1. Introduction

In this bulletin, it is important to note that the Ebola outbreak in West Africa has significantly declined. On 3 September 2015, WHO declared Liberia free of Ebola virus transmission in the human population. Sierra Leone has reported one (1) new case after the country marked 21 days without reporting any case. Elsewhere in the region, a plague outbreak was recently reported in Moramanga district, Madagascar.

In this issue, a general overview of public health events that occurred between January-July 2015, as well as a summary of other ongoing outbreaks as reported by Member States, are being described to inform public health officers across the continent, health partners and wider audience.

2. Overview of reported outbreaks in WHO African Region

According to data received from the Early Warning System through the Event Management System (EMS), 70 public health events were reported to the Regional Office between January and July 2015 of which 81% (57/70) were due to infectious diseases; cholera being the most frequently reported infectious disease (26%). The distribution of these events is shown in figure 1.
3. Overview of Ebola virus disease epidemic in West Africa

Since the beginning of the outbreak, the Ebola virus disease (EVD) epidemic in West Africa has affected six countries namely Guinea, Liberia, Sierra Leone, Nigeria, Senegal and Mali. As of 29 August 2015, a cumulative total of 28,094 cases and 11,303 deaths was reported (Table 1). 3.8% of the cases and 4.7% of the deaths reported were among health care workers (1049 cases and 534 deaths).

On 3 September 2015, WHO declared Liberia free of Ebola virus transmission in the human population. On this day it marked forty-two days since the last laboratory-confirmed case. With this, Liberia will enter a 90-day period of heightened surveillance.

Sierra Leone did not report new cases of EVD for 21 days (8 - 28 August 2015). However, 1 new case was reported from Kambia district on 29 August 2015.

Ebola outbreaks in Senegal, Nigeria and Mali ended on 17 October 2014, 20 October 2014 and 18 January 2015 respectively.
In order to stop transmission of EVD in affected countries and prevent its spread, national authorities, with the support of WHO and other partners are taking necessary measures in-line with the IHR (2005). These include: activation of national, provincial and district emergency management committees to coordinate response; deployment of multi-disciplinary experts; provision of outbreak logistics support; capacity building of health care workers and community; and provision of financial support.

The Emerging and Dangerous Pathogens Laboratory Network (EDPLN) is working with affected countries for timely confirmation of cases through deployment of mobile laboratories and strengthening the capacity of national laboratories.

Continuous utilization of key reference documents such as Ebola Standard Operating Procedure (SOP), guides on contact tracing and Integrated Disease Surveillance and Response (IDSR) including community based surveillance are critical to appropriately implement best practices.

WHO works with national governments and leads the international community to provide emergency health services in countries with widespread Ebola transmission as well as prevent outbreaks in countries that are unaffected.

<table>
<thead>
<tr>
<th>Countries</th>
<th>Cumulative number</th>
<th>Health Care Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Deaths</td>
</tr>
<tr>
<td>Guinea</td>
<td>3790</td>
<td>2528</td>
</tr>
<tr>
<td>Liberia</td>
<td>10672</td>
<td>4808</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>13603</td>
<td>3953</td>
</tr>
<tr>
<td>Mali*</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Nigeria*</td>
<td>20</td>
<td>8</td>
</tr>
<tr>
<td>Senegal*</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>28094</td>
<td>11303</td>
</tr>
</tbody>
</table>
4. Overview of cholera outbreaks in the WHO African Region

In the African Region, between January - July 2015, a total of 28 483 cholera cases including 444 deaths (CFR: 1.6%) were reported from 15 out of 47 countries (32%) in the Region. Ninety percent of the total number of cases were reported from four countries: Mozambique (44%), DR Congo (27%), Nigeria (10%) and Kenya (9%). The distribution of cholera cases and deaths is shown in figures 3, 4 and 5.
In response to the cholera outbreaks, WHO and partners continue to provide support to the respective Ministries of Health in the areas of coordination, surveillance, laboratory, case management, WASH, and social mobilization. Reactive OCV campaigns have been organized in South Sudan, Cameroon, Malawi and Tanzania.

It is crucial that Member States refer to the WHO standard operating procedures for coordinating public health events preparedness and response to enhance preparedness, surveillance and response (http://www.afro.who.int).
5. Major outbreaks in countries in the African Region

5.1. Cholera in Tanzania

The Ministry of Health and Social Welfare (MOHSW) in Tanzania notified WHO of a new outbreak of cholera in Dar es Salaam and Morogoro regions that started on 15 and 18 August 2015 respectively. As of 31 August 2015, 692 cases including 12 deaths have been reported from the two regions. Samples tested positive for *vibrio cholerae*.

As of 31 August 2015, a total of 1202 cases including 15 deaths (CFR: 1.9%) have been reported from all affected districts in the country.

The cholera outbreak in the Kigoma district has been controlled. The Kigoma district experienced a cholera outbreak in the area where Burundian refugees are settling. 4528 cases including 32 deaths were reported among Burundian refugees.

The MOHSW with support from WHO and partners is implementing the following cholera control measures: regular coordination meeting of National Task force; case management; surveillance and laboratory, WASH and public awareness. Treatment centres have been set up in the two regions and experts have been deployed to provide technical support. Teleconferences between the WHO Country Office and WHO AFRO have been conducted and technical support provided.
5.2. Plague in Madagascar

On 26 August 2015, the Ministry of Health (MoH) of Madagascar notified WHO of a plague outbreak from Moramanga district that started on 20 August 2015. A total of 12 suspected and probable cases of pneumonic plague including 8 deaths (CFR: 66.7%) have been reported.

Samples were confirmed by rapid diagnostic test for *Yersinia pestis*.

WHO in collaboration with partners is supporting the Ministry of Health in the areas of coordination; surveillance; case management and infection prevention and control; public awareness and logistics.

The national task force has been activated. A multi-disciplinary team of experts have been deployed to the field to support investigation and response activities. Insecticide sprays, medicine and other supplies were made available in the affected district.