

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 21: 20 - 26 May 2019

Data as reported by 17:00; 26 May 2019



World Health Organization

REGIONAL OFFICE FOR

Africa

WHO Health Emergencies Programme

4

New events

69

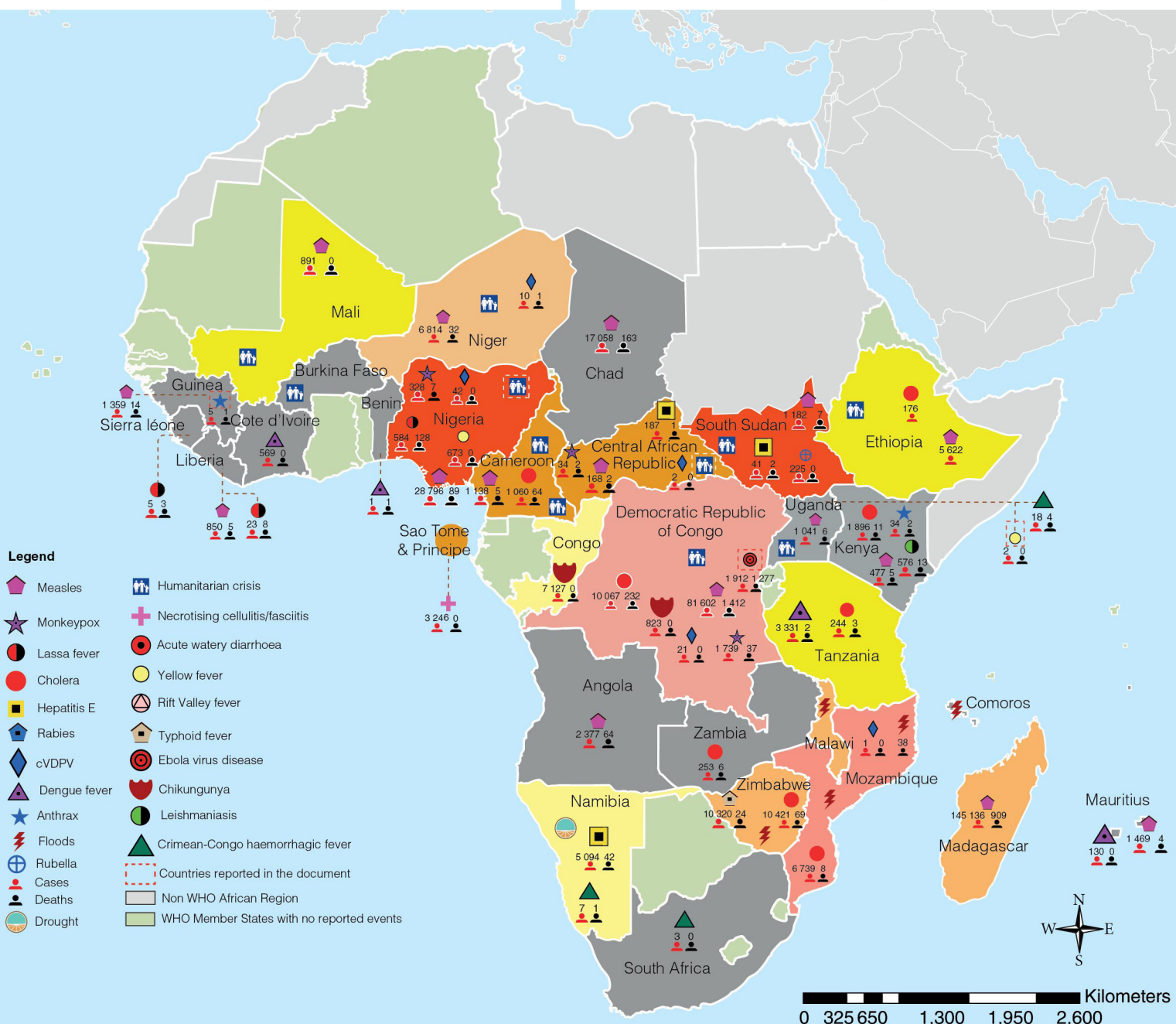
Ongoing events

56

Outbreaks

17

Humanitarian
crises



Graded events †

4

Grade 3 events

8

Grade 2 events

3

Grade 1 events

2

Protracted 3 events

3

Protracted 2 events

3

Protracted 1 events

50

Ungraded events

Overview

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- 9 All events currently being monitored

This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 73 events in the region. This week's edition covers key new and ongoing events, including:

- [Anthrax outbreak in Guinea](#)
- [Ebola virus disease outbreak in the Democratic Republic of the Congo](#)
- [Humanitarian crisis in Central African Republic](#)
- [Humanitarian crisis in Nigeria](#)
- [Yellow fever in Uganda.](#)

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 humanitarian crises in both Central African Republic and North East Nigeria continue, with healthcare delivery disruption through directly targeted attacks or as a result of collateral damage. Healthcare staff, partners and local authorities continue to provide care in these insecure environments and should be commended. However, increased support from the local and international community in terms of both human resources, interventions to improve security measures, as well as funding, is much needed to ensure the appropriate humanitarian assistance is provided to the affected populations.
- Cases of Ebola virus disease (EVD) continue to be confirmed in North Kivu and Ituri provinces of the Democratic Republic of the Congo at an alarming rate, with security problems and community resistance a continuing problem. The announcement this week of a new UN Emergency Ebola Response Coordinator to oversee the coordination of international support for the Ebola response and ensure that appropriate security and political measures are in place to enable the Ebola response is a positive move. Working to support the Government in strengthening political engagement and operational support to negotiate access safely to communities in all areas and increase support for humanitarian coordination will be key to controlling the outbreak.

EVENT DESCRIPTION

On 9 May 2019, the Prefectural Health Directorate of Koubia, Guinea was informed of the admission of four suspected anthrax cases at the Prefectural Hospital located in Labé region in the northern part of the country. Three of the case-patients presented to the hospital with skin lesions typical of a cutaneous anthrax infection (black crusts on either the face, the hands, the head, or the neck with swelling around the affected parts). The fourth case-patient, a 2-year-old male, son to one of the three case-patients who presented with skin lesions, was admitted with fever, fatigue and body aches. The four suspected cases, coming from the same family in the same community, reportedly developed symptoms five to 12 days after consuming meat from a sick goat that was slaughtered on 28 April 2019. Half of the goat meat was sent to a neighbouring village, located nine kilometers from that of the case-patients. No case has been reported from the second village to date. Blood specimens and/or swab samples from the skin lesions were collected from the four case-patients and tested at Conakry National Institute of Public Health. One of the four suspected cases was confirmed by reverse transcription-polymerase chain reaction (RT-PCR). Retrospective investigation established that the index case was a 13-year-old male from the same family who developed clinical features of gastrointestinal anthrax (abdominal pain and bloating, body aches, headache, and fever) on 2 May 2019 after consuming meat from the sick goat on 28 April 2019, and who died in the community on 5 May 2019. No biological specimen was collected.

