

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 18: 29 April - 5 May 2019  
Data as reported by 17:00; 5 May 2019

**0**

New event

**67**

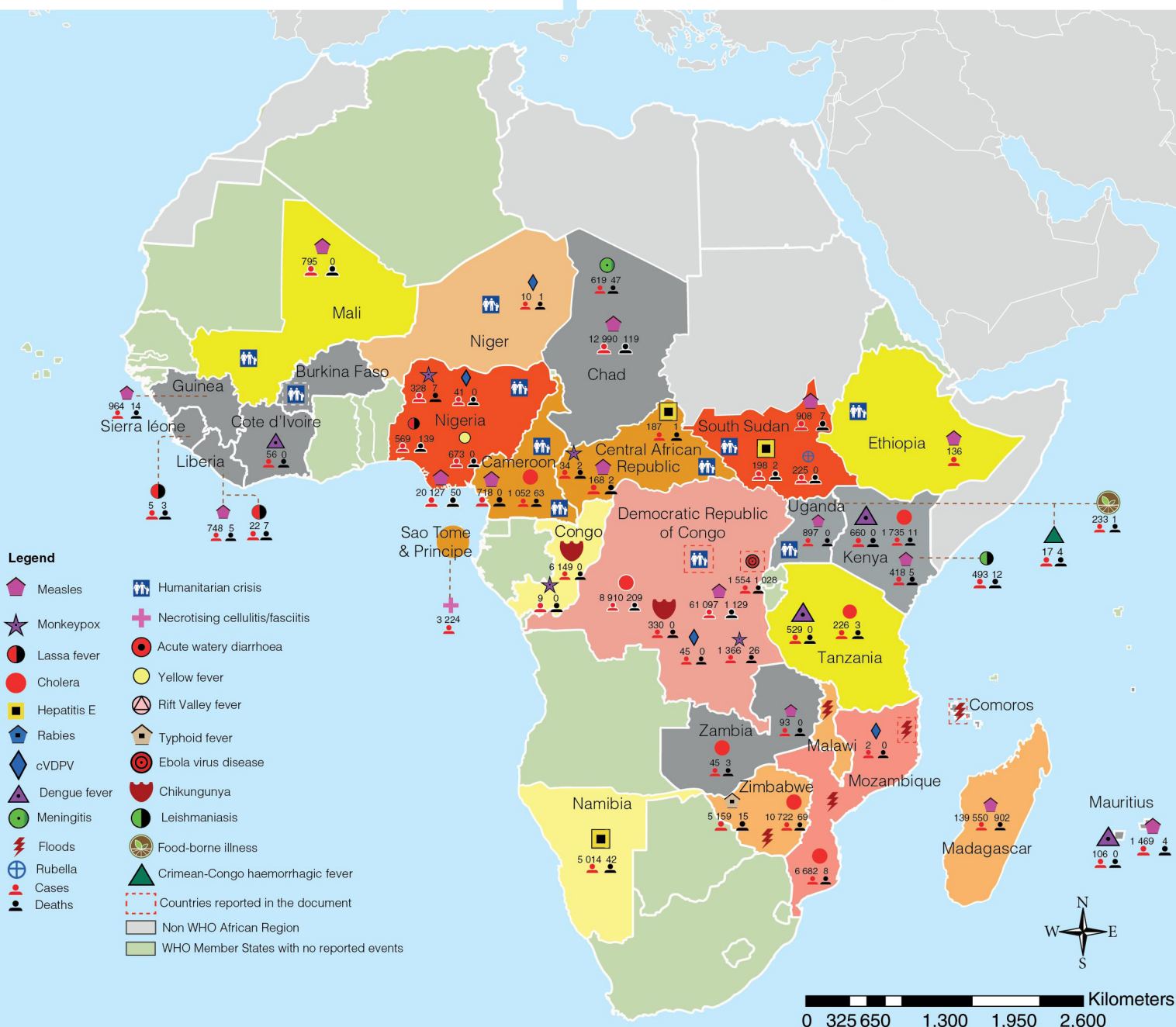
Ongoing events

**51**

Outbreaks

**16**

Humanitarian crises



Graded events †

**4**

Grade 3 events

**10**

Grade 2 events

**3**

Grade 1 events

**42**

Ungraded events

**2**

Protracted 3 events

**3**

Protracted 2 events

**3**

Protracted 1 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 67 events in the region. This week's edition covers key ongoing events, including:

- [Cyclone Kenneth in Comoros and Mozambique](#)
- [Ebola virus disease in Democratic Republic of the Congo](#)
- [Humanitarian crisis in Burkina Faso](#)
- [Humanitarian crisis in Democratic Republic of the 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 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 current trend of intensified transmission of Ebola virus infections across multiple hotspots in North Kivu Province, Democratic Republic of the Congo increases the already high risk of further spread of the disease to other provinces and to surrounding countries. The situation is likely to worsen in the coming days as the operating environment has increasingly become more insecure and socio-politically complex. Additionally, the existing funding gap could lead to WHO and partners rolling back some activities precisely when they are most needed. There is an urgent need to increase both technical and financial support from all national and international actors in order to arrest this situation. WHO urges the international community to step up support to the ongoing response to the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo.
- Tropical Cyclone Kenneth has caused serious devastation in the Comoros Islands and northern part of Mozambique. The number of people impacted has risen as further information becomes available from affected areas. Immediate humanitarian assistance is beginning to reach the affected communities as access is gradually improving. The risk of water- and vector-borne diseases is high due to water contamination and water shortages, calling for accelerated establishment of preventive and preparedness measures. There is a need to step up provision of humanitarian assistance as well as planning for early recovery of the affected communities.

