

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 51: 16 - 22 December 2019

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World Health
Organization

REGIONAL OFFICE FOR
Africa
WHO Health Emergencies Programme

0

New event

69

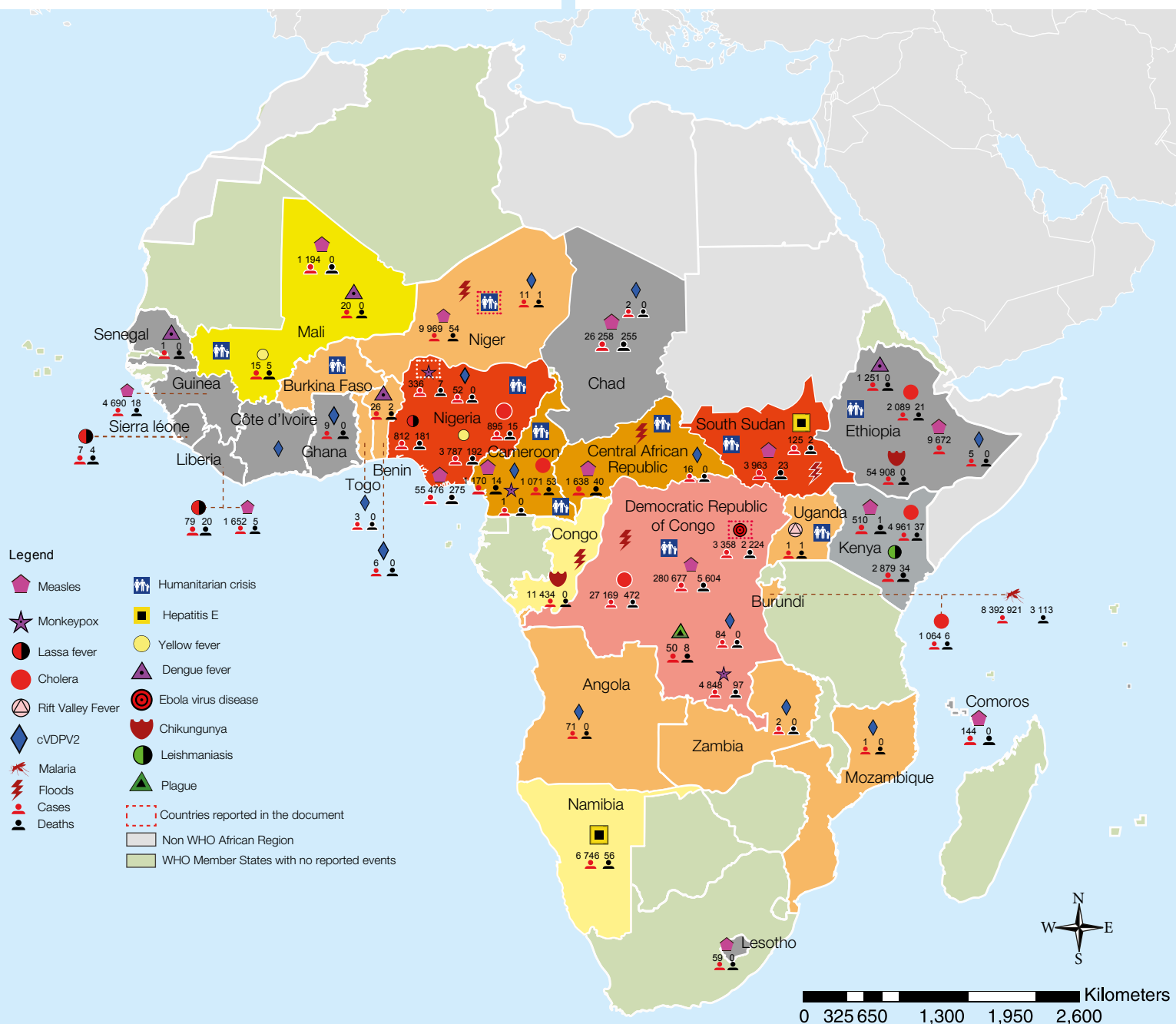
Ongoing events

54

Outbreaks

15

Humanitarian
crises



Graded events †

3

Grade 3 events

16

Grade 2 events

1

Grade 1 events

42

Ungraded events

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Protracted 2 events

2

Protracted 1 events

Overview

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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 69 events in the region. This week's main articles cover key ongoing events, including:

- [Monkeypox in Nigeria](#)
- [Ebola virus disease in Democratic Republic of the Congo](#)
- [Humanitarian crisis in Niger.](#)

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:

- Sporadic cases of monkeypox continue to be reported in Nigeria more than two years after the initial declaration of the outbreak in September 2017. The recent confirmation of a case in the United Kingdom in a traveller from Nigeria highlights the need for cross-border collaboration along with a one health approach to disease management and response in order to ensure early detection of imported cases.
- Niger continues to suffer from a complex humanitarian crisis linked to insecurity caused by armed groups in the Sahel region. This is further exacerbated by flooding and outbreaks of epidemic-prone diseases. The security situation remains precarious in the areas bordering Burkina Faso, Mali and Nigeria, with increasing numbers of armed attacks in these regions. The security context hinders humanitarian access and results in large population movements, both internally and across borders.

EVENT DESCRIPTION

Nigeria continues to report sporadic cases of monkeypox since the outbreak was declared in September 2017 following the identification of the first laboratory confirmed case. During the month of November 2019 (epidemiological weeks 45-48), eight new suspected cases were reported from Lagos (4), Rivers (2), Akwa Ibom (1) and Oyo (1) states with laboratory confirmation of one of the cases from Lagos state. No associated deaths were reported during this period.

On 2 December 2019, the IHR National Focal Point (NFP) of the United Kingdom (UK) notified WHO of a confirmed monkeypox case in a traveller returning from Nigeria. The case visited both Lagos and Rivers states and initially presented at a hospital in Rivers with symptoms including headache, fever, itchy head and some skin lesions on 21 November 2019. Following the case's return to the UK, monkeypox was confirmed by PCR testing conducted at the UK reference laboratory on 3 December 2019. The mode of infection is currently unknown.

