

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 6: 3-9 February 2020

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World Health
Organization

REGIONAL OFFICE FOR

Africa

WHO Health Emergencies Programme

1

New event

69

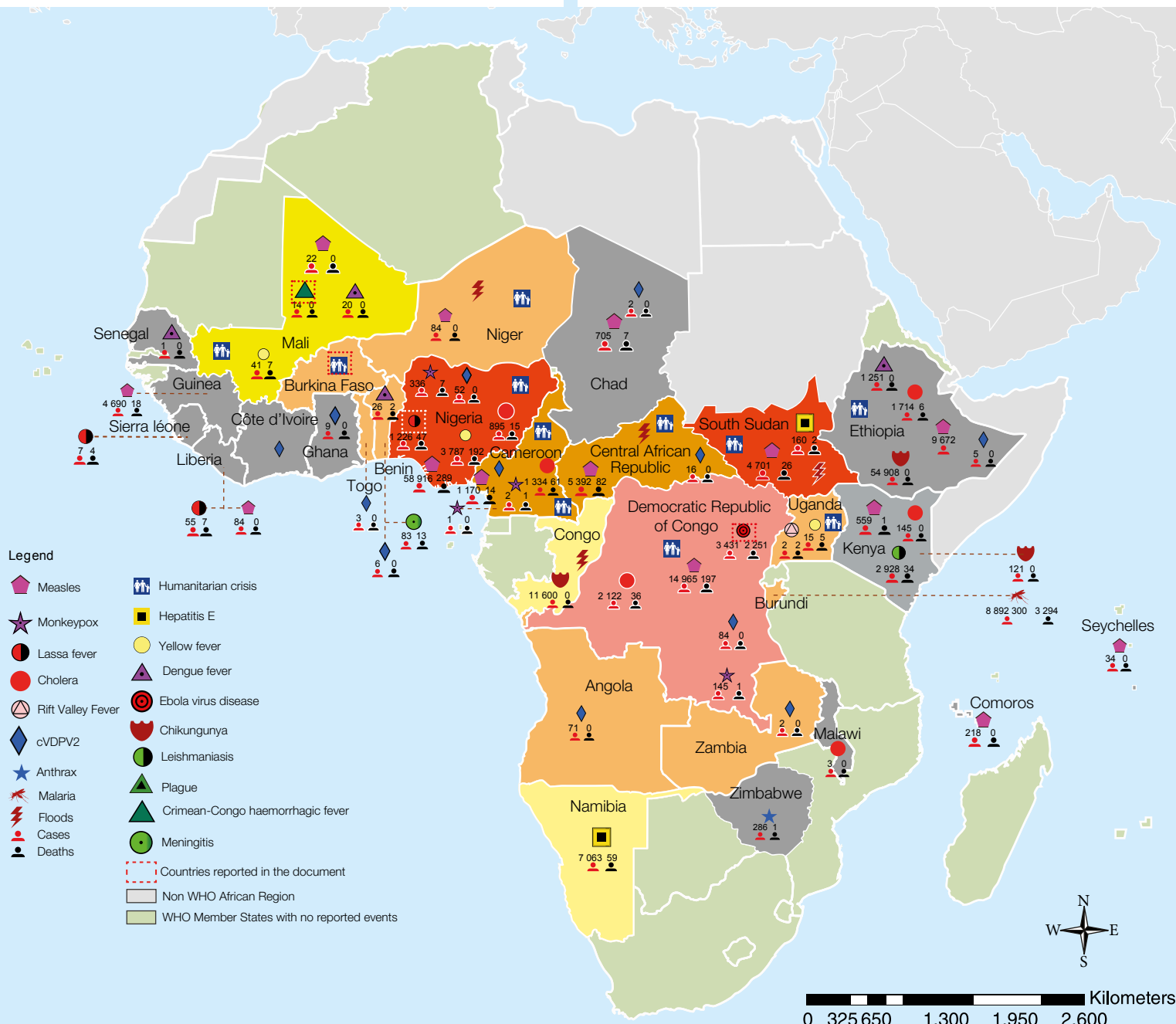
Ongoing events

56

Outbreaks

14

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

45

Ungraded events

Overview

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- 8 All events currently being monitored

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 70 events in the region. This week's main articles cover key new and ongoing events, including:

- [Crimean-Congo haemorrhagic fever in Mali](#)
- [Lassa fever in Nigeria](#)
- [Ebola virus disease in Democratic Republic of the Congo](#)
- [Humanitarian crisis in Burkina Faso](#)

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

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

Major issues and challenges include:

- The outbreak of Lassa fever in Nigeria continues to expand, with growing incidence cases as well as new affected states. In recent years, the country has been experiencing increasingly larger Lassa fever outbreaks. This trend is of great concern and calls for increased efforts to scale up preparedness and response actions, especially at sub-national and local levels. Importantly, the national authorities in Nigeria and the other countries where Lassa fever is endemic need to increase investments in longer-term preventive measures, including effective vector control and environmental management, social mobilization and community engagement strategies. These interventions need to be strongly rooted on a good understanding of the local anthropological and epidemiological knowledge of the disease.
- The humanitarian crisis in Burkina Faso continues to deteriorate, with worsening insecurity. Attacks on civilians, aid workers and military installations have sharply risen since January 2020. Accordingly, the number of displaced persons has reached unprecedented levels within a short period, grossly overwhelming the humanitarian response capacity on the ground. There is a need to scale up humanitarian response capacity on the ground as well as the required inputs. Notably, efforts to restore peace and security should be enhanced by the global communities.

