

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 23: 3 - 9 June 2019

Data as reported by 17:00; 9 June 2019



World Health  
Organization

REGIONAL OFFICE FOR

Africa

WHO Health Emergencies Programme

2

New events

74

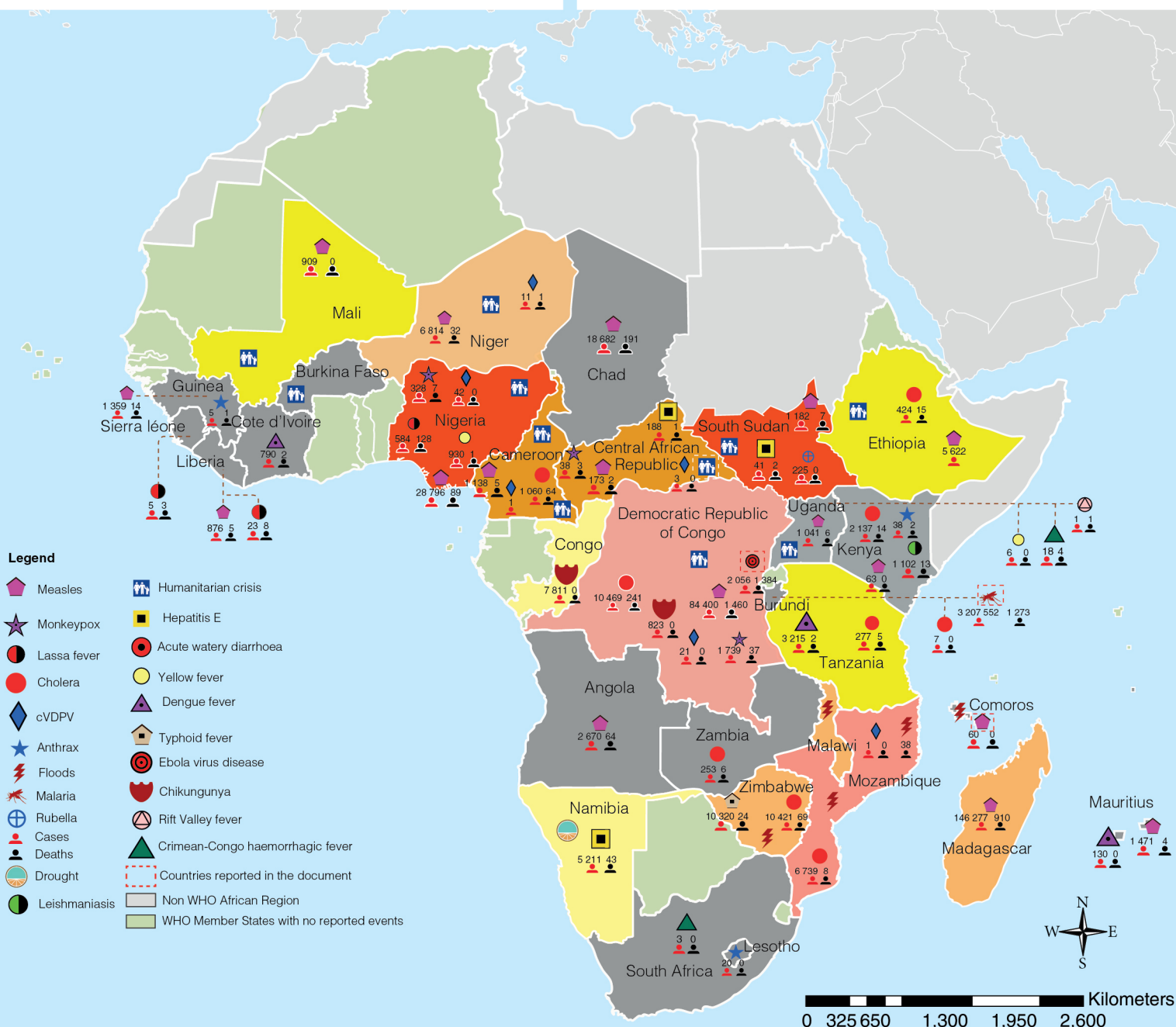
Ongoing events

59

Outbreaks

17

Humanitarian  
crises



Graded events †

4

Grade 3 events

9

Grade 2 events

3

Grade 1 events

53

Ungraded events

2

Protracted 3 events

2

Protracted 2 events

3

Protracted 1 events

# Overview

## Contents

2 Overview

3 - 6 Ongoing events

7 Summary of major issues, challenges and proposed actions

8 All events currently being monitored

This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 72 events in the region. This week's edition covers key new and ongoing events, including:

- [Malaria in Burundi](#)
- [Measles in Comoros Islands](#)
- [Ebola virus disease in Democratic Republic of the Congo](#)
- [Humanitarian crisis in Central African Republic.](#)

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:

- There has been a significant reduction in the number of new Ebola virus disease cases and deaths reported in Democratic Republic of the Congo in the last weeks. While it is still too early to make any conclusions, this observed declining trend is very positive and encouraging. There have been several initiatives and efforts to step up the response to the outbreak in the past weeks. While still being aware of the prevailing risk factors in the communities, it is anticipated that these initiatives and intensified efforts will turn the tide on the ongoing high levels of transmissions of infections. The national authorities and all stakeholders need to sustain implementation of effective public health measures in order to bring this outbreak to an end.
- Health authorities in Burundi have detected a potential malaria outbreak in several health districts in the country. This event comes barely one year after the occurrence of a large malaria outbreak in 2017, signifying the vulnerability of the country to malaria epidemics. The national authorities and partners need to capitalize on the early detection of this event and mount a robust response in order to bring the outbreak to a speedy end and avoid escalation of the situation.

