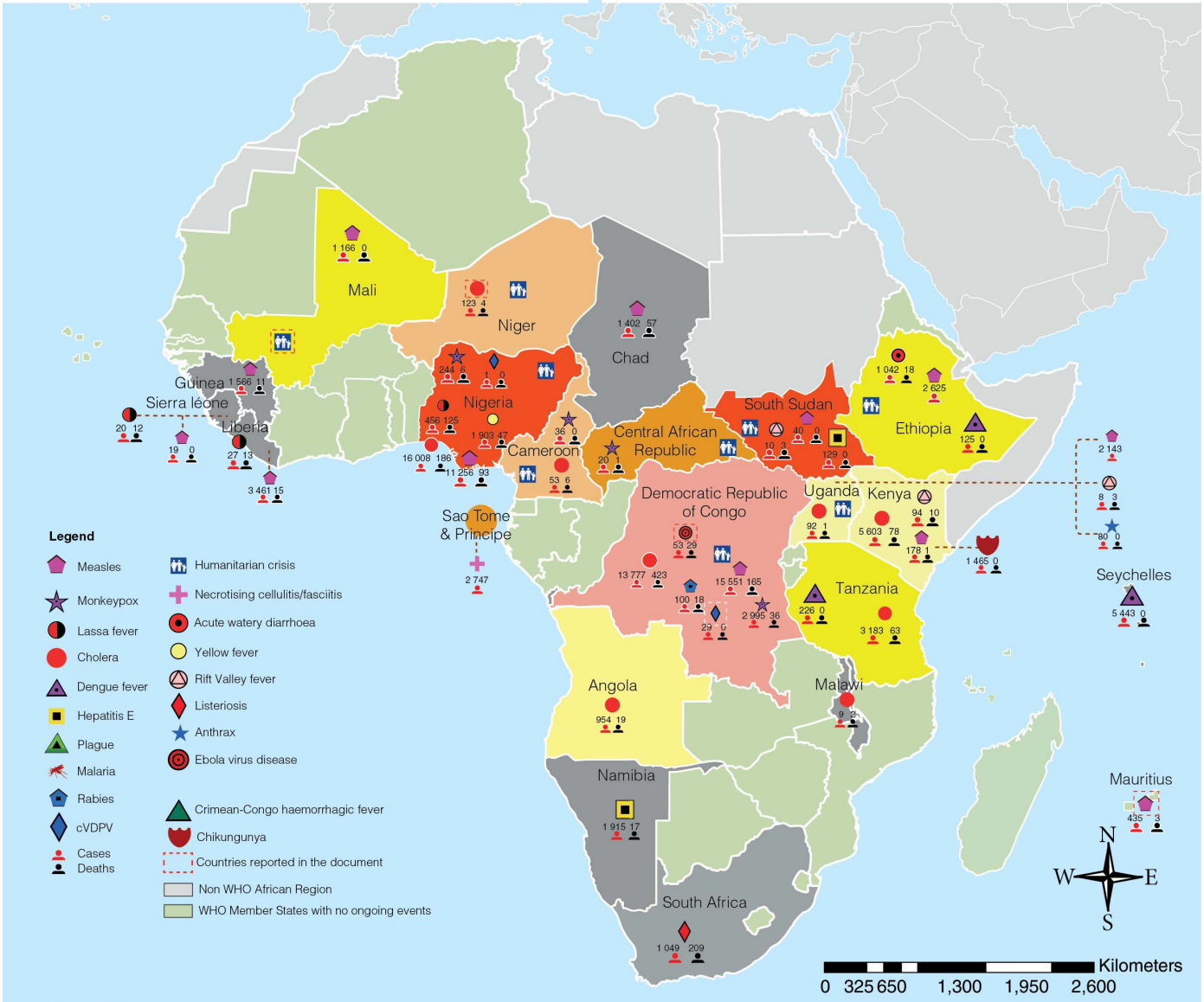
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 29: 14 July - 20 July 2018
Data as reported by 17:00; 20 July 2018

World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

0	54	45	9
New event	Ongoing events	Outbreaks	Humanitarian crises



Graded events †

2 Grade 3 events	**2** Grade 2 events	**4** Grade 1 events	**36** Ungraded events
2 Protracted 3 events	**2** Protracted 2 events	**3** Protracted 1 events	

Health Emergency Information and Risk Assessment

Overview

Contents

- This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 54 events in the region. This week's edition covers key new and ongoing events, including:

  - Humanitarian crisis in Mali
  - Ebola virus disease in the Democratic Republic of the Congo
  - Cholera outbreak in Niger
  - Measles outbreak in Mauritius
  - cVDPV in the 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 events that have recently been closed.

- **Major issues and challenges include:**

  - The humanitarian crisis in Mali is under reported, but is having a significant impact on the population with more than 4 million people affected including over 60 000 internally displaced and a further 140 000 as refugees in neighbouring countries. Nearly 2 million people are in need of health assistance and there is an increase in the number affected by epidemic-prone diseases outbreaks. A higher degree of support is needed from the international public health community to enable the local population to have access to basic social and healthcare services.

  - The current outbreak of measles in Mauritius demonstrates the importance of maintaining high levels of vaccination coverage against this leading public health threat. Prior to this current outbreak the last detected case of measles in Mauritius was in 2009 and the country consistently had one of the highest vaccination rates in the WHO African region. However, in the last two years the vaccination coverage has fallen, the result of which is the current outbreak. Supplementary immunisation activities are urgently being concluded to rapidly halt the spread of this outbreak.

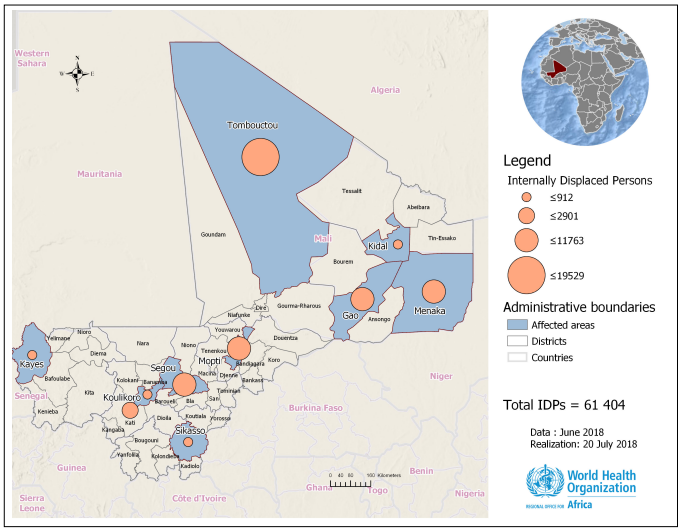
Ongoing events

Humanitarian crisis — Mali

EVENT DESCRIPTION

The complex humanitarian crisis exacerbated by the political-security crisis and intercommunity conflicts continues in Mali. Since January 2012, Mali has been confronted with a twofold political and security crisis that has had a number of consequences on the health and wellbeing of the population, which has resulted in the occupation of two-thirds of the country by armed terrorist groups, population displacement, weakening of the health system and closing of some health programmes. More than four million people (nearly a quarter of the population) are affected by the humanitarian crisis, including 61 404 who are internally displaced and nearly 140 000 who are refugees in neighbouring countries such as Niger, Mauritania and Burkina Faso (data from CMP report, 7 June 2018). Humanitarian access is limited, particularly in the north and centre of the country as a result of armed attacks, inability to travel through mined areas, inter-communal clashes, and a shortage of human resources and logistics.

Geographical location of humanitarian crisis in Mali, as of week 27, 2018



The health system is still weak, while the health need is increasing. The departure of health system personnel and incidents targeting health infrastructure, personnel and health equipment are worsening the existing health system. There are 1.7 million people in need of health assistance in the face of inadequate numbers of healthcares workers (3.1 per 10 000 people, compared to the WHO recommended 17 per 10 000). This situation has resulted in the resurgence of epidemic diseases with significant outbreaks of measles (2018), Crimean-Congo haemorrhagic fever (2017), dengue fver, (2017) meningitis (2016) and Rift Valley fever (2016-2017), among others, occurring in the last few years. A total of 20 health districts out of 75 have declared measles epidemics since the beginning of 2018. As of 15 July 2018 (week 28), 1 069 suspected measles cases were notified. Out of 865 blood samples that were laboratory tested, 285 were positive. No death has been reported.

PUBLIC HEALTH ACTIONS

- The Health Cluster mechanism was established in February 2012 to support the coordination of the health response to the humanitarian crises.
- Humanitarian missions, including health experts, are ongoing to provide healthcare to affected populations.
- The mobilization of resources is ongoing and to date have been received from key donors.
- Teams of doctors in support of the Regional Health Directorates (DRS) have been deployed to health districts as part of the WHO Health Emergency Programme.
- The WHO Country Office is working on capacity building and dissemination of technical guidelines on Integrated Diseases surveillance and Response (IDSR), HIV-AIDS, infection prevention and control (IPC), and communication.
- The WHO Country Office is supporting partners through the provision of drugs, laboratory reagents and hygiene and sanitation products and emergency preparedness kits and strengthening of the vaccination programme.

