

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 9: 25 February – 3 March 2019
Data as reported by 17:00; 3 March 2019

1

New event

58

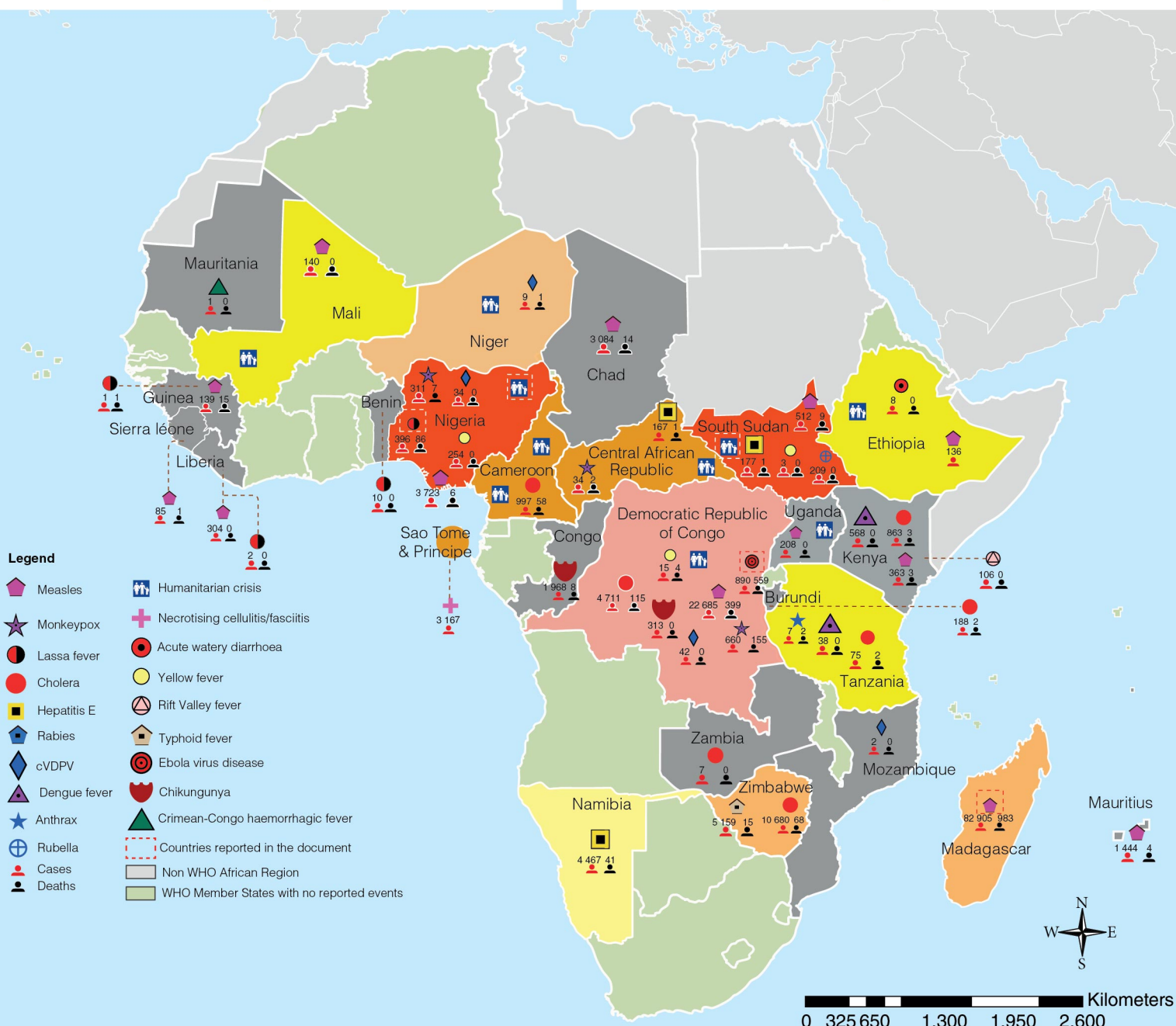
Ongoing events

49

Outbreaks

10

Humanitarian crises



Graded events †

3

Grade 3 events

8

Grade 2 events

2

Grade 1 events

2

Protracted 3 events

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37

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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 59 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](#)
- [Lassa fever in Nigeria](#)
- [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 (EVD) outbreak in the Democratic Republic of the Congo continues, marked, this week, by two successive attacks on Ebola treatment centres in Katwa and Butembo. These attacks signify a new level of threat in which the Ebola response is directly targeted. In light of this violence, some partners have understandably put their operations in Katwa and Butembo on standby as they assess the risks. The direct and indirect disruption caused by the attacks may lead to increased spread and more people becoming sick. Under the leadership of the Ministry of Health, the response partners need to sustain the response, while also enhancing safety for responders and patients.
- The humanitarian crisis in South Sudan remains serious despite the recent peace initiative. There are continuous population displacements due to pockets of skirmishes, while the food security situation is threatening, compounded by conflict-driven displacement, low crop production, economic hardship, climate shocks and impediments to humanitarian access. Of notable concern is the alarm raised by civil society around the likelihood of resumption of conflict. The window of hope to attain lasting peace and security in South Sudan should not be allowed to close, a prize that both the warring factions and the global community need to guard jealously.

Ongoing events

Ebola virus disease

Democratic Republic of the Congo

895 Cases : 561 Deaths : 63% CFR

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues, as is the complex environment. Two Ebola treatment centres (ETCs) in Katwa and Butembo were successively attacked and burnt down during the week. These attacks, indicating a major shift in insecurity, were the first such large-scale and organized attacks directly targeting the Ebola response. Patients from the destroyed ETCs have been temporarily transferred to Katwa transit centre, managed by the Ministry of Health. The Butembo ETC was quickly rehabilitated to receive patients again.

