WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 33: 12 – 18 August 2017
Data as reported by 17:00; 18 August 2017

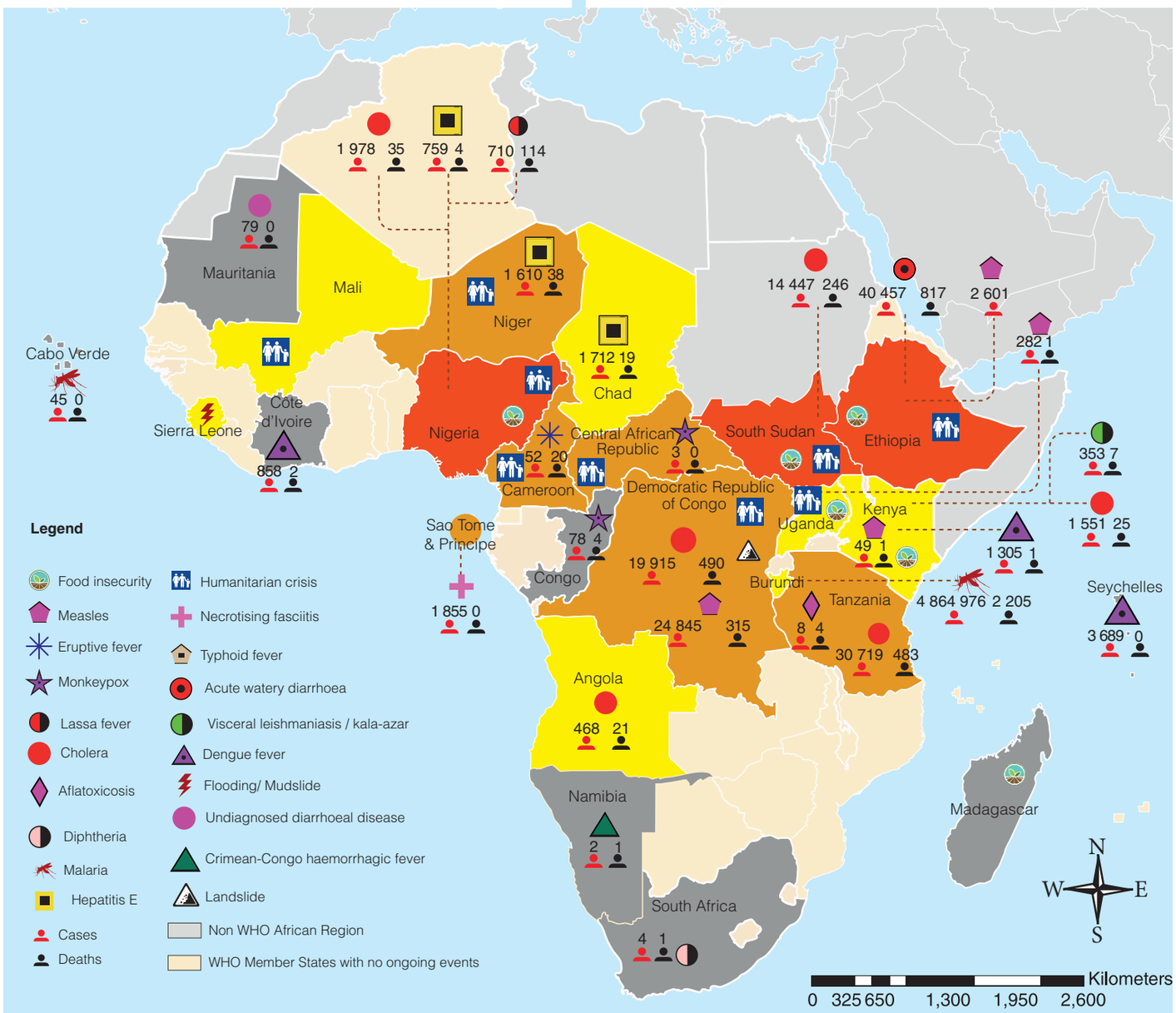
World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

1 New event

42 Ongoing events

29 Outbreaks

14 Humanitarian crises



1 Grade 3 event

2 Protracted 3 events

6 Grade 2 events

8 Grade 1 events

26 Ungraded 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 43 events in the region. This week, one new event has been reported: flash floods/mudslides in Sierra Leone. This week's edition also covers key ongoing events, including:
  - Lassa fever and cholera in Nigeria
  - Cholera in the United Republic of Tanzania
  - Necrotizing cellulitis/fasciitis in the Democratic Republic of São Tomé and Principe
  - Humanitarian crisis in the Central African Republic
- 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 challenges include:
  - The flash floods and mudslides in Freetown, Sierra Leone have devastated communities who need urgent assistance.
  - Attacks on civilians and humanitarian workers caught in conflict have remained a serious problem, and are occurring with increasing frequency. The commemoration of World Humanitarian Day on 19 August 2017 reiterates the fact that civilians and humanitarian workers caught in conflict are *#NotATarget* (http://www.who.int/health-cluster/en/) and demand global action to protect them.

