

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 16: 15 – 21 April 2019

Data as reported by 17:00; 21 April 2019



World Health Organization

REGIONAL OFFICE FOR

Africa

WHO Health Emergencies Programme

1

New event

65

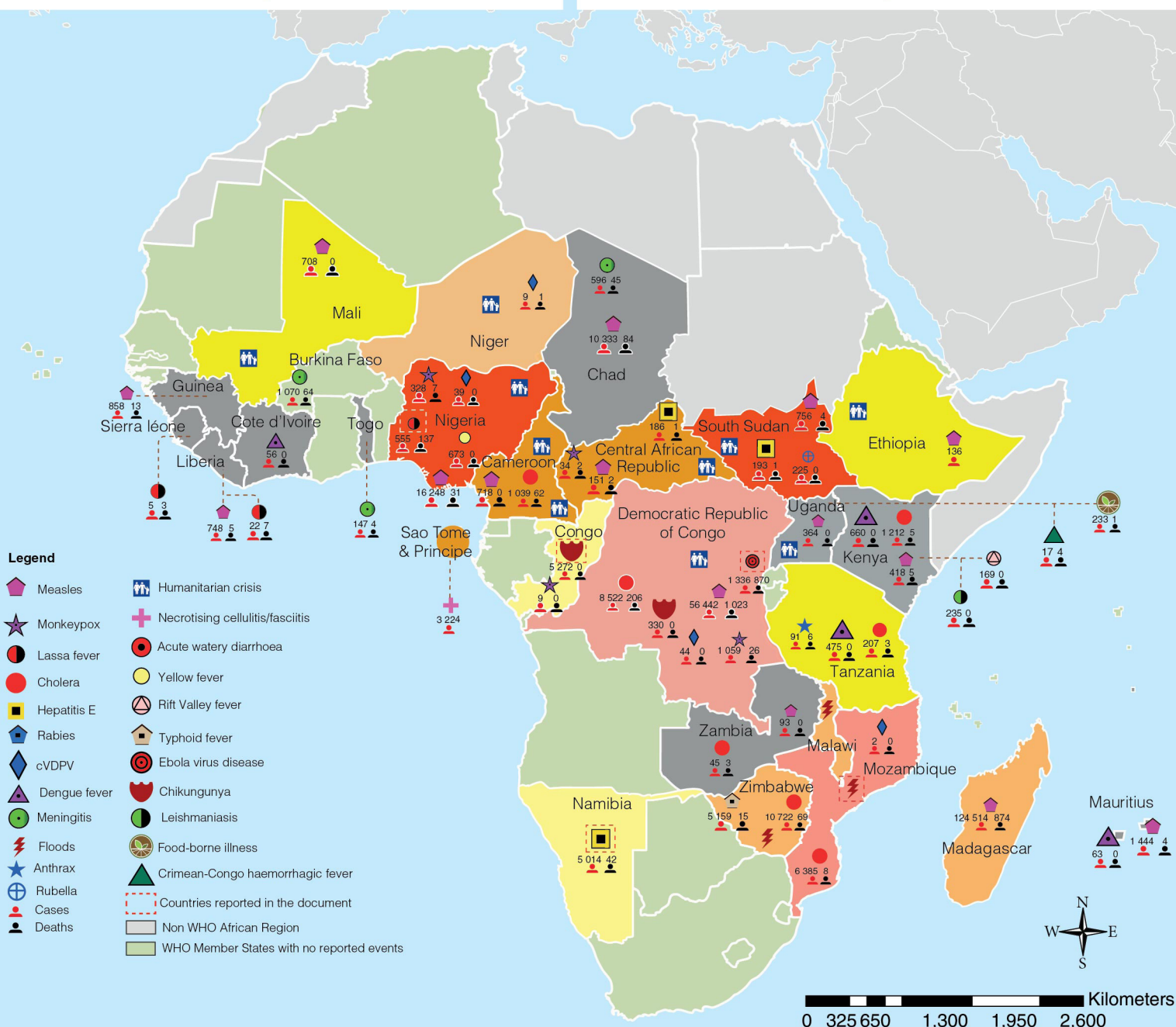
Ongoing events

53

Outbreaks

13

Humanitarian crises



Graded events †

4

Grade 3 events

2

Protracted 3 events

10

Grade 2 events

3

Protracted 2 events

3

Grade 1 events

3

Protracted 1 events

41

Ungraded events

# Overview

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- This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 66 events in the region. This week's edition covers key ongoing events, including:

- [Cyclone in Mozambique](#)
- [Ebola virus disease outbreak in the Democratic Republic of the Congo](#)
- [Lassa fever in Nigeria](#)
- [Hepatitis E in Namibia](#)
- [Chikungunya in the Republic of Congo.](#)

- For each of these events, a brief description, followed by public health measures implemented and an interpretation of the situation is provided.

- A table at the end of the bulletin gives detailed information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have been controlled and thus closed.

- **Major issues and challenges include:**

- Although the situation in Mozambique in the aftermath of tropical cyclone Idai is improving amidst the massive response efforts, the effects remain including isolated communities that still require air or boat operations for mobile clinics. The risk of communicable diseases including an ongoing outbreak of cholera and rise in the number of malaria cases is being raised by the presence of stagnant flood water, continued limited access to safe water and overcrowding at accommodation centres. The recent launch of the oral cholera vaccine (OCV) campaign in the most affected districts with a coverage of 98.6% is expected to provide short-term relief. Expansion of the Early Warning and Alert Response System (EWARS) across more areas with support from WHO and partners is expected to enhance quick and timely response to outbreaks in order to mitigate their impact. However, with only 6.6% of the funds requested provided so far, there is a dire need to breach this funding gap in order to prevent a full-scale humanitarian crisis and help restore the health system to normality.
- Challenges associated with insecurity and community resistance continue to characterize the response to the outbreak of Ebola virus disease in the Democratic Republic of Congo with two recent incidences of attack against healthcare facilities which resulted to the loss of life of one of WHO Epidemiologist and injury to several other Ministry of Health staff. The outbreak is still restricted to two provinces, North Kivu and Ituri, with Katwa health zone in North Kivu reporting about 52% of the cases in the past 21 days. WHO and partners continue to support the government to scale-up response to the outbreak including strengthening case investigation, contact tracing, infection prevention and control, vaccination, and other response activities. Following the recommendations of the International Health Regulations (IHR) Emergency Committee meeting, community awareness and mobilization activities have been intensified particularly in areas with resistance at the epicentre of the outbreak. However, the ongoing gap in funding needs urgently to be filled to ensure unhindered implementation of response measures.

### EVENT DESCRIPTION

The effects of tropical Cyclone Idai, which hit Mozambique's north coast in early March 2019, continue. The official death toll remains at 602 people, with 1 641 injured. At least 400 000 people remain displaced, with 160 927 sheltering in 164 collective temporary accommodation sites. However, as of 18 April 2019, the situation for most affected districts is starting to improve, although there are still isolated communities that require air or boat operations for mobile clinics.

Emergency rehabilitation of health centres has not started on a large scale and remains a serious barrier for people accessing health services. Initial mapping of health facilities in the four worst affected districts is being completed by WHO, the Ministry of Health and partners and the current identified gaps, which include those facilities of unknown status are Bura and Burada in Buzi and Jasse Manguena in Nhamatanda.

