

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 7: 10 - 16 February 2020

Data as reported by: 17:00; 16 February 2020



World Health
Organization

REGIONAL OFFICE FOR
Africa
WHO Health Emergencies Programme

1

New event

68

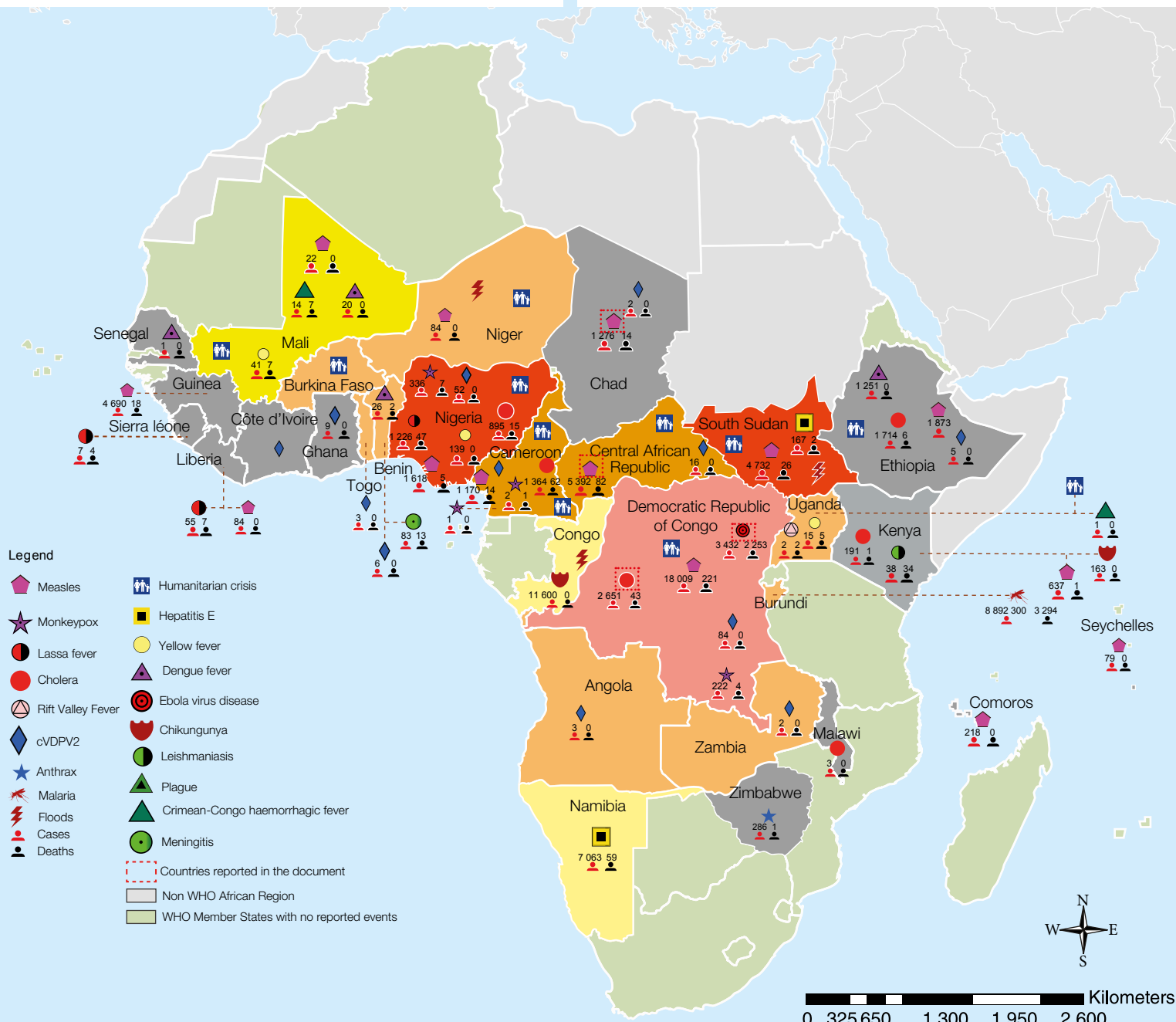
Ongoing events

56

Outbreaks

13

Humanitarian
crises



Graded events ↑

3

Grade 3 events

15

Grade 2 events

1

Grade 1 events

2

Protracted 3 events

2

Protracted 2 events

3

Protracted 1 events

43

Ungraded events

Overview

Contents

- 1 Overview
- 2 - 5 Ongoing events
- 6 Summary of major issues, challenges and proposed actions
- 7 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 69 events in the region. This week's main articles cover key new and ongoing events, including:

- [Measles in Central African Republic](#)
- [Measles in Chad](#)
- [Cholera in Democratic Republic of the Congo](#)
- [Ebola virus disease in Democratic Republic of the Congo](#)

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

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

Major issues and challenges include:

