

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 45: 4 November – 10 November 2019
Data as reported by: 17:00; 10 November 2019

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New event

66

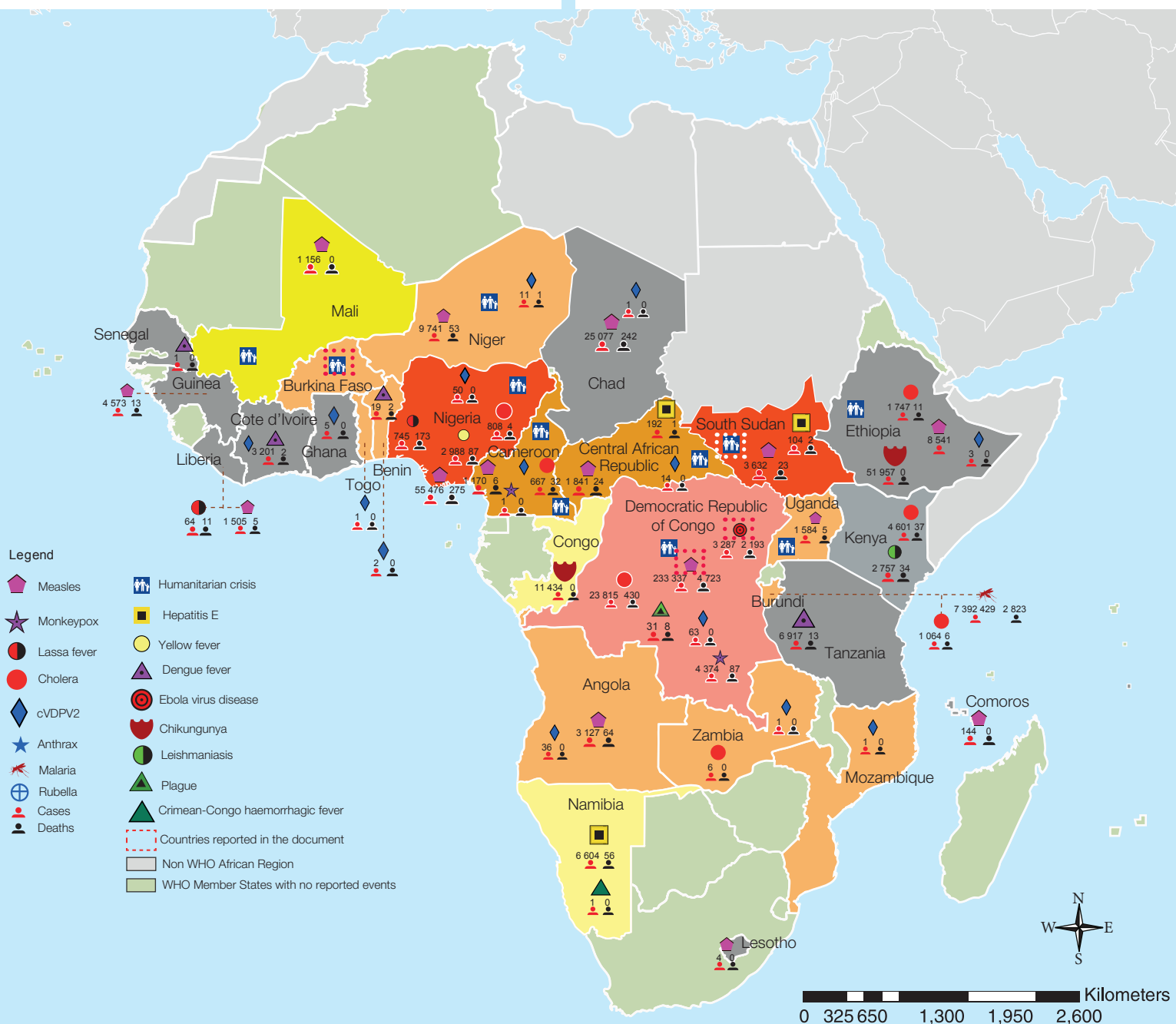
Ongoing events

55

Outbreaks

11

Humanitarian crises



3

Grade 3 events

2

Protracted 3 events

15

Grade 2 events

2

Protracted 2 events

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40

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This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 66 events in the region. This week's main articles cover key new and ongoing events, including:

- [Measles in the Democratic Republic of Congo](#)
- [Humanitarian crisis in South Sudan](#)
- [Ebola virus disease in Democratic Republic of the Congo](#)
- [Humanitarian crisis in Burkina Faso.](#)

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 torrential rains and flash floods complicating the humanitarian crisis in South Sudan have added to the complexity of response in this area, affecting around 3 million already vulnerable people. Destruction of health facilities, along with water and sanitation infrastructure, raise the very real possibility of water- and vector-borne disease outbreaks, as well as inadequate supplies of essential medication and interruption of routine vaccination activities. Food security, already at critically low levels, is further threatened. All basic infrastructure needs to be restored, with humanitarian partners and donor agencies working to support the national authorities in providing for the needs of affected communities.
- The Ebola virus disease outbreak in eastern Democratic Republic of the Congo, although showing a welcome decline in the number of new confirmed case weekly, continues to show substantive rates of transmission in Mandima Health Zone, in the Biakato mines area, with smaller clusters elsewhere. Ongoing chains of transmission appear to be related to difficulty with contact follow up, shown by sub-optimal contact tracing percentages and continuing detection of new cases among community deaths. These issues need to be addressed urgently in order to finally bring the outbreak to a close.

Ongoing events

Measles

Democratic Republic of the Congo

233 337 Cases | 4 723 Deaths | 2% CFR

EVENT DESCRIPTION

Cases of measles continue to be reported across all 26 provinces of the Democratic Republic of the Congo, five months after the outbreak's official declaration by the Ministry of Public Health in June 2019. After the last peak observed in case incidence in week 39 (week ending 27 September 2019), with more than 6 900 cases recorded, there has been a fluctuating trend from week 40 to week 43 of 2019. Since our last report on 15 September 2019 (Weekly Bulletin 37), 53 860 additional suspected cases and 1 164 additional deaths have been reported, with 42 more health zones declared in epidemic phase.

