

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 30: 22 - 28 July 2019

Data as reported by 17:00; 28 July 2019



World Health
Organization

REGIONAL OFFICE FOR
Africa
WHO Health Emergencies Programme

2

New events

72

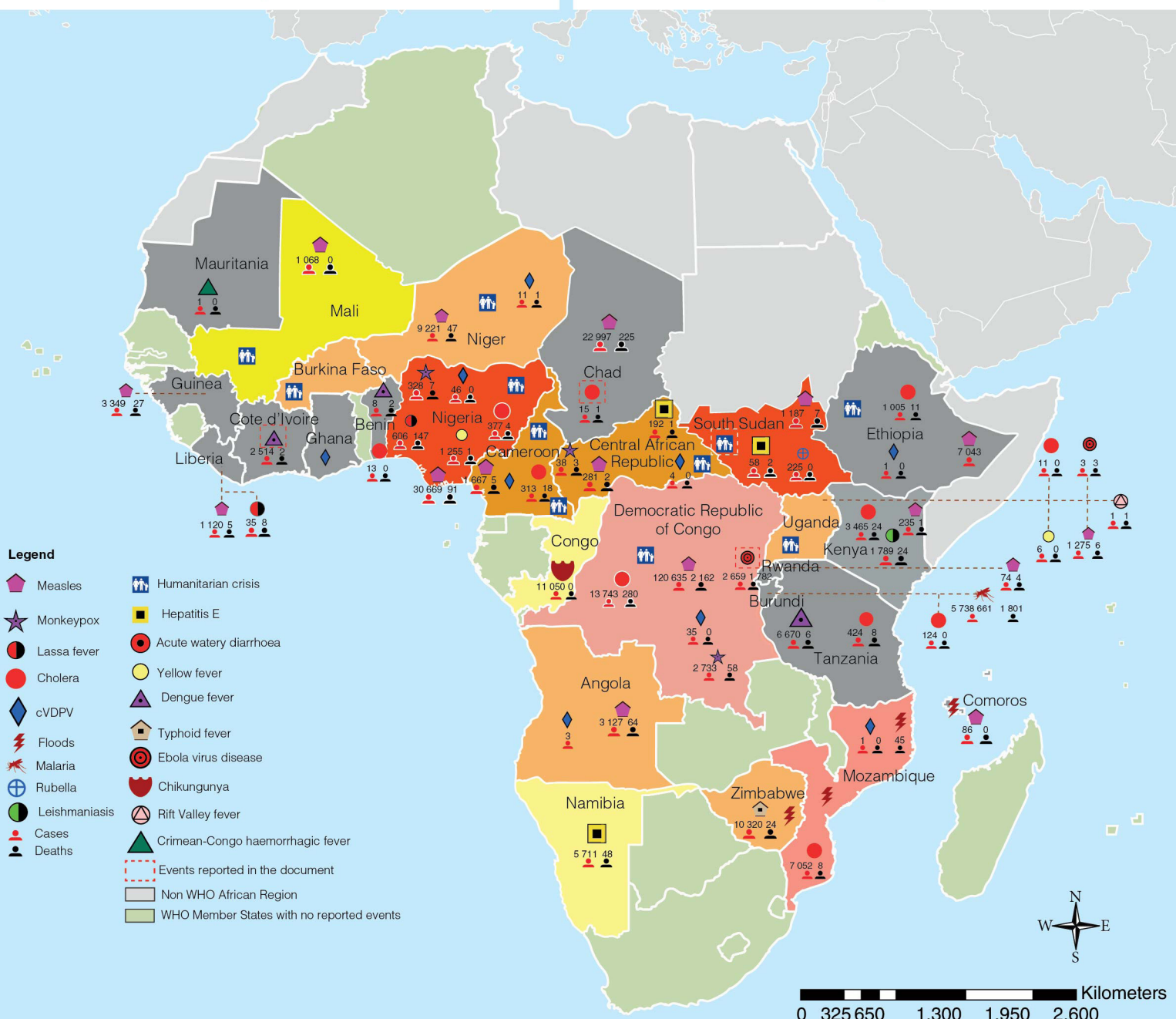
Ongoing events

59

Outbreaks

15

Humanitarian
crises



Graded events †

4

Grade 3 events

11

Grade 2 events

2

Grade 1 events

2

Protracted 3 events

2

Protracted 2 events

2

Protracted 1 events

51

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

- [Cholera in Chad](#)
- [Humanitarian crisis in South Sudan](#)
- [Ebola virus disease in Democratic Republic of the Congo](#)
- [Dengue fever in Côte d'Ivoire](#)

For each of these events, a brief description, followed by public health measures implemented and an interpretation of the situation is provided.

A table is provided at the end of the bulletin with information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have largely been controlled and thus closed.

Major issues and challenges include:

- The humanitarian crisis in South Sudan, characterized by economic instability, critical food insecurity, and constant population displacements remains of concern. Armed attacks including those against vulnerable populations, as well as the harassment of humanitarian actors continue, in spite of the current peace accord signed last year. Morbidity and mortality rates due to common infectious diseases remain very high. The risk of outbreaks of water-borne diseases is high given the ongoing heavy rainfall and associated flooding. Current resources are limited to continue to cater to the humanitarian needs of the vulnerable population, including the huge number of internally displaced persons and the anticipated increase in the number of new returnees. There is a dire need to mobilize additional funds from the international community and donors in order to scale-up humanitarian assistance. Enhanced peace-building efforts with engagements of all stakeholders and warring parties must continue in order to ensure long-term stability.
- The persistent transmission of Ebola virus disease (EVD) in North Kivu and Ituri provinces in Democratic Republic of the Congo continues, with Beni Health Zone reporting more than half of the new cases. Resurgence of armed attacks from non-state actors continue to complicate response efforts and response strategies are being adapted to the evolving circumstances. Risk of spread to unaffected areas within Democratic Republic of the Congo and across the porous border to neighbouring countries remain high due to high rates of population movement from outbreak-affected areas. With renewed commitments from international donors and partners to contribute much-needed resources, especially funding, to support and maintain the ongoing response operations, novel approaches are needed to bring this outbreak to an end. Operational readiness and preparedness activities need to be sustained in unaffected provinces within Democratic Republic of the Congo as well as in neighbouring countries to ensure early detection and control of any future cases.

New event

Cholera

Chad

15
Cases

1
Deaths

6.7%
CFR

EVENT DESCRIPTION

The Ministry of Public Health of Chad notified WHO on 22 July 2019 of an outbreak of cholera affecting two villages in Youé health district, Mayo Kebbi East Province on the border with Cameroon. The outbreak started on 12 July 2019, when the first two cases, an 11-year-old male and a 40-year-old female, presented at a local health facility with signs and symptoms of severe dehydration and vomiting. The next day, the third case, a 10-year-old boy, also from the same neighbourhood presented with similar signs and symptoms at the local health centre. In the following seven days, nine other cases presented at the local health centre with signs and symptoms typical of cholera. One patient, a 34-year-old woman, died.

From 12 to 24 July 2019, a total of 15 cases including one death (case fatality ratio 6.7%) have been reported from two affected villages, Frehing I (14 cases with one death) and Mbraou (1 case with zero deaths), with an attack rate of 5.4 per 1 000 population and 0.6 per 1 000 population respectively. Specimens were collected from two cases and tested results released by the National Reference Laboratory in N'Djamena on 19 July 2019 confirmed the cases as positive for *Vibrio cholerae* 01 Inaba. Of the cumulative cases, 67% are aged 15 years and above and 53% are females. Of 14 case-patients hospitalized, 13 have been discharged, with one still undergoing clinical care.

