WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 35: 26 August – 1 September 2019
Data as reported by 17:00; 1 September 2019

3 New events
63 Ongoing events
55 Outbreaks
11 Humanitarian crises

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- cVDPV2
- Anthrax
- Malaria
- Rubella
- Cases
- Deaths
- Drought
- Leishmaniasis
- Suspected aflatoxicosis
- Humanitarian crisis
- Hepatitis E
- Yellow fever
- Dengue fever
- Typhoid fever
- Ebola virus disease
- Chikungunya
- Rift Valley fever
- Crimean-Congo hemorrhagic fever
- Countries reported in the document
- Non WHO African Region
- WHO Member States with no reported events

Graded events †

3 Grade 3 events
12 Grade 2 events
2 Grade 1 events
43 Ungraded events

Protracted 3 events
Protracted 2 events
Protracted 1 events
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 63 events in the region. This week’s main articles cover key new and ongoing events, including:

- Ebola virus disease in Uganda
- Rift Valley fever in Central African Republic
- Ebola virus disease in Democratic Republic of the Congo
- Humanitarian crisis in north-east Nigeria.

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:**

- **Uganda** has experienced a fresh importation of Ebola virus disease (EVD) this week, the second event in the course of the EVD outbreak in Democratic Republic of the Congo. Such events are not unexpected, given the ongoing community transmission of the disease in Democratic Republic of the Congo and the high population movements between the two countries. Authorities in Uganda have again demonstrated a high level of epidemic preparedness and readiness, by promptly detecting this event. With the available capacity and capabilities, it is expected that the current incursion of Ebola will be halted rapidly. However, the risk of further geographical spread to Uganda and to other neighbouring countries remains substantial as long as the outbreak continues in Democratic Republic of the Congo. Accordingly, there is a need to enhance and maintain capacity for operational readiness and preparedness in all neighbouring countries to rapidly detect cases and mitigate local spread. Ultimately, the outbreak in the Democratic Republic of the Congo needs to be controlled.

- The Ministry of Health in Central African Republic has reported a confirmed case of Rift Valley fever (RVF), an event occurring for the first time in the country. While deeper investigations are ongoing, this event highlights the need for a comprehensive understanding of the epidemiology of the disease and to enhance public and animal health surveillance for RVF and other zoonoses in the country and the whole region.
EVENT DESCRIPTION

On 29 August 2019, the Ministry of Health in Uganda reported a new confirmed case of Ebola virus disease (EVD) in Kasese District, situated in the western part of the country, at the border with Democratic Republic of the Congo. The case-patient was a nine-year-old girl from Rubiriha Mazango, Democratic Republic of Congo, who presented (accompanied by her mother) to the health check-point in Mpondwe border crossing (Point of Entry) on 28 August 2019 with high fever (≈40º C) and other symptoms. She was identified as a suspect EVD case and referred to Bwera Hospital Ebola Treatment Unit (ETU), from where blood specimens were collected and shipped to the Uganda Virus Research Institute (UVRI). The test result released by UVRI on 29 August 2019 was positive for Ebola Zaire by polymerase chain reaction. The case-patient died in the early-hours of 30 August 2019 and the body was repatriated to Democratic Republic of the Congo for a safe and dignified burial. The mother of the deceased and four other relatives who reportedly came in close contact to the confirmed case have returned to Democratic Republic of the Congo. Accordingly, no contacts are currently in Uganda for follow up.

Preliminary investigations revealed that the case-patient had been sick since 25 August 2019 and she was previously admitted in a private clinic in Democratic Republic of the Congo on 27 August 2019, from where the mother asked for a referral following no improvement in the clinical condition. Before this, she was reportedly admitted to a health facility in mid-August 2019, where she shared a private room with a confirmed EVD case who later died in the community.

Further epidemiological investigations are ongoing, both in Uganda and Democratic Republic of the Congo, and updates on this event will be provided as new information becomes available.

PUBLIC HEALTH ACTIONS

- On 29 August 2019, the Uganda Ministry of Health issued a press release, declaring the EVD outbreak and informing the public of the event as well as providing guidance on preventive measures.
- An emergency National Task Force (NTF) meeting was convened on 29 August 2019 at the Ministry of Health Emergency Operations Centre, chaired by the Director General of Health Services, and attended by officials from various government departments and agencies, and partners. The meeting deliberated on the response strategies to the new outbreak.
- A multi-disciplinary national rapid response team was deployed to Kasese District on 29 August 2019 to support local response efforts.

Field investigations, including identification of potential contacts are being carried in Kasese and in Democratic Republic of the Congo.

Active surveillance, including health screenings and active case search in the community and health facilities are being maintained in all border districts.