# Ongoing events

## Malaria

## Burundi

3 207 552 : 1 273 : 0.04%  
Cases : Deaths : CFR

### EVENT DESCRIPTION

Burundi has been experiencing relatively high and steadily rising malaria case counts in most parts of the country since the beginning of 2019, compared to trends in 2018. However, from week 18 (week ending 5 May 2019), the number of reported malaria cases surpassed the national epidemic threshold when 171 349 cases were registered (against 168 685 cases reported in week 17). In week 21 (week ending 26 May 2019), a total of 182 751 clinical malaria cases, including 66 deaths were reported, compared to 181 907 cases and 75 deaths reported in week 20. During the reporting week (week 21), 31 out of 46 health districts in the country surpassed the epidemic threshold while eight health districts attained the alert threshold. The malaria case-load and mortality for the reporting week in 2019 has nearly doubled that for the same period in 2018 (182 751 cases and 66 deaths in week 21 of 2019 against 92 309 cases and 38 deaths in week 21 of 2018), indicating a much higher burden in the current year.

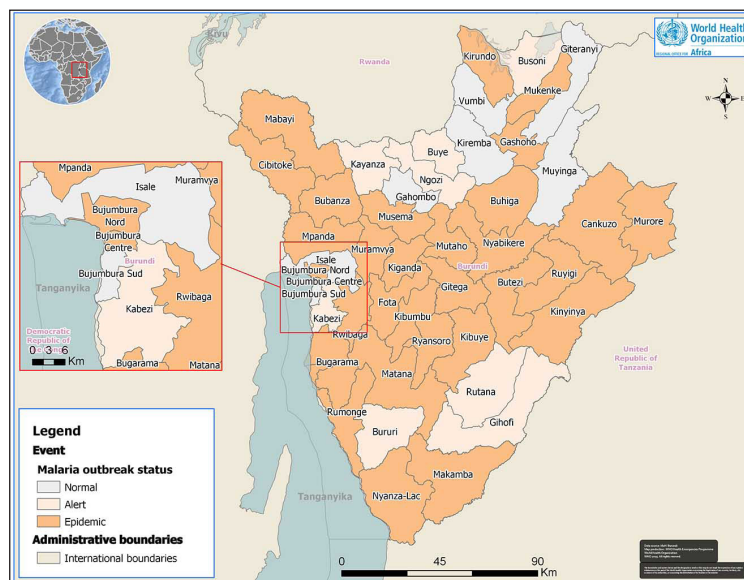
From week 1 to week 21 of 2019, a total of 3 207 552 clinical malaria cases, including 1 273 malaria-related deaths (case fatality ratio 0.04%) were reported across the country, compared to 2 100 157 cases and 1 046 deaths reported during the same period in 2018, indicating a 53% and 22% increase in the number of cases and deaths, respectively.

This event comes barely one year since the country experienced a large malaria epidemic in 2017, during which over 6 million cases and 2 752 deaths were reported.

### PUBLIC HEALTH ACTIONS

- The Ministry of Health, WHO and partners are working together to conduct a comprehensive outbreak investigation and risk assessment. A national malaria outbreak response plan is being updated and validated.
- The Ministry of Health, with support from WHO, is conducting weekly analyses of the epidemiological situation and preparation of situation reports that are shared with all stakeholders.
- Case management is being performed in all health facilities, free of costs, while some health districts are running mobile clinics to take case management services closer to the community.
- Distribution of long-lasting insecticidal mosquito nets are ongoing through the routine immunization and antenatal care programmes.
- Indoor residual spraying has been carried out in Buye, Kiremba, Muyinga, Gashoho health districts.
- Community awareness activities are ongoing through community health workers, churches, etc.

Geographical distribution of malaria cases and deaths in Burundi, week 1 - 21, 2019



### SITUATION INTERPRETATION

Burundi is currently experiencing a high malaria burden, reaching epidemic proportions since early May 2019. Initial assessments indicate that the major drivers of the current increased malaria transmission include low use of preventive measures (coverage of long-lasting insecticidal mosquito nets stands at less than 50% after the last universal distribution campaigns in 2017); low population immunity in the wake of increased mobility, especially for the people living in the mountains where malaria transmission is usually very low; climatic changes and vector ecological and behavioural changes (increased vector density and feeding habits – biting both indoors and outdoors as well as higher vector aggressiveness). Comprehensive epidemiologic, entomological and environmental assessments are being carried out to provide detailed understanding of the dynamics around the outbreak and inform appropriate public health measures.

The national malaria outbreak response plan, which is currently being validated, has highlighted a lack of human, logistical and financial resources for effective response. All stakeholders, including the national authorities and partners are called upon to provide the requisite resources to mount a robust response to this event before it escalates.

## EVENT DESCRIPTION

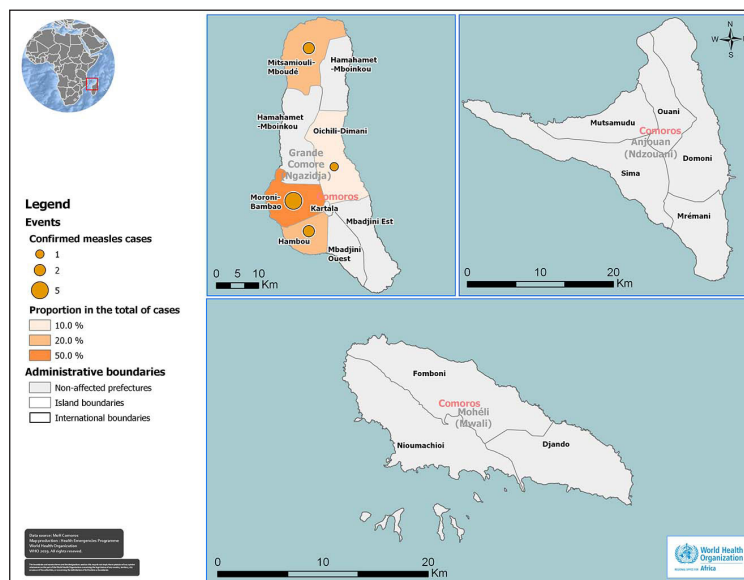
The Comoros Islands has been reporting sporadic suspected measles cases since the beginning of 2019, with only five isolated cases initially being confirmed. However, in week 21 (week ending 26 May 2019), a total of 21 suspected measles cases were reported in the country, of which five tested positive for measles IgM in the National Laboratory. Three of the confirmed cases originated from Moroni District (where the capital is located), thus meeting the measles epidemic threshold of three confirmed cases in one month. The other two confirmed cases occurred in Mitsamiouli District. Furthermore, six new confirmed measles cases were reported in week 22 (week ending 1 June 2019). This new trend illustrates an escalation in measles cases in the country, which reported the last measles outbreak in 2005/2006. This event also comes a few weeks after the tropical cyclone Kenneth caused serious public health impact and socioeconomic disruptions. There is no evidence that the cases have arisen as a result of contact with travellers.