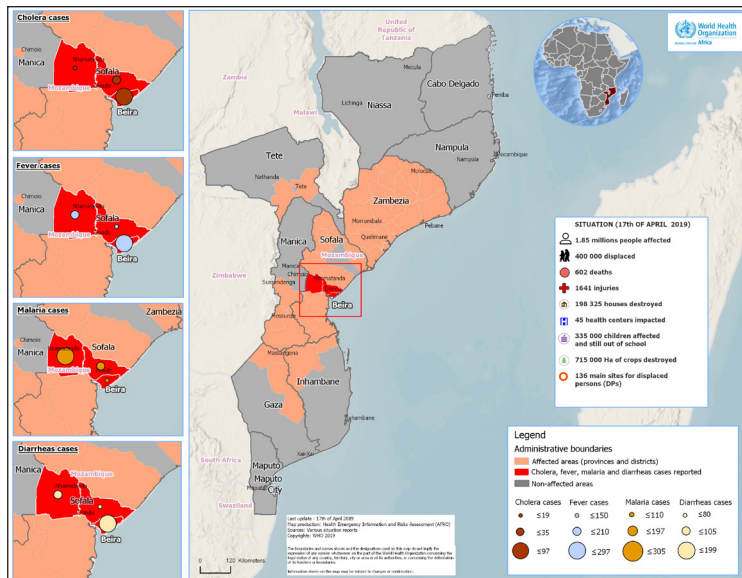
Since confirmation of a cholera outbreak in Sofala Province on 27 March 2019, a cumulative total of 6 385 cases have been reported, with eight deaths (case fatality ratio 0.1%), as of 18 April 2019. These cases were reported from the four districts of Sofala Province originally affected by the outbreak, namely, Beira, Buzi, Dondo and Nhamatanda. Between 27 March 2019 and 4 April 2019, 21 stool samples from the four districts in Sofala Province tested positive by culture for *Vibrio cholerae* O1. Of 4 402 cases where gender was reported, 51% were male. Beira continues to be the most affected district, with an overall attack rate of 909 cases per 100 000 population. Within Beira, five neighbourhoods were particularly badly affected, with attack rates higher than 1 000 cases per 100 000 population. These data are not available for the other three districts.

Other major health risks are other forms of diarrhoea, including bloody diarrhoea, measles, and vector-borne diseases including malaria and dengue, along with malnutrition. The risk of communicable diseases is being raised by the presence of stagnant flood water, continued limited access to safe water and overcrowding at accommodation centres.

### PUBLIC HEALTH ACTIONS

- WHO continues to support the Ministry of Health and partners in expanding the Early Warning and Alert Response System (EWARS), which is now fully operational in Beira, Dondo and Nhamatanda, with more than 30 health centres reporting daily, and WHO has trained over 50 epidemiologists/surveillance officers, health partners, clinicians and data managers at all levels in support of EWARS.
- From 15 April 2019, a diagnostic strategy for the cholera outbreak was implemented, which monitors the progress or resolution of the outbreak and monitors detected strains, with specimens tested using rapid diagnostic tests, with culture on some specimens at the provincial laboratory.
- The surveillance and epidemiology task force, chaired by INS, with support from national and provincial health authorities, WHO, Médecines Sans Frontières (MSF), International Federation of the Red Cross and Red Crescent Societies (IFRC) and Centers for Disease Control (CDC) are producing a joint epidemiological bulletin as of week 15 (week ending 13 April 2019).
- An oral cholera vaccine (OCV) campaign from 3-9 April 2019 in the four most affected districts reached 803 125 individuals older than one year of age, with coverage of 98.6%, with the campaign supported by 1 200 community volunteers and partners including WHO, UNICEF, MSF, IFRC and Save the Children.
- Key water, sanitation and hygiene (WASH) interventions have been undertaken by partners including treated water distribution points at camps; water utility maintenance covering 60% of the urban population of Dondo, Namiza, Manga and Beira; household water treatment distribution at community level; more than 93 230 bottles of water distributed and sanitation (latrine) guidelines and standards developed shared with partners.

### Geographical location of the impact of tropical cyclone Idai in Mozambique, 27 March - 18 April 2019.



- WHO and partners have deployed two field logisticians in Sofala and Manica province to assess damaged health structures, along with providing a water tank to the Cuban Medical Brigade.
- Nine emergency medical teams are operational, providing surge support to health facilities or mobile outreach to isolated populations.

### SITUATION INTERPRETATION

Although the situation on the ground is starting to improve slightly, enormous challenges still remain, not least the cholera outbreak and the potential for further outbreaks of epidemic-prone diseases. The Ministry of Health, other national and local authorities, WHO and partners have so far provided a commendable response. However, there is waning international donor interest, with little funding received by the health sector to allow it to continue to provide life-saving health interventions, with only 6.6% of the funds requested in the Flash Appeal, so far provided. The international community needs to understand the magnitude of this disaster and provide much needed funds, personnel and logistics to prevent a full-scale humanitarian crisis that would potentially last for many years in the region.



## EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues, with Katwa Health Zone now reporting more than half the new confirmed cases in the past 21 days. Since the last report on 14 April 2019 (*Weekly Bulletin 15*), 85 new confirmed EVD cases have been reported, with an additional 67 deaths.

As of 20 April 2019, a total of 1 336 EVD cases, including 1 270 confirmed and 66 probable cases have been reported. To date, confirmed cases have been reported from 21 health zones: Beni (253), Biena (6), Butembo (126), Kalunguta (54), Katwa (436), Kayna (7), Kyondo (17), Mabalako (96), Mangurujipa (5), Masereka (32), Musienene (9), Mutwanga (4), Oicha (40), Vuhovi (74) and Lubero (4) in North Kivu Province; and Rwampara (1), Komanda (27), Mandima (74), Nyankunde (1), and Tchomia (2) in Ituri Province. As of 20 April 2019, the number of health areas reporting at least one confirmed case in the last 21 days (31 March to 20 April 2019) is 10.

A total of 870 deaths were recorded, including 804 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 63% (804/1 270). The cumulative number of health workers infected has risen to 90, with 33 deaths.

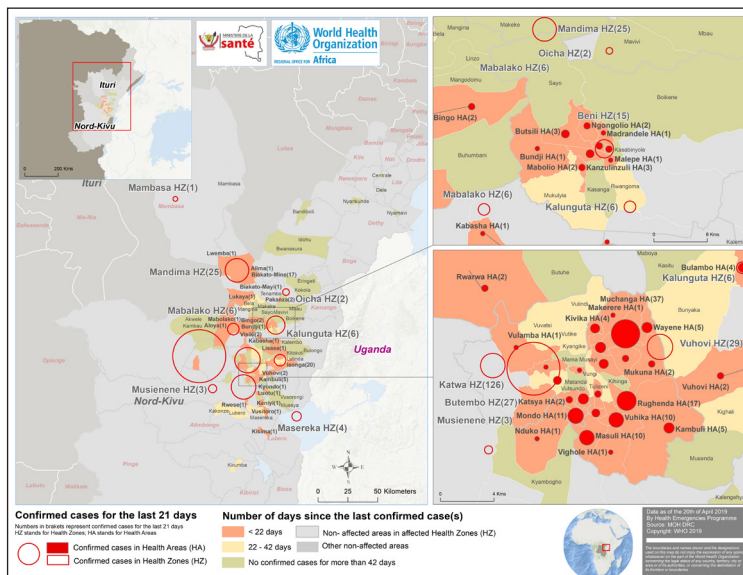
Katwa is still the main focus of the outbreak, reporting 52% (126/246) of all confirmed cases in the past 21 days. As of 17 April 2019, the number of health areas reporting confirmed cases in the last 21 days remains at 16 among the 18 health areas in this health zone. Vuhovi, Butembo and Mandima have reported 33% of all confirmed cases in the past 21 days. Nine health zones, namely Katwa, Butembo, Vuhovi, Beni, Mandima, Mabalako, Musienene, Kalunguta and Masereka have notified a new confirmed case in the past three days and remain points of attention.

Contact tracing is ongoing in 16 health zones, with 5 183 contacts recorded on 20 April 2019, of which 4 698 have been seen in the past 24 hours (91%; varies between 83-100% among reporting zones). Of 502 alerts processed (of which 477 were new) in reporting health zones, 499 (99%). Of the 499 alerts investigated, 92 (18%) were validated as suspected cases.

## PUBLIC HEALTH ACTIONS

- Surveillance activities continue, 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.
- An attack took place at Butembo University Hospital on 19 April 2019, in which a WHO epidemiologist was killed and two other people injured.
- As of 20 April 2019, a cumulative total of 104 342 people has been vaccinated since the start of the outbreak.
- Vaccination activities were interrupted in 13 centres in Katwa as a result of recent security incidents.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 51 million screenings to date. A total of 74/80 (93%) PoE/PoC were operational as of 20 April 2019.
- A thermographic camera was installed at the PoE Petite Barrière in Goma, with support from WHO.
- Minimum ETC services are being provided in Butembo and Katwa following security incidents.
- There are continued community reintegration and psychosocial activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response; 69 psychosocial assistants in Lubero completed their training.
- Psychological debriefing was provided to 32 members of response teams who were involved in the attacks in Katwa.
- Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) activities continue where they can, with temporary shutdown in areas affected by recent security incidents; 10/12 health facilities, along with 11/14 households where confirmed cases have stayed were decontaminated in Katwa, Butembo and Mandima.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May 2018 to 20 April 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



- Community awareness and mobilization sessions continue, with an exchange session on the situation around resistance in the Muchanga health area, aimed at involving community leaders; members of a local EVD control committee were trained in the Wanamahika health area and there was a popular expression forum with the community of Wayene health area, following a community incident.
- Exchange and dialogue is being promoted with local leaders and influential groups in the aftermath of the recent armed attacks in Katwa, in order to find ways to prevent such attacks in the future and to strengthen the security of response teams.

