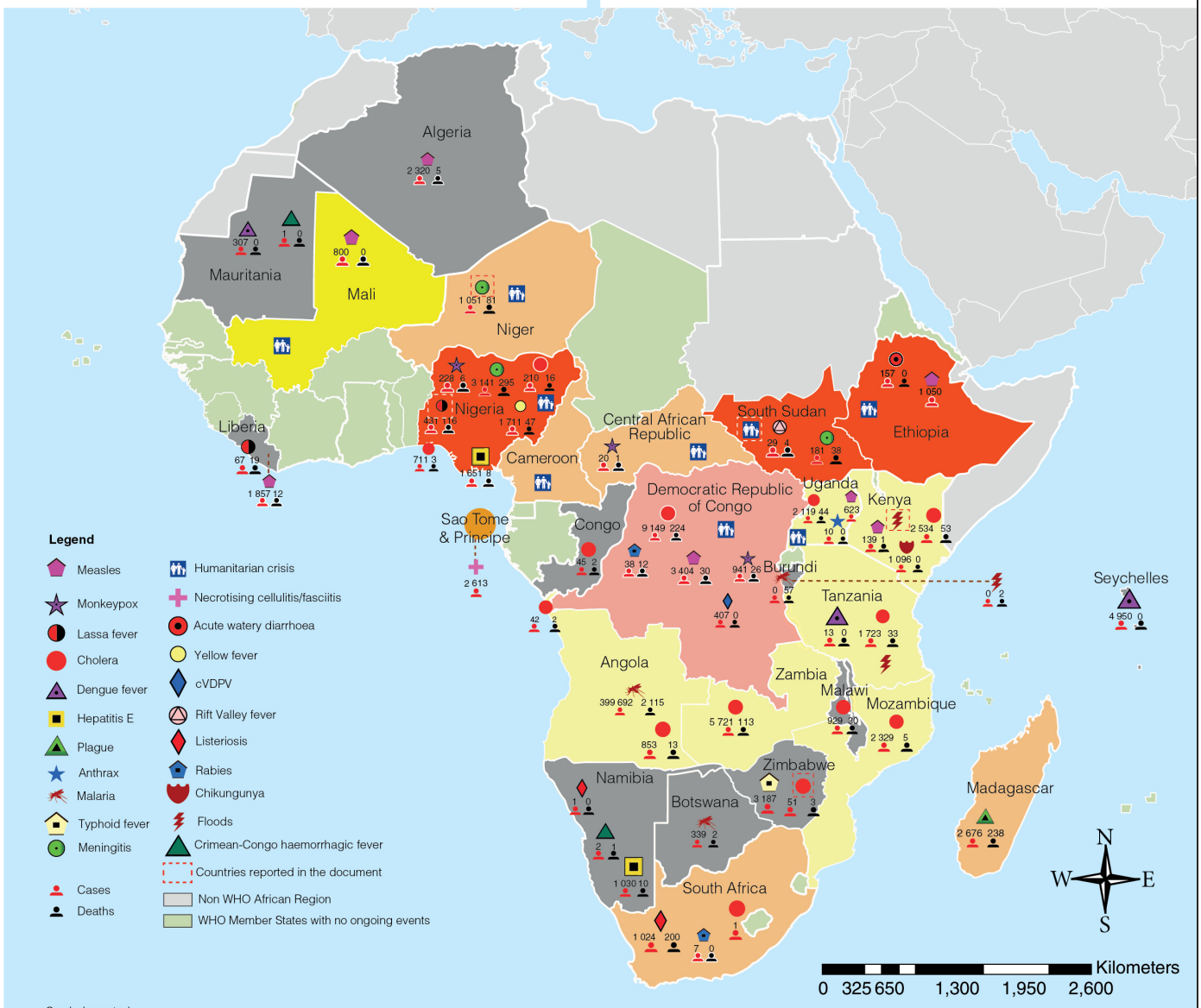
# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 18: 28 April - 4 May 2018
Data as reported by 17:00; 4 May 2018

World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

| 2 | 57 | 47 | 12 |
|---|---|---|---|
| New events | Ongoing events | Outbreaks | Humanitarian crises |




Graded events †

| 1 | 6 | 5 | 39 |
|---|---|---|---|
| Grade 3 event | Grade 2 events | Grade 1 events | Ungraded events |
| 3 | 1 | 1 | |
| Protracted 3 events | Protracted 2 event | Protracted 1 event | |

Health Emergency Information and Risk Assessment

# Overview

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- This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 59 events in the region. This week's edition covers key new and ongoing events, including:

  - Floods in Kenya
  - Meningitis in Niger
  - Lassa fever in Nigeria
  - Cholera in Zimbabwe
  - Humanitarian crisis in South Sudan.

- 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:**

  - Large parts of Kenya are being affected by floods following heavy seasonal rains. Thousands of people have been displaced and several others have died or been injured. The country is currently having active outbreaks of communicable diseases, including cholera and chikungunya. Some of the affected areas in Kenya also host large numbers of refugees, already living in a vulnerable state. The current floods in Kenya may have huge public health implications if not attended to diligently.

  - The humanitarian crisis in South Sudan remains serious, in tandem with the security situation. While not new, the deliberate and continuous attacks on humanitarian workers are a major concern, severely affecting delivery of humanitarian assistance. Two incidents have occurred in the past few days, leading to loss of lives. The security and humanitarian situations in South Sudan call for action from the global partners.

# New event

**Floods** | **Kenya**

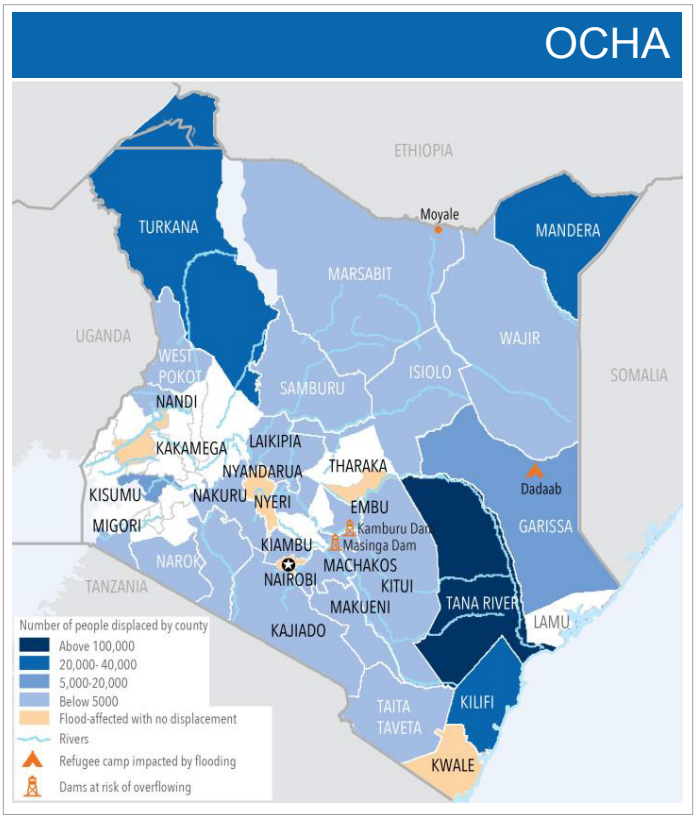
## EVENT DESCRIPTION

Large parts of Kenya have been experiencing floods following heavy rains, with 33 of the 47 counties in the country affected, especially those along the main rivers. The most affected counties are Tana River, Turkana, Mandera, and Kilifi. Figures from the Kenya Red Cross Society (KRCS) put the death toll at 80, with more than 33 injured. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), at least 244 407 people from 45 219 households across the country have been displaced, with more than 23 000 displaced in the last week. In Nandi County, 243 households were displaced following a mudslide, while landslides have been reported in Muranga County in the central region.