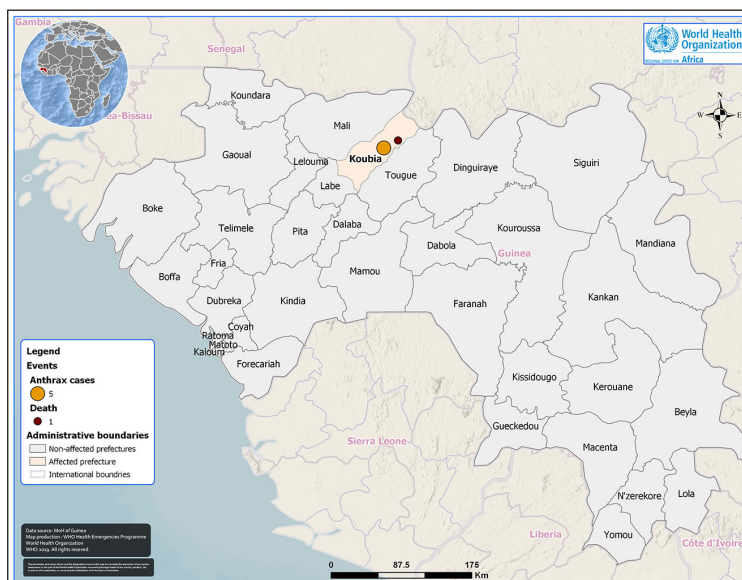
As of 15 May 2019, a total of five human cases of anthrax including one death (case fatality ratio 20%) have been reported. Sixty percent (3/5) of the cases were in the age-group of 0-9 years, with a male predominance (4/5; 80%).

In the same village, two goats were reportedly sick between 28 April and 11 May 2019. One of them was slaughtered on 28 April 2019 and consumed by the five human cases before symptom onset and the other goat died on 11 May 2019. Both animals mixed with a 380-head-cattle herd, of which 174 (46%) were vaccinated against anthrax in January 2019.

PUBLIC HEALTH ACTIONS

- A preliminary outbreak investigation has been conducted by the Koubia prefecture health team.
- Active case search enabled identification of 52 community members (including 37 from the case-patients village and 15 from the second village) who reportedly consumed meat or handled the carcass of the dead goat.
- The outbreak case definition has been finalized and is being distributed to health facilities in the affected areas.
- An environmental investigation identified two areas in the affected village where the two sick goats used to graze. Burning and isolation of these areas have been approved by the prefectural veterinary services.

Geographical distribution of anthrax cases and death in Guinea, 2 May - 15 May 2019



- Case management is ongoing in the Prefectural Hospital with administration of antipyretics, antibiotics and dressing the skin lesions.
- A mission intended to assess the health status of the cattle in Koubia prefecture, is being planned by the National Livestock Service with the support of the Food and Agricultural Organisation (FAO) and planning for vaccination of cattle is ongoing.

SITUATION INTERPRETATION

Recurrent anthrax outbreaks have been notified in Koubia prefecture in the past and the deadliest outbreak in the prefecture was reported from the same village in 2014, with 11 human deaths. Several factors may account for the recurrence of anthrax outbreaks in this locality. More than 30 pastures in this village are suspected to be contaminated with anthrax spores that can infect cattle. The poor hygiene conditions and low livestock immunization coverage could have contributed to increase the risk of transmission of the disease in animals, as well as humans.

An integrated preparedness and response contingency plan, based on a One Health approach, needs to be developed and tested to control the current outbreak and prevent future occurrence of cases in the affected and non-affected areas. Therefore, heightened animal and human health surveillance, coupled with a mass livestock vaccination campaign and environmental investigation, as well as risk communication and community engagement activities need to be implemented to avert any large outbreak.

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak continues in North Kivu and Ituri provinces in the Democratic Republic of the Congo. Since the last report on 19 May 2019 (Weekly Bulletin 20), 90 new confirmed EVD cases have been reported, with an additional 68 deaths, a decrease compared to the 136 confirmed cases reported the previous week.

As of 25 May 2019, a total of 1 912 EVD cases, including 1 818 confirmed and 94 probable cases have been reported. To date, confirmed cases have been reported from 22 health zones: Alimbongo (1), Beni (305), Biena (8), Butembo (212), Kalunguta (101), Katwa (569), Kayna (8), Kyondo (19), Lubero (11), Mabalako (190), Manguredjipa (11), Masereka (37), Musienene (55), Mutwanga (5), Oicha (41) and Vuhovi (82) in North Kivu Province; and Bunia (1), Komanda (28), Rwampara (1), Mandima (130), Nyankunde (1), and Tchomia (2) in Ituri Province. As of 25 May 2019, 15 health zones have reported at least one confirmed case in the last 21 days (5-25 May 2019).

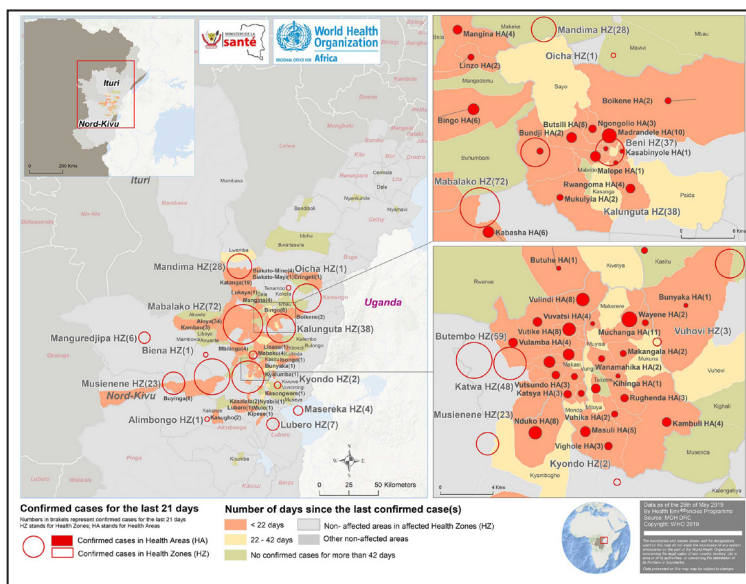
A total of 1 277 deaths were recorded, including 1 183 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 65% (1 183/1 818). A deceased health worker was among the new confirmed cases in Katwa, bringing the cumulative number of health workers affected to 105, 6% of the total number of confirmed and probable cases. Mabalako is the main focus areas of the outbreak, reporting 22% (72/330) of the new confirmed cases in the past 21 days. Nine out of the 12 Mabalako health areas have reported new confirmed cases during this period, while Butembo, Katwa, Kalunguta, Beni, Mandima and Musienene reported 18%, 15%, 12%, 11%, 8% and 7% respectively. Seven health zones, namely Mabalako, Kalunguta, Butembo, Beni, Vuhovi, Mandima and Katwa reported new confirmed cases in the past three days and remain points of attention.

Contact tracing is ongoing in 17 health zones. A total of 20 415 contacts were recorded as of 25 May 2019, of which 17 977 have been seen in the past 24 hours (88%; varies between 73-100% among reporting zones), with zero contacts followed-up in Komanda Health Zone in the reporting period. Alerts in two affected provinces continued to be raised and investigated. Of 1 490 alerts processed (of which 1 394 were new) in reporting health zones on 25 May 2019, 1 383 (93%) were investigated and 277 (24%) were validated as suspected cases.

PUBLIC HEALTH ACTIONS

- A strengthened coordination mechanism has been established in Butembo. 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.
- There are talks ongoing with the Diocese of Beni-Butembo around possibly cancelling the pilgrimage scheduled for 27 May 2019.
- As of 25 May 2019, a cumulative total of 124 825 people has been vaccinated since the start of the outbreak in August 2018.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 60 million screenings to date. A total of 72/78 (92%) PoE/PoC were operational as of 25 May 2019.
- There are continued community reintegration and psychosocial activities for patients discharged from Ebola Treatment Centers (ETCs), along with psychoeducation sessions to strengthen community engagement and collaboration in the response.
- Water, sanitation and hygiene (WASH) activities continue where possible, but remain disrupted in some areas, with part of the Hodari dispensary, Rwangoma, Beni, set on fire by unknown individuals.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May 2018 to 25 May 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



- Disinfection activities at health facilities and households where confirmed cases had stayed continued in Beni, Mabalako, Mandima, Butembo, Katwa, Vuhovi and Kalanguta.
- Community awareness and mobilization sessions are being strengthened, with a chat session to raise awareness among teachers around decontamination and vaccination held in Beni, in the Munzambaye health area, and community dialogue led by Kipese village elders and grassroots leaders on community engagement held in Masereka; students in Butembo have been engaged by holding a debate conference with ISP Butembo students on the theme 'the contribution of students in the fight against resistance in the city of Butembo' and a strong message was sent by the pastor of the Adventist Church on EVD and community engagement for children attending the Adventist Children's Festival, Goma.

