WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 10: 2 - 8 March 2020
Data as reported by: 17:00; 8 March 2020

3 New events
73 Ongoing events
64 Outbreaks
12 Humanitarian crises

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- Rift Valley Fever
cVDPV2
- COVID-19
- Anthrax
- Malaria
- Floods
- Cases
- Deaths
- Humanitarian crisis
- Hepatitis E
- Yellow fever
- Dengue fever
- Ebola virus disease
- Chikungunya
- Leishmaniasis
- Plague
- Crimean-Congo haemorraghic fever
- Meningitis
- Countries reported in the document
- Non WHO African Region
- WHO Member States with no reported events

Graded events †

9 Grade 3 events
15 Grade 2 events
1 Grade 1 events
44 Ungraded events

Protracted 3 events
Protracted 2 events
Protracted 1 events

Health Emergency Information and Risk Assessment
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 76 events in the region. This week’s main articles cover key new and ongoing events, including:

- Coronavirus disease 2019 (COVID-19) in the WHO African Region (Algeria, Cameroon, Nigeria, Senegal, South Africa, and Togo)
- Ebola virus disease in Democratic Republic of the Congo
- Lassa fever in Liberia
- Measles in Mali

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

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

Major issues and challenges include:

- The global Coronavirus disease 2019 (COVID-19) outbreak continues to evolve rapidly, with the recent spread of the disease to Africa. During the reporting week, three additional countries in the WHO African Region (Cameroon, South Africa and Togo) confirmed COVID-19, bringing the number to six (the others are Algeria, Nigeria and Senegal). All the reported cases occurred in or are associated with persons with recent travel history from affected countries, with no established local transmission. Except for Algeria and South Africa that have clusters of confirmed cases, all the other countries have sporadic and isolated cases. The recent shift in COVID-19 hotspots from China to Europe highlights the increased propensity for rapid spread of the novel disease to the continent, evidenced by the geographic spread of COVID-19 seen in the last two weeks. Governments of the affected countries are strongly advised to promptly institute rigorous containment measures to rapidly interrupt any further spread and prevent the establishment of local transmission. National authorities and partners in the non-affected Member States need to move quickly to close in all the loopholes that are still existing in their readiness and response capabilities.

- The Ebola virus disease (EVD) outbreak in Democratic Republic of the Congo remains stable as it enters its nineteenth day with no reported confirmed cases. While this development is encouraging, the risk of losing this gain remains high as continued armed attacks on civilian populations has led to interruptions in outbreak response activities in recent days. With international attention and interest shifting to the COVID-19 outbreak, stakeholders must ensure that focus is kept on the EVD outbreak in Democratic Republic of the Congo to sustain the last push of outbreak response activities to the end.
EVENT DESCRIPTION

During the reporting week 10 (week ending 8 March 2020), three countries (Cameroon, South Africa and Togo) confirmed COVID-19 cases, adding onto Algeria, Nigeria and Senegal that confirmed cases in the past week.

On 5 March 2020, the Department of Health of South Africa reported a confirmed case of COVID-19 in a 38-year-old male who travelled to Italy in a group of 10 and returned to South Africa on 1 March 2020. He reportedly consulted a private general practitioner on 3 March 2020, having presented with signs and symptoms of fever, headache, malaise, sore throat, and cough. An oral swab collected and analysed at the National Institute for Communicable Diseases (NICD) in Johannesburg, South Africa tested positive for SARS-CoV-2 infection on 5 March 2020. Between 5 and 9 March 2020, six additional case-patients who were in the group of travellers with the index case have tested positive for COVID-19, bringing the total number of confirmed cases in the country to seven. All case-patients are currently being isolated for clinical management and none of them is said to be experiencing severe conditions.

On 6 March 2020, the Ministry of Public Health of Cameroon notified WHO of a confirmed case of COVID-19 in a 58-year-old French-Cameroonian case-patient who resides in France. Having returned to Cameroon on 24 February 2020, he developed fever and asthenia on 27 February 2020 and consulted a private health facility on 5 March 2020. Samples collected and sent to the laboratory tested positive for COVID-19 on 5 March 2020. Additionally, a sample collected from the spouse of the index case tested positive for COVID-19 on 6 March 2020, bringing the cumulative total number of confirmed COVID-19 cases in Cameroon to two.

