

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 3: 13 - 19 January 2020

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World Health
Organization

REGIONAL OFFICE FOR **Africa**
WHO Health Emergencies Programme

1

New event

67

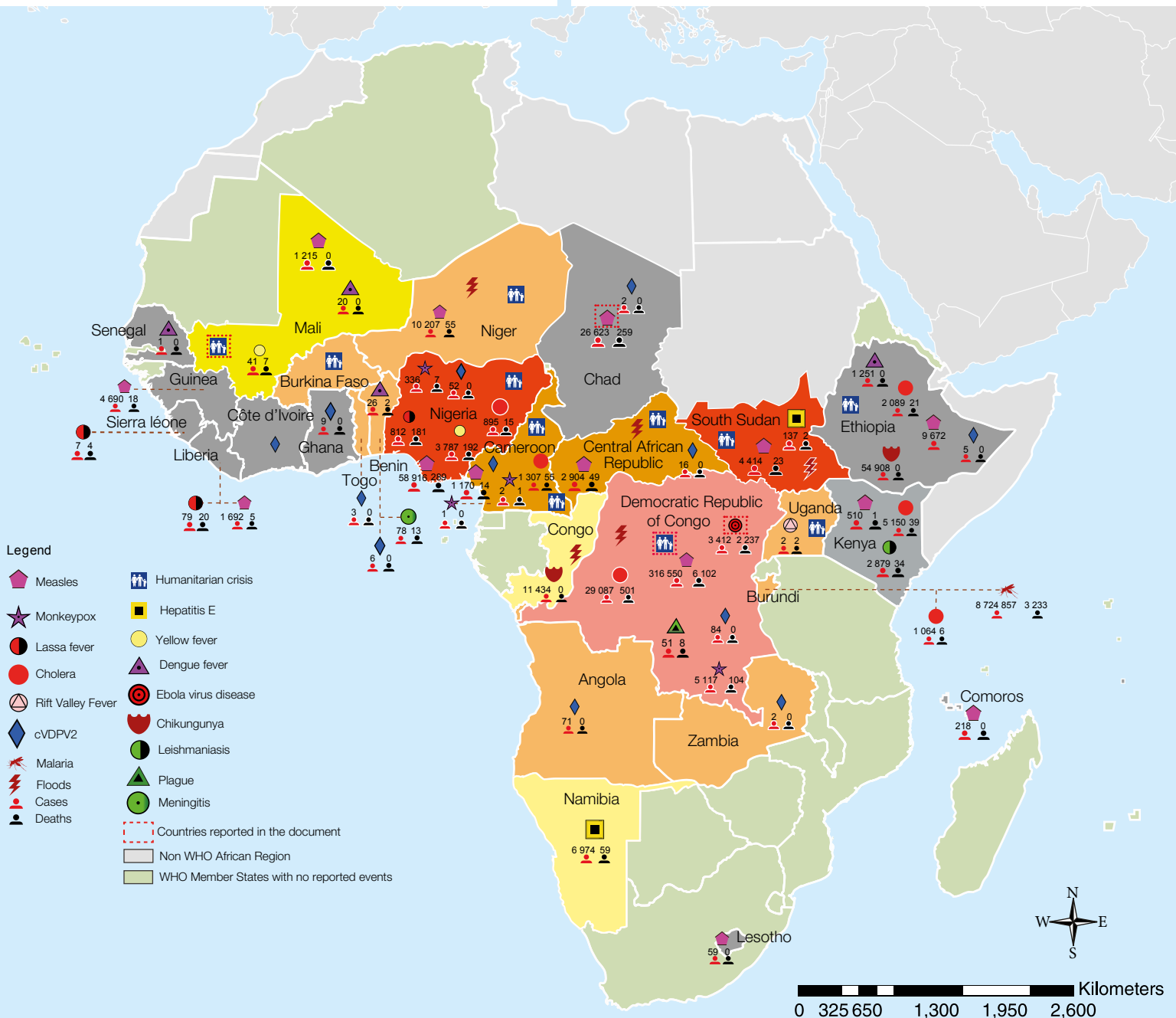
Ongoing events

53

Outbreaks

15

Humanitarian
crises



Graded events †

3

Grade 3 events

14

Grade 2 events

1

Grade 1 events

2

Protracted 3 events

2

Protracted 2 events

3

Protracted 1 events

43

Ungraded 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 68 events in the region. This week's main articles cover key new and ongoing events, including:

- [Measles in Chad](#)
- [Ebola virus disease in Democratic Republic of the Congo](#)
- [Humanitarian crisis in Democratic Republic of the Congo](#)
- [Humanitarian crisis in Mali](#)

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 measles outbreak in Chad is still ongoing. Although the weekly case incidence has been on a decreasing trend since June 2019, cases and deaths continue to be reported in several districts. In order to bring this outbreak to an end, there is a need to strengthen vaccination activities in all affected districts.
- The continuing complex humanitarian crisis in Democratic Republic of the Congo is of grave concern leading to an ever shrinking humanitarian space with large areas of the country, and consequently large populations, remaining without basic healthcare, WASH infrastructure and an inability to live normal lives. There is weak coordination of responses to and prevention of various infectious disease outbreaks at all levels, with insufficient information sharing between partners, leading to gaps in response. Insufficient funding further complicates these issues.

EVENT DESCRIPTION

The measles outbreak in Chad has been ongoing since it was first notified by the Chadian government in May 2018. In week 1 of 2020 (week ending 5 January 2020), 123 suspected measles cases were reported from 22 of the 126 districts in Chad. During this week, the majority (55%) of cases were reported from three districts: Kyabe ($n=34$), Beбето ($n=21$) and Benoye ($n=13$). There was one measles-associated death reported from Kelo district giving a case fatality ratio of 0.8% for the week.

Since the peak of the outbreak in week 22 (week ending 2 June 2019), when 1 374 suspected cases were reported, the number of suspected cases reported weekly has been on a decreasing trend until it plateaued in week 30 (week ending 28 July 2019) with an average of 150 suspected cases reported weekly until the end of the year.