### EVENT DESCRIPTION

The tropical Cyclone Kenneth, whose path passed over Comoros Islands and northern Mozambique, caused serious impact, as shown by findings of rapid assessments carried out by the national authorities and partners.

In Comoros, reports issued by the national authorities on 3 May 2019 showed that eight people have died, with more than 180 injuries. A total of 345 131 people have been affected, of whom 185 879 are in urgent need of multisectoral humanitarian assistance. A total of 14 541 people have been displaced. More than 10 800 houses were destroyed, with 3 818 completely damaged and 7 013 partially destroyed. Destruction of the electricity grid across the territory has left hospitals without power. There is little clean water available, as more than 96 water tanks are polluted with rubbish or filled with sea water. In addition, the water supply system is adversely affected by the loss of power. Rainwater is available, but not potable. Crop loss was significant, with an estimated 63% of food crops, 35% of cash crops and 34% of fruit trees destroyed. At least 628 cattle and 770 goats were killed. Damage to roads is limiting access to affected areas, with all national transport suspended, which, along with lack of power is seriously hampering the ability to move supplies.

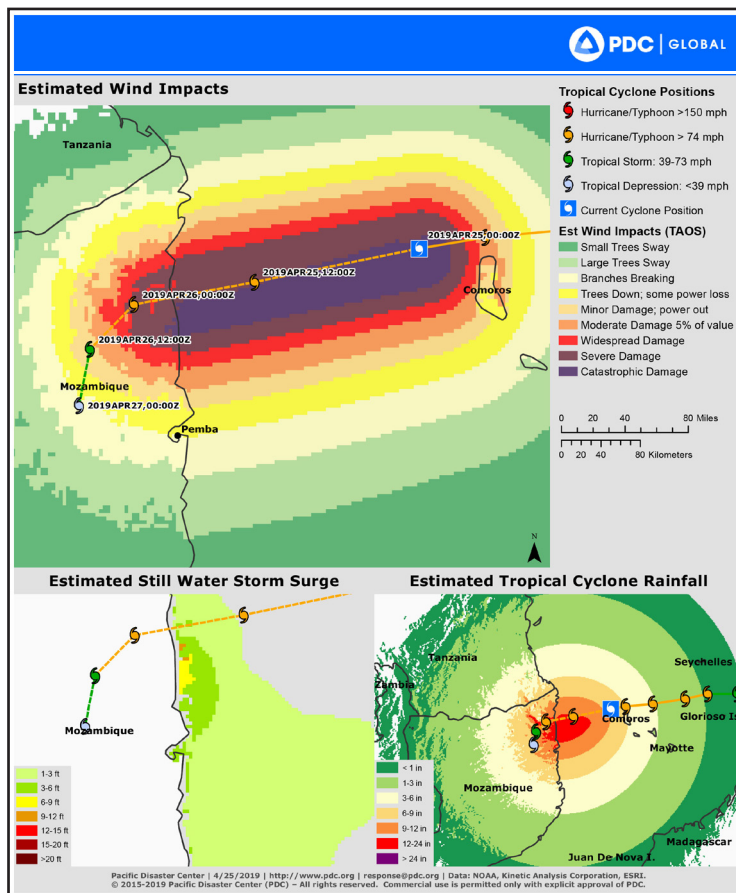
As of 3 May 2019, at least 41 people have died in northern Mozambique and more than 241 100 people have been affected according to the National Disaster Management Institute. Some 92% (208 361) of the affected people are in Cabo Delgado Province, while another 18 636 are in Nampula Province. At least 18 169 people are sheltering in Cabo Delgado (17 865) and two sites in Nampula (313). In addition, more than 317 700 houses have been either totally (4 309) or partially destroyed (33 425), while on the island of Mutembo in Ibo District at least 85% of houses have been completely destroyed. Some 20 890 displaced persons are sheltering across 32 accommodation centres. Several districts in Cabo Delgado and Nampula have been impacted by flooding recently, including Pemba District, Cabo Delgado and Erati, Momba and Nacaroa districts in Nampula. Around 600 people have been rescued, mainly from areas in Pemba. Road access remains a significant challenge, with major roads open only to pedestrians. More than 31 400 hectares of crops have been destroyed, during the main harvest, and an unknown number of fishing boats and facilities have either been swept away or damaged, both of which will have a significant effect on food security in the coming months.

A cholera outbreak has been reported in the town of Pemba and Mecufi district, northern Mozambique, with 14 cases confirmed. Pemba is particularly affected by endemic cholera and malaria is also prevalent. At least 19 health facilities have been damaged and there has been severe damage to water and sanitation facilities in multiple locations. More than 7 000 women are at risk of childbirth complications across affected areas, according to UNFPA.

### PUBLIC HEALTH ACTIONS

- In Comoros, the National Disaster Agency activated its National Contingency Plan, with the establishment of a fixed command post within the General Directorate of Civil Security (DGSC). Multi-sectoral rapid assessments are being carried out by the government (with the support of UN and partners) to ascertain the extent of the impact of the cyclone. The National Red Cross is in the field carrying out search and rescue, as well as provision of aid assistance; funding and kits are being provided by WHO, UNICEF, and UNFPA.
- The United Nations Country Team (UNCT) has deployed team members to assist the government in rapid assessment and response, including inter-sectoral coordination with the national authorities and humanitarian actors.
- Emergency supplies have been prepositioned for the health, education and water, sanitation and hygiene (WASH) sectors and the UNCT had identified and reprogrammed funding to strengthen the government response capacity.

Geographical location of the impact of tropical cyclone Kenneth in Comoros and Mozambique, 25 April 2019.