The heavy rains and floods have compounded ongoing outbreaks of cholera and chikungunya. By the end of April 2018, 15 counties had reported cholera cases, with five counties still having active cholera transmission. Since the beginning of 2018, a total of 2 943 cholera cases, including 55 deaths (case fatality rate 1.9%), have been reported, as of 29 April 2018. An outbreak of chikungunya is ongoing in Mombasa, Lamu and Kilifi Counties, with 1 033 suspected and 33 confirmed cases reported.

The floods and heavy rain have damaged infrastructure and disrupted social services, including health and education.At least 33 health facilities and 29 schools have been rendered inaccessible. Extensive damages and losses have also occurred to agricultural fields and livestock, with at least 21 741 acres of farmland destroyed and an estimated 19 223 livestock reported lost.

Geographical distribution of floods outbreak in Kenya, as at 3 May 2018




## PUBLIC HEALTH ACTIONS

- The Kenya Humanitarian Partnership Team (KHPT) held a meeting on 3 May 2018 to review the situation and prioritize operational response activities, in support of the government and KRCS.
- A proposal for emergency funding from the Central Emergency Response Fund (CERF) is being prepared, covering health; water, sanitation and hygiene (WASH); non-food items (NFI), and protection sectors. UNOCHA is coordinating preparation of the appeal process, under the leadership of the Resident Coordinator.
- The KRCS and UNICEF have distributed emergency NFI kits to 13 040 households and more distribution is ongoing.
- The Government of Kenya airlifted relief food to communities in inaccessible areas in Marsabit, Kajiado and Homabay Counties.
- The county public health officers are conducting hygiene promotion and health education activities in the affected communities, as part of WASH interventions. UNICEF has provided 16 666 jerry cans, 224 000 chlorine tablets (Aqua tabs), 15 859 pieces of soap, and 5 000 buckets to the county authorities and KRCS. UNICEF has also provided health supplies, including 10 interagency health kits, 452 long-lasting insectide-treated nets and assorted health supplies, including those for cholera case management.

## SITUATION INTERPRETATION

Floods and heavy rains are devastating large parts of Kenya, with thousands of people displaced, and several deaths and injuries reported. The damage to infrastructure is affecting humanitarian access to many of the affected areas and cutting people off from markets and other vital services, including health and education.

Access to safe drinking water is of immediate concern due to potential contamination of water sources. In addition, inadequate sanitation and overcrowding (due to population displacement) may escalate the ongoing cholera outbreak. The risk of increased propagation of vector-borne diseases, especially chikungunya, dengue and malaria remains high, given the likely increase in vector density due to favourable mosquito breeding sites and conditions.

# Ongoing events

**Meningitis** | **Niger** | 1 053 **Case** | 81 **Deaths** | 7.7% **CFR**

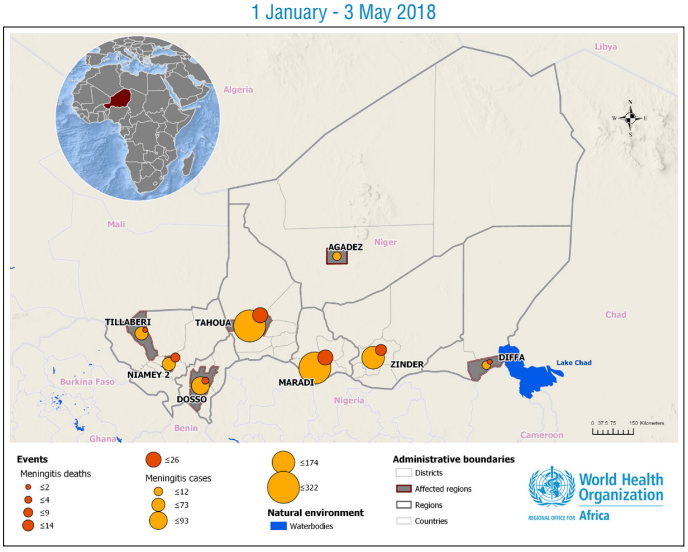
## EVENT DESCRIPTION

Health authorities in Niger have been reporting sporadic cases of meningitis (within normal range) since the beginning of 2018. However, in week 15 (week ending 15 April 2018), Keita District in Tahoua Region surpassed the epidemic threshold of 10 cases per 100 000 people, with an attack rate of 13.9 cases per 100 000. This event was preceded by earlier alerts. In week 14 (week ending 8 April 2018), Keita District crossed the alert threshold of three cases per 100 000 people. Similarly, Madarounfa and Aguié Districts had earlier crossed the alert threshold in weeks 13 (week ending 1 April 2018).

Since week 15, no new district has attained epidemic threshold. The threshold in Keita District has dropped below the alert level. In week 17 (week ending 29 April 2018), three districts have crossed the alert threshold: Ayérou (5.6 cases per 100 000 inhabitants), Aguié (3.5 cases per 100 000 inhabitants) and Tillia (4.1 cases per 100 000 inhabitants). There were 80 suspected meningitis cases and seven deaths (case fatality rate 8.8%) reported in week 17.

Between 1 January and 3 May 2018, a total of 1 053 suspected/confirmed cases of meningitis, with 81 deaths (case fatality rate 7.7%) have been reported in the country. The age group most affected is between 5-14 years (44%), followed by 1-4 years (23%), those aged more than 15 years (22%), those aged 0-11 months (10%) and 1% unknown.

Geographical distribution of meningitis case in Niger, 1 January - 3 May 2018




A total of 733 cerebrospinal fluid (CSF) samples were tested at the Centre de Recherche Médicale et Sanitaire (CERMES). Of these 327 (45%) were positive for bacterial pathogens, distributed as follows: *Neisseria meningititdis* type C (153, 46.8%), *N. meningitidis* type X (109, 33.3%), *Streptococcus pneumoniae* (53, 16.2%), *Haemophilus influenza* (8, 2.4%), *N. meningitidis* type W135 (1, 0.3%), and three undetermined. *Neisseria meningitidis* type C was found in all regions except Diffa, while *N. meningitidis* type X was found in all regions, but mainly in Maradi and Zinder.

## PUBLIC HEALTH ACTIONS

- On 17 April 2018, the Minister of Health released a press statement regarding the increase in meningitis cases, without declaring an outbreak.
- Epidemiological surveillance has been intensified, including follow up of sub-district weekly attack rates (zones of 30 000 to 100 000 inhabitants) to detect localized outbreaks early.
- Ceftriaxone has been deployed to all regions and health districts free of charge for case management.
- Mass vaccination campaigns are underway using bivalent AC vaccine in three zones, which have crossed the epidemic threshold: Fararatt (Keita District, target population 17 212), Laba (Keita District, target population 4 965) and Déoulé (Bouza District, target population 16 446).
- WHO meningitis epidemic management tools (technical guidance, case investigation forms etc.) have been distributed to districts and health facilities.
- The National Epidemic Management Committee meets daily to coordinate response to the outbreak.

## SITUATION INTERPRETATION

Although the current situation is described as stable, following normalization of the threshold in Keita District, authorities need to remain vigilant as the country is currently in the meningitis season, which runs from October to June. A number of districts are still in the alert phase and the situation could change quickly. Enhanced meningitis surveillance needs to be strengthened, including timely collection of good quality CSF samples. Essential medicines and supplies, including meningitis investigation kits need to be prepositioned in strategic locations.

