This Weekly Bulletin focuses on selected acute 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 edition covers key new and ongoing events, including:

- **Humanitarian crisis in Niger**
- **Ebola virus disease in Democratic Republic of the Congo**
- **Humanitarian crisis in Central African Republic**
- **Cholera in Burundi.**

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

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

**Major issues and challenges include:**

- The humanitarian crisis in Niger and the Central African Republic remains unabated, characterized by continued armed attacks, mass displacement of the population, food insecurity, and limited access to healthcare services. In Niger, the extremely volatile security situation along the borders with Burkina Faso, Mali, and Nigeria occasioned by armed attacks from Non-State Actors as well as resurgence in inter-communal conflicts, is contributing to an unprecedented mass displacement of the population along with its associated consequences. Seasonal flooding with huge impact as well as high morbidity and mortality rates from common infectious diseases have also complicated response to the humanitarian crisis. In the Central African Republic, in spite of the recent peace agreement in Khartoum, sporadic outbreaks of violence continue among warring parties leaving the civilian population vulnerable to armed attacks and harassment. While national authorities, along with local and international partners, continue to mount response efforts to these complex and protracted humanitarian crisis, the limited resources and funds available have been overstretched. The need to mobilize additional resources to address funding gaps in these response operations cannot be overemphasized.

- The outbreak of Ebola virus disease (EVD) in North Kivu, Ituri, and South Kivu provinces in Democratic Republic of the Congo continues to show a declining trend, however, sustained transmission remains in Mandima and Mambasa Health Zones. The lack of access in Lwemba health area in Mandima health zone is of concern and this context needs to be considered when interpreting the decline in the number of cases reported. Notwithstanding, gains have been made in the long fight against the Ebola virus disease in this outbreak and at this critical stage national authorities, along with local and international partners, are challenged to maintain the momentum and intensify response activities, particularly enhanced surveillance to ensure that pockets of new cases are swiftly identified and responded to in order to bring this outbreak to an end.
EVENT DESCRIPTION

The complex and protracted humanitarian crisis in Niger persists, with a particularly precarious and volatile security situation in the border areas of Burkina Faso, Mali and Nigeria. The areas most affected are Diffa, Tillabery, Tahoua and Maradi. States of Emergency have been enforced in Tillabery and Maradi since 3 March 2017, extending to Tahoua in November 2018.

In Diffa, humanitarian access is compromised by the presence of improvised explosive devices (IEDs). The situation is challenged by civilian deaths and kidnapping, along with a resurgence of intercommunal conflict, which has led to massive population displacement. Regional Directorate for Civil Status and Refugee figures for September 2019 estimate 260,353 displaced people, including 118,541 refugees, 29,954 returnees and 109,404 internally displaced persons (IDPs). In addition, recent attacks by non-state armed groups (NSAGs) have resulted in the displacement of thousands of people. Four integrated health centres and 38 health huts have closed. In Tillabery, the security situation is dangerous, resulting in deteriorating humanitarian conditions, complicated by threats from NSAGs. A total of 53,332 people are internally displaced and 37,366 refugees were registered as of 31 August 2019. Health access is limited by the closure of two health huts and restricted access to other health facilities. Schools and markets are also closed. While the situation in Tahoua is generally calm, the region is host to 19,133 IDPs with 2,499 people awaiting relocation. In Maradi, more than 250 civilians have been killed in addition to the over 250 kidnapped since May 2019, with further incidents reported in September 2019. Repeated attacks by NSAGs in Nigeria have led to an influx of refugees in Niger. In September 2019 there were inter-communal clashes around cattle theft and attacks on villages that resulted in further population displacement.

Continued conflict in Niger has led to the constant movement of refugees across the Niger border from the states of Sokoto, Zamfara and Katsina. As of 7 September 2019, a total of 41,818 people had settled in the Maradi Region, with 64% of host families providing shelter for an average of 23 people per family, leading to extreme vulnerability. The Integrated Health Centre for the two main health areas of the region, which already covered 60,000 people before the arrival of the refugees, is often inaccessible because of lack of transport for those living in remote villages. Within the host villages, the capacities of health centres are overwhelmed by the sheer numbers of people currently living in the area.