New event

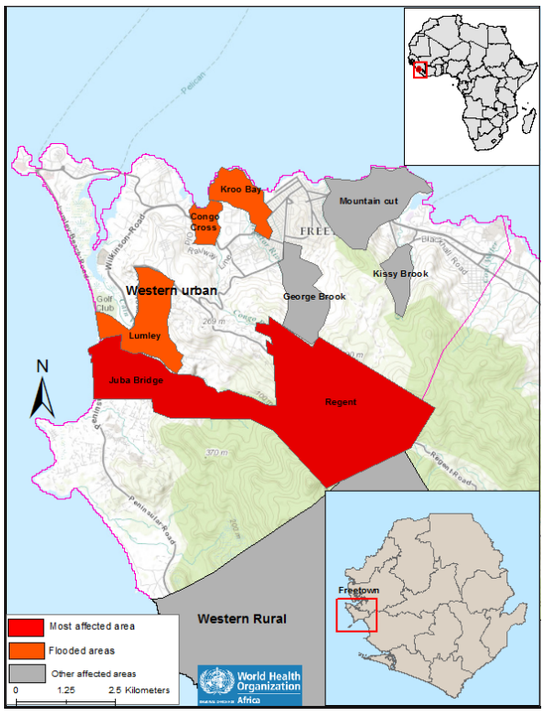
Floods/mudslides | **Sierra Leone**

Event description

Disastrous flash floods, mudslides and mudflows afflicted neighbourhoods of Freetown, the capital city of Sierra Leone in the early hours of 14 August 2017. Torrential rains from 13-14 August 2017 caused massive floods in several parts of Freetown and triggered mudslides and mudflows that covered large parts of the Sugar Loaf Hill community, Regent village in the outskirts of Freetown. The massive mudslides and mudflows covered an estimated 1 000 households, causing the deaths of over 400 people, including 60 children. The number of deaths is expected to rise as search, rescue and recovery operations continue. About 274 people have been rescued with various injuries, some severe, while over 1 000 people are still unaccounted for. It is estimated that over 6 000 people have been made homeless, with about 350 currently living in a school. The national authorities are exploring longer term solutions to settle the displaced.

The flash floods severely affected 13 communities in the two districts of Freetown, Western Area Rural and Western Area Urban. A multi-sector initial rapid assessment established that one health facility, the Regent Community Health Centre, has been destroyed and two health workers, a nurse and a laboratory technician, have died. Access to safe drinking water is of immediate concern due to contamination of water and sewage overflows. Shelter for the homeless people, as well as the need for essential items such as blankets, clothes and other non-food items, is urgent. Contamination of water, inadequate sanitation, overcrowding, and a lack of adherence to basic infection prevention and control measures could lead to new localised outbreaks.

Map of areas affected by floods/mudslides in Sierra Leone, 18 August 2017



Public health actions

- High-level political coordination of the disaster response is being provided by the Office of National Security in the President's Office. The Ministry of Health National Public Health Emergency Operations Centre has been activated to coordinate health-related aspects of the disaster response.
- An inter-agency (UN and international agencies) coordination platform has been established, under the leadership of the UN Resident Coordinator.
- WHO has established its in-country incident management system and WHO Country Office staff and resources have been repurposed for the response activities. WHO is supporting the respective pillars of the Ministry of Health and the UN Country Team.
- A multi-sector rapid risk assessment was conducted to determine the magnitude of the disaster. Continuous assessments are ongoing.
- Search and rescue operations are still ongoing, but are being transitioned into recovery operations. The search, rescue and recovery operations are being hampered by continuous rainfall, difficult terrain and lack of heavy earth-moving equipment.
- On 17 August 2017, at least 300 unidentified dead bodies were buried (in individual graves) in Waterloo in the outskirt of Freetown during an official ceremony presided over by the Presidents of Sierra Leone and Liberia, government officials, members of Parliament, Police, Military, Religious Leaders, UN and development partners. At least 40 identified dead bodies were also buried by family members. A 7-day mourning period starting on 16 August 2017 was announced on 15 August 2017.
- WHO has dispatched four trauma kits, two disease diagnostic kits and one environmental health kit from the regional logistics hub in Accra, Ghana to support risk assessment and risk reduction.
- WHO immediately appropriated US$ 50 000 to the Country Office in Sierra Leone to support operational activities. A request for an additional US$ 100 000 from the WHO Contingency Funds for Emergencies (CFE) has been submitted. A proposal for US$ 1.6 million to sustain longer-term recovery operations is being prepared.
- Provision of food and non-food items to the affected communities is ongoing.
- The Ministry of Social Welfare, with the support of WHO and other agencies, has started providing psychological first aid to the affected communities. More sustained psychological support, including managing post-traumatic distress and related disorders are being put in place.

Situation interpretation

Freetown, the capital city of Sierra Leone, is inhabited by slightly over 1.1 million people. The population of the coastal city has increased tenfold since the country became independent in 1961. The city extended outwards to accommodate this influx, but without proportionate urban planning in place. The informal urbanization resulted in advanced deforestation and disorganized, un-gazetted population settlements, scattered over steep hills as well as in low-lying flood-prone valley areas. Freetown has, therefore, been historically prone to floods, which have occurred annually since 2008. The most recent floods in September 2015 in the Western Area, Bo, Pujehun, and Bonthe Districts displaced an estimated 15 000 people. With climate change, the frequency, pattern and severity of flooding are expected to change, becoming more unpredictable and more damaging.

Sierra Leone normally experiences heavy rains between May and October every year. However, this year, the country has experienced severe weather conditions with heavy rainfall, culminating in the current event. While the country is flood-prone, it was not prepared for a disaster of this magnitude. Nonetheless, the national authorities, non-governmental organizations and other partners (including the United Nations Systems) have quickly galvanized efforts to alleviate the suffering of the affected people, and mitigate the public health and socio-economic impact of this disaster.

The contamination of municipal water systems, destruction of sanitation facilities and overcrowding are some of the potential risk factors for outbreaks of communicable diseases such as diarrhoeal diseases including cholera. The need for psychosocial support to the hundreds of survivors, including women and children, who lost most of their family members remains critical.