SITUATION INTERPRETATION

The Ministry of Health in Uganda has confirmed a new EVD outbreak in the border district of Kasese. The case was promptly detected at the border screening point, minimizing the potential for wider community exposure and further local spread. It is thus expected that the current outbreak will be contained quickly. Nonetheless, there is a need to continue maintaining a high state of alert and enhance cross-border surveillance as well as other readiness and preparedness measures. Additionally, the response efforts in Democratic Republic of the Congo should be stepped up to bring this outbreak to an end, as a lasting solution.
EVENT DESCRIPTION

On 19 August 2019, the Institut Pasteur of Bangui (IPB), Central Africa Republic reported a confirmed case of Rift Valley fever (RVF) in Bossembélé health district, Boali sub-prefecture. The case-patient is a 45-year-old male farmer from Bogoin village who initially fell ill on 5 August 2019 and presented, on 8 August 2019, to the local health facility with fever, chills, headache, nausea, asthenia, myalgia, arthralgia and retro-ocular pain. As part of influenza surveillance, a blood specimen was collected on 9 August 2019 and transported to the IPB. Test results released on 19 August 2019 confirmed RVF infection by reverse transcriptase-polymerase chain reaction. As of 24 August 2019, the case-patient remained in admission in good clinical condition.

Outbreak investigations carried out by the rapid response team identified seven additional suspected RVF cases from the same health district, five through records review in the local health facility and two by active case search in the affected community. A total of 12 blood specimens (five from suspected cases and seven from healthy control cases) were collected and are being analysed at the IPB; the test results are pending. The suspected cases, with ages ranging from 5 to 45 years, are being followed as outpatients.

Additionally, animal health investigations carried out in the affected community reportedly identified sick domestic animals (mainly cows and sheep), manifesting symptoms such as runny nose, cough and diarrhoea. A total of 21 blood specimens were collected from the sick animals (cows and small ruminants) and taken for laboratory analysis and the test results are pending.

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

PUBLIC HEALTH ACTIONS

- The Ministry of Health is coordinating the response to the RVF outbreak through the emergency operations centre, with support from the health partners.
- A multisectoral national rapid response team, comprising of both public and animal health specialists, and entomologists was deployed from 21-24 August 2019 to conduct in-depth outbreak investigation.
- The epidemiological and laboratory surveillance have been enhanced, and healthcare workers have been oriented on the standard case definition for RVF to facilitate early case detection. Data collection and reporting tools have been distributed to the health facilities.
- Case management is ongoing in the affected health district, with some suspected cases being managed as outpatients.
- Risk communication activities using various channels are ongoing in the affected communities, however this needs to be enhanced.

SITUATION INTERPRETATION

Health authorities in Central African Republic have reported a new outbreak of RVF, the first time such an event has been formally reported in the country. Information on the circulation of RVF virus (RVFV) in Central African Republic is limited, partly due to gaps in the surveillance system, and specifically due to limited surveillance for RVF disease. Literature indicates that RVFV was first isolated in Central African Republic in 1969 from a pool of *Mansonia africana* mosquitoes. However, a recent study in Central African Republic detected RVFV-specific antibodies in humans, and 15 strains of RVFV were isolated from humans and sylvatic mosquitoes.

The current confirmation of RVF in the country should alert health authorities to strengthen surveillance for the disease and other zoonoses. Additionally, in-depth epidemiological and entomological investigations should be undertaken to properly understand the epidemiology of the disease and identify all potential vectors species in the country. The ongoing rainy season, running from May to October, may result in increased vector density, constituting another risk factor for escalation of RVF.
EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu, South Kivu and Ituri provinces in Democratic Republic of the Congo continues, with 18 health zones and 66 health areas reporting confirmed cases in the past 21 days (11-31 August 2019). Since our last report on 25 August 2019 (Weekly Bulletin 34), there have been 63 new confirmed cases and 45 new deaths. In the past 21 days the number of new confirmed cases has fluctuated, with 68 reported in week 32 (week ending 10 August 2019), 57 in week 33 (week ending 17 August 2019) and 63 in week 34 (week ending 24 August 2019). The principle hot spots of the outbreak in the past 21 days are Beni (22%; n=45), Kalunguta (14%; n=28) and Mandima (11%; n=22) cases respectively. Kalunguta is now the second hot spot in place of Mandima. Twelve health zones, namely Mambasa, Beni, Kalunguta, Katwa, Mandima, Musienene, Butembo, Komanda, Mutwanga, Mahalako, Mwenga and Kayna have reported new confirmed cases in the past seven days and remain points of attention.