The crisis is further complicated by seasonal flooding, affecting 211,366 people between June and September 2019, including 57 dead and 16,375 homes destroyed. Zinder (80,534 people), Maradi (28,647 people) and Agadez (31,222 people) account for 67% of the recorded victims. The main flooding occurred between 2 and 20 September due to heavy rains in the Niger Basin, with overflowing dams in Burkina Faso and Mali. Epidemic-prone disease continues, with malaria, diarrhoea, acute respiratory infections and acute global malnutrition as the top five causes of morbidity in the region. Rates of moderate acute malnutrition in health areas of Tiadi and Dan Kano are 7.5%, with severe acute malnutrition at 3.6% and 2.8% for all populations combined.

PUBLIC HEALTH ACTIONS

- A 2020 humanitarian needs overview is being developed, led by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA).
- The situations in Maradi, Tillaberi, Tahoua and Diffa are being monitored by partners and the Flood Crisis Cell has been activated since May 2019.
- WHO is coordinating organization of monthly and ad hoc meetings of the health sector group; organizing the response task force for Maradi; participating in the flood crisis unit and developing a response plan for the flooding; strengthening epidemiological surveillance and monitoring trends of the diseases under surveillance.

WHO is providing operational and logistical support, prepositioning cholera kits in Tillabery and Maradi since March 2017 and recruiting a logistician for drug management.

Other health partners include the National Red Cross, World Vision, UNICEF, and UNHCR are supporting mobile clinics in Maradi, in addition to the provision of medicines and consumables to health structures.

Medicines Sans Frontières and Save the Children are supporting mobile clinics in Diffa as well as hospitals and Integrated Health Centres. Mass follow-up measles vaccination for children aged 9-59 months have also been conducted with the support of WHO, UNICEF and other partners.

Multisectoral assistance is being provided in the shelter, non-food items, food security and water, sanitation and hygiene sectors, along with monitoring in different regions.

SITUATION INTERPRETATION

The humanitarian situation in Niger remains of grave concern, worsened by lack of funds for the response, with only 36% of the humanitarian response budget and 18.4% of the health sector budget available at this late stage of the year. Unmet needs of the health sector remain crucial, even with the support of partners, due to the prolonged nature of the crisis. The combination of internal security problems, massive internal population displacement and cross-border refugee movement, with restricted humanitarian access and poor funding, is likely to worsen the situation of already vulnerable populations. While national authorities and humanitarian partners are responding well in the face of massive challenges, they need to be further supported by donors, as well as efforts to address the initial drivers of the crisis.
EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu, South Kivu and Ituri provinces in Democratic Republic of the Congo continues, with 11 health zones and 28 health areas reporting confirmed cases in the past 21 days (15 September to 5 October 2019). Since our last report on 29 September 2019 (Weekly Bulletin 39), there have been 16 new confirmed cases and 13 new deaths. The principle hot spots of the outbreak in the past 21 days are Mambasa (30%; n=23 cases), Mandima (24%; n=18 cases), and Kalunguta (12%; n=7 cases). Seven health zones have reported new confirmed cases in the past seven days, (Mandima, Katwa, Oicha, Kalunguta, Mambasa, Beni, and Lolwa) while 13 health zones have not reported any new cases for at least 42 days.

As of 5 October 2019, a total of 3 204 EVD cases, including 3 090 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 (72), Mandima (303), Nyakunde (1), Rwampara (8) and Tchomia (2) in Ituri Province; Alimbongo (5), Beni (676), Biena (18), Butembo (283), Goma (1), Kalunguta (190), Katwa (651), Kayna (28), Kyondo (25), Lubero (31), Mabalako (373), Mangurejipa (18), Masereka (50), Musienene (84), Mutwanga (32), Nyiragongo (3), Oicha (60), Pinga (1) and Vuhovi (103) in North Kivu Province and Mwenga (6) in South Kivu Province.

As of 5 October 2019, a total of 2 142 deaths were recorded, including 2 028 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 66% (2 028/3 090). The cumulative number of health workers is 162, which is 5% of the confirmed and probable cases to date.

Contact tracing is ongoing in 15 health zones. A total of 7 807 contacts are under follow-up as of 5 October 2019, of which 6 804 have been seen in the past 24 hours, comprising 88% of the contacts. Alerts in the affected provinces continue to be raised and investigated. Of 2 932 alerts processed (of which 2 820 were new) in reporting health zones on 5 October 2019, 2 842 were investigated and 414 (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 with Uganda and Rwanda.

- As of 5 October 2019, a cumulative total of 234 108 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 102 million screenings to date. A total of 107/112 (96%) PoE/PoC transmitted reports as of 5 October 2019.

