WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 38: 16 - 22 September 2019
Data as reported by 17:00; 22 September 2019

0 New events
69 Ongoing events
58 Outbreaks
11 Humanitarian crises

Legend
- Chikungunya
- Cholera
- cVDPV
- Crimean-Congo haemorrhagic fever
- Dengue fever
- Diarrhoeal disease
- Ebola virus disease
- Floods
- Food poisoning
- Hepatitis E
- Humanitarian crisis
- Cases
- Deaths

Events reported in the document
Non-WHO African Region
WHO Member States with no reported events

3 Grade 3 events
13 Grade 2 events
2 Grade 1 events
45 Ungraded events

Protracted 3 events
Protracted 2 events
Protracted 1 events
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 69 events in the region. This week’s main articles cover key new and ongoing events, including:

- Flooding in Mali
- Ebola virus disease in Democratic Republic of the Congo
- Cholera outbreak in Nigeria
- Chikungunya outbreak in Ethiopia.

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 cholera outbreak in North East Nigeria is being controlled, and state actors should be commended for their rapid activation of the Public Health Emergency Operations Centre (PHEOC) and clear daily situation reports enabling the wider public health community to understand and support the response. All pillars of the response are developing strategic plans for ending the outbreak, which, if adhered to should interrupt any further transmission. However, the underlying risk factors for cholera, insufficient access to safe water and poor sanitary and hygiene facilities, still exist in many of the areas among a population suffering the consequences of a decade long armed conflict.

- A chikungunya outbreak is occurring in Ethiopia for only the second time causing substantial morbidity in the affected area. The outbreak was rapidly investigated by national authorities and has thus far mainly affected one city area within the country. However, government and supporting partners are encouraged to scale up all aspects of vector control in order to remove breeding sites and reduce transmission, which together with community education will ensure geographical spread of the outbreak is limited.
EVENT DESCRIPTION

Mali has been experiencing a humanitarian crisis in the northern and central regions of the country since January 2012, with consequent displacement of nearly half a million people. This situation is complicated by numerous factors, the most unpredictable of which are climatic.

Mali is affected by floods during the rainy season each year, most significantly in several localities in the inner delta of the Niger River, generally from August to October or early November. These floods cause loss of life, loss of livestock, destruction of agricultural land, habitat destruction and massive soil erosion, significantly affecting the mainly rural economic sector. The 2019 multi-hazard contingency plan estimates that around 81,338 people are at risk of flooding and may need assistance. So far in 2019, flooding has already affected 78,115 people, 87% of the population at risk. This number has the potential to increase rapidly over days or weeks, with a high probability of heavy rainfall forecast by the end of September. The most affected regions are Timbuktu, Gao, Segou, Koulikoro, Mopti and Sikasso. In Sanando, Baroueli Circle, 121 houses were reported damaged, as well as 23 latrines and 262 people. The situation is further complicated by the release of water from dams in Guinea, as well as in Mali.

PUBLIC HEALTH ACTIONS

- An inventory of flood-related consequences was carried out by a mission of the regional health directorate, with a team of WHO Support Physicians, in Sanando, Baroueli Circle, who noted that insecticide-treated bed nets, tents, bleach and disinfectant pellets for treating wells and latrines were required. The team also briefed affected individuals on prevention and management of water-borne diseases.

- Affected people were also supplied with water, sanitation and hygiene (WASH) kits, emergency medicines, mosquito nets, tarpaulins, Aquatabs and mats, as well as non-food items, by a number of partners including International Committee of the Red Cross, Première Urgence International, Solidarity and the World Food Program.

- The Flood Risk Assessment is being updated with the STAR tool, while WHO is supporting management of health information, coordination of Health and Nutrition Cluster partners, emergency health operations and assessing the level of preparedness of the WHO Country Office.

SITUATION INTERPRETATION

Mali is regularly affected by seasonal flooding, which complicates a protracted humanitarian crisis, causing further displacement of already vulnerable populations. Challenges arise around mobilization of resources to ensure prompt and robust response, resettlement of populations (particularly as schools are about to open again), the availability of medical treatment and WASH supplies, and sustainability of the response by District Medical Officers, as well as strengthening their logistical capabilities. Local and national authorities and partners need to coordinate effectively and timeously to address population needs.

