

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 37: 9 - 15 September 2019

Data as reported by 17:00; 15 September 2019



World Health
Organization

REGIONAL OFFICE FOR

Africa

WHO Health Emergencies Programme

2

New events

68

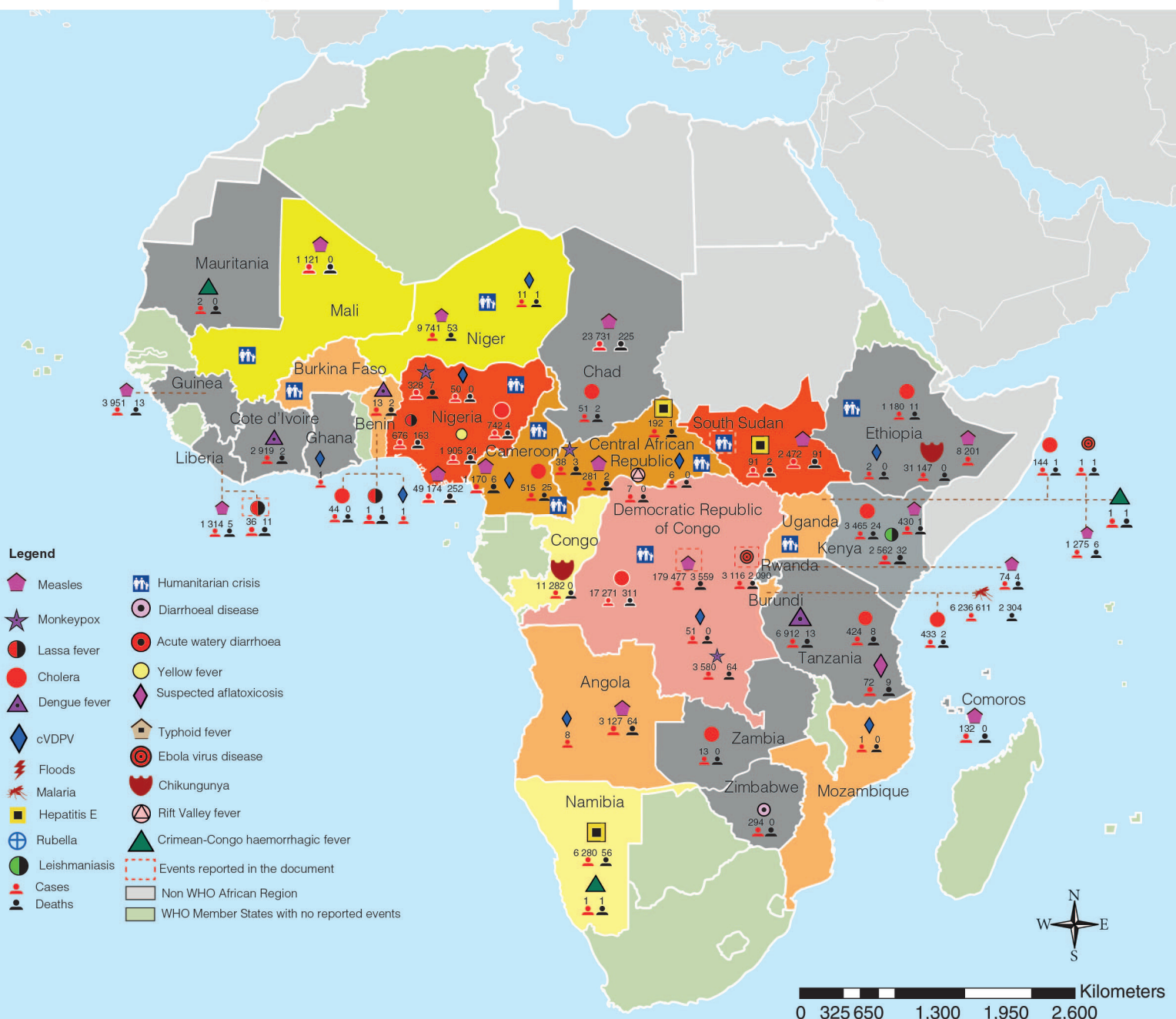
Ongoing events

59

Outbreaks

11

Humanitarian
crises



Graded events †

3

Grade 3 events

13

Grade 2 events

2

Grade 1 events

46

Ungraded events

2

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2

Protracted 2 events

2

Protracted 1 events

Overview

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This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 70 events in the region. This week's main articles cover key new and ongoing events, including:

- [Ebola virus disease outbreak in the Democratic Republic of the Congo](#)
- [Measles outbreak in Democratic Republic of the Congo](#)
- [Lassa fever outbreak in Liberia](#)
- [Humanitarian crisis in South Sudan.](#)

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 Ebola outbreak in Democratic Republic of the Congo is persisting. The apparent decline in transmission over week 36 is encouraging, as is the lack of new confirmed cases in Alimbongo and Oicha, but must still be treated with caution. The persistence of transmission in the hotspots shows that extreme vigilance must continue. Challenges still remain around community resistance and security issues, although ongoing community engagement initiatives are starting to show results.
- The measles outbreak in DRC has become one of the world's largest and fastest-growing measles outbreak this year. The outbreak has affected all 26 provinces of the country and children under 5-years old continue to be disproportionately affected. In the Ebola-affected provinces of North-Kivu and Ituri, the concomitance of measles brings an additional layer of complexity to the already challenging Ebola response notably in terms of differential diagnosis, triage, case management and implementation of vaccination campaigns.

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu, South Kivu and Ituri provinces in Democratic Republic of the Congo continues, with 13 health zones and 51 health areas reporting confirmed cases in the past 21 days (24 August to 13 September 2019). Since our last report on 8 September 2019 (*Weekly Bulletin 36*), there have been 37 new confirmed cases and 26 new deaths. The principle hot spots of the outbreak in the past 21 days are Kalunguta (22%; $n=35$), Mambasa (17%; $n=28$), Mandima (15%; $n=24$) and Beni (13%; $n=21$). Nine health zones, namely Mambasa, Komanda, Mandima, Kalunguta, Kyondo, Mabalako, Beni, Kayna and Katwa have reported new confirmed cases in the past seven days and remain points of attention. The health zones of Alimbongo and Oicha have a total of 21 days without notification of new confirmed cases.

As of 13 September 2019, a total of 3 116 EVD cases, including 3 005 confirmed and 111 probable cases have been reported. To date, confirmed cases have been reported from 29 health zones: Ariwara (1), Bunia (4), Komanda (49), Lolwa (3), Mambasa (49), Mandima (281), Nyakunde (1), Rwampara (8) and Tchomia (2) in Ituri Province; Alimbongo (5), Beni (669), Biena (16), Butembo (281), Goma (1), Kalunguta (180), Katwa (648), Kayna (26), Kyondo (25), Lubero (31), Mabalako (373), 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.