Ongoing events

Crimean-Congo haemorrhagic fever

Mali

14 Cases : 7 Deaths : 50% CFR

EVENT DESCRIPTION

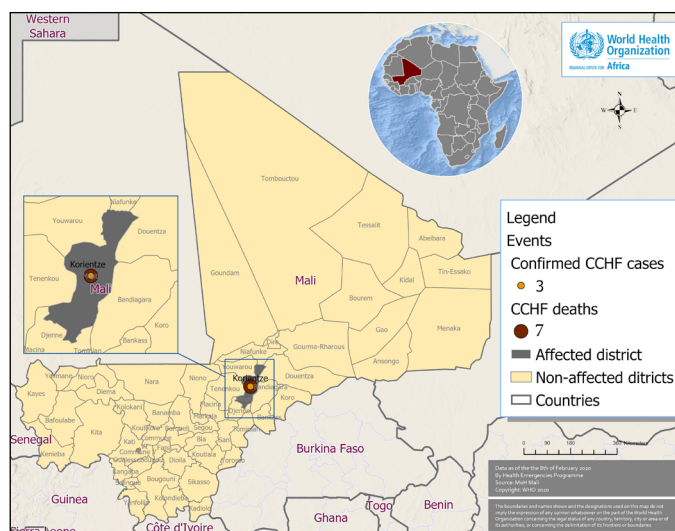
On 4 February 2020, the Ministry of Health and Social Affairs in Mali informed WHO of an outbreak of Crimean-Congo haemorrhagic fever (CCHF) in Mopti District, located in the south-eastern part of the country, at the border with Burkina Faso. The event was initially reported to the Mopti health authority on 1 February 2020 when a cluster of community deaths occurred and case-patients manifesting haemorrhagic symptoms presented to local health facilities in Korientzé health area. The index case in this event was a 39-year-old male shepherd from Kèra village who fell ill on 5 January 2020 with symptoms of epistaxis, haematemesis and general fatigue. The case-patient received unspecified treatment in the community and later died on 11 January 2020. On 15 January 2020, an aunt of the index case (who cared for him) developed a similar illness and died on 23 January 2020 in the community. Between 27 and 30 January 2020, three other family members fell ill with a similar illness and died in the community. During the same period, nine case-patients from the same community presented to the local health facilities with haemorrhagic symptoms. Blood specimens collected from the nine case-patients in admission were analysed at the National Public Health Institute. Of the nine specimens, three tested positive for CCHF virus infection, thus confirming the outbreak.

Between 5 January and 2 February 2020, a total of 14 suspected CCHF cases, including seven deaths (case fatality ratio 50%) have been reported. Of the seven deaths, five occurred in the community and two occurred in a health facility. A total of 13 out of the 14 suspected cases are females. Five case-patients remain admitted in healthcare facilities and are receiving treatment. Further investigation into this event is ongoing and updates will be provided as new information becomes available.

PUBLIC HEALTH ACTIONS

- The district rapid response team conducted initial outbreak investigation in the affected community and commenced implementing response activities. Preparations are ongoing to deploy the national rapid response team to carry out detailed epidemiological investigation and support local response.
- Disease surveillance is being strengthened in the affected region to facilitate early detection of suspected cases in the community and health facilities.
- Healthcare workers are being oriented to improve their capacity to respond to the outbreak effectively.
- Risk communication and community mobilization activities are ongoing using various approaches and channels.

Geographic distribution of Crimean-Congo haemorrhagic fever cases in Mali, 5 January - 4 February 2020.



SITUATION INTERPRETATION

The Ministry of Health in Mali has confirmed an outbreak of CCHF in Mopti district, an event coming after over a decade of no reported outbreaks of the disease in the country. However, recent sero-prevalence studies in both human and other animals demonstrated that the virus is circulating in the country. The affected region is plagued with intense insecurity resulting in a complex humanitarian crisis. Provision of and access to healthcare services is severely compromised, with the region being categorised as hard-to-reach due to the deteriorating insecurity. As a result, several of the initial cases died in the community at the beginning of the outbreak. Because of these factors, the current outbreak has the potential to escalate further. The national authorities and partners need to conduct detailed epidemiologic investigation to established the extent of this event and institute proportionate public health actions to bring it to a close.

EVENT DESCRIPTION

The outbreak of Lassa fever in Nigeria continues to propagate, with new states being affected weekly. Since our last report on 26 January 2020 (*Weekly Bulletin 4*), 202 additional confirmed Lassa fever cases have been reported and six new states have also been affected, four of which (Kano, FCT, Kebbi and Anambra) have never reported Lassa fever cases in the past. In week 5 (week ending 2 February 2020), 104 new confirmed Lassa fever cases have been reported from 15 states, compared to 95 cases reported in week 4, showing a continuous upward trend of cases reported weekly.

Between 1 January and 2 February 2020, a cumulative total of 1 226 suspected cases were reported in Nigeria. Among these, a total of 365 confirmed cases were recorded from 74 local government areas (LGAs) in 23 states, with the majority of confirmed cases coming from Edo (35%), Ondo (35%) and Ebonyi (6%) states. Among the 365 confirmed cases, 47 deaths have occurred, giving an overall case fatality ratio of 12.9%, which is considerably lower compared to that for the same period in 2019 (17.7%). The cumulative number of contacts follow up since week 1 2020 is 1 710, 412 of whom have completed the mandatory 21-day follow up period. A total of 361 cases are undergoing treatment in the various treatment centres across the country.

