This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 71 events in the region. This week’s main articles cover key new and ongoing events, including:

- Humanitarian Crisis in Cameroon
- Ebola virus disease in the Democratic Republic of the Congo
- Measles outbreak in Nigeria.

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

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

Major issues and challenges include:

- The humanitarian crises in Cameroon, part of the Lake Chad Basin crisis, continues in three regions of the country leading to population displacement, both internally and of refugees, poor food security and limited health and social care. This has led to a proliferation of disease outbreaks, including cholera, measles and monkeypox, causing excess morbidity and mortality. All local and national authorities and partners need to continue their efforts to assist those in urgent need.

- The measles outbreak ongoing in Nigeria since the beginning of the year is in decline. However, many states in the country remain above the epidemic threshold. The national immunization coverage for measles in Nigeria has remained low for more than a decade. Intensification of activities to improve routine and supplementary immunization is key to addressing the current outbreak and preventing future occurrences.
EVENT DESCRIPTION

The humanitarian crisis affecting the Far North, North-west and South-west regions of Cameroon continues, leading to significant population displacement and increasing the risk of disease outbreaks.

In the Far North region, since the beginning of September 2019, there have been 23 attacks, including criminal activity, with 22 deaths and 17 injuries reported. Population displacement is ongoing, with spontaneous arrival of Nigerian refugees in the Minawao Camp, Mokolo Health District. As of 13 September 2019, the camp population was 59,456, mainly Nigerian refugees, with a recorded 356 new arrivals monthly, severely straining the camp infrastructure. However, recently, the Nigerian government started repatriation of refugees, with around 400 people repatriated at the time of writing. Vandalism and military operations have increased over recent months, with three distinct terrorist groups operating in border regions, in response to centralization of Nigerian army operations. A total of 423,835 people have been displaced from their homes, of whom 263,831 are internally displaced persons (IDPs), 110,023 are returnees and 50,981 are out-of-camp refugees.

In the North-west and South-west regions, the population in need is estimated at 594,000. Disruption of health services and disease surveillance is of particular concern, while the security situation remains volatile and unpredictable. Non-State Armed Groups continue to act against government forces, with reported security incidents including establishing checkpoints and roadblocks, attacking isolated forces and acting against government officials. Disease outbreaks complicate the situation in all three regions. However, the first round of cholera vaccination in the Northern Region is having an effect, with a drop in transmission recorded in all areas that received the vaccine. A total of 680,957 people were vaccinated in the Far North and North-west regions. As of 20 September 2019, there have been a total of 1,527 cases with 88 deaths (case fatality ratio 5.8%). In the Far North, the main causes of morbidity are malaria, typhoid fever and influenza.

A measles outbreak has been ongoing in all three regions, with a total of 969 cases, of which 279 were IgM positive, as of week 35 (week ending 31 August 2019), affecting 35 districts. A vaccination campaign is planned for 16-20 October 2019 in 11 out of 30 districts (Mada, Makary, Goulfeiy, Kousseri, Pitoa, Figuil, Ngong, Guider, Touboro, Mokolo and Limbé). Further, a case of monkeypox was confirmed in the Ekondo-Titi health district in South-west region on 18 September 2019.

PUBLIC HEALTH ACTIONS

WHO and UNICEF are supporting the Expanded Programme on Immunization both for routine activities and in response to emergencies, such as cholera and measles.

Médecines Sans Frontières is supporting Maroua regional hospital as a reference centre for surgery and is also present in other areas (Makary, Kolofata and Kaélé).

WHO are supporting distribution of 20 water filters for 11 health districts in the Far North and North-west regions, along with training in their use.

Plan Cameroon is continuing the malaria programme and responding to the cholera outbreak; other health partners include International Red Cross, ALIMA and UNFPA.

The Health Cluster was activated in North-west and South-west regions on 12 September 2019, with WHO as the lead agency.