## EVENT DESCRIPTION

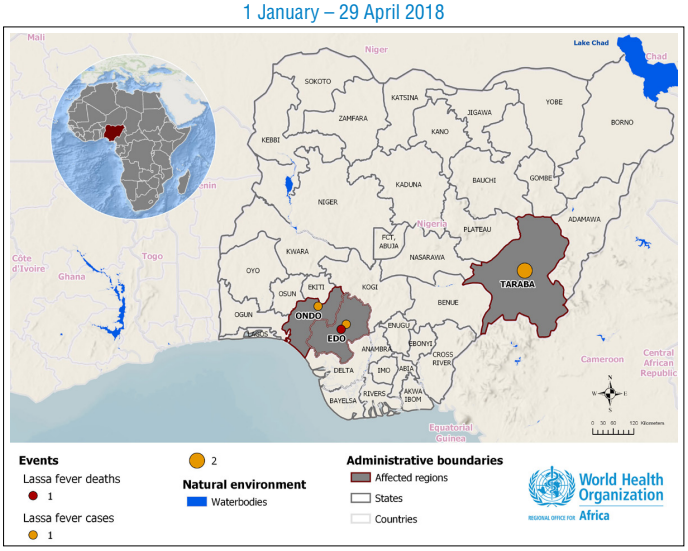
The Lassa fever outbreak in Nigeria has remained stable, with only sporadic cases being reported. In week 17 (week ending 29 April 2018), four new confirmed cases and one new death were reported from three states: Taraba (2 cases), Edo (1 case and 1 death) and Ondo (1 case). As of 29 April 2018, four cases were being managed in treatment centres across the country.

From 1 January 2018 to 29 April 2018, there have been 1 891 suspected cases and 116 deaths (case fatality rate 6.1%) reported from 21 states. Of the suspected cases, 420 were confirmed positive, 10 were classified as probable, 1 460 tested negative (non-cases), and one result is pending. Of the 116 deaths, 106 occurred among confirmed cases and 10 in probable cases, giving a case fatality rate of 27% in the confirmed and probable group. Twenty-one states have reported at least one confirmed case of Lassa fever, coming from across 70 local government areas (LGAs). Most, 81%, of the confirmed cases came from three states: Edo (42%), Ondo (23%) and Ebonyi (16%). Fifteen states have exited the active transmission phase, while six states remain active.

In week 17, no new healthcare workers were infected. Thirty-seven healthcare workers from eight states have been affected since the start of the outbreak. There were eight deaths among healthcare workers in three states.

A total of 4 997 contacts have been identified from 21 states. Of these 286 (5.7%) are currently being followed up, 4 704 (94.1%) have completed 21-day follow up while seven (0.2%) were lost to follow up. Eighty-one symptomatic contacts have been identified, of which 28 (36%) have tested positive from five states.

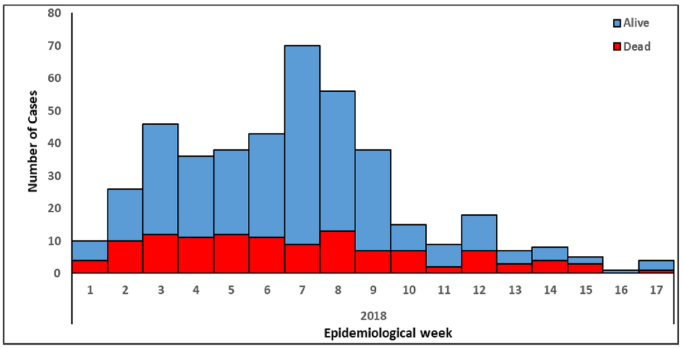
Geographical distribution of Lassa fever cases in Nigeria, 1 January – 29 April 2018




## PUBLIC HEALTH ACTIONS

- The level of response has been de-escalated due the continuous decline of cases in the past nine weeks. However, the Lassa fever Emergency Operations Centre (EOC) continues to coordinate response activities in conjunction with the Federal Ministry of Agriculture and Rural Development and Federal Ministry of Environment and partners, including WHO.
- Multi-disciplinary Nigeria Centres for Disease Control (NCDC) rapid response teams (RRT) continue to support outbreak response in Plateau and Adamawa states.
- Designated treatment/isolation centres continue to manage cases across the country. Mapping of case management capacity is completed and the referral directory has been finalized. Rapid assessment of safe burial teams across affected states is ongoing.
- Enhanced surveillance is being scaled up across the country, with case investigation forms received from states and uploaded in the SORMAS central database. Line list analysis continues and the standard operating procedure for active case search is being disseminated.
- Harmonization of laboratory and surveillance data continues.

Weekly trend of Lassa fever cases in Nigeria, weeks 1 – 17, 2018




*Source by NCDC*

- The National Risk Communication plan has been finalized and there are ongoing social media releases on Lassa fever prevention as well as coordinated media appearances by strategic leaders.
- Infographics for Lassa fever have been developed and shared via the NCDC's website and other platforms.
- Capacity for case management and infection prevention and control are being improved in the designated treatment centres. WHO supported construction of a standard Isolation facility with 35 - 45 bed capacity.
- Public health messaging is ongoing through airing of jingles on radio, distribution of information, communication and education (IEC) material and community engagement.

## SITUATION INTERPRETATION

This Lassa fever outbreak is the largest ever recorded in Nigeria. Overall, the number of new cases has been declining in recent weeks, which suggests that the response efforts have been successful.

Lassa fever is known to be seasonal in Nigeria, typically appearing in the dry season (January to March). However, analysis of 2017 weekly case incidence shows that disease transmission occurred throughout the year. This is of concern, given its high case fatality rate.

While the current response to the Lassa fever outbreak has greatly improved, some challenges still exist. The ongoing, indefinite nation-wide industrial action by the Joint Health Sector Union, has affected diagnosis and management of cases at the treatment centres and laboratories. Funding remains an issue in some states, particularly for contact tracing activities. Delay in submission of line lists, case investigation forms and case management updates from treatment centres persist. There has been little change in the environmental sanitation conditions in high burden communities, which remain inadequate. National and international actors need to act urgently to address these challenges and bring the outbreak to a close

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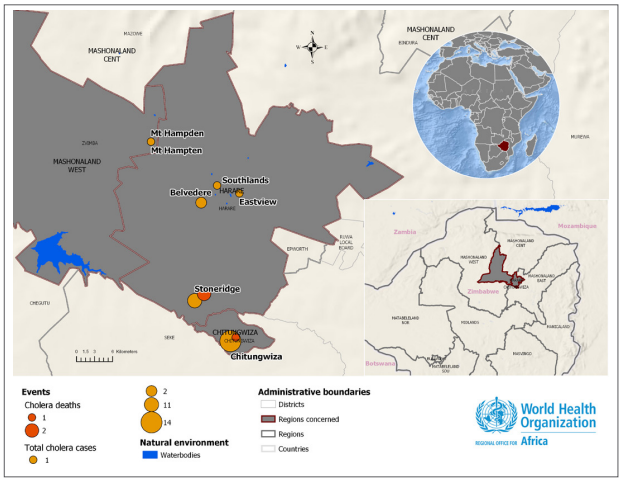
## EVENT DESCRIPTION

The cholera outbreak in the suburbs of Harare, the capital city of Zimbabwe, continues insidiously. Since our last report on 20 April 2018 (Weekly Bulletin 16), 15 new suspected cholera cases (with no deaths) have been reported. On 3 May 2018, one new suspected case was reported, compared to three cases on 1 May 2018. As of 3 May 2018, there were no patients in admission in the treatment centres across the country.

