

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 31: 29 July – 4 August 2019  
Data as reported by 17:00; 4 August 2019



World Health Organization

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

**0**

New events

**72**

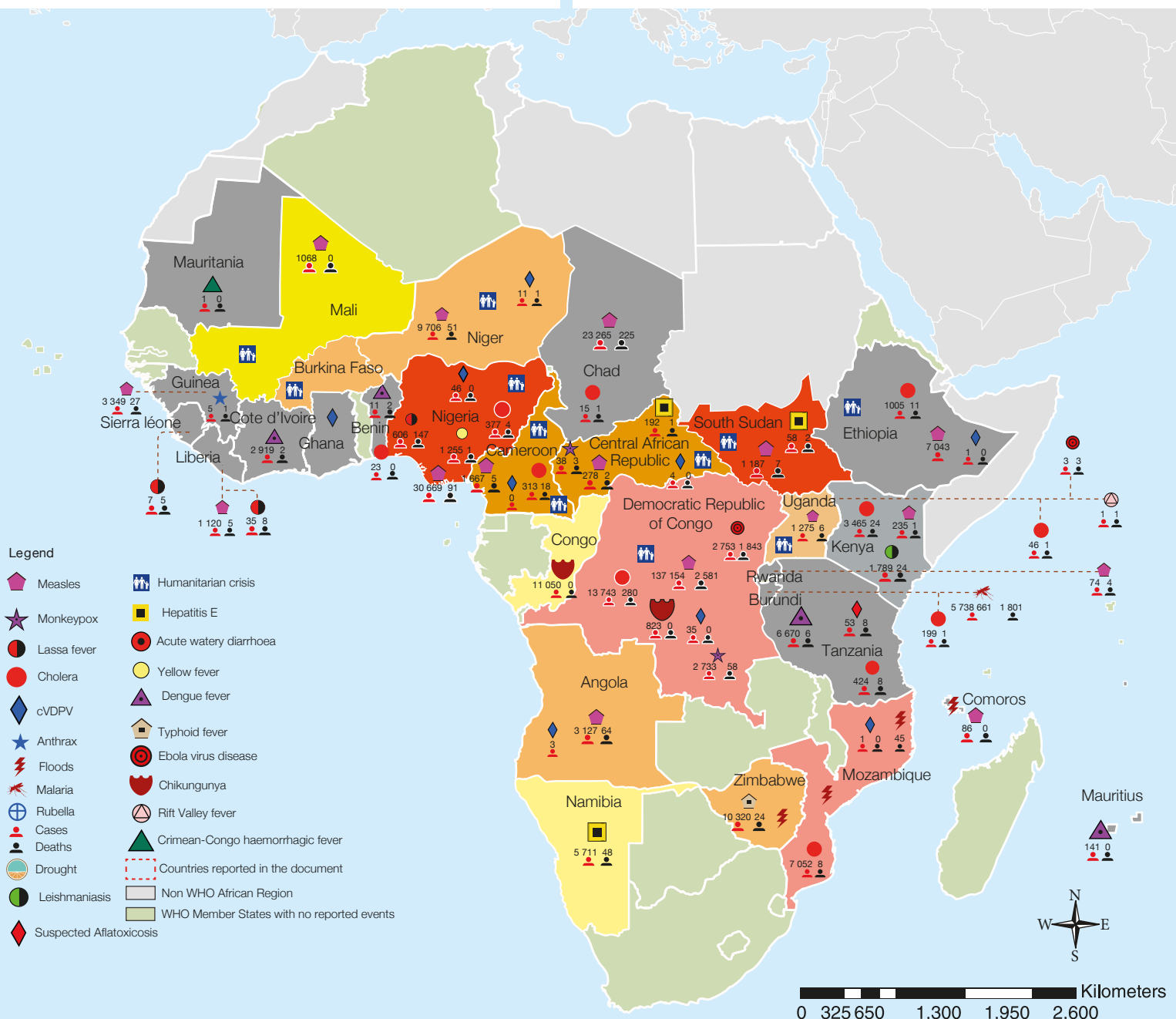
Ongoing events

**57**

Outbreaks

**15**

Humanitarian crises



Graded events †

**4**

Grade 3 events

**11**

Grade 2 events

**2**

Grade 1 events

**49**

Ungraded events

**2**

Protracted 3 events

**2**

Protracted 2 events

**2**

Protracted 1 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 72 events in the region. This week's edition covers key new and ongoing events, including:

- Measles in Democratic Republic of the Congo
- Ebola virus disease in Democratic Republic of the Congo
- Humanitarian crisis in Northeast Nigeria
- Measles in Central African Republic

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

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

### Major issues and challenges include:

- The number of cases in the ongoing measles outbreak in Democratic Republic of the Congo is on an increasing trend with new health zones reaching epidemic phase. The sustained transmission among a large cohort of susceptible individuals can be attributed to years of suboptimal immunization coverage. The outbreak is occurring in the context of a protracted humanitarian crisis, characterized by high levels of malnutrition, multiple outbreaks of other epidemic-prone diseases, including the ongoing Ebola outbreak, mass displacement of populations in conflict-affected areas, and a weak health system. Concurrent outbreaks of measles and Ebola in North Kivu and Ituri are of concern and response efforts could prove challenging in a setting with insecurity and mistrust from communities. While reactive campaigns have been mounted in some areas, response efforts continue to be challenged by inadequate capacities for surveillance, diagnosis, and case management, as well as insecurity, and logistical constraints. The government of Democratic Republic of the Congo, with support from partners, should invest more in the strengthening routine immunization activities to curb the high incidence of measles and prevent recurrent outbreaks. Investments in current EVD response could also be leveraged and integrated to support response efforts to the measles outbreak.
- 1 August 2019, marked one year since the declaration of the current outbreak of Ebola virus disease in Democratic Republic of the Congo. WHO and partners continue to support the government of Democratic Republic of Congo to adapt strategies in response to the evolving circumstances associated with this outbreak. The outbreak has remained largely confined to North Kivu and Ituri provinces with insecurity and pockets of community resistance challenging response efforts. The report of new confirmed cases including evidence of local transmission in Goma, capital of North Kivu, highlights the potential for spread within Democratic Republic of the Congo and to neighbouring countries. Operational readiness and preparedness activities in at-risk areas need to be sustained to ensure early detection and control of any future case. The concerted efforts of all stakeholders and partners, strategies should continue to remain dynamic and evidence-based to interrupt transmission and bring this outbreak to an end.
- Measles continues to account for a high burden of morbidity and mortality in the African Region with several outbreaks ongoing including those of the Central African Republic and Democratic Republic of the Congo. The risk factors are well known – limited access to and utilization of immunization services – attributed to suboptimal performance of immunization programmes and weak health systems in general. While some progress has been made in the African region towards measles elimination, more investment is needed to ensure implementation of the five core strategies as articulated in the ambitious global measles and rubella elimination plan.