As of 1 June 2019, a total of 66 suspected measles cases have been reported, of which 16 were confirmed measles IgM positive. Throat swabs have been taken from four out of the 16 IgM positive cases and the specimens have been sent to the Uganda Virus Research Institute for virus isolation and typing. There have been no associated deaths, although one severe case was hospitalized. The most affected of the four Comoros Islands is Grand Comoros (Ngazidja), particularly the District of Moroni. Eighty percent of the reported cases are in the age range of six months to 14 years, with children between 6-8 months most affected. Most affected children have been in contact with unvaccinated adults, and most cases are pre-vaccination, unvaccinated or of unknown vaccination status.

## PUBLIC HEALTH ACTIONS

- A rapid response team has been established to conduct in-depth outbreak investigation and risk assessment. The records of major health facilities are being reviewed to search for suspicious cases, using the standard measles case definition.
- An epidemiological surveillance unit is being established to analyse and monitor related data, working along with the investigative team to supplement missing information, trace contacts and carry out active case searching in Koranic and other primary schools.
- Active surveillance is being strengthened at community and clinic levels, along with distribution of case definition, data collection tools and sampling kits.
- Supportive supervision is being conducted and health centre staff are being retrained and ensure availability of reporting tools and case definitions.
- Alert and case monitoring is being strengthened on two other Comoros islands, along with integration of active case search into current nutrition screening activities.
- Communication and awareness activities are being conducted, with a press conference held by the Ministry of Health to announce the outbreak and urge vigilance, particularly after the cyclone, along with a radio broadcast to sensitize the community on the importance of seeking medical help when signs and symptoms appear.
- Microplanning and preparations are ongoing to conduct reactive vaccination campaigns targeting children from 6 months to 14 years.

Geographical distribution of measles cases in Comoros,  
26 May - 1 June 2019



## SITUATION INTERPRETATION

The Ministry of Health in Comoros Islands has confirmed a new measles outbreak, coming in the aftermath of the tropical cyclone that devastated the country in April 2019. The last measles outbreak in the country, with more than 1 000 cases, was reported 13 years ago. However, there has been a consistent decline in measles vaccination coverage, estimated at 90% in 2017, which leads to an accumulation of susceptible individuals. In addition, the routine immunization programme in Comoros includes only one dose of measles vaccine. The steady increase in measles cases in the past months and the occurrence of an outbreak was to be expected.

The national authorities and partners in the country are mounting a response to the outbreak in the face of challenges that include inadequate funding, logistics and technical expertise. So far, the number of cases is relatively low, and if the planned vaccination campaign is implemented quickly, the transmission of measles in the country could be easily interrupted.



## EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces in the Democratic Republic of the Congo continues, although with a declining trend in the past weeks. This follows a period of improved security and so access to communities, allowing response teams to operate more freely. However, the laboratory in Komanda is currently not functional following vandalism and theft in the past two days and the Beni laboratory is only partially functional after demonstrations by motor cycle taxis in the city. Since the last report on 2 June 2019 (*Weekly Bulletin 22*), 62 new confirmed EVD cases have been reported, with an additional 45 deaths, a considerable decrease on the 82 new confirmed cases reported in the previous week.

As of 8 June 2019, a total of 2 056 EVD cases, including 1 962 confirmed and 94 probable cases have been reported. To date, confirmed cases have been reported from 22 health zones: Alimbongo (1), Beni (317), Biena (8), Butembo (238), Kalunguta (108), Katwa (594), Kayna (8), Kyondo (19), Lubero (11), Mabalako (233), Manguredjipa (13), Masereka (38), Musienene (61), Mutwanga (5), Oicha (41) and Vuhovi (85) in North Kivu Province; and Bunia (1), Komanda (28), Rwampara (2), Mandima (148), Nyankunde (1), and Tchomia (2) in Ituri Province. As of 8 June 2019, 11 health zones have reported at least one confirmed case in the last 21 days (19 May to 8 June 2019).

A total of 1 384 deaths were recorded, including 1 290 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 66% (1 290/1 962). A health worker was among the new confirmed cases reported on 8 June 2019, bringing the cumulative total number of affected health workers to 112 (5% of confirmed and probable cases).

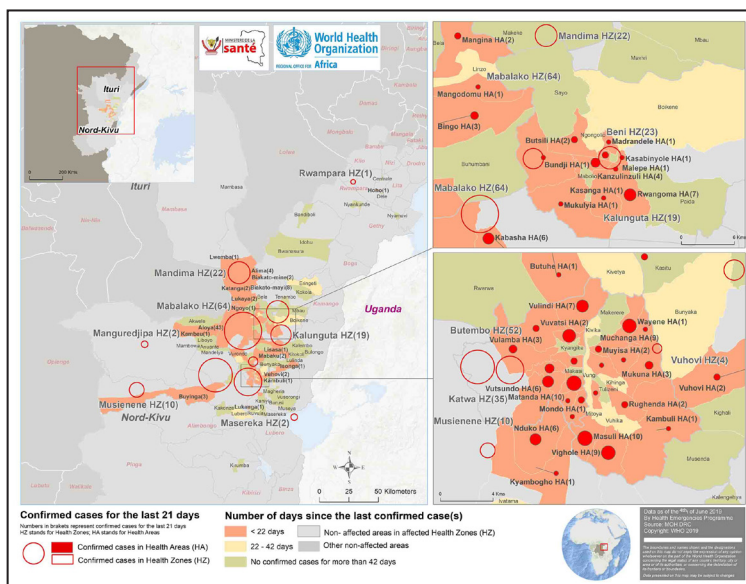
Mabalako, Butembo and Katwa remain the main areas of active transmission, reporting 27% (64/234), 22% (52/234) and 15% (35/234) of confirmed cases in the past 21 days respectively. Eight health zones, Mabalako, Butembo, Musienene, Manguredjipa, Rwampara, Mandima, Katwa and Beni have notified confirmed cases in the past three days and remain points of attention.