- The protocol for treatment of Ebola patients in Democratic Republic of the Congo has been revised following data from a randomized clinical trial showing, for the first time, that Ebola treatments improve survival rates. Two of the four trial drugs were found to have the greatest efficacy and are now being provided to confirmed cases under the compassionate use protocol.

- There are continued community reintegration and psychosocial activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response.

SITUATION INTERPRETATION

Hot spots persist as well as sporadic transmission in other health areas. However, the number of new confirmed cases does seem to be declining, but previous experience shows that this trend needs to be interpreted with caution. Notwithstanding this, 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.

Water, sanitation and hygiene (WASH) activities continue and during this week, 45 in Mandima and Katwa households 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.

The security commission carried out 35 escorts in support of the different committees of the response in the sub-coordination areas of Butembo, Lubero, Mambasa, Beni, Mangina and Komanda.

Maitzez International renewed its contracts with three community radios (ARIWARA, SIMBA, ADI Shalom and Aru RTK) for dissemination of programmes relating to EVD response activities; the discharged of the 1000th survivor of EVD from Mangina Ebola treatment centre was marked with a ceremony and the WHO Regional Director for the African Region issued a statement celebrating this.
EVENT DESCRIPTION

The humanitarian crisis in the Central African Republic continues, in spite of the Khartoum Peace Agreement, which was signed in February 2019. Once again there were clashes between the two signatories, on 29 September 2019 in Bangoa, 45 km from Koungo in the south-east of the country. The clashes left 13 dead and more than 50 houses burnt, causing affected populations to flee into the bush. Humanitarian groups currently find the zone difficult to access because of the insecurity. In other areas of the country, several localities of the Sikke-Boromata axis remain inaccessible, while the situation is currently calm in Birao as of week 39 (week ending 28 September 2019).

Outbreaks of epidemic-prone diseases continue. New measles cases continued to be reported in Batangafo, with 11 new cases and zero deaths reported in week 39. A total of 82 measles cases with zero deaths have been recorded since the start of the outbreak. Four suspected cases of measles were reported during week 37 (week ending 14 September 2019) and week 38 (week ending 21 September 2019) in Alindoa-Mingala health district, including three in children under five years of age. A total of 12 suspected cases (seven confirmed) of monkeypox have been reported in Zoumèa and Mbali Centre since the start of the outbreak, with zero new cases reported in week 40 (week ending 5 October 2019). The outbreak of pertussis (whooping cough) in Nana Gribizi continues, with a declining trend and no new cases reported during weeks 39 and 40. A total of 129 cases with one death have been recorded since the start of the outbreak in February 2019. There have been no new cases of hepatitis E in Bocaranaga-Koui district since week 25 (week ending 22 June 2019) and the total number of cases remains at 192 (147 confirmed and 45 probable) with one death.

PUBLIC HEALTH ACTIONS

- Daily coordination meetings with humanitarian partners continue in Birao and Bangao, to address the needs of those affected by the violence. A multisectoral mission is being planned in Bangao.
- Emergency curative healthcare has been offered in Birao, with medical consultations and a mobile clinic available; routine vaccination is continuing at the United Nations Multidimensional Integrated Stabilization Mission in Central African Republic (MINUSCA) site twice a week, along with management of malnutrition.
- In response to the pertussis outbreak in Nana Gribizi, 18 health workers were provided with capacity building activities aimed at strengthening of case management.
- Mass media programmes aimed at raising awareness about immunization activities continue on local radio; immunization centres continue to be revitalized, with a total of 11 immunization centres (out of 19) now functional.
- In Batangafo, measles cases continue to be managed, while Médecines Sans Frontières immunized 485 children aged 6 months to 15 years in Ouandago axis.
- A national measles campaign is planned for 13-17 November 2019 and the second and third round of a multi-antigen immunization campaign is planned for Kaga Bandoro.

SITUATION INTERPRETATION

The Khartoum Peace Agreement appears fragile, with two major incidents in less than a month involving the armed groups who signed the Agreement. Mounting rapid response to disease outbreaks continues to be challenged by limited human and logistical resources amidst insecurity, with limited stock of vaccines at district level being highlighted as one of the factors hampering the implementation of planned reactive campaigns. In spite of these challenges, national authorities along with local and international partners continue to respond to the humanitarian crisis, challenged further by disease outbreaks with all available resources at their disposal.
EVENT DESCRIPTION

On 5 June 2019, the Ministry of Public Health and the Fight Against AIDS of Burundi notified WHO of an outbreak of cholera. The outbreak reportedly began on 1 June 2019 with the initial seven cases reported from Bujumbura Mairie (5 cases) and Cibitoke (2 cases) provinces. One of the case-patients was a Burundian national residing in Uvira Health Zone, South Kivu Province in Democratic Republic of the Congo where an active outbreak of cholera has been ongoing. It is unclear whether this case-patient contracted the disease in Democratic Republic of the Congo before travelling to Burundi. Of the stool samples collected from all seven case-patients, four cultured Vibrio cholerae Ogawa at the National Reference Laboratory of the National Institute of Public Health in Bujumbura.

