

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 10: 4 – 10 March 2019

Data as reported by 17:00; 10 March 2019



World Health
Organization

REGIONAL OFFICE FOR

Africa

WHO Health Emergencies Programme

4

New events

58

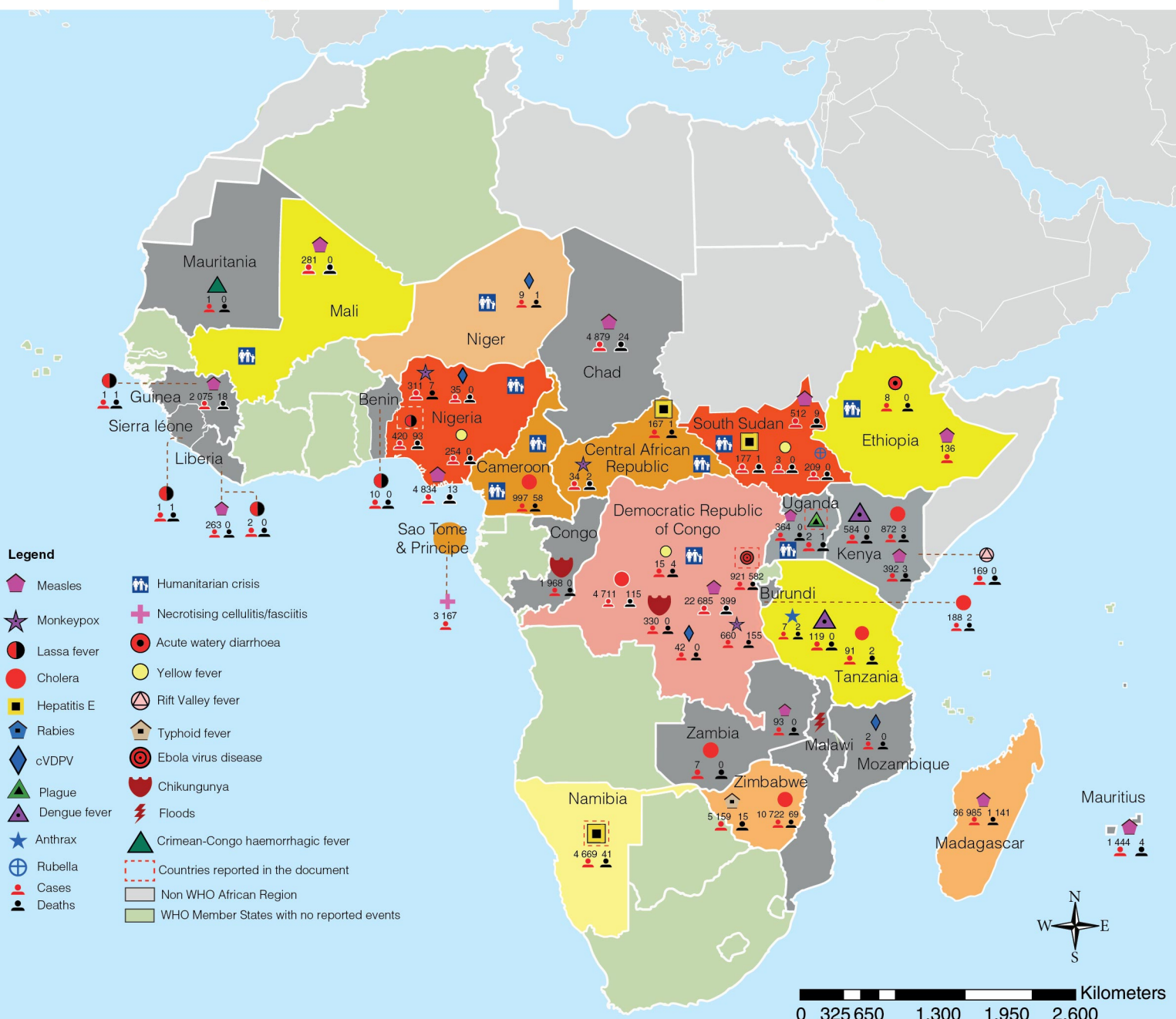
Ongoing events

51

Outbreaks

11

Humanitarian
crises



Graded events †

3

Grade 3 events

8

Grade 2 events

2

Grade 1 events

40

Ungraded events

2

Protracted 3 events

3

Protracted 2 events

4

Protracted 1 events

Overview

Contents

2 Overview

3 New events

4 - 6 Ongoing events

7 Summary of major issues, challenges and proposed actions

8 All events currently being monitored

- This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 60 events in the region. This week's edition covers key new and ongoing events, including:

- [Plague in Uganda](#)
- [Ebola virus disease in the Democratic Republic of the Congo](#)
- [Hepatitis in Namibia](#)
- [Lassa fever in Nigeria](#).

- 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 the prevailing insecurity and community mistrust posing significant challenges to the response efforts. Deeper engagement and involvement of the communities in the ongoing response is critical as well as ensuring the safety of patients and the response staff.
- Namibia has been experiencing an outbreak of hepatitis E since September 2017. While good progress has been made to lower the incidence of the disease, the ongoing response measures have not been able to interrupt further transmission. The outbreak has now affected eight out of 14 regions in the country. Lately, the Minister of Health and Social Services has renewed efforts to control the outbreak. However, to turn this proclamation into tangible actions on the ground requires commitments and resources. All key stakeholders, including the national authorities, partners and the community are urged to embrace the renewed efforts to bring this outbreak to an end.

