

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 8: 18 - 24 February 2019

Data as reported by 17:00; 24 February 2019



World Health
Organization

REGIONAL OFFICE FOR

Africa

WHO Health Emergencies Programme

0

New events

61

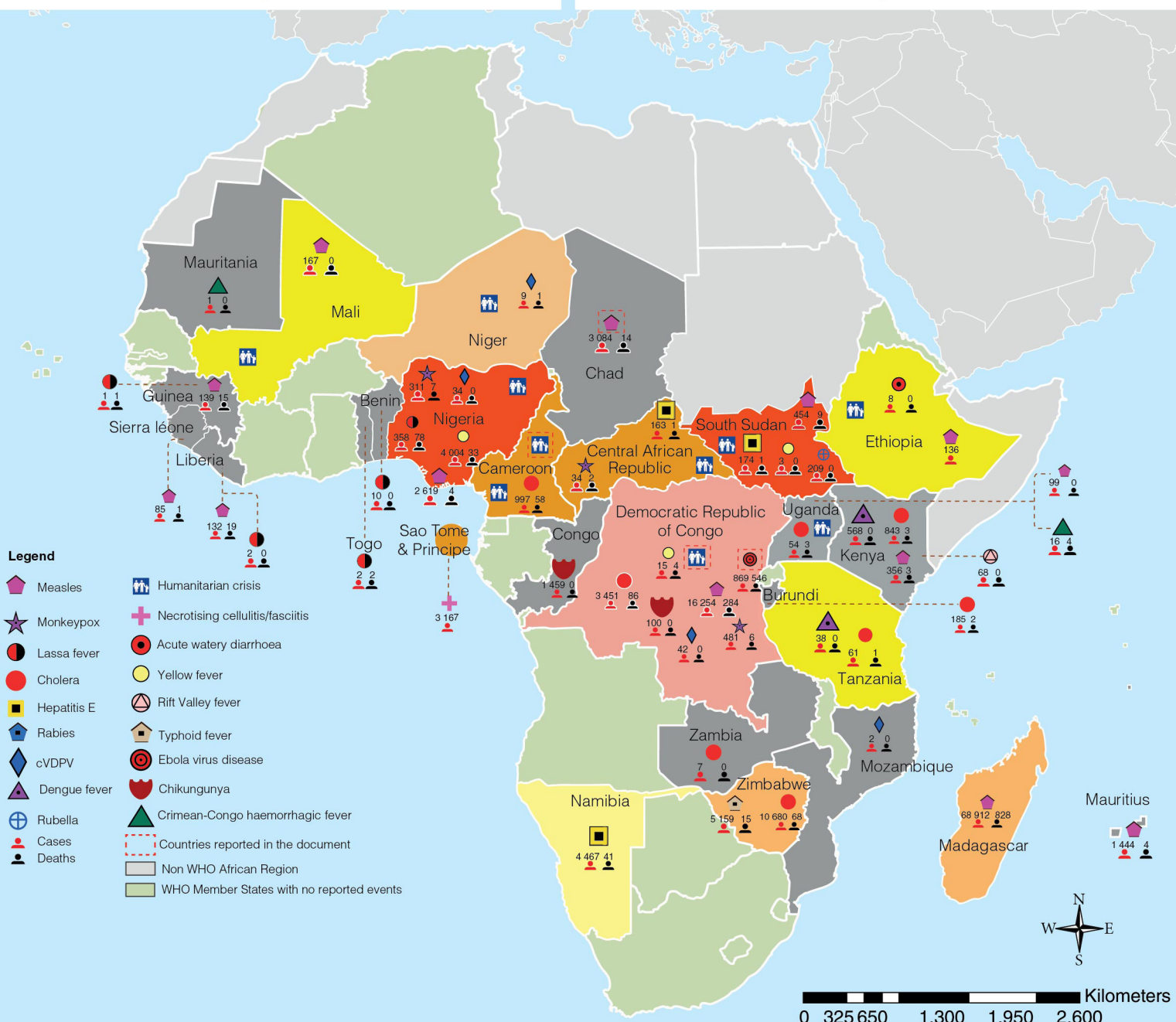
Ongoing events

51

Outbreaks

10

Humanitarian
crises



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 61 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 Chad](#)
- [Humanitarian crisis in Democratic Republic of the Congo](#)
- [Humanitarian crisis in Cameroon.](#)

- 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 (EVD) outbreak in the Democratic Republic of the Congo continues with moderate transmission intensity. While the overall number of incidence cases slowed down during the week, several risk factors still persist, including community deaths, undocumented transmission chains, high mobility of cases, etc. – suggesting higher risk of further propagation of infections. There is a need to step up implementation of proven public health measures to control this outbreak.
- The measles outbreak in Chad remains serious, with the disease trend rapidly increasing. The ongoing response measures are being challenged by inadequate resources, especially lack of laboratory testing reagents, vaccines and operational funds. Supplementary immunization activities are patchy and slow, as well as suboptimal routine immunization services. There is a need to quickly scale up the ongoing reactive vaccination campaigns in order to protect the remaining vulnerable population and bring this outbreak under control.

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues. The Ebola treatment centre (ETC) in Katwa was set on fire by unknown assailants during a security incident that occurred on the night of 24 February 2019. The ETC, manned by Médecins Sans Frontières (MSF) and the Ministry of Health, has been rendered non-functional and the patients have been evacuated to Butembo ETC. While no casualties have been reported, this incident will negatively impact on the overall response operations. Since the last report on 17 February 2019 (*Weekly Bulletin 7*), 31 new confirmed EVD cases have been reported, with an additional 12 deaths.

