This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 68 events in the region. This week’s main articles cover key new and ongoing events, including:

- Measles in Lesotho
- Hepatitis E in Namibia
- Humanitarian crisis in Mali
- Ebola virus disease in Democratic Republic of the Congo.

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 hepatitis E outbreak first identified in Namibia in December 2017 continues, despite response efforts made to date to halt ongoing transmission of the virus. The major drivers of the outbreak remain the same, limited access to safe drinking water, inadequate sanitation and poor personal and food safety practices. Novel initiatives are therefore needed to address the outbreak such as finalising the review of the relevance and feasibility of a vaccination intervention. There is also a need to sustain conventional control activities, particularly in the informal settlements, and strengthen surveillance and coordination mechanisms in all the affected areas.

- The humanitarian situation in Mali remains complex and volatile. The number of IDPs has continued to rise as a result of the deteriorating security context and the impact of floods experienced earlier in the year. As well as supporting the immediate needs of the population, the resilience of the health system to epidemics and public health emergencies needs to be reinforced. Furthermore, local and international authorities and partners must continue to advocate for peace in the region in order to relieve the suffering of this vulnerable population.
**EVENT DESCRIPTION**

On 26 October 2019, the Ministry of Health notified the World Health Organization of an outbreak of measles in the Qacha’s Nek district of Lesotho following a report of four serum samples testing positive for measles virus by the National Reference Laboratory in Maseru on 25 October 2019. The samples were collected at a health centre, which has a catchment area located in the hard to reach areas of Qacha’s Nek district. The samples were collected from a total of 50 suspected cases between 14 and 21 October 2019 who presented to the health facility with symptoms of fever and generalized body rash. All cases were from the neighbouring villages of Ha Letete, Leseling and Molomo. The cases from Ha Letete were all pupils of a local primary school. The majority (48%) of the cases were between the ages of 5 and 12 years with girls being more affected (M:F 1:2.1). There have been no deaths recorded to date. Of the 50 blood samples analysed at the National Reference Laboratory, four tested positive for measles virus and one for rubella. The remaining 45 samples were negative and were discarded.

Measles is one of the diseases targeted for elimination in Lesotho and is selected for immediate reporting using a detailed case-based form. As per the country’s integrated disease surveillance and response guidelines an outbreak is considered when three or more cases are confirmed from the same health facility.

The vaccination coverage for measles containing vaccine 1 (MCV1) has remained low in the affected district in the past four years with a current cumulative coverage of 65% for 2019. The national coverage of Lesotho has, however, remained high in the last five years according to the WHO/UNICEF Estimates of National Immunization Coverage with MCV1 and MCV2 reported as 90% and 82% for each of the years. These coverages are in keeping with the Global Vaccine Action Plan 2011–2020 (GVAP) endorsed by the World Health assembly in 2012, which calls on all countries to reach ≥90% national coverage with all vaccines in the country’s national immunization schedule by 2020.

**PUBLIC HEALTH ACTIONS**

- The Deputy Minister of Health briefed the media on the current situation of the outbreak on 28 October 2019.
- An IHR NFP led measles outbreak coordination mechanism has been established to oversee the outbreak response activities.
- Rapid response teams (RRT) were deployed to affected areas on 27 October 2019 to conduct an initial rapid response.
- All districts and health facilities have been alerted to enhance surveillance for measles in line with the Integrated Disease Surveillance and Response (IDSR) guidelines.
- Planning for a mass reactive vaccination campaign has started, targeting the population aged 9 months to 15 years in the affected areas.

**SITUATION INTERPRETATION**

The current outbreak is the first in nearly ten years and is occurring in an area that has not been affected in previous outbreaks. The last outbreak in Lesotho occurred in 2010, affecting more than 3,000 persons with 7 associated deaths. All the districts in Lesotho were affected and the most affected age groups were children aged 6 to 11 months and 6 to 10 years. Only one confirmed case of measles was reported in 2018 from the capital city, Maseru.

Over the last five years, the national immunization coverage has remained high and only one confirmed case was reported in 2018. However, when disaggregated to district level, the high immunity coverage has not been uniform as demonstrated by the suboptimal coverage in Qacha’s Nek district where the current outbreak is occurring. Therefore, a detailed review of the immunization coverage at district level is paramount to ascertain the true resilience to vaccine preventable diseases in the country. The government of Lesotho is encouraged to improve immunization coverage in all districts through targeted catch up immunization campaigns in districts with low coverage.

Gaps in detecting and reporting suspected cases of priority diseases is also an issue of concern as the cases were not reported through the routine disease surveillance network. As public health measures are being put in place to contain the outbreak, the government is encouraged to improve disease surveillance performance with emphasis on training of frontline workers on case identification and reporting.
EVENT DESCRIPTION

The protracted outbreak of hepatitis E in Namibia continues to be closely monitored. Since our last report on 18 August 2019 (Weekly Bulletin 33), 453 additional cases of hepatitis E with no outbreak-related deaths have been reported. The outbreak that was declared in December 2017 in Windhoek informal settlements in Khomas region, has affected ten of the 14 regions of Namibia to date, including Khomas, Erongo, Kavango, Ohangwena, Omusati, Oshana, Oshikoto, Omaheke, Hardap, and Otjozondjupa. Sporadic cases have also been reported from Kunene and Karas.