- In Mozambique, humanitarian partners have released shelter material, family kits, tents and hygiene and WASH supplies.
- The WFP has provided more than 14 600 people with food, with 122 people in Pemba reached with food assistance distributed by the INGC.
- On 30 April 2019, an inter-agency team, including two medics, was deployed to Mutemo Island, Ibo District, with emergency health and WASH supplies; a team of search and rescue paramedics from Rescue South Africa have deployed to Ibo Island and are moving from there to islands throughout Ibo District.

### SITUATION INTERPRETATION

Tropical cyclone Kenneth hit the Comoros Islands and parts of Mozambique, causing significant physical and infrastructural damage in both countries. Continuing heavy rains in Mozambique in particular, after the first pass of the Cyclone, are hampering response efforts, making reaching people in need a major logistical challenge. Local authorities, along with humanitarian partners, continue to provide robust response where possible, but require major funding input from donor agencies in order to continue and to expand these efforts as flood waters recede, allowing access to more people. The international community needs to provide much needed supplies and personnel to aid and sustain the intense response efforts already underway.



## EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues, with Katwa Health Zone still the main hot spot in the past 21 days. Since the last report on 28 April 2019 (*Weekly Bulletin 17*), 115 new confirmed EVD cases have been reported, with an additional 98 deaths.

As of 4 May 2019, a total of 1 554 EVD cases, including 1 488 confirmed and 66 probable cases have been reported. To date, confirmed cases have been reported from 21 health zones: Beni (268), Biena (7), Butembo (153), Kalunguta (63), Katwa (521), Kayna (8), Kyondo (17), Mabalako (118), Mangurujipa (5), Masereka (33), Musienene (32), Mutwanga (5), Oicha (40), Vuhovi (79) and Lubero (4) in North Kivu Province; and Rwampara (1), Komanda (28), Mandima (102), Nyankunde (1), and Tchomia (2) in Ituri Province. As of 4 May 2019, 15 health zones have reported at least one confirmed case in the last 21 days (14 April to 4 May 2019).

A total of 1 028 deaths were recorded, including 963 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 65% (963/1 488). Two health workers are among the new confirmed cases, bringing the cumulative total of affected health workers to 94, with 33 deaths.

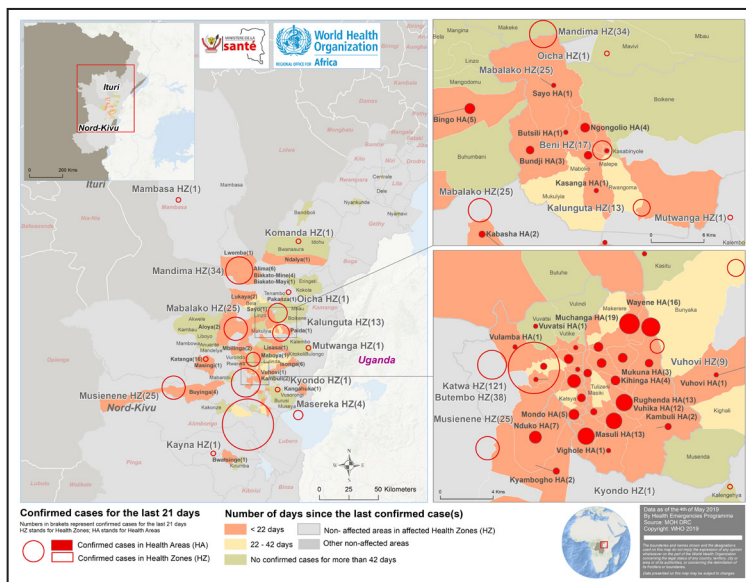
Katwa is still the main focus of the outbreak, reporting 41% (121/292) of all confirmed cases in the past 21 days. As of 4 May 2019, all 18 health areas in this health zone reported at least one confirmed case in this period, while Butembo, Mandima and Vuhovi have reported 43% of new confirmed cases during this reporting period. Eight health zones, namely Beni, Butembo, Kalunguta, Mandima, Katwa, Mabalako, Musienene and Vuhovi have notified at least one new confirmed case in the past three days and remain points of attention. Bed occupancy has passed 100% in the Mangina Ebola treatment centre and the Kayna transit centre.

Contact tracing is ongoing in 16 health zones. A total of 12 969 contacts were recorded on 4 May 2019, of which 10 229 have been seen in the past 24 hours (79%; varies between 49–100% among reporting zones). Of 1 069 alerts processed (of which 966 were new) in reporting health zones, 961 (90%) were investigated and 205 (21%) 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.
- Response activities in Butembo were disrupted by motorcycle taxis, and the Ngothe Hospital yard was burnt.
- As of 4 May 2019, a cumulative total of 111 494 people has been vaccinated since the start of the outbreak.
- Vaccination sites in Butembo became inaccessible after community unrest; ring vaccination continues in Beni and Kayna Health Zones around confirmed cases.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 55 million screenings to date. A total of 72/80 (90%) PoE/PoC were operational as of 4 May 2019.
- 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; 63 participants started training as psychosocial assistants in Biakato;
- Response activities were disrupted in Butembo and Katwa as a result of security incidents.
- Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) activities continue with decontamination of households where confirmed cases had stayed in Butembo, Katwa, Kalunguta, Mandima, Mabalako, Musienene and Kayna; IPC and WASH activities were suspended after teams were attacked in Katwa and Butembo.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May 2018 to 4 May 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



- Community awareness and mobilization sessions are being strengthened, with a conference-style debate organized with students in Butembo and faculty representatives to analyse and strengthen community incident management strategies; in Mabalako a communication team in the Viski health area organized a talk with 27 community and grassroots leaders to facilitate contact listing and acceptance of vaccination among contacts around a confirmed case.