On 6 March 2020, the Ministry of Health and Public Hygiene of Togo notified WHO of a confirmed COVID-19 case in a 42-year-old female with recent travel history to Germany, France, Turkey and to Benin where she crossed the land border in a private vehicle to Lomé on 2 March 2020. She presented at a public hospital in Lomé on 3 March 2020 after developing symptoms of fever, sore throat and headache two days prior. A sample collected and sent to the laboratory tested positive for SARS-CoV-2 infection on 6 March 2020.

From 4-8 March 2020, 12 additional cases of COVID-19 were reported in Algeria, 10 of whom belong to a cluster of cases with exposure to two French nationalities, an 83-year-old man and his daughter who stayed in Algeria from 14-21 February 2020 and were confirmed positive for SARS-CoV-2 after their return to France on 21 February 2020. The other two new confirmed cases reported on the 7 and 8 March 2020 are not linked to each other nor to the previous cluster. They reportedly arrived in Algeria from Spain separately. From 25 February to 8 March 2020, a total of 20 confirmed COVID-19 cases (with zero deaths) have been reported from Algeria. Of these, 17 are currently isolated at a hospital, two are followed at home, and one was evacuated to Italy.

On 9 March 2020, the Nigerian Federal Ministry of Health reported a second confirmed case of COVID-19 involving a contact of the index case who has been quarantined and under follow-up. The second case is from Ogun State and is reported to have no significant clinical symptoms. Additional updates will be provided as information becomes available.

PUBLIC HEALTH ACTIONS

South Africa

The Minister of Health of South Africa has continued to provide press releases about the COVID-19 outbreak situation in the country.

Contact tracing continues for all those who came in contact with the confirmed case in South Africa. National rapid response teams (RRTs) have been deployed to KwaZulu-Natal and Johannesburg to support provincial teams, mainly in contact tracing.

Isolation and treatment centres to manage severe cases of COVID-19 have been designated.

Points-of-entry screening at land, sea, and air crossings in South Africa have been strengthened to identify potential cases of COVID-19.

Mass media communication via radio, television, and bill boards aimed at creating awareness of COVID-19 are being heighten across the country.
Cameroon

- The Federal Ministry of Health in Cameroon released a statement confirming the presence of a COVID-19 case in the country.
- A national incident management System (IMS) has been set up to oversee the coordination of the response to the outbreak.
- Contact tracing has commenced in the country for all persons who came in contact with the confirmed case. In total, 169 persons related to the two confirmed cases are being monitored.
- Capacity of surveillance teams are being enhanced to improve the quality of contact tracing and early detection at points-of-entry.

Togo

- The Federal Ministry of Health in Togo released a communiqué to officially announce to the public the confirmation of a COVID-19 case in the country.
- The National Emergency Operations Centre (EOC) was activated at the highest level to coordinate response to the COVID-19 outbreak through a national incident management team (IMT) that has been established. The IMT has developed and costed an incident action plan.
- A National response plan has been developed in order to address identified gaps in the response of the outbreak.

- Contact tracing is ongoing in Togo and Benin for all those who came in contact with the confirmed case. So far, 14 people have been identified in both countries.
- Points-of-entry screening have also been enhanced at designated sites including land borders and airports.
- Mass media communications aimed at creating awareness among the population and dispelling rumours are being broadcast on various radio and television stations across the country.

SITUATION INTERPRETATION

Additional countries in the WHO African region have reported confirmed cases of COVID-19 during the reporting week. In a similar trend to the countries that previously reported cases in the region, South Africa, Cameroon and Togo have all reported cases in persons with recent history of travel to European countries. This signifies Europe as a focus for rapid spread of the disease to Africa.
**EVENT DESCRIPTION**

The Ebola virus disease (EVD) outbreak in North Kivu, South Kivu and Ituri provinces in Democratic Republic of the Congo remains stable, with no new cases and deaths recorded during the reporting week. This is the nineteenth consecutive day without reporting new confirmed EVD cases. During the last 21 days (from 16 February to 7 March 2020), one new confirmed case was recorded from Kanzulinzuli health area in Beni Health Zone. The last confirmed EVD case was discharged from the isolation facility on 3 March 2020.

As of 7 March 2020, a total of 3 444 EVD cases, including 3 310 confirmed and 134 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 (721), Bena (19), Butembo (295), Goma (1), Kalunguta (198), Katwa (653), Kayna (28), Kyondo (25), Lubero (31), Mabalako (463), Mangure (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 7 March 2020, a total of 2 264 deaths were recorded, including 2 130 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 64% (2 130/3 310). As of 7 March 2020, the total number of health workers affected remains at 171, representing 5% of confirmed and probable cases.

