

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 24: 10 - 16 June 2019

Data as reported by 17:00; 16 June 2019



World Health  
Organization

REGIONAL OFFICE FOR  
**Africa**  
WHO Health Emergencies Programme

**1**

New event

**74**

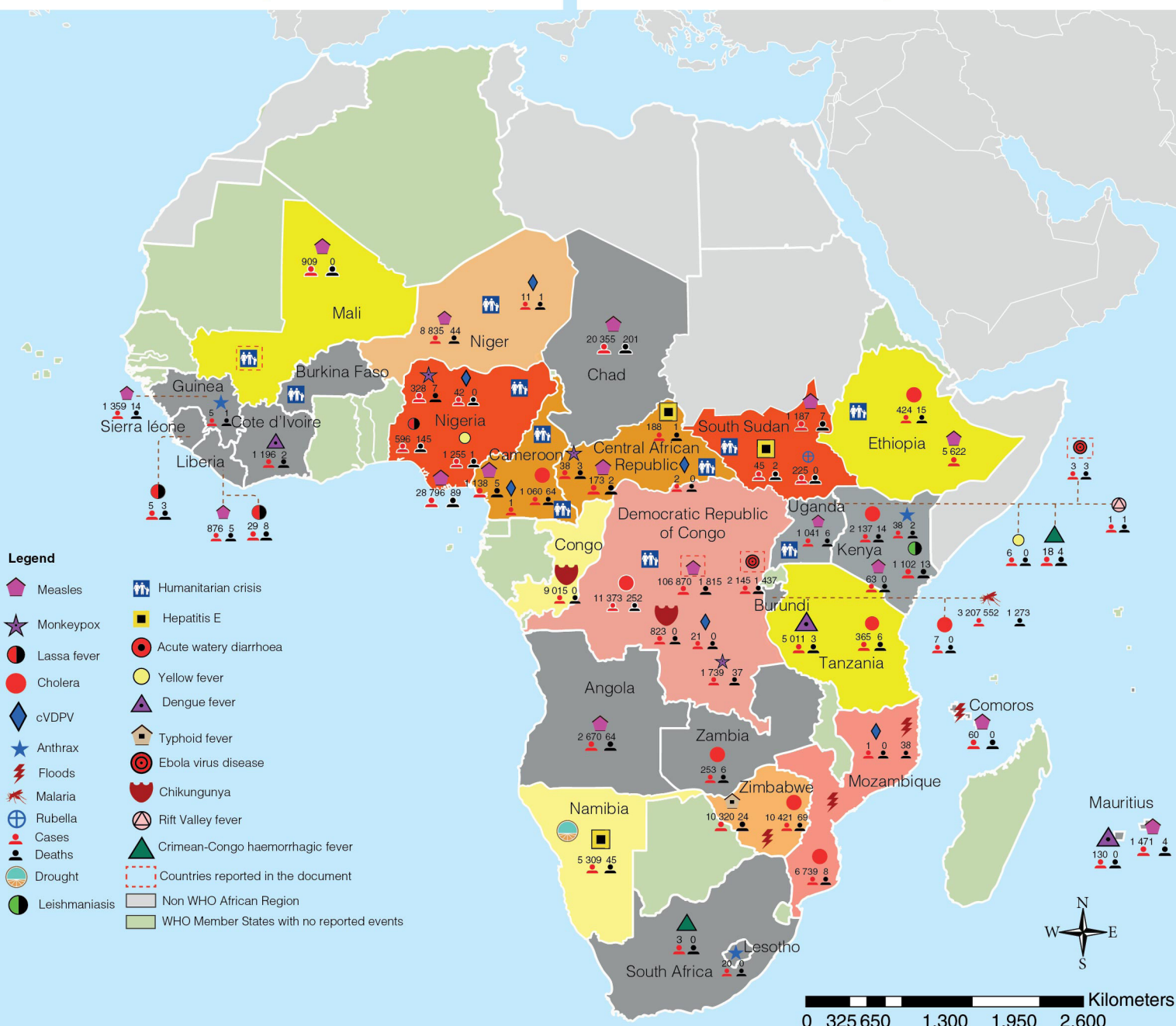
Ongoing events

**59**

Outbreaks

**16**

Humanitarian  
crises



Graded events †

**4**

Grade 3 events

**9**

Grade 2 events

**3**

Grade 1 events

**2**

Protracted 3 events

**3**

Protracted 2 events

**2**

Protracted 1 events

**52**

Ungraded events

# Overview

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This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 75 events in the region. This week's edition covers key new and ongoing events, including:

- Ebola virus disease in Uganda
- Ebola virus disease in Democratic Republic of the Congo
- Measles in Democratic Republic of the Congo
- Humanitarian crisis in Mali.

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 emergence, this week, of a cluster of Ebola virus disease (EVD) cases in Kasese District, western Uganda raised a lot of attention in the region and globally. This event affirmed the continuous risk of spread of the outbreak in the region and re-echoes the importance of enhancing preparedness and readiness measures in the neighbouring countries. The robust response mounted by health authorities in Uganda emphasized one of the key principles of International Health Regulations (IHR) 2005, namely 'containment at source'. This is premised on attaining requisite capabilities for rapid detection and swift control of health events at their onset, thus preventing escalation of small outbreaks into large epidemics. The event in Uganda is a reminder to all State Parties in the African Region to work towards attaining the core capacities stipulated in the IHR (2005).
- The Democratic Republic of the Congo has been experiencing recurrent measles outbreaks since 2010, with a significant surge in 2019. The Ministry of Health has formally declared the measles epidemic and is calling for all stakeholders to step up response efforts. The response to the measles outbreak (and many other health events) in Democratic Republic of the Congo have been challenged by under-resourcing, weak health systems, insecurity and social disentanglement.