## EVENT DESCRIPTION

The measles outbreak in Democratic Republic of the Congo continues with geographic spread and an increasing trend in the number of cases in recent weeks. Since our last report on 16 June 2019 (Weekly Bulletin 24), 30 284 additional suspected cases including 766 deaths have been reported across the country. Fifty-four additional health zones have reached the epidemic phase since early June 2019. In week 29 (week ending 21 July 2019), 5 677 suspected cases with 116 deaths were reported from 20 provinces across Democratic Republic of the Congo. Most of the cases were reported from Mulumba (1 036), Lomami (1 144), Kasai (781), and Kwilu (699) provinces, accounting for a combined total of 64% of the cases. Until week 26 (week ending 30 June 2019), there was a gradual decline in the weekly number of cases following the peak in week 17 (week ending 28 April 2019) when 7 483 cases with 87 deaths were reported. Since week 27 (week ending 7 July 2019), there has been a gradual increase in the weekly number of cases.

From 1 January to 21 July 2019, a total of 137 154 suspected measles cases including 2 581 deaths (case fatality ratio 1.9%) have been reported from 455 (88%) out of 519 health zones across all 26 provinces of the Democratic Republic of the Congo. Of 3 522 cases sampled, 1 308 tested IgM-positive for measles virus infection at the National Institute of Biomedical Research (INRB) in Kinshasa. Children less than five years old are the most affected, accounting for 77% of all reported cases and 90% of measles-associated deaths. Most (63%) of the cases had not been previously vaccinated or had unknown vaccination status. A total of 151 (29%) out of 519 health zones across the country have reached the measles epidemic phase since the beginning of 2019. The provinces of Tshopo (31 187), Kasai (23 227), Haut-Lomami (13 002), Lualaba (9 442), South-Kivu (7 505), Tanganyika (6 886), Kasai-Central (6 258), Ituri (6 193) and Kasai-Oriental (5 940) account for 80% of the cumulative cases reported since the beginning of 2019. Densely populated urban areas in the capital city Kinshasa are also affected, with 29 (83%) of its 35 health zones reporting cases of measles.

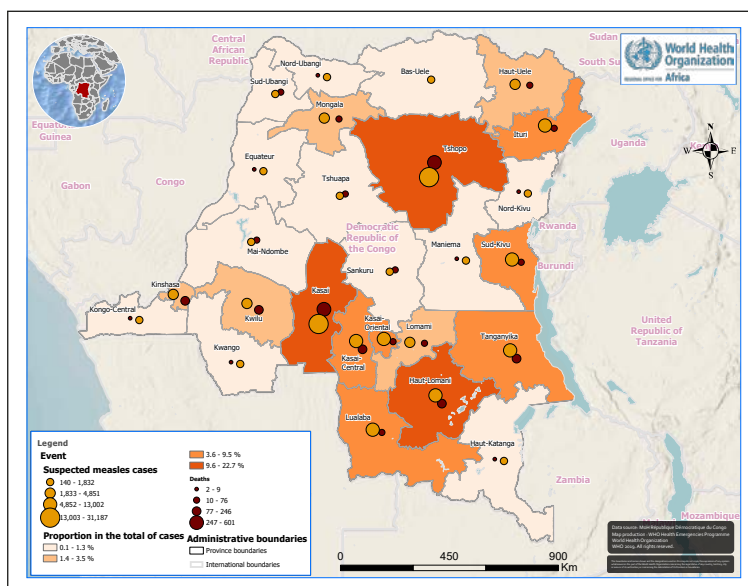
Two of the provinces, North-Kivu and Ituri, are concomitantly affected by the ongoing Ebola outbreak. These provinces reported 1 832 cases (CFR 0.5%) and 6 193 cases (CFR 1.0%) respectively since the beginning of 2019. In Ituri Province, transmission continues with an average of 196 cases per week (range 124 to 241) in the last five weeks. The majority of cases in this province are concentrated in Mambasa, Angumu, Laybo and Bunia health zones, which account for 69% of reported cases in Ituri. In North-Kivu province, an average of 123 cases per week (range 58 to 217) have been reported in the past five weeks. There is a slight decline in the weekly number of cases in the past two weeks following the peak in week 26 when 217 cases were reported. The health zones of Walikale, Karisimbi, Kamango, Itebero, and Mabalako make up 90% of the cases reported in this province.

Measles vaccination coverage remains low across the Democratic Republic of the Congo, contributing to the high number of susceptible individuals and fuelling protracted outbreaks of measles. According to the Multiple Indicator Cluster Surveys (MICS), the estimated coverage for measles-containing vaccine 1 (MCV1) was 57% in 2018. The routine immunization programme offers only a single dose of measles-containing vaccine to children at the age of nine months.

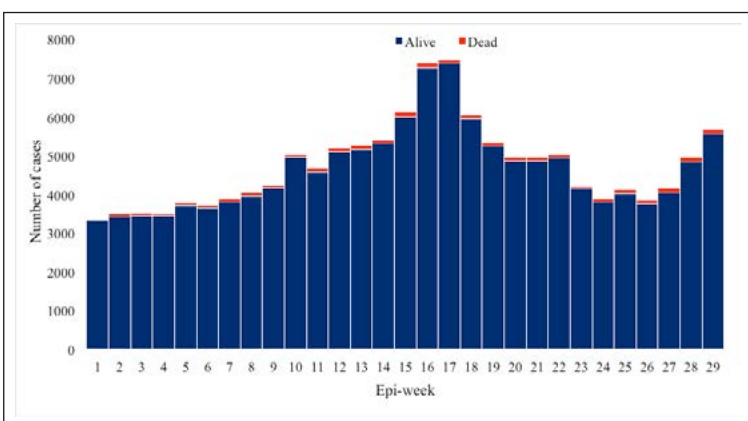
## PUBLIC HEALTH ACTIONS

- Following the official declaration of the measles outbreak on 10 June 2019 by the Ministry of Health of Democratic Republic of the Congo, an incident management team has been set up under the leadership of the Ministry of Health with involvement of WHO, UNICEF, Médecins Sans Frontières (MSF), and other partners to coordinate response activities to the measles outbreak.
- Planning activities to intensify current response measures have been ongoing with a national response plan drafted and undergoing validation by the national health cluster.
- With support from the Measles and Rubella Initiative (MRI), UNICEF, and MSF, a reactive measles vaccination campaign was conducted from 19 to 23 April 2019, targeting 2 303 167 children aged 6-59 months in 63 health zones across 13 provinces, with an administrative coverage of 99.3%. Another reactive vaccination campaign conducted from 11 to 15 July 2019, in Bunia, Ituri Province, reached 42 724 children aged 6-23 months.
- Investigation and clinical management of cases continue across the country. Root cause analysis is being undertaken in order to strengthen surveillance and immunization activities.