As of 23 February 2019, a total of 869 EVD cases, including 804 confirmed and 65 probable cases have been reported. To date, confirmed cases have been reported from 19 health zones: Beni (226), Biena (5), Butembo (76), Kalunguta (44), Katwa (228), Kayna (5), Kyondo (15), Mabalako (90), Mangurujipa (5), Masereka (8), Musienene (6), Mutwanga (4), Oicha (30), and Vuhovi (13) in North Kivu Province; Komanda (28), Mandima (17), Nyankunde (1), Rwampara (1), and Tchomia (2) in Ituri Province¹. Eight of the 19 affected health zones reported at least one new confirmed case in the previous 21 days (3 to 23 February 2019), depicting ongoing active local transmission. The Katwa Health Zone remains the main hot spot, reporting 55% (42/76) of the new confirmed cases in the past 21 days, followed by Butembo at 25% (19/76).

A total of 546 deaths were recorded, including 481 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 60% (481/804). One healthcare worker was among the newly confirmed cases in the last week, bringing the number of healthcare workers infected to 69, with 21 deaths.

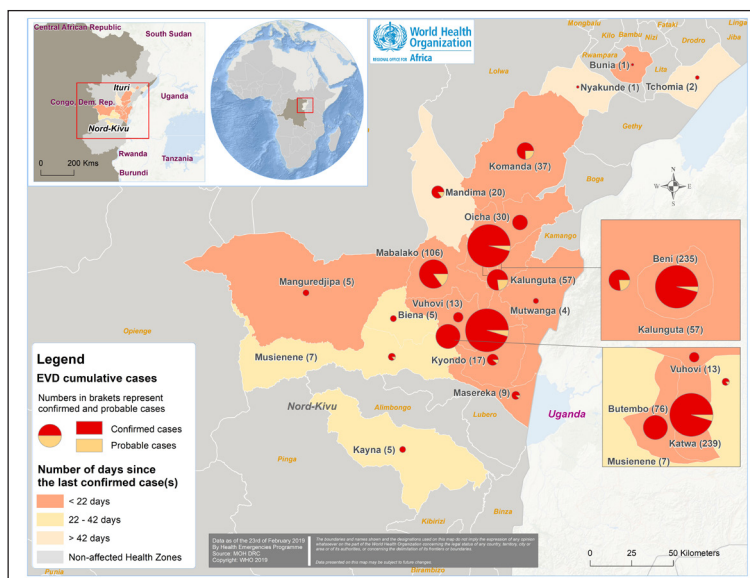
Contact tracing is ongoing in 15 health zones and remains challenging due to insecurity and continuing pockets of community reluctance. The number of contacts being followed as of 23 February 2019 was 5 739, of whom 4 536 (79%) had been seen in the previous 24 hours. The proportion of contacts followed in the previous 24 hours ranges from 65 (Vuhovi) to 100%. Arrangements are currently being made to reinvigorate the follow-up of contacts in Vuhovi where local response activities have been disrupted due to violence.

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. Collaboration between health authorities in the Democratic Republic of the Congo and Uganda continues around monitoring displaced contacts.
- Field response activities in most health areas in Katwa have been disrupted and suspended due to insecurity in the area, with the vehicle assigned to Katwa's communication subcommittee stranded in the Rughenda market in Katwa.
- As of 23 February 2019, a cumulative total of 83 118 people vaccinated since the start of the outbreak.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with 240 028 travellers screened on 23 February 2019, bringing the cumulative number of screenings to 38.46 million. Three alerts were notified from the PoE/PoC, all of which were invalidated after investigation.
- An independent therapeutic data monitoring committee has been established to analyse the MEURI protocol.
- There are continued community reintegration activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response.

¹The case reported in Bunia on 13 February 2019 has been reclassified to Rwampara.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May to 23 February 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



- Bora Maicha health staff have been psychologically prepared for decontamination of the facility, along with members of a household that is being decontaminated in Vukala.
- Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) activities continue.
- Community awareness and mobilization sessions continue, with evaluation of the work of religious leaders in Butembo-Beni to reinforce communication strategies; in Komanda grassroots and local church leaders in Apende village committed to strengthening community-based monitoring and resistance management; families in Komanda were sensitized through education about the ETC; risk communication on EVD was provided to some of the youth of Katabey and Kazaroho villages who were reluctant to participate in prevention activities.

SITUATION INTERPRETATION

The Ebola outbreak in Democratic Republic of the Congo continues to evolve in a complex and challenging environment. Trends in the case incidence have been encouraging; however, other indicators (such as the continued high proportion of community deaths, persistent delays in case detection, documented local travel among many cases, and relatively low numbers of cases among contacts under surveillance) suggest a high risk of further propagation of infections in the affected communities. Continued implementation of both proven and innovative public health measures will bring the outbreak to an end.

EVENT DESCRIPTION

Chad has been experiencing a measles outbreak since early 2018, with the case incidence rapidly increasing since the beginning of 2019. In week 7 (week ending 17 February 2019), a total of 859 suspected measles cases and three deaths were reported compared to 650 suspected cases reported in week 6. The disease trend has been steadily rising since week 1 of 2019 when 51 suspected cases were reported.