## SITUATION INTERPRETATION

The continued increase in the number of new EVD cases in the Democratic Republic of the Congo remains of deep concern, as is the volatile security situation and complex socio-political environment. There is deepening commitment to strengthening community engagement, with regular community engagement sessions taking place in all affected health zones, focused on contact tracing, vaccine acceptance and incident management strategies. All national and local authorities and partners are committed to this response. Continued implementation of public health measures, along with strengthened community engagement, will ultimately bring this outbreak to a close.

## EVENT DESCRIPTION

Burkina Faso has increasingly been experiencing deteriorating insecurity due to recurrent armed terrorist attacks and inter-communal violence, causing mass population displacement and serious humanitarian consequences in the Sahel, North, East and North central regions. There have been continuous attacks against civilians in recent weeks, especially in the northern and eastern provinces. In the latest incidents, a school in Koupelogo Province was attacked on 26 April 2019, followed by another attack on a church in Soum Province on 28 April 2019, both fuelling mass population movements. As a result of the rampant terrorist attacks and insecurity, 376 people, mostly civilians, were killed between 2018 and March 2019, and another 187 wounded. Since January 2019, a total of 149 000 persons have been internally displaced in different localities. The country is also hosting around 25 000 refugees, mostly Malians in the Sahel region.

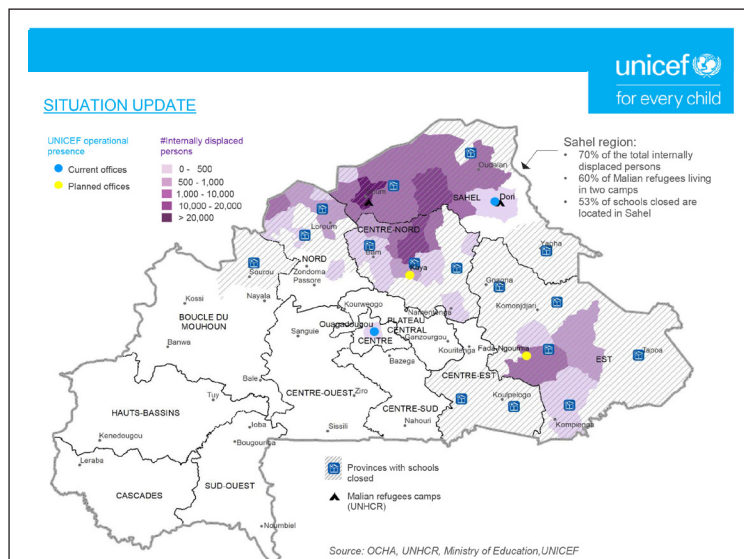
The insecurity has significantly affected the functioning and access to basic social services for the internally displaced persons (IDPs) and host communities. Health needs are high as access to services is poor and the insecurity has led to the suspension of services in several health centres. The health system is experiencing an acute shortage of qualified personnel and lack of medicines and biomedical equipment. Eighteen health facilities have been closed, including 11 in the Sahel region, two in the North region, two in the Eastern region and three in the Boucle de Mouhoun region, while 36 other facilities offer limited health services in the Sahel, North Central, East and North regions. Access to potable water remains a major problem for the IDPs, particularly in the Sahel region. About 1 088 schools remain closed, depriving nearly 146 000 children of education, with only 357 schools reopened by March 2019.

The nutritional situation is worrying throughout the country. According to the 2018 National Nutritional Survey, the overall global acute malnutrition rate is 8.4% and the severe acute malnutrition rate is 1.6% among children aged 6-59 months. Around 55% of the population remains food insecure in the North and Sahel regions, with IDPs being more severely food insecure than non-displaced populations.

## PUBLIC HEALTH ACTIONS

- Humanitarian partners are supporting the government to provide vital aid assistance and protection to displaced populations and others in need.
- The national authorities and partners are conducting regular joint needs assessment missions and monitoring of response in the crisis affected areas.
- WHO is coordinating all health response activities through regular meetings at the Center for Emergency Health Response Operations (CORUS) and bi-weekly consultation meetings of the health sector partners.
- WHO is providing technical support to the government to provide medical care to the IDPs and host communities, including capacity building of human resources and health logistics. Additionally, WHO is supporting provision of psychological first aid support to IDPs and capacity building of health workers and humanitarian staff deployed in psychosocial support and stress management.
- WHO is providing technical support on health promotion, prevention through the distribution of mosquito nets, hygiene kits in IDP households and care of victims of sexual violence.
- WHO is also supporting prevention and response to epidemic-prone diseases in IDP camps and in host communities.

## Humanitarian snapshot in Burkina Faso, March 2019



## SITUATION INTERPRETATION

A humanitarian crisis has been evolving in Burkina Faso, linked to repetitive terrorist attacks and inter-communal violence. The situation started gradually in 2015 but drastically changed in 2018, with worsening insecurity and serious humanitarian consequences for the population. Access to health services remains a challenge for the communities in affected areas. Additionally, the population, especially those living in internally displaced sites, is facing the potential risk of disease outbreaks such as cholera, meningitis, measles, and dengue fever. The response to the humanitarian situation is also facing a large funding shortfall. The 2019 Humanitarian Response plan, amounting to US\$ 100 million, aimed to provide aid assistance to 900 000 people in need, has only received 22% of the funding required since its launch in February 2019. More funding is needed to deliver an effective humanitarian response.

## EVENT DESCRIPTION

The complex humanitarian crisis in Democratic Republic of the Congo shows no sign of resolving, with ongoing incidents of insecurity, consequent population movement and major outbreaks of epidemic-prone diseases.