A fluctuating trend in the weekly incidence of cases has been observed since the beginning of the outbreak. In week 41 and week 42 (week ending 20 October 2019), there has been an increase in the number of new cases, with 70 cases reported, compared to 57 cases during weeks 39 and 40. As of 20 October 2019, 6 604 cases have been reported cumulatively, of which 1 608 are laboratory confirmed, 4 141 epidemiologically linked and 855 suspected cases. A cumulative total of 1 345 specimens tested negative and are regarded as non-cases. The majority of cases have originated from Khomas (4 090; 62%) and Erongo (1 510; 23%), while the remaining affected regions account for 15% (1 004) of the reported cases.

Males remain more affected than females, accounting for 60% (n=3 930) of the total hepatitis E cases. However, of the 56 deaths recorded since the beginning of the outbreak (case fatality ratio 0.8%), 64% (n=36) occurred among females and 43% (24) were maternal deaths. The most affected age groups are those between the ages of 20-29 (39%), and 30-39 (34%), while children under one year represent 0.1% of cases.

PUBLIC HEALTH ACTIONS

- Nomination of a national incident manager to oversee the effectiveness of the implementation of the outbreak interventions.
- The relevance and feasibility of a vaccination intervention as a response measure to the outbreak is under review by the national authorities.
- Regular health emergency management committee meetings are being conducted at regional level.
- Regional and district emergency response teams continue to conduct response activities including active case search, health education sessions, environmental risk assessment and WASH activities including Community-Led Total Sanitation (CLTS).
- Partners (WHO, UNICEF, UNDP and CDC) continue to provide technical support for the implementation of the response interventions through thematic areas, including, surveillance, laboratory and case management, social mobilization and risk communication, water, sanitation and hygiene.

SITUATION INTERPRETATION

The major drivers of the hepatitis E outbreak in Namibia remain the limited access to safe drinking water, inadequate sanitation and poor personal and food safety practices. These factors largely explain why the outbreak is still not under control two years after its onset, despite the response efforts made to stop the transmission of the virus in the affected communities. Difficulty to implement WASH interventions and risk communication activities in some of the affected informal settlements, gaps in coordination mechanisms and limited human resources capacity are some of the important challenges limiting the effectiveness of the outbreak response. There is need to sustain conventional hepatitis E control activities, particularly in the informal settlements, and strengthen surveillance and coordination mechanisms in all the affected areas. There is also a need to accelerate the process of endorsement and implementation of the costed national response plan.
EVENT DESCRIPTION

The humanitarian crisis in Mali is still ongoing in a context that remains characterized by a continuously deteriorating security situation marked by regular attacks by armed groups, intra- and inter-community conflicts and the presence of radical movements. The insecurity has gradually spilled out of the Northern region of Mali, to the Central regions of the country notably, Mopti region and Ségou region.

In the Northern and Central regions, protests by the community against the growing insecurity and particularly the deadly attacks on the Mondoro and Boulekeessi camps, resulted in the death of 38 people on 30 September and 1 October 2019. On 12 October 2019, demonstrations organized by the ‘Plateforme Fasso Ko’ escalated into the looting of several dozen Minusma storage containers located outside the camps.

The continued deterioration of the security situation has led to a significant increase in the number of internally displaced persons (IDPs) in Mali. As of 31 September 2019, 187,139 IDPs were registered; this represents an increase of 15,702 IDPs in just one month. Furthermore, 74,205 Malians were returned to the country and 138,404 are currently refugees in bordering countries according to UNHCR.

The country is also currently experiencing a large measles outbreak that has been ongoing since 2018. Since the beginning of this year, as of week 43 (week ending 27 October 2019), 1,153 suspected cases of measles have been reported from 49 districts in the country. Of these, 321 were confirmed IgM-positive.

PUBLIC HEALTH ACTIONS

- WHO continues to support the Ministry of Health (MOH) in the implementation of a campaign for the distribution of long-lasting insecticide-treated mosquito nets in the northern regions (Timbuktu, Gao, Taoudénit, Kidal and Menaka).
- Medical kits have been delivered for the care of 1,070 IDPs, including 270 in the centre of Malibé and 800 in Senou in the city of Bamako.
- WHO continues to support the MOH humanitarian response to IDPs at the Mabilé centre site in the city of Bamako.
- UNICEF provided short term emergency distribution of household water treatment and hygiene kits as well as sustainable water supply services to 179,014 people in the regions of Mopti and Gao.
- WHO is strengthening epidemiological surveillance. A total of 153 surveillance sites were visited in the regions and 235 people were briefed on the technical guidelines for diseases under surveillance.

SITUATION INTERPRETATION

The humanitarian situation in Mali remains complex and volatile. The number of IDPs has continued to rise as a result of the deteriorating security context. Due to its high exposure to risk of conflicts, drought and flood, Mali is ranked among the most vulnerable countries with regards to humanitarian crises and natural disasters. In May 2019, the country experienced a flood event, which affected several localities, causing extensive material damage and deaths among the affected population. Over 60,000 people have been affected by the flood this year and 60% of these are still in need of assistance. Due to the uncontrolled occupation of floodplains, insufficient drainage infrastructure in unplanned settlements, inadequate sanitation systems, as well as climate change, the risk for future flooding events remains. In addition to supporting the MOH response to the impact of the food and humanitarian crisis, WHO aims to strengthen the resilience of the health system in affected regions by reinforcing preparedness for and response to epidemics and public health emergencies. This will be achieved by strengthening epidemiological surveillance as well as implementing a minimum package of activities including psychosocial support and care for victims. Furthermore, local and international authorities and partners must continue to advocate for peace in the region in order to relieve the suffering of this vulnerable population.
**EVENT DESCRIPTION**

The Ebola virus disease (EVD) outbreak in North Kivu, South Kivu and Ituri provinces in Democratic Republic of the Congo continues, with seven health zones and 15 health areas reporting confirmed cases in the past 21 days (13 October to 2 November 2019). Since our last report on 27 October 2019 *(Weekly Bulletin 43)*, there have been 11 new confirmed cases and five new deaths. The principle hot spots of the outbreak in the past 21 days are Mandima (53%; n=28 cases), Mabalako (25%; n=13 cases) and Mamabasa (11%; n=6). Four health zones, Mandima, Mabalako, Beni and Mambasa have reported new confirmed cases in the past seven days.