Since the beginning of the year, a total of 106 suspected cases have been reported from 14 states, with the majority 90 (85%) of the cases concentrated in Lagos, Rivers, Delta, Akwa Ibom and Bayelsa states. Of these suspected cases, 44 (42%) have been laboratory confirmed. One associated death has been reported from Lagos state accounting for a case fatality ratio of 0.9% among the cases.

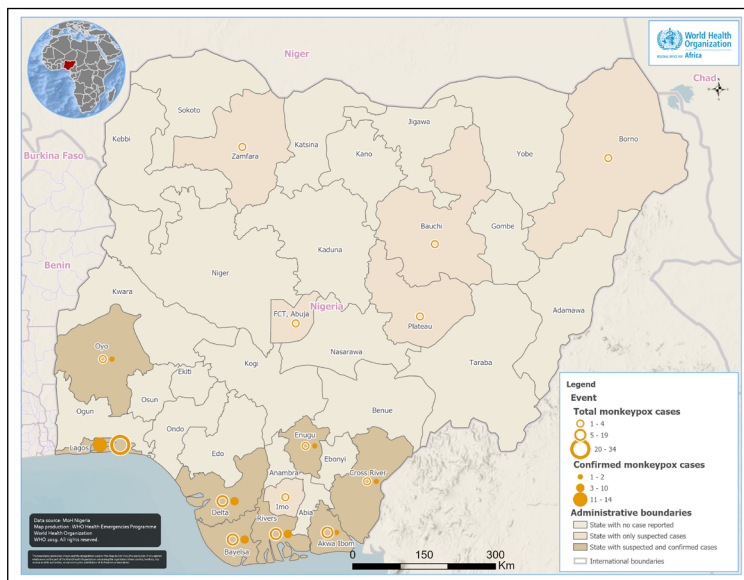
Individuals aged 21 - 40 years were the most affected by this outbreak, accounting for 80% of confirmed cases although suspected cases have been reported in all age groups. Males were disproportionately affected by this outbreak, with a male to female ratio of 2.7:1 among cases.

Since the beginning of the outbreak in September 2017, 181 confirmed cases with nine associated deaths have been reported from 18 states including Rivers, Bayelsa, Cross River, Imo, Akwa Ibom, Lagos, Delta, Bauchi, FCT, Abia, Oyo, Enugu, Ekiti, Nasarawa, Benue, Plateau, Edo and Anambra states.

PUBLIC HEALTH ACTIONS

- The Nigeria Centre for Disease Control (NCDC) is leading a multi-agency, multi-disciplinary Technical Working Group to coordinate the support rendered to affected states.
- Surveillance for suspected cases has been enhanced and is ongoing in the affected states.
- Rapid Response Teams have been deployed to most affected states and continued remote support is being provided to all states.
- The National Reference Laboratory in Abuja continues to conduct confirmatory tests for Monkeypox.

Geographical distribution of monkeypox cases in Nigeria, 1 January - 30 November 2019



- WHO is working in close collaboration with the Nigeria NFP, the UK National Focal Point (NFP), and other NFPs to facilitate the sharing of relevant information regarding identified contacts that have left the UK to travel to other countries.

SITUATION INTERPRETATION

Sporadic cases of monkeypox continue to be reported in many states of the country. The recent exportation of a case to the United Kingdom highlights the risk of spread of the disease to other countries. As Nigeria continues to improve detection and response capacities for monkeypox cases, countries are advised to heighten surveillance at points-of-entry to ensure early detection of imported cases. At national level, there is a need to improve case investigation and case follow-up including one health surveillance (human, animal and environmental) in the affected states. It is also essential to intensify efforts around risk communication activities and advocacy, especially in the most affected states, in order to improve public awareness.

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu, South Kivu and Ituri provinces in Democratic Republic of the Congo continues, with six health zones and 11 health areas reporting confirmed cases in the past 21 days (1-21 December 2019). Since our last report on 15 December 2019 ([Weekly Bulletin 50](#)), there have been 15 new confirmed cases and 14 new deaths. The principle hot spots of the outbreak in the past 21 days are Mabalako (73%; $n=33$ cases) and Beni (13%; $n=6$). Two health zones, Butembo and Mabalako, have reported new confirmed cases in the past seven days.

As of 21 December 2019, a total of 3 358 EVD cases, including 3 240 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 (347), Nyakunde (2), Rwampara (8) and Tchomia (2) in Ituri Province; Alimbongo (5), Beni (695), Biena (19), Butembo (287), Goma (1), Kalunguta (193), Katwa (651), Kayna (28), Kyondo (25), Lubero (31), Mabalako (439), Manguredjipa (18), Masereka (50), Musienene (84), Mutwanga (32), Nyiragongo (3), Oicha (65), Pinga (1) and Vuhovi (103) in North Kivu Province and Mwenga (6) in South Kivu Province.

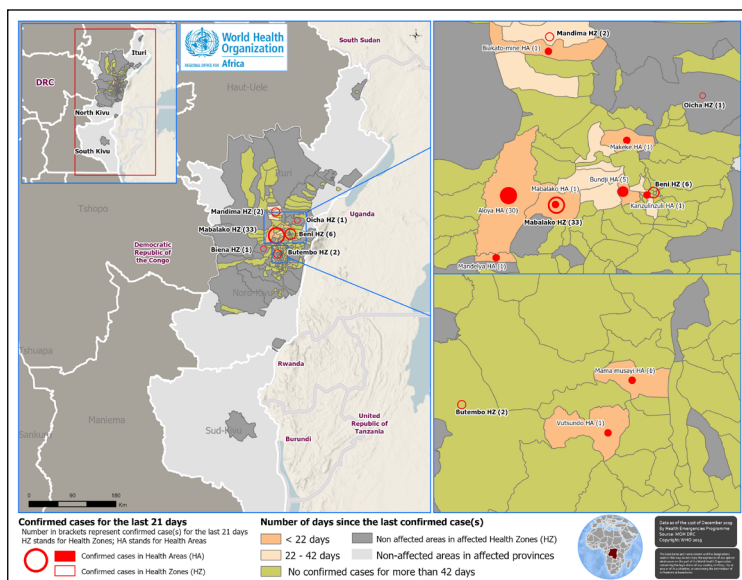
As of 21 December 2019, a total of 2 224 deaths were recorded, including 2 106 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 65% (2 106/3 240). The cumulative number of health workers remains 169, which is 5% of the confirmed and probable cases to date.