## SITUATION INTERPRETATION

The number of new EVD cases continues to increase and two major security incidents in the past week are of deep concern. However, geographic spread is still limited to two provinces and there is no spread to neighbouring countries. The outbreak is still regarded as of national importance, with no travel or trade restrictions to DRC or neighbouring areas. Continued community engagement, particularly around preventing further attacks on response teams and health workers, will hopefully reinforce the importance of the public health measures that are being successfully implemented in many areas. All national and local authorities and partners are committed to this response, which will ultimately bring this outbreak to an end. However, the ongoing gap in funding needs urgently to be filled to allow all involved to maintain successful response measures.

## EVENT DESCRIPTION

Cases of Lassa fever continue to be reported across Nigeria in 2019, with a declining trend since week 10. During week 15 (week ending on 14 April 2019), three new confirmed cases with zero deaths were reported from two states – Edo (one) and Plateau (two). This is the lowest number of cases reported since the beginning of the year, with more than 80 cases reported during the peak of the outbreak in week 4 (week ending on 27 January 2019).

From 1 January to 14 April 2019, a cumulative total of 555 confirmed and probable cases with 137 deaths (case fatality ratio 24.7%) have been reported across Nigeria. Eighty-one local government areas across 21 states have reported at least one confirmed case since the beginning of 2019. About 93% of all confirmed cases are from Edo (36%), Ondo (28%), Ebonyi (8%), Bauchi (8%), Taraba (7%) and Plateau (6%). The predominant age group affected ranges from 21 to 40 years.

A total of 17 healthcare workers have been infected, with two deaths, since the onset of the outbreak in seven states – Edo (seven cases with one death), Ondo (three cases), Ebonyi (two cases), Enugu (one case with one death), Rivers (one case), Bauchi (one case), Benue (one case) and Plateau (one case). Thirteen patients are currently being managed at various treatment centres across the country.

Of 7 132 contacts that have been identified since the beginning of the year across 20 states, 1 162 are currently being followed, 5 906 (82.8%) have completed 21 days follow up, while eight (0.1%) were lost to follow up. A total of 113 (1.6%) symptomatic contacts have been identified, of whom 56 (0.8%) tested positive.

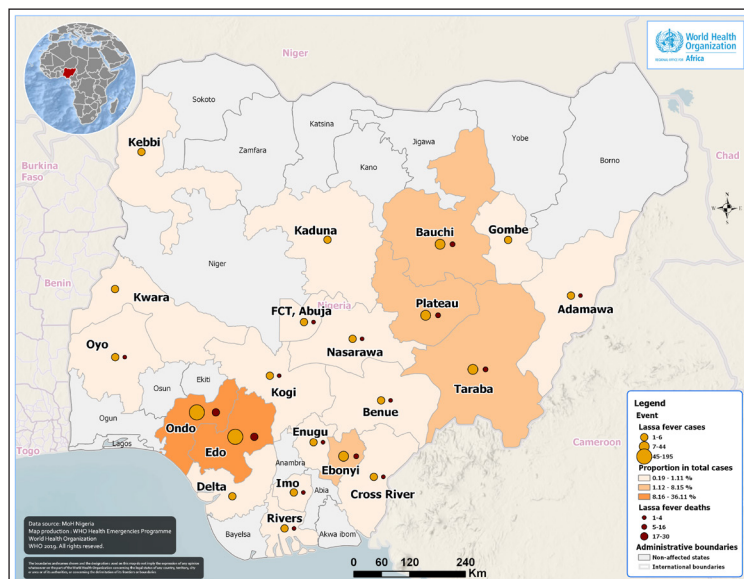
## PUBLIC HEALTH ACTIONS

- A National Lassa fever multi-partner, multi-sectoral Emergency Operations Centre (EOC) continues to coordinate the response activities at all levels.
- Enhanced surveillance and contact tracing of all cases' identified contacts is ongoing, along with deployment of rapid response teams to the priority states.
- Implementation of infection prevention and control (IPC) is in place across health facilities in the affected states along with provision of personal protective equipment (PPE).
- Clinical management of cases is being supported in treatment centres across the country.
- Scale-up of risk communication activities at national and state levels continues through radio jingles, community engagement and distribution of fliers.

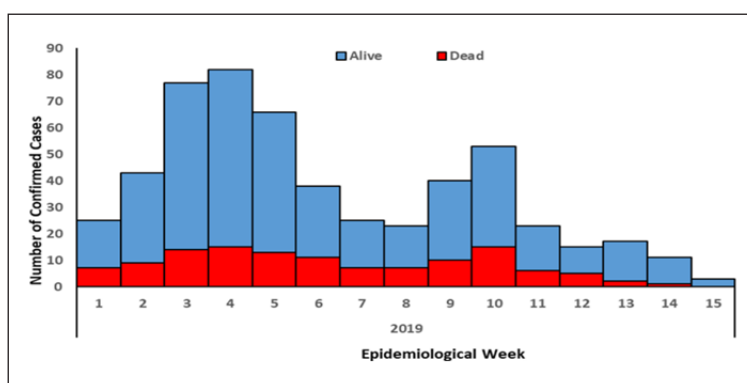
## SITUATION INTERPRETATION

The declining trend in the number of cases is following a typical pattern observed in recent years as the number of cases is expected to fall as the country approaches the rainy season. 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. The government and partners need to evaluate response to this outbreak and enhance preparedness measures, including strengthening capacities to respond during the next peak season.

Geographical distribution of Lassa fever cases and deaths in Nigeria, 1 January – 14 April 2019.



Confirmed cases of Lassa fever by epidemiological week of report, Nigeria, 1 January - 14 April 2019, (n=540)



## EVENT DESCRIPTION

Cases of hepatitis E (HEV) continue to be reported in Namibia. The outbreak was declared by the Ministry of Health and Social Services (MoHSS) on 14 December 2017 in Windhoek, Khomas region, which later evolved and spread to other regions in April 2018, affecting seven regions (Erongo, Kavango, Ohangwena, Oshana, Oshikoto and Omaheke). Cases have been reported mainly from informal settlements including Havana and Goreangab in Windhoek where safe water access is a problem. In the past three weeks cases have been reported, although with a decreasing trend; in epi week 13 (47 cases), in epi week 14 (40 cases) and in epi week 15 (39 cases). Of the 39 reported HEV cases during the latest reporting period (week 15, week ending on 14 April 2019), 21 (57%) are from Khomas; 13 (35%) from Erongo and 5 (8%) from Oshana regions. No other region has reported an HEV case in this week.

Currently, as of 14 April 2019, there have been 5 014 HEV cases reported, including 42 deaths (case fatality ratio 0.8%). To date eight regions have declared an outbreak of hepatitis E. The most affected region remains Khomas, reporting 3 349 (67%) HEV cases, followed by Erongo 1 143 (23%) cases. The remaining 10.6% of the reported HEV case are being reported from other regions. The epi curve shows a fluctuating trend over time, although there is a decreasing trend, which may possibly be due to the long incubation period (2 to 10 weeks) of hepatitis E. Most of the reported cases are males (58%) and in the age range of between 20 and 39 years.

