

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 36: 2 - 8 September 2019

Data as reported by: 17:00; 8 September 2019



World Health  
Organization

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

**1**

New events

**67**

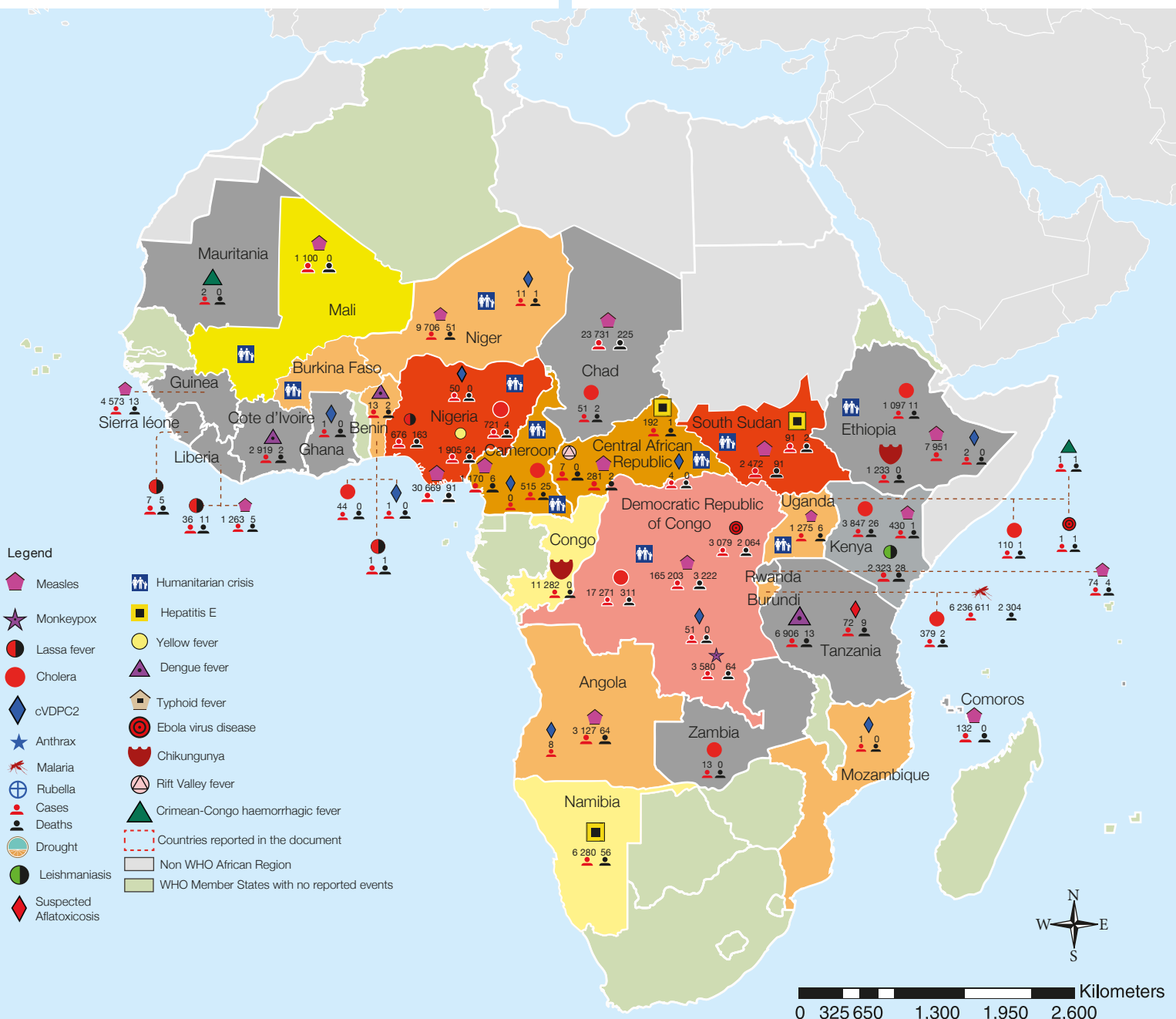
Ongoing events

**57**

Outbreaks

**11**

Humanitarian  
crises



Graded events †

**3**

Grade 3 events

**13**

Grade 2 events

**2**

Grade 1 events

**44**

Ungraded events

**2**

Protracted 3 events

**2**

Protracted 2 events

**2**

Protracted 1 events

# Overview

## Contents

2 Overview

3 - 6 Ongoing events

7 Summary of major issues, challenges and proposed actions

8 All events currently being monitored

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 68 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](#)
- [Humanitarian crisis in Burkina Faso](#)
- [Humanitarian crisis in Central African Republic.](#)

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

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

### Major issues and challenges include:

- The humanitarian crisis in Burkina Faso is fast deteriorating, with increasing armed attacks and mass population displacement. The number of internally displaced persons has soared in the past months, and the food insecurity levels have been described as unprecedented. The functionality of the healthcare systems to deliver essential health services has been severely compromised, as is the capacity to provide other aid assistance. The health sector response plan as well as the overall humanitarian response plan are grossly underfunded. The humanitarian emergency in Burkina Faso requires urgent interventions, including efforts to restore peace and security.
- The Ministry of Health in Ghana conducted in-depth field investigations into the outbreak of circulating vaccine-derived poliovirus type 2. The ongoing investigations appear to indicate a wider geographical diffusion of the poliovirus across the country and an elevated potential for further spread. This calls for a comprehensive and robust response to this event in Ghana and all the other countries in the sub-region. The national authorities and partners in Ghana started implementing response measures to this outbreak. Countries in the sub-region need to step up preparedness measures to prevent the emergence and spread of circulating vaccine-derived poliovirus type 2.

# Ongoing events

Circulating vaccine-derived poliovirus type 2

Ghana

1 Case | 0 Deaths | 0% CFR

## EVENT DESCRIPTION

Following the confirmation, on 17 August 2019, of a case of circulating vaccine-derived poliovirus type 2 (cVDPV2) in a paralytic two-year eight-month-old girl from Chereponi District, Northern Region of Ghana (*Weekly Bulletin 34*), extensive field investigations around the event have been undertaken. The preliminary findings elucidated the reason for the occurrence of this particular event and established a potentially wider spread of the poliovirus in the country. The investigations indicated that the case-patient received four doses of the bivalent oral polio vaccine (bOPV) within normal schedule. However, the administration of these vaccine doses took place within the 26-month period between the switch from the trivalent OPV to bivalent OPV (on 14 April 2016) and the introduction of the inactivated polio vaccine (IPV) on 1 June 2018. The case-patient is, therefore, among the cohorts of children who missed out on the type 2 poliovirus antigen due to the switch and the delay in IPV introduction. According to WHO-UNICEF estimates for 2018, the population immunity against type 2 poliovirus in Ghana is 55%, leaving out a significant proportion of children who are not protected against this strain.