Since the beginning of the outbreak on 23 March 2018, a total of 51 suspected/confirmed cases with three deaths (case fatality rate 5.9%) have been reported, as of 3 May 2018. Of these, 23 cases have been confirmed, two cases classified as probable and 26 cases remained suspected. The reported cases came from Stoneridge (14) and Belvedere West (2) in the central Harare city while 34 cases came from the adjacent Chitungwiza City.

The latest outbreak of cholera was detected on 5 April 2018 following the death of the index case. WHO was formally notified by the Ministry of Health on 7 April 2018 following laboratory confirmation of *Vibrio cholerae* serotype Ogawa as the causative agent on 6 April 2018.

Geographical distribution of cholera cases in Zimbabwe, 23 March - 3 May 2018




## PUBLIC HEALTH ACTIONS

- The Ministry of Health and Child Care, Harare City local authorities and partners (including Oxfam, Médecins Sans Frontières (MSF), UNICEF, WHO, etc.) are responding to the cholera outbreak through the Inter Agency Coordination Committee on Health (IACCH).
- Active surveillance is ongoing in the health facilities and communities, including tracing those who attended funerals of the deceased. All suspected cases had samples taken for laboratory testing. Line lists of cases and deaths are being updated daily. Healthcare workers have been sensitized to enhance early detection of cholera cases at the health facilities.
- Social mobilization is taking place and information, education and communication (IEC) materials are being distributed, as well as door-to-door visits, education campaigns and road shows.
- Water, sanitation and hygiene (WASH) interventions are ongoing. Oxfam is supporting distribution of water purification tablets (Aquatab) in the community. To date, 12 000 non-food items (NFI) such as buckets with taps and detergent have been distributed to affected communities by UNICEF, Oxfam, and Harare City local authorities.
- Two cholera treatment units remain functional in Harare (Stonebridge) and Chitungwiza (St Mary's), supported by MSF.

## SITUATION INTERPRETATION

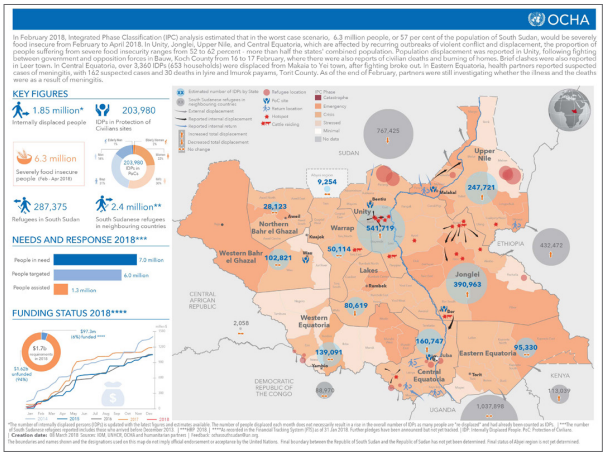
The cholera outbreak in Harare and the adjoining city continues insidiously. While only sporadic cases are being reported, this outbreak still requires more effective attention and follow-up. The cholera outbreak has the potential to propagate further, given the predisposing factors in Harare and the rest of the country. A number of response activities have been planned but their implementation is being curtailed by funding shortfalls. Some of these activities include enhancing preparedness activities in Harare and Chitungwiza cities through the Integrated Disease Surveillance and Response training, orientation of healthcare workers on cholera management and infection prevention and control, provision of laboratory commodities, and (importantly) maintaining an adequate supply of safe water to the affected communities. Until lasting solutions to these challenges are realized, recurrent outbreaks of acute watery diarrhoea will continue.

## EVENT DESCRIPTION

The security situation in South Sudan continues to deteriorate, characterized by generalised violations of human rights, intercommunal clashes and revenge killings, cattle raiding, kidnapping, harassment, and intimidation. In recent days, fighting has been reported in Unity, Jonglei and Central Equatoria states, causing a fresh influx of internally displaced persons (IDPs). Over 8 000 IDPs reportedly arrived in Mayendit town, mainly coming from Northern Mayendit locations (Mirnyal, Dablual and Thaker).

Attacks on humanitarian workers continue. On 25 April 2018, ten humanitarian staff, all South Sudanese nationals, were abducted from a convoy from Yei town, Central Equatoria region to Tor. In a separate incident, two Medair staff were shot dead on 26 April 2018 in Leer County. Economically motivated crime, especially in Juba and other cities, continues to affect humanitarian operations in the country. Roadside banditry and ambushing convoys, particularly in the Equatoria Region and Jonglei Area, is constantly affecting road movements. Clashes in Southern Unity in the past week forced WHO polio teams to relocate to Bentiu and postpone their activities.

Humanitarian crisis in South Sudan as of February 2018




In spite of seasonal harvests, the food security situation in South Sudan has deteriorated compared to the same period in 2017. The latest Integrated Food Security Phase Classification (IPC) report shows that 57% of the population are in critical and emergency phase, projected to increase to 63% from May to July 2018. Out of eight SMART surveys conducted in 2018, 63% show a global acute malnutrition rate exceeding the emergency threshold of 15%, specifically in Uror, Melut, Ulang, Nyrol and Duk. The total number of children admitted with severe acute malnutrition (SAM) in both outpatient and inpatient therapeutic programmes was 17 600 in March 2018, with the highest admissions registered in Jonglei, Unity and Warrap.

Malaria, acute watery diarrhoea, acute bloody diarrhoea, and measles were the most frequent infectious disease reported. The Rift Valley fever outbreak in Eastern Lakes State is ongoing with six new confirmed cases reported in week 16. A hepatitis E outbreak has been confirmed in Bentiu protection of civilian (POC) site and Old Fangak, where nine suspected cases (seven confirmed) have been reported since the start of 2018.

## PUBLIC HEALTH ACTIONS

- WHO, the East African Community, the East, Central and Southern African Health Community (ECSA-HC), through the East African Public Laboratory Networking project and the ministries of health in South Sudan, Uganda and Kenya, convened a meeting in Nimule to strengthen implementation of cross-border disease surveillance and outbreak response.
- Cholera prevention and preparedness is underway, with a second round oral cholera vaccine (OVC) campaign conducted in Wau POC and IDP settlement, reaching over 34 000 people. WHO is conducting water quality mapping in Juba.
- African Vaccination Week, supported by WHO, was launched by the special advisor to the Minister of Health, during which routine immunization services, distribution of insecticide-treated bed nets and health talks took place. Activities will continue with periodic intensification of routine immunization reaching as many children as possible in all states.
- WHO has distributed SAM kits to support 14 functioning stabilization centres (SCs) in Jonglei, Upper Nile, Unity and Greater Equatoria. WHO also supported the opening of four new SCs in Duk, Kapoeta South, Mundri and Abyei.
- WHO Kuajok, and other UN agencies, attended a State Resilience Platform meeting between the Minister of Health, and ministries of Education, Health, Agriculture and Animal Resources, Physical and Infrastructures in Gogrial, Twic and Tonj States to agree on key priorities and areas of partnership in 2018. A joint supportive supervision of the health facilities in Mayen Abun Town, Twic State was undertaken.

## SITUATION INTERPRETATION

There appears to be little hope of ending the poor security situation in South Sudan and the further postponement by the Intergovernmental Authority on Development (IGAD) of the second phase of peace talks of the High-Level Revitalization Forum to the 17 May 2018 has created more tension. The deteriorating economic situation and massive inflation in Juba (183%) could be contributing to the targeted crimes against humanitarian workers and facilities. Although WHO is grateful for the US$ 2.87 million for the financial year 2018, as of 30 April 2018, this is only 16.9% of required funds, and such underfunding further hampers provision of humanitarian aid.

As long as this crisis continues, the health and nutrition situation will continue to deteriorate during 2018. Urgent action is needed by national and international actors.