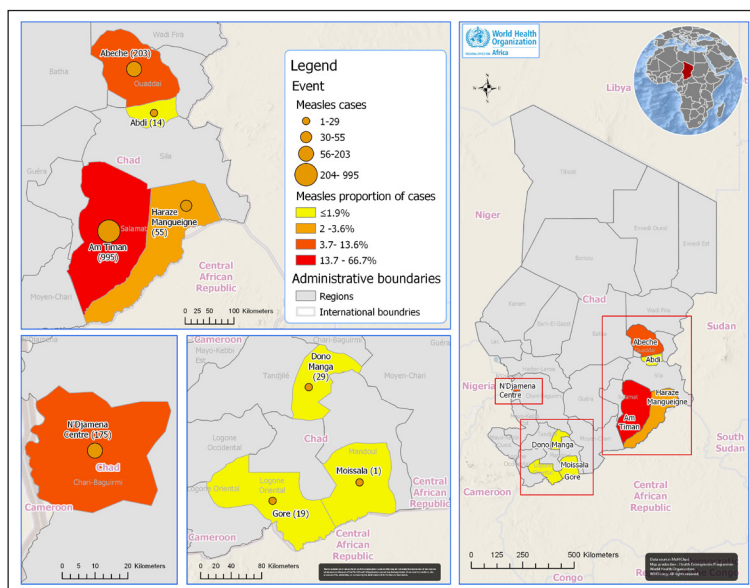
Between 1 January and 17 February 2019, a total of 3 084 suspected measles cases, including 14 deaths (case fatality ratio 0.5%) have been reported, compared to 5 336 suspected cases recorded in the whole of 2018. The cases reported (this year) came from 76 out of 117 districts in the country. Of these, 39 districts have attained the measles epidemic threshold. Over 60% of the reported cases are concentrated in six districts: Amtiman (995 cases, 5 deaths), N'Djamena East (285 cases), Abéché (203 cases, 1 death), N'Djamena Center (175 cases, 1 death), Dourbali (169 cases) and N'Djamena South (163 cases). All these districts experienced measles outbreak in 2018.

Of 381 cases investigated, up to 80% reportedly received no vaccine against measles. Fifty percent of the cases were below five years of age, 24% were between 5 and nine years and 15% were 15 years and above. Overall, the average age is 7 years, with a median age of 2 years.

PUBLIC HEALTH ACTIONS

- The National Epidemic Management Committee continues to coordinate the response to the measles outbreak, with the support of partners.
- The Ministry of Health, WHO, UNICEF and partners developed a national measles outbreak response plan and implementation of the plan is ongoing. The response plan is also being used to mobilize the resources required for the response.
- By December 2018, 56 districts had conducted reactive measles vaccination campaigns. Meanwhile, routine immunization activities are ongoing.
- Epidemiological investigation is being conducted at district level, including collecting specimens and documentation of cases. However, laboratory testing has not been conducted since the beginning of 2019 due to shortage of reagents.

Geographical distribution of measles cases and deaths in Chad,
1 January - 17 February 2019



SITUATION INTERPRETATION

The measles outbreak in Chad has been ongoing since early 2018, with increasing case incidence and wider geographical span since the beginning of 2019. The response to this outbreak is being challenged by lack of resources, including testing reagents, vaccines and operational funds. Systematic laboratory testing of specimens has not been conducted since the beginning of 2019, affecting proper description and characterization of the outbreak. Vaccination campaigns have also been patchy, with only one-half of the affected districts covered. Recent investigation showed that more than 80% of the new cases have not been vaccinated, an indication of continuous low coverage of routine and supplementary immunization services. There is a need to step up the ongoing response to this outbreak, especially immunization services in order to quickly contain the outbreak. Mobilization of resources for the implementation of the response plan in all affected areas is of paramount importance.

EVENT DESCRIPTION

The complex humanitarian crisis in the Democratic Republic of the Congo continues, being compounded by a deteriorating security situation in specific areas of the country, population displacement and external refugee movement, and the occurrence of multiple outbreaks of epidemic-prone diseases. The security situation continues to deteriorate in North Kivu Province, while a period of fragile calm has been seen in Tanganyika and South Kivu provinces.

Since 31 January 2019, and following clashes in South Sudan, around 5 000 refugees have taken refuge in several villages in Ituri Province, most of whom are women and children. Asylum seekers are being encouraged to move away from the border zone, which remains dangerous, except in the Ituri border area, where humanitarian access is still possible, despite poor roads and infrastructure. However, the lack of health facilities in the localities hosting asylum seekers limits access to healthcare. Around 7 500 internally displaced persons (IDPs) who arrived between October 2018 and January 2019 are reportedly being hosted by foster families in villages in the Beni-Kasindi axis, fleeing incursions by armed groups and militia. Their needs are still to be assessed.

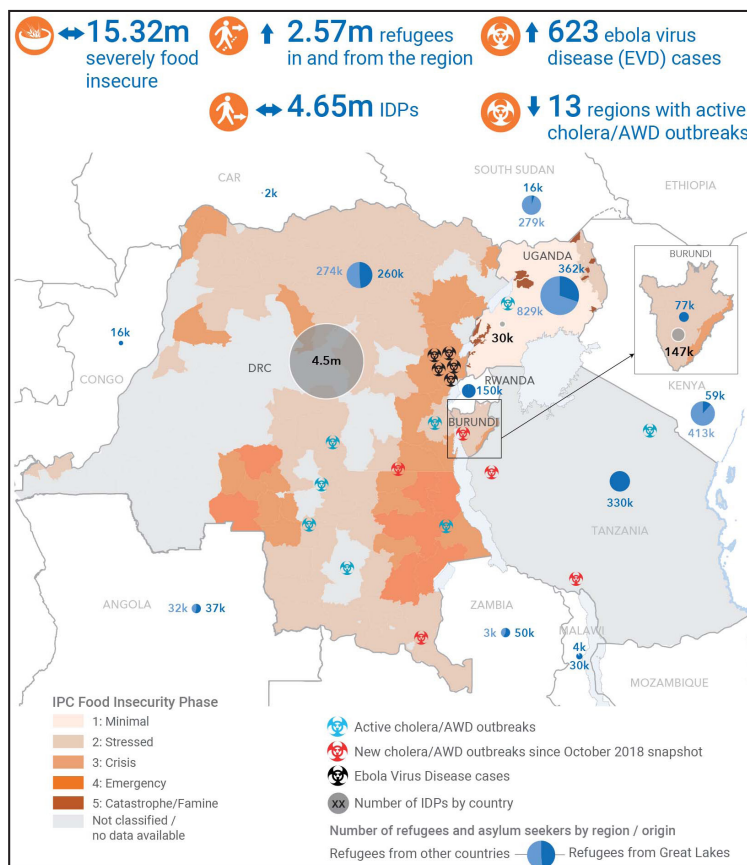
Following inter-communal violence in Yumbi territory, Mai Ndombe Province in December 2018, an evaluation mission recommended two-phased assistance: in the first phase, a rapid response for food security, emergency shelter, health, nutrition and water, sanitation and hygiene (WASH) and education sectors; while the second phase will be a protracted response in the same areas, providing for both communities.