Contact tracing is ongoing in one health zone. A total of 46 contacts are under follow-up as of 7 March 2020, of which 45 (97.8%) have been seen in the past 24 hours. Thirty-three out of 50 health zones raised alerts on 7 March 2020. Of 4 408 alerts processed (of which 4 387 were new) in reporting health zones on 7 March 2020, 4 357 were investigated and 323 (7.4%) were validated as suspected cases.

**PUBLIC HEALTH ACTIONS**

- Response and surveillance activities continue in all affected areas.
- The security situation in Beni remains worrying, with threats of violence in some villages around the Beni territory, and risk communication and community engagement activities have slowed down in Katanga, Lukaya, Machabe and Ngubo health areas in Mandima Health Zone as a result of insecurity.
- As of 7 March 2020, a cumulative total of 300 519 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 161 million screenings to date. A total of 100/110 (90.9%) PoE/PoC transmitted reports as of 7 March 2020.

**SITUATION INTERPRETATION**

Beni now remains the only health zone that has reported confirmed EVD cases in the past four weeks. 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.

**Geographical distribution of confirmed Ebola virus disease cases reported from 16 February – 7 March 2020, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo.**

- Water, sanitation and hygiene (WASH) activities continue and on 7 March 2020, PCI/WASH teams followed and supported 143 health facilities (FOSA) in the health zones of Beni, Oicha, Mambasa and Mabalako. In addition, 11 health facilities received PCI kits in three health zones: Oicha, Mambasa and Mabalako.
- Community dialogues are continuing to convince the local communities of Beni, Aloya and Biakato to be vaccinated. In addition, traditional practitioners and managers of private health facilities are working to convince the local communities of Beni, Aloya and Biakato to get vaccinated. In addition, traditional practitioners and managers of private health care facilities are encouraged to collaborate with the response teams in the early referral of suspected VME cases to the TCs/ETCs.
EVENT DESCRIPTION
Liberia continues to report new cases of Lassa fever since the beginning of 2020 when an upsurge in the number of cases was observed. Since our last update on 2 February 2020 (Weekly Bulletin 5), 12 additional confirmed cases, including seven deaths have been reported.

Between 1 January and 1 March 2020, a cumulative total of 90 suspected Lassa fever cases have been recorded across the country. Among these, a total of 36 confirmed cases with 16 associated deaths have been reported from six health districts in five counties. The majority (44%) of confirmed cases came from Bong County (16), Grand Bassa (15), Montserrado (2) and Nimba (2) and Lofa (1). The overall case fatality ratio among the confirmed cases was 44.4%. The age range among confirmed cases is 1 to 53 years, with a median of 26.5 years. Males constitute 56% of confirmed cases as compared to their female counterparts. Three healthcare workers have been infected since the beginning of 2020, with one associated death.

Since 1 January 2020, a total of 1 300 contacts have so far been listed, 97.1% of whom have completed the 21-day follow up without showing suggestive symptoms.

PUBLIC HEALTH ACTIONS
- Outbreak response activities are being implemented and coordinated at the county and national level. An Incident Management System (IMS) under the leadership of the County Health officers with technical, logistical and financial support from the Ministry of Health, National Public Health Institute of Liberia (NPHIL), US Centre for Disease Control and Prevention (CDC) and the WHO field offices has been activated.
- The Ministry of Health, NPHIL, WHO, and partners are providing technical, financial, and logistical supports to the County response teams.
- Multidisciplinary outbreak response teams have been deployed to support affected counties by NPHIL and WHO through the enhancement of surveillance, including active case search, identification and follow-up of contacts using the outbreak case definition. Samples are safely transported by Riders for Health to National Reference laboratory. Intensified active case search using outbreak case definition continues in all health facilities and communities in affected counties.
- Case management of cases is ongoing following the training of staff on case management and infections prevention and control (IPC) measures. Drugs and medical supplies deployed to counties and replenish rapidly as needed.
- Information, education and communication (IEC) messages continue being disseminated through media including talk shows and jingles. Community engagement activity is ongoing in the affected counties with rapid response teams visiting the affected households and families and providing information on environmental cleanliness, rodent control measure and hygiene promotion.