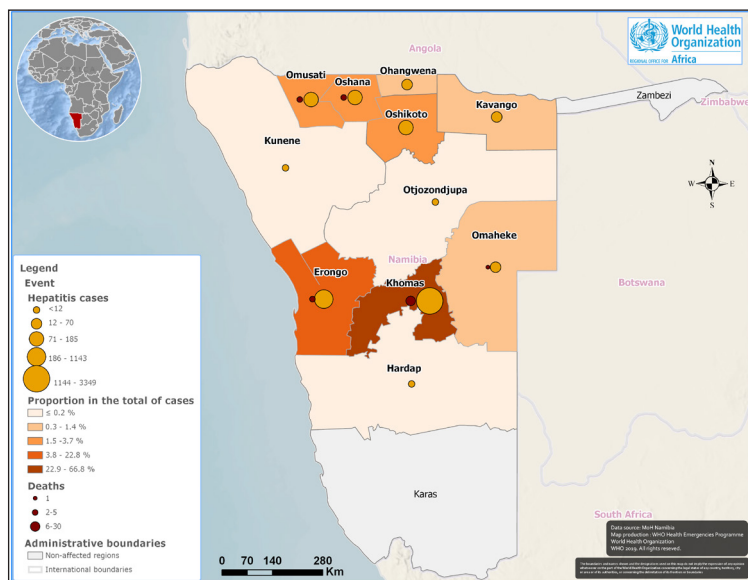
## PUBLIC HEALTH ACTIONS

- The Honorable Minister of Health and high-level management continue to support and conduct advocacy for HEV affected regions and partners to implement the recommendations from the rapid assessment conducted by WHO and MoHSS.
- WHO continue to support MoHSS in coordination, data analysis, report writing, surveillance, risk communication, and social mobilization.
- Regional and district surveillance teams continue to conduct health education, active case search, mapping and reporting of HEV cases weekly.
- The CDC donated 600 rapid diagnostic kits, which are being used at clinics and health centres in Khomas region.
- WHO funded reagents for HEV testing in the National Laboratory.
- WHO continues to support the MoHSS to engage Red Cross volunteers and other community health workers for hygiene, social mobilization and community disease surveillance activities.
- Regular water testing by municipalities is being conducted in Khomas and Erongo (Swakopmund) informal settlements.
- The Ministry of Agriculture Water and Forestry, with the support of UNICEF, is strengthening the project of Community Led Total Sanitation to improve sanitation in some selected regions including Khomas.

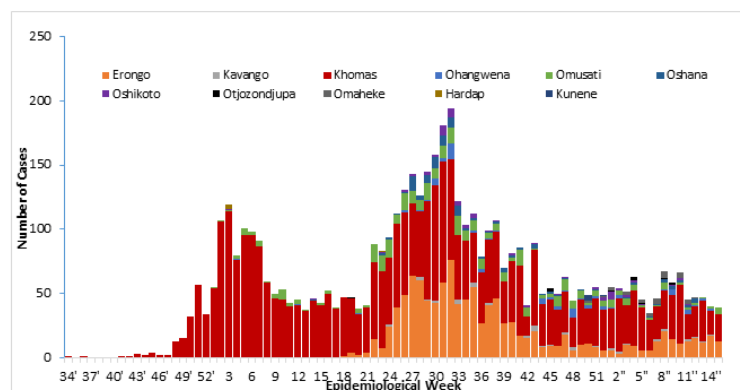
## SITUATION INTERPRETATION

Even though there has been a notable decrease in cases in the past few weeks, the outbreak is not over, with most cases being detected and reported in areas with limited water and toilet facilities. In order to contain this particular outbreak, response activities need to be strengthened, particularly outbreak coordination, social mobilization, WASH and community surveillance to ensure that all stakeholders realize the urgent need to bring the outbreak to a close, and that the community understands the mode of disease transmission, risk factors, especially to pregnant women and post-partum women, and the need to improve hygiene and sanitation practices as well as early health-seeking behaviour and prompt case management at health facilities.

Geographical distribution of hepatitis cases and deaths in Namibia, as of 14 April 2019.



Distribution of confirmed, epi linked and suspected cases of hepatitis E by epidemiological week, Namibia, September 2017 to 14 April 2019 (n=5 014)



## EVENT DESCRIPTION

The chikungunya outbreak that was declared by the government on 9 February 2019 in Congo continues to expand to other departments of the country. Since our last report on 17 February 2019 (*Weekly bulletin 7*), an additional 2 900 suspected cases, of which 50 were confirmed cases of chikungunya have been reported in eight departments of the country. In epidemiological week 14 (from 1 to 7 April 2019), 710 new suspected cases of Chikungunya were notified.

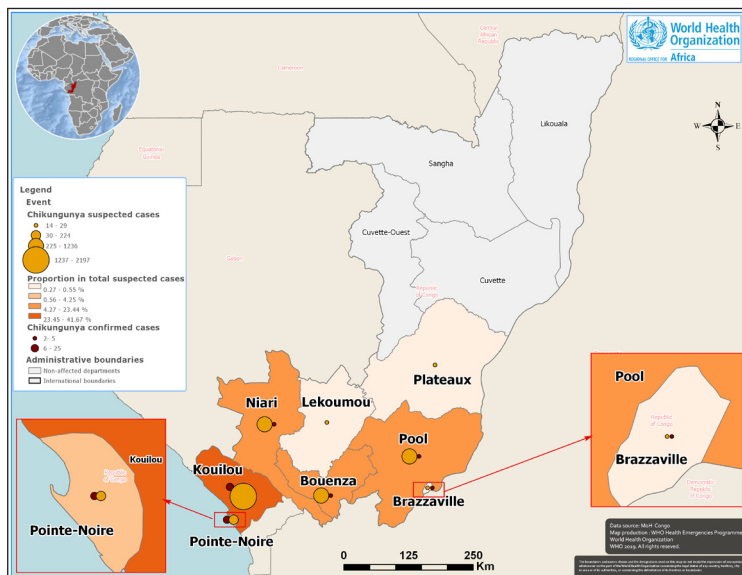
As of 7 April 2019, there have been a total of 5 272 suspected cases, of which 61 have been laboratory confirmed by PCR testing at the National Institute for Biological Research (INRB) laboratory in the Democratic Republic of the Congo. The outbreak peaked at around 17 January 2019, with 130 suspected cases reported, with no outbreak-related deaths. Entomological investigations carried out from 27 January to 2 February 2019 identified the circulation of *Aedes albopictus* mosquitoes, the vector for chikungunya. Information from the field including the CME ENI report a chikungunya-related bed occupancy rate of more than 80%. Cases are reported in eight out of 12 departments of the Republic of Congo: Kouilou, Bouenza, Pointe Noire, Plateaux, Pool, Niari, Lékoumou and Brazzaville. The department of Kouilou is the most affected with 41% of cases reported (n=2 197). The majority of cases in Kouilou are concentrated in three health districts (Hinda-Loango, Mvouti-kakamoéka, and Madingo-Kayes). Of the 1 753 cases for which age and sex were available, 945 (54%) were women.

A rapid risk assessment that was completed on 15 April 2019 concluded that the overall risk of spread at the regionally and at national level is moderate, and low globally.

## PUBLIC HEALTH ACTIONS

- The ministry of health is coordinating the development and adoption of response and communication plans at the health department level.
- WHO is supporting the Ministry of Health in further epidemiological and entomological investigation and in strengthening response activities through deployment a skilled epidemiologist, entomologist and community mobilisation expert.
- Epidemiological surveillance is being strengthened through use of the Early Warning, Alert and Response System (EWARS).
- WHO is supporting the Ministry of Health in developing protocols for management of chikungunya cases, as well as in developing a national response plan for the next three months.
- Vector control activities have started in many affected health districts, including indoor residual spraying and eliminating mosquito breeding sites.
- Regular health promotion messages are being delivered on local television and radio channels.

Geographical distribution of Chikungunya cases in Congo, 17 January - 8 April 2019.



## SITUATION INTERPRETATION

More than three months after the declaration of Chikungunya in the Republic of Congo, new suspected cases are still being reported and the outbreak is spreading geographically. Challenges remain in diseases surveillance, limited laboratory capacity to confirm cases of chikungunya, and lack of financial and technical resources. In addition, the presence of *Aedes albopictus* in many parts of the country and challenges in coordination of the response at the national level remain major concerns. There is an urgent need to address these challenges and put standard measures in place to control this outbreak.