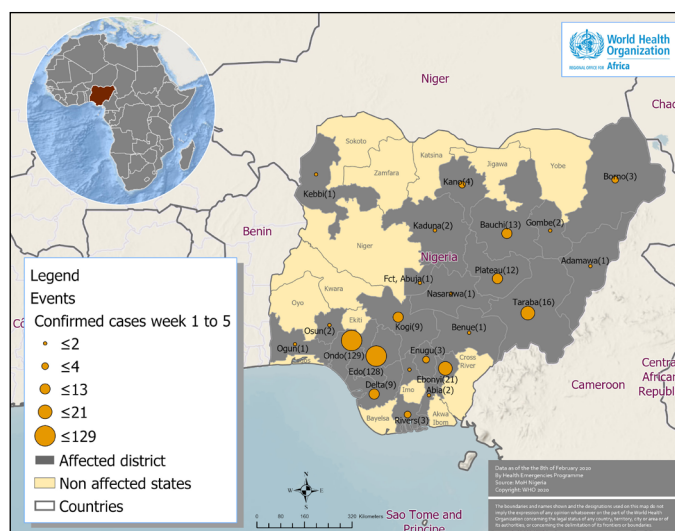
The outbreak has mainly affected individuals between the ages of 21 and 30 years, and the proportion of females affected is slightly higher than males (1.2:1). Since the beginning of the year, as of week 5 of 2020, 10 healthcare workers have been infected.

Other countries in the West African sub-region (Liberia and Sierra Leone) are currently experiencing Lassa fever outbreaks, although not linked to the ongoing outbreak in Nigeria. The neighbouring countries of Benin, Niger and Cameroon have not reported any cases of Lassa fever.

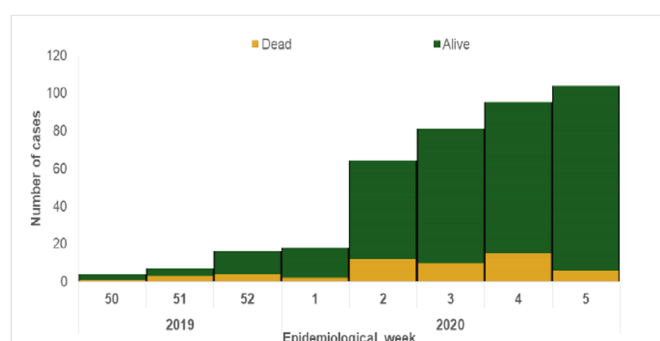
PUBLIC HEALTH ACTIONS

- The National Lassa Fever Technical Working Group (NLFTWG), activated on 24 January 2020, continues to coordinate the response at national level. At sub-national level, coordination continues at the Emergency Operation Centres (EOCs) established in the three most affected states of Ondo, Edo and Ebonyi.
- Rapid response teams led by the Nigeria Centre for Disease Control (NCDC) have been deployed to support outbreak response activities in Ondo, Ebonyi, Enugu, Kano and Borno states.
- Case-patients are being treated in the different treatment centres in the affected states with ribavirin and other supportive therapeutics. Guidelines for appropriate case management, safe and dignified burial and infection prevention and control (IPC) have been disseminated to the different states.
- Surveillance activities have been enhanced in the affected states with improved contact tracing and active case finding in affected LGAs. An updated tool for detailed case investigation has also been provided to investigation teams to ensure all relevant information is captured.

Geographic distribution of Lassa fever cases in Nigeria, 1 January - 2 February 2020.



Weekly trend of confirmed Lassa fever cases and deaths in Nigeria week 50, 2019 to week 5, 2020.



- Commodities to support outbreak response activities have been distributed to states and treatment centres, including personal protective equipment (PPEs), ribavirin (injection and tablets), beds, tents, body bags, thermometers, hypochlorite hand sanitizers, information, education and communication (IEC) materials, guidelines and standard operating procedures (SOPs).
- Targeted risk communication activities are ongoing in most affected states mainly through radio and social media messaging.

SITUATION INTERPRETATION

Lassa fever is known to be endemic in Nigeria and many West African countries where sporadic cases are reported all year round, with seasonal peaks typically between December and April. However, in recent years, the number of cases reported in Nigeria has continued to increase in an unprecedented manner, greater than reported in previous outbreaks. Response activities, under the leadership of the NCDC, continue in the most affected states albeit with challenges in all pillars of the response. The report of healthcare worker infection highlights the urgent need to strengthen IPC measures. Furthermore, country capacity to detect and respond to Lassa fever outbreaks, particularly at subnational level needs to be improved (surveillance, contact tracing, laboratory, case management, coordination and IPC).

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu, South Kivu and Ituri provinces in Democratic Republic of the Congo continues. Since our last report on 2 February 2020 ([Weekly Bulletin 5](#)), there have been 10 new confirmed cases and seven new deaths. In the past 21 days (19 January to 8 February 2020), 15 new confirmed cases have been reported from two health zones and four health areas. The principle hot spot of the outbreak in the past 21 days is Beni (93%; $n=14$). A total of 23 health zones have not reported cases for more than 42 days. However, surveillance is still ongoing in these health zones. The last new confirmed case in Kalunguta Health Zone was reported on 28 December 2020.

As of 8 February 2019, a total of 3 431 EVD cases, including 3 308 confirmed and 123 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 (719), Biena (19), Butembo (295), Goma (1), Kalunguta (198), Katwa (653), Kayna (28), Kyondo (25), Lubero (31), Mabalako (463), 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.