SITUATION INTERPRETATION

As numbers of new EVD cases in North Kivu and Ituri provinces continue to increase, the UN, in partnership with the Government and all partners, this week announced measures to strengthen its political engagement and operational support to negotiate access to communities and increase support for humanitarian coordination in order to bring the outbreak to an end. This includes establishing a new UN Emergency Ebola Response Coordinator to oversee the coordination of international support for the Ebola response and ensure that appropriate security and political measures are in place to allow the Ebola response to be even more effective. WHO will continue to lead all health operations and technical support activities to the Government response to the epidemic, as well as coordinate public health interventions that are being implemented by other UN partners. Community engagement must remain a major focus of response measures, along with proven and innovative public health measures. As part of the new measures, UNICEF will lead community engagement activities, provide psychosocial interventions and help prevent infection through water, sanitation and hygiene services. These new measures and the ongoing intensive efforts on the ground must provide the much needed change in trajectory of this outbreak.

EVENT DESCRIPTION

Insecurity persists in the Central African Republic (CAR), particularly in the cities, with the regional and university hospital in Bossangoa robbed, UPC (Union for Peace in CAR) troops reinforced in Mobaye, an attack on MINUSCA (UN Multidimensional Integrated Stabilization Mission) forces by unidentified armed individuals in Zemio, kidnappings in Bria and exchanges of fire between armed groups and a patrol of Central African Armed Forces (FACA) in Yagarandji.

Unrestricted crossing of the Mbomou River at Zémio has resumed after authorization from the local leader of the armed group UPC, valid for seven days from 23 May 2019, aiming to encourage the return of Central African Republic refugees from Zappai in Democratic Republic of the Congo.

Outbreaks of epidemic-prone diseases continue to complicate the humanitarian situation, including hepatitis E, measles, meningitis and poliovirus type 2. There are also sporadic reports of rabies and monkeypox.

There have been 142 confirmed cases of hepatitis E and 45 probable since the start of the outbreak in Bocaranga-Koui. Dredging of traditional wells in Koui has reduced the availability of drinking water and increased the risk of water-borne diseases, including hepatitis E.

Measles cases are declining after a mass vaccination campaign in Paoua Health District, which reached 100% of children aged 6-59 months in Paoua town, the epicentre of the outbreak. Cases have been confirmed with IgM testing in Bangui (six cases) and neighbouring Bégoua (one case).

Twenty suspected cases of meningitis were recorded during weeks 19 and 20 (weeks ending 12 and 19 May 2019 respectively), with suspected cases reported from Baboua-Abba (5), Bouar-Baoro (5), Ouango-Gambo (3), Kaga-Bandoro, Mobaye-Zangba (2) and Bossombe (1). Two cases of meningococcal meningitis were recorded in Kabo (1) and Bangui Friendship Hospital (1).

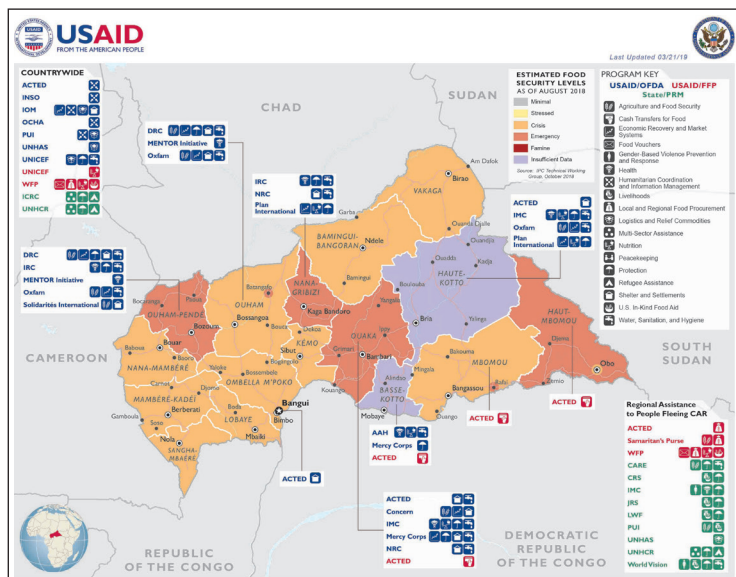
Two cases of poliomyelitis type 2 were reported in the nomadic community in the Bambari health district, following a diagnosis of acute flaccid paralysis in one case with the second case also being a contact of the first.

An alert for Ebola virus disease was raised in Zangba in early May 2019, which, following investigation, was negative by GeneXpert for the disease.

PUBLIC HEALTH ACTIONS

- Two training sessions on surveillance at border points are in progress.
- Hepatitis E response coordination meetings are taking place at local level, with involvement of local authorities, community leaders and water, sanitation and hygiene (WASH) partners; 285 people in Hang-Zoung (Ngaoundaye) were educated on hepatitis E prevention measures; 12 boreholes were dug and six were rehabilitated by WASH partners, including setting up 12 water point management committees; free access has been provided to three boreholes during the outbreak; a crisis committee is advocating for the implementation of a water supply system in Bocaranga, estimated population 50 000.
- Suspected poliomyelitis cases are being investigated by WHO, with samples obtained from contacts of confirmed cases, which were sent for sequencing to the reference laboratories in Dakar and

Humanitarian snapshot in Central African Republic,
21 March 2019



South Africa.

- Ebola virus disease (EVD) prevention measures continue, with 1 469 travellers checked at entry points in Mobaye and Bangassou; briefing of 20 health workers from Bangassou General Hospital on EVD signs, symptoms and prevention; awareness sessions held for 17 751 people around EVD signs and symptoms including internally displaced people and other communities in Bangassou, and drivers of vehicles between Central African Republic and South Sudan.
- A handwashing point has been established in a South Sudanese refugee camp in Obo by the NGO CSSI and Bangassou port beach has procured personal protective equipment and an infrared thermometer.

SITUATION INTERPRETATION

Insecurity in the Central African Republic continues to contribute to the ongoing humanitarian crisis, with security incidents affecting both institutions and individuals. In addition, outbreaks of epidemic-prone disease complicate the situation, stressing already poor infrastructure, which includes poor water supplies. Partners and local authorities provide as much response as possible in the face of these challenges and require support from the international community, both in terms of intervention to prevent further bloodshed and funding to sustain response efforts.

EVENT DESCRIPTION

The humanitarian crisis in northeast Nigeria remains critical as attacks on military and civilian populations by insurgents have continued. The sixth mid-term Joint Operations Review of the humanitarian emergency involving the Ministries of Health at national and state level, the Nigeria Centre for Disease Control (NCDC), WHO and partners was conducted in Abuja between 29 and 30 April 2019. The review was conducted to assess the progress made since the previous review held in November 2018, and to revisit proposed activities to achieve the strategic objectives agreed upon.