## EVENT DESCRIPTION

On 11 June 2019, the Ministry of Health in Uganda declared an outbreak of Ebola virus disease (EVD) in Kasese District, western Uganda. From 11–13 June 2019, three confirmed EVD cases were reported, and all have died (case fatality ratio 100%). The first case in this event was a five-year-old boy who entered Uganda from Democratic Republic of Congo on 10 June 2019, accompanied by his mother and four other close relatives, and presented to Kagando hospital in Kasese District with fever, vomiting blood, bloody diarrhoea, muscle pain, headache, fatigue and abdominal pain. The case-patient was referred to Bwera Hospital Ebola treatment unit (ETU). Blood specimens obtained and shipped to the Uganda Virus Research Institute (UVRI) on 10 June 2019 tested positive for Ebola Zaire by reverse transcriptase polymerase chain reaction (RT-PCR) on 11 June 2019. The case-patient died on 11 June 2019.

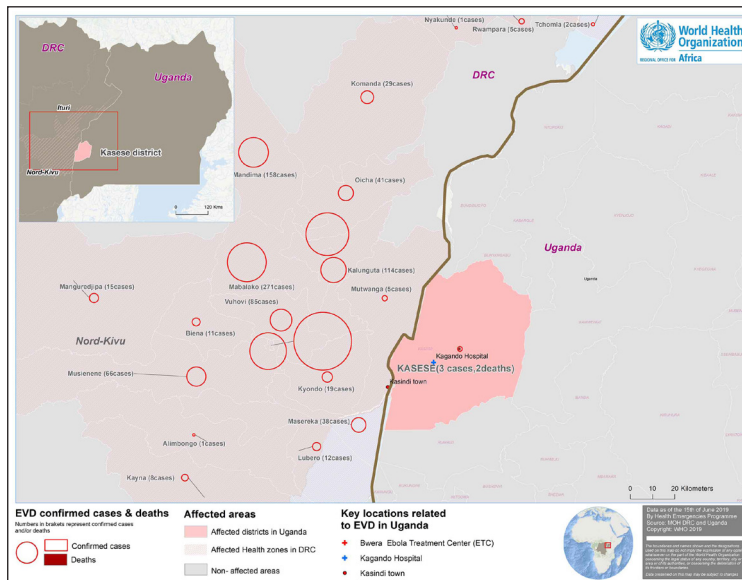
Two family members of the first case, his 50-year-old grandmother and his three-year-old younger brother, subsequently develop signs and symptoms, and were isolated in Bwera ETU on 11 June 2019. Blood specimens collected and sent to UVRI on 11 June 2019 tested positive for Ebola virus infection by RT-PCR on 12 June 2019. The 50-year-old case-patient died on 12 June 2019. In consultation with health authorities in Democratic Republic of the Congo and with full consent of the individuals, the 3-year-old confirmed case and four other close relatives were repatriated to Democratic Republic of the Congo on 13 June 2019. The case-patient reportedly died on 13 June 2019. In Uganda, a total of 90 contacts, including three healthcare workers, have been identified and are under follow-up.

From 12-15 June 2019, three suspected EVD cases (not linked to the confirmed cluster) were admitted in Bwera ETU. On 15 June 2019, two of the three cases tested negative for Ebola virus infection, and have been released. The test result of the third suspected case is still pending.

## PUBLIC HEALTH ACTIONS

- A national incident management system led by the Ministry of Health with support from WHO, US CDC, and other partners has been activated to coordinate response to the event. At the district level, a joint task force was instituted on 12 June 2019 to coordinate local response efforts.
- A rapid response team has been deployed to the affected district to support epidemiological investigation, contact tracing, and other response activities.
- The Minister of Health and the WHO Representative in Uganda held a joint press conference on 12 June 2019 to inform the public of the event as well as advise on public health measures to be observed.
- Safe and dignified burial has been conducted for the deceased case-patients by a team stationed at Bwera hospital.
- A total of seven Ebola treatment units have been set-up in at-risk districts including the affected district with supplies prepositioned for management of cases.
- Scale-up of risk communication and social mobilization activities has started using mass media, town hall meetings, and engagements with key stakeholders. Information, communication, and education (IEC) materials are being developed in local languages and training of local community structures such as village health teams (VHTs), teachers, and other health volunteers are being planned to strengthen community engagement.
- A total of 400 doses of Ebola vaccine have been delivered to the local response team by the vaccination team in neighbouring Democratic Republic of the Congo. WHO shipped in additional 3 000 doses. Ring vaccination of contacts and contacts-of-contacts

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 11 to 14 June 2019, Uganda.



commenced on 15 June 2019.

## SITUATION INTERPRETATION

The exportation of Ebola virus infection to Uganda this week raised serious concerns locally and globally. The event served as a stark reminder that the risk of spread of EVD to the neighbouring countries remains high as long as the outbreak in Democratic Republic of the Congo is not contained. The event also emphasized the importance of having functional preparedness and readiness measures in place, particularly for early detection and quick containment of imported cases to avoid establishment of local transmission. The cross-border collaboration between authorities in Democratic Republic of the Congo and Uganda was equally instrumental. The Ugandan authorities, along with stakeholders, need to remain vigilant and continue to strengthen their preparedness capacities and ability to swiftly respond in the eventuality of renewed importation of the disease.

### EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces in Democratic Republic of the Congo continues. Since the last report on 9 June 2019 (*Weekly Bulletin 23*), 89 new confirmed EVD cases have been reported, compared to 62 in the previous week, with an additional 53 deaths.

