition have overwhelmed the health system. Some areas are inaccessible to humanitarian actors due to insecurity.
Ethiopia	Acute watery diarrhoea (AWD)	Protracted 1	15-Nov-15	01-Jan-18	31-Dec-18	3 357	-	28	0.80%	Four new cases of AWD were reported in Amibara woreda of Zone 3 in Afar region. Cases have been reported from four regions of Afar, Oromia, Somali, Tigray and one administration city (Dire Dawa).
Ethiopia	Measles	Protracted 1	14-Jan-17	01-Jan-18	31-Dec-18	4 637	1 598	-	-	In week 52, week ending on 30 December 2018, 58 new suspected measles cases were reported. Of the 1 598 cumulative confirmed cases reported in 2018, 496 were lab-confirmed, 994 were epi-linked and 108 were clinically compatible.
Guinea	Measles	Ungraded	09-May-18	01-Jan-19	13-Jan-19	42	21	15	35.70%	In week 2, 28 suspected cases were reported including 14 confirmed cases. Two localities are currently in the epidemic phase: Urban district of Labe and Matoto sub-province. As of 30 December 2018, a total of 1 890 suspected measles cases including 479 confirmed cases and 15 deaths have been reported since 1 January 2018. Cases have been reported in all parts of the country.
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	31-Dec-18	744	66	1	0.10%	Since the beginning of the year, six counties were affected by the measles outbreak, namely; Mandera, Wajir, Garissa, Nairobi, Kitui and Muranga. The outbreak is ongoing in Wajir county.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Liberia	Measles	Ungraded	24-Sep-17	01-Jan-18	13-Jan-19	4 247	3 847	19	0.40%	In week 2, 2019 (week ending 13 January 2019), a total of 26 suspected cases of which ten were confirmed (3 laboratory-confirmed, 4 epidemiologically-linked, and 3 clinically confirmed) were reported across nine of Liberia's fifteen counties. Four health districts in three counties, namely; Margibi, Montserado, and Grand Gedeh counties are currently in the epidemic phase.
Madagascar	Measles	G2	26-Oct-18	04-Oct-18	18-Jan-19	28 747	28 747	80	0.3%	Detailed update given above.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	11-Jan-19	-	-	-	-	Mali continues to suffer a complex political and security crisis since 2012. The northern and central regions are facing an increasing number of security incidents affecting the population. More than five million people are affected by the crisis and in need of humanitarian assistance at the national level, including 77 046 IDPs and 140 123 refugees in neighbouring countries such as Niger, Mauritania and Burkina Faso. Three villages in the commune of Mondoro, Douentza district, Mopti Region are experiencing an epidemic of malnutrition following the inter-communal conflict that prevails in the locality.
Mali	Measles	Ungraded	20-Feb-18	01-Jan-19	13-Jan-19	7	0	0	0.00%	During weeks 1 and 2 of 2019, seven new suspected cases with zero deaths were reported. From Week 1 to 52 of 2018, a total of 1 613 suspected cases were reported including 3 deaths (CFR 0.2%). Of the total cases, 6 013 blood samples were collected and 413 tested positive. Since the beginning of the outbreak, 45 health districts reported cases.
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	13-Jan-19	1 405	1 405	4	0.30%	During week 2 (week ending 13 January 2019), four new confirmed cases were reported across the country. As of 13 January 2019, a total of 1 405 laboratory confirmed cases were reported. Of 17 throat swabs analyzed, the genotype D8 was detected in 13 samples. The trend is decreasing since the peak in week 37. The most affected districts are Port Louis and Black River.