Areas affected by flooding Mali, as of 31 August 2019.
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 43 health areas reporting confirmed cases in the past 21 days (1-21 September 2019). Since our last report on 15 September 2019 (Weekly Bulletin 37), there have been 48 new confirmed cases and 25 new deaths. The principle hot spots of the outbreak in the past 21 days are Mambasa (25%); Mandima (19%); Kalunguta (18%); and Beni (11%). Eight health zones, namely Mambasa, Komanda, Mandima, Beni, Katwa, Kayna, Kalunguta and Biena have reported new confirmed cases in the past seven days and remain points of attention.

As of 21 September 2019, a total of 3 164 EVD cases, including 3 053 confirmed and 111 probable cases have been reported. To date, confirmed cases have been reported from 29 health zones: Ariwara (1), Bunia (4), Komanda (53), Lolwa (3), Mambasa (65), Mandima (289), Nyakunde (1), Rwamara (8) and Tchomia (2) in Ituri Province; Alimbongo (5), Beni (675), Biena (18), Butembo (281), Goma (1), Kalunguta (187), Katwa (650), Kayna (28), Kyondo (25), Lubero (31), Mabalako (373), Mangurejipa (18), Masereka (50), Musienene (84), Mutwanga (32), Nyiragongo (3), Oicha (56), Pinga (1) and Vuhovi (103) in North Kivu Province and Mwenga (6) in South Kivu Province.

As of 21 September 2019, a total of 2 115 deaths were recorded, including 2 004 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 66% (2 004/3 053). The cumulative number of health workers affected remains 160, which is 5% of the confirmed and probable cases to date.

Contact tracing is ongoing in 14 health zones. A total of 11 335 contacts are under follow-up as of 21 September 2019, of which 10 154 (90%) have been seen in the past 24 hours, slightly higher than the percentage seen in the past seven days (86%). Alerts in the affected provinces continue to be raised and investigated. Of 2 744 alerts processed (of which 2 679 were new) in reporting health zones on 21 September 2019, 2 720 were investigated and 415 (15%) 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.
- Security issues have affected EVD response in Mandima Health Zone, with cautious resumption of response activities in the Alima health area, while there have been six days of inactivity in Lwemba health area.
- As of 21 September 2019, a cumulative total of 226 231 people have been vaccinated since the start of the outbreak in August 2018.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 97 million screenings to date. A total of 113/117 (97%) PoE/PoC transmitted reports as of 21 September 2019.
- Five of the 16 alerts notified on 21 September 2019 were validated as suspected cases; laboratory tests for Ebola virus were negative in all cases.

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, 76 households and 29 public places were equipped with infection prevention and control and WASH inputs in Mambasa and Beni.

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 approaches were discussed with Uganda’s communication team on the community re-integration of a contact in Uganda after 21 days of follow-up, the National Minister of Health endorsed the first PAO of Strategic Response Plan 4 for the overall coordination of the EVD response, the representative of the UN Secretary-General for the EVD response visited teams in Komanda Health Zones’ sub-coordination response, as well as the Makayanga Ebola treatment centre.

SITUATION INTERPRETATION

The persistence of hotspots and the shift in transmission intensity between the main hotspots remains of grave concern, as does continued sporadic transmission in other health areas. Incidents of community suspicion and general insecurity continue to complicate and challenge the overall EVD response and the interruption of response activities in Mandima Health Zone will have affected contact tracing and case recognition and management. However, in areas where robust public health measures have succeeded, no new confirmed cases have been reported, showing that these approaches need to continue. Local and national authorities need to continue their input, along with partners and donors, to ensure that gains continue and ultimately bring the outbreak to a close.
**EVENT DESCRIPTION**

A cholera outbreak in Adamawa State, Nigeria has been ongoing since 18 June 2019 when the outbreak was officially declared by the State Ministry of Health after a suspected case tested positive for *Vibrio cholerae* serotype O1. Four local government areas (LGAs), Yola North, Girei, Yola South and Song have since been affected, with the majority of cases (61%) being reported from Yola North. No new cases have been reported from Song LGA since 3 June 2019.

In week 37 (week ending 15 September 2019), 17 suspected cases were reported with no associated deaths. The number of cases reported weekly has been on a downward trend since the peak of the outbreak in epidemiological week 31 (week ending 4 August 2019) when over 70 cases were reported. As of 18 September 2019, the total number of suspected cholera cases was 757 with 4 associated deaths (CFR 0.5%). So far, 222 (55%) of 405 stool samples have tested positive for *Vibrio cholerae* using rapid diagnostic test (RDT) kits, while 185 (46%) yielded growth of the bacterium on culture.