As of 15 June 2019, a total of 2 145 EVD cases, including 2 051 confirmed and 94 probable cases have been reported. To date, confirmed cases have been reported from 22 health zones: Alimbongo (1), Beni (328), Biena (11), Butembo (241), Kalunguta (114), Katwa (600), Kayna (8), Kyondo (19), Lubero (12), Mabalako (271), Manguredjipa (15), Masereka (38), Musienene (66), Mutwanga (5), Oicha (41) and Vuhovi (85) in North Kivu Province; and Bunia (1), Komanda (29), Rwampara (5), Mandima (158), Nyankunde (1), and Tchomia (2) in Ituri Province. As of 15 June 2019, 14 health zones have reported at least one confirmed case in the last 21 days (26 May to 15 June 2019).

A total of 1 437 deaths were recorded, including 1 343 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 65% (1 343/2 051). One health worker was among the new confirmed cases in Mabalako on 12 June 2019 and two among the new confirmed cases recorded on 15 June 2019, one from Musienene and one from Rwampara, bringing the number of health workers affected to 118, which is 6% of total cases.

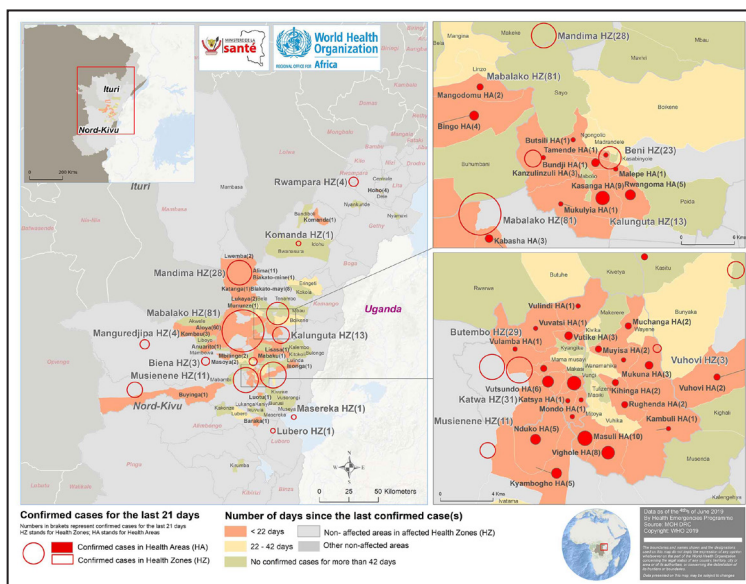
Mabalako, Katwa, Butembo, Mandima and Beni are the main hot spots of the outbreak with 35% (31/233), 12% (29/233), 12% (28/233) and 10% (23/233) of the cases confirmed in the past 21 days respectively. Ten health zones, Mabalako, Beni, Rwampara, Kalunguta, Katwa, Musienene, Mandima, Butembo, Lubero and Biena have reported new confirmed cases in the past three days and remain points of attention.

Contact tracing is ongoing in 19 health zones. A total of 15 992 contacts were recorded as of 15 June 2019, of which 14 239 have been seen in the past 24 hours (89%; varies between 56-100% among reporting zones). Alerts in the two affected provinces continue to be raised and investigated. Of 1 411 alerts processed (of which 1 236 were new) in reporting health zones on 15 June 2019, 1 234 were investigated and 319 (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, particularly since the outbreak has spread to Uganda.
- As of 15 June 2019, a cumulative total of 135 331 people has been vaccinated since the start of the outbreak in August 2018. Three new rings were opened around 13 new confirmed cases on 11 June 2019, seven new rings (2 in Musienene, 2 in Mabalako, 1 in Manguredjipa, 1 in Katwa and 1 in Beni) were opened around nine new cases on 10 June 2019 and six new rings were opened around 14 confirmed cases on 14 June 2019.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 66 million screenings to date. A total of 66/78 (85%) PoE/PoC were operational as of 15 June 2019.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May 2018 to 15 June 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



- There are continued community reintegration and psychosocial activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response, with three cured patients re-integrated into the community from Beni and Butembo; 44 orphaned children received temporary tuition assistance in Katwa with the support of UNICEF.
- Insecurity prevented the psychosocial care team from accessing the household of an 11-month-old girl who died in Masoya, Biena Health Zone and was notified on 14 June 2019, and her burial took place without precautions.
- A man from Alima health area, who has been confirmed as EVD positive, is refusing transfer to an ETC and discussions are underway to overcome his reluctance to seek care.
- Water, sanitation and hygiene (WASH) activities continue with health facilities and contaminated households decontaminated in Beni, Mabalako, Butembo, Katwa, Lubero, Kalunguta, Mandima and Komanda health zones.
- Community awareness and mobilization sessions are being strengthened, with the Director General of WHO, accompanied by a USAID delegation visiting response teams from the Butembo sub-coordination area; a briefing session for nurses and anaesthetists from 14 hospitals in the Butembo sub-coordination region was organized on risk communication and community engagement to improve their communication to providers at local health facilities and a guided tour was organized at the Butebmo ETC for community leaders in the Ivatama health area to improve community perception of ETC/CTs.

### SITUATION INTERPRETATION

New EVD cases in North Kivu and Ituri provinces showed a slight increasing trend this week and the continued incidence of new cases in areas with relatively low transmission rates is of grave concern. All outbreak control interventions need to be re-doubled, especially case investigation and contact tracing, along with continuing engagement with communities on the importance of early reporting of signs and symptoms of the disease and early attendance at healthcare facilities. All community mobilization activities, focused on enlisting local populations as partners in the response must continue, as well as other proven public health measures.