The most recent security incidents include clashes between the Congolese army (FARC) and armed insurgents in the villages of Maroba and Bishigiro in Virunga National Park, which forced the movement of nearly 2 000 internally displaced persons (IDPs), currently living with host communities. In Tanganyika Province access to healthcare is compromised by insecurity, with eight out of 264 facilities now non-functional due to inter-ethnic conflict, with three out of 37 affected in Kalemia (Fatuma, Kambu and Muswaki) and five out of 25 in Nyunzu (Kampulu, Mukundi, Kankwala, Kilunga and Kalima). North and South Unbangi provinces are host to 130 039 refugees from Central African Republic, including 120 021 in camps in Inke, Bili, Gbadolite, Mobayi Mboka, Yakoma in North Unbangi and Boyabo, Mole, Zongo, Libenge, Gemena in South Unbangi. There are also 10 018 refugees who are not accommodated in camps. In addition, there are more than 1 300 returnees from Angola in the health areas of Kamako, Tshitambeji, Kabungu, Kandjaji and Mayanda.

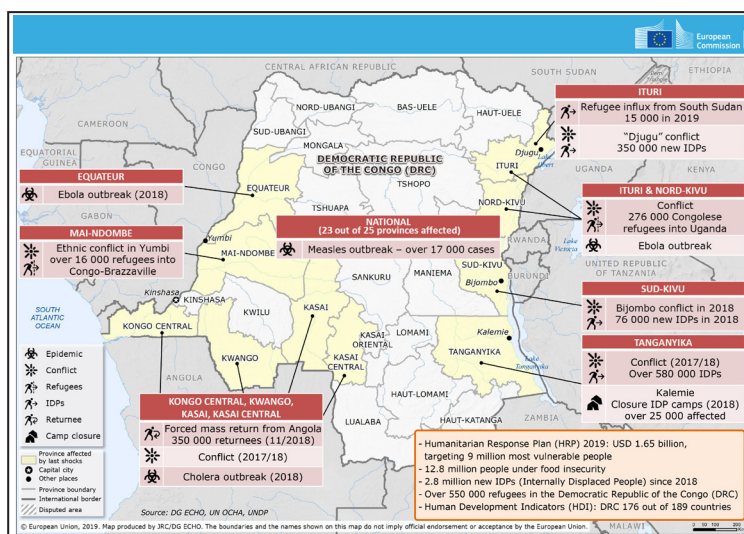
As of week 15 (week ending 27 April 2019), the main cause of morbidity remains malaria (328 619 cases) and acute respiratory infections (107 630 cases). The leading causes of death, excluding Ebola virus disease (EVD), are malaria (305 deaths) and measles (104 deaths). Several diseases with epidemic potential have also been reported including measles, cholera, meningitis, yellow fever and monkey pox.

Multiple outbreaks of epidemic-prone diseases continue, mainly measles, cholera, EVD, poliomyelitis, yellow fever, monkey pox and bubonic plague. As of week 15, the cholera outbreak continues to affect 18 of the country's 26 provinces, with 8 910 cases and 209 deaths (case fatality ratio 2.3%). The main hotspots are in the eastern endemic provinces of North Kivu, Tanganyika, Upper Katanga and South Kivu, which report 90% of the total cases. In addition, the measles outbreak continues to expand both numerically and geographically, with the most affected provinces being Tshopo, Lualaba and Upper Lomami. Since the beginning of 2019, 61 097 cases with 1 127 deaths (case fatality ratio 1.8%) have been reported, including 4 390 cases and 104 deaths in week 15. There is a steady increase in the number of new cases in all provinces except Upper Lomami, with Kasai Province reporting 32% of cases and 53% of deaths during the reporting week.

## PUBLIC HEALTH ACTIONS

- WHO and partners are supporting the Ministry of Health in response actions aimed at providing humanitarian aid to IDPs and returnees, along with a multi-sectoral evaluation of the IDPs that was carried out in week 16 in Rutshuru Territory.
- Response to the cholera outbreak continues, with response activities continuing in affected areas; WHO continues to provide technical and logistical support for case management, epidemiological surveillance, chlorination of water points, household disinfection, and transport of patients and samples.
- Two cholera vaccination campaigns are planned during May 2019 in seven health zones in North Kivu (targeting over 800 000 individuals over the age of one year) and 15 health zones in Grand Kasai.
- An in-depth analysis of the measles situation in the country has resulted in identification of the health zones currently in epidemic status and at risk of epidemic status, with recommendations to stakeholders for a coordinated response to the outbreak within four weeks.
- A measles vaccination campaign, coupled with the National Polio Vaccination Days, was held from 19-23 April 2019 in 63 health zones in 13 provinces.
- As part of the Auto Visual Acute Flaccid Paralysis (AVADAR) project, WHO is working to strengthen surveillance of AFP and detect poliomyelitis cases.

## Humanitarian snapshot in Democratic Republic of the Congo, 21 March 2019



## SITUATION INTERPRETATION

The complex, long-standing humanitarian crisis in Democratic Republic of the Congo is showing no signs of abating, with no relief in sight for affected populations, who continue to suffer extreme hardship. The continuing EVD outbreak in North Kivu and Ituri provinces is straining already stressed resources and, in the light of this, the response of the local authorities and partners to the other major problems within the country is commendable. Urgent and sustainable funding is needed to meet humanitarian needs in Democratic Republic of the Congo, with an overall amount of US\$ 1.65 billion required to assist nine million people in need through the implementation of the 2019 Humanitarian Response Plan.

# Summary of major issues, challenges and proposed actions

## Major issues and challenges

- ▶ The current rise in the number of new EVD cases and deaths in North Kivu and Ituri provinces, Democratic Republic of the Congo is deeply concerning. This trend is likely to continue in the coming days given the increasingly complex response environment. Additionally, the current funding gap could lead to WHO and partners rolling back some activities at a time when they are most needed. There is an urgent need for all national and international actors to increase both technical and financial support in order to step up ongoing response interventions and prevent the situation from deteriorating. WHO urges the international community to step up support to the ongoing response to the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo.
- ▶ Tropical Cyclone Kenneth has caused significant damage in Comoros Islands and northern part of Mozambique. The number of deaths and injuries have rapidly increased as information becomes available from affected areas. The impact on infrastructure has been serious, leaving thousands of communities displaced and without access to basic social services. While humanitarian assistance has started to reach the affected communities, a lot more needs to be done. The risk of epidemic-prone diseases remains high, calling for immediate attention. Overall, there is a need to step up provision of humanitarian assistance as well as planning for early recovery of the affected communities.