SITUATION INTERPRETATION

Mali is undergoing a large and complex humanitarian crisis with more than 22% of the population affected. The current security and political crises are hindering the access of the population to basic social and healthcare services. The weakened health system is being further burdened by multiple epidemics. As the security situation continues to deteriorate, there is a strong risk of the health situation of the population worsening. This humanitarian crisis is part of wider conflict affecting the Sahel region and has the potential to destroy economic progress in a country already facing substantial challenges around climate change, food insecurity, conflict over land and resources and migrant flow. National and international authorities need urgently to provide significant resources to attempt to end this situation.

EVENT DESCRIPTION

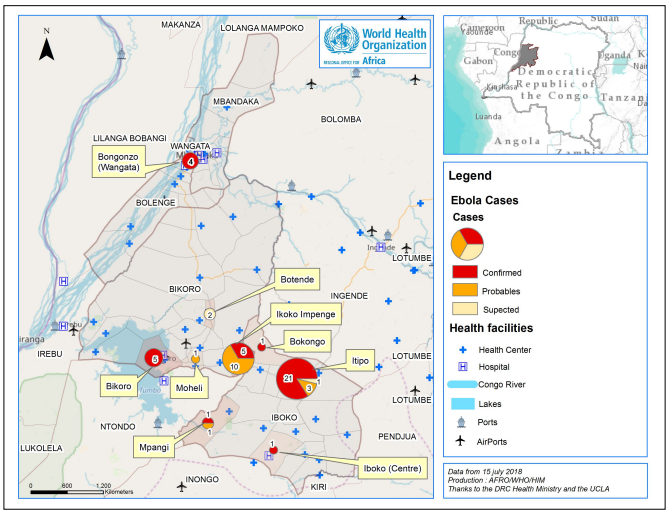
The Ministry of Health and WHO continue to closely monitor the outbreak of Ebola virus disease (EVD) in Équateur Province, the Democratic Republic of the Congo. Until the outbreak is declared over, intensive surveillance, survivor monitoring and other response activities are ongoing to prevent, promptly detect and respond to potential resurgences of the virus.

No new laboratory-confirmed EVD cases have been detected since the last case developed symptoms on 2 June 2018. Since the beginning of the outbreak (on 4 April 2018), a total of 38 laboratory confirmed and 15 probable cases (deaths for which it was not possible to collect laboratory specimens for testing) have been reported. Of these 53 cases, 29 died, giving a case fatality ratio of 54.7%. Twenty-eight (53%) cases were from Iboko, 21 (40%) from Bikoro and four (8%) from Wangata health zones. Five healthcare workers were affected, of which two died.

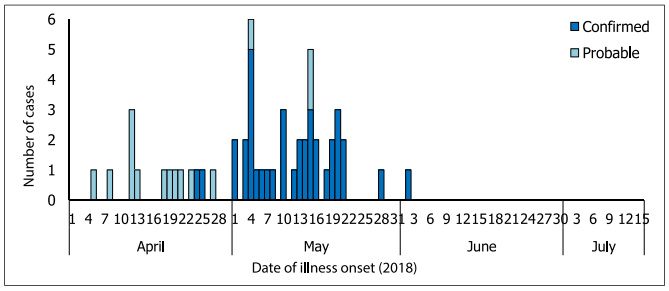
An additional three suspected EVD cases have been reported since our last report on 13 July 2018, *(Weekly Bulletin 28)*, all of whom are currently awaiting laboratory results. All other previously reported suspected cases have tested negative.

On 12 June 2018, the last surviving confirmed EVD case was discharged from an Ebola treatment centre (ETC) following two negative tests on serial laboratory specimens. Before the outbreak can be declared over, a period of 42 days (two maximum incubation periods) following the last possible exposure to a confirmed case must elapse without any new confirmed cases being detected.

Geographical distribution of confirmed and probable Ebola virus disease cases, Democratic Republic of the Congo, 1 April – 15 July 2018 (n=53)



Confirmed and probable Ebola virus disease cases by date of illness onset, Democratic Republic of the Congo, 1 April – 15 July 2018 (n=53)



PUBLIC HEALTH ACTIONS

- Preparations are underway for the official declaration of the end of the outbreak on 25 July 2018.
- Daily coordination meetings continue at the national, sub-national and local levels to review the evolution of the outbreak, identify gaps in the response and propose key actions to accelerate the implementation of public health measures.
- Active surveillance activities are ongoing, including active case search at community and health facility levels, real-time investigation of alerts and collection of specimens from all suspected cases for laboratory confirmation and/or exclusion. From 12-15 July 2018, 25 alerts were notified and investigated, including 20 in Bikoro Health Zone, four in Iboko, and one in Mpenzwa Health Zone. Of the total alerts, four were validated, including two in Bikoro Health Zone, one in Iboko Health Zone and one in Mpenzwa Health Zone. A total of 854 alerts have been recorded since 13 May 2018.
- The vaccination teams remain on standby to rapidly respond to any new confirmed case. Since the launch of the vaccination exercise on 21 May 2018, a total of 3 330 people have been vaccinated in Iboko (1 530) Wangata (893), Bikoro (779), Ingende (107), and Kinshasa (21), as of 30 June 2018. The individuals targeted for vaccination were front-line health professionals, people who were potentially exposed to confirmed EVD cases (contacts), and contacts of these contacts. A total of 2 020 vaccine doses are available in the central vaccine stores and 870 doses are in Mbandaka.
- Training of technicians in the Provincial Laboratory of Mbandaka on the use of GeneXpert is ongoing, while training of laboratory technicians in the other areas is being planned. Suspicious deaths are tested with Oraquick (rapid diagnostic test).
- The ETCs in Bikoro, Iboko and Mbandaka are operational and continue to provide clinical care to suspected EVD cases. MSF is continuing with the process to transition the management of the ETCs in Mbandaka and Bikoro to the Ministry of Health.
- A clinic for EVD survivors has been established in Bikoro, operated by the Ministry of Health, INRB and MSF. WHO is supporting the Ministry of Health to establish a one-year programme for care to survivors, focusing on clinical follow-up, counselling, semen testing, and psychosocial support.

SITUATION INTERPRETATION

The current EVD outbreak has largely been contained. The last confirmed EVD case was notified on 6 June 2018 while all contacts completed 21-day follow-up on 27 June 2018. The 12 June 2018 marked the start of the countdown towards the end of the EVD outbreak, which requires 42 days (two maximum incubation periods) without notifying new confirmed EVD cases. It is hoped that the outbreak will be declared over on 25 July 2018. Until this milestone is reached, it is critical to maintain all key response pillars, including intensive surveillance to rapidly detect and respond to any resurgence.

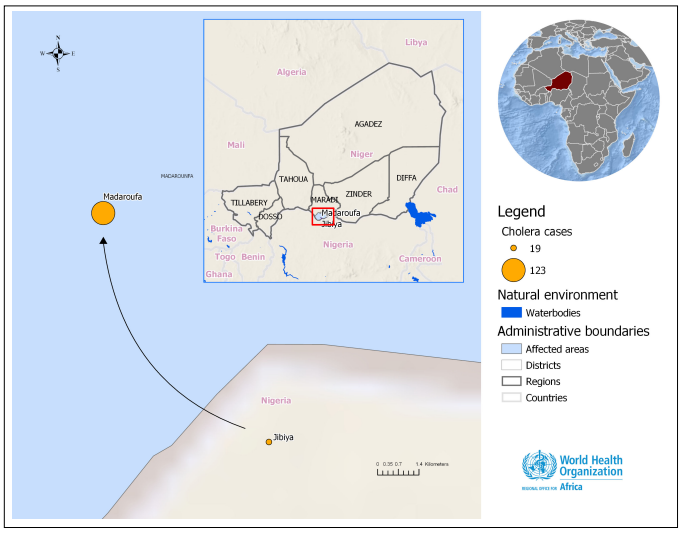
EVENT DESCRIPTION

On 13 July 2018, the Ministry of Public Health of Niger notified WHO of an outbreak of cholera involving 23 cases with three deaths in Madarounfa district, Maradi Region on the border with Nigeria. The first three case-patients, aged 1, 3, and 6, belonging to the same family living in Jibiya Local Government Area, Katsina State, Nigeria, were admitted to Nyelwa Integrated Health Centre in Niger on 5 July 2018 having presented with diarrhoea, vomiting, and dehydration. Two of the case-patients were female. On 7 July 2018, the management of the health centre notified the district level, at which time one of the case-patients had died. A rapid response team from the district level was dispatched to the area on the same day to start investigation. Initial rapid diagnostic tests were positive for all three case-patients on 7 July 2018 and samples were sent to the National Laboratory in Niamey for confirmation. Laboratory results released by the Centre for Medical and Health Research (CERMES) in Niamey on 12 July 2018, confirmed *Vibrio cholerae* O1 inaba by culture in samples from the three-case patients. A retrospective investigation by the district response team found that the case-patients developed onset of symptoms in the village of Makada in Jibiya Local Government Area in Nigeria, prior to seeking admission at the health centre in Niger.