# Summary of major issues challenges, and proposed actions

## Issues and challenges

- Large parts of Kenya (33 out of 47 counties) have been affected by floods, especially those along the main rivers. Thousands of people have been displaced and several others have died or been injured. Access to safe drinking water is of immediate concern due to potential contamination of water sources. In addition, inadequate sanitation and overcrowding (due to population displacement) may escalate the ongoing cholera outbreak. The risk of increased propagation of vector-borne diseases, especially chikungunya, dengue and malaria remains high, given the likely increase in vector density due to favourable mosquito breeding sites and conditions.

  Some of the affected areas, namely Mandera and Turkana regions, are hosting large numbers of refugees, already living in a vulnerable state. The current floods in Kenya, therefore, have significant public health consequences.

- The humanitarian crisis in South Sudan remains serious, as well as the security situation. Attacks on humanitarian workers are on the rise and are being orchestrated deliberately, influenced by financial hardship. Two incidents have occurred during the reporting period, leading to loss of lives and abductions. Such incidents constrict the humanitarian space further, in addition to other factors. Consequently, humanitarian assistance is not being delivered (adequately) to the people in need, with a ripple effect of more suffering and more vulnerability.

## Proposed actions

- The national authorities and humanitarian partners in Kenya need to scale up response to the floods in order to avert potential deterioration of the situation and prevent disease outbreaks. Adequate funds should be mobilized, both internally and from the donor community, to implement priority and targeted interventions.
- The ultimate action to alleviate the suffering of the people of South Sudan is to address the root-causes of the conflicts (by the international community) and bring peace to the country. In the meanwhile, the humanitarian partners are urged to continue providing critical life-saving interventions, in spite of the difficult circumstances.

# All events currently being monitored by WHO AFRO

| Country | Event | Grade† | WHO notified | Start of reporting period | End of reporting period | Total cases | Confirmed cases | Deaths | CFR | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| **New events** | | | | | | | | | | |
| Kenya | Floods | Ungraded | Apr-18 | | | | | 80 | | Detailed update given above. |
| Burundi | Floods | Ungraded | 30-Apr-18 | 28-Apr-18 | 30-Apr-18 | - | - | 2 | - | Torrential rains in Bujumbura have caused the diversion of the Mutimbizi river from its bed on 28 April 2018, leading to flooding in Buterere zone of Ntahangwa urban commune in Bujumbura Mayorship. As of 30 April 2018, two deaths have been reported, about 3 000 people have been internally displaced (more than 60% are children),and 216 houses have been destroyed. Buterere was also affected by flooding on 16 March 2018 (14 deaths), along with another zone, Gasenyi where 7 people died. There are potential risks of cholera and malaria outbreaks in Bujumbura Mayorship. |
| **Ongoing events** | | | | | | | | | | |
| Algeria | Measles | Ungraded | 13-Mar-18 | 25-Jan-18 | 11-Mar-18 | 2 320 | - | 5 | 0.2% | A total of 2 320 cases including 5 deaths have been reported from 13 wilayas: El Oued, Ouargla, Illizi, Tamanrasset, Biskra, Tebessa, Relizane, Tiaret, Constantine,Tissemsilt, Medea, Alger, and El-Bayadh. |
| Angola | Cholera | G1 | 2-Jan-18 | 21-Dec-17 | 8-Apr-18 | 853 | 5 | 13 | 1.5% | 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). Cases are being reported from two districts of Uíge province (Uíge the seat of the provinces and the rural district of Son-go ). A reduction of cases of cholera has been observed, from 22 cases of cholera in epi week 13, to 12 in epi week 14. |
| Angola (Cabinda province) | Cholera | Ungraded | 8-Mar-18 | 18-Feb-18 | 25-Mar-18 | 42 | - | 2 | 4.8% | This outbreak began during week 7 of 2018. During week 12, Cabinda reported 7 cases and 0 deaths. The cases are restricted to five neighborhoods in poor suburban areas. |
| Botswana | Malaria | Ungraded | 20-Apr-18 | 1-Jan-18 | 15-Apr-18 | 339 | 339 | 2 | 0.6% | In 2018, from epidemiological week (epi week) 1 up to epi week 15, there were 339 malaria confirmed cases and 2 deaths. The transmission peak is observed in epi week 14 which is the traditional peak each year. Malaria normally occurs seasonally in Botswana. It occurs during the rainy season of October to May. |

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|---|---|---|---|---|---|---|---|---|---|---|
| Cameroon | Humanitarian crisis | G2 | 31-Dec-13 | 27-Jun-17 | 3-Nov-17 | - | - | - | - | At the beginning of November 2017, the general security situation in the Far North Region worsened. Terrorist attacks and suicide bombings have continued and are causing displacement. Almost 10% of the population of Cameroon, particularly in the Far North, North, Adamaoua, and East Regions, is in need of humanitarian assistance as a result of the insecurity. To date, more than 58 838 refugees from Nigeria are present in Minawao Camp, and more than 21 000 other refugees have been identified outside of the camp. In addition, approximately 238 000 internally displaced people (IDPs) have been registered. |
| Central African Republic | Humanitarian crisis | G2 | 11-Dec-13 | 11-Dec-13 | 2-May-18 | - | - | - | - | The security situation remains tense and precarious in many places across the country. On 1 April 2018, the armed group from the neighborhood of PK5 in Bangui, predominantly muslim attacked the Catholic Church of Our Lady of Fatima where 16 people were killed with around 100 wounded. That incident resulted in a series of violence and revenge where muslims were killed by angry christian groups. Two muslims were burned on the road and the other killed in Bangui Community Hospital. The provisional reports shows 185 wounded and 23 deaths from hospital sources. Currently, 2.5 million people are in need of humanitarian aid including 1.1 million people targeted for the health cluster partners. There are around 688 700 IDPs across the country, of which 70% are living with host families. |
| Central African Republic | Monkeypox | Ungraded | 20-Mar-18 | 2-Mar-18 | 24-Apr-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 2018, twenty cases including nine confirmed cases have been reported from Ippy (6) and Bangassou (3). |
| Congo (Republic of) | Cholera | Ungraded | 21-Mar-18 | n/a | 10-Apr-18 | 45 | 3 | 2 | 4.4% | As of 10 April 2018, 45 suspected cases of cholera including 2 deaths were reported in the departments of Plateaux (33 suspected) and Likouala (12 suspected). The 3 confirmed cases were tested by RDT and/or culture. |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Democratic Republic of the Congo | Humanitarian crisis | G3 | 20-Dec-16 | 17-Apr-17 | 26-Apr-18 | - | - | - | - | The humanitarian and security situation remains very fragile in several provinces of the country, particularly in Ituri, North Kivu, South Kivu and Tanganyika. Insecurity is growing on the plain of Ruzizi, Kamanyora axis in Uvira. More than 1 300 people would be affected by heavy rain and violent winds that affected the localities of Makama, Yandale, Milanga, Nemba and Kaska from 21 to 23 April 2018 in the territory of FIZI, a southern province of Kivu. |
| Democratic Republic of the Congo | Cholera | | 16-Jan-15 | 1-Jan-18 | 15-Apr-18 | 9 149 | 0 | 224 | 2.4% | This is part of an ongoing outbreak. From week 1 to 15 of 2018, a total of 9 149 cases including 224 deaths (CFR 2.4%) were reported from DRC. In week 15, there were 432 new cases with 12 deaths reported. Nationwide, a total of 61 680 cases including 1 327 deaths (CFR 2.2%) have been reported since January 2018. |
| Democratic Republic of the Congo | Measles | Ungraded | 10-Jan-17 | 1-Jan-18 | 4-Mar-18 | 3 404 | - | 30 | 0.9% | This outbreak is ongoing since the beginning of 2017. As of week 8 in 2018, a total of 48 326 cases including 563 deaths (CFR 1.2%) have been reported since the start of the outbreak. In 2018 only, 3 404 cases including 30 deaths (0.9%), were reported. |
| Democratic Republic of the Congo | Poliomyelitis (cVDPV2) | Ungraded | 15-Feb-18 | n/a | 30-Mar-18 | 407 | 22 | 0 | 0.0% | On 13 February 2018, the Ministry of Health declared a public health emergency regarding 21 cases of vaccine-derived polio virus type 2. Three provinces have been affected, namely Haut-Lomami (8 cases), Maniema (2 cases) and Tanganyika (11 cases). The outbreak has been ongoing since February 2018. |
| Democratic Republic of Congo | Rabies | Ungraded | 19-Feb-18 | 1-Jan-18 | 1-Apr-18 | 38 | 0 | 12 | 31.6% | This outbreak began towards the end of October 2017 in Kibua health district, North Kivu province. During Week 12 of 2018, seven new cases and two deaths were reported. |
| Democratic Republic of Congo | Monkeypox | Ungraded | n/a | 1-Jan-18 | 8-Apr-18 | 941 | 34 | 26 | 2.8% | From weeks 1-13 of 2018 there have been 941 suspected cases of monkeypox including 26 deaths. Of the suspected cases, 34 cases have been confirmed. Suspected cases have been detected in 14 provinces. Sankuru Province has had an exceptionally high number of suspected cases this year (309 cases). |

