

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 19: 6 - 12 May 2019

Data as reported by 17:00; 12 May 2019



World Health
Organization

REGIONAL OFFICE FOR

Africa

WHO Health Emergencies Programme

3

New events

65

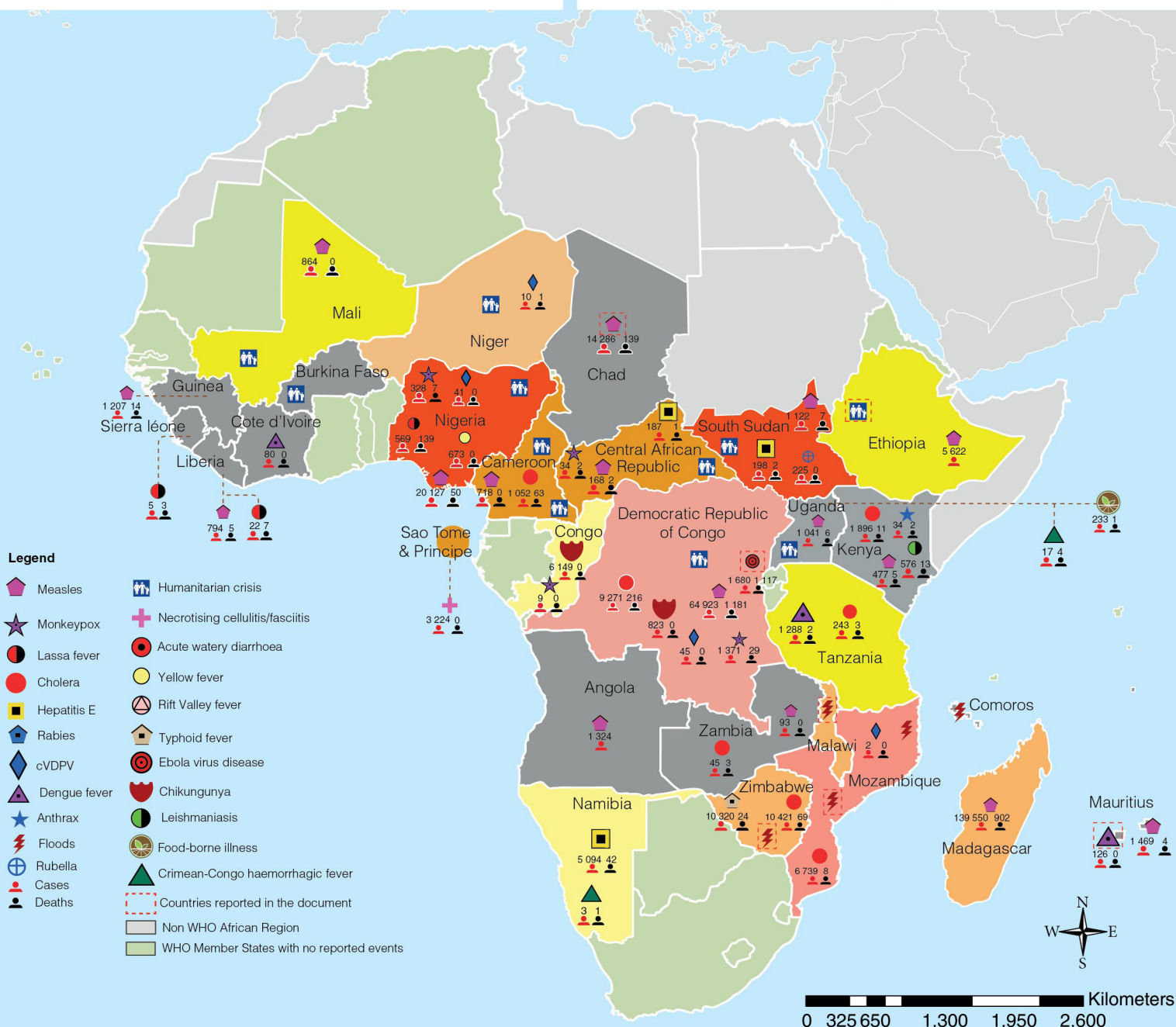
Ongoing events

52

Outbreaks

16

Humanitarian
crises



Graded events †

4

Grade 3 events

10

Grade 2 events

3

Grade 1 events

2

Protracted 3 events

3

Protracted 2 events

3

Protracted 1 events

43

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

- [Cyclone Idai in Zimbabwe, Malawi and Mozambique](#)
- [Ebola virus disease in Democratic Republic of the Congo](#)
- [Dengue fever in Mauritius](#)
- [Measles in Chad](#)
- [Humanitarian crisis in Ethiopia.](#)

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:

- Challenges associated with insecurity and pockets of community mistrust continue to characterize the response to the Ebola virus disease outbreak in Democratic Republic of the Congo. Several major security incidents occurred in Butembo and its neighbouring health zones during the reporting week, leading to momentary suspension of response activities in the area. While response operations have resumed, we expect that the disruption of activities due to restricted access will result in a further rise in the number of cases in the coming days. In addition to the insecurity and complex socio-political environment, the response activities continue to suffer from funding gaps. The implementation of proven public health measures must continue, while a major surge in political and financial support from all national and international actors is urgently needed in order to bring this outbreak to end. The national and local authorities, WHO and partners remain committed to this cause.
- While good efforts have been made in response to the effects of the Tropical Cyclone Idai that hit Malawi, Mozambique and Zimbabwe early in March 2019, more humanitarian assistance is needed. All the three affected countries are still facing challenges around access to affected populations, risks of communicable diseases, limited access to healthcare services, and resettlement of displaced persons in the light of the massive destruction of homes, infrastructure and crops at a crucial time of the year. The national authorities, partners and donors need to step up provision of aid assistance in order to prevent long-term humanitarian crises in a large area of southern Africa.

EVENT DESCRIPTION

The effects of tropical Cyclone Idai, which hit Malawi Mozambique and Zimbabwe in early March 2019, continue to be felt in all three countries.

In Mozambique, 1.85 million people have been affected, 1.2 million of whom are in need of basic health services. At least 21 384 people (4 914 families) are still living in 17 accommodation centres in Sofala Province, as of 6 May 2019. Nearly 3 212 and 416 families in Buzi and Ndeja, respectively, are waiting for resettlement. The process of returns, relocations and resettlement is ongoing, and will likely be a long process.

The risk of communicable diseases remains high with major health threats being cholera, acute watery diarrhoea (AWD), bloody diarrhoea, malaria, dengue and other water borne diseases. Since the declaration of the cholera outbreak on 27 March 2019 in Beira, Buzi, Dondo and Nhamatanda in Sofala Province, there have been 6 743 cases and eight deaths (case fatality ratio 0.1%) reported up to 6 May 2019. The number of cholera cases is declining, with only four new cases reported from 5-6 May 2019 in Sofala Province.