- Central African Republic is experiencing a measles outbreak within the overall context of a complex humanitarian emergency. The incidence cases have rapidly increased in the past weeks and new areas have been affected, including in the urban area of Bangui. A recent risk assessment indicates a high potential for the spread of the disease. While some response measures have been taken, including reactive vaccination in some health zones, these have not conclusively brought the outbreak under control. There is a need for the national authorities and partners to step up response to the ongoing outbreak to avoid further escalation of the situation.
- The protracted cholera outbreak in Democratic Republic of the Congo is showing signs of improving lately, although the situation is still serious. The number of cases reported on a weekly basis is still very high, at around 500. While this reduction is encouraging, there is a need to sustain the ongoing control interventions. It is also important to address the primary underlying predisposing factors, including provision of potable water and improved sanitation. Alleviating the security situation in the country would go a long way in addressing the root cause of the multiple health problems.

Ongoing events

Measles

Central African Republic

5 724 Cases : 83 Deaths : 1.4% CFR

EVENT DESCRIPTION

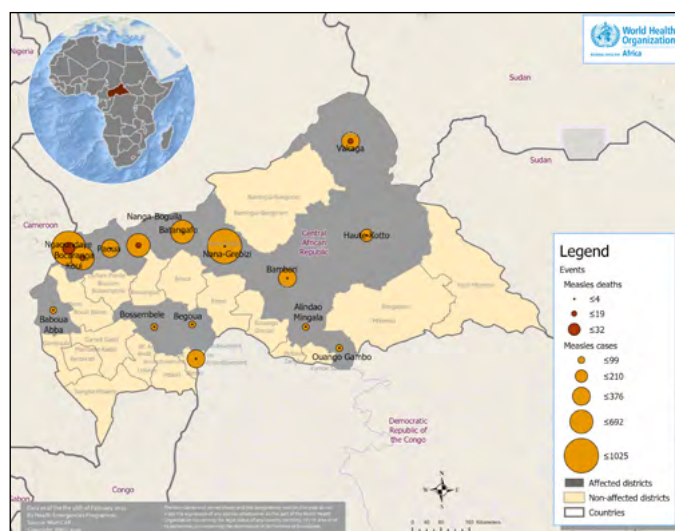
The measles outbreak in Central African Republic, formally declared by the Ministry of Health on 24 January 2020, is evolving rapidly in numbers and expanding geographically. The incidence cases have risen sharply in the last weeks, following weeks of a gradual decline in the weekly trend in December 2019. In week 6 (week ending 9 February 2020), a total of 82 suspected measles cases and no deaths were reported, compared to 195 cases and one death in week 5 and 483 cases and no deaths in week 4. Between weeks 1-6 of 2020, a total of 1 498 suspected measles cases, including 15 deaths (case fatality ratio 0.3 %) have been reported in 13 out of the 35 districts in the country. Of the 13 districts with active measles outbreaks, five have been newly affected in 2020, namely Bangui in an urban area, Baboua-Abba, Nangha-Boguila, Bossémbélé, and Ouango-Gambo in rural areas. The last two districts around Bangui 1 (Bangui II and Bangui III) in urban areas and Bouar, Bozoum in rural areas reported suspected measles cases. Laboratory tests are ongoing.

The measles outbreak in Central African Republic has been ongoing since early 2019 (week 5 of 2019) and continued through to 2020. There was an upsurge in cases in the last half of 2019, with a steady decline in December 2019. From 1 January 2019 to 9 February 2020, a total of 5 724 suspected measles cases, including 83 deaths (case fatality ratio 1.45%) have been reported in 13 health districts. Laboratory samples examined at the reference laboratory of the Institut Pasteur in Bangui showed a total of 220 cases confirmed IgM +. The majority (72%) of the affected people are under five years of age, followed by the age group 5 to 10 years (18%).

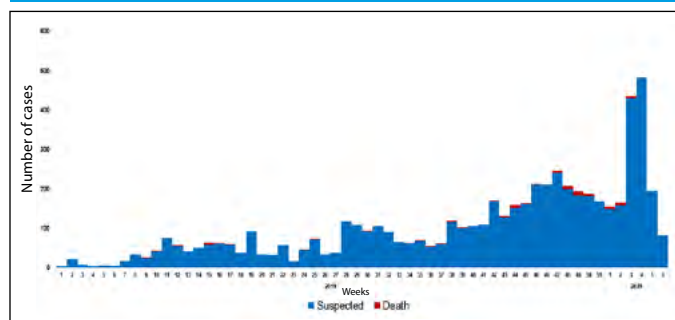
PUBLIC HEALTH ACTIONS

- The Public Health Emergency Operations Centre has been activated to coordinate the response to the measles outbreak
- The Ministry of Health, with support from WHO and other partners, has developed a comprehensive response plan to guide response activities and facilitate resource mobilization.
- Disease surveillance has been strengthened in the affected areas to ensure early detection of suspected cases.
- A referral system for severe measles cases for transfer to the district health hospital has been set up and free care is being offered to measles-affected patients.
- Distribution of drugs and medical supplies to support provision of free medical care is ongoing, supported by partners.
- Isolation facilities have been established in the district hospitals.
- The routine immunization programme is being strengthened.
- Health promotion and risk communication activities are ongoing.
- RRA and Grading were conducted and the outbreak was graded level 2 on 11 February 2020.
- The Ministry of health and partners continue to make efforts to mobilise funds to respond to this outbreak.