The most affected age group is children under 4 years of age and the outbreak has affected more females than males with a ratio of 1.3:1. The main propagating factors of the outbreak include insufficient potable water, poor sanitary and hygiene facilities among populations living in overcrowded settings, many of whom are in need of life-saving humanitarian assistance due to the decade-long armed conflict in northeast Nigeria.

**PUBLIC HEALTH ACTIONS**

- The State public health emergency operation centre (PHEOC) was activated for the cholera outbreak and conducts daily meetings to enhance coordination of the response among the State and partners.
- WHO continues to support enhanced disease surveillance through active case search in affected communities. Since the inception of the outbreak, teams have visited 56,731 households in 26 wards in the four affected LGAs and have reported 217 suspected cholera cases.
- WHO continues to support the State government in enhancing laboratory capacity through retraining personnel on specimen analysis, use of rapid diagnostic test kits (RDTs) and appropriate sample collection and transportation.
- The State, supported by WHO, has continued to provide treatment of cholera cases in the cholera treatment centre in Specialist Hospital, Yola.
- Water, Sanitation and Hygiene (WASH) sector partners including United Nations Children Fund (UNICEF), International Rescue Committee (IRC), Norwegian Refugee Council (NRC), and Adamawa State Rural Water and Sanitation Agency (ADR UWASA) facilitated the chlorination of 445,229 litres of water at 44 water points across the identified cholera hotspots in the State.
- Since the onset of their activities, WHO-supported community health champions have sensitized 89,935 people in 49,582 households and identified and reported 123 suspected cholera cases. TV and radio programmes and jingles on cholera prevention messages, supported by UNICEF, are ongoing.

**SITUATION INTERPRETATION**

The cholera outbreak in Adamawa State continues to propagate within three of the four affected LGAs, though the number of cases reported weekly has steadily declined since the peak of the outbreak in week 31. Outbreak response activities have been intensified over the course of the outbreak, particularly WASH and community engagement interventions with efforts yielding significant results as has been observed in recent weeks. Though the number of weekly reported cases has reduced by approximately 70%, response activities should be intensified and sustained in the affected communities to fully interrupt the spread of the disease as several risk factors for propagation still exist in many communities.
EVENT DESCRIPTION

In early August 2019, a chikungunya outbreak was reported for the second time in Ethiopia. The first documented chikungunya outbreak in Ethiopia was reported in June 2016 in the Somali Region of Ethiopia, which borders Mandera County, Kenya. Since 5 August 2019, reports of patients with an unknown illness, who presented with fever and joint pains in Dire Dawa administrative city in Dire Dawa Region have been received by the local authorities. This resulted in a rapid response team, with experts from both the Ethiopian Public Health Institute (EPHI) and WHO, being deployed to conduct an epidemiological investigation in the affected area. The team collected samples from suspected cases, which were sent for laboratory analysis. Subsequently, 12 samples tested positive for chikungunya by reverse-transcriptase polymerase chain reaction (RT-PCR). These investigations resulted in Dire Dawa administrative city reporting an outbreak of chikungunya that started in Kebele 6 (smallest administrative unit) around 30 July 2019 and spread to all the nine urban kebeles by 13 August 2019.

In week 37 (week ending 15 September 2019), 5,479 suspected cases with zero deaths were reported. Cumulatively, from 30 July to 15 September 2019, a total of 40,340 suspected cases, including 16 confirmed, have been reported from all kebeles in the Dire Dawa city administration. The affected area has an estimated population of 334,695, giving in an attack rate of 12.1%. The peak of the outbreak was observed in week 36 (week ending 8 September 2019) when over 10,000 suspected cases were reported. Since then a slight reduction in the number of reported cases has been observed. As of 15 September 2019, no deaths have been reported, however, a substantial reduction in population productivity has been observed due to the high amount of associated morbidity in patients, with relatives also staying at home to provide care. Females account for 51% of reported cases and adults between the ages of 15 and 44 years old are the most affected (61%).

All samples that were tested for chikungunya were also tested for other diseases including malaria and dengue fever. One sample tested positive for both dengue fever and chikungunya, presenting cross-reactivity. Moreover, in week 37 (week ending 15 September 2019), 12 suspected chikungunya cases and three suspected dengue fever cases were reported from Somali Region, which neighbours Dire Dawa. In week 31 (week ending 4 August 2019), 343 suspected cases of chikungunya were reported in this region. Further investigations to confirm the diagnosis are ongoing in this region.

Previous entomological studies have identified the vectors involved in transmission of arboviruses (Aedes aegypti and Aedes albopictus) in the different regions of the country including Dire Dawa.