As of 31 August 2019, a total of 3 031 EVD cases, including 2 926 confirmed and 105 probable cases have been reported. To date, confirmed cases have been reported from 29 health zones: Ariwara (1), Bunia (4), Komanda (43), Lolwa (3), Mambasa (32), Mandima (264), Nyanundo (1), Rwarama (8) and Tchomia (2) in Ituri Province; Aliimbogo (5), Beni (661), Butembo (279), Goma (1), Kalunguta (164), Katwa (647), Kayna (22), Kyondo (20), Lubero (31), Mushaleko (76), Mangurejepa (18), Masereka (50), Musienene (84), Mutwanga (31), Nyanagongo (3), Oicha (52), Pinga (1) and Yuhouli (103) in North Kivu Province and Mwenga (6) in South Kivu Province.

As of 31 August 2019, a total of 2 031 deaths were recorded, including 1 926 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 66% (1 926/2 926). The cumulative number of health workers affected remains at 156, which is 5% of the confirmed and probable cases to date.

Contact tracing is ongoing in 23 health zones. A total of 16 370 contacts are under follow-up as of 31 August 2019, of which 14 531 have been seen in the past 24 hours, comprising 89% of the contacts, comparable to that during the past seven days (88%). Alerts in the affected provinces continue to be raised and investigated. Of 2 058 alerts processed (of which 1 988 were new) in reporting health zones on 31 August 2019, 1 933 were investigated and 365 (18%) 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 31 August 2019, a cumulative total of 209 913 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 90 million screenings to date. A total of 95/106 (90%) PoE/PoC transmitted reports as of 31 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 reintegrations and psychosocial activities for patients discharged from ETCS, along with psychoeducation sessions to strengthen community engagement and collaboration in the response.
- Training started for 45 psychosocial agents in Mwenga Health Zone during the reporting period, as well as psychosocial follow-up activities for cured patients in Butembo, Mangina, and Beni.
- 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 Mangurejepa Health Zone and who was travelling to Bukavu.
- Water, sanitation and hygiene (WASH) activities continue and during this week, 91 households and six public places benefited from an infection, prevention and control/ WASH input budget.
- 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.
- The UN Secretary General and the Director General of WHO visited outbreak response teams in Goma; in Butembo, a response support and community engagement walk was organized with the support of Katsya health area core cadres; in Mandima, experts from the different pillars of the EVD response were invited to answer questions and concerns around issues that lead to community resistance in a popular platform in the Lwemba health area.

SITUATION INTERPRETATION

The response to the EVD outbreak in Democratic Republic of the Congo remains challenged by continued insecurity and pockets of community resistance. A review of key performance indicators at week 34 (19-25 August 2019) shows, in comparison with the previous week, an increase in the number of new confirmed cases, a decrease in the proportion of deaths on notification, persistence of the low proportion of new confirmed cases listed as contacts and an extension of affected health areas. All these, along with the addition of Kalunguta as a hot spot area, are of grave concern. 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 there is no further geographical spread of the disease.
EVENT DESCRIPTION

The complex humanitarian crisis in north-east Nigeria continues into its tenth year, with continued armed attacks by insurgents in many areas in the region. These attacks have escalated in the last six months. In the latest security incident on 27 August 2019, 11 workers of a telecom firm were killed in Wajiriko village, 150 kilometres outside Borno State capital, Maiduguri. Overall, an estimated 800 000 people in north-east Nigeria are literally inaccessible due to insecurity.

Following torrential rains and flash flooding in Adamawa, Borno and Yobe states, an estimated 8875 households have been displaced. About 7347 emergency and makeshift shelters have been partially or completely damaged in internally displaced persons (IDP) camps and host communities. Furthermore, 405 water, sanitation and hygiene (WASH) facilities have been affected by the floods in Borno State alone, with the number of affected facilities being assessed in the other states. The risk of further damage remains high in 64 local government areas (LGAs) across the three states as the rainy season goes into September.

The cholera outbreak in Adamawa State is still ongoing, though a downward trend has been observed in the last four weeks. As of 23 August 2019, a total of 674 suspected cholera cases have been reported from four LGAs, with four deaths (case fatality ratio 0.48%). Over 61% of the reported cases are from Yola North LGA. Of the 338 stool specimens collected for analysis, 57% tested positive for cholera using rapid diagnostic test kits while 44% cultured *Vibrio cholerae*.

Malaria remains a leading cause of morbidity in the region. According to the 2018 WHO Malaria Report, 53 million cases are recorded annually in Nigeria. Roughly 1 in 4 persons in Nigeria is infected with malaria, contributing 25% of the global burden. Similarly, in week 33 (week ending 18 August 2019), the leading cause of morbidity was malaria, accounting for 39% of all reported cases while neonatal deaths accounted for 24% of reported deaths.