Geographic distribution of suspected measles cases and deaths in Central African Republic, Week 1, 2019 – week 6, 2020.



Weekly trend of suspected measles cases and deaths in Central African Republic, Week 1, 2019 – week 6, 2020.



SITUATION INTERPRETATION

The ongoing measles outbreak in Central African Republic is worsening, with a rapid increase in the number of new cases and newly affected areas, including the urban centre of Bangui. The outbreak continues in the health districts where a reactive measles vaccination campaign was conducted in December 2019, targeting children between 6 to 59 months. Moreover, up to 18% of the affected people are in the age group of 5 to 10 years.

A recent risk assessment carried out in the country shows that 25 (71%) of the 35 districts are at a high risk for a measles epidemic, implying the increased likelihood of further spread of the current outbreak across the country. Overall, immunization coverage against measles has been suboptimal since 2013, with less than 60% coverage for the first dose at 9 months. About 5% of children under five years suffer moderate malnutrition, increasing their susceptibility to infectious diseases and potential complications. Provision of healthcare services, including immunization, has been markedly compromised by the prolonged insecurity. The current situation is concerning and calls for urgent action. The national authorities and health partners need to fast track implementation of reactive measles vaccination campaigns and related control activities, done within the context of humanitarian response to the complex emergency.

EVENT DESCRIPTION

The measles outbreak in Chad continues to evolve, with the number of new cases rapidly increasing in the last weeks, as is the growing number of affected districts. In week 6 (week ending 9 February 2020), a total of 352 suspected measles cases and four deaths have been reported from 26 districts, compared to 219 suspected cases reported in week 5 from 23 districts. The number of new cases has been gradually increasing since week 1 of 2020, when 127 suspected cases were reported.

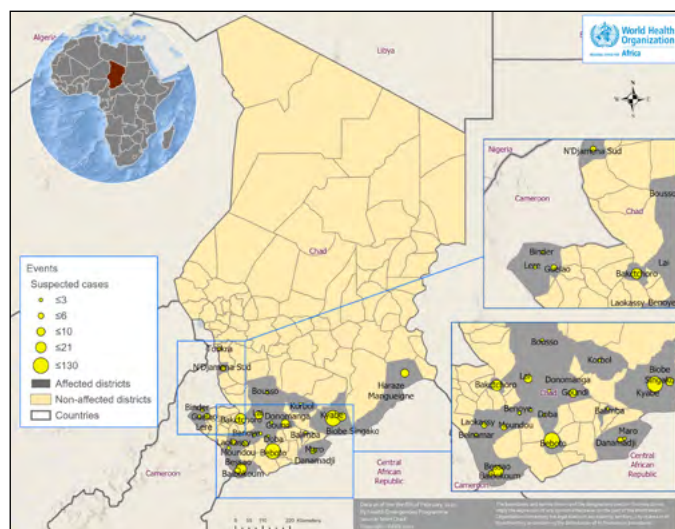
From weeks 1-6, 2020, a cumulative total of 1 276 suspected measles cases, including 14 deaths (case fatality ratio 1.1%), have been reported from 52 (41%) out of 126 districts of the country. Of 37 suspected cases investigated, 31 were positive for measles immunoglobulin (IgM). Most, 78%, of the investigated cases never received any vaccination against measles. Sixty percent of the investigated cases were under five years of age while 19% were between 5 and 14 years and 14% were 15 years and above.

The measles outbreak in Chad has been ongoing since 2018. In 2019, a total of 26 623 suspected measles cases, including 259 deaths (case fatality ratio 1.0%) were reported from 36 districts. Of the suspected cases, 440 were confirmed positive for measles IgM.

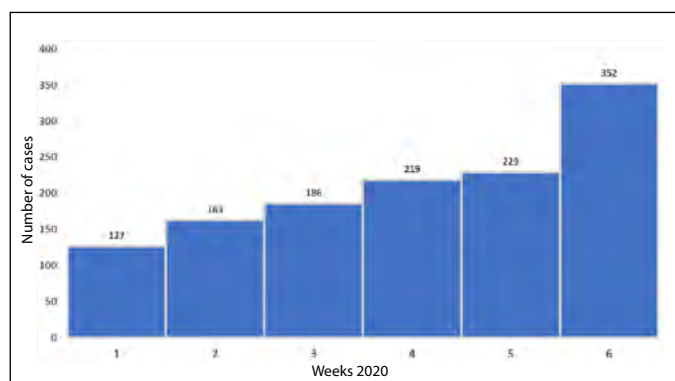
PUBLIC HEALTH ACTIONS

- The National Epidemic Management Committee continues to coordinate the response to the measles outbreak, with the support of partners.
- The Ministry of Health, WHO, UNICEF and partners are developing a plan to guide response to the measles outbreak, including conducting reactive vaccination exercise in 24 districts.
- Investigation of suspected cases are ongoing at district level, including collecting specimens and documentation of cases.
- WHO continues to provide technical support to produce information products including the weekly situation report on the evolution and the management of the outbreak.
- Health partners continue to support the Ministry of Health with provision of case management services in several health facilities, in addition to the setting up of isolation and nutrition therapy centers and the donation of free medicines and medical equipment.