Since the last report on 24 February 2019 (*Weekly Bulletin 8*), 26 new confirmed EVD cases have been reported, with an additional 15 deaths. As of 2 March 2019, a total of 895 EVD cases, including 830 confirmed and 65 probable cases have been reported. To date, confirmed cases have been reported from 19 health zones: Beni (226), Biena (5), Butembo (81), Kalunguta (44), Katwa (244), Kayna (5), Kyondo (15), Mabalako (90), Manguredjipa (5), Masereka (8), Musienene (6), Mutwanga (4), Oicha (31), and Vuhovi (14) in North Kivu Province; and Rwampara (1), Komanda (27), Mandima (21), Nyankunde (1), and Tchomia (2) in Ituri Province. Eight of the 19 affected health zones reported at least one new confirmed case in the previous 21 days (10 February to 2 March 2019).

A total of 561 deaths were recorded, including 496 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 60% (496/830). Three new probable cases among health workers (all community deaths) were reported during the week, bringing the number of health workers infected with Ebola virus to 72, with 24 deaths.

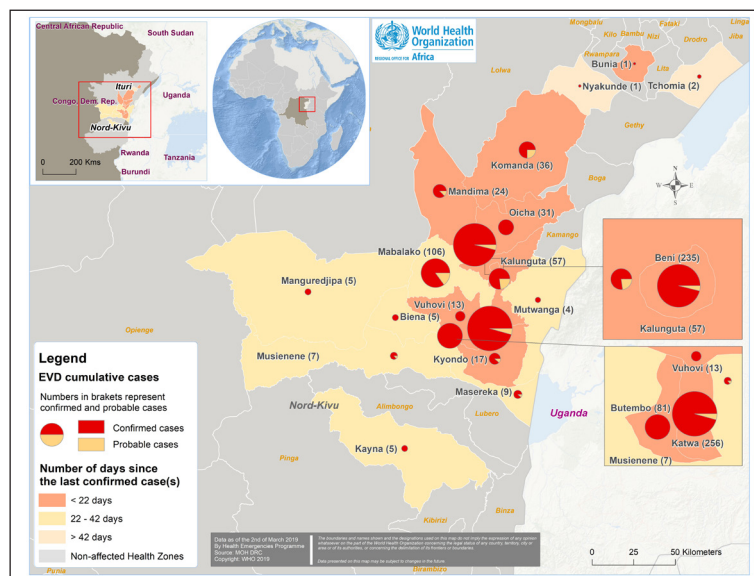
Katwa Health Zone remains the main hot spot, reporting 62% (48/78) of the new confirmed cases in the past 21 days. As of 2 March 2019, 14 of the 18 health areas in Katwa Health Zone reported confirmed cases in the past 21 days. Katwa, Butembo, Kaluguta and Mandima health zones have reported new confirmed cases in the past three days and remain points of attention.

Contact tracing is ongoing in 13 health zones and remains challenging due to insecurity and continuing pockets of community reluctance. The number of contacts being followed as of 2 March 2019 was 5 613, of whom 4 728 (84%) had been seen in the previous 24 hours. The proportion of contacts followed in the previous 24 hours ranges from 29 to 100%. Despite the security challenge and community resistance, seven out of 13 health zones had more than 90% follow-up. In Butembo, where security incidents occurred on 27 February 2019, the proportion of contact follow-up decreased to 66% against an average of 76% in the previous seven days. In Vuhovi, the proportion of contacts followed on 2 March 2019 was 29% as a result of security conditions that prevented response activities and contact follow-up.

PUBLIC HEALTH ACTIONS

- Active surveillance activities including case investigations, active case finding in health facilities and communities, and identification and listing of contacts around the latest confirmed cases continue. Collaboration between health authorities in the Democratic Republic of the Congo and Uganda continues around monitoring displaced contacts.
- Following the fires in Katwa and Butembo ETCs, the Minister of Health, along with personnel coordinating the overall response, visited the scene, delivering a message to media for further dissemination, calling for more community involvement in the Ebola response.
- As of 2 March 2019, a cumulative total of 85 226 people have been vaccinated since the start of the outbreak.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with 204 610 travellers screened on 2 March 2019, bringing the cumulative number of screenings to 40.2 million. A cumulative total of 409 alerts were notified, with 186 validated, among which 6 cases were laboratory confirmed.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May 2018 to 2 March 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



- 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, with psychological preparation for decontamination, contact listing and vaccination around a confirmed case in Mandima.
- Psycho-social teams in Butembo are providing a minimum service after the fire at the Butembo ETC.
- Care was re-started at the Butembo ETC with 12 confirmed and 2 suspected cases transferred from the Katwa Transit Centre (TC) to the Butembo ETC.
- Extension work on the Katwa TC is underway, with the number of beds increased from 10 to 22.
- Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) activities continue; however, there was violence towards members of the IPC team in the Félicité dispensary at AS Vutese, Butembo.
- Community awareness and mobilization sessions continue, with preparation for a forum for community expression on the causes of resistance held on 3 March 2019 in Katwa; meetings were held in Butembo with 16 cell leaders, 38 religious leaders and 44 leaders of women's associations around incidents in the community to propose concrete action.

SITUATION INTERPRETATION

The Ebola outbreak in Democratic Republic of the Congo continues with moderate transmission intensity. The recent attacks on ETCs in Katwa and Butembo are a major setback. With some partners understandably putting their operations in these areas on hold while they assess the risks, the danger is that this level of disruption will lead to increased spread of the disease. This is coming at a time when real advances are being seen and trends in case incidence have been encouraging. There have been no new confirmed EVD cases for 21 days in 11 of 19 health zones (Biena, Kayna, Komanda, Mabalako, Manguredjipa, Masereka, Musienene, Mutwanga, Nyankunde, Oicha, Tchomia). Another six health zones had one to four cases (Beni, Kalunguta, Kyondo, Mandima, Rwampara, Vuhovi). All authorities need to continue implementing proven and innovative public health responses, while national and international actors need to address the damaging insecurity, to bring this outbreak to an end.