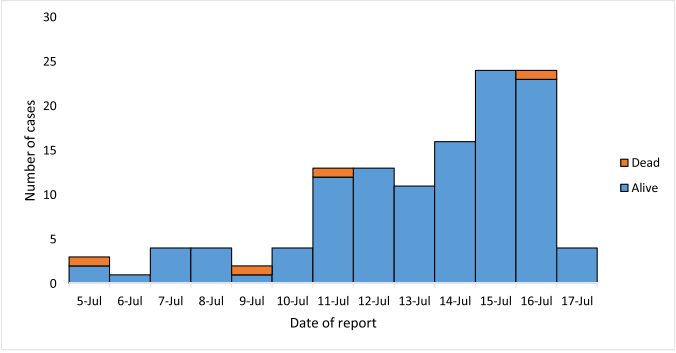
From 6-7 July 2018, another six case-patients, all females from three villages in N'yelwa health area, were admitted to the health centre. All case-patients presented with similar signs and symptoms to the first three cases. These villages are located approximately 4 km away from Dibiya Local Government Area in Nigeria.

As of 17 July 2018, a total of 123 suspected cases with four deaths (case fatality ratio 3.3%) have been reported from ten villages in Madarounfa district, Maradi region on the border with Nigeria. N'yelwa health area is the most affected of the villages having reported 64 suspected cases with two deaths (case fatality ratio 3.1%). Nineteen of the cases are reportedly from the Nigerian side of the border. Out of the cumulative number of suspected cases, three have been confirmed for *Vibrio cholerae* O1 inaba at the Centre for Medical and Health Research in Niamey. There are almost equal numbers of males and females affected. Out of a total of 123 cases, 73% are above five years of age. So far, the peak in incidence was on 15 July 2018, when 24 new cases were reported.

Geographical distribution of cholera cases in Niger, 5 - 17 July 2018



Cases of cholera by date of report, Madarounfa Health District, Maradi Region, Republic of Niger, 5 – 17 July 2018



PUBLIC HEALTH ACTIONS

WHO, UNICEF, MSF and partners are supporting the Ministry of Public Health to implement response activities to contain the outbreak.

- The Regional Directorate of Public Health is coordinating local response efforts involving WHO, UNICEF, MSF, and other partners in Madarounfa district. Cross-border information sharing has been initiated with local health authorities on the Nigerian side of the border.
- On 15 July 2018, the Ministry of Public Health issued a press release officially declaring the outbreak of cholera in Madarounfa district in order to create public awareness and sensitize the population in the affected areas.
- Surveillance is being strengthened in Madarounfa and surrounding districts, including active case search at both community level and in health facilities. WHO has deployed an epidemiologist in Maradi Region to support local response teams in the areas of epidemiological surveillance and refresher training of health workers on case definition and protocol for case management.
- The Ministry of Public Health is offering free treatment services at local health centres in the affected district, with support from MSF. Medical supplies including oral rehydration salts have been dispatched to treatment centres for case management.
- UNICEF has initiated WASH activities in the affected areas.
- Social mobilization activities have been initiated to sensitize local communities on risk factors and the need to seek prompt treatment.

SITUATION INTERPRETATION

There have been nine major outbreaks of cholera reported in Niger since 1971, the last in 2013 in Madarounfa health district. Madarounfa has been classified as a high-risk area for the spread of cholera given the presence of local risk factors such as poor hygiene and sanitary conditions. The current outbreak is occurring in the presence of an outbreak of cholera in neighbouring Nigerian state of Katsina. Areas with large volumes of population movement and trade on the Niger-Nigerian border are potential areas of intense transmission. Strategic prioritized actions in the affected districts, including but not limited to, early detection through community-based surveillance, social mobilization, water sanitation and hygiene interventions, and early treatment of cases will be needed by authorities in both countries to bring this outbreak under control. The need for sustainable access to water, sanitation, and hygiene services should be mainstreamed into any long-term planning to mitigate the risk of recurring outbreaks in these areas.

Go to overview | Go to map of the outbreaks

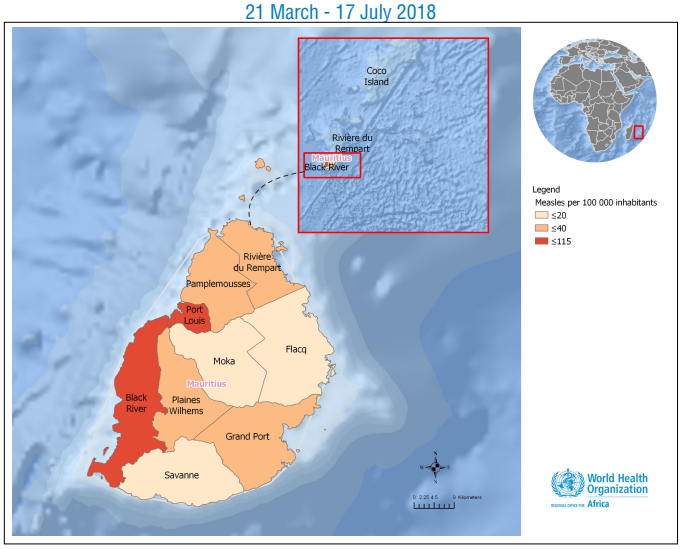
EVENT DESCRIPTION

Mauritius has been reporting measles cases since 21 March 2018. One or two cases were initially reported in the first six weeks followed by a drastic increase in the number reported since week 18 (week ending 6 May 2018). A peak was observed in week 24 (week ending 17 June 2018) when more than 80 cases were reported.

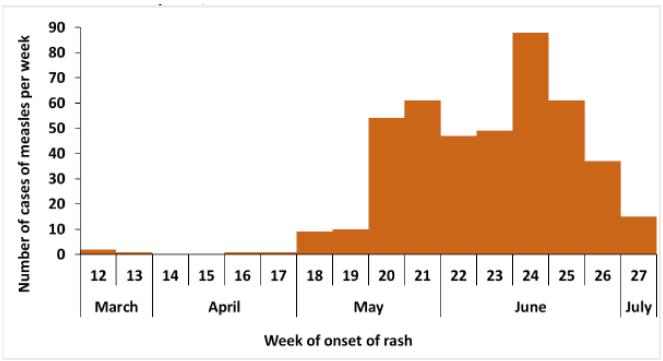
As of 8 July 2018, a total of 435 cases, including three deaths (case fatality ratio 0.7%) have been reported from nine districts. The three deaths have been in young women with unknown vaccination status, all between the ages of 29 and 31 years. All were immunodeficient, resulting in the disease being complicated by encephalitis or septicaemia. The incidence rate was highest in those aged 0-9 years of age, followed by those aged 20-39 years. The incidence rate of the disease was highest in the districts located in the west of the island including: Port Louis, Black River and Plaines Wilhems.

All 435 cases have been confirmed by the virology laboratory of Candos (IgM antibodies) and these cases have been notified to the Communicable Disease Control Unit (CDCU) in Mauritius. As of the reporting date, 45% of cases were not vaccinated for measles and only 29% had received at least one dose of measles-containing vaccine (MCV1). The remaining 26% had unknown vaccination status.

Geographical distribution of measles cases in Mauritius, 21 March - 17 July 2018



The number of laboratory confirmed cases of measles by date of onset of rash per week from 21 March - 8 July 2018 (n=435)



PUBLIC HEALTH ACTIONS

- Patients diagnosed with measles are being isolated at home and recommendations given to avoid travel in order to limit the spread of the disease.
- Contacts are being screened for symptoms and their measles vaccination status verified.
- Ten teams have been set up for the screening of fever/rash and vaccination status of MMR (measles, mumps, rubella) vaccine in pre-primary, primary and secondary schools in all affected areas.
- MMR vaccination sessions have been reinforced by scheduling additional sessions on Saturdays and adults in the age group 15-45 years who have not been vaccinated have received a targeted communication inviting them to vaccination sessions.
- The Ministry of Health's Expanded Program of Immunization (EPI) vaccination programme is going as per schedule in the Area Health Centre, Community Health Centre and primary schools.
- Sensitization of population and community leaders in high risk groups on measles symptoms and the importance of vaccination is being carried out by radio, press and television.
- Information on measles has been shared with healthcare workers in both the public and private sector.
- Since the 31 May 2018, a team from Ministry of Health has been providing health outreach services to the population in high risk areas through supplemental immunization activities (SIAs). Different age ranges are being targeted, with initial, nationwide catch-up focused on all children aged 9 months to14 years, with the goal of eliminating susceptibility to measles in the general population, followed by a focus on all children born since the last SIA.
- The vaccination schedule for the second dose of MMR has been reviewed, and the second dose will be administered to children at the age of 2 years instead of 5 years.