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| Ethiopia | Humanitarian crisis | Protracted 3 (combined) | 15-Nov-15 | n/a | 8-Apr-18 | - | - | - | - | The complex humanitarian crisis in Ethiopia continues into 2018. As of 8 April 2018, there were 1.74 million internally displaced people (IDP), of which 1.2 million are conflict induced IDPs. The vast majoirty of IDPs are in Somali and Oromia regions. Almost 16% of the IDPs have no access to essential PHC services and another 30% have difficult access to health care. Only 37% of conflict IDPs have access to free medicines. Approximately 23 000 conflict IDPs have been resettled around 11 town administrations. While the security situation remains tense along the Oromia/Somali border, there has been a slight ipmrovement in Hudet, Moyale, Bale, and Borena allowing for transportation of supplies. |
| Ethiopia | Acute watery diarrhoea (AWD) | | 15-Nov-15 | 1-Jan-18 | 8-Apr-18 | 157 | - | 0 | 0.0% | This is an ongoing outbreak since the beginning of 2017. In 2018 only, from 1 January 2018 to 10 April 2018, a total of 157 cases have been reported from three regions, Somali, Tigray and Dire Dawa with no death reported. In week 14, 4 cases were reported which is a reduction from 13 new cases in week 13. Between January and December 2017, a cumulative total of 48 814 cases and 880 deaths (CFR 1.8%) have been reported from 9 regions. |
| Ethiopia | Measles | | 14-Jan-17 | 1-Jan-18 | 8-Apr-18 | 1 050 | 399 | - | - | This is an ongoing outbreak since the beginning of 2017. Between January and December 2017, a cumulative total of 4 011 suspected measles cases have been reported across the country. In 2018 only, a total of 1 050 suspected cases including 399 confirmed cases, have been reported from 5 regions (Addis Ababa, Amhara, Oromia, SNNPR, and Somali). |
| Kenya | Chikungunya | Ungraded | mid-December 2017 | mid-December 2017 | 15-Apr-18 | 1 096 | 36 | 0 | 0.0% | As of 15 April 2018, a total of 950 cases including 32 confirmed, were reported from Mombasa county and 146 cases including 4 confirmed cases have been reported from Lamu county. |

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| Kenya | Cholera | G1 | 6-Mar-17 | 1-Jan-18 | 15-Apr-18 | 2 534 | 121 | 53 | 2.1% | The outbreak in Kenya is ongoing since 2017. Between 1 January 2017 and 7 December 2017, a cumulative total of 4 079 cases with have been reported from 21 counties (data until 31 December 2017 not available). In 2018, a total of 2 534 cases have been reported since the first of January. Currently, the outbreak is active in 6 counties: Garissa, Meru, Turkana, West Pokot, Nairobi and Isiolo counties. The outbreak has been controlled in 9 counties: Kirinyaga, Busia, Mombasa, Tharaka-Nithi, Siaya, Murang'a, Tana River, Trans-Nzoia and Nakuru. |
| Kenya | Measles | Ungraded | 19-Feb-18 | 19-Feb-18 | 15-Apr-18 | 139 | 11 | 1 | 0.7% | The outbreak is located in two counties, namely Wajir and Mandera Counties. As of 15 April 2018, Wajir County has reported 39 cases with 7 confirmed cases, Mandera has reported 100 cases with 4 confirmed cases and one death. |
| Liberia | Measles | Ungraded | 24-Sep-17 | 1-Jan-18 | 25-Mar-18 | 1 857 | 180 | 12 | 0.6% | From week 1 to week 48 of 2017, 1 607 cases were reported from 15 counties, including 225 laboratory confirmed, 336 clinically compatible and 199 epi-linked. From week 1 to week 12 of 2018, 1 857 cases have been reported including 12 deaths. Cases are epidemiologically classified as follows: 180 laboratory confirmed, 916 epi-linked, 338 clinically compatible, 154 discarded, and 269 pending. |
| Liberia | Lassa fever | Ungraded | 14-Nov-17 | 1-Jan-18 | 8-Apr-18 | 67 | 9 | 19 | 28.4% | From 1 January to 24 November 2017, a total of 70 suspected Lassa fever cases including 21 deaths (CFR 30%) were reported from nine counties in Liberia. From 1 January to 8 April 2018, 67 suspected cases have been reported including 9 confirmed cases and 19 deaths. |
| Madagascar | Plague | Ungraded | 13-Sep-17 | 13-Sep-17 | 22-Apr-18 | 2 676 | 558 | 238 | 8.9% | From 1 August 2017 to 22 April 2018, a total of 2 676 cases of plague were notified, including 558 confirmed, 829 probable and 1 289 suspected cases. Out of them 2 032 cases were of pulmonary, 437 were of bubonic, 1 was of septicaemic form and 206 cases unspecified. In week 16, there were no reported cases of plague. |

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| Malawi | Cholera | Ungraded | 28-Nov-17 | 20-Nov-17 | 29-Apr-18 | 929 | 195 | 30 | 3.2% | The number of cholera cases reported in week 17 (23-29 April 2018) has declined after three weeks of plateau. In epi week 17, a total of 11 cases and no deaths were reported from Lilongwe district. There is a need to intensify public health measures to completely halt the outbreak. The first round of OCV campaign, targeting half million people in selected hot spot areas was conducted 17-21 April 2018. The second round will be conducted 21-25 May 2018. |
| Mali | Humanitarian crisis | Protracted 1 | n/a | n/a | 19-Nov-17 | - | - | - | - | The security situation remains volatile in the north and centre of the country. At the last update, incidents of violence had been perpetrated against civilians, humanitarian workers, and political-administrative authorities. |
| Mali | Measles | Ungraded | 20-Feb-18 | 1-Jan-18 | 29-Apr-18 | 800 | 246 | 0 | 0.0% | Health districts are affected by Measles in Bougouni, Koutiala, Kolondieba, Tombouctou, Dioila, Taoudenit and Kalabancoro. Reactive vaccination campaigns, enhancement of surveillance, and community sensitization activities are ongoing in the affected health districts. The national reference laboratory (INRSP) confirmed 246 cases by serology (IgM). |
| Mauritania | Crimean-Congo haemorrhagic Fever (CCHF) | Ungraded | 26-Apr-18 | 22-Apr-18 | 26-Apr-18 | 1 | 1 | 0 | 0.0% | On 22 April 2018, one suspected case of haemorrhagic fever at a hospital was notified to the central department of the Ministry of Health. The case was a 58-year-old male cattle breeder in a locality in Kiffa. The onset of symptoms was on April 16, 2018 with high fever, arthralgia and headache. He reports being in contact with a dead cow, and no consumption of deceased animal meat was reported. The sample sent to the national reference laboratory confirmed the presence of Crimean Congo virus by serology (IgM positive). |
| Mauritania | Dengue fever | Ungraded | 30-Nov-17 | 6-Dec-17 | 22-Feb-18 | 307 | 165 | - | - | In November 2017, the MoH notified 3 cases of dengue fever including one hemorragic case (Dengue virus type 2) with a history of Dengue virus type 1 infection in 2016. As of 10 February, the national reference laboratory confirmed the diagnosis of 165 out of 307 RDT positive samples. Dengue type 1 and type 2 are circulating in the country with a higher proportion of subtype 2 (104/165). |