# Summary of major issues, challenges and proposed actions

## Major issues and challenges

- Although the situation in Mozambique in the aftermath of tropical cyclone Idai is improving amidst the massive response efforts, the effects remain including isolated communities that still require air or boat operations for mobile clinics. The risk of communicable diseases including an ongoing outbreak of cholera and rise in the number of malaria cases is being raised by the presence of stagnant flood water, continued limited access to safe water and overcrowding at accommodation centres. The recent launch of the oral cholera vaccine (OCV) campaign in the most affected districts with a coverage of 98.6% is expected to provide short-term relief. Expansion of the Early Warning and Alert Response System (EWARS) across more areas with support from WHO and partners is expected to enhance quick and timely response to outbreaks in order to mitigate their impact. However, with only 6.6% of the funds requested provided so far, there is a dire need to breach this funding gap in order to prevent a full-scale humanitarian crisis and help restore the health system to normality.
- Challenges associated with insecurity and community resistance continue to characterize the response to the outbreak of Ebola virus disease in the Democratic Republic of Congo with two recent incidences of attack against healthcare facilities which resulted to the loss of life of one of WHO Epidemiologist and injury to several other Ministry of Health staff. The outbreak is still restricted to two provinces, North Kivu and Ituri, with Katwa health zone in North Kivu reporting about 52% of the cases in the past 21 days. WHO and partners continue to support the government to scale-up response to the outbreak including strengthening case investigation, contact tracing, infection prevention and control, vaccination, and other response activities. Following the recommendations of the International Health Regulations (IHR) Emergency Committee meeting, community awareness and mobilization activities have been intensified particularly in areas with resistance at the epicentre of the outbreak. However, the ongoing gap in funding needs urgently to be filled to ensure unhindered implementation of response measures.

## Proposed actions

- Maintaining and expanding the established early warning alert and response surveillance systems at health facility and community level in Mozambique will be key in detecting outbreaks in a timely manner. Rapid investigation of any reported alerts and timely response should be maintained. Efforts should also begin to focus on restoring the health system to normality.
- In spite of the challenging situation in the Democratic Republic of Congo, continuous efforts aimed at engaging communities to ensure buy-in and ownership of the response activities should be pursued.



# 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 Con-firmed | Deaths | CFR    | Comments  |
|----------------|--|--------------|----------------------|---------------------------|-------------------------|-------------|------------------|--------|--------|---|
| New Events     |  |              |                      |                           |                         |             |                  |        |        |   |
| Uganda         | Crime-an-Congo haemorrhagic fever (CCHF)               | Ungraded     | 17-Apr-19            | 24-May-18                 | 17-Apr-19               | 17          | 13               | 4      | 23.50% | A new confirmed case of Crime-an-Congo haemorrhagic fever (CCHF) has been reported from Uganda. The case-patient is a 32-year-old male resident of Katabi sub-county in Wakiso district, who tested positive for the virus post-humously. He died at a hospital in Wakiso and was buried in Butagaya, Nakakulwe village, Jinja on 12 April 2019. A total of 21 contacts have been identified and are being monitored. Since May 2018, a total of 17 cases have been reported across Uganda.   |
| Ongoing Events |  |              |                      |                           |                         |             |                  |        |        |   |
| Cameroon       | Humanitarian crisis (Far North, North, Adamawa & East) | Protracted 2 | 31-Dec-13            | 27-Jun-17                 | 02-Apr-19               | -           | -                | -      | -      | Cameroon continues to face a humanitarian crisis in the far North region linked to the Boko Haram group terrorist attacks, with significant displacement of the traumatized population. The Minao camp has reached a total of 57 094 refugees, which is above its capacity. Several attacks targeting both public facilities, such as schools and health facilities and private goods continue to be registered at the border between Cameroon and Nigeria. The Far North region is currently facing a measles outbreak in five districts (Kousseri, Mada, Makary, Goulfey and Koza). |
| Cameroon       | Humanitarian crisis (NW & SW)                          | G2           | 01-Oct-16            | 27-Jun-18                 | 10-Apr-19               | -           | -                | -      | -      | The Northwest and Southwest region's crises, which started in 2016 remain a concern. Sporadic armed attacks between alleged separatist groups, the military and communities continue to be reported. An attack on 4 April by Cameroonian security forces on Meluf village located near a separatist's camp in North West region led to the death of five civilians. Several houses have been looted and seven burnt down. Violence in and near health facilities since late March is affecting access to health for civilians.  |

| 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                 | 04-Apr-19               | 1 039       | 91              | 62     | 6.00% | Cameroon continues to report cases of cholera in 2019. Seven new suspected cases including one death were notified by Pitoa, Garoua 1 and Garoua 2 health districts from 1 to 5 April 2019. In March 2019, additional five new confirmed cases were notified by Institut Pasteur Laboratory in Cameroon. As of 5 April 2019, a total of 1 039 suspected cases were reported.   |
| Cameroon                 | Measles             | Ungraded     | 28-Jan-19            | 01-Jan-19                 | 31-Mar-19               | 718         | 450             | 0      | 0%    | The measles outbreak is ongoing in Cameroon. The number of cases started increasing since the beginning of this year and peaked in epidemiological week 7, 2019 with 130 suspected cases reported. Since the beginning of the year 2019, a total of 718 suspected cases, including 56 confirmed cases with laboratory test and 394 by epidemiological link were reported. The outbreak is affecting six districts, which are: Kousseri, Mada, Goulfey, Makary, Koza et Ngaoundere rural.                                     |
| Central African Republic | Humanitarian crisis | Protracted 2 | 11-Dec-13            | 11-Dec-13                 | 14-Apr-19               | -           | -               | -      | -     | A total of 2 768 internal displaced persons arrived in Baboua and Beloko following military operations conducted by MINUSCA at Zoukombo in the North Ouest of the country. Humanitarian actors intervening in the area had to suspend their activities for security reasons. The closure of the South Sudan border and the health district of Haut-Mbomou remain a concern for the humanitarian community.   |
| Central African Republic | Hepatitis E         | Ungraded     | 02-Oct-18            | 10-Sep-18                 | 14-Apr-19               | 186         | 142             | 1      | 0.50% | Two new suspected cases of hepatitis E were reported in weeks 14 (week ending on 14 April 2019) in Bocaranga. No new cases reported in Ngaoundaye since 15 February 2019. From 10 September 2018 to 14 April 2019, a total of 186 cases of acute jaundice syndrome including 142 confirmed for viral hepatitis E have been reported. The age group between 5 to 45 years old is more affected.   |
| Central African Republic | Measles             | Ungraded     | 15-Mar-19            | 11-Feb-19                 | 31-Mar-19               | 151         | 19              | 2      | 1.30% | The measles outbreak is ongoing in three health districts (Paoua, Batangafo and Vakaga) in the country. From epidemiological week 5 to week 13, a total of 151 suspected measles cases, including 19 confirmed, were notified in Paoua (83 cases), Batangafo (5 cases), and Vakaga (63 cases and 1 death). About 80% of cases are under 5 years of age with a high proportion of male. Several of the cases are returnees from the outskirts of the city of Goree (Chad) in March 2019 following the opening of the borders. |

| Country                  | Event        | Grade    | Date notified to WHO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR   | Comments  |
|--------------------------|--------------|----------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-------|---|
| Central African Republic | Monkey-pox   | Ungraded | 20-Mar-18            | 02-Mar-18                 | 03-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.  |
| Chad                     | Measles      | Ungraded | 24-May-18            | 01-Jan-19                 | 07-Apr-19               | 10 333      | 0               | 84     | 0.80% | In week 14 (week ending on 7 April 2019) 1 324 suspected cases including 16 deaths were reported. To date there are 10 333 suspected measles cases have been reported from 112 out of 126 districts in the country. 84 deaths (CFR 0.8%) have been reported in 31 districts. Currently 79 districts are reporting suspected epidemics compared to 75 at week 13.  |
| Chad                     | Meningitis   | Ungraded | 20-Mar-19            | 01-Jan-19                 | 07-Apr-19               | 596         |                 | 45     | 7.60% | Cases of meningitis continue to be reported in two districts in Mandoul region. In week 14 (week ending on 7 April 2019), 36 new suspected cases and 1 associated death were reported. The district of Goundi was in alert phase with an AR of 8.2 and the district of Bedjondo remained in alert phase with an AR of 3.0.  |
| Congo                    | Chikungunya  | G1       | 22-Jan-19            | 07-Jan-19                 | 7-Apr-19                | 5 272       | 61              | 0      | 0.00% | Detailed update given above.  |
| Congo                    | Monkey-pox   | Ungraded | 11-Mar-19            | 09-Mar-19                 | 16-Mar-19               | 9           | 2               | 0      | 0.00% | The Republic of Congo has been reported cases of monkey pox since February 2019. Two samples from Makontipoko village in Gambona district tested in the INRB-Kinshasa turned positive for Monkey pox (PCR OPX).   |
| Côte d'Ivoire            | Dengue fever | Ungraded | 15-Feb-19            | 01-Jan-19                 | 15-Mar-19               | 56          | 11              | 0      | 0.00% | The Institut Pasteur of Ivory Coast confirmed 5 positive cases of dengue fever on the 15 February 2019. As of 15 March 2019, a total of 56 suspected cases and 11 confirmed cases have been reported in nine over hundred and one districts. The Cocody -bingerville health district have reported the majority of the suspected and confirmed cases. Three cases of dengue serotype 3 and five cases of Dengue serotype 1 have been isolated during this outbreak. The age group between 15 to 44 years old is more affected (55%) and the sex ratio (F/M) is 1.5. |