As of 2 November 2019, a total of 3 274 EVD cases, including 3 157 confirmed and 117 probable cases have been reported. To date, confirmed cases have been reported from 29 health zones: Arirва (1), Bunia (4), Komanda (56), Lohwa (6), Mambasa (78), Mandima (338), Nyakunde (2), Rwamara (8) and Tchomia (2) in Ituri Province; Alimbongo (5), Beni (680), Biema (18), Butembo (285), Goma (1), Kalunguta (193), Katwa (631), Kayna (28), Kyondo (25), Lubero (31), Mabalako (386), Mungurelija (18), Masereka (50), Mubwenda (84), Mutwanga (32), Nyiragongo (3), Oicha (62), Pinga (1) and Vuhovi (103) in North Kivu Province and Mwenga (6) in South Kivu Province.

As of 2 November 2019, a total of 2 185 deaths were recorded, including 2 068 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 65% (2 068/3 157). The cumulative number of health workers remains 163, which is 5% of the confirmed and probable cases to date.

Contact tracing is ongoing in ten health zones. A total of 6 078 contacts are under follow-up as of 2 November 2019, of which 5 237 have been seen in the past 24 hours, comprising 86% of the contacts. Alerts in the affected provinces continue to be raised and investigated. Of 4 165 alerts processed (of which 4 068 were new) in reporting health zones on 2 November 2019, 4 075 were investigated and 513 (13%) were validated as suspected cases.

**PUBLIC HEALTH ACTIONS**

- Surveillance activities continue, including case investigations, active case finding in health facilities and communities, and identification and listing of contacts around the latest confirmed cases. Cross-border collaboration continues, particularly with Uganda and Rwanda.
- As of 2 November 2019, a cumulative total of 246 672 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 113 million screenings to date. A total of 109/112 (96%) PoE/PoC transmitted reports as of 2 November 2019.
- 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, with a campaign to promote hand hygiene finished in Biakato on 2 November 2019, while hygienists in the Base of Life briefed on standard PCI procedures.

**SITUATION INTERPRETATION**

- 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.
- Biakato’s sub-coordination teams have intensified the message of risk communication and community engagement in the reintegration of cured patients in the health areas of Lwemba and Biakato Mines along with a community dialogue held with grassroots leaders and women and youth associations to further strengthen community involvement.
Major issues and challenges

- The hepatitis E outbreak first identified in Namibia in December 2017 continues with 70 cases reported in the past two weeks. Despite response efforts made to date to halt ongoing transmission of the virus the major drivers of the outbreak remain the same, limited access to safe drinking water, inadequate sanitation and poor personal and food safety practices.

- The humanitarian situation in Mali remains complex and volatile. The number of IDPs has continued to rise as a result of the deteriorating security context. In addition, the impact of floods experienced earlier in the year continues to be felt with over 60 000 people affected, 60% of whom are in need of assistance.

Proposed actions

- Novel initiatives are needed to address the Hepatitis E outbreak since traditional control activities are not bringing the outbreak in Namibia to a close. Finalising the review of the relevance and feasibility of a vaccination intervention as a response measure to the outbreak needs to be prioritised. There is also a need to sustain conventional control activities, particularly in the informal settlements, and strengthen surveillance and coordination mechanisms in all the affected areas.

- As well as supporting the immediate needs of the population in Mali due to the food and humanitarian crisis, the resilience of the health system to epidemics and public health emergencies needs to be reinforced. Furthermore, local and international authorities and partners must continue to advocate for peace in the region in order to relieve the suffering of this vulnerable population.
All events currently being monitored by WHO AFRO

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Côte d’Ivoire</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Ungraded</td>
<td>29-Oct-19</td>
<td>29-Oct-19</td>
<td>29-Oct-19</td>
<td>-</td>
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On 28 October 2019, a cVDPV2 was isolated from an environmental sample collected on 24 September 2019 from Jacob city, Abidjan, Côte d’Ivoire. The isolated cVDPV2 is linked to a virus detected in Niger in 2018 that belongs to the Jigawa emergence group, which has previously also been detected in Cameroon, Chad, Niger, Benin, Ghana, and Togo. Moreover, the isolated virus has undergone 17 nucleotide changes. The area has not been participating in previous mOPV2 response campaign.

### Ongoing Events

**Angola**

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<tr>
<th>Country</th>
<th>Event</th>
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<th>CFR</th>
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<tr>
<td>Angola</td>
<td>Measles</td>
<td>Ungraded</td>
<td>4-May-19</td>
<td>1-Jan-19</td>
<td>30-Jun-19</td>
<td>3 127</td>
<td>85</td>
<td>64</td>
<td>2.00%</td>
</tr>
</tbody>
</table>

In week 26 (week ending 30 June 2019), nine suspected measles 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.