PUBLIC HEALTH ACTIONS

- Following the outbreak declaration, all the response pillars have been activated in the region and the coordination and response mechanism strengthened.
- Epidemiological surveillance including active case finding is ongoing in the administrative district.
- Entomological surveillance including a larval survey and adult vector collection has been carried out in the kebeles most affected by the outbreak. This has been done through searches of natural and artificial water-filled container habitats in and around households.
- Preventive strategies including vector control through activities such as drying outdoor water containers, use of Abet chemical, and outdoor residual spray are ongoing.
- Community mobilization and risk communication activities have started through mass sensitization campaigns using a public-address system.
- Technical support and guidance for the effective management of cases in outbreak affected areas is ongoing, a case management protocol has been developed and cases are being managed accordingly.

SITUATION INTERPRETATION

This second ever reported outbreak of chikungunya in Ethiopia is occurring at the same time as the country is facing numerous other health emergencies that are stretching the limited resources available, including a humanitarian crisis, malnutrition, cholera, dengue fever and measles outbreaks.

The quick identification of this new outbreak and the slight observed reduction in the number of new cases reported in the past week is, however, encouraging. The intervention measures put in place need to continue, with special emphasis on vector control measures in order to prevent both new cases in the affected area and the risk of spread of the disease across the country. Due to the nature of the disease and transmission, community engagement to support and maintain the response activities needs to be strengthened.
**Major issues and challenges**

- The cholera outbreak in North East Nigeria is being controlled, however cases are still reported daily in the State. State actors should be commended for their rapid activation of the Public Health Emergency Operations Centre (PHEOC) and the coordination of partner activities across all response areas leading to the decline in reported cases. Additionally, daily situation reports produced by the State Epidemiologist with support from WHO have provided clear epidemiological data and description of response activities enabling the wider public health community to understand and support the response. However, the underlying risk factors for cholera, insufficient access to safe water and poor sanitary and hygiene facilities, still exist in many of the areas, among a population suffering the consequences of a decade long armed conflict.

- A chikungunya outbreak is occurring in Ethiopia for only the second time causing substantial morbidity in the affected area. The outbreak was rapidly investigated by national authorities and has thus far mainly affected one city area within the country, although there is evidence that further spread has occurred into a neighbouring region.

**Proposed actions**

- A final push is needed to ensure zero cholera cases are reached as soon as possible in North East Nigeria and the outbreak does not resurge. All pillars of the response are developing strategic plans for ending the outbreak, which, if adhered to will enable this goal. Surveillance teams will need to remain vigilant to rapidly detect any new cases if they arise.

- All aspects of vector control need to be scaled up in Ethiopia to remove breeding sites and reduce transmission. Additionally, personal protective measures to avoid being bitten during peak daylight hours need to be taken such as wearing long sleeved clothing and using bed nets for those who rest during the day. Community education should also be strengthened by government and supporting partners to ensure the population is aware of the key preventative actions required to avoid infection.
### All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Angola</td>
<td>Measles</td>
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<td>4-May-19</td>
<td>1-Jan-19</td>
<td>30-Jun-19</td>
<td>3 127</td>
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<td>5-Apr-19</td>
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<td>5-Jul-19</td>
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<td>Humanitarian crisis</td>
<td>G2</td>
<td>1-Jan-19</td>
<td>1-Jan-19</td>
<td>15-Sep-19</td>
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<td>Malaria</td>
<td>G2</td>
<td>1-Jan-19</td>
<td>25-Aug-19</td>
<td>6 236 611</td>
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<td>27-Jun-17</td>
<td>3-Jul-19</td>
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<td>-</td>
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<td>31-Jul-19</td>
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**Details:**

- 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.
- Seven cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week from the following provinces: Huambo (4), Lunda Norte (1), Bié (1), and Luanda (1). The onset of paralysis were between 7 June and 14 August 2019. There is a total of 15 cVDPV2 cases from five outbreaks reported in 2019.

**High risk:**

- **Angola:** Measles, Cholera, Dengue fever
- **Benin:** Cholera, Lassa fever, Poliomyelitis (cVDPV2)
- **Burkina Faso:** Humanitarian crisis, Food poisoning
- **Cameroon:** Humanitarian crisis (Far North, North, Adamawa & East), Humanitarian crisis (NW & SW)

**Low risk:**

- **Burundi:** Humanitarian crisis, Cholera, Malaria

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**Humanitarian situation:**

- 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 319 000.
The choleter 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 16 health districts are affected in the North (Bibémi, Figui, Garoua I, Garoua II, Gashiga, Golombe, Ngong, Pitta, Tcholliré) and 4 out of 30 health districts (Kālè, Moutouruwa, Kar Hay and Guidiguis) in the Far North.