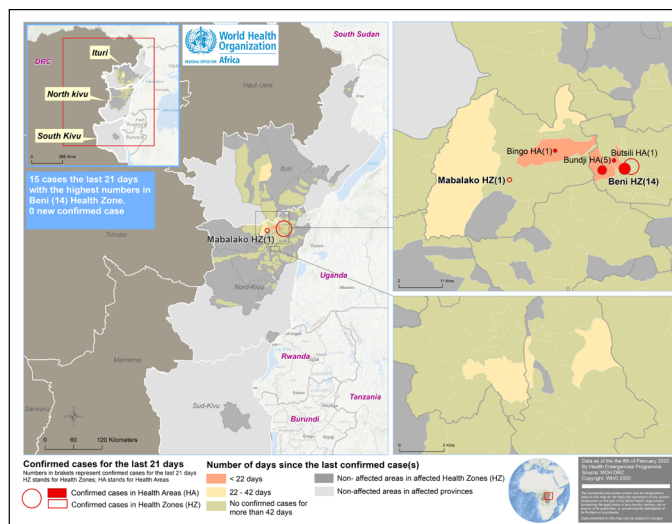
As of 8 February 2020, a total of 2 251 deaths were recorded, including 2 128 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 64% (2 128/3 308). As of 8 February 2020, the total number of health workers affected remains at 172, representing 5% of confirmed and probable cases.

Contact tracing is ongoing in two health zones. A total of 2 486 contacts are under follow-up as of 8 February 2020, of which 2 232 (89.8%) have been seen in the past 24 hours. Thirty-nine out of 50 health zones raised alerts on 8 February 2020. Of 5 274 alerts processed (of which 5 217 were new) in reporting health zones on 8 February 2020, 5 209 were investigated and 476 (9.4%) were validated as suspected cases.

PUBLIC HEALTH ACTIONS

- Response and surveillance activities continue in all affected areas. However, there have been five days of inactivity at the PoC of Biakato-Mayi and Biakato-Mines due to insecurity.
- A health centre was attacked in Butembo, destroying equipment and infrastructure and in Mangina the massive displacement of people fearing armed attacks continues; however, the military force has been strengthened in the area.
- As of 8 February 2020, a cumulative total of 291 423 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 150 million screenings to date. A total of 106/109 (97.2%) PoE/PoC transmitted reports as of 8 February 2020.

Geographical distribution of confirmed Ebola virus disease cases reported from 19 January 2020 to 8 February, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo



- Water, sanitation and hygiene (WASH) activities continue and as of 8 February 2020, 12 schools in Butsili, Bundji and Kanzulinzuli received IPC kits and an additional 84 health facilities were monitored and supported in Beni, Oicha, Butembo and Mabalako health zones, with 55 health facilities evaluated in these health zones.
- Community awareness and mobilization messages are being updated, revised and harmonized.
- A working session on new strategies and approaches to community mobilization was held in Beni, with a view to getting people to adhere to immunization and to urge contacts of recent confirmed cases to come forward for follow up.
- After a community dialogue session in the health area of Kanzulinzuli (Beni Health Zone), a declaration was issued by the grassroots leaders and active forces with a view to mobilizing the community to be vaccinated and to strengthen their vigilance in identifying contacts.

SITUATION INTERPRETATION

Beni appears to now be the main health zone affected by this continuing outbreak. However, ongoing insecurity in other areas is still of concern as response activities are interrupted and more cases may be expected once these activities resume. Reports from PoCs suggest that Butembo and Mabalako are preferred destinations for potential contacts. Continued access and heightened vigilance is required to maintain case investigation and contact tracing activities in all health zones.

EVENT DESCRIPTION

The security situation in Burkina Faso has deteriorated sharply in the past few weeks, with attacks of unprecedented violence mainly against civilians. Between early December 2019 and late January 2020, the number of internally displaced persons (IDPs) increased by 500%, from 87 000 to 560 033 registered as of 9 December 2019, as a result of continuous population movements, according to the Office for the Coordination of Humanitarian Affairs (OCHA).

During the final two weeks of January 2020 alone, there were 94 deaths and five injuries. The regions most affected by the crisis are Centre-North, Sahel, North, East and Boucle du Mouhoun. This has led to a continuous flow of IDPs traumatized by these actions, moving to safer areas. As of 27 January 2020, figures from OCHA report that 613 792 IDPs have been registered in the 13 regions of the country. A large proportion of IDPs are children (57.79%) and women (25.88%). Centre-North (51.6%) and Sahel (34.6%) host the majority of the IDPs.

The health system has suffered badly in the insecurity, particularly in the most affected regions, with three health workers killed and another injured during armed attacks in January 2020. The Ministry of Health has reported that 96 health facilities, making up 8.4% of health facilities in six regions affected by insecurity are closed, depriving more than 1.2 million people of healthcare. Another 140 (12%) health facilities have reduced their services to a minimum as a result of the insecurity.

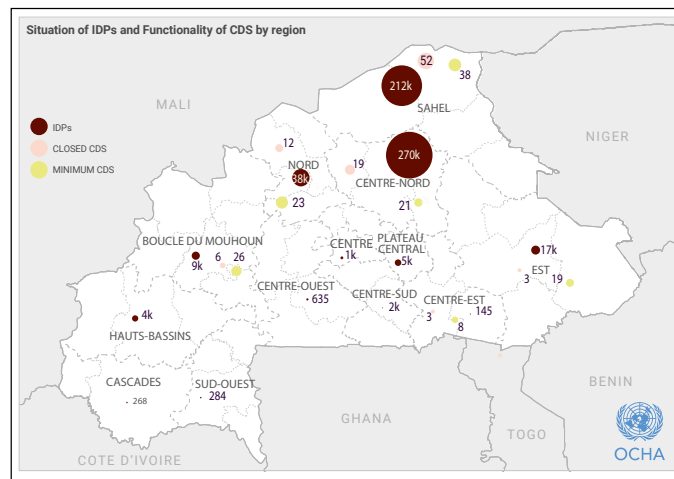
Burkina Faso also faces public health threats from epidemic-prone diseases, particularly measles, and meningitis, for which the usual outbreak season is from January to April. The risk of cholera remains high in the context of population displacement, inadequate shelter and poor hygiene. The highest recorded mortality is from malaria. For week 2 of 2020 (week ending 11 January 2020), the following diseases were reported in all the five most affected regions: meningitis 10 cases, with zero deaths, measles 17 cases with zero deaths, dengue fever 51 suspected cases and 20 probable cases, with zero deaths. For the first two epidemiological weeks of 2020, the five regions reported a total of 15 suspected cases of meningitis with zero deaths and 22 suspected cases of measles with zero deaths.