Contact tracing is ongoing in 16 health zones. A total of 15 045 contacts were recorded as of 8 June 2019, of which 12 503 have been seen in the past 24 hours (83%; varies between 39-100% among reporting zones). Alerts in the two affected provinces continue to be raised and investigated. Of 1 159 alerts processed (of which 1 027 were new) in reporting health zones on 8 June 2019, 1 050 were investigated and 271 (26%) 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.
- As of 8 June 2019, a cumulative total of 131 471 people has been vaccinated since the start of the outbreak in August 2018. Four new rings (2 in Katwa, 1 in Mandima and 1 in Mabalako) have opened around six confirmed cases from 5 June 2019 and three new rings (2 in Katwa and 1 in Butembo) were opened around eight confirmed cases on 7 June 2019.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May 2018 to 8 June 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 64 million screenings to date. A total of 74/78 (95%) PoE/PoC were operational as of 8 June 2019.
- There are continued community reintegration and psychosocial activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response.
- Water, sanitation and hygiene (WASH) activities continue with all four health facilities and four out of five households that have held confirmed cases decontaminated in the Kalunguta, Katwa, Mabalako, Rwampara and Mandima health zones.
- Community awareness and mobilization sessions are being strengthened, with a popular expression platforms held in the Masuli health area to address community concerns through a demonstration of the safe and dignified burial process, along with forums held in Kihwede market, Vutsundo Health Area to address the concerns that drive communities to resist response; a visit by the First Lady to Goma to spread awareness among the welcoming crowd at Goma Airport; briefing of managers of road transport agencies in Goma on PoE at entry points and how to observe EVD prevention measures; and the Minister of Health visited the Aloya health area, Mabalako, sending a strong message around EVD prevention and collaboration with response teams, as well as exchanges with community leaders in Lumumba village on the importance of safe and dignified burials (SDB), to motivate resolution of the refusal of SDB in Komanda Health Zone.

## SITUATION INTERPRETATION

The continued decline in new EVD cases in North Kivu and Ituri provinces is encouraging, highlighting the commitment of local and national authorities and partners to an effective response to this serious outbreak. All community mobilization activities, focused on enlisting local populations as partners in the response must continue, as well as proven public health measures, in order to capitalize on this trend and bring the outbreak to a swift close.

## EVENT DESCRIPTION

The protracted and complex humanitarian crisis in Central African Republic continues, with particular hot spots in the west and central regions of the country. On 21 May 2019, an armed group attacked the communities of Koundjili, Djoumjour, Bohong, Maikolo and Lemouna in Ouhang Pendé Prefecture, killing 54 people, injuring five and displacing 12 000. In response, the United Nations Multidimensional Integrated Stabilization Mission (MINUSCA) deployed a contingent of peacekeepers to Bocaranga to restore peace and dismantle some bases belonging to the armed groups. The central region of the country has seen several security incidents affecting civilian populations. Survivors of physical assault and gang rape have been treated at the Kaga Bandoro District Hospital, with support from humanitarian stakeholders.

Outbreaks of epidemic-prone diseases continue, including vaccine-derived poliovirus type 2 (VDPV type 2), monkeypox, hepatitis E and measles. Sporadic cases of rabies have been reported, totaling 96 cases since the start of 2019, all of whom have been vaccinated post-exposure.

An outbreak of circulating vaccine derived poliovirus type 2 (cVDPV2) was declared on 31 May 2019, after a case was identified in Bambari, with 17 contacts, of whom nine are suspected to be VDPV type 2 positive, four results are pending and three are negative by cell culture. Culture results for the five community cases identified are negative. A strain arising in Bimbo has been shown to be different from that in Bambari after sequencing by the Institut Pasteur, Paris.

In week 22 (week ending 1 June 2019), four suspected cases of monkeypox, including one death (case fatality ratio 25%) were notified from Aigbando village, Baïdou Health Area, Haute-Kotto. The index case was the father of the family, a hunter, who died on 15 May 2019 with widespread skin lesions typical of the virus infection. One other suspected case of monkeypox is being investigated at the internally displaced persons (IDP) site at PK3, Bria. This case has no epidemiological link with the case in Aigbando.

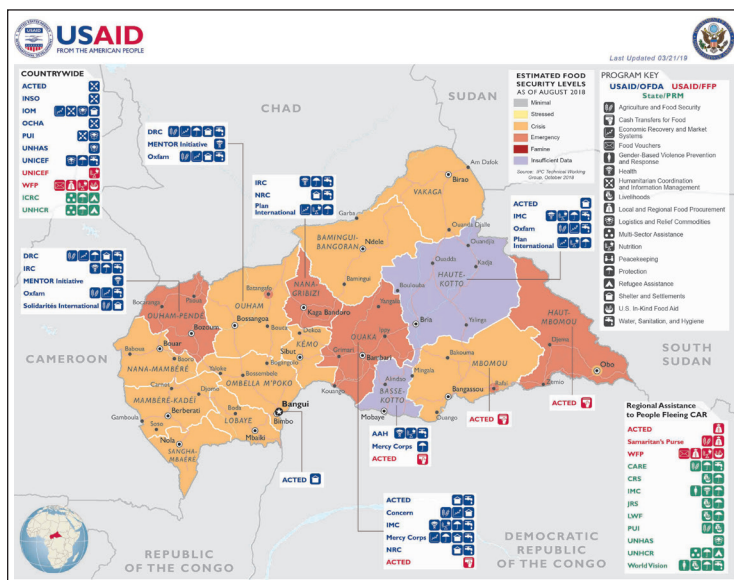
A total of 188 cases of hepatitis E, including 143 confirmed and 45 probable, have been reported from Bocaranga and Ngaoundaye since the outbreak started, with the last confirmed case seen in week 20 (week ending 18 May 2019). The results of the last 13 samples sent to Institut Pasteur Bangui during week 22 are not yet available and active case search is currently hampered by insecurity.