SITUATION INTERPRETATION
The recent upsurge in Lassa fever cases in Liberia conforms with the typically observed annual trend of the disease. Lassa fever is endemic in certain parts of the country (including Bong, Grand Bassa, Montserrado, Lofa, Margibi and Nimba) with sporadic cases reported throughout the year. Member States in the region are therefore encouraged to heighten surveillance prior to the seasonal upsurge in order to promptly detect and report any outbreaks early. Furthermore, outbreak response resources should be prepositioned to promptly institute control measures immediately any case is detected.
**EVENT DESCRIPTION**

The measles outbreak in Mali has been ongoing since February 2018. Since the beginning of 2020, suspected measles cases have continued to be reported, though at a lower rate when compared to the same period in 2019. In week 8 of 2020 (week ending 1 March 2020), 42 suspected measles cases were reported from seven regions in Mali, the majority of which were reported from Mopti and Kidal regions. Between weeks 1 and 8, 2020, a cumulative total of 186 suspected measles cases have been reported in the country, with no associated deaths. A total of 98 serum samples were collected for laboratory analyses, 50 (51%) of which were IgM positive for measles virus. The majority of suspected cases are being reported from six districts in five regions (Bourem in Gao region; Kidal and Tessalit in Kidal region; Mopti in Mopti region; Gourma Rharous; Tombouctou region; and Menaka in Menaka region). The national routine immunization coverage for measles-containing vaccine remains suboptimal in Mali. According to the WHO/UNICEF estimates of national immunization coverage, the vaccination coverage for measles containing vaccine 1 (MCV1) has remained low in the country with a ten-year average of 75% and cumulative coverage of 70% for 2018. The second dose of the vaccine (MCV2) is also yet to be introduced into the routine immunization schedule.

**PUBLIC HEALTH ACTIONS**

- The Ministry of Health, with support of WHO, continues to oversee the coordination of outbreak response activities in the country, including surveillance, management of severe cases with complications and immunization response.
- Active surveillance for suspected cases is ongoing in the various health facilities in the country using the standard case definition. Laboratory testing of serum samples in the national reference laboratory has also been enhanced in response to the outbreak.
- WHO continues to provide technical support to produce information products, including the preparation and dissemination of a weekly situation report on the evolution and the management of the outbreak.
- Health partners continue to support the Ministry of Health to provide case management services in several health facilities, in addition to the setting up of isolation and nutrition therapy centres and the donation of free medicines and medical equipment.

**SITUATION INTERPRETATION**

The measles outbreak in Mali has been ongoing since the beginning of 2018 with districts reporting surpassed epidemic thresholds weekly. Though the number of suspected cases reported are lower compared to the same period in the previous year, the enhancement of prompt identification and testing of suspected cases is encouraged as an upsurge of cases has been observed in the first quarter of recent years. Furthermore, national authorities are encouraged to improve immunization coverage as the current national coverage is below the Global Vaccine Action Plan 2011–2020 (GVAP) targets, which calls on all countries to reach ≥90% national coverage with all vaccines in the country’s national immunization schedule by 2020.

Social mobilization and community engagement activities are being strengthened in affected districts.

Geographic distribution of measles cases in Mali, Weeks 1 - 8, 2020.
Six countries in the WHO African Region, Algeria, Nigeria, Senegal, South Africa, Cameroon and Togo, have confirmed COVID-19 cases since 25 February 2020 when the first case was reported in Algeria. The number of affected countries is steadily growing as is the number of confirmed cases. The majority of cases recorded in Africa have epidemiological links to Europe. While measures are currently being implemented to contain the initial imported COVID-19 cases, the inherently fragile healthcare systems in Africa remain a valid concern. Governments in Africa are urged to urgently identify and address gaps in their readiness and early outbreak response capacities and capabilities in order to contain and mitigate the consequences of any potential upsurge in the number of reported cases of the disease.

The transmission of EVD in Democratic Republic of the Congo has remained low, with the last confirmed case reported 19 days ago. While this is a welcome development, the outbreak still has the potential to escalate when the ongoing control measures are not maintained and sustained. There are multiple public health emergencies going on globally and locally, competing for the same resources. Already, there is a shortfall in funding for preparedness and response in Democratic Republic of the Congo and the neighbouring countries.

The national authorities and partners in the African region need to urgently step up their preparedness and readiness capacities and capabilities in order to rapidly detect any imported cases and prevent establishment of local transmission. The governments also need to commit their local resources to support preparedness and response activities, to be complemented by the donor communities.