Malaria is the second main cause of morbidity in Mozambique, with 44 facilities reporting confirmed cases as of 24 April 2019, up from one facility on 14 March 2019. This increase in reporting facilities has coincided with an increase in weekly reported cases. A cumulative total of 25 758 malaria cases were reported in Sofala as of 6 May 2019, with most cases registered in Nhamatanda (11 652).

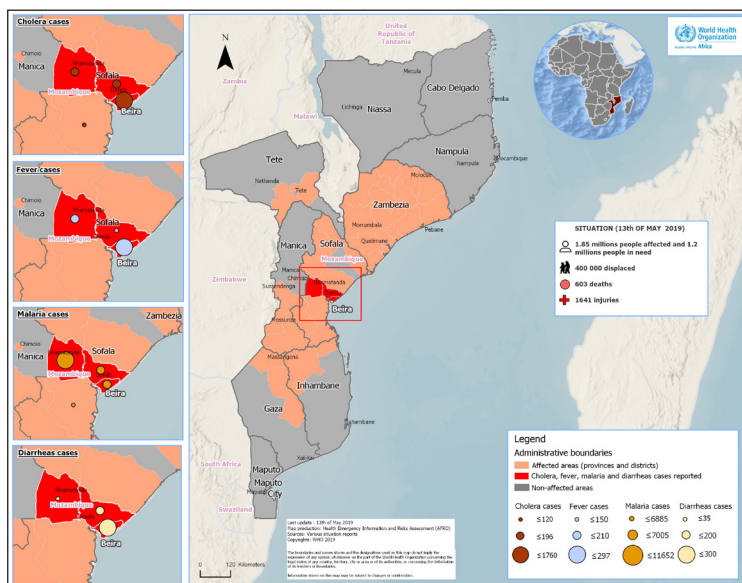
Zimbabwe has been responding to the devastation left by the cyclone since 15 March 2019, mainly in Chimanimani, Chipinge, Buzi, Nyanga, Makoni, Mutare Rural, Mutasa and parts of Mutare Urban districts among other districts, causing riverine and flash flooding and subsequent deaths, destruction of livelihoods and properties. The risk of diarrhoeal disease remains high in affected districts as a result of interruption of water and hygiene infrastructure. As of week 18 (week ending 4 May 2019) diarrhoea cases have been recorded in Chimanimani RHC (7), Mutswangwa (12), Ngorima (11), Muchadziya (22), Chakowa (18), Nhedziwa (3), Nyanyadzi (11) and Nyahode (11) which are the most affected health facilities. The number of diarrhoea cases reported is higher than the two preceding years for the fourth consecutive weeks in Chimanimani. Malaria surveillance shows an incidence above the action threshold only in Hwakawata in Chimanimani and Chipinge districts in week 17 (week ending 27 April 2019), although with a declining trend, which is normal in the winter months.

In Malawi, nine flood affected areas are being targeted by local authorities and partners. Malaria is on the rise among internally displaced persons (IDPs) and there are six confirmed cholera cases in Chikolosa, Mwanza District, but with no new confirmed cases since 23 April 2019. Inadequate food and shelter are still the greatest concern in camps and communities for returning IDPs, along with limited resources at district level, which has reduced the number of outreach clinics available for distant camps and communities. Inadequate transport is further affecting referral of patients from camps and the distribution of medical supplies and non-food items to camps.

PUBLIC HEALTH ACTIONS

- In Zimbabwe, the MOHCC is coordinating all health responses, along with daily Health Sector Coordination meetings, with field level coordination among partners in Chimanimani and Chipinge districts guided by District Medical Officers, while periodic intercluster meetings are taking place at provincial level.
- Preparations are underway for a second round of oral cholera vaccine with the campaign scheduled to start on 27 May 2019 in Zimbabwe.
- Integrated training on management of malnutrition, vitamin A supplementation, vaccine stock management, management of HIV in emergencies and management of inactivated polio vaccine and planning the EPI catch campaign, scheduled for 12-18 May 2019, was conducted in the Chimanimani District by the MOHCC with support from UNICEF, targeting 145 health workers from Chipinge and Chimanimani districts.
- In Malawi, a measles and rubella vaccination campaign is starting in two of the nine targeted flood-affected areas.
- In the WHO supported priority districts, 43 sites were visited by outreach clinic teams in Balaka, Blantyre, Chikwawa and Machinga.

Geographical location of the impact of cyclone Idai in Zimbabwe, Malawi and Mozambique, 6 May 2019.



- UNICEF has started a measles and rubella vaccine campaign targeting more than 109 000 children aged 6-59 months in nine districts, reaching IDP camps and surrounding villages, and has also finalized an agreement with Malawi Red Cross to initiate mobile clinics in Zomba, Balaka, Mangochi and Thyolo districts.
- The South African Defense Force (SANDF), with the Malawian Defense Force (MDF) is providing medical consultation, hygiene education and health promotion, along with delivery of medical supplies and food aid.
- UNFPA has distributed reproductive health kits to 14/15 affected districts.
- In Mozambique, the health cluster is supporting 42 partners who report activities covering 11 provinces, meeting three times a week, chaired by the Ministry of Health.
- WHO continues to support the cholera response and from 3-9 April 2019, oral cholera vaccine was provided to more than 800 000 individuals older than one year of age, while vaccination of high-risk populations was completed in week 17 reaching all areas accessible only by helicopter, with overall coverage greater than 90% of the target population.
- The government of Mozambique has requested a post disaster needs assessment (PDNA), and the preliminary findings have been submitted in respect of Cyclone Idai and are intended to support discussions and advocacy for donor and technical support at the upcoming donor conference on 31 May 2019 and 1 June 2019 in Beira.
- WHO is supporting the Ministry of Health on key intervention for malaria vector control, with distribution of 474 400 bed nets distributed to Beira, Dondo, Nhamatanda, Buzi and Manica; infection prevention and control (IPC) partners are being supported, and training in IPC is being provided to healthcare workers; technical support is being provided for development and dissemination of IEC materials and key health promotion messages; logistical and operation support is being provided with close cooperation with field partners.
- Mental health and psychosocial support has been provided through training 19 community leaders on screening for acute stress symptoms, training 45 teachers in early psychological care and psychosocial support for health workers through group therapy.
- WHO, in collaboration with the health cluster, is assessing outpatient care for malnourished children at health centres in Nhamatanda District.

SITUATION INTERPRETATION

In spite of the ongoing response efforts, the effects of the Tropical Cyclone Idai remain serious following the massive destruction of homes, infrastructure and crops at a crucial time of the year. The major challenges being experienced in all three countries include limited accessibility of affected populations, risks of communicable and water-borne diseases, limited access to healthcare services, food, potable water and shelter. There is a need for increased input and funding to scale up and sustain the ongoing response efforts.

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 focus in the past 21 days. Since the last report on 5 May 2019 (Weekly Bulletin 18), 104 new confirmed EVD cases have been reported, with an additional 89 deaths.