Disease outbreaks continue, with the ongoing Ebola virus disease in North Kivu and Ituri requiring major commitments in personnel and funding. The long-standing cholera outbreak continues, with 3 535 cases and 86 deaths (case fatality ratio 2.4%) reported throughout the country from January to 19 February 2019. The main hotspots of the outbreak are Tanganyika, Upper Lomami, South Kivu and Upper Katanga provinces, accounting for 86% of the suspected cases reported in week 5 of 2019 (week ending 2 February 2019). There is an outbreak of chikungunya virus disease in two health zones in Kinshasa city (Mount Ngafula 1 and Mount Ngafula 2) and Masa, in Central Kongo Province, with 313 suspected cases reported. Measles outbreaks continue, with a total of 16 254 suspected cases and 284 deaths (case fatality ratio 1.8%) in 52 health zones from week 1 to week 5 of 2019. The main hotspots are the provinces of Tshopo, Lualaba Upper Lomami.

PUBLIC HEALTH ACTIONS

- Following the recent refugee movements at the country's border with South Sudan, a framework to discuss humanitarian services, including screening and separating combatants from civilians, has been established between the state authorities and humanitarian actors. Meanwhile, UNHCR staff in Ituri Province has been strengthened for possible registration, as well as assessing options for relocation to Biringi, near Aru city, in the interior, while at the same time strengthening the capacity of the Biringi refugee site in the face of accelerating refugee arrivals.
- A Local Inter-Organizations Committee (CLIO), based in Kinshasa, has been set up by the Humanitarian Country Team, to respond specifically to the Yumbi crisis, following an inter-agency evaluation mission that visited the area from 28 January 2019 to 2 February 2019.
- WHO continues to support the main cholera hotspots, particularly in the provinces of Tanganyika, South Kivu, Upper Katanga and Upper Lomami, through case management, active case search, case investigation, data management, maintenance of water chlorination points and household disinfection, with operational support through provision of kits and inputs for the care and transport of samples and patients.

Humanitarian Snapshot in Democratic Republic of the Congo, November - December 2018



- The National Program for the Elimination of Cholera and Control of other Diarrhoeal Disease updated the unmet response needs at the household level in the hotspot areas.
- Médecines sans Frontières (MSF) is providing five months of support to the Institut National de Recherche Biomédicale for measles analysis, along with support of the management and response to this outbreak in Upper Lomami. ALIMA is proving support for management of suspected measles cases in Kamwasha and Kalonda.
- Measles and rubella vaccination campaign, targeting 16 provincial health divisions, is scheduled in March 2019, with more than 2 million doses. MSF is planning a vaccination campaign in seven health zones in Tshopo Province.
- A campaign to respond to two recent cases of circulating vaccine derived poliomyelitis virus type 2 (cVDPV2) cases was carried out from 31 January 2019 to 2 February 2019 in Mufunga Sampwe, Upper Katanga. A mission to investigate one case in Yahuma, Tshopo Province was conducted from 5-10 February 2019. Training for central level managers in data management was held from 4-13 February 2019 in Kisantu, Kongo Central Province.

SITUATION INTERPRETATION

Continuing insecurity, both internally and on the borders, of Democratic Republic of the Congo, is fueling the complex humanitarian crisis, with an estimated 13.1 million people in need of urgent assistance. This, along with the constant outbreaks of epidemic-prone diseases, puts enormous strain on infrastructure and health facilities, further complicated by the resources required for the response to the ongoing Ebola virus disease outbreak in North Kivu and Ituri. Implementation of all proven public health responses needs to continue and be strengthened where necessary. Meanwhile, local and international efforts to mitigate the underlying insecurity that is driving this crisis need to accelerate.

EVENT DESCRIPTION

The humanitarian crisis in the North West and South West regions of Cameroon continues to deteriorate, with ongoing reports of sporadic armed skirmishes between the secessionists, the military and communities. There has been ongoing fighting in several major cities since 5 February 2019, leading to at least 16 civilian fatalities. Compulsory lockdowns are imposed on Mondays when the two capital cities in the regions, Buea and Bamenda, are declared 'ghost towns' with absolute restriction of movement. An extended 10-day lockdown ended on 14 February 2019. It was aimed at preventing events that would result in mass assemblies of people, such as the annual motorcycle race.

In addition, the country is facing concurrent conflict in the Far Northern Region, as a result of Boko Haram insurgency. Some 35 000 people fled Rann, Nigeria to Cameroon following the departure of security forces from the city. Humanitarian efforts to respond to the new influx have been scaled up, but capacity remains limited. Displacement caused by the Boko Haram conflict continues to disturb access to basic services and livelihoods in Cameroon. The East Region of Cameroon is also affected as a result of conflict in Central African Republic.