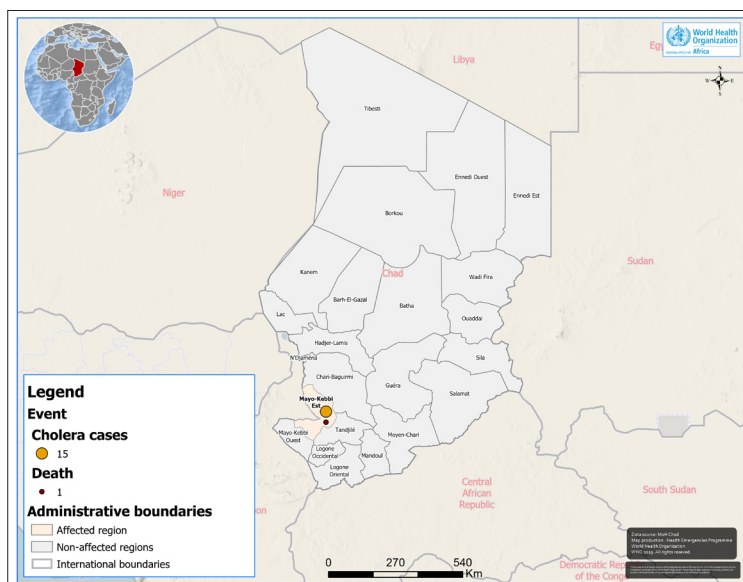
PUBLIC HEALTH ACTIONS

- The response to the event is being coordinated by the National Crisis Committee under the leadership of the Ministry of Public Health with support from WHO and other partners.
- Contingency stocks for cholera, including those provided by partner organizations, are being identified across the country for potential deployment to affected areas. A total of nine cholera kits (5 from WHO, 2 from UNICEF, and 2 from MSF Holland) have been identified.
- The National Integrated Health and water, sanitation and hygiene (WASH) Response plan is being developed.
- A national level investigation team has been deployed to support field investigation and response in the affected areas.
- Epidemiological surveillance is being enhanced in the affected areas for early case identification, reporting, and treatment
- UNICEF has provided an isolation tent as well as kits for the clinical management of 100 cases.
- Disinfection of the homes of case-patients using chlorinated solutions has been conducted. District Executive Teams have also been orientated on the preparation of chlorinated solution for village distribution.
- Risk communication activities are ongoing. A community engagement meeting was held to sensitize residents of the affected areas, as well as neighbouring villages, about the disease and preventive measures.

SITUATION INTERPRETATION

The current outbreak takes place in the context of an ongoing outbreak

Geographic distribution of cases of cholera, Chad, 12 – 24 July 2019



of cholera in the neighbouring region of Cameroon. Mass population exchanges between the two regions are likely to contribute to further spread and the situation could be exacerbated by the onset of the rainy season, open defecation, and use of shallow wells as water sources. Limited access to affected areas due to very poor road conditions and poor communication networks limiting rapid transmission of information could complicate response efforts. Outbreaks of cholera in border regions remain a concern and authorities need to move swiftly to bring this outbreak under control and prevent further escalation.

EVENT DESCRIPTION

The past 11 months since the signing of the renewed peace agreement in August 2018 have seen some improvements in the country's situation. However, the humanitarian crisis remains, with persistent economic instability, the impact of the years of conflict, with consequent asset depletion and constant population displacement, resulting in disrupted livelihoods and poor food security. Operational and bureaucratic weaknesses continue, violence against personnel accounted for 52% of all incidents reported during June 2019, with five ambushes reported, in one of which two humanitarian staff were injured. Harassment continued in Juba and its international airport, while significant operational interference by security officials in Central Equatoria affected two UN Ebola teams. Active hostilities reported in Lobonok, Central Equatoria caused mass population displacement and affected security for humanitarian workers.

Local authorities have reported 3 500 internally displaced persons (IDPs) registered in Ayod town since early June 2019, coming from Wau, Mogok, Gorwal and Nyadin villages, as well as over the border from Sudan. The IDP and refugee camps report acute shortages of food and water, medical care and shelter. At the same time, more than 3 300 IDPs have returned from Melut to Baliet County, Upper Nile.

An estimated 6.96 million people, 61% of the population of the country, face acute food insecurity according to UN agencies. By the end of July 2019, 21 000 people will face a catastrophic lack of access to food, according to the Integrated Food Security Phase Classification (IPC), with another 1.82 million people only one phase away from this. Over five million people are facing Crisis levels, of whom 81 000 are in Jonglei, Lakes, Unity and Northern Bahr el Ghazal.

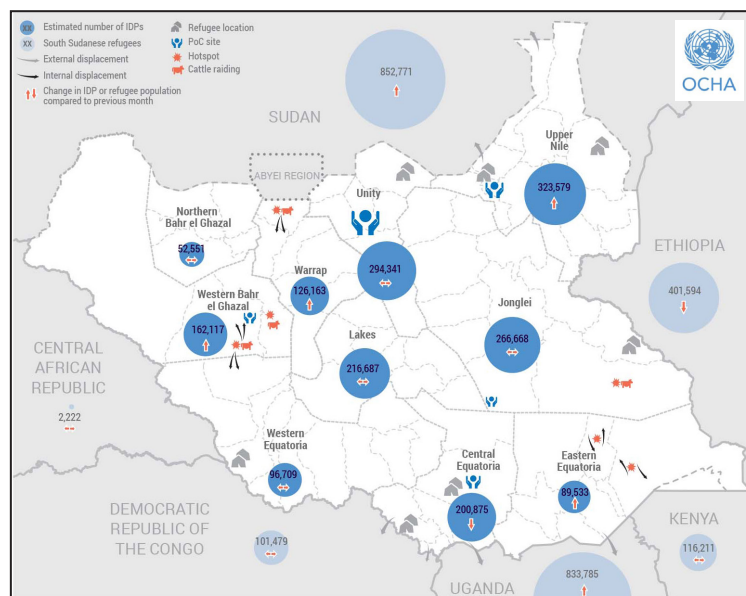
As of week 24 (week ending 15 June 2019), measles outbreaks have been reported in 13 counties (Melut, Awiel South, Awiel East, Tonj North, Juba, Wau, Awiel West, Gogrial West, Gogrial East, Renk, Bentiu, Longochuk and Pibor) and in four protection of civilian sites in Juba, Bentiu, Malakal and Wau. As of 22 July 2019, a total of 2 263 suspected measles cases have been reported, with 93 confirmed, with 13 deaths (case fatality ratio 0.57%). Acute watery diarrhoea, malaria and bloody diarrhoea were the infectious disease reported most frequently, with malaria accounting for 57.3% of morbidity and 47.4% of mortality as of week 25 (week ending 22 June 2019).

Over 40 000 households have been affected by floods in Bor South, former Jonglei State, with the consequent risk of cholera and other water-borne diseases.

PUBLIC HEALTH ACTIONS

- The cholera task force has been reactivated in Bor South to mitigate the risk of water-borne diseases in the state.
- Humanitarian organizations based in Yambio travelled to Tambura between 16-20 July 2019 to carry out a verification and response assessment of recent IDPs and returnees; a UN agency has deployed an integrated mobile health team from Juba to conduct health outreach to IDPs in Tambura (Hai Salam area) and for returnees in Nagero (Zomoi) for three weeks, while other health organizations continue to provide support for TB treatment.
- A reactive measles vaccination campaign has been conducted, reaching 511 138 children aged 6-59 months.
- Children with special needs are being assessed in former Western Equatoria.
- Ebola virus disease preparedness response continues, with WHO participating in a high-level mission to Yei led by the Ministry of Health, attended by other UN agencies, ambassadors from donor countries and representatives of international NGOs, which took place on 15 July 2019.