Malnutrition thresholds are alarming in the regions hosting IDPs, namely Barsalogho, Djibo, Matiacoali, Arbinda and Titao. The SMART survey carried out at the end of 2019 reports a prevalence of global acute malnutrition (GAM) among children aged 6 to 59 months of more than 10%, exceeding the alert threshold. Among pregnant and/or breastfeeding women, the prevalence of GAM exceeds the alert or critical threshold in Kaya (13.9%), Matiacoali (14%) and Barsalogho (15.3%).

PUBLIC HEALTH ACTIONS

- On 9 January 2020, the Ministry of Public Health officially activated the Emergency Operations Centres for the coordination of the health response to the humanitarian crisis in six regions facing insecurity in Burkina Faso.
- WHO has provided financial and technical support in the implementation of the Health Resource Availability Mapping System (HeRAMS) survey, carried out in the 13 regions of the country from 27 January to 4 February 2020; financial and technical support for the second level training of providers (26 people, including 14 women) in five regions most affected by insecurity on the medical management of gender-based violence survivors.

Map of Internally Displaced Persons in Burkina Faso, as of 9 December 2019



- WHO has provided financial support to fill critical gaps through multi-disciplinary mobile clinics in Djibo, Sahel Region, in collaboration with Médicin du Mond (MDM) Spain.
- WHO continues to support their two consultants in the field with coordination at regional level (Dori and Kaya), support to joint missions in the field, monitoring care of IDPs, support with incident reporting and support for monitoring and identifying priority needs for health response.
- WHO continues to coordinate the humanitarian response of health partners and the finalizing of the humanitarian response plan for 2020, along with needs assessment missions in the field.
- Partner response includes distribution of 2 000 Menstrual Hygiene Management kits to 20 schools in Kaya and Pissila, Centre-North Region; malnutrition response support from LVIA in the form of rehabilitation of treatment units; MDM Spain trained 14 health workers from Sebba District Hospital in essential new-born care; HELP continued human resource support and provision of medicines in Sebba Health District and International Red Cross supported training of 80 community-based health workers in Djibo Health District.

SITUATION INTERPRETATION

The security and humanitarian context in Burkina Faso remains of great concern, with the increasing number of attacks in the five most affected areas. This has resulted in increasingly restricted humanitarian space, with certain areas effectively landlocked, in particular the town of Arbinda in the Sahel Region, along with Kaya, Centre-North and the areas of Pensa, Dablo, Foubé and Barsalogho becoming difficult to access. This is leading to continuous population movement, worsening the humanitarian situation. The activation of EOC should allow for better coordination of partners alongside national government for a better response to the situation.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- The outbreak of Lassa fever in Nigeria is rapidly expanding, with the number of new reported cases increasing weekly and new states being affected. The country has been experiencing larger and larger outbreaks of Lassa fever in the recent past. This trend is worrying and calls for concerted efforts to mitigate the current situation but also ameliorate future outbreaks. Importantly, the national authorities in Nigeria and the other countries where Lassa fever is endemic need to increase investments in longer-term preventive measures, including effective vector control and environmental management, social mobilization and community engagement strategies.
- The humanitarian crisis in Burkina Faso is worsening due to the deteriorating security situation. Armed attacks, especially on civilian targets have risen sharply since January 2020. The number of displaced persons has increased by over 500% in the last one month, grossly overwhelming the humanitarian response capacity on the ground. There is a need to rapid scale up humanitarian response capacity, especially critical life-saving interventions on the ground as well as the required resources and human capacity. Notably, efforts to restore peace and security should be enhanced by the global communities.

Proposed actions

- The national authorities and partners in Nigeria need to urgently scale up implementation of preparedness and response intervention, with a focus to sub-national and local capacity. The national authorities and partners also need to increase investments in longer-term innovative preventive measures, including effective vector control and environmental management, social mobilization and community engagement strategies.
- The national authorities and partners in Burkina Faso need to ramp up provision of critical life-saving interventions and the overall humanitarian response. The number of humanitarian partners on the ground also need to increase and well as the aid support. The donor communities and development partners are also urged to continue providing the required inputs (especially funding) in the face of worsening situation.