[Go to overview](#)

[Go to map of the outbreaks](#)

EVENT DESCRIPTION

The measles epidemic in Madagascar continues to evolve. While the overall disease trend has started declining in the past weeks, the outbreak continues to spread to new districts. In week 7 (week ending 17 February 2019), 7 430 suspected measles cases and five deaths were reported compared to 8 646 suspected cases and 18 deaths reported in week 6. Six new districts have been affected during the reporting week (week 7). Partial data for week 8 (18-21 February 2019) has 1 380 suspected cases from 54 districts in 15 regions. In 2019, the number of reported cases peaked in week 4, with 10 744 suspected cases and has been declining since then. The reduction in trend has been more pronounced in the 25 districts that concluded supplementary immunization activity (SIA) in January 2019.

From 3 September 2018 to 21 February 2019, a total of 82 905 measles cases have been reported, of which 983 were laboratory confirmed (immunoglobulin M (IgM) positive) and the rest epidemiologically linked. There are 926 deaths, including 622 in healthcare facilities, leading to a case fatality ratio of 1.1%. Since the beginning of the epidemic, 8 571 severe cases were hospitalized. About 77% of the cases are reported in persons aged 1 to 14 years and, similarly, 80% of the deaths occurred in the same age group. Moreover 64% of cases are unvaccinated and/or have unknown vaccine status. Females and males are almost equally affected.

A total of 101 out of 114 districts (89%) in all 22 regions of the country have been affected, with a national attack rate of 3 149 per 100 000 inhabitants. The health district of Boeny is the most affected, with an attack rate of 10 025 per 100 000 inhabitants.

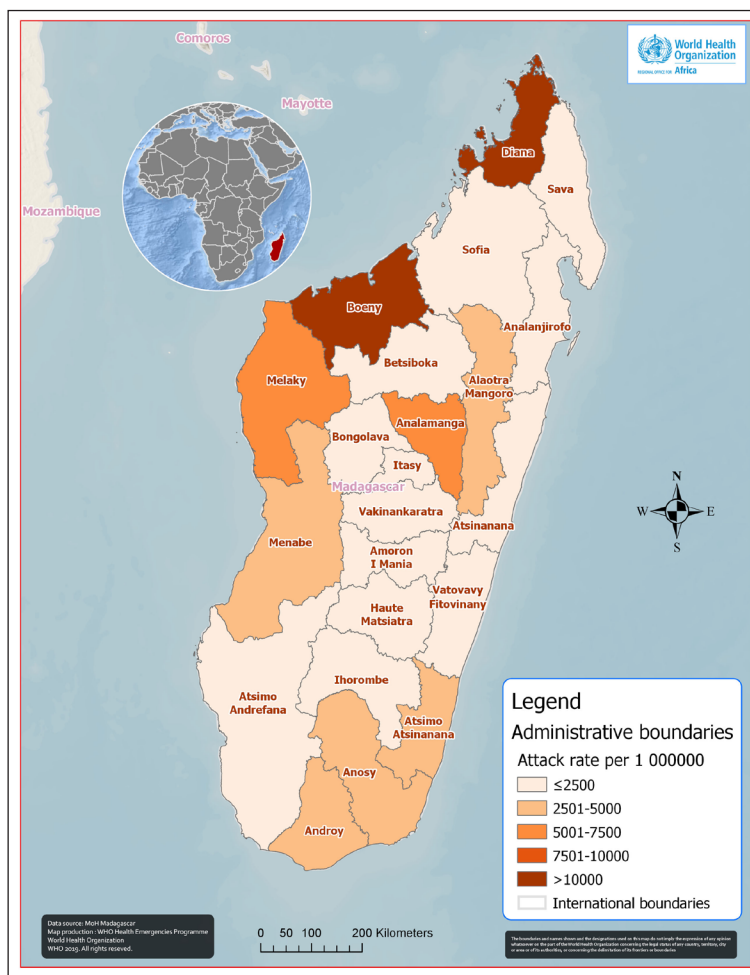
PUBLIC HEALTH ACTIONS

- The National Coordinating Committee continues to coordinate the response to the measles outbreak, working with the various sub-committees and supported by partners.
- Phase 2 of the SIA, targeting children aged 6 months to 9 years, was conducted from 18-22 February 2019 in 22 districts. Data for administrative coverage are being compiled. Further serial SIAs are planned to cover all the remaining districts.
- The protocol for managing severe measles cases has been developed and the plan for dissemination of the protocol as well as distribution of treatment kits has been finalized.
- Advocacy meetings involving multiple partners (both governmental and non-governmental organizations) have been held to mobilize additional resources to fill in the funding gaps.
- The Ministry of Health, WHO and other partners held a meeting to harmonize and validate the outbreak data; a system for daily collection of epidemic data has been set up and WHO has seconded two data managers to MOH to support data management.
- Preparation for the implementation of electronic surveillance in the North zone, five districts in Diana region and one district in Sava region is ongoing.
- Active surveillance, including active case search in the community and health facilities has been strengthened, being supported by consultants.

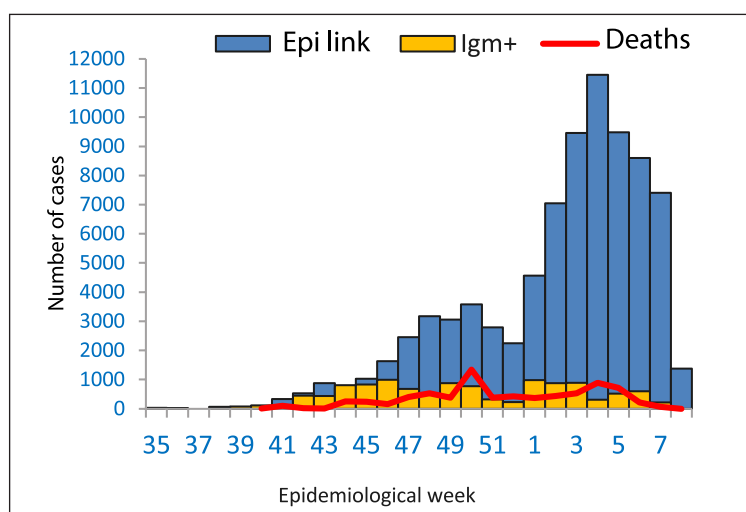
SITUATION INTERPRETATION

Madagascar has been experiencing a nationwide measles epidemic since September 2018. While the incidence of cases seems to have peaked and is now steadily declining, the epidemic is still expanding geographically – indicating the vulnerability of the community. The planned nationwide SIAs need to be conducted quickly, with comprehensive coverage to interrupt further propagation of the outbreak. Nevertheless, a funding gap of over US\$ 2 million persists and needs to be filled urgently.