As of 11 May 2019, a total of 1 680 EVD cases, including 1 592 confirmed have been reported, while probable cases have risen to 88. To date, confirmed cases have been reported from 21 health zones: Beni (279), Biena (7), Butembo (165), Kalunguta (75), Katwa (538), Kayna (8), Kyondo (18), Mabalako (135), Manguredjipa (9), Masereka (36), Musienene (37), Mutwanga (5), Oicha (41), Vuhovi (79) and Lubero (8) in North Kivu Province; and Bunia (1), Rwampara (1), Komanda (28), Mandima (119), Nyankunde (1), and Tchomia (2) in Ituri Province. As of 11 May 2019, 17 health zones have reported at least one confirmed case in the last 21 days (21 April April to 11 May 2019).

A total of 1 117 deaths were recorded, including 1 029 among confirmed cases, resulting in a case fatality rate among confirmed cases of 65% (1 029/1 592). The number of health workers affected has risen to 99, accounting for 6% of the total reported cases.

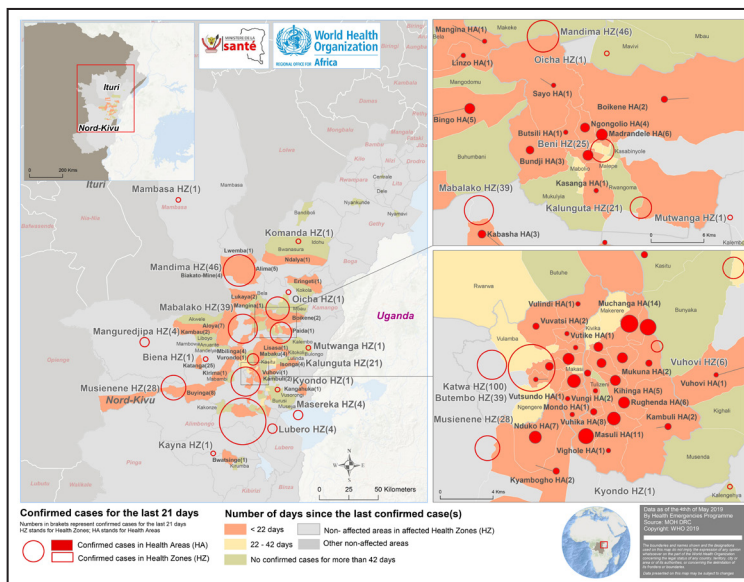
Katwa is still the main focus of the outbreak, reporting 31% (100/322) of all confirmed cases in the past 21 days with all 18 health areas in this health zone having reported at least one confirmed case in this period. Butembo, Mandima, Mabalako and Musienene have reported 47% of all new confirmed cases during this reporting period. Eleven health zones, namely Beni, Butembo, Katwa, Kalunguta, Lubero, Mabalako, Mandima, Masereka, Manguredjipa and Musienene have reported new confirmed cases in the past three days and remain points of attention. Following the attack at the Butembo city centre by a suspected Mai Mai group on 8 May 2019, several security incidents in Butembo and its neighbouring health zones has suspended the response activities in the area, which resumed on 9 May 2019. However, as observed in previous incidents, this is likely to result in an increase in the number of EVD cases – hence response operations and related security concerns – over the next 10 days.

Contact tracing is ongoing in 16 health zones. A total of 13 174 contacts were recorded as of 11 May 2019, of which 10 793 have been seen in the past 24 hours (82%; varies between 72–100% among reporting zones). Contact tracing data was not available for Butembo and Musienene health zones under Butembo sub-coordination due to the significant disruption of operations in the area following recent security incidents. Katwa health zone had the lowest proportion of contact follow-up among the health zones with active outbreak. Alerts in the two affected provinces are continued to be raised and investigated. Of 1 036 alerts processed (of which 973 were new) in reporting health zones on 11 May 2019, 954 (94%) were investigated and 534 (56%) 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 a security incident on 8 May 2019 but have started to resume since 9 May 2019.
- As of 11 May 2019, a cumulative total of 113 982 people has been vaccinated since the start of the outbreak in August 2018.
- Vaccination sites in Butembo, Katwa, Kalunguta, Vuhovi, Lubero and Masereka health zones were inaccessible for five consecutive days following the uprising of motorcycle taxis, which blocked roads, but vaccination has resumed in Butembo and Katwa, and continues in Mabalako, Beni, and Mandima.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 57 million screenings to date. A total of 74/80 (85%) PoE/PoC were operational as of 11 May 2019.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May 2018 to 11 May 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



- 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.
- The national chair of the commission visited the psychosocial care Goma subcommittee, which was followed by a briefing given to psychosocial and psychological assistants on psychosocial interventions and adapted attitudes in the Ebola response.
- Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) activities were temporarily suspended in Butembo as a result of armed attacks; health facilities and household decontamination continued in Musienene, Kalunguta, Katwa, Mandima and Mabalako.
- Community awareness and mobilization sessions are being strengthened, with an information exchange session between the Mangina sub-coordination and the Bambesa province deputy, in which both parties committed to strengthening community engagement and incident management in this health zone; in Beni a guided tour of the ETC was given to the response committee from Tuungane health area to improve community perceptions toward ETC and transit centres; a working session was held with community leaders and health authorities around the search for contacts from Butembo and Beni; a community dialogue was chaired by the North Kivu governor to obtain strong community engagement in Butembo and surrounds, against persisting attacks on response teams.

SITUATION INTERPRETATION

The continued increase in the number of new EVD cases in the Democratic Republic of the Congo is worrying, as there appears to be no end in sight to the difficult security situation, complicated by the challenging political environment. However, all authorities and partners are committed to strengthening community engagement, continuing with regular community engagement sessions in all affected health zones, focused on contact tracing, vaccine acceptance and incident management strategies. The implementation of proven public health measures must continue, while simultaneously increasing community engagement measures, in order to bring this outbreak to a close.

EVENT DESCRIPTION

Mauritius has been experiencing a dengue fever outbreak since late February 2019, reporting both imported and autochthonous cases. The first case of dengue fever was detected on 26 February 2019 in a Mauritian with no history of travel, residing in Palma city, Plaines Wilhems district. The first imported case was notified on 14 March 2019 in a patient with travel history to India a few days before symptom onset. Both patients were isolated under mosquito nets and treated for dengue fever in hospital.