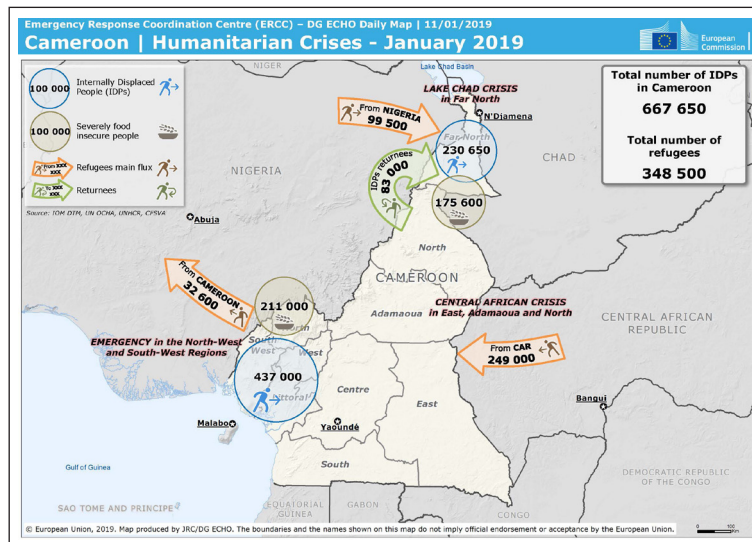
As of December 2018, an estimated 351 000 people were internally displaced, with 105 000 in the North West Region and 246 000 in the South West Region. As of February 2019, an estimated 444 213 people are internally displaced, with 248 000 in the North West Region and 196 000 in the South West Region. The continued unrest is having adverse effects on access to facilities, including healthcare services, with an attack on the main hospital in Kumba, South West Region. Attacks in health facilities have also been reported in other locations, resulting in the deaths of healthcare workers. Some health facilities have been destroyed and several others have closed as healthcare personnel have left for security reasons, significantly decreasing access to health services. Humanitarian clusters remain active in both regions, although they encounter major difficulties in movement.

Transmission of disease surveillance data has remained low in both regions. As of week 6 of 2019 (week ending 8 February 2019), only 16% and 11% of health facilities reported surveillance data in the North West and South West regions respectively.

PUBLIC HEALTH ACTIONS

- Coordination of humanitarian actors in Cameroon continues using the sectoral coordination model, with the health sectors co-led by the Ministry of Public Health and WHO.
- Humanitarian clusters activated on 12 September 2018 remain active in both the North West and South West, with WHO taking the lead in the health cluster, which currently has 17 operational partners present in the South West Region.
- WHO has deployed an incident manager and the country office has activated the incident management system. Additional personnel engaged by the country office include a health cluster coordinator, a field coordinator, a clinical psychologist, and a trauma surgeon in Buea, and a clinical psychologist in Bamenda.
- WHO has procured trauma kits and interagency emergency health kits.
- One hundred community relays have been identified for training to boost community-based surveillance.
- An agreement has been finalized with CARITAS for the provision of basic health services through community health officers.

Humanitarian crisis in Cameroon as of January 2019



SITUATION INTERPRETATION

Ongoing insecurity, destruction of health facilities and poor disease surveillance are major concerns in these two regions of Cameroon. This complex humanitarian situation is protracted and likely to take some time to end. The main gap is in human resources, which need urgently to be scaled up and actions implemented by partners, including WHO. However, inadequate resources and insecurity limit the implementation of the current humanitarian response plan, which could bring much-needed aid to a vulnerable population. National and international authorities need to address the underlying issues driving this crisis as a matter of urgency.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- The EVD outbreak in the Democratic Republic of the Congo persists with moderate intensity. The disease trends have slightly slowed down during the last two weeks; however, the risk factors for further transmission are still prevalent, indicating a continuation of the outbreak. Some of the risk factors include continued occurrence of community deaths, emergence of confirmed cases outside documented transmission chains, high mobility of alert/suspected cases and contacts, etc. Areas that have not reported confirmed cases for weeks have seen reappearance of cases. All these indicators are calling for intensified implementation of both proven and innovative public health measures.
- Chad has been experiencing a measles outbreak since 2018, with the disease trend rapidly increasing since the start of the year. While efforts are ongoing to control the outbreak, the response measures are facing several challenges, notably inadequate laboratory diagnostic capacity and shortage of vaccines and operational funds for routine and supplementary immunization activities. There is a need to mobilize the necessary resources and rapidly scaled up implementation of the supplementary and routine vaccination activities across the country in order to protect the vulnerable population and bring this outbreak to an end.

Several countries in the African region are currently experiencing measles outbreaks, calling for the need to strengthen the functioning of their national immunization programmes as well as the broader health systems.

Proposed actions

- The national authorities and partners in the Democratic Republic of the Congo need to continue implementing the proven and innovative public health measures.
- The national authorities and partners in Chad need to rapidly scale up the implementation of the measles supplementary vaccination campaigns to cover the whole country. The global community need to provide the requisite resources, especially funds and vaccines.

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
Ongoing Events										
Benin	Lassa Fever	Ungraded	07-Dec-18	07-Dec-18	21-Feb-19	10	9	0	0.00%	No new case reported in the past week. There have been nine 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 26 January 2019.
Burundi	Cholera	Ungraded	28-Dec-18	25-Dec-18	10-Feb-19	185	19	2	1.10%	The cholera outbreak is ongoing in Burundi. From 4 to 10 February 2019, seven new suspected cases were reported in Bujumbura. Rumonge district reported zero suspected cases since 22 January 2019. Overall, there is a decline in the reported number of cases since the peak on 28 January 2019.
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	11-Jan-19	-	-	-	-	Detailed update given above.
Cameroon	Humanitarian crisis (NW & SW)	G2	01-Oct-16	27-Jun-18	26-Jan-19	-	-	-	-	Detailed update given above.
Cameroon	Cholera	G1	24-May-18	18-May-18	23-Jan-19	997	81	58	5.80%	The cholera outbreak in Cameroon continues 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 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	03-Feb-19	-	-	-	-	The 14 armed groups and the government have agreed to embark on the path towards lasting peace in the Central African Republic during the last Khartoum talks while on the ground the humanitarian situation remains worrying. Increased cases of robbery against humanitarian workers are hindering the implementation of response activities in the centre of the country.
Central African Republic	Hepatitis E	Ungraded	02-Oct-18	10-Sep-18	03-Feb-19	163	124	1	0.60%	One new case has been reported in 2019 as of 3 February 2019. From 10 September 2018 to 3 February 2019, a total of 163 cases of acute jaundice syndrome including 124 confirmed for viral hepatitis E have been reported.