All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
New Events									
Mali	Crimean Congo Hemorrhagic fever	Ungraded	2-Feb-20	5-Jan-20	7-Feb-20	14	3	7	50.00%
Detailed update given above.									
Ongoing Events									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	5-Apr-19	22-Jan-20	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 7 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	Meningitis	Ungraded	6-Jan-20	9-Dec-19	22-Jan-20	83	24	13	15.70%
On 6 January 2019, 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 22 January 2020, a cumulative total of 83 cases with 13 deaths (case fatality ratio 16%) 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	22-Jan-20	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	1-Jan-19	1-Jan-19	27-Jan-20	-	-	-	-
Detailed update given above.									
Burundi	Malaria	Grade 2		1-Jan-19	29-Dec-19	8 892 300		3 294	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). From 1 January to 29 December 2019, a cumulative total of 8 892 300 cases and 3 294 deaths (CFR 0.04%) were reported. There is an 88% increase in the number of cases and a 62% increase in the number of deaths reported in 2019 compared to 2018.									
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	27-Jan-20	-	-	-	-
Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by Boko Haram group, with significant population displacement. Since 1 January 2020, there have been 16 attacks by alleged Boko Haram insurgents, resulting in 20 missing people, 67 injuries and 27 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 Minawao Refugee Camp in the Mokolo Health District continues to host Nigerian refugees, with spontaneous refugee arrivals being recorded weekly. As of December 2019, the total camp population was 59 977 persons.									
Cameroon	Humanitarian crisis (NW & SW)	Grade 2	1-Oct-16	27-Jun-18	27-Jan-20	-	-	-	-
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 has led 2 700 people to flee their homes. This unrest continues to affect access to basic services including healthcare, education, shelter, food security and WASH.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cameroon	Cholera	Ungraded	1-Mar-19	1-Mar-19	27-Jan-20	1 334	285	61	4.60%
The cholera outbreak continues to improve in the 3 affected regions of Cameroon (North, Far North, South West) reporting cases in 2019. An additional region (Littoral) notified cases of cholera since the beginning of the year 2020. Since 1 January 2020 to date, cholera cases are reported in South Ouest and littoral regions only. A total of 21 new cholera cases, with one community death were reported in the littoral region in epidemiological week 4 (week ending 26 January 2020). Though the epidemiological situation in the South west region is relatively calm, it is important to note that the insecurity prevailing in that area is hindering community active search of cholera cases. No new cases of cholera were reported in North and Far North regions since epidemiological weeks 51 and 48 respectively. From January 2019 to date, a total of 1 334 cases of cholera, with 61 deaths were reported from the four affected regions.									
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, Kousséri, 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	14-Jan-20	8-Jan-20	17-Jan-20	2	1	1	50.00%
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 centre on 20 December 2019 with signs compatible with smallpox. The child was referred to the Regional Hospital annex of Ayos, then at Chantal Biya hospital on 24 and 26 December 2019 respectively. The person died on 2 January 2020. The second confirmed case is the mother of the dead child.									
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	23-May-19	23-May-19	22-Jan-20	-	-	-	-
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	22-Jan-20	-	-	-	-
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 Birao following the murder of two persons from one of the two rival armed groups in the North East of the country. Population movements for fear of reprisals have been observed at the MINUSCA site and in several villages. A total of 12 000 Internally Displaced Persons (IDPs) are hosted in Aerodrome MINUSCA site and Chinese factory site. As of 24 December 2019, there are an estimated 2.5 million people affected by the Central African Republic humanitarian crisis, 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	1-Jan-19	2-Feb-20	5 392	130	82	1.50%
From Week 1, 2019 (week ending on 7 January 2019) till week 5, 2020 (week ending on 2 February 2020), a total of 5 392 measles cases including 130 confirmed cases and 82 deaths have been reported in 12 affected districts in Central African Republic. A total of 922 new suspected measles cases were notified from epidemiological week 1 to week 5 of 2020 in 12 districts among which there are 5 new districts reporting cases in this year. The majority of cases are the age group of 0 to 9 years old (91%). Response activities are ongoing in the affected health districts.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	22-Jan-20	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	1-Jan-19	26-Jan-20	705		7	1.00%
In week 4 (week ending 26 January 2020), 229 suspected cases were reported. 22 districts were in the epidemic phase in week 4. Since the beginning of the year, a total of 705 suspected cases and 7 deaths (CFR 1.5%) have been reported from Beboto, Korbol and Kelo.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	22-Jan-20	2	2	0	0.00%
No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. 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	0.00%
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.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Congo	Floods	Ungraded	22-Nov-19	3-Oct-19	10-Dec-19	-	-	-	-
<p>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.</p>									
Congo	Chikungunya	Grade 1	22-Jan-19	7-Jan-19	29-Dec-19	11 600	148	0	0.00%
<p>In week 52 (from 23 to 29 December 2019), a total of 10 new chikungunya cases were reported across the country against 14 cases in week 51. The cases reported in week 52 came from four departments namely: Kouilou (4), Lekoumou (4), Bouenza (1) and Plateaux (1). Since the beginning of the outbreak, a total of 11 600 cases have been reported in 44 out of the 52 health districts in 10 out of 12 departments. The departments of Bouenza (3102 cases), Kouilou (2 844 cases) and Niari (2 589) were the most affected by the outbreak accounting for 74% of cases reported since the beginning of the outbreak.</p>									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Ungraded	29-Oct-19	29-Oct-19	22-Jan-20	-	-	-	-
<p>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.</p>									
Democratic Republic of the Congo	Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	12-Jan-20	-	-	-	-