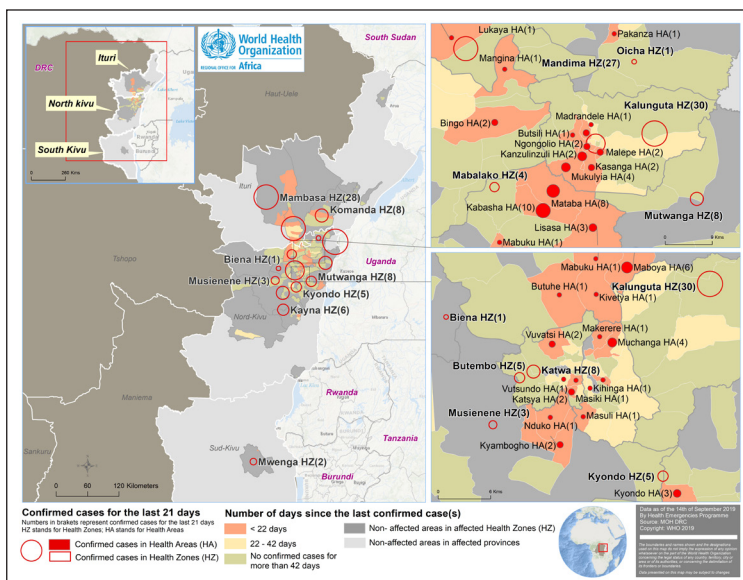
As of 13 September 2019, a total of 2 090 deaths were recorded, including 1 979 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 66% (1 979/3 005). The cumulative number of health workers affected is now 159, which is 5% of the confirmed and probable cases to date.

Contact tracing is ongoing in 14 health zones. A total of 13 294 contacts are under follow-up as of 13 September 2019, of which 11 891 have been seen in the past 24 hours, comprising 89% of the contacts, comparable to that during the past seven days (90%). Alerts in the affected provinces continue to be raised and investigated. Of 3 093 alerts processed (of which 2 980 were new) in reporting health zones on 13 September 2019, 2 992 were investigated and 497 (17%) were validated as suspected cases.

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 13 September 2019, a cumulative total of 220 529 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 94 million screenings to date. A total of 111/117 (95%) PoE/PoC transmitted reports as of 13 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.
- 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, 136 households and two schools were equipped with infection prevention and control and WASH inputs.

Geographical distribution of confirmed Ebola virus disease cases reported from 18 August to 13 September 2019, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo



- 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 Butembo a dialogue was held with community leaders and transit agency officials to reinforce their commitment to strict adherence to prevention measures in the community, including points of entry and WASH measures; in Mutwanga, the Ruwenzori Sector Chief appealed for the community to collaborate with response teams and compliance with hygiene measures; in Mwenga, 63 local leaders, school authorities and women's association members from Kalambi health area were briefed on EVD and community engagement.

SITUATION INTERPRETATION

There are early signs of the outbreak easing, including the decrease in numbers of new confirmed cases in Beni and Mandima and the lack of new confirmed cases for 21 days in Alimbongo and Oicha. However, it is too soon to know if this is an indication of a decrease in transmission intensity of EVD. Local authorities and partners need to continue their robust response to the disease, using both novel and proven public health measures to ensure that there is no further geographical spread of the disease.

EVENT DESCRIPTION

The measles outbreak in Democratic Republic of the Congo continues to evolve with an increasing trend in the number of cases in recent weeks and a geographical spread of cases to new areas. Since our last report on 4 August 2019 (*Weekly Bulletin 31*), 72 607 additional suspected cases and 1 744 additional deaths have been reported across the country and there are 29 newly affected health zones.

Since the beginning of the year, there have been two peaks in the case incidence, during weeks 17 and 30. Following a decline in case numbers during week 31, the weekly incidence has been gradually increasing with 7 286 suspected cases, including 141 deaths (CFR 1.9%) reported during week 35 (week ending 1 September 2019) compared to an average weekly incidence of 6 403 cases over the preceding four weeks (weeks 31 to 34). Twenty-four out of 26 provinces reported cases during week 35, with most of the cases originating from the provinces of Kwilu (1 142), Kasai (869), Kasai central (650), and Kinshasa (603), together accounting for 45% of the cases.

From 1 January to 1 September 2019, a total of 179 477 suspected measles cases including 3 559 deaths (CFR 2.0%) have been reported from 484 (93%) out of 519 health zones across all 26 provinces of the Democratic Republic of the Congo. The outbreak has been laboratory confirmed in 188 (36%) health zones. Of 4 388 cases sampled, 1 810 tested IgM-positive for measles virus infection at the National Institute of Biomedical Research (INRB) in Kinshasa. Among these laboratory-confirmed cases, 63% had not been previously vaccinated or had unknown vaccination status. Children less than five years old are the most affected, accounting for 76% of all suspected cases and 88% of measles-associated deaths.

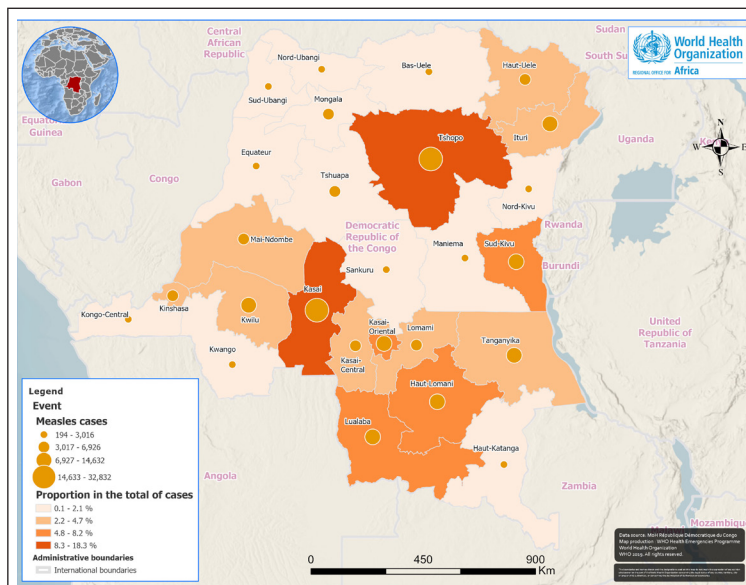
The provinces of Tshopo (32 832), Kasai (29 476), Haut-Lomami (14 632) and South-Kivu (9 870) account for 48% of the cumulative cases reported since the beginning of 2019. Densely populated urban areas in the capital city Kinshasa are also affected, with 5 608 suspected cases reported across all 35 health zones of the city. Two of the provinces, North-Kivu and Ituri, are concomitantly affected by the ongoing Ebola outbreak. These provinces reported 3 016 cases (CFR 0.3%) and 7 765 cases (CFR 0.7%), respectively since the beginning of 2019. The weekly incidence has been on a gradual increase in both provinces, with averages of 175 cases (North-Kivu) and 297 cases (Ituri) per week reported in the past three weeks.