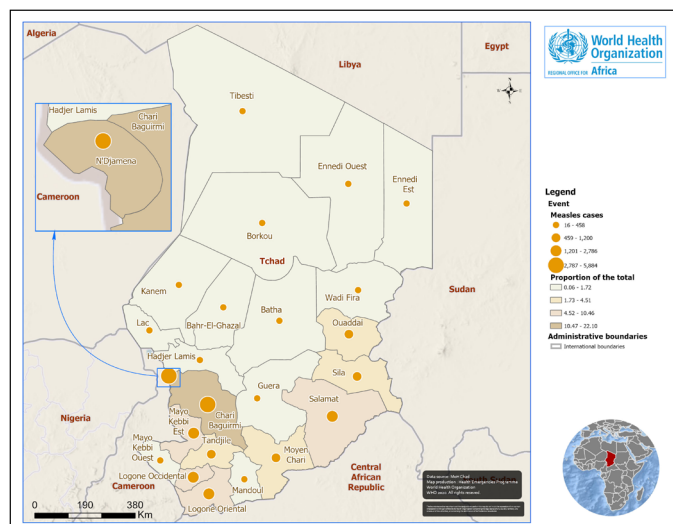
From week 1 to 52 of 2019, a total of 26 623 suspected measles cases with 259 associated deaths (case fatality ratio 1.0%) was reported. Among these, 455 serum samples were collected for laboratory analyses, 296 (65%) of which were IgM positive for measles virus. During the same period, seven districts reported over 1 000 suspected cases: Bousso (2 307 cases), East N'Djamena (1 706 cases), Moundou (1 680 cases), Am Timan (1 674 cases), N'Djamena South (1 521 cases), N'Djamena Centre (1 348 cases) and Bongor (1 345 cases). These districts alone accounted for 43.5% of suspected measles cases reported in the country. The most affected age group was children less than 10 years of age, accounting for 78% of the affected population.

Of the 1 895 cases investigated from week 1 to week 52 of 2019, 1 531 (81%) had not been previously vaccinated for measles. Furthermore, according to the WHO/UNICEF estimates of National Immunization Coverage, the vaccination coverage for measles containing vaccine 1 (MCV1) has remained low in the country with a ten-year average of 45% and an annual coverage of 37% in 2018. These coverages are nowhere near the Global Vaccine Action Plan 2011–2020 (GVAP) target endorsed by the World Health Assembly in 2012, which calls on all countries to reach $\geq 90\%$ national coverage with all vaccines in the country's national immunization schedule by 2020.

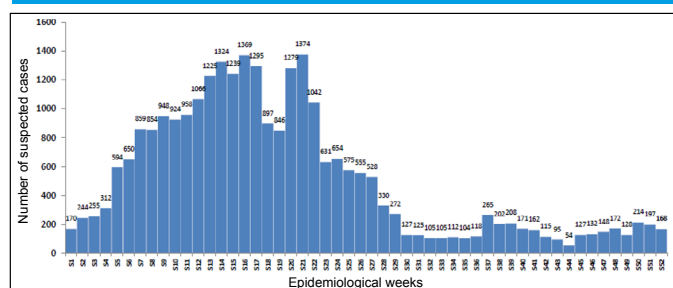
PUBLIC HEALTH ACTIONS

- Between 12 and 18 December 2019, a measles vaccination campaign targeting 424 507 children aged between 0 and 59 months was conducted in 14 health districts (Moulikou, Bahai, Benoye, Moundou, Beinamar, Bebedja, Doba, Goré, Laramanaye, Donia, PontCarol, Maro, Lai and Donomanga).
- The Measles Task Force, comprising the Ministry of Health, WHO, UNICEF and other partners, continues to coordinate the outbreak response activities.
- WHO continues to provide technical support for the production of information products including the preparation and dissemination of a weekly situation report on the evolution and the management of the outbreak.

Geographic distribution of measles cases in Chad, week 1 - 52 of 2019.



Number of suspected measles cases by reporting week, week 1-52 of 2019, Chad



- Health partners continue to support the ministry of health with case management services in several health facilities in addition to the setting up of isolation and nutrition therapy centres and the donation of free medicines and medical equipment.

SITUATION INTERPRETATION

The measles outbreak in Chad has been ongoing since mid-2018. Following several rounds of vaccination campaigns, the case incidence has been on decreasing trend. With the vaccination coverages in the country remaining constantly suboptimal, significant investments should be made by the government and health partners to improve the vaccination coverage through the implementation of high quality supplemental immunization activities while the challenges being faced with routine immunization are being identified and resolved.

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 13 health areas reporting confirmed cases in the past 21 days (29 December 2019 to 18 January 2020). Since our last report on 12 January 2020 (*Weekly Bulletin 2*), there have been 16 new confirmed cases and two new deaths. The principle hot spots of the outbreak in the past 21 days are Mabalako (35%; $n=13$ cases), Beni (27%; $n=10$), Butembo (19%; $n=7$), and Mambasa (11%; $n=4$). Two health zones, Beni and Mabalako, have reported new confirmed cases in the past seven days.

As of 18 January 2020, a total of 3 412 EVD cases, including 3 293 confirmed and 119 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 (82), Mandima (347), Nyakunde (2), Rwampara (8) and Tchomia (2) in Ituri Province; Alimbongo (5), Beni (705), Biena (19), Butembo (295), Goma (1), Kalunguta (198), Katwa (653), Kayna (28), Kyondo (25), Lubero (31), Mabalako (462), Manguredjipa (18), Masereka (50), Musienene (85), Mutwanga (32), Nyiragongo (3), Oicha (65), Pinga (1) and Vuhovi (103) in North Kivu Province and Mwenga (6) in South Kivu Province.