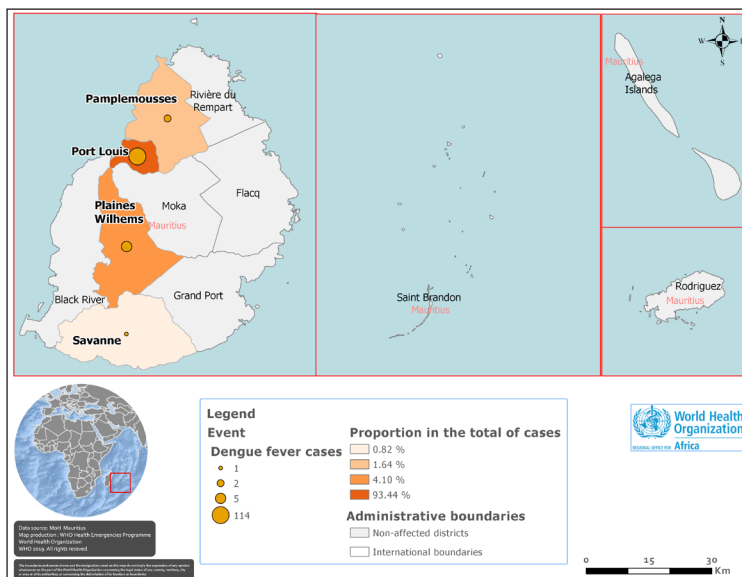
Between 26 February and 3 May 2019, a total of 126 dengue fever cases have been confirmed, of which 122 were autochthonous and four imported cases. Of the 122 autochthonous cases, 114 (93%) were reported from three areas of Port Louis district, namely Vallée des Prêtres (50), Roche Bois (48) and Cité La Cure (16). Other autochthonous cases were reported from Plaines Wilhems (five cases), Pamplemousses (two cases) and Savanne (one case) districts. The four imported cases were from Reunion Island (3) and India (1). As of 2 May 2019, seven confirmed cases were admitted to public hospitals and three others to private clinics in the capital city Port Louis. Dengue virus serotype 2 has been identified in specimens tested among autochthonous and imported cases. No case of dengue haemorrhagic fever and no fatalities have been registered among the confirmed cases.

Confirmed cases of dengue have been reported since week 9 (week ending on 3 March 2019) with the first peak on week 11 (week ending on 17 March 2019) when 20 indigenous cases and one imported case were reported. This was followed by two consecutive weeks of zero reported locally acquired dengue cases. A second, larger, peak was observed in week 17 (week ending on 28 April 2019) when 30 cases were reported in the country.

PUBLIC HEALTH ACTIONS

- Case-patients are being isolated under mosquito nets and treated in public hospitals and private clinics in the capital city Port Louis and contacts are under follow-up.
- The Vector Biology and Control Division of the Ministry of Health and Quality of Life of Mauritius is conducting entomological surveys in the affected areas.
- Vector control activities (fogging, larviciding, indoor residual spraying) have been ongoing in Cité La Cure, Roche Bois and Grand Baie. More than 7 000 mosquito repellent creams and 6 000 mosquito coils have been distributed to the affected communities in Vallée des Prêtres, Cité La Cure and Roche Bois in Port Louis district.
- The Ministry of Health and Quality of Life has organized clean up campaigns at Vallée des Prêtres and Roche Bois in collaboration with the Municipality of Port Louis, the Special Mobile Force, the Ministry of Social Security, National Solidarity, Environment and Sustainable Development and the Police Department.
- Sensitization of populations on preventive measures against dengue fever is being conducted through the mass media (television, national radio broadcast, and newspapers). A sensitization campaign on general preventive measures against dengue and indoor residual spraying has been conducted in Roche Bois on 30 April 2019 by the Ministry of Health and Quality of Life, targeting students and staff of the two primary schools, and the inhabitants of Roche Bois.

Geographical distribution of dengue fever cases in Mauritius,
2 February - 3 May 2019.



SITUATION INTERPRETATION

Dengue fever cases have been registered annually in Mauritius since 2011. The high population movements within and out of the country could explain the existence of imported cases and might increase the risk of spread of the disease to other non-affected districts in Mauritius and neighbouring countries. However, as dengue is a mosquito-borne viral infection, with the beginning of the dry season, which usually lasts from May to October, a decrease in number of cases might be observed. Nonetheless, heightened surveillance, appropriate management of cases, risk communication and vector control measures should continue to be implemented in order to bring the outbreak to an end.

EVENT DESCRIPTION

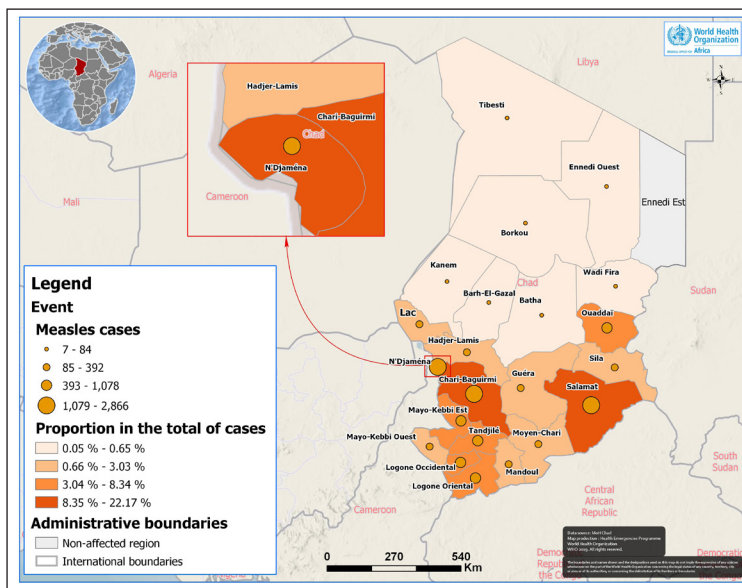
The measles outbreak in Chad continues to spread both geographically and numerically, with the number of reporting districts increasing until week 16 (week ending 20 April 2019). In week 17 (week ending 27 April 2019) there were 1 295 suspected cases, including 20 deaths, a slight decrease on the previous week. A total of 77 districts are in epidemic phase, compared to 78 at week 16.

As of 4 May 2019, there have been a total of 14 286 cases and 139 deaths (case fatality ratio 0.97%) reported in 115 (91%) out of 126 districts in the country. The deaths were reported from 36 districts. Eight districts reported more than 500 cases during the first 16 weeks of 2019: Am Timan (1622 cases), N'Djamena East (1025 cases), N'Djamena South (897 cases), N'Djamena Center (825 cases), Moundou (719 cases), Abéché (656 cases), Mandelia (599 cases) and Dourbali (592 cases), accounting for 49% of the caseload. Overall, 78% of cases are in children less than nine years of age, while the average age of those affected is six years and the median three years. Of those affected, 80% have not been vaccinated.

PUBLIC HEALTH ACTIONS

- A measles task force has been established and an emergency plan is being developed.
- Intense measles reactive vaccination campaigns have been undertaken, and are now finished, in ten districts, with funding from UNICEF.
- Free treatment of measles cases has been provided in 15 districts by Médecins Sans Frontières (MSF) France, as well as free treatment of complicated cases in N'Djari hospital.
- The measles vaccination campaign in Amtiman district, funded by MSF Holland, has ended and results are expected soon.
- The measles vaccination coverage evaluation is ongoing in Amtiman district
- Laboratory reagents for measles IgM testing arrived at N'Djamena on 24 April 2019.

Geographical distribution of Measles cases in Chad,
4 May 2019.