Contact tracing is ongoing in seven health zones. A total of 5 137 contacts are under follow-up as of 21 December 2019, of which 4 457 (86.8%) have been seen in the past 24 hours. Alerts in the affected provinces continue to be raised and investigated. Of 4 275 alerts processed (of which 4 211 were new) in reporting health zones on 21 December 2019, 4 197 were investigated and 446 (10.6%) were validated as suspected cases.

PUBLIC HEALTH ACTIONS

- Response activities have resumed in Lwemba, Mandima Health Zone, as a result of intense community dialogue and popular forums.
- As of 21 December 2019, a cumulative total of 258 895 people have been vaccinated since the start of the outbreak in August 2018. There is low participation in vaccination activities in Mabalako due to persistent community resistance.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 131 million screenings to date. A total of 101/109 (95%) PoE/PoC transmitted reports as of 21 December 2019. Unfortunately, the PoC in Goma was attacked on the afternoon of 18 December 2019.

Geographical distribution of confirmed Ebola virus disease cases reported from 1 to 21 December 2019, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo



- Water, sanitation and hygiene (WASH) activities continue, with IPC and WASH teams assessing 25 health facilities in the Mabalako and Butembo health zones and 20 IPC kits offered to a school in Oicha.
- 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.
- As of 21 December 2019, 94% (79/84) of the health facilities have received support from the teams in charge of IPC/WASH in the Mabalako and Oicha health zones. In addition, 77 providers were briefed on IPC in the Beni, Mabalako and Oicha health zones.

SITUATION INTERPRETATION

New confirmed cases continue to be reported, which was expected after the recent disruption of response activities in Beni, Butembo, Mandima, Mangina and Oicha. Response activities have been upscaled wherever possible to break this resurgence in transmission.

EVENT DESCRIPTION

Niger continues to suffer from a complex humanitarian crisis linked to the persisting insecurity in the Sahel region. The crisis is exacerbated by flooding and outbreaks of epidemic-prone diseases that are recurrent in the country. This situation is affecting the lives of millions of people and hampering access to basic health and social services.

The security situation remains volatile and precarious in the areas bordering Burkina Faso, Mali and Nigeria, marked by an increase in the number of attacks by armed groups. The Mali border (Ayorou, Inatès, Bankilaré, Nord Ouallam-Abala-Banibangou, Nord-Ouest Tahoua), Burkina Faso (Torodi-Makalondi zones) and Diffa (Toumour-Bosso-Barwa areas) continue to face the threat of improvised explosive devices (IEDs). During the night of 10 to 11 December 2019, the Inatès military camp in the health district of Ayerou in Tillabery region was attacked by armed insurgents, resulting in the deaths of 71 Niger Defense and Security Forces (SDF) personnel, 30 people missing and 12 wounded. Another attack by an armed group reported in Tahoua, the military camp of Agando de Tillia, resulted in the death of one person from the security force on 9 December 2019.

Between January and September 2019, a total of 100 security incidents including 66 attacks by armed groups were recorded. In Tillabery region, there has been a 30% increase in the number of attacks compared to 2018. The reported security incidents resulted in 44 deaths and 17 abductions. In Diffa, from January to November 2019, a total of 184 attacks have resulted in 184 victims. The overall security situation in Tahoua region is calm, except for the departments of Tillia and Tassara, which are still facing security threats. The security situation remains worrying in the departments of Madarounfa and Guidan Roumdji, with numerous assassinations, rapes and physical violence against the civilian population.

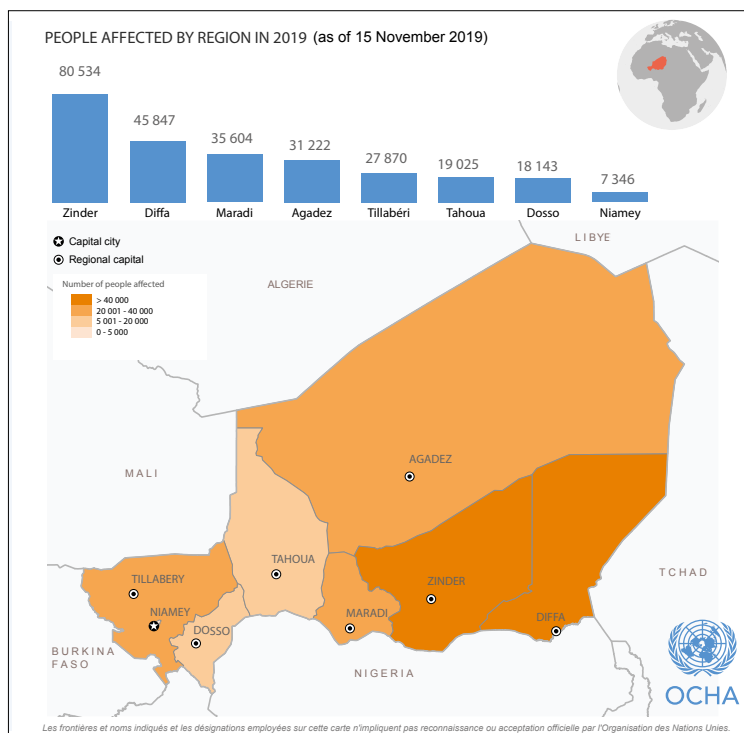
The deteriorating security situation is hindering humanitarian access as well as access to basic social and health services in the affected regions. On 28 November 2019, the team of Regional Directorate of Health and Epidemics (DRSE) was robbed while on a humanitarian mission, with the theft of one vehicle and personal belongings. Since the beginning of 2019, a total of 17 vehicles have been stolen, including eight vehicles belonging to humanitarian actors. A total of 46 integrated health posts (CSI) are still closed because of the insecurity and five integrated health posts were destroyed following the flooding that started in June 2019. Security threats against healthcare providers continue to be recorded in certain localities.