Geographic distribution of suspected measles cases in Chad, weeks 1 - 6, 2020.



Weekly trend of suspected measles cases in Chad, weeks 1 - 6, 2020.



SITUATION INTERPRETATION

The measles outbreak in Chad continues, with increasing case incidence and wider geographical spread since the beginning of 2020. Several rounds of measles vaccination campaigns have been conducted in 2019, which slowed down the progression of the outbreak. Nevertheless, the overall vaccination coverage (for measles and other antigens) in the country has remained suboptimal, calling for significant investment by all stakeholders (both 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 cholera outbreak in Democratic Republic of the Congo continues although the situation has been steadily improving in the past weeks. The number of new cases has been gradually declining since week 1 of 2020 when the highest peak was observed, with 767 suspected cases and nine deaths reported. In week 4 (week ending 26 January 2020), a total of 529 suspected cholera cases and seven deaths (case fatality ratio 1.3%) were reported from 31 health zones in eight provinces of the country, compared to 662 cases and eight deaths reported in week 3 and 693 cases and 19 deaths in week 2.

From weeks 1-4 of 2020, a total of 2 651 suspected cholera cases with 43 deaths (case fatality ratio 1.6%) were reported from 69 health zones located in 14 provinces. Of 94 stool specimens collected and analysed at the National Institute for Biomedical Research reference laboratory, 45 (48%) tested positive for *Vibrio cholerae* serotype 01 Ogawa by culture.

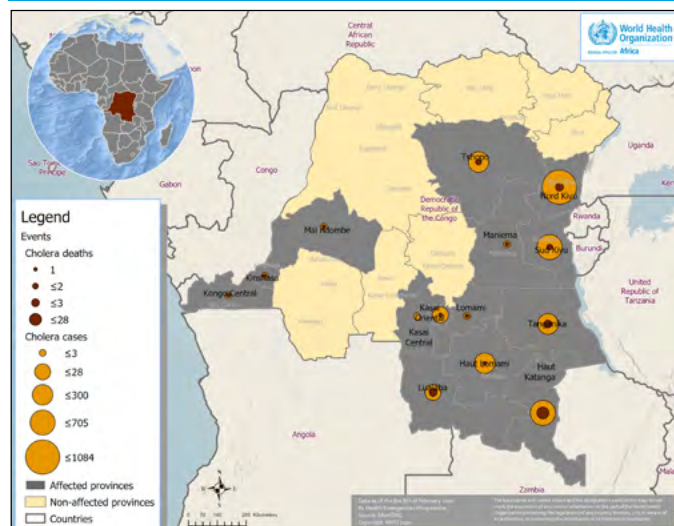
Four out of 26 provinces in the country (namely North Kivu = 1 084 cases, South Kivu = 705 cases, Haut-Katanga = 341 cases and Tanganyika = 284 cases) constitute the major hotspots for the current outbreak, reporting 91% of all suspected cases since the start of the year.

The cholera outbreak has been ongoing since 2016. Between 1 January to 29 December 2019, a cumulative total of 30 304 suspected cases with 514 deaths (case fatality ratio 1.7%) have been reported from 179 health zones across 23 provinces in the country. In 2018, a total of 30 768 cases and 972 deaths (case fatality ratio 3.2%) were notified in 222 health zones belonging to 22 provinces.

PUBLIC HEALTH ACTIONS

- The National Cholera Elimination Program (PNECHOL), with the support of WHO and other partners, continues to implement preventive and response activities in all the affected health zones.
- A joint response plan for the period February to April 2020 has been developed and finalized by PNECHOL, WHO and other partners, targeting the main foci of South Kivu, North Kivu, Tanganyika and Kasai Oriental.
- WHO continues to provide technical support to response through deployment of experts in surveillance, case investigation, and health information management.
- Health partners including MSF (France, Belgium and Holland), AIDES, ADRA, UNICEF and WHO continue to provide free medical services for patients in the different cholera treatment centers and treatment units CTC/UTC.
- Community engagement activities including awareness-raising focused on preventive and control strategies are ongoing in the affected communities through the different communication channels such as community relays, media, local and international NGOs.
- Water, Hygiene and Sanitation (WaSH) activities, including chlorination at several fixed water supply points is ongoing in the communities affected by cholera.