**Benin**

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<th>CFR</th>
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<tbody>
<tr>
<td>Benin</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>5-Jul-19</td>
<td>3-Jul-19</td>
<td>26-Sep-19</td>
<td>45</td>
<td>19</td>
<td>0</td>
<td>0.00%</td>
</tr>
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</table>

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, Zè (3), Sô-Ava (2) and Abomey-Calavi (2) in Atlantique Department and Cotonou (12) in Littoral Department.

**Burundi**

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<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
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<th>CFR</th>
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<tr>
<td>Burundi</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>5-Jun-19</td>
<td>1-Jun-19</td>
<td>7-Sep-19</td>
<td>433</td>
<td>32</td>
<td>2</td>
<td>0.50%</td>
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</tbody>
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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% (162) of cases admitted in Prince Regent Charles hospital and Rugombo CTC respectively, and females account for 67% (28) of cases admitted in Ndava CTC.

**Burundi**

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<tr>
<td>Burundi</td>
<td>Malaria</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>29-Sep-19</td>
<td>7 233 138</td>
<td>2 691</td>
<td>-</td>
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<td>0.00%</td>
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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 39 (week ending 29 September 2019), 121 704 cases including 32 deaths have been reported. There is a 49% increase in the number of cases reported in week 39 of 2019 compared to the same period in 2018.

**Cameroon**

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<tr>
<td>Cameroon</td>
<td>Humanitarian crisis (Far North, North, Adamawa &amp; East)</td>
<td>Protracted</td>
<td>31-Dec-13</td>
<td>27-Jun-17</td>
<td>27-Sep-19</td>
<td>-</td>
<td>-</td>
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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 356 new arrivals monthly, severely straining the camp infrastructure. Recently, the Nigerian government started repatriation of refugees, with around 400 people repatriated.
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 25 291 people (of which 80% women and children) have crossed into neighbouring Nigeria.

Cameroon

**Cholera**

Ungraded

1-Mar-19

1-Mar-19

10-Oct-19

667

98

32

4.80%

The cholera outbreak in Cameroon is improving in the North and Far North region. As of 10 October 2019, 667 cases and 32 deaths were recorded (CFR 4.8%) in North and Far North region. To date, 9 out of 15 health districts are affected in the North (Bibemi, Figuil, Garoua I, Garoua II, Gashiga, Golombo, Ngong, Pitoa, Tcholliir) and 6 out of 30 health districts (Kadé, Kar Hay, Moutouna, Guidiguis, Maroua 1 and Maroua 2) in the Far North.

A measles outbreak is ongoing in Cameroon. Since the beginning of 2019, a total of 1 170 suspected cases have been reported. Of these, 269 were confirmed as IgM-positive. The outbreak is currently affecting 33 districts, namely, Kossi, Mada, Séwé, Makary, Kolofata, Koza, Ngoundéré rural, Banqué, Guider, Figuil, Ngong, Mora, Maroua 3, Vélét, Pitoa, Maroua 1, Bouna, Tchoumougbédé, Bibemi, Garoua 1, Garoua 2, Lagdo, Tcholliir, Guidiguis, Moutouna, Mokolo, Cité verte, Djounglo, Nkolndong, Limbé, Garoua Boulai, Ngaoundéré Urbain.

Cameroon

**Measles**

Ungraded

2-Apr-19

1-Jan-19

11-Aug-19

1 170

269

6

0%

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. One case was reported in the past week from Mandelia in Chari-Baguirmi region.

Cameroon

**Poliomyelitis (cVDPV2)**

Grade 2

23-May-19

23-May-19

30-Oct-19

- - - - -

No case of cVDPV2 was reported in the past week. On 23 May 2019, WHO received notification through the Global Polio Laboratory Network (GPLN) of the detection of circulating vaccine-derived poliovirus type 2 (cVDPV2) from an environmental sample collected on 20 April 2019 in the Northern Province of Cameroon which borders Borno State in Nigeria and Chad. There are no associated cases of paralysis detected so far.

Central African Republic

**Humanitarian crisis**

Protracted 2

11-Dec-13

11-Dec-13

22-Sep-19

- - - - -

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 Birao has been relatively 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 deaths to 62 and injuries to 36 since the beginning of the violence. OCHA estimates a total of 23 000 IDPs in Birao since the beginning of the crisis.

Central African Republic

**Hepatitis E**

Ungraded

2-Oct-18

10-Sep-18

29-Sep-19

192

147

1

0.50%

No new cases have been confirmed in the last 15 epidemiological weeks 25-39 (17 June - 29 September 2019). As of 29 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).

Central African Republic

**Measles**

Ungraded

15-Mar-19

11-Feb-19

22-Sep-19

1 841

88

24

1.30%

In week 38 (week ending on 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 1 841 measles cases and 14 death have been reported in four districts: Bafang, Kaga, Nana-Gribizi and Paoua. The outbreaks have been controlled in Paoua and Yabanga.

Central African Republic

**Poliomyelitis (cVDPV2)**

Grade 2

24-May-19

24-May-19

30-Oct-19

13

13

0

0.00%

Three cases of cVDPV2 were reported this week from RS6 (1), RS4 (1) and RS1 (1) provinces. The onsets of paralysis were between 20 August and 1 October 2019. There are 13 reported cases in 2019 from five different outbreaks of cVDPV2 in 2019. One cVDPV2 positive environmental sample was reported in Bangui 2, RS7 province. The sample was collected on 25 September 2019.