As part of the field investigations, 20 stool samples were collected from healthy contacts to the confirmed case and analysed at the national polio laboratory at the Noguchi Memorial Institute for Medical Research (NMIMR). The test result released by NMIMR showed that three of the 20 samples isolated poliovirus type 2, affirming ongoing circulation of the poliovirus.

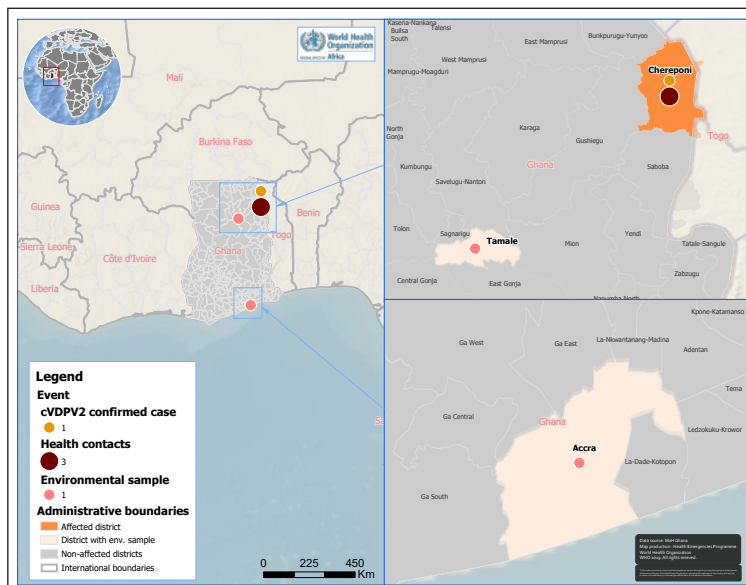
Additionally, an environmental sample collected on 12 August 2019 from Agbobloshie in Accra city, Greater Accra Region, isolated cVDPV2. This becomes the second event within a spate of one month to isolate poliovirus type 2 in environmental samples in Ghana, albeit from extreme parts of the country. The first environmental sample, collected on 11 June 2019 from Koblimahgu in Tamale Metropolis, Northern Region isolated cVDPV2 on 8 July 2019.

All the polioviruses isolated in the three events in Ghana are genetically linked to the outbreak that originated in Jigawa, Nigeria, in 2018.

## PUBLIC HEALTH ACTIONS

- The Ministry of Health in Ghana, supported by the partners of the Global Polio Eradication Initiative (GPEI) are conducting detailed field investigations, including immunization coverage surveys, close contact sampling, healthy children stool surveys and active case search for AFP in communities. Risk assessments for all events have also been conducted.
- The Ministry of Health and partners started conducting a comprehensive vaccination response using the monovalent OPV2. An initial round zero polio campaign started on 4 September 2019 in six districts in the Northern Region, targeting 158 506 children. Regional and district level trainings on micro-planning, implementation operations and vaccine management for the six districts in the Northern Region have been completed. Two subsequent rounds targeting 864 969 children will be conducted in 39 districts in Northern and Upper East Regions. Another 1 055 575 children will be targeted with two rounds of polio vaccination in 29 districts in the Greater Accra Region.

Geographical distribution of circulating vaccine-derived poliovirus type 2 in Ghana, 11 June – 6 September 2019.



- Two Emergency Operations Centres have been established in Accra and Tamale to coordinate the response operations to the polio outbreak.
- Social mobilization activities through various approaches are ongoing in churches, house-to-house visits and child welfare clinics and using radio discussions.
- National teams and necessary logistics have been deployed to targeted districts and regions.
- WHO has recruited and deployed six national surveillance officers to enhance polio surveillance through active case search using e-surveillance tools and geo coding of AFP cases for real time reporting. Additionally, two national officers have been recruited to support vaccination campaigns. Additional experts deployed to support response activities include an Incident Manager (WHO), GIS/Data Manager (WHO), Epidemiologist (CDC) and Vaccine Management Consultant (UNICEF).

## SITUATION INTERPRETATION

Health authorities and partners in Ghana conducted extensive field investigations and risk assessment, as part of the response to the cVDPV2 outbreak. The initial findings of the investigations expounded on the circumstances around the occurrence of the human poliovirus event, established a potentially wider circulation of poliovirus across the country and appraised the potential risk for further spread of the virus within the country and to neighbouring countries, especially Togo, as high. The affected district, Chereponi, in the Northern Region of Ghana is situated at the border with Togo, which is said to have lower immunization indicators. These findings highlight the urgent need to implement a comprehensive and robust response measures in Ghana and in the sub-region, in order to protect susceptible populations from poliovirus type 2. Ghana has already started preparations for mOPV2 vaccination campaigns, targeting close to 2 million children under 5 years of age in Northern, Upper East and Greater Accra regions. Surveillance for AFP is being strengthened while an IPV catch up campaign is being considered as a matter of priority. These proposed measures need to be undertaken with rigor and urgency.

## EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu, South Kivu and Ituri provinces in Democratic Republic of the Congo continues, with 17 health zones and 59 health areas reporting confirmed cases in the past 21 days (18 August to 7 September 2019). Since our last report on 1 September 2019 (*Weekly Bulletin 35*), there have been 48 new confirmed cases and 33 new deaths. The principle hot spots of the outbreak in the past 21 days are Kalunguta (16%;  $n=30$ ), Beni (16%;  $n=30$ ), Mambasa (13%;  $n=24$ ) and Mandima (13%;  $n=23$ ) cases respectively. This shows a change in the order of hot spot areas, with fewer new confirmed cases in Beni and Mandima than in previous weeks, but more in Kalunguta and Mambasa. Nine health zones, namely Mambasa, Beni, Katwa, Kyondo, Mandima, Butembo, Kalunguta, Kayna and Mutwanga have reported new confirmed cases in the past seven days and remain points of attention.

As of 7 September 2019, a total of 3 079 EVD cases, including 2 968 confirmed and 111 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 (41), Mandima (272), Nyakunde (1), Rwampara (8) and Tchomia (2) in Ituri Province; Alimbongo (5), Beni (665), Biena (16), Butembo (282), Goma (1), Kalunguta (173), Katwa (650), Kayna (25), Kyondo (22), Lubero (31), Mabalako (371), Manguredjipa (18), Masereka (50), Musienene (84), Mutwanga (32), Nyiragongo (3), Oicha (55), Pinga (1) and Vuhovi (103) in North Kivu Province and Mwenga (6) in South Kivu Province.

As of 7 September 2019, a total of 2 064 deaths were recorded, including 1 943 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 66% (1 953/2 968). The cumulative number of health workers affected is now 157, which is 5% of the confirmed and probable cases to date.