Geographic distribution of suspected cholera cases and deaths in Democratic Republic of Congo, weeks 1 - 4, 2020.



- Five rounds of cholera vaccination campaigns have been organized in the provinces of Kasai-Oriental, Kasai, Sankuru, Lomami and North Kivu from December 2018 to January 2020, based on the three-year cholera vaccination plan drawn up by the Ministry of Health with the support of WHO and GAVI. These different vaccination campaigns made it possible to administer two doses of oral cholera vaccine to over 2.5 million people aged 1 year and over.

SITUATION INTERPRETATION

Democratic Republic of the Congo continues to endure multiple diseases outbreaks in 2020, including bubonic plague, cholera, Ebola virus disease, measles, Monkey pox, poliomyelitis, etc. Cholera largely remains endemic in the eastern part of the country, particularly around lake Kivu and Tanganyika, serving as a source of regular epidemics of variable magnitude to the other provinces. The National Cholera Elimination Program of the Ministry of Health, working with all stakeholders, developed a multi-sectoral cholera elimination strategic plan, whose implementation is ongoing. It is important that the implementation of this plan looks into sustainable preventive measures such as supplying populations with potable drinking water and improving hygiene and sanitation conditions. This calls for judicious implementation of the plan as well as provision of the necessary resources, including funds.

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in Democratic Republic of the Congo continues to improve. Since our last report on 9 February 2020 (*Weekly Bulletin 6*), one new confirmed case and two new deaths have been reported in Beni Health Zone. In the past 21 days (26 January to 15 February 2020), 11 new confirmed cases have been reported from four health areas in two health zones. Beni remains the principle hot spot of the outbreak in the past 21 days (91%; $n=10$), and remains the only health zone to report new confirmed cases in the past seven days.

As of 15 February 2020, a total of 3 432 EVD cases, including 3 309 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 (720), 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.

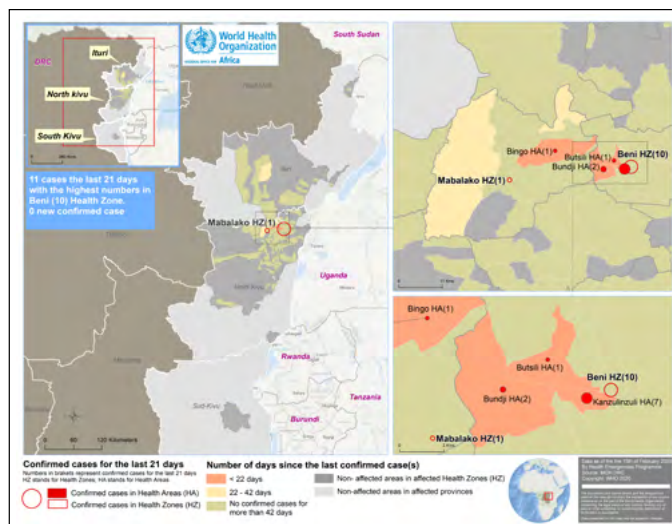
As of 15 February 2020, a total of 2 253 deaths were recorded, including 2 130 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 64% (2 130/3 309). As of 15 February 2020, the total number of health workers affected remains at 172, representing 5% of confirmed and probable cases.

Contact tracing is ongoing in two health zones. A total of 1 972 contacts are under follow-up as of 15 February 2020, of which 1 814 (90%) have been seen in the past 24 hours. In Beni, the proportion of contacts followed was 91%. Thirty-five out of 50 health zones raised alerts on 15 February 2020. Of 5 229 alerts processed (of which 5 196 were new) in reporting health zones on 15 February 2020, 5 183 were investigated and 504 (9.7%) were validated as suspected cases.

PUBLIC HEALTH ACTIONS

- Response and surveillance activities continue in all affected areas.
- Insecurity continues, with two incursions, one in Komanda, resulting in population displacement towards Marabo and the other in Biakato, where there was loss of life.
- As of 15 February 2020, a cumulative total of 295 232 people has been vaccinated since the start of the outbreak in August 2018.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 152 million screenings to date. A total of 100/109 (91.7%) PoE/PoC transmitted reports as of 15 February 2020.

Geographical distribution of confirmed Ebola virus disease cases reported from 26 January 2020 to 15 February 2020, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo.



- Water, sanitation and hygiene (WASH) activities continue and as of 15 February 2020, 245 health workers were briefed in Beni, Oicha, Butembo, Mabalako and Mambasa and at the same time 32 health facilities were evaluated, excluding Beni.
- As of 15 February 2020, the Risk Communication and Engagement teams continued the community dialogues in Beni, Biakato and Aloya.