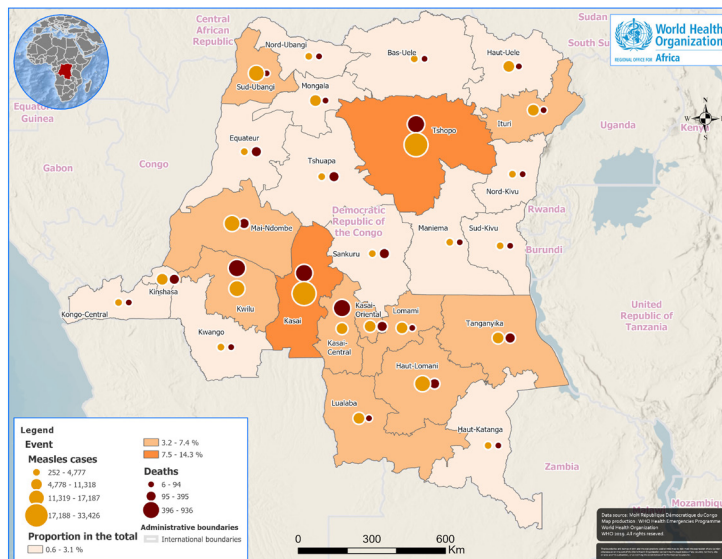
In week 43 (week ending 27 October 2019), 7 421 suspected cases and 146 deaths were reported, with 4 468 cases (60%) reported from five provinces, namely Mai-ndombe (1 377), Kivu (1 194), South-Kivu (699), Kongo Central (696) and Equateur (502). The highest case fatality ratios were recorded in Sankuru (16.7%), North-Ubangi (12.5%), Bas-Uele (4.6%), Haut-Lomami (4.4%), Tshuapa (3.9%) and Kasai Central (3.2%).

From 1 January to 27 October 2019, a cumulative total of 233 337 suspected measles cases with 4 723 deaths (CFR 2%) have been reported. A total of 230 (44%) out of 519 health zones across the 26 provinces of the country are in epidemic phase, with 16 health zones newly affected between week 40 and week 42 (week ending 20 October 2019), and no newly affected health zone in week 43. Cases continue to be reported from Ituri and North-Kivu provinces, concomitantly affected by the ongoing Ebola outbreak, with 9 809 cases (CFR 0.6%) and 4 777 cases (CFR 0.3%) reported respectively, between January and October 2019.

PUBLIC HEALTH ACTIONS

- The government continues to lead the management of the outbreak through the National Measles Coordination Committee.
- WHO continues to coordinate partners supporting the government, through organizing regular coordination meetings with all partners involved in the outbreak response.
- The follow-up measles vaccination campaign that started on 30 October 2019 in 7 provinces, namely, Lomami, Tanganyika, Sankuru, Kasai, Ituri, North-Ubangi and Tshopo is ongoing. Preliminary results of the post-campaign evaluation survey revealed that, of the targeted 4 493 694 children aged 6 to 59 months, 2 134 516 (47.5%) have been vaccinated.
- Alterations have been made to the planning of the upcoming campaigns with the campaign originally planned for February 2020 now being conducted in December 2019.
- Microplanning for the second follow-up campaign that will be conducted at the end of November 2019 is ongoing.

Geographical distribution of measles cases in Democratic Republic of the Congo, 1 January - 27 October 2019.



- The systematic investigation of new cases, and sample collection and shipment to the National Institute of Biomedical Research (INRB) in Kinshasa are ongoing in the affected health zones.
- Since the beginning of 2019, 164 health zones have already benefited from immunization campaigns. Advocacy meetings with donors to mobilize funds for the implementation of vaccination campaigns in health areas that have not yet been covered by vaccination are ongoing.

SITUATION INTERPRETATION

Although tremendous efforts are being made to mitigate the current outbreak of measles in the Democratic Republic of the Congo, there are still some challenges on the ground that are preventing the response from being fully effective. For instance, some affected health zones in the Eastern part of the country remain inaccessible due to armed conflicts and insecurity and available funds to conduct vaccination campaigns in all affected health zones are insufficient. There is an urgent need to address the challenges faced during the implementation of the response activities in order to control this outbreak of measles.

EVENT DESCRIPTION

In the past month (October 2019), South Sudan has experienced torrential rainfall, resulting in massive flash flooding that has affected 32 out of 80 counties, including large sections of Upper Nile, Equatoria and Bahr el Ghazal. Across these counties, close to one million people have been affected, including 760 000 women and children. Over 420 000 have been displaced from their homes. There have been 76 deaths, with 60 in Likuangle, eight in Gumuruk, five in Pochalla and three in Pibor, all in former Jonglei State. South Sudan's normal rainy season starts in June with the annual flooding pattern experienced in some areas as early as July. The current rainfall is, however, unusual and the South Sudan meteorological department are predicting heavy rainfall until at least December.