Humanitarian snapshot in South Sudan, as of June 2019.



- WHO, in collaboration with the Ministry of Health conducted training in the Integrated Management of Common Childhood and Newborn Illnesses from 8-19 July 2019 in Juba.
- Mass drug administration against schistosomiasis is taking place, starting on the 19 June 2019 and ongoing, in Juba, with the support of the Ministry of Health and WHO, in collaboration with the Ministry of Education.
- Guinea worm surveillance was supported in Tonj North after confirmation of a case on 12 July 2019, with support from the Ministry of Health and WHO.

SITUATION INTERPRETATION

Although last year's peace accord has led to some lessening of security incidents, these have not stopped entirely, affecting a population made particularly vulnerable by years of conflict, ongoing economic instability, critical food insecurity and constant population displacements. Heavy rainfall and flooding in many parts of the country is further complicating delivery of humanitarian services to the distressed population. Resources are limited, and coordination mechanisms are weak, with huge operational costs measured against available donor funds, along with inadequate human resources for health at local levels. With anticipated increases in the number of returnees in the coming weeks, humanitarian agencies are grappling with the already overstretched resources and the dire need to mobilize additional funds from the international community and donors cannot be over emphasized. In addition, the ongoing EVD outbreak in the Democratic Republic of the Congo remains a threat to South Sudan, requiring strengthened health systems and continuous investment in preparedness and readiness activities.

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces in Democratic Republic of the Congo continues with persistent transmission. Since our last report on 21 July 2019 (*Weekly Bulletin 29*), 81 new confirmed EVD cases with an additional 45 deaths have been reported from 13 health zones across the two affected provinces. Sustained transmission continues to occur in Beni Health Zone, which accounts for more than half of the new cases reported.

As of 27 July 2019, a total of 2 659 EVD cases, including 2 565 confirmed and 94 probable cases have been reported. In the last 21 days (7-27 July 2019), 17 health zones have reported at least one confirmed case. To date, confirmed cases have been reported from 25 health zones: Goma (1), Alimbongo (4), Beni (559), Biena (15), Butembo (259), Kalunguta (131), Katwa (623), Kayna (10), Kyondo (22), Lubero (31), Mabalako (354), Manguredjipa (20), Masereka (48), Musienene (71), Mutwanga (14), Oicha (50) and Vuhovi (95) in North Kivu Province; and Mambasa (5), Ariwara (1), Bunia (4), Komanda (34), Rwampara (8), Mandima (203), Nyankunde (1), and Tchomia (2) in Ituri Province.

As of 27 July 2019, a total of 1 782 deaths were recorded, including 1 688 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 66% (1 688/2 565). The cumulative number of health workers affected is 145, which is 5% of the confirmed and probable cases to date.

As of 27 July 2019, Beni and Mandima are the main hot spots of the outbreak reporting 57% (144/251) and 11% (28/251) of the cases in the past 21 days respectively. Thirteen health zones, Lubero, Beni, Katwa, Komanda, Mandima, Butembo, Kalunguta, Kayna, Vuhovi, Oicha, Mutwanga, Mabalako, and Mambasa have reported new confirmed cases in the past seven days and remain points of attention.

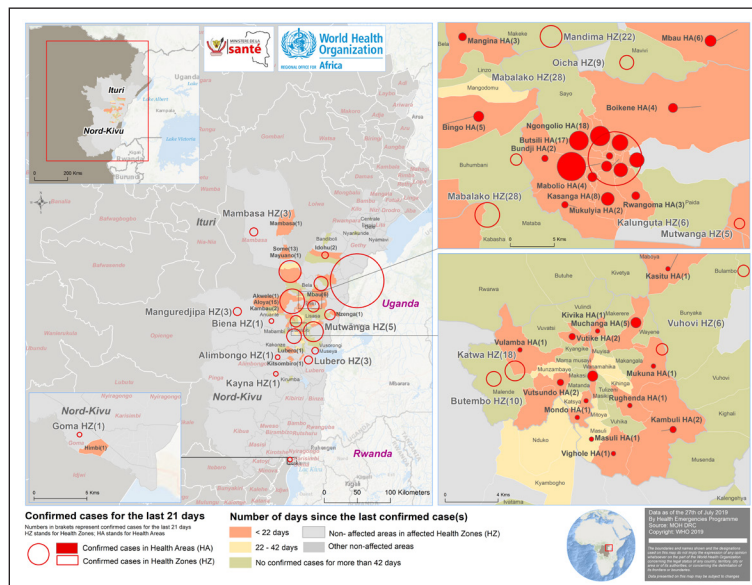
Contact tracing is ongoing in 21 health zones. A total of 20 072 contacts were recorded as of 27 July 2019, of which 14 915 have been seen in the past 24 hours (74%; varies between 7-100% among reporting zones). Alerts in the two affected provinces continue to be raised and investigated. Of 1 717 alerts processed (of which 1 604 were new) in reporting health zones on 27 July 2019, 1 588 were investigated and 358 (23%) were validated as suspected cases.

On 17 July 2019 the WHO Director-General, Dr Tedros Ghebreyesus declared the EVD outbreak in Democratic Republic of the Congo a Public Health Emergency of International Concern (PHEIC), following a meeting of the International Health Regulations Committee for EVD. The declaration can be seen here (<https://www.who.int/news-room/detail/17-07-2019-ebola-outbreak-in-the-democratic-republic-of-the-congo-declared-a-public-health-emergency-of-international-concern>), with the full statement available here (<https://www.who.int/ihr/procedures/statement-emergency-committee-ebola-drc-july-2019.pdf>). The committee cited recent developments in the outbreak in making its recommendation, including the first confirmed case in Goma, a city of almost two million people bordering Rwanda. The committee determined that risk of spread remains very high at national and regional levels, but still low at global level. No restrictions on trade or travel are recommended.

PUBLIC HEALTH ACTIONS

- Surveillance activities continue, including case investigations, active case finding in health facilities and communities, and identification and listing of contacts around the latest confirmed cases. Cross-border collaboration continues, particularly in Uganda and Rwanda.
- As of 27 July 2019, a cumulative total of 178 121 people has been vaccinated since the start of the outbreak in August 2018.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 79 million screenings to date. A total of 88/97 (91%) PoE/PoC transmitted reports as of 27 July 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.
- Training of psycho-social assistants is underway in Mambasa Health Zone

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May 2018 to 27 July 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



and will continue for three days.

- Water, sanitation and hygiene (WASH) activities continue with health facilities and contaminated households decontaminated in Beni, Mandima, Mabalako, Vuhovi, Kalunguta, Lubero and Katwa health zones.
- Community awareness and mobilization messages are being updated, revised and harmonized and have been pre-tested by the commission and will subsequently be shared in coordination and sub-coordination activities.
- In Goma an exchange session was held with the city's motorcycle taxi drivers around the risk of carrying disease during the outbreak as well as their potential contribution to the EVD response.