## EVENT DESCRIPTION

The Democratic Republic of the Congo has been experiencing recurrent measles outbreaks throughout the country since 2010. However, the incidence of measles cases has been particularly high in 2019, and the trend has been steadily increasing since the beginning of the year. In week 23 (week ending 9 June 2019), a total of 3 439 suspected cases and 52 measles-associated deaths were reported across the country, compared to 4 117 suspected cases and 83 deaths reported in week 22. The measles outbreak peaked in week 18 (week ending 5 May 2019) when 7 342 suspected cases and 82 deaths were reported. The weekly incidence has been on a downward trend since then.

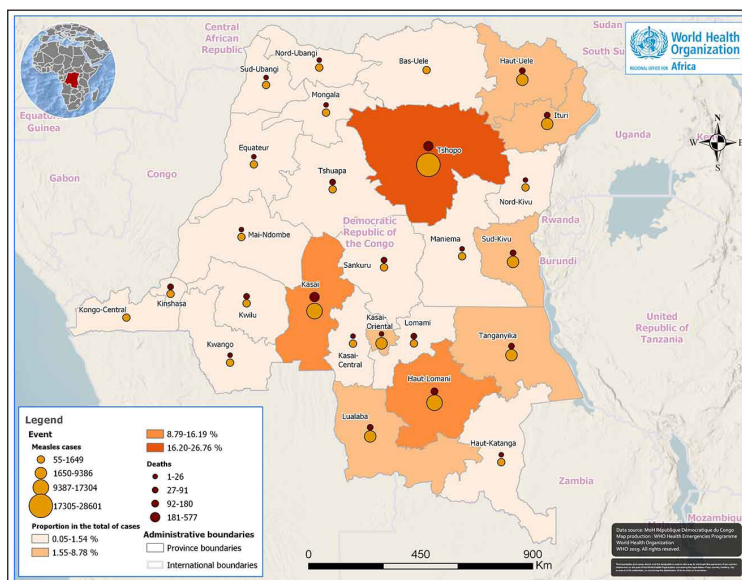
Between week 1 and week 23 of 2019, a cumulative total of 106 870 suspected measles cases, including 1 815 deaths (case fatality ratio 1.7%) have been reported from all 26 provinces in the country. This represents the highest measles disease burden and mortality reported annually by the country since 2010. Of 3 258 cases investigated, 782 were confirmed measles IgM positive, 2 646 were epidemiologically linked and 28 clinically compatibility. Over 80% (421/519) of health zones in the country have reported at least one suspected case of measles, including 97 health zones with a confirmed outbreak since January 2019. Two thirds of the cases notified since the beginning of 2019 come from the provinces of Tshopo (27%), Kasai (16%), Haut-Lomami (11%) and Lualaba (9%). Children between 12 and 59 months account for 77% of cases and 90% of measles-related deaths in the country. Of the 782 cases confirmed by IgM, 36% were vaccinated against measles, 15% were not vaccinated and the vaccine status was not known for 49%.

Two of the provinces, North-Kivu and Ituri, are concomitantly affected by the ongoing Ebola outbreak. These provinces reported 1 209 cases (CFR 0.7%) and 4 915 cases (CFR 1.0%) respectively since the beginning of 2019. In Ituri Province, there is a downward trend in the weekly incidence since the peak of the outbreak in week 18. The majority of cases in this province are concentrated in Anguru, Laybo and Mambassa health zones which account for 71% of reported cases in Ituri. In North-Kivu province, an increasing trend has been noted since week 19. The health zones of Itebero, Walikale and Mabalako make up 80% of the cases reported in this province.

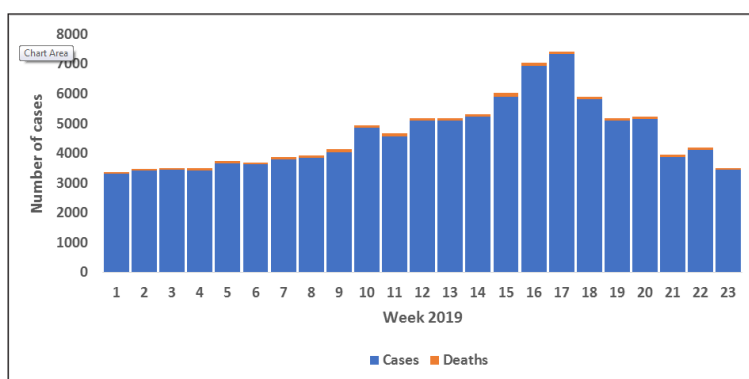
## PUBLIC HEALTH ACTIONS

- On 10 June 2019, the Ministry of Health in Democratic Republic of the Congo officially declared the measles epidemic in the country in recognition of the magnitude of the problem and to galvanize response efforts.
- A measles response vaccination campaign, supported by the Measles and Rubella Initiative, UNICEF and MSF, was held from 19 to 23 April 2019 in 63 health districts in 13 provinces. The provisional immunization coverage was 92% (2 114 642 children aged 6-59 months vaccinated out of 2 303 167 targeted).
- Investigations and response activities, particularly vaccination, are ongoing in the Kalonda-Ouest and Tshikapa health zones.
- The country is planning a three-phase preventive measles vaccination campaign in October 2019, November 2019 and February 2020. The project has been approved by GAVI.
- Following an advocacy note from the Health and WASH Clusters on Measles and Cholera (April 2019), meetings were organized with the partners (MSF, UNICEF and the Ministry of Health), with the aim of establishing a synergy of actions in the face of the critical situation of measles in the country.
- The updating of the list of health zones affected by the measles outbreak is ongoing.