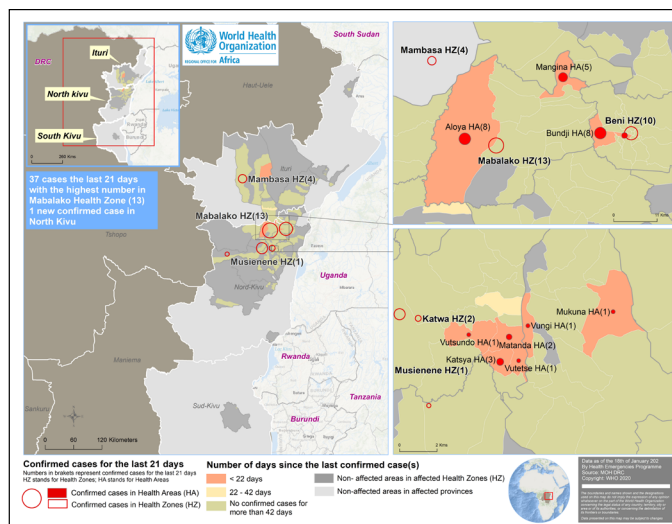
As of 18 January 2020, a total of 2 237 deaths were recorded, including 2 118 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 64% (2 118/3 293). As of 18 January 2020, the total number of health workers affected has risen to 171, still representing 5% of confirmed and probable cases.

Contact tracing is ongoing in seven health zones. A total of 2 688 contacts are under follow-up as of 18 January 2020, of which 2 539 (94.5%) have been seen in the past 24 hours. Alerts in the affected provinces continue to be raised and investigated. Of 5 018 alerts processed (of which 4 939 were new) in reporting health zones on 18 January 2020, 4 916 were investigated and 438 (8.9%) were validated as suspected cases.

PUBLIC HEALTH ACTIONS

- Response and surveillance activities continue in all affected areas. However, there was an attack on response teams in Masereka during the reporting period, and the security situation in Bunia is precarious.
- As of 18 January 2020, a cumulative total of 269 480 people have been vaccinated since the start of the outbreak in August 2018.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 140 million screenings to date. A total of 106/109 (97.2%) PoE/PoC transmitted reports as of 18 January 2020.
- Water, sanitation and hygiene (WASH) activities continue, with 16 health facilities evaluated in Beni and Mabalako health zones and 283 hand washing points evaluated in Oicha, Mabalako and Mambasa.

Geographical distribution of confirmed Ebola virus disease cases reported from 29 December 2019 to 18 January 2020, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo



- Community awareness and mobilization messages are being updated, revised and harmonized and have been pre-tested by the commission and will subsequently be shared in coordination and sub-coordination activities.
- In Beni, the Bundji neighbourhood chief and community leaders mobilized the local population to increase vigilance with visitors and collaboration with response teams. In addition, 218 heads of households around the last confirmed cases in Mabalako and Beni health zones were sensitized to response activities; in Ndini a public forum was organized with the nearby town of Beni to alert the population to the resurgence of EVD in Beni Health Zone.

SITUATION INTERPRETATION

New confirmed cases continue to be reported in Beni, Mabalako and Butembo in North Kivu Province in areas that have not seen new cases for several weeks. Resistance to response activities continues, particularly in North Kivu Province, which continues to hamper response efforts, with resulting resurgence of transmission. There are continued efforts to engage with the community and to upscale response activities in affected regions in order to bring the outbreak to a close.

EVENT DESCRIPTION

The complex and protracted humanitarian crisis that has plagued Democratic Republic of the Congo continues, characterized by continuing insecurity and conflict. Ituri and North Kivu provinces are particularly affected, which is of grave concern in the light of the ongoing Ebola virus disease outbreak in these provinces as well as the large measles outbreak affecting much of the country.

In Ituri Province, clashes between armed groups in the coastal part of Lake Albert led to population displacement of several villages into more stable areas. This resumption of violence is likely to interrupt return movement of people previously displaced from this coastal area, which had started in August 2019. Additionally, the coastal area of Lake Albert is currently inaccessible to humanitarians. In Bunia, several dwellings and crops in fields were destroyed by fires that were deliberately set by unknown persons and people have been displaced to surrounding villages. In Mahagi Territory, 26 civilians were wounded in a machete attack during the night of 28-29 December 2019. In Mambasa there has been massive population displacement from Lwemba to Biakato, Mambasa Centre and to North Kivu following threats of attacks by militiamen. Internally displaced persons (IDPs) from the Katirogo site in Bunia Health Zone have not received humanitarian assistance for more than six months and water, sanitation and hygiene (WASH) is currently unavailable in the area and humanitarian partners working in the area have been notified.

In South Kivu Province operations against rebels in the Kalehe Highlands resulted in the capture and transfer of 1 500 dependents to a military camp near Bukavu who were then repatriated to Rwanda with UNHCR support. There are 263 252 IDPs still present in Itombe, Fizi, Nundu and Minembwe reception areas. On 27 December 2019 one member of UNHCR staff and two UNHCR guards were abducted, but then released on 30 December 2019, resulting Fizi Territory being classified 'red' following the incident.

Epidemic-prone diseases continue. During week 52 of 2019 (week ending 28 December 2019) the main causes of morbidity were malaria, acute respiratory infections and typhoid fever, with 316 330, 113 699 and 26 738 new cases respectively. At the end of 2019 there have been a total of 18 836 175 suspected malaria cases and 18 531 deaths (case fatality ratio 0.1%). Measles and Ebola virus disease outbreaks are ongoing. Other outbreaks include monkey pox, bubonic plague and vaccine derived poliomyelitis.