SITUATION INTERPRETATION

The situation in Far North is part of the greater Lake Chad Basin crisis, affecting more than one million people who suffer directly from the deterioration in socio-economic and security environment, as well as poor food security and lack of access to basic social services. In addition, already limited health facilities are under further pressure from displaced populations. Continuing military operations, lockdowns preventing humanitarian access and the consequent population displacement remain enormous challenges. All local and national authorities and partners need to continue their efforts to provide assistance to these vulnerable populations.
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 35 health areas reporting confirmed cases in the past 21 days (8 to 28 September 2019). Since our last report on 22 September 2019 (Weekly Bulletin 38), there have been 21 new confirmed cases and 14 new deaths. The principle hot spots of the outbreak in the past 21 days are Mambasa (27%, n=29 cases), Mandima (22%, n=24 cases), Kalunguta (14%; n=15 cases) and Komanda (12%; n=13 cases). Seven health zones have reported new confirmed cases in the past seven days, namely Mambasa, Butembo, Mandima, Komanda, Lolwa, Kalunguta and Oicha. There have been no response activities in Lwemba health area, Mandima Health Zone, for the past 13 days for security reasons; dialogue is underway with the population in order to try to resolve the situation.

As of 28 September 2019, a total of 3 188 EVD cases, including 3 074 confirmed and 114 probable cases have been reported. To date, confirmed cases have been reported from 29 health zones: Ariwara (1), Bunia (4), Komanda (56), Lolwa (4), Mambasa (70), Mandima (296), Nyakunde (1), Rwampara (8) and Tchomia (2) in North Kivu Province; Alimbongo (5), Beni (675), Biéna (18), Butembo (283), Goma (1), Kalunguta (188), Katwa (650), Kayna (28), Kyondo (25), Lubero (31), Malabako (373), Mangurejipia (18), Masereka (50), Musienene (84), Mutwanga (32), Nyiragongo (3), Oicha (58), Pinga (1) and Vuhovi (103) in North Kivu Province and Mwenga (6) in South Kivu Province.

As of 28 September 2019, a total of 2 129 deaths were recorded, including 2 015 confirmed cases, resulting in a case fatality ratio among confirmed cases of 66% (2 015/3 074). The cumulative number of health workers is 161, which is 5% of the confirmed and probable cases to date.

Contact tracing is ongoing in 14 health zones. A total of 7 775 contacts are under follow-up as of 28 September 2019, of which 7 114 have been seen in the past 24 hours, comprising 91% of the contacts. Alerts in the affected provinces continue to be raised and investigated. Of 2 854 alerts processed (of which 2 765 were new) in reporting health zones on 28 September 2019, 2 754 were investigated and 426 (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.
- As of 28 September 2019, a cumulative total of 230 055 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 100 million screenings to date. A total of 112/117 (96%) PoE/PoC transmitted reports as of 28 September 2019.
- Fourteen of the 28 alerts notified on 25 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.

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SITUATION INTERPRETATION

The lack of response activities for a full 13 days in Mandima Health Zone is of grave concern, as it is likely that contacts are being lost to follow-up, new cases are not being reported and transmission chains are not being broken. Hot spots persist as well as sporadic transmission in other health areas. However, in areas where robust public health measures have succeeded, no new confirmed cases have been reported, showing that these approaches need to continue. The fact that Beni is no longer a hot spot and that Pinga has seen no new confirmed cases in the past 42 days is encouraging. 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.

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, 24 households and three health facilities were equipped with infection prevention and control and WASH inputs.

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 Bukavu, South Kivu, there was an educational talk on EVD with the Inbanda and Kadutu Civil Protection Brigade of communes and a toll free number for response was shared.

Geographical distribution of confirmed Ebola virus disease cases reported from 8 to 28 September 2019, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo

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EVENT DESCRIPTION

The number of measles cases reported in several states steadily continued to rise in Nigeria from the beginning of 2019, when approximately 500 cases were reported in epidemiological week 2 (week ending 13 January 2019). With the number of cases rising to over 2,000 per week as of week 11 (week ending 17 March 2019), a National Measles Emergency Operations Centre (EOC) was activated on the 11 March 2019 to coordinate a nationwide response to the outbreak. Multiple reactive vaccination campaigns have been conducted to contain the spread of the outbreak, in addition to deployment of multi-disciplinary Rapid Response Teams (RRTs), intensification of surveillance activities and laboratory diagnostics and review of treatment protocols.

Between 1 and 31 August 2019, 1,336 suspected measles cases were reported from all 36 states of the country. The majority were reported from Katsina (238), Borno (234), Yobe (161), Sokoto (83) and Kaduna (56) states, accounting for 58% of cases reported in the period. The number of cases reported weekly has been on a downward trend since epidemiological week 18 (week ending on 5 May 2019) when over 2,000 cases were reported compared to week 34 (week ending 25 August 2019) when less than 500 cases were reported. As of week 37 (week ending 15 September 2019), the total number of suspected cases reported was 54,902 with 275 associated deaths (CFR 0.5%). So far, 2,089 (21.3%) of 9,797 serum samples were IgM positive for measles. The most affected age group is children aged 12 months to 59 months.