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, Kουsseri, Mada, Goufallay, Makary, Kolofata, Koza, Ngoundéré rural, Bangué, Guider, Figui, Ngong, Mora, Maroua 3, Vélè, Pitta, Maroua 1, Bourha, Touboro, Mogodè, Bibémi, Garoua 1, Garoua 2, Lagdo, Tcholliré, Guidiguis, Moutouruwa, Mokolo, Cité verte, Djoungolo, Nkolombo, Limbé, Garoua Bouai, Ngoundéré Urban.

No case of cVDPV 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.

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.

No new cases have been confirmed in the last five epidemiological weeks 25-37 (17 June - 15 September 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.

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 case with zero deaths), Danhouli (5 cases with zero deaths), Gouawa (1 case with zero deaths), Werdë (1 case, with zero deaths), Gouriou (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 Vibrio cholerae 01 Inaba.

In week 33 (week ending 18 August 2019), 105 suspected cases 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.

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), Mtsamkumi (6), Mbeni (3), Ochili (1) and Mtsamoudé (1). The 19 epi-linked cases are from Moroni district.

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.

Since the peak in week 27 (week ending on 2 July 2019), there has been a gradual decline in the weekly number of cases. As of 15 September 2019, a total of 3 171 suspected cases including two deaths attributed to dengue fever have been reported. Of these, 162 cases have been confirmed with DENV 1 (124 samples) and DENV 2 (38 samples) as the main circulating serotypes. Forty-five out of 86 districts across the 16 health regions have reported at least one case. Cocody Bingerville District in Abidjan remains the epicentre of the outbreak.
### Country

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
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<tr>
<td>Democratic Republic of Congo</td>
<td>Humanitarian crisis</td>
<td>G3</td>
<td>20-Dec-16</td>
<td>17-Apr-17</td>
<td>19-Sep-19</td>
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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 continue to be reported in North-Kivu, Ituri, South-Kivu and Maniema. Since 17 August 2019, Congolese refugees began to return spontaneously from Lovua refugee settlement in Angola. As of 3 September 2019, more than 14 000 people have arrived in Kalamba Mbuyi, a border crossing point in Kasai Central Province, DRC, and almost 600 people have crossed to Kamako, Kasai Province. In both locations, people are staying in improvised shelters, churches or schools with limited and inadequate WASH facilities.

| Democratic Republic of Congo                | Cholera                | G3    | 16-Jan-15             | 01-Jan-19                 | 13-Sep-19               | 18 201      | -               | 325    | 1.8%|

During week 35 (week ending 1 September 2019), a total of 925 suspected cases of cholera and 14 deaths were notified from 52 health zones in 10 provinces. Between week 1 and week 35 of 2019, a total of 18 201 cases including 325 deaths (CFR 1.7%) have been notified from 20 out of 26 provinces. Compared to the same period in 2018 (week 1-35), there is a 6.5% and a 52% decrease in the number of cases and deaths, respectively.

| Democratic Republic of the Congo            | Ebola virus disease    | G3    | 31-Jul-18             | 11-May-18                 | 21-Sep-19               | 3 164       | 3 053           | 2 115  | 67.00%|

Detailed update given above.

| Democratic Republic of the Congo            | Measles                | G2    | 10-Jan-17             | 01-Jan-19                 | 13-Sep-19               | 179 477     | 5 869           | 3 559  | 2.0% |

In week 35 (week ending 1 September 2019), 7 286 measles cases including 141 deaths were reported from 26 of the 26 provinces of the country. In total, 188 (36%) of the 519 health zones across the country have reported a confirmed measles outbreak. Since the beginning of 2019, 179 477 measles cases including 3 559 deaths (CFR 2.0%) have been reported. 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 | 01-Jan-19 | 13-Sep-19 | 3 969 | - | 68 | 1.7% |

Since the beginning of 2019, a cumulative total of 3 969 monkeypox cases, including 68 deaths (CFR 1.8%) were reported from 111 health zones in 16 provinces. In week 35 (week ending 1 September 2019), 113 cases and four deaths were reported nationally and majority of cases were reported from Kole Health zone in Sankuru province.

| Democratic Republic of the Congo            | Poliomyelitis (cVDPV2) | G2    | 15-Feb-18             | 01-Jan-18                 | 20-Sep-19               | 51          | 51              | 0      | 0.00%|

