

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 34: 19 - 25 August 2019

Data as reported by 17:00; 25 August 2019



World Health
Organization

REGIONAL OFFICE FOR

Africa

WHO Health Emergencies Programme

0

New events

62

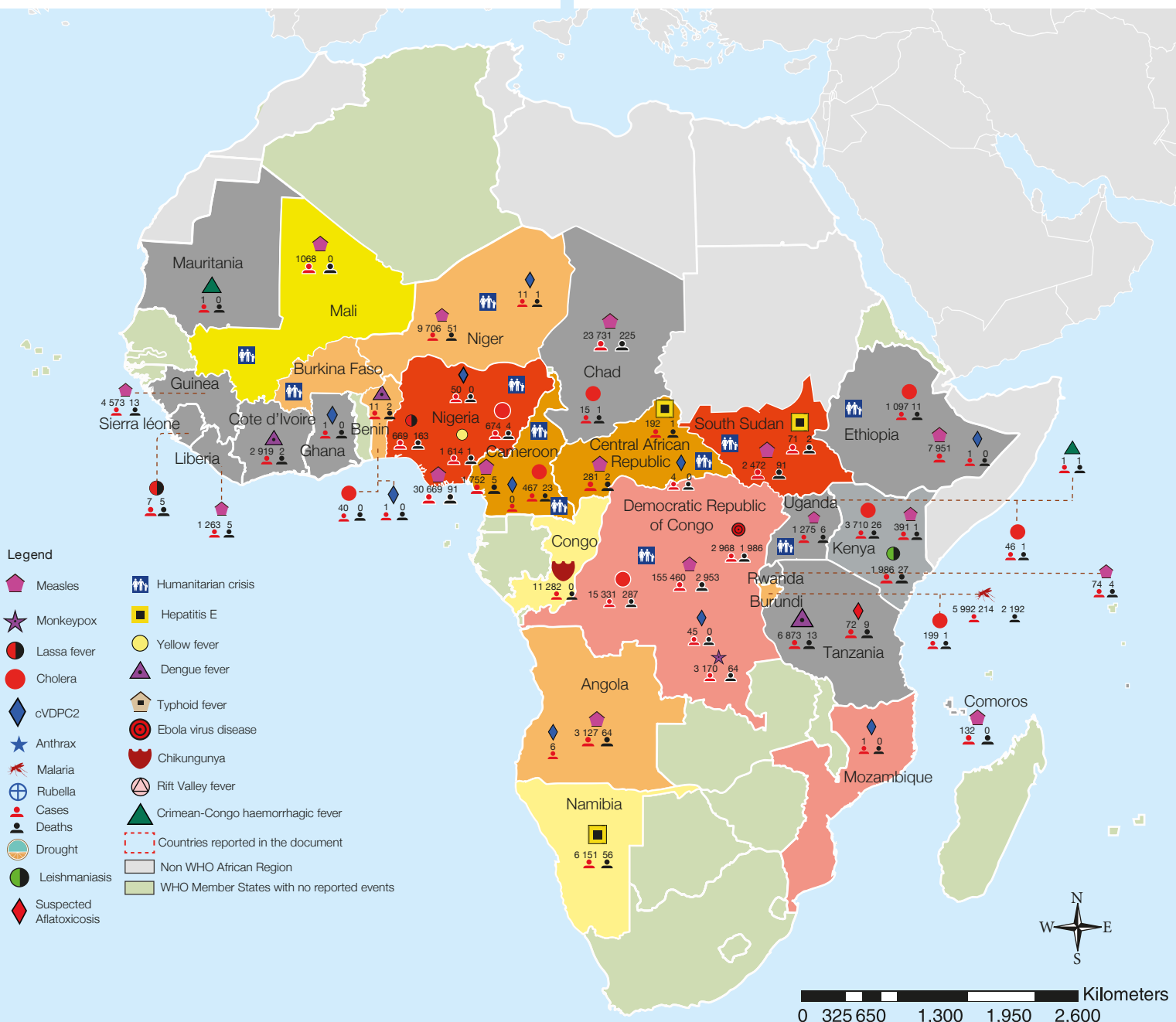
Ongoing events

51

Outbreaks

11

Humanitarian
crises



Graded events †

3

Grade 3 events

12

Grade 2 events

2

Grade 1 events

2

Protracted 3 events

2

Protracted 2 events

2

Protracted 1 events

39

Ungraded events

Overview

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This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 62 events in the region. This week's main articles cover key new and ongoing events, including:

- [Circulating vaccine-derived poliovirus type 2 in Ghana](#)
- [Ebola virus disease in Democratic Republic of the Congo](#)
- [Cholera in Cameroon](#)
- [Humanitarian crisis in Democratic Republic of the Congo.](#)

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 frequency of occurrence of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been increasing in the African region, lately, as is the spatial distribution. Ghana has become the latest country to be affected (this week). This comes at a time when the WHO African Region is nearing wild-polio-free certification, with the last wild polio case detected on 21 August 2016 in Nigeria – thus the region has seen three years without any case of wild poliovirus. While this is a major milestone, the increasing number of cVDPV2 events is concerning, calling for urgent attention at the outset.
- The Ebola virus disease (EVD) in Democratic Republic of the Congo continues, with Beni and surrounding areas remaining a concern due to persistent insecurity and civil unrest, hampering response efforts. The situation in Goma city is encouraging, while rapid response teams have been deployed to South Kivu to reinforce response measures to prevent expansion of community transmission. Moving forward, it is critical for all stakeholders to accelerate and sustain all activities in a united approach.