| 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 | Humanitarian crisis | G3       | 20-Dec-16            | 17-Apr-17                 | 17-Mar-19               | -           | -               | -      | -     | The humanitarian situation remains complex. Attacks by unidentified assailants in North Kivu led to the suspension of MSF activities in Butembo Ebola treatment Centre. In Tanganyika province, UNPFA reports 1 127 cases of sexual violence based on gender recorded in 2018. Rape represents 42% of cases, although forced marriage of children also has a high incidence, more than half of the victims are IDPs. In Kasai, there is a relative return of calm after the inter-communal tension from 24 to 26 February 2019 which disrupted humanitarian interventions. Ituri Province, Djugu Territory, 6 035 returnees need assistance. |
| Democratic Republic of the Congo | Chikungunya         | Ungraded | 08-Feb-19            | 30-Sep-18                 | 24-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                 | 07-Apr-19               | 8 522       | -               | 206    | 2.40% | In week 14 (week ending on 7 April 2019), 460 suspected cholera cases including 9 deaths (CFR 1.9%) were reported from 51 health zones in 13 provinces. To date 8 522 suspected cases including 206 deaths (CFR 2.4%) have been reported in 18 out of 26 provinces. Most of the cases have been reported from the eastern endemic provinces (Upper Katanga, Upper Lomami, North Kivu, South Kivu, and Tanganyika).   |
| Democratic Republic of the Congo | Ebola virus disease | G3       | 31-Jul-18            | 11-May-18                 | 20-Apr-19               | 1 336       | 1 270           | 870    | 65%   | Detailed update given above.   |
| Democratic Republic of the Congo | Measles             | Ungraded | 10-Jan-17            | 01-Jan-19                 | 31-Mar-19               | 56 442      |                 | 1 023  | 1.80% | In week 14 (week ending on 7 April 2019), 5 105 cases including 75 deaths have been reported. Since the beginning of the year, 56 442 cases including 1 023 deaths (CFR 1.81%) have been reported. Cases continue to be reported in an increasing manner. To date there are 39 health zones with confirmed epidemic. The most affected provinces are Tshopo, Lualaba, and Upper Lomami.  |
| Democratic Republic of the Congo | Monkeypox           | Ungraded | n/a                  | 01-Jan-19                 | 07-Apr-19               | 1 059       | -               | 26     | 2.50% | In week 14 (week ending 7 April 2019), 91 new suspected cases including five deaths were reported. The cases of Monkeypox have been confirmed in the Provincial Health Divisions of Equateur, North Ubangi, and South Ubangi.  |



| 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                       | 17-Apr-19               | 44          | 44              | 0      | 0.00% | No cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The total number of cVDPV2 cases reported in 2018 is 20. The most recent cVDPV2 case was reported from Mufunga-Sampwe district in Haut-Katanga province with onset of paralysis on 7 October 2018. DRC is affected by four separate cVDPV2 outbreaks, in the provinces of Haut Katanga; Mongala, Maniema and Haut Lomami/Tanganika/Haut Katanga/Ituri.  |
| Ethiopia                         | Humanitarian crisis     | G2           | 15-Nov-15            | n/a                       | 09-Apr-19               | -           | -               | -      | -     | The humanitarian crisis in Ethiopia continues with growing and cyclical waves of humanitarian emergencies. In mid-March 2019, a rapidly evolving situation involving IDPs was reported in West Guji and Gedeo zones of Oromia and SNNP respectively. The numbers of IDPs is fluid and increasing daily, with official government estimates of 675 737 for Gedeo and 319 822 reported from West Guji as of 31 March 2019. Across the whole country, the numbers of IDPs is estimated at about 2.7 million.                                   |
| Ethiopia                         | Measles                 | Protracted 1 | 14-Jan-17            | 01-Jan-19                 | 29-Mar-19               | 136         | 59              | -      | -     | The measles outbreak is ongoing in Oromia and Solami regions. Majority of cases were reported in weeks 9 and 10 with number of cases averaging about 140 per week. Response activities have been instituted including reactive vaccination campaigns, enhanced surveillance and improved case management.   |
| Guinea                           | Measles                 | Ungraded     | 09-May-18            | 01-Jan-19                 | 14-Apr-19               | 858         | 356             | 13     | 1.50% | In week 15 (week ending on 14 April 2019) 113 new suspected measles and 34 confirmed cases were reported. In this year there have been 858 suspected measles cases including 356 confirmed cases and 13 deaths (CFR 1.5%) have been reported. Currently there are eight localities in epidemic including the urban communes of Coyah, Dixinn, Dubréka, Matoto, Ratoma, Fria, Matam and the sub-prefecture of Manéah (Coyah). Of the total, 60.4% of IgM + cases were unvaccinated and 83% of IgM + cases are children under 5 years of age. |
| Kenya                            | Cholera                 | Ungraded     | 21-Jan-19            | 02-Jan-19                 | 08-Apr-19               | 1 212       | 56              | 5      | 0.40% | Since January 2019, cholera outbreak has been reported in Narok, Kajiado, Nairobi, Garissa and Machakos Counties. Narok county has controlled the outbreak.   |
| Kenya                            | Dengue fever            | Ungraded     | 30-Jan-19            | 15-Oct-18                 | 08-Apr-19               | 660         | 286             | 0      | 0.00% | The outbreak in Mombasa County which has affected all the six sub-counties (Kisauni, Jomvu, Nyali, Likoni, Changamwe and Mvita) remains active. Total cases reported so far are 660 with 286 confirmed by PCR. However, these are likely grossly underestimated due to underreporting.  |

| Country    | Event                   | Grade    | Date notified to WHO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR    | Comments  |
|------------|-------------------------|----------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|--------|---|
| Kenya      | Leishmaniasis           | Ungraded | 31-Mar-19            | 01-Jan-19                 | 18-Apr-19               | 235         | 89              | 0      | 0%     | A kala-azar outbreak has been reported in Marsabit and Wajir counties. Cases have been reported since the beginning of January 2019 with a peak in March 2019. Marsabit has reported 200 cases with 89 positives by RDT rk39 and Wajir county has reported 35 cases.  |
| Kenya      | Measles                 | Ungraded | 03-Sep-18            | 28-Aug-18                 | 08-Apr-19               | 418         | 41              | 5      | 1.20%  | In the past week 15 new cases were reported. Wajir county has reported a total of 269 cases, Tana River county 131 cases and Kilifi county 7 cases. In total, 418 cases including 5 deaths have been reported in 2019.  |
| Kenya      | Rift Valley fever (RVF) | Ungraded | 01-Feb-19            | 18-Jan-19                 | 04-Mar-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                 | 14-Apr-19               | 22          | 19              | 7      | 31.80% | During week 15 (week ending 14 April 2019), two suspected cases were reported from Grand Bassa and Montserrado Counties. Test results are pending. Since the beginning of the year, 54 suspected cases have been reported across the country, of which 19 tested positive by RT-PCR while 32 were discarded due to negative test results and three pending testing.   |
| Liberia    | Measles                 | Ungraded | 24-Sep-17            | 01-Jan-19                 | 14-Apr-19               | 748         | 65              | 5      | 0.70%  | In week 15 (week ending 14 April 2019), 34 suspected cases were reported from 11 out of 15 counties across the country. Since the beginning of 2019, 748 cases have been reported across the country, of which 65 are laboratory-confirmed, 69 are epi-linked, and 386 are clinically confirmed. Sanoyea and Fuamah Districts, Bong County, Firestone District, Margibi County and Kolahun and Voinjama Districts, Lofa County are currently in outbreak phase.   |
| Madagascar | Measles                 | G2       | 26-Oct-18            | 03-Sep-18                 | 07-Apr-19               | 124 514     |                 | 874    | 0.70%  | In week 13 (week ending on 31 March 2019), 1 625 cases (15 IgM positive and 1 610 epidemiologically linked) were reported, a decrease compared to the previous week 12 (week ending 24 March) when 2 367 cases were reported. Currently 107 out of 114 districts in the country have reported cases.  |
| Malawi     | Flood                   | G2       | 09-Mar-19            | 05-Mar-19                 | 07-Apr-19               | -           | -               | -      | -      | Tropical Cyclone Idai which formed in the Mozambique Channel, drifted to Malawi on 5 March 2019 causing heavy persistent rains accompanied by strong winds leading to heavy flooding in Southern Malawi. a total of 15 districts and two cities were affected. As of 7 April 2019, a total of 868 900 people are known to be affected, with 731 880 people in need, 86 980 of whom displaced. There are 173 camps and 90 000 households assisted. Although flood waters have receded about 70% of the affected population are still in camps. |