The country continues to experience large population movements due to insecurity, with internal migration of the population in the Agadez region, which has been happening for some years. According to Health Response Plans, a total of 187 444 persons are internally displaced, 217 858 are refugees and 2.3 million people are in need of humanitarian assistance.

PUBLIC HEALTH ACTIONS

- The Ministry of Health (MoH), with WHO support, continues to lead and coordinate the health response through regular follow up activities including health sector coordination meetings, needs assessments and health response planning activities.
- The MoH is working with WHO to strengthen epidemiological surveillance mainly for diseases such as meningitis, cholera and malaria.
- WHO is supporting the MoH to train community health workers on active epidemiological surveillance, especially on vaccine preventable-diseases.

Map of departments affected by the flood in Niger, as of 15 November 2019



- WHO provided the crisis-affected regions with emergency health, trauma and surgical kits and malaria modules for case management, particularly in the regions of Tillabery and Tahoua.
- WHO continues to provide support for the flood emergency response plan. Cholera kits were provided to the Ministry of Health and are available in the 8 health regions. In addition, a total of 21.6 tonnes of medicines, medical consumables and materials was donated in these regions.
- National Red Cross, International Federation of Red cross (IFRC), World Vision, Unicef, and UNHCR are involved in the health response in Maradi region. They are providing medical support through mobile clinics and are supporting some health structures with drugs and consumables.
- MSF Spain and Save the Children are providing their support in Diffa through mobile clinics, as well providing support to the main hospital and health centers.
- OIM and National Red Cross are providing health support to migrants.

SITUATION INTERPRETATION

The deterioration of the security situation in the areas bordering Burkina, Mali, Nigeria, which has resulted in increased population displacement remains of great concern. In addition, climate shocks such as drought and devastating floods have exacerbated chronic food insecurity and malnutrition. It is predicted that the number of people in need of humanitarian assistance will reach 2.9 million in 2020. The affected population continues to live under miserable conditions with limited access to health and social services, and civilians and humanitarian actors are the targets of armed attacks. It is imperative that the international community strengthen its support to the people and government of Niger through emergency aid and development actions that can not only save lives, but also have an impact on the root causes of the crises. There is a need to mobilize additional funds in order to cover the unmet needs of the affected population.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- Monkeypox continues to remain a concern in Nigeria. Inadequate surveillance systems, lack of public awareness and limited knowledge around the case definition may contribute to the late detection of cases and further spread of the disease both nationally and internationally.
- The continuing humanitarian crisis in Niger, particularly along the borders with Burkina Faso, Mali and Nigeria has led to massive population displacement and limited access by humanitarian actors. Furthermore, environmental factors such as drought and floods have exacerbated chronic food insecurity and malnutrition. A scale-up of humanitarian aid is urgently required, to address the continued deterioration of indicators across multiple sectors.

Proposed actions

- WHO should continue to support the Nigerian MoH in strengthening monkeypox surveillance in the country, with a particular emphasis on a one health approach. In addition to improved surveillance, clinical detection and case management capacities need to be strengthened in order to ensure effective control of the outbreak and prevent the spread of the diseases within and beyond the country.
- There is a need for the international community to strengthen its support to the affected populations and the government of Niger through emergency aid, development actions and additional funding. Partners should work closely together to improve national capacities around disease surveillance and disaster management.