PUBLIC HEALTH ACTIONS

- The government, with the support of various humanitarian partners, are currently responding to urgent needs of displaced and at-risk persons in the three affected states. The State Emergency Management Authority (SEMA) in Yobe has provided immediate food and non-food items to households in Nguru LGA.
- The Camp Coordination and Camp Management (CCCM) sector partners are providing tools, including sandbags, shovel and wheelbarrows to clear waterways and drainages across the affected LGAs and alleviate the situation.
- OCHA is working with shelter partners to mobilize shelter kits for the affected households and the WASH sector partners to ensure regular chlorination of water point and continuous disinfection of waterlogged areas.
- WHO and other partners continue to support the Ministry of Health in Adamawa State to respond to the ongoing cholera outbreak. WASH activities have significantly been improved in recent weeks and preparedness activities in areas with flooding are being intensified.

SITUATION INTERPRETATION

The recent torrential rains and flash floods in Adamawa, Borno and Yobe states have caused significant population displacement in many LGAs. Many IDP camps have been affected, with substantial damage to living shelters and WASH facilities. This is happening against a background of already overstretched facilities and inadequate shelter among persons who have been displaced from their communities across the states due to conflict. In order to alleviate the immediate impact of the floods, the government in collaboration with humanitarian partners need to urgently provide relief aid, including shelter, food and non-food items, potable water and sanitation facilities and healthcare to the affected people. Furthermore, secondary effects of the flooding, especially outbreaks of water-borne diseases such as cholera and vector-borne diseases like malaria, need to be anticipated and preparations put in place. These diseases are known to be prevalent in the region, with strategic plans already developed to address their burden. Thus, the government and partners should continue to implement the preparedness and response plans in order to reduce morbidity and mortality caused by these diseases.
Major issues and challenges

Health authorities in Uganda have confirmed a fresh EVD outbreak in the western Kasese district, at the border with Democratic Republic of the Congo. The case-patient in this event was detected promptly at the border screening point, limiting community exposure to the disease within the country. This level of alertness is commendable. However, the risk of further geographical spread of EVD to Uganda and to other neighbouring countries remains high since community transmission continues in Democratic Republic of the Congo.

The Ministry of Health in Central African Republic has confirmed a case of RVF this week. While this is the first time the country is formally reporting the disease in humans, recent studies demonstrated the presence of RVFV-specific antibodies, indicating past community exposure. The confirmation of RVF in the country could be an indication of a wider RVFV activity and circulation, which needs to be properly understood.

Proposed actions

Health authorities and partners in Uganda (and other at-risk neighbouring countries) need to maintain a high state of alert and continue to enhance capacity for EVD operational readiness and preparedness. Additionally, health authorities and partners in Democratic Republic of the Congo need to step up efforts to control the ongoing EVD outbreak.

The national authorities and partners in Central African Republic need to conduct in-depth investigations to establish the extent of the circulating of RVFV in humans, animals and vectors in the country. In addition, surveillance for RVF (and other zoonoses) needs to be strengthened.
### All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tr>
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<td>27-Aug-19</td>
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<td>05-Jun-19</td>
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<td>199</td>
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<td>01-Jan-19</td>
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<td>2,192</td>
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**On 27 August 2019, WHO was notified of a confirmed case of Lassa fever in Benin, in a 35-year-old, housewife, resident of Tékparou Gah village, in the commune of Tchaourou (Central East Benin) bordering Nigeria. She developed symptoms of fever and headache on 14 August 2019 and died on 25 August 2019 while undergoing care at a hospital in Borgou Department. Post-mortem blood samples tested positive by RT-PCR for Lassa fever at the National Laboratory for Agricultural Development Support (LANADA). Safe and dignified burial has been conducted. A total of 61 contacts have been identified and are being followed.**

**Detailed update given above.**

**Uganda**

**Detailed update given above.**

**Angola**

- **Measles**
  - **Grade**: Ungraded
  - **Date notified to WHO**: 04-May-19
  - **Start of reporting period**: 01-Jan-19
  - **End of reporting period**: 30-Jun-19
  - **Total cases**: 127
  - **Cases Confirmed**: 85
  - **Deaths**: 64
  - **CFR**: 2.00%

- **Poliomyelitis (cVDPV2)**
  - **Grade**: G2
  - **Date notified to WHO**: 08-May-19
  - **Start of reporting period**: 05-Apr-19
  - **End of reporting period**: 28-Aug-19
  - **Total cases**: 6
  - **Cases Confirmed**: 6
  - **Deaths**: 0
  - **CFR**: 0.00%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported in the past week. There is a total of six cVDPV2 cases from three outbreaks reported in 2019.