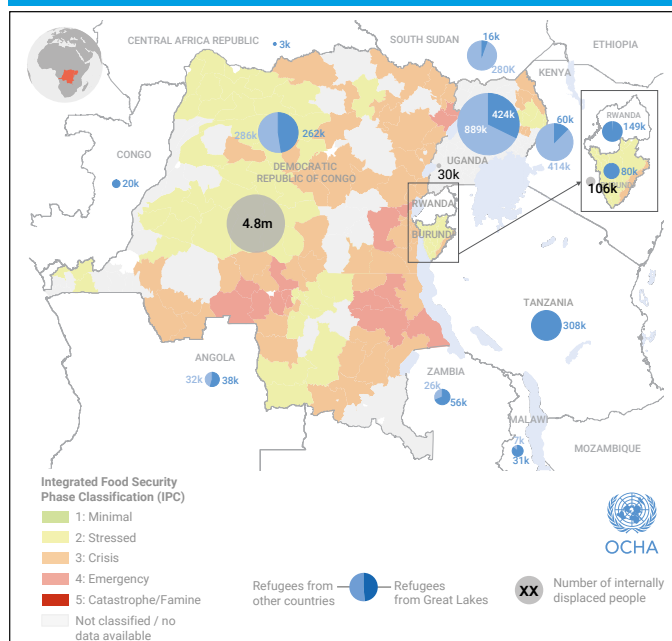
A cholera outbreak is ongoing, with 30 304 suspected cases and 514 deaths (case fatality ratio 1.7%) reported in 2019, in 23 provinces. During week 52 of 2019, 630 cases and three deaths (case fatality ratio 0.5%) were reported in 26 health zones in nine provinces. Five provinces (South Kivu, North Kivu, Tanganyika, Tshopo and Haut-Lomami) reported 85% of these cases. However, overall the trend has been declining since week 37 of 2019 (week ending 14 September 2019), with a slight increase in week 52. Endemic provinces reported 80% of cases in week 52.

PUBLIC HEALTH ACTIONS

- WHO continues to coordinate response to humanitarian emergencies and epidemiological surveillance, along with capacity building in IT and community-based surveillance.
- WHO and partners (Médicines Sans Frontières, CARITAS, UNICEF

[Go to overview](#)

Map of humanitarian snapshot in Democratic Republic of the Congo, as of October 2019.



etc.) continue to provide free medical care and provision of kits, WASH interventions, care for malnourished children and dignity kits to vulnerable displaced women and children, including survivors of sexual violence in Kananga Health Zone, Kasai-Central Province.

- The cholera response continues in affected areas with the support of WHO and other partners.
- The cholera response plan covering September to December 2019, developed jointly with PNECHOL-MD and funded by WHO continues, with implementation of priority response activities in major outbreaks. In addition, WHO-supported field experts continue to provide technical support to the main outbreaks, which are supplied with case management inputs, including laboratory input for case confirmation.
- Response to the vaccine-derived poliomyelitis (VCDPV2) continues, with preparation for immunization activities in Upper Lomami Province from 9-11 January 2020, and round 1 immunization activities scheduled for 23-25 January 2020 in Kwango and Kwilu provinces; active case search visits are being conducted with the e-Survev tool, along with completion of 16 formative supervision visits integrated with the ISS tool.
- Response to the bubonic plague outbreak is underway with coordination meetings, awareness measures and epidemiological surveillance and active case search.

SITUATION INTERPRETATION

Continuing insecurity and major infectious disease outbreaks persist in Democratic Republic of the Congo, driving this ongoing humanitarian crisis. There is no sign of this abating. Local and national authorities and partners continue to mount robust responses to ongoing infectious disease outbreaks in the face of shrinking humanitarian space and the constant danger of personal injury. Intervention at national and international level is urgently needed to bring an end to this large and complex crisis.

[Go to map of the outbreaks](#)

EVENT DESCRIPTION

The humanitarian crisis in Mali is long-standing and complex. At the end of 2019 the Committee on Population Movement reported 201 429 internally displaced persons (IDPs), which equates to 37 302 households. Of these IDPs 54% are women and 53% are under the age of 18. There are 138 659 Malian refugees in neighbouring countries, and 74 733 returnees. The health situation in this context remains precarious, with few of these populations receiving basic medical care due to lack of access, as a result of non-functioning health structures and a limited presence of partners working in primary health. This has resulted in low immunization coverage, with an estimated 69.8% of children immunized against measles in 2018 according to the Mali Demographic and Health Survey. Emergency reproductive, obstetric and neonatal health services are also severely affected, with only 50% of women giving birth with the assistance of qualified health personnel. The north and central regions of the country are particularly affected, specifically Gao, Kidal, Tombouctou, Mopti and Ségou regions. Currently less than 7% of the State budget is allocated to health and the Humanitarian Response Plan (2019) is only 50% funded in the health sector.

Outbreaks of epidemic-prone diseases persist. As of 12 January 2020 meningitis, measles, yellow fever and acute flaccid paralysis have been reported from 11 regions of the country (Kayes, Koulikoro, Sikasso, Ségou, Mopti, Tombouctou, Gao, Kidal, Ménaka, Taoudénit and Bamako). From 6-12 January 2020 there have been 45 094 suspected cases of malaria, of which 24 892 tested positive for the disease, with nine deaths (case fatality ratio 0.023%).

A total of 3 572 cases of acute malnutrition were reported as of 12 January 2020, 53% of which are severe acute malnutrition. In addition, 13 malnutrition-related deaths have been reported so far in 2020.