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	Poliomyelitis (cVDPV2)	Grade 2	08-May-19	05-Apr-19	11-Dec-19	71	71	0	0.00%
Twelve new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week from Benguela (4), Moxico (2), Cuanza Sul (1), Bie (1), Luanda (1), Bengo (1), Uige (1) and Huambo (1) provinces. The onsets of paralysis were between 10 September and 18 October 2019. There are 71 cVDPV2 cases from seven outbreaks reported in 2019. Two cVDPV2 positive environmental samples were reported from Luanda and Benguela provinces. The samples were collected on 25 October 2019.									
Benin	Dengue fever	Ungraded	13-May-19	10-May-19	29-Nov-19	26	14	2	7.70%
Between 10 May and 29 November 2019, a total of 26 suspected cases of dengue fever, including two deaths, were reported from Atlantique, Littoral, Ouémé and Couffo Departments. Cumulatively, 14 cases from Atlantique Department (4 cases), Littoral Department (4 cases) and Ouémé Department (6 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 14%).									
Benin	Poliomyelitis (cVDPV2)	Grade 2	08-Aug-19	08-Aug-19	11-Dec-19	6	6	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are six cVDPV2 cases in 2019 linked to the Jigawa outbreak in Nigeria.									
Burkina Faso	Humanitarian crisis	Grade 2	01-Jan-19	01-Jan-19	24-Nov-19	-	-	-	-
Since 2015, the security situation initially in the regions of the Sahel and later in the East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement leading to a total of 486 360 internally displaced persons registered as of 8 October 2019 in all 13 regions in the country. The regions of North, Boucle du Mouhoun, East and Centre are the most affected. Health services are severely affected and as of 27 September 2019, Ministry of Health figures show that 69 health facilities in six regions have closed as a result of insecurity; 28% in the Sahel Region and 12% in North Central Region. Morbidity due to epidemic-prone diseases remains high									
Burundi	Cholera	Ungraded	05-Jun-19	01-Jun-19	05-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 11 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		01-Jan-19	08-Dec-19	8 392 921		3 113	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 49 (week ending 8 December 2019), 164 186 cases including 58 deaths have been reported. There is a 25 % increase in the number of cases reported in week 49 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	05-Dec-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. In November 2019, 27 attacks of Boko Haram members have been registered and led to 5 missed people, 31 injuries and 11 deaths. This situation is hindering humanitarian access and limiting operations and has resulted in suspension of activities beyond Fotokol and Makary in Logone and Chari division. The Minawo camp continue to host Nigerian refugees, as of 31 September 2019, the total camp population was about 59 977 Nigerian refugees. The number of out-of-camp refugees has also grown to 46 784 refugees.									
Cameroon	Humanitarian crisis (NW & SW)	Grade 2	01-Oct-16	27-Jun-18	05-Dec-19	-	-	-	-
Two months after the Grand National Dialogue, the humanitarian situation in the Northwest and Southwest (NW & SW) of Cameroon continues to deteriorate with rising tensions between separatists and military forces. On 1 December 2019, a commercial plane landing in NW was shot at by the separatist Ambazonia Governing Council (AGC) and one day prior, on 30 November, an aid worker was abducted and killed by an armed group. This unrest continues to affect access to basic services including healthcare, education, shelter, food security and WASH. As of 30 October 2019, the total number of internally displaced persons is estimated at 536 107 persons.									
Cameroon	Cholera	Ungraded	01-Mar-19	01-Mar-19	05-Dec-19	1 071	110	53	4.90%
The cholera outbreak in Cameroon is ongoing in the North, Far North and South West regions. In week 49 (week ending 5 December 2019), 29 cases of suspected cholera and 0 death were reported in the South west region (Bakassi health district). The far north and North regions did not report any suspected cholera case in week 49. As of 05 December 2019, 1071 cases and 53 deaths were recorded (CFR 4.9%).									
Cameroon	Measles	Ungraded	02-Apr-19	01-Jan-19	17-Nov-19	1 170	382	14	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, 382 were confirmed as IgM-positive. The outbreak is currently affecting 43 districts, namely, Kousseri, Mada, Goulfey, 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, Guidiguis, Moutourwa, Mokolo, Cité verte, Djoungolo, Nkolondongo, Limbé, Garoua Boulai, Ngaoundéré Urbain, Ekondo Titi, Gazawa, Meiganga, New Bell, Deido, Bertoua, Biyem Assi, Cité des Palmiers, Logbaba, and Nylon district.									
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.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	23-May-19	23-May-19	11-Dec-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	Flood	Ungraded	01-Oct-19	01-Oct-19	30-Dec-19	-	-	-	-
The Central Africa Republic (CAR) was hit by torrential rain since October 2019 which caused significant damage. A total of 83 309 people was affected by the flood, including 15 331 in Bangui and Bimbo and 67 978 people outside of Bangui. Currently, the situation is improving, and the internally displaced persons are returning to their places of origin. According to the latest estimates from OCHA as of 9 December 2019, the number of IDPs due to flooding decreased from 100 000 to 83 000 persons. The response activities are ongoing in flood-affected places.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	12-Nov-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	Measles	Ungraded	15-Mar-19	11-Feb-19	14-Oct-19	1 638	98	40	2.40%
As of week 41 (week ending on 13 October 2019), a total of 1 638 measles cases including 98 confirmed cases and 40 deaths have been reported in five districts: Batafango, Bocaranga-Koui, Nana-Gribizi, Paoua and Vakaga. The outbreaks have been controlled in Paoua and Vakanga.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	18-Dec-19	16	16	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 16 reported cases from six different outbreaks of cVDPV2 in 2019.									
Chad	Measles	Ungraded	24-May-18	01-Jan-19	15-Dec-19	26 258	296	255	1.00%
In week 50 (week ending 15 December 2019), 214 suspected cases were reported. 22 districts were in the epidemic phase in week 50. Since the beginning of the year, a total of 26 258 suspected cases and 255 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 1 895 cases investigated, 296 were IgM-positive, 79% were not vaccinated, and 47% were aged between 1 and 4 years old.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	09-Sep-19	18-Dec-19	2	2	0	0.00%
One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week bringing the total of reported cases in 2019 to two. The onset of paralysis of the second case was on 6 October 2019. This is the second cVDPV2 case in the country.									
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	Floods	Ungraded	22-Nov-19	03-Oct-19	04-Nov-19	-	-	-	-
Since 3 October 2019, heavy rains resulted in floods in the northern part of the Republic of Congo, mainly affecting four departments, namely, Likouala, Cuvette, Plateaux and Sangha As a result of the floods, homes and public infrastructure (schools, health centres, water points, latrines, etc.) have been destroyed leaving the affected population in precarious living conditions and with limited access to health care. Furthermore, the floods have caused significant damage to the agricultural and farming sectors thus posing a threat to food security. As of 26 November 2019, a total of 112 175 people has been affected with 60 000 (53%) in Likouala department, followed by Cuvette (33 933; 30%), Plateaux (16 100; 14%) and Sangha (2142; 2%) departments. Some of the displaced people have moved towards the Democratic Republic of the Congo. The Congolese government has declared a state of emergency in the affected areas.									
Congo	Chikungunya	Grade 1	22-Jan-19	07-Jan-19	29-Sep-19	11 434	148	0	0.00%
In week 39 (from 23 to 29 September 2019), a total of 9 new chikungunya 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	Poliomyelitis (cVDPV2)	Ungraded	29-Oct-19	29-Oct-19	18-Dec-19	-	-	-	-
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. So far, the only cVDPV2 isolated was from an environmental sample collected on 24 September 2019 in Abidjan. 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.									
Democratic Republic of the Congo	Flood	Ungraded	17-Nov-19	28-Oct-19	17-Nov-19	-	-	-	-
Since week 43, the Lomami River, the Tshopo rivers and other tributaries of the Congo River are experiencing a rise in water levels as a result of heavy rains. In Tshopo province an estimated 424 health areas (including 504 Villages) pertaining to 11 out of 23 health zones of the province were affected by major floods, while the remaining health zones were affected by minor floods. As of week 46, significant infrastructural damages were observed in health zones located downstream of the Congo River including: damage to fields (400), water sources (161), schools (15), toilets (990) and residential houses (4 990). Approximately 123 491 people are homeless and lack basic necessities. An increased incidence of simple diarrhoea cases was observed in affected health areas. Therefore, the risk of spread of cholera outbreaks cannot be excluded.									