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| Mozambique | Cholera | G1 | 27-Oct-17 | 12-Aug-17 | 30-Apr-18 | 2 329 | - | 5 | 0.2% | The cholera outbreak is ongoing. From mid-August 2017 through 30 April 2018, 2329 cases have been reported from two provinces; Nampula (1 646 cases and 2 deaths) and Cabo Delgado (683 cases and 3 deaths) provinces. This outbreak started in mid-August 2017 from Memba district, Nampula Province and Cabo Delgado Province started reporting cases from week 1 of 2018. No new cases have been reported in the two provinces since Week 15. No cases have been reported from Erati and Nacrpoua districts since the beginning of the year. |
| Namibia | Crimean-Congo haemorrhagic fever | Ungraded | 29-Mar-18 | 28-Mar-18 | 13-Apr-18 | 2 | 1 | 1 | 50.0% | A male subject from Keetmanshoop District became ill on 22 March 2018 after contact with a tick-infested cow. As of 28 March 2018 he was admitted to an isolation unit at Windhoek Central Hospital and PCR testing was confirmed positive on 31 March 2018. The patient died on 3 April 2018. An additional suspected case with a history of tick bite and vomiting has also been isolated as of 3 April 2018, but tested negative for CCHF on 7 April 2018. |
| Namibia | Hepatitis E | Ungraded | 18-Dec-17 | 8-Sep-17 | 25-Mar-18 | 1 030 | 112 | 10 | 1.0% | This is an ongoing outbreak since 2017. The majority of cases have been reported from informal settlements in the capital district Windhoek. The most affected settlement is Havana, accounting for about 573 (56%) of the total cases, followed by Goreagab settlements with 256 (25%) cases. The most affected age group is between 20 and 39 years old representing 75% of total cases. |
| Niger | Humanitarian crisis | G2 | 1-Feb-15 | 1-Feb-15 | 11-Apr-18 | - | - | - | - | The humanitarian situation in Niger remains complex. The state of emergency has been effective in Tillabéry and Tahoua Regions since 3 March 2017. Security incidents continue to be reported in the south-east and north-west part of the country. This has disrupted humanitarian access in several localities in the region, leading to the suspension of relief activities, including mobile clinics. |
| Niger | Meningitis | Ungraded | 26-Apr-18 | 1-Jan-18 | 29-Apr-18 | 1 051 | 327 | 81 | 7.7% | Detailed update given above. |

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| Nigeria | Humanitarian crisis | Protracted 3 | 10-Oct-16 | n/a | 31-Jan-18 | - | - | - | - | Conflict and insecurity in the north east of Nigeria remain a concern and have resulted in large scale displacement. Most affected areas recently are along the axis from Monguno to Maiduguri, namely in Gasarwa, Gajiram, Gajigana, Tungushe, and Tungushe Ngor towns. Initial estimates for the number of IDPs in recent months is between 20 000 and 36 000; many are in dire need of humanitarian services. |
| Nigeria | Cholera | Ungraded | 7-Jun-17 | 1-Jan-18 | 3-Mar-18 | 210 | 2 | 16 | 7.6% | There is an ongoing outbreak since the beginning of 2017. Between 1 January and 31 December 2017, a cumulative total of 4 221 suspected cholera cases and 107 deaths (CFR 2.5%), including 60 laboratory-confirmed were reported from 87 LGAs in 20 states. Between weeks 1 and 9 of 2018, 210 suspected cases including two laboratory-confirmed case and 16 deaths (CFR 7.6%), have been reported from 28 LGAs in 9 states. Most recently, cases have also been reported from Yobe and Bauchi states. During 28 March to 2 May 2018, Yobe State reported 401 cases including 15 deaths (CFR 3.7%). |
| Nigeria | Lassa fever | G2 | 24-Mar-15 | 1-Jan-18 | 29-Apr-18 | 431 | 420 | 116 | 26.9% | Detailed update given above. |
| Nigeria | Hepatitis E | Ungraded | 18-Jun-17 | 1-May-17 | 31-Dec-17 | 1 651 | 182 | 8 | 0.6% | The number of cases has been decreasing since week 51 of 2017. Forty-three new cases were reported in Kala/Balge LGA in week 52 (ending 31 December 2017). |
| Nigeria | Yellow fever | Ungraded | 14-Sep-17 | 7-Sep-17 | 15-Apr-18 | 1 711 | 41 | 47 | 2.7% | A total of 1 771 cases have been reported from all Nigerian states in 396 LGAs. Forty one samples have been laboratory-confirmed at IP Dakar. |
| Nigeria | Monkeypox | Ungraded | 26-Sep-17 | 24-Sep-17 | 25-Feb-18 | 228 | 89 | 6 | 2.6% | Suspected cases are geographically spread across 24 states and the Federal Capital Territory (FCT). Eighty-nine laboratory-confirmed cases have been reported from 15 states/territories (Akwa Ibom, Abia, Bayelsa, Benue, Cross River, Delta, Edo, Ekiti, Enugu, Lagos, Imo, Nasarawa, Rivers, and FCT). |
| Nigeria | Meningitis | Ungraded | 26-Dec-17 | 1-Sep-17 | 23-Apr-18 | 3 141 | 292 | 295 | 9.4% | From 1 September 2017 to 23 April 2018, 3 141 suspected cases have been reported from fifteen States: Katsina (1 133), Zamfara (1 039), Sokoto (363), Jigawa (162), Kano (107), Kebbi (95), Niger (70), Yobe (65), Bauchi (31), Cross River (28), Adamawa (23), Borno (17), Plateau (4), Gombe (3) and Kaduna (1). Of the 728 samples tested, 292 ( 40.1 %) were positive for bacterial meningitis. *Neisseria meningitidis* C (NmC) accounted for 63.4% (185) of the positive cases. |