The national authorities and partners in Democratic Republic of the Congo need to continue implementing all the critical EVD control activities. The donor communities and development partners are also urged to continue providing the required inputs (especially funding) in the face of the multiple health emergencies in the country.
## All events currently being monitored by WHO AFRO

### New Events

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<tbody>
<tr>
<td>Cameroon</td>
<td>COVID-19</td>
<td>Grade 3</td>
<td>6-Mar-20</td>
<td>27-Feb-20</td>
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<td>Grade 3</td>
<td>6-Mar-20</td>
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<td>1</td>
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### Ongoing Events

#### Algeria
- COVID-19 | Grade 3 | 25-Feb-20 | 25-Feb-20 | 8-Mar-20 | 20 | 20 | 0 | 0.00% |

#### Angola
- Poliomyelitis (cVDPV2) | Grade 2 | 8-May-19 | 1-Jan-19 | 26-Feb-20 | 117 | 117 | 0 | 0.00% |

#### Benin
- Dengue fever | Ungraded | 13-May-19 | 10-May-19 | 29-Nov-19 | 26 | 14 | 2 | 7.70% |
- Lassa fever | Ungraded | 19-Feb-20 | 17-Feb-20 | 24-Feb-20 | 4 | 4 | 1 | 25.00% |
- Meningitis | Ungraded | 6-Jan-20 | 9-Dec-19 | 22-Jan-20 | 83 | 24 | 13 | 15.70% |

#### Burkina Faso
- Humanitarian crisis | Grade 2 | 1-Jan-19 | 1-Jan-19 | 26-Feb-20 | - | - | - | - |

#### Burundi
- Malaria | Grade 2 | 1-Jan-19 | 29-Dec-19 | 8 892 300 | 3 294 | 0.00% |

### Polio cases

Zero new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. There were 114 cVDPV2 cases from seven outbreaks reported in 2019.

### Malaria

- 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 a 88% increase in the number of cases and a 62% increase in the number of deaths reported in 2019 compared to 2018.

### Humanitarian crisis

- 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 765 517 internally displaced persons registered as of 14 February 2020 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, 9.5% (n=121) of the health facilities located in the six regions affected by insecurity are closed, thus depriving more than 1.5 million people of health care, and 11.9% (n=152) 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, Madiakoi, Arbinda, and Titao.
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 38 attacks by alleged Boko Haram insurgents, resulting in 20 missing people, 95 injuries and 76 deaths. Two health facilities have been attacked, with one completely destroyed, along with attacks on health workers, with two deaths and one injury reported. Flood waters have receded in Mada and Makary health districts, potentially making them more vulnerable to security incidents. Maroua, the regional capital of Far North is on alert. The Minawao Refugee Camp in the Mokolo Health District continues to host Nigerian refugees, with spontaneous refugee arrivals being recorded weekly.

The humanitarian situation in the Northwest and Southwest (NW & SW) of Cameroon continues to deteriorate with rising tensions between separatists and military forces. The security situation has led to displacement of an estimated 437,000 people in the region. More than 39,000 people have fled to the Littoral and Western regions and around 60,000 people have crossed into neighbouring Nigeria. There are increasing numbers of insecurity incidents, resulting in further displacement, with an estimated 160,000 people potentially affected. Since 1 January 2020, there have been 38 attacks by alleged Boko Haram insurgents, resulting in 20 missing people, 95 injuries and 76 deaths. Two health facilities have been attacked, with one completely destroyed, along with attacks on health workers, with two deaths and one injury reported. Flood waters have receded in Mada and Makary health districts, potentially making them more vulnerable to security incidents. Maroua, the regional capital of Far North is on alert. The Minawao Refugee Camp in the Mokolo Health District continues to host Nigerian refugees, with spontaneous refugee arrivals being recorded weekly.

Cameroon

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<td>1-Oct-16</td>
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</table>

The Cholera outbreak affecting two regions, namely South Ouest and Littoral regions is ongoing in Cameroon. Thirty four new cases, including three deaths were reported in the South Ouest region (10 new cases and one death) and Littoral region (24 new cases and two deaths) during epidemiological week 8 (week ending on 23 February 2020). One new district in south west region (Tiko district) confirmed two new cases, which bring the number of affected districts at three (Bakassi, Ekondo Titiki and Tiko districts). In the Littoral region, the total number of affected districts is eight (Nyon, Manoka, Boko, Delo, Bangue, Cité des palmiers, Bonassama, Jopama, New Bell and Logbaba districts).

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 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 compatibles to 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 2019. The second confirmed case is the mother of the dead child.