SITUATION INTERPRETATION

Fluctuating epidemiological patterns and shifting hotspots, with substantial rates of transmission continue to characterize the ongoing EVD outbreak in Democratic Republic of the Congo. Response strategies are being adapted to the evolving circumstances, amidst resurgence of armed attacks from non-state actors, which continue to complicate response efforts. With renewed commitments from international donors and partners to contribute much-needed resources, especially funding, to support and maintain the ongoing response operations, it is anticipated that response activities would be further strengthened and novel strategies employed to address the challenges faced. Uganda has recently declared the EVD outbreak contained after more than 42 days since the death of the last confirmed case. However, Uganda and a number of neighbouring countries remain at-risk due to high rates of population movement from outbreak affected areas. Operational readiness and preparedness activities need to be sustained to ensure early detection and control of any future case.

EVENT DESCRIPTION

The outbreak of dengue fever in Côte d'Ivoire continues with sustained local transmission, particularly in the urban districts of Abidjan city, with Cocody-Bingerville health district, being the epicentre of the outbreak. Since our last report on 7 July 2019 (Weekly Bulletin 27), 880 new suspected cases with zero deaths have been reported. Of these, 152 were laboratory-confirmed for dengue fever infection. The outbreak peaked in week 25 (week ending 23 June 2019) when 342 suspected cases were reported, and since then there has been a declining trend in the weekly number of cases.

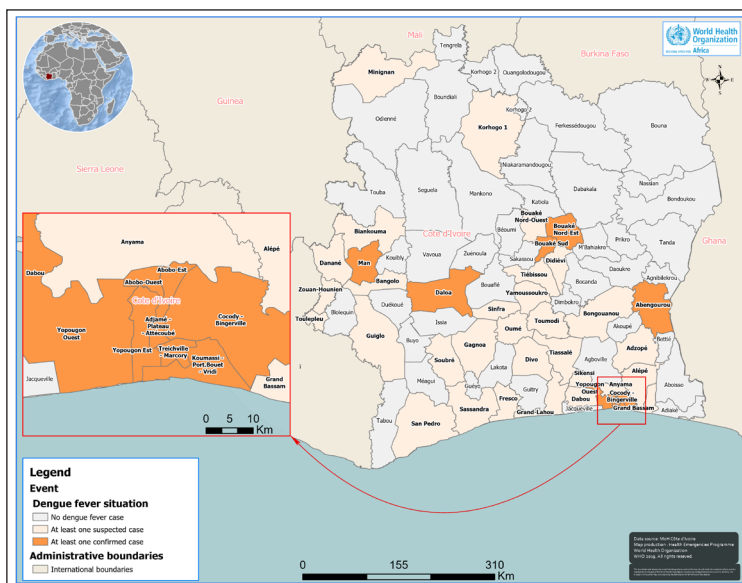
From 1 January to 21 July 2019, a total of 2 733 suspected cases with two deaths (case fatality ratio 0.1%) have been reported from 48 (56%) out of 89 health districts across the country. Of the total cases reported, 347 have been laboratory-confirmed for dengue fever infection by polymerase chain reaction (PCR) test conducted at the Institut Pasteur Côte d'Ivoire (IPCI). Further analysis of dengue virus isolated from confirmed cases showed that 110 (32%) were serotype 1 (DENV-1) and 31 (9%) were serotype 3 (DENV-3). Fourteen health districts have reported at least one confirmed case since the beginning of 2019 with three, namely, Cocody-Bingerville (175; 50%), Abobo East (61; 18%), and Marcory-treichville (24; 7%) accounting for a combined total of 75% of all confirmed cases.

There has been suspicion of a concurrent outbreak of yellow fever, with further investigation ongoing. Entomological investigation established high density of the principal vector, *Aedes aegypti* mosquitoes, in affected areas and it remains the main predisposing factor for ongoing transmission of the disease. Of the 39 700 mosquitoes' habitat investigated, 20 595 had presence of *A. aegypti*, with a container index of about 75%.

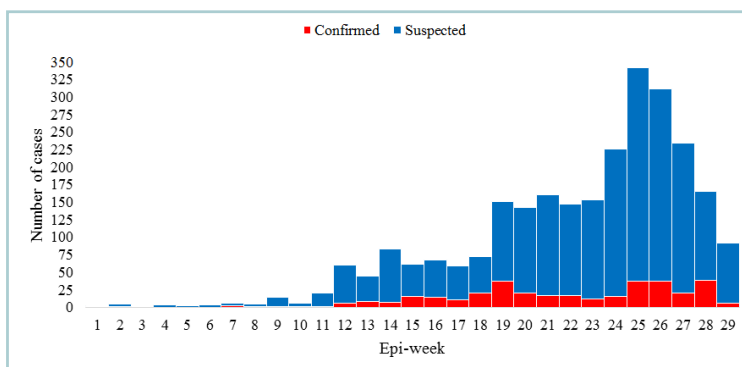
PUBLIC HEALTH ACTIONS

- The National Epidemic Response Committee, led by the National Institute of Public Hygiene (INHP), with support from WHO, US CDC, and other partners, continues to coordinate response to the outbreak. The Public Health Emergency Operation Center (PHEOC) remains activated and continues to host weekly coordination meetings.
- Strengthening of epidemiological surveillance continues, with the dissemination of guidelines and case definitions to health facilities to aid early case detection and reporting. This is being complemented by training of health workers by the INHP in case identification, investigation and the systematic sampling of all suspected patients.
- Entomological surveys have been conducted and vector control activities (fogging and larvicide) have been ongoing in the affected districts as well as the physical destruction of the mosquito breeding sites, such as used tires.
- Institut Pasteur Côte d'Ivoire continue to conduct testing of all samples. WHO is supporting the mobilization of resources to address the funding gap for the purchase of laboratory reagents.
- Training of healthcare workers on the proper case management for dengue fever is underway in Abidjan health district and the suburbs.

Geographic distribution of cases of Dengue fever, Côte d'Ivoire, 1 January – 21 July 2019



Weekly number of cases of Dengue fever, Côte d'Ivoire, 1 January – 21 July 2019



- Sensitization of populations on preventive measures against dengue fever is being conducted through mass media (television, print media and radios) as well as training of community and religious leaders to strengthen their role in community engagement.

SITUATION INTERPRETATION

The current outbreak is following similar patterns to the previous one in 2017, with urban districts of Abidjan city at the epicentre. Despite a gradual decline in the weekly number of cases, the stock-out of insecticide and laboratory reagents could hinder response activities and change the course of the outbreak. Without sustained implementation of vector control and other public health measures, there is a likelihood of prolonged and sustained transmission of the disease. Multisectoral collaboration needs to be strengthened and public health response measures scaled-up to bring this outbreak under control.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- ▶ The humanitarian crisis in South Sudan, characterized by economic instability, critical food insecurity, and constant population displacements remains of concern. Armed attacks including those against vulnerable populations, as well as the harassment of humanitarian actors continue, in spite of the current peace accord signed last year. Morbidity and mortality rates due to common infectious diseases remain very high. The ongoing heavy rainfall and associated flooding in parts of the country does not only predispose the population to potential outbreaks of water-borne diseases but is contributing to high level of malnutrition due to farmland destruction. Current resources are limited to continue to cater to the humanitarian needs of the vulnerable population, including the huge number of internally displaced persons and the anticipated increase in the number of new returnees. There is a dire need to mobilize additional funds from the international community and donors in order to scale-up humanitarian assistance. Enhanced peace-building efforts with engagements of all stakeholders and warring parties must continue in order to ensure long-term stability.
- ▶ The persistent transmission of Ebola virus disease (EVD) in North Kivu and Ituri provinces in Democratic Republic of the Congo continues, with Beni Health Zone reporting more than half of the new cases. Resurgence of armed attacks from non-state actors continue to complicate response efforts and response strategies are being adapted to the evolving circumstances. Risk of spread to unaffected areas within Democratic Republic of the Congo and across the porous border to neighbouring countries remain high due to high rates of population movement from outbreak-affected areas. With renewed commitments from international donors and partners to contribute much-needed resources, especially funding, to support and maintain the ongoing response operations, novel approaches are needed to bring this outbreak to an end. Operational readiness and preparedness activities need to be sustained in unaffected provinces within Democratic Republic of the Congo as well as in neighbouring countries to ensure early detection and control of any future cases.