Geographical distribution of cases of measles, Democratic Republic of the Congo  
1 January - 21 July 2019



Weekly trend of measles cases and deaths in Democratic Republic of the Congo, weeks 1- 29, 2019



- Following approval from the Global Alliance for Vaccines and Immunizations (GAVI), preparatory activities are ongoing for the upcoming three-phased nationwide measles supplementary immunization campaign scheduled for October 2019, December 2019, and February/April 2020.

## SITUATION INTERPRETATION

The risk associated with the ongoing measles outbreak remains high at national level particularly due to the large number of susceptible populations across the country as a result of sub-optimal performance of the immunization programme over several years. The outbreak is occurring in the context of a protracted humanitarian crisis, characterized by high levels of malnutrition, multiple outbreaks of epidemic-prone diseases, including the ongoing Ebola outbreak, mass displacement of populations in conflict-affected areas, and a weak health system. Response efforts continue to be challenged by inadequate capacities for surveillance, diagnosis, and case management, the volatile security situation including those of Ebola-affected areas, and logistical constraints. While reactive campaigns are being implemented, 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 guarantee 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 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 28 July 2019 (*Weekly Bulletin 30*), 94 new confirmed EVD cases with an additional 61 deaths have been reported from 12 health zones across the two affected provinces. Sustained transmission continues to occur in Beni and Mandima Health Zones, which account for about 62% of the new cases reported. On 30 July 2019, a confirmed case was reported in Nyirangongo Health Zone on the outskirts of Goma city. There is currently no indication of an epidemiological link between this case and the first case identified in Goma on 14 July 2019. This case-patient was a miner in Ituri Province and travelled to Goma through several hot spot areas. Two family members of the case-patient, a child and his spouse, have tested positive and are receiving care in the Goma Ebola Treatment Centre (ETC). As of 3 August 2019, there are four confirmed cases of EVD in Goma.

As of 3 August 2019, a total of 2 753 EVD cases, including 2 659 confirmed and 94 probable cases have been reported. In the last 21 days (14 July - 3 August 2019), 17 health zones have reported at least one confirmed case. To date, confirmed cases have been reported from 26 health zones: Goma (1), Nyirangongo (3), Alimbongo (5), Beni (592), Biena (16), Butembo (262), Kalunguta (136), Katwa (624), Kayna (9), Kyondo (20), Lubero (31), Mabalako (365), Manguredjipa (18), Masereka (49), Musienene (73), Mutwanga (16), Oicha (51) and Vuhovi (101) in North Kivu Province; and Mambasa (7), Ariwara (1), Bunia (4), Komanda (36), Rwampara (8), Mandima (228), Nyankunde (1), and Tchomia (2) in Ituri Province.

As of 3 August 2019, a total of 1 843 deaths were recorded, including 1 749 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 66% (1 749/2 659). The cumulative number of health workers affected continues to rise and is now 149, which is 5% of the confirmed and probable cases to date.

As of 3 August 2019, Beni and Mandima are the main hot spots of the outbreak reporting 48% ( $n=126$ ) and 20% ( $n=52$ ) of the cases in the past 21 days respectively. Twelve health zones, Mabalako, Beni, Katwa, Nyirangongo, Mutwanga, Vuhovi, Mandima, Kalunguta, Mambasa, Masereka, Komanda, and Oicha 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 19 156 contacts are under follow-up as of 3 August 2019, of which 15 937 have been seen in the past 24 hours (83%; varies between 53-100% among reporting zones). Alerts in the two affected provinces continue to be raised and investigated. Of 1 799 alerts processed (of which 1 711 were new) in reporting health zones on 3 August 2019, 1 726 were investigated and 397 (23%) were validated as suspected cases.

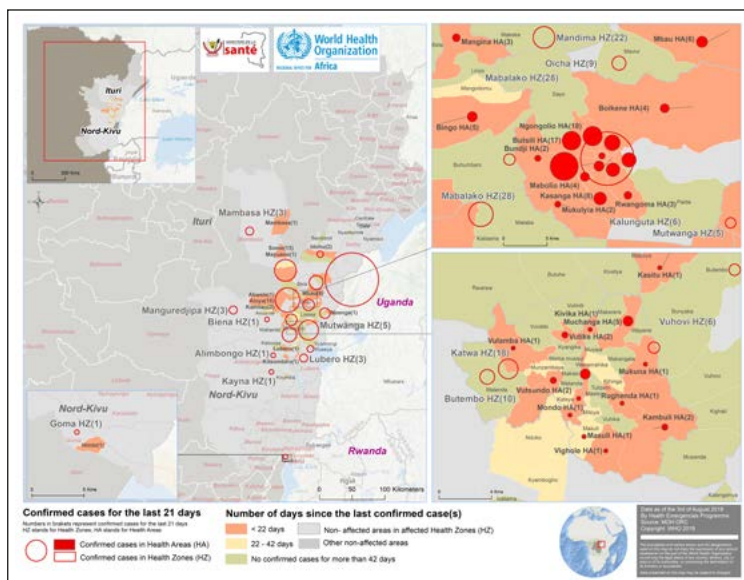
On 17 July 2019 the WHO Director-General, Dr Tedros Ghebreyesus declared the EVD outbreak in Democratic Republic of the Congo a Public Health Emergency of International Concern (PHEIC), following a meeting of the International Health Regulations Committee for EVD.

The 1st of August marked one year since the declaration of the outbreak. As the outbreak evolves, response measures continue to be adapted. There are currently no confirmed cases of EVD outside of the Democratic Republic of the Congo. No new EVD cases or deaths have been reported in the Republic of Uganda since 13 June 2019. On 25 July 2019, the Ebola outbreak in Uganda was declared contained after completing the 42 days monitoring without a new case.