Between 19 and 23 April 2018, a responsive vaccination campaign was conducted in 63 health zones prioritised based on their epidemiological situation. The weekly case incidence in these health zones has been on a steady decline since week 17.

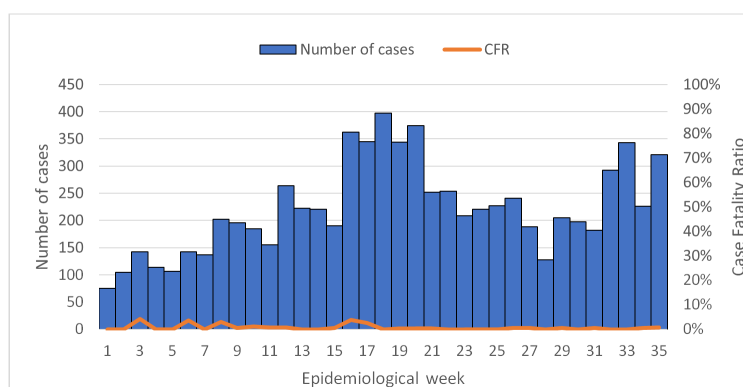
PUBLIC HEALTH ACTIONS

- A National Measles Coordination Committee has been established at Ministry level as part of incident management structure.
- On 10 September 2019, a third advocacy meeting with donors and NGOs was held in order to mobilize additional funds for the response.
- With support from WHO, and using Measles and Rubella Initiative (MRI) funds, a responsive vaccination campaign was conducted from 26 to 30 August 2019 in 328 health areas of 28 out of 35 health zones in Kinshasa.

Geographical distribution of measles cases and deaths in Democratic Republic of the Congo, 11 June – 6 September 2019.



Epicurve of measles in Democratic Republic of the Congo, week 1 - 35, 2019.



- Médecins Sans Frontières has been supporting case management and vaccination interventions since the beginning of the year in 28 health zones.
- UNICEF is supporting the preparation of a vaccination campaign in five health zones in Central Kasai.

SITUATION INTERPRETATION

The massive resurgence of measles in Democratic Republic of the Congo is likely due to an accumulation of measles-susceptible children which were not vaccinated against the virus due to suboptimal routine immunization coverage and inadequate implementation of supplementary immunization activities (SIA). Furthermore, the under-performance of case-based surveillance has impaired rapid detection of suspected measles cases, which is necessary to guide timely and effective outbreak response interventions. To achieve the regional goal towards measles elimination, the country should also accelerate the process of implementing the second dose of the measles vaccine (MCV2), strengthen routine immunization and SIA efforts as well as improve monitoring indicators for case-based surveillance.

EVENT DESCRIPTION

Liberia continues to report sporadic cases of Lassa fever. On 8 September 2019, WHO was notified of two new confirmed cases reported from Bong and Grand Bassa Counties in the central part of Liberia. The first case is a 30-year-old male laboratory technician who was a resident of Suakoko District, Bong County. He reportedly presented to a local hospital on 6 August 2019 with fever ($\approx 38.9^{\circ}\text{C}$), vomiting, general weakness, abdominal pain and anorexia and was treated as an out patient for malaria and typhoid fever. Lack of response to anti-malarial and antibiotic treatment and subsequent worsening of his condition led to admission to a hospital on 19 August 2019, where blood samples were collected due to suspicion of viral haemorrhagic fever. Test results released by the National Public Health Reference Laboratory of Liberia (NPHRL) on 22 August 2019 confirmed the case as positive for Lassa virus infection by reverse-transcriptase polymerase chain reaction (RT-PCR). He died on 21 August 2019 while undergoing clinical care and a safe and dignified burial was conducted. A total of 30 contacts, including 18 healthcare workers, were identified and are being monitored.

The second case is an 11-year-old female resident of District #3A&B, Grand Bassa County who presented at a local hospital on 20 August 2019 with signs and symptoms of fever ($>38.5^{\circ}\text{C}$), general weakness, anorexia, swollen neck, vomiting, cough, and pain in the throat. She was unresponsive to anti-malarial treatment administered as an out patient, and the attending clinicians suspected a viral haemorrhagic fever. She was admitted at the Lassa fever treatment unit and a sample taken on 31 August 2019. Test results released by the NPHRL on 2 September 2019 confirmed the case-patient as positive for Lassa virus infection by RT-PCR. In spite of clinical care, the case-patient died on 4 September 2019 and safe burial was subsequently conducted under the supervision of the district health team. A total of 16 contacts including five healthcare workers were listed and are being followed.

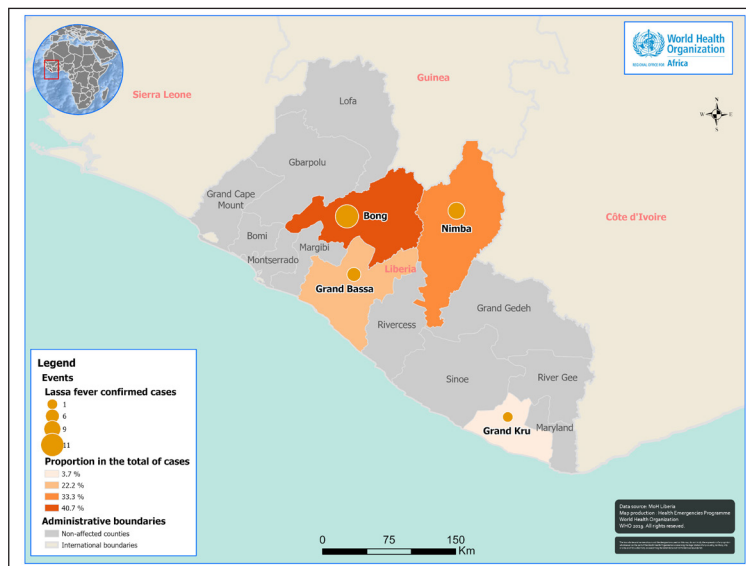
From 1 January to 8 September 2019, a total of 106 suspected cases including 22 deaths have been reported across the country. Of 97 suspected cases sampled, 27 tested positive by RT-PCR at the NPHRL while 70 were discarded due to negative test results. Confirmed cases have been reported from four counties, namely; Bong (11), Nimba (9), Grand Bassa (6), and Grand Kru (1). The case fatality ratio among confirmed cases is 41% ($n=11$) and males are the most affected accounting for 52% ($n=14$) of the confirmed cases. In total, 122 contacts have been listed and are currently under follow-up in the Bong and Grand Bassa Counties.