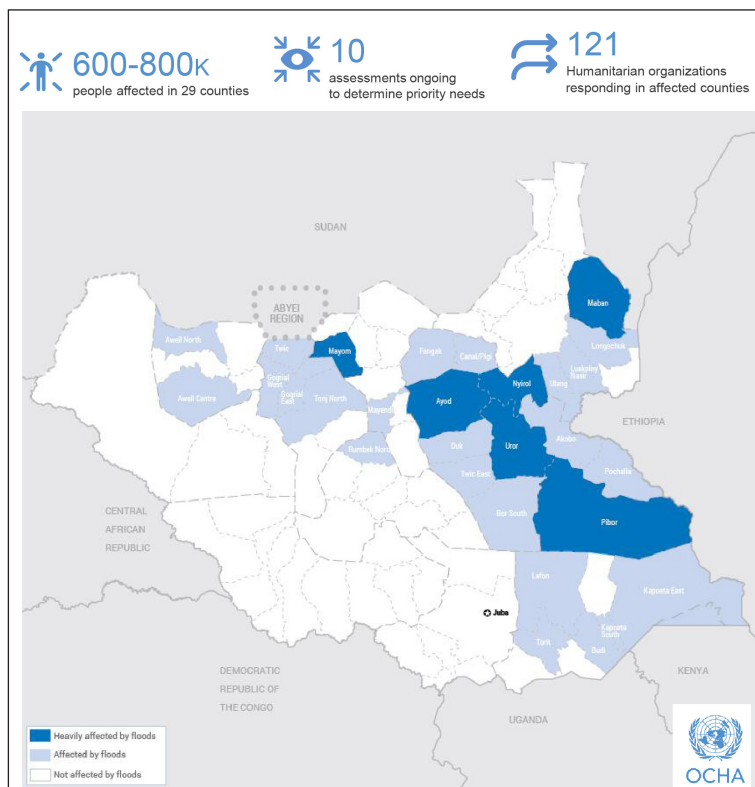
These heavy rains have affected areas that were already facing massive humanitarian needs, with 3 million people in need of assistance before the flooding. Now, many communities have been cut off from health and nutrition services and rising water has destroyed homes. The flood affected counties were already experiencing malaria trends above the action threshold and the increase in vector breeding grounds as a result of flood waters is likely to result in an increase in the incidence of malaria in most affected areas. Population displacement is also likely to exacerbate an already low immunization coverage, potentially predisposing the population to outbreaks of vaccine-preventable diseases. Most of the flood affected areas are cholera hotspots and have limited access to safe water. Pit latrines have collapsed and most water sources are contaminated. Health facilities have been fully or partially destroyed and are running low on essential medicines.

More than 60% of flood-affected areas are currently classified as facing extreme levels of acute malnutrition. In August 2019 an estimated 6.35 million people (54% of the population) were reported as facing food crisis (IPC Phase 3) or worse, acute food insecurity. Of these, 1.7 million were in emergency (IPC Phase 4) and 10 000 people in catastrophe (IPC Phase 5).

PUBLIC HEALTH ACTIONS

- WHO, the Health Cluster and other humanitarian partners have participated in multi-agency flood assessment and response missions in Unity: Mankien/Mayom, Jonglei: Ayod (Mogok, Gorwai and Jiech) and Jonglei Uror (Pieri, Pathai and Yuai).
- WHO has requested urgent delivery of emergency health kits from the United Nations Humanitarian Response depot.
- WHO has delivered emergency health kits and medical supplies to flood-affected area in Bor, Malakal, Bentiu, Kuajok and Rumbek, which can support emergency healthcare for 63 000 of the 240 000 targeted beneficiaries, as well as three Interagency Emergency Health Kits sufficient for 3 000 people for three months to Mogok PHCC, Jiech PHCC and Gorwai PHCC to secure availability of essential drugs.

Map of seasonal flooding in South Sudan,
as of 21 October 2019



- A coordinated response scale-up is ongoing in priority locations, including the most recently flooded counties in Jonglei, Unity and Upper Nile, which includes delivery of multi-sector rapid response kits, food distribution, providing drugs in functional health centres and establishing mobile health clinics.
- In areas where waters are receding, humanitarian organizations are repairing critical water, health, nutrition and educational infrastructure and working to restore food security and livelihoods.

SITUATION INTERPRETATION

Major flooding has affected millions of already vulnerable people who now have emerging health needs that require immediate response. Access to basic health services is constrained in flood affected populations, resulting in vulnerability to water- and vector-borne disease and impacting routine health provision such as immunization. Access to safe water sources is poor, with contamination from broken pit latrines exacerbating the situation, increasing the risk of cholera outbreaks. Food security, already at critically low levels, is further threatened. All basic infrastructure urgently needs to be restored, with humanitarian partners and donor agencies working to support the national authorities in providing for the needs of affected communities.

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 18 health areas reporting confirmed cases in the past 21 days (20 October to 9 November 2019). Since our last report on 3 November 2019 (*Weekly Bulletin 44*), there have been 12 new confirmed cases and eight new deaths. The principle hot spots of the outbreak in the past 21 days are Mandima (37%; $n=17$ cases), Mabalako (37%; $n=17$ cases) and Beni (13%; $n=6$ cases). Three health zones, Mabalako, Beni and Mandima, have reported new confirmed cases in the past seven days.

As of 9 November 2019, a total of 3 287 EVD cases, including 3 169 confirmed and 118 probable cases have been reported. To date, confirmed cases have been reported from 29 health zones: Ariwara (1), Bunia (4), Komanda (56), Lolwa (6), Mambasa (78), Mandima (339), Nyakunde (2), Rwampara (8) and Tchomia (2) in Ituri Province; Alimbongo (5), Beni (685), Biena (18), Butembo (285), Goma (1), Kalunguta (193), Katwa (651), Kayna (28), Kyondo (25), Lubero (31), Mabalako (392), Manguredjipa (18), Masereka (50), Musienene (84), Mutwanga (32), Nyiragongo (3), Oicha (62), Pinga (1) and Vuhovi (103) in North Kivu Province and Mwenga (6) in South Kivu Province.