### 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.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May 2018 to 3 August 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



- A community-based surveillance supervisor in the Kananga Health Area, Beni Health Zone, has been missing, feared kidnapped, for three days.
- As of 3 August 2019, a cumulative total of 184 365 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 81 million screenings to date. A total of 92/98 (94%) PoE/PoC transmitted reports as of 3 August 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.
- Ten of the 30 Ariwara psychosocial agents who have completed their training have been briefed on field activities.
- Water, sanitation and hygiene (WASH) activities continue with health facilities and contaminated households decontaminated in Beni, Mandima, Mabalako and Katwa.
- 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 Mandima, leaders of the local committee of the Mayuwano-Some axis benefited from capacity building to continue community dialogue initiated by the local provincial deputies; in Mabalako, the Mangina communication sub-commission continued preparations for communication and prevention actions with the organizers of the Yira cultural conference, scheduled to take place from 10-17 August 2019; in Goma, as part of the launch of the Chunguza Jirani community-based monitoring campaign, a dialogue was held with local NGO leaders in order to strengthen community surveillance as well as alert for any high-risk contacts who are currently not seen.

### SITUATION INTERPRETATION

The report of new confirmed cases including evidence of local transmission in Goma, capital of North Kivu with a population of two million inhabitants highlights the risk of spread including exportation of cases to neighbouring countries. Substantial rates of transmission continue within outbreak affected areas of North Kivu and Ituri provinces with Beni and Mandima health zones being the main hotspots. Challenges in accessing some communities due to insecurity and pockets of community resistance continue to facilitate the further transmission of the disease. One year on since the declaration of this outbreak, response strategies continue to be adapted to the evolving circumstances. Neighbouring countries remain at-risk and, as such operational readiness and preparedness activities need to be sustained to ensure early detection and control of any future case.

## EVENT DESCRIPTION

Northeast Nigeria continues to experience one of the most severe humanitarian crisis in the world as a result of ongoing insurgency by non-state armed groups which started ten years ago. The crisis remains complex and protracted with escalation in armed attacks against civilians and humanitarian workers particularly in Borno State at the end of July 2019. Some 27 000 civilian's lives have been claimed and entire communities, villages and towns devastated across the three most-affected states – Borno, Adamawa, and Yobe. A total of 7.1 million people are currently in need of humanitarian assistance with over 1.9 million people uprooted from their homes – the vast majority of them women and children.

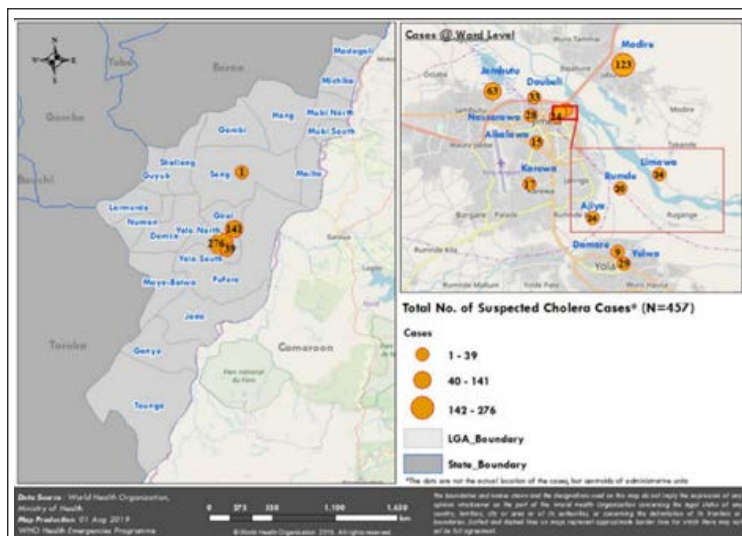
Restricted access, the current rainy season and joint military operations by countries in the Lake Chad region – Nigeria, Niger and Cameroon – have continued to hamper responses to the humanitarian needs of internally displaced persons (IDPs) and refugees. IDP camps are overcrowded, and they and local populations are characterized by general poverty, poor environmental infrastructure, water scarcity, poor sanitation and waste management, poor nutritional status and overstretched health services.

Risk factors are particularly high for infectious diseases such as malaria, measles, and cholera among others. There is also a very high level of malnutrition contributing substantially to high mortality rates. About 369 000 children are reported to be severely malnourished in the affected states. Adamawa State recently declared an outbreak of cholera on 18 June 2019, driven by inadequate potable drinking water and poor sanitation, coupled with overcrowding. As of 31 July 2019, a total of 457 cases including four deaths (case fatality ratio 0.7%) have been reported from four affected Local Government Areas (LGA), namely, Yola North (276 cases with two deaths), Girei (141 cases with one death), Yola South (39 cases with one death), and Song (one case). Of 239 specimens collected, 149 cultured *Vibrio cholerae*, with seven of the isolates from the reference laboratory showing 01 serotype. In Borno State, the measles outbreak is still ongoing although marked by a gradual reduction in the weekly number of cases. As of week 29 (week ending 21 July 2019), 20 921 suspected cases with 111 deaths (case fatality ratio 0.5%) have been reported from 24 out of the 27 LGA across Borno State. Maiduguri LGA has been the most affected reporting a total of 9 242 (44%) of the cumulative suspected cases.

## PUBLIC HEALTH ACTIONS

- WHO has continued to provide technical support to the State Ministry of Health by establishing an emergency operations centre.
- The response has been scaled up, with the support of WHO, by strengthened surveillance and case management, with training of active case search teams in affected areas and newly identified hot spots and support for health workers in managing cholera treatment centres.
- Laboratory personnel have been trained in the use of rapid diagnostic tests and specimen analysis to reduce sample turnaround time, with the support of WHO.
- WHO and partners are collaborating to support the State Ministry of Health in providing water point chlorination, distribution of household safe water containers, hygiene promotion, and disinfection of public latrines.

Geographical distribution of cases of cholera in Adamawa State, Nigeria, 18 June - 31 July 2019



## SITUATION INTERPRETATION

The presence of annual cholera outbreaks, typified by that current in Adamawa State, clearly show the knock-on effects of the protracted humanitarian crisis, that continues to destabilize the region as a result of the volatile security situation, hampering and restricting humanitarian access to affected populations. This emphasizes the need for bridging funding to sustain a more vigorous coordination of WHO and partners' emergency operations in these areas. Challenges include resistance to water chlorination in some affected communities, along with an inadequate supply of Aqua Tabs. Poor infection prevention and control measures, as well as limited water, sanitation and hygiene responses have contributed to increased transmission of cholera and robust disease surveillance is required. In addition, local and international authorities need to continue to attempt to address the underlying drivers of the instability in the region in order to bring this humanitarian crisis to an end.