The declining trend in measles cases in Paoua since week 19 (week ending 11 May 2019) continues, with no deaths, and no hospitalized case reported during week 21.

## PUBLIC HEALTH ACTIONS

- In response to the continuing humanitarian situation, the International Red Cross organized a rapid assessment mission, particularly of health service availability, to the Bocaranga-Bohong axis from 25-26 May 2019, during which it was noted that mobile clinics are needed in Bohong pending resumption of activities in the two health facilities in the city.
- Médecin du Monde has organized mobile clinics on the Bouar-Bohong axis and CORAID, with the support of WHO, UNICEF, ACF and UNFPA will provide free healthcare in Bouar, where 2 400 IDPs from Bohong are registered.
- Epidemiological investigation of cVDPV2 cases in Bambari and Bimbo is being carried out, with finalization of a risk assessment report, along with a response plan and vaccine request, which will be finalized once the assessment is completed.
- WHO AFRO provided technical support for the outbreak, with four epidemiologists already deployed, along with laboratory support. WCARO has also provided support in the area of communications and polio experts.

## Humanitarian snapshot in Central African Republic, 21 March 2019



- The zero round of the mass polio immunization campaign is scheduled to start before 20 June 2019.
- Water, sanitation and hygiene (WASH) actions are continuing in response to the hepatitis E outbreak, with distribution of water purification packages and safe water supplies to affected communities, along with community sensitization on modes of transmission and provision of supplies for household latrines.
- Active case search for suspected hepatitis E is continuing in the community, with collection and delivery of samples and continued coordination activities.
- There is continued activity to strengthen epidemiological surveillance for measles and support for collection and transportation of samples from suspected cases across the country, with support from WHO.

## SITUATION INTERPRETATION

The security and humanitarian situation in Central African Republic remains precarious in spite of recent commitments to peace initiatives by the various armed groups involved. Tensions are highest in the western and central parts of the country, with frequent population displacement, caused by activities of armed insurgents. The upcoming influx of pastoralists in the vicinity of Kouki is anticipated with some caution because of the possibility of reigniting inter-community tension. However, in the face of all these challenges, local and national authorities and humanitarian actors continue to provide aid assistance to the ongoing health problems. Their efforts need urgent support by the international community, particularly with a view to improving the underlying security situation on the ground.

# Summary of major issues, challenges and proposed actions

## Major issues and challenges

- ▶ The EVD outbreak in Democratic Republic of the Congo continues. However, there was a significant decline in the number of new confirmed cases and deaths recorded in the last weeks. This reduction comes at a time when several initiatives and efforts to step up the response have been put in place. Mindful of the existing risk factors in the communities and the precarious security situation on the ground, it is still too early to draw any conclusions. However, this positive trend is an indication that when access to the communities is secured and effective public health measures are implemented, the prolonged outbreak could be easily controlled. It is anticipated that the intensified efforts and new initiatives will reverse the high levels of transmission of infections.
- ▶ A new outbreak of malaria has been detected in Burundi, affecting close to 75% of health districts in the country. The country experienced a large malaria outbreak in 2017, affecting large numbers of people and causing high mortality. A number of risk factors have been identified, signifying the vulnerability of the country to malaria epidemics. While this event has been detected quickly, the response efforts are still suboptimal, partly because of inadequate resources and limited institutional capacity. The national authorities and partners need to capitalize on the early detection of this event and mount a robust response in order to bring the outbreak to a speedy end and avoid escalation of the situation.

## Proposed actions

- ▶ The national authorities and partners in Democratic Republic of the Congo need to sustain implementation of effective public health measures, especially community engagement and improved active surveillance activities.
- ▶ The national authorities and partners in Burundi need to scale up the response to the malaria outbreak, with emphasis on strengthening preventive measures and community participation.

# 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										
Burundi	Cholera	Ungraded	05-Jun-19	04-Jun-19	06-Jun-19	7	4	0	0.00%	On 5 June 2019, WHO was notified by the Ministry of Public Health and the Fight against AIDS of Burundi of a cholera outbreak in Bujumbura Mairie province (Bujumbura-South health district) and Cibitoke province (Cibitoke health district). As of 6 June 2019, a total of 7 cases with no death were reported and admitted in Prince Regent Charles hospital (5) and Rugombo (2) Cholera Treatment Centers in Bujumbura Mairie and Cibitoke provinces respectively. A total of four of the seven samples collected tested positive for <i>Vibrio cholerae</i> Ogawa at the National Institute of Public Health reference laboratory on 5 June 2019. One of the four confirmed cases is a Burundese driver from Gitega city living in Uvira, Democratic Republic of the Congo. Investigations are ongoing.
Uganda	Rift valley fever	Ungraded	03-Jun-19	30-May-19	03-Jun-19	1	1	1	100%	A suspected human case of Rift Valley fever (RVF) was reported from Kasese district in western Uganda on 31 May 2019. The case-patient is a 45-year-old farmer who presented to Bwera hospital on 31 May 2019 with headache, fever (387°C), joint and abdominal pains, fatigue, vomiting blood and passing bloody stools that started on 30 May 2019. The patient died just after admission to the hospital. Samples collected on 31 May 2019 were tested for Ebola, Marburg, CCHF and RVF by PCR at UVRI. The results came back positive for RVF on 2 June 2019. Surveillance has been enhanced in the affected area for detection of human and animal cases.
Ongoing Events										
Angola	Measles	Ungraded	04-May-19	01-Jan-19	26-May-19	2 670	79	64	2.40%	In week 21 (week ending on 26 May 2019), 77 suspected cases were reported. From week 1 to week 21 of 2019, a cumulative total of 2 670 suspected (investigated) cases including 64 deaths have been reported from 18 provinces of Angola. Lunda Sul and Moxico provinces have reported 73% (1 946) and 17% (4 520) of cases respectively. A total of 79 laboratory confirmed cases have been reported since week 1 of 2019.



Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
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.
Burundi	Malaria	Ungraded		01-Jan-19	26-May-19	3 207 552		1 273	0.00%	Detailed update given above.
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 experiencing 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 remain 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.
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 24 districts, namely Kousseri, Mada, Goulfey, Makary, Kolofata, Koza, Ngaoundéré rural, Banguélé, Guider, Figuil, Ngong, Mora, Maroua 3, Vélé, Pitoa, Maroua 1, Bourha, Touboro, Mogodé, Bibémi, Garoua 1, Garoua 2, Lagdo and Tcholliré.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Cameroon	Poliomyelitis(cVDPV2)	G2	23-May-19	23-May-19	28-May-19	-	-	-	-	On 23 May 2019, WHO received notification through the Global Polio Laboratory Network (GPLN) of the detection of circulating vaccine-derived poliovirus type 2 (cVDPV2) from an environmental sample collected on 20 April 2019 in the Northern province of Cameroon which borders Borno state in Nigeria and Chad. There are no associated cases of paralysis detected so far.
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	04-Jun-19	-	-	-	-	Detailed update given above.
Central African Republic	Hepatitis E	Ungraded	02-Oct-18	10-Sep-18	02-Jun-19	188	143	1	0.50%	One new suspected case has been confirmed in epidemiological week 21 (week ending on 26 May 2019). As of 2 June 2019, a total of 188 cases of acute jaundice syndrome, of which 143 were confirmed for viral hepatitis E, have been recorded.
Central African Republic	Measles	Ungraded	15-Mar-19	11-Feb-19	26-May-19	173	19	2	1.20%	There is a decreasing trend in the number of reported measles cases since week 19 of 2019 (week ending on 12 May 2019). A total of 5 new suspected cases of measles were notified from Paoua district in epidemiological week 21 (week ending on 26 May 2019). From epidemiological week 5 to 21 (28 January – 26 May 2019), a total of 173 suspected measles cases, of which 19 were confirmed have been reported from Paoua, Batangafo and Vakaga districts. About 80% of cases are under 5 years of age with a high proportion of males.
Central African Republic	Monkeypox	Ungraded	20-Mar-18	02-Mar-18	02-Jun-19	38	25	3	7.90%	Four suspected cases including one death were reported in Haute-Kotto prefecture in week 22 (week ending on 2 June 2019). As of 2 June 2019, a total of 38 suspected cases including 3 deaths (CFR 7.9%) were reported from Mbaiki, Bangassou, Bambari, Bossembele and Haute-Kotto districts. Twenty-five cases have been laboratory confirmed.
Central African Republic	Polio-myelitis (VDPV2)	Ungraded	24-May-19	24-May-19	02-Jun-19	3	3	0	0.00%	Two clusters of cVDPV2 were detected in Bambari and Bimbo districts. 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. Results of sequencing showed the same cVDPV2 strain for both cases. Among the 16 other samples tested and drawn from contacts of the index case, three were negative, nine were suspected cVDPV and ongoing further testing and 4 results are pending. Sample from the Bimbo district case, tested at Institut Pasteur de Paris, confirmed that the acute flaccid paralysis is caused by two different cVDPV2 strains

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Chad	Measles	Ungraded	24-May-18	01-Jan-19	26-May-19	18 682	80	191	1.00%	In week 21 (week ending on 26 May 2019), 1 374 suspected cases of measles have been reported including 23 deaths. During week 21, 69 districts were in the epidemic phase, two less affected district than the previous week. Since the beginning of the year, 18 682 suspected cases of measles have been reported from 117 out of 126 districts (93%) in the country. Among them, 191 deaths (CFR 1%) have been registered from 42 districts.
Comoros	Cyclone Kenneth	Ungraded	23-Apr-19	24-Apr-19	10-May-19	-	-	-	-	The Union of Comoros faced 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.
Comoros	Measles	Ungraded	31-May-19	01-Jan-19	26-May-19	60	10	0	-	Detailed update given above.
Congo	Chikungunya	G1	22-Jan-19	07-Jan-19	05-May-19	7 811	61	0	0.00%	Since January 2019, an outbreak of chikungunya has affected eight of the 12 departments of the Republic of Congo, namely; Kouilou, Bouenza, Pointe Noire, Plateaux, Pool, Brazzaville, Niari, and Lekoumou. Samples from the suspected case reported from Likouala Department tested negative for Chikungunya. Twenty-seven of the 52 districts of the Republic of Congo have been affected. From 7 January to 5 May 2019, a total of 7 811 suspected cases, of which 61 were confirmed have been reported. No death has been reported to date. Entomological investigation showed the presence of the vector, <i>Aedes albopictus</i> .
Côte d'Ivoire	Dengue fever	Ungraded	15-Feb-19	01-Jan-19	26-May-19	790	130	2	0.30%	As of week 21 (week ending on 26 May 2019), 790 suspected cases of dengue fever have been reported, of which 130 were confirmed. Cases are mainly reported from Abidjan and other surrounding areas. Dengue serotype 1 accounted for 73% (95) of total confirmed cases, followed by serotype 3 (25 cases).
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	26-May-19	-	-	-	-	The Democratic Republic of the Congo continues to experience a complex humanitarian crisis involving armed conflicts and inter-community tension exacerbating the numbers of those in need of humanitarian assistance. Populations movements due to armed clashes have been reported in North-Kivu, Ituri, and South-Kivu. In Tanganyika, clashes between interethnic militia have led to closing of health centres in eight health areas in Kalemie and Nyunzu.