EVENT DESCRIPTION

On 23 August 2019, the Ministry of Health in Ghana notified WHO of a confirmed case of circulating vaccine derived poliovirus type 2 (cVDPV2) in Chereponi District, Northern Region. The case-patient is a two-year-old girl from Andonyama community who developed acute flaccid paralysis (AFP) on 23 July 2019 and presented to Chereponi district hospital on 27 July 2019. Two serial stool samples collected on 27 and 28 July 2019 were shipped to the national polio laboratory at the Noguchi Memorial Institute for Medical Research (NMIMR). Test results released on 17 August 2019 confirmed cVDPV2 with 25-nucleotide change from the Sabin 2 vaccine strain and six nucleotides from the closest matching sequence of the 2018 AFP case from Kwara State, Nigeria.

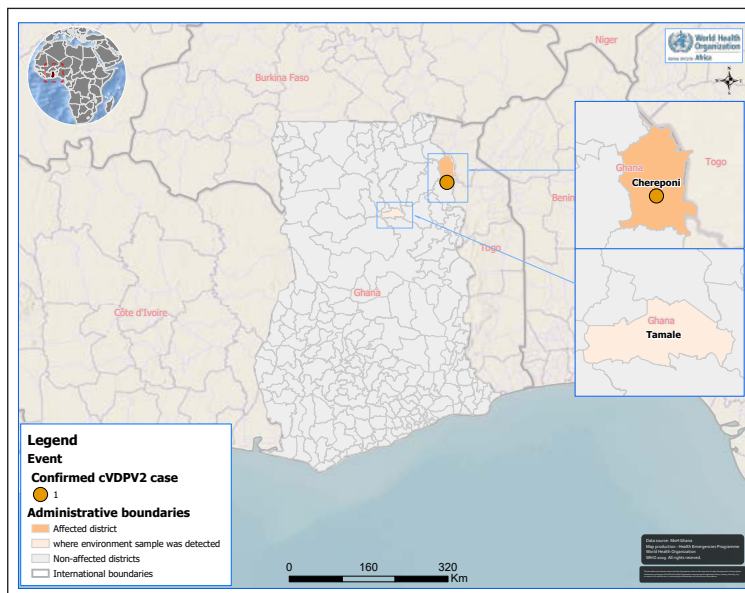
This event comes in the aftermath of the confirmation, on 8 July 2019, of cVDPV2 from an environmental sample collected from Koblimaghu in Tamale Metropolis, Northern Region of Ghana on 11 June 2019. The latest confirmed poliovirus has six-nucleotide differences (with 99.3% similarity) from the strain isolated in the environmental sample. Ghana reported the last case of poliovirus in November 2008, when a wild poliovirus type 1 was isolated from a human sample in Zabzungu-Tatale District, Northern Region. The country switched from trivalent oral polio vaccine (tOPV) to bOPV on 14 April 2016 and introduced inactivated polio vaccine into routine immunization on 1 June 2018.

Further epidemiological and virology investigations and risk assessment are ongoing, and updates will be provided as new information becomes available.

PUBLIC HEALTH ACTIONS

- On 23 August 2019, the Director General of Ghana Health Services/Ministry of Health issued a press release, declaring a public health event of national concern and informing the public of the cVDPV outbreak.
- An emergency National Technical Coordinating Committee meeting was held on 19 August 2019, with representatives from MoH/GHS, WHO, UNICEF and CDC to coordinate and strategize response to the outbreak.
- On 20 August 2019, a national rapid response team comprising of experts from MoH, WHO, CDC, Noguchi Polio Laboratory was deployed to conduct outbreak investigation, risk assessment and support local response by the regional and district teams.
- Active surveillance, including active case search has been enhanced in the affected region and nationally.
- A communication plan has been developed to enhance public information campaign through radios, television and information materials.
- The national polio laboratory has deployed the necessary logistics to obtain additional samples for testing to support ongoing outbreak investigation and risk assessment.

Geographical distribution of a confirmed cVDPV2 case in Ghana, 23 July – 23 August 2019



SITUATION INTERPRETATION

Ghana has confirmed a new outbreak of cVDPV2, coming shortly after isolating a similar pathogen in an environmental sample in the same region (but different district). This event signifies the increasing potential for wider spread of circulating vaccine-derived poliovirus in the sub-region. It is important that all countries in the African region strengthen AFP surveillance to rapidly detect any new virus importation and to facilitate a rapid response. All countries should also maintain uniformly high routine immunization coverage at the district level to minimize the consequences of any new virus introduction.

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu, South Kivu and Ituri provinces in Democratic Republic of the Congo continues. As of 24 August 2019, a total of 2 968 EVD cases, including 2 863 confirmed and 105 probable cases have been reported. In the last 21 days (4 to 24 August 2019), 18 health zones have reported at least one confirmed case. To date, confirmed cases have been reported from 27 health zones: Goma (1), Alimbongo (5), Nyiragongo (3), Beni (652), Biena (16), Butembo (277), Kalunguta (151), Katwa (643), Kayna (21), Kyondo (20), Lubero (31), Mabalako (369), Manguredjipa (18), Masereka (50), Musienene (81), Mutwanga (24), Oicha (54), Pinga (1) and Vuhovi (103) in North Kivu Province; and Lolwa (3), Mambasa (21), Ariwara (1), Bunia (4), Komanda (41), Rwampara (8), Mandima (258), Nyankunde (1), and Tchomia (2) in Ituri Province, and Mwenga (4) in South Kivu.