**Angola**

- **Dengue fever**
  - **Grade**: Ungraded
  - **Date notified to WHO**: 13-May-19
  - **Start of reporting period**: 10-May-19
  - **End of reporting period**: 25-Aug-19
  - **Total cases**: 13
  - **Cases Confirmed**: 9
  - **Deaths**: 2
  - **CFR**: 15.40%

Between 10 May and 25 August 2019, a total of 13 suspected cases of dengue fever including two deaths have been reported from Atlantique, Littoral, Ouémé and Couffo Departments. Cumulatively, nine cases from Atlantique Department (3 cases), Littoral Department (4 cases) and Ouémé Department (2 cases) were confirmed by serology and PCR at the Benin National VHF Laboratory. The last dengue fever case was confirmed on 22 August 2019 in Littoral Department. Two deaths, one of which occurred in a dengue haemorrhagic fever case, were notified among the confirmed cases (CFR 22%).

**Benin**

- **Cholera**
  - **Grade**: Ungraded
  - **Date notified to WHO**: 05-Jul-19
  - **Start of reporting period**: 03-Jul-19
  - **End of reporting period**: 29-Aug-19
  - **Total cases**: 42
  - **Cases Confirmed**: 19
  - **Deaths**: 0
  - **CFR**: 0.00%

From 3 July to 29 August 2019, a total of 42 suspected cholera cases with zero deaths have been reported from Atlantique and Littoral Departments of Benin. Of the 42 suspected cases, 19 cultured *Vibrio cholerae* serotype O1 at the National Public Health Laboratory. Confirmed cases are from four communes, namely, 2k (3), Sb-Ava (2) and Abomey-Calavi (2) in Atlantique Department and Cotonou (12) in Littoral Department.

**Burundi**

- **Cholera**
  - **Grade**: Ungraded
  - **Date notified to WHO**: 05-Jun-19
  - **Start of reporting period**: 01-Jun-19
  - **End of reporting period**: 28-Jul-19
  - **Total cases**: 199
  - **Cases Confirmed**: 32
  - **Deaths**: 1
  - **CFR**: 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 *Vibrio cholerae* Ogawa.

**Burundi**

- **Malaria**
  - **Grade**: G2
  - **Date notified to WHO**: 01-Jan-19
  - **Start of reporting period**: 11-Aug-19
  - **End of reporting period**: 5,992,214
  - **Total cases**: 2,192
  - **Cases Confirmed**: 0
  - **Deaths**: 0
  - **CFR**: 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 surpassed 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 the same period in 2018.

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Go to overview  Go to map of the outbreaks
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
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<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
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<td>Humanitarian crisis (Far North, North, Adamawa &amp; East)</td>
<td>Protracted 2</td>
<td>31-Dec-13</td>
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<tr>
<td>Cameroon</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>G2</td>
<td>24-May-19</td>
<td>24-May-19</td>
<td>28-Aug-19</td>
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<tr>
<td>Chad</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>19-Jul-19</td>
<td>12-Jul-19</td>
<td>19-Jul-19</td>
<td>20</td>
<td>5</td>
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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 population. The Minawao refugee camp in 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 total population displaced as a result of the crisis is estimated at 423 835 individuals.

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 basic services including healthcare.

The cholera outbreak in Cameroon is improving in the North and Far North region. As of 20 August 2019, 467 cases and 23 deaths were recorded (CFR 5%) in North and Far North region. To date, 9 out of 15 health districts are affected in the North (Bibémi, Figuil, Garoua I, Garoua II, Gashiga, Golombe, Ngong, Pitoa, Tcholliré) and 3 out of 30 health districts (Kadélé, Moutourwa, Kar Hay) in the Far North.

The measles outbreak is ongoing in Cameroon. Since the beginning of 2019, a total of 1 170 suspected cases have been reported. Of these, 269 were confirmed as IgM-positive. The outbreak is currently affecting 33 districts, namely, Kousseri, Mada, Goulfey, Makary, Kolofata, Koza, Ngoundéré rural, Bangué, Guidguis, Figuil, Mora, Maroua 3, Vélélé, Pitoa, Maroua 1, Bourha, Touboro, Mogodé, Bibémi, Garoua 1, Garoua 2, Lagdö, Tcholliré, Guidiguis, Moutourwa, Mokolo, Cité verte, Djoungolo, Nikolindong, Limbé, Garoua Boulai, Ngoundéré Urbain.

No new cases of cVDPV2 were reported in the past week. 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.

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, sub-prefecture of Birao, located in the North East of the country close to the Sudanese border on 14 July 2019. A total of 14 casualties (8 deaths and 6 injured) were reported with population displacement as a result over the same period.