Proposed actions

- ▶ Humanitarian operations should be sustained and scaled-up with support from the international community and donors to mobilize the much-needed additional funds. Engagements with all stakeholders and parties to the conflict should continue, in order to ensure that the gains made since the signing of the peace deal are sustained and long-term stability is guaranteed.
- ▶ Novel strategies are needed as circumstances continue to evolve in the ongoing EVD outbreak in Democratic Republic of the Congo. Operational readiness and preparedness activities need to be sustained in neighbouring countries as well as other unaffected provinces and health zones in the Democratic Republic of Congo to ensure early detection and control of any future case.

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										
Chad	Cholera	Ungraded	19-Jul-19	12-Jul-19	24-Jul-19	15	2	1	6.70%	Detailed update given above.
Mauritania	Crime-an-Congo haemorrhagic fever (CCHF)	Ungraded	19-Jul-19	03-Jul-19	19-Jul-19	1	1	0	0.00%	A 45-year-old male cattle breeder from Kithat, Wilaya of Guidimakha with the onset of symptoms on 3 July 2019 was confirmed for CCHF infection by PCR. He initially sought care on 4 July 2019 at a health facility in Guerou having complained of dysentery and was admitted for one day. He sought further care on 8 July 2019 at the Central Hospital in Kiffa and was admitted having presented with fever and diarrhea. Specimen was collected on 9 July 2019 and sent to the National Institute of Research in Public Health on 11 July 2019. Test results released on 17 July 2019 confirmed the case as positive for CCHF by PCR. A total of seven contacts (four family members and three healthcare workers) have been identified and are being follow-up.
Ongoing Events										
Angola	Measles	Ungraded	04-May-19	01-Jan-19	30-Jun-19	3 127	85	64	2.00%	In week 26 (week ending on 30 June 2019), 9 suspected cases were reported. From week 1 to week 26 of 2019, a cumulative total of 3 127 suspected (investigated) cases including 64 deaths have been reported from 18 provinces of Angola. Lunda Sul and Moxico provinces have reported 73% and 17% of cases respectively. A total of 85 laboratory confirmed cases have been reported since week 1 of 2019.
Angola	Polio-myelitis (cVDPV2)	G2	08-May-19	05-Apr-19	24-Jul-19	3	3	0	0.00%	No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week in Angola. A total of three cVDPV2 cases from two outbreaks have been reported since the beginning of 2019.
Benin	Cholera	Ungraded	05-Jul-19	03-Jul-19	25-Jul-19	13	5	0	0.00%	From 3 to 25 July 2019, a total of 13 suspected cholera cases with no death have been reported from Atlantique and Littoral Departments of Benin. Of the 13 suspected cases, five were confirmed by culture for <i>Vibrio cholerae</i> 01 and 8 tested negative for cholera at the National Public Health Laboratory. Confirmed cases are from three communes, namely, Zè (3) and Sô-Ava (1) in Atlantique Department and Cotonou 2 (1) in Littoral Department. The outbreak occurs in areas with poor sanitary conditions (open defecation, limited access to drinking water). Active case search, case management, community sensitization, disinfection of wells and tanks, and distribution of water purification tablets in the community are ongoing in the affected areas.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Benin	Dengue fever	Ungraded	13-May-19	07-May-19	10-Jul-19	8	6	2	25.00%	As of 10 July 2019, a total of eight suspected cases of dengue fever, including six confirmed cases and two deaths have been reported from five communes of Benin, namely, Abomey-Calavi, Seme-Kpodji, Porto-Novo, Cotonou 2 and Cotonou 6.
Burkina Faso	Humanitarian crisis	G2	01-Jan-19	01-Jan-19	11-Jul-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 219 756 internally displaced persons registered as of 10 July 2019, of which more than half were registered since the beginning of 2019. Actually, the most affected regions are: North, Boucle du Mouhoun, East and Centre regions. A total of 39 health facilities has been closed and 68 health facilities function at a minimum level.
Burundi	Cholera	Ungraded	05-Jun-19	01-Jun-19	11-Jul-19	124	32	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). From 1 June to 11 July 2019, a total of 124 cases with no death were reported from Bujumbura Mairie (68) and cibitoke health district (56). The three health districts of Bujumbura Mairie have been affected with 41% (28) of cases reported from Bujumbura Centre health district. Two communes of Cibitoke health district have been affected, namely, Rugombo and Buganda. Of 46 samples tested, 32 (69.5%) were positive for <i>Vibrio cholerae</i> Ogawa. The majority of cases is aged between 19 and 50 years in both provinces with 57% and 41% in Bujumbura and Cibitoke respectively. Males are the most affected in both provinces with 75% and 59% in Bujumbura and Cibitoke respectively.

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	21-Jul-19	5 738 661		1 801	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 29 (week ending 21 July 2019), 152 243 cases including 65 deaths have been reported from 39/46 districts. There is a 164% increase in the number of cases reported in week 29 of 2019 compared to week 29 of 2018 and a 13.5% decrease in the number of cases reported in week 29 compared to week 28 of 2019. Eight more cases have been reported in week 29 compared to week 28 of 2019. From week 1 (week ending 5 January 2019) to week 29 of 2019, a cumulative total of 5 738 661 cases and 1 801 deaths (CFR 0.03%) have been reported.
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	03-Jul-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 Minawao refugees camp in the Mokolo Health District, continues to host Nigerian refugees and it has reached a total population of 58 625 as of 24 May 2019. According to the latest report of the International Organization for Migration (IOM), the displaced population is estimated at 423 835 individuals.
Cameroon	Humanitarian crisis (NW & SW)	G2	01-Oct-16	27-Jun-18	03-Jul-19	-	-	-	-	The Northwest and Southwest regions' crisis which started in 2016 still remains a concern. Sporadic armed attacks between alleged separatist groups and the military continue to be reported. Insecurity has forced more than 530 000 people to flee their homes. Attacks on health facilities have been reported in many locations. This unrest continues to affect access to amenities including healthcare services.
Cameroon	Cholera	Ungraded	01-Mar-19	01-Mar-19	26-Jul-19	313	81	18	5.80%	A new wave of cholera cases was reported in two regions (North and Far North) of Cameroon in 2019. The North region reported a total of 260 suspected cholera cases, including 13 deaths (09 in the hospital and 04 in the community) since March, 2019, in nine out of fifteen health districts of the Region (Bibémi, Figuil, Garoua I, Garoua II, Gashiga, Golombe, Ngong, Pitoa, Tcholliré) and 80 over 105 samples were confirmed for cholera in the Same region. In the far North region, a total of 56 suspected cholera cases, including 5 deaths (03 in the hospital and 02 in the community) were reported in Kaele since 28 June 2019.