Mozambique	Polio-myelitis (cVDPV2)	Ungraded	07-Dec-18	07-Dec-18	15-Jan-19	2	2	0	0.00%	No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreak has been reported this week. Two genetically-linked circulating vaccine-derived poliovirus type 2 (cVDPV2) isolates were detected, from an acute flaccid paralysis (AFP) case (with onset of paralysis on 21 October 2018, in a six-year old girl with no history of vaccination, from Molumbo district, Zambézia province), and a community contact of the case.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Namibia	Hepatitis E	G1	18-Dec-17	08-Sep-17	06-Jan-19	4 227	568	40	0.90%	The overall trend has been declining with a total of 220 new cases including 24 laboratory-confirmed reported across eight regions from week 49, 2018 to week 1, 2019 (week ending 6 January 2019). Kenene and Omaheke regions are the latest to report an outbreak with five confirmed cases each. Overall, 11 out of 14 regions in Namibia have been affected by the HEV outbreak. Khomas region remains the most affected, with 2906 (68 %) of the confirmed cases, followed by Erongo with 913 (22%). Cases reported across the country are mainly from informal settlements with limited access to clean water and sanitation services.
Niger	Humanitarian crisis	G2	01-Feb-15	01-Feb-15	30-Nov-18	-	-	-	-	The country continues to face food insecurity, malnutrition, and health crises due to drought, floods, and epidemics. The food insecurity affects more than 600 000 people and the nutritional status remains critical (Global Acute Malnutrition: 15%). Insecurity instigated by the Boko Haram group persists in the country.
Niger	Cholera	G2	13-Jul-18	13-Jul-18	16-Dec-18	3 824	43	78	2.00%	No new suspected case of cholera was reported since 19 November 2018. A total of 125 639 persons were vaccinated (administrative coverage: 82.5%) during the second round of the OCV campaign from 21 to 24 December 2018 in Aguié Gazaoua and Tchadoua Districts.
Niger	Circulating vaccine-derived polio virus type 2 (cVDPV2)	G2	08-Jul-18	08-Jul-18	15-Jan-19	9	9	1	11.10%	No new case of cVDPV2 have been notified in the reporting week. A total of nine cVDPV2 cases have been reported in 2018 in Niger, which are genetically linked to a cVDPV2 case in Jigawa and Katsina states, Nigeria.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	20-Dec-18	-	-	-	-	Detailed update given above.
Nigeria	Lassa fever	Ungraded	24-Mar-15	01-Jan-19	20-Jan-19	136	136	31	22.80%	In week 3 (week ending 20 January 2018), 74 new confirmed cases with 12 deaths (case fatality ratio 16.2%) were reported from seven states across the country with most of the cases from Edo (31 cases with four deaths) and Ondo (18 cases with three deaths) states. Since week 49, 2018 the weekly number of cases have been on an increasing trend. From 1 - 20 January 2019, a total of 136 confirmed cases have been reported across nine states. Eight hundred three (803) contacts are currently being followed across eight states.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Nigeria	Measles	Ungraded	25-Sep-17	01-Jan-18	23-Dec-18	17 162	1 316	128	0.70%	In week 51 (week ending 23 December 2018), 230 suspected cases of measles with one death (case fatality ratio 0.4%) were reported from 25 states compared with 183 suspected cases reported from 24 states during the same period in 2017. Since the beginning of the year, 4 604 fewer cases were reported compared with the same period in 2017.
Nigeria	Monkey-pox	Ungraded	26-Sep-17	24-Sep-17	13-Dec-18	311	132	7	2.30%	From 14 November 2018 to 13 December 2018, fifteen new suspected cases, of which six were confirmed were reported from five states (Rivers-1, Bayelsa -2, Delta-1, Cross Rivers -1, Edo-1). In 2018, 114 cases were reported, of which 45 were confirmed. Since September 2017, 26 states have reported suspected cases with 17 having reported a confirmed case. Rivers State is the most affected.
Nigeria	Polio-myelitis (cVDPV2)	Ungraded	01-Jun-18	01-Jan-18	15-Jan-19	34	34	0	0.00%	One new case has been confirmed in a 3-year-old girl with onset of paralysis on 5 December 2018 from Baruten Local Government Area (LGA), Kwara State, located on the border with Benin. The country continues to be affected by two separate cVDPV2 outbreaks, the first centered in Jigawa state with subsequent spread to other states as well as to neighbouring Republic of Niger, and the second in Sokoto state.