There have been reports of an increased number of direct attacks on healthcare facilities in recent months while others have suffered collateral damage during fighting between the military and insurgents. This has resulted in the disruption of many health services. With over 60% of health facilities in Borno state partially or fully damaged and only half providing any type of health services, the recent attacks have left many with limited or no access to basic essential health services.

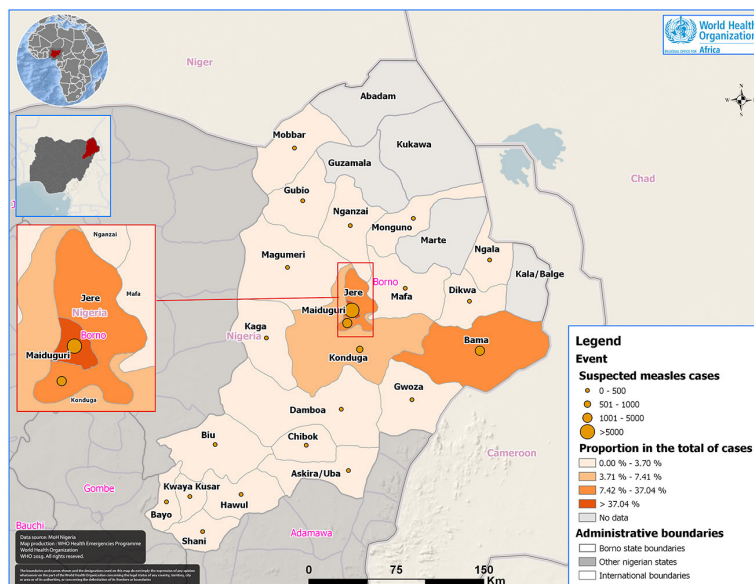
The measles outbreak in Borno state is still ongoing, with an average of 900 cases being reported weekly. As of week 19 (week ending 12 May 2019), 15 106 suspected measles cases have been reported since the beginning of the year through the Early Warning, Alert and Response System (EWARS) from 11 Local Government Areas (LGAs) (including 37 IDP camps). Seventy-five associated deaths have also been reported in Maiduguri Municipal Council (50), Bama (13), Nganzai (5), Askira Uba (2), Damboa (2), Biu (1), Mobbar (1), and Magumeri (1) LGAs (CFR: 0.5%). Of the 294 samples sent for laboratory analysis since the beginning of 2019, 284 samples were tested and 165 (58%) were IgM positive for measles virus.

In week 19 (week ending 12 May 2019), the leading cause of morbidity was malaria, accounting for 33% of all reported cases, while malnutrition was the leading cause of mortality accounting for 24% of reported deaths. A total of 212 of 270 reporting sites submitted their weekly reports, translating to both a timeliness and completeness of reporting of 77% (target 80%). Ninety-one indicator-based alerts were generated, of which 90% were verified with none requiring any public health response.

PUBLIC HEALTH ACTIONS

- A second round of measles reactive vaccination campaign was conducted by the Borno state government with the support of WHO between 13 and 17 May 2019 in 13 of 27 LGAs within the State. The total target population was 827 944 children between the ages of 6 months and 6 years of age, 800 666 of whom were vaccinated (coverage 96.7%).
- 75 mental health sessions were conducted in 42 health facilities across 12 LGAs. A total of 1 993 mental health patient were seen of which 716 were new patients, and 1 277 for follow up care, three of whom were referred to the Federal Neuropsychiatric Hospital, Maiduguri for further management.
- 2 238 children were treated for malaria, diarrhoea and pneumonia by 123 community resource persons in 14 LGAs of the state. A total of 1 740 of the children were screened for malnutrition using the mid-upper arm circumference (MUAC) measurement. Of these, 99 (5.7%) of the children screened had moderate acute malnutrition (MAM) and were counselled on proper nutrition, while 2 (0.1%) of them had severe acute malnutrition (SAM) and were referred to comprehensive management of acute malnutrition (CMAM) sites for appropriate case management.

Geographical distribution of suspected measles cases in Borno State, Nigeria, s of 12 May 2019.



- A total of 29 154 clients were seen by WHO supported hard-to-reach (H2R) teams providing services in 20 LGAs of Adamawa state. The teams treated 9 407 persons with minor ailments and treated a total of 7 032 children with antihelminthics during the month. Pregnant women were provided antenatal care services with 1 977 of them receiving iron folate tablets while 1 405 received chemoprophylaxis for malaria in pregnancy using sulphadoxine-pyrimethamine (SP).
- A total of 17 253 children were screened for malnutrition by 20 WHO supported H2R teams. Of this number, 169 (1.0%) children had moderate acute malnutrition and their caregivers were counselled on proper nutrition, while 93 (0.5%) of them had the severe form.

SITUATION INTERPRETATION

Although the overall health situation is improving under the Northeast Nigeria Health Sector 2019 strategy, the health service delivery continues to be hampered by damage to healthcare infrastructure and disruption of services. Population displacements and influx of returnees and refugees further disrupt and strain implementation of health programmes. Furthermore, there is a large shortage of skilled healthcare workers, particularly doctors, nurses and midwives, with many reluctant to work in the region because of ongoing armed conflict. All of these problems have left many of the displaced persons without access to essential healthcare, making them susceptible to common illnesses and outbreaks of communicable diseases.

The government and partners have conducted two vaccination campaigns for measles in the past two months targeting vulnerable children in Borno state. Interventions like these, aimed at protecting the large number of vulnerable persons in the region, must be sustained to reduce morbidity and mortality among the affected populations.

EVENT DESCRIPTION

On 14 May 2019, the Ugandan Ministry of Health notified WHO of a yellow fever outbreak in two separate districts Koboko and Masaka located in the Northern and Central region of the country respectively. The yellow fever outbreak was declared in-country on 6 May 2019 following laboratory confirmations from the regional yellow fever reference laboratory, the Uganda Virus Research Institute (UVRI).

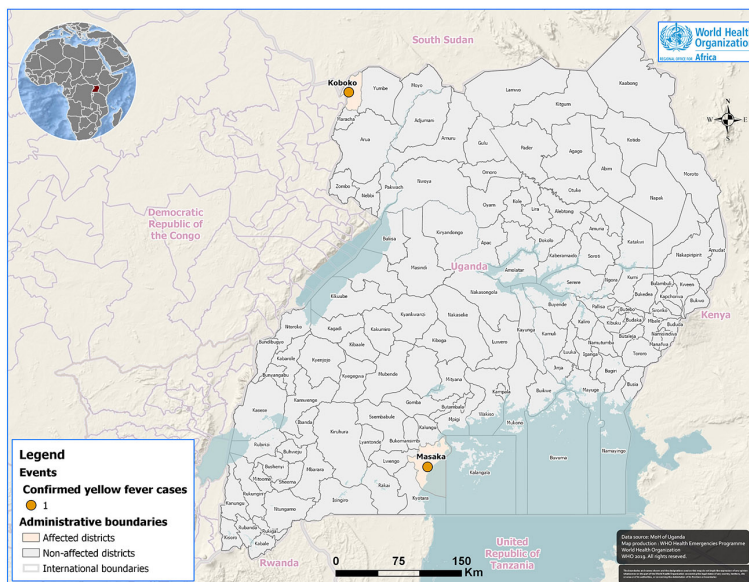
In March 2019, two samples collected from different districts as part of the routine viral haemorrhagic and the sentinel acute febrile illness (AFI) surveillance programme tested positive for yellow fever by both serology (IgM) and plaque reduction neutralization test (PNRT). The first sample was collected on 1 March 2019 from an 80-year-old female from a village in Koboko District and the second sample was collected on 21 March 2019 from a 10-year-old female student from a second village in Masaka District. Both cases presented with symptoms of fever, malaise and joint pain. Neither had a history of yellow fever vaccination, nor exhibited symptoms of jaundice, however the older woman had hemorrhagic signs.