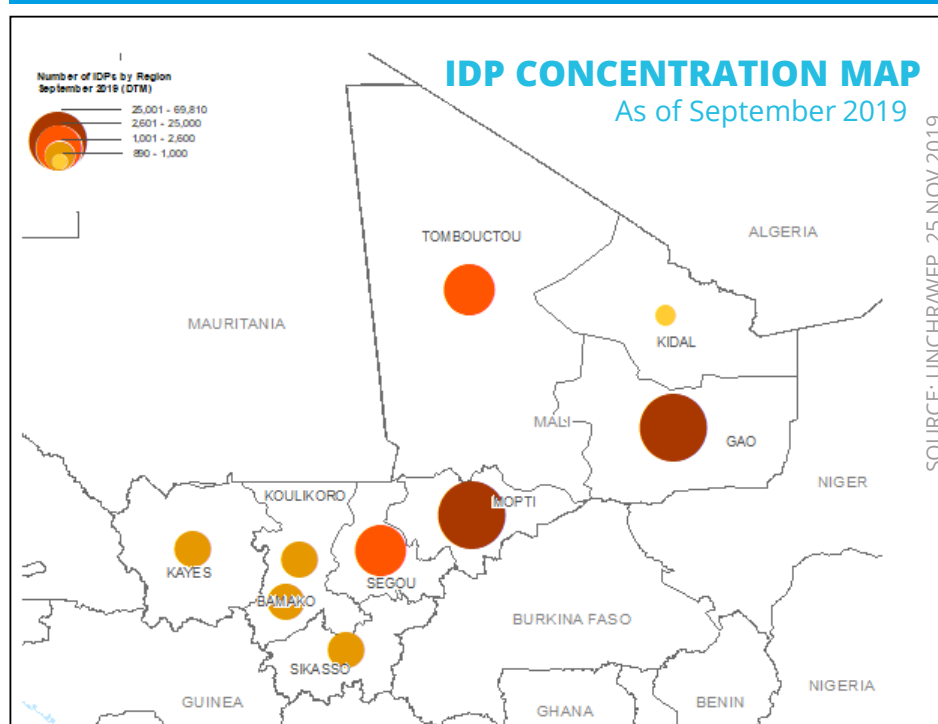
PUBLIC HEALTH ACTIONS

- At the start of 2020, 1.47 million persons in need have been identified and will be prioritized by the health cluster, including 404 400 women of childbearing age (15 to 49 years), of whom 160 000 will be pregnant and will require reproductive health services and gender-based violence services. More than 400 000 children under the age of five have been targeted to receive preventive, curative and promotional health services.
- Partners in the health cluster continue to respond to humanitarian needs, strengthening health information systems, strengthening outbreak preparedness systems, and ensuring access to services.
- Incident Managers continue to be trained for field response by the Direction des Opérations d'Urgence en Santé Publique.

SITUATION INTERPRETATION

The situation in Mali continues to be of concern with no letup in the insecurity that has characterized this humanitarian crisis, resulting in persistent gaps in humanitarian access and low coverage of community-based activities and no emergency kits available. In addition, there are limited funds to recruit staff, including those in the WHO Country Office. Funding is urgently required to complete the health portion of the Humanitarian Response Plan and to provide the necessary staff for health-related response. National and international authorities and partners need to address the underlying drivers of the insecurity to try to alleviate the situation for these vulnerable populations.

Map of Internally Displaced Persons in Mali, as of September 2019



Summary of major issues, challenges and proposed actions

Major issues and challenges

- Although the epidemiologic situation of measles in Chad has improved since the peak of the outbreak, the persistence of measles cases reported in several districts is concerning. This is likely the result of persistently insufficient population immunity in different age groups or hard-to-reach populations.
- Democratic Republic of the Congo is plagued by insecurity, infectious disease outbreaks and consequent major population displacement. Basic infrastructure is lacking in most areas, along with poor access to healthcare. Country-wide, coordination is poor and funding insufficient to deal with the many needs.

Proposed actions

- WHO should work closely with partners and national authorities in order to reinforce immunization systems in Chad. Addressing existing gaps in the immunization system should be a priority consideration in planning and conducting the response to this measles outbreak as it is critical to prevent similar outbreaks in the future.
- Democratic Republic of the Congo requires strengthening of the country's level of preparedness to deal with epidemics and other public health emergencies in the context of a protracted complex humanitarian crisis, as well as the will at national level to improve health and sanitation and hygiene and other infrastructure across the country.