Ongoing events

Lassa fever | **Nigeria** | **710** Cases | **114** Deaths | **16.1%** CFR

Event description

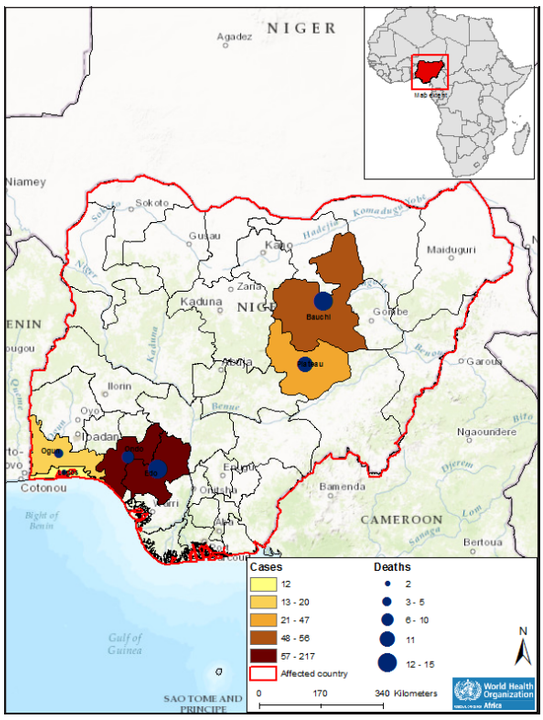
The incidence of Lassa fever cases in Nigeria continues to increase despite ongoing efforts to control the disease. The outbreak is currently active in six states – (Ondo, Edo, Plateau, Bauchi, Lagos, and Ogun) – where at least one confirmed case has been reported in the past 21 days. During week 32 (week ending 13 August 2017), 10 new confirmed cases were reported from five states, namely Lagos (4), Edo (2), Plateau (2), Ondo (1), and Ogun (1). Ogun State has come back into the active outbreak category after an extended period of zero reporting (signifying no active transmission). One death has occurred among the four confirmed cases in Lagos State. Furthermore, 11 new suspected cases were reported and investigated (during the reporting week) in Lagos (7), Plateau (2), Ondo (1), and Bauchi (1). Of these 11 cases, five (all from Lagos) tested negative for Lassa fever while the test results for six cases from Plateau (2), Lagos (2), Ondo (1), and Bauchi (1) are still pending.

Since the resurgence of the current Lassa fever outbreak in December 2016 (week 49), 710 suspected cases including 114 deaths (overall case fatality rate 16.1%) have been reported, to date. Of these, 227 cases were confirmed and 14 classified as probable. There were 82 deaths among the confirmed and probable case groups collectively, giving a case fatality rate of 34% in this group. In the current wave of this Lassa fever outbreak, 18 out of 36 states have been affected. Two states, Edo (217 cases) and Ondo (184 cases), have accounted for over half of all the reported cases.

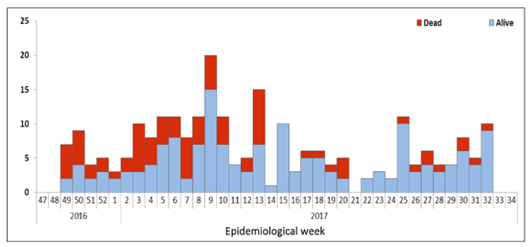
Public health actions

- The Nigeria Centres for Disease Control (NCDC) Lassa fever response working group is leading coordination of weekly review meetings, in conjunction with partners (WHO, CDC, UMB, AFENET).
- Preparations for the 2016/2017 national Lassa fever outbreak review and preparedness meeting scheduled for 21-22 August 2017 are ongoing.
- Confirmed cases are being managed at identified treatment and isolation centres across the affected states with ribavirin and other supportive treatment. The NCDC distributed an additional 2 000 ampules of ribavirin to Lagos State to support case management, in view of the growing number of cases.
- The NCDC has released a series of new guidelines, including: National Viral Haemorrhagic Fevers (VHF) Preparedness guidelines, Infection Prevention and Control of VHF guidelines, and Standard Operating Procedures for Lassa fever management.
- State Surveillance Teams continue to conduct enhanced surveillance and contact tracing activities in states with active outbreaks. Surveillance data is being collated nationally via the VHF management system, which has received 294 entries from 16 states to date. Reported cases continue to be classified based on the case definitions. NCDC recently sent a team to Edo State to assist with harmonization and updating their data into the national database.

Geographic distribution of Lassa fever in Nigeria, December 2016 - 13 August 2017



Weekly trend of confirmed and probable Lassa fever cases, Nigeria, December 2016 - 13 August 2017



Situation interpretation

The resurgence of Lassa fever cases in Nigeria in the recent weeks is concerning. While active surveillance and rapid response to suspected cases is critical, timely laboratory investigations to confirm or exclude the diagnosis must be maintained and further strengthened to enable authorities to focus available resources to follow true cases and their contacts.

Indeed, the importance of strategic and effective use of limited resources is underscored by the concurrent response to the protracted humanitarian crisis in the northern part of the country, outbreaks of cholera and hepatitis E, as well as other preparedness activities, including the ongoing seasonal malaria chemoprevention campaigns during the current rainy season. To support these multiple interventions, WHO continues to enhance its resource mobilization strategies, including the use of its Contingency Fund for Emergencies (CFE) and other funding sources.

During the imminent national Lassa fever review and preparedness meeting, the national authorities need to come up with feasible ways to boost efforts in each of the key response pillars ahead of the next season, including encouraging good community hygiene to reduce rodent activity through proven effective measures, such as storing grain and other foodstuffs in rodent-proof containers, disposing of garbage far from the home, maintaining clean households and keeping cats.