The national immunization coverage for the first dose of the measles containing vaccine (MCV1) in Nigeria has remained below the prescribed 80% target in the past ten years. According to the annual WHO and UNICEF estimates of national immunization coverage (WUENIC), the coverage has remained at 65% since 2016.

PUBLIC HEALTH ACTIONS

- The multi-agency EOC that coordinated the response from 11 March 2019 was de-escalated in June 2019 and replaced with a measles surveillance technical working group (MSTWG) which closely monitors activities at state level through data review and follow up phone calls to affected states.
- Rapid response teams (RRT) were deployed to affected states to support intensified surveillance, reactive vaccination and other response activities. The first RRTs were deployed to Borno, Katsina, Ogun and Bauchi states in epi weeks 5 and 6, 2019. Another RRT was deployed to Yobe and Katsina states on 25 March 2019. The last RRT was deployed to Kaduna in week 30 (week ending 28 July 2019).
- Phase II of the measles reactive vaccination campaign was conducted in Borno state in May 2019 targeting children between the ages of 6 months and 5 years.
- Laboratory capacity has been improved as testing of blood samples is ongoing in three national measles laboratories across the geopolitical zones.
- An Incidence Action Plan was developed to address gaps in response mainly with measles surveillance. Weekly data submission using an updated line-list has been ongoing from all states.
- 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 measles outbreak has been ongoing in Nigeria with each of the 36 states reporting cases. Over 77.4% of cases reported in 2019 have been reported from eight northern states, some of which have the lowest immunization coverages in the country. Though the number of cases reported weekly has steadily declined since week 18 (week ending on 5 May 2019), many districts have remained above the epidemic threshold for the disease. The improvements in enhanced surveillance, laboratory diagnostic capacity, case management and risk communication under the leadership of the national measles EOC and Surveillance Technical Working group (MSTWG) should be sustained to fully interrupt the spread of the outbreak. Furthermore, with the national immunization coverage remaining low, intensification of activities to improve routine and supplementary immunization using measles containing vaccines is paramount.
Summary of major issues, challenges and proposed actions

Major issues and challenges

- The humanitarian crisis in Cameroon, part of the Lake Chad Basin crisis, continues in three regions of the country leading to population displacement, both internally and of refugees. Insecurity has also led to poor food security and limited health and social care all of which has also led to a proliferation of disease outbreaks including cholera, measles and monkeypox causing excess morbidity and mortality.

- The measles outbreak ongoing in Nigeria since the beginning of the year is in decline. Coordination of response activities within a multi-agency emergency operations centre was de-escalated in June to a national measles technical working group following the success of activities implemented across all pillars of the response. However, many States in the country still remain above the epidemic threshold.

Proposed actions

- The needs of the vulnerable populations in Cameroon are great and access is hampered by military operations and lockdowns preventing humanitarian access. All local and national authorities and partners need to continue their efforts to provide assistance to those in urgent need.

- The national immunization coverage for measles in Nigeria has remained low for more than a decade. Intensification of activities to improve routine and supplementary immunization is key to addressing the current outbreak and preventing future occurrences.
### All events currently being monitored by WHO AFRO

**New Events**

- **Country**: Cameroon  
  **Event**: Monkeypox  
  **Grade**: Ungraded  
  **Date notified to WHO**: 27-Sep-19  
  **Start of reporting period**: 18-Sep-19  
  **End of reporting period**: 27-Sep-19  
  **Total cases**: 1  
  **Cases Confirmed**: 0  
  **Deaths**: 0  
  **CFR**: 0.00%

A case of Monkeypox was confirmed in Ekondo–Titili health district in the South West region of Cameroon on the 18 of September 2019. All supportive measures for case management were put in place and community-based surveillance has been stepped up in this area.

### Ongoing Events

- **Country**: Angola  
  **Event**: Measles  
  **Grade**: Ungraded  
  **Date notified to WHO**: 4-May-19  
  **Start of reporting period**: 1-Jan-19  
  **End of reporting period**: 30-Jun-19  
  **Total cases**: 3 127  
  **Cases Confirmed**: 85  
  **Deaths**: 64  
  **CFR**: 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.