Chad

**Measles**

Ungraded

24-May-19

1-Jan-19

13-Oct-19

25 077

178

242

1.00%

In week 41 (week ending 13 October 2019), 166 suspected cases were reported. 16 districts were in the epidemic phase in week 41. Since the beginning of the year, a total of 25 077 suspected cases and 242 deaths (CFR 1.0%) have been reported with Am Timan, N’Djamena East, N’Djamena South, Bongor, Moundou, Bousso and N’Djamena Centre districts all exceeding 1 000 suspected cases. Among the 1 716 cases investigated, 178 were IgM-positive, 81% were not vaccinated, and 47% were aged between 1 and 4 years old.

Chad

**Poliomyelitis (cVDPV2)**

Grade 2

18-Oct-19

9-Sep-19

30-Oct-19

1

1

0

0.00%

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. One case was reported in the past week from Mandela in Chari-Bagirmi province. The onset of paralysis was 9 September 2019. This is the first cVDPV2 case in the country and it is linked to the Jigawa outbreak in Nigeria.

Comoros

**Measles**

Ungraded

26-May-19

20-May-19

11-Aug-19

132

56

0

0.00%

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), Oicilili (1) and Mitsoudjé (1). The 19 epi-linked cases are from Moroni district.
### Health Emergency Information and Risk Assessment

#### Côte d'Ivoire

<table>
<thead>
<tr>
<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>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dengue fever</td>
<td>Ungraded</td>
<td>15-Feb-19</td>
<td>1-Jan-19</td>
<td>24-Sep-19</td>
<td>3 201</td>
<td>281</td>
<td>2</td>
<td>0.10%</td>
</tr>
</tbody>
</table>

Since the peak in week 25 (week ending on 23 June 2019), there has been a gradual decline in the weekly numbers of cases. As of 24 September 2019, a total of 3 201 suspected cases including two deaths attributed to dengue fever have been reported. Of these, 162 cases have been confirmed with DENV 1 (125 samples) and DENV 2 (38 samples) as the main circulating serotypes. Forty-five out of 86 districts across the 16 health regions have reported at least one case. Cocody Bingerville District in Abidjan remains the epicentre of the outbreak.

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### Democratic Republic of the Congo

#### Chikungunya

<table>
<thead>
<tr>
<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>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 1</td>
<td>22-Jan-19</td>
<td>7-Jan-19</td>
<td>29-Sep-19</td>
<td>11 434</td>
<td>148</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

There is a continuing declining trend in the weekly incidence of chikungunya in all affected areas. In week 38 (from 16 to 22 September), a total of 56 chikungunya new cases were reported across the country and the majority of them was from Plateaux departments (49 cases). Since the beginning of the outbreak, a total of 11 434 cases have been reported in 44 out of the 52 health districts of the country. The affected areas include densely populated zones such as Brazzaville and Pointe-Noire.

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<table>
<thead>
<tr>
<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>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 3</td>
<td>20-Dec-16</td>
<td>17-Apr-17</td>
<td>13-Oct-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The Democratic Republic of the Congo continues to experience a complex humanitarian crisis involving armed conflicts and inter-community tension resulting in large number of people in need of humanitarian assistance. Populations movement due to armed clashes continue to be reported in North-Kivu, Ituri and South-Kivu provinces. In Ituri, an estimated 227 000 internally displaced persons (IDPs) are living in 87 sites and 315 families have been repatriated from Uganda. In North-Kivu, armed conflicts taking place between 7 and 8 October have resulted in the displacement of over 10 000 people, most of which were registered in the Mweso health zone. In South Kivu, the deterioration of the security situation in the highlands of Minembwe and Itombwe, following clashes between armed groups, as led to further population displacement with an estimated 31 439 for the month of September. In Kasai central, at least 790 people who were expelled from Angola (including 129 women and 73 children) were registered in Kamako between 6 and 12 October.

---

<table>
<thead>
<tr>
<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>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ungraded</td>
<td>8-Feb-19</td>
<td>30-Sep-18</td>
<td>12-May-19</td>
<td>1 181</td>
<td>426</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

From week 49 of 2018 to week 19 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.

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<table>
<thead>
<tr>
<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>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>1-Jan-19</td>
<td>13-Oct-19</td>
<td>24 178</td>
<td>-</td>
<td>432</td>
<td>1.80%</td>
</tr>
</tbody>
</table>

During week 41 (week ending 13 October 2019), a total of 824 suspected cases of cholera and 22 deaths (CFR 2.7%) were notified from 61 health zones in 12 provinces. The endemic provinces of North-Kivu, South-Kivu, Haut-Lomami and Tanganyika account for 86.5% of cases reported during week 41. Between week 1 and week 41 of 2019, a total of 24 178 cases including 432 deaths (CFR 1.8%) have been notified from 21 out of 26 provinces. Compared to the same period in 2018 (week 1-41), there is a 3.9% increase in the number of reported cases and an 81% decrease in the number of deaths.

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<table>
<thead>
<tr>
<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>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 3</td>
<td>31-Jul-18</td>
<td>11-May-18</td>
<td>2-Nov-19</td>
<td>3 274</td>
<td>3 157</td>
<td>2 185</td>
<td>67%</td>
</tr>
</tbody>
</table>

Detailed update given above.

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<table>
<thead>
<tr>
<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>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 2</td>
<td>10-Jan-17</td>
<td>1-Jan-19</td>
<td>20-Oct-19</td>
<td>222 939</td>
<td>6 304</td>
<td>4 455</td>
<td>2.00%</td>
</tr>
</tbody>
</table>

In week 42 (week ending 20 October 2019), 5 991 measles cases including 106 deaths (CFR 1.8%) were reported across the country, including in two newly affected health zones. During this week, the case fatality ratio was higher in the provinces of Sankuru (4.7%), Haut-Uele (4.1%), Haut-Lomami (3.2%) and Makabola (2.7%). Since the beginning of 2019, 222 939 measles cases including 4 455 deaths (CFR 2.0%) have been reported in 44 out of 52 health districts of the country. The affected areas include densely populated zones such as Brazzaville and Pointe-Noire.