New events

Plague

Uganda

2
Cases

1
Death

50%
CFR

EVENT DESCRIPTION

On 5 March 2019, the Uganda Ministry of Health reported two probable cases of pneumonic plague in Zombo District, located in the West Nile sub-region, at the border with the Democratic Republic of the Congo. The event was initially reported to the local district health authority on 1 March 2019 when a 35-year-old woman presented to the local health facility (Warr Health Centre III) with fever, cough with bloody sputum and difficulty in breathing, and she died shortly after arrival. A clinical diagnosis of pneumonia was made, and no specimens were collected.

On 4 March 2019, a 23-year-old cousin of the deceased index case presented to the same health facility with a similar illness. The symptoms of fever, cough and difficulty in breathing started on 3 March 2019. Initial clinical laboratory investigation was positive for malaria on blood smear microscopy. However, because of the clinical presentation raising a suspicion of plague, the Uganda Virus Research Institute (UVRI) Plague Program based in Arua District (a regional hub for West Nile) was called in to review the patient and collect appropriate samples. Preliminary tests on a sputum specimen were positive for plague on rapid diagnostic test (RDT). Additional specimens were collected and transported to the Plague Laboratory in Arua for culture, and the test results are pending. Blood specimens collected and shipped to the UVRI in Entebbe tested negative for Ebola, Marburg, Crimean-Congo and Rift Valley fever by polymerase chain reaction. The patient is being managed on antibiotic therapy in Warr Health Centre III and she is steadily improving.

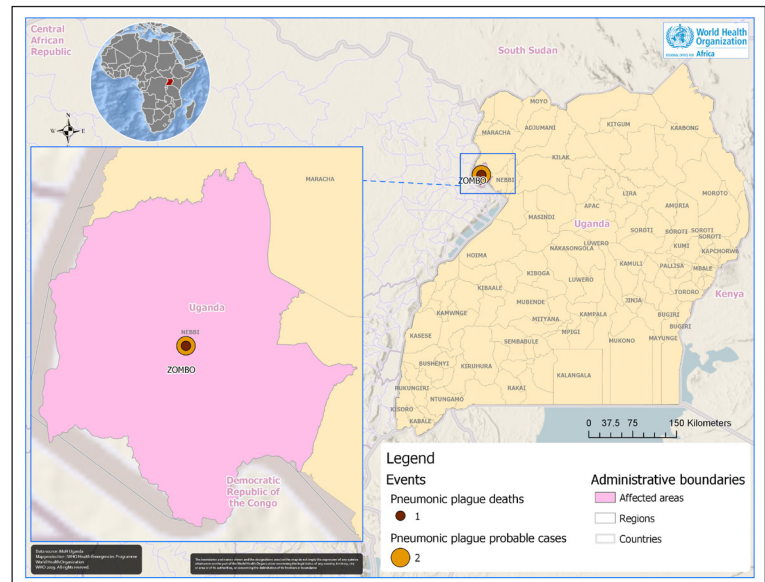
Fifty-five high risk contacts (family members, those who participated in the traditional burial and 11 health workers) have been identified and are under follow up. An additional 59 contacts who attended the burial but did not come into contact with the deceased and/or the current patient have been listed.

Further epidemiologic investigation established that the index case (for the event in Uganda) previously lived in Atungulei village in Mahagi District, Ituri Province, Democratic Republic of the Congo. She reportedly lost a 4-year-old child in the past days, prompting her relatives from Uganda to travel to the Democratic Republic of the Congo for the burial. After finding her sick, the relatives (from Uganda) decided to transport her to Uganda for treatment. In addition, there is information that three other people died of similar illness in the Democratic Republic of the Congo. Authorities in the Democratic Republic of the Congo have been informed and investigations are ongoing.

PUBLIC HEALTH ACTIONS

- A national rapid response (RRT) team has been deployed to the affected district, working with the district RRT to conduct outbreak investigation and implement initial response activities. The two teams are developing an outbreak response plan.
- Case definitions for plague have been disseminated to health facilities to improve case detection.
- The identified high-risk contacts, including 11 health workers, are being followed up daily.
- Health education and community sensitization activities were conducted during the burial of the first probable case. Health education is also being provided to the contacts being followed up.
- WHO has provided personal protective equipment (gloves, face masks and shields, gumboots, aprons, coveralls, etc.), triple packaging specimen materials and spray pumps.

Geographical distribution of plague cases and death in Uganda, 1 - 5 March 2019



SITUATION INTERPRETATION

The Ministry of Health in Uganda has reported two probable cases of pneumonic plague in Zombo District, likely to be imported. The suspected plague outbreak was quickly detected and reported because of the vigilance and prompt actions of the health workers. This is an indication of a functional surveillance system, which is commendable. However, more efforts are required to ensure that any other cases are promptly detected, isolated and investigated to avoid establishment of local transmission.

Ongoing events

Ebola virus disease

Democratic Republic of the Congo

921
Cases

582
Deaths

63%
CFR

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues. Since the last report on 3 March 2019 (*Weekly Bulletin 9*), 26 new confirmed EVD cases have been reported, with an additional 21 deaths. A new health zone, Lubero, has reported a confirmed EVD case for the first time.