- **Country**: Angola  
  **Event**: Poliomyelitis (cVDPV2)  
  **Grade**: G2  
  **Date notified to WHO**: 8-May-19  
  **Start of reporting period**: 5-Apr-19  
  **End of reporting period**: 25-Sep-19  
  **Total cases**: 19  
  **Cases Confirmed**: 19  
  **Deaths**: 0  
  **CFR**: 0.00%

Four cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week from the provinces of Huambo (1), Kwanza Sul (1), Huambo (1), and Uige (1). The onsets of paralysis were between 31 July and 15 August 2019. There is a total of 19 cVDPV2 cases from six outbreaks reported in 2019.

- **Country**: Benin  
  **Event**: Cholera  
  **Grade**: Ungraded  
  **Date notified to WHO**: 5-Jul-19  
  **Start of reporting period**: 3-Jul-19  
  **End of reporting period**: 16-Sep-19  
  **Total cases**: 45  
  **Cases Confirmed**: 19  
  **Deaths**: 0  
  **CFR**: 0.00%

From 3 July to 16 September 2019, a total of 45 suspected cholera cases with zero deaths have been reported from Atlantique and Littoral Departments of Benin. Of the 44 suspected cases, 19 cultured *Vibrio cholerae* serotype O1 at the National Public Health Laboratory. Confirmed cases are from four communes, namely, Zé (3), Sô-Ava (2) and Abomey-Calavi (2) in Atlantique Department and Cotonou (12) in Littoral Department.

- **Country**: Benin  
  **Event**: Dengue fever  
  **Grade**: Ungraded  
  **Date notified to WHO**: 13-May-19  
  **Start of reporting period**: 10-May-19  
  **End of reporting period**: 25-Aug-19  
  **Total cases**: 13  
  **Deaths**: 9  
  **CFR**: 1.54%

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%).

- **Country**: Benin  
  **Event**: Poliomyelitis (cVDPV2)  
  **Grade**: G2  
  **Date notified to WHO**: 8-Aug-19  
  **Start of reporting period**: 8-Aug-19  
  **End of reporting period**: 25-Sep-19  
  **Total cases**: 1  
  **Cases Confirmed**: 1  
  **Deaths**: 0  
  **CFR**: 0.00%

No cases of cVDPV2 were reported in the past week. There is one cVDPV2 case reported in 2019 so far.

- **Country**: Burkina Faso  
  **Event**: Humanitarian crisis  
  **Grade**: G2  
  **Date notified to WHO**: 1-Jan-19  
  **Start of reporting period**: 1-Jan-19  
  **End of reporting period**: 20-Sep-19  
  **Total cases**: -  
  **Deaths**: -  
  **CFR**: -

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 6 September 2019, of which more than half were registered since the beginning of 2019. The regions of North, Boucle du Mouhoun, East and Centre are the most affected. A total of 50 health facilities have been closed while 83 continue to operate sub-optimally. Morbidity due to epidemic-prone diseases remains high.

- **Country**: Burkina Faso  
  **Event**: Food poisoning  
  **Grade**: Ungraded  
  **Date notified to WHO**: 19-Sep-19  
  **Start of reporting period**: 1-Sep-19  
  **End of reporting period**: 19-Sep-19  
  **Total cases**: 20  
  **Deaths**: 12  
  **CFR**: 60.00%

The Burkina Faso Ministry of Health was alerted to an unexplained death in a concession in Lapio, a town located in the municipality of Diday, province of Sangué, West Central Region on 1 September 2019. This case was followed by the arrival of 20 patients from the same concession who consulted at the Health and Social Promotion Center (CSPS) of Diday, located 6 km from Lapio town. During the epidemiological investigation, a total of 20 persons from the same family, including 12 deaths that occurred on the same day, were noted. The investigation showed that all affected persons were exposed to food products that were contaminated with pesticides during a festive event that took place on 24 August 2019. In addition to this event, there is another event of food poisoning under investigation in Kouintenga province, center East of the country.