PUBLIC HEALTH ACTIONS

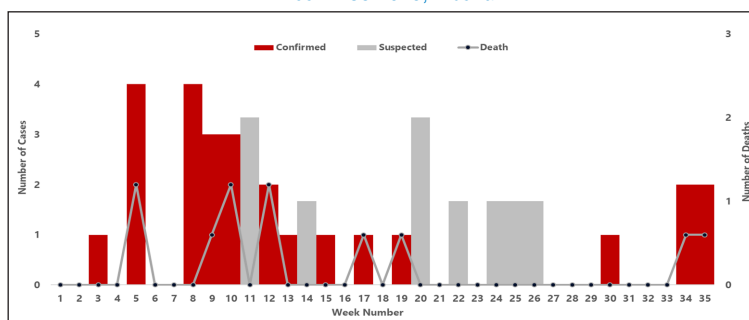
- The response to Lassa fever outbreaks continues to be coordinated at sub-national level under the leadership of the county health teams with technical and logistical support from the National Public Health Institute of Liberia (NPHIL), Liberia's Ministry of Health, WHO Liberia Country Office, the US Centre for Disease Control and Prevention Liberia Office, and a host of other partners. The National Epidemic Preparedness and Response Committee (NEPRC) involving NPHIL, WHO, and other technical institutions continue to monitor the situation across the country and provide support to response efforts.
- National-level multidisciplinary teams have been dispatched to enhance further investigation and strengthen response actions at the county level. Case investigation, contact tracing, and active case search are ongoing in the affected counties. Screening tools have been distributed to health facilities to aid in the early identification of cases.
- The National Public Health Reference Laboratory of Liberia (NPHRL) continues to conduct tests for viral haemorrhagic fevers including Lassa fever. Couriers are stationed at designated points across the country for transportation of specimens to the NPHRL for testing.

[Go to overview](#)

Geographical distribution of Lassa fever cases and deaths in Liberia, 1 January – 8 September 2019.



Distribution of confirmed and suspected Lassa fever cases by week of reporting, week 1-35 2019, Liberia



- There is currently one case-patient at the Lassa fever treatment centre in Bong County undergoing clinical care. A refresher of health workers on clinical management of Lassa fever cases is being planned.
- Exposure risk assessment for healthcare workers is being routinely conducted as part of investigation missions. These missions are also used to conduct infection prevention and control assessments as well as mentoring of staff in affected and circumscribed facilities.
- Risk communication and community engagement activities targeting affected households and communities are ongoing through town hall meetings, including messages on risk factors for exposure to the disease, as well as preventive strategies, including safe handling and storage of food items and environmental cleanliness.

SITUATION INTERPRETATION

Lassa fever is endemic in parts of Liberia and sporadic cases are reported year-round with a peak in the dry season, which begins in November. The traditional Lassa fever belt in the country appears to be expanding with confirmed autochthonous cases being reported from the south eastern region not previously known to be endemic for the disease. Furthermore, response efforts seem to be challenged by late detection of cases leading to high case fatality ratio, stock out of ribavirin used to treat Lassa fever, and sub-optimal vector control activities. As the country approaches the beginning of the dry season, it is anticipated that the number of cases will increase. Government and partners need to step up efforts aimed at strengthening early detection and treatment of cases, improving infection control and prevention practices in healthcare facilities, as well as engaging communities and enhancing vector control activities.

[Go to map of the outbreaks](#)

EVENT DESCRIPTION

The humanitarian crisis in South Sudan shows no signs of improvement, with persistent insecurity, complicated by criminality, major food insecurity, the highest price for staple foods for three years and outbreaks of epidemic-prone diseases.

Access incidents continue, with 44 reported during July 2019 alone, 14 of which were caused by criminal activity targeting humanitarian organizations in Juba. Violence against personnel accounted for 46% of incidents, while operational interference and bureaucratic problems accounted for 30%, affecting mainly the former Central Equatoria State. In Fangak County, six humanitarian workers were relocated to Juba, and two ambushes affected humanitarian activities in Yirol West, Lakes and Kapoeta East, Eastern Equatoria. Active hostilities around Maiwut town displaced around 20 000 civilians, mainly women and children, and also hampered humanitarian activities in the area.

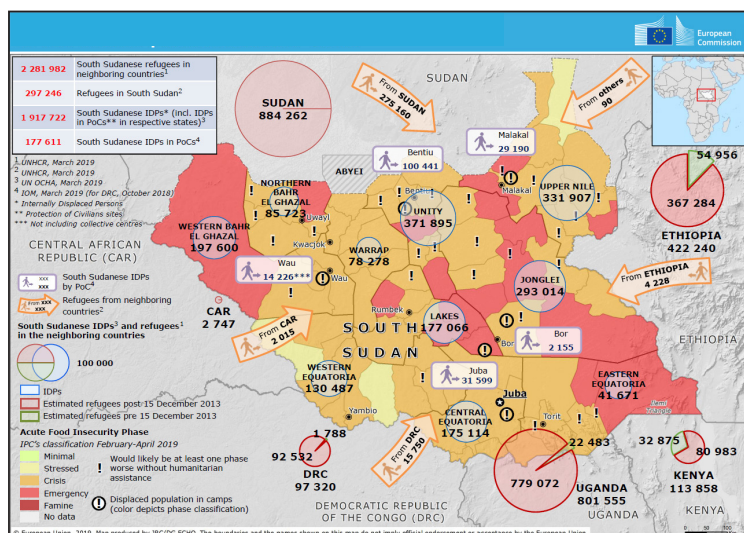
Substantial population movement continues, with nearly 26 000 South Sudanese refugees voluntarily returning from Sudan in June and July 2019, according to UNHCR. Most returned to Unity State, with some arriving in Upper Nile, the majority of which were women and children, who are in need of emergency household supplies, shelter, healthcare and food. The number of internally displaced persons at the Wau Protection of Civilians (PoC) site fell by around 1 700 people during July 2019.

Some 30 000 people have been displaced by floods in Tonj North, Warrap State, due to heavy rains and 15 villages have been evacuated to higher land. This is expected to have an effect on food security in the coming months, potentially compounded by outbreaks of water-borne disease.