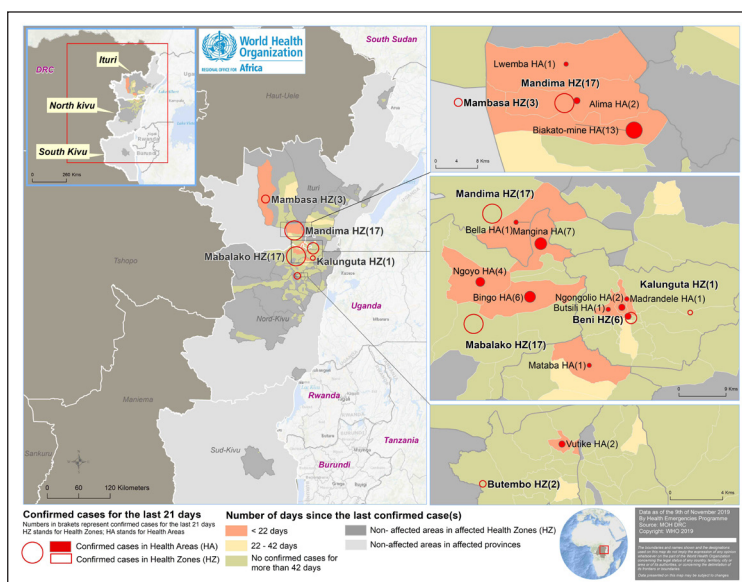
As of 9 November 2019, a total of 2 193 deaths were recorded, including 2 073 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 65% (2 075/3 169). The cumulative number of health workers remains 163, which is 5% of the confirmed and probable cases to date.

Contact tracing is ongoing in nine health zones. A total of 6 137 contacts are under follow-up as of 9 November 2019, of which 5 267 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 3 832 alerts processed (of which 3 846 were new) in reporting health zones on 9 November 2019, 3 832 were investigated and 482 (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 9 November 2019, a cumulative total of 249 855 people has been vaccinated since the start of the outbreak in August 2018.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 116 million screenings to date. A total of 108/112 (96%) PoE/PoC transmitted reports as of 9 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.

Geographical distribution of confirmed Ebola virus disease cases reported from 20 October to 9 November 2019, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo



- Water, sanitation and hygiene (WASH) activities continue, with five health facilities and six out of seven households that were visited by confirmed cases decontaminated. In addition, 54 households and four schools were provided with PCI and WASH facilities.
- 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.
- A guided tour of the newly opened Ebola treatment centre in Kalunguta was conducted to improve perceptions on the care of patients; in Biakato health area, the leader of the 'Vatican bloc', once the instigator of community resistance, was vaccinated in public to improve community perception of vaccination.

SITUATION INTERPRETATION

Substantive rates of transmission remain in Mandima Health Zone, with smaller clusters elsewhere, which require a concerted effort from all response teams and international partners to control. Movement of symptomatic cases still occurs, so it is critical that all areas of the response remain effective, engaged and fully resourced, with response activities continuing to be scaled and adapted to the evolving local context.

EVENT DESCRIPTION

The humanitarian crisis in Burkina Faso remains unabated and has worsened following increasing waves of armed attacks by non-state actors in recent weeks. Between 11 October and 6 November 2019, close to 24 different armed attacks have occurred mainly in the North-centre and Sahel regions leading to at least 132 deaths and several injured, many of whom are civilians. In one of the attacks on 6 November 2019, 38 people were killed with over 60 others injured, when a convoy carrying employees and suppliers of a company was ambushed in Boungou, East Region. In another attack on 11 October 2019, 16 people were killed with three others severely injured in a mosque in Salmossi, Sahel Region. This incident led to the imposition of a 45-day curfew in the Sahel Region. Since the beginning of 2019, a total of 222 armed attacks have been recorded, leading to the deaths of close to 900 people and an additional 167 injured. Most (71%) of the fatalities are among civilians. These attacks continue to lead to an increase in the mass displacement of the population and disruption in the provision of basic social services including healthcare. The Sahel, North-centre, East, North, and Boucle du Mouhoun regions remain the most affected.

The number of internally displaced people (IDPs) increased by nearly 70% from 289 591 on 27 September 2019 to 486 360 on 8 October 2019 in the 13 regions of Burkina Faso according to the Office for the Coordination of Humanitarian Affairs (OCHA). Since the beginning of July 2019, there has been an overall 120% increase in the number of IDPs. The North-Centre (55.6%) and Sahel (33.1%) account for the regions with the two highest percentages of IDPs. The government estimates that the number of IDPs will reach 650 000 by December 2019.

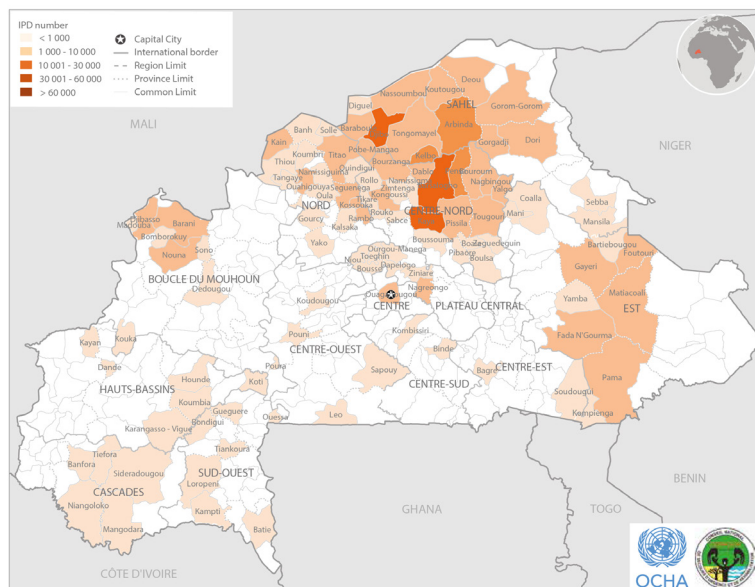
Provision of health services has also been disrupted as a result of escalation in armed attacks. The number of health facilities shut down as a result of insecurity have increased to 91 as of 28 October 2019, according to the Ministry of Health of Burkina Faso thus leaving 1 162 980 people without access to healthcare services. The Sahel (40%) and North-centre (17%) regions have the highest percentage of health facilities currently closed with 61% of the population in the Sahel region without access to healthcare services. An additional 79 health facilities in the affected regions are operating but sub-optimally due to health workers fleeing the insecurity. The crisis faced by the health system is further compounded with ongoing strike action by health workers across the country since 2 June 2019. This has not only impeded delivery of services but also epidemiological surveillance as only 2.4% of expected weekly health facilities reports are being sent to the national level since week 22 (week ending 2 June 2019).