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<thead>
<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
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<th>Total cases</th>
<th>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ungraded</td>
<td>13-Oct-19</td>
<td>1-Jan-19</td>
<td>31-Oct-19</td>
<td>57</td>
<td>57</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

No new case of cVDPV2 was reported this week. There are 37 cVDPV2 cases in 2019 and 20 in 2018.

---

<table>
<thead>
<tr>
<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>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 2</td>
<td>15-Feb-18</td>
<td>1-Jan-18</td>
<td>31-Oct-19</td>
<td>57</td>
<td>57</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Since the beginning of 2019, a cumulative total of 347 monkeypox cases, including 87 deaths (CFR 1.6%) were reported from 111 health zones in 16 provinces. In week 41 (week ending 13 October 2019), 144 cases and nine deaths were reported nationally.

---

<table>
<thead>
<tr>
<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>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ungraded</td>
<td>12-Mar-19</td>
<td>28-Feb-19</td>
<td>6-Oct-19</td>
<td>31</td>
<td>-</td>
<td>8</td>
<td>25.80%</td>
</tr>
</tbody>
</table>

Since the beginning of the year, a total of 31 cases of bubonic plague including eight deaths have been reported in the province of Ituri. The first five cases were reported during week 10 in the Aungba endemic health zone. Two other cases were reported during week 13 (Aru health zone) and 14 (Aungba health zone). The latest cluster of cases was reported between week 9 (7 cases and 3 deaths) and 10 (14 cases) were reported from Aru health zone in Ituri Province.

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<tr>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
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<th>Total cases</th>
<th>Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 2</td>
<td>15-Feb-18</td>
<td>1-Jan-18</td>
<td>31-Oct-19</td>
<td>57</td>
<td>57</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

No new case of cVDPV2 was reported this week. There are 37 cVDPV2 cases in 2019 and 20 in 2018.
<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>Ethiopia</td>
<td>Humanitarian crisis</td>
<td>Ungraded</td>
<td>15-Nov-15</td>
<td>n/a</td>
<td>30-Sep-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The complex and protracted humanitarian emergency in Ethiopia continues, complicated by incidents of inter-communal clashes and adverse climatic conditions. Flooding was reported in Dolo Ado woreda of Liban zone, affecting 9,374 households in 12 kebeles, leading to acute displacement of persons in addition to destruction of livestock, crops and property. 1,683 suspected cases of cholera have been reported since April 2019. The outbreak is active in Oromia, Somali, SNNP, Amhara and Afar regions.

| Ethiopia | Chikungunya | Ungraded | 25-Jul-19 | 27-May-19 | 20-Oct-19 | 51,957 | 16 | 0 | 0.00% |

Chikungunya cases have reported from Ethiopia since week 31 (week ending 30 July 2019). In week 42 (week ending 20 October 2019), 237 new suspected cases were reported from nine urban kebeles in Dire Dawa City Administration. There has been a declining trend observed since the peak of the outbreak in week 36 (week ending 8 September 2019).

| Ethiopia | Cholera | Ungraded | 14-May-19 | 12-May-19 | 20-Oct-19 | 1,747 | 54 | 11 | 0.60% |

In week 42 (week ending 20 October 2019), 39 new suspected cases were reported in Oromia. The number of suspected cases being reported has been on the decline over the last two weeks. As of 13 October 2019, a total of 1,747 suspected cases including 11 deaths have been reported from eight regions with Oromia (718 cases), Amhara (202 cases), Somali (168) and Addis Ababa city (157 cases) reporting the majority of cases. A total of 54 cases have been laboratory confirmed.

| Ethiopia | Measles | Ungraded | 14-Jan-17 | 1-Jan-19 | 20-Oct-19 | 8,514 | 59 | - | - |

As of week 42 (week ending 20 October 2019), the measles outbreak is still ongoing with a total of 8,541 suspected measles cases reported from Oromia (4,923), 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 (25.3%). Seventy-three percent of the reported measles cases were not previously vaccinated.

| Ethiopia | Poliomyelitis (cVDPV2) | Ungraded | 24-Jun-19 | 20-May-19 | 30-Oct-19 | 3 | 3 | 0 | 0.00% |

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are three cVDPV2 cases reported in Ethiopia in 2019, all linked to the outbreak in neighbouring Somalia.

| Ghana | Poliomyelitis (cVDPV2) | Ungraded | 9-Jul-19 | 8-Jul-19 | 30-Oct-19 | 3 | 3 | 0 | 0.00% |

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are three cVDPV2 cases in 2019 linked to the Jigawa outbreak in Nigeria.

| Guinea | Measles | Ungraded | 9-May-18 | 1-Jan-19 | 11-Aug-19 | 4,573 | 969 | 13 | 0.30% |

During week 32 (week ending 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 epicemic phase, namely, Tombolia centre, Yimbayah écôle, and Matoto centre in Matoto Health District, Wanjiru in Rifta Health District and Manah in Coyah Health District.

| Kenya | Cholera | Ungraded | 21-Jan-19 | 2-Jan-19 | 28-Oct-19 | 4,601 | 214 | 37 | 0.80% |