With the intensification of the rainy season across the country, malaria cases have increased, mainly among children, accounting for 69.6% of all morbidity and 55.6% of all mortality in week 33 (week ending 17 August 2019). Five counties, Juba hub (Cuebit, Rumbek East), Kwajok hub (Tonj South), Bor hub (Bor) and Bentiu hub (Rubkona) exceeded their respective epidemic thresholds for malaria. Thirteen counties have reported confirmed measles outbreaks since the start of 2019, (Abyei, Mayom, Melut, Aweil South, Aweil East, Tonj North, Juba, Wau, Aweil West, Gogrial West, Gogrial East, Renk, and Pibor) and four PoC sites (Juba, Bentiu, Malakal and Wau), with 21 suspected cases in Tonj South, 82 cases in Bentiu PoC and eight laboratory confirmed cases in Pibor as of the end of week 35 (week ending 31 August 2019). Malaria, measles and bloody diarrhoea were the most frequently reported infectious disease alerts. There are reportedly 860 000 acutely malnourished children being cared for in 57 stabilization centres. A new outbreak of rubella in Yirol West has been confirmed, with a total of 19 cases (four confirmed) from two villages in Tonj payam.

PUBLIC HEALTH ACTIONS

- Reactive measles vaccination campaigns started on 1 September 2019, with the support of partners, in collaboration with the Ministry of Health, targeting 27 122 children aged 6-59 months up to 15 years, in Pibor, Gurumuruk, Likuangole and Vertet.

Humanitarian snapshot in South Sudan,
10 May 2019

Summary of major issues, challenges and proposed actions

Major issues and challenges

- Early signs of the EVD outbreak easing, including the decrease in numbers of new confirmed cases in Beni and Mandima and the lack of new confirmed cases for 21 days in Alimbongo and Oicha, are encouraging but need to be interpreted with caution. However, the continued transmission of the virus in areas that are difficult to monitor remains a challenge, as do pockets of community resistance and insecurity.
- Measles recurrence in DRC is driven by multiple factors including sub-optimal immunization coverage leading to pockets of susceptible children, weakened epidemiological surveillance, limited logistical capacity to sustain the cold chain needed for vaccines, concomitance of other outbreaks resulting in an overstretched public health system, as well as armed conflicts and displacement that create barriers to accessing health facilities.

Proposed actions

- Authorities and partners in Democratic Republic of the Congo need to maintain extreme vigilance and continue to implement proven and novel public health measures, as well as community engagement in order to bring the EVD outbreak to a close. Donors must ensure that funds are forthcoming to continue these efforts, and not lose the momentum already gained in overcoming the virus in many areas of the affected provinces.
- The magnitude of the measles outbreak in DRC emphasizes the necessity to strengthen routine immunisation programmes and improve case-based surveillance in the country. WHO and partners continue to support the Ministry of health in the implementation of reactive and preventive vaccination campaigns as well as case management. Given the recurrence of the disease, the donor communities and development partners should continue to provide the resources necessary to ensure the availability of vaccine supply and other essential medicines in the country.

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 |
|---|---|----------|----------------------|---------------------------|-------------------------|-------------|-----------------|--------|---------|
| New Events | | | | | | | | | |
| Namibia | Crimean-Congo haemorrhagic fever (CCHF) | Ungraded | 13-Sep-19 | 01-Sep-19 | 13-Sep-19 | 1 | 1 | 0 | 0.00% |
| One confirmed case of CCHF was reported from Outapi District Hospital in Omusati region in Namibia on 12 September 2019. The case is from Oukwando village in Cunene province, Angola, bordering Oukwando village in Outapi district, Namibia. No death has been reported. Investigations and contact tracing are ongoing in Outapi district. The investigation report from Outapi District is awaited and will be shared for further investigation on the Angolan side of the border. | | | | | | | | | |
| Zimbabwe | Diarrhoeal disease | Ungraded | 13-Sep-19 | 02-Sep-19 | 13-Sep-19 | 294 | | 0 | 0.00% |
| Zimbabwe has reported an outbreak of diarrhoeal disease whose aetiological agent has not yet been established. A total of 294 cases with zero deaths have been reported between 2 to 12 September 2019 from suburbs of Harare City, with Dzivarasekwa being the epicentre. No pathogen was identified from eight stool samples cultured and analysed at the laboratory (name of laboratory not specified). Potentially contaminated water obtained from boreholes, which serve as the main water source for the population has been reported as the possible exposure factor. | | | | | | | | | |
| Ongoing Events | | | | | | | | | |
| Angola | Measles | Ungraded | 04-May-19 | 01-Jan-19 | 30-Jun-19 | 3 127 | 85 | 64 | 2.00% |
| In week 26 (week ending 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 | 08-May-19 | 05-Apr-19 | 11-Sep-19 | 8 | 8 | 0 | 0.00% |
| No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There is a total of eight (8) cVDPV2 cases from three (3) outbreaks reported in 2019. | | | | | | | | | |
| Benin | Cholera | Ungraded | 05-Jul-19 | 03-Jul-19 | 12-Sep-19 | 44 | 19 | 0 | 0.00% |
| From 3 July to 12 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-19 | 10-May-19 | 25-Aug-19 | 13 | 9 | 2 | 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 | Lassa fever | Ungraded | 27-Aug-19 | 14-Aug-19 | 12-Sep-19 | 1 | 1 | 1 | 100.00% |
| Since the last case was notified to WHO on 27 August 2019, no new confirmed case has been reported from Tékarou Gah village, in the commune of Tchaourou (Central East Benin) bordering Nigeria. Of 68 contacts identified, 23 have completed 21 days of follow-up without signs and symptoms of the disease. | | | | | | | | | |
| Benin | Poliomyelitis (cVDPV2) | G2 | 08-Aug-19 | 08-Aug-19 | 11-Sep-19 | 1 | 1 | 0 | 0.00% |
| 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 | 01-Jan-19 | 01-Jan-19 | 30-Aug-19 | - | - | - | - |
| <p>Since 2015, the security situation initially in the regions of the Sahel and later in the East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement leading to a total of 288 994 internally displaced persons registered as of 30 August 2019, of which more than half were registered since the beginning of 2019. The regions of North, Boucle du Mouhon, East and Centre are the most affected. A total of 53 health facilities have been closed while 75 continue to operate sub-optimally. Morbidity due to epidemic-prone diseases remains high.</p> | | | | | | | | | |
| Burundi | Cholera | Ungraded | 05-Jun-19 | 01-Jun-19 | 07-Sep-19 | 433 | 32 | 2 | 0.50% |
| <p>From 1 June to 7 September 2019, a total of 433 cases with two deaths (CFR 0.5%) were reported from Bujumbura Mairie (297) and Cibitoke health district (136). The three health districts of Bujumbura Mairie have been affected with 40% (118) 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 52% (154) in Bujumbura Mairie and 42% (57) in Cibitoke health district. Males account for 55% (162) and 55% (52) of cases admitted in Prince Regent Charles hospital and Rugombo CTC respectively, and females account for 67% (28) of cases admitted in Ndaya CTC.</p> | | | | | | | | | |
| Burundi | Malaria | G2 | | 01-Jan-19 | 25-Aug-19 | 6 236 611 | | 2 304 | 0.00% |
| <p>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.</p> | | | | | | | | | |
| Cameroon | Humanitarian crisis (Far North, North, Protracted 2 Adamawa & East) | | 31-Dec-13 | 27-Jun-17 | 03-Jul-19 | - | - | - | - |
| <p>Cameroon continues to face a humanitarian crisis in the Far North Region linked to terrorist attacks by Boko Haram group, with significant population displacement. 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.</p> | | | | | | | | | |
| Cameroon | Humanitarian crisis (NW & SW) | G2 | 01-Oct-16 | 27-Jun-18 | 31-Jul-19 | - | - | - | - |
| <p>The humanitarian situation in the Northwest and Southwest (NW & SW) 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 internally displaced persons is estimated at 530 000 and the number of people in extreme food insecurity is 315 000.</p> | | | | | | | | | |
| Cameroon | Cholera | Ungraded | 01-Mar-19 | 01-Mar-19 | 05-Sep-19 | 515 | 87 | 25 | 4.90% |
| <p>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 (CFR 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.</p> | | | | | | | | | |
| Cameroon | Measles | Ungraded | 02-Apr-19 | 01-Jan-19 | 11-Aug-19 | 1 170 | 269 | 6 | 0% |
| <p>A 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, Bangué, 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.</p> | | | | | | | | | |
| Cameroon | Poliomyelitis (cVDPV2) | G2 | 23-May-19 | 23-May-19 | 11-Sep-19 | - | - | - | - |
| <p>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.</p> | | | | | | | | | |