Geographical distribution of measles attack rate in Madagascar,
3 September 2018 - 21 February 2019



Weekly trend of measles cases (IgM + & epidemiological link) and hospital deaths in Madagascar, week 35, 2018 to week 8, 2019.



EVENT DESCRIPTION

The outbreak of Lassa fever in Nigeria is still ongoing although an overall decline has been noted in recent weeks. In week 8 (week ending 24 February 2019), 23 new confirmed Lassa fever cases and six deaths were reported compared to 25 confirmed cases with six deaths reported in week 7 and 27 confirmed cases and 10 deaths in week 6. This is the fourth consecutive week of declining case incidence since the outbreak peaked in week 4 of 2019 when 77 confirmed cases with 11 deaths were reported. The new confirmed cases reported in week 8 came from eight states across the country, with Edo (11 cases) and Taraba (4 cases) states accounting for 65% of the total new cases. Two new health workers in Edo State were affected during the reporting week. As of 24 February 2019, 55 patients were admitted and are being managed at various treatment centres across the country.

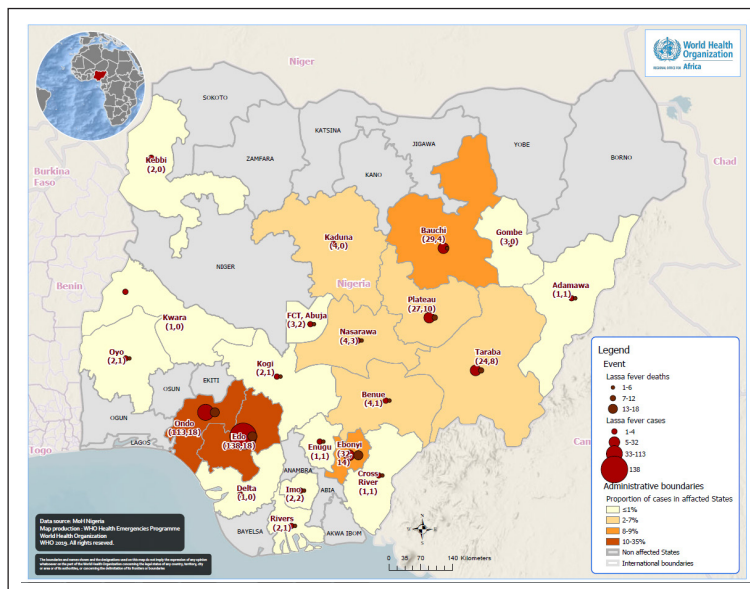
From 1 January to 24 February 2019, a total of 396 cases (381 confirmed and 15 probable) with 86 deaths (case fatality ratio 21.7%) have been reported across the country. Sixty-six local government areas (LGAs) across 21 states have reported at least one confirmed Lassa fever case in 2019. Fifteen cases including one death have been reported among healthcare workers in seven states since the beginning of 2019. Sixty-three percent of the confirmed cases have been reported from the two most affected states, namely, Edo (34%, 129 cases) and Ondo (29%, 110 cases).

Since the beginning of 2019, a total of 4 499 contacts have been identified, of which 2 461 (54.7%) completed 21 days of follow-up, four (0.1%) were lost to follow-up, 47 (1.0%) became a case after positive test for Lassa virus infection by reverse transcriptase polymerase chain reaction and 1 987 (44.2%) are under follow up.

PUBLIC HEALTH ACTIONS

- Since the declaration of the outbreak as an emergency on 22 January 2019 by the Nigeria Centre for Disease Control (NCDC), response activities continue to be coordinated at the Emergency Operations Centre (EOC) with the involvement of international and local partners as well as other federal agencies of government.
- Multi-sectoral One Health national rapid response teams deployed to affected states continue to support field investigation and response activities.
- Surveillance is being intensified across the country with emphasis on hot spots and high burden states. Contacts are being identified and monitored by trained contact tracers in the affected states.
- Supportive clinical care as well as ribavirin is being used in the treatment of case-patients at designated treatment sites across the country. Case management guidelines have been disseminated to treatment sites to aid clinicians in the management of cases.
- Infection prevention and control practices have been scaled up at health facilities in affected states. A ring strategy has been implemented for identifying health facilities proximal to hotspot areas and enhancing IPC support to these facilities through provision of personal protective equipment and mentoring of health facility staff in the application of standard and transmission-based precautions.
- Laboratory capacity continues to be available at four Lassa fever testing centres across the country. A mobile testing laboratory has been deployed at the Federal Medical Centre in Owo city, Ondo State.
- Targeted risk communication activities are ongoing in affected states to sensitize the local population.

Geographical distribution of Lassa fever cases and deaths in Nigeria, 1 January - 24 February 2019



SITUATION INTERPRETATION

The current Lassa fever outbreak in Nigeria is beginning to show an overall downward trend although it is very early to draw conclusions as the peak season for the disease is still not yet over. There may also be disparity in response capacities across the affected states. Hence it is imperative to continue to scale-up and maintain robust response activities across the country. With the unprecedented increase in cases in recent years, further in-depth field-based investigations using the One Health approach are crucial to derive evidence that could contribute to mitigating the impact of this event on the population.

WHO continues to advise all countries in the Lassa fever belt to enhance their preparedness and response capacities, especially for early case detection, laboratory confirmation, case management under recommended barrier nursing, risk communication and community engagement. In healthcare settings, staff should consistently implement standard infection prevention and control measures when caring for patients to prevent nosocomial spread of infections.