Cholera | **Nigeria** | **1 978** Cases | **35** Deaths | **1.8%** CFR

Event description

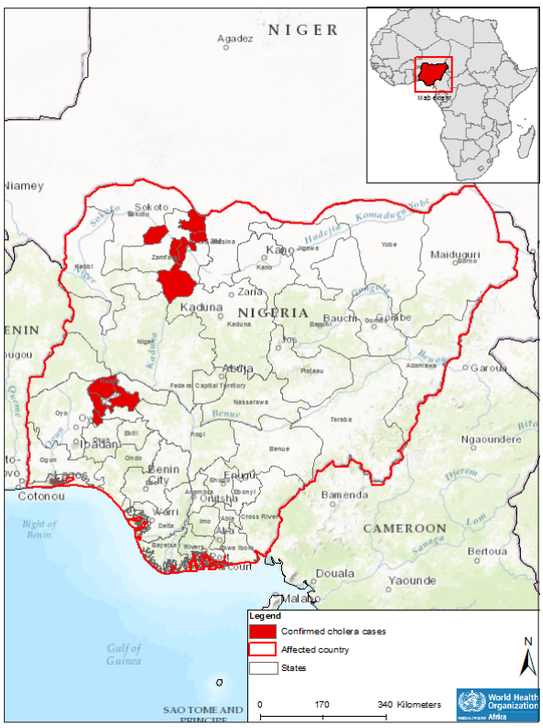
Nigeria has been experiencing an outbreak of cholera since the first week of May 2017, though the situation has now greatly improved. Three states, Kwara, Zamfara and Lagos have been affected. As of 30 July 2017, a cumulative total of 1 978 suspected cases including 26 confirmed cases and 35 deaths (case fatality rate 1.8%) have been reported from the three states.

Kwara State has borne the brunt of the current cholera outbreak, with 1 627 cases reported to date, including 18 confirmed cases and 22 deaths (case fatality rate 1.4%). The outbreak peaked in week 23 (week ending 11 June 2017), during which over 300 cases were reported. Since then, the situation has markedly improved, with seven new cases detected in week 30 (week ending 30 July 2017). Five out of 16 local government areas (LGAs) have been affected.

The north-western state of Zamfara has reported a total of 313 cases, including 11 deaths (case fatality rate 3.5%). Of 10 samples collected, *Vibrio cholerae* was isolated in seven of them. Three out of 14 LGAs have been affected, including four hard-to-reach communities in Zurmi LGA, where most new cases are currently being reported. In other areas of the state, incidence rates have declined since week 26 (week ending 2 July 2017). Collectively, 31 new suspected cases were reported in week 30.

Lately, a cholera outbreak has been confirmed in the densely populated city of Lagos, and the situation is under control. A total of 38 cases have been reported between weeks 28 and 30, of which one was laboratory confirmed and two died (case fatality rate 5.3%). Three out of 20 LGAs have been affected. During week 30, 10 new suspected cases were reported.

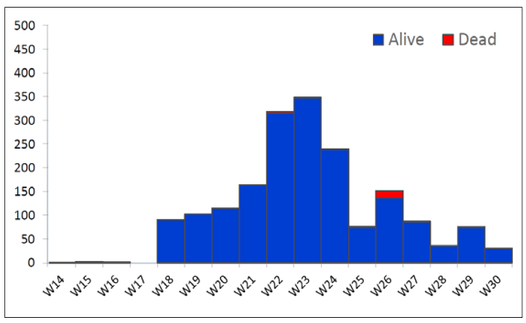
Geographic distribution of confirmed cholera cases, Nigeria, week 14 - 30, 2017



Public health actions

- The State Ministries of Health are coordinating response efforts in their respective jurisdictions with support of the Federal Ministry of Health, Nigeria Centre for Diseases Control (NCDC) and partners.
- In Kwara State, an emergency operations centre (EOC) was established with the support of NCDC, Nigeria Field Epidemiology and Laboratory Training Programme (AFENET), National Primary Health Care Development Agency, the University of Ilorin Teaching Hospital, and WHO. Active case search was conducted in affected communities. Rapid diagnostic test (RDT) kits were distributed to selected facilities and healthcare staff trained in their use. Case management training was conducted in the worst affected areas. Social mobilization activities were carried out, including dissemination of information 'jingles' using the local language, Yoruba. Environmental assessment is being carried out in the affected communities.
- In Zamfara, response by state has been slow but NCDC is supporting the response activities in the state.
- In Lagos, the state deployed their rapid response team to affected LGAs and communities to carry out active case search and support case management. State-wide social/community mobilization is ongoing.
- The Nigeria Meteorological Agency has predicted floods in a number of states, including: Sokoto, Zamfara, Niger, Kwara, Oyo, Ogun and Adamawa.
- The NCDC has been proactive in alerting all states, monitoring trends, supporting case detection and diagnosis, and deploying supplies and rapid response teams.

Weekly trend of cholera cases in Kwara, Lagos and Zamfara states, Nigeria, week 14 - 30, 2017



Situation interpretation

Nigeria has experienced recurrent cholera outbreaks for several years. The response to the current outbreak presents varying degrees of public health actions observed across the affected states, with a strong or growing public health response mounted in some states, as opposed to others. A recent assessment of states' preparedness carried out by the NCDC highlighted several gaps, including: unavailability of RDT kits for screening and early diagnosis, inadequate prepositioning of cholera kits, inadequate capacity for health emergency response or inability to respond without national support, and non-reporting of cholera cases (for political reasons) in some areas.