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	30-Jun-19	1 667	1 077	5	0%	During epidemiological week 26 (ending on 30 June 2019), a new district(Nkondongo) in the Centre region reached the epidemic threshold. Since the beginning of 2019, a total of 1 667 suspected cases of which 1077 were confirmed as IgM-positive have been reported. The outbreak is currently affecting thirty districts, namely Kolofata, Kousseri, Mada, Goulfey, Makary, Koza, Mora, Maroua 3, Maroua 1, Bourha, Vélé, Mogodé, Ngaoundéré rural, Bangué, Guider, Figuil, Ngong, Pitoa, Touboro, Bibémi, Garoua 1, Garoua 2 et Lagdo, Tcholliré, Guidigué, Moutourwa, Mokolo, Cité verte et Djoungolo, Nkolondongo.
Cameroon	Polio-myelitis (cVDPV2)	G2	23-May-19	23-May-19	24-Jul-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	21-Jul-19	-	-	-	-	Insecurity in most parts of the Central Africa Republic including major cities leading to a complex humanitarian situation remains of concern. In addition to that the food insecurity remain a big challenge. Clashes between two armed groups were reported in Amdafock, sub prefecture of Birao, located in the North Est of the country close to the Sudanese border on 14 July 2019. A total of 8 deaths and 6 persons wounded were reported. Preventive movement of the population from the affected areas were reported in the same period.
Central African Republic	Hepatitis E	Ungraded	02-Oct-18	10-Sep-18	21-Jul-19	192	147	1	0.50%	No new cases has been confirmed in the last five epidemiological weeks 25-29 (17 June- 21 July 2019). As of 21 July 2019, a total of 192 cases of acute jaundice syndrome, of which 147 were confirmed for viral hepatitis E, have been recorded from Bocaranga-Koui and Ngaoundaye. In total, the Ngaoundaye health district reported 7 cases of viral hepatitis E including 6 confirmed cases and 1 probable case since the beginning of the epidemic and the last case was reported in week 7.

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	Measles	Ungraded	15-Mar-19	11-Feb-19	29-Jul-19	281	15	2	0.70%	In week 29 (week ending on 14 July 2019), 22 new suspected measles cases were reported from Kaga Bandoro subprefecture. This is a decrease in the reported number of cases since week 28 (week ending on 14 July 2019). Since 27 May 2019, 281 cases including 2 deaths have been reported in three communes of the Nana-Gribizi health district. This is the fourth measles outbreak reported in the country since the beginning of the year.
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)	G2	24-May-19	24-May-19	24-Jul-19	4	4	0	0.00%	No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week. Two distinct cVDPV type 2 outbreaks (4 cases); one originated in Bimbo province and one in Bambari province have been reported in 2019. Additionally, the country had also already reported genetically-distinct VDPV2s in the same provinces affected by the current outbreaks.
Chad	Measles	Ungraded	24-May-18	01-Jan-19	20-Jul-19	22 997	133	225	1.00%	In week 28 (week ending 14 July 2019), 330 suspected cases with one associated death was reported. Thirty-eight districts were in the epidemic phase, one less affected districts compared to week 27 of 2019. Since the beginning of the year, a total of 22 997 suspected cases and 225 deaths (CFR 1%) have been reported with Am Timan, N'Djamena East, N'Djamena South, Bongor, Moundou, Bousso and N'Djamena Centre districts all exceeding 1 000 suspected cases. Among the 1 655 cases investigated and tested, 133 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 a tropical cyclone Kenneth which landed on 24 April 2019, at 21:00 (GMT+3) in northern Ngazidja Island. The cyclone resulted in fallen trees and destruction of houses resulting in deaths and making many homeless, including children. Some small fishing boats were pushed against the landing stages, causing their destruction. As of 10 May 2019, 19 372 persons were internally displaced, 182 injured and 7 had died.