The rates of morbidity and mortality from common infectious diseases remain very high. Over 900 suspected cases of dengue fever were reported in week 44 (week ending 3 November 2019) across the country. Since the beginning of 2019, a cumulative total of 5 532 suspected cases with 24 deaths have been reported across the country. The conflict-stricken areas are among the regions affected by the dengue fever outbreak. Despite underreporting, cases of sexual and gender-based violence (GBV) have also been recorded in the conflict-affected areas. Nine cases of GBV were recorded by UNFPA in October 2019. In the previous month, 15 GBV cases including three cases of rape were recorded. A total of 154 GBV cases including seven cases of rape were recorded in the Sahel and North-centre regions in the first six months of 2019.

PUBLIC HEALTH ACTIONS

- OCHA continues to coordinate the overall humanitarian response. The health response to the humanitarian crisis is being coordinated by the incident management team with the involvement of the Ministry of Health, WHO, UNICEF, UNFPA, ALIMA, and other partners at the Emergency Response Operations Center (CORUS).

Distribution of internally displaced persons in Burkina Faso, as of 6 September 2019



- WHO continues to support the provision of care and other public health activities for internally displaced persons and host communities with the engagement of partners to mobilize support. A meeting was held with the African Development Bank on 23 October 2019 for the mobilization of much-needed resources for health response to the humanitarian crisis.
- On 10 October 2019, the Permanent Mission of the Italian Government to International Organizations in Geneva, officially announced to WHO, a grant of 300 000 euros to meet the critical health needs of Burkina Faso and support WHO in carrying out vaccination campaigns against meningitis and measles.
- With support from WHO, two training events on incident management systems (IMS) have been conducted by the Emergency Response Operations Centre of the Ministry of Health (CORUS). The first event, a training of trainers (ToT), was held from 14 to 18 October 2019, and involved 29 participants from the regional directorates of health, regional hospitals, and national level. The second event took place from 21 to 25 October 2019, for 24 participants from government and partner institutions in the Sahel Region.
- A catch-up immunization campaign for internally displaced children was held from 8 to 14 October 2019. A total of 746 children less than five years old were vaccinated.
- A preventive mass meningitis vaccination campaign is being planned for internally displaced persons and host communities. A total of 338,400 doses of meningococcal ACW vaccines approved by the International Coordination Group on supply of vaccines (ICG) have arrived in Ouagadougou, Burkina Faso.
- Mobile clinics operated by ALIMA with support from WHO are being set-up in the North-centre region. Plans are also underway to expand to the Sahel region.

SITUATION INTERPRETATION

Burkina Faso is one of the countries most affected by the ongoing armed attacks by non-state actors across the Sahel region. Recent increases in armed attacks continue to worsen the humanitarian situation. The growing population displacement is worrisome as resources available are grossly inadequate to cater to the humanitarian needs of those affected. Strong partner coordination and robust resource mobilization is required to support the government in its efforts to respond to the rapidly evolving humanitarian crisis. There is also a need to address the root-cause of the crisis across the Sahel region to prevent further escalation.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- Torrential rains and flash flooding are complicating the ongoing humanitarian crisis in South Sudan, affecting around 3 million already vulnerable people. The major challenges are destruction of health facilities, affecting essential medicine supplies, and destroyed water and sanitation infrastructure, raising the risk of water- and vector-borne disease outbreaks.
- While the overall number of new confirmed cases of Ebola virus disease in the Democratic Republic of the Congo is declining each week, local hotspots of transmission remain, with smaller clusters elsewhere. Contact tracing remains sub-optimal as does case identification, shown by the new confirmed cases among community deaths.

Proposed actions

- Response scale-up needs to continue, in order to reach those still threatened by flood waters, while national authorities and humanitarian and health cluster partners in South Sudan need to restore all basic infrastructure where possible in areas where flood waters are receding.
- Contact tracing and case identification needs to be intensified in the areas where hotspots of Ebola virus disease transmission remain, in order to prevent the current spread into other areas. These issues need to be addressed urgently in order to finally bring this protracted outbreak to a close.