EVENT DESCRIPTION

The security situation in north-east Nigeria remains critical, with the situation worsening in the build up to the recent political elections. In mid-February 2019, the convoy of a senior politician in Borno State was attacked by Boko Haram insurgents during a campaign trip to Ngala Local Government Area (LGA), who killed and abducted several people, in addition to destroying vehicles. In the morning of the election day on 23 February 2019, armed groups attempted to attack several areas in Borno and Yobe states, resulting in cancellation of elections in Gwoza and Geidam LGAs, respectively.

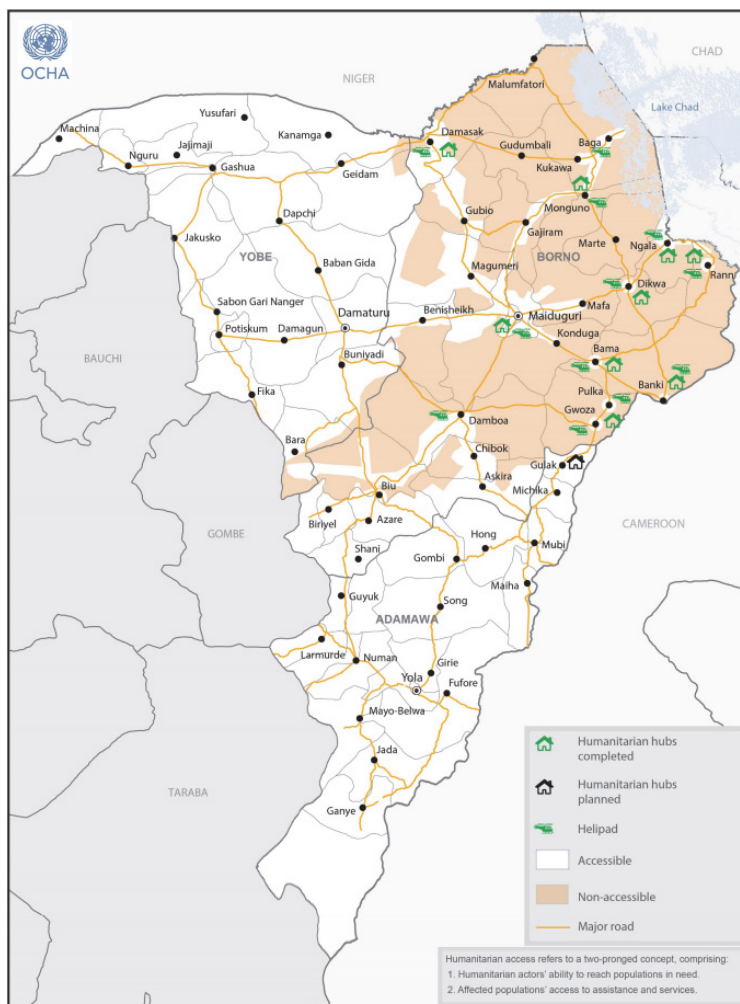
Constant population displacements continue in the region, with an estimated 20 000 refugees reportedly returning from Cameroon to Rann town, Kala/Balge LGA on 28 February 2019. This brings the total number of Nigerian refugees returning to Rann to 30 000 individuals over the past two days. These persons are among 403 861 Nigerian women, men and children who originally fled Rann following deadly attacks in December 2018 and January 2019. An estimated 5 000 Nigerian refugees remain in Goua, Cameroon, and are expected to return in the coming days. Reports from sources on the ground indicate that these returnees are in dire need of humanitarian assistance, including shelter, food and safe water.

The leading cause of morbidity and mortality in week 7 (week ending 17 February 2019) was malaria, which, along with acute respiratory infections, acute watery diarrhoea, bloody diarrhoea, malnutrition, and neonatal death, accounted for 58% of reported deaths. The number of measles cases in Borno State has continued to surge since the beginning of the year despite conducting reactive measles vaccination campaign in five LGAs, with over 2 000 cases reported so far. The majority of the affected persons are IDPs arriving at major camps in Maiduguri and Monguno, who were displaced from security compromised areas where both routine and supplementary vaccination has not occurred in several years. A total of 565 cases were reported in children under the age of five years.

PUBLIC HEALTH ACTIONS

- The State Public Health Emergency Operations Centre in Borno State, supported by WHO, held an emergency meeting with the affected LGAs to respond to the measles outbreak. A request for measles vaccines has been made. WHO provided logistics, funds for trainings, team selection, vaccine distribution and payment of allowances for personnel.
- The campaign was conducted between 2 to 8 February 2019, and supervised by WHO, state team and other humanitarian partners at LGA level. In Borno State, a reactive measles vaccination campaign was conducted in six LGAs (MMC, Jere, Bama, Konduga, Monguno, Mafa).

Access by International humanitarian organisations,
1 - 31 December 2018



The boundaries names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Updated on: 30 December 2018 Sources: Access Working Group, DTM Feedback: ochanigeria@un.org www.unocha.org/nigeria www.reliefweb.int/country/nga

SITUATION INTERPRETATION

The humanitarian crisis in north-east Nigeria continues unabated and the recent change in the security situation related to the ongoing elections has caused massive population displacement from the security-compromised areas, including inaccessible settlements into the metropolitan LGAs of the state. The influx of IDPs has contributed to increased reports of measles cases in the host communities since the last weeks of 2018 and early January of 2019. National and international authorities need urgently to intervene to prevent further morbidity and suffering among the people of north-east Nigeria.

EVENT DESCRIPTION

The humanitarian situation in South Sudan remains critical despite the recent peace initiatives. More than 15 000 civilians are seeking safety in the bush outside Yei town after being cut off from assistance during January 2018 because of continuing insecurity and shifting frontlines. Humanitarian organizations have reported increased movement of armed troops, forced recruitment of youths and ex-combatants and looting and destruction of civilian properties by armed elements in Minga, Lomo and Lossoho villages in Kediba, Amadi State. An inter-agency mission that was planned to assess the humanitarian situation of people in Maridi and Amadi states in Western Equatoria was postponed due to deterioration of the security situation.