Nigeria	Yellow fever	Ungraded	14-Sep-17	07-Sep-17	30-Dec-18	4 004	82	33	0.80%	In week 52 (week ending on 30 December 2018) no new cases were confirmed. Since the start of the outbreak, confirmed cases at IP Dakar have been recorded from 14 states (Kwara, Kogi, Kano, Zamfara, Kebbi, Nasarawa, Niger, Katsina, Edo, Ekiti, Rivers, Anambra, FCT, and Benue States). Reported cases have been decreasing gradually since week 48.
São Tomé and Príncipe	Necrotising cellulitis/fasciitis	Protracted 2	10-Jan-17	25-Sep-16	30-Dec-18	3 147	-	0	0.00%	During week 52 (week ending 30 December 2018), 14 new cases were notified from 5 districts: Agua Grande (6), Me-zochi (3), Lemba (3), Cantagalo (1) and Lobata (1). The national attack rate as of week 52 is 15.9 per 1000.
Sierra Leone	Measles	Ungraded	02-Jan-19	21-Oct-18	09-Jan-19	85	18	1	1.20%	The Central Public Health Reference Laboratory of Sierra Leone confirmed ten additional cases of measles on 9 January 2018, all from Kambia district. Two districts, Kambia and Pujehun, on the border with Guinea and Liberia respectively are currently in the epidemic phase. Kambia district is the most affected.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	13-Jan-19	-	-	-	-	Detailed update given above.
South Sudan	Hepatitis E	Ungraded	-	03-Jan-18	06-Jan-19	155	18	1	0.60%	Four new confirmed cases were reported in week 52 (week ending 30 December 2018). All suspected and confirmed cases were reported from Bentiu PoC.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
South Sudan	Measles	Ungraded	24-Nov-18	24-Nov-18	06-Jan-19	127	14	3	2.40%	Eighty-two suspected cases were reported from Mabor Duang and Payam villages (Rumbek East) since 20 October 2018. A total of nine samples tested positive for measles IgM on 22 November 2018. Three cases died. A new cluster of 45 suspected measles cases has been reported in Abyei since week 50 2018, of which five cases were confirmed.
South Sudan	Rubella	Ungraded	27-Oct-18	27-Oct-18	06-Jan-19	113	41	0	0%	Since 27 October 2018, a total of 113 suspected rubella cases (no deaths) have been reported in Malakal PoC. Most cases (78%) were less than 5 years old. There are no cases reported among females within reproductive age (15-49 years). Forty-one cases are laboratory confirmed.
South Sudan	Yellow fever	Ungraded	29-Nov-18	18-Nov-18	19-Dec-18	3	1	0	0.00%	As of 19 December 2018, only one confirmed yellow fever case and two presumptively yellow fever positive cases have been reported from Sakure payam, Nzara county, Gbudue state. Sakure payam is located at the border with Democratic Republic of Congo (DRC).
Tanzania, United Republic of	Anthrax	Ungraded	11-Jan-19	03-Jan-19	16-Jan-19	81	0	4	4.90%	On 11 January 2019, the Ministry of Health Community Development Gender Elderly and Children reported to WHO on cases of Anthrax in Momba DC, Songwe Region. The outbreak has affected a village called Nzoka in Ndalambo Ward since 3 January 2019. As of 10 January 2019, eighty-one cases including four deaths (CFR 5%) have been reported. Cases started following the consumption of deceased cattle in the affected ward. It is suspected that cattle have been affected since November 2018 and 16 cattle have died of anthrax in Nzoka.
Tanzania, United Republic of	Cholera	Protracted 1	20-Aug-15	01-Jan-19	20-Jan-19	6	-	0	0.00%	During week 3 (ending 20 January 2019), zero new cases were reported from the whole country. The general trend of reported cases has been decreasing since week 38 in 2018. The total number of cholera cases in the United Republic of Tanzania since 2015 is 33 306 cases including 550 deaths.