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	Monkey-pox	Ungraded	20-Mar-18	02-Mar-18	03-Feb-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 four 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 Mbai-ki (weeks 26-27, five cases including two confirmed). A suspected case of Monkeypox was notified in the sub-prefecture of Ippy and investigations are ongoing.
Chad	Measles	Ungraded	24-May-18	01-Jan-19	17-Feb-19	3 084	0	14	0.50%	As of week 7, 2019 (week ending 18 January 2019), a total of 3 084 suspected measles cases including 14 deaths were reported from 76 out of 117 (65%) districts in the country. The number of reported cases has been increasing gradually since week 1 in 2019. Currently, 39 districts are in the epidemic phase. In 2018, the country reported a total of 5 336 suspected cases of measles from 111 districts.
Congo	Chikungunya	Ungraded	22-Jan-19	07-Jan-19	08-Feb-19	1 459	8	0	0.00%	An outbreak of chikungunya affecting two districts, Hinda-Loango and Mvouti_Kakamoeka, has been declared on 2 February 2019 by the government of the Republic of Congo. From 7 January to 8 February 2019, a total of 1 459 suspected cases including eight confirmed have been reported. More than three-quarters of the cases were reported from Diosso in Hinda-Loango District. Entomological investigation showed the presence of the vector, Aedes albopictus.
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	05-Feb-19	-	-	-	-	Detailed update given above.
Democratic Republic of the Congo	Chikungunya	Ungraded	08-Feb-19	30-Sep-18	08-Jan-19	100	48	0	0.00%	As of 8 January 2019, a total of 100 suspected cases of which 74% came from Mitendi, Mont Ngafula health zone has been reported.
Democratic Republic of the Congo	Cholera	G3	16-Jan-15	01-Jan-19	03-Feb-19	3 451	-	86	2.50%	A total of 692 new suspected cases of cholera including 15 deaths were reported during week 5, 2019 (week ending 3 February 2019), which is in the same magnitude compared to the number of cases reported in the previous three weeks.
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	23-Feb-19	869	804	546	63%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	01-Jan-19	03-Feb-19	16 254		284	1.70%	During week 5, 2019 (week ending 3 February 2019), 3 018 cases of measles were recorded including 54 deaths.