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	18-Nov-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 2019.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	01-Jan-19	24-Nov-19	27 169	-	472	1.70%
During week 47 (week ending 24 November 2019), a total of 660 suspected cases of cholera and 7 deaths (CFR 1.1%) were notified from 55 health zones in 11 provinces. The endemic provinces of North-Kivu, South-Kivu, Haut-Lomami, Haut-Katanga and Tanganyika account for 85% of cases reported during week 46. In week 47, suspected cholera cases continue to be reported in the province of Tshopo, with 64 cases reported during week 47. Between week 1 and week 44 of 2019, a total of 27 169 cases including 472 deaths (CFR 1.8%) have been notified from 23 out of 26 provinces. Compared to the same period in 2018 (week 1-46), there is a 4.1 % decrease in the number of reported cases and a 49% decrease in the number of deaths.									
Democratic Republic of the Congo	Ebola virus disease	Grade 3	31-Jul-18	11-May-18	21-Dec-19	3 358	3 240	2 224	66.00%
Detailed update given above.									
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	01-Jan-19	10-Dec-19	280 677	6 304	5 604	-
In week 48 (week ending 10 December 2019), 9 606 measles cases including 159 deaths (CFR 1.7%) were reported across the country, with five newly affected health zones. During this week, most cases were reported from the provinces of Mai-ndombe (1 459), Kwilu (1 198), Tshuapa (1 152) and Equateur (982). Since the beginning of 2019, 280 677 measles cases including 5 604 deaths (CFR 2.0%) have been recorded. In total, 246 (47%) of the 519 health zones across the 26 provinces of the country have reported a confirmed measles outbreak.									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	01-Jan-19	24-Nov-19	4 848	-	97	2.00%
Since the beginning of 2019, a cumulative total of 4 848 monkeypox cases, including 97 deaths (CFR 2%) were reported from 16 provinces. In week 47 (week ending 24 November 2019), 87 cases and two deaths were reported nationally.									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	28-Feb-19	17-Nov-19	50	-	8	16.00%
Since the beginning of the year, a total of 50 cases of bubonic plague including eight deaths have been reported in the province of Ituri. Twelve new cases were reported in week 46. 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	01-Jan-18	20-Dec-19	84	84	0	0.00%
Eight new cases of cVDPV2 were reported this week from Sankuru (2), Kwilu (2), Kwango (2), Haut Lomami (1), and Kongo Central (1) provinces. There are 64 cVDPV2 cases in 2019 reported from Sakuru (21), Haut Lomami (18), Kasai (8), Kwilu (8), Kwango (5), Haut Katanga (2), Tshuapa (1), and Kongo Central (1) provinces. There were 20 cases of cVDPV2 reported in 2018.									
Ethiopia	Chikungunya	Ungraded	25-Jul-19	27-May-19	08-Dec-19	54 908	29	0	0.00%
Chikungunya cases have reported from Ethiopia since week 31 (week ending 30 July 2019). As of 8 December 2019, 54 908 suspected cases were reported from Dire Dawa City Administrative City (51 957), Araf (2 782) and Somali (169) regions.									
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	08-Dec-19	2 089	60	21	1.00%
In week 48 (week ending 1 December 2019), 82 new suspected cases were reported in Afar and Oromia regions. As of 1 December 2019, a total of 2 089 suspected cases including 21 deaths have been reported from eight regions with Oromia (835 cases), Afar (329), Somali (293), Amhara (191 cases), and Addis Ababa city (157 cases) reporting the majority of cases. A total of 57 cases have been laboratory confirmed.									
Ethiopia	Dengue	Ungraded	03-Nov-19	09-Sep-19	08-Dec-19	1 251	6	0	0.00%
Between week 37 and week 49 in 2019, a total of 1 251 suspected cases and 6 confirmed cases of dengue fever were reported from Afar region. The peak of the outbreak was observed in week 38 when more than 300 suspected cases were reported.									
Ethiopia	Measles	Ungraded	14-Jan-17	01-Jan-19	08-Dec-19	9 672	795	-	-
As of week 49 (week ending 8 December 2019), the measles outbreak is still ongoing with a total of 9 672 suspected measles cases reported from Oromia (5 820), Somali (2 416), Amhara (703) and Afar (548) regions. Children aged less than five years are the most affected accounting for 50.14% of the total cases followed by age group 15-44 years (25.43%). Seventy 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	18-Dec-19	5	5	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The onset of paralysis of the last case was on 9 September 2019. A total of five cVDPV2 cases have been reported in Ethiopia in 2019, with four linked to the outbreak in neighbouring Somalia and the fifth case is part of a newly reported Ethiopian outbreak this week.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	09-Jul-19	08-Jul-19	18-Dec-19	9	9	0	0.00%
Two new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) cases were reported in the past week. There are 11 cVDPV2 cases in 2019 linked to the Jigawa outbreak in Nigeria.									
Guinea	Measles	Ungraded	09-May-18	01-Jan-19	03-Nov-19	4 690	1 091	18	0.30%
During week 44 (week ending 3 November 2019), 127 suspected cases of measles were reported. From week 1 to 44 (1 January – 3 November 2019), a total of 4 690 suspected cases including 18 deaths (CFR 0.4%) have been reported. Of the 4 690 suspected cases, 1 773 were sampled, of which 1 091 tested positive for measles by serology. Three localities in three health districts are in the epidemic phase, namely, Wanindara in Ratoma health district, Dounet in Mamou health district and Soumpoura in Tougue health district.									
Kenya	Cholera	Ungraded	21-Jan-19	02-Jan-19	15-Dec-19	4 961	253	37	0.70%
In week 50 (week ending 16 December 2019), 74 new suspected cases were reported from Turkana (63 cases), Garissa (4 cases), Nairobi (4 cases) and Mandera (3 Cases). Turkana county is experiencing the third wave of the outbreak this year. 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: Turkana, Garissa, Mandera and Nairobi.									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	01-Jan-19	15-Dec-19	2 879	1 665	34	1.20%
In week 50 (week ending 16 December 2019), 56 new cases were reported. Since the beginning of the outbreak, suspected and confirmed cases of leishmaniasis have been reported from Mandera, Marsabit, Wajir and Garissa counties.									
Kenya	Measles	Ungraded	06-May-19	20-Mar-19	15-Dec-19	510	17	1	0.20%