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	26-May-19	20-May-19	10-Jul-19	86	40	0	-	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, namely Moroni (3) and Mitsamiouli (2). As of 10 July 2019, a total of 86 suspected cases including 40 confirmed (17 confirmed by epidemiological link and 23 confirmed by serology) with no deaths were reported from health facilities in Grande Comore Island. IgM positive cases were reported in four districts of Grande Comore, namely, Moroni (18), Mitsamiouli (2), Mbeni (2), and Oichili (1). The 17 cases confirmed by epidemiological link were from Moroni district. Of the 40 confirmed cases, 32 (80%) are aged between 6 months and 14 years and 22 (55%) are males. About 73% of cases are unvaccinated or have unknown immunization status. From week 1 to week 27 of 2019, a cumulative total of 46 confirmed measles cases including 28 confirmed by serology and 18 confirmed by epidemiological link, have been reported from Grand Comore. Four samples (throat) were sent to UVRI in Uganda for further virus typing. Results are pending.
Congo	Chikungunya	G1	22-Jan-19	07-Jan-19	07-Jul-19	11 050	148	0	0.00%	The outbreak of chikungunya, that started in January 2019 in the Republic of Congo is improving. The incidence of chikungunya cases is showing a downward trend in all affected areas. In week 27 (week ending on 7 July 2019), a total of 43 cases were reported, while 83 cases were reported in week 26 (week ending on 30 June 2019). Since the beginning of the outbreak, a total of 10 462 has been reported in 37 out of 52 health districts of the country. The affected areas include the densely populated zones such as Brazzaville and Pointe-Noire. 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	14-Jul-19	2 514	300	2	0.10%	Detailed update given above.
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	07-Jul-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, South-Kivu and Maniema. In Ituri, intercommunal violence in Djugu and Mahagi territories has resulted in the internal displacement of 400 000 people. In Tanganyika, clashes between inter-ethnic 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	Cholera	G3	16-Jan-15	01-Jan-19	07-Jul-19	13 743	-	280	2.00%	During week 27 (week ending 7 July 2019), a total of 343 suspected cases of cholera and no death have been notified from 26 health zones in 9 provinces. The endemic provinces of North-Kivu and South-Kivu have reported 81.6% of cases reported during week 27. Since the beginning of 2019, a total of 13 743 cases including 280 deaths (CFR 2%) have been notified from 20 out of 26 provinces.
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	27-Jul-19	2 659	2 565	1 782	67%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	01-Jan-19	07-Jul-19	120 635	782	2 162	1.80%	In week 27 (week ending 7 July 2019), 2 125 measles cases including 60 deaths have been reported from 23 of the 26 provinces of the country. In total, 144 health zones across the country have reported confirmed measles outbreaks. Since the beginning of 2019, 120 635 measles cases including 2 162 deaths (CFR 1.8%) have been recorded. Sixty-seven percent of the cases have been notified from Tshopo, Lualaba, Kasai and Haut-Lomami provinces.
Democratic Republic of the Congo	Monkey-pox	Ungraded	n/a	01-Jan-19	07-Jul-19	2 733	-	58	2.10%	Since the beginning of 2019, a cumulative total of 2 733 monkeypox cases, including 58 deaths (CFR 2.1%) were reported from 109 health zones in 16 provinces. In week 27 (week ending 7 July 2019), 106 cases and no death were reported nationally. Sankuru and Mai-Ndombe provinces reported 69% and 18% of cases respectively during the reporting week.
Democratic Republic of the Congo	Polio-myelitis (cVDPV2)	G2	15-Feb-18	n/a	24-Jul-19	35	35	0	0.00%	Four cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported this week in the Democratic Republic of the Congo (DR Congo): two from Kailash-Ouest and one from Nyanga, Kasai province, with onset of paralysis on 3, 7, and 5 June 2019; one from Tshumbe, Sankuru province, with onset of paralysis on 14 June 2019. There are 15 reported cases of cVDPV2 in 2019. The total number of cVDPV2 cases reported in 2018 is 20. DRC is currently affected by eight separate cVDPV2 outbreaks; one each originated in Haut Katanga, Mongala, Sankuru, two in Haut Lomami and three in Kasai provinces.
Ethiopia	Humanitarian crisis	Ungraded	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	21-Jul-19	1 005	33	11	1.10%	In week 29 (week ending on 21 July 2019), eight new cases were reported compared to 68 case in week 28. There has been a decreasing trend of reported cases since week 26. A total of 1 005 suspected and 33 confirmed with associated 11 deaths have been reported in Ethiopia as of 21 July 2019. These cases were reported from 7 regions: Afar (164 cases), Amhara (202), Oromia (437 cases), Somali (33), Tigray (22) regions and two administrative cities of Addis Ababa city (146 cases) and Dire Dawa (1 case).
Ethiopia	Measles	Ungraded	14-Jan-17	01-Jan-19	21-Jul-19	7 043	59	-	-	As of week 29, 2019 (week ending 21 July 2019), the measles outbreak is ongoing with a total of 7 043 suspected measles cases reported from Oromia (4 123), Somali (2 217) and Amhara (741) regions. The most affected age groups is the under 5 years (49.5%) and 15-44 (26.1%). Seventy-two (72%) of the reported measles cases have not had a single dose of the measles vaccine.
Ethiopia	Polio-myelitis (VDPV2)	Ungraded	24-Jun-19	20-May-19	21-Jun-19	1	1	0	0.00%	One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported from Doolo/Warder, Somali State, Ethiopia with onset on 20 May 2019. This is the first case of cVDPV2 reported from Ethiopia in 2019. In 2018, Ethiopia reported zero cases.
Ghana	Polio-myelitis (cVDPV2)	Ungraded	09-Jul-19	08-Jul-19	10-Jul-19	-	-	-	-	On 8 July 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 11 June 2019 in Koblimagu environmental site in the Tamale Metro area of the Northern Region. There are no associated cases of paralysis detected so far.
Guinea	Measles	Ungraded	09-May-18	01-Jan-19	21-Jul-19	3 349	773	27	0.80%	During week 29 (week ending on 21 July 2019), 151 suspected cases of measles were reported. From week 1 to 29 (1 January – 21 July 2019), a total of 3 349 suspected cases including 27 deaths (CFR 0.8%) have been reported. Of the 3 349 suspected cases, 1 352 were sampled, of which 773 tested positive for measles by serology. Of the 773 IgM positive cases, 92% are not vaccinated or have unknown immunization status and 81% are age less than five. Eight localities are in the epidemic phase, namely, Matoto, Labé, Boké, Ratoma, Lélouma, Koubia, Coyah, and Kankan.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Kenya	Cholera	Ungraded	21-Jan-19	02-Jan-19	21-Jul-19	3 465	141	24	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, Wajir, Mombasa and Machakos. From January to 21 July 2019, a total of 3 465 cases including 24 deaths (CFR 0.7%) have been reported, of which 141 cases have been laboratory-confirmed.
Kenya	Leishmaniasis	Ungraded	31-Mar-19	01-Jan-19	21-Jul-19	1 789	420	24	1.30%	From week 1 to week 28 in 2019, a total of 1 789 cases of leishmaniasis have been reported from Marsabit, Wajir and Garissa counties. The last peak was observed in week 20 (week ending 19 May 2019). Marsabit county has reported 1 519 suspected cases with 16 deaths (CFR 1.1%), of which 384 tested positive by the rapid diagnostic test (RDT). Wajir County has reported 261 suspected cases with 7 deaths (CFR 2.7%), of which 27 tested positive by RDT. Since 29 June 2019, Garissa County has reported 9 confirmed cases with 1 death.
Kenya	Measles	Ungraded	06-May-19	20-Mar-19	21-Jul-19	235	10	1	0.40%	Measles outbreak has been reported in Garissa and Kajiado counties. As of 14 July 2019, In Kajiado County, Kajiado West Sub-County has been affected with 225 cases and 1 death have been reported of which four were laboratory-confirmed. Additionally, ten cases including six laboratory confirmed cases were reported from Garissa County in Dadaab Sub-County. This county has not reported new cases since 21 May 2019.
Liberia	Lassa fever	Ungraded	23-Jan-19	01-Jan-19	07-Jul-19	35	22	8	22.90%	Of 74 suspected cases reported year-to-date, 22 have tested positive by RT-PCR, 39 discarded due to negative test results, and 13 are 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	07-Jul-19	1 120	110	5	0.40%	In week 27 (week ending on 7 July 2019), 18 suspected cases were reported from 8 out of 15 counties across the country. Since the beginning of 2019, 1 120 cases have been reported across the country, of which 110 are laboratory-confirmed, 79 are epi-linked, and 633 were clinically confirmed.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	02-Jul-19	-	-	-	-	The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The presence and activities of armed groups not included in the 2015 agreement continues to influence the security situation. Clashes between Dogon (pastoralist farmers) and Fulani (nomadic herders) communities over land and access to water points have also increased in central and northern regions. On 30 June 2019, armed men attacked three predominantly Fulani villages in Mopti region.
Mali	Measles	Ungraded	20-Feb-18	01-Jan-19	14-Jul-19	1 068	281	0	0.00%	As of week 28 (week ending on 14 July 2019), 1 068 suspected cases of measles have been reported from 11 districts in the country, 281 of which were confirmed IgM positive.
Mozambique	Cholera	Ungraded	27-Mar-19	27-Mar-19	25-Jun-19	7 052	-	8	0.10%	The cholera outbreak continues to improve in provinces that were affected by the cyclones (Kenneth and Idai) in 2019. As of 19 June 2019, 284 cases and no deaths were reported in Cabo Delgado province, with Pemba being the most affected and a total of 6 768 suspected cases and 8 deaths were reported in Sofala, with Beira being the most affected district. Sofala province has not reported cases of Cholera for the last 18 days.
Mozambique	Cyclone Kenneth	Ungraded	25-Apr-19	25-Apr-19	19-Jun-19			45		On 25 April, Cyclone Kenneth reached the Mozambican coast on the extreme north of the province of Cabo Delgado, hitting Ibo, Quissanga and Macomia districts in the category 3 of Tropical Cyclone. The health sector was affected, with a total of 19 health facilities suffering varying degrees of damage. Access to the affected districts is still conditioned due to the destruction of roads, the telecommunications networks and the interruption of electricity.
Mozambique	Flood/cyclone Idai	G3	15-Mar-19	15-Mar-19	19-Jun-19	-	-	-	-	Humanitarian partners continue supporting the affected population shifting gradually from emergency to early recovery interventions. The number of displaced people seeking shelter in accommodation centres in Sofala has decreased. As of 17 June 2019, there were three accommodation centres remaining in Sofala. Health services provision remains challenging for communities living in remote and hard-to-reach areas. Weekly number of malaria cases are declining in affected areas in Sofala province.