Following the confirmation of the two cases, a district rapid response team was sent to the affected localities to conduct further investigation. The team sampled several households and found a substantial population of unvaccinated individuals due to immigration and missing the yellow fever reactive vaccination campaign, which was conducted in 2016. Seven additional samples were collected from suspected cases who met the case definition for yellow fever.

PUBLIC HEALTH ACTIONS

- A rapid response team was deployed to Masaka for further investigation. Response activities undertaken included enhanced surveillance, entomologic surveys, and active case search in both Masaka and Koboko.
- Samples collected from suspected cases were shipped and tested at the arboviral laboratory in Uganda Virus Research Institute (UVRI).
- A national rapid response team (formed jointly by the Epidemiology and Surveillance Division, the Public Health Fellowship Programme and UVRI) was constituted and dispatched to the affected districts to conduct further investigations to support the response activities.
- The district surveillance team in Masaka opened an alert desk to receive and follow up any alerts.
- A community yellow fever case definition has been provided to community members who are advised to report to the health facility for further assistance if needed.
- Risk communication to sensitize the populations on preventive measures against yellow fever are being conducted in the affected districts.

Geographical distribution of confirmed yellow fever cases in Uganda,
1 March - 10 May 2019.



SITUATION INTERPRETATION

Uganda is designated as a high-risk country in the Eliminate Yellow Fever Epidemics (EYE) strategy with a history of recent outbreaks in 2010 and 2016. The country has not yet introduced the yellow fever vaccination into the routine immunization programme and the last reactive yellow fever vaccination campaign was conducted in 2016 with coverage in three districts including of Kalangala, Masaka and Ruukunguri. One of the affected district during this outbreak, Koboko district, is located along the border with the Democratic Republic of the Congo and South Sudan and the presence of the vector in the affected areas, as well as frequent population movements between the countries, presents the potential for international spread of the outbreak. Thus, cross border surveillance has been heightened alongside the ongoing Ebola virus disease preparedness activities in Uganda.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- In both North East Nigeria and the Central African Republic healthcare delivery continues to be affected either through directly targeted attacks or as a result of collateral damage. This leads to disruption of services to individuals, worsening of outbreaks of epidemic-prone diseases and a continuation of the ongoing humanitarian crises.
- Cases of Ebola virus disease (EVD) continue to be confirmed in North Kivu and Ituri provinces of the Democratic Republic of the Congo at an alarming rate with security problems and community resistance a continuing problem. A deceased health worker was among the new confirmed cases in Katwa this week, demonstrating the continued transmission to this frontline population and therefore the need to continue to strengthen infection and prevention control (IPC) measures as well as risk communication.

Proposed actions

- Healthcare staff, partners and local authorities continue to provide care in these insecure environments and should be much applauded. However, increased support from the local and international community in terms of both human resources, interventions to improve security measures, as well as funding, is much needed to ensure the appropriate humanitarian assistance is provided to the affected populations. Essential public health measures such as the mass vaccination campaign as seen in Borno state must continue to protect the most vulnerable.
- The announcement this week of a new UN Emergency Ebola Response Coordinator to oversee the coordination of international support for the Ebola response and ensure that appropriate security and political measures are in place to enable the Ebola response is a positive move. Working to support the Government in strengthening political engagement and operational support to negotiate access to communities and increase support for humanitarian coordination will be key in controlling the outbreak.