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%	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	12-May-19	10 469	-	241	2.30%	During week 19 (week ending on 12 May 2019), a total of 402 suspected cases of cholera including 9 deaths (CFR 2.2%) have been notified from 45 health zones in 10 provinces. Since the beginning of 2019, a total of 10 469 cases including 241 deaths (CFR 2.3%) have been notified from 19 out of 26 provinces. The endemic provinces in the East (Haut-Katanga, Haut-Lomami, Nord-Kivu, Sud-Kivu and Tanganyika) have reported 91% of the cumulative cases and 87% of the cumulative deaths.
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	08-Jun-19	2 056	1 962	1 384	67.30%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	01-Jan-19	12-May-19	84 400		1 460	1.80%	In week 19 (week ending 12 May 2019), 2 306 measles cases including 40 deaths have been reported. In total, 60 health zones across the country have reported confirmed measles outbreaks. Since the beginning of 2019, 84 400 measles cases including 1 460 deaths (CFR 1.8%) have been recorded. Among them, 64% 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 Ecuador (10%). Forty-eight percent of cases have been reported from three health zones of Sankuru province, namely, Bena Dibele (35%), Kole (9%) and Tschumbe (5%).
Democratic Republic of the Congo	Polio-myelitis (cVDPV2)	G2	15-Feb-18	n/a	31-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.



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	-	-	-	-	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	Cholera	Ungraded	14-May-19	12-May-19	06-Jun-19	424	13	15	3.50%	From 25 April to 6 June 2019, 424 cholera cases including at least 15 deaths (CFR: 3.5%) have been reported from five regions in Ethiopia, including Addis Ababa administrative city. This includes one additional region, Somali, which reported cases for the first time on 6 June. The most affected region is Amhara (198 cases, 47%), followed by Oromia (168 cases, 40%), Addis Ababa (15 cases, 3%), Somali (33 cases, 8%) and Tigray (10 cases, 2%). Of these cases, 13 were confirmed by culture (5 in Oromia, 4 in Addis Ababa, 2 in Amhara and 2 in Tigray) and typing results from one cultured specimen showed <i>V. cholerae</i> 01 Ogawa. The main identified risk factors is said to be the contaminated water sources.
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	Anthrax	Ungraded	17-May-19	02-May-19	15-May-19	5	1	1	20.00%	Five cases including one death were reported out of 52 people who were exposed to a dead animal with a history compatible with the case definition of anthrax. The cases are found in a single family in Koumbia prefecture, in the Labe region. The first symptoms appeared between 5 and 12 days after the date of handling or consumption of the meat. The predominant signs and symptoms are fever (100%), blackish crusts (60%) and oedema (40%). The age group 9 years and below (60%) was the most affected with a male predominance (80%). Of the total cases reported, one case was confirmed by PCR at the National Institute of Public Health in Conakry.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Guinea	Measles	Ungraded	09-May-18	01-Jan-19	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	19-May-19	38	-	2	5.30%	A total of 38 suspected cases of cutaneous anthrax with 2 deaths (CFR 5.3%) 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. No new case has been reported since 7 May 2019.
Kenya	Cholera	Ungraded	21-Jan-19	02-Jan-19	19-May-19	2 137	116	14	0.70%	Since January 2019, nine of the 47 Counties of Kenya reported cholera cases, namely: Kajiado, Nairobi, Garissa, Machakos, Mandera, Embu, Narok, Wajir, and Mombasa Counties. The outbreak remains active in six Counties: Nairobi, Garissa, Kajiado, Mandera, Wajir and Mombasa. From January to 19 May 2019, a total of 2 137 cases including 14 deaths (CFR 0.7%) have been reported, of which 116 cases have been laboratory-confirmed.
Kenya	Leishmaniasis	Ungraded	31-Mar-19	01-Jan-19	19-May-19	1 102	235	13	1.20%	Since the beginning of January 2019, a total of 1 102 cases of leishmaniasis have been reported from Marsabit and Wajir counties. The last peak was observed in week 20 (week ending 19 May 2019). Marsabit county has reported 910 suspected cases with seven deaths (CFR 1.1%), of which 208 tested positive by the rapid diagnostic test (RDT). Wajir county has reported 192 suspected cases with six deaths (CFR 4%), of which 27 tested positive by RDT.
Kenya	Measles	Ungraded	06-May-19	20-Mar-19	19-May-19	63	10	0	0.00%	A new outbreak has been reported in Garissa and Kajiado counties. As of 19 May 2019, eight cases have been reported from Garissa County in Dagahaley refugee camp in Dadaab Sub-County. Six of these eight cases have been laboratory confirmed. In Kajiado County, Mosiro Ward in Kajiado West Sub-County has been affected with 57 cases reported of which four were laboratory-confirmed. No death has been reported in both counties.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Lesotho	Suspected anthrax	Ungraded	16-May-19	11-May-19	30-May-19	20	0	0	0.00%	On 14 May 2019, following rumours of dead cattle, an investigation was conducted on 15 May 2019 and found 20 suspected human cases of anthrax from Ha Tseka in the outskirts of Maseru City. Laboratory investigations on one of the additional animals that died in Ha Teko village was positive for <i>Bacillus anthracis</i> . As of 30 May, out of the 72 people who were exposed to the dead animals, 20 had signs and symptoms similar to those of anthrax. A joint response operation between the ministries is on-going under the coordination of the District Disaster Management Team (DDMT). Ongoing public health measures include increasing public awareness on anthrax and prevention, limiting movement of animals affected villages, disposal of dead animals, detection and management of human cases. Mass vaccination of animals in the 10 km radius is to start on the week starting 3 June 2019 after FAO procured blanthrax vaccines.
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. A 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	12-May-19	876	65	5	0.60%	In week 19 (week ending on 12 May 2019), 26 suspected cases were reported from 9 out of 15 counties across the country. Since the beginning of 2019, 876 cases have been reported across the country, of which 65 are laboratory-confirmed, 69 are epi-linked, and 514 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	26-May-19	146 277	1 394	910	0.60%	A decreasing trend in the incidence of suspected cases of measles continues to be observed since week 7 (week ending 17 February 2019), following the series of reactive vaccination campaigns that have been recently conducted in the country. Between 3 September 2018 and 26 May 2019, 146 277 cases have been registered, among which 19 708 had symptoms of complications and 910 had deceased (CFR 0.62%). Out of the 146 277 cases, 1 394 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	-	-	-	-	A 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	24-May-19	-	-	-	-	The crisis which began in 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	26-May-19	909	261	0	0.00%	During the week 21 (week ending on 26 May 2019), 8 suspected cases of measles have been reported from Sikasso (4), Segou (2), Koulikoro (1), Bamako (1) and Kidal (2). 26 blood samples were sent to INRSP for analysis which brings the total number of pending samples to be analyzed to 407 due to the issue with the reagent. A national vaccination campaign targeting children between 6-59 months has been ongoing.
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.



Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	26-May-19	1 471	1 471	4	0.30%	During week 21 (week ending on 26 May 2019), zero new confirmed cases were reported across the country. From 21 March 2018 to 5 May 2019, a total of 1 471 laboratory-confirmed cases were reported. Among 17 throat swabs analyzed, the genotype D8 was detected in 13 samples. Zero cases have been reported in the last 3 consecutive weeks. 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.
Mozambique	Flood/cyclone Idai	G3	15-Mar-19	15-Mar-19	23-May-19	-	-	-	-	The number of internally displaced people continues to decrease. The number of internally displaced people living in accommodation centres decreased from 72 793 to 4 514 people accommodated in 6 sites in Sofala province as of 23 May 2019. 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)

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 14 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 14 regions of Namibia since October 2017 and a Crimean-Congo haemorrhagic 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	19-May-19	5 211	953	43	0.80%	As of 19 May 2019, a cumulative total of 5 211 cases of acute jaundice syndrome (AJS) have been reported nationally since September 2017, including 953 laboratory-confirmed, 3 538 epidemiologically-linked, and 660 suspected. A cumulative total number of 43 deaths have been reported nationally (CFR 0.8%), of which 19 (45%) occurred in pregnant or post-partum women. More than 90% of cases have been reported from eight out of 14 regions of Namibia, namely, Khomas, Omusati, Erongo, Oshana, Oshikoto, Kavango, Ohangwena, and Omaheke regions. Cases reported across the country are mainly from informal settlements with limited access to clean water and sanitation services.
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	05-Jun-19	11	11	1	9.10%	One new case of cVDPV2 has been confirmed in Bosso health district, Diffa region on 3 June 2019. This is the first cVDPV2 confirmed case in 2019. A total of ten cVDPV2 cases were reported in 2018 in Niger, which were genetically linked to a cVDPV2 case in Jigawa and Katsina states, Nigeria. (source: GPEI). Investigations are ongoing around the new confirmed case in Bosso district.
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 (2 712 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	-	-	-	-	The humanitarian crisis in the Northeastern part of Nigeria persists with continued population displacement from security-compromised areas characterized by overcrowding 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	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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
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.
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	30-Apr-19	930	12	1	0.10%	In April 2019, 332 suspected cases were recorded with 3 new presumptive positive cases and 3 cases from Edo state were confirmed from IP Dakar. Reported cases have been decreasing gradually since week 9 (week ending on 3 February) in 2019. Since January 2019, 930 suspected cases have been reported from 447 (57.8%) LGAs. Four states have reported the confirmed cases, these include: Edo (7), Ondo (2), Imo (1) and Osun (1)



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 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	26-May-19	277	10	5	1.80%	During week 21, 33 new cholera cases were reported from Dar es Salaam Region (19 cases and 2 deaths) and Tanga region (14 cases). 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	26-May-19	3 215	3 215	2	0.10%	As of 26 May 2019, 361 new dengue cases were reported from Dar es Salaam region (324 cases), Tanga region (24 cases), Pwani (12 cases) and Morogoro (1 case). The total number of confirmed cases reported since the beginning of the outbreak was 3 215 including two deaths.
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. 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	26-May-19	6	2	0	0.00%	On 8 May 2019, WHO received results of two confirmed yellow fever cases who tested positive by IgM and PRNT from Masaka and Koboko. Both cases presented with symptoms of fever, malaise and joint pain since the beginning of March 2019. One case had bleeding symptoms with no jaundice. An investigation in the affected district found four additional suspected cases from Masaka district, results are still pending.
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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Zimbabwe	Cholera	G2	06-Sep-18	06-Sep-18	26-May-19	10 421	312	69	0.70%	No suspected cases of cholera and deaths were reported during week 21 (week ending on 26 May 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	30-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. Sixty-one percent (181) of deaths and 98% (183) of people injured were reported from Chimanimani and Chipinge districts in Manicaland province. The risk of diarrhoeal disease remains high in affected districts as a result of interruption of water and hygiene infrastructure.
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 had 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										
Benin	Dengue fever	Ungraded	13-May-19	07-May-19	07-Jun-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 patient died on 12 May 2019. No more cases have been reported since 12 May 2019.



Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Namibia	Crime-an-Congo haemor-rhagic fever (CCHF)	Ungraded	30-Apr-19	19-Apr-19	06-Jun-19	7	1	1	14.30%	Seven suspected Crimean Congo haemorrhagic fever cases were reported from five regions of Namibia, namely, Oshikoto (3), Omusati (1), Omaheke (1), Oshana (1), and Ohangwena (1) between 26 April and 27 May 2019. One of the seven suspected cases was confirmed by serology (IgM positive) on 3 May 2019. The six other cases tested negative for CCHF. The confirmed case has fully recovered and none of the 66 contacts identified and followed up developed symptoms. The outbreak was declared over on 27 May 2019.

†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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