SITUATION INTERPRETATION

Mauritius is a middle-income country located in the Indian Ocean with a good health system including both the public health sector (which is free of charge) and the private health sector. Before this outbreak, the last case of measles was detected in Mauritius in 2009. The measles vaccination campaign which is part of the Mauritius Ministry of Health's EPI, started in 1981 with one dose given at 9 months. In 2003, two doses were given in the combined MMR vaccines, at 1 year and 5 years of age. Measles data available from WHO and UNICEF estimates the national immunization coverage of Mauritius to be 98% and above since 2006. However, in 2016 the estimated coverage dropped to 92% and in 2017 it was 89%. Since measles is extremely contagious, the optimal immunization coverage needed to protect a community is high, at 95%. During this outbreak, more than 70% of confirmed cases were not vaccinated or their vaccination status was unknown.

Since the transmission of the disease is primarily from person-to-person via aerosolized droplets or by direct contact with the nasal and throat secretions of infected persons, it is important to minimize contact with affected people. Additionally, routine measles vaccination for children, combined with mass immunization campaigns are key public health strategies to reduce the incidence of the disease. The measles vaccine is safe, effective and inexpensive. Since the outbreak of measles in 2018, the MMR schedule in Mauritius has been reviewed with the second dose now being administered to children at 2 years of age instead of the previous 5 years. Local health authorities need to continue efforts to improve the vaccination status of the population and reach at least 95% coverage in children.

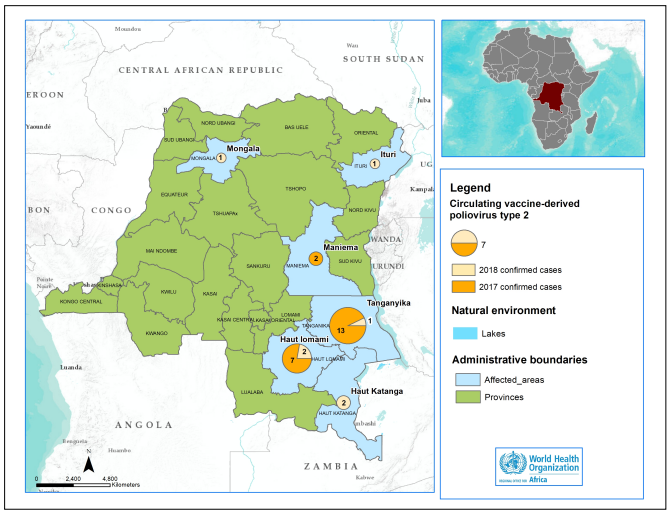
EVENT DESCRIPTION

The ongoing outbreak of the circulating vaccine-derived poliovirus type 2 (cVDPV2) was declared a national public health emergency in the Democratic Republic of the Congo in February 2018.

cVDPV2 was previously reported in the Democratic Republic of the Congo in 2012. Since the beginning of the current outbreak in February 2017, three different cVDPV2 strains have been detected in acute flaccid paralysis (AFP) cases. A cumulative total of 29 confirmed cVDPV2 cases have been reported from 20 February 2017 to 13 July 2018, of which seven cases have been notified since January 2018. Cases have been reported in six provinces, namely, Haut Lomami (9), Tanganyika (14), Haut Katanga (2), Maniema (2), Mongala (1) and more recently Ituri (1). No death has been reported among the confirmed cases.

The outbreak initially started in Haut Lomami and spread out to Tanganyika, Haut Katanga, and Ituri. In Ituri, the most recent affected area, the epidemic started when an AFP case with onset of paralysis on 5 May 2018 was reported from Gethy health zone, close to the border with Uganda. In Maniema, cases have been affected by a different cVDPV2 strain. Since 18 April 2017, the date of onset of paralysis of the last confirmed case, no case has been reported in this province. The third strain was detected in Yamongili health zone in Mongala province in an AFP case with onset of paralysis on 26 April 2018 and subsequently isolated in stool specimens from two of the case contacts.

Geographical distribution of cVDPV2 cases in the Democratic Republic of the Congo, February 2017 - 13 July 2018



There is a risk of international spread of the epidemic given the populations movements between the affected areas in Democratic Republic of the Congo and Uganda, South Sudan and Central African Republic. On 30 April 2018 the WHO Director General convened the seventeenth IHR Emergency Committee regarding the international spread of poliovirus one of the conclusions of which was that the ongoing spread of cVDPV2 in DR Congo demonstrates significant gaps in population immunity at a critical time in the polio endgame; the lack of IPV vaccination in several countries neighboring DR Congo heightens the risk of international spread, as population immunity is rapidly waning.

PUBLIC HEALTH ACTIONS

Given the scale and duration of the outbreak, the Ministry of Health, with support from WHO and partners, are scaling up the response by reinforcing operational activities and capacities:

- The national poliomyelitis outbreak plan has been adopted.
- Nine monovalent type 2 oral polio vaccine (mOPV2) campaigns targeting affected health zones and neighbouring health zones have been implemented.
- An Emergency Operations Centre (EOC) has been created by the Ministry of Health and the country global polio eradication initiative (GPEI) coordinator has been appointed national coordinator of the EOC by the Minister of Health.
- Acute Flaccid Paralysis surveillance is being strengthened to minimize the risk of undetected cVDPV2 transmission and strengthen management of the reported AFP.

SITUATION INTERPRETATION

Although efforts are being made to halt further transmission of the cVDPV2 strains currently circulating in the Democratic Republic of the Congo, the outbreak has continued for more than a year and has been declared to be a national public health emergency. Surveillance gaps are the main explanatory factor and the current cVDPV2 outbreak is split into three clusters not genetically linked: Maniema, Tanganyika-Haut Lomami-Haut Katanga-Ituri and Mongala, with genetic information suggesting that this strain has been circulating undetected for two years. In addition, there is low routine immunization in the Democratic Republic of the Congo, with low quality supplementary polio immunization activities (SIA), with only 18.7% of children shown to have seroconverted for vaccine polio type 2. As per recommendations of the seventeeth IHR Emergency Committee, who met on 30 April 2018, efforts should be intensified to increase routine immunization coverage, including sharing coverage data.

The affected areas share borders Uganda, South Sudan and Central African Republic, suggesting a high risk of spread of the outbreak to other countries. Cross-border efforts need to be intensified by significantly improving coordination at the national, regional and local levels to substantially increase vaccination coverage of travellers crossing the border and of high-risk cross-border populations. Authorities need urgently to improve response activities, particularly surveillance and case search, and intensification of immunization activities.

Summary of major issues challenges, and proposed actions

Issues and challenges

- The humanitarian crisis in Mali is often under reported but is having widespread impact on the country's population with more than 4 million people affected including over 60 000 internally displaced and a further 140 000 who have sought refuge in neighbouring countries. Nearly 2 million people are in need of health assistance and there is an increase in the number of persons affected by epidemic-prone diseases. Responding to these outbreaks is challenging due to security concerns, destruction of health infrastructure and a lack of healthcare personnel.
- The current outbreak of measles in Mauritius demonstrates the importance of maintaining high levels of vaccination coverage against this leading public health threat. Prior to this current outbreak the last detected case of measles in Mauritius was in 2009 and the country consistently had one of the highest vaccination rates in the WHO African region. However, in the last two years the vaccination coverage has fallen, resulting in the current outbreak.

Proposed actions

- In Mali, the humanitarian crises requires significant attention from the international public health community. Urgent financial resources are needed to effectively strengthen the health system to address the ongoing health emergency. Stocks of medicines, medical products including laboratory reagents, hygiene and sanitation products, and personal protection equipment are vital to improve the support offered in the local population.
- The government in Mauritius has taken rapid steps to address the outbreak of measles, including altering the age at which children receive the second dose of the MMR vaccine and undertaking mass immunization campaigns. To ensure that the high rates of coverage previously seen in the country are attained again, targeted sensitization and public health messaging will need to be undertaken with close attention to the monitoring and evaluation requirements of any vaccination campaigns.