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	24-Jul-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.
Namibia	Hepatitis E	G1	18-Dec-17	08-Sep-17	14-Jul-19	5 711	1 185	48	0.80%	In week 27 and week 28 (week ending 14 July 2019), 173 cases were reported from ten regions of Namibia, with 91 cases (53%) reported from Khomas region. There is a 8% increase in the number of cases reported in weeks 27 and 28 compared to weeks 25 and 26 of 2019 where 160 cases were reported. As of 14 July 2019, a cumulative total of 5 711 cases of acute jaundice syndrome (AJS) have been reported nationally since September 2017, including 1 185 laboratory-confirmed, 3 814 epidemiologically-linked, and 712 suspected. A cumulative number of 48 deaths have been reported nationally (CFR 0.8%), of which 21 (44%) occurred in pregnant or post-partum women. Cases have been reported from 12 out of 14 regions of Namibia, namely, Khomas, Omusati, Erongo, Oshana, Oshikoto, Kavango, Ohangwena, Omaheke, Hardap, Karas, Otjozondjupa, and Kunene regions. Khomas region accounts for 64.4% of cases. 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	28-Jun-19	-	-	-	-	The security situation continues to worsen in Niger following Boko Haram attacks in the region. A total of 70 000 people are displaced in Tillabery, Maradi and Tahoua and more than 150 civilians were killed following the upsurge of armed attacks in 2019. It is estimated that a total of 170 000 people will be at risk of flooding during the rainy season. 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	Measles	Ungraded	10-May-19	01-Jan-19	23-Jun-19	9 221		47	0.50%	During the week 25 (week ending on 23 June 2019), 204 suspected measles cases with 1 deaths have been reported from the country. This brings the cumulative total of 2019 to 9 221 suspected cases including 47 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.
Niger	Polio-myelitis (cVDPV2)	G2	08-Jul-18	08-Jul-18	24-Jul-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.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	30-Jun-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	Cholera	Ungraded	19-Jun-19	15-May-19	22-Jul-19	377	131	4	1.10%	Eight new cases with zero deaths were reported from 22 to 24 July 2019 from three of the four affected Local Government Areas (LGAs) in Adamawa State namely; Yola North (3 cases with zero deaths), Girei (4 cases with zero deaths), and Yola South (1 case with one death). From 15 May to 24 July 2019, a cumulative total of 385 cases with four deaths (CFR 1.0%) have been reported from four LGAs with the caseload distributed as follows: Yola North (223 cases with two deaths), Girei (132 cases with one death), Yola South (29 cases with one death), and Song (1 case with zero deaths). Of 202 stool specimens collected and analyzed at the state specialist hospital, 143 cultured <i>Vibrio cholerae</i> as the causative agent.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Liberia	Lassa fever	Ungraded	23-Jan-19	01-Jan-19	21-Jul-19	35	22	8	22.90%	Of 74 suspected cases reported year-to-date, 22 have tested positive by RT-PCR, 39 discarded due to negative test results, and 13 are pending test results. A total of eight deaths (case fatality ratio 36.4%) have been reported among confirmed cases.
Nigeria	Measles	Ungraded	25-Sep-17	01-Jan-19	25-May-19	30 669	1 476	91	0.30%	In epi week 20 (week ending on 19 May 2019), a total of 1 862 suspected cases of measles were reported from 35 states including 2 deaths (CFR, 0.1%). Borno (999), Yobe (131), and Katsina (273) account for 75.3% of all the cases reported in week 20 of 2019. Between epi week 1 and 20 (1 Jan - 19 May 2019), a total of 30 669 suspected cases have been recorded from 695 LGAs in 36 states and FCT with 91 deaths (CFR 0.29%). Of the 6 764 samples tested, 1 476 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)	G2	01-Jun-18	01-Jan-18	24-Jul-19	46	46	0	0.00%	A total of 12 cases of cVDPV2 have been reported in 2019 so far. The total number of cVDPV2 cases reported in 2018 remains 34. Two positive environmental samples were also reported in the past week from Maidaguri, Borno State. The samples were both collected on 25 June 2019.
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%).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Rwanda	Measles	Ungraded	25-Jun-19	01-Jun-19	02-Jul-19	74	12	4	5.40%	From 1 June to 2 July 2019, 74 suspected measles cases were reported from Ngororero and rutsito districts, in the Western province of Rwanda. The index case is a 12-year-old girl from Ngororero district who started experiencing fever, cough, maculopapular skin rash, coryza and red eyes on 9 June 2019 and was treated by a traditional healer. She died on 17 June 2019. Two siblings to the index case subsequently developed similar symptoms and died. Among the 14 samples tested by the National reference Laboratory, 12 (85.7%) were IgM positive for measles. Four deaths (CFR 5.4%) have been reported. Fifty-four percent of cases are below 15 years and 51.4% (38) of cases are female. Ngororero district is the most affected with 90.5% (67) of cases, reported mainly from Sovu sector (89.2%). Of the 63 cases with known vaccination status, 37 (58.7%) were not vaccinated. Eight cases had unknown immunization status.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	07-Jul-19	-	-	-	-	Detailed update given above.
South Sudan	Hepatitis E	Ungraded	-	03-Jan-18	07-Jul-19	58	18	2	3.40%	The current outbreak in Benitu PoC continues. In week 26 (week ending 30 June 2019), one new suspected cases of Hepatitis E was reported from Benitu PoC. To date, in 2019, total 47 cases including 18 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).
Tanzania, United Republic of	Cholera	Ungraded	07-Feb-19	26-Jan-19	21-Jul-19	424	14	8	1.90%	During week 29, zero new cholera cases were reported from the country. In the past four weeks, Dar es salaam Region has reported 21 (65.6%) of 32 cases and Tanga Region reported 11 cases. Sixteen out of 195 districts in the country have reported at least one cholera case this year.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Tanzania, United Republic of	Dengue fever	Ungraded	31-Jan-19	01-Aug-18	21-Jul-19	6 670	6 670	6	0.10%	Tanzania continues to report dengue fever cases. As of week 29 (week ending on 21 July 2019), 129 new dengue cases were reported from Dar es Salaam (109 cases and 2 deaths), Tanga (13 cases), Pwani (5 cases) and Lindi (2 cases). The total confirmed cases reported since the beginning of the outbreak was 6 670 cases including six deaths.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	30-Jun-19	-	-	-	-	Inter-ethnic violence between the Hema and Lendu communities in north-eastern parts of the Democratic Republic of Congo (DRC) is reported to have displaced more than 300 000 since early June. The situation in Ituri Province has deteriorated since mid June, resulting in large displacement in Djugu, Mahagi and Irumu. Inter-ethnic attacks between the two communities had already led to widespread displacement in late 2017 and early 2018, but the situation had calmed.
Uganda	Cholera	Ungraded	27-Jun-19	23-Jun-19	14-Jul-19	46	7	1	2.20%	An outbreak of cholera was declared by the Ministry of Health of Uganda on 24 June 2019 in Bududa district on the border with Kenya in the aftermath of landslides caused by heavy rains. From 23 June to 14 July 2019, a total of 46 cases with one death (case fatality ratio 2.2%) have been reported. Of 33 stool specimen tested, seven cultured <i>Vibrio cholerae</i> .
Uganda	Ebola virus disease	G2	11-Jun-19	09-Jun-19	24-Jul-19	3	3	3	100.00%	The Ministry of Health of Uganda has declared the outbreak of Ebola in Kasese district contained following more than 42 days without a new case. The last case died on 13 June 2019. The outbreak was initially declared on 11 June 2019, and involved three case-patients who were exposed in neighbouring Democratic Republic of the Congo before travelling to Uganda. A total of 1 275 people were vaccinated as part of response measures to prevent secondary cases.
Uganda	Measles	Ungraded	08-Aug-17	01-Jan-19	02-Jul-19	1 275	604	6	0.50%	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.
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 398684 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%).

†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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