Togo	Lassa fever	Ungraded	02-Jan-19	02-Jan-19	14-Jan-19	2	1	2	100%	Tchaoudjo health district, Central Region of Togo has reported a probable case involving a 20-year-old female who died while returning to Togo from Lagos, Nigeria, after presenting signs and symptoms suggestive of Lassa fever. Sample was not tested, however, 43 contacts have been identified and are being followed. In total, two cases (1 confirmed and 1 probable) have been reported in the current outbreak. A total of 76 contacts are under follow-up.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	05-Dec-18	-	-	-	-	After the countrywide refugee-verification process was completed on 24 October 2018, 1 091 024 refugees and asylum-seekers were registered, representing 75% of the previously estimated target population of 1.4 million. South Sudanese refugees and asylum seekers followed by those originating from DR Congo make up the largest group seeking refuge in Uganda. The influx of refugees has strained Uganda's public services, creating tensions between refugees and host communities. Malnutrition (High SAM and GAM rates) among refugees is of particular concern.
Uganda	Cholera	Ungraded	09-Jan-19	02-Jan-19	23-Jan-19	40	18	2	5.00%	As of 23 January 2019, a total of 40 suspected cases of which 18 are confirmed, with two community death (case fatality ratio 3.7%) has been reported across four divisions in Kampala and Kiira Municipality in Wakiso District on the outskirts of Kampala. Two cases are currently in admission while 31 have been discharged. The date of admission of the last confirmed case was 14 January 2019.
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	24-May-18	24-May-18	14-Jan-19	16	12	4	25.00%	The latest case was a 36-year-old male Village Health Team member from Kikingura village, Kitamba parish, Bwijanga sub-county in Masindi District who had symptom onset on 15 December 2018 and died on 31 December 2018 after presenting signs and symptoms typical of Crimean-Congo haemorrhagic fever. Laboratory confirmation was done subsequently. As of 14 January 2019, 48 contacts identified were still under follow-up. Since May 2018, a total of 16 cases have been reported from eight districts across Uganda.
Uganda	Measles	Ungraded	08-Aug-17	01-Jan-19	23-Jan-19	99	25	0	0.00%	Cases have been reported in Amuru and Bugiri Districts in 2019. Since January 2018 to December 2018, a total of 3 652 suspected cases of measles were reported including 892 confirmed cases by epidemiological link or laboratory testing (IgM-positive). One death was reported among the confirmed cases. Fifty-three districts in the country have reported measles outbreaks.
Zimbabwe	Cholera	G2	06-Sep-18	06-Sep-18	16-Jan-19	10 680	302	68	0.60%	Since the last report dated 5 January 2019, 16 new cases, of which ten are confirmed have been reported across the country. The majority of the new cases are from Murehwa district in Mashonaland East Province where a cluster of 15 new cases with three deaths was reported.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Zimbabwe	Typhoid fever	Ungraded	-	01-Oct-17	09-Dec-18	5 159	262	15	0.30%	There has been a resurgence of typhoid fever in Harare, the capital city of Zimbabwe, since mid-September 2018. The increase started in week 37 (week ending 16 September 2018) when 61 suspected typhoid fever cases were reported, compared to 10 cases (which lies within normal range) in week 36. The weekly incidence eventually peaked in week 41 (week ending 14 October 2018), with 130 cases and has since been declining gradually. There were 34 suspected cases reported in week 49 (week ending 9 December 2018).
Closed Events										
Mauritania	Dengue fever	Ungraded	26-Oct-18	15-Sep-18	22-Nov-18	322	28	0	0.00%	From 22 October to 22 November 2018, a total of 322 suspect cases of dengue fever were reported with no deaths. Of the 92 samples collected, 28 cases were confirmed by INRS (using the PCR technique). Confirmed cases were reported from Rosso (23), Nouakchott (4) and Nouadhibou (1). The test results from the INRS confirmed the cases for Dengue virus serotype II infection.
Namibia	Anthrax (suspected)	Ungraded	02-Nov-18	30-Oct-18	02-Nov-18	41	-	0	0.00%	Forty-one suspected human cases of anthrax including six cases of cutaneous anthrax and 35 cases of gastrointestinal anthrax have been reported from Sesfontein settlement, Opuwo district, Kunene region in north-western Namibia. Laboratory confirmation is pending.
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	21-Oct-18	6 120	1 511	-	-	Increasing trends were observed for the past four weeks. There was general decreasing trend between week 23 and week 35. Analyses on serotypes from week 35 showed circulation of DENV1, DENV2 and DENV3.

†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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