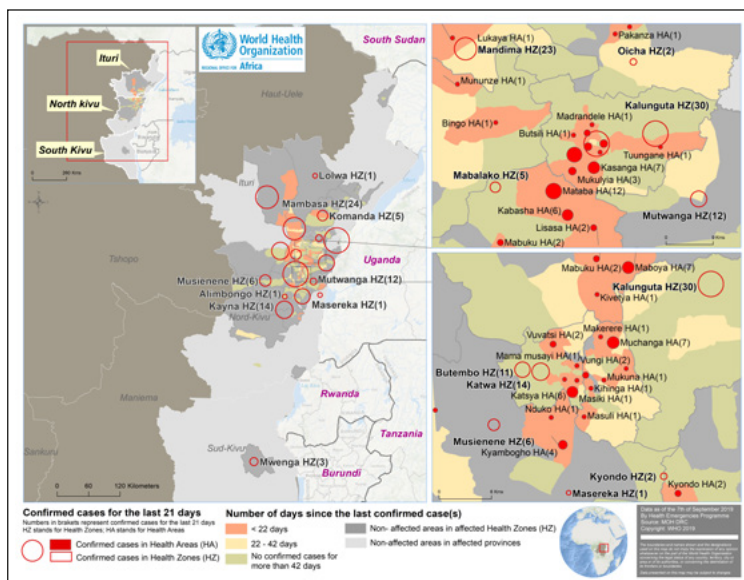
Contact tracing is ongoing in 21 health zones. A total of 14 737 contacts are under follow-up as of 7 September 2019, of which 13 312 have been seen in the past 24 hours, comprising 90% of the contacts, comparable to that during the past seven days (88%). Alerts in the affected provinces continue to be raised and investigated. Of 2 380 alerts processed (of which 2 328 were new) in reporting health zones on 7 September 2019, 2 316 were investigated and 403 (17%) 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.
- Surveillance has been strengthened in Kisangani, as a result of movement of two contacts from Beni.
- As of 4 September 2019, a cumulative total of 215 776 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 91 million screenings to date. A total of 113/117 (97%) PoE/PoC transmitted reports as of 7 September 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.

Geographical distribution of confirmed Ebola virus disease cases reported from 18 August to 7 September 2019, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo



- There are continued community reintegration and psychosocial activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response.
- 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.
- Security issues prevented decontamination of a health facility in Mandima Health Zone.
- Community awareness and mobilization messages are being updated, revised and harmonized and have been pre-tested by the commission and will subsequently be shared in coordination and sub-coordination activities.
- In Goma, a workshop is taking place to develop and harmonize key messages around the effectiveness of EVD treatment and the preventive use of vaccines; in Kalunguta, a popular forum was held in the Mataba health area to discuss youth resistance and strengthen community collaboration with EVD response teams, and several people were vaccinated; in Mwenga, during a visit to Chowe, the bishop of the Diocese of Uvira organized an EVD awareness service for the surrounding community.

## SITUATION INTERPRETATION

The response to the EVD outbreak in Democratic Republic of the Congo remains challenged by continued insecurity and pockets of community resistance. This is of grave concern, as these factors impede response activities such as contact tracing, active surveillance and community engagements. However, the decrease in numbers of new confirmed cases in Beni and Mandima is encouraging and these trends need to continue. 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 humanitarian crisis in Burkina Faso continues to worsen, with the numbers of internally displaced persons (IDPs) rising. The regions most affected by the humanitarian and health crisis are the Sahel, North Central, North, Boucle du Mouhoun and East. However, IDPs are present in all 13 regions of the country, located in 98 out of 250 communes, spread across 36 of the 45 provinces in the country.

In recent weeks, up to 3 September 2019, military operations continue, complicating humanitarian access, particularly in North Central and Sahel regions, where most IDPs are located. An attack on a military detachment in Koutougou, Sahel, left 24 persons dead and seven wounded and is the worst attack recorded since the start of the crisis.

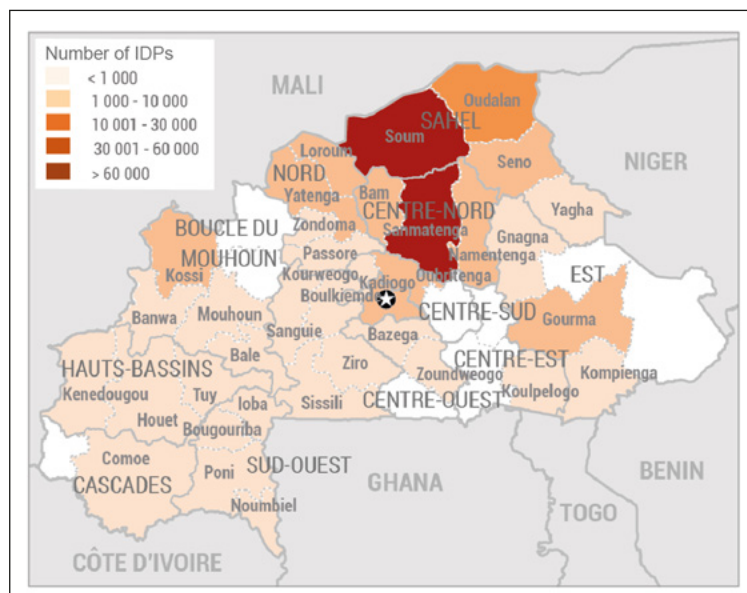
According to the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), as of 22 August 2019, 270 776 IDPs live in host communities or displacement sites. They are mainly located in Sahel (47.9%) and North Central (40.5%) regions, with the others spread across North (5.3%), Boucle du Mouhoun (3.2%) and East (1.3%) regions. Women (40.5%) and children (44%) make up the majority of the IDP population, with 15.5% men. An increasing number of IDPs are seeking refuge in urban centres such as Djibo and Dori, Sahel Region and Kaya, North Central Region. Secondary displacements, particularly from Sahel to North Central, are also reported. Access to food, non-food items and basic services are severely limited for both IDPs and host communities. As of 3 September 2019, 53 health facilities have closed and 75 are only minimally functional, leaving 553 978 people without access to basic health care, most in North Central (54.1%) followed by Sahel (33.4%) regions. Affected health facilities are in the five regions of the country that are home to 98% of IDPs.

Outbreaks of epidemic-prone diseases continue, complicated by closure of health facilities, which has also led to incomplete surveillance data; completeness of 2.3% for public health facilities and 20.7% for private health facilities. Members of the National Union of Workers in Human and Animal Health have been on strike since 2 June 2019, further disrupting the surveillance situation. Diseases of concern remain *Neisseria meningitidis* C meningitis and measles, with bloody diarrhoea and dengue fever also reported. As of week 34 (week ending 24 August 2019), there have been 712 cases of meningitis, with 45 deaths (case fatality ratio 6.3%), 671 cases of measles, with 2 deaths (case fatality ratio 0.3%), 34 cases of bloody diarrhoea and no deaths and 233 cases of dengue fever with 1 death.