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis</td>
<td>Protracted 2</td>
<td>11-Dec-13</td>
<td>11-Dec-13</td>
<td>2-Feb-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

From Week 1, 2019 (week ending on 7 January 2019) till week 7, 2020 (week ending on 23 February 2020), a total of 7,626 measles cases including 517 confirmed cases and 83 deaths have been reported in twenty affected districts in Central Africa. A total of 2,315 new suspected measles cases were notified from epidemiological week 3 to week 7 of 2020 in 20 districts among which there are 7 new districts reporting cases in this year. The majority of cases are under five of age, followed by the age group between 5 to 10 years old. Response activities are ongoing in the affected health districts.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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</thead>
<tbody>
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<td>Protracted 2</td>
<td>11-Dec-13</td>
<td>11-Dec-13</td>
<td>2-Feb-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported since the beginning of 2020. There were 19 cVDPV2 cases reported in 2019 from six different outbreaks.

Chad

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis</td>
<td>Protracted 2</td>
<td>11-Dec-13</td>
<td>11-Dec-13</td>
<td>2-Feb-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

In week 8 (week ending on 23 February 2020), 621 suspected cases were reported. 29 districts were in the epidemic phase in week 8. Since the beginning of the year, a total of 2,410 suspected cases and 23 deaths (CFR 1.0%) have been reported from Beboto, Kyabe, Goundi, Korbol, Kelo and Guelao.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis</td>
<td>Protracted 2</td>
<td>11-Dec-13</td>
<td>11-Dec-13</td>
<td>2-Feb-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported since the beginning of 2020. There were three cVDPV2 cases reported in 2019 linked to the Jigawa outbreak in Nigeria.

Comoros

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis</td>
<td>Protracted 2</td>
<td>11-Dec-13</td>
<td>11-Dec-13</td>
<td>2-Feb-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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 (5), Mitsoudjé (2), and Dichili (1). The 19 epi-linked cases are from Moroni district.
Since 3 October 2019, heavy rains resulted in floods in 8 out of 12 departments of the Republic of Congo, namely: Likouala, Cubvet, 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, 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.

### Table: Health Emergency Information and Risk Assessment

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congo</td>
<td>Chikungunya</td>
<td>Grade 1</td>
<td>22-Jan-19</td>
<td>1-Jan-20</td>
<td>9-Feb-20</td>
<td>37</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Ungraded</td>
<td>29-Oct-19</td>
<td>29-Oct-19</td>
<td>12-Feb-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

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.

**Democratic Republic of the Congo**

- **Humanitarian crisis**
  - Grade 3
  - 20-Dec-16 to 17-Apr-17 to 9-Feb-20
  - Majority (95%) reported in week 7 came from four provinces: North-Kivu, South-Kivu, Haut-Katanga and Tshuapa.

**Democratic Republic of Congo**

- **Cholera**
  - Grade 3
  - 16-Jan-15 to 1-Jan-20 to 16-Feb-20
  - 4 077 cases
  - 59 deaths (1.5%)

During week 7 (week ending 16 February 2020), a total of 474 suspected cases of cholera and 7 deaths (CFR 1.5%) were notified from 14 out of the 26 provinces in the country. The majority (95%) reported in week 7 came from four provinces: North-Kivu, South-Kivu, Haut-Katanga and Tshuapa. There was an increase in the weekly case incidence since week 6 of 2020; a similar trend was observed in previous years. The province of Katanga continues to report high mortality rates (CFR: 6.1%). 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.

**Democratic Republic of the Congo**

- **Ebola virus disease**
  - Grade 3
  - 31-Jul-18 to 11-May-18 to 7-Mar-20
  - 3 412 cases
  - 3 444 deaths
  - 2 264 deaths
  - 66.00% CFR

**Democratic Republic of the Congo**

- **Measles**
  - Grade 2
  - 10-Jan-17 to 1-Jan-20 to 23-Feb-20
  - 26 574 cases
  - 358 deaths
  - 1.40% CFR

In week 8 (week ending 23 February 2020), 2 642 measles cases including 41 deaths (CFR 1.6%) were reported across the country. Over the past four weeks (weeks 5 to 8), the majority of cases have been reported from the provinces of Mbandaka (1 403 cases), Kongo Central (1 329 cases), Mongala (1 341 cases), Bas-Uele (969 cases) and Equateur (898 cases). Since the beginning of 2019, 337 982 measles cases including 6 389 deaths (CFR 1.9%) have been recorded in all 26 provinces. In total, 269 (52%) of the 519 health zones have reported a confirmed measles outbreak. To date, a total of 2 979 cases were laboratory confirmed (IgM+), 71% of which were children under five years old.