Several risk factors are driving the recurrence of cholera outbreaks in Nigeria, including inadequate access to safe potable water supplies, generally poor sanitation infrastructure, and flooding in many states. With the onset of the rainy season and floods predicted in the coming months, the risk of further propagation of the outbreak has been greatly increased. Moreover, public health capacity is being stretched by the protracted humanitarian crises and hepatitis E outbreaks in the north-east of the country, as well ongoing outbreaks of Lassa fever. Local authorities need to address gaps identified during the recent assessment while continuing to mount a strong and coordinated response. Water, sanitation and hygiene (WASH) interventions should receive priority to prevent a widespread cholera outbreak in the coming months.

Cholera — Tanzania

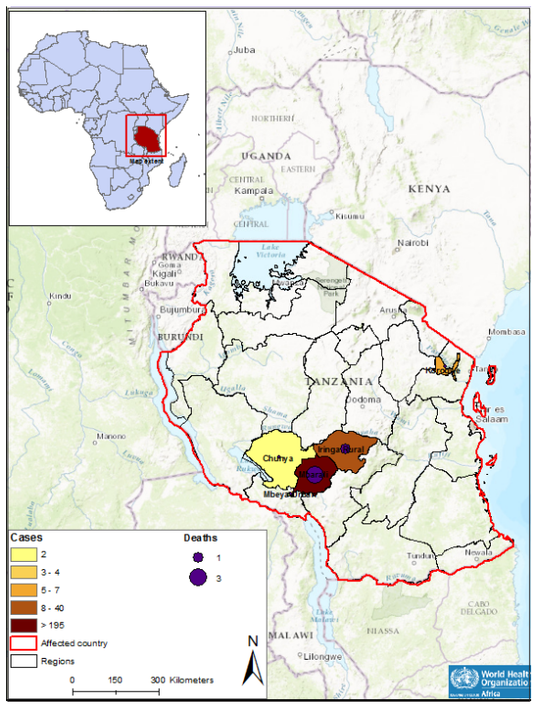
30 719 Cases | **483** Deaths | **1.57%** CFR

Event description

The flare-up of the cholera outbreak in the United Republic of Tanzania continues. In week 32 (week ending 13 August 2017), 252 new suspected cholera cases and four deaths (case fatality rate 1.5%) were reported in Tanzania mainland, compared to 198 and 24 cases reported during weeks 31 and 30 respectively. Zanzibar Island has reported zero cases and deaths for the past 33 days. Three new districts have been affected during the reporting week, bringing the number of districts with active cholera transmission to five, namely: Mbarali (199 cases and three deaths), Iringa DC (40 cases and one death), Korogwe DC (7 cases), Mbeya City (4), and Chunya DC (2 cases). A total of 83 out of the 199 cases reported in Mbarali District were historical cases (identified retrospectively by the rapid response team during a review of records) that were not previously reported. In addition to Mbeya Region, Iringa and Tanga Regions have been affected. Five of the 11 samples cultured at Mbeya Regional Laboratory during the reporting week grew *Vibrio cholerae*.

Since the beginning of the outbreak on 15 August 2015, 26 030 cases including 411 deaths (case fatality rate 1.6%) have been reported in Tanzania mainland, as of 13 August 2017. During the same period, Zanzibar reported a total of 4 689 cases including 72 deaths (case fatality rate 1.5%).

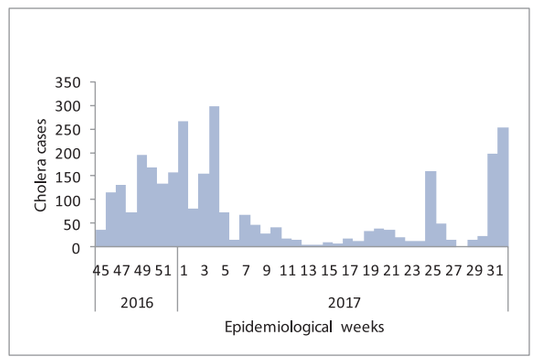
Geographical distribution of cholera cases in Tanzania, week 32, 2017



Public health actions

- The Ministry of Health, with support of WHO and other partners, continues to guide and monitor implementation of cholera control activities through the National Task Force. Rapid response teams have been deployed to the affected areas.
- In Zanzibar, the multisectoral coordination committee, involving the Ministries of Health, Education and Local Government, non-governmental organizations and other partners, continue to monitor the cholera situation, under the leadership of the Second Vice President's Office.
- The regional health teams are being followed up to ensure prompt reporting as well as laboratory confirmation of all suspected cholera cases.
- Active surveillance is being strengthened in the affected regions, including timely reporting, contact tracing, investigating new cases to identify modes of transmission, and decontamination of patients' homes.
- There is continued advocacy for household water treatment along with community mobilization to promote safe water utilization, and improve sanitation and hygiene practices. Distribution of water guard, oral rehydration solution and chlorine tablets (Aqua tabs) continues in hotspot regions. Eight million Aqua tabs have been transported from the national level to Mbarali District.
- There are sustained health promotion activities in communities through the media, community gatherings and madrassas.
- There are efforts to reinforce public health regulations on hygiene and food safety practices.

Weekly trend of cholera cases in Tanzania mainland, November 2016 - 13 August 2017



Situation interpretation

The cholera outbreak in Tanzania mainland continues to deteriorate, with new areas being affected. Once again, unreported cholera cases have been identified in Mbarali District through record review, showing weakness in the current surveillance systems in place. It is anticipated that this gap will be addressed by the rapid response team deployed to the district earlier in August 2017. The continuing cholera outbreak in Mbarali District is attributed to water scarcity and use of contaminated water sources. The recent resurgence in cholera cases in Tanzania mainland continues to highlight the necessity to improve water, sanitation and hygiene situation at community level as the only effective long-term solution to prevent recurrent cholera outbreaks in the country and Africa at large.