Geographical distribution of confirmed measles cases and deaths in Democratic Republic of the Congo, week 1 - week 23, 2019.



Weekly trend of measles cases and deaths in Democratic Republic of the Congo, weeks 1- 23, 2019



## SITUATION INTERPRETATION

The Democratic Republic of the Congo has experienced several measles outbreaks in multiple health zones since 2010. The response efforts to this outbreak face many logistical difficulties in the face of the vast territory and the structural weaknesses of the health system, all within the context of a prolonged humanitarian crisis. Furthermore, vaccination coverage for measles vaccine remains inadequate in several health zones, which favors the simultaneous resurgence of measles across the country. It is essential to intensify routine immunization activities and support efforts to ensure the availability of vaccines. The country should also accelerate the process of implementing the second dose of the measles vaccine, which is essential in order to guaranty long-term immunity against measles. Finally, there is an urgent need to control the measles outbreak in North-Kivu and Ituri, where the concomitance of the measles and Ebola epidemics could lead to greater difficulties in terms of differential diagnosis, triage, case management and implementation of mass vaccination campaigns.

## EVENT DESCRIPTION

The humanitarian crisis in Mali continues, with the region of Mopti now the epicentre of hostilities and tensions since 2018, characterized by regular attacks by unidentified armed groups. Civilian populations are targeted, resulting in deaths, serious injuries and significant material damage including destruction of food stocks and crops and theft of livestock. Since November 2018 the situation has worsened considerably in the district of Bandiagara and in March 2019 there were reports of population movement in Bara Sara, Timniri, Docoumbo and Bandiagara, following armed attacks.

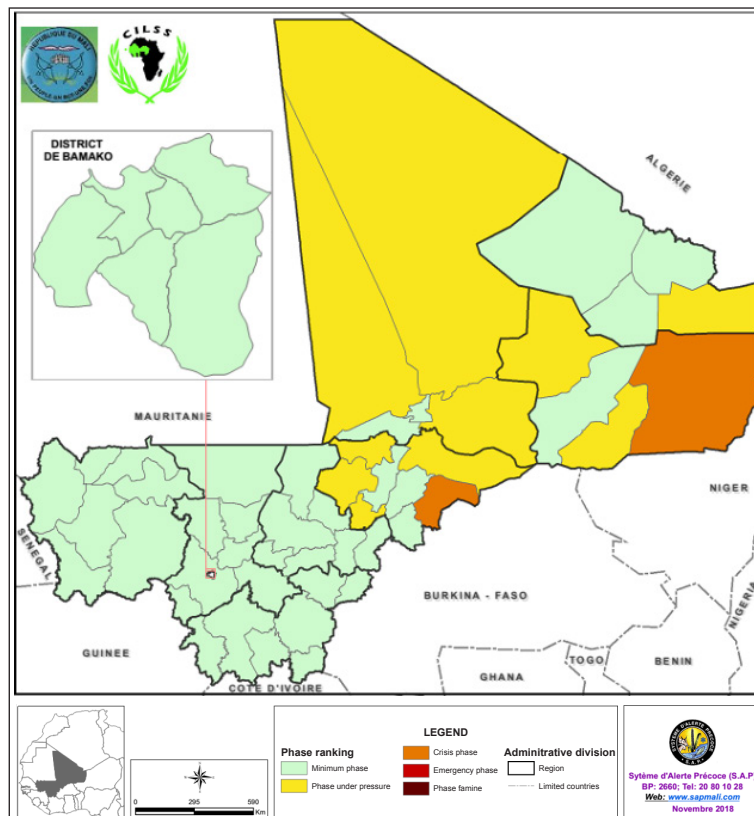
On the night of 9 June 2019, the village of Sobane Da was attacked by unidentified armed individuals. A provisional assessment by the District Medical Officer in Bandiagara reported at least 95 deaths, 80% among women and children and nine people wounded, including five children, who were admitted initially to the Sangha Community Health Centre, many with burns, and then transferred to the Regional Hospital Sominé Dolo, Sevare, Mopti for surgical treatment. Nineteen people are missing, and 108 survivors were found on 10 June 2019 by authorities responding to the attacks.

Healthcare facilities have come under particular attack and between April 2018 and May 2019, 22 attacks have been reported in seven of Mali's ten regions. The Gao region has reported the highest number of attacks (12), including four in Menaka District, which is plagued by long-term insecurity. Three attacks were reported in the Mopti region, two in the district of Douentza and one at Bankass, in which two patients were killed. In Kidal district three attacks resulted in two deaths and four injuries. A total of 18 health workers have been affected by the attacks, with 13 attacks on vehicles carrying patients, in which five patients were affected, and health services disrupted ten times.

## PUBLIC HEALTH ACTIONS

- The Regional Health Directorate, the Prosecutor and the Governor carried out a mission to the village of Sobane Da, during which they determined that the injured required referral to the Regional Hospital Sominé Dolo, Mopti.
- A further mission, supported by the same team, prepositioned epidemic and disaster drugs at the reference hospital in Bandiagara.
- An emergency meeting was held at the OCHA offices by humanitarian actors to share information and an inter-agency mission was planned for 12 June 2019, for rapid assessment of the multi-sectoral needs of the village community, supported by WHO.
- WHO have deployed two medical field officers to Mopti, to provide technical support to regions in order to strengthen health information management, health/nutrition sub-cluster coordination, health and humanitarian operations and actions towards eradicating poliomyelitis in Mali.
- In addition, the WHO Country Office is strengthening epidemiological surveillance, implementing psychosocial support and management of survivors of gender-based violence; prepositioning emergency kits in Bamako, Mopti and Ségou and capacity building through formative supervision, on-the-job training and formal training.
- WHO is supporting surveillance around the attacks on health care facilities in a project that started in April 2018.