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, Tanganyika, Tshopo, Kasai, Kasai Central, and two in Haut Lomami provinces.

| Ethiopia                                    | Humanitarian crisis    | Ungraded | 15-Nov-15 | n/a | 11-Aug-19 | - | - | - | - |

The complex and protracted humanitarian emergency in Ethiopia continues, complicated by incidents of inter-communal clashes and adverse climatic conditions. Flooding from an overflow of the Reb Dam in Fogera and Libo Kemkem woredas of South Gonder, Amhara Region has affected 25 000 people and left 57 000 at risk. Outbreaks of epidemic-prone diseases continue to occur, with active outbreaks of cholera, measles and chikungunya ongoing in various regions of the country.

| Ethiopia                                    | Chikungunya            | Ungraded | 25-Jul-19 | 27-May-19 | 15-Sep-19 | 40 340 | 16 | 0 | 0.00%|

Detailed update given above.

| Ethiopia                                    | Cholera                | Ungraded | 14-May-19 | 12-May-19 | 15-Sep-19 | 1 286 | 53 | 11 | 0.90%|

In week 37 (week ending 15 September 2019), 67 new suspected cases were reported in Hawassa town in SNWP. There has been an increasing trend of reported cases since week 31. As of 15 September 2019, a total of 1 286 suspected cases including 11 deaths have been reported from eight regions with Oromia (599 cases), Amhara (202 cases) and Addis Ababa city (157 cases) reporting most cases. A total of 53 cases have been laboratory confirmed.

| Ethiopia                                    | Measles                | Ungraded | 14-Jan-17 | 1-Jan-19 | 15-Sep-19 | 8 202 | 59 | - | 0.00% |

As of week 37 (week ending 15 September 2019), the measles outbreak is still ongoing with a total of 8 202 suspected measles cases reported from Oromia (4 611), 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 | 18-Sep-19 | 2 | 2 | 0 | 0.00% |

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are two reported cases of cVDPV2 in Ethiopia, linked to Somalia in 2013.

| Ghana                                      | Poliomyelitis (cVDPV2) | Ungraded | 9-Jul-19 | 8-Jul-19 | 18-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 | 9-May-18 | 1-Jan-19 | 11-Aug-19 | 4 573 | 969 | 13 | 0.30% |

No cVDPV2 case was reported in the past week.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>21-Jan-19</td>
<td>2-Jan-19</td>
<td>15-Sep-19</td>
<td>4 044</td>
<td>187</td>
<td>28</td>
<td>0.70%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Leishmaniasis</td>
<td>Ungraded</td>
<td>31-Mar-19</td>
<td>1-Jan-19</td>
<td>15-Sep-19</td>
<td>2 582</td>
<td>1 087</td>
<td>32</td>
<td>1.20%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Measles</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>20-Mar-19</td>
<td>15-Sep-19</td>
<td>430</td>
<td>10</td>
<td>1</td>
<td>0.20%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>23-Jan-19</td>
<td>1-Jan-19</td>
<td>8-Sep-19</td>
<td>36</td>
<td>27</td>
<td>11</td>
<td>30.60%</td>
</tr>
<tr>
<td>Mali</td>
<td>Humanitarian crisis</td>
<td>Protracted 1</td>
<td>n/a</td>
<td>n/a</td>
<td>10-Sep-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>19-Jul-19</td>
<td>3-Jul-19</td>
<td>3-Sep-19</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Namibia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>G2</td>
<td>7-Dec-18</td>
<td>7-Dec-18</td>
<td>18-Sep-19</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Namibia</td>
<td>Hepatitis E</td>
<td>G1</td>
<td>18-Dec-17</td>
<td>08-Sep-17</td>
<td>08-Sep-19</td>
<td>6 407</td>
<td>1 530</td>
<td>55</td>
<td>0.90%</td>
</tr>
<tr>
<td>Niger</td>
<td>Humanitarian crisis</td>
<td>Protracted 1</td>
<td>1-Feb-15</td>
<td>1-Feb-15</td>
<td>11-Sep-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Niger</td>
<td>Measles</td>
<td>Ungraded</td>
<td>10-May-19</td>
<td>1-Jan-19</td>
<td>18-Aug-19</td>
<td>9 741</td>
<td>53</td>
<td>53</td>
<td>0.50%</td>
</tr>
<tr>
<td>Niger</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>G2</td>
<td>8-Jul-18</td>
<td>8-Jul-18</td>
<td>18-Sep-19</td>
<td>11</td>
<td>11</td>
<td>1</td>
<td>9.10%</td>
</tr>
</tbody>
</table>

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, Tombilia centre, Yimbayah école, and Matoto centre in Matoto Health District, Wanninda in Ratoma Health District and Maneah in Coyah Health District.