Since then, the outbreak has spread to a third province, Bubanza, which began reporting cases on 12 September 2019. From 1 June to 22 September 2019, a total of 648 cases with 5 deaths (case fatality ratio 0.8%) were reported from Bujumbura Mairie (461 cases with 4 deaths), Cibitoke (167 cases with zero deaths) and Bubanza (20 cases with 1 death) provinces. Of 46 stool samples tested, 69.5% (32) cultured V. cholerae Ogawa.

The outbreak peaked in Bujumbura Mairie Province on 14 September 2019 when 18 cases were reported. Since then, the trend has been declining in both Bujumbura Mairie and Cibitoke provinces. The most affected age group in Bujumbura Mairie and Cibitoke provinces is 19 to 50 years, representing 52% (238/461) and 42% (70/167) of cases respectively, whereas 50% (10/20) of cases in Bubanza province are aged 5 to 18 years.

PUBLIC HEALTH ACTIONS

- WHO and partners are providing support to the Ministry of Health and the Fight Against AIDS of Burundi in the response to the cholera outbreak. Regular coordination meetings are being held at national and district levels.
- Management of cases is being conducted in four cholera treatment centres by teams of the Ministry of Health with the support of MSF.
- Laboratory testing of samples is ongoing at the National Institute of Public Health and The University hospital of Kamenge.
- Red Cross Burundi, European Civil Protection and Humanitarian Aid, and UNICEF are supporting supplying drinking water in the affected areas.
- Disinfection of the affected households with destruction or treatment of pit latrines and distribution of water purification tablets have been conducted in the affected areas. Regular disinfection of the Lake Dogodogo water that is used by the communities is ongoing in Cibitoke.

SITUATION INTERPRETATION

Cholera outbreaks are recurrent in Burundi, with the current outbreak in areas that continue to experience recurrent outbreaks of the disease as a result of limited access to clean water, sanitation and hygiene and risky behavioural practices that contribute to the spread of cholera. Overcrowding in Bujumbura, amidst damaged sewer systems and shortage of running water leading to the use of unsafe water from river sources in Cibitoke, are among factors implicated in the spread of this outbreak. The cholera outbreak is ongoing in the face of a high burden of malaria across the country, so overwhelming the capacity of the health system to respond to the increasing demand. The government, along with international and local partners, need to implement robust proven response measures such as strengthening surveillance, early treatment of cases, improving access to clean water, and creating awareness on safe sanitary and hygiene practices to bring this outbreak under control. Long-term efforts should be focused on ensuring a sustainable supply of clean and safe water to the population to prevent recurrent outbreaks of cholera.
Summary of major issues, challenges and proposed actions

Major issues and challenges

- The humanitarian crisis in Niger and the Central African Republic remains unabated, characterized by continued armed attacks, mass displacement of the population, food insecurity, and limited access to healthcare services. In Niger, the extremely volatile security situation along the borders with Burkina Faso, Mali, and Nigeria occasioned by armed attacks from Non-State Actors as well as resurgence in inter-communal conflicts, is contributing to an unprecedented mass displacement of the population along with its associated consequences. Seasonal flooding with huge impact as well as high morbidity and mortality rates from common infectious diseases have also complicated response to the humanitarian crisis. In the Central African Republic, in spite of the recent peace agreement in Khartoum, sporadic outbreaks of violence continue among warring parties leaving the civilian population vulnerable to armed attacks and harassment. While national authorities, along with local and international partners, continue to mount response efforts to these complex and protracted humanitarian crisis, the limited resources and funds available have been overstretched. The need to mobilize additional resources to address funding gaps in these response operations cannot be overemphasized.