As of 24 August 2019, a total of 1 986 deaths were recorded, including 1 881 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 66% (1 881/2 863). The cumulative number of health workers affected has risen to 155, which is 5% of the confirmed and probable cases to date.

Beni and Mandima are currently the main hot spots of the outbreak reporting 30% ($n=61$) and 14% ($n=29$) of the cases in the past 21 days respectively. Seventeen health zones, Mabalako, Beni, Butembo, Kalunguta, Katwa, Kayna, Komanda, Mutwanga, Mandima, Lolwa, Mambasa, Musienene, Masereka, Oicha, Alimbongo and Mwenga have reported new confirmed cases in the past seven days and remain points of attention.

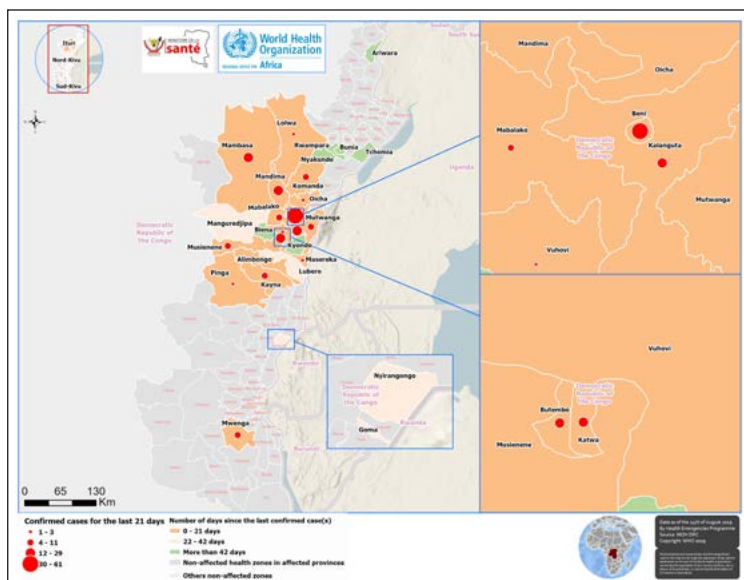
Contact tracing is ongoing in 20 health zones. A total of 17 293 contacts are under follow-up as of 24 August 2019, of which 15 368 have been seen in the past 24 hours, comprising 89% of the contacts, which is a higher percentage than during the past seven days (85%). Alerts in the affected provinces continue to be raised and investigated. Of 2 073 alerts processed (of which 1 996 were new) in reporting health zones on 24 August 2019, 1 973 were investigated and 396 (20%) 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.

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 24 August 2019, a cumulative total of 204 772 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 88 million screenings to date. A total of 98/106 (92%) PoE/PoC transmitted reports as of 24 August 2019.
- The protocol for treatment of Ebola patients in Democratic Republic of the Congo has been revised following data from a randomized clinical trial showing, for the first time, that Ebola treatments improve survival rates. Two of the four trial drugs were found to have the greatest efficacy and are now being provided to confirmed cases under the compassionate use protocol.
- 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.
- Teams of psychologists continue negotiations to obtain the support of relatives of two confirmed cases from Mutwanga Health Zone to participate in prevention activities.

Geographical distribution of confirmed Ebola virus disease cases reported from 4th to 24th August 2019, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo



- The communication commission collaborated with the psychosocial care commission to overcome resistance in a suspected case validated in Goma, who had been working in a mine in Manguredjipa Health Zone and who was travelling to Bukavu.
- Water, sanitation and hygiene (WASH) activities continue where possible, but were not possible around a confirmed case in Mandima because of insecurity.
- 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.
- Young members of the Catholic Parish of Beni City have made a public commitment to counter community incidents in the Kasanga health area; the coordination of Goma launched a message of community involvement in the response to EVD on the occasion of the inauguration of the new provincial committee of the Revival Church of the Congo and the new regional bishop; in Kayna the Mwama of the Batangi Chiefdom facilitated a community dialogue and called on all leaders in the jurisdiction to engage resolutely in the EVD response; 30 traditional practitioners and pharmacy tenant from Mayuano were briefed on EVD risk communication and a meeting was held with school principals from Mambasa schools on the prevention of EVD in preparation for the start of the school year.

SITUATION INTERPRETATION

The response to the EVD outbreak in Democratic Republic of the Congo remains challenged by continued insecurity and pockets of community resistance. The small declining trend seen in the past three weeks must be interpreted with caution, given the spread to a new health zone within North Kivu and to the previously unaffected province of South Kivu. However, the lack of further cases in the city of Goma underlines just how effective proven public health measures can be when implemented immediately and effectively. This also emphasises how important response preparedness continues to be in both unaffected provinces and neighbouring countries. Local authorities and partners need to continue their robust response to the disease, using both novel and proven community health and public health measures, while donors need to ensure that the funding is present to enable this and ensure that the declining trend continues.

EVENT DESCRIPTION

The cholera outbreak in the North and Far North regions of Cameroon, which started in February 2019, has been improving in the past weeks. From 5 to 20 August 2019, a total of 69 new suspected cholera cases and three deaths were reported from North (31 cases and 2 deaths) and Far North (38 cases and 1 death) regions.