As of 9 March 2019, a total of 921 EVD cases, including 856 confirmed and 65 probable cases have been reported. To date, confirmed cases have been reported from 20 health zones: Beni (226), Biena (5), Butembo (87), Kalunguta (45), Katwa (257), Kayna (5), Kyondo (16), Mabalako (90), Mangurujipa (5), Masereka (10), Musienene (6), Mutwanga (4), Oicha (31), Vuhovi (13) and Lubero (1) in North Kivu Province; and Rwampara (1), Komanda (27), Mandima (24), Nyankunde (1), and Tchomia (2) in Ituri Province. Eight of the 20 affected health zones reported at least one new confirmed case in the previous 21 days (17 February to 9 March 2019). Rwampara was removed from this list on 6 March 2019.

A total of 582 deaths were recorded, including 517 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 60% (517/856). A newly confirmed case among deaths in Luemba health area, Mandima Health Zone, notified on 5 March 2019, was a health worker. This brings the cumulative total of confirmed and probable cases among health workers to 73, including 25 deaths.

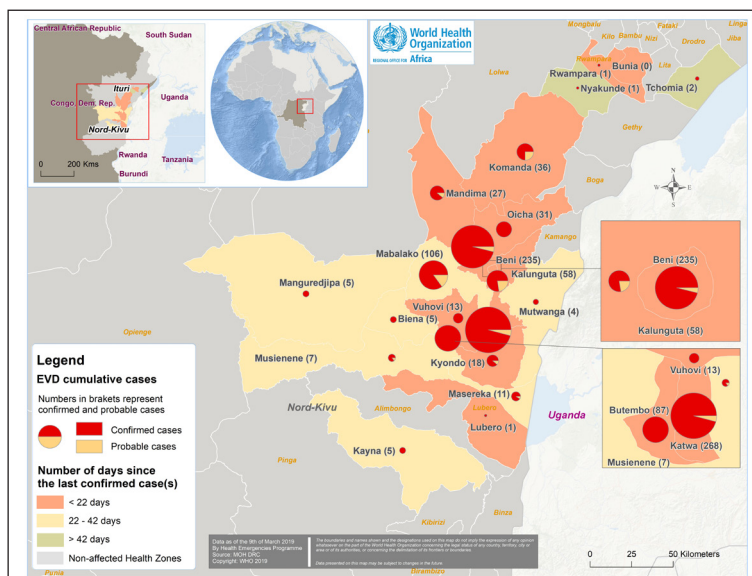
The Katwa Health Zone remains the main hot spot, reporting 56% (45/80) of the new confirmed cases in the past 21 days. As of 9 March 2019, the number of health areas reporting confirmed cases in the past 21 days remains at 14 among the 18 health areas of Katwa Health Zone. The Katwa, Butembo, Mandima, Masereka, Kyondo and Lubero health zones have all reported new confirmed cases in the past three days and remain points of attention.

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 9 March 2019 was 4 830, of whom 3 990 (83%) had been seen in the previous 24 hours. Eight health zones out of the 15 reported a percentage follow-up of 90%, and teams continue efforts to track 100% of registered contacts. A security incident in Butembo resulted in slowing of response activities and only five alerts were received on 9 March 2019 against a daily average of 28 alerts in the previous seven days. The four alerts that could be investigated were all validated.

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.
- The general coordinator of Ebola treatment centres visited the ETC in Goma and the Minister of Health and the Director General of WHO visited, coordinated by Butembo surveillance.
- As of 9 March 2019, 201 people were vaccinated in five centres, with a cumulative total of 86 808 people vaccinated since the start of the outbreak.
- In Kalunguta the vaccination team was temporarily held by an armed group, and vaccination teams in the Kivika area, Katwa were subjected to aggression, with destruction of chairs, tables and tents; vaccination sites in Butembo were also inaccessible due to insecurity.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with 219 422 travellers screened on 9 March 2019, bringing the cumulative number of screenings to 42 million. A cumulative total of 703 alerts were notified, of which 157 were validated. A total of 71/80 (89%) PoE/PoC were functional on 9 March 2019.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May 2018 to 9 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 training of psycho-social assistants completed in Bunia.
- Psychological preparation preparing families for decontamination, contact listing and vaccination took place around the last confirmed cases in Mandima, Katwa and Butembo.
- Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) activities continue, although there is limited field access because of insecurity; a triage unit is being set up in a health facility in Goma and IPC kits are being provided to health facilities in Beni, Biena and Bunia.
- Community awareness and mobilization sessions continue, with community dialogue in Wayene health area, Katwa; capacity building for 25 young opinion leaders on rumor management, effective communication and conflict management in Butembo; sensitization of 30 local leaders in preparation for interventions around a confirmed case in Kany; and sensitization of teachers and parent's committees in Biakato schools, Mandima, reinforced with an interactive radio show; and sensitization of community leaders in EVD prevention in Biakato.