- The outbreak of Ebola virus disease (EVD) in North Kivu, Ituri, and South Kivu provinces in Democratic Republic of the Congo continues to show a declining trend, however, sustained transmission remains in Mandima and Mambasa Health Zones. The lack of access in Lwemba health area in Mandima health zone is of concern and this context needs to be considered when interpreting the decline in the number of cases reported. Notwithstanding, gains have been made in the long fight against the Ebola virus disease in this outbreak and at this critical stage national authorities, along with local and international partners, are challenged to maintain the momentum and intensify response activities, particularly enhanced surveillance to ensure that pockets of new cases are swiftly identified and responded to in order to bring this outbreak to an end.

Proposed actions

- The humanitarian response operations in Niger and the Central African Republic have been constrained by huge funding gaps, affecting their ability to maintain effective operations. There is a need for additional resources from donors and partners to address funding gaps in order to sustain humanitarian operations. There is also a need to address the drivers of these crises in order to bring these events to an end.

- Response operations to the Ebola virus disease outbreak in Democratic Republic of the Congo are at a critical stage and need to be intensified to quickly identify and respond to the pockets of cases that are being reported amidst the overall declining trend in case numbers, while at the same time continuing engagements to ensure access to inaccessible areas.
Angola

Poliovirus type 2 (cVDPV2) G2
4-May-19 30-Jun-19 85 64 2.00%

In week 26 (week ending 30 June 2019), nine suspected cases were reported. From week 1 to 26 of 2019, a cumulative total of 3 127 suspected cases including 64 deaths were reported from 19 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.

Benin

Cholera Ungraded
5-Jul-19 26-Sep-19 19 0 0.00%

From 3 July to 26 September 2019, a total of 45 suspected cholera cases with zero deaths have been reported from Atlantique and Littoral Departments of Benin. Of the 45 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.

Benin

Dengue fever Ungraded
13-May-19 25-Aug-19 13 9 2 15.40%

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

Burkina Faso

Humanitarian crisis G2
1-Jan-19 20-Sep-19 - - - -

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 289 994 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 Mouhon, 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.

Burkina Faso

Food poisoning Ungraded
19-Sep-19 12 60.00%

The Burkina Faso Ministry of Health has been alerted of an unexplained death in a concession in Lapio, a town located in the municipality of Diddyr, province of Sanguiè, West Central Region on 1 September, 2019. This case was followed by an influx of 20 patients from the same concession who consulted at the Health and Social Promotion Center (CSPS) of Diddyr located 6 km from Lapio town. During the epidemiological investigation, a total of 20 persons from the same family, including 12 deaths that occurred 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 Kourittenga province, center East of the country.

Burundi

Cholera Ungraded
5-Jun-19 7-Sep-19 433 32 2 0.50%

Since week 48 of 2018 (week ending 2 December 2018), there has been a progressive increase in the number of malaria cases reported across the 46 districts of Burundi, with the epidemic threshold surpassed in week 18 (week ending 5 May 2019). In week 34 (week ending 25 August 2019), 109 386 cases including 66 deaths have been reported. There is a 125% increase in the number of cases reported in week 34 of 2019 compared to the same period in 2018.

Cameroon

Humanitarian crisis (Far North, North, Adamawa & East) Protracted 2
31-Dec-13 27-Sep-19 - - - -

Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by Boko Haram group, with significant population displacement. Since the beginning of September 2019, there have been 23 attacks, including pure 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. Recently, the Nigerian government started repatriation of refugees, with around 400 people repatriated.

Cameroon

Humanitarian crisis (NW & SW) G2
1-Oct-16 27-Sep-19 - - - -

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 27 September 2019, the total number of internally displaced persons is estimated at 437 000 persons and the population in need of humanitarian assistance is estimated at 594 000 persons. An estimated 39 000 people have fled to the Littoral and Western regions, and 20 291 people (of which 80% women and children) have crossed into neighbouring Nigeria.
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, Kousseri, Mada, Goulery, Makary, Kolofata, Koza, Ngaoundéré rural, Bangui, Guiler, Figuil, Ngaoundéré, Mora, Maroua, Vé, Pitoa, Maroua, Boura, Touboro, Mogodé, Bibemé, Garoua, Garoua 2, Lagdo, Tcholliré, Guiégui, Moutourna, Mokolo, Cité verte, Djioungolo, Nkolomongo, Limbi, Garoua Bouli, Ngaoundéré-Urbain.

As of 1 September 2019, a total of 134 suspected cases with zero deaths have been reported from health facilities in Grande Comoros 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), Ochili (1) and Mitsoudi (1). The 19 epidemiologically linked cases are from Moroni district.