A new outbreak of measles has been reported from Pokot North sub county, Alale location. A total of 75 cases with 7 confirmed have been reported. The last measles cases were reported in Kajiado County, Kajiado West Sub-County on 8 September 2019 (425 suspected cases, 4 confirmed and 1 death). Additionally, 10 cases including 6 laboratory-confirmed cases were reported from Garissa County in Dadaab Sub-County in May 2019.									
Lesotho	Measles	Ungraded	26-Oct-19	25-Oct-19	16-Nov-19	59	4	0	0.00%
The measles outbreak in Lesotho is ongoing in Qacha's Nek district. As of 15 November, a total of 59 suspected cases have been reported, 4 of which are laboratory confirmed. No associated deaths have been reported. The coverage of measles vaccine in the affected area is 65%. The outbreak has affected more females with a M:F ratio of 1:2									
Liberia	Lassa fever	Ungraded	23-Jan-19	01-Jan-19	08-Dec-19	79	45	20	25.30%
During week 47 (week ending 8 December 2019), one new confirmed case of Lassa fever was reported. From 1 January - 8 December 2019, a total of 187 suspected cases have been reported across the country. Of samples tested from 153 of the suspected cases at the National Public Health Reference Laboratory of Liberia, 45 were confirmed by RT-PCR and 108 were discarded due to negative test results. The case fatality ratio among confirmed cases is 21% (15/45).									
Liberia	Measles	Ungraded	24-Sep-17	01-Jan-19	08-Dec-19	1 652	252	5	0.30%
In week 49 (week ending on 8 December 2019), 23 suspected cases were reported from 7 out of 15 counties across the country. Since the beginning of 2019, 1 652 cases have been reported across the country, of which 252 are laboratory-confirmed, 109 are epi-linked, and 815 are clinically confirmed.									
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	07-Dec-19	-	-	-	-
The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The number of internal displaced persons is increasing and it was estimated at 199 385 in October 2019. This increase is associated with repeated violence in Mopti, Gao, Menaka and zones in the neighbourhood of the Burkina Fasso border. The country is also facing infectious diseases outbreaks which include yellow fever, measles, and dengue in different regions. Cases of malnutrition continue to be reported at the country level. In week 48, a total of 5 206 cases of acute malnutrition were reported.									
Mali	Dengue	Ungraded		01-Jan-19	07-Dec-19	20	9	0	0.00%
Cases of dengue continue to be reported in Communes IV (2 cases), V (3 cases) et VI (4 cases) of de Bamako district. From Week 1 to week 48, a total of nine over sixteen samples tested positive.. The last confirmed case was notified in week 47. Outbreak responses measures are being implemented in affected communes.									
Mali	Measles	Ungraded	20-Feb-18	01-Jan-19	15-Dec-19	1 194	349	0	0.00%
As of week 50 (week ending on 15 December 2019), 1 201 suspected cases of measles have been reported from 49 districts in the country. Of these, 349 were confirmed IgM-positive.									
Mali	Yellow fever	Ungraded	03-Dec-19	03-Nov-19	15-Dec-19	15	3	5	33.30%
As of 15 December 2019, a total of 15 cases have been reported including 12 suspected cases and 3 confirmed from two regions: Sikasso and Koulikoro. Five deaths have ben reported including 2 among confirmed cases.									
Mozambique	Poliomyelitis (cVDPV2)	Grade 2	07-Dec-18	07-Dec-18	18-Dec-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	Hepatitis E	Protracted 1	18-Dec-17	08-Sep-17	17-Nov-19	6 746	1 644	56	0.80%
In weeks 45 and 46 (week ending 17 November 2019), 79 cases were reported from nine regions of Namibia with the majority (54 cases) from Khomas region. There was a decrease in the number of cases reported in weeks 45 and 46 compared to weeks 43 and 44. As of 17 November 2019, a cumulative total of 1 644 laboratory-confirmed, 4 258 epidemiologically linked, and 844 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, Ohangwena, Omaheke, Hardap, Karas, Otjozondjupa, and Kunene regions.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Niger	Flood	Ungraded	01-Jun-19	01-Jun-19	20-Dec-19	-	-	-	-%
Niger was affected by heavy rains followed by floods from June to September 2019. A total of 211 366 people was affected, including 57 people who died, and 16 375 houses collapsed during that period. A second wave of floods was reported since October in the Diffa and Tahoua regions. In Diffa region, following an exceptional flood from Komadougou Yobé river around 45 594 people were affected according to the Ministry of Humanitarian Action and Management of Catastrophe (AH / GC). The most affected municipalities are those of Diffa, Gueskerou and Chétimari. In Tahoua, heavy rainfall in the commune of Bombaye affected 249 households. There is an urgent need of basic health and social services such as shelters, food and non-food items, and WASH assistance.									
Niger	Humanitarian crisis	Protracted 1	01-Feb-15	01-Feb-15	11-Dec-19	-	-	-	-
Detailed update given above.									
Niger	Measles	Ungraded	10-May-19	01-Jan-19	19-Nov-19	9 969	-	54	0.50%
As of week 45 (week ending 10 November 2019), 9 969 suspected measles cases have been reported from eight regions the country. The cases have been reported Maradi (3 571 cases including 8 deaths), Tahoua (1 909 including 25 deaths), Zinder (1 399 including 10 deaths), Niamey (1 271 with 1 death), Tilaberi (635 including 3 deaths), Agadez (519 including 3 death), Diffa (311 with no deaths) and Dosso (324 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	08-Jul-18	08-Jul-18	18-Dec-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	30-Nov-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	09-Dec-19	895	207	15	1.70%
Three new cases of cholera were reported in Adamawa State from 27 November to 6 December 2019 from Yola North (2) and Yola South (1) Local Government Areas. From 15 May to 6 December 2019, a cumulative total of 839 suspected cases with four deaths have been reported from four LGAs: Yola North (513 cases with two deaths), Girei (200 cases with one death), Yola South (125 cases with one death), and Song (1 case with zero deaths). Of 539 stool specimens collected and analysed at the state specialist hospital, 206 cultured <i>Vibrio cholerae</i> as the causative agent. An outbreak of cholera has also been reported in Andoni Local Government Area, Rivers State. From 27 November to 9 December 2019, a total of 56 cases with 11 deaths were reported from 15 communities in Andoni LGA.									
Nigeria	Lassa fever	Ungraded	24-Mar-15	01-Jan-19	01-Dec-19	812	793	181	22.30%