All events currently being monitored by WHO AFRO

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Ongoing events										
Angola	Cholera	G1	2-Jan-18	21-Dec-17	9-Jul-18	954	12	19	2.0%	On 21 December 2018, two suspected cholera cases were reported from Uíge district, Uíge province. Both of these cases had a history of travel to Kimpangu (DRC). From 21 December 2017 to 18 May 2018, a total of 895 cases were reported from two districts in Uíge province. The neighboring province of Luanda started reporting cases on 22 May 2018. From 22 May to 9 July 2018, 59 cases with 6 deaths (CFR 10.2%) have been reported from eight districts in Luanda Province. Seven cases have been confirmed for *Vibrio cholerae*. The most affected is Talatona having reported a total of 25 cases with 4 deaths (CFR 16%).
Cameroon	Humanitari-an crisis	G2	31-Dec-13	27-Jun-17	30-May-18	-	-	-	-	According to UNICEF's Humanitarian situation report on Cameroon as of May 2018, 160 000 Internally Displaced Persons (IDPs) in Meme and Manyu divisions in the South West, and Boyo, Momo, and Ngo-Ketunjia divisions in the North West are in need of assistance. The report noted the outbreaks of cholera and monkeypox in the regions during the month of May 2018 with the main response challenges been insecurity in the two regions due to the Anglophone crisis which forced many people to live in the bush, and geographically hard-to-reach health districts. In East region, there have been reported influx of refugees from the Central African Region fleeing the armed conflict in Bangui and along the borders. The general situation in the Far North has reportedly improved with decrease incidence of terrorist attacks and suicide bombings attributed to Boko Haram. However, returnees have been confronted with significant destruction in these areas due to previous attacks.
Cameroon	Cholera	Ungraded	24-May-18	18-May-18	17-Jul-18	53	7	6	11.3%	The cholera outbreak which started in Mayo Oulo zone on the border with Nigeria in week 20 (week ending 20 May 2018) continues with 3 regions affected as of 17 July 2018. From the start of the epidemic to 17 July 2018, 53 cumulative cases with 6 deaths (CFR: 11.3%) have been reported in the North region (46), the centre region (5) and the Littoral region (2). Seven cases have been confirmed for *Vibrio cholerae* by culture at the Pasteur centre of Cameroon, of which 5 are from the North region and 2 are from the centre region. Sixty percent (n=32) of the suspected cases have been reported from Golombe health district in the north region. Three of the 5 cases reported in the centre region have been notified in Yaoundé and the two suspected cases from the littoral region have been reported in Douala.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Cameroon	Monkeypox	Ungraded	16-May-18	30-Apr-18	13-Jun-18	36	1	0	0.0%	On 30 April 2018, two suspected cases of monkeypox were reported to the Directorate of Control of Epidemic and Pandemic Diseases (DLMEP) by the Njikwa Health District in the North-west Region of Cameroon. On 14 May 2018, one of the suspected cases tested positive for monkeypox virus by PCR. On 15 May 2018, the incident managment system was set up at the National Emergency Operations Center. An investigative mission to the North-west and South-west from 1 - 8 June 2018, found 21 new suspected cases without active lesions. As of 13 June 2018, a total of 36 suspected cases have been reported from both North-west and South-west regions.
Central African Republic	Humanitari-an crisis	Protracted 2	11-Dec-13	11-Dec-13	15-Jul-18	-	-	-	-	The security situation remains tense and precarious in many places across the country. Humanitarian operations in many areas have been suspended due to increasing violence against aid workers. In Bombo nearly 1 300 displaced people reportedly moved to Amada-Gaza and the surrounding areas following clashes between an armed group and the MINUSCA force in Bombo on 13 July 2018. In Mbrés-Bakala axis more than 730 people forced to move due to ongoing clashes between armed groups.
Central African Republic	Monkeypox	Ungraded	20-Mar-18	2-Mar-18	30-Jun-18	20	9	1	0.0%	The outbreak was officially declared on 17 March 2018 in the sub province of Ippy. In this reporting period, there is an increase in number of suspected monkey pox in Bangasou health district. As of 24 April, twenty cases including nine confirmed cases have been reported from Ippy (6) and Bangassou (3). As of 30 June 2018, a new case from Bagandou (Mbaïki District) was confirmed by the the IPB laboratory.
Chad	Measles	Ungraded	24-May-18	1-Jan-18	8-Jul-18	1 402	92	57	4.1%	During week 27, 118 cases with 8 deaths were reported compared with 91 cases and 0 deaths last week. Between week 1 and week 27 of 2018, a total of 1 402 suspected cases with 57 deaths (CFR 4.1%) have been reported. The cases have been reported from 97 out of 117 health districts in the country. As of 13 July 2018, 92 cases have been laboratory confirmed, 376 confirmed by epidemiological link, and 23 clinically compatible. As of reporting date, 12 districts have had confirmed ongoing measles outbreak, these include: Bokoro, Gama, Amdam, Goz Beida, Haraze Mangueigne, Abeche, Arada, Ati, Mongo, Rig Rig, Tissi and Bardai.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Democratic Republic of the Congo	Humanitari-an crisis	G3	20-Dec-16	17-Apr-17	15-Jul-18	-	-	-	-	The Democratic Republic of the Congo con-tinues to experience a complex humanitarian crisis involving armed conflicts and inter-com-munity tension exacerbating the numbers of those in need of humanitarian assistance. In North-Kivu, population movements due to armed clashes have been reported. About 47 000 IDPs are facing hygiene and sanitation issues and risk of malnutrition. In South-Kivu, clashes between interethnic militia in Bijombo highlands (Uvira territory) have spread to Fizi territory leading to about 76 000 IDPs and closure of 19 health centres. In central Kasai, severe malnutrition in children under 5 has been reported in four health zones namely Bilomba, Lubondaie, Luiza and Ndekesha.
Democratic Republic of the Congo	Cholera		16-Jan-15	1-Jan-18	8-Jul-18	13 777	0	423	3.1%	The cholera outbreak in the Democratic Re-public of the Congo continues with a total of 515 cases with 24 deaths (CFR 4.7%) reported during week 27. The cases have been reported from 13 out of 26 provinces. There is an in-creasing number of cases in Kinshasa province from the islands of Gombe and Nsele, located on the outskirts of the city of Kinshasa.The provinces of Kasai Oriental, South Kivu, Kon-go central, Sankuru and Tanganyika reported 71% of the suspected cases. From week 1 to 27 of 2018, a total of 13 777 cases of cholera including 423 deaths (CFR 3 %) were reported.
Democratic Republic of the Congo	Ebola virus disease	G3	7-May-18	4-Apr-18	15-Jul-18	53	38	29	54.7%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	1-Jan-18	1-Jul-18	15 551	276	165	1.1%	From 2018 week 1 to week 26 (ending 1 July 2018), 15 551 cases with 165 deaths (CFR 1.1%) have been reported of which a total of 1 395 suspected cases have been investigated. Of these cases, 276 cases have been labora-tory-confirmed. During week 26, four prov-inces notified 83% of all suspected cases and 75.8% of deaths, namely, Tshopo, Maniema, South-Ubangi and high Katanga. Twenty-six health zones have had confirmed epidemics since week 1 of 2018.
Democratic Republic of Congo	Monkeypox	Ungraded	n/a	1-Jan-18	8-Jul-18	2 995	-	36	1.2%	From week 1 to week 27, 2018, there have been 2 995 suspected cases of monkey pox in-cluding 36 deaths (CFR 1.2%). Suspected cases have been detected in 14 provinces.
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Ungraded	15-Feb-18	n/a	13-Jul-18	29	29	0	0.0%	Detailed update given above.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Democratic Republic of Congo	Rabies	Ungraded	19-Feb-18	1-Jan-18	24-Jun-18	100	0	18	18.0%	This outbreak began towards the end of October 2017 in Kibua health district, North Kivu province. A total of 100 cases with 18 deaths (CFR -18%) have been reported from week 1 to 25, 2018.
Ethiopia	Humanitarian crisis	Protracted 1	15-Nov-15	n/a	10-Jun-18	-	-	-	-	The continued inter-tribal conflict in Oromia and SNNP Regions has resulted in the displacement of nearly one million people. At present, a total of 2 million IDPs (in about 950 sites) are in Ethiopia, mainly in Somali, Oromia and SNNP regions due to conflict and drought, that represent a significant increase as compared with 2017 same period, when around 720 000 IDPs were reported due mainly to drought. The health system is overwhelmed with both man-made (conflicts) and natural disaster (floods and other burdens of El Niño and La Niña) crisis. The situation is compounded with ongoing outbreaks of acute watery diarrhoea, measles, dengue fever, and high levels of malnutrition.
Ethiopia	Acute watery diarrhoea (AWD)		15-Nov-15	1-Jan-18	1-Jul-18	1 042	-	18	1.7%	This has been an ongoing outbreak since the beginning of 2017. In most parts of the country, the situation has stabilized, however, Afar region is experiencing an increase in cases which began since week 18. In week 26, 49 cases were reported, all of which are from Afar region. From week 1 to 26 2018, a total of 1042 cases with 18 deaths (CFR -1.7%) has been reported from the following regions: Somali (151 cases), Afar (811 cases with 18 deaths), Tigray (63 cases), and Dire Dawa City Administration (17 cases) . Between January and December 2017, a cumulative total of 48 814 cases and 880 deaths (CFR 1.8%) were reported from nine regions.