In week 38 (week ending 22 September 2019), 36 new suspected measles cases were reported from Kaga Bandoro sub-prefecture (28 cases) and Bafang 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 1424 measles cases and 1 death have been reported in four districts: Bafang, 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.

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## Health Emergency Information and Risk Assessment

### Cases and deaths

<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>Democratic Republic of the Congo</td>
<td>Measles</td>
<td>G3</td>
<td>31-Jul-18</td>
<td>1-Jan-19</td>
<td>8-Sep-19</td>
<td>183 837</td>
<td>5 869</td>
<td>3 667</td>
<td>2.00%</td>
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<td>Democratic Republic of the Congo</td>
<td>Monkeypox</td>
<td>G2</td>
<td>16-Jan-15</td>
<td>8-Sep-19</td>
<td>18 985</td>
<td>3 204</td>
<td>3 090</td>
<td>2 142</td>
<td>66.90%</td>
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<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>G2</td>
<td>15-Feb-18</td>
<td>1-Jan-18</td>
<td>8-Sep-19</td>
<td>51</td>
<td>51</td>
<td>0</td>
<td>0.00%</td>
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<tr>
<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>G2</td>
<td>15-Feb-18</td>
<td>1-Jan-18</td>
<td>12-May-19</td>
<td>1 181</td>
<td>426</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>G2</td>
<td>15-Feb-18</td>
<td>1-Jan-18</td>
<td>30-Sep-18</td>
<td>8 490</td>
<td>1 045</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

From week 49 of 2018 to week 1 of 2019 (week ending 12 May 2019), a total of 1 181 suspected cases of Chikungunya were reported from 25 health zones of Kinshasa and 8 health zones of Kongo provinces. Around 65% of cases have been reported from Gombe, Mont Gafula,1, Mont Gafula 2, Massa and Matadi health zones. A total of 778 samples collected among the 1 181 cases were tested at the National Institute of Biomedical Research in Kinshasa. Of the 778 samples tested, 426 (54.7%) were confirmed by RT-PCR. Females are more affected than males with a male to female sex ratio of 0.5.

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.

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.

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 31 reported cases of cVDPV2 in 2019. There were 20 cVDPV2 cases reported in 2018. DRC is currently affected by nine separate cVDPV2 outbreaks; one each originated in Haut Katanga, Mongala, Sankuru, Tanganika, Tshopo, Kasai, Kasai Central, and two in Haut Lomami provinces.

The complex and protracted humanitarian crisis 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 homeless. Outbreaks of epidemic-prone diseases continue to occur, with active outbreaks of cholera, measles and chikungunya ongoing in various regions of the country.

Achikungunya cases have reported from Ethiopia 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).

As of week 36 (week ending 22 September 2019), the measles outbreak is still ongoing with a total of 8 490 suspected measles cases reported from Oromia (4 899), Somali (2 340), Amhara (703) and Afar (548) regions. Children aged less than five years are the most affected accounting for 50.4% of the total cases followed by age group 15-44 years (23.3%). Seventy-three percent of the reported measles cases were not previously vaccinated.

No 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 2019.
<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>Guinea</td>
<td>Measles</td>
<td>Ungraded</td>
<td>9-May-18</td>
<td>1-Jan-19</td>
<td>11-Aug-19</td>
<td>4 573</td>
<td>969</td>
<td>13</td>
<td>0.30%</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, 1 585 were sampled, of which 969 tested positive for measles by serology. Five localities in three health districts are in the epidemic phase, namely, Tomboila centre, Yimbaybah école, and Matoto centre in Matoto Health District, Wanindara in Ratoma Health District and Maneah in Coyah Health District.

| Kenya       | Cholera                        | Ungraded| 21-Jan-19            | 2-Jan-19                  | 29-Sep-19               | 4 288        | 197             | 34     | 0.80%   |

In week 39 (week ending 29 September 2019), 117 new suspected cases including 3 deaths were reported from Kisumu (41 cases and 3 deaths), Wajir (31 cases), Nairobi (30 cases), Mandera (4 cases), Garissa (2 cases) and Makueni (1 case). 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, Kajiado, Kisumu, Mandera, Makueni, Nairobi and Wajir.

| Kenya       | Leishmaniasis                  | Ungraded| 31-Mar-19            | 1-Jan-19                  | 29-Sep-19               | 2 672        | 1 123           | 32     | 1.20%   |