<p>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 and inter-community fighting continue to be reported in North-Kivu, Tanganyika, Ituri, Kasai central and South-Kivu provinces. In Ituri, since December 2019, many localities are facing insecurity due to the recent fighting between Government forces and armed groups in Lipri, Basolo, and Ngogo Localities. This fighting resulted in a total of 8 370 internally displaced people that arrived in Mwanga. In South Kivu, clashes between armed groups in different territories including Fizi, Haut plateaux d'Uvira, Kalehe continue to result in mass population displacement. In Kasai central, an inter-community conflict between Bakwa Kayinga and Bakwa Ndaye was reported on 19 January 2020.</p>									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-20	19-Jan-20	2 122	-	36	1.70%
<p>During week 3 (week ending 19 January 2020), a total of 662 suspected cases of cholera and 8 deaths (CFR 1.2%) were notified from 8 out of the 26 provinces in the country. The majority (94%) reported in week 3 came from five provinces: North-Kivu, South-Kivu, Tanganyika, Tshopo and Haut-Katanga. The weekly case incidence has been on a decreasing trend since week 1 of 2020; a similar trend was observed in previous years. The case fatality rate decreased during week 3 (CFR 2.7%) compared to week 2 (CFR 1.7%) of 2020. The province of Katanga continues to report high mortality rates which are above 5%. Between week 1 and week 52 of 2019, a total of 30 304 cases including 514 deaths (CFR 1.7%) were notified from 23 out of 26 provinces.</p>									
Democratic Republic of the Congo	Ebola virus disease	Grade 3	31-Jul-18	11-May-18	8-Feb-19	3 431	3 308	2 251	66.00%
Detailed update given above.									
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	1-Jan-20	26-Jan-20	14 965	-	197	1.30%
<p>In week 4 (week ending 26 January 2020), 3 484 measles cases including 64 deaths (CFR 1.8%) were reported across the country. There was a slight decrease in the number of new cases reported in week 4 compared to week 3 of 2020. The provinces of Moidombe, Equateur, Bas-uele, Kongo central and Mongala accounted for 60.6% of cases reported in 2020 (weeks 1-4), with over 1000 cases reported in these provinces. Since the beginning of 2019, 331 316 measles cases including 6 302 deaths (CFR 1.9%) have been recorded in 26 provinces. In total, 258 (49.7%) of the 519 health zones have reported a confirmed measles outbreak. To date, a total of 2 837 cases were laboratory confirmed (IgM+), 71% of which were children under five years old.</p>									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-20	19-Jan-20	145	-	1	0.70%
<p>During week 3 (week ending 19 January 2020), a total of 46 suspected cases including one death were reported across the country, compared to 37 suspected cases and no deaths in the previous week. The majority of cases in week 3, were reported from Sankuru province (67%). In the past four weeks (week 52 of 2019 to week 3 of 2020) a total of 204 suspected cases with two deaths (CFR 1%) were notified in the country, with the majority of cases being reported from the provinces of Sankuru (32%), Bas-Uele (21%), Equateur (14%) and Tshuappa (9%). There has been an overall decrease in the weekly case incidence since week 43 of 2019. Between weeks 1 and 52 of 2019 a cumulative total of 5 288 monkeypox cases, including 107 deaths (CFR 2%) were reported from 133 health zones in 19 provinces.</p>									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	15-Feb-18	1-Jan-18	22-Jan-20	84	84	0	0.00%
<p>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.</p>									
Ethiopia	Chikungunya	Ungraded	25-Jul-19	27-May-19	8-Dec-19	54 908	29	0	0.00%
<p>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.</p>									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	26-Jan-20	1 714	-	6	0.40%
In week 4 (week ending 26 January 2020), 168 new suspected cases were reported in Somalia, SNNPR and Oromia regions. As of 18 January 2019, a total of 1 714 suspected cases including 6 deaths have been reported from three regions in 2020.									
Ethiopia	Dengue	Ungraded	3-Nov-19	9-Sep-19	8-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	1-Jan-19	26-Jan-20	9 672	795	-	-
In week 4 (week ending 26 January 2020), the measles outbreak is still ongoing in Oromia, SNNPR and Somali regions. A total of 839 suspected cases with 6 associated deaths were reported in week 4. 73% of cases were reported from Oromia region.									
Ethiopia	Poliomyelitis (cVDPV2)	Ungraded	24-Jun-19	20-May-19	22-Jan-20	5	5	0	0.00%
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	22-Jan-20	9	9	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There are 11 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	0.30%
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	Chikungunya	Ungraded	24-Jan-20	31-Dec-19	2-Feb-20	121	11	0	0.00%
A chikungunya outbreak was reported in Kenya and has affected Hagadera Sub County in Garissa County. As of reporting date, a total of 121 cases with 11 confirmed positives have been reported. The index case was seen on 31 December 2019.									
Kenya	Cholera	Ungraded	21-Jan-19	1-Jan-20	2-Feb-20	145	2	0	0.00%
In week 5 (week ending 2 February 2020), 81 new suspected cases were reported from Garissa county. Since 1 January 2020, cholera outbreaks have been reported in 3 counties namely: Garissa, Wajir and Turkana. Cumulatively, a total of 64 cases with no deaths have been reported. The outbreak in all the 3 counties is a continuous wave from 2019. Transmission is active in all the affected counties.									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	1-Jan-19	2-Feb-20	2 928	1 234	34	1.20%
In week 5 (week ending 3 February 2020), 35 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	2-Feb-20	559	15	1	0.20%
A new outbreak of measles has been reported from Pokot North sub county, Alale location. A total of 124 cases with 5 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.									
Liberia	Lassa fever	Ungraded	23-Jan-19	1-Jan-20	28-Jan-20	55	24	7	12.70%
The protracted Lassa fever outbreak in Liberia continues to evolve. Between 1 to 28 January 2020, a total of 24 confirmed cases including 9 deaths (CFR-37.5%) have been recorded. A total of 928 contacts been listed of which 492 are still under follow up.									
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-19	2-Feb-20	84	13	0	0.00%
In week 5 (week ending 2 February 2020), 25 suspected cases were reported from 9 out of 15 counties across the country. Since the beginning of 2020, 84 cases have been reported across the country, of which 13 are laboratory confirmed, 0 are epi-linked, and 27 are clinically confirmed.									
Malawi	Cholera	Ungraded	9-Jan-20	9-Jan-20	24-Jan-20	3	3	0	0.00%
An outbreak of cholera is ongoing in Malawi, Blantyre district. Since the notification of the first case on 9 January 2020 till 24 January 2020, a total of 3 confirmed cases with zero deaths was reported from Limbe health facility. Blantyre is the largest commercial city in Malawi, it is in the southern part of the country. Response activities are going in the affected district and active surveillance was enhanced in all districts of the country.									