**Democratic Republic of the Congo**

- **Monkeypox**
  - Grade 2
  - 15-Feb-18 to 1-Jan-18 to 19-Feb-20
  - 105 cases
  - 105 deaths
  - 0 cases
  - 0 deaths
  - 0.00% CFR

No new cases of cVDPV2 were reported this week. There were 85 cVDPV2 cases reported in 2019 and 20 in 2018.

**Ethiopia**

- **Cholera**
  - Ungraded
  - 14-May-19 to 12-May-19 to 9-Feb-20
  - 3 970 cases
  - 64 deaths
  - 1.60% CFR

In week 6 (week ending 9 February 2020), 157 new suspected cases were reported in SNNP, Somalia and Oromia regions. A total of 3 970 suspected cases have been reported from three regions as of 9 February 2020.

**Ethiopia**

- **Dengue**
  - Ungraded
  - 3-Nov-19 to 9-Sep-19 to 8-Dec-19
  - 1 251 cases
  - 6 cases
  - 0 deaths
  - 0.00% CFR

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.
### Health Emergency Information and Risk Assessment

#### Recent Outbreaks and Cases

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jan-17</td>
<td>1-Jan-19</td>
<td>9-Feb-20</td>
<td>1 873</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Ungraded</td>
<td>24-Jun-19</td>
<td>20-May-19</td>
<td>26-Feb-20</td>
<td>12</td>
<td>12</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>9-Jul-19</td>
<td>8-Jul-19</td>
<td>26-Feb-20</td>
<td>18</td>
<td>18</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Guinea</td>
<td>Measles</td>
<td>Ungraded</td>
<td>9-May-18</td>
<td>1-Jan-19</td>
<td>3-Nov-19</td>
<td>4 690</td>
<td>1 091</td>
<td>18</td>
<td>0.30%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Measles</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>20-Mar-19</td>
<td>16-Feb-20</td>
<td>637</td>
<td>15</td>
<td>1</td>
<td>0.20%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Leishmaniasis</td>
<td>Ungraded</td>
<td>31-Mar-19</td>
<td>3-Jan-20</td>
<td>16-Feb-20</td>
<td>38</td>
<td>15</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mali</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>n/a</td>
<td>n/a</td>
<td>7-Dec-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mali</td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>2-Feb-20</td>
<td>5-Jan-20</td>
<td>7-Feb-20</td>
<td>14</td>
<td>3</td>
<td>7</td>
<td>50.00%</td>
</tr>
<tr>
<td>Mali</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>1-Jan-19</td>
<td>7-Dec-19</td>
<td>20</td>
<td>9</td>
<td>0</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Mali</td>
<td>Measles</td>
<td>Ungraded</td>
<td>20-Feb-18</td>
<td>1-Jan-19</td>
<td>9-Feb-20</td>
<td>91</td>
<td>17</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mali</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>3-Dec-19</td>
<td>3-Nov-19</td>
<td>22-Dec-19</td>
<td>41</td>
<td>5</td>
<td>7</td>
<td>17.10%</td>
</tr>
</tbody>
</table>

#### Detailed Update

- **Mali**
  - **Crimean-Congo haemorrhagic fever (CCHF)**: 14 cases reported with 7 deaths. Response activities are ongoing in affected districts.
  - **Dengue**: 9 cases reported with 0 deaths.
  - **Measles**: 91 cases reported with 17 deaths.
  - **Yellow fever**: 41 cases reported with 5 deaths.

- **Kenya**
  - **Chikungunya**: 163 cases reported with 17 confirmed positives.
  - **Cholera**: 253 cases reported with 3 deaths.
  - **Leishmaniasis**: 38 cases reported with 15 deaths.

- **Guinea**
  - **Measles**: 690 cases reported with 1 case death.
  - **Cholera**: 35 cases reported with 1 death.
  - **Leishmaniasis**: 15 cases reported with 0 deaths.

- **Liberia**
  - **Lassa fever**: 36 cases reported with 16 deaths.

- **Mali**
  - **Humanitarian crisis**: Protracted conditions in affected districts.
  - **Crimean-Congo haemorrhagic fever (CCHF)**: 14 cases reported with 7 deaths.
  - **Dengue**: 9 cases reported with 0 deaths.
  - **Measles**: 91 cases reported with 17 deaths.
  - **Yellow fever**: 41 cases reported with 5 deaths.

The security situation continues to worsen with violence spreading 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 neighboring 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.

The regional Directorate of Health in Mopti notified a total of 14 suspected hemorrhagic fever including 7 deaths on 2 February 2020. All notified cases are from Mopti Health district, Korienze health area, Kera village. Three of nine laboratory samples that were sent to the Public health institute turned postives for Crimean Congo Hemorrhagic fever. Response activities are ongoing in the affected health district.