In week 39 (week ending 29 September 2019), no new cases were reported. Since the beginning of the outbreak, suspected and confirmed cases of leishmaniasis have been reported from Mandera, Marsabit, Wajir and Garissa counties.

| Liberia     | Lassa fever                    | Ungraded| 24-Sep-17            | 1-Jan-19                  | 22-Sep-19               | 1 381        | 193             | 5      | 30.60%  |

Two new confirmed cases (both deceased) have been reported from Bong and Grand Bassa counties. From 1 January - 8 September 2019, a total of 106 cases including 22 deaths have been suspected of Lassa fever. Of samples tested from 97 of the suspected cases at the National Public Health Reference Laboratory of Liberia, 27 were confirmed by RT-PCR and 70 were discarded due to negative test results. The case fatality ratio among confirmed cases is 41% (11/27). A total of 122 contacts including 44 health workers have been identified and are under follow-up in the two counties.

| Mali        | Humanitarian crisis            | Protracted| n/a                 | n/a                      | 10-Sep-19              | -            | -               | -      | -       |

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.

| Namibia     | Crimean-Congo haemorrhagic fever (CCHF) | Ungraded| 13-Sep-19            | 1-Sep-19                  | 19-Sep-19               | 1            | 1               | 0      | 0.00%   |

A new case of Crimean-Congo haemorrhagic fever was confirmed by serology test at the National Institute of Public Health Research of Mauritania on 23 August 2019 and subsequently notified to WHO. The case patient is a 29-year-old street vendor from Araffat district, Nouakchott with symptoms onset on 14 August 2019, two days after participating in a feast. He reportedly made contact with a sheep on the day of the feast. He was discharged on 24 August 2019 after receiving clinical care. A total of 35 contacts including 25 health workers were identified as contacts and are being follow-up.

| Mozambique  | Poliomyelitis (cVDPV2)         | G2      | 7-Dec-18             | 7-Dec-18                  | 25-Sep-19               | 1            | 1               | 0      | 0.00%   |

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

| Namibia     | Crimean-Congo haemorrhagic fever (CCHF) | Ungraded| 13-Sep-19            | 1-Sep-19                  | 19-Sep-19               | 1            | 1               | 0      | 0.00%   |

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 Omusati region, Namibia. She is in a stable condition. A total of 35 contacts including 25 healthcare workers have been identified and are being follow-up.

| Namibia     | Hepatitis E                    | G1      | 18-Dec-17            | 8-Sep-17                  | 8-Sep-19               | 6 407        | 1 530           | 55     | 0.90%   |

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, 4 960 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, Omahkehe, Hardap, Karas, Otjozondjupa, and Kunene regions.

| Niger       | Humanitarian crisis            | Protracted| 1-Feb-15            | 1-Feb-15                  | 14-Sep-19               | -            | -               | -      | -       |

Detailed update given above.

| Niger       | Measles                        | Ungraded| 10-May-19            | 1-Jan-19                  | 18-Aug-19               | 9 741        | 53              | 53     | 0.50%   |

During the week 33 (week ending on 18 August 2019), 6 suspected measles cases have been reported from the country. Maradi (3 543 cases including 8 deaths) and Tahoua (1 845 including 24 deaths) region reported the most number of cases, followed by Zinder (1 360 including 10 deaths), Niamey (1 269 with 1 death), Tillaberi (633 including 3 deaths), Agadez (480 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.
<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>Niger</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>G2</td>
<td>8-Jul-18</td>
<td>8-Jul-18</td>
<td>25-Sep-19</td>
<td>11</td>
<td>11</td>
<td>1</td>
<td>9.10%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>10-Oct-16</td>
<td>n/a</td>
<td>31-Aug-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>15-Aug-16</td>
<td>n/a</td>
<td>5-Sep-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>-</td>
<td>3-Jan-18</td>
<td>18-Aug-19</td>
<td>91</td>
<td>60</td>
<td>2</td>
<td>2.20%</td>
</tr>
<tr>
<td>Senegal</td>
<td>Dengue fever</td>
<td>Ungraded</td>
<td>17-Sep-19</td>
<td>15-Aug-19</td>
<td>13-Sep-19</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Senegal</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>15-Aug-16</td>
<td>n/a</td>
<td>5-Sep-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Senegal</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>19-Jun-19</td>
<td>15-May-19</td>
<td>25-Sep-19</td>
<td>774</td>
<td>189</td>
<td>4</td>
<td>0.50%</td>
</tr>
<tr>
<td>Rwanda</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>Senegal</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>14-Sep-17</td>
<td>1-Jan-19</td>
<td>31-Aug-19</td>
<td>2 254</td>
<td>37</td>
<td>44</td>
<td>2.00%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>13-Sep-19</td>
<td>6-Sep-19</td>
<td>13-Sep-19</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

No new cVDPV2 was reported 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.