In week 43 (week ending 27 October 2019), 42 new suspected cases were reported from Nairobi (26 cases), Wajir (6 cases), Turkana (6 cases), Garissa (4 cases). Since January 2019, twelve of the 47 Counties of Kenya reported cholera cases, namely: Embu, Garissa, Kajiado, Kisumu, Machakos, Makueni, Mandera, Momasa, Nairobi, Narok, Turkana and Wajir Counties. The outbreak remains active in four counties: Garissa, Mandera, Makueni, Nairobi and Wajir.

| Kenya | Leishmaniasis | Ungraded | 31-Mar-19 | 1-Jan-19 | 28-Oct-19 | 2,757 | 1,164 | 34 | 1.20% |

In week 43 (week ending 27 October 2019), 1 new case was reported. Since the beginning of the outbreak, suspected and confirmed cases of leishmaniasis have been reported from Mandra, Marsabit, Wajir and Garissa counties.

| Lesotho | Measles | Ungraded | 26-Oct-19 | 25-Oct-19 | 25-Oct-19 | 4 | 4 | 0 | 0.00% |

Detailed update given above.

| Liberia | Lassa fever | Ungraded | 23-Jan-19 | 1-Jan-19 | 27-Oct-19 | 64 | 34 | 11 | 17.20% |

During week 43 (week ending 27 October 2019), four new suspected cases were reported across the country, of which one tested positive. From 1 January - 21 October 2019, a total of 125 suspected cases have been reported across the country. Of samples tested from 95 of the suspected cases at the National Public Health Reference Laboratory of Liberia, 34 were confirmed by RT-PCR and 61 were discarded due to negative test results. The case fatality ratio among confirmed cases is 32.4% (11/34).

| Liberia | Measles | Ungraded | 24-Sep-17 | 1-Jan-19 | 27-Oct-19 | 1,473 | 219 | 5 | 0.30% |

In week 43 (week ending 27 October 2019), 23 suspected cases were reported from 9 out of 15 counties across the country. Since the beginning of 2019, 1,473 cases have been reported across the country, of which 219 are laboratory-confirmed, 82 are epi-linked, and 762 are clinically confirmed.

| Mali | Humanitarian crisis | Protracted | 1 | n/a | 12-Oct-19 | - | - | - | - |

Detailed update given above.

| Mali | Measles | Ungraded | 20-Feb-18 | 1-Jan-19 | 20-Oct-19 | 1,142 | 321 | 0 | 0.00% |

As of week 42 (week ending on 20 October 2019), 1,142 suspected cases of measles have been reported from 49 districts in the country. Of these, 321 were confirmed IgM-positive.

| Mozambique | Poliomyelitis (cVDPV2) | Grade 2 | 7-Dec-18 | 7-Dec-18 | 30-Oct-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.
<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>Namibia</td>
<td>Crimean-Congo haemorrhagic fever (CHF)</td>
<td>Ungraded</td>
<td>13-Sep-19</td>
<td>1-Sep-19</td>
<td>19-Sep-19</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Namibia</td>
<td>Hepatitis E</td>
<td>Grade 1</td>
<td>18-Dec-17</td>
<td>8-Sep-17</td>
<td>20-Oct-19</td>
<td>6 604</td>
<td>1 585</td>
<td>56</td>
<td>0.80%</td>
</tr>
</tbody>
</table>

Detailed update given above.

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 worrying in areas bordering Burkina Faso, Mali and Nigeria, where Tillaberi, Tahoua, Diffa and Maradi regions are targets of armed groups operating on both sides of the border, as well as of reprisals by jihadists after 65 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.

<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>Humanitarian crisis</td>
<td>Protracted</td>
<td>1-Oct-16</td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Niger</td>
<td>Measles</td>
<td>Ungraded</td>
<td>10-May-19</td>
<td>1-Jan-19</td>
<td>18-Aug-19</td>
<td>9 741</td>
<td>53</td>
<td>0.50%</td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>8-Jul-18</td>
<td>8-Jul-18</td>
<td>30-Oct-19</td>
<td>11</td>
<td>11</td>
<td>1</td>
<td>9.10%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>24-Mar-15</td>
<td>1-Jan-19</td>
<td>13-Oct-19</td>
<td>745</td>
<td>726</td>
<td>173</td>
<td>23.20%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>25-Sep-17</td>
<td>1-Jan-19</td>
<td>30-Sep-19</td>
<td>55 476</td>
<td>2 150</td>
<td>275</td>
<td>0.50%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-18</td>
<td>1-Jan-18</td>
<td>30-Oct-19</td>
<td>50</td>
<td>50</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>14-Sep-17</td>
<td>1-Jan-19</td>
<td>30-Sep-19</td>
<td>2 781</td>
<td>72</td>
<td>81</td>
<td>2.90%</td>
</tr>
<tr>
<td>Senegal</td>
<td>Crimean-Congo haemorrhagic fever (CHF)</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>

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.

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 23 healthcare workers have been identified and are being followed-up.

The number of cholera cases in Adamawa State has been on a declining trend. Five new cases were reported from Yola North (4) and Yola South (1) Local Government Areas between 4 to 11 October 2019. From 15 May to 11 October 2019, a cumulative total of 787 cases with four deaths have been reported from four LGAs: Yola North (481 cases with two deaths), Girei (193 cases with one death), Yola South (112 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.