- **Country**: Burundi  
  **Event**: Cholera  
  **Grade**: Ungraded  
  **Date notified to WHO**: 5-Jun-19  
  **Start of reporting period**: 1-Jun-19  
  **End of reporting period**: 7-Sep-19  
  **Total cases**: 433  
  **Deaths**: 32  
  **CFR**: 7.39%

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 *Vibrio cholerae* 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% (243) and females for 45% (290) of cases admitted in Prince Regent Charles hospital and Rugombo CTC respectively. For more than half were registered since the beginning of 2019. The regions of North, Boucle du Mouhoun, East and Centre are the most affected. A total of 50 health facilities have been closed while 83 continue to operate sub-optimally. Morbidity due to epidemic-prone diseases remains high.

- **Country**: Burundi  
  **Event**: Malaria  
  **Grade**: G2  
  **Date notified to WHO**: 1-Jan-19  
  **Start of reporting period**: 25-Aug-19  
  **End of reporting period**: 6 236 611  
  **Total cases**: 2 304  
  **Deaths**: 0.00%

Since week 48 of 2018 (week ending 2 December 2018), there has been a progressive increase in the number of malaria cases reported across the 46 districts of Burundi, with the epidemic threshold surpassed in week 18 (week ending 5 May 2019). In week 34 (week ending 25 August 2019), 109 386 cases including 64 deaths have been reported. There is a 125% increase in the number of cases reported in week 34 of 2019 compared to the same period in 2018.

- **Country**: Cameroon  
  **Event**: Humanitarian crisis (Far North, North, Adamawa & East)  
  **Grade**: Protracted 2  
  **Date notified to WHO**: 31-Dec-13  
  **Start of reporting period**: 27-Jun-17  
  **End of reporting period**: 27-Sep-19  
  **Total cases**: -  
  **Deaths**: -  
  **CFR**: -

Detailed update given above.

- **Country**: Cameroon  
  **Event**: Humanitarian crisis (NW & SW)  
  **Grade**: G2  
  **Date notified to WHO**: 1-Oct-16  
  **Start of reporting period**: 27-Jun-18  
  **End of reporting period**: 27-Sep-19  
  **Total cases**: -  
  **Deaths**: -  
  **CFR**: -

Detailed update given above.
The choler outbreak in Cameroon is improving in the North and Far North region. As of 23 September 2019, 613 cases and 31 deaths were recorded (CFR 5%) in North and Far North region. To date, 9 out of 15 health districts are affected in the North (Bibemi, Figui, Garoua I, Garoua II, Gashika, Golомнge, Ngong, Pтоа, Tcholliri) and 5 out of 30 health districts (Kале, Moutournua, Kar Hay, Guidiguis and Maroua 1) in the Far North.

A measles outbreak is ongoing in Cameroon. Since the beginning of 2019, a total of 1170 suspected cases have been reported. Of these, 269 were confirmed as IgM-positive. The outbreak is currently affecting 33 districts, namely, Kουsseri, Mada, Gouley, Makary, Kolofata, Kozо, Ngouandéré rural, Bangué, Guider, Figui, Ngong , Мора, Maroua 3, Véлé, Птоа, Maroua 1, Bourha, Touboro, Mogодё, Bibemi, Garoua 1, Garoua 2, Lagdo, Tcholliri, Guidiguis, Moutournua, Mokolo, Chite verte, Djuongolo, Nkolndongo, Limbe, Garoua Bouai, Ngouandéré Urban.

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.

Civil unrest and food insecurity in most parts of the country including major cities are continuing to cause a complex humanitarian situation. The city of Biraо knows a relative calm after the last clashes between the armed groups on 14 September 2019. The latest assessment according to MINUSCA reported 38 killed and 17 wounded in this latest wave of violence, bringing the total of death to 62 and 36 injuries since the beginning of the violence. OCHA estimates the total of 23 000 IDPs in Biraо since the beginning of the crisis.

No new cases have been confirmed in the last 14 epidemiological weeks 25-38 (17 June - 22 September 2019). As of 22 September 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 24 (week ending 16 June 2019).

In week 38 (week ending on 22 September 2019), 36 new suspected measles cases were reported from Kaga Bandoro sub-prefecture (28 cases) and Bafango health district (8 cases). This is an increase in the reported number of cases since week 37 (week ending 15 September 2019). Since the January 2019, a total of 1 424 measles cases and 1 death have been reported in four districts. Bafangа, Kaga Bandoro, Nana-Gribizi and Paoua.

No case of cVDPV2 was reported this week. There are six reported cases from five different outbreaks of cVDPV2 in 2019.