In week 37 (week ending 15 September 2019), 93 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.

In week 37 (week ending 15 September 2019), 20 new cases were reported from Marsabit (19 cases), and Garissa (1 case). Since the beginning of the outbreak, suspected and confirmed cases of leishmaniasis have been reported from Mandera, Marsabit, Wajir and Garissa counties.

In week 37 (week ending 15 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.

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 to be caused by 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.

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.

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.

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 Arafrat district, Nouakchott with symptoms onset on 14 August 2019, two days after participating in a 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.

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

One confirmed case of CCHF was reported from Outapi District Hospital in Omusati region in Namibia on 13 September 2019. The case-patient is from the Oshikoto region.

In week 35 and week 36 (week ending 8 September 2019), 113 cases were reported from nine regions of Namibia with the majority (33 cases) from Khomas region. There is a 28% decrease in the number of cases reported in the last two weeks compared to weeks 33 and 34. As of 8 September 2019, a cumulative total of 1 530 laboratory-confirmed, 4 060 epidemiologically-linked, and 817 suspected have been reported countrywide. A cumulative number of 55 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.

The security situation continues to worsen in Niger following Boko Haram attacks in the region. A total of 70 000 people is displaced in Tillaberi, Maradi and Tahoua and more than 150 civilians were killed following the upsurge of armed attacks in 2019. Since the beginning of August 2019, Niger has experienced above average seasonal rainfall, which has intensified significantly in recent days. Widespread flooding has been reported across the country, particularly in regions that lie adjacent to the Niger river basin such as Tahoua, Tillaberi, Niamey and Dosso.

During the week 33 (week ending 18 August 2019), 9 suspected measles cases have been reported from the country. Maradi (3 543 including 9 deaths) and Tahoua (1 845 including 24 deaths) region reported the most number of cases, followed by Zinder (1 360 including 10 deaths), Niamey (1 269 with 1 death), Tillaberi (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.

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<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>10-Oct-19</td>
<td>19-Jun-19</td>
<td>-</td>
<td>764</td>
<td>185</td>
<td>4</td>
<td>0.50%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>24-Mar-15</td>
<td>25-Jun-15</td>
<td>18-Sep-19</td>
<td>50</td>
<td>50</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>25-Sep-17</td>
<td>1-Jan-19</td>
<td>31-Aug-19</td>
<td>51 175</td>
<td>2 089</td>
<td>257</td>
<td>0.50%</td>
</tr>
<tr>
<td>Rwanda</td>
<td>Measles</td>
<td>Ungraded</td>
<td>25-Jun-19</td>
<td>1-Jun-19</td>
<td>2-Jul-19</td>
<td>74</td>
<td>12</td>
<td>4</td>
<td>5.40%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>15-Aug-16</td>
<td>15-May-16</td>
<td>20-Sep-19</td>
<td>764</td>
<td>185</td>
<td>4</td>
<td>0.50%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>Dengue fever</td>
<td>Ungraded</td>
<td>31-Jan-19</td>
<td>1-Aug-18</td>
<td>8-Sep-19</td>
<td>6 912</td>
<td>6 912</td>
<td>13</td>
<td>0.20%</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>Suspected aflatoxicosis</td>
<td>Ungraded</td>
<td>16-Jul-19</td>
<td>1-Jul-19</td>
<td>1-Sep-19</td>
<td>72</td>
<td>-</td>
<td>9</td>
<td>12.50%</td>
</tr>
</tbody>
</table>

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. 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.

During week 36 (week ending 8 September 2019), nine new confirmed cases with zero deaths were reported from Ondo (6) and Edo (3) states. Eighty-three Local Government Areas in 24 states have reported at least one confirmed case since the beginning of 2019. Nineteen healthcare workers across 10 states have been infected since the beginning of 2019. A total of 455 contacts are currently being followed.

Between epi weeks 31 - 35 (week ending 1 September 2019), a total of 1 336 suspected cases of measles were reported from 36 states including 5 deaths (CFR 0.4%). Katsina (238), Borno (234), Yobe (161), Sokoto (83) and Kaduna (56) account for 58% of all the cases reported in the time period. Between epi week 1 and 35, a total of 51 175 suspected cases have been recorded from 752 LGAs in 36 states and FCT with 257 deaths (CFR 0.5%). Of the 9 797 samples tested, 2 089 were IgM positive for measles.