| Country    | Event               | Grade        | Date notified to WHO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR   | Comments  |
|------------|---------------------|--------------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-------|---|
| Mali       | Humanitarian crisis | Protracted 1 | n/a                  | n/a                       | 28-Mar-19               | -           | -               | -      | -     | Dogon militias killed more than 160 civilians during an attack in Mopti region on 23 March 2019. This is the deadliest attack led against civilians in Mali since the beginning of the crisis in 2012. At least 2 000 people have been displaced since and acts of retaliations against the Dogon communities have already been registered, with six civilians killed between 25 and 26 March 2019.   |
| Mali       | Measles             | Ungraded     | 20-Feb-18            | 01-Jan-19                 | 14-Apr-19               | 708         | 249             | 0      | 0.00% | Between epi week 1 and 15, there have been 708 cumulative reported cases of 708 including 249 IgM positive cases. Outbreak response activities continues to be implemented including investigation and case management, continued epidemiological surveillance, public awareness of disease prevention measures.  |
| Mauritius  | Dengue Fever        | Ungraded     | 26-Feb-19            | 26-Feb-19                 | 10-Apr-19               | 63          | 63              | 0      | 0.00% | The dengue fever outbreak is ongoing in Mauritius. From 26 February 2019 to 10 April 2019, a total of 63 cases of dengue have been detected out of which 50 cases are in a sub-region of Port Louis (Vallee des Pretres). A peak was observed on 19 March 2019 (11 cases) with an overall decreasing trend since then to last reporting date. There had been four imported cases of dengue, one from India and three from Reunion Island. Public health response activities are ongoing in affected areas.  |
| 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 | Cholera             | Ungraded     | 27-Mar-19            | 27-Mar-19                 | 18-Apr-19               | 6 385       | -               | 8      | 0.10% | In week 15 (from 8 to 14 April 2019), a total of 2 315 cases and 2 deaths were reported. Beira district continued to be the most affected district with an overall attack rate of 909 cases per 100 000 population. Since the declaration of the cholera outbreak on 27 March 2019, and up to 18 April 2019, 6 385 cases and eight deaths were reported (CFR 0.1%). These cases were reported from the four districts (Beira, Buzi, Dondo and Nhamatanda) of Sofala Province originally affected by this outbreak. Of 4 402 cases for which gender was reported, 51% were male. |
| Mozambique | Flood/cyclone       | G3           | 15-Mar-19            | 15-Mar-19                 | 19-Apr-19               | -           | -               | -      | -     | 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  |
|------------|---|--------------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|--------|---|
| Mozambique | Polio-myelitis (cVDPV2)                                 | G2           | 07-Dec-18            | 07-Dec-18                 | 17-Apr-19               | 2           | 2               | 0      | 0.00%  | No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week. One circulating vaccine-derived poliovirus type 2 (cVDPV2) isolate was detected, from an acute flaccid paralysis (AFP) case (with onset of paralysis on 21 October 2018, in a six-year old girl with no history of vaccination, from Molumbo district, Zambezia province), and two isolated from a community contact of the case reported on 10 and 17 December 2018. (source: GPEI) |
| Namibia    | Hepatitis E   | G1           | 18-Dec-17            | 08-Sep-17                 | 14-Apr-19               | 5 014       | 871             | 42     | 0.80%  | Detailed update given above.  |
| Niger      | Humanitarian crisis                                     | Protracted 1 | 01-Feb-15            | 01-Feb-15                 | 04-Apr-19               | -           | -               | -      | -      | The security situation in Diffa continues to worsen following Boko Haram attacks in that region. A total of 15 000 people from the villages of Gueskerou and Chetimari were newly displaced in Diffa region due to the increasing number of attacks against civilians by Boko Haram. In March alone, 20 attacks were registered leading to the death of at least 90 civilians. Humanitarian needs in the affected area include shelter, food, health and protection.                    |
| Niger      | Circulating vaccine-derived polio virus type 2 (cVDPV2) | G2           | 08-Jul-18            | 08-Jul-18                 | 17-Apr-19               | 9           | 9               | 1      | 11.10% | No case of cVDPV2 have been reported in the past week. The most recent isolated case in the country was in Magaria district, Zinder region with an onset of paralysis on 5 December 2018. 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. (source: GPEI)  |
| Nigeria    | Humanitarian crisis                                     | Protracted 3 | 10-Oct-16            | n/a                       | 31-Mar-19               | -           | -               | -      | -      | The humanitarian crisis in the Northeastern part of Nigeria persists with continued population displacement from security-compromised areas characterized by overcrowded population in many camps in the region. The number of measles cases being reported also remains high. A vaccination campaign was conducted in February to respond to the increased number of cases of measles reported over the recent months.   |
| Nigeria    | Lassa fever   | G2           | 24-Mar-15            | 01-Jan-19                 | 14-Apr-19               | 555         | 540             | 137    | 24.70% | Detailed update given above.  |
| Nigeria    | Measles   | Ungraded     | 25-Sep-17            | 01-Jan-19                 | 31-Mar-19               | 16 248      | 819             | 31     | -      | In epi week 13, a total of 2 113 suspected cases of measles were reported from 34 states including two deaths (CFR, 0.1%). Cases have been reported in 2019 across all of the 36 states in the country. 3 746 samples were collected and 819 were laboratory confirmed. The most affected states are Borno, Katsina and Yobe.   |



| 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                 | 31-Mar-19               | 328         | 132             | 7      | 2.10%  | The outbreak is ongoing in the country with five new cases reported in week 14 (week ending on 7 April 2019). In total, 23 suspected cases have been reported in 2019 from 13 LGAs across 9 states. Ten cases were laboratory confirmed from 5 LGAs in 4 states.  |
| Nigeria               | Polio-myelitis (cVDPV2)          | Ungraded     | 01-Jun-18            | 01-Jan-18                 | 17-Apr-19               | 39          | 39              | 0      | 0.00%  | One case of circulating vaccine-derived poliovirus type 2 has been reported in the past week in Imeko Afon LGA, Ogun State. The onset of paralysis was on 9 March 2019. There are five cVDPV2 cases reported in 2019 so far. The total number of cVDPV2 cases in 2018 remains 34. The country continues to be affected by two separate cVDPV2 outbreaks, the first centered in Jigawa State with subsequent spread to other states as well as to neighbouring Republic of Niger, and the second in Sokoto State.                        |
| Nigeria               | Yellow fever                     | Ungraded     | 14-Sep-17            | 01-Jan-19                 | 31-Mar-19               | 673         | 5               | 0      | 0.00%  | In week 13 (week ending on 31 March 2019), 75 suspected cases were reported including two one presumptive positive case from Imo State. Five confirmed cases were reported from samples sent to IP Dakar (Edo (2), Ondo (2) and Imo (1)). The last confirmed case was reported on 22 March 2019 from IP Dakar. Reported cases have been decreasing gradually since week 9 in 2019.  |
| São Tomé and Príncipe | Necrotising cellulitis/fasciitis | Protracted 2 | 10-Jan-17            | 25-Sep-16                 | 31-Mar-19               | 3 224       | -               | 0      | 0.00%  | As of week 13 in 2019 (week ending 31 March 2019), two new cases were notified from two districts: Agua Grande (1), Me-zochi (1). The national attack rate as of week 13, 2019 is 16.3 per 1 000 population.  |
| Sierra Leone          | Lassa fever                      | Ungraded     | 06-Mar-19            | 15-Feb-19                 | 07-Apr-19               | 5           | 5               | 3      | 60.00% | During week 14 (week ending 7 April 2019), six suspected cases were reported from Kenema district, of which two tested positive. Since the beginning of 2019, 58 suspected cases have been reported across the country, of which five have tested positive. All confirmed cases are from Kenema district.   |
| South Sudan           | Humanitarian crisis              | Protracted 3 | 15-Aug-16            | n/a                       | 14-Apr-19               | -           | -               | -      | -      | The humanitarian crisis is ongoing in South Sudan with an estimated 1.87 million IDPs in various locations in the country. In Western Bahr el Ghazal, some 1 600 new IDPs arrived in Wau PoC AA site while another 640 IDPs were newly displaced in Hai Masna. The IDPs are mainly from the Lou community coming from Jur County and have fled out of fear of cattle keeper incidents, the latest of which occurred in early March. Measles remains a major public health threat with outbreaks confirmed in multiple counties in 2019. |