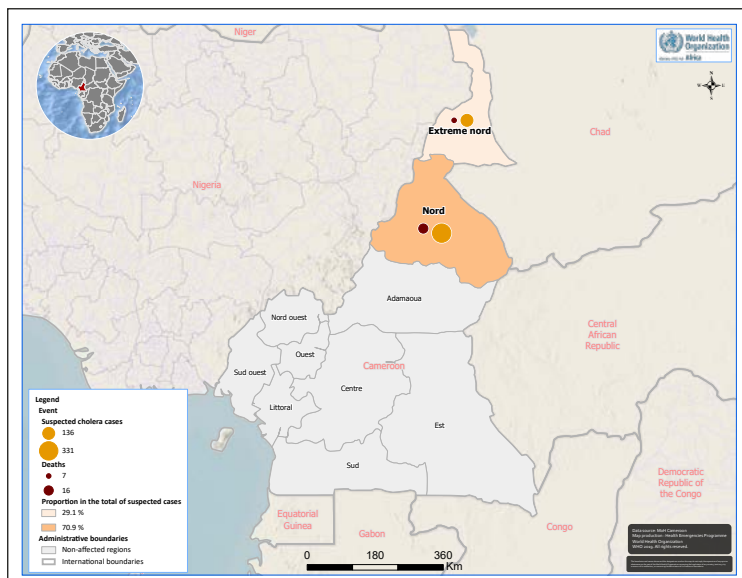
As of 20 August 2019, a cumulative total of 467 suspected cholera cases and 23 deaths (case fatality ratio 5%) has been reported. The majority, over 70% of the reported cases and deaths, occurred in the North region (331 cases, 16 deaths), while 137 cases and 7 deaths came from the Far North region. The case fatality ratio in this outbreak has remained high in both regions, standing at 4.8 and 5% for the North and for Far North regions, respectively, with 40% of all deaths occurring in the community. The disease has proportionately affected more females, especially in the North region (57%) and the majority of affected persons are in the age group of 18 to 59 years. Of 117 specimens collected and analysed, 87 isolated *Vibrio cholerae* O1 Inaba and four specimens isolated the Ogawa strain.

To date, nine out of 15 health districts (Bibémi, Figuil, Garoua I, Garoua II, Gashiga, Golombe, Ngong, Pitoa, Tcholliré) in the North region have been affected, while three out of 30 health districts (Kaélé, Moutourwa, Kar Hay) in the Far North region have reported cases. Suspected cholera cases have also been reported (in Cameroon) from Mayo Kebi EST Province in Chad.

PUBLIC HEALTH ACTIONS

- The Ministry of Health and other national authorities in Cameroon, in collaboration with WHO, UNICEF and other partners, continue to respond to the cholera outbreak, under the coordination of the Ministry of Health.
- Surveillance activities, including community active case search and cross-border surveillance with Chad have been enhanced.
- MSF has deployed a team of epidemiologists to support investigation and response activities in the North region.
- Water, sanitation and hygiene (WASH) activities, including household disinfection are ongoing in the two affected regions.
- The first round of a reactive oral cholera vaccination campaign was conducted in the health areas of Minawao (hosting Nigerians refugees), Gawar and de Gadala from 1 to 5 August 2019.
- Continued communication activities are ongoing, including distribution of flyers and posters, both in official and local languages, and community messaging on prevention and best practices.

Geographical distribution of cholera cases and deaths in North and Far North regions of Cameroon, 26 February to 20 August 2019



SITUATION INTERPRETATION

The current cholera outbreak in Cameroon, initially exacerbated by the onset of rainy season in May 2019, is showing a significant decrease in incidence cases. Nonetheless, this decline is no cause for complacency given the high potential for further spread of the disease. Some of the predisposing factors include the ongoing cholera outbreaks in the neighbouring countries, the presence of large numbers of refugees and internally displaced persons living in compromised sanitary and hygiene conditions, coupled with cultural practices that predispose the population to the spread of water-borne diseases. Long term measures to prevent cholera outbreaks need to be prioritized and instituted, especially setting up an effective surveillance system, sustained public health education, social mobilization and wide coverage of community WASH interventions. The ongoing reactive and preventive cholera vaccination campaign needs to be extended to newly affected districts as an intermediate remedy while efforts to address longer term WASH and risk communication issues are put in place to avoid cholera becoming endemic in some regions of Cameroon.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- Ghana has become the latest country in the African region to confirm an outbreak of cVDPV2 (this week). This event comes shortly (about a month) after the country isolated cVDPV2 in an environmental sample in the same region (but in a different district). In the recent past, the African region has been reporting increasing number of cVDPV2 events, as well as widening geographical distribution. This comes at a time when the region is making good progress to attain certification for being free of wild polio. The last case of wild polio was reported in Nigeria on 21 August 2016, thus making three years without any case of wild poliovirus. While this is a major achievement, the increasing occurrence of cVDPV2 outbreaks is concerning, calling for urgent attention at the outset.
- The EVD outbreak in Democratic Republic of the Congo continues, with Beni and surrounding areas having persistent insecurity and civil unrest, hampering response efforts. The situation in Goma city is encouraging as there are no new confirmed EVD cases. Efforts are ongoing to institute robust response measures in South Kivu to prevent further local transmission. It is critical at this stage for all stakeholders to accelerate all activities in a united approach.

Proposed actions

- National authorities and partners in Ghana (and all countries in the African region) need to step up AFP surveillance and maintain high levels of polio vaccination coverage (including all antigens).
- The national authorities and partners in Democratic Republic of the Congo need to sustain all response efforts to the EVD outbreak. In addition, there is a need to enhance preparedness and readiness measures in the non-affected areas in Democratic Republic of the Congo as well as in the at-risk neighbouring countries.