## EVENT DESCRIPTION

The outbreak of measles declared by the Ministry of Public Health and Population of Central African Republic on 9 July 2019 in the health district of Nana-Gribizi continues, with the epicentre in Nana Outa commune. In week 30 (week ending 28 July 2019), 12 new suspected cases of measles were reported across Nana-Gribizi health district.

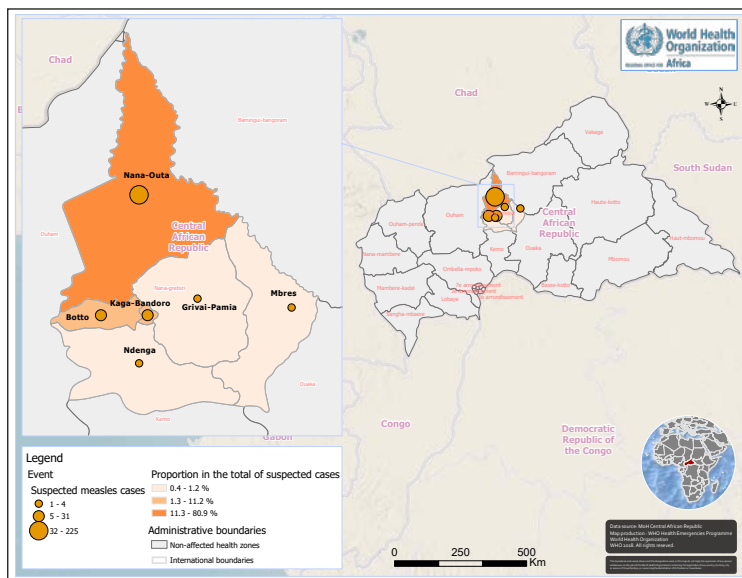
From epidemiological week 22 to 30, a total of 278 suspected cases of measles, including two deaths (case fatality ratio 0.7%) have been reported from all six communes of Nana-Gribizi health district. Both deaths were children less than five years old. The majority (225; 81%) of cases have been reported from Nana Outa followed by Bاندورو (31; 11%) and Botto (14; 5%) communes, which account for a combined total of 97% of the cumulative cases. Other communes reporting suspected cases include Grévaï (4), Ndenga (3), and Mbrès (1). The outbreak peaked in week 28 (week ending 14 July 2019), when 72 suspected cases were reported. Of 18 suspected cases sampled, 13 tested IgM-positive for measles virus infection at Institut Pasteur Bangui Reference Laboratory. The group aged 12 to 59 months is the most affected, accounting for 92% of the cumulative cases. Females represent 52% of the cumulative cases reported. The majority (88%) of cases were either not previously vaccinated (36%) or had unknown vaccination status (52%).

The Central African Republic (CAR) has been reporting outbreaks of measles in recent years. A total of eight epidemics in separate temporal and geographical clusters were recorded between 2016 and 2019. The estimated routine immunization coverage for the first dose of measles-containing vaccine (MCV1) has remained at 49% since 2014 according to the latest WHO-UNICEF estimate. The immunization programme does not offer a second dose of measles-containing vaccine.

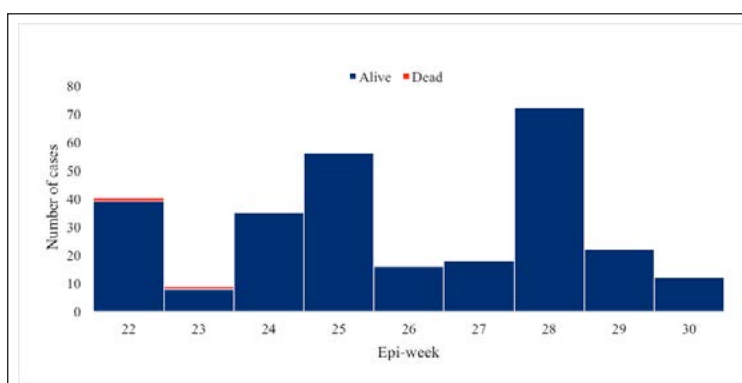
## PUBLIC HEALTH ACTIONS

- Response to the measles outbreak is being coordinated at the Public Health Emergency Operations Centre (PHEOC) under the leadership of the Ministry of Public Health and Population of the Central African Republic with technical support from WHO, UNICEF, Alliance for International Medical Action (ALIMA), and other partners. A local crisis committee is also coordinating response at the district level.
- A comprehensive response plan to tackle recurrent outbreaks of measles has been developed by the Ministry of Public Health and Population with technical support from WHO, UNICEF, and other partners.
- Epidemiological surveillance is being enhanced in the affected areas with prepositioning of case investigation forms and refresher training for health workers on case identification and reporting. Early detection of cases in the community is being strengthened through training of community volunteers in syndromic case identification and reporting.
- Clinical management of cases is ongoing. WHO is supporting the provision of drugs and medical supplies to five health facilities around the epicentre of the outbreak. ALIMA has set up a mobile clinic to manage cases and support referral system for cases with complications.
- The Ministry of Health, with support from the Global Alliance for Vaccines and Immunization (GAVI), conducted a measles reactive vaccination campaign from 19 to 23 July 2019, which covered 17 055 children aged 6 to 59 months in three communes of KagaBandoro sub-prefecture and a commune of Kabo sub-prefecture in Nana-Gribizi.

Geographical distribution of cases of measles, Nana-Gribizi Health District, Central African Republic, week 22- 30, 2019



Weekly number of cases of measles, Nana-Gribizi Health District, Central African Republic, week 22-30, 2019



- Health risk communication and community mobilisation activities are ongoing in the affected health district.
- A campaign to provide vitamin A supplementation and albendazole for deworming is planned for 9 to 12 August 2019.

## SITUATION INTERPRETATION

The Central African Republic has been faced with recurrent outbreaks of measles largely due to low immunization coverage contributing to accumulation of a large cohort of susceptible individuals. Ongoing security issues, coupled with weak surveillance systems and limited skilled health workers and infrastructure in affected areas, are risk factors challenging response efforts. There is a need to continue to strengthen surveillance as well as increase vaccination coverage with appropriate strategies, including the catch-up immunization campaign in areas with low vaccination coverage.