On 17 February 2019, local authorities reported that an estimated 500 returnee families from Juba Protection of Civilian (POC) site arrived in Nyany Boma in Jonglei. In addition, about 350 individuals have reportedly returned from Khartoum, Sudan, to Bentiu in Unity State. About 1 000 new internally displaced persons (IDPs) moved from Undukori to Mugwo area fleeing fighting in the region. These IDPs reportedly lack basic services such as food, non-food items, health care and water.

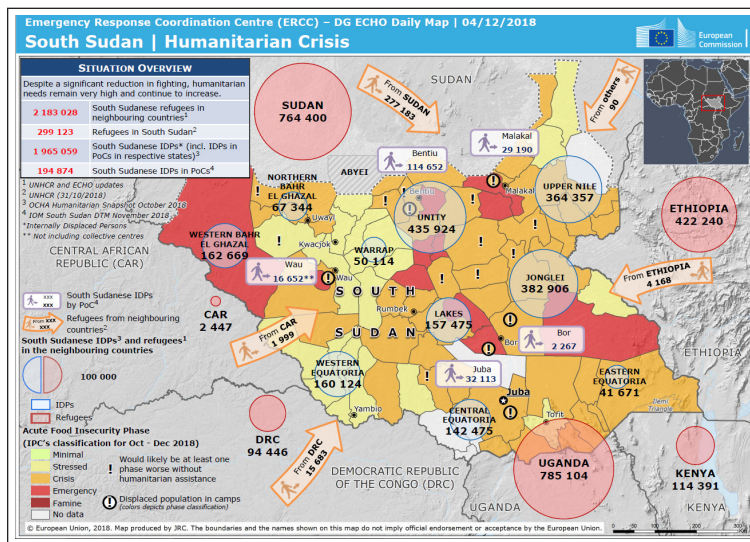
Food security continues to deteriorate due to conflict-driven displacement, low crop production, economic hardship, climate shocks and impediment to humanitarian access. An increasing number of people face severe food shortages, with nearly seven million expected to be in acute food insecurity at the height of the lean season (May-July). Malnutrition remains critical, with around 860 000 children under the age of five severely malnourished, which is likely to increase in most parts of the country during the lean season. According to the Integrated Phase Classification (IPC) Acute Malnutrition Scale, 12 counties (Akobo, Ayod, Canal Pigi, Pibor, Duk, Uror (formerly Jonglei), Abiemnhom, Pnyijar and Pariang (formerly Unity), Twic (formerly Warrap) and Awerial (formerly Lakes) are classified as 'critical', with a Global Acute Malnutrition rate of 15-29.9%. The number of people acutely food insecure has already increased by 13% since January 2018, which includes about 30 000 people who are already in catastrophe phase or IPC5 – the highest level of food insecurity – in Jonglei and Lakes states, in the eastern and central areas of the country. At the current level of assistance, some 50 000 people will be facing extreme food insecurity between May and July 2019, which could rise to 260 000 without any assistance.

Two yellow fever cases from Sakure Payam, Nzara County, Gbudue State, which were presumptively positive on immunoglobulin M, have been confirmed by plaque reduction neutralization test (PRNT). The other 33 specimens tested negative. A reactive vaccination campaign targeting 19 578 individuals aged 9 months to 65 years is expected to be conducted from 18 -22 March 2019.

PUBLIC HEALTH ACTIONS

- Ebola virus disease (EVD) preparedness and response continues, with a total of 904 frontline healthcare and other workers vaccinated as of 23 February 2019; weekly meetings of the national Ebola task force continue at the National Public Health Emergency Operations Centre in Juba, with state level task force meetings continuing and updates received from Yei, Yambio, Jubek, Nimule and Maridi.
- Traveller screenings continue with support from partners including WHO, IOM, SCI, WVISS, CORAID, World Vision and SUAMM, with four new screening points set up and operationalized by World Vision in Gbudue State, bringing the number to 23. In week 7, 2019, a total of 59 233 individuals were screened at various points.
- Dissemination of community EVD case definition is ongoing in high-risk states by different partners, targeting those involved in social mobilization and community surveillance.

Humanitarian crisis in South Sudan as of 4 December 2018



- From 18-23 February 2019, WHO in collaboration with CUAMM and UNICEF trained 24 medical and nutrition staff working in stabilization centres (11 in Rumbek and 13 from Upper Nile) on in-patient management of severe acute malnutrition with medical complications. In addition, WHO will continue to support SCs through provision of SAM kits, water, sanitation and hygiene (WASH) kits, early childhood development tools, WASH training and psycho-social support training along with improved referral through screening in health facilities.
- WHO is conducting polio infectious material containment assessments in 85 selected health facilities in all states; preparations for Sub National Immunization Days for polio vaccination campaign targeting over 2 million children under the age of 5 years in the second week of March 2019 continue. The WHO assessed environmental surveillance sites in Juba, which were found to be functional and no polio virus was found in 92 samples taken.
- WHO conducted the second round of Core Pipeline Kits training in Juba for 31 participants from various partners to improve management of emergency kits.

SITUATION INTERPRETATION

There is little improvement in the humanitarian situation in South Sudan, in spite of recent peace initiatives, with civil society sounding early alerts of potential return to war. There is a major deterioration in the food security situation, signalling major problems with malnutrition. Humanitarian actions continue to be hampered by insecurity, poor road networks, potential floods and bureaucracy at all levels. Efforts to mitigate the underlying drivers of the situation need to continue.