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	04-May-19	1-Jan-19	30-Jun-19	3 127	85	64	2.00%	In week 26 (week ending 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	08-May-19	05-Apr-19	12-Aug-19	6	6	0	0.00%	One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week in Amboim district, Kwanza Sul State. The onset of paralysis was on 12 July 2019. There is a total of six cVDPV2 cases from three outbreaks reported in 2019.
Benin	Cholera	Ungraded	5-Jul-19	3-Jul-19	22-Aug-19	40	17	0	0.00%	From 3 July to 22 August 2019, a total of 40 suspected cholera cases with no death have been reported from Atlantique and Littoral Departments of Benin. Of the 40 suspected cases, 17 were confirmed by culture for <i>Vibrio cholerae</i> O1 at the National Public Health Laboratory, 22 tested negative and one result is pending. Confirmed cases are from three communes, namely, Zè (3) and Sô-Ava (2) in Atlantique Department and Cotonou (12) in Littoral Department.
Benin	Dengue fever	Ungraded	13-May-19	10-May-19	28-Jul-19	11	8	2	18.20%	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. Eight cases were confirmed by serology and PCR at the Benin National Laboratory of Viral Haemorrhagic Fevers, from Atlantique Department (3 cases), Littoral Department (3 cases) and Ouémé Department (2 cases). Two deaths, one of which occurred in a dengue haemorrhagic fever case, were notified among the confirmed cases (CFR 25%).
Benin	Poliomyelitis (cVDPV2)	G2	08-Aug-19	08-Aug-19	09-Aug-19	1	1	0	0.00%	cVDPV2 was isolated from a case of acute flaccid paralysis (AFP) in Kalalé district eastern Benin, Borgou province, bordering Nigeria, on 8 August 2019. The case is a three-year old boy who had onset of paralysis on 7 July 2019 with unknown OPV vaccination status. The isolated virus has 29 nucleotide changes and is linked to the outbreak originating in Jigawa state, Nigeria, which previously spread to Cameroon, Ghana and Niger.
Burkina Faso	Humanitarian crisis	G2	1-Jan-19	1-Jan-19	21-Jul-19	-	-	-	-	Since 2015, the security situation, initially affecting mainly the regions of the Sahel and later the eastern areas of Burkina Faso, has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass population displacement leading to a total of 236 000 internally displaced persons registered as of 21 July 2019, of which more than half have been 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. Epidemic-prone diseases continue to complicate the humanitarian situation.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Burundi	Cholera	Ungraded	5-Jun-19	1-Jun-19	28-Jul-19	199	32	1	0.50%	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. Of 46 samples tested, 32 (69.5%) were positive for <i>Vibrio cholerae</i> Ogawa.
Burundi	Malaria	G2		1-Jan-19	11-Aug-19	5 992 214		2 192	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 32 (week ending 11 August 2019), 112 092 cases including 66 deaths have been reported. There is a 129% increase in the number of cases reported in week 32 of 2019 compared to week 32 of 2018 and a 24% decrease in the number of cases reported in week 32 compared to week 31 of 2019.
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	3-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	1-Oct-16	27-Jun-18	3-Jul-19	-	-	-	-	The Northwest and Southwest regions' crisis which started in 2016 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-19	1-Mar-19	20-Aug-19	467	87	23	4.90%	Detailed update given above.
Cameroon	Measles	Ungraded	02-Apr-19	1-Jan-19	26-Jul-19	1 752	242	5	0%	A measles outbreak is ongoing in Cameroon. Since the beginning of 2019, a total of 1 752 suspected cases of which 242 were confirmed as IgM-positive, have been reported. The outbreak is currently affecting 30 districts, namely Kolofata, Kousseri, Mada, Gouffey, Makary, Koza, Mora, Maroua 3, Maroua 1, Bourha, Vélé, Mogodé, Ngaoundéré rural, Bangué, Guider, Figuil, Ngong, Pitoa, Touboro, Bibémi, Garoua 1, Garoua 2, Lagdo, Tcholliré, Guidiguis, Moutourwa, Mokolo, Cité verte et Djoungolo and Nkolondongo.
Cameroon	Poliomyelitis (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	-	-	-	-	Civil unrest and food insecurity in most parts of the country, including major cities, are continuing to cause a complex humanitarian situation. Clashes between two armed groups were reported in Amdafock, subprefecture 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 injuries were reported. Related population displacement from affected areas was reported in the same period.