SITUATION INTERPRETATION

Beni remains the main hotspot for the continuing EVD outbreak as the number of new cases keep lowering. While there is room for cautious optimism around the decline in new confirmed cases, continued access and heightened vigilance is required to maintain case investigation and contact tracing activities in all health zones.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- The ongoing measles outbreak in Central African Republic has been increasing since the beginning of 2020. The number of new cases has increased in the last weeks, with new areas affected, including the capital city of Bangui. The risk factors for expansion of the outbreak have remained high, primarily because of the complex humanitarian crisis. While some response measures have been taken, including reactive vaccination exercises in some health zones, these have not been very effective in controlling the outbreak, thus calling for the need to step measles control interventions.
- The number of new cholera cases recorded in Democratic Republic of the Congo has been reducing since the beginning of the year. While this trend is encouraging, the current figures are still very high, calling for more efforts. It is particularly important to address the primary underlying predisposing factors, including provision of potable water and improved sanitation as well as improving the security situation in the country.

Proposed actions

- The national authorities and partners in Central African Republic need to urgently scale up implementation of measles control activities, including supplemental immunization campaigns and related interventions. The national authorities and partners also need to focus on improving routine immunisation coverage as a longer-term measure to addressing the multiple vaccine-preventable diseases.
- The national authorities and partners in Democratic Republic of the Congo need to improve implementation of the multi-sectoral cholera elimination strategic plan. The donor communities and development partners are also urged to continue providing the required inputs (especially funding) in the face of the multiples health emergencies in the country.

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									
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	13-Feb-20	21-Jan-20	10-Feb-20	1	1	0	0.00%
A 23-year-old male, a lumber jack, from Kagadi district developed a fever on 7 January 2020 and had self-medication for malaria without improvement. No history of getting in contact with slaughtered animal meat or bush meat. He later developed generalized body weakness, abdominal pains and on 20 January 2020 followed by bleeding from the nose, vomiting and urinating blood. The bleeding increased and he was rushed to Kagadi hospital and isolated. A sample was collected and transported to UVRI on 21 January and the results were positive for CCHF on the same day. Nine contacts were followed up as of 10 February 2020.									
Ongoing Events									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	5-Apr-19	12-Feb-20	3	3	0	0.00%
Three cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week: one each from Bié, Huambo and Namibe provinces. There were 114 cVDPV2 cases from seven outbreaks reported in 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	12-Feb-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	-	-	-	-
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 13 January 2020, According to the report of the Ministry of Health, 8.3% (n=98) of the health facilities located in the six regions affected by insecurity are closed, thus depriving more than 1.2 million people of healthcare, and 11.8% (n=135) have reduced their services to a minimum, following insecurity. Morbidity due to epidemic-prone diseases remains high and malnutrition thresholds are alarming in the areas hosting IDPs, mainly in Barsalogho, Djibo, Matiacoali, Arbinda, and Titao.									
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.									