As of 17 February 2019, the total recorded contributions for WHO emergency operations for the 2019 financial year amounts to US\$ 1.7 million, with a funding gap of US\$ 22 million. While WHO is grateful for the support provided by donors, concerted efforts to mobilize the additional resources to address the funding gap is critical. The WHO Ebola Preparedness plan has received a considerable US\$ 4.6 million and good progress has been made in putting in place capacities and structures to prevent any potential importation of EVD cases.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- The EVD outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues in a complex and challenging environment. The response to the outbreak suffered a major setback, this week, with the attacks on the ETCs in Katwa and Butembo – defining a new level of community mistrust and resentment not formerly seen. These incidents came at a critical moment when real advances are being observed in the efforts to control the outbreak. There has been no active viral transmission activity in 11 of the 19 affected health zones in the last 21 days. Slowing down the Ebola response, at this point, will likely lead to increased spread and more people becoming sick. The current actions need to be intensified and sustained in order to avoid a reversal of these gains. Under the leadership of the Ministry of Health, the response partners need to sustain the response, while also enhancing safety for responders and patients.
- The complex humanitarian situation in South Sudan is concerning, with the risk of resumption of war being sounded by civil society and the humanitarian community. The food security situation is deteriorating, and malnutrition remains critical, with close to 900 000 children under the age of five severely malnourished. The limited humanitarian access is bound to worsen with the onset of the rainy season, while the risks of communicable diseases outbreaks keep increasing. WHO's emergency operations for 2019 are facing major financial shortfall, with only US\$ 1.7 million realized, leaving a funding gap of US\$ 22 million. The current humanitarian situation in South Sudan calls for robust planning and adequate preparedness to avoid further deterioration. This requires commensurate resources, especially funds.

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 South Sudan need to strengthen their preparedness and readiness to deliver aid assistance to the population in need. The local, national and global communities need to commit to maintaining the peace initiative, and the global donor community is requested to provide the requisite resources, especially funds.

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										
Tanzania, United Republic of	Anthrax	Ungraded	28-Feb-19	18-Feb-19	26-Feb-19	7	3	2	28.60%	Seven human cases and two deaths reported from Moshi DC, Kilimanjaro Region since 22 february 2019. All cases had history of handling or eating meat from animals with symptoms of anthrax. Of the total cases, two samples were confirmed with <i>Bacillus anthracis</i> . A cumulative of 97 contacts were listed for follow up and prophylaxis was provided.
Ongoing Events										
Benin	Lassa fever	Ungraded	07-Dec-18	07-Dec-18	24-Feb-19	10	9	0	0.00%	No new case was 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	24-Feb-19	188	19	2	1.10%	The cholera outbreak is ongoing in Burundi. From 17 to 24 February 2019, no new suspected cases were reported in Bujumbura. Rumonge district reported zero suspected cases since 22 January 2019. One confirmed case was reported in Cibitoke on 11 February 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	26-Feb-19	-	-	-	-	The humanitarian crisis in the North West and South West regions continues to generate concern. 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. Since 27 January, 2019 and following the withdrawal of the Multination military force from Rann (a city in North-eastern of Nigeria) several arrivals of new Nigerians asylum seekers were recorded in the Far North region of Cameroon.
Cameroon	Humanitarian crisis (NW & SW)	G2	01-Oct-16	27-Jun-18	26-Feb-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. Compulsory lockdowns are imposed on Mondays when the capital cities in the two regions (Buea and Bamenda) are declared 'ghost-town' with absolute restriction of movement.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
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	24-Feb-19	-	-	-	-	The humanitarian crisis in CAR remains volatile with recent reports of armed attacks on civilian populations including humanitarian workers. The attacks, especially against humanitarian workers, are hindering the implementation of response activities in many parts of the country.
Central African Republic	Hepatitis E	Ungraded	02-Oct-18	10-Sep-18	24-Feb-19	167	128	1	0.60%	Four new cases were reported in weeks 7 and 8 2019. From 10 September 2018 to 3 February 2019, a total of 167 cases of acute jaundice syndrome including 128 confirmed for viral hepatitis E have been reported.
Central African Republic	Monkeypox	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; Mbaiki 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 Mbaiki (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	01-Mar-19	3 938	0	19	0.50%	As of week 8 (week ending 24 February 2019), 3 938 suspected measles cases including 19 deaths were reported from 86 out of 117 (74%) districts in the country. The number of reported cases has been increasing gradually since week 1 in 2019. Of note, the laboratory lacks reagent for confirmation in 2019. In 2018, the country reported a total of 5 336 suspected cases of measles from 111 districts.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Congo	Chikungunya	Ungraded	22-Jan-19	07-Jan-19	28-Feb-19	1 968	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 1 968 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, <i>Aedes albopictus</i> .
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	21-Feb-19	-	-	-	-	The security situation in the Democratic Republic of Congo (DRC) is characterised by violence in the province of Nord Kivu, particularly in Bashali, Mokoto and Nyamaboko I (Territories of Masisi) and the presence of wild elephants in Haut Lomami province which has led around 165 000 people to flee their homes between September 2018 and January 2019 to safer locations.
Democratic Republic of the Congo	Chikungunya	Ungraded	08-Feb-19	30-Sep-18	17-Feb-19	313	48	0	0.00%	As of 17 February 2019, a total of 313 suspected cases have been reported from Mont NgafulaI health zone in Kinshasa city and Masa in Kongo Province.
Democratic Republic of the Congo	Cholera	G3	16-Jan-15	01-Jan-19	17-Feb-19	4 711	-	115	2.40%	A total of 581 new suspected cases of cholera including 6 deaths were reported during week 7, 2019 (week ending 17 February 2019). The majority of new cases (93%) were reported from Cholera endemic zones (Haut-Katanga, Haut-Lomami, Tanganyika, Sud-Kivu, and Nord-Kivu).
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	2-Mar-19	895	830	561	63%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	01-Jan-19	17-Feb-19	22 685		399	-	During week 7, 2019 (week ending 17 February 2019), 2 806 cases of measles were recorded including 116 deaths (CFR: 4.1%).
Democratic Republic of the Congo	Monkey-pox	Ungraded	n/a	01-Jan-19	17-Feb-19	660	-	155	23.50%	A total of 115 new suspected cases including 19 deaths have been reported in week 7, 2019 (week ending on 17 February 2019).
Democratic Republic of the Congo	Polio-myelitis (cVDPV2)	G2	15-Feb-18	n/a	27-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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Ethiopia	Humanitarian crisis	G2	15-Nov-15	n/a	03-Feb-19	-	-	-	-	The country continues to experience waves of humanitarian emergencies with mass displacements of persons in parts of the country due to ethnic clashes. Currently, 8.6 million people are targeted for humanitarian response according to the 2019 HNO conducted in January.
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.
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	25-Feb-19	863	34	3	0.30%	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	25-Feb-19	568	283	0	0.00%	No new cases were reported in the last week (week ending 25 February 2019). The outbreak has been reported in Mombasa County affecting six sub-counties; Nyali, Jomvu, Kisauni, Likoni, Changamwe and Mvita.
Kenya	Measles	Ungraded	03-Sep-18	28-Aug-18	25-Feb-19	363	35	3	0.80%	The outbreak remains active in three counties namely; Wajir (250 cases), Tana River (102 cases) and Kwale (11). Matuga sub-county in Kwale is the latest to report an outbreak.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Kenya	Rift Valley fever (RVF)	Ungraded	01-Feb-19	18-Jan-19	25-Feb-19	106	16	0	0.00%	A total of 106 human cases have been reported from Murang'a (22) and Nyandarua (68) Counties. The outbreak in Murang'a County has been brought under control while Nyandarua remains active.
Liberia	Lassa fever	Ungraded	23-Jan-19	01-Jan-19	17-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. All contacts have completed 21 days of monitoring.
Liberia	Measles	Ungraded	24-Sep-17	01-Jan-19	17-Feb-19	304	168	0	0.00%	Two new laboratory-confirmed cases were reported in week 7 (week ending 17 February 2019). A total of 168 confirmed cases (laboratory-confirmed 41, clinically confirmed 73, and epi-linked 54) 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 Jorquellah District in Bong County) are currently in the epidemic phase.
Madagascar	Measles	G2	26-Oct-18	03-Sep-18	21-Feb-19	82 905	82 905	926	1.10%	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	24-Feb-19	245	96	0	0.00%	Between week 1 and week 8 (the week ending on 24 Feb 2019), 245 suspected measles including 96 confirmed cases were reported. 140 samples were analyzed, of which 95 samples were positive. There are on-going vaccination campaigns in some health districts: Ansongo, Kidal, Segou, and Selingue
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	27-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 Bokoharam group persists in the country.
Niger	Circulating vaccine-derived polio virus type 2 (cVDPV2)	G2	08-Jul-18	08-Jul-18	27-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	01-Mar-19	-	-	-	-	Detailed update given above.
Nigeria	Lassa fever	G2	24-Mar-15	01-Jan-19	24-Feb-19	396	381	86	21.70%	Detailed update given above.