Between epi weeks 35 - 39 (week ending 30 September 2019), a total of 1 544 suspected cases of measles were reported from 36 states including 3 deaths (CFR 0.2%). Katsina (309), Borno (219), Kano (309), Yobe (91), Ekiti (65), Lagos (65) and Sokoto (65) account for 59% of all the cases reported in the time period. Between epi week 1 and 39, a total of 55 476 suspected cases have been recorded from 754 LGAs in 36 states and FCT with 257 deaths (CFR 0.5%). Of the 10 236 samples tested, 2 150 were IgM positive for measles.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. Two positive cVDPV2 environmental samples were reported from North and South Sokoto. They were collected on 25 June and 11 September 2019 respectively. This is a new outbreak and the seventh one in the country. There are 16 cVDPV2 cases reported in 2019. There were 34 cVDPV2 cases in 2018.

In September 2019, 327 suspected cases including 25 presumptive positive cases were recorded. Institut Pasteur (IP) Dakar confirmed 8 cases from: Edo (5) and Ebonyi (3). Additionally, 27 cases were confirmed by PCR at the National Reference lab and Lagos University Teaching Hospital. Reported cases have been decreasing since week 36 (week ending on 8 September 2019). Since January 2019, all states including FCT have reported at least one suspected case.

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 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.

Between week 1 to week 40 of 2019, a total of 3 477 suspected cases of measles were reported, of which 163 were laboratory-confirmed, with 23 deaths (CFR 0.6%). The outbreak has affected 16 counties and 4 POCS (Juba, Bentiu, Malakal and Wau). Measles cases continue to rise in 2019 with an average of 75 cases reported per week compared to 12 cases reported at the same period in 2018.

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.

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On 2 October 2019, WHO was notified of a new outbreak of cholera in Zambia. The index case, a 43-years old male fisherman from Ndole village (Nsumbu district) had symptoms onset on 26 September 2019 and was admitted to Nsumbu Rural Health Centre on the same day. His stool samples tested positive for cholera on Rapid Diagnostic Test (RDT). Three additional patients from the same village were later admitted at Nsumbu Health Center and all tested positive for cholera on RDT. Two out of three samples sent to Mporokoso Hospital for further analysis, tested positive for Vibrio cholerae 01 Inaba on 1 October 2019. As of 2 October 2019, a total of six cases with zero deaths had been reported. This is the third outbreak of cholera in Nsumbu district in 2019.

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. One case was reported in the past week from Est_Mono in Plateaux province. The onset of paralysis was 13 September 2019. This is the first cVDPV2 case in the country and is linked to Jigawa outbreak in Nigeria.

In week 42 (week ending 20 October 2019), no new dengue cases were reported. The total confirmed cases reported since the beginning of the outbreak was 6 917 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.

Since 1 and 30 September 2019, a total of 6 700 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo (5 044), South Sudan (900) and Burundi (756). Uganda hosted 1 347 360 asylum seekers as of 30 September 2019, with 95% living in settlements in 11 of Uganda’s 128 districts and in Kampala. The majority of refugees are from South Sudan (62.9%), the Democratic Republic of the Congo (28.5%) and Burundi (3.3%). Most are women within the age group 18 - 59 years.

Since the beginning of the year, 13 cases have been laboratory-confirmed, 204 are epi-linked, and 62 are clinically confirmed.

No new case of cVDPV2 was reported this week. One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in the past week from Chiengi in Luapula province. The onset of paralysis was 16 July 2019. This is the first cVDPV2 outbreak in the country.

†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/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.

Country | Event | Grade | Date notified to WHO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
Senegal | Dengue fever | Ungraded | 17-Sep-19 | 15-Aug-19 | 13-Sep-19 | 1 | 1 | 0 | 0.00%
South Sudan | Humanitarian crisis | Protracted 3 | 15-Aug-16 | n/a | 5-Oct-19 | - | - | - | -
South Sudan | Hepatitis E | Ungraded | - | 3-Jan-18 | 29-Sep-19 | 95 | 60 | 2 | 2.10%
Uganda | Dengue fever | Ungraded | 31-Jan-19 | 1-Aug-18 | 20-Oct-19 | 6 917 | 6 917 | 13 | 0.20%
Zambia | Measles | Ungraded | 20-Jul-17 | n/a | 30-Sep-19 | - | - | - | -
Zambia | Poliomyelitis (cVDPV2) | Grade 2 | 18-Oct-19 | 13-Sep-19 | 30-Oct-19 | 1 | 1 | 0 | 0.00%
**Closed Events**

| Country | Event | Grade | Date notified to WHO | Start of reporting period | End of reporting period | Total cases | Cases Confirmed | Deaths | CFR
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
Rwanda | Measles | Ungraded | 25-Jun-19 | 1-Jun-19 | 2-Jul-19 | 74 | 12 | 4 | 5.40%
Zambia | Cholera | Ungraded | 1-Sep-19 | 30-Aug-19 | 30-Aug-19 | 13 | 7 | 0 | 0.00%
**Country** | **Event** | **Grade** | **Date notified to WHO** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR**
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
Togo | Poliomyelitis (cVDPV2) | Grade 2 | 18-Oct-19 | 13-Sep-19 | 30-Oct-19 | 1 | 1 | 0 | 0.00%
UGanda | Humanitarian crisis - refugee | Ungraded | 20-Jul-17 | n/a | 30-Sep-19 | - | - | - | -
Uganda | Measles | Ungraded | 8-Aug-17 | 1-Jan-19 | 24-Sep-19 | 1 584 | 795 | 5 | 0.30%
Zambia | Poliomyelitis (cVDPV2) | Grade 2 | 17-Oct-19 | 16-Jul-19 | 30-Oct-19 | 1 | 1 | 0 | 0.00%

†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/en/

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