Ethiopia	Measles		14-Jan-17	1-Jan-18	1-Jul-18	2 625	699	-	-	This has been an ongoing outbreak since the beginning of 2017. In 2018, a total of 2 625 suspected measles cases have been reported across the country including 56 new suspected cases reported in week 23. From the total suspected cases reported, 699 are confirmed cases (102 laboratory confirmed, 553 epi-linked and 44 clinically compatible). A total of 18 laboratory confirmed measles outbreaks have been reported up to week 26 and five [Amhara (1) and Somali (4) regions] are currently active. So far, the outbreaks reported are from the regions of Amhara (4), SNNPR (1), Somali (12), and Tigray (1). The age group mostly being affected remains under five (33%) and children 5 – 14 years (48%). The immunization status of the suspected cases shows that 13.1% of the cases are with "zero" previous doses and 56.2% of the cases with "unknown" immunization status. Between January and December 2017, a cumulative total of 4 011 suspected measles cases have been reported across the country.
Ethiopia	Dengue fever	Ungraded	18-Jun-18	19-Jan-18	1-Jul-18	125	52	-	-	An outbreak of Dengue fever which started on 8 June 2018 involving 52 cases in the flood affected Gode Zone of Somali Region has been confirmed by laboratory testing. Eighteen cases were reported in week 26 in Somali Region, this brings the total to 125 cases since 19 January.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Guinea	Measles	Ungraded	9-May-18	1-Jan-18	16-Jun-18	1 566	399	11	0.7%	A new measles outbreak was detected in epidemiological week 8, 2018. Measles was reported in all parts of the country since the beginning of the year. The most affected zones include Kankan, Conakry and Faraneh. Out of 760 samples tested, 399 samples tested IGM positive (53%). Out of the positive cases, 61% were not vaccinated for measles despite vaccination campaign efforts in 2017 following a large epidemic.
Kenya	Chikun-gunya	Ungraded	mid-De-cember 2017	mid-De-cember 2017	24-Jun-18	1 465	50	0	0.0%	The outbreak is still ongoing in Mombasa since December 2017. A total of 1 465 chikungunya cases with 50 being laboratory confirmed. The outbreak has affected 6 Sub Counties; Mvita (297 cases), Changamwe (499 cases), Jomvu (176 cases), Likoni (250 cases), Kisauni (153 cases) and Nyali (61cases).
Kenya	Cholera	G1	6-Mar-17	1-Jan-18	16-Jul-18	5 603	305	78	1.4%	The outbreak in Kenya is ongoing since December 2014. As of 16 July 2018, a total of 5 603 cases with 78 deaths have been reported since the 1 January 2018. Since week 23, the number of cases reported has decreased. During this outbreak 19 out of 47 counties in Kenya were affected. Currently, the outbreak is active in 4 counties: Garissa, Turkana, Isiolo and Mombasa counties. Garissa (1 559 cases and 18 deaths, CFR 1.2%) located the border with Somalia is the most affected county and it hosts the Daadab refugee camp.
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	16-Jul-18	178	16	1	0.6%	The outbreak is located in two counties, namely Wajir and Mandera Counties. As of 7 May 2018, Wajir County has reported 39 cases with 7 confirmed cases; Mandera has reported 102 cases with 4 confirmed cases and one death. Date of onset of the index case in Wajir County was on 15 December 2017. The index case was traced to Kajaja 2 village from where the outbreak spread to 7 other villages: Ducey (18 cases), ICF (2), Godade (3), Kajaja (1), Konton(2),Kurtun (1) and Qarsa (12). As of 16 July 2018, Mandera County has reported a second wave of Measles outbreak from Takaba sub county. A total of 37 cases with 5 confirmed have been reported.
Kenya	Rift Valley fever (RVF)	G1	6-Jun-18	11-May-18	16-Jul-18	94	20	10	10.6%	Following the initial confirmation of RVF by PCR on 7 June, a total of 94 cases have been reported including 10 deaths (CFR 11%) from 3 counties in Kenya. Twenty samples submitted to the KEMRI tested positive by PCR for RVF. Wajir has reported 82 cases and 6 deaths, Marsabit reported 11 cases and 3 deaths and Siaya country reported 1 case and 1 death. The Eldas sub-county in Wajir has reported the highest number of cases (79) since the 11 May 2018.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-18	27-Jun-18	27	20	13	48.1%	Sporadic cases of Lassa fever have been reported since the beginning of the year. From 1 January to 27 June 2018, 130 suspected cases have been reported. As of 27 June 2018, only Nimba County remains in active outbreak phase with two new confirmed cases reported on 27 June 2018, while Bong, Margibi and Grand Bassa Counties have exited the outbreak phase. Test results by RT-PCR for 123 suspected cases showed 20 positive and 103 negative. Seven specimens were not tested due to poor quality. Thirteen deaths have been reported among 20 confirmed cases (CFR 65%). Females constitute 60% (12/20) of confirmed cases. The age range among confirmed cases was 1 to 65 years old with a median age of 32.5 years. Cumulatively, 27 confirmed and suspected cases (negative cases removed) have been reported with 13 deaths (CFR 61.79). A total of 25 contacts are currently being monitored in Nimba county. All previous contacts (128) from Bong (71), Grand Bassa (24) and Nimba (33) have completed 21 days follow up.
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-18	15-Jun-18	3 461	179	15	0.4%	There has been a sharp decline in the number of suspected cases since the peak in week 14 when approximately 230 suspected cases were reported. During week 28 (week ending 15 July 2018), 46 new suspected cases were reported from 12 out of 15 counties. This is a slight increase compare to the previous week when 31 suspected cases were reported. From week 1 to week 28 of 2018, 3 461 suspected cases have been reported including 15 deaths (CFR:0.4%). Cases are epidemiologically classified as follows: 179 (5%) laboratory confirmed, 2,118 (61%) epi-linked, 432 (12%) clinically compatible, 152 (4%) discarded, and 581 (17%) pending.
Malawi	Cholera	Ungraded	13-Jun-18	8-Jun-18	27-Jun-18	9	4	2	22.2%	Malawi is experiencing a new cholera outbreak in Salima district, in the Central Region Province. The last case of the previous outbreak in that district was reported on 1 April 2018. The new outbreak started on 8 June 2018 in Khombedza Health Centre catchment area, a rural area which was not targeted in the previous oral cholera vaccine campaign because it was considered a relatively low risk area. As of 27 June 2018, a total of 9 cases including 2 deaths (both died at health facility) have been reported in this new outbreak. The three villages where the cases came from, draw water from rivers. Unsafe water is therefore the risk factor. There is borehole in this community but the borehole water very salty and people do not use it for drinking, cooking food, or bathing. They only use it for washing kitchen utensils. At least four stool specimens were take taken and they were all positive on culture. *Vibro cholerae* 01 was isolated.
Mali	Humanitari-an crisis	Protracted 1	n/a	n/a	30-Apr-18	-	-	-	-	Detailed update given above.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	15-Jul-18	1 166	285	0	0.0%	From Week 1 to Week 28 of 2018, a total of 1 166 suspected cases with zero deaths have been reported. In week 28, seventeen blood samples (17) have been tested, and four of them were positive.The overall trend is decreasing in number of confirmed cases. The cumulative blood samples from 865 suspected cases have been tested of which 285 were confirmed (IgM-positive) at the National Reference Laboratory (INRSP). Five hundred and eighty (580) tested negative. Over 65% of confirmed cases are below 5 years old. The affected health districts are Maciana, Bougouni, Kati, Koutiala, Kokolani, Kolondieba, Ouélessebougou, Sikasso, Douentza, Macina,Tombouctou, Dioila, Taoudenit and Kalabancoro. Reactive vaccination campaigns, enhancement of surveillance, and community sensitization activities are ongoing in the affected health districts.
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	8-Jul-18	435	435	3	0.7%	Detailed update given above.
Namibia	Hepatitis E	Ungraded	18-Dec-17	8-Sep-17	5-Jul-18	1 915	178	17	0.9%	The outbreak of hepatitis E in Namibia which was first reported in Windhoek informal settlements in September 2017 continues to spread to other regions, leading to more cases. From 2017 week 36 (week ending 10 September 2017) to 5 July 2018, 1 915 cases with 17 deaths (CFR 0.9%) were reported in Khomas (1 694), Omusati (103), Erongo (93) and 7 other regions of Namibia (25). A total of 178 cases have been laboratory confirmed for genotype 2 HEV and eight maternal deaths (probable and confirmed cases) have been notified.