# Summary of major issues, challenges and proposed actions

## Major issues and challenges

- The number of cases in the ongoing measles outbreak in Democratic Republic of the Congo is on an increasing trend with new health zones reaching epidemic phase. The sustained transmission among a large cohort of susceptible individuals can be attributed to years of suboptimal immunization coverage. The outbreak is occurring in the context of a protracted humanitarian crisis, characterized by high levels of malnutrition, multiple outbreaks of other epidemic-prone diseases, including the ongoing Ebola outbreak, mass displacement of populations in conflict-affected areas, and a weak health system. Concurrent outbreaks of measles and Ebola in North Kivu and Ituri are of concern and response efforts could prove challenging in a setting with insecurity and mistrust from communities. While reactive campaigns have been mounted in some areas, response efforts continue to be challenged by inadequate capacities for surveillance, diagnosis, and case management, insecurity, and logistical constraints. The government of Democratic Republic of the Congo with support from partners should invest more in strengthening routine immunization activities to curb the high incidence of measles and prevent recurrent outbreaks. Investments in the current EVD response could also be leveraged and integrated to support response efforts to the measles outbreak.
- 1 August 2019 marked one year since the declaration of the current outbreak of Ebola virus disease in Democratic Republic of the Congo. WHO and partners continue to support the government of Democratic Republic of Congo to adapt strategies in response to the evolving circumstances associated with this outbreak. The outbreak has remained largely confined to North Kivu and Ituri provinces with insecurity and pockets of community resistance challenging response efforts. The report of new confirmed cases including evidence of local transmission in Goma, capital of North Kivu, highlights the potential of spread within Democratic Republic of the Congo and to neighbouring countries. Operational readiness and preparedness activities in at-risk areas need to be sustained to ensure early detection and control of any future case. With concerted efforts of all stakeholders and partners, strategies should continue to remain dynamic and evidence-based to interrupt transmission and bring this outbreak to an end.
- Measles continues to account for a high burden of morbidity and mortality in the African Region with several outbreaks ongoing including those of the Central African Republic and Democratic Republic of the Congo. The risk factors are well known – limited access to and utilization of immunization services – attributed to suboptimal performance of immunization programmes and weak health systems in general. While some progress has been made in the African region towards measles elimination, more investment is needed to ensure implementation of the five core strategies articulated in the ambitious global measles and rubella elimination plan.

## Proposed actions

- There is a need for investment in strengthening routine immunization activities across Democratic Republic of the Congo and adapting strategies to increase access and utilization in order to prevent recurrence of large-scale outbreaks. It would be worth leveraging investments in the EVD response and integrate response strategies to reach the population in areas affected by outbreaks of measles and Ebola concomitantly.
- There is a need to continue to strengthen and sustain such operational readiness and preparedness activities in at-risk areas within Democratic Republic of the Congo as well as neighbouring countries to ensure early detection and control of any future case while at the same time adapting new strategies to control the outbreak in Ebola - affected areas.
- In order to prevent recurrent measles outbreaks and move toward elimination, countries and international partners should invest in core strategies that focus on strengthening surveillance, increasing vaccination coverage, developing and maintaining outbreak preparedness, and strengthening community engagements to ensure increase demand and uptake of immunization services.