SITUATION INTERPRETATION

The measles outbreak in Chad continues to be of concern, with increasing case incidence and geographical spread. Challenges include ongoing resource scarcity, including testing reagents, vaccines and operational funds, which in turn affects the epidemiological description and understanding of the outbreak. Poor vaccine coverage complicates the situation and recent vaccination campaigns have yet to be evaluated. Outbreak responses urgently need strengthening, with mobilization of resources by local authorities and partners in all affected areas required in order to bring this outbreak to a close.

EVENT DESCRIPTION

The humanitarian crisis in Ethiopia has been ongoing in the most affected zones of West Guji and Gedeo in Oromia and Southern Nations, Nationalities and Peoples' (SNNP) regions respectively. Over two million internally displaced persons (IDPs) are hosted in 1 289 temporary sites in these locations, which are grossly overpopulated and characterized by poor sanitary conditions and poor access to safe water supply. These conditions have continued to increase the risk of several communicable disease outbreaks among this vulnerable group.

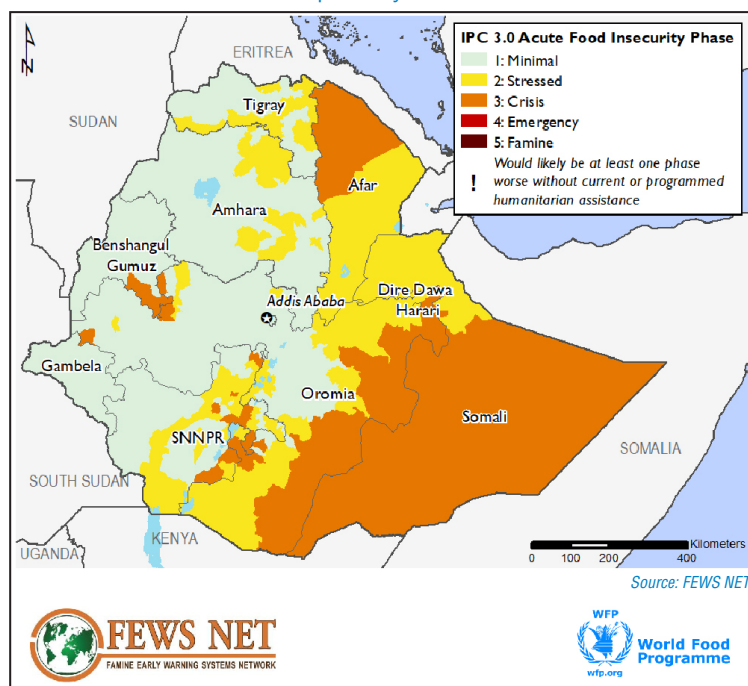
A measles outbreak has been ongoing in several regions, with 5 622 suspected cases reported since week 1 of 2019 (week ending on 6 January 2019). Up to 63% of the suspected cases have been reported from Oromia region. The highest weekly number of cases reported was 613 reported in week 9 (week ending on 3 March 2019), with the numbers averaging about 90 cases per week in recent weeks. Over 75% of reported cases have never been vaccinated.

Severe acute malnutrition (SAM) remains a challenge in the affected regions. A total of 41 220 cases have been reported since the start of 2019, 14.8% of which had medical complications requiring specialized treatment in stabilization centres. In week 17 (week ending on 28 April 2019) alone, 2 701 new SAM cases were reported from five of nine regions, with Oromia (60%) and SNNPR (35%) reporting the most cases.

PUBLIC HEALTH ACTIONS

- The WHO surveillance team based at Zone and Woreda provided leadership and guidance to EPHI, RHB, Zonal and Woreda PHEM teams in conducting the active case search and sensitizing staff all HF and IDP site clinics.
- WHO has deployed nutrition officers to support the IDP response, provide capacity building through training and on-the-job mentorship on SAM management and IYCF-E, work with the ZHB to improve nutrition surveillance in SNNPR, Oromia and Somali regions
- WHO assigned four surveillance officers in three cluster areas Dilla, Yiregachefe and Gedeb to support IDP response activities.
- The government, UN agencies, implementing partners continue to provide live saving nutrition interventions targeting IDPs, such as general food distribution, a supplementary feeding programme for those with moderate acute malnutrition (MAM), a therapeutic feeding programme for those with severe acute malnutrition (SAM) and an infant and young child feeding in emergencies programme (IYCF-E).
- There is ongoing general food distribution led by the National Disaster Risk Management Committee (NDRMC) in areas with IDPs. Food baskets are made up of wheat flour, pulse, grains, CSB, biscuit and vegetable cooking oil
- Capacity building for health workers on the management of SAM ongoing through training and on-the-job coaching by WHO nutrition officers and collaborating implementing partners.

Humanitarian snapshot of the projected food security outcomes in Ethiopia, April - May 2019.



SITUATION INTERPRETATION

The humanitarian crisis among internally displaced persons in West Guji and Gedeo continues, with high levels of severe acute malnutrition. This, in addition to the poor living conditions among the group, has continued to sustain the risk of communicable disease outbreaks, particularly measles for which over 5 000 cases have been reported.

Response activities have been ongoing to address the situation, with coordination structures established at subnational level to address the high malnutrition levels, challenges around shelter, and disease outbreaks, among other issues. Although the response has been well coordinated, it is needs to be sustained, which requires urgent input from international donors, as well as the ongoing response of local authorities and partners.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- The continued increase in the number of EVD cases in the Democratic Republic of the Congo remain a concern, as the security situation continues to deteriorate, and the political environment remains complicated. Several security incidents continue to be reported in EVD affected areas, which is hampering EVD response activities. Authorities and partners continue to show commitment to strengthen community engagement, contact tracing, vaccine acceptance and incident management strategies. In addition to the insecurity situation, the response activities continue to suffer from funding gaps. The implementation of proven public health measures must continue and a major surge in political and financial support from all national and international actors is urgently needed in order to bring this outbreak to end.
- Although significant global efforts have been made in response to the consequences of the Tropical Cyclone Idai (in Malawi, Mozambique and Zimbabwe), the effects are still devastating for affected populations. Limited access to affected populations, risks of communicable and water-borne diseases, inadequate healthcare services, and the massive destruction of homes, infrastructure and crops are the major challenges on the ground. The current situation requires additional resources to scale up the humanitarian operations in the three countries.

Proposed actions

- The national authorities and international community in the Democratic Republic of the Congo need to put in much effort to end the insecurity situation in the EVD affected zones and it is important that the government and its partners continue to implement proven and innovative public health measures, including continued community engagement to counter the mistrust that is significantly hampering response efforts.
- The national authorities and partners in Mozambique, Zimbabwe and Malawi and partners need to sustain efforts to respond to the humanitarian situation in the post cyclone period. The donor community are requested to provide the requisite funding for the immediate and long-term humanitarian assistance.