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	Hepatitis E	Ungraded	2-Oct-18	10-Sep-18	21-Jul-19	192	147	1	0.50%	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-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	Poliomyelitis (VDPV2)	G2	24-May-19	24-May-19	31-Jul-19	4	4	0	0.00%	One cVDPV2-positive environmental sample from Bambari district, RS4 State was reported. No human case of cVDPV2 has been reported this week. Two distinct cVDPV2 outbreaks (4 cases), one origination in Bimbo province and one in Bambari province, have been reported in 2019. Additionally, the country had already reported genetically distinct VDPV2s in the provinces affected by the current outbreaks.
Chad	Cholera	Ungraded	19-Jul-19	12-Jul-19	28-Jul-19	15	2	1	6.70%	Between 12 and 28 July 2019, a total of 15 cases including one death (case fatality ratio 6.7%) were 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.
Chad	Measles	Ungraded	24-May-18	1-Jan-19	18-Aug-19	23 731	133	225	0.90%	In week 33 (week ending 18 August 2019), 105 suspected cases were reported and seventeen districts were in the epidemic phase. Since the beginning of the year, a total of 23 731 suspected cases and 225 deaths (CFR 0.9%) 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, 133 were IgM positive, 81% were not vaccinated, and 47% were aged between 1 and 4 years old.
Comoros	Measles	Ungraded	26-May-19	20-May-19	11-Aug-19	132	56	0	-	As of 11 August 2019, a total of 132 suspected cases, including 56 confirmed (19 confirmed by epidemiological link and 37 confirmed by serology) with no deaths, were reported from health facilities in Grande Comore Island. IgM positive cases were reported in five districts of Grande Comore, namely, Moroni (26), Mitsamiouli (6), Mbeni (3), Oichili (1) and Mitsoudjé (1). The 19 cases confirmed by epidemiological link were from Moroni district.
Congo	Chikungunya	G1	22-Jan-19	7-Jan-19	4-Aug-19	11 282	148	0	0.00%	The incidence of chikungunya cases continue to show a downward trend in all affected areas. In week 31 (week ending 4 August 2019), a total of 17 cases were reported, while 37 cases were reported in week 30 (week ending 28 July 2019). Since the beginning of the outbreak, a total of 11 282 cases has been reported in 43 out of 52 health districts of the country. The affected areas include densely populated zones such as Brazzaville and Pointe-Noire.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Côte d'Ivoire	Dengue fever	Ungraded	15-Feb-19	1-Jan-19	30-Jul-19	2 919	302	2	0.10%	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 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 23 June 2019).
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	03-Aug-19	-	-	-	-	Detailed update given above.
Democratic Republic of the Congo	Cholera	G3	16-Jan-15	1-Jan-19	04-Aug-19	15 331	-	287	1.90%	During week 31 (week ending 4 August 2019), a total of 428 suspected cases of cholera and 4 deaths were notified from 29 health zones in 12 provinces. The endemic provinces of North-Kivu and South-Kivu have reported 86% of cases during week 31. Between week 1 and week 31 of 2019, a total of 15 331 cases, including 287 deaths (CFR 2%), have been notified from 20 out of 26 provinces. Compared to the same period in 2018 (weeks 1-31), there is a 6.6% decrease in the number of reported cases and deaths respectively.
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	24-Aug-19	2 968	2 863	1 986	67.00%	Detailed update given above.
Democratic Republic of the Congo	Measles	G2	10-Jan-17	1-Jan-19	04-Aug-19	155 460	5 696	2 953	1.90%	In week 32 (week ending 11 August 2019), 5638 measles cases including 141 deaths were reported from 23 of the 26 provinces of the country. In total, 172 (33%) of the 519 health zones across the country have reported confirmed measles outbreaks. Since the beginning of 2019, 155 460 measles cases, including 2 953 deaths (CFR 1.9%), have been recorded. Nearly 60% of cases reported in 2019 have been notified from Tshopo, Lualaba, Kasai and Haut-Lomami provinces.
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-19	04-Aug-19	3 170	-	64	2.00%	Since the beginning of 2019, a cumulative total of 3 170 monkeypox cases, including 64 deaths (CFR 2.0%), were reported from 111 health zones in 16 provinces. In week 31 (week ending 4 August 2019), 109 cases and no deaths were reported nationally. Sankuru province reported 63% of cases during the reporting week.
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	G2	15-Feb-18	n/a	12-Aug-19	45	45	0	0.00%	No cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported the past week. There were 20 cVDPV2 cases reported in 2018. DRC is currently affected by nine separate cVDPV2 outbreaks; one each originated in Haut Katanga, Mongala, Sankuru, Tanganika, Tshopo, Kasai, Kasai Central, and two in Haut Lomami provinces.
Ethiopia	Humanitarian crisis	Ungraded	15-Nov-15	n/a	11-Aug-19	-	-	-	-	The complex and protracted humanitarian emergency in Ethiopia continues, complicated by inter-communal clashes and adverse climatic conditions. Flooding from an overflow of Reb dam in Fogera and Libo Kemkem woredas of South Gonder, Amhara Region has affected 25 000 people and left 57 000 at risk. Outbreaks of epidemic-prone diseases continue to occur, with active outbreaks of cholera, measles and chikungunya ongoing in various regions of the country.