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week from Ibaji district, Kogi province with onset of paralysis on 08 August 2019. There are 16 cVDPV2 cases reported in 2019. There were 34 cVDPV2 cases in 2018.

From 1 June to 2 July 2019, 74 suspected measles cases were reported from Ngororer and Rutsito districts, in the Western province of Rwanda. Among the 14 samples tested by the National Reference Laboratory, 12 (85.7%) were IgM positive for measles. Four deaths (CFR 5.4%) have been reported. Ngorororo district is the most affected with 90.5% (67) of cases, reported mainly from Souv sector (89.2%).

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.

From 1 June to 2 July 2019, 74 suspected measles cases were reported from Ngororer and Rutsito districts, in the Western province of Rwanda. Among the 14 samples tested by the National Reference Laboratory, 12 (85.7%) were IgM positive for measles. Four deaths (CFR 5.4%) have been reported. Ngorororo district is the most affected with 90.5% (67) of cases, reported mainly from Souv sector (89.2%).

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 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).

In week 30 (week ending 28 July 2019), 100 new cases were reported from Piobor 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, Piobor, Gogriel West, Aweil South, Melut, Tonj North, Gogrial East, Gogrial West, Aweil West and Aweil East, Renk, Longochuk, and Jir River, and four Protection of Civilian (PoC) sites (Juba, Bentiu, Malakal and Wau).

Tanzania continues to report dengue fever cases. As of week 36 (week ending 8 September 2019), 6 new dengue cases were reported from Dar es Salaam Tanga (6 cases). The total confirmed cases of dengue fever at 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.

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, and with fever and headache in a few from Dodoma and Manyara Regions. The cause of the outbreak is suspected acute aflatoxicosis.
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. Most are from South Sudan (64.2%), the Democratic Republic of the Congo (28.7%) and Burundi (3.3%). Most are women within the age group 18 - 59 years.

### Uganda

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Humanitarian crisis - refugee</td>
<td>Ungraded</td>
<td>20-Jul-17</td>
<td>n/a</td>
<td>31-Aug-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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. Most are from South Sudan (64.2%), the Democratic Republic of the Congo (28.7%) and Burundi (3.3%). Most are women within the age group 18 - 59 years.

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<tr>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>27-Jun-19</td>
<td>23-Jun-19</td>
<td>11-Sep-19</td>
<td>144</td>
<td>9</td>
<td>1</td>
<td>0.70%</td>
</tr>
</tbody>
</table>

A cumulative total of 110 cases have been reported from Nakivale refugee settlement, Insigiro district since the onset of the outbreak. The weekly number of cases is on a declining trend. Another district, Kyegegwa, has reported a cumulative of 34 cases from 11 July to 11 September 2019.

### Uganda

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
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<th>Total cases</th>
<th>Cases confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Ebola virus disease</td>
<td>G2</td>
<td>29-Aug-19</td>
<td>28-Aug-19</td>
<td>13-Sep-19</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Measles</td>
<td>Ungraded</td>
<td>8-Aug-17</td>
<td>1-Jan-19</td>
<td>2-Jul-19</td>
<td>1,275</td>
<td>604</td>
<td>6</td>
<td>0.50%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zambia</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>1-Sep-19</td>
<td>30-Aug-19</td>
<td>30-Aug-19</td>
<td>13</td>
<td>7</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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 16th August 2019. Response is being coordinated at provincial and district levels, with activation of the district IMS. On 30th August 2019, a cumulative number of 13 cases have been reported, 7 of which were laboratory confirmed for *Vibrio cholerae* (Inaba sub type). No associated deaths have been reported so far.

### Zimbabwe

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zimbabwe</td>
<td>Diarrhoeal disease</td>
<td>Ungraded</td>
<td>13-Sep-19</td>
<td>2-Sep-19</td>
<td>13-Sep-19</td>
<td>294</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
</tbody>
</table>

Zimbabwe has reported an outbreak of diarrhoeal disease whose *etiological 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.

### Central African Republic

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central African Republic</td>
<td>Rift Valley fever</td>
<td>Ungraded</td>
<td>26-Aug-19</td>
<td>19-Aug-19</td>
<td>13-Sep-19</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

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.

### Uganda

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>7-Aug-19</td>
<td>31-Jul-19</td>
<td>5-Aug-19</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

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.

†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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