SITUATION INTERPRETATION

The Ebola outbreak in Democratic Republic of the Congo continues with moderate transmission intensity. Continuing insecurity, with response teams coming under attack are a very real concern. Quite apart from the danger to personnel, this constant disruption interrupts response activities and increases the risk that chains of transmission will be missed or not followed-up. Although proven and innovative public health measures are definitely working in many areas, national and international actors need to intensify response efforts, and the global donor community needs to fill funding gaps, to bring this outbreak to an end.

EVENT DESCRIPTION

The outbreak of hepatitis E in Namibia continues since its onset in September 2017. The disease trends have been fluctuating variably. However, lately the national incidence averaged 50 suspected cases per week. Between weeks 7 and 8 of 2019, a total 112 suspected hepatitis E cases have been reported compared to 109 cases reported in weeks 5 and 6, collectively.

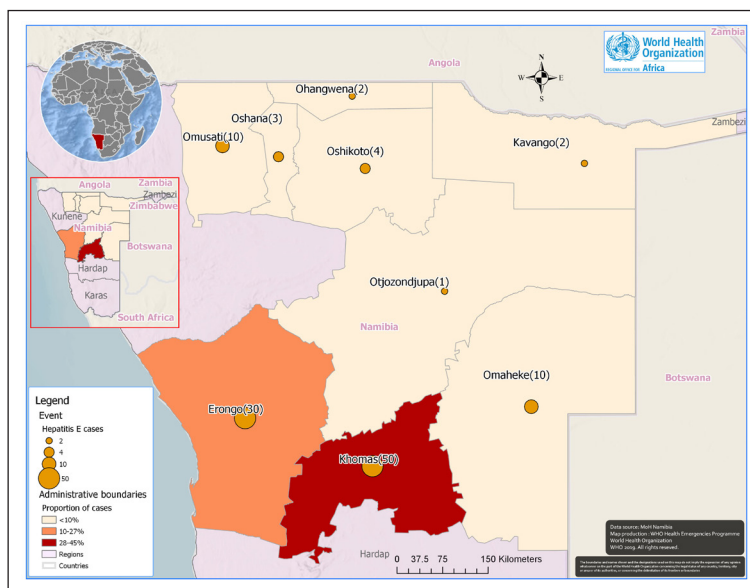
Since the beginning of the outbreak in week 36 of 2017, a total of 4 669 cases and 41 deaths (case fatality ratio 0.9%) have been reported, as of 24 February 2019. Of the 4 669 reported cases, 751 have been laboratory confirmed, 3 303 have epidemiological links to confirmed cases and 615 remain suspected. A total of 440 cases have been discarded after testing negative. Of the 41 reported deaths, 18 occurred in pregnant women. The most affected age group is between 20 and 39 years, representing 78% of the total cases, and the majority (59%) of cases are females.

Eight of the 14 regions in Namibia have been affected, with Khomas Region being the most affected, accounting for over 68% (3 160/4 669) of the total reported cases. Most of the cases come from the suburbs of Windhoek, the capital city, especially Havana and Goreagab informal settlements. The other regions are Erongo (1 036), Omusati (180), Ohangwena (80), Oshana (84) Oshikoto (62), Kavango (40), Omaheke (19). A few sporadic confirmed cases have been reported from the other regions.

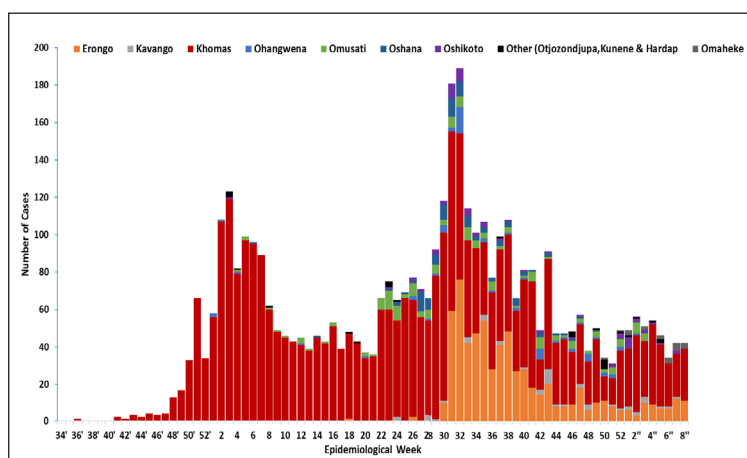
PUBLIC HEALTH ACTIONS

- The Minister of Health and Social Services (MoHSS) and senior management of the Ministry have intensified advocacy for enhanced response to the hepatitis E outbreak. The Minister of Health has appointed an overall coordinator to relaunch the campaigns against hepatitis E in the different regions. Regional and district health emergency committees have been activated in all the affected regions/districts.
- The National Health Emergency Management Committee (NHEMC) has revised the national outbreak response plan, which includes national and partners' budget. Partners continue to provide in-country technical assistance (especially WHO and CDC).
- WHO supported MoHSS in coordination, data analysis, report writing, surveillance, risk communication, and social mobilization. Besides technical support, WHO is providing financial support to strengthen coordination, surveillance and laboratory support, social mobilization and risk communication at national and regional levels.
- WHO continues to support the MoHSS in the monitoring and supervision of the work by the multipurpose community health workers, including Red Cross volunteers, who are conducting social mobilization, community surveillance, and water sanitation and hygiene (WASH) promotion in affected communities.
- To enhance laboratory diagnostic capacity, CDC donated 600 kits of rapid diagnostic tests (RDTs), Namax Pharmaceutical Company donated 804 RDT kits and WHO procured reagents for hepatitis E testing.
- The Municipal authorities in Khomas and Erongo are conducting regular water testing, especially in the informal settlements.
- UNICEF is support WASH interventions, based on the Community Led Total Sanitation approach to improve sanitation in some communities in Khomas and Kavango regions.