During week 48 (week ending 1 December 2019), eight new confirmed cases with two deaths were reported from Ondo (6 cases with two deaths), and Edo (2 cases with zero deaths) states. Eighty-six Local Government Areas (LGAs) across 23 states have reported at least one confirmed case since the beginning of 2019. Nineteen healthcare workers across 10 states have been infected since the beginning of 2019. A total of 347 contacts are currently being followed.									
Nigeria	Measles	Ungraded	25-Sep-17	01-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	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	02-Dec-19	336	181	7	2.10%
Detailed update given above.									
Nigeria	Poliomyelitis (cVDPV2)	Grade 2	01-Jun-18	01-Jan-18	18-Dec-19	52	52	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 18 cVDPV2 cases reported in 2019 and 34 cVDPV2 cases in 2018.									
Nigeria	Yellow fever	Ungraded	14-Sep-17	01-Jan-19	16-Nov-19	3 787	129	192	5.10%
From 1 January 2019 to 16 November 2019, a total of 3 787 suspected yellow fever cases have been reported from 604 out of 774 LGAs across all the 36 states and the Federal capital territory. Of the samples taken, 166 have tested positive for yellow fever IgM in Nigerian network laboratories. Also, 129 samples from 18 states were confirmed positive using real time polymerase chain reaction (RT-PCR). There have been 192 deaths among suspected cases (CFR 5.1%) and 20 deaths among confirmed cases (CFR 15.5%). Four states Katsina, Bauchi, Edo and Ebonyi accounting for 62% of all the confirmed cases in 2019.									
Sierra Leone	Lassa fever	Ungraded	22-Nov-19	30-Oct-19	06-Dec-19	7	5	4	57.10%
No new confirmed cases have been reported since 24 November 2019 from Tonkolili district. From 30 October to 6 December, a total of five cases (three confirmed and two probable) with three deaths have been reported in Tonkolili district. Of the total 71 contacts identified, 38 have completed 21 days of monitoring while 33 are still being followed. In a separate cluster, two-laboratory confirmed cases with one death were reported from Kenema district from 27 to 28 November 2019. A total of 119 contacts of these cases are being followed.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
South Sudan	Flood	Ungraded	28-Oct-19	29-Oct-19	15-Dec-19	-	-	-	-
On 29 October 2019, the president of South Sudan declared a state of emergency in 27 counties following the extreme destruction of livelihoods of nearly one million people due to the worst seasonal flooding in many years. Over 620 000 people needed immediate humanitarian assistance. The flood water in some locations have destroyed homes, displaced families, crops, and rendered basic services and markets non-functional, particularly in Jonglei, Upper Nile, Unity, Warrap, Northern Bahr el Ghazal, Eastern Equatoria and parts of Central Equatoria. In the last two weeks there has been slight showers but with no associated flash flooding. In Pibor and other locations that were worst affect the is moderate reduction in the levels of flood waters. The roads are still not motorable and transport for response relies on use of Helicopters and boats.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	30-Oct-19	-	-	-	-
The humanitarian situation has been largely calm but unpredictable in most of the states. The number of internally displaced people (IDPs) in South Sudan was estimated at 1.47 million. Malnutrition continues to be a problem in the country as more than 6.35 million people are reported to be severely food insecure in South Sudan. Communicable disease burden remains high with ten counties reporting malaria cases above their epidemic thresholds and measles cases being reported from 16 counties (Abyei, Mayom, Melut, Aweil South, Aweil East, Tonj North, Juba, Wau, Aweil West, Gogrial West, Gogrial East, Renk, Tonj South, Jur River, Pibor and Yambio) and four protections of civilian (PoC) sites (Juba, Bentiu, Malakal and Wau).									
South Sudan	Hepatitis E	Ungraded	-	03-Jan-18	01-Dec-19	125	41	2	1.60%
The current outbreak in Bentiu POC continues. In week 48 (week ending 1 December 2019), three new suspected cases of Hepatitis E were reported. As of reporting date, a total of 113 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	01-Jan-19	01-Dec-19	3 963	169	23	0.60%
Between week 1 to week 48 of 2019, a total of 3 963 suspected cases of measles which 169 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.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	18-Dec-19	3	3	0	0.00%
One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported from Plateaux province this week. There are four cVDPV2 cases in 2019 in the country linked to Jigawa outbreak in Nigeria.									
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	31-Oct-19	-	-	-	-
Between 1 and 31 October 2019, a total of 6 623 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo (4 016), South Sudan (2 167) and Burundi (440). Uganda hosted 1 362 269 asylum seekers as of 31 October 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	Rift valley fever	Ungraded	28-Nov-19	15-Nov-19	26-Nov-19	1	1	1	100.00%
On 25 November 2019, a confirmed Rift Valley fever case was reported from Obongi district, Uganda. This was a 35-year-old male from South Sudan who was living in Palorinya Refugee camp in Obongi district, Uganda. The case had travel history to South Sudan between 12 and 19 November 2019 to harvest Cassava. While in South Sudan he developed fever and headache on 15 November 2019 and was treated for malaria. Following the further deterioration of his health, he returned back to the refugee camp in Uganda. On 20 November 2019, he developed severe headache, generalized body malaise, joint pain, feeling coldness, vomiting, passing black mucoid stool, and productive cough and was later referred to Moyo hospital where he was isolated as VHF was suspected. A sample was collected and sent to UVRI and later on the case died. A safe and dignified burial was performed on 22 November 2019. As of 24 November, a total of 19 contacts were recorded during the active case search including 10 health care workers. Further investigation is ongoing in Uganda.									
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-19	16-Jul-19	18-Dec-19	2	2	0	0.00%
One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week. The onset of paralysis for the new case was on 13 November 2019 from Kalabo District, Western Province. There is a total of two cVDPV2 cases in 2019.									

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

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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