Projected situation: Harmonized framework Analysis,  
Food and nutrition situation in Mali, June - August 2019.



## SITUATION INTERPRETATION

The humanitarian situation in Mali is unlikely to end in the near future. Challenges include the absence of state and security authorities in some areas, lack of provision of basic social services and poor financing, with only 13% of the Humanitarian Response Plan allocated to the health sector. This vacuum in governance has been exploited by armed groups who are determined to change the social configuration of the region. In addition, Mali is one of the countries regarded as most at risk of humanitarian crises and natural disasters, ranking 20/191, with an index of risks management of 6/10 as a result of its high exposure to risk of conflict (9/10), flood (7/10), and drought (5/10). Local and international authorities and partners must continue to advocate for peace in the region in order to relieve the suffering of this vulnerable and largely forgotten population.

# Summary of major issues, challenges and proposed actions

## Major issues and challenges

- ▶ The importation of Ebola virus infections into Uganda during the reporting week was concerning and served to highlight the continuous regional threat posed by the ongoing EVD outbreak in Democratic Republic of the Congo. With the vast experience available in the country and the amount of work that went into preparedness, health authorities in Uganda responded swiftly to the event and it is anticipated that the outbreak will be contained quickly. The event in Uganda serves to remind all State Parties in the African Region to urgently increase investments and efforts in attaining the IHR (2005) core capacities. These capacities and capabilities enable early detection and rapid containment of public health events when they are still small and easy to control. Public health events should not be allowed to grow into large epidemics, making them difficult to control.
- ▶ The Ministry of Health in Democratic Republic of the Congo officially declared a large measles outbreak that has affected most parts of the country. While some interventions have been undertaken in response to this outbreak, they have not been adequate to control or prevent further escalation. The Ministry of Health calls for increased support in response to this outbreak.

## Proposed actions

- ▶ The national authorities and partners in Uganda need to continue implementation of outbreak control interventions, especially contact tracing, community engagement and improved screenings at the PoEs. All the neighbouring countries should enhance their preparedness and readiness activities. Overall, all countries in the region should step up investments and efforts to attain the IHR (2005) core capacities.
- ▶ The national authorities and partners in Democratic Republic of the Congo need to scale up the response to the measles outbreak, with emphasis on improving reactive and routine vaccination coverages. Meanwhile, the donor communities and development partners need to provide the resources, especially funding necessary to scale up the response.