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 Ngoundaye. Ngoundaye health district has reported seven cases of viral hepatitis E (6 confirmed and 1 probable) since the beginning of the epidemic. The last case was reported in week 7.

In week 29 (week ending on 14 July 2019), 22 new suspected measles cases were reported from Kaga Bandoro sub-prefecture. This is a decrease in the reported number of cases since week 28 (week ending 14 July 2019). Since 27 May 2019, 281 cases including two 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.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported in the past week. There are four reported cases from four different outbreaks of cVDPV2 in 2019.

Between 12 and 19 August 2019, a total of 20 cases including one death (CFR 5%) were reported from four affected villages, Frehing I (16 cases with one death), Mbrou (1 case with zero deaths), Danhouli (1 case with zero deaths) and Youe (1 case and zero deaths) with an attack rate of 5.4 per 1 000 population and 0.6 per 1 000 population respectively. Specimens collected from five cases cultured *Vibrio cholerae* 01 Inaba.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Chad</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-18</td>
<td>01-Jan-19</td>
<td>18-Aug-19</td>
<td>23 731</td>
<td>133</td>
<td>225</td>
<td>0.90%</td>
</tr>
</tbody>
</table>

In week 33 (week ending 18 August 2019), 105 suspected cases were reported and 17 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, Borgor, 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 with zero deaths have been reported from health facilities in Grande Comore Island. Of these, 56 cases have been confirmed (37 laboratory-confirmed and 19 by epidemiological link). IgM-positive cases were reported in five districts of Grande Comore, namely, Moroni (26), Mitsamiouli (6), Mbeni (3), Ochili (1) and Mitsoudjé (1). The 19 epi-linked cases are from Moroni district.

| Congo                              | Chikungunya   | G1        | 22-Jan-19             | 07-Jan-19                 | 04-Aug-19               | 11 282      | 148             | 0      | -    |

There is a continuing declining trend in the weekly incidence of chikungunya in all affected areas. The number of cases reported declined from 37 in week 30 (week ending 28 July 2019) to 17 in week 31 (week ending 4 August 2019). Since the beginning of the outbreak, a total of 11 282 cases have been reported in 43 out of the 52 health districts of the country. The affected areas include densely populated zones such as Brazzaville and Pointe-Noire.

| Côte d’Ivoire                      | Dengue Fever   | Ungraded  | 15-Feb-19             | 01-Jan-19                 | 30-Jul-19               | 2 919       | 302             | 2      | 0.10%|

Since the peak in week 25 (week ending on 23 June 2019), there has been a gradual decline in the weekly number of cases. As of 30 July 2019, a total of 2 514 suspected cases including two deaths attributed to dengue fever have been reported. Of these, 300 cases have been confirmed with DENV 1 (95 samples) and DENV 3 (28 samples) as the main circulating serotypes. Forty-five out of 86 districts across the 16 health regions have reported at least one case. Cocody Bingerville District in Abidjan remains the epicentre of the outbreak.

| Democratic Republic of the Congo   | Humanitarian crisis | G3       | 20-Dec-16             | 17-Apr-17                 | 07-Jul-19               | -           | -               | -      | -    |

The Democratic Republic of the Congo continues to experience a complex humanitarian crisis involving armed conflicts and inter-community tension exacerbating the numbers of those in need of humanitarian assistance. Populations movements due to armed clashes have been reported in North-Kivu, Ituri, South-Kivu and Maniema. In Ituri, intercommunal violence in Djugu and Mahagi territories has resulted in the internal displacement of 400 000 people. In Tanganyika, clashes between interethnic militia have led to closure of health centres in eight health areas in Kalemie and Nyunzu.

| Democratic Republic of the Congo   | Cholera        | G3        | 16-Jan-15             | 01-Jan-19                 | 11-Aug-19               | 15 989      | -               | 297    | 1.90%|

During week 32 (week ending 11 August 2019), a total of 634 suspected cases of cholera and 4 deaths were notified from 34 health zones in 12 provinces. The endemic provinces of North-Kivu and South-Kivu have reported 88% of cases reported during week 32. Between week 1 and week 32 of 2019, a total of 15989 cases including 297 deaths (CFR 2%) have been notified from 20 out of 26 provinces. Compared to the same period in 2018 (week 1-32), there is a 5.9% and a 49% 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                 | 31-Aug-19               | 3 031       | 2 926           | 2 031  | 67.00%|

Detailed updated given above.

| Democratic Republic of the Congo   | Measles        | G2        | 10-Jan-17             | 01-Jan-19                 | 11-Aug-19               | 155 460     | 5 696           | 3 006  | 1.90%|