All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
New Events										
Angola	Measles	Ungraded	04-May-19	01-Jan-19	06-May-19	1 324	759		0.00%	Suspected measles cases have continued to be reported from Lunda Sul and Moxico provinces in Angola since the beginning of the year. In week 18 (week ending on 5 May 2019), 108 suspected cases were reported. According to WHO Global Measles and Rubella Monthly Update, 759 cases have been confirmed so far in 2019.
Kenya	Anthrax	Ungraded	29-Apr-19	14-Apr-19	06-May-19	34	-	2	5.90%	Since the first case reported on 14 April 2019, 34 suspected cases of cutaneous anthrax with 2 deaths (CFR 5.9%) have been reported from Muthara ward, Tigania East Sub-county, Meru County. Consumption of meat suspected to have been infected with anthrax is believed to be the source of infection. Investigation is ongoing.
Namibia	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	30-Apr-19	26-Apr-19	11-May-19	3	1	1	33.30%	A suspected case of CCHF has been reported from Onandjokwe district of Oshikoto region, Northern Namibia. This is a 54 year-old female patient who was admitted to Onandjokwe hospital on 26 April 2019 with headache, fever, and blood stained vomitus that started on 21 April 2019 after tick bites. The patient was thrombocytopenic and had been transfused with platelets. The blood specimen sent to the NICD regional reference laboratory in South Africa confirmed the presence of Crimean-Congo haemorrhagic fever virus by PCR on 3 May 2019. The patient has shown good clinical resolution with no fever, bleeding or other complaints. Another suspected case was reported on 7 May 2019 from the same district. The patient died immediately after admission to Onandjokwe hospital and no specimen was taken. Response activities (investigations, case management, distribution of PPEs in hospital settings, contact tracing) activated at district level are being supported by the national level.
Ongoing Events										
Burkina Faso	Humanitarian crisis	Ungraded	01-Jan-19	01-Jan-19	26-Apr-19	-	-	-	-	The security situation in Burkina Faso has gradually deteriorated since 2015 initially in the regions of the Sahel then in the East, and attacks by armed groups have increased and spread over several regions of the country. As of 2 April 2019, the country has registered 135 589 internally displaced persons, more than half of them since the beginning of 2019. Currently Burkina Faso is hosting a total of 25 182 refugees.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	19-Apr-19	-	-	-	-	Cameroon continues to face a humanitarian crisis in the Far North region linked to the terrorist attacks by Boko Haram group with significant displacement of the traumatized population. The Minao camp is currently accomodating 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 having measles outbreaks 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 still remains a concern. Sporadic armed attacks between alleged separatist groups, the military and communities continue to be reported. An attack on 4 April 2019 by Cameroonian security forces on Meluf village located near a separatists' camp in Northwest region led to the death of five civilians. Several houses have been looted and seven got burnt down. Violence in and near health facilities since late March 2019 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. Number of cases started increasing since the beginning of this year and has peaked in epidemiological week 7 (ending on 17 February 2019) with 130 suspected cases reported during the week. Since the beginning of 2019, a total of 718 suspected cases, including 56 confirmed cases by laboratory test and 394 by epidemiological link have been reported. The outbreak is currently affecting six districts, namely Kousseri, Mada, Goulfey, Makary, Koza and 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 as a concern in Central African Republic. There have been persistent attacks against actors involved in the health sector. On 27 April 2019, a robbery at an international Non-Government Organisation (NGO) in the health district of Nana Gribizi in Mbrès sub-province was reported. Incidents related to seasonal movements of livestock have once again been reported in the central part of the country. OCHA reported cases of several houses being burnt, as well as human casualties including deaths and the presence of IDPs in villages on Grimari-Kouango and Lioto-Pladama-Ouaka axis.
Central African Republic	Hepatitis E	Ungraded	02-Oct-18	10-Sep-18	28-Apr-19	187	142	1	0.50%	No new confirmed cases have been reported among suspected cases of hepatitis E 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 recorded. The most affected age group is people between 5 to 45 years old.
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 (week ending on 28 April 2019). From epidemiological week 5 to week 17 (28 January - 28 April 2019), a total of 168 suspected measles cases, including 19 confirmed, were notified from above three districts. About 80% of cases are under 5 years of age with a high proportion of males.
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 on 3 March 2019). Since 2 October 2018, clusters of cases have been identified across three health districts, namely Mbaiki district with nine cases including eight confirmed, Bangassou district with five cases including three confirmed, and Bossembele district with four cases including three confirmed. Two deaths have been reported so far.
Chad	Measles	Ungraded	24-May-18	01-Jan-19	04-May-19	14 286	0	139	0.97%	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
Comoros	Cyclone Kenneth	Ungraded	23-Apr-19	24-Apr-19	08-May-19	-	-	-	-	A tropical cyclone Kenneth landed on April 24, 2019 at 21:00 (GMT+3) in northern Ngazidja Island of the Union of Comoros. The cyclone resulted in fallen trees and destruction of wharves and housings which led to many people becoming homeless including children. As of 25 April 2019, more than 1 000 persons were internally displaced, and at least 20 injuries and 3 deaths have been recorded.
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 Brazzaville, Niari, Lekou-mu) 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, <i>Aedes albopictus</i> .
Congo	Monkeypox	Ungraded	09-Mar-19	09-Mar-19	16-Mar-19	9	2	0	0.00%	The Republic of Congo has reported cases of monkeypox since February 2019. Two samples from Makontipoko village in Gambona district tested at the INRB-Kinshasa confirmed positive for monkeypox by PCR OPX.
Côte d'Ivoire	Dengue fever	Ungraded	15-Feb-19	01-Jan-19	08-May-19	80	80	0	0.00%	As of 8 May 2019, a total of 526 suspected cases were reported throughout the national territory. Out of 497 samples collected and tested at the Institut Pasteur of Abidjan, 80 cases were confirmed for dengue. The serotypes isolated during this outbreak include 63 cases of DENV-1 and 17 cases of DENV-3. The Cocody-bingerville health district in Abidjan has reported 63% of the confirmed cases.
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	07-May-19	-	-	-	-	The humanitarian situation in the Democratic Republic of Congo (DRC) remains complex. In Rutshuru Territory (Katshuba and Kanaba) of North Kivu province, around 2 000 persons who had fled from clashes between FARDC and armed groups in the villages of Maroba and Bishigiro (Virunga National Park) are internally displaced. Access to health services in the province of Tanganyika is compromised by the insecurity; at least eight out of 264 health facilities are not functional. The presence of 130 039 refugees has been also notified from the provinces of 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	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 deaths were reported from DRC. Among them, 108 were male and 146 were female. The majority of cases were reported from Kinshasa and the Central Congo province which is bordering Republic of the 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	21-Apr-19	9 271	-	216	2.30%	During week 16 (week ending on 21 April 2019), a total of 361 suspected cases of cholera including 7 deaths (CFR 1.9%) have been notified from 42 health zones in 12 provinces. Since the beginning of 2019, a total of 9 271 cases including 216 deaths (CFR 2.3%) have been notified from 17 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	11-May-19	1 680	1 592	1 117	67%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	01-Jan-19	21-Apr-19	64 923		1 181	1.80%	In week 16 (week ending on 21 April 2019), 3 925 measles cases including 46 deaths have been reported. The number of cases is increasing in Tanganyika, Kinshasa and Kasai-Oriental provinces that accounted for 55% (2 171) of cases reported in week 16. In total, 60 health zones have confirmed to have measles outbreak. Since the beginning of 2019, 64 923 measles cases including 1 181 deaths (CFR 1.82%) have been notified. Among them, 55% are notified from Tshopo, Lualaba and Haut-Lomami provinces.