Country	Event	Grade	Date notified to WCO	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	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.									
Cameroon	Cholera	Ungraded	1-Mar-19	1-Mar-19	6-Feb-20	1 364	285	62	4.50%
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 24 new cholera cases, with two deaths were reported in the littoral region in epidemiological week 5 (week ending on 6 February 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 1 364 cases of cholera, with 62 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, Kousseri, Mada, Gouffey, Makary, Kolofata, Koza, Ngaoundéré rural, Bangué, Guider, Figuil, Ngong , Mora, Maroua 3, Vélé, Pitoa, Maroua 1, Bourha, Touboro, Mogodé, Bibémi, Garoua 1, Garoua 2, Lagdo, Tcholliré, 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 8 January 2020. The index case is a 13 months 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 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	12-Feb-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	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	2-Feb-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 with the persistence of inter-ethnic tensions within rival armed groups in the Northeast of the country mainly in Ndele, Birao and Bria. Clashes between armed groups, the persistence of inter-community tensions and the increase in crime number across the country continue to result into population displacement. As of 31 January 2020, OCHA estimates the number of internally displaced people in the country at 670 0000.									
Central African Republic	Measles	Grade 2	15-Mar-19	1-Jan-19	2-Feb-20	5 392	130	82	1.50%
Detailed update given above.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	12-Feb-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	9-Feb-20	1 276	31	14	1.10%
In week 6 (week ending 9 February 2020), 352 suspected cases were reported. 26 districts were in the epidemic phase in week 6. Since the beginning of the year, a total of 1 276 suspected cases and 14 deaths (CFR 1.1%) have been reported from Beboto, Kyabe, Korbol and Kelo.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	12-Feb-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 is 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 healthcare. Furthermore, the floods have caused significant damage to the agricultural and farming sectors thus posing a threat to food security. On 19 November, 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 (2844 cases) and Niari (2589) 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	12-Feb-20	-	-	-	-
<p>Three cVDPV2 positive environmental samples were reported: one from Abidjan 2 province and two from Abidjan 1 Grands Ponts province, all linked to the Jigawa outbreak in Nigeria</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 arriving 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	26-Jan-20	2 651	-	43	1.60%
Detailed update given above.									
Democratic Republic of the Congo	Ebola virus disease	Grade 3	31-Jul-18	11-May-18	15-Feb-19	3 432	3 309	2 253	66.00%
Detailed update given above..									
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	1-Jan-20	2-Feb-20	18 009	-	221	1.20%
<p>In week 5 (week ending 26 January 2020), 2 928 measles cases including 22 deaths (CFR 0.8%) were reported across the country. There was a decrease in the number of new cases reported in week 5 compared to week 4 of 2020. The provinces of Maitombe, Equateur, Bas-Uele, Kongo Central and Mongala accounted for 44.7 % of cases reported in 2020 (weeks 1-5), with over 1 000 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, 261 (50%) of the 519 health zones have reported a confirmed measles outbreak. To date, a total of 2 987 cases were laboratory confirmed (IgM+), 68% of which were children under 5 years old.</p>									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-20	26-Jan-20	222	-	4	1.80%
<p>During week 4 (week ending 26 January 2020), a total of 73 suspected cases including one death were reported across the country, compared to 46 suspected cases and no deaths in the previous week. The majority of cases in week 4, were reported from Sankuru province (78%). In the past four weeks (weeks 1 to 4 of 2020) a total of 222 suspected cases with four deaths (CFR:1.8%) were notified in the country, with the majority of cases being reported from the provinces of Sankuru (31%), Bas-Uele (18%), Equateur (15%) and Mai-Ndombe (9%). There has been an increase in the weekly case incidence since week 2 of 2020. 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	12-Feb-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	Cholera	Ungraded	14-May-19	12-May-19	26-Jan-20	1 714	-	-	0.00%
<p>In week 5 (week ending 2 February 2020), 23 new suspected cases were reported in Somalia and Oromia regions. A total of 1 687 suspected cases have been reported from 3 regions as of 2 February 2020.</p>									
Ethiopia	Dengue	Ungraded	3-Nov-19	9-Sep-19	8-Dec-19	1 251	6	0	0.00%
<p>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.</p>									
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-19	2-Feb-20	1 873	-	-	-
<p>In week 5 (week ending 2 February 2020), the measles outbreak is still ongoing in Oromia, SNNPR and Somali regions. A total of 1 873 suspected cases with were reported as of week 5 with the majority of suspected cases being reported from Oromia region.</p>									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ethiopia	Poliomyelitis (cVDPV2)	Ungraded	24-Jun-19	20-May-19	12-Feb-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	12-Feb-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	9-Feb-20	163	17	0	0.00%
A chikungunya outbreak was reported in Kenya and has affected Hagadera Sub County in Garissa County. As of the reporting date, a total of 163 cases with 17 confirmed positives have been reported. The index case was seen on 31 December 2019.									
Kenya	Cholera	Ungraded	21-Jan-19	1-Jan-20	9-Feb-20	191	3	1	0.50%
In week 6 (week ending 10 February 2020), 46 new suspected cases were reported from Garissa county. Since 1 January 2020, cholera outbreak has been reported in three counties namely: Garissa, Wajir and Turkana. Cumulatively, a total of 191 cases with no deaths have been reported. The outbreak in all the three counties is a continuous wave from 2019. Transmission is active in all the affected counties.									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	3-Jan-20	9-Feb-20	38	15	0	0.00%
In week 6 (week ending 9 February 2020), one new case was reported. Since the beginning of the outbreak, suspected and confirmed cases of leishmaniasis have been reported from Mandera, Marsabit, Wajir and Garissa counties.									
Kenya	Measles	Ungraded	6-May-19	20-Mar-19	9-Feb-20	637	15	1	0.20%
A total of 198 cases with 5 confirmed have been reported new outbreak of measles has been reported from Pokot North sub county, Alale location since 20 October 2019. 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 on 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 and is in the southern part of the country. Response activities are ongoing 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 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	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	2-Feb-20	5-Jan-20	7-Feb-20	14	3	7	50.00%
The regional Directorate of Health in Mopti notified a total of 14 suspected haemorrhagic fever including 7 deaths on 2 February 2020. All notified cases are from Mopti Health district, Koriende health area, Kera village. Three out of nine laboratory samples that were sent to the Public health institute returned positive for Crimean Congo Hemorrhagic fever. Response activities are ongoing in the affected health district.									
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.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-19	9-Feb-20	91	17	0	0.00%
During week 6 (week ending on 9 February 2020), 37 suspected cases of measles were reported from four regions in the country. Of these, 8 were confirmed IgM-positive. Since 1 January 2020, 91 suspected cases, 17 of which were confirmed have been reported. No associated deaths have been reported so far.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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 flood was reported since October in the Diffa and Tahoua regions. In Diffa region, following an exceptional flood from Komadougou Yobé river around 45 594 people were affected according to the Ministry of Humanitarian Action and Management of Catastrophe (AH / GC). The most affected municipalities are those of Diffa, Gueskerou and Chétimari. In Tahoua, heavy rainfall in the commune of Bombaye affected 249 households. There is an urgent need of basic health and social services such as shelters, food and non-food items, and WASH assistance.									
Niger	Humanitarian crisis	Protracted 1	1-Feb-15	1-Feb-15	23-Jan-20	-	-	-	-
The security situation continues to worsen in bordering areas of Burkina Faso, Mali and Nigeria following armed groups attacks in the region. The military camp of Sinegodar situated in the health district of Banibangou, Tillabery region was attacked on 9 January 2020. A total of 89 governments defence and security forces was killed. The number of displaced people is increasing in Tillabery, Maradi, Diffa. 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 10 health centres have closed due to insecurity. According to OCHA statistics, 2.9 million people are in need of humanitarian assistance, 190 248 people are internally displaced, and 217 858 are refugees in the country.									
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 five 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-Jan-20	-	-	-	-
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%
During week 5 (week ending 2 February 2019), 104 new confirmed cases with 6 deaths were reported from states. Since 1 January 2020, 365 confirmed cases including 47 deaths have been reported from 39 Local Government Areas (LGAs) across 15 states. 10 health care workers have been infected since the beginning of 2020. A total of 1 710 contacts are currently being followed.									
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-19	31-Jan-20	1 618	303	5	0.30%
Between epi weeks 1 - 5 (week ending 31 January 2019), a total of 1 618 suspected cases of measles were reported from 36 states including 5 deaths (CFR 0.3%). Katsina (356) Sokoto (324), Borno (165), and Yobe (88) states account for 62.3% of the cases reported in January 2020. Of the 720 samples tested, 303 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	Polio myelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	12-Feb-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-20	31-Jan-20	139	0	0	0.00%
In January 2020, a total of 139 suspected yellow fever cases have been reported from 90 LGAs across 27 States 604. Of the 139 samples collected, 2 tested positive in Nigerian network laboratories. In 2019, a total of 4288 suspected cases were reported in 618 (83.1%) LGAs from all states in the country. Four States: Katsina, Kebbi, Bauchi and Benue had the highest attack rates. A total of 227 cases were confirmed in Nigeria and from IP Dakar and 231 deaths were reported.									
Seychelles	Measles	Ungraded	21-Jan-20	13-Jan-20	10-Feb-20	79	20	0	0.00%
As of 10 February 2020, a total of 79 suspected measles cases with no deaths were reported. All confirmed cases reported are from Praslin Island, although two were detected on Mahe island. All age groups have been affected.									