## Proposed actions

- ▶ The global communities need to step up both financial and technical support to the ongoing EVD outbreak in the Democratic Republic of the Congo.
- ▶ The national authorities and partners in Comoros and Mozambique need to step up provision of humanitarian assistance as well as planning for early recovery and restoration of livelihoods of the affected communities.



# 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
Ongoing Events										
Burkina Faso	Humanitarian crisis	Ungraded	01-Jan-19	01-Jan-19	26-Apr-19	-	-	-	-	Detailed update given above.
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	19-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	19-Apr-19	-	-	-	-	The Northwest and Southwest regions crisis 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.
Cameroon	Cholera	G1	24-May-18	18-May-18	26-Apr-19	1 052	98	63	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, a total of 1 039 suspected cases were reported.
Cameroon	Measles	Ungraded	02-Apr-19	01-Jan-19	18-Apr-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.



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	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	28-Apr-19	-	-	-	-	The security and humanitarian situation remain a concern in Central Africa Republic. There is a persistence of attacks against actors involved in the health sector. On 27 April 2019, a robbery at an international Non-government Organisation in the sub-province of Mbrès, Health District of Nana Gribizi was reported. Incidents related to transhumance have once again been reported in the centre of the country. OCHA reported cases of several houses being burnt, as well as casualties, deaths and the presence of IDPs in villages on Grimari-Kouango and Lioto-Pladama-Ouaka axes.
Central African Republic	Hepatitis E	Ungraded	02-Oct-18	10-Sep-18	28-Apr-19	187	142	1	0.50%	No new suspected case of hepatitis E has been confirmed since epidemiological week 14 (week ending on 14 April 2019). From 10 September 2018 to 28 April 2019, a total of 187 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 most affected.
Central African Republic	Measles	Ungraded	15-Mar-19	11-Feb-19	28-Apr-19	168	19	2	1.20%	The measles outbreak is ongoing in three health districts (Paoua, Batangafo and Vakaga) in the country. A total of 29 new suspected cases of measles were notified in epidemiological week 17( from 22 to 28 April, 2019). From epidemiological week 5 to week 17, a total of 168 suspected measles cases , including 19 confirmed, were notified in Paoua, Batangafo, and Vakaga. About 80% of cases are under 5 years of age with a high proportion of males.
Central African Republic	Monkeypox	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	27-Apr-19	12 990	0	119	0.90%	In week 16 (week ending on 21 April 2019) 1 369 suspected cases including 24 deaths were reported. To date suspected measles cases have been reported from 119 out of 126 districts in the country. Currently 78 districts are reporting suspected epidemics compared to 76 at week 15.
Chad	Meningitis	Ungraded	20-Mar-19	01-Jan-19	14-Apr-19	619		47	7.60%	Cases of meningitis continue to be reported in two districts in Mandoul region. In week 15 (week ending on 14 April 2019), 23 new suspected cases and 2 associated deaths were reported. The district of Goundi remained in alert phase with an AR of 5.0.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Comoros	Cyclone Kenneth	Ungraded	23-Apr-19	24-Apr-19	25-Apr-19	-	-	-	-	Detailed update given above.
Congo	Chikungunya	G1	22-Jan-19	07-Jan-19	14-Apr-19	6 149	61	0	0.00%	An outbreak of chikungunya affecting eight departments (Kouilou, Bouenza, Pointe Noire, Plateaux, Pool and Brazaville, Niari, Lekoumu ) is on ongoing in the Republic of Congo. From 7 January to 14 April 2019, a total of 6 149 suspected cases including 61 confirmed were reported. Entomological investigation showed the presence of the vector, Aedes albopictus.
Congo	Monkey-pox	Ungraded	09-Mar-19	09-Mar-19	16-Mar-19	9	2	0	0.00%	The Republic of Congo is reporting 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.
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	27-Apr-19	-	-	-	-	Detailed update given above.
Democratic Republic of the Congo	Chikungunya	Ungraded	08-Feb-19	30-Sep-18	17-Apr-19	823	254	0	0.00%	As of 17 April 2019, since the beginning of the January 2018, total 823 cases including 254 RT-PCR confirmed and 0 death were reported from DRC. Among them, 108 were male and 146 were female. Majority of cases are reported from Kinshasa and the Central Congo province which is bordering Republic of Congo. In Kinshasa, 10 health zones have reported confirmed cases, while in Central Congo province, 6 health zones have reported confirmed cases.
Democratic Republic of the Congo	Cholera	G3	16-Jan-15	01-Jan-19	14-Apr-19	8 910	-	209	2.30%	During the week 15 (ending 14 April 2019), total 388 suspected cases of cholera including 3 deaths (CFR 0.77%) have been notified from 44 health zones from 12 provinces. Since the beginning of 2019, total 8 910 cases including 209 deaths (CFR 2.34%) have been notified from 18 out of 26 provinces. The endemic provinces in the east (Haut-Katanga, Haut-Lomami, Nord-Kivu, Sud-Kivu and Tanganyika) have reported about 90% of the cases.
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	4-May-19	1 554	1 488	1 028	66.0%	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
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	01-Jan-19	14-Apr-19	61 097		1 129	1.80%	In the week 15 (ending 14 April 2019), 4 390 measles cases including 104 deaths have been reported. Kasai province has accounted for 32% of the total cases. And 53% of the total deaths in week 15. In total, 60 health zones have confirmed measles epidemic. Since the beginning of 2019, 61 097 measles cases including 1 127 deaths (CFR 1.81%) have been notified. Among them, 57% are notified from Tshopo, Lualaba and Haut-Lomami provinces.
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	01-Jan-19	14-Apr-19	1 366	-	26	1.90%	In week 15 (week ending 14 April 2019), 84 new suspected cases including two deaths were reported (CFR 2.38%). In 2019, the cumulative case count is 1366 cases including 25 deaths. The cases of monkeypox have been confirmed in the Provincial Health Divisions of Ecuador, North Ubangi, and South Ubangi.
Democratic Republic of the Congo	Polio-myelitis (cVDPV2)	G2	15-Feb-18	n/a	24-Apr-19	45	45	0	0.00%	One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week in the Democratic Republic of the Congo (DRC) in Kamonia, Kasai State. The onset of paralysis was reported on 8 February 2019. This is the first cVDPV case in DRC in 2019. DRC is affected now by five separate cVDPV2 outbreaks, in the provinces of Haut Katanga; Mongala, Maniema; Haut Lomami/Tanganika/Haut Katanga/Ituri and Kasai.
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	23-Apr-19	136	59	-	-	The measles outbreak is ongoing in Oromia and Solami regions. A vaccination campaign is being planned to target 6.7 million children aged 6 months to 14 years. Targeted populations are internally displaced populations and host communities.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Guinea	Measles	Ungraded	09-May-18	01-Jan-19	28-Apr-19	1 092	777	14	1.30%	During week 17 (ending on 28 Apr 2019), 87 suspected cases of measles with no death have been reported, among which 56 samples were sent for the laboratory testing. Thirty five of the samples tested IgM positive for measles. In 2019, from week 1 to week 17, 1092 suspected cases including 14 deaths (CFR 1.28%) have been reported. 777 samples have been collected and sent to the lab, and 454 have been confirmed IgM+. Among confirmed cases, 58% were non-vaccinated, 33% had unknown vaccination status and 9% were vaccinated. 84% of the confirmed cases were children under 5 years old. Ten areas are in epidemic phase : urbans areas of Matoto, Ratoma, Dixinn, Matam, Dubreka, Coyah and the sub-prefectures of Maneah (Coyah Health District), Maferinya (Forecariah health district) and Kegneko (Mamou health district).
Kenya	Cholera	Ungraded	21-Jan-19	02-Jan-19	29-Apr-19	1 735	91	11	0.60%	Since January 2019, cholera outbreak has been reported in Narok, Kajiado, Nairobi, Garissa, Machakos and Nakuru Counties. Narok county has contolled the outbreak. Kajiado, Garissa and NairobiCounty have reported a second wave of the outbreak since January 2019. In epi week 17, a total of 272 cases were reported from four counties including 50 cases currently in admission.
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.
Kenya	Leishmaniasis	Ungraded	31-Mar-19	01-Jan-19	29-Apr-19	493	144	12	2.40%	A kala-azar outbreak has been reported in Marsabit and Wajir counties. Cases have been reported since the beginning of January 2019 with a latest peak in third week of April 2019. Marsabit has reported 359 cases including 7 deaths with 117 positives by RDT rk39 and Wajir county has reported 134 cases with 27 positive by RDT.
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.



Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
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	21-Apr-19	139 550		902	0.60%	A decreasing trend in incidence of suspected cases of measles continue to be observed following the reactive vaccination campaign that was conducted in the country. As of 21 April 2019, a total of 139 550 suspected measles cases, including 902 deaths were reported in health facilities and in the community.
Malawi	Flood	G2	09-Mar-19	05-Mar-19	14-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 12 April 2019, a total of 868 895 people have been affected, 86 796 were displaced and living in 173 camps, 672 were injured, 59 died and 3 were missing.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	31-Mar-19	-	-	-	-	In Mali, nearly half a million people have been displaced by the crisis since 2012. Today, IOM accounts for 84 285 internally displaced persons (IDPs) in 18 006 households. The most affected regions remain Timbuktu, Gao, Menaka and Segou. In the region of Mopti, new displacements of people have been registered as a result of interethnic conflicts during the first quarter of the year. In that context, the village of Ogossagou Fulani in the region of Mopti was attacked by self-defense militias on 23 March 2019.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Mali	Measles	Ungraded	20-Feb-18	01-Jan-19	28-Apr-19	795	261	0	0.00%	Between epi week 1 and 17 (week ending 28 April 2019), 795 suspected measles cases have been reported, including 261 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	25-Apr-19	106	106	0	0.00%	The dengue fever outbreak is ongoing in Mauritius. From 26 February 2019 to 25 April 2019, a total of 109 cases (including 4 imported cases) have been reported. The district of Port Louis recorded the highest number of locally transmitted cases of dengue (94) followed by Plaines Wilhems (5), Pamplemousses (2) and Savanne (1). A peak was observed on 23 April 2019 (15 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	21-Apr-19	1 469	1 469	4	0.30%	During week 16 (week ending 21 April 2019), zero new confirmed cases were reported across the country. From 21 March 2018 to 21 April 2019, a total of 1 449 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	25-Apr-19	6 682	-	8	0.10%	The cholera outbreak is showing a downward trend following the effective cholera vaccination campaign that reached 98.6% of the population in the two last weeks. Since the declaration of the cholera outbreak on 27 March 2019, and up to 25 April 2019, 6 682 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.
Mozambique	Cyclone Kenneth	Ungraded	25-Apr-19	25-Apr-19	2-May-19			41		Detailed update given above.
Mozambique	Flood/cyclone Idai	G3	15-Mar-19	15-Mar-19	25-Apr-19	-	-	-	-	The number of internally displaced people continues to decrease. As of 25 April 2019, the number of internally displaced people living in accommodation centres decreased from 160 927 to 72 793 people across 65 sites. At least 177 000 people are estimated to be in more than 50 communities that are hard-to-reach or inaccessible by road.