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
New Events									
Cameroon	Monkeypox	Ungraded	14-Jan-20	8-Jan-20	17-Jan-20	2	1	1	50.0%
WHO was notified of an outbreak of monkeypox on 14 January 2020 by the Ministry of Public Health in Cameroon following the confirmation of the monkeypox case by the Institut Pasteur laboratory on 08 January 2020. The index case is a 13-month-old child from Tomba1 village, health area of Ayos Urbain, Ayos Health district, centre region, who consulted at Arche de Noé health center on 20 December 2019 with signs compatible with monkeypox. The child was referred to the Regional Hospital annex of Ayos, then at Chantal Biya hospital on 24 and 26 December 2019 respectively. The child died on 2 January 2020. The second confirmed case is the mother of the dead child.									
Ongoing Events									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	5-Apr-19	11-Dec-19	71	71	0	0.0%
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	7.7%
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	Meningitis	Ungraded	6-Jan-20	9-Dec-19	15-Jan-20	78	21	13	16.7%
On 6 January 2020, the Ministry of Health of Benin notified WHO of an outbreak of meningitis in Banikoara Commune, Alibori Department, Northern Benin. The current outbreak reportedly began in week 50 (week ending 15 December 2019) when a cluster of four case-patients with signs and symptoms suggestive of meningitis were reported from Banikoara Commune. Of these, three were subsequently confirmed as having bacterial meningitis infection. In the following week, an additional 13 cases were reported from the same area, thus exceeding the epidemic threshold for the disease. From 9 December 2019 to 5 January 2020, a cumulative total of 78 cases with 13 deaths (case fatality ratio 17%) have been reported Banikoara Commune. Of these, 16 cases with six deaths have been confirmed for bacterial meningitis infection.									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	11-Dec-19	6	6	0	0.0%
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	1-Jan-19	1-Jan-19	9-Dec-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 560 033 internally displaced persons registered as of 9 December 2019 in all 13 regions in the country. The regions of Sahel, Centre-North, the North, the East and Boucle du Mouhoun are the most affected. Health services are severely affected and as of 9 December 2019, Ministry of Health figures show that 95 health facilities in six regions have closed and 135 others have reduced their services, resulting in no immunization strategies or high coverage. Morbidity due to epidemic-prone diseases remains high									
Burundi	Cholera	Ungraded	5-Jun-19	1-Jun-19	5-Nov-19	1 064	288	6	0.6%
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		1-Jan-19	22-Dec-19	8 724 857		3 233	0.0%
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 51 (week ending 22 December 2019), 152 960 cases including 63 deaths have been reported. There is a 90% increase in the number of cases reported in week 51 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	5-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 by Boko Haram members have been registered and led to 5 missing 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, and 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.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cameroon	Humanitarian crisis (NW & SW)	Grade 2	1-Oct-16	27-Jun-18	20-Dec-19	-	-	-	-
The humanitarian situation in the Northwest and Southwest (NW & SW) of Cameroon continues to deteriorate with rising tensions between separatists and military forces. Between 9 and 15 December 2019, an estimated 5 475 people (782 households) were forced to flee their villages following a series of military operations and community clashes throughout the North West region. Military operations in the Momo, Mezam, Boyo, Ngo Ketunjia, Donga Mantung and Bui Divisions have led to the displacement of 2 775 people, while community clashes in the Boyo division caused 2 700 people to flee their homes. This unrest continues to affect access to basic services including healthcare, education, shelter, food security and WASH.									
Cameroon	Cholera	Ungraded	1-Mar-19	1-Mar-19	9-Jan-20	1 307	169	55	4.2%
The Cholera outbreak continues to improve in the 3 affected regions of Cameroon (North, Far North and South West). Since the beginning of the year 2020, cholera cases are reported only from the 2 districts of the South West (Bakassi and Ekondo Titi). No new cases of cholera have been reported in North and Far North regions since epidemiological weeks 51 and 48 respectively. From January 2019 to date, a total of 1307 cases of cholera, with 55 deaths were reported from the three affected regions and the majority of those cases (57%) were reported from the North region.									
Cameroon	Measles	Ungraded	2-Apr-19	1-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, Fighil, Ngong, Mora, Maroua 3, Vélé, Pitoa, Maroua 1, Bourha, Touboro, Mogodé, Bibémi, Garoua 1, Garoua 2, Lagdo, Tcholliré, Guidiguig, 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	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	1-Oct-19	1-Oct-19	30-Dec-19	-	-	-	-
The Central Africa Republic (CAR) has been hit by torrential rain since October 2019 which has 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 Bangui. Currently, the situation is improving and the internally displaced persons are returning to their places of origin. As of 24 December 2019, there were 77 275 people displaced by the floods, with 5 299 displaced in Bangui.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	24-Dec-19	-	-	-	-
Civil unrest and food insecurity in most parts of the country including major cities are continuing to cause a complex humanitarian situation. The security situation remains tense in Vakaga Health District after clashes between rival armed groups in Amdafock and Bihera in the week of 16-22 December 2019. Ten wounded were treated at Birao Hospital, with one requiring evacuation to Bambari Hospital by the International Red Cross. Other wounded are reportedly still in the bush. As of 24 December 2019, there are an estimated 2.5 million people affected, with more than 600 000 internally displaced persons (IDPs) and 601 994 Central African refugees in neighbouring countries.									
Central African Republic	Measles	Ungraded	15-Mar-19	11-Feb-19	29-Dec-19	2 904	98	49	1.7%
As of week 52 (week ending on 29 December 2019), a total of 2 904 measles cases including 98 confirmed cases and 49 deaths have been reported in five districts: Alindao-Mingala, Bambari, Batangafo-Kabo, Bocaranga-Koui, Nana-Gribizi, Ngaoundaye, 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	0.0%
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	1-Jan-19	5-Jan-20	26 623	296	259	1.0%
Detailed update given above.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	19-Jan-20	2	2	0	0.0%
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	22-Dec-19	218	59	0	0.0%
As of 22 December 2019, a total of 218 suspected cases with zero deaths have been reported from health facilities in Grande Comore Island. Of these, 59 cases have been confirmed (40 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), Mitsoudjé (2), and Oichili (1). The 19 epi-linked cases are from Moroni district.									
Congo	Floods	Ungraded	22-Nov-19	3-Oct-19	10-Dec-19	-	-	-	-
Since 3 October 2019, heavy rains resulted in floods in 8 out of 12 departments of the Republic of Congo, namely: Likouala, Cuvette, Plateaux, Sangha, Kouilou, Niari, Brazzaville and Pointe-Noire. As a result of the floods, homes and public infrastructure 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. On 19 November 2019, the Congolese government declared a state of emergency in the affected areas. As of 10 December 2019, at least 170 000 people have been affected.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Congo	Chikungunya	Grade 1	22-Jan-19	7-Jan-19	29-Sep-19	11 434	148	0	0.0%