The number of cholera cases reported in Adamawa State has been on a declining trend. On 25 September 2019, one new case was reported from Girei Local Government Area. From 15 May to 25 September 2019, a cumulative total of 774 cases with four deaths have been reported from four LGAs: Yola North (471 cases with two deaths), Girei (192 cases with one death), Yola South (110 cases with one death), and Song (1 case with zero deaths). Of 440 stool specimens collected and analysed at the state specialist hospital, 189 cultured *Vibrio cholerae* as the causative agent.

During week 37 (week ending 15 September 2019), seven new confirmed cases with two deaths were reported from Edo (3 cases with one death), Ondo (2 cases with zero deaths), Ebonyi (1 case with zero deaths), and Benue (1 case with one death) states. Eighty-three Local Government Areas (LGAs) across 24 states have reported at least one confirmed case since the beginning of 2019. Nineteen (19) health care workers across 10 states have been infected since the beginning of 2019. A total of 478 contacts are currently being followed.

Between epidemiological weeks 31 - 35 (week ending 1 September 2019), a total of 1 326 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 epidemiological 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.

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 on 27 August 2019.

In August 2019, 349 suspected cases including 22 presumptive positive cases were recorded. Institut Pasteur (IP) Dakar confirmed 14 cases from; Cross River (1), Ebonyi (5), Edo (5), Ondo (2) and Oyo (1). Reported cases have been decreasing since week 29 (week ending on 21 July 2019). Since January 2019, all states including FCT have reported at least one suspected case.

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

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

A case of dengue fever from KaoLack, in the center 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 insecurity 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 was reported. As of reporting date, a total of 79 suspected cases including 56 PCR-confirmed cases and two deaths have been recorded from Bentiu PoC and a total of 12 suspected cases including 4 confirmed cases in Lankein. The last cases in Lankein were reported in week 25 (week ending on 23 June 2019).

In week 36 (week ending 8 September 2019), 42 new cases were reported from Bentiu PoC, Wau, Pibor, Tonj South and Jur River counties. Since the beginning of the outbreak on 2 January 2019 a total of 3 525 cases have been reported including 159 confirmed cases. Since January 2019, measles outbreaks were confirmed in 19 counties namely Abyei, Aweil West, Aweil East, Aweil South, Gogrial East, Gogrial West, Longochuk, Juba, Jur River, Pibor, Mayom, Melut, Tonj North, Tonj South, Renk, and Wau, as well as in four Protection of Civilian (PoC) sites (Juba, Bentiu, Malakal and Wau).
<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>29-Sep-19</td>
<td>6 916</td>
<td>6 916</td>
<td>13</td>
<td>0.20%</td>
</tr>
</tbody>
</table>

Tanzania continues to report dengue fever cases. As of week 39 (week ending on 29 September 2019), no new dengue cases were reported. The total confirmed cases reported since the beginning of the outbreak was 6 916 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.

<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>Tanzania, United Republic of</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>
</tbody>
</table>

In week 35 (week ending on 1 September 2019), no new cases were reported in the country. Since 1 June 2019, sporadic cases have presented with symptoms and signs of abdominal distention, jaundice, vomiting, swelling of lower limbs, with fever and headache in a few from Dodoma and Manyara Regions. The cause of the outbreak is suspected acute aflatoxicosis.

<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. The majority of refugees 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.

<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>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, Kyeyegva, has reported a cumulative of 34 cases from 11 July to 11 September 2019.

<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>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.

<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>24-Sep-19</td>
<td>1 584</td>
<td>795</td>
<td>5</td>
<td>0.30%</td>
</tr>
</tbody>
</table>

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.

<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.

<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</td>
<td>0.00%</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.

<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>Chad</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>19-Jul-19</td>
<td>12-Jul-19</td>
<td>4-Oct-19</td>
<td>51</td>
<td>5</td>
<td>2</td>
<td>3.90%</td>
</tr>
</tbody>
</table>

Between 12 July and 4 October 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), Gouwa(1 case with zero deaths), Weré(1 case, with zero deaths), Gourmou( 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. The last confirmed case was notified on 1 September 2019.

†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.