In week 32 (week ending 11 August 2019), 5 638 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 a confirmed measles outbreak. Since the beginning of 2019, 155 460 measles cases including 3 006 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                   | 01-Jan-19                 | 11-Aug-19               | 3 289       | -               | 64     | 1.90%|

Since the beginning of 2019, a cumulative total of 3 289 monkeypox cases, including 64 deaths (CFR 1.9%) were reported from 111 health zones in 16 provinces. In week 32 (week ending 11 August 2019), 76 cases and zero deaths were reported nationally and 63% of cases were reported from Kole Health zone in Sankuru province.
cVDPV2 cases were reported in 2018. DRC is currently affected by nine separate cVDPV2 outbreaks; one each originated in Haut Katanga, Mongala, Sankuru, Tanganika, Tshaapa, Kasai, Kasai Central, and two in Haut Lomami provinces. 

Epidemic-prone diseases continue to occur, with active outbreaks of cholera, measles and chikungunya ongoing in various regions of the country.

An increasing trend in cases of chikungunya has been reported from Ethiopia since week 30 (week ending 28 July 2019). In week 33 (week ending 18 August 2019), 711 new suspected cases were reported from Dire Dawa City Administration. As of 18 August 2019, a total of 1 233 suspected cases have been reported from nine Kebelas (2 340), Amhara (703) and Afar (548) regions. Children aged less than five years are the most affected accounting for 48.9% of the total cases followed by age group 15-44 years (26.3%). Seventy-two percent of the reported measles cases were not previously vaccinated.

The complex and protracted humanitarian emergency in Ethiopia continues, complicated by incidents of inter-communal clashes and adverse climatic conditions. Flooding from an overflow of the 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.

No cVDPV2 case was reported in the past week. There is one cVDPV2 case in 2019. One cVDPV2-positive environmental sample was collected from Accra district, Greater Accra Region. The sample was collected on 13 August 2019. Earlier, a cVDPV2 was isolated from an environment sample collected on 11 June 2019 from the Northern Province sub-region. 

No cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported during the past week. A cVDPV2 case linked to Somalia, with onset on 20 May 2019 was reported in 2019.

Guinea Measles Ungraded 09-May-18 01-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 02-Jan-19 25-Aug-19 3 777 160 26 0.70%

Since January 2019, 10 of the 47 Counties of Kenya reported cholera cases, namely: Embu, Garissa, Kajiado, Machakos, Mandera, Mombasa, Nairobi, Narok, Turkana and Wajir Counties. The outbreak remains active in six Counties: Garissa, Kajiado, Mandera, Nairobi, Turkana and Wajir. From January to 25 August 2019, a total of 3 777 cases including 26 deaths (CFR 0.7%) have been reported, of which 160 cases have been laboratory-confirmed.

Kenya Measles Ungraded 06-May-19 20-Mar-19 25-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 34 (week ending 25 August 2019). As of the reporting date, Kajiado County, Kajiado West Sub-County has been affected, with 381 cases and 1 death reported, of which 4 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.
Three new confirmed cases including one death were reported from Bong County, Central Liberia from 22 to 25 August 2019. The deceased case-patient is a laboratory technician whose source of exposure remains under investigation. One of the case-patients was confirmed retrospectively and has been treated and discharged since 5 August 2019. A third case-patient, a 14-year-old female, with onset of symptoms on 13 August 2019 is currently in admission undergoing clinical care. All cases were confirmed by RT-PCR at the National Public Health Reference Laboratory of Liberia. From 1 January-25 August 2019, a total of 92 suspected cases including 21 deaths have been reported across Liberia. Of these, 25 cases have been confirmed by RT-PCR while nine (9) remain suspected cases. The case fatality ratio among confirmed cases is 36% (9/25).

Liberia Measles Ungraded 24-Sep-17 01-Jan-19 11-Aug-19 1 100 313 0 0.00%

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 02-Jul-19 - - - -

The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The presence and activities of armed groups not included in the 2015 agreement continues to adversely affect the security situation. Clashes between Dogon (pastoralist farmers) and Fulani (nomadic herders) communities over land and access to water points have also increased in central and northern regions. On 30 June 2019, armed men attacked three predominantly Fulani villages in Mopti region.

Mali Measles Ungraded 20-Feb-18 01-Jan-19 25-Aug-19 1 100 313 0 0.00%

As of week 34 (week ending on 25 August 2019), 1 100 suspected cases of measles have been reported from 11 districts in the country. Of these, 313 were confirmed IgM-positive.

Mozambique Poliomyelitis (cVDPV2) G2 07-Dec-18 07-Dec-18 28-Aug-19 1 1 0 0.00%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreak has been reported this week. There was one case reported in 2018.