Geographical distribution of hepatitis E cases and deaths in Namibia, September 2017 - 24 February 2019



Number of confirmed, epi-linked and suspected cases of hepatitis E by epidemiological week, Namibia, September 2017 – 24 February 2019 (n=4669).



SITUATION INTERPRETATION

The outbreak of hepatitis E in Namibia continues, now protracted since it began in 2017. Although a remarkable decline has been noted in the recent past, the ongoing response efforts have not been able to interrupt transmission of infections, and the outbreak continues to spread to other regions. The major shortfalls identified in the response are suboptimal coordination at all levels, inadequate WASH interventions and sanitation facilities, inadequate and inconsistent risk communication activities and weak surveillance (delay in reporting/submitting line lists and lack of analysis of surveillance data to inform the response). Too few epidemiologists available for the response has been singled out as a major gap.

Controlling this outbreak requires intensifying outbreak response activities, especially social mobilization to ensure the community adopts healthy behaviours, WASH interventions to improve hygiene and sanitation practices, as well as early health-seeking behaviour (particularly among pregnant women and post-partum mothers), and improved surveillance. The recent renewed efforts by the Minister of Health need to be translated into tangible actions at the operational and community levels.

EVENT DESCRIPTION

The outbreak of Lassa fever in Nigeria continues, with a stagnation in the declining trends observed in the past four consecutive weeks. In week 9 (week ending 3 March 2019), 39 new confirmed Lassa fever cases and eight deaths were reported compared to 23 confirmed cases with six deaths reported in week 8. The new confirmed cases (reported in week 9) were recorded in six states: Edo (20), Ondo (12), Ebonyi (2), Bauchi (2), Taraba (2) and Kogi (1), while the new deaths occurred in Edo (5), Ondo (2) and Kogi (1) states. As of 3 March 2019, 69 patients were admitted and are being managed at various treatment centres across the country.

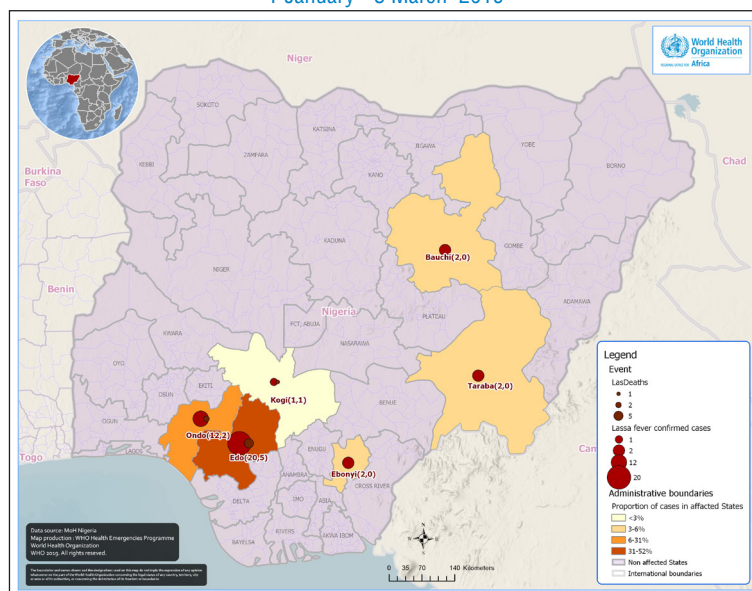
From 1 January to 3 March 2019, a total of 420 confirmed cases with 93 deaths (case fatality ratio 22.1%) have been reported across the country. Sixty-six local government areas (LGAs) across 21 states have reported at least one confirmed Lassa fever case in 2019. Fifteen cases including one death have been reported among healthcare workers in seven states since the beginning of 2019. Edo and Ondo states remain the most affected, accounting for 65% of the cases and 46% of the deaths.

Since the beginning of 2019, a total of 4 902 contacts have been identified from 19 states, of which 2 923 (60%) completed 21 days of follow-up, 1 926 are currently being followed up and four were lost to follow-up. During this period, 80 contacts became symptomatic, of which 49 tested positive for Lassa virus infection.