# 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										
Uganda	Ebola virus disease	G2	11-Jun-19	09-Jun-19	16-Jun-19	3	3	3	100.00%	Detailed update given above.
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% (4520) of cases respectively. A total of 79 laboratory confirmed cases have been reported since week 1 of 2019.
Burkina Faso	Humanitarian crisis	Ungraded	01-Jan-19	01-Jan-19	06-Jun-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 170 000 internally displaced persons registered as of 6 June 2019, of which more than half were registered since the beginning of 2019.
Burundi	Cholera	Ungraded	05-Jun-19	04-Jun-19	06-Jun-19	7	4	0	0.00%	On 5 June 2019, WHO has been 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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Burundi	Malaria	Ungraded		01-Jan-19	26-May-19	3 207 552		1 273	0.00%	Since week 48 of 2018 (week ending 2 December 2018), there has been a progressive increase in the number of malaria cases reported across the 46 districts of Burundi, with the epidemic threshold reached or exceeded in week 18 (week ending 5 May 2019). In week 21 (week ending 26 May 2019), 182 751 cases including 66 deaths have been reported from 39/46 districts. From week 1 (week ending 5 January 2019) to week 21 of 2019, a cumulative total of 3 207 552 cases and 1 273 deaths (CFR 0.04%) have been reported. There is a 102% increase in the number of cases reported in week 21 of 2019 compared to week 21 of 2018, and a 52.7% increase in the number of cases reported from week 1 to week 21 of 2019 compared to the same period in 2018.
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.
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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
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.
Cameroon	Polio-myelitis (cVDPV2)	G2	23-May-19	23-May-19	12-Jun-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	-	-	-	-	Insecurity in most parts of the Central Africa Republic including major cities leading to a complex humanitarian situation remains of concern. Between 27 May and 4 June 2019, the localities of Koundjili, Djoumjour, Bohong, Maikolo, and Lemouna in Ouham Pende district in Western CAR were attacked on 21 May 2019. A total of 54 deaths, 2 injured and 12 000 IDPS were reported after the incident. Security incidents were also reported from other areas in centre RCA.
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 male.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Central African Republic	Monkey-pox	Ungraded	20-Mar-18	02-Mar-18	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	09-Jun-19	2	2	0	0.00%	Two cases of cVDPV2 not genetically linked have been confirmed on 29 May and 31 May respectively. The first case, a 3-year-old female, developed acute flaccid paralysis on 2 May 2019. She was found in an IDP camp in Bambari district, Health region 4. Twelve contacts were registered. A total of 21 samples were collected of which 6 out of 17 were positive for poliovirus type 2 and four are pending results. The second case was reported from Bimbo district, Health region 1 with date of paralysis onset on 6 May 2019. Samples from the 17 contacts were collected and are pending results. Preparations for supplementary polio immunization activities are ongoing, round 0 is planned from 16 to 19 June 2019.
Chad	Measles	Ungraded	24-May-18	01-Jan-19	16-Jun-19	20 355	97	201	1.00%	In week 23 (week ending 9 June 2019), 631 suspected cases with three associated deaths were reported. 67 districts were in the epidemic phase, three less affected districts compared to week 22 of 2019. Since the beginning of the year, a total of 20 355 suspected cases and 201 deaths (CFR 1%) have been reported with Am Timan, N'Djamena East, N'Djamena South, Bongor, Bousso and N'Djamena Centre districts all exceeding 1 000 suspected cases. Among the 1 598 cases investigated and tested, 97 were IgM positive, 81% were not vaccinated, and 47% were aged between 1 and 4 years old.
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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Comoros	Measles	Ungraded	31-May-19	01-Jan-19	26-May-19	60	10	0	-	From week 1 to week 20 of 2019, a cumulative total of five measles cases (IgM positive) were reported from three districts of Grande Comore island, namely, Moroni (2), Oichili (1), and Mitsoudje (2). An outbreak was confirmed in week 21 of 2019 (week ending 26 May 2019) when five measles IgM-positive cases were reported in a week from two districts of the Grande Comore island. Four samples (throat) were sent to UVRI in Uganda for further virus typing. Active case search and investigations are ongoing in the affected areas.
Congo	Chikungunya	G1	22-Jan-19	07-Jan-19	19-May-19	9 015	61	0	0.00%	Since January 2019, an outbreak of chikungunya has affected eight of the twelve departments of the Republic of Congo, namely; Kouilou, Bouenza, Pointe Noire, Plateaux, Pool, Brazzaville, Niari, and Lekoumou. In week 19 and 20 of 2019, three districts have been newly affected, namely, Makelekele in Brazzaville, Mossendjo in Niari and Ngo in Plateaux department, raising the number of affected districts to 30 out of the 52 districts of the Republic of Congo. From 7 January to 19 May 2019, a total of 9 015 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	09-Jun-19	1 196	170	2	0.20%	As of week 23 (week ending on 9 June 2019), 1196 suspected cases of dengue fever have been reported, of which 170 were confirmed. Dengue serotype 1 accounted for 55% (93 cases) of total confirmed cases, followed by serotype 3 (26 cases). Over 600 samples are still waiting to be tested. 30 districts and 15 health regions reported at least 1 case with Cocody Bingerville District in Abidjan reporting more than half of confirmed cases and 37 cases in Abobo East.
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	26-May-19	11 373	-	252	2.20%	During week 21 (week ending 26 May 2019), a total of 445 suspected cases of cholera including 7 deaths (CFR 1.6%) have been notified from 47 health zones in 12 provinces. Since the beginning of 2019, a total of 11 373 cases including 252 deaths (CFR 2.2%) have been notified from 20 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 88% of the cumulative deaths
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	15-Jun-19	2 145	2 051	1 437	67.00%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	01-Jan-19	09-Jun-19	106 870	782	1 815	1.80%	Detailed update given above.
Democratic Republic of the Congo	Monkeypox	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 monkeypox 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.
Ethiopia	Humanitarian crisis	Protracted 2	15-Nov-15	n/a	09-Jun-19	-	-	-	-	The humanitarian crisis in Ethiopia continues with growing and cyclical waves of humanitarian emergencies. There are about two million internally displaced living in 1 200 temporary sites in 300 woredas. The cholera outbreak is ongoing with 501 suspected and 19 confirmed cases being reported.

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

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
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 rumor of dead cattle, an investigation was conducted on 15 May 2019 and found 20 suspected human cases of anthrax from Ha Tseka in the out-skirts 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	09-Jun-19	29	22	8	27.60%	During week 23 (week ending on 9 June 2019), three suspected cases were reported from Grand Bassa (2) and River Gee (1) Counties. Test results are pending. Of 68 cases suspected year-to-date, 22 have tested positive by RT-PCR, 39 discarded due to negative test results, and seven pending test results. 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.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	11-Jun-19	-	-	-	-	Detailed update given above.
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.