| Country                      | Event       | Grade    | Date notified to WHO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR   | Comments  |
|------------------------------|-------------|----------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-------|---|
| South Sudan                  | Hepatitis E | Ungraded | -                    | 03-Jan-18                 | 07-Apr-19               | 193         | 18              | 1      | 0.50% | In week 14 (week ending on 7 April 2019), two new cases were reported. The persistent transmission of HEV in Bentiu PoC continues with cumulative case load of 34 cases (thirteen cases confirmed by PCR) as at end of week 14, 2019 compared to 159 HEV cases reported in 2018.  |
| South Sudan                  | Measles     | Ungraded | 24-Nov-18            | 24-Nov-18                 | 07-Apr-19               | 756         | 28              | 4      | 0.50% | Measles cases continue to be reported in different counties in South Sudan. In Tonj North county in Warra, (6 suspected cases including one IgM positive); Aweil center (23 suspected cases including five IgM positive); Aweil West County (7 IgM positive cases); Aweil South (33 suspected cases including 4 IgM positive cases); Gogrial East county (eleven suspected cases); Gogrial West County (156 suspected cases with one death); Melut county (9 suspected cases including 3 IgM positive cases). Pibor county (136 suspected measles cases); and Juba (68 suspected measles cases including 13 IgM positive and 3 deaths). |
| South Sudan                  | Rubella     | Ungraded | 27-Oct-18            | 27-Oct-18                 | 07-Apr-19               | 225         | 52              | 0      | 0.00% | Since 25 October 2018 until 7 April 2019, there are a total of 225 suspected rubella including 41 confirmed rubella cases have been reported from Malakal (178 cases including 41 lab confirmed cases), Aweil (35 cases), Bor South (4 cases), Gogrial west (5 cases) and Yirol east (3 cases).   |
| Tanzania, United Republic of | Anthrax     | Ungraded | 28-Feb-19            | 18-Feb-19                 | 07-Apr-19               | 91          | 3               | 6      | 6.60% | No new cases were reported in week 14 (week ending 7 April 2019). The cumulative number of cases reported is 91 with 6 associated deaths. The last case was reported on 3 March 2019 in Moshi DC in Kilimanjaro Region.   |
| Tanzania, United Republic of | Cholera     | Ungraded | 07-Feb-19            | 26-Jan-19                 | 14-Apr-19               | 207         | 3               | 3      | 1.40% | In week 15 (week ending on 14 April 2019), 11 new cases and zero death were reported from: Longido District Council (two cases, zero deaths) in Arusha Region; Korogwe Town Council (one case, zero deaths) and Pangani District Council (8 case, zero deaths) in Tanga Region. In the past four weeks, Tanga region reported 82 (97.6%) out of 84 cases. Of the nine districts that have reported cholera cases in 2019, seven have confirmed the outbreak by laboratory culture, one district (Ngorongoro DC) tested by RDT and one district (Simanjiro DC) did not confirm by laboratory tests.                                      |

| Country                      | Event                         | Grade    | Date notified to WHO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR   | Comments  |
|------------------------------|-------------------------------|----------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-------|---|
| Tanzania, United Republic of | Dengue fever                  | Ungraded | 31-Jan-19            | 01-Aug-18                 | 14-Apr-19               | 475         | 27              | 0      | 0.00% | In the week ending 7 April 2019, 26 new cases of dengue fever were reported in the country. Cases were reported from Dar es salaam (22 cases) and Tanga Region (4 cases).   |
| Uganda                       | Humanitarian crisis - refugee | Ungraded | 20-Jul-17            | n/a                       | 31-Mar-19               | -           | -               | -      | -     | During the month of March 2019, 3 662 new refugees and asylum-seekers were registered from the Democratic Republic of Congo and 4 101 from South Sudan. The influx of refugees has strained Uganda's public services, creating tensions between refugees and host communities. Malnutrition (high SAM and GAM rates) among refugees is of particular concern.   |
| Uganda                       | Food-borne illness            | Ungraded | 18-Mar-19            | 12-Feb-19                 | 18-Mar-19               | 233         |                 | 1      | 0.40% | Two districts, Amudat (97 cases with one death) and Napak (154 cases), have been affected by a suspected food-borne illness outbreak. The outbreak is linked to a UN World Food Program (WFP)'s recent distribution of fortified blended food (Super Cereal) to several health facilities in the affected districts as part of a nutrition programme for pregnant and lactating mothers as well as under-five children. The recipients reportedly made and ate meals on return to their homes after which several people started presenting with symptoms of mental disorders, hallucinations, irritability with fever and abdominal pain by the next day. Test results from food and biological samples sent to laboratories in Uganda, Kenya, and South Africa are pending. |
| 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, of which 201 have been confirmed (epidemiologically-linked and laboratory confirmed) were reported in multiple districts. No death has been 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.   |

| Country  | Event               | Grade    | Date notified to WHO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR   | Comments  |
|----------|---------------------|----------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-------|---|
| Zambia   | Cholera             | Ungraded | 22-Mar-19            | 16-Mar-19                 | 22-Mar-19               | 45          | 6               | 3      | 6.70% | A cholera outbreak in Nsama district, Northern Province, Zambia was notified to WHO by the MOH on 22 March 2019. The index case, a 9-year-old child from Chaushi village, developed signs and symptoms on 16 March 2019. From 16 – 22 March 2019, a total of 45 cases with three deaths were reported, of which six have been laboratory confirmed.   |
| 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. |
| Zimbabwe | Cholera             | G2       | 06-Sep-18            | 06-Sep-18                 | 31-Mar-19               | 10 722      | 312             | 69     | 0.60% | No new case has been reported across the country since 12 March 2019. A second round of oral cholera vaccine was recently concluded.  |
| Zimbabwe | Floods/land slides  | G2       | 15-Mar-19            | 15-Mar-19                 | 10-Apr-19               | -           | -               | -      | -     | The Cyclone Idai hit 3 provinces neighboring Mozambique namely Manicaland, Masvingo and Mashonaland East provinces on 15 March 2019. The Government has reported that around 270 000 people are affected by the floods and cyclone, and 299 deaths, with 186 injuries have occurred. Chimanimani and Chipinge districts, in South Eastern Zimbabwe, are most affected, with at least half of the population impacted, with households needing shelter assistance also in Mutare, and Buhera districts.                          |
| 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).               |



| Country       | Event                        | Grade        | Date notified to WHO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR   | Comments  |
|---------------|------------------------------|--------------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|-------|---|
| Closed Events |                              |              |                      |                           |                         |             |                 |        |       |   |
| Ethiopia      | Acute watery diarrhoea (AWD) | Protracted 1 | 15-Nov-15            | 01-Jan-19                 | 03-Mar-19               | 8           | -               | 0      | 0.00% | Since the beginning of 2019, eight cases of AWD have been reported from the Afar Region. No cases have been reported since the last week of January 2019. In 2018, 3 357 suspected cases were reported from four regions: Afar, Oromia, Somali, and Tigray and one city administration (Dire Dawa). |

†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**

Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.