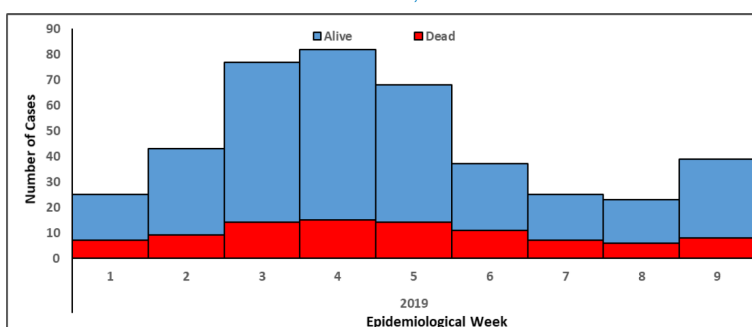
PUBLIC HEALTH ACTIONS

- The Lassa fever emergency operation centre continues to coordinate the response to the outbreak at all levels, in collaboration with the Federal Ministry of Agriculture and Rural Development and Federal Ministry of Environment) and Partners (WHO, CDC, FIND, UMB, AFENET, MSF, ALIMIA, UNICEF, eHealth Africa, BNI, PHI, ECHO, IFRC, World Bank and PANDORA).
- A national rapid response team has been deployed to Taraba State to conduct rapid assessment of the situation on the ground.
- 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.
- An in-depth investigation of healthcare workers' infections and a mortality review of Lassa fever deaths are being conducted to improve IPC and case management practices.
- Laboratory capacity is 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; monitoring of media report on Lassa fever; developed and shared media content including press releases, tweets, posts etc.
- There have been coordinated media appearances of key political leaders and public servants to educate communities on Lassa fever.

Geographical distribution of Lassa fever cases and deaths in Nigeria, 1 January - 3 March 2019



Number of confirmed Lassa fever cases and deaths by epi-week, Nigeria, week 01-09, 2019



- Emergency response commodities, including personal protective equipment; ribavirin (injectable and tablets); beds; tents; body-bags; thermometers; hypochlorite hand sanitizers; information, education and communication materials; guidelines and standard operating procedures have been distributed across 36 states.

SITUATION INTERPRETATION

The Lassa fever outbreak in Nigeria continues, with more cases registered during the reporting week. While good progress has been made in the response to contain the outbreak, important underlying predisposing factors still exist. These include poor environmental sanitation in high burden communities, lapses in IPC practices at the operational level, both in regular health facilities and designated treatment centres, and limited implementation of vector control measures. Improving the implementation of these community-based activities are being challenged by inadequate operational funds. The national authorities and partners need to step up implementation of priority outbreak control interventions, as well as provision of optimal operational funds.

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, with the response being markedly affected by insecurity and community mistrust. A new health zone was affected during the reporting week. Few elements in the community are hiding contacts, suspected cases and dead bodies from health authorities. Compounded with insecurity, such practices help to amplify transmission of infections in the communities. Nevertheless, the response teams need to continue with the response, investing in deeper engagement and involvement of the communities as part of the response.
- An outbreak of hepatitis E has been ongoing in Namibia since September 2017, with eight of the 14 regions in the country being affected. While good progress has been made to lower the incidence of the disease, the ongoing response measures have not been able to interrupt further transmission. Lately, an average of 50 new cases are being reported each week. A recent rapid assessment conducted by the MoHSS and WHO identified key gaps in the ongoing response and made recommendations. Based on this, the Minister of Health has committed to revitalize the response to the outbreak. However, this proclamation needs to turn into tangible actions at the operational and community levels. This requires resources in all forms (funds, human capacity, logistics and time).

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 Namibia need to step up response to the hepatitis E outbreak, prioritizing high impact interventions. All key stakeholders, including the national authorities, partners and the community need to embrace and participate in the response.