## PUBLIC HEALTH ACTIONS

- During August 2019, the WHO country representative was visited by the OCHA Bureau Chief, with discussions focusing on the health sector response and strengthening the OCHA Coordination Office in the country; the Incident Management Team (IMS) and the Alliance for International Medical Action received a WHO delegation to discuss contracting mobile clinics for the Bardalogho area and implementation of CERF-UFE activities; the IMS met to monitor the implementation of the operational plan; two WHO consultants were deployed to Kaya, North Central and Dor, Sahel regions; coordination of the health sector strategy took place to facilitate applications for funding in the second window of 2019.
- A request to support preventive vaccination of IDPs aged 6 months to 14 years against measles and children's catch up was finalized for the Expanded Programme of Immunization in Pissila, North Central Region.
- A consultant in charge of Gender-based Violence (GBV) response arrived on 25 August 2019, for three weeks, to support GBV response activities, including training and rapid assessment of GBV activities in three health facilities in Ouagadougou.

Map showing distribution of internally displaced persons in Burkina Faso, 29 August 2019



- WHO participated in a workshop to identify strategies to ensure continuity of healthcare provision in vulnerable areas on 2-3 September 2019, as well as workshops on the Humanitarian Planning Cycle, with partners, and participated in the OCHA meeting on the Humanitarian Response Plan.
- Intervention and stakeholder mapping is updated every two weeks, with an online data collection tool, which is harmonized with the nutrition sector.
- Health partners continue to support the health response in affected regions, focusing particularly on capacity building for staff of the Centre for Emergency Response Operations and management of public health emergencies, as well as various forms of support for health facilities in affected areas; capacity building of community health workers in Integrated Management of Childhood Illnesses, provision of emergency medical kits, providing psychological first aid to IDPs and support for implementation of an advanced strategy for the nutrition and maternal and child health components.

## SITUATION INTERPRETATION

There are no signs of the complex humanitarian crisis in Burkina Faso resolving soon, with continuing challenges around numbers of IDPs, inadequate healthcare infrastructure and outbreaks of epidemic-prone diseases, further complicated by poor surveillance infrastructure. Local authorities and partners continue to provide aid assistance under adverse circumstances and donors need to continue to provide funds and resources to support these efforts. Furthermore, the national authorities and international bodies need to intervene urgently to address the underlying drivers of the crisis to prevent further population displacement and suffering.

## EVENT DESCRIPTION

The humanitarian crisis in Central African Republic continues, but with cautious optimism around the effects of the Khartoum Peace Agreement signed between the government and armed groups in February 2019. However, in week 35 (week ending 1 September 2019), there were clashes between two armed groups, both signatories of the Khartoum Peace Agreement, in Birao in the north-east of the country, in a new escalation of violence. Provisional reports mention four dead and 24 injured, with six requiring evacuation to Bangui for specialist treatment. OCHA estimates that around 6 000 people have been internally displaced by this clash, moving to two re-grouping points, one at the MINUSCA base and the other at the airfield located 10 km from Birao. In addition, criminal activities affecting both the civilian population and humanitarian actors continue to disrupt response activities.

Outbreaks of epidemic-prone diseases continue, with confirmation of a case of Rift Valley fever (reported in detail in Weekly Bulletin 35) in Boali, Bossembélé health district reported on 19 August 2019. New cases of measles still being recorded in Nana Gribizi health district, six weeks after completion of a reactive vaccination campaign carried out in affected areas, with reported satisfactory coverage. Eleven of the new cases recorded in week 34 are from Grevaï commune and are not covered by the reactive vaccination campaign in the communes of Kaga Bandoro, Nana-Outa and Botto, with 12 new cases registered in week 35. These same communes benefited from a multi-antigen vaccination campaign from 19-23 July 2019, since when there has been a significant downward trend in the incidence of pertussis cases in Nana Gribizi, with no new cases recorded in weeks 33, 34 and 35.

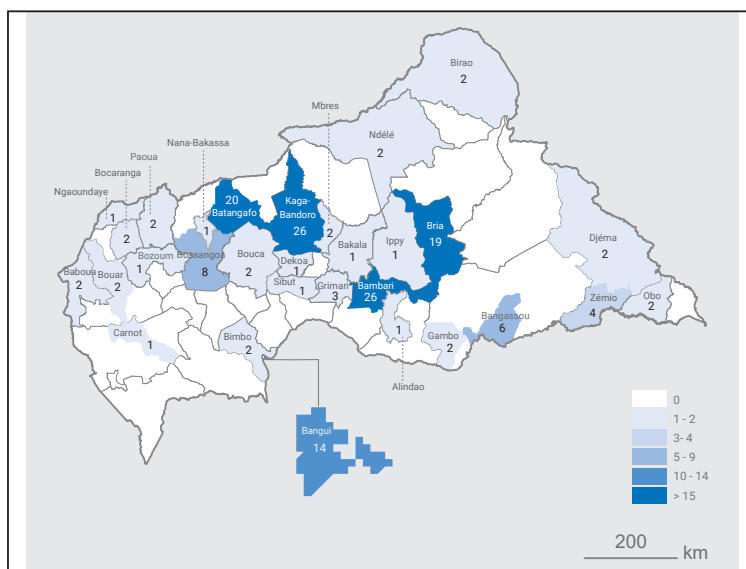
In addition, there were three suspected case of monkey pox reported in Mbaiki Health District in week 33 (week ending 17 August 2019), in the villages of Loko, Zouméa and Boukoko, with no new cases reported in week 35. The outbreak of hepatitis E recorded in Bocaranga-Koui Health District appears to be at an end, with no new cases recorded for 15 weeks (the incubation time varies from 2 to 6 weeks).

Malaria accounted for 54% of consultations at the MINUSCA internally displaced persons (IDP) site.

## PUBLIC HEALTH ACTIONS

- An evaluation meeting around the Khartoum Peace Agreement, held during week 34 (week ending 25 August 2019), shows progress and that the various stakeholders are holding firm to their commitments, although further efforts are still needed.
- A health cluster meeting was held in Bangui to better coordinated the sectoral health response.
- WHO donated trauma A and B kits to Birao Hospital and will send 10 basic malaria modules to Birao, along with SR 1A kits, as well as providing support for implementing the early warning system at the MINUSCA IDP site and Birao Hospital.