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	01-Jan-19	21-Apr-19	1 371	-	29	2.10%	In week 16 (week ending on 21 April 2019), 88 new suspected cases including four deaths were reported (CFR 4.55%). In 2019, the cumulative case count is 1 371 including 29 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	09-May-19	45	45	0	0.00%	One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in week 18 (week ending on 5 May 2019) 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/Tanganyika/Haut Katanga/Ituri and Kasai. A reactive vaccination campaign has been conducted in Kamonia health zone, in Kasai province from 9 to 11 May 2019.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Ethiopia	Humanitarian crisis	G2	15-Nov-15	n/a	05-May-19	-	-	-	-	Detailed update given above.
Ethiopia	Measles	Protracted 1	14-Jan-17	01-Jan-19	05-May-19	5 622	59	-	-	A measles outbreak is ongoing in Oromia, Amhara 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.
Guinea	Measles	Ungraded	09-May-18	01-Jan-19	05-May-19	1 207	519	14	-	During week 18 (week ending on 5 May 2019), 115 suspected cases of measles have been reported. From week 1 to week 18 (1 January - 5 May 2019), the total number of suspected cases is 1 207 and 874 samples have been collected and sent to the lab. Among those 874 samples, 519 have been confirmed IgM+. Ten areas are in epidemic phase: urban 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). A total of 14 deaths has been recorded since the beginning of this year 2019.
Kenya	Cholera	Ungraded	21-Jan-19	02-Jan-19	07-May-19	1 896	93	11	0.60%	The cholera outbreak remains active in six Counties, namely, Kajia-do, Nairobi, Garissa, Machakos, Mandera and Embu counties. As of 7 May 2019, 161 cases were reported from the six active counties. A total of 1 896 cases including 11 deaths (CFR 0.6%) have been reported since January 2019. Ninety-three cases have been laboratory confirmed.
Kenya	Leishmaniasis	Ungraded	31-Mar-19	01-Jan-19	06-May-19	576	318	13	2.30%	A kala-azar outbreak has been reported in Marsabit and Wajir counties with cases since the beginning of January 2019 and the latest peak in epi week 16 (week ending on 21 April 2019). Marsabit county has reported 426 cases with 291 positives by RDT rk39 and seven deaths (CFR 1.6%). Wajir county has reported 150 cases with 27 positives by RDT rk39 and six deaths (CFR 4%).
Kenya	Measles	Ungraded	03-Sep-18	28-Aug-18	06-May-19	477	50	5	1.00%	The outbreak has been controlled in Wajir and Kilifi counties. A new outbreak has been reported in Garissa and Kajiado counties. As of 6 May 2019, six cases have been reported from Dadaab sub-county and Dagahaley refugee camp in Garissa county. Five of these six cases have been laboratory confirmed. In Kajiado county, Kajiado West and Mosiro Ward sub-counties have been affected with 53 cases reported of which 4 laboratory confirmed. No death has been reported in both counties. In total, 477 cases including 5 deaths have been reported as of 6 May 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 on 14 April 2019), two suspected cases were reported from Grand Bassa and Montserrado counties. Laboratory test results are still pending. Since the beginning of the year, 54 suspected cases have been reported across the country, of which 19 have been tested positive by RT-PCR, 32 were discarded and three are pending.
Liberia	Measles	Ungraded	24-Sep-17	01-Jan-19	14-Apr-19	794	65	5	0.60%	In week 15 (week ending on 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 continues to be observed following the series of reactive vaccination campaign that have been recently conducted in the country. As of 21 April 2019, a total of 139 550 suspected measles cases, including 902 deaths have been reported from health facilities and the communities.
Malawi	Flood	G2	09-Mar-19	05-Mar-19	28-Apr-19	-	-	-	-	Detailed update given above.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	31-Mar-19	-	-	-	-	In Mali, nearly half a million people have been displaced due to the crisis since 2012. Today, IOM estimated around 84 285 internally displaced persons (IDPs) in 18 006 households. The most affected regions remain to be Timbuktu, Gao, Menaka and Segou. In the region of Mopti, new displacement of people has been registered as a result of inter-ethnic 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 March 23, 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	05-May-19	864	261	0	0.00%	During the week 18 (week ending on 5 May 2019), 51 new suspected measles cases have been reported. Among them, 42 blood samples have been sent to INRSP for the laboratory test. In total, 846 suspected cases of measles have been reported since the beginning of the year as of 5 May 2019, among which 467 have been laboratory tested, resulting in 261 confirmed cases. However, laboratory test results have been last updated on week 12 (week ending on 22 April 2019) and samples received between week 13 and week 18 (23 April – 5 May 2019) are pending for testing due to the issue with laboratory reagents. Since the week 16 (week ending on 19 April 2019), number of suspected cases have increased in Babamba and Koutiala health districts.
Mauritius	Dengue fever	Ungraded	26-Feb-19	26-Feb-19	03-May-19	126	126	0	0.00%	Detailed update given above.
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	05-May-19	1 469	1 469	4	0.30%	During week 18 (week ending on 5 May 2019), zero new confirmed cases were reported across the country. From 21 March 2018 to 5 May 2019, a total of 1 449 laboratory-confirmed cases were reported. Among 17 throat swabs analyzed, the genotype D8 was detected in 13 samples. The trend is decreasing since the peak in week 24 of 2018 (week ending on 17 June 2018). The most affected districts are Port Louis and Black River.
Mozambique	Cholera	Ungraded	27-Mar-19	27-Mar-19	05-May-19	6 739	-	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 last two weeks. Since the declaration of the cholera outbreak on 27 March 2019 until 5 May 2019, 6 739 cases and eight deaths have been reported (CFR 0.1%). All cases were reported from the four districts (Beira, Buzi, Dondo and Nhamatanda) of Sofala Province.
Mozambique	Cyclone Kenneth	Ungraded	25-Apr-19	25-Apr-19	30-Apr-19			38		Between 25 and 29 April 2019, at least 38 deaths and 347 cases of illness, including malaria (35), diarrhoea (24), and acute respiratory diseases (95) have been reported from cyclone Kenneth-affected areas in northern Mozambique. According to the National Disaster Management Institute (INGC), 32 034 houses have been partially destroyed, among which 2 930 were completely destroyed, affecting 21 717 students and at least 14 health facilities. About 20 720 internally displaced people are currently accommodated across 30 sites.
Mozambique	Flood/cyclone Idai	G3	15-Mar-19	15-Mar-19	25-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	09-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 cases reported on 10 and 17 December 2018. (source: GPEI)
Namibia	Hepatitis E	G1	18-Dec-17	08-Sep-17	21-Apr-19	5 094	896	42	0.80%	During weeks 15 and 16 (8- 21 April 2019), 114 suspected cases with zero deaths, were reported from seven regions across the country, namely; Khomas (46), Erongo (33), Omusati(11), Ohangwena (10), Omaheke (9), Kavango (4) and Kunene (1). This is a slight decrease compared to the previous two weeks (weeks 13 and 14) when a total of 125 suspected cases were reported. Of the cumulative 5 094 cases, 297 (5.8%) are among pregnant and post-partum women. A total of 19 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 the 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 2019, 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	07-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)