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										
Malawi	Flood	Ungraded	09-Mar-19	05-Mar-19	09-Mar-19					Malawi is experiencing floods in the southern region due to torrential rains which started on 5 March 2019. At least 10 districts have been affected with 26 deaths reported. In one of the most affected districts, Chikwawa, over 8 700 people have been displaced. A state of national disaster was declared on 8 March 2019 by the government of Malawi.
Sierra Leone	Lassa fever	Ungraded	06-Mar-19	15-Feb-19	06-Mar-19	1	1	1	100.00%	A four-year-old female case-patient from 4 Kapuwa Avenue, Niawama Community, Kenema District who developed signs and symptoms on 15 February 2019 was confirmed for Lassa virus infection on 2 March 2019. She died within few hours of admission at the Lassa fever treatment centre on 2 March 2019. A total of 10 contacts including four healthcare workers have been identified and are under follow-up.
Uganda	Plague (pneumonic)	Ungraded	05-Mar-19	27-Feb-19	08-Mar-19	2	0	1	50.00%	Detailed update given above.
Zambia	Measles (suspected)	Ungraded	03-Mar-19	04-Dec-19	03-Mar-19	93	0	0	0.00%	A total of 93 suspected cases have been reported from Chibali zone, Lavushimanda district in Muchinga Province, Zambia. Of these, 50% are below five years old, 47% between five to fifteen years of age, and 3% above 15 years old. All of the suspected cases were reportedly not previously vaccinated against measles. Although clinical signs and symptoms point to measles, it has not been possible to confirm the aetiological agent of the disease by laboratory testing as the country did not have measles reagents.
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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	03-May-19	-	-	-	-	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. Around 40 000 Nigerians who had sought refuge in Goura, Cameroon in January following repeated Boko Haram attacks have returned to Nigeria. Most people have lost their homes, belongings, and food stocks, and there is currently no medical care or humanitarian assistance available in Rann, where the security situation remains unpredictable.
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.
Cameroon	Cholera	G1	24-May-18	18-May-18	23-Jan-19	997	81	58	5.80%	The cholera outbreak situation 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	Monkey-pox	Ungraded	20-Mar-18	02-Mar-18	03-Mar-19	34	25	2	5.90%	Three cases, including one confirmed were reported in Ippy in week 9 (week ending 3 March 2019). 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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Chad	Measles	Ungraded	24-May-18	01-Jan-19	09-Mar-19	4 879	0	24	0.50%	As of week 9, 2019 (week ending 3 March 2019), 4 879 suspected measles cases including 24 deaths were reported from 93 out of 117 (79%) districts in the country. Due to lack of laboratory reagents, confirmation tests have not been conducted since the beginning of 2019. The number of reported cases has been increasing gradually since week 1 in 2019. Of note, the laboratories currently lack reagent for the measles confirmation test. 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	28-Feb-19	1 968	15	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 28 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 characterized 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	330	48	0	0.00%	During week 8 of 2019 (week ending 24 February 2019), 17 suspected cases of chikungunya were reported in the province of Kinshasa with 12 cases in Binza Ozone Health Zone, two cases in the Police Health Zone and three cases in the health zone of Mount Ngafula 2.
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 six 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, et Nord-Kivu).
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	09-Mar-19	921	856	582	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	Monkeypox	Ungraded	n/a	01-Jan-19	17-Feb-19	660	-	155	23.50%	A total of 115 new suspected cases including 19 deaths were reported in week 7, 2019 (week ending 17 February 2019).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Democratic Republic of the Congo	Polio-myelitis (cVDPV2)	G2	15-Feb-18	n/a	06-Mar-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, 12 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	07-Mar-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. Many of the IDPs are in conflict-affected areas of West Guji /Gedeo zones, East/ West Wollega in Oromia and parts of Amhara.
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-18	23-Feb-19	2 075	608	18	0.90%	In 2019, 2 075 suspected cases including 607 laboratory-confirmed have been reported as of 24 February 2019. The urban district of Labé, the urban district of Matoto, the urban commune of Macenta, the urban commune of Kérouané, the sub-prefecture of Manéah, the sub-prefecture of Ansoumanian (Dubréka) and the commune city of Matoto are in the epidemic phase. In 2018, there were 1 863 suspected cases including 487 confirmed cases reported across the country.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Con-firmed	Deaths	CFR	Comments
Kenya	Cholera	Ungraded	21-Jan-19	02-Jan-19	03-Mar-19	872	40	3	0.30%	Cholera cases continue to be reported from Kajiado county (575 suspected cases including 10 laboratory confirmed). Nairobi and Narok Counties have successfully controlled the outbreak.
Kenya	Dengue fever	Ungraded	30-Jan-19	15-Oct-18	03-Mar-19	584	283	0	0.00%	Sixteen (16) new cases were reported in the last week (week ending 3 March 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	03-Mar-19	392	41	3	0.80%	The outbreak remains active in three counties namely; Wajir (250 cases), Tana River (131 cases) and Kwale (11). Tana North and Tana Delta in Tana River county reported measles cases in the last week (week ending 3 March 2019).
Kenya	Rift Valley fever (RVF)	Ungraded	01-Feb-19	18-Jan-19	04-Feb-19	169	16	0	0.00%	A total of 169 human cases have been reported from Murang'a (22) and Nyandarua (147) 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	03-Mar-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 22 suspected cases pending testing. All contacts have completed 21 days of monitoring.
Liberia	Measles	Ungraded	24-Sep-17	01-Jan-19	03-Mar-19	263	248	0	0.00%	In week 9 (week ending 3 March 2019), 85 suspected cases were reported from 13 counties across the country. Of 35 samples tested, five were IgM-positive. Since the beginning of 2019, 449 suspected cases have been reported across the country, of which 56 are laboratory-confirmed, 61 are epi-linked, and 131 are clinically confirmed. One hundred eighty-six (186) cases have been discarded due to negative test results while eight are pending testing and seven are indeterminate. Belleh and Bokomu Districts in Gbarpolu County, Commonwealth District in Montserrado County, and Greenville District in Sinoe County are currently in epidemic phase.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Madagascar	Measles	G2	26-Oct-18	03-Sep-18	27-Feb-19	86 985	86 985	1 141	1.30%	In the week 8 (week ending 24 Feb 2019), 6 607 cases of measles including 41 deaths were reported, whereas 9 902 cases including 41 deaths were reported in week 7 (week ending 17 Feb 2019). From 3 September 2018 to 24 February 2019, 86 985 cases have been reported, of which 1 016 were laboratory-confirmed (IgM-positive) and 85 969 were epidemiologically linked. There are 1 141 deaths during the same period. About 70% of the cases are reported in persons aged 1 to 14 years old. One hundred four (104) out of 114 districts in all the 22 regions are in the epidemic phase.