All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ongoing Events									
Angola	Measles	Ungraded	4-May-19	1-Jan-19	30-Jun-19	3 127	85	64	2.00%
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.									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	5-Apr-19	6-Nov-19	36	36	0	0.00%
Seven cases of cVDPV2 were reported this week from Luanda (4), Malange (1), Huambo (1), and Moxico (1) provinces. The onsets of paralysis were between 2 August and 17 September 2019. There is now a total of 36 cVDPV2 cases from seven outbreaks reported in 2019. One cVDPV2 positive environmental sample was reported in Cazenga, Luanda province. The sample was collected on 10 September 2019.									
Benin	Dengue fever	Ungraded	13-May-19	10-May-19	17-Oct-19	19	11	2	10.50%
Between 10 May and 17 October 2019, a total of 19 suspected cases of dengue fever, including two deaths, were reported from Atlantique, Littoral, Ouémé and Couffo Departments. Cumulatively, eleven cases from Atlantique Department (4 cases), Littoral Department (4 cases) and Ouémé Department (3 cases) were confirmed by serology and PCR at the Benin National VHF Laboratory. Two deaths, one of which occurred in a dengue haemorrhagic fever case, were notified among the confirmed cases (CFR 18%).									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	6-Nov-19	2	2	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are two cVDPV2 cases in 2019 linked to the Jigawa outbreak in Nigeria.									
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	9-Nov-19	-	-	-	-
Detailed update given above.									
Burundi	Cholera	Ungraded	5-Jun-19	1-Jun-19	5-Nov-19	1 064	288	6	0.60%
From 1 June to 5 November 2019, a total of 1 064 cases with six deaths (CFR 0.6%) were reported from eleven health districts. The most affected health districts are Bujumbura North (328 cases), Bujumbura Centre (144 cases) and Bujumbura South (125 cases) in Bujumbura Mairie, Isale (155 cases) in Bujumbura rural province, Cibitoke (194 cases) in Cibitoke province. Of 383 samples tested, 288 (75%) were positive for <i>Vibrio cholerae</i> Ogawa. The most affected age-group is 5 to 50 years representing more than 70% of cases. Males and females are equally affected with a male to female ratio of 1.									
Burundi	Malaria	Grade 2		1-Jan-19	27-Oct-19	7 392 429		2 823	0.00%
Since week 48 of 2018 (week ending 2 December 2018), there has been a progressive increase in the number of malaria cases reported across the 46 districts of Burundi, with the epidemic threshold surpassed in week 18 of 2019 (week ending 5 May 2019). In week 43 (week ending 27 October 2019), 150 083 cases including 66 deaths have been reported. There is a 54 % increase in the number of cases reported in week 43 of 2019 compared to the same period in 2018.									
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	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 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)	Grade 2	1-Oct-16	27-Jun-18	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.									
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 (Bibémi, Figuil, Garoua I, Garoua II, Gashiga, Golombe, Ngong, Pitoa, Tcholliré) and 6 out of 30 health districts (Kaélé, Kar Hay, Moutourwa, Guidiguiguis, Maroua 1 et Maroua 2) in the Far North.									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-19	11-Aug-19	1 170	269	6	0%
A measles outbreak is ongoing in Cameroon. Since the beginning of 2019, a total of 1 170 suspected cases have been reported. Of these, 269 were confirmed as IgM-positive. The outbreak is currently affecting 33 districts, namely, Kousséri, Mada, Gouffey, Makary, Kolofata, Koza, Ngaoundéré rural, Bangué, Guider, Figuil, Ngong, Mora, Maroua 3, Vélé, Pitoa, Maroua 1, Bourha, Touboro, Mogodé, Bibémi, Garoua 1, Garoua 2, Lagdo, Tcholliré, Guidiguiguis, Moutourwa, Mokolo, Cité verte, Djoungolo, Nkolondongo, Limbé, Garoua Boulai, Ngaoundéré Urbain.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cameroon	Monkeypox	Ungraded	27-Sep-19	18-Sep-19	27-Sep-19	1	0	0	0.00%
A case of monkeypox was confirmed in Ekondo-Titi health district in the South West region of Cameroon on the 18 of September 2019. All supportive measures for case management were put in place and community- based surveillance has been stepped up in this area.									
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	23-May-19	23-May-19	6-Nov-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 the 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 Bafango health district (8 cases). This is an increase in the reported number of cases since week 37 (week ending 15 September 2019). Since the January 2019, a total of 1 841 measles cases and 14 death have been reported in four districts: Batafango, Vakaga, Nana-Gribizi and Paoua. The outbreaks have been controlled in Paoua and Vakanga.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	6-Nov-19	14	14	0	0.00%
One case of cVDPV2 was reported this week from Berberati in RS2 province. The onset of paralysis was on 31 August 2019. There are 14 reported cases in 2019 from six different outbreaks of cVDPV2 in 2019. One cVDPV2 positive environmental sample was reported in Bangui, RS7 province. The sample was collected on 16 August 2019.									
Chad	Measles	Ungraded	24-May-18	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	6-Nov-19	1	1	0	0.00%
No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. One case has been reported so far this year from Mandelia in Chari-Baguirmi 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	20-Oct-19	144	58	0	0.00%
As of 20 October 2019, a total of 144 suspected cases with zero deaths have been reported from health facilities in Grande Comore Island. Of these, 58 cases have been confirmed (39 laboratory-confirmed and 19 by epidemiological link). IgM-positive cases were reported in five districts of Grande Comore, namely, Moroni (28), Mitsamiouli (6), Mbeni (3), Oichili (1) and Mitsoudjé (1). The 19 epi-linked cases are from Moroni district.									
Congo	Chikungunya	Grade 1	22-Jan-19	7-Jan-19	29-Sep-19	11 434	148	0	0.00%
In week 39 (from 23 to 29 September), a total of 9 chikungunya new cases were reported across the country against 56 cases in week 38 and 15 cases in week 37. The hotspots are the departments of Plateaux and Bouenza, accounting for 64% and 14% of cases reported from week 37 to week 39 respectively. 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.									
Côte d'Ivoire	Dengue Fever	Ungraded	15-Feb-19	1-Jan-19	24-Sep-19	3 201	281	2	0.10%
Since the peak in week 25 (week ending on 23 June 2019), there has been a gradual decline in the weekly number of cases. As of 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.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Ungraded	29-Oct-19	29-Oct-19	29-Oct-19	-	-	-	-
On 28 October 2019, a cVDPV2 was isolated from an environmental sample collected on 24 September 2019 from Jacob city, Abidjan, Cote 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.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Democratic Republic of the Congo	Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	20-Oct-19	-	-	-	-