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
News Events										
Central African Republic	Polio-myelitis (VDPV2)	Ungraded	24-May-19	24-May-19	25-May-19	2	2	0	0.00%	Two cases of vaccine-derived poliovirus were reported from Bambari health district. The index case presented with acute flaccid paralysis while the second case was an asymptomatic contact of the index case. There is a high risk of transmission of the virus as both cases were among internally displaced person with an estimated population of eight thousand. The two cases had no previous history of vaccination for polio. Vaccination coverage in the affected district is 50% with insecurity being one of the main obstacles to access.
Ethiopia	Cholera	Ungraded	14-May-19		17-May-19	176	1	-	-	An outbreak of AWD/cholera was reported in Amhara region. One culture positive result was reported. The affected woderas are Telemte, Abergele and Beyeda.
Guinea	Anthrax	Ungraded	17-May-19	02-May-19	15-May-19	5	1	1	20.00%	Detailed update given above.
Zambia	Cholera	Ungraded	14-May-19	03-Apr-19	17-May-19	253	31	6	2.40%	On 14 May 2019, Zambia notified to WHO an outbreak of cholera in Mpulungu district, Northern province. The index case was a three-year-old girl from Kapembwa Health Post (HP) who tested positive for cholera by the Rapid Diagnostic Test (RDT) on 3 April 2019. As of 22 May 2019, 253 suspected cholera cases with six deaths (CFR 2.4%), of which 31 cases have been confirmed were reported from four catchment areas; namely Kapembwa HP, Mpulungu HC, Kabyolwe HP and Isoko RHC.
Ongoing Events										
Angola	Measles	Ungraded	04-May-19	01-Jan-19	06-May-19	2 377	49	64	2.70%	Suspected measles cases continued to be reported from Lunda Sul and Moxico provinces in Angola since the beginning of the year. In week 19 (week ending on 12 May 2019), 108 suspected cases were reported. A total of 759 cases have been confirmed so far in 2019, according to WHO Global Measles and Rubella monthly update.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Benin	Dengue fever	Ungraded	13-May-19	07-May-19	15-May-19	1	1	1	100.00%	A case of dengue haemorrhagic fever was confirmed on 13 May 2019 in Benin. The case-patient is a 32-year-old male teacher from Tankpè neighborhood in Godomey arrondissement, Abomey-Calavi Commune of Atlantique Department, with a history of stomach ulcer. He began to experience symptoms of vomiting blood, 'Coca-cola' coloured urine and fever on 7 May 2019 after taking Quinine. Blood specimen tested for Lassa fever and Dengue fever at the diagnostic laboratory for haemorrhagic fever in Benin came back positive for dengue fever by serology and PCR on 13 May 2019. Close family members and co-workers are being followed-up. The case died on 12 May 2019. Further investigations are ongoing.
Burkina Faso	Humanitarian crisis	Ungraded	01-Jan-19	01-Jan-19	26-Apr-19	-	-	-	-	Since 2015, the security situation initially in the regions of the Sahel and later in the East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement leading to a total of 135 589 internally displaced persons registered as of 2 April 2019, of which more than half were registered since the beginning of 2019.
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	15-May-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 accommodating 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	15-May-19	-	-	-	-	The Northwest and Southwest regions' crises which started in 2016 still remains a concern. Sporadic armed attacks between alleged separatist groups and the military continue to be reported. Attacks on health facilities have been reported in many locations. This unrest continues to affect access to amenities including healthcare services. Since the beginning of 2019, less than 30% of health facilities in both regions have been able to transmit epidemiological surveillance data.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Cameroon	Cholera	G1	24-May-18	18-May-18	15-May-19	1 060	97	64	6.00%	Seven new suspected cases including one death were notified by Pitoa, Garoua 1 and Garoua 2 health districts from 1 to 15 May 2019. In March 2019, additional five new confirmed cases were notified by Institut Pasteur Laboratory in Cameroon. As of 15 May 2019, a total of 1 060 suspected cases were reported.
Cameroon	Measles	Ungraded	02-Apr-19	01-Jan-19	12-May-19	1 138	168	5	0%	During epidemiological week 19 (ending on 12 May 2019), 41 suspected cases were reported. A decline in the weekly number of cases has been noted. Since the beginning of 2019, a total of 1 138 suspected cases of which 168 were confirmed as IgM-positive have been reported. The outbreak is currently affecting twenty-four districts, namely Kousseri, Mada, Goulfey, Makary, Kolofata, Koza, Ngaoundéré rural, Bangué, Guider, Figuil, Ngong , Mora, Maroua 3, Vélé, Pitoa, Maroua 1, Bourha, Touboro, Mogodé, Bibémi, Garoua 1, Garoua 2, Lagdo and Tcholliré.
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	19-May-19	-	-	-	-	Detailed update given above.
Central African Republic	Hepatitis E	Ungraded	02-Oct-18	10-Sep-18	19-May-19	187	142	1	0.50%	No new confirmed cases have been reported among suspected cases of hepatitis E since epidemiological week 20 (week ending on 19 May 2019). As of 19 May 2019, a total of 187 cases of acute jaundice syndrome of which 142 were confirmed for viral hepatitis E have been recorded.
Central African Republic	Measles	Ungraded	15-Mar-19	11-Feb-19	05-May-19	168	19	2	1.20%	The measles outbreak is ongoing in the Central Africa Republic in Paoua district. A total of 29 new suspected cases of measles were notified in epidemiological week 18 (week ending on 5 May 2019). From epidemiological week 5 to 18 (28 January - 5 May 2019), a total of 168 suspected measles cases, of which 19 were confirmed have been notified. About 80% of cases are under 5 years of age with a high proportion of male.
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 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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Con-firmed	Deaths	CFR	Comments
Chad	Measles	Ungraded	24-May-18	01-Jan-19	19-May-19	17 058	0	163	1.00%	In week 20 (week ending on 19 May 2019), 1 029 suspected cases of measles have been reported including 14 deaths. Currently, 71 districts are in the epidemic phase, one more affected district than the previous week. Since the beginning of the year, 17 058 suspected cases of measles have been reported from 117 out of 126 districts (93%) in the country. Among them, 163 deaths (CFR 0.96%) have been registered from 39 districts.
Comoros	Cyclone Kenneth	Ungraded	23-Apr-19	24-Apr-19	10-May-19	-	-	-	-	The Union of Comoros faced a tropical cyclone – Kenneth- which landed on 24 April 2019, at 21:00 (GMT+3) in northern Ngazidja Island. The cyclone resulted in fallen trees and destruction of houses resulting in deaths and making many homeless, including children. Some small fishing boats were pushed against the landing stages, causing their destruction. As of 10 May 2019, 19 372 persons were internally displaced, 182 injured and 7 had died.
Congo	Chikungunya	G1	22-Jan-19	07-Jan-19	28-Apr-19	7 127	61	0	0.00%	An outbreak of chikungunya affecting nine of the twelve departments of the Republic of Congo, namely; Kouilou, Bouenza, Pointe Noire, Plateaux, Pool, Brazzaville, Niari, Lekoumou, and Likouala, has been ongoing since January 2019. Twenty-four of the 52 districts of the Republic of Congo have been affected. From 7 January to 28 April 2019, a total of 7 127 suspected cases, of which 61 were confirmed have been reported. Entomological investigation showed the presence of the vector, <i>Aedes albopictus</i> .
Côte d'Ivoire	Dengue fever	Ungraded	15-Feb-19	01-Jan-19	12-May-19	569	93	0	0.00%	As of week 19 (week ending on 12 May 2019), 569 suspected cases of dengue fever have been reported, of which 93 were confirmed. Of the confirmed cases, 92 were from Abidjan, and 56 were from the Cocody-Bingerville health district. Children under 15-years-old accounted for 74 out of the 93 confirmed cases. Investigation and response activities continue. Since week 17 when in peak in cases was observed, the weekly number of cases continue to be very high. Dengue serotype 1 accounted for 75% (70) of total confirmed cases, followed by serotype 3 (20).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	17-May-19	-	-	-	-	The humanitarian situation in the Democratic Republic of Congo (DRC) remains complex. Since 1 May 2019, attacks and clashes between armed groups and security forces triggered the displacement of more than 12 000 people in Nord Kivu and Ituri provinces in eastern DRC. Food, WASH, health, protection and shelter are reported as imminent needs of displaced people, who currently rely on host communities to meet their most basic needs.
Democratic Republic of the Congo	Chikungunya	Ungraded	08-Feb-19	30-Sep-18	17-Apr-19	823	254	0	0.00%	From 1 January to 17 April 2019, a total of 823 suspected cases, of which 254 were confirmed by RT-PCR have been reported. Among them, 108 were male and 146 were female. Majority of cases were reported from Kinshasa and the Central Congo province which is bordering the Republic of the Congo. In Kinshasa, ten health zones have reported confirmed cases, while in Central Congo province, confirmed cases have reported from six health zones.
Democratic Republic of the Congo	Cholera	G3	16-Jan-15	01-Jan-19	05-May-19	10 067	-	232	2.30%	During week 18 (week ending on 5 May 2019), a total of 447 suspected cases of cholera including 8 deaths (CFR 1.8%) have been notified from 42 health zones in 12 provinces. Since the beginning of 2019, a total of 10 067 cases including 232 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 and 89% of the deaths.
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	14-May-19	1 912	1 818	1 277	67.00%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	01-Jan-19	05-May-19	81 602		1 412	1.80%	In week 18 (week ending 5 May 2019), 4 896 measles cases including 75 deaths have been reported, a 41% decrease in the number of reported cases compared to week 17. In total, 60 health zones across the country have reported confirmed measles outbreaks. Since the beginning of 2019, 81 602 measles cases including 1 412 deaths (CFR 1.7%) have been recorded. Among them, 65% have been notified from Tshopo, Lualaba, Kasai and Haut-Lomami provinces.
Democratic Republic of the Congo	Monkey-pox	Ungraded	n/a	01-Jan-19	05-May-19	1 739	-	37	2.10%	Since the beginning of 2019, a cumulative total of 1 739 monkey-pox cases, including 37 deaths (CFR 2.1%) were reported. The most affected provinces are Sankuru (56%), Tshuapa (10%) and Equateur (10%). Forty-eight percent of cases have been reported from three health zones of Sankuru province, namely, Bena Dibebe (35%), Kole (9%) and Tschumbe (5%).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Democratic Republic of the Congo	Polio-myelitis (cVDPV2)	G2	15-Feb-18	n/a	22-May-19	21	21	0	0.00%	No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week in the Democratic Republic of the Congo (DRC). So far, one cVDPV case has been reported in DRC in 2019. The total number of cVDPV2 cases reported in 2018 is 20. A reactive vaccination campaign has been conducted in Kamonia health zone, in Kasai province from 9 to 11 May 2019.
Ethiopia	Humanitarian crisis	G2	15-Nov-15	n/a	05-May-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. 2 716 610 IDPs are living across 1 289 temporary sites in these affected areas, 776 856 of whom are returnees.