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	03-Mar-19	281	96	0	0.00%	In week 9, 2019 (week ending 3 March 2019), 78 suspected measles cases were reported in six regions, of which none was confirmed. Since the beginning of 2019, a total of 281 suspected measles cases including 96 confirmed cases have been reported. Of the 140 samples analyzed, 96 were IgM-positive.
Mauritania	Crim- an-Congo haem- orrhagic 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.
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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Mozambique	Polio-myelitis (cVDPV2)	G2	07-Dec-18	07-Dec-18	03-Mar-19	2	2	0	0.00%	No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) 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	24-Feb-19	4 669	751	41	0.90%	Detailed update given above.
Niger	Humanitarian crisis	Protracted 1	01-Feb-15	01-Feb-15	03-Mar-19	-	-	-	-	The country continues to face food insecurity, malnutrition, and health crises due to drought, floods, and epidemics. It is estimated that 2 440 000 people are in need of humanitarian assistance, among them 1 700 000 are in need of nutritional support and 1 600 000 people in need of food assistance. In February 2019, more than 8 000 people were displaced due to threats from armed groups operating between the borders of Mali and Niger near Kongokiré village, Tillabéri region. Food, shelter and protection needs are reported but access to the area is constrained by insecurity.
Niger	Circulating vaccine-derived polio virus type 2 (cVDPV2)	G2	08-Jul-18	08-Jul-18	06-Mar-19	9	9	1	11.10%	No new case of cVDPV2 has been notified in the reporting week. A total of nine cVDPV2 cases were 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	-	-	-	-	The humanitarian crisis in north-east Nigeria continues unabated characterized by continued population displacement from the security-compromised areas. The influx of the IDPs has contributed to increased reports of measles cases in many communities.
Nigeria	Lassa fever	G2	24-Mar-15	01-Jan-19	03-Mar-19	420	420	93	22.1%	Detailed update given above.
Nigeria	Measles	Ungraded	25-Sep-17	01-Jan-19	17-Feb-19	4 834	342	13	0.30%	In week 7 (week ending 17 February 2019), 1 115 suspected cases including five laboratory-confirmed and seven deaths (CFR 0.63%) were reported from 32 states across the country. Since the beginning of 2019, 4 838 suspected cases with 342 laboratory-confirmed and 13 deaths (CFR 0.3%) have been reported from 36 states and the FCT compared with 2450 suspected cases and 24 deaths (CFR 1.08%) from 36 States and FCT during the same period in 2018.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
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	06-Mar-19	35	35	0	0.00%	One new case of circulating vaccine-derived poliovirus type 2 has been reported this week in Baruten LGA, Kwara State, with onset of paralysis on 22 January 2019. This is the second cVDPV2 AFP case reported from Kwara state. This new cVDPV2 case is the first one reported in Nigeria and globally in 2019. The total number of cVDPV2 cases in 2018 remains 34.
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 positive cases from Edo and Ondo State. Two new confirmed and one inconclusive case were reported on 15 February 2019 from IP Dakar, these were from samples collected in 2018. The yellow fever outbreak in Edo State has been declared over after a reactive vaccination campaign was carried out in 13 LGA. 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	04-Mar-19	3 197	-	0	0.00%	As of week 9, 2019 (week ending 3 March 2019), five new cases were notified from three districts: Agua Grande (1), Me-zochi (4), and Lemba (2). The national attack rate as of week 9, 2019 is 16.2 per 1 000 population.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	25-Feb-19	-	-	-	-	The crisis, fueled by violence and conflict in some parts of the country, remains persistent. Around 15 000 South Sudanese have crossed into the DRC fleeing an escalation of violence since 30 January, according to the authorities in Aru territory in the north-east Ituri province. The majority have settled near the border. Food insecurity continues to deteriorate with 5.2 million people severely food insecure.
South Sudan	Hepatitis E	Ungraded	-	03-Jan-18	24-Feb-19	177	18	1	0.60%	Four cases have been reported in 2019 with three 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	24-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 February 2019), Rumbek East, Bor PoC, Abyei, Juba, Pibor, Gogri West and Mayom report ongoing measles outbreak.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
South Sudan	Rubella	Ungraded	27-Oct-18	27-Oct-18	10-Feb-19	209	52	0	0.00%	Since 27 October 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	24-Feb-19	3	3	0	0.00%	As of 24 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 plaque reduction neutralization test. A reactive yellow fever vaccination campaign is planned for March in the affected County.
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 have been 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.
Tanzania, United Republic of	Cholera	Ungraded	07-Feb-19	26-Jan-19	03-Mar-19	91	-	2	2.20%	During week 9 (week ending 3 March 2019), 14 new cases were reported from Korogwe DC in Tanga Region (11 cases) and Momba DC in Songwe Region (3 cases).
Tanzania, United Republic of	Dengue fever	Ungraded	31-Jan-19	01-Aug-18	03-Mar-19	119	27	0	0.00%	Between 1 August 2018 and 3 March 2019, there are 119 cumulative cases and zero deaths. Over the period of seven days (from 28 February to 3 March), eight cases were reported from Tanga Region, of which four were positive by rapid diagnostic test. Two regions, Dar Es Salaam and Tanga, remains affected.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	28-Feb-19	-	-	-	-	During the month of February 2019, 4 568 new refugees and asylum-seekers were registered from the Democratic Republic of Congo and 4 635 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	Measles	Ungraded	08-Aug-17	01-Jan-19	05-Mar-19	364	201	0	0.00%	Between 1 January to 5 March 2019, 228 suspected cases including 201 confirmed (epidemiologically-linked and laboratory confirmed) cases were reported in multiple districts. No death is reported among confirmed cases. 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	23-Feb-19	10 722	312	69	0.60%	The end of this outbreak is anticipated soon as there have been very few sporadic cases reported from Mt. Darwin and Murehwa districts in the past weeks. No new case has been reported from Harare, the epicentre of the outbreak, since 26 December 2018.
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										
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.

†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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