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| Nigeria (Borno State) | Cholera | Ungraded | n/a | 13-Feb-18 | 1-May-18 | 711 | 32 | 3 | 0.4% | From 13 February to 1 May 2018, A total of 711 cases have been reported from Borno State including 3 deaths. Between 24 April and 1 May 2018, new cholera cases have been reported from Kukawa LGA (7), Jere LGA (6), and Bama LGA (18). Eighty (79%) of the 101 samples tested using rapid diagnostic tests (RDTs) were positive, while 32 (47%) of 67samples were culture positive. |
| São Tomé and Príncipé | Necrotising cellulitis/ fasciitis | Protracted 2 | 10-Jan-17 | 25-Sep-16 | 22-Apr-18 | 2 613 | 0 | 0 | 0.0% | From week 40 in 2016 to week 16 in 2018, a total of 2 613 cases have been notified. In week 16, 17 cases were notified, the same number as the previous week, 7 cases fewer than 14 weeks. Six (6) out of seven districts (7) reported. The attack rate of necrotising cellulitis in São Tomé and Príncipé is 13.2 cases per 1 000 inhabitants. The most affected district are Caue (attack rate: 20.1 cases per 1 000 inhabitants ) and Cantagalo (19.4 cases per 1 000 inhabitants). |
| Seychelles | Dengue fever | Ungraded | 20-Jul-17 | 18-Dec-15 | 22-Apr-18 | 4 950 | 1 429 | - | - | A total of 4 459 cases have been reported from all regions of the three main islands (Mahé, Praslin, and La Digue). A total of 4 950 suspected cases reported by end of week 16, 2018. Significant increase in reported suspected cases for week 16 compared with week 15, a total of thirty-four (34) suspected cases. Twenty-four (24) samples were tested among which five (5) were positive, nineteen (19) negative. Of note nine (9) suspected cases were admitted at Baie St Anne Praslin Hospital but unfortunately not tested. So far for this epidemic the serotypes DENV1, DENV2 and DENV3 have been detected. |
| South Africa | Listeriosis | G2 | 6-Dec-17 | 1-Jan-17 | 24-Apr-18 | 1 024 | 1 024 | 200 | 19.5% | This outbreak is ongoing since the beginning of 2017. To date, 1 024 cases have been reported in total. Around 80% of cases are reported from three provinces; Gauteng (59%, 601/1 024), Western Cape (13%, 128/1 024) and KwaZulu-Natal (7%, 73/1 024). The number of reported cases has decreased to 55 cases since the implicated products were recalled 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. |

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| South Africa | Rabies | Ungraded | - | 1-Jan-18 | 17-Apr-18 | 7 | 6 | 0 | 0.0% | From Jan 2018 to date, a total of six human cases of rabies have been laboratory confirmed. Cases were reported from KwaZulu-Natal Prov-ince (4) where a resurgence of rabies has been reported. The remaining cases were reported from the Eastern Cape Province. For all of the cases, exposures to either rabid domestic dogs or cats were re-ported. Another probable case of rabies was reported from the Eastern Cape, but a sample for laboratory investigation for rabies was not available. The case did however present with a clinical disease compatible with a diagnosis of rabies and had a history of exposure to a poten-tially rabid dog before falling ill. During 2017, a total of six cases were reported for the year |
| South Sudan | Humanitar-ian crisis | Protracted 3 | 15-Aug-16 | n/a | 15-Apr-18 | - | - | - | - | Detailed update given above. |
| South Sudan | Rift Valley fever (RVF) | Ungraded | 28-Dec-17 | 7-Dec-17 | 29-Apr-18 | 29 | 6 | 4 | 13.8% | As of 29 April 2018, 29 sus-pected 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 the three confirmed cases, 26 were classified as non-cases following negative laboratory results for RVF (serology), and samples from 20 suspected cases are pending complete 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 10.0%). |
| South Sudan | Suspected meningitis | Ungraded | 15-Feb-18 | 20-Feb-18 | 15-Apr-18 | 181 | - | 38 | 21.0% | Torit County Health Depart-ment was notified of a cluster of deaths in Iyire Payam on 15 February 2018 and another cluster of cases on 27 February 2018 from Imurok Payam. As of 14 April 2018, a total of 181 suspected meningitis cases have been reported including 39 deaths giving a case fatality rate of 21% (WHO standard for optimal control is CFR <10%). In week 14, the suspected cases continue to decline with no new cases reported. |
| Tanzania | Floods | Ungraded | 18-Apr-18 | 15-Apr-18 | 17-Apr-18 | - | - | - | - | Heavy rains and poor drainage systems have led to intense flooding in Dar es Salaam affecting the districts of Ilala, Kinondoni, Temeke, Kigam-boni. As of 17 April 2018, 15 have died and another 10 have been injured. Response teams are mobilizing. |

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| Tanzania | Cholera | G2 | 20-Aug-15 | 1-Jan-18 | 29-Apr-18 | 1 723 | - | 33 | 1.9% | This is part of an ongoing outbreak. The trend of reported cholera cases shows a decrease, with 12 new cases in week 17 compared to 115 new cases in week 16 of 2018. In this reporting period, new cases were reported from Longido DC in Arusha Region.From week 1 to 17 of 2018, a total of 1 723 cases with 33 deaths (CFR 1.9%) were reported from Tanzania Mainland, no case was reported from Zanzibar. The last case reported from Zanzibar was on 11 July 2017. Since the start of the outbreak on 15 August 2015, Tanzania mainland reported 30 329 cases including 499 deaths (CFR 1.64%) and Zanzibar reported 4 688 cases including 72 deaths (CFR 1.54%). In total, 35 017 cases including 571 deaths (CFR 1.63%) were reported for the United Republic of Tanzania. |
| Tanzania | Dengue fever | Ungraded | 19-Mar-18 | n/a | 21-Mar-18 | 13 | 11 | - | - | An outbreak of Dengue fever is ongoing in Dar es Salaam. Further information will be provided when it becomes available. |
| Uganda | Humanitarian crisis - refugee | Ungraded | 20-Jul-17 | n/a | 2-Mar-18 | - | - | - | - | The influx of refugees to Uganda has continued as the security situation in the neighbouring countries remains fragile. Approximately 75% of the refugees are from South Sudan and 17% are from DRC. An increased trend of refugees coming from DRC was observed recently. Landing sites in Hoima district, particularly Sebarogo have been temporarily overcrowded. The number of new arrivals per day peaked at 3 875 people in mid-February 2018. |
| Uganda | Cholera | G1 | 15-Feb-18 | 12-Feb-18 | 30-Apr-18 | 2 119 | 24 | 44 | 2.1% | The outbreak of cholera in Hoima District continues to evolve. The epidemic has affected 4 sub-counties: Kyangwali, Kabwoya, Buseruka, Bugambe and Kahoora division in Hoima municipality. Most of the new cases are from newly arrived refugees from DRC. No new deaths have been reported since 9 April 2018. |
| Uganda | Anthrax | Ungraded | - | 12-Apr-18 | 16-Apr-18 | 10 | 1 | - | - | On 9 February 2018, three cases of suspected cutaneous Anthrax were identified in a refugee camp of Arua District. Blood samples taken off the three suspected cases were transported to the Central Public Health Laboratory. On 5 Apr 2018, blood samples were tested by PCR by the Uganda Virus Research Institute. *Bacillus anthracis* was confirmed in one of three samples tested, by PCR. |

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| Uganda | Measles | Ungraded | 8-Aug-17 | 24-Apr-17 | 3-Oct-17 | 623 | 34 | - | - | The outbreak is occurring in two urban districts: Kampala (310 cases) and Wakiso (313 cases). |
| Zambia | Cholera | G1 | 4-Oct-17 | 4-Oct-17 | 15-Apr-18 | 5 721 | 565 | 113 | 2.0% | As of 15 April 2018, 5243 cases and 96 deaths have been reported in Lusaka district. From other districts outside Lusaksa, 478 cases and 17 deaths have been reported. Since the beginning of the outbreak, Zambia has reported a cumulative total of 5 721 cases including 113 deaths. |
| Zimbabwe | Cholera | Ungraded | 7-Apr-18 | 5-Apr-18 | 2-May-18 | 51 | 23 | 3 | 6.0% | Detailed update given above. |

†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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