Humanitarian snapshot in Central African Republic,  
Jan - Jul 2019



- The National Measles Vaccination Campaign is scheduled for October 2019, with strengthening of surveillance and case management, with the support of Médicines Sans Frontières, in Batafango Health District.
- Round 1 of the Polio Immunization Campaign, with Vitamin A Supplementation and Albendazole Deworming began progressively on 16 August 2019 in 21 out of 35 districts, hampered by security and logistical constraints. Partial data show 675 497 children vaccinated out of a target of 827 011 children from 0-59 months, coverage of 82%; the campaign has not yet started in Obo.
- There are continued water, sanitation and hygiene interventions in response to the hepatitis E outbreak, with surveillance activities supported by WHO.
- Preparations for Ebola virus disease response are being initiated by the Ministry of Health, with the support of partners, and a contingency plan is being finalized, while at the same time strengthening preparedness measures.

## SITUATION INTERPRETATION

While the Khartoum Peace Agreement appears to be having some effect, the situation is still precarious and constant vigilance is needed to ensure that these gains continue. The gradual return to peace in Central African Republic is being hampered by constant criminal activity, disrupting humanitarian and outbreak response activities. In addition, the clashes between the two armed groups, signatories of the peace process, show the fragility of the agreement. Challenges remain around poor data transmission at central level as a result of communication issues, while rabies remains a significant problem in the country, with poor access to human vaccines and delay in launching the canine vaccination campaign in high risk homes. Local and national authorities are mounting robust responses to ongoing outbreaks of disease in the face of difficult security circumstances.

# Summary of major issues, challenges and proposed actions

## Major issues and challenges

- The humanitarian emergency in Burkina Faso has rapidly escalated in the past months as armed attacks intensified. The number of IDPs has soared in the past months, impacting on access to food, livelihoods and basic services for both the displaced and host communities. Effective provision of humanitarian response is being curtailed by limited funding and relief aid. The humanitarian crisis in Burkina Faso calls for urgent interventions by the national authorities and humanitarian partners. Meanwhile, efforts to restore peace and security need to be enhanced by the global community.
- In-depth field investigations and risk assessment carried out in Ghana showed a wide geographical spread of circulating poliovirus type 2, with the viruses isolated in diverse parts of the country. The proportion of children who are not protected from the type 2 polio virus is also high, further increasing the risk for spread. These findings call for a comprehensive and robust response measures to this event.

## Proposed actions

- The national authorities and aid agencies in Burkina Faso need to scale up response to the humanitarian crisis, especially life-saving interventions. The donor community are called upon to increase funding support to the humanitarian response plan.
- The national authorities and partners in Ghana need to implement a comprehensive response measures targeting all the vulnerable children across the country. Countries in the sub-region need to step up preparedness measures to prevent the emergence and spread of the circulating vaccine-derived poliovirus type 2.

# 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
<b>New Events</b>									
Zambia	Cholera	Ungraded	1-Sep-2019	30-Aug-2019	30-Aug-2019	13	7	0	0.0%
The index case was a 25-year-old pregnant woman from Kabamba village who presented to Nsumbu Rural Health Centre with acute watery and bloody diarrhoea and vomiting on 16 August 2019. Response is being coordinated at provincial and district levels, with activation of the district IMS. On 30 August 2019, a cumulative number of 13 cases have been reported, 7 of which were laboratory confirmed for <i>Vibrio cholerae</i> (Inaba sub type). No associated deaths have been reported so far.									
<b>Ongoing Events</b>									
Angola	Measles	Ungraded	4-May-2019	1-Jan-2019	30-Jun-2019	3 127	85	64	2.0%
In week 26 (week ending 30 June 2019), nine suspected cases were reported. From week 1 to 26 of 2019, a cumulative total of 3 127 suspected cases including 64 deaths were reported from 18 provinces across Angola. Lunda Sul and Moxico provinces have reported 73% and 17% of cases respectively. A total of 85 laboratory-confirmed cases have been reported since week 1 of 2019.									
Angola	Poliomyelitis (cVDPV2)	G2	8-May-2019	5-Apr-2019	5-Sep-2019	8	8	0	0.0%
Two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported: one from Cassongue district, Cuanza Sul province; and, one from Saurimo district, Lunda Sul State. The onset of paralysis was on 8 and 6 July 2019, respectively. There is a total of eight cVDPV2 cases from three outbreaks reported in 2019.									
Benin	Cholera	Ungraded	5-Jul-2019	3-Jul-2019	5-Sep-2019	44	19	0	0.0%
From 3 July to 5 September 2019, a total of 44 suspected cholera cases with zero deaths have been reported from Atlantique and Littoral Departments of Benin. Of the 44 suspected cases, 19 cultured <i>Vibrio cholerae</i> serotype O1 at the National Public Health Laboratory. Confirmed cases are from four communes, namely, Zè (3), Sô-Ava (2) and Abomey-Calavi (2) in Atlantique Department and Cotonou (12) in Littoral Department.									
Benin	Dengue fever	Ungraded	13-May-2019	10-May-2019	25-Aug-2019	13	9	2	15.4%
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	Lassa fever	Ungraded	27-Aug-2019	14-Aug-2019	5-Sep-2019	1	1	1	100.0%
No new confirmed case has been reported since the last case was notified to WHO on 27 August 2019. from Tékparou Gah village, in the commune of Tchaourou (Central East Benin) bordering Nigeria. A total of 66 contacts have been identified and are being followed.									
Benin	Poliomyelitis (cVDPV2)	G2	8-Aug-2019	8-Aug-2019	5-Sep-2019	1	1	0	0.0%
No cases of cVDPV2 were reported in the past week. There is one cVDPV2 case reported in 2019 so far.									
Burkina Faso	Humanitarian crisis	G2	1-Jan-2019	1-Jan-2019	23-Aug-2019	-	-	-	-
Detailed update given above.									
Burundi	Cholera	Ungraded	5-Jun-2019	1-Jun-2019	1-Sep-2019	379	32	2	0.5%
From 1 June to 1 September 2019, a total of 379 cases with two deaths (CFR 0.5%) were reported from Bujumbura Mairie (248) and Cibitoke health district (131). The three health districts of Bujumbura Mairie have been affected with 38% (95) of cases reported from Bujumbura North health district. Of 46 samples tested, 32 (69.5%) were positive for <i>Vibrio cholerae</i> Ogawa. The most affected age-group is 19 to 50 years representing 53% (131) in Bujumbura Mairie and 43% (56) in Cibitoke health district. Males account for 56% (140) and 54% (49) of cases admitted in Prince Regent Charles hospital and Rugombo CTC respectively, and females account for 68% (28) of cases admitted in Ndava CTC.									
Burundi	Malaria	G2		1-Jan-2019	25-Aug-2019	6 236 611		2 304	0.0%
Since week 48 of 2018 (week ending 2 December 2018), there has been a progressive increase in the number of malaria cases reported across the 46 districts of Burundi, with the epidemic threshold surpassed in week 18 (week ending 5 May 2019). In week 34 (week ending 25 August 2019), 109 386 cases including 66 deaths have been reported. There is a 125% increase in the number of cases reported in week 34 of 2019 compared to the same period in 2018.									



Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-2013	27-Jun-2017	3-Jul-2019	-	-	-	-
Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by Boko Haram group with significant displacement of the population. The Minawao refugees 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.									
Cameroon	Humanitarian crisis (NW & SW)	G2	1-Oct-2016	27-Jun-2018	31-Jul-2019	-	-	-	-
The humanitarian situation in the Northwest and Southwest (NWSW) of Cameroon continues to deteriorate with serious protection incidents reported. Humanitarian access to persons in need continues to be a challenge with armed groups often blocking access as well as threatening humanitarian personnel. This unrest continues to affect access to basic services including healthcare, education, shelter, food security and WASH. As of 31 July 2019, the total number of internal displaced persons is estimated at 530 000 persons and the number of people in extreme food insecurity is 315 000 persons.									
Cameroon	Cholera	Ungraded	1-Mar-2019	1-Mar-2019	5-Sep-2019	515	87	25	4.9%
The cholera outbreak in Cameroon is improving in the North and Far North region. As of 5 September 2019, 515 cases and 25 deaths were recorded (lethality: 4.9%) 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 4 out of 30 health districts (Kaélé, Moutourwa, Kar Hay and Guidiguis) in the Far North.									
Cameroon	Measles	Ungraded	2-Apr-2019	1-Jan-2019	11-Aug-2019	1 170	269	6	0%
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, Kousséri, Mada, Goulfey, Makary, Kolofata, Koza, Ngaoundéré rural, Bangoué, Guider, Figuil, Ngong, Mora, Maroua 3, Vélé, Pitoa, Maroua 1, Bourha, Touboro, Mogodé, Bibémi, Garoua 1, Garoua 2, Lagdo, Tcholliré, Guidiguis, Moutourwa, Mokolo, Cité verte, Djoungolo, Nkolondongo, Limbé, Garoua Boulai, Ngaoundéré Urbain.									
Cameroon	Poliomyelitis (cVDPV2)	G2	23-May-2019	23-May-2019	28-Aug-2019	-	-	-	-
No case of cVDPV2 was 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.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-2013	11-Dec-2013	25-Aug-2019	-	-	-	-
Detailed update given above.									
Central African Republic	Hepatitis E	Ungraded	2-Oct-2018	10-Sep-2018	21-Jul-2019	192	147	1	0.5%
No new cases have been confirmed in the last five epidemiological weeks 25-29 (17 June- 21 July 2019). As of 21 July 2019, a total of 192 cases of acute jaundice syndrome, of which 147 were confirmed for viral hepatitis E, have been recorded from Bocaranga-Koui and Ngaoundaye. Ngaoundaye 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.									
Central African Republic	Measles	Ungraded	15-Mar-2019	11-Feb-2019	14-Jul-2019	281	15	2	0.7%
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.									
Central African Republic	Poliomyelitis (cVDPV2)	G2	24-May-2019	24-May-2019	5-Sep-2019	4	4	0	0.0%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported week in past week. There are four reported cases from four different outbreaks of cVDPV2 in 2019.									
Central African Republic	Rift Valley fever	Ungraded	26-Aug-2019	19-Aug-2019	20-Aug-2019	7	1	0	0.0%
A case of RVF was confirmed by the PCR at the Institut Pasteur Laboratory in Bangui on 19 August 2019. The case-patient is a 45-year-old male from the village of Bogouin, Bossembélé Health District, who presented at a local health facility on 8 August 2019 with signs and symptoms of fever, headache, arthralgia and retro-ocular pain. A joint epidemiological and entomological investigation team has been dispatched to the area for further investigation.									
Chad	Cholera	Ungraded	19-Jul-2019	12-Jul-2019	6-Sep-2019	51	5	2	3.9%
Between 12 and 6 September 2019, a total of 51 cases including two deaths (CFR 3.9 %) were reported from nine affected villages, Frehing I (16 cases with one death), Mbraou (1 cases with zero deaths), Danhouli( 5 case with zero deaths), Gouawa(1 case with zero deaths), Werdé(1 case, with zero deaths), Gourmoui ( 3 cases, with zero deaths), Goudoum ( 1 case with zero deaths), Mbarou (10 cases with zero deaths) and Youé (13 cases and one death). Specimens collected from five cases cultured <i>Vibrio cholerae</i> 01 Inaba.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Chad	Measles	Ungraded	24-May-2018	1-Jan-2019	18-Aug-2019	23 731	133	225	0.9%
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, 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-2019	20-May-2019	11-Aug-2019	132	56	0	-
As of 1 September 2019, a total of 134 suspected cases with zero deaths have been reported from health facilities in Grande Comore Island. Of these, 57 cases have been confirmed (38 laboratory-confirmed and 19 by epidemiological link). IgM-positive cases were reported in five districts of Grande Comore, namely, Moroni (27), Mitsamiouli (6), Mbeni (3), Oichili (1) and Mitsoudjé (1). The 19 epi-linked cases are from Moroni district.									
Congo	Chikungunya	G1	22-Jan-2019	7-Jan-2019	4-Aug-2019	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-2019	1-Jan-2019	30-Jul-2019	2 919	302	2	0.1%
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 epi-centre of the outbreak.									
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-2016	17-Apr-2017	7-Jul-2019	-	-	-	-
The Democratic Republic of the Congo continues to experience a complex humanitarian crisis involving armed conflicts and inter-community tension exacerbating the numbers of those in need of humanitarian assistance. Populations movements due to armed clashes have been reported in North-Kivu, Ituri, South-Kivu and Maniema. In Ituri, intercommunal violence in Djugu and Mahagi territories has resulted in the internal displacement of 400 000 people. In Tanganyika, clashes between inter-ethnic militia have led to health centres closing in eight health areas in Kalemie and Nyunzu.									
Democratic Republic of the Congo	Cholera	G3	16-Jan-2015	1-Jan-2019	25-Aug-2019	17 271	-	311	1.8%
During week 34 (week ending 25 August 2019), a total of 712 suspected cases of cholera and 6 deaths were notified from 51 health zones in 9 provinces. The endemic provinces of North-Kivu and South-Kivu have reported 91% of cases reported during week 34. Between week 1 and week 34 of 2019, a total of 17 271 cases including 311 deaths (CFR 1.8%) have been notified from 20 out of 26 provinces. Compared to the same period in 2018 (week 1-34), there is a 6.6% and a 52% decrease in the number of cases and deaths, respectively.									
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-2018	11-May-2018	7-Sep-2019	3 079	2 968	2 064	67.0%
Detailed update given above.									
Democratic Republic of the Congo	Measles	G2	10-Jan-2017	1-Jan-2019	25-Aug-2019	165 203	5 869	3 222	2.0%
In week 34 (week ending 25 August 2019), 4 115 measles cases including 86 deaths were reported from 23 of the 26 provinces of the country. In total, 179 (34%) of the 519 health zones across the country have reported a confirmed measles outbreak. Since the beginning of 2019, 165 203 measles cases including 3 222 deaths (CFR 2.0%) have been recorded. Overall, 51% 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-2019	25-Aug-2019	3 580	-	64	1.8%
Since the beginning of 2019, a cumulative total of 3 580 monkeypox cases, including 64 deaths (CFR 1.8%) were reported from 111 health zones in 16 provinces. In week 34 (week ending 25 August 2019), 125 cases and zero deaths were reported nationally and 63% of cases were reported from Kole Health zone in Sankuru province.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	G2	15-Feb-2018	1-Jan-2018	6-Sep-2019	51	51	0	0.0%
Six new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported this week: Kasai Province (1), Haut Lomami Province (1), Sankuru Province (4). There are 31 reported cases of cVDPV2 in 2019. 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.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ethiopia	Humanitarian crisis	Ungraded	15-Nov-2015	n/a	11-Aug-2019	-	-	-	-
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 Gondar, 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.									
Ethiopia	Chikungunya	Ungraded	25-Jul-2019	27-May-2019	18-Aug-2019	1 233	24	0	0.0%
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 Kebeles in Dire Dawa City Administration (1 118) and Dawro Zone of SNNP Region (115). Of these, 24 (16 in Dire Dawa City Administration and 8 in SNNP Region) have been confirmed.									
Ethiopia	Cholera	Ungraded	14-May-2019	12-May-2019	18-Aug-2019	1 097	42	11	1.0%
In week 33 (week ending 18 August 2019), 39 new cases were reported. There has been an increasing trend of reported cases since week 31. As of 18 August 2019, a total of 1 097 suspected cases including 11 deaths have been reported from eight regions, namely, Afar (164 cases), Amhara (202), Hirari (13 cases), Oromia (501 cases), Somali (33), Tigray (26) regions and two administrative cities of Addis Ababa city (576 cases) and Dire Dawa (1). A total of 42 cases have been confirmed.									
Ethiopia	Measles	Ungraded	14-Jan-2017	1-Jan-2019	18-Aug-2019	7 951	59	-	-
As of week 33 (week ending 18 August 2019), the measles outbreak is still ongoing with a total of 7 951 suspected measles cases reported from Oromia (4 360), Somali (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.									
Ethiopia	Poliomyelitis (cVDPV2)	Ungraded	24-Jun-2019	20-May-2019	5-Sep-2019	2	2	0	0.0%
One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported in the past week in Warder/Doolo, Somali province, Ethiopia. There are two cVDPV2 cases reported in 2019.									
Ghana	Poliomyelitis (cVDPV2)	Ungraded	9-Jul-2019	8-Jul-2019	5-Sep-2019	1	1	0	0.0%
Detailed update given above.									
Guinea	Measles	Ungraded	9-May-2018	1-Jan-2019	11-Aug-2019	4 573	969	13	0.3%
During week 32 (week ending on 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-2019	2-Jan-2019	1-Sep-2019	3 847	163	26	0.7%
In week 35 (week ending 1 September 2019), 49 new suspected cases were reported. Since January 2019, ten 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 five Counties: Garissa, Mandera, Nairobi, Turkana and Wajir.									
Kenya	Leishmaniasis	Ungraded	31-Mar-2019	1-Jan-2019	1-Sep-2019	2 323	634	28	1.2%
In week 35 (week ending 1 September 2019), 9 new cases were reported from Marsabit (7 cases) and Garissa (2 cases). Since the beginning of the outbreak, suspected and confirmed cases of leishmaniasis have been reported from Mandera, Marsabit, Wajir and Garissa counties.									
Kenya	Measles	Ungraded	6-May-2019	20-Mar-2019	1-Sep-2019	430	10	1	0.2%
In week 35 (week ending 1 September 2019), 39 new suspected cases were reported from Kajiado. 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	Lassa fever	Ungraded	23-Jan-2019	1-Jan-2019	8-Sep-2019	36	27	11	30.6%
Two new confirmed cases (both deceased) have been reported from Bong and Grand Bassa counties. From 1 January - 8 September 2019, a total of 106 cases including 22 deaths have been suspected of Lassa fever. Of samples tested from 97 of the suspected cases at the National Public Health Reference Laboratory of Liberia, 27 were confirmed by RT-PCR and 70 were discarded due to negative test results. The case fatality ratio among confirmed cases is 41% (11/27). A total of 122 contacts including 44 health workers have been identified and are under follow-up in the two counties.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Liberia	Measles	Ungraded	24-Sep-2017	1-Jan-2019	11-Aug-2019	1 263	148	5	0.4%
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	13-Aug-2019	-	-	-	-
The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The presence and activities of armed groups not included in the 2015 agreement continues to adversely affect the security situation. A report released by UNICEF in August 2019, showed a sharp increase in grave violations committed against children in 2019 in Mali, particularly in killing and maiming.									
Mali	Measles	Ungraded	20-Feb-2018	1-Jan-2019	25-Aug-2019	1 100	313	0	0.0%
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.									
Mauritania	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	19-Jul-2019	3-Jul-2019	3-Sep-2019	2	2	0	0.0%
A new case of Crimean-Congo haemorrhagic fever was confirmed by serology test at the National Institute of Public Health Research of Mauritania on 23 August 2019 and subsequently notified to WHO. The case patient is a 29-year-old street vendor from Araffat district, Nouakchott with symptoms onset on 14 August 2019, two days after participating in a feast. He was reportedly in contact with a sheep on the day of the feast. He was discharged on 24 August 2019 after receiving clinical care. A total of 32 contacts including 25 health workers were identified as contacts and are being follow-up.									
Mozambique	Poliomyelitis (cVDPV2)	G2	7-Dec-2018	7-Dec-2018	5-Sep-2019	1	1	0	0.0%
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 E	G1	18-Dec-2017	8-Sep-2017	25-Aug-2019	6 280	1 451	56	0.9%
In week 33 and week 34 (week ending 25 August 2019), 158 cases were reported from ten regions of Namibia with the majority (57) from Khomas region. There is a 6% decrease in the number of cases reported in the last two weeks compared to weeks 31 and 32. As of 25 August 2019, a cumulative total of 1 451 laboratory-confirmed, 3 983 epidemiologically-linked, and 846 suspected cases have been reported countrywide. 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.									
Niger	Humanitarian crisis	Protracted 1	1-Feb-2015	1-Feb-2015	2-Aug-2019	-	-	-	-
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. Mardi region has registered a big number of refugees compared to other regions following an escalation of violence in north-western Nigeria in recent months. Humanitarian needs in the affected area include shelter, food, health and protection.									
Niger	Measles	Ungraded	10-May-2019	1-Jan-2019	27-Jul-2019	9 706		51	0.5%
During 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, a downward trend of new suspected cases of measles was observed.									
Niger	Poliomyelitis (cVDPV2)	G2	8-Jul-2018	8-Jul-2018	5-Sep-2019	11	11	1	9.1%
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-2016	n/a	31-Jul-2019	-	-	-	-
The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security compromised areas characterized by overcrowding in many camps in the region. The recent increase in torrential rains and flash flooding in Borno, Adamawa and Yobe states has caused additional population displacement in many LGAs. Many IDP camps were affected by the floods with substantial damage to living shelters and WASH facilities.									
Nigeria	Cholera	Ungraded	19-Jun-2019	15-May-2019	5-Sep-2019	721	185	4	0.6%
There has been a gradual decline in the number of cases reported in Adamawa State. On 5 September 2019, two new cases were reported from Yola North and Yola South. From 15 May to 5 September 2019, a cumulative total of 721 cases with four deaths have been reported from four LGAs: Yola North (440 cases with two deaths), Girei (182 cases with one death), Yola South (98 cases with one death), and Song (1 case with zero deaths). Of 395 stool specimens collected and analyzed at the state specialist hospital, 185 cultured <i>Vibrio cholerae</i> as the causative agent.									



Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Nigeria	Lassa fever	Ungraded	24-Mar-2015	1-Jan-2019	18-Aug-2019	676	658	163	24.1%
In reporting week 33 (week ending 18 August 2019), two new confirmed cases with zero deaths were reported from Edo State. Eighty-three Local Government Areas (LGAs) across 22 states have reported at least one confirmed case since the beginning of 2019. A total of 18 health care workers across 10 states have been infected since the beginning of 2019. A total of 286 contacts are currently being follow-up.									
Nigeria	Measles	Ungraded	25-Sep-2017	1-Jan-2019	25-May-2019	30 669	1 476	91	0.3%
In week 20 (week ending 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 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	1-Jun-2018	1-Jan-2018	5-Sep-2019	50	50	0	0.0%
No cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported in the past week. There have been 16 cVDPV2 cases reported in 2019. There were 34 cVDPV2 cases in 2018.									
Nigeria	Yellow fever	Ungraded	14-Sep-2017	1-Jan-2019	31-Jul-2019	1 905	19	24	1.3%
In July 2019, 291 suspected cases, including 15 presumptive positive cases, were recorded. Three new cases from Izzi LGA in Ebonyi State were confirmed at the NCDC National Reference Laboratory. Reported cases have been decreasing since week 27 (week ending on 7 July 2019). Since January 2019, all states including FCT have reported at least one suspected case.									
Rwanda	Measles	Ungraded	25-Jun-2019	1-Jun-2019	2-Jul-2019	74	12	4	5.40%
From 1 June to 2 July 2019, 74 suspected measles cases were reported from Ngororero and Rutsito districts, in the Western province of Rwanda. 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-2016	n/a	5-Sep-2019	-	-	-	-
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	-	3-Jan-2018	18-Aug-2019	91	22	2	2.2%
The current outbreak in Bentiu PoC continues. In week 33 (week ending 18 August 2019), three new suspected cases of Hepatitis E was reported. As of reporting date, a total of 89 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 on 23 June 2019).									
South Sudan	Measles	Ungraded	24-Nov-2018	24-Nov-2018	28-Jul-2019	2 472	72	91	3.7%
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 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-2019	1-Aug-2018	1-Sep-2019	6 906	6 906	13	0.2%
Tanzania continues to report dengue fever cases. As of week 35 (week ending on 1 September 2019), 20 new dengue cases were reported from Dar es Salaam (19 cases) and Tanga (1 cases). The total confirmed cases reported since the beginning of the outbreak was 6 906 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-2019	1-Jun-2019	1-Sep-2019	72	-	9	12.5%
In week 35 (week ending 1 September 2019), no new cases were reported in the country. 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 from Dodoma and Manyara Regions. The cause of the outbreak is suspected acute aflatoxicosis.									
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-2017	n/a	31-Jul-2019	-	-	-	-
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 9.5% 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 increased by 1.56 per cent compared to the previous month.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Uganda	Cholera	Ungraded	27-Jun-2019	23-Jun-2019	29-Aug-2019	110	9	1	0.9%
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.									
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	7-Aug-2019	31-Jul-2019	5-Aug-2019	1	1	1	100.0%
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.									
Uganda	Ebola virus disease	G2	29-Aug-2019	28-Aug-2019	6-Sep-2019	1	1	1	100.0%
No new confirmed case has been reported since the last case died on 29 August 2019. A total of four screeners were identified as contacts in Uganda and are being followed. All other contacts are being followed on the DRC side.									
Uganda	Measles	Ungraded	8-Aug-2017	1-Jan-2019	2-Jul-2019	1 275	604	6	0.5%
No new confirmed case has been reported since the last case died on 29 August 2019 A total of four screeners were identified as contacts in Uganda and are being followed. All other contacts are being followed on the DRC side.									