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, more than 100,000 IDPs have been registered in Kamango health zone in Beni territory and Mweso health zone in Masisi territory. In South Kivu, clashes between armed groups, led to population displacement with an estimated 263 252 IDPs in Itombwe, Fizi, Nundu and Minembwe. 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.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-19	20-Oct-19	23 815	-	430	1.80%
During week 42 (week ending 20 October 2019), a total of 635 suspected cases of cholera and 18 deaths (CFR 2.8%) were notified from 55 health zones in 10 provinces. The endemic provinces of North-Kivu, South-Kivu, Haut-Lomami and Tanganyika account for 88.8% of cases reported during week 42. Between week 1 and week 42 of 2019, a total of 23 815 cases including 430 deaths (CFR 1.8%) have been notified from 21 out of 26 provinces. Compared to the same period in 2018 (week 1-42), there is a 0.5% decrease in the number of reported cases and a 46% decrease in the number of deaths.									
Democratic Republic of the Congo	Ebola virus disease	Grade 3	31-Jul-18	11-May-18	9-Nov-19	3 287	3 169	2 193	66.80%
Detailed update given above.									
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	1-Jan-19	9-Nov-19	233 337	6 304	4 723	2.00%
Detailed update given above.									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-19	13-Oct-19	4 374	-	87	2.00%
Since the beginning of 2019, a cumulative total of 4 374 monkeypox cases, including 87 deaths (CFR 1.8%) 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.									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	28-Feb-19	6-Oct-19	31	-	8	25.80%
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 39 (7 cases and 3 deaths) and 40 (14 cases) were reported from Aru health zone in Ituri Province.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	15-Feb-18	1-Jan-18	8-Nov-19	63	63	0	0.00%
Six new cases of cVDPV2 were reported this week from Sakuru (3), Kwilu (2), and Haut Lomami (1) provinces. There are 43 cVDPV2 cases in 2019 reported from Sakuru (19), Haut Lomami (11), Kasai (8), Kwilu (2), Haut Katanga (1), Tshuapa (1), and Kasai Oriental (1) provinces. There were 20 cases of cVDPV2 reported in 2018.									
Ethiopia	Humanitarian crisis	Ungraded	15-Nov-15	n/a	30-Sep-19	-	-	-	-
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.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ethiopia	Poliomyelitis (cVDPV2)	Ungraded	24-Jun-19	20-May-19	6-Nov-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	6-Nov-19	5	5	0	0.00%
Two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week; one each from Tamale Metropolitan and Central Gonja in the Northern province. The onsets of paralysis were 24 September and 4 October 2019. There are five 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 on 11 August 2019), 63 suspected cases of measles were reported. From week 1 to 32 (1 January – 11 August 2019), a total of 4 573 suspected cases including 13 deaths (CFR 0.3%) have been reported. Of the 4 573 suspected cases, 1 595 were sampled, of which 969 tested positive for measles by serology. Five localities in three health districts are in the epidemic phase, namely, Tombolia centre, Yimbayah école, and Matoto centre in Matoto Health District, Wanindara in Ratoma Health District and Maneah in Coyah Health District.									
Kenya	Cholera	Ungraded	21-Jan-19	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, Mombasa, 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 Mandera, Marsabit, Wajir and Garissa counties.									
Lesotho	Measles	Ungraded	26-Oct-19	25-Oct-19	25-Oct-19				-
On 25 October 2019, the IDSR laboratory focal person alerted the Ministry of Health about the confirmation of four samples that tested positive for measles following the laboratory analysis of 51 blood samples from patients in Lebakeng Health Centre in Qacha's Nek district. . Affected areas are Letete, Mosenekeng PS, and a few cases from surrounding communities of Motsemocha, Letete, Leseling, Mosenekeng and Ha Ralengoele. Majority of cases are school children from Letete and Mosenekeng Primary Schools aged 3 to 15 years.									
Liberia	Lassa fever	Ungraded	23-Jan-19	1-Jan-19	3-Nov-19	65	35	11	16.90%
During week 44 (week ending 3 November 2019), five new suspected cases were reported across the country, of which one tested positive. From 1 January - 3 November 2019, a total of 130 suspected cases have been reported across the country. Of samples tested from 100 of the suspected cases at the National Public Health Reference Laboratory of Liberia, 35 were confirmed by RT-PCR and 65 were discarded due to negative test results. The case fatality ratio among confirmed cases is 31.4% (11/35).									
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-19	3-Nov-19	1 505	228	5	0.30%
In week 44 (week ending on 3 November 2019), 29 suspected cases were reported from 9 out of 15 counties across the country. Since the beginning of 2019, 1 505 cases have been reported across the country, of which 228 are laboratory-confirmed, 82 are epi-linked, and 779 are clinically confirmed.									
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	30-Oct-19	-	-	-	-
The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. A significant humanitarian funding gap continues to remain as only 49% of the required funding is available. As of 30 October 2019, the biggest threat is associated with food security where there exists a 79.7 million dollar gap.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-19	3-Nov-19	1 156	336	0	0.00%
As of week 44 (week ending on 3 November 2019), 1 156 suspected cases of measles have been reported from 49 districts in the country. Of these, 336 were confirmed IgM-positive.									
Mozambique	Poliomyelitis (cVDPV2)	Grade 2	7-Dec-18	7-Dec-18	6-Nov-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 23 healthcare workers have been identified and are being followed-up.									
Namibia	Hepatitis E	Grade 1	18-Dec-17	8-Sep-17	20-Oct-19	6 604	1 608	56	0.80%
In weeks 41 and 42 (week ending 20 October 2019), 70 cases were reported from eleven regions of Namibia with the majority (36 cases) from Khomas region. There was an increase in the number of cases reported in the last two weeks compared to weeks 39 and 40. As of 20 October 2019, a cumulative total of 1 608 laboratory-confirmed, 4 141 epidemiologically linked, and 855 suspected have been reported countrywide. A cumulative number of 56 deaths have been reported nationally (CFR 0.8%), of which 24 (43%) 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, Oshana, Erongo, Kunene regions.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Niger	Humanitarian crisis	Protracted 1	1-Feb-15	1-Feb-15	14-Sep-19	-	-	-	-