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	Monkey-pox	Ungraded	n/a	01-Jan-19	03-Feb-19	481	-	6	1.20%	A total of 481 new suspected cases including five deaths have been reported since the beginning of 2019.
Democratic Republic of the Congo	Polio-myelitis (cVDPV2)	G2	15-Feb-18	n/a	20-Feb-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 was 22 and 20 in 2017 and 2018 respectively. DRC is affected by four separate cVDPV2 outbreaks, in the provinces of Haut Katanga; Mongala, Maniema and Haut Lomami/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	28-Jan-19	-	-	-	-	The country is still experiencing waves of humanitarian emergencies aggravated by the ethnic clashes that have been reported in parts of the country which has led to mass displacements of persons, injuries and deaths. The health system is overwhelmed by these repeated and in some cases protracted complex emergencies. Currently, there are more than four hundred thousand IDPs in the West Guji zone (Oromia region) and neighbouring Geddo zone (SNNPR region).
Ethiopia	Acute watery diarrhoea (AWD)	Protracted 1	15-Nov-15	01-Jan-19	28-Jan-19	8	-	0	0.00%	Since the beginning of 2019, eight cases of AWD were reported from the Afar region. In 2018, 3 357 suspected cases have been reported from four regions: Afar, Oromia, Somali, and Tigray and one city administration (Dire Dawa).
Ethiopia	Measles	Protracted 1	14-Jan-17	01-Jan-19	28-Jan-19	136	59	-	-	There has been a total of 136 suspected measles cases reported in the country, of these 41 were confirmed by laboratory while 11 were epi-linked and seven were clinically compatible. Of the 1 598 cumulative confirmed cases reported in 2018, 496 were lab-confirmed, 994 were epi-linked and 108 were clinically compatible.
Guinea	Lassa Fever	Ungraded	01-Feb-19	01-Feb-19	23-Feb-19	1	1	1	100.00%	No new case of Lassa fever has been reported from Guinea since 1 February 2019 when a 35-year-old deceased male merchant from Kissidougou Prefecture was confirmed for Lassa virus infection. All contacts completed 21 days of follow-up.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Guinea	Measles	Ungraded	09-May-18	01-Jan-19	10-Feb-19	139	92	15	10.80%	Seven localities namely; Labé, Matoto, Macenta, Matam, Kérouané, Farmoriah, and Manéah are currently in the epidemic phase. In 2019, 139 suspected cases including 92 confirmed have been reported as of 10 February 2019. In 2018, there were 1 863 suspected cases including 487 confirmed cases reported across the country.
Kenya	Cholera	Ungraded	21-Jan-19	02-Jan-19	18-Feb-19	843	34	3	0.40%	Cholera cases continue to be reported from Narok County (172 suspected cases including four confirmed cases and two deaths) and Kajiado county (546 suspected cases including four confirmed). Nairobi County has successfully controlled the outbreak where a total of 125 cases including 26 confirmed were reported. The last case was reported on 27 January 2019. The reported cases are decreasing in week 7 compared to week 6.
Kenya	Dengue fever	Ungraded	30-Jan-19	15-Oct-18	18-Feb-19	568	283	0	0.00%	Six new cases were reported in the last week (week ending 18 February 2019). The outbreak has been reported in Mombasa County affecting six sub-counties; Nyalí, Jomvu, Kisauni, Likoni, Changanwe and Mvita.
Kenya	Measles	Ungraded	03-Sep-18	28-Aug-18	18-Feb-19	356	35	3	0.80%	The outbreak remains active in three counties namely; Wajir (243 cases), Tana River (102 cases) and Kwale (11). Matuga sub-county in Kwale is the latest to report an outbreak.
Kenya	Rift Valley fever (RVF)	Ungraded	01-Feb-19	18-Jan-19	18-Feb-19	68	16	0	0.00%	A total of 68 human cases have been reported from Murang'a (22) and Nyandarua (46) Counties. Sixteen samples were positive by PCR for Rift valley fever. Animal deaths have also been reported in the affected villages.
Liberia	Lassa Fever	Ungraded	23-Jan-19	01-Jan-19	10-Feb-19	2	2	0	0.00%	No new confirmed case of Lassa fever has been reported since the last case was reported from Nimba County on 29 January 2019. However, there are samples from 10 suspected cases pending testing. A total of 43 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
Liberia	Measles	Ungraded	24-Sep-17	01-Jan-19	10-Feb-19	132	128	0	0.00%	Five new laboratory-confirmed cases were reported in week 6 (week ending 10 February 2019). A total of 128 confirmed cases (laboratory-confirmed 36, clinically confirmed 61, and epi-linked 31) have been reported since the beginning of 2019 across the country. Five health districts across four counties (Tchien district in Grand Gedeh County, Bokomu district in Gbarpolu County, Commonwealth district in Montserrado County, Trehn District in Grand Kru County and Jorquelleh District in Bong County) are currently in the epidemic phase.
Madagascar	Measles	G2	26-Oct-18	03-Sep-18	15-Feb-19	68 912	67 422	828	1.20%	As of 15 February 2019, a total of 68 912 cases have been reported, of which 798 were laboratory-confirmed (IgM-positive) and 66 624 were epidemiologically linked. A total of 110 out of 114 districts in all the 22 regions of Madagascar are in the epidemic phase. The reported number of cases has been declining gradually since the peak in week 4 (week ending 27 January 2019).
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	17-Feb-19	167	75	0	0.00%	During week 7, 2019 (week ending 17 February 2019), a total of 51 suspected measles cases with zero deaths were reported from four health districts (Markala, Kati, Sikasso and Bougouni) across the country. Of 21 samples tested, 17 cases were laboratory-confirmed.
Mauritania	Crimean-Congo haemorrhagic Fever (CCHF)	Ungraded	12-Feb-19	06-Feb-19	13-Feb-19	1	1	0	0.00%	A 32-year-old male from Nouakchott with onset of symptoms on 6 February 2019 was confirmed by serology testing for Crimean-Congo haemorrhagic fever on 11 February 2019 after the presentation of clinical signs and symptoms indicative of the disease at the National Hospital. He had reportedly slaughtered a sheep ten days prior to symptom onset.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	10-Feb-19	1 444	1 444	4	0.30%	During week 6 (week ending 10 February 2019), four new confirmed cases were reported across the country. From 19 March 2018 to 10 February 2019, a total of 1 444 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 24 of 2018. The most affected districts are Port Louis and Black River.
Mozambique	Polio-myelitis (cVDPV2)	G2	07-Dec-18	07-Dec-18	20-Feb-19	2	2	0	0.00%	No new 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 an 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.
Namibia	Hepatitis E	G1	18-Dec-17	08-Sep-17	03-Feb-19	4 467	644	41	0.90%	In week 5 (week ending 3 February 2019), 57 suspected cases were reported across five regions of the country with the majority (32) reported from Khomas Region. This is a slight decline compared to 69 suspected cases reported in the previous week. Of the cumulative 4 467 cases, 253 (5.7%) are among pregnant or post-partum women. A total of 18 deaths have been reported among maternal cases. Khomas Region remains the most affected region, reporting 69% of HEV cases country-wide, followed by Erongo 20.4%.