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	18-Aug-19	1 097	42	11	1.00%	In week 32 (week ending 11 August 2019), 17 new cases were reported. There has been a decreasing trend of reported cases since week 26. A total of 1 058 suspected and 37 confirmed, with an associated 11 deaths, have been reported in Ethiopia as of 11 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	1-Jan-19	18-Aug-19	7 951	59	0	0.00%	As of week 33 (week ending 18 August 2019), the measles outbreak is ongoing with a total of 7 951 suspected measles cases reported from Oromia (4 360), Somali (2 340), Amhara (703) and Afar (548) regions. The most affected age groups are the under 5 years (48.9%) and 15-44 (26.3%). Seventy-two percent of the reported measles cases have not had a single dose of the measles vaccine.
Ethiopia	Poliomyelitis (cVDPV2)	Ungraded	24-Jun-19	20-May-19	31-Jul-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. The case has been linked to Somalia and is the first case reported from Ethiopia in 2019. In 2018, Ethiopia reported zero cases.
Ghana	Poliomyelitis (cVDPV2)	Ungraded	9-Jul-19	8-Jul-19	23-Aug-19	1	1	0	0.00%	Detailed update given above.
Guinea	Measles	Ungraded	09-May-18	1-Jan-19	11-Aug-19	4 573	969	13	0.30%	During week 32 (week ending 11 August 2019), 63 suspected cases of measles were reported. From week 1 to 32 (1 January – 11 August 2019), a total of 4 573 suspected cases including 13 deaths (CFR 0.3%) have been reported. Of the 4 573 suspected cases, 1 595 were sampled, of which 969 tested positive for measles by serology. Five localities in three health districts are in the epidemic phase, namely, Tombolia centre, Yimbayah école, and Matoto centre in Matoto health district, Wanindara in Ratoma health district and Maneah in Coyah health district.
Kenya	Cholera	Ungraded	21-Jan-19	2-Jan-19	18-Aug-19	3 710	150	26	0.70%	Since January 2019, 9 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 five Counties: Nairobi, Garissa, Kajiado, Mandera and Wajir. From January to 18 August 2019, a total of 3 710 cases, including 26 deaths (CFR 0.7%), have been reported, of which 150 cases have been laboratory-confirmed.
Kenya	Leishmaniasis	Ungraded	31-Mar-19	1-Jan-19	04-Aug-19	1 986	492	27	1.40%	From week 1 to week 31 in 2019, a total of 1 986 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 1 716 suspected cases with 19 deaths (CFR 1.1%), of which 456 tested positive by 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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Kenya	Measles	Ungraded	06-May-19	20-Mar-19	18-Aug-19	391	10	1	0.30%	A measles outbreak has been reported in Garissa and Kajiado counties. No new cases were reported in week 33 (week ending 18 August 2019). As of reporting date, Kajiado County, Kajiado West Sub-County has been affected, with 381 cases and 1 death reported, of which four were laboratory-confirmed. Additionally, 10 cases including 6 laboratory-confirmed cases were reported from Garissa County in Dadaab Sub-County. This county has not reported new cases since 21 May 2019.
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-19	11-Aug-19	1 263	148	5	0.40%	In week 32 (week ending on 11 August 2019), 21 suspected cases were reported from 8 out of 15 counties across the country. Since the beginning of 2019, 1 263 cases have been reported across the country, of which 148 are laboratory-confirmed, 82 are epi-linked, and 691 are clinically confirmed.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	2-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	1-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.
Mauritania	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	19-Jul-19	3-Jul-19	19-Jul-19	1	1	0	0.00%	A 45-year-old male cattle breeder from Kithat, Wilaya of Guidimakha with symptom onset 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 diarrhoea. A 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.
Mozambique	Poliomyelitis (cVDPV2)	G2	07-Dec-18	07-Dec-18	31-Jul-19	1	1	0	0.00%	No new case of cVDPV2 has been reported this week. One cVDPV2 isolate was detected from an acute flaccid paralysis (AFP) case (with onset of paralysis on 21 October 2018, in a 6-year old girl with no history of vaccination, from Molumbo district, Zambezia province), and 2 isolated from a community contact of the case reported on 10 and 17 December 2018.
Namibia	Hepatitis E	G1	18-Dec-17	8-Sep-17	11-Aug-19	6 151	1 390	56	0.90%	In week 31 and week 32 (week ending 11 August 2019), 168 cases were reported from 10 regions of Namibia, with 72 cases (43%) reported from Khomas region. There is a 16% decrease in the number of cases reported in last 2 weeks. As of 11 August 2019, a cumulative total of 1 390 laboratory-confirmed, 3 966 epidemiologically linked, and 795 suspected cases have been reported nationally. A cumulative number of 56 deaths have been reported nationally (CFR 0.9%), of which 23 (41%) 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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
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 is displaced in Tilaberi, 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-19	01-Jan-19	27-Jul-19	9 706		51	0.50%	During week 30 (week ending 27 July 2019), 31 suspected measles cases have been reported from the country. Maradi (3 534 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 (1268 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, there was a downward trend in numbers of new suspected cases of measles.
Niger	Poliomyelitis (cVDPV2)	G2	8-Jul-18	8-Jul-18	31-Jul-19	11	11	1	9.10%	No new cVDPV2 case 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 10 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, resulting in overcrowding 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 2019.
Nigeria	Cholera	Ungraded	19-Jun-19	15-May-19	23-Aug-19	674	149	4	0.60%	Nine new cases with zero deaths were reported from 21 to 23 August 2019 from three LGAs in Adamawa State; Yola North (4), Girei (3), and Yola South (2). From 15 May to 23 August 2019, a cumulative total of 674 cases with four deaths have been reported from four LGAs: Yola North (414 cases with two deaths), Girei (175 cases with one death), Yola South (84 cases with one death), and Song (1 case with zero deaths). Of 338 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-15	1-Jan-19	4-Aug-19	669	651	163	24.40%	In reporting week 31 (week ending 4 August 2019), 11 new confirmed cases were reported from Edo (7), Ondo (3), and Bauchi (1) with one new death from Ondo State. Eighty-three Local Government Areas (LGAs) across 22 states have reported at least one confirmed case since the beginning of 2019. No new health worker infection was reported in week 31. A total of 745 contacts are currently being follow-up.