Niger	Humanitari-an crisis	G2	1-Feb-15	1-Feb-15	11-Jun-18	-	-	-	-	According to OCHA Weekly Humanitarian report for 5 – 11 June 2018, humanitarian missions to the south-eastern Diffa region have been suspended following a suicide attack in the regional capital Diffa on 4 June. At least six civilians were killed and 36 injured in three separate suicide blasts. A security assessment is to be conducted before the resumption of humanitarian missions. The region had seen a decline in attacks since the beginning of a military operation by the Multinational Joint Task Force in April.
Niger	Cholera	Ungraded	13-Jul-18	13-Jul-18	13-Jul-18	123	3	4	4.0%	Detailed update given above.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Nigeria	Humanitari-an crisis	Protracted 3	10-Oct-16	n/a	5-May-18	-	-	-	-	The security situation in north-east Nigeria remains volatile, with frequent incidents, often suicide attacks using person-borne improvised explosive devices (PBIED) and indiscriminate armed attacks on civilian and other targets. On 1 May 2018, an attack in Mubi town in Adamawa State resulted in 27 deaths and more than 50 injuries, while 13 people were killed in Zamfara State on 3 May 2018. In a related incident that took place on 5 May 2018, at least 45 people from Gwaska village in Kaduna State (outside north-east Nigeria) died in fighting between bandits and armed militia. Internal displacement continues across north-east Nigeria, especially in Borno, Adamawa and Yobe states, partly fuelled by deteriorating living conditions and the ongoing conflict. The number of internally displaced persons (IDPs) across the six states (Adamawa, Bauchi, Borno, Gombe, Taraba, and Yobe) in northeast Nigeria increased to over 1.88 million in April 2018, from 1.78 in February 2018. In addition, there are over 1.4 million returnees in the area. The communal conflicts between herders and farmers, which has been taking place since January 2018 outside north-east Nigeria, also displaced approximately 130 000 people in Benue, Nasarawa, Kaduna, and Taraba States.
Nigeria	Cholera	G1	7-Jun-17	1-Jan-18	8-Jul-18	16 008	235	186	1.2%	Since the peak in week 21 when close to 1 400 cases were reported, there has been a steady decline in the number of cases on the overall which is driven mainly by decreasing cases in Bauchi, Adamawa, and Zamfara. In week 27 (week ending 8 July 2018), 285 new suspected cases with three deaths were reported from eight states across the country. Of these, 29 samples were tested and 20 were laboratory confirmed. As of 8 July 2018, a total of 16 008 cases including 186 deaths (CFR-1.2%) have been reported across 16 States (Adamawa, Anambra, Bauchi, Borno, Federal Capital Territory, Gombe, Jigawa, Kano, Kaduna, Katsina, Kogi, Nasarawa, Niger, Plateau, Yobe and Zamfara) since the beginning of 2018. First round of OCV campaign targeting 378 815 persons in 21 wards in Adamawa State commenced on 10 July 2018.
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-18	8-Jul-18	456	446	125	27.4%	The outbreak is continuing with less than ten cases reported each week. In week 27, seven new confirmed cases and three deaths were reported. From 1 January to 8 July 2018, a total of 2 115 suspected cases have been reported from 21 states. Seventeen states have exited the active phase of the outbreak while 4, Edo, Ondo , Taraba and Plateau states still remain active. Of the suspected cases, 446 were confirmed positive, 10 are probable, 1 652 negative (not a case). Thirty-nine health care workers have been affected since the onset of the outbreak in seven states with ten deaths. A total of 5 713 contacts have been identified from the 21 affected states. From week 49 of 2016 to week 51 of 2017, a total of 1 022 cases including 127 deaths were reported.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-18	17-Jun-18	11 256	13	93	0.8%	In week 24 (week ending 17 June 2018), 188 suspected cases of measles were reported from 28 States. Since the beginning of the year, a total of 11 256 suspected measles cases with 13 laboratory confirmed cases and 93 deaths (CFR 0.8%) were reported from 36 States compared with 13 144 suspected cases with 77 laboratory confirmed cases and 76 deaths (CFR 0.6%) from 37 States during the same period in 2017.
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	30-Apr-18	244	101	6	2.5%	Suspected cases are geographically spread across 25 states and the Federal Capital Territory (FCT). One hundred one (101) laboratory-confirmed and 3 probable cases have been reported from 15 states/territories (Akwa Ibom, Abia, Anambra, Bayelsa, Cross River, Delta, Edo, Ekiti, Enugu, Lagos, Imo, Nasarawa, Oyo, Rivers, and FCT).
Nigeria	Poliomyelitis (cVDPV2)	Ungraded	1-Jun-18	1-Jan-18	27-May-18	1	1	0	0.0%	One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been confirmed in Nigeria this week, occurring in Kaugama district, Jigawa state, with onset on 15 April 2018.
Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	3-Jun-18	1 903	46	47	2.5%	From the onset of this outbreak on 12 September 2017, a total of 1 903 suspected yellow fever cases including 47 deaths have been reported as at week 22 (week ending on 3 June 2018), from all Nigerian states in 414 LGAs. The outbreak is currently active in the country. A total of 46 samples that were laboratory-confirmed at IP Dakar recorded from ten States (Edo, Ekiti, Katsina, Kebbi, Kwara, Kogi, Kano, Nasarawa, Niger and Zamfara). Yellow fever vaccination campaigns have been successfully completed in six states.
São Tomé and Príncipé	Necrotising cellulitis/ fasciitis	Protracted 2	10-Jan-17	25-Sep-16	8-Jul-18	2 747	0	0	0.0%	From week 40 in 2016 to week 27 in 2018, a total of 2 747 cases have been notified. In week 27, 15 cases were notified, 4 more than the previous week. Three out of seven districts reported a case, Mé-zochi (10), Cantagalo (4), and Caue (1), comparable to six out of seven districts in week 26. The attack rate of necrotising cellulitis in Sao Tome and Príncipe is 13.9 cases per 1 000 inhabitants
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	8-Jul-18	5 443	1 429	-	-	As of week 27, a total of 5 443 suspected cases have been reported from two of the three main islands, Mahé and Praslin. No case has been reported from La Digue during week 27. A fluctuating trend has been observed for the past 4 weeks. For week 27, forty-one suspected cases were reported. Thirty-nine samples were tested for dengue of which 33 were negative and 6 were probable. The last case was confirmed in week 26 (ending 1 July 2018). No recent serotyping results and so far for this epidemic DENV1, DENV2 and DENV3 have been detected.
Sierra Leone	Lassa fever	Ungraded	8-Jun-18	1-Jan-18	1-Jul-18	20	20	12	60.0%	A total of 20 confirmed Lassa fever cases with 12 deaths have been reported since the beginning of the year, amounting to a case fatality rate (CFR) of 60 %. The cases have been reported from two districts, Bo (two cases with two deaths) and Kenema (18 cases with 10 deaths). The last confirmed case was reported during week 23 from Kenema district involving a 32 year old female who died while in admission at Kenema Government Hospital.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Sierra Leone	Measles	Ungraded	14-Jun-18	4-Jun-18	14-Jun-18	19	19	-	0.0%	Koinadugu district on the border with Guinea has reported a total of 19 confirmed cases in two chiefdoms, Sulima (14 cases) and Mongo (5 cases) from 11 - 14 June 2018. These cases are reportedly from unvaccinated children in neighboring Guinea who have travelled with their parents to access services in nearby health facilities close to the border.
South Africa	Listeriosis	Ungraded	6-Dec-17	1-Jan-17	21-May-18	1 034	1 034	204	19.7%	This outbreak is ongoing since the beginning of 2017. As of 21 May 2018, 1 034 cases have been reported in total. Around 80% of cases are reported from three provinces; Gauteng (59%, 606/1 034), Western Cape (13%, 130/1 034) and KwaZulu-Natal (7%, 73/1 034). The number of reported cases has decreased to 64 cases since the implicated products were re-called on 04 March 2018. Neonates ≤28 days of age are the most affected age group, followed by adults aged 15 – 49 years of age. All cases that have been identified after the recall are being fully investigated.
South Sudan	Humanitari-an crisis	Protracted 3	15-Aug-16	n/a	8-Jul-18	-	-	-	-	The humanitarian situation in South Sudan remains volatile and unpredictable since the beginning of the crisis 4 years ago. The latest round of peace talks took place in Khartoum and a permanent ceasefire agreement signed. However, despite this, it is apparent that the fighting leading to loss of lives has continued unabated. The economic crisis with hyperin-flation, food insecurity, and continued fighting has put lives of millions South Sudanese at risk. As of 8 july 2018, there are approximately 2.5 million refugees as a result of this crisis and 1.74 million IDPs.
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	15-Jul-18	129	16	-	-	The outbreak of hepatitis E continues with one new RDT-positive case reported in week 28. As of 15 July 2018, 129 suspect cases have been reported in 2018. Of the total suspect cases, 16 cases have been confirmed by PCR (15 in Bentiu PoC and 1 in Old Fangak). At least 45% of the cases are 1-9 years of age; and 66% being male.