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	30-Apr-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	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 (week ending on 14 April 2019), 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 week 1 and 15 (1 Jan - 14 April 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 4 338 samples tested, 819 were IgM positive for measles.

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	10-May-19	328	132	7	2.10%	On 9 May 2019, the Ministry of Health (MoH) in Singapore notified one laboratory-confirmed case of monkeypox linked to Nigeria. The patient is a 38-year-old Nigerian male who arrived in Singapore on 28 April 2019 who had worked in the Delta state in Nigeria, and had attended a wedding on 21 April 2019 in a village in Asikpo South, Ebonyi State, Nigeria, where he may have consumed bush meat. The Nigerian national focal point has been notified, and details of the contact were provided for follow up actions, as necessary. Potential common source exposure and possible epidemiological links within Nigeria are currently being investigated. 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	08-May-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	21-Apr-19	673	5	0	0.00%	In week 16 (week ending on 21 April 2019), 58 suspected cases were reported. Reported cases have been decreasing gradually since week 9 (week ending on 3 February) 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	21-Apr-19	5	5	3	60.00%	As of week 16 (week ending on 21 April 2019), the confirmed cases still remain at five. Last cases were reported during week 14 (week ending on 7 April 2019), when six suspected cases were reported from Kenema district, of which two tested positive. Since the beginning of 2019, 63 suspected cases have been reported across the country, of which five have tested positive. All confirmed cases are from Kenema district.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Con-firmed	Deaths	CFR	Comments
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	05-May-19	-	-	-	-	The humanitarian crisis is ongoing in South Sudan with 7.1 million people estimated to be in need of humanitarian assistance, 1.87 million of which are internally displaced and over 2.3 million living in neighbouring countries. Measles continues to be a major public health concern in South Sudan with outbreaks confirmed in 11 counties and three PoC sites since the beginning of 2019.
South Sudan	Hepatitis E	Ungraded	-	03-Jan-18	28-Apr-19	198	13	2	1.00%	As of 7 May 2019, no new updates for week 17 (week ending on 28 April 2019) were available. 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 un-safe drinking water is a likely source of infection.
South Sudan	Measles	Ungraded	24-Nov-18	24-Nov-18	28-Apr-19	1 122	60	7	0.60%	As of 7 May 2019, 9 counties are experiencing measles outbreak, namely Juba, Pibor, Gogrial West, Aweil South, Melut, Tonj North, Gogrial East, Aweil West and Aweil Centre. Measles outbreaks were 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	28-Apr-19	225	52	0	0.00%	As of 7 May 2019, no new cases of rubella from current outbreak areas have been reported for week 17 (ending 28 April 2019). Between 7 and 21 April, 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).
Tanzania, United Republic of	Cholera	Ungraded	07-Feb-19	26-Jan-19	28-Apr-19	243	3	3	1.20%	In week 17 (week ending on 28 April 2019), 17 new cases and zero death were reported from: Handeni DC (7 case), Pangani DC (9 cases) and Tanga city (1 case) in Tanga region. In the past four weeks, Tanga region reported 50 (92.6%) out of 54 cases. Of the ten districts that have reported cholera cases in 2019, eight have confirmed outbreaks by stool culture.

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	28-Apr-19	1 288	948	2	0.20%	In the week ending on 28 April 2019, 46 new cases of dengue fever were reported in the country. Cases were reported from Dar es Salaam (42 cases) and Tanga region (3 cases). A backlog of 713 cases including two deaths were reported from Dar es Salaam and Tanga regions. All deaths were from Dar es Salaam.
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 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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Con-firmed	Deaths	CFR	Comments
Uganda	Measles	Ungraded	08-Aug-17	01-Jan-19	07-May-19	1 041	525	6	0.60%	Between 24 April 2019 and 7 May 2019, 144 new additional suspected cases of measles have been reported, among which 81 were confirmed either by laboratory test results or via epidemiological link. Two additional deaths were reported among confirmed cases, which brings the total deceased to six for this year. In total, 1 041 cases including 525 confirmed (329 lab-confirmed and 196 epi-link confirmed) have been reported in 2019 as of 7 May. Among confirmed cases, all except for one case were from rural areas of Uganda, and 56% (293) were unvaccinated. Children under age 5 accounted for 64% (334) of all 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 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	28-Apr-19	10 421	312	69	0.70%	No suspected cases of cholera and deaths were reported during week 17 (week ending on 28 April 2019). The last case reported from the country was from Shamva district on 12 March 2019. A second round of oral cholera vaccine was concluded in March. The cumulative figures for cholera are 10 421 cases and 69 deaths.
Zimbabwe	Floods/land slides	G2	15-Mar-19	15-Mar-19	06-May-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
Zimbabwe	Typhoid fever	Ungraded	-	01-Oct-17	28-04-2019	10 320	427	24	0.20%	During week 17 (week ending on 28 April 2019), 54 new suspected typhoid cases and no deaths have been reported. The reported cases were from North Western (21), West South West (14), Harare Central Hospital (1), South Western (8), Parirenyatwa Group of Hospitals (7) and Mpilo Central Hospital (2) respectively. The cumulative figures for typhoid fever in 2019 are 5 161 suspected cases, among which 165 were confirmed and nine died (CFR 0.17%).
Closed Events										
Chad	Meningitis	Ungraded	20-Mar-19	01-Jan-19	14-Apr-19	619		47	7.60%	The number of suspected meningitis cases reported in Chad has significantly reduced in recent weeks. No district is in epidemic phase as only Baro in Guera remains in alert phase with an attack rate of 3.1. During week 17 (week ending on 28 April 2019), 12 suspected cases were reported with 2 associated deaths (CFR 16.7%). Since week 3 when the outbreak was first detected, a total of 648 suspected cases with 49 associated deaths (CRF 2.3%) have been reported. <i>Neisseria meningitidis</i> serotype w135 continues to be the predominant pathogen accounting for 39% of cerebrospinal fluid samples tested.
Kenya	Dengue fever	Ungraded	30-Jan-19	15-Oct-18	08-Apr-19	660	286	0	0.00%	The outbreak has affected all the six sub-counties in Mombasa County (Kisauni, Jomvu, Nyali, Likoni, Changanwe and Mvita). The last case was reported on 9 March 2019. However, dengue fever being endemic in the coastal area, there is a need to continue strengthening surveillance and communication activities.

†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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