# 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
Ongoing Events										
Angola	Measles	Ungraded	4-May-2019	1-Jan-2019	30-Jun-2019	3 127	85	64	2.0%	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	Poliomyelitis (cVDPV2)	G2	8-May-2019	5-Apr-2019	31-Jul-2019	3	3	0	0.0%	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	5-Jul-2019	3-Jul-2019	1-Aug-2019	23	10	0	0.0%	From 3 July to 1 August 2019, a total of 23 suspected cholera cases with no death have been reported from Atlantique and Littoral Departments of Benin. Of the 23 suspected cases, 10 were confirmed by culture for <i>Vibrio cholerae</i> O1, 12 tested negative for cholera at the National Public Health Laboratory and one result is pending. Confirmed cases are from three communes, namely, Zè (3) and Sô-Ava (2) in Atlantique Department and Cotonou (5) 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.
Benin	Dengue fever	Ungraded	13-May-2019	10-May-2019	28-Jul-2019	11	8	2	18.2%	Between 10 May and 28 July 2019, a total of 11 suspected dengue fever cases including two deaths have been reported from Atlantique, Littoral, Ouémé and Couffo Departments. Of the eight cases confirmed by serology and PCR at the Benin National Laboratory of Viral Haemorrhagic Fevers, three were reported from Abomey-Calavi commune in Atlantique Department, three from Cotonou2 (2) and Cotonou 6 (1) communes in Littoral Department, and two from Seme-Kpodji (1) and Porto-Novo (1) communes in Ouémé Department. Two deaths one of which occurred in a dengue haemorrhagic fever case were notified among the confirmed cases (CFR 25%).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Burkina Faso	Humanitarian crisis	G2	1-Jan-2019	1-Jan-2019	11-Jul-2019	-	-	-	-	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. The most affected regions are: North, Boucle du Mouhon, 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	5-Jun-2019	1-Jun-2019	28-Jul-2019	199	32	1	0.5%	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 28 July 2019, a total of 199 cases with one death (CFR 0.5%) were reported from Bujumbura Mairie (118) and cibitoke health district (81). The three health districts of Bujumbura Mairie have been affected with 46% (54) 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 56% (66) and 42% (34) of reported cases in Bujumbura and Cibitoke respectively. Males are the most affected in Bujumbura Mairie province, representing 65.2% (577) and females are most affected in Cibitoke province representing 53.1%(43) of cases reported.
Burundi	Malaria	Ungraded		1-Jan-2019	21-Jul-2019	5738 661		1 801	0.0%	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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-2013	27-Jun-2017	3-Jul-2019	-	-	-	-	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	1-Oct-2016	27-Jun-2018	3-Jul-2019	-	-	-	-	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	1-Mar-2019	1-Mar-2019	26-Jul-2019	313	81	18	5.8%	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.
Cameroon	Measles	Ungraded	2-Apr-2019	1-Jan-2019	30-Jun-2019	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, Kousséri, 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, Guidiguiss, Moutourwa, Mokolo, Cité verte et Djoungolo, Nkolndongo.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Cameroon	Polio-myelitis (cVDPV2)	G2	23-May-2019	23-May-2019	24-Jul-2019	-	-	-	-	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-2013	11-Dec-2013	21-Jul-2019	-	-	-	-	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 East 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	2-Oct-2018	10-Sep-2018	21-Jul-2019	192	147	1	0.5%	No new cases have 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.
Central African Republic	Measles	Ungraded	15-Mar-2019	11-Feb-2019	29-Jul-2019	278	13	2	0.7%	Detailed update given above
Central African Republic	Monkey-pox	Ungraded	20-Mar-2018	2-Mar-2018	2-Jun-2019	38	25	3	7.9%	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-2019	24-May-2019	31-Jul-2019	4	4	0	0.0%	One cVDPV2-positive environmental sample from Bambari district, RS4 State was reported.No human 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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Chad	Cholera	Ungraded	19-Jul-2019	12-Jul-2019	28-Jul-2019	15	2	1	6.7%	The Ministry of Public Health of Chad has reported an outbreak of cholera affecting two villages in Youé health district, Mayo Kebbi East province on the border with Cameroon. The outbreak is reported to have started on 12 July 2019. From 12 to 28 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 collected from two cases cultured <i>Vibrio cholerae</i> 01 Inaba. Of the cumulative cases, 67% are 15 years of age and above and 53% are females.
Chad	Measles	Ungraded	24-May-2018	1-Jan-2019	21-Jul-2019	23 265	133	225	1.0%	In week 29 (week ending 21 July 2019), 272 suspected cases were reported. Thirty-four districts were in the epidemic phase, four less affected districts compared to week 28 of 2019. Since the beginning of the year, a total of 23 256 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-2019	24-Apr-2019	10-May-2019	-	-	-	-	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-2019	20-May-2019	10-Jul-2019	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 death 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-2019	7-Jan-2019	7-Jul-2019	11 050	148	0	0.0%	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, Aedes albopictus.
Côte d'Ivoire	Dengue Fever	Ungraded	15-Feb-2019	1-Jan-2019	30-Jul-2019	2 919	302	2	0.1%	As of 30 July 2019, 2 514 suspected cases of dengue fever have been reported including 2 deaths. A total of 300 cases were confirmed with with dengue fever serotype 1 (95 samples) and DENV 3(28 samples) as the main circulating serotypes. Forty-five out of 86 districts in the 16 health regions reported at least 1 case with Cocody Bingerville District in Abidjan reporting 160 confirmed cases and 51 cases in Abobo East district. the trend of weekly reported cases has been decreasing since the peak in week 25 (ending on 23 June 2019).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-2016	17-Apr-2017	7-Jul-2019	-	-	-	-	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 interethnic militia have led to closing of health centres in eight health areas in Kalemie and Nyunzu.
Democratic Republic of the Congo	Cholera	G3	16-Jan-2015	1-Jan-2019	7-Jul-2019	13 743	-	280	2.0%	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-2018	11-May-2018	3-Aug-2019	2 753	2 619	1 843	67.2%	Detailed update given above
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-2017	1-Jan-2019	21-Jul-2019	137 154	1 308	2 581	1.9%	Detailed update given above
Democratic Republic of the Congo	Monkey-pox	Ungraded	n/a	1-Jan-2019	7-Jul-2019	2 733	-	58	2.1%	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-2018	n/a	31-Jul-2019	35	35	0	0.0%	No cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported this week. There are 15 reported cases of cVDPV2 in 2019. There were 20 cVDPV2 cases reported in 2018. DRC is currently affected by seven separate cVDPV2 outbreaks; one each originated in Haut Katanga, Mongala, Sankuru and two in Haut Lomami and Kasai provinces.
Ethiopia	Humanitarian crisis	Ungraded	15-Nov-2015	n/a	9-Jun-2019	-	-	-	-	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 woderas. 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-2019	12-May-2019	21-Jul-2019	1 005	33	11	1.1%	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 1005 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-2017	1-Jan-2019	21-Jul-2019	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-2019	20-May-2019	31-Jul-2019	1	1	0	0.0%	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. The case has been linked to Somalia and is the first reported from Ethiopia in 2019. In 2018, Ethiopia reported zero cases.
Ghana	Polio-myelitis (cVDPV2)	Ungraded	9-Jul-2019	8-Jul-2019	31-Jul-2019	-	-	-	-	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	9-May-2018	1-Jan-2019	21-Jul-2019	3 349	773	27	0.8%	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-2019	2-Jan-2019	21-Jul-2019	3 465	141	24	0.7%	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-2019	1-Jan-2019	21-Jul-2019	1 789	420	24	1.3%	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	6-May-2019	20-Mar-2019	21-Jul-2019	235	10	1	0.4%	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-2019	1-Jan-2019	21-Jul-2019	35	22	8	22.9%	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-2017	1-Jan-2019	7-Jul-2019	1 120	110	5	0.4%	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	2-Jul-2019	-	-	-	-	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-2018	1-Jan-2019	14-Jul-2019	1 068	281	0	0.0%	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.
Mauritania	Crime-an-Congo haemorrhagic fever (CCHF)	Ungraded	19-Jul-2019	3-Jul-2019	19-Jul-2019	1	1	0	0.0%	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.
Mauritius	Dengue Fever	Ungraded	26-Feb-2019	26-Feb-2019	20-Jul-2019	141	141	0	0.0%	One new case was reported in week 29 (week ending on 20 July 2019). From 26 February 2019 to 20 July 2019, a total of 141 cases including 11 imported cases have been reported. The district of Port Louis recorded the highest number of locally transmitted cases of dengue (116) followed by Pamplemousses (7), Plaines Wilhems (5), Savanne (1) and Flacq (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. Two circulating serotypes have been identified. The serotype 1 has been found in most confirmed cases and the serotype 2 has been found in five imported cases from Reunion and two locally transmitted cases. The eleven imported cases are from Reunion Island (6), Thailand (2), Bangladesh(1), India (1), and Malaysia (1).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Mozam-bique	Cholera	Ungraded	27-Mar-2019	27-Mar-2019	25-Jun-2019	7 052	-	8	0.1%	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 eighteen days.
Mozam-bique	Cyclone Kenneth	Ungraded	25-Apr-2019	25-Apr-2019	19-Jun-2019			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.
Mozam-bique	Flood/cy-clone Idai	G3	15-Mar-2019	15-Mar-2019	19-Jun-2019	-	-	-	-	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.
Mozam-bique	Polio-myelitis (cVDPV2)	G2	7-Dec-2018	7-Dec-2018	31-Jul-2019	1	1	0	0.0%	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.