Necrotizing cellulitis/fasciitis | **São Tomé and Principe** | **1 885** Cases | **0** Death | **0%** CFR

Event description

The outbreak of necrotizing cellulitis/fasciitis in the Democratic Republic of São Tomé and Principe has continued to worsen in recent weeks, after a steady decline since the beginning of the year and eventual stagnation thereafter. During week 32 (week ending 13 August 2017), the number of new cases rose to 30 with 23 hospitalizations; almost twice as many cases reported in the previous week (17 cases in week 31). These new cases were reported from five districts: Me-zochi (10), Agua Grande (4), Lobata (3), Cantagalo (11) and Principle (2). As of 13 August 2017, 1 885 cases have been reported since the beginning of the outbreak in September 2016. The overall attack rate stands at 9.7 cases per 1 000 inhabitants. The most affected districts are Caué and Lembá with attack rates of 27.5 and 13.6 cases per 1 000 populations, respectively. However, the two districts have not reported cases in the last 10 weeks.

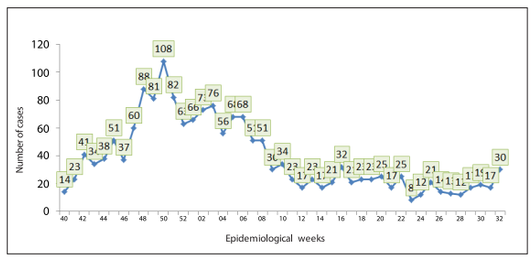
In general, men are disproportionally affected with 57% of the total cases reported. In addition, people aged 35 years and above are the most affected, accounting for more than 50% of the total cases.

Geographical distribution of necrotizing cellulitis/fasciitis cases in São Tomé and Principe, September 2016 - 13 August 2017

Public health actions

- The Ministry of Health continues to coordinate the response activities to the outbreak.
- A case management protocol has been developed and clinical staff trained in its use.
- Epidemiological surveillance and investigation of reported cases are ongoing.
- Twenty-eight patients have undergone surgery, including 19 skin grafts.
- Ninety specimens have been collected and analysed with the support of partner laboratories.
- An analytical study has been conducted to determine risk factors associated with necrotizing cellulitis.
- Training of supervisors and clinicians on epidemiological data management, including the use of electronic data transmission technologies is ongoing.
- A communication plan has been developed, addressing general hygiene messages and risk factors.
- About 30 international multidisciplinary experts are deployed to support the response activities.
- Additional medicines and laboratory reagents have been secured and distributed to the health facilities.

Weekly trend of necrotizing cellulitis/fasciitis in São Tomé and Principe, week 40, 2016 - week 32, 2017



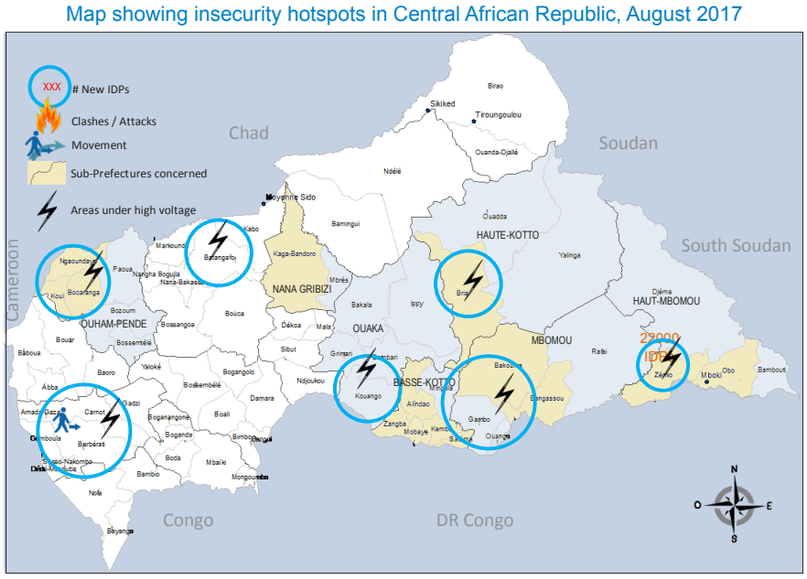
Situation interpretation

The Ministry of Health, with the support of WHO and other partners, has made significant progress in controlling the necrotizing cellulitis/fasciitis outbreak in São Tomé and Principe. Enhanced surveillance systems and improved clinical and surgical management of patients have seen a large reduction in the incidence of cases. However, recent data show an increase in the number of cases, which raises concerns. The number of new cases continues to be higher than expected, which is estimated to be below 20 cases per month. In addition, the mode of transmission has not been established and laboratory capacity remains low. Therefore, continued research and support to the country in terms of technical and financial assistance is required.

Event description

The security situation in the Central African Republic remains precarious, with multiple armed clashes reported in several parts of the country during the last weeks, punctuated with calm in certain areas. The conflict, characterized by targeted killings along communal lines and human rights abuses, has resulted in over 600 000 internal displaced people (IDPs). Almost half of the population (2.2 million people) is in need of humanitarian assistance and over 1 million people are food insecure. Protection, humanitarian access and food security are priority needs, which far exceed the available resources. Delivery of humanitarian assistance has continued to decline further due to underfunding and restricted access to large parts of the country. The deaths of six Red Cross volunteers on 5 August 2017 in Gambo, Ouham Prefecture epitomizes the humanitarian challenges and increasing targeting of aid workers. This incident marked the third such attack on the Red Cross this year and at least 16 incidents targeting humanitarian workers.