The security situation continues to worsen in Niger following Boko Haram attacks in the region. A total of 70 000 people is displaced in 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 G5 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.									
Niger	Measles	Ungraded	10-May-19	1-Jan-19	18-Aug-19	9 741		53	0.50%
During week 33 (week ending 18 August 2019), 6 suspected measles cases have been reported from the country. Maradi (3 543 cases including 8 deaths) and Tahoua (1 845 including 24 deaths) region reported the most cases, followed by Zinder (1 360 including 10 deaths), Niamey (1 269 with 1 death), Tillaberi (633 including 3 deaths), Agadez (490 including 3 death), Diffa (299 with no deaths) and Dosso (298 cases including 4 deaths). Since the peak of the outbreak in week 12, the case incidence has been on a continuous decline.									
Niger	Poliomyelitis (cVDPV2)	Grade 2	8-Jul-18	8-Jul-18	6-Nov-19	11	11	1	9.10%
No new cVDPV2 was reported in this week. Since the beginning of 2019 there has been one case reported from Bosso health district, Diffa region on 3 June 2019. A total of ten cVDPV2 cases were reported in 2018 in Niger, which were genetically linked to a cVDPV2 case in Jigawa and Katsina states, Nigeria.									
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	31-Oct-19	-	-	-	-
The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security compromised areas characterized by overcrowded population in many camps in the region. Due to shrinking humanitarian space health partners are facing challenges in delivery of timely and urgent life-saving assistance as access challenges are impacting movement of mobile medical teams, ambulances, immunization staff and medical cargo in many locations across Borno state. The cholera outbreak in Adamawa state is ongoing, though the number of cases being reported is showing a downward trend.									
Nigeria	Cholera	Ungraded	19-Jun-19	15-May-19	31-Oct-19	808	189	4	0.50%
Three new cases of cholera were reported in Adamawa State between 25 and 31 October 2019 from Girei (2) and Yola North (1). From 15 May to 31 October 2019, a cumulative total of 808 cases with four deaths have been reported from four LGAs: Yola North (494 cases with two deaths), Girei (196 cases with one death), Yola South (117 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 <i>Vibrio cholerae</i> as the causative agent.									
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-19	13-Oct-19	745	726	173	23.20%
During week 41 (week ending 13 October 2019), five new confirmed cases with zero deaths were reported from Edo (2 cases), Ondo (2 cases), and Bauchi (1 case) states. Eighty-six Local Government Areas (LGAs) across 23 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 360 contacts are currently being followed.									
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-19	30-Sep-19	55 476	2 150	275	0.50%
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.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	6-Nov-19	50	50	0	0.00%
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.									
Nigeria	Yellow fever	Ungraded	14-Sep-17	1-Jan-19	20-Oct-19	2 988	86	87	2.90%
In week 42 (week ending 20 October 2019), 118 suspected cases of yellow fever with zero deaths were reported from 64 Local Government Areas in 24 states and the Federal Capital Territory. Five of the suspected cases were laboratory-confirmed. From 1 January to 20 October 2019, 2,988 suspected cases with 87 deaths have been reported across the country. Eighty-six were laboratory-confirmed.									
Senegal	Dengue fever	Ungraded	17-Sep-19	15-Aug-19	13-Sep-19	1	1	0	0.00%
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.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	5-Oct-19	-	-	-	-
Detailed update given above.									
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	3-Nov-19	104		2	1.90%
The current outbreak in Bentiu POC continues. In week 44 (week ending 03 November 2019), six new suspected cases of Hepatitis E were reported. As of reporting date, a total of 104 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).									
South Sudan	Measles	Ungraded	24-Nov-18	1-Jan-19	30-Sep-19	3 632	163	23	0.60%
Between week 1 to week 40 of 2019, a total of 3 477 suspected cases of measles which 163 laboratory-confirmed and 23 deaths (CFR 0.6%) have been reported. The outbreak has affected 16 counties and 4 Protection of Civilians Sites 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.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Tanzania, United Republic of	Dengue fever	Ungraded	31-Jan-19	1-Aug-18	20-Oct-19	6 917	6 917	13	0.20%
In week 42 (week ending on 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.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	6-Nov-19	1	1	0	0.00%
No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. One case has been reported so far this year from East_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.									
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	30-Sep-19	-	-	-	-
Between 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.									
Uganda	Measles	Ungraded	8-Aug-17	1-Jan-19	24-Sep-19	1 584	795	5	0.30%
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.									
Zambia	Cholera	Ungraded	3-Oct-19	26-Sep-19	6-Oct-19	6	2	0	0.00%
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 <i>Vibrio cholerae</i> O1 Inaba on 1 October 2019. As of 2 October 2019, a total six cases with zero deaths had been reported. This is the third outbreak of cholera in Nsumu district in 2019.									
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-19	16-Jul-19	6-Nov-19	1	1	0	0.00%
No new case of cVDPV2 was reported this week. One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported so far this year from Chiengi in Luapula province. The onset of paralysis was 16 July 2019.									
Closed Events									
Benin	Cholera	Ungraded	5-Jul-19	3-Jul-19	30-Sep-19	45	19	0	0.00%
From 3 July to 30 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 <i>Vibrio cholerae</i> serotype O1 at the National Public Health Laboratory. Confirmed cases are from four communes, namely, Zè (3), Sô-Ava (2) and Abomey-Calavi (2) in Atlantique Department and Cotonou (12) in Littoral Department. No more suspected case has been reported since week 34 (week ending 25 August 2019).									
Democratic Republic of the Congo	Chikungunya	Ungraded	8-Feb-19	30-Sep-18	12-May-19	1 181	426	0	0.00%
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.									
Senegal	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	13-Sep-19	6-Sep-19	13-Sep-19	1	1	0	0.00%
No new case has been reported since 13 September 2019, when one case of Crimean-Congo haemorrhagic fever was confirmed by PCR at Institut Pasteur Dakar from Bokidiawé Site, Matam Region, Northern Senegal on the border with Mauritania.									

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

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

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Data sources

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