Ethiopia	Measles	Protracted 1	14-Jan-17	01-Jan-19	05-May-19	5 622	59	-	-	Measles outbreak is ongoing in Oromia, Amhara and Solami regions. 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	12-May-19	1 359	593	14	1.00%	During week 18 (week ending on 12 May 2019), 152 suspected cases of measles were reported. From week 1 to 19 (1 January - 12 May 2019), a total of 1 359 suspected cases have been reported. Of these, 974 cases were sampled, of which 593 tested positive for measles. Twelve areas are in the epidemic phase : urban areas of Coyah, Dixinn, Dubréka, Labé, Matoto, Ratoma as well as the sub-prefectures of Manéah (health district of Coyah), Maferinya (Forécariah), Kégnéko (Mamou) Kamsar and Sangaredi (Boké), Lelouma (CU and Sagalé), Telimele (CU). A total of 14 deaths has been recorded since the beginning of 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.
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, Kajiado, 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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Kenya	Leishmaniasis	Ungraded	31-Mar-19	01-Jan-19	06-May-19	576	318	13	2.30%	Since the beginning of January 2019, cases of Leishmaniasis has been reported from Marsabit and Wajir counties with a peak noted in epi-week 16 (week ending on 21 April 2019). Marsabit county has reported 426 suspected cases with seven deaths (CFR 1.6%), of which 291 tested positive by the rapid diagnostic test (RDT). Wajir county has also reported 150 suspected cases with six deaths (CFR 4%), of which 27 tested positive by RDT.
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 four were laboratory-confirmed. No death has been reported in both counties. In total, 477 cases including five deaths were reported as of 6 May 2019.
Liberia	Lassa fever	Ungraded	23-Jan-19	01-Jan-19	12-May-19	23	22	8	34.80%	During week 19 (week ending on 12 May 2019), one case tested positive for Lassa fever in Grand Bassa County. Of 62 cases suspected year-to-date, 22 have tested positive by RT-PCR while 39 were discarded due to negative test results. Sample from one of the cases is pending testing. A total of eight deaths (case fatality ratio 36.4%) have been reported among confirmed cases.
Liberia	Measles	Ungraded	24-Sep-17	01-Jan-19	05-May-19	850	65	5	0.60%	In week 18 (week ending on 5 May 2019), 26 suspected cases were reported from 10 out of 15 counties across the country. Since the beginning of 2019, 850 cases have been reported across the country, of which 65 are laboratory-confirmed, 69 are epi-linked, and 488 are clinically confirmed. Fuamah District, Bong County, Firestone District, Margibi County and Kolahun and Voinjama Districts, Lofa County are currently in outbreak phase.
Madagascar	Measles	Ungraded	26-Oct-18	03-Sep-18	11-May-19	145 136		909	0.60%	A decreasing trend in incidence of suspected cases of measles continues to be observed since week 7 (week ending 17 February 2019), following the series of reactive vaccination campaign that have been recently conducted in the country. Between 3 September 2018 and 11 May 2019, 145 136 cases have been registered, among which 19 302 had symptoms of complications and 909 had deceased (CFR 0.63%). Out of the 145 136 cases, 1 349 have been laboratory confirmed by serology (IgM Positive).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Malawi	Flood	G2	09-Mar-19	05-Mar-19	05-May-19	-	-	-	-	Tropical cyclone formed in the Mozambique Channel drifted to Malawi on 5 March 2019, causing heavy and persistent rainfalls accompanied by strong wind leading to heavy flooding in southern Malawi. A total of 15 districts and two cities were affected. Cholera surveillance is ongoing and intensified especially in Mwanza and Nsanje districts. In Mwanza, six cholera cases have been confirmed in Chikolosa, and one case in Tengani, Nsanje District. Vaccination campaign against measles and rubella completed in the 9 targeted flood affected districts with 51% coverage.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	31-Mar-19	-	-	-	-	The crisis which began since 2012 has led to the displacement of nearly half a million people. As of 30 April 2019, 106 164 internally displaced persons were recorded. The Mopti Region is the most affected with the districts of Bandiagara, Bankass and Koro having the bulk of internally displaced persons. Food insecurity has worsened as a result of the crisis.
Mali	Measles	Ungraded	20-Feb-18	01-Jan-19	12-May-19	891	261	0	0.00%	During the week 19 (week ending on 12 May 2019), 45 suspected cases of measles have been reported from Koulikoro (14), Segou (11), Kayes (5), Mopti (5), Bamako (5) and Kidal (2). The increasing trend was observed mainly in Segou district. 27 blood samples were sent to INRSP for analysis which brings the total number of pending samples to be analyzed to 361. Cumulative total of suspected measles is 891 and total samples analyzed in 2019 are 467, among which 261 confirmed positive as of week 12 (week ending on 24 March 2019). Since the week 13 (week ending on 31 March 2019), INRSP have not been able to analyze the samples for case confirmation due to the issue with the reagent. Since the week 16 (ending 19 April 2019), number of suspected cases have increased in Babamba and Koutiala health district. Following this trend, several public health and response activities including case management, enhanced surveillance and enhanced awareness building for the disease prevention have been activated, as well as national vaccination campaign targeting children between 6-59 months has been ongoing.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Mauritius	Dengue fever	Ungraded	26-Feb-19	26-Feb-19	17-May-19	130	130	0	0.00%	The dengue fever outbreak is ongoing in Mauritius. From 26 February 2019 to 17 May 2019, a total of 130 cases including 7 imported cases have been reported. The district of Port Louis recorded the highest number of locally transmitted cases of dengue (115) followed by Plaines Wilhems (5), Pamplemousses (2) and Savanne (1). A peak was observed in week 17 (22-28 April 2019) when 30 indigenous cases were confirmed, followed by a decreasing trend in case incidence in week 18 and week 19. Two circulating serotypes have been identified. The serotype 1 has been found in most confirmed cases and the serotype 2 has been found in three imported cases from Reunion and two locally transmitted cases.
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 swab 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), diarrhea (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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Con-firmed	Deaths	CFR	Comments
Mozambique	Flood/cy-clone 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.
Mozambique	Polio-myelitis (cVDPV2)	G2	07-Dec-18	07-Dec-18	22-May-19	1	1	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	Crime-an-Congo haemor-rhagic fever (CCHF)	Ungraded	30-Apr-19	19-Apr-19	15-May-19	7	1	1	14.30%	On 26 April 2019, a suspected case of CCHF had been reported from Onandjokwe district in Oshikoto region, Northern Namibia. The case-patient is a 54 year-old female from Onethika village in Olukanda constituency, who was admitted to Onandjokwe hospital on 26 April 2019 with headache, coldness, fever at 38.3 degree Celsius, and blood stained vomitus that started on 19 April 2019 after she was bitten by a tick on 18 April 2019. 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 infection (IgM positive) on 3 May 2019. The patient has shown good clinical evolution with no fever, bleeding or other complaints. Six other suspected cases were reported from Onandjokwe district, Oshikoto region (2), Outapi hospital in Omusati region (1), Engela hospital in Ohangwena region (1), Windhoek Central hospital in Khomas region (1) and obabis hospital in Omaheke region (1). Results came back negative for 5 out of 7 samples tested. One result is pending. A total of 45 contacts, including health care workers, are under follow-up.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Namibia	Drought	Ungraded	06-May-19	06-May-19	13-May-19	-	-	-	-	On 6 May 2019, the President of the Republic of Namibia officially declared the prevailing drought situation a state of emergency in the fourteen regions of Namibia. Grazing conditions are deteriorating in most parts of the country, especially in the central, southern, north central and north western regions where livestock deaths have been reported as a result of malnutrition. Based on a country five-year average vulnerability assessment and analysis, approximately 556 000 people, close to one in five Namibians, will be affected by the current drought condition. The country is also facing concurrent health emergencies such as a hepatitis E outbreak that has affected eight of the fourteen regions of Namibia since October 2017 and a Crimean-Congo hemorrhagic fever reported in four regions since May 2019. Drought mitigation measures are being undertaken by the Government of Namibia and a budget of N\$442 700 000 for comprehensive drought relief interventions has been approved by the Cabinet of the Republic of Namibia to assist affected communities for the period 1 April 2019-31 March 2020.
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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Niger	Circulating vaccine-derived polio virus type 2 (cVDPV2)	G2	08-Jul-18	08-Jul-18	22-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)
Niger	Measles	Ungraded	10-May-19	01-Jan-19	05-May-19	6 814		32	0.50%	During the week 18 (week ending on 5 May 2019), 394 suspected measles cases including 2 deaths have been reported from the country. This brings the cumulative total of 2019 to 6 814 suspected cases including 32 deaths (CFR 0.5%). Maradi (2712 cases including 5 deaths) and Tahoua (1 456 including 16 deaths) region reported the most number of cases, followed by Zinder (922 including 6 deaths), Niamey (721 with no death), Tilaberi (354 including 2 deaths), Agadez (220 including 1 death), Diffa (215 with no death) and Dosso (214 cases including 2 deaths). In 2019, significantly more cases have been reported than the previous two years. However, after the peak in week 14 (week ending on 7 April 2019), reported case numbers have been decreasing, which is similar to the same trend observed in past two years, corresponding to the early phase of the end of high transmission season.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	30-Apr-19	-	-	-	-	Detailed update given above.
Nigeria	Lassa fever	Ungraded	24-Mar-15	01-Jan-19	12-May-19	584	569	128	21.90%	In reporting week 19 (week ending on 12 May 2019), four new confirmed cases were reported from three states - Edo (2), Ebonyi (1) and Taraba (1) with no new death. There was a slight increase in the trend of cases in week 18 after which the case count dropped in week 19. No new health worker infection was reported in week 19. Eight patients are currently on admission in the various treatment sites across the country. The emergency phase of the outbreak was declared over.
Nigeria	Measles	Ungraded	25-Sep-17	01-Jan-19	18-May-19	28 796	1 423	89	0.30%	In epi week 19 (week ending on 12 May 2019), a total of 2 029 suspected cases of measles were reported from 36 states including 2 deaths (CFR, 0.1%). Borno (989), Yobe (372), and Katsina (301) account for 79.7% of all the cases reported in week 19 of 2019. Between epi week 1 and 19 (1 Jan - 8 May 2019), a total of 28 796 suspected cases have been recorded from 660 LGAs in 36 states and FCT with 89 deaths (CFR 0.31%). Of the 5 976 samples tested, 1 423 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	22-May-19	42	42	0	0.00%	No new cases of circulating vaccine-derived poliovirus type 2 have been reported in the past week. There are eight 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	Protracted 2	10-Jan-17	25-Sep-16	05-May-19	3 246	-	0	0.00%	The decreasing trend of necrotizing cellulitis (NC) continues. During the week 18 (week ending on 5 May 2019), 2 additional cases has been notified from one district out of 7 districts affected by the outbreak. Between the week 40 of 2018 (ending 7 October 2018) and the week 18 of 2019, total 3246 cases of NC with no fatality were recorded. Laboratory test performed on 21 patients revealed that more than 50% of them had <i>S.aureus</i> and <i>S.pyogenes</i> .