Map showing insecurity hotspots in Central African Republic, August 2017



The latest armed clashes took place in Batangafo Prefecture in the central part of the country on 10 August 2017, displacing 24 000 people, including 7 000 who fled to Cameroon. Over 10 000 people who fled the internally displaced camp that was burnt down are now sheltering in Batangafo hospital compound. Five patients were evacuated by air for appropriate care in Bangui. Three suspected cases of measles were detected during the reporting week and samples have been collected and transported to the Institut Pasteur in Bangui. A fourth suspected case has been identified and plans are underway to collect the sample during the week. In addition, a MSF team has collected samples from an acute flaccid paralysis case and the results are pending.

Public health actions

- WHO has dispatched malaria kits to Batangafo and interagency emergency health kits (IEHKs) to Zemio, Bangassou and Damara IDP sites. Response actions are, however, still hampered by the resurgence of violence in many areas.
- WHO is also supporting health facilities in Ngaoundaye and Bocaranga, where humanitarian actors have withdrawn, for a period of 3 months.
- WHO has allocated funds to two partner NGOs to provide essential healthcare services to various communities affected by the conflict.
- The WHO has approved US$ 360 867 from the WHO Contingency Fund for Emergencies (CFE) for the country office in the Central African Republic.
- MSF is redeploying its expatriate team on the ground, joining JUPEDEC, an NGO that is already on site. The Zemio hospital is still operational with the support of MSF.
- A vaccination campaign against measles is being prepared and will cover children aged from 6 months to 14 years in the three IPD sites.
- MSF continues to provide care at the Batangafo hospital where there are several internally displaced persons. Catch-up vaccination sessions have begun at the site and Mentor continues to organize mobile clinics at the sites.

Situation interpretation

The security situation in the Central African Republic has remained worrying since renewed fighting erupted in November 2016, displacing large numbers of people. Protection, food security and humanitarian access remain critical in the country. Humanitarian access is restricted by continued attacks on convoys, lack of crossing rights by armed groups at checkpoints and destruction of bridges, a new strategy being adopted to block the movement of the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA).

The current wave of violence has derailed the implementation of the humanitarian response plan, developed around three strategic objectives: saving more lives, strengthening the protection of affected populations and preserving human dignity through basic social services. There is a need to scale up provision of humanitarian assistance, including food, water, hygiene, education, nutrition, health, protection and other services.

Summary of major challenges and proposed actions

Challenges

- A catastrophic flash floods, mudslides and mudflows struck communities in Freetown, the capital city of Sierra Leone on 14 August 2017 following torrential rains from 13-14 August 2017. This disaster comes barely months after the Ebola outbreak ripped the populations' psychological sense and emotions, which are just beginning to rebuild. The country's response capacity has been overwhelmed with the sheer scale of this disaster.

- Attacks on civilians and humanitarian workers caught in conflict have remained a serious problem, with increasing frequency. On 5 August 2017, six Red Cross volunteers were killed in Central African Republic in the course of providing humanitarian assistance. This latest incident in the African Region exemplifies several such attacks in the region and globally. Civil communities have, unfortunately, borne the brunt of conflicts, either directly or indirectly. The commemoration of World Humanitarian Day on 19 August 2017 reiterates the fact that civilians and humanitarian workers caught in conflict are *#NotATarget* (http://www.who.int/health-cluster/en/).

Proposed actions

- The global community are urged to rally support to the people and the Government of Sierra Leone in response to this event. WHO, working within the United Nations systems, is supporting the health-related components of the response, with a focus on providing immediate medical care to the affected people, including providing psychosocial support, to strengthening health systems resilience.

- In commemoration of World Humanitarian Day, we pay homage to the colleagues (aid workers and specifically health workers) who became victims to violence during the course of their work. WHO also joins the world to demand global action to protect civilians and aid workers caught up in conflict situation.