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. Outreach responses measures are being implemented in affected communes.

**Additional Information**

- **Mali**
  - **Cholera**: 253 cases reported with 3 deaths.
  - **Leishmaniasis**: 38 cases reported with 15 deaths.

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The humanitarian situation continues to worsen in bordering areas of Burkina fasso, Mali and Nigeria following armed groups attacks in the region. The military camp of Sinegodor 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 Tillaberi, 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 centers have closed due to insecurity. According to OCHA statistics, 2.9 millions of people are in need of humanitarian assistance, 190 248 people are internally displaced, and 217 858 are refugees in the country.

Niger  Humanitarian crisis  Protracted 1  1-26-15  1-26-15  31-Jan-20  -  -  -  -

The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security compromised areas characterized by overcrowded population in many camps in the region. Due to shrinking humanitarian space health partners are facing challenges in delivery of timely and urgent life-saving assistance as access challenges are impacting movement of mobile medical teams, ambulances, immunization staff and medical cargo in many locations across Borno state. The cholera outbreak in Adamawa state is ongoing, though the number of cases being reported is showing a downward trend.

Niger  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 V. cholerae 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  COVID-19  Grade 3  27-Feb-20  27-Feb-20  8-Mar-20  1  1  0  0.00%

A total of 102 new confirmed cases with 13 deaths were reported from 18 states across Nigeria in week 8 (week ending 23 February 2020). This is a decline in the number of cases from 115 cases reported for the previous week. From 1 January to 23 February 2020, a total of 698 cases (689 confirmed and 9 probable) with 127 deaths (CFR 18.2%) have been reported from 115 Local Government Areas across 27 states in Nigeria. A total of 1843 contacts are currently being followed.

Nigeria  Measles  Ungraded  25-Sep-19  1-Jan-20  31-Jan-20  1 618 303 5 0.30%

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were 18 cVDPV2 cases reported in 2019 and 34 in 2018.
Health Emergency Information and Risk Assessment

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 twisted 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.

Detailed update given above.

As of 16 February 2020 a total of 24 confirmed measles cases with no deaths were reported. All reported confirmed cases are from Praslin Island, although two were detected on Mahe island. All age groups have been affected.

Sierra Leone: Lassa fever

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 (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.

South Sudan: Flood

In the last four weeks, most of the areas affected by floods did not experience rains at all, and as a result, the water levels are receding, improving access to communities that were initially cut off.

South Sudan: Humanitarian crisis

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 civilians (PoC) sites (Juba, Bentiu, Malakal and Wau).

South Sudan: Measles

The current outbreak in Bentiu PoC continues since teh 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: Hepatitis E

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 East; Renk; Wau; Tonj North; Jur River; Yambio; Budi, Ikotos, Mabam and Aweil East, Ikotos, Tonj East, Magwi and Bomaand) and 4 Protection of Civilians Sites PoC (Juba, Bentiu, Malakal and Wau).

Uganda: Humanitarian crisis - refugee

Two new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week, one each from Lome and Maritime provinces. There were seven cVDPV2 cases reported in 2019.

Uganda: Poliomyelitis

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 (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 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 civilians (PoC) sites (Juba, Bentiu, Malakal and Wau).

Uganda: Crimean-Congo haemorrhagic fever (CCHF)

A 23 year male, 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 hence was rushed to Kagadi hospital and was isolated. A sample was collected and transported to UVRI on 21 January and the results were positive for CCHF on the same day. Nine contact were followed up as of 10 February 2020.

Uganda: Yellow fever

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 were 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

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported since the beginning of 2020. There were two cVDPV2 cases reported in 2019.

Zimbabwe: Anthrax

A 23 year male, 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 hence was rushed to Kagadi hospital and was isolated. A sample was collected and transported to UVRI on 21 January and the results were positive for CCHF on the same day. Nine contact were followed up as of 10 February 2020.
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.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Rift Valley fever</td>
<td>Ungraded</td>
<td>28-Nov-19</td>
<td>15-Nov-19</td>
<td>19-Dec-19</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Between 15 November and 19 December 2019, a total of 2 cases of Rift Valley fever and 2 deaths have been reported from Ntoroko and Obongi Districts. Safe and dignified burial were conducted for both cases following their respective deaths. As of 8 March 2020, no new cases have been reported.

†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/](http://www.who.int/hac/about/erf/en/).

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