Between 12 July and 20 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), Gouroumi (3 cases, with zero deaths), Goudoum (1 case with zero deaths), Mbraou (10 cases with zero deaths) and Youё (13 cases and one death). Specimens collected from five cases cultured Vibrio cholerae 01 Inaba. The last confirmed case was notified on 11 September 2019.

In week 37 (week ending 15 September 2019), 265 suspected cases and 2 associated deaths were reported. 15 districts were in the epidemic phase in week 37. Since the beginning of the year, a total of 24 330 suspected cases and 241 deaths (CFR 1.0%) have been reported with Am Timan, N’Djamena East, N’Djamena South, Bongor, Moundou, Bousoo 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), Mitsamiouli (6), Mbeni (3), Oichili (1) and Mitsoudjé (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 25 (ending 23 June 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 epi-centre of the outbreak.

<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>Cameroon</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>1-Mar-19</td>
<td>1-Mar-19</td>
<td>23-Sep-19</td>
<td>613</td>
<td>98</td>
<td>31</td>
<td>5.10%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Measles</td>
<td>Ungraded</td>
<td>2-Apr-19</td>
<td>1-Jan-19</td>
<td>11-Aug-19</td>
<td>1 170</td>
<td>269</td>
<td>6</td>
<td>0.00%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>G2</td>
<td>23-May-19</td>
<td>23-May-19</td>
<td>18-Sep-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Humanitarian crisis</td>
<td>Protracted 2</td>
<td>11-Dec-13</td>
<td>11-Dec-13</td>
<td>22-Sep-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>15-Mar-19</td>
<td>11-Feb-19</td>
<td>22-Sep-19</td>
<td>1 424</td>
<td>30</td>
<td>1</td>
<td>0.10%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>G2</td>
<td>24-May-19</td>
<td>24-May-19</td>
<td>25-Sep-19</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Chad</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>19-Jul-19</td>
<td>12-Jul-19</td>
<td>23-Sep-19</td>
<td>51</td>
<td>5</td>
<td>2</td>
<td>3.90%</td>
</tr>
<tr>
<td>Chad</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-18</td>
<td>1-Jan-19</td>
<td>15-Sep-19</td>
<td>24 330</td>
<td>133</td>
<td>241</td>
<td>1.00%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>G2</td>
<td>23-May-19</td>
<td>23-May-19</td>
<td>18-Sep-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>15-Mar-19</td>
<td>11-Feb-19</td>
<td>22-Sep-19</td>
<td>1 424</td>
<td>30</td>
<td>1</td>
<td>0.10%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Measles</td>
<td>Ungraded</td>
<td>26-May-19</td>
<td>20-May-19</td>
<td>11-Aug-19</td>
<td>132</td>
<td>58</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>G2</td>
<td>24-May-19</td>
<td>24-May-19</td>
<td>25-Sep-19</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Measles</td>
<td>Ungraded</td>
<td>26-May-19</td>
<td>20-May-19</td>
<td>11-Aug-19</td>
<td>132</td>
<td>58</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Measles</td>
<td>Ungraded</td>
<td>26-May-19</td>
<td>20-May-19</td>
<td>11-Aug-19</td>
<td>132</td>
<td>58</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Congo</td>
<td>Chikungunya</td>
<td>G1</td>
<td>22-Jan-19</td>
<td>7-Jan-19</td>
<td>4-Aug-19</td>
<td>11 282</td>
<td>148</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>Dengue Fever</td>
<td>Ungraded</td>
<td>15-Feb-19</td>
<td>1-Jan-19</td>
<td>15-Sep-19</td>
<td>3 171</td>
<td>280</td>
<td>2</td>
<td>0.10%</td>
</tr>
</tbody>
</table>
Outbreaks of epidemic-prone diseases continue to occur, with active outbreaks of cholera, measles and chikungunya ongoing in various regions of the country.

**Humanitarian emergency in the Democratic Republic of the Congo**

The Democratic Republic of the Congo continues to experience a complex humanitarian crisis involving armed conflicts and inter-community tension exacerbating the numbers in need of humanitarian assistance. Populations movements due to armed clashes continue to be reported in North-Kivu, Ituri, South-Kivu and Maniema. More than 14 600 voluntary returnees have arrived in the health zones of Luiza and Kamonia in Kassai central province between 20 and 31 August 2019, according to UNHCR. In Tanganyika province, the persistence of insecurity in Nyunzu and Kalemie territories continues to cause displacements of populations. In Ituri province, following the security campaign launched by the Congolese armed forces, more than 100 000 people have been displaced within the Dyugu Territory.