Country	Event	Grade	Date notified to WCO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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, 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	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 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	26-Jan-20	167	41	2	1.20%
The current outbreak in Bentiu POC continues since the beginning of 2019. As of reporting date, a total of 155 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	26-Jan-20	4 732	247	26	0.50%
Between week 1 in 2019 to week 4 in 2020, a total of 4 731 suspected cases of measles which 247 laboratory-confirmed and 26 deaths (CFR 0.5%) have been 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	12-Feb-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	31-Jan-20	-	-	-	-
Between 1 and 31 January 2019, a total of 6 172 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo (3 799), South Sudan (1 932) and Burundi (441). Uganda hosted 1 394 678 asylum seekers as of 31 January 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 Buliisa District in Uganda. In Moyo District, there are three confirmed cases, two probable cases and 8 suspected cases. There was a total of 11 deaths. In Buliisa, 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	12-Feb-20	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 week 36, 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									
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.									
Ethiopia	Chikungunya	Ungraded	25-Jul-19	27-May-19	15-Feb-20	54 908	29	0	0.00%
No new cases of Chikungunya have been reported since 8 December 2019. As of 8 December 2019, a total of 54 908 suspected cases were reported from Dire Dawa City Administrative City (51 957), Araf (2 782) and Somali (169) regions. Cases were reported from Ethiopia since week 31 (week ending 30 July 2019).									

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

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

© WHO Regional Office for Africa

This is not an official publication of the World Health Organization.

Correspondence on this publication may be directed to:

Dr Benido Impouma

Programme Area Manager, Health Information & Risk Assessment

WHO Health Emergencies Programme

WHO Regional Office for Africa

P O Box. 06 Cité du Djoué, Brazzaville, Congo

Email: afrooutbreak@who.int

Requests for permission to reproduce or translate this publication – whether for sale or for non-commercial distribution – should be sent to the same address.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate borderlines for which there may not yet be full agreement.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or its Regional Office for Africa be liable for damages arising from its use.

Contributors

S. Kalilou (Chad)
R. Nansseu (Democratic Republic of the Congo)
G. Folefack (Democratic Republic of the Congo)
R. Fotsing (Central African Republic).

Graphic design

A. Moussongo

Editorial Team

B. Impouma
C. Okot
E. Hamblion
B. Farham
G. Williams
Z. Kassamali
P. Ndumbi
J. Kimenyi
E. Kibangou
O. Ogundiran
T. Lee

Production Team

A. Bukhari
T. Mlanda
R. Ngom
F. Moussana

Editorial Advisory Group

Z. Yoti, *Regional Emergency Director ai*
B. Impouma
Y. Ali Ahmed
M. Yao
M. Djingarey

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.