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| Central African Republic | Humanitarian crisis | Protracted 2 | 11-Dec-13 | 11-Dec-13 | 11-Sep-19 | - | - | - | - |
| Civil unrest and food insecurity in most parts of the country including major cities are continuing to cause a complex humanitarian situation. On 1 September 2019, fighting broke out between two rival militia groups, near Birao, Vakaga prefecture. A total of 24 fatalities, including one civilian, have been reported. Approximately 13 000 people are thought to be displaced from the fighting, most of whom have sought shelter at the MINUSCA compound in the area. | | | | | | | | | |
| Central African Republic | Hepatitis E | Ungraded | 02-Oct-18 | 10-Sep-18 | 21-Jul-19 | 192 | 147 | 1 | 0.50% |
| No new cases have been confirmed in the last five epidemiological weeks 25-29 (17 June- 21 July 2019). As of 21 July 2019, a total of 192 cases of acute jaundice syndrome, of which 147 were confirmed for viral hepatitis E, have been recorded from Bocaranga-Koui and Ngaoundaye. 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-19 | 11-Feb-19 | 14-Jul-19 | 281 | 15 | 2 | 0.70% |
| In week 29 (week ending on 14 July 2019), 22 new suspected measles cases were reported from Kaga Bandoro 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-19 | 24-May-19 | 11-Sep-19 | 6 | 6 | 0 | 0.00% |
| Two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week from Mbaiki and Bimbo districts, RS1 State. The onsets of paralysis were on 30 July 2019 for both. There are six reported cases from five different outbreaks of cVDPV2 in 2019. | | | | | | | | | |
| Central African Republic | Rift Valley fever | Ungraded | 26-Aug-19 | 19-Aug-19 | 13-Sep-19 | 7 | 1 | 0 | 0.00% |
| 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 total of 34 samples collected in humans (13 samples) and animals (21 samples) as part of the epidemiological investigation tested negative. The entomological investigation is ongoing in the affected area. | | | | | | | | | |
| Chad | Cholera | Ungraded | 19-Jul-19 | 12-Jul-19 | 06-Sep-19 | 51 | 5 | 2 | 3.90% |
| Between 6 and 12 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. | | | | | | | | | |
| Chad | Measles | Ungraded | 24-May-18 | 01-Jan-19 | 18-Aug-19 | 23 731 | 133 | 225 | 0.90% |
| In week 33 (week ending 18 August 2019), 105 suspected cases were reported and 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-19 | 20-May-19 | 11-Aug-19 | 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-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. | | | | | | | | | |

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| Côte d'Ivoire | Dengue Fever | Ungraded | 15-Feb-19 | 01-Jan-19 | 30-Jul-19 | 2 919 | 302 | 2 | 0.10% |
| <p>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.</p> | | | | | | | | | |
| Democratic Republic of the Congo | Humanitarian crisis | G3 | 20-Dec-16 | 17-Apr-17 | 25-Aug-19 | - | - | - | - |
| <p>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. Population movements due to armed clashes continue to be 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 291 330 people. In Tanganyika, north east of Kalemie and Nyunzu clashes between armed group continue with a total of 2 500 new Internally displaced persons reported in June 2019 in Kalemie IDP camp. In the province of South Kivu and Maniema, the increase in the number of security incidents has resulted in movement restriction of the humanitarian actors on the Uvira Kamanyola axis.</p> | | | | | | | | | |
| Democratic Republic of the Congo | Cholera | G3 | 16-Jan-15 | 01-Jan-19 | 25-Aug-19 | 17 271 | - | 311 | 1.80% |
| <p>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.</p> | | | | | | | | | |
| Democratic Republic of the Congo | Ebola virus disease | G3 | 31-Jul-18 | 11-May-18 | 13-Sep-19 | 3 116 | 3 005 | 2 090 | 67.00% |
| <p>Detailed update given above.</p> | | | | | | | | | |
| Democratic Republic of the Congo | Measles | G2 | 10-Jan-17 | 01-Jan-19 | 01-Sep-19 | 179 477 | 5 869 | 3 559 | 2.00% |
| <p>Detailed update given above.</p> | | | | | | | | | |
| Democratic Republic of the Congo | Monkeypox | Ungraded | n/a | 01-Jan-19 | 25-Aug-19 | 3 580 | - | 64 | 1.80% |
| <p>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.</p> | | | | | | | | | |
| Democratic Republic of the Congo | Poliomyelitis (cVDPV2) | G2 | 15-Feb-18 | 01-Jan-18 | 13-Sep-19 | 51 | 51 | 0 | 0.00% |
| <p>No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. 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.</p> | | | | | | | | | |
| Ethiopia | Humanitarian crisis | Ungraded | 15-Nov-15 | n/a | 11-Aug-19 | - | - | - | - |
| <p>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.</p> | | | | | | | | | |
| Ethiopia | Chikungunya | Ungraded | 25-Jul-19 | 27-May-19 | 08-Sep-19 | 31 147 | 16 | 0 | 0.00% |
| <p>An increasing trend in cases of chikungunya has been reported from Ethiopia since week 31 (week ending 30 July 2019). In week 36 (week ending 8 September 2019), 7 264 new suspected cases were reported from nine urban Kebeles in Dire Dawa City Administration.</p> | | | | | | | | | |