†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.

© WHO Regional Office for Africa

This is not an official publication of the World Health Organization.

Correspondence on this publication may be directed to:

Dr Benido Impouma

Programme Area Manager, Health Information & Risk Assessment

WHO Health Emergencies Programme

WHO Regional Office for Africa

P O Box. 06 Cité du Djoué, Brazzaville, Congo

Email: afrooutbreak@who.int

Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be sent to the same address.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate borderlines for which there may not yet be full agreement.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or its Regional Office for Africa be liable for damages arising from its use.

#### Contributors

S. Ohene (Ghana)  
R. Nansseu (Democratic Republic of the Congo)  
A. Ngoy Kapete (Burkina Faso)

#### Graphic design

A. Moussongo  
A. Hans

#### Editorial Team

B. Impouma  
C. Okot  
E. Hamblion  
B. Farham  
G. Williams  
Z. Kassamali  
P. Ndumbi  
J. Kimenyi  
E. Kibangou  
O. Ogundiran

#### Production Team

A. Bukhari  
T. Mlanda  
R. Ngom  
F. Moussana  
C. Sounga

#### Editorial Advisory Group

I. Soce-Fall, *Regional Emergency Director*  
B. Impouma  
Z. Yoti  
Y. Ali Ahmed  
M. Yao  
M. Djingarey

#### Data sources

Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.