**Cholera in Ethiopia**

During week 36 (week ending 8 September 2019), a total of 783 suspected cases of cholera and 20 deaths were notified from 52 health zones in 11 provinces. Between week 1 and week 36 of 2019, a total of 18 985 cases including 345 deaths (CFR 1.8%) have been notified from 20 out of 26 provinces. Compared to the same period in 2018 (week 1-36), there is a 6.7% and a 52% decrease in the number of cases and deaths, respectively.

**Measles in Ethiopia**

In week 36 (week ending 8 September 2019), 5 387 measles cases including 134 deaths were reported from all 26 provinces of the country. In total, 192 (37%) of the 519 health zones across the country have reported a confirmed measles outbreak. Since the beginning of 2019, 183 837 measles cases including 3 667 deaths (CFR 2.0%) have been recorded. Overall, 51% of cases reported in 2019 have been notified from Tshopo, Luulaba, Kasai and Haut-Lomami provinces.

**Chikungunya in Ethiopia**

Since the beginning of 2019, a cumulative total of 9 369 meatchungunya 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 the majority of cases were reported from Kole Health zone in Sankuru province.

**Polio in Ethiopia**

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, Tanganka, Tshopo, Luulaba, Kasai Central and Haut-Lomami provinces.

**Ebola virus disease in Democratic Republic of the Congo**

Detailed update given above.

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**Monkeypox in Democratic Republic of the Congo**

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**Chikungunya in Democratic Republic of the Congo**

Chikungunya cases have reported from Democratic Republic of the Congo since week 31 (week ending 30 July 2019). In week 38 (week ending 22 September 2019), 3 618 new suspected cases were reported from nine urban kebeles in Dire Dawa City Administration. This is a slight decline compared to the peak of the outbreak in week 36 (week ending 8 September 2019).

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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, Tombola centre, Yimbayah école, and Matoto centre in Matoto Health District, Wainindara in Ratoma Health District and Maneah in Coyah Health District.

In week 38 (week ending 22 September 2019), 127 new suspected cases including 1 death were reported from Wajir (80 cases and 1 death), Nairobi (23 cases), Garissa (22 cases), Kisumu (4 cases) and Makueni (3 cases). In this reporting week, Kisumu county has confirmed the outbreak in Kisumu East Sub County. Since January 2019, twelve of the 47 Counties of Kenya reported cholera cases, namely: Embu, Garissa, Kajiado, Kisumu, Machakos, Makueni, Mandera, Mombasa, Nairobi, Narok, Turkana and Wajir Counties. The outbreak remains active in six counties: Garissa, Kisumu, Mandera, Makueni, Nairobi and Wajir.

In week 38 (week ending 22 September 2019), 90 new cases were reported from Marsabit (83 cases), Wajir (5) and Garissa (2 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 38 (week ending 22 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.

In week 37 (week ending on 11 September 2019), 17 suspected cases were reported from 7 out of 15 counties across the country. Since the beginning of 2019, 1,357 cases have been reported across the country, of which 172 are laboratory-confirmed, 82 are epi-linked, and 725 are clinically confirmed.

The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. Since the end of August, seasonal rainfall has intensified, causing widespread flooding across large parts of the country. Central and northern Mali have been the most affected areas, particularly northern Segou, Mopti, southern Timbuktu, and Gao.

As of week 38 (week ending 22 September 2019), 1,124 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 Arafft 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 30 contacts including 25 health workers were identified and are being follow-up.

No case of circulating vaccine-derived poliovirus type 2 (cDPV2) 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 Cunene province in Angola and is under care at Outapi hospital in Ombass, Namibia. She is in a stable condition. A total of 35 contacts including 23 healthcare workers, have been identified and are being follow-up.

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, 4,956 epidemiologically-linked, and 1,871 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, Omuhaka, 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. As of 12 September 2019, the security and humanitarian situations remain overly in some border areas with Burkina Faso, Mali and Nigeria, with Tillaberi, Tahoua, Diffa and Maradi regions as targets of armed groups operating on both sides of the border, as well as of reprisals by jihadists after SS Sahel operations. In weeks 36 and 37 (week ending 14 September 2019) Tillaberi and Maradi have been particularly badly affected, with attacks on humanitarian vehicles near Tillaberi. In Maradi, more than 35,000 refugees from Sokoto, Zamfara and Katsina states have arrived, 70% of whom are under the age of 18 and more than 50% are women.
During the week 33 (week ending 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) regions 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 deaths) 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.