Nigeria	Measles	Ungraded	25-Sep-17	1-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, 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	Poliomyelitis (cVDPV2)	G2	1-Jun-18	1-Jan-18	12-Aug-19	50	50	0	0.00%	No cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in the past week. There are 16 cVDPV2 cases reported in 2019. There were 34 cVDPV2 cases in 2018.
Nigeria	Yellow fever	Ungraded	14-Sep-17	1-Jan-19	30-Jun-19	1 614	15	1	0.10%	In June 2019, 359 suspected cases with one three presumptive positive were recorded. No new cases were confirmed from IP Dakar. Reported cases have been decreasing since week 20 (week ending on 19 May 2019). Since January 2019, 1 614 suspected cases have been reported from 483 (62.4%) LGAs with one associated death reported from Adamawa (CFR 0.1%).
Rwanda	Measles	Ungraded	25-Jun-19	1-Jun-19	2-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. 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. Ngororero district is the most affected with 90.5% (67) of cases, reported mainly from Sovu sector (89.2%).
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	7-Jul-19	-	-	-	-	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 such as Jonglei and Greater Northern Bar el Ghazal. Flash flooding has already displaced approximately 3 000 households in Aweil town.
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	11-Aug-19	71	22	2	2.80%	The current outbreak in Bentiu PoC continues. In week 32 (week ending 11 August 2019), 5 new suspected cases of Hepatitis E were reported. As of the reporting date, a total of 83 suspected cases, including 22 PCR-confirmed cases and two deaths have been recorded from Bentiu PoC and Lankein. The last cases in Lankein were reported in week 25 (week ending 23 June 2019).
South Sudan	Measles	Ungraded	24-Nov-18	24-Nov-18	28-Jul-19	2 472	72	91	3.70%	In week 30 (week ending 28 July 2019), 100 new cases were reported from Pibor county. Since the beginning of the outbreak on 17 January 2019 a total of 1 246 cases have been reported. 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	Dengue fever	Ungraded	31-Jan-19	01-Aug-18	18-Aug-19	6 873	6 873	13	0.20%	Tanzania continues to report dengue fever cases. As of week 33 (week ending 18 August 2019), 14 new dengue cases were reported from Dar es Salaam (7 cases) and Tanga (7 cases). The total confirmed cases reported since the beginning of the outbreak is 6 873 cases including 13 deaths.
Tanzania, United Republic of	Suspected aflatoxicosis	Ungraded	16-Jul-19	1-Jun-19	18-Aug-19	72	-	9	12.50%	In week 32 (week ending 18 August 2019), 19 cases and one death were reported from Kondoa District in Dodoma Region. Since 1 June 2019, sporadic cases have presented with symptoms and signs of abdominal distention, jaundice, vomiting, swelling of lower limbs, with fever and headache in a few. The cause of the outbreak is suspected acute 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-17	n/a	31-Jul-19	-	-	-	-	Between 1 and 31 July 2019, a total of 8 295 new refugee arrivals crossed to Uganda from the Democratic Republic of the Congo (6 490), South Sudan (944) and Burundi (861). Uganda hosted 1 313 802 asylum seekers (26 743) and refugees (1 287 059) as of 31 July 2019, with 95% living in settlements in 11 of Uganda's 128 districts and in Kampala. Most refugees are from South Sudan (838 323), the Democratic Republic of the Congo (365 883) and Burundi (42 334). The asylum seeker and refugee population has increased by 1.56%, compared to the previous month.
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 specimens tested, seven were culture positive for <i>Vibrio cholerae</i> .
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	07-Aug-19	31-Jul-19	05-Aug-19	1	1	1	100.00%	A confirmed case of CCHF involving a 42-year-old businessman dealing in cattle has been reported from Kasagama Subcounty, Lyantonde District. Specimen obtained from the deceased case-patient tested positive for CCHF virus by RT-PCR at UVRI on 31 July 2019. A total of 50 contacts have been listed and are being monitored. A suspected case from the same area but not a contact of the confirmed has been admitted with similar signs and symptoms with additional epidemiological and laboratory investigations underway.
Uganda	Measles	Ungraded	08-Aug-17	1-Jan-19	2-Jul-19	1 275	604	6	0.50%	Between 24 April 2019 and 7 May 2019, 144 new additional suspected cases of measles were reported, among which 81 were confirmed either by laboratory testing or via epidemiological linkage. Two additional deaths were reported among confirmed cases, which brings the total deaths to 6 for this year. In total, 1 041 cases including 525 confirmed (329 lab-confirmed and 196 epi-linked) have been reported as of 7 May 2019.
Closed Events										
Mauritius	Dengue fever	Ungraded	26-Feb-19	26-Feb-19	09-Aug-19	141	141	0	0.00%	No new cases have been reported since week 29 (week ending 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. Serotype 1 has been found in most confirmed cases and serotype 2 was found in 5 imported cases from Reunion and 2 locally transmitted cases. The eleven imported cases are from Reunion Island (6), Thailand (2), Bangladesh (1), India (1), and Malaysia (1).
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 reported in Sofala, with Beira the most affected district. As of 25 June 2019, Sofala province had not reported cases of cholera for the preceding 18 days.

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-19	30-May-19	3-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, joint and abdominal pains, fatigue, vomiting blood and passing bloody stools, starting on 30 May 2019. The patient died soon after admission. 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-19	15-Mar-19	12-Jun-19	-	-	-	-	Tropical Cyclone Idai hit 3 provinces neighbouring Mozambique namely Manicaland, Masvingo and Mashonaland East, on 15 March 2019. The Government reported that around 270 000 people are affected by the floods and cyclone, and 299 deaths, with 186 injuries have occurred. Sixty-one percent (181) of deaths and 98% (183) of people injured were reported from Chimanimani and Chipinge districts in Manicaland province. The second round of OCV campaign ended on 1 June 2019, where a total of 398 684 (86.9%) people were vaccinated in Chimanimani and Chipinge district.

†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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