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	7-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 internally 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 Faso border. The country is also facing infectious diseases outbreaks which include yellow fever, measles, and dengue. 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		1-Jan-19	7-Dec-19	20	9	0	0.00%
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 WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Mali	Measles	Ungraded	20-Feb-18	1-Jan-19	2-Feb-20	22	14	0	0.00%
During week 5 (week ending on 2 February 2020), 19 suspected cases of measles were reported from four regions in the country. Of these, 3 were confirmed IgM-positive. Since 1 January 2020, 54 suspected cases, 9 of which were confirmed have been reported. No associated deaths have been reported so far.									
Mali	Yellow fever	Ungraded	3-Dec-19	3-Nov-19	22-Dec-19	41	5	7	17.10%
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	29-Dec-19	7 063	1 731	59	0.80%
In weeks 51 and 52 (week ending 29 December 2019), 82 cases were reported from six regions of Namibia with the majority (49 cases) from Khomas region. There was an increase in the number of cases reported in weeks 51 and 52 compared to weeks 49 and 50. As of 29 December 2019, a cumulative total of 1 731 laboratory-confirmed, 4 345 epidemiologically-linked, and 987 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 was affected, including 57 people who died, and 16 375 houses collapsed during that period. A second wave of flooding has been 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	1-Feb-15	1-Feb-15	18-Dec-19	-	-	-	-
The security situation continues to worsen in bordering areas of Burkina Faso, Mali and Nigeria following Boko Haram and Jihadist attacks in the region. The number of displaced people is increasing in Tillberry, 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 centres have closed due to insecurity.									
Niger	Measles	Ungraded	10-May-19	1-Jan-20	19-Jan-20	84	-	0	0.00%
During week 3 of 2020 (week ending 19 January 2020) an additional 21 suspected cases were reported in the country. Between weeks 1 and 3 of 2020, a total of 84 suspected cases were reported from 5 regions in the country. In 2019 a total of 10 207 suspected measles cases were reported from eight regions in the country.									
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	31-Dec-19	-	-	-	-
The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security compromised areas characterized by overcrowding 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	15-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	1-Jan-19	2-Feb-20	1 226	365	47	3.80%
Detailed update given above.									
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-19	30-Nov-19	58 916	2 767	289	0.50%
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	2.10%
The country continues to report monkeypox cases since September 2019. Eight new cases were reported in the month of November 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	Poliomyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	22-Jan-20	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	1-Jan-19	16-Nov-19	3 787	129	192	5.10%
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 accounted for 62% of all the confirmed cases in 2019.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Seychelles	Measles	Ungraded	21-Jan-20	13-Jan-20	24-Jan-20	34	9	0	0.00%
As of 24 January 2020, a total of 34 suspected measles cases with no deaths were reported. Among these suspected cases, nine were laboratory confirmed. The confirmed cases were reported in two districts on Praslin island, 6 from Grand Anse Praslin and 3 from Baie Saint Anne Praslin. None of the cases had a history of recent travel and all received only one dose of measles vaccine.									
Sierra Leone	Lassa fever	Ungraded	22-Nov-19	30-Oct-19	6-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 2019, a total of 5 cases (3 confirmed and 2 probable) with 3 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, 2 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	30-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. An OCV campaign is being planned in Pibor.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	30-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 10 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	160	41	2	1.30%
The current outbreak in Bentiu POC continues. As of reporting date, a total of 148 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	19-Jan-20	4 701	240	26	0.60%
Between week 1 in 2019 to week 3 in 2020, a total of 4 701 suspected cases of measles with 240 laboratory-confirmed and 23 deaths (CFR 0.6%) were reported. The outbreak has affected 23 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 Protection of Civilians Sites POCs (Juba, Bentiu, Malakal and Wau).									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	22-Jan-20	3	3	0	0.00%
No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported 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	100.00%
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 disease 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 later 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.									
Uganda	Yellow fever	Ungraded	22-Jan-20	31-Oct-19	30-Jan-20	15	5	5	33.30%
As of 30 January 2020, there are 15 cases reported from Moyo and Bulisa District in Uganda. In Moyo District, there are 3 confirmed cases, 2 probable cases and 8 suspected cases. There was a total of 11 deaths. In Bulisa, there are also two confirmed cases and 1 death reported. None of the confirmed cases was vaccinated against yellow fever virus.									
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-19	16-Jul-19	18-Dec-19	2	2	0	0.00%
No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week. The onset of paralysis for the last case was on 13 November 2019 from Kalabo District, Western Province. There was a total of two cVDPV2 cases in 2019.									
Zimbabwe	Anthrax	Ungraded	6-May-19	6-May-19	20-Jan-20	286		1	0.30%
The anthrax outbreak is ongoing in Zimbabwe with a cumulative total number of 286 cases and one death notified since the beginning of the outbreak in week 36 (Week starting from 6 May 2019) of 2019. This outbreak started since week36, 2019, affecting mainly Buhera and Gokwe North and South districts but a surge in cases started appearing in week 38 when cases were reported in some other areas. Since 1 January to 20 January 2020, a total of 178 cases were reported mainly in Masvingo (119 cases), Midlands (31 cases) and Mashonaland west (28 cases) provinces.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Closed Events									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	28-Feb-19	29-Dec-19	48	-	8	16.70%
<p>From week 1 to 52 of 2019, a total of 48 cases of bubonic plague including 8 deaths have been reported in the country. Aru health zone in Ituri province accounts for the majority of reported cases. No new cases were reported in week 52. The first 5 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.</p>									

†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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