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	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.
South Africa	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	13-May-19	01-Jan-19	15-May-19	3		0	0.00%	Three cases of Crimean-Congo haemorrhagic fever (CCHF) have been confirmed in the country this year. First case was a veterinarian from the Free State province. Second is a 58-year-old man from Kimberly, Northern Cape province. He was bitten by ticks and developed onset a day after. CCHF was confirmed on March 2019 by National Institute for Communicable Diseases (NICD). The most recent case is a 54-year-old man in North West. He was admitted to the Klerksorp hospital with history of visiting the farm on 26 April 2019, and symptoms of headache, redness on skin and fever. A blood sample was collected on 1 May 2019, and he was transferred to ICU on 3 May 2019. NICD later confirmed CCHF.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	12-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	14-May-19	41	13	2	4.90%	The current outbreak in Benitu PoC continues. Between 7-14 May 2019, two new suspected cases of hepatitis E was reported from Benitu PoC. To date, in 2019, total 41 cases including 13 PCR-confirmed cases and two deaths have been reported. More than half the of cases reported in 2019 were male (51.3%), and the age group 15-44 years accounted for 34.1% of the total cases (14). Among 20 female cases reported, 6 were between 15 and 44 years-old, exposed to the risk of adverse outcomes when infected in the 3rd trimester of pregnancy. Use of unsafe drinking water is a likely source of infection. Since the beginning of the outbreak in January 2018, total 200 cases have been recorded in the country.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
South Sudan	Measles	Ungraded	24-Nov-18	24-Nov-18	14-May-19	1 182	69	7	0.60%	As of 14 May 2019, 9 counties are experiencing measles outbreak, namely Juba, Pibor, Gogrial West, Aweil South, Melut, Tonj North, Gogrial East, Aweil West and Aweil East. Since the last reporting date (7 May 2019), 22 new cases including 21 suspected and 1 confirmed have been reported from Pibor (12), Aweil West (7), Aweil East (2), and Benitu PoC (1). Since January 2019, Measles outbreaks were confirmed in 11 counties and three Protection of Civilian (PoC) sites (Juba, Bentiu, and Malakal). Cumulatively a total of 1182 cases have been reported with 69 laboratory-confirmed cases and seven (CFR 0.7%) deaths.
South Sudan	Rubella	Ungraded	27-Oct-18	27-Oct-18	14-May-19	225	52	0	0.00%	Between 8-14 May 2019, no new cases of rubella from current outbreak areas have been reported. 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	19-May-19	244	3	3	1.20%	During week 20, no new cholera cases were reported. Last reported case was on 2 May 2019 from Tanga city (one case). In the past four weeks all cases were reported from Tanga region. Ten out of 195 districts in the country have reported at least one confirmed case this year.
Tanzania, United Republic of	Dengue fever	Ungraded	31-Jan-19	01-Aug-18	19-May-19	3 331	2 378	2	0.10%	As of 19 May 2019, 1 012 new dengue cases were reported from Dar es Salaam region and 3 cases from Tanga region. The total of dengue suspected cases reported since the beginning of the outbreak was 3 331 cases including two deaths. Of the suspected cases, 71.4% tested positive on RDT.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	08-May-19	-	-	-	-	Thousands of refugees have continued to arrive in Uganda this year despite some positive political developments in the neighbouring Democratic Republic of Congo (DRC) and South Sudan. As of 30 April, 2019, 1 230 113 refugees and 26 616 asylum seekers remain in the country. Refugees from DRC (4 561), South Sudan (4 307) and Burundi (271) account for the majority of displaced persons in Uganda.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Uganda	Crime-an-Congo haemorrhagic fever (CCHF)	Ungraded	17-Apr-19	24-May-18	14-May-19	18	14	4	22.20%	A new confirmed case of Crime-an-Congo haemorrhagic fever (CCHF) has been reported from Uganda. The case-patient is a 10-year-old male resident of in Kikube district. He was admitted to Rweyawawa health centre with a history of fever, diarrhoea, vomiting, fatigue and sore throat. Two days later, he started passing blood in his stool and bleeding from his mouth and nose. Laboratory testing of blood samples tested positive for CCHF on PCR.
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.
Uganda	Yellow fever	Ungraded	08-May-19	01-Mar-19	16-May-19	2	2	0	0.00%	Detailed update given above.
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	-	-	-	-	The tropical cyclone Idai hit 3 provinces neighboring Mozambique namely Manicaland, Masvingo and Mashonaland East, 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. The risk of diarrhoeal disease remains high in affected districts as a result of interruption of water and hygiene infrastructure.

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-Apr-19	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										
Congo	Monkeypox	Ungraded	09-Mar-19	09-Mar-19	16-Mar-19	9	2	0	0.00%	The Republic of Congo has been reporting 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.
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.

†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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