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	02-May-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%	During week 15 (week ending 14 April 2019), 39 suspected cases with zero deaths, were reported from three regions across the country, namely; Khomas (21), Erongo (13), and Omusati(5). This is a slight decrease compared to the previous two weeks when a total of 47 suspected cases were reported. Of the cumulative 5 014 cases, 288 (5.7%) are among pregnant and post-partum women. A total of 20 deaths have been reported among maternal cases. Khomas Region remains the most affected region, reporting 67% of HEV cases country-wide, followed by Erongo 23%.
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	02-May-19	10	10	1	10.00%	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 ten 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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Nigeria	Lassa fever	G2	24-Mar-15	01-Jan-19	28-Apr-19	569	554	139	24.40%	In reporting week 17 (week ending on 28 April 2019), eight new confirmed cases were reported from four states - Ondo (40), Kebbi (2), Taraba (1) Plateau(1) and Taraba(1) with one new death in Odo state. There has been a slight increasing trend in the weekly number of cases since week 15 when the lowest cases were reported . A total of 680 contacts are currently under follow-up across affected states.
Nigeria	Measles	Ungraded	25-Sep-17	01-Jan-19	20-Apr-19	20 127	819	50	0.20%	In epi week 15, a total of 1 925 suspected cases of measles were reported from 31 states including 11 deaths (CFR, 0.6%). Borno (958), Adamawa (180), Yobe (161), and Kaduna (124) account for 75.0% of all the cases reported in week 15 of 2019. Between epi weeks 1 and 15, 2019, a total of 20,127 suspected cases have been recorded from 621 LGAs in 36 states and FCT with 50 deaths (CFR 0.25%). Of the 4338 samples tested, 819 were IgM positive for measles (confirmed)
Nigeria	Monkey-pox	Ungraded	26-Sep-17	24-Sep-17	07-Apr-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	24-Apr-19	41	41	0	0.00%	No new cases of circulating vaccine-derived poliovirus type 2 have been reported in the past week. There are seven cVDPV2 cases reported in 2019 so far. The total number of cVDPV2 cases in 2018 remains 34. The country is now affected by three separate cVDPV2 outbreaks, the first centered in Jigawa State with subsequent spread to other states as well as to neighbouring Republic of Niger, the second in Sokoto State and the third one in Bauchi 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.



Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
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	28-Apr-19	-	-	-	-	The humanitarian crisis is ongoing in South Sudan with nearly 6.5 million people (57 per cent of the population) estimated to face severe food insecurity from February to April 2019 with an estimated 45 000 in 'catastrophic' conditions according to Integrated Food Security Phase Classification (IPC) Technical Working Group in South Sudan. This is expected to increase to an estimated 6.9 million people facing severe food insecurity at the peak of the lean season – the time when people's food stock runs out before the next harvest – in May-June. Measles remains a major public health threat with outbreaks confirmed in multiple counties in 2019.
South Sudan	Hepatitis E	Ungraded	-	03-Jan-18	01-May-19	198	13	2	1.00%	During week 16 (week ending on 21 April 2019), three new cases have been reported. To date, in 2019, total 39 cases including 13 PCR-confirmed cases and two deaths have been reported. In 2018, 159 HEV cases were recorded in total. For 2019, Over half (51.3%) of the cases are male, and age group 15-44 years had the most cases with 13 cases (33.3%). Of the 19 female cases, four (21.1%) are aged 15-44 years which states the potential risk of adverse outcomes when infected in the 3rd trimester of pregnancy. Use of unsafe drinking water is a likely source of infection.
South Sudan	Measles	Ungraded	24-Nov-18	24-Nov-18	03-May-19	937	60	7	0.70%	Measles outbreaks have been confirmed in 11 counties and three Protection of Civilian (PoC) sites (Juba, Bentiu, and Malakal) since January 2019. Overall, 937 cases with 60 laboratory confirmed cases and seven deaths (CFR 0.7%).
South Sudan	Rubella	Ungraded	27-Oct-18	27-Oct-18	01-May-19	225	52	0	0.00%	Between 7 and 21 April 2019, no new cases have been reported from the country. Since 25 October 2018 until 21 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).

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	Cholera	Ungraded	07-Feb-19	26-Jan-19	21-Apr-19	226	3	3	1.30%	In week 16 (week ending on 21 April 2019), 19 new cases and zero death were reported from: Longido District Council (two cases) in Arusha Region; Handeni DC (one case) and Pangani DC (8 cases) in Tanga Region. In the past four weeks, Tanga region reported 61 (93.8%) out of 61 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.
Tanzania, United Republic of	Dengue fever	Ungraded	31-Jan-19	01-Aug-18	21-Apr-19	529	27	0	0.00%	In the week ending 21 April 2019, 55 new cases of dengue fever were reported in the country. Cases were reported from Dar es salaam (53 cases) and Tanga Region (2 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	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	17-Apr-19	24-May-18	17-Apr-19	17	13	4	23.50%	A new confirmed case of Crimean-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 posthumously. He died at a hospital in Wakiso while in admission 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.
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 program 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.

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	23-Apr-19	897	339	0	0.00%	As of 23 April 2019, 102 suspected measles cases have been reported in the month, 16 of which were confirmed. Between 1 January and 23 April March 2019, 897 suspected cases, of which 339 have been confirmed (epidemiologically-linked and laboratory confirmed) were reported in multiple districts. No death is reported among confirmed cases.
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 15 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 etiological 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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
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).

†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/>.  
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