Niger	Humanitarian crisis	Protracted 1	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	Circulating vaccine-derived polio virus type 2 (cVDPV2)	G2	08-Jul-18	08-Jul-18	20-Feb-19	9	9	1	11.10%	No new case of cVDPV2 has 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	21-Jan-18	-	-	-	-	The security situation in the northeast remains volatile with palpable tension in Maiduguri and its environs due to the upcoming national elections and the increasing activities of insurgents in recent days. In response to this, military presence has been increased.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Nigeria	Lassa fever	G2	24-Mar-15	01-Jan-19	17-Feb-19	358	355	78	21.80%	In Week 7 (week ending 17 February 2019), 25 new confirmed cases including six deaths (CFR 24%) were reported from eight states across the country with Bauchi (8) and Edo (6) states reporting 56% of the total cases. This is the third consecutive week of decline since the peak in week 4, 2019 when 77 confirmed cases were reported. Fifty-seven (57) Local Government Areas (LGAs) across 20 states have reported at least one confirmed case in 2019. A total of 1 673 contacts are currently under follow-up across 18 states.
Nigeria	Measles	Ungraded	25-Sep-17	01-Jan-19	03-Feb-19	2 619	88	4	0.20%	In week 5 (week ending 3 February 2019), 766 suspected cases of measles with one death (CFR, 0.13%) were reported from 33 states across the country. Since the beginning of 2019, 2 619 suspected cases with 88 laboratory confirmed and four deaths (CFR, 0.15%) have been reported from 36 states and FCT compared with 1509 suspected cases and 16 deaths (CFR, 1.06 %) from 36 States and FCT, during the same period in 2018.
Nigeria	Monkey-pox	Ungraded	26-Sep-17	24-Sep-17	30-Jan-19	311	132	7	2.30%	In January 2019, six new suspected cases were reported from six states. Three were confirmed in two states (Rivers - 1 and Bayelsa - 2). Since September 2017, 26 states have reported suspected cases with 17 having reported a confirmed case. Rivers State is the most affected. The South-South region of the country has the highest burden of Monkey-pox.
Nigeria	Polio-myelitis (cVDPV2)	Ungraded	01-Jun-18	01-Jan-18	20-Feb-19	34	34	0	0.00%	No new case was reported in the past week. The last confirmed case involved a three-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 centred in Jigawa State with subsequent spread to other states as well as to the 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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
São Tomé and Príncipe	Necrotising cellulitis/fasciitis	Protracted 2	10-Jan-17	25-Sep-16	29-Jan-19	3 167	-	0	0.00%	During week 3, 2019 (week ending 20 January 2019), seven new cases were notified from three districts: Agua Grande (1), Me-zochi (4), and Lemba (2). The national attack rate as of week 3, 2019 is 16 per 1 000 population.
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	17-Feb-19	-	-	-	-	The crisis, fueled by violence and conflict in some parts of the country, remains persistent. An estimated 4.14 million persons are displaced, of which 1.87 million are internally displaced. However, there have been recent reports of returnees from neighbouring countries of Ethiopia and Sudan. Food insecurity continues to deteriorate with 5.2 million people severely food insecure.
South Sudan	Hepatitis E	Ungraded	-	03-Jan-18	10-Feb-19	174	18	1	0.60%	Four cases have been reported in 2019 with three (3) in week 6 (week ending 10 February 2019) and one case in the previous week.
South Sudan	Measles	Ungraded	24-Nov-18	24-Nov-18	10-Feb-19	454	38	9	2.00%	Measles outbreaks have been confirmed in seven counties namely; Rumbek East, Abyei, Juba, Pibor, Gogri West, Bor South, and Mayom. Abyei, Juba, Pibor, Gogri West, Yirol East, and Mayom are the latest to report outbreaks of measles in 2019.
South Sudan	Rubella	Ungraded	27-Oct-18	27-Oct-18	10-Feb-19	209	52	0	0%	Since 27 Oct 2018, a total of 209 suspected cases of rubella with zero deaths have been reported from Malakal PoC and Aweil Center. Most cases (69%) were less than five years old. There are no cases reported among females within the reproductive age (15-49 years). Fifty-two cases were laboratory confirmed.
South Sudan	Yellow fever	Ungraded	29-Nov-18	18-Nov-18	13-Feb-19	3	3	0	0.00%	As of 13 February 2019, two additional presumptive positive cases reported from Sakure payam, Nzara county, Gbudue State were confirmed positive for yellow fever at UVRI by PNRT. Sakure payam is located at the border with Democratic Republic of Congo (DRC).
Tanzania, United Republic of	Cholera	Ungraded	07-Feb-18	26-Jan-18	17-Feb-18	61	-	1	1.60%	During week 7 (week ending 17 February 2019), 14 new cases were reported from Korogwe DC in Tanga Region. A new wave of cholera outbreak was reported from 26 January 2019 affecting three regions, Arusha, Kigoma and Tanga.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Tanzania, United Republic of	Dengue fever	Ungraded	31-Jan-19	01-Aug-18	04-Feb-19	38	27	0	0.00%	Since August 2018, a total of 38 suspected cases of Dengue fever have been reported from Dar es Salaam (19 cases) and Tanga (19 cases) regions. The highest number of cases were reported in January 2019. Of the total cases reported, 27 have been confirmed by dengue rapid diagnostic test. No new cases were reported since the end of January 2019.
Togo	Lassa Fever	Ungraded	02-Jan-19	02-Jan-19	07-Feb-19	2	1	2	100.00%	No new confirmed or probable case has been reported since 29 January 2019 when a probable case was reported. In total, two cases (one confirmed and one probable) have been reported in the current outbreak. All contacts completed 21 days of follow-up.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	17-Feb-19	-	-	-	-	As of 17 February 2019, 3 008 new refugees and asylum-seekers were registered from the Democratic Republic of Congo and 2 729 from South Sudan. 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	04-Feb-19	54	22	3	5.60%	As of 4 February 2019, a total of 54 suspected cases including 22 confirmed with three community death (case fatality ratio 5.6%) have been reported across four divisions in Kampala and Kiira Municipality in Wakiso District on the outskirts of Kampala.
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. From January to December 2018, a total of 3 652 suspected cases including 892 confirmed (epidemiological-linked and laboratory confirmed) were reported across the country. One death was reported among the confirmed cases. Fifty-three districts in the country have reported measles outbreaks.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Zambia	Cholera	Ungraded	13-Feb-19	29-Jan-19	22-Feb-19	7	6	0	0.00%	As of 22 February 2019, a total of seven cases including six confirmed have been reported from Lusaka district. There has been no new case since the last case was reported on 12 February 2019.
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. 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.
Zimbabwe	Typhoid fever	Ungraded	-	01-Oct-17	19-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 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										
Central African Republic	Yellow fever	Ungraded	20-Oct-18	12-Aug-18	24-Dec-18	2	2	0	0.00%	A second case reported on 7 December 2019 from Bocaranga-Koui Health District with tested positive for Yellow fever by seroneutralization test at IP Dakar on 4 February 2019. No additional suspected cases were reported since 7 December 2018. The first confirmed case was reported from Bocaranga in October 2018.
Tanzania, United Republic of	Anthrax	Ungraded	11-Jan-19	03-Jan-19	04-Feb-19	81	0	4	4.90%	The outbreak has affected a village called Nzoka, Ndalambo Ward in Momba DC, Songwe Region since 3 January 2019. As of 4 February 2019, no new cases have been reported.

†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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