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	8-Dec-19	-	-	-	-
During week 43, the Lomami River, the Tshopo rivers and other tributaries of the Congo River have experienced a rise in water levels as a result of heavy rains. The provinces of South-Ubangi, North-Ubangi and Tshopo were particularly affected by major floods. Significant infrastructural damage was observed in affected health zones including: damage to fields (400), water sources (161), schools (15), toilets (990) and residential houses (4990). Approximately 123 491 people are homeless and lack basic necessities. From November 22 to 25, 2019, the overflowing of the Ulindi River and its tributaries caused floods in several localities of Shabunda territory, the most affected of which are those of Shabunda-Center, Mulungu, Kamulila and Katchungu. Overall, 500 homes, over 1 300 fish fields and ponds, 3 schools and 1 community training center were destroyed. At least 9,000 people were left homeless throughout the Shabunda Territory.									
Democratic Republic of the Congo	Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	24-Dec-19	-	-	-	-
Detailed update given above.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-19	15-Dec-19	29 087	-	501	1.7%
During week 50 (week ending 15 December 2019), a total of 585 suspected cases of cholera and 5 deaths (CFR 0.85%) were notified from 56 health zones in 13 provinces. The endemic provinces of North-Kivu, South-Kivu, Haut-Lomami, Haut-Katanga, Tshopo and Tanganyika account for 91% of cases reported during week 50. Between week 1 and week 50 of 2019, a total of 29 087 cases including 501 deaths (CFR 1.7%) have been notified from 23 out of 26 provinces. Compared to the same period in 2018 (week 1-50), there is a 2.3 % decrease in the number of reported cases and a 39% decrease in the number of deaths.									
Democratic Republic of the Congo	Ebola virus disease	Grade 3	31-Jul-18	11-May-18	18-Jan-19	3 412	3 296	2 237	66.0%
Detailed update given above.									
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	1-Jan-19	5-Jan-20	316 550	6 304	6 102	1.9%
In week 1 (week ending 5 January 2020), 4 983 measles cases including 57 deaths (CFR 1.1%) were reported across the country. There is an increased number of new cases reported in week 1 of 2020 compared to week 52 of 2019. Since the beginning of 2019, 316 550 measles cases including 6 101 deaths (CFR 1.9%) have been recorded in 26 provinces. In total, 253 (49%) of the 519 health zones across the 26 provinces of the country have reported a confirmed measles outbreak. The outbreak is currently active in the western provinces of the country, more precisely in the Maindombe, Tshuapa, Ecuador, Lualaba and Kwilu. A total of 2 717 cases were laboratory confirmed (IgM+).									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-19	15-Dec-19	5 117	-	104	2.0%
Since the beginning of 2019, a cumulative total of 5 117 monkeypox cases, including 104 deaths (CFR 2%) were reported from 19 provinces. Most cases were reported from the provinces of Sankuru (117), Tshuapa (42), Bas-Uele (39) and Equateur (23). A decreasing trend in the number of cases has been noted since week 45. In week 50 (week ending 15 December 2019), 57 cases and one death were reported nationally including 41 cases from Sankuru and 23 cases from Bas-Uele provinces.									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	28-Feb-19	15-Dec-19	51	-	8	15.7%
From week 1 to 50 of 2019, a total of 51 cases of bubonic plague including eight deaths have been reported in the country. Aru health zone in Ituri province accounts for 81% of reported cases. No new cases were reported in week 50. The first five cases were reported during week 10 of 2019 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) from Aru health zone. The case incidence has been on a steep decline since week 40, following the implementation of response measures from the Ministry of Health and its partners.									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	15-Feb-18	1-Jan-18	3-Jan-20	84	84	0	0.0%
No new cases of cVDPV2 were reported this week. 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.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ethiopia	Chikungunya	Ungraded	25-Jul-19	27-May-19	8-Dec-19	54 908	29	0	0.0%
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	8-Dec-19	2 089	60	21	1.0%
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	3-Nov-19	9-Sep-19	8-Dec-19	1 251	6	0	0.0%
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	1-Jan-19	8-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.									
Ethiopia	Poliomyelitis (cVDPV2)	Ungraded	24-Jun-19	20-May-19	18-Dec-19	5	5	0	0.0%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The onsets 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	9-Jul-19	8-Jul-19	18-Dec-19	9	9	0	0.0%
Two new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) cases were reported in the past week. There are eleven cVDPV2 cases in 2019 linked to the Jigawa outbreak in Nigeria.									
Guinea	Measles	Ungraded	9-May-18	1-Jan-19	3-Nov-19	4 690	1 091	18	0.3%
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	2-Jan-19	29-Dec-19	5 150	264	39	0.8%
In week 52 (week ending 29 December 2019), 93 new suspected cases were reported from Wjir (42 cases), Garissa (31 cases) and Turkana (20 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, Kirinyaga, Turkana and Wajir.									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	1-Jan-19	15-Dec-19	2 879	1 665	34	1.2%
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	6-May-19	20-Mar-19	15-Dec-19	510	17	1	0.2%
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	0.0%
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	1-Jan-2019	12-Jan-20	79	45	20	25.3%
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	1-Jan-19	12-Jan-20	1 692	267	5	0.3%
In week 51 (week ending on 22 December 2019), 15 suspected cases were reported from 7 out of 15 counties across the country. Since the beginning of 2019, 1 692 cases have been reported across the country, of which 267 are laboratory-confirmed, 109 are epi-linked, and 827 are clinically confirmed.									
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	7-Dec-19	-	-	-	-
Detailed update given above.									
Mali	Dengue	Ungraded		1-Jan-19	7-Dec-19	20	9	0	0.0%
Cases of dengue continue to be reported in Communes IV (2 cases), V (3 cases) and VI (4 cases) of Bamako district. From Week 1 to week 48, a total of nine out of 16 samples tested positive. The last confirmed case was notified in week 47. Outbreak responses measures are being implemented in affected communes.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mali	Measles	Ungraded	20-Feb-18	1-Jan-19	12-Jan-20	1 215	360	0	0.0%
As of week 52 (week ending 29 December 2019), 1 215 suspected cases of measles have been reported from three regions in the country. Of these, 360 were confirmed IgM-positive.									
Mali	Yellow fever	Ungraded	3-Dec-19	3-Nov-19	22-Dec-19	41	5	7	17.1%
As of 22 December 2019, a total of 41 cases have been reported including 33 suspected cases, 3 probable cases and 5 confirmed from two regions: Sikasso and Koulikoro. Five deaths have been reported including 2 among confirmed cases.									
Namibia	Hepatitis E	Protracted 1	18-Dec-17	8-Sep-17	15-Dec-19	6 974	1 704	59	0.8%