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-2017	8-Sep-2017	14-Jul-2019	5 711	1 185	48	0.8%	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	1-Feb-2015	1-Feb-2015	28-Jun-2019	-	-	-	-	The security situation continues to worsen in Niger following Boko Haram attacks in the region. A total of 70 000 people are displaced in Tilabery, 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.
Niger	Measles	Ungraded	10-May-2019	1-Jan-2019	27-Jul-2019	9 706		51	0.5%	During the week 30 (week ending on 27 July 2019), 31 suspected measles cases have been reported from the country. This brings the cumulative total of 2019 to 9 706 suspected cases including 51 deaths (CFR 0.5%). Maradi (3 543 cases including 7 deaths) and Tahoua (1 840 including 23 deaths) region reported the most number of cases, followed by Zinder (1 349 including 10 deaths), Niamey (1 268 with 1 death), Tilaberi (630 including 3 deaths), Agadez (489 including 3 death), Diffa (298 with no death) and Dosso (298 cases including 4 deaths). During the last 3 weeks, a downward trend of new suspected cases of measles was observed.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Niger	Polio-myelitis (cVDPV2)	G2	8-Jul-2018	8-Jul-2018	31-Jul-2019	11	11	1	9.1%	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-2016	n/a	30-Jun-2019	-	-	-	-	Detailed update given above
Nigeria	Cholera	Ungraded	19-Jun-2019	15-May-2019	31-Jul-2019	457	149	4	0.9%	Twenty-three new cases with zero deaths were reported from 29 to 31 July 2019 from three of the four affected Local Government Areas (LGAs) in Adamawa State namely; Yola North (17 cases with zero deaths), Girei (1 case with zero deaths), and Yola South (5 cases with zero death). From 15 May to 31 July 2019, a cumulative total of 457 cases with four deaths (CFR 0.9%) have been reported from four LGAs with the caseload distributed as follows: Yola North (276 cases with two deaths), Girei (141 cases with one death), Yola South (39 cases with one death), and Song (1 case with zero deaths). Of 239 stool specimens collected and analyzed at the state specialist hospital, 149 cultured <i>Vibrio cholerae</i> as the causative agent.
Nigeria	Lassa fever	Ungraded	24-Mar-2015	1-Jan-2019	14-Jul-2019	639	622	157	24.6%	In reporting week 28 (week ending on 14 July 2019), seven new confirmed cases were reported from Edo (4), Ondo (2), and Bauchi (1) with one new death from Edo State. From 1 January - 14 July 2019, a total of 639 cases (622 confirmed and 17 probable) with 157 deaths were reported across the country. There are 140 deaths among confirmed cases. 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 28. A total of 519 contacts are currently being follow-up. Sixteen patients are in admission at treatment sites across the country.
Nigeria	Measles	Ungraded	25-Sep-2017	1-Jan-2019	25-May-2019	30 669	1 476	91	0.3%	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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Nigeria	Polio-myelitis (cVDPV2)	G2	1-Jun-2018	1-Jan-2018	24-Jul-2019	46	46	0	0.0%	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-2017	1-Jan-2019	31-May-2019	1 255	15	1	0.1%	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%).
Rwanda	Measles	Ungraded	25-Jun-2019	1-Jun-2019	2-Jul-2019	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-2016	n/a	7-Jul-2019	-	-	-	-	The humanitarian situation has been largely calm but unpredictable in most of the states. In the former greater Warrap state, Jonglei and Lakes resumption of cattle raids has resulted in increased tension and displacements (approximately 9 000 households in Twic). In Yei and the surrounding areas, the security situation remains fragile. The start of the rainy season has increased the risk of flooding in the flood prone areas like Jonglei and Greater Northern Bar el Ghazal, so far in Aweil town flush flooding has already displaced approximately 3 000 households.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
South Sudan	Hepatitis E	Ungraded	-	3-Jan-2018	7-Jul-2019	58	18	2	3.4%	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-2018	24-Nov-2018	9-Jun-2019	1 187	72	7	0.6%	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	7-Feb-2019	26-Jan-2019	21-Jul-2019	424	14	8	1.9%	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.
Tanzania, United Republic of	Dengue fever	Ungraded	31-Jan-2019	1-Aug-2018	21-Jul-2019	6 670	6 670	6	0.1%	Tanzania continue 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.
Tanzania, United Republic of	Suspected aflatoxicosis	Ungraded	16-Jul-2019	1-Jun-2019	21-Jul-2019	53	-	8	15.1%	Since 1 June 2019, sporadic cases of presenting with symptoms and signs on abdominal distention, jaundice, Vomiting, Swelling of lower limbs and few cases had fever and headache from Dodoma and Manyara Regions in Tanzania. WHO was informed about this during a National Task force meeting with the Ministry of Health on 28 June 2019. Two multisector rapid response teams were deployed from 2 to 6 July and 11 to 14 July 2019 to investigate the situation. As of 24 June 2019, a total of 53 cases and 8 deaths have been reported as from Chemba, Kondoa and Kiteto Districts. Blood tests from cases some have shown high liver enzyme and bilirubin levels. The cause of the outbreak is suspected aflatoxicosis.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-2017	n/a	30-Jun-2019	-	-	-	-	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-2019	23-Jun-2019	14-Jul-2019	46	7	1	2.2%	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-2019	9-Jun-2019	24-Jul-2019	3	3	3	100.0%	The Ministry of Health of Uganda has declared the outbreak of Ebola in Kasese district contained following more than 42 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	8-Aug-2017	1-Jan-2019	2-Jul-2019	1 275	604	6	0.5%	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	3-Jun-2019	30-May-2019	3-Jun-2019	1	1	1	100.0%	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 (38,7°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 .
Zimbabwe	Floods/land slides	G2	15-Mar-2019	15-Mar-2019	12-Jun-2019	-	-	-	-	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	-	1-Oct-2017	28-Apr-2019	10 320	427	24	0.2%	During week 17 (week ending on 28 April 2019), 54 new suspected typhoid cases nad 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										
Nigeria	Monkey-pox	Ungraded	26-Sep-2017	24-Sep-2017	2-Aug-2019	328	132	7	2.1%	No new cases have been reported. the last case reported was on 9 May 2019 by the Ministry of Health in Singapore of one laboratory-confirmed case of monkeypox linked to Nigeria. As of week 14 (week ending on 7 April 2019), a total of 23 suspected cases have been reported in since the beggining of 2019 from 13 LGAs across 9 states. Ten cases were laboratory-confirmed from 5 LGAs in 4 states.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Uganda	Yellow fever	Ungraded	8-May-2019	1-Mar-2019	26-May-2019	6	2	0	0.0%	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.

†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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