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	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.
Mozam-bique	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.
Mozam-bique	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.
Mozam-bique	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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Mozambique	Polio-myelitis (cVDPV2)	G2	07-Dec-18	07-Dec-18	12-Jun-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	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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Namibia	Hepatitis E	G1	18-Dec-17	08-Sep-17	02-Jun-19	5 309	987	45	0.80%	In week 21 and week 22 (week ending 2 June 2019), 56 cases were reported from Khomas (37), Erongo (9), Omaheke (8), and Hardap regions (2). This is a 41% decrease compared to the previous two weeks (week 19 and 20) when 96 cases were reported. As of 2 June 2019, a cumulative total of 5 309 cases of acute jaundice syndrome (AJS) have been reported nationally since September 2017, including 987 laboratory-confirmed, 3 653 epidemiologically-linked, and 669 suspected. A cumulative total number of 45 deaths have been reported nationally (CFR 0.8%), of which 20 (43%) 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.
Niger	Circulating vaccine-derived polio virus type 2 (cVDPV2)	G2	08-Jul-18	08-Jul-18	12-Jun-19	11	11	1	9.10%	No circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in this week. Since the beginning of 2019 there has been one case reported from Bosso health district, Diffa region on 3 June 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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Niger	Measles	Ungraded	10-May-19	01-Jan-19	09-Jun-19	8 835		44	0.50%	During the week 23 (week ending on 9 June 2019), 233 suspected measles cases with 0 deaths have been reported from the country. This brings the cumulative total of 2019 to 8 835 suspected cases including 44 deaths (CFR 0.5%). Maradi (3274 cases including 6 deaths) and Tahoua (1 724 including 22 deaths) region reported the most number of cases, followed by Zinder (1252 including 7 deaths), Niamey (1182 with 1 death), Tilaberi (478 including 3 deaths), Agadez (379 including 2 death), Diffa (260 with no death) and Dosso (286 cases including 3 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	31-May-19	-	-	-	-	The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security-compromised areas characterized by overcrowded population in many camps in the region. The number of measles cases being reported also remains high. There has been a recent increase in the number of displaced persons following recent attacks on villages by insurgents with over 7 000 persons being relocated to Damboa LGA in May.
Nigeria	Lassa fever	Ungraded	24-Mar-15	01-Jan-19	02-Jun-19	596	581	145	24.30%	In reporting week 22 (week ending on 2 June 2019), three new confirmed cases were reported from Edo (2) and Zamfara (1) with one new death from Zamfara state. Eighty-three Local Government Areas (LGAs) across 22 states have reported at least one confirmed case since the beginning of 2019. No new health worker infection was reported in week 22. A total of 498 contacts are currently being follow-up. Five patients are in admission at treatment sites across the country. The emergency phase of the outbreak has been 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)	G2	01-Jun-18	01-Jan-18	22-May-19	42	42	0	0.00%	No circulating vaccine-derived poliovirus type 2 (cVDPV2) virus was reported in the past week. The total number of cVDPV2 cases reported in 2019 remains eight. There were 34 cases reported in 2018. The country is now affected by three separate cVDPV2 outbreaks, the first centered in Jigawa State with subsequent spread to other states as well as to neighbouring Republic of Niger, the second in Sokoto State and the third one in Bauchi State.
Nigeria	Yellow fever	Ungraded	14-Sep-17	01-Jan-19	31-May-19	1 255	15	1	0.10%	In May 2019, 332 suspected cases with one new presumptive positive and one inconclusive case were recorded. Three cases from Ondo, Anambra and Kebbi states were confirmed from IP Dakar. Reported cases have been plateaued since week 16 (week ending on 21 April) in 2019. Since January 2019, 1 255 suspected cases have been reported from 424 (54.7%) LGAs with one associated death reported from Adamawa (CFR 0.08%).
Sierra Leone	Lassa fever	Ungraded	06-Mar-19	15-Feb-19	21-Apr-19	5	5	3	60.00%	As of week 16 (week ending on 21 April 2019), the confirmed cases still remain at five. Last cases were reported during week 14 (week ending on 7 April 2019), when six suspected cases were reported from Kenema district, of which two tested positive. Since the beginning of 2019, 63 suspected cases have been reported across the country, of which five have tested positive. All confirmed cases are from Kenema district.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
South Africa	Crime-an-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. The 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 a 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	09-Jun-19	45	13	2	4.40%	The current outbreak in Benitu PoC continues. In week 22 (week ending 2 June 2019), one new suspected cases of hepatitis E was reported from Benitu PoC. To date, in 2019, total 45 cases including 13 PCR-confirmed cases and two deaths have been reported. Use of unsafe drinking water is a likely source of infection.
South Sudan	Measles	Ungraded	24-Nov-18	24-Nov-18	09-Jun-19	1 187	72	7	0.60%	A new outbreak has been declared in Renk County, Upper Nile Hub, following laboratory confirmation of 3 out of 5 measles samples. Since January 2019, Measles outbreaks were confirmed in 13 counties namely Juba, Pibor, Gogrial West, Aweil South, Melut, Tonj North, Gogrial East, Gogrial West, Aweil West and Aweil East, Renk, Longochuk, and Jur River, and four Protection of Civilian (PoC) sites (Juba, Bentiu, Malakal and Wau).
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).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Tanzania, United Republic of	Cholera	Ungraded	07-Feb-19	26-Jan-19	09-Jun-19	365	10	6	1.60%	During week 23, 55 new cholera cases and zero deaths were reported from Dar es salaam Region .In the past four weeks, Dar es salaam Region has reported 107 (88.4%) of 121 cases and Tanga Region 14 cases. Fifteen 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	09-Jun-19	5 011	5 011	3	0.10%	As of week 23 (week ending on 9 June 2019), 300 new dengue cases were reported from Dar es Salaam (234 cases), Tanga (21), Pwani (38), Arusha (3), Kagera (2) and Morogoro Region (1 cases). The total confirmed cases reported since the beginning of the outbreak was 5011 cases 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 assylum 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.
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	17-Apr-19	24-May-18	14-May-19	18	14	4	22.20%	A new confirmed case of Crimean-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 admirtted 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 showed 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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Uganda	Rift valley fever	Ungraded	03-Jun-19	30-May-19	03-Jun-19	1	1	1	100.00%	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 (38°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.
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.
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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Zimbabwe	Floods/land slides	G2	15-Mar-19	15-Mar-19	12-Jun-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 second round of OCV campaign ended on 1 June 2019, where a total of 398 684 people were (86.9%) vaccinated in Chimanimani and Chipinge district.
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										
Madagascar	Measles	Ungraded	26-Oct-18	03-Sep-18	26-May-19	146 277	1 394	910	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 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).
Malawi	Flood	G2	09-Mar-19	05-Mar-19	05-May-19	-	-	-	-	Tropical cyclone Idai 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. Six cholera cases have been confirmed in chikolosa, Mwanza district and one case in Tengani, Nsanje District. CTCs have been constructed with support from partners (MSF Belgium, UNICEF and WHO). Vaccination campaigns against measles and rubella have been completed in the nine targeted flood affected districts with 51% coverage.

†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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