In weeks 49 and 50 (week ending 15 December 2019), 51 cases were reported from five regions of Namibia with the majority (35 cases) from Khomas region. There was a decrease in the number of cases reported in weeks 49 and 50 compared to weeks 47 and 48. As of 15 December 2019, a cumulative total of 1 704 laboratory-confirmed, 4 319 epidemiologically-linked, and 951 suspected have been reported countrywide. A cumulative number of 59 deaths have been reported nationally (CFR 0.8%), of which 24 (41%) occurred in pregnant or post-partum women. Cases have been reported from 12 out of 14 regions of Namibia, namely, Khomas, Omusati, Erongo, Oshana, Oshikoto, Kavango, Ohangwena, Omaheke, Hardap, Karas, Otjozondjupa, and Kunene regions.									
Niger	Flood	Ungraded	1-Jun-19	1-Jun-19	20-Dec-19	-	-	-	-%
Niger was affected by heavy rains followed by floods since June to September 2019. A total of 211 366 people were affected, including 57 people who died and 16 375 houses collapsed during that period. A second wave of flooding has been reported since October 2019 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 for basic health and social services such as shelters, food and non-food items, and WASH assistance.									
Niger	Humanitarian crisis	Protracted 1	1-Feb-15	1-Feb-15	18-Dec-19	-	-	-	-
The security situation continues to worsen in bordering areas of Burkina Fasso, Mali and Nigeria following Boko Haram and Jihadistes attacks in the region. The number of displaced people is increasing in Tillabéri, Maradi, Diffa. Since September 2019, more than 40 000 Nigerian refugees have crossed the border seeking safety in west Niger and the Burkina Faso border area has seen increasing attacks by jihadist armed groups against the local population and authorities, leading to states of emergency declared in several departments. This security situation is hampering the humanitarian access and affecting the access to basic health and social services. A total of 46 health posts and 4 health centers have closed due to insecurity.									
Niger	Measles	Ungraded	10-May-19	1-Jan-19	29-Dec-19	10 207	-	55	0.5%
As of week 52 (week ending 29 December 2019), 10 207 suspected measles cases have been reported from eight regions the country. The cases have been reported Maradi (3 581 cases including 8 deaths), Tahoua (1 932 including 25 deaths), Zinder (1 574 including 11 deaths), Niamey (1 271 with 1 death), Tillabéri (636 including 3 deaths), Agadez (575 including 3 death), Diffa (314 with no deaths) and Dosso (324 cases including 4 deaths). During week 52, three cases and no death were reported from Tahoua (1) and Zinder (2). No health district crossed the epidemic threshold during week 52. Since the peak of the outbreak in week 12, and following a vaccination campaign in mid-September 2019, the case incidence has been on a continuous decline.									
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	15-Dec-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	9-Dec-19	895	207	15	1.7%
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	1-Jan-19	1-Dec-19	812	793	181	22.3%
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 (19) health care 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	1-Jan-19	30-Nov-19	58 916	2 767	289	0.5%
Between epi weeks 44 - 48 (week ending 30 November 2019), a total of 2 064 suspected cases of measles were reported from 36 states including 7 deaths (CFR 0.3%). Katsina (342), Borno (248), Kaduna (237), Yobe (216), Sokoto (142), Kano (106) and Adamawa (83) account for 67% of all the cases reported in the time period. Between epi week 1 and 48, a total of 58 916 suspected cases have been recorded from 759 LGAs in 36 states and FCT with 289 deaths (CFR 0.5%). Of the 12 467 samples tested, 2 767 were IgM positive for measles.									
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	30-Nov-19	336	181	7	2.1%
The country continues to report monkeypox cases since September 2019. Eight new cases were reported in the month of November 2019 from five states with no associated deaths. Only one suspected case was confirmed in Oyo state. A total of 106 suspected cases have been reported so far in 2019, 44 of which were confirmed in nine states.									
Nigeria	Polioymyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	18-Dec-19	52	52	0	0.0%
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.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Nigeria	Yellow fever	Ungraded	14-Sep-17	1-Jan-19	16-Nov-19	3 787	129	192	5.1%
From 1 January 2019 to 16 November 2019, a total of 3787 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	6-Dec-19	7	5	4	57.1%
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.									
South Sudan	Flood	Ungraded	28-Oct-19	29-Oct-19	15-Jan-20	-	-	-	-
The aftermath of the floods has led to an increase in water-borne diseases such as acute watery diarrhoea and vector-borne diseases such as malaria. The water levels continue to recede in most of the flood affected areas, and most people are returning to their homes. Nevertheless, up to 21 000 flood-affected households in priority locations still require humanitarian assistance in early 2020.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	15-Jan-20	-	-	-	-
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	-	3-Jan-18	29-Dec-19	137	41	2	1.5%
The current outbreak in Bentiu POC continues. In week 52 (week ending 29 December 2019), three new suspected cases of Hepatitis E were reported. As of reporting date, a total of 125 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	29-Dec-19	4 414	215	23	0.5%
Between week 1 to week 52 of 2019, a total of 4 414 suspected cases of measles which 215 laboratory-confirmed with 23 deaths (CFR 0.6%) have been reported. The outbreak has affected 24 counties (Pibor; Abyei; Mayom; Gogrial West; Aweil South; Melut; Gogrial East; Juba; Tonj North; Aweil West; Aweil East; Renk; Wau; Tonj North; Jur River; Yambio, Budi, Ikotos, Maban and Aweil East, Ikotos, Tonj East, Magwi and Bomaand) and 4 POCs (Juba, Bentiu, Malakal and Wau).									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	18-Dec-19	3	3	0	0.0%
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	30-Nov-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 (28.8%) and Burundi (3.5). Most are women within the age group 18 - 59 years.									
Uganda	Rift valley fever	Ungraded	28-Nov-19	15-Nov-19	19-Dec-19	2	2	2	100.0%
On 5 December a second confirmed case of Rift Valley fever was reported from Ntoroko district, Uganda. This was a 25-year-old male from the Democratic Republic of Congo who was living and working in Kimara Village, Butungama sub-county in Ntoroko district, Uganda. Following the presentation of haemorrhagic symptoms on 5 December 2019, a viral haemorrhagic diseases was suspected and the case was isolated in an ETC for treatment. A sample was collected and sent to UVRI on the same day and the case-patient died on 6 December 2019. A safe and dignified burial was conducted on 17 December 2019. As of 19 December 2019, a total of 2 cases and 2 deaths have been reported from Ntoroko and Obongi Districts.									
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-19	16-Jul-19	18-Dec-19	2	2	0	0.0%
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.									
Closed Events									
Cameroon	Monkeypox	Ungraded	27-Sep-19	18-Sep-19	27-Sep-19	1	0	0	0.0%
A case of confirmed case of monkeypox was notified on 24 September 2019 in Ekondo-Titi health district in the South West region of Cameroon on the 18 of September 2019. It is a 14-year-old, male resident of Illor (Ekondo titi health district), who presented with measles-like symptoms. The laboratory result released on 23 September 2019 was positive for monkeypox (serotype similar to the West African strain). All supportive measures for case management were put in place and community-based surveillance was stepped up in this area. Since the notification of that case in September 2019, they have been no other information received from the country office of cases of monkeypox in the same area.									

†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

Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.