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 current outbreak in Adamawa state is ongoing, though the number of cases being reported is showing a downward trend.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 16 cVDPV2 cases reported in 2019. There were 34 cVDPV2 cases in 2018. One cVDPV2-positive environmental sample was reported from Ilorin East LGA, Kwara State. The sample was collected and analysed at the state specialist hospital, 189 cultured *Vibrio cholerae* as the causative agent.

A case of dengue fever from Kaolack, in the centre of the country, with symptom onset on 15 August 2019 was confirmed by PCR at Institut Pasteur Dakar on 13 September 2019.

A case of Crimean-Congo haemorrhagic fever confirmed by PCR at Institut Pasteur Dakar has been reported from Bokidiawé Site, Matam Region, Northern Senegal on the border with Mauritania.

A case of dengue fever from Kolaek, in the centre of the country, with symptom onset on 15 August 2019 was confirmed by PCR at Institut Pasteur Dakar on 13 September 2019.

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

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).

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 East and Aweil East, Renk, Longooshuch, and Jur River, and four Protection of Civilians (PoC) sites (Juba, Bentiu, Malakal and Wau).
### Health Emergency Information and Risk Assessment

<table>
<thead>
<tr>
<th>Country, United Republic of</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>Tanzania</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><strong>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 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.</strong></td>
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<td></td>
</tr>
<tr>
<td>Tanzania</td>
<td>Suspected aflatoxicosis</td>
<td>Ungraded</td>
<td>16-Jul-19</td>
<td>1-Jun-19</td>
<td>1-Sep-19</td>
<td>72</td>
<td>-</td>
<td>9</td>
<td>12.50%</td>
</tr>
<tr>
<td><strong>In week 35 (week ending 1 September 2019), no new cases were reported in the country. Since 1 June 2019, sporadic cases have presented with symptoms and signs of abdominal distention, jaundice, vomiting, swelling of lower limbs, with fever and headache in a few from Dodoma and Manyara Regions. The cause of the outbreak is suspected acute aflatoxicosis.</strong></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<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>
<tr>
<td><strong>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 (84.2%), the Democratic Republic of the Congo (28.7%) and Burundi (3.3%). Most are women within the age group 18 - 59 years.</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>27-Jun-19</td>
<td>22-Jun-19</td>
<td>11-Sep-19</td>
<td>144</td>
<td>9</td>
<td>1</td>
<td>0.70%</td>
</tr>
<tr>
<td><strong>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 total of 34 cases from 11 July to 11 September 2019.</strong></td>
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<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>
<tr>
<td><strong>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.</strong></td>
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<tr>
<td>Uganda</td>
<td>Measles</td>
<td>Ungraded</td>
<td>8-Aug-17</td>
<td>1-Jan-19</td>
<td>24-Sep-19</td>
<td>1 584</td>
<td>795</td>
<td>5</td>
<td>0.30%</td>
</tr>
<tr>
<td><strong>Since the beginning of 2019, 1 584 cases have been reported across the country, of which 529 are laboratory-confirmed, 204 are epi-linked, and 62 are clinically confirmed.</strong></td>
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<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>
<tr>
<td><strong>The index case was a 25-year-old pregnant woman from Kabamba village who presented to Nsumbu Rural Health Centre with acute watery and bloody diarrhoea and vomiting on 16 August 2019. Response is being coordinated at provincial and district levels, with activation of the district IMS. On 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.</strong></td>
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<tr>
<td>Zimbabwe</td>
<td>Diarrhoal 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</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Zimbabwe has reported an outbreak of diarrhoal 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.</strong></td>
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<table>
<thead>
<tr>
<th>Closed Events</th>
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</thead>
<tbody>
<tr>
<td>Benin</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>27-Aug-19</td>
<td>14-Aug-19</td>
<td>16-Sep-19</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>100.00%</td>
</tr>
<tr>
<td><strong>Since the last case was notified to WHO on 27 August 2019, from Tchaourou Commune (Central East Benin) on the border with Nigeria, no new confirmed case has been reported. All 68 contacts identified have completed 21 days of follow-up.</strong></td>
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</table>

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

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