Namibia Hepatitis G1 18-Dec-17 08-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 ten regions of Namibia with the majority (72) from Khomas region. There is a 16% decrease in the number of cases reported in last two weeks. As of 11 August 2019, a cumulative total of 1 390 laboratory-confirmed, 3 966 epidemiologically linked, and 795 suspected 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.

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 the week 30 (week ending on 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 (1 268 with 1 death), Tilaberi (630 including 3 deaths), Agadez (459 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.

Niger Poliomyelitis (cVDPV2) G2 08-Jul-18 08-Jul-18 28-Aug-19 11 11 1 9.10%

No new cVDPV2 was reported in this week. Since the beginning of 2019 there has been one case reported from Bosso health district, Diffa region on 3 June 2019. A total of ten cVDPV2 cases were reported in 2018 in Niger, which were genetically linked to a cVDPV2 case in Jigawa and Katsina states, Nigeria.

Nigeria Humanitarian crisis Protracted 3 10-Oct-16 n/a 31-Jul-19 - - - -

Detailed update given above.

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 *Vibrio cholerae* as the causative agent.
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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
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<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>25-Sep-17</td>
<td>01-Jan-19</td>
<td>25-May-19</td>
<td>30 669</td>
<td>1 476</td>
<td>91</td>
<td>0.30%</td>
</tr>
</tbody>
</table>

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.

| Nigeria    | Poliomyelitis (cVDPV2) | G2      | 01-Jun-18             | 01-Jan-18                 | 28-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             | 01-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             | 01-Jan-19                 | 02-Jul-19               | 74                      | 12    | 4     | 5.40%|

From 1 June to 2 July 2019, 74 suspected measles cases were reported from Ngorororo 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. Ngorororo district is the most affected with 90.5% (67) of cases, reported mainly from Suvu sector (89.2%).

| South Sudan | Humanitarian crisis | Protracted | 15-Aug-16 | n/a | 21-Aug-19 |                      |        |        |      |

The humanitarian situation has been largely calm but unpredictable in most of the states. The number of internally displaced people (IDPs) in South Sudan was estimated at 1.83 million as Eastern Equatoria, Warrap, Upper Nile and Western Bahr el Ghazal saw increases in the number of IDPs compared to May (30%, 185, 3% and 2% respectively), mainly due to insecurity related to communal clashes and cattle raids.

| South Sudan | Hepatitis E          | Ungraded | -         | 03-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 on 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 East 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                 | 25-Aug-19               | 6 886      | 6 886 | 13    | 0.20%|

Tanzania continues to report dengue fever cases. As of week 34 (week ending on 25 August 2019), 13 new dengue cases were reported from Dar es Salaam (4 cases) and Tanga (9 cases). The total confirmed cases reported since the beginning of the outbreak was 6 886 cases including 13 deaths. Since the beginning of the outbreak, 11 Regions have been affected: Arusha, Dar es salaam, Dodoma, Kagera, Kilimanjaro, Lindi, Morogoro, Pwani, Ruvuma, Singida and Tanga.

| Tanzania, United Republic of | Suspected aflatoxicosis | Ungraded | 16-Jul-19             | 01-Jun-19                 | 25-Aug-19               | 72          | 9     | 12.50%|

In week 33 (week ending 25 August 2019), no new cases were reported in the country. Since 1 June 2019, sporadic cases from Dodoma and Manyara regions 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.

| 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 per cent living in settlements in 11 of Uganda’s 128 districts and in Kampala. The vast majority of 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 increased by 1.56% compared to the previous month.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
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<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
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<tbody>
<tr>
<td>Uganda</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>27-Jun-19</td>
<td>23-Jun-19</td>
<td>29-Aug-19</td>
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<td>9</td>
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<tr>
<td>Uganda</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>07-Aug-19</td>
<td>31-Jul-19</td>
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<tr>
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<td>Measles</td>
<td>Ungraded</td>
<td>08-Aug-17</td>
<td>01-Jan-19</td>
<td>02-Jul-19</td>
<td>1 275</td>
<td>604</td>
<td>6</td>
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</tr>
</tbody>
</table>

A cumulative total of 110 cases have been reported from Nakivale refugee settlement, Insigiro district since the onset of the outbreak. The weekly number of cases is on a declining trend.

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 to the confirmed has been admitted with similar signs and symptoms with additional epidemiological and laboratory investigations underway.

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.

**Closed Events**

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
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<th>Deaths</th>
<th>CFR</th>
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<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>19-Jul-19</td>
<td>03-Jul-19</td>
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</tbody>
</table>

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 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) were identified and followed.

†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/](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.