South Sudan	Measles	Ungraded	10-Jun-18	13-May-18	15-Jul-18	40	3	0	0.0%	Measles outbreak confirmed in Rumbek Cen-ter after 3 IgM positive cases were reported. As of 15 July 2018, a cumulative of 40 measles cases with no deaths have been line listed since week 19. Most cases are from Akuach village (2 km from Rumbek hospital) in Biir Payam. This is where the index cluster originated. Nearly 70% of the cases are under 5 years. Routine measles coverage for first quarter of 2018 for the county was 19%. As part of the response; outbreak investigation, line listing and vaccination micro plan targeting 44 049 children 6-59 months of age has been completed.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
South Sudan	Rift Valley fever (RVF)	Ungraded	28-Dec-17	7-Dec-17	22-Jul-18	10	6	3	30.0%	No new suspect RVF case reported from Yirol East in week 27. As of 22 July 2018, a total of 10 cases of Rift Valley fever have been reported from Yirol East of the Eastern Lakes State, including six confirmed human cases (one IgG and IgM positive and five IgG only positive), three cases who died and were classified as probable cases with epidemiological links to 3 confirmed cases, 48 were classified as non-cases following negative laboratory results for RVF and other VHF. One sample the suspected cases is pending laboratory testing. A total of four cases have died, including the three initial cases and one suspect case who tested positive for malaria (case fatality rate: 40%).
Tanzania	Cholera	Protracted 1	20-Aug-15	1-Jan-18	15-Jul-18	3 183	50	63	2.0%	During week 28, 189 new cases and 3 deaths were reported from Ngorongoro DC (129 cases), Monduli DC (28 cases and 3 deaths) and Londingo DC (9 cases) in Arusha region; Sumbawanga DC (13 cases) in Rukwa region. As of week 28, a total of 3 183 cases with 63 deaths (CFR: 2%) were reported from Tanzania Mainland, no case was reported from Zanzibar (the last case was reported on 11 July 2017). Cholera cases in 2018 increased and nearly doubled during the period of January – July 2018 (3 128 cases), when compared to the same period in 2017 (1 535 cases). From January to May 2018, 50 specimen that were tested at the National Lab were positive for *Vibrio cholerae*.
Tanzania	Dengue fever	Ungraded	19-Mar-18	1-Dec-17	22-Jun-18	226	37	-	-	Dengue fever has been reported from Dar es Salaam since January 2018. As of 22 June 2018, a total of 226 cases with no death have been reported. The Tanzania National Health Laboratory and Quality Assurance and Training Centre (NHLQATC) has so far received a total of 92 samples of suspected dengue cases, of which 37 samples have tested positive for dengue fever and the circulating serotype is dengue type III.
Uganda	Humani-tarian crisis - refugee	Ungraded	20-Jul-17	n/a	21-Jun-18	-	-	-	-	Uganda continued to receive new refugees precipitated by increased tensions mainly in the neighboring DRC and South Sudan. Despite resp onding to one of the largest refugee emergencies in Africa, humanitarian funding have remained low especially to the health sector. Current refugee caseload stands at almost 1.5 million refugees and asylum seekers from South Sudan, DRC, Burundi, Somalia and others countries. Daily arrival stands at approximately 250 – 500 per day. A total of 376 081 refugees and asylum seekers were received in 2017.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Uganda	Anthrax	Ungraded	-	12-Apr-18	19-Jun-18	80	4	-	-	Three districts in Uganda are affected by anthrax. As of 19 June 2018, a cumulative total of 80 suspected cases with zero deaths have been reported – Arua (10), Kween (48) and Kiruhura (22). One case has been confirmed in Arua district by polymerase chain reaction (PCR). The event was initially detected on 9 February 2018 in Arua district when a cluster of three case-patients presented to a local health facility with skin lesions, mainly localized to the forearms. Three blood samples collected from the case-patients on 9 February 2018 were shipped to the Uganda Virus Research Institute (UVRI). One tested positive for *Bacillus anthracis* by polymerase chain reaction (PCR) based on laboratory results released by the UVRI on 5 April 2018.
Uganda	Cholera	Ungraded	7-May-18	29-Apr-18	20-Jun-18	92	26	1	1.1%	On 29 April 2018, a 40 years old female presented with vomiting, acute rice-water diarrhoea at Kiruddu Hospital. She was attending to her sick child in Mulago hospital when symptoms of the disease manifested. A stool sample taken from the suspected case tested positive for *Vibrio cholerae* at the Central Public Health Laboratory (CPHL). Since then, patients with similar symptoms have been reported and out of 75 samples collected, 26 were positive for *Vibrio cholerae* on culture. Results released from the lab on 11 June indicate 9 positives cultures for *Vibrio cholerae* sero type Ogawa. As of 20 June 2018, a total of 92 cholera cases and one death were reported in Kampala Uganda (case fatality ratio 1%). Seven new cases were admitted at the Mulago isolation center, this bring the total admissions to 16. Surveillance in hot spots as well as door to door community mobilization and media engagements is ongoing in the city. Other cholera outbreaks in the country that have been recorded this year include: Amudat, Kyegegwa, Kagadi, Mbale, Tororo and Hoima.
Uganda	Measles	Ungraded	8-Aug-17	24-Apr-17	30-Apr-18	2 143	610	-	-	As of 30 April 2018, a total 2 143 cases have been reported 610 cases have been confirmed either by epidemiological link or laboratory. Twenty-six districts have confirmed a measles outbreak, these include: Amuru, Butambala, Butebo, Buyende, Gomba, Hoima, Iganga Isingiro, Jinja, Kaliro, Kampala, Kamuli, Kamwenge, Kayunga, Kyegegwa, Kyotera, Kabarole, Kalungu, Luwero, Lwengo, Mbale, Mityana, Mpigi, Namutumba, Ngora and Wakiso. Two districts of Kayunga and Lwengo successfully controlled their outbreaks by intensifying the routine immunization. The main cause of the measles outbreaks is failure to vaccinate especially young children below the age of 5 years. The Ministry of Health has developed a measles response plan with an objective to rapidly interrupt measles transmission through intensified routine immunizations of susceptible children.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Uganda	Rift Valley fever (RVF)	Ungraded	29-Jun-18	20-Jun-18	17-Jul-18	8	6	3	42.9%	An RVF outbreak was confirmation on 28 June 2018. As of 17 July 2018, 8 cases, (6 confirmed and 2 suspected) including 3 deaths (CFR- 42%) were reported from in west and central Uganda. Six confirmed cases were reported from 5 different districts (1 Kasese, 2 Isingiro, 1- Ibanda, 1- Mbarara and 1- Sembabule district). One suspected case-identified on arrival at Mbarara RRH ran away from Isolation ward before any further assessment was done, the second is waiting for results (in Isolation ward). All cases were confirmed by PCR at UVRI.
Recently closed events										
Guinea Bissau	Heavy rains	Ungraded	3-Jul-18	27-Jun-18	3-Jul-18	-	-	-	-	On 27 June 2018, strong winds of 80 to 100 Km/h and heavy rainfall hit Guinea Bissau, causing the death of three children and damages of 430 households. About 2 000 families and 11 000 people have been exposed to poor living conditions as a consequence of this disaster. Areas which suffered considerable damages include 6 settlements in the suburbans of Bissau, the capital town. Four other regions have been affected including Biombo, Quinara, Cacheu and Gabu. A humanitarian working group composed of UN agencies and other humanitarian stakeholders, among which Red Cross and MSF, are supporting the government in assessing the situation and responding to the affected populations needs. The development of a country contingency and mitigation plan against environmental disasters has been planned.
Mozam-bique	Cholera	Ungraded	27-Oct-17	12-Aug-17	16-Jul-18	2 397	-	5	0.2%	Since the onset of the outbreak in mid-August 2017, a cumulative total of 2 397 cases including 5 deaths (case fatality rate = 0.2%) have been reported from the two provinces; Nampula (1714 cases with 2 deaths) and Cabo Delgado (683 cases with 3 deaths). The last reported cases were in week 24 when Nacala Port District in Nampula Province reported 2 cases with zero deaths. Two weeks have passed without a case reported. The outbreak is being considered controlled in six districts and two cities in both provinces while Nacala Port District is still being monitored.
Tanzania	Chikun-gunya	Ungraded	27-Jun-18	1-Jan-17	15-Jul-17	10	5	0	0.0%	Four cases of Chikungunya have been reported from Holili Point of entry (POE) in Kilimanjaro following the traveler's screening. The travellers were coming from Kenya and presented with clinical symptoms of generalized body malaise and fever. Upon further laboratory investigations at the KCRI, samples tested positive by PCR. Other cases were confirmed early in 2018 travel history to Mombasa. From January to June 2018, a total of 10 suspected cases have been reported including 5 confirmed. All cases were captured in Tanzania through POE. As of 15 July 2018, no new cases were reported in the country.

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: http://www.who.int/hac/about/erf/en/.
Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.

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

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