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| Ethiopia | Cholera | Ungraded | 14-May-19 | 12-May-19 | 01-Sep-19 | 1 180 | 42 | 11 | 0.90% |
| In week 35 (week ending 1 September 2019), 17 new suspected cases were reported in Hawassa town in SNNP, two of which were confirmed. There has been an increasing trend of reported cases since week 31 with 50 new suspected cases being reported in week 35 compared to 33 cases in the previous week. As of 1 September 2019, a total of 1 180 suspected cases including 11 deaths have been reported from eight regions with Oromia (561 cases), Amhara (202 cases) and Addis Ababa city (157 cases) reporting the majority of cases. A total of 44 cases have been laboratory confirmed. | | | | | | | | | |
| Ethiopia | Measles | Ungraded | 14-Jan-17 | 01-Jan-19 | 01-Sep-19 | 8 201 | 59 | - | - |
| As of week 35 (week ending 1 September 2019), the measles outbreak is still ongoing with a total of 8 201 suspected measles cases reported from Oromia (4 610), Somali (2 340), Amhara (703) and Afar (548) regions. Children aged less than five years are the most affected accounting for 50.2% of the total cases followed by age group 15-44 years (25.5%). Seventy-two percent of the reported measles cases were not previously vaccinated. | | | | | | | | | |
| Ethiopia | Poliomyelitis (cVDPV2) | Ungraded | 24-Jun-19 | 20-May-19 | 11-Sep-19 | 2 | 2 | 0 | 0.00% |
| No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are also two reported cases of cVDPV2 in Ethiopia, linked to Somalia in 2019. | | | | | | | | | |
| Ghana | Poliomyelitis (cVDPV2) | Ungraded | 09-Jul-19 | 08-Jul-19 | 11-Sep-19 | 1 | 1 | 0 | 0.00% |
| No cVDPV2 case was reported in the past week. One cVDPV2 case has been reported in 2019 with two cVDPV2-positive environmental samples from Accra district, Greater Accra Region and the Northern province. Both isolates are linked to Jigawa cVDPV2 outbreak in Nigeria. | | | | | | | | | |
| Guinea | Measles | Ungraded | 09-May-18 | 01-Jan-19 | 11-Aug-19 | 4 573 | 969 | 13 | 0.30% |
| 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-19 | 02-Jan-19 | 08-Sep-19 | 3 951 | 167 | 27 | 0.70% |
| In week 36 (week ending 8 September 2019), 105 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 four Counties: Garissa, Mandera, Nairobi and Wajir. | | | | | | | | | |
| Kenya | Leishmaniasis | Ungraded | 31-Mar-19 | 01-Jan-19 | 08-Sep-19 | 2 562 | 1 083 | 32 | 1.20% |
| In week 36 (week ending 8 September 2019), 239 new cases were reported from Wajir (216 cases), Marsabit (19 cases), and Garissa (4 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 | 06-May-19 | 20-Mar-19 | 08-Sep-19 | 430 | 10 | 1 | 0.20% |
| In week 36 (week ending 8 September 2019), no new suspected cases were reported. 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-19 | 01-Jan-19 | 08-Sep-19 | 36 | 27 | 11 | 30.60% |
| Detailed update given above. | | | | | | | | | |
| Liberia | Measles | Ungraded | 24-Sep-17 | 01-Jan-19 | 25-Aug-19 | 1 314 | 158 | 5 | 0.40% |
| In week 34 (week ending on 25 August 2019), 17 suspected cases were reported from 6 out of 15 counties across the country. Since the beginning of 2019, 1 315 cases have been reported across the country, of which 158 are laboratory-confirmed, 82 are epi-linked, and 708 are clinically confirmed. | | | | | | | | | |
| Mali | Humanitarian crisis | Protracted 1 | n/a | n/a | 13-Aug-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. 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-18 | 01-Jan-19 | 08-Sep-19 | 1 121 | 315 | 0 | 0.00% |
| As of week 36 (week ending on 8 September 2019), 1 121 suspected cases of measles have been reported from 11 districts in the country. Of these, 315 were confirmed IgM-positive. | | | | | | | | | |

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| Mauritania | Crimean-Congo haemorrhagic fever (CCHF) | Ungraded | 19-Jul-19 | 03-Jul-19 | 03-Sep-19 | 2 | 2 | 0 | 0.00% |
| 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 reportedly made 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 | 07-Dec-18 | 07-Dec-18 | 11-Sep-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 E | G1 | 18-Dec-17 | 08-Sep-17 | 25-Aug-19 | 6 280 | 1 451 | 56 | 0.90% |
| 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 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 | 01-Feb-15 | 01-Feb-15 | 02-Aug-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. 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-19 | 01-Jan-19 | 18-Aug-19 | 9 741 | | 53 | 0.50% |
| During the week 33 (week ending on 18 August 2019), 6 suspected measles cases have been reported from the country. Maradi (3 543 cases including 8 deaths) and Tahoua (1 845 including 24 deaths) region reported the most number of cases, followed by Zinder (1 360 including 10 deaths), Niamey (1269 with 1 death), Tilaberi (633 including 3 deaths), Agadez (490 including 3 death), Diffa (299 with no death) and Dosso (298 cases including 4 deaths). Since the peak of the outbreak in week 12, the case incidence has been on a continuous decline. | | | | | | | | | |
| Niger | Poliomyelitis (cVDPV2) | G2 | 08-Jul-18 | 08-Jul-18 | 11-Sep-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-Aug-19 | - | - | - | - |
| The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security compromised areas characterized by overcrowded population in many camps in the region. The 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. The cholera outbreak in Adamawa state is ongoing, though the number of cases being reported is showing a downward trend. | | | | | | | | | |
| Nigeria | Cholera | Ungraded | 19-Jun-19 | 15-May-19 | 13-Sep-19 | 742 | 185 | 4 | 0.50% |
| There has been a gradual decline in the number of cases reported in Adamawa State. On 13 September 2019, three new cases were reported from Yola North (1) and Yola South (2). From 15 May to 13 September 2019, a cumulative total of 742 cases with four deaths have been reported from four LGAs: Yola North (454 cases with two deaths), Girei (183 cases with one death), Yola South (104 cases with one death), and Song (1 case with zero deaths). Of 405 stool specimens collected and analysed at the state specialist hospital, 185 cultured <i>Vibrio cholerae</i> as the causative agent. | | | | | | | | | |
| Nigeria | Lassa fever | Ungraded | 24-Mar-15 | 01-Jan-19 | 18-Aug-19 | 676 | 658 | 163 | 24.10% |
| 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 followed-up. | | | | | | | | | |