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-19	10-Feb-19	3 723	305	6	0.20%	In week 6 (week ending 10 February 2019), 1 104 suspected cases of measles with 2 deaths (CFR, 0.18%) were reported from 34 states across the country. Since the beginning of 2019, 3 723 suspected cases with 305 laboratory confirmed and 6 deaths (CFR, 0.65%) have been reported from 36 states and FCT compared with 1943 suspected cases and 20 deaths (CFR, 1.03 %) 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	27-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	01-Jan-19	17-Feb-19	254	0	0	0.00%	In week 7 (week ending on 17 February 2019) 103 suspected cases were reported including three new presumptive cases from Edo and Ondo State. Two new confirmed and one inconclusive case were reported on 15 February from IP Dakar, these were from samples collected in 2018. Yellow fever outbreak in Edo State has been declared over after a reactive vaccination campaign was carried out in 13 LGAs. Reported cases have been decreasing gradually since week 2 in 2019.
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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	25-Feb-19	-	-	-	-	Detailed update given above.
South Sudan	Hepatitis E	Ungraded	-	03-Jan-18	10-Feb-19	177	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	512	38	9	1.80%	Measles outbreaks have been confirmed in seven counties namely; Rumbek East, Abyei, Juba, Pibor, Gogri West, Bor South, and Mayom. In week 6 2019 (week ending 9 Feb 2019), Rumbek East, Bor PoC, Abyei, Juba, Pibor, Gogri West and Mayom report ongoing measles outbreak.
South Sudan	Rubella	Ungraded	27-Oct-18	27-Oct-18	10-Feb-19	209	52	0	0.00%	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	17-Feb-19	3	3	0	0.00%	As of 17 February 2019, no new cases have been reported. On 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-19	26-Jan-19	24-Feb-19	75	-	2	2.70%	During week 8 (week ending 24 February 2019), 14 new cases were reported from Korogwe DC in Tanga Region (8 cases and one death) and Siminjoro DC in Manyara Region (6 cases).
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.
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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Uganda	Cholera	Ungraded	09-Jan-19	02-Jan-19	10-Feb-19	53	22	3	5.70%	As of 10 February 2019, a total of 53 suspected cases including 22 confirmed with three community deaths (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	Measles	Ungraded	08-Aug-17	01-Jan-19	25-Feb-19	208	140	0	0.00%	Cases have been reported in multiple 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.
Zambia	Cholera	Ungraded	15-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										
Togo	Lassa fever	Ungraded	07-Jan-19	02-Jan-19	21-Feb-19	2	1	2	100.00%	On 21 February 2019, the Ministry of Health of Togo officially declared an end to the outbreak of Lassa fever initially notified to WHO on 7 January 2019. In total, two cases were reported (one confirmed case from Doufelgou district, Kara Region and a probable case from Tchaooudjo district, Central Region). Both case-patients are deceased and reportedly had exposure to the pathogen in Nigeria before travelling to Togo. A total of 77 contacts were identified and follow-up for 21 days and none became symptomatic. Thirty-three suspected cases were identified as a result of enhanced surveillance, however, all tested negative by RT-PCR.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Uganda	Cholera	Ungraded	09-Jan-19	02-Jan-19	10-Feb-19	53	22	3	5.70%	As of 10 February 2019, a total of 53 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	Crime-an-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.

†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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Data sources

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