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| Nigeria | Measles | Ungraded | 25-Sep-17 | 01-Jan-19 | 31-Jul-19 | 49 174 | 1 969 | 252 | 0.50% |
| Between epi weeks 26 - 30 (week ending 28 July 2019), a total of 2 431 suspected cases of measles were reported from 36 states including 17 deaths (CFR, 0.7%). Borno (623), Katsina (402), Kano (303), Yobe (155), Sokoto (113) and Kaduna (108) account for 70% of all the cases reported in the time period. Between epi week 1 and 30, a total of 49 174 suspected cases have been recorded from 749 LGAs in 36 states and FCT with 252 deaths (CFR 0.5%). Of the 8 473 samples tested, 1 969 were IgM positive for measles. | | | | | | | | | |
| Nigeria | Poliomyelitis (cVDPV2) | G2 | 01-Jun-18 | 01-Jan-18 | 11-Sep-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. | | | | | | | | | |
| Nigeria | Yellow fever | Ungraded | 14-Sep-17 | 01-Jan-19 | 31-Jul-19 | 1 905 | 19 | 24 | 1.30% |
| 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-19 | 01-Jun-19 | 02-Jul-19 | 74 | 12 | 4 | 5.40% |
| From 1 June to 2 July 2019, 74 suspected measles cases were reported from Ngororero and Rutsito districts, in the Western province of Rwanda. Among the 14 samples tested by the National reference Laboratory, 12 (85.7%) were IgM positive for measles. Four deaths (CFR 5.4%) have been reported. Ngororero district is the most affected with 90.5% (67) of cases, reported mainly from Sovu sector (89.2%). | | | | | | | | | |
| South Sudan | Humanitarian crisis | Protracted 3 | 15-Aug-16 | n/a | 05-Sep-19 | - | - | - | - |
| Detailed update given above. | | | | | | | | | |
| South Sudan | Hepatitis E | Ungraded | - | 03-Jan-18 | 18-Aug-19 | 91 | 22 | 2 | 2.20% |
| The current outbreak in Bentiu PoC continues. In week 33 (week ending 18 August 2019), three new suspected cases of Hepatitis E were reported. As of the 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-18 | 24-Nov-18 | 28-Jul-19 | 2 472 | 72 | 91 | 3.70% |
| In week 30 (week ending 28 July 2019), 100 new cases were reported from Pibor county. Since the beginning of the outbreak on 17 January 2019 a total of 1 246 cases have been reported. Since January 2019, measles outbreaks were confirmed in 13 counties namely Juba, Pibor, Gogrial West, Aweil South, Melut, Tonj North, Gogrial East, Gogrial West, Aweil West and Aweil East, Renk, Longochuk, and Jur River, and four Protection of Civilian (PoC) sites (Juba, Bentiu, Malakal and Wau). | | | | | | | | | |
| Tanzania, United Republic of | Dengue fever | Ungraded | 31-Jan-19 | 01-Aug-18 | 08-Sep-19 | 6 912 | 6 912 | 13 | 0.20% |
| Tanzania continues to report dengue fever cases. As of week 36 (week ending on 8 September 2019), 6 new dengue cases were reported from Dar es Salaam Tanga (6 cases). The total confirmed cases reported since the beginning of the outbreak was 6 912 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 | 01-Sep-19 | 72 | - | 9 | 12.50% |
| In week 35 (week ending (week ending on 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 in a few, from Dodoma and Manyara Regions. 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 August 2019, a total of 7 428 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo (5 912), South Sudan (818) and Burundi (698). Uganda hosted 1 331 565 asylum seekers (25 264) and refugees (1 306 301) as of 31 August 2019, with 95% living in settlements in 11 of Uganda's 128 districts and in Kampala. The majority of refugees are from South Sudan (64.2%), the Democratic Republic of the Congo (28.7%) and Burundi (3.3%). Mostmost are women within the age group 18 - 59 years. | | | | | | | | | |

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|--|--|-----------------|------------------|------------------|------------------|--------------|------------|----------|----------------|
| Uganda | Cholera | Ungraded | 27-Jun-19 | 23-Jun-19 | 11-Sep-19 | 144 | 9 | 1 | 0.70% |
| A cumulative total of 110 cases have been reported from Nakivale refugee settlement, Insiro district since the onset of the outbreak. The weekly number of cases is on a declining trend. Another district, Kyegegwa, has reported a cumulative of 34 cases from 11 July to 11 September 2019. | | | | | | | | | |
| Uganda | Crimean-Congo haemorrhagic fever (CCHF) | Ungraded | 07-Aug-19 | 31-Jul-19 | 05-Aug-19 | 1 | 1 | 1 | 100.00% |
| A confirmed case of CCHF involving a 42-year-old businessman dealing in cattle has been reported from Kasagama Subcounty, Lyantonde District. A 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 case has been admitted with similar signs and symptoms, with additional epidemiological and laboratory investigations underway. | | | | | | | | | |
| Uganda | Ebola virus disease | G2 | 29-Aug-19 | 28-Aug-19 | 13-Sep-19 | 1 | 1 | 1 | 100.00% |
| 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 | 08-Aug-17 | 01-Jan-19 | 02-Jul-19 | 1 275 | 604 | 6 | 0.50% |
| 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. | | | | | | | | | |
| Zambia | Cholera | Ungraded | 01-Sep-19 | 30-Aug-19 | 30-Aug-19 | 13 | 7 | 0 | 0.00% |
| 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. By 30 August 2019, a cumulative number of 13 cases had been reported, 7 of which were laboratory confirmed for <i>Vibrio cholerae</i> (Inaba subtype). No associated deaths have been reported so far. | | | | | | | | | |

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: <http://www.who.int/hac/about/erf/en/>.

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.

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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

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Contributors

R. Nansseu (Democratic Republic of the Congo)
M. Yapi (Democratic Republic of the Congo)
K. Yealue (Liberia)
G. Guyo (South Sudan).

Graphic design

A. Moussongo

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

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