All events currently being monitored by WHO AFRO

Event	Country	Current grade†	Date of notification to WHO	No. of cases: suspected (confirmed)	No. of deaths	CFR (suspected): %	Comments	Date of last sitrep
Newly reported events								
Flooding/ mudslide	Sierra Leone	G1	14/08/2017	–	–	–	Detailed update given above.	18-Aug-17
Diphtheria	South Africa	Ungraded	16/08/2017	4 (4)	1	25.0%	A total of four cases (3 laboratory-confirmed cases and 1 asymptomatic carrier) were reported by Helderberg in the Western Cape. These cases are all the direct family of the index case. The two children are at the Helderberg Hospital completing their antibiotics and their parents have been discharged. A local vaccination campaign in the under 15 year age group will commence 15 August 2017.	15-Aug-17
Landslide	Democratic Republic of the Congo	Ungraded	18/08/2017	–	–	–	A landslide following heavy rains has caused mass casualties in a fishing village in Tora, Ituri Province. Early estimates suggest more than 50 households were affected, over 200 persons killed, important infrastructure destroyed, and animals lost. Four severely injured persons have been evacuated to Bunia General Hospital. A comprehensive assessment and is ongoing; however, due to the mountainous terrain, access to the affected zone has been limited. Red Cross has assisted the recovery of 50 bodies to date. WHO Country Offices are supporting the response.	20-Aug-17
Ongoing events								
Cholera	Angola	G1	04/01/2017	468	21	5.6%	Since 13 December 2016, cases have been detected in Cabinda (236), Soyo (227) and Luanda (5). Soyo reported zero cases since epidemiological week 26 where as Cabinda reported the same since epidemiologic week 29. Luanda has not reported any cases since week 5. The high transmission areas are linked to the cholera outbreak in Kongo Central Province in DRC.	06-Aug-17
Malaria	Burundi	G1	01/01/2017	4 864 976*	2 205*	0.05%	*Counts include cases notified during 2017 YTD only. Weekly case counts are exceeding 2016 rates and on the rise. During week 28, 152 137 cases and 68 deaths were reported (35.6% above the same period last year).	23-Jul-17
Malaria	Cabo Verde	Ungraded	26/07/2017	45	0	0.0%	An outbreak of indigenous malaria was reported in the capital city of Praia, Santiago Island, peaking in week 29. 53% of cases were adult males aged 20 years and older.	30-Jul-17
Humanitarian crisis	Cameroon	G2 extension	-	-	-	-	Conflict in both north-east Nigeria and Central African Republic has led to mass population movement to Cameroon. 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. A detailed update was provided in the week 31 bulletin.	23-Jul-17
Eruptive fever	Cameroon	Ungraded	16/02/2017	52	20	38.5%	An outbreak of atypical paediatric eruptive fever of an unknown etiology emerged in the northern regions of Cameroon during November-December 2015. Investigations to date are yet to identify a definitive cause; however, evidence is pointing to leishmaniasis in some cases and endemic African Kaposi's sarcoma in others. A detailed update was provided in the week 30 bulletin.	21-Jul-17
Humanitarian crisis	Central African Republic	Downgraded to G2	-	-	-	-	Detailed update given above.	15-Aug-17
Monkeypox	Central African Republic	Ungraded	14/04/2017	3 (2)	0	0.0%	During week 24 (week ending 18 June 2017), one new case was confirmed by the Institut Pasteur Bangui in a camp in Toma, Lobaye Prefecture. Further investigations supported by the Ministry of Health and WHO revealed 24 of 26 (92.3%) of close contacts had antibodies (IgG) against monkeypox, and 4 against cowpox. This suggests a high level of circulation of the virus in the region, and may explain the low number of cases recorded during these outbreaks. Including this latest case, just 2 confirmed cases and 1 suspected case have been reported since the event was first notified to WHO on 14 April 2017.	13-Jul-17
Hepatitis E	Chad	G1	01/09/2016	1 712 (98)	19	1.1%	The outbreak of hepatitis E in the Salamat region of Chad remains serious, with a high risk of escalation. During week 32, 15 new suspected cases and zero deaths were reported from four areas: Amtiman Nord (7), Amtiman Sud (1), Amsinéné (1), and Aboudeia (6). Of the 18 deaths reported, five were pregnant women.	13-Aug-17
Monkeypox	Congo (Republic of)	Ungraded	01/02/2017	78 (7)	4	5.1%	Since 27 Jan 2017, suspected cases of monkeypox have been reported in the department of Likouala and the department of Cuvette (unconfirmed). Suspected cases have been reported from Bétou, Enyelle, Dongou, Impfondo and Owando districts.	14-May-17
Dengue	Cote d'Ivoire	Ungraded	06/05/2017	858 (375)	2	0.2%	From 19 to 25 July, 122 new suspected cases were reported, 120 of them in Abidjan. Three subtypes of dengue virus have been isolated: DENV-2 (174 cases), DENV-3 (76 cases) and DENV-1 (13 cases). In addition, 112 samples were confirmed IgM positive by serology. Of 77 yellow fever virus cross reactions, further testing confirmed dengue virus on 31 samples tested to date.	25-Jul-17
Humanitarian crisis	Democratic Republic of the Congo	Ungraded	August 2016	-	-	-	The fighting and insecurity continue to cause a humanitarian crisis with severe public health impact, mostly in the provinces of South- and North-Kivu, Ituri, Tanganyika, and Haut-Katanga. And since mid-August 2016, the security situation has significantly deteriorated in the Kasai Region. A detailed update was provided in the week 30 bulletin.	21-Jul-17
Cholera	Democratic Republic of the Congo	G2	02/01/2015	19 915*	490*	2.5%	*Counts reported are for 2017 YTD only. During week 31 in 2017, 1 028 cases and 5 deaths (CFR- 0.5%) were reported in the country. The provinces that have reported the most cases include North Kivu (647), South Kivu (106), Upper Lomami (103) and Tanganyika (76).	16-Aug-17
Measles	Democratic Republic of the Congo	Ungraded	10/01/2017	24 845 (365)	315	1.2%	The incidence of new cases has declined since the current outbreak peaked in early 2017.	04-Jul-17

Event	Country	Current grade†	Date of notification to WHO	No. of cases: suspected (confirmed)	No. of deaths	CFR (suspected): %	Comments	Date of last sitrep
Humanitarian crisis	Ethiopia	Regraded Protracted 3	15/11/2015	-	-	-	This complex emergency includes outbreaks of AWD and measles (reported separately below). A detailed update was provided in the week 32 bulletin.	23-Jul-17
Acute watery diarrhoea (AWD)	Ethiopia	Ungraded	15/11/2015	40 457*	817	2.0%	*Counts reported are for 2017 YTD. Of 491 new cases reported in week 31. The recent resurgence is predominantly occurring in the northwest regions of Amhara (194 cases) and Tigray (182 cases) this past week. A detailed update was provided in the week 32 bulletin.	06-Aug-17
Measles	Ethiopia	Ungraded	14/01/2017	2 601*	-	-	*Counts reported are for 2017 YTD. There have been 58 separate laboratory-confirmed measles outbreaks in the country. 137 new cases were reported in week 31. A detailed update was provided in the week 32 bulletin.	31-Jul-17
Drought/food insecurity	Kenya	G1	-	-	-	-	This event forms part of a larger food insecurity crisis in the Horn of Africa. SMART surveys highlighted that the rates of Global Acute Malnutrition increased across the country. An estimated 7.8 million population are in IPC3-5 during May/June 2017.	27-Jul-17
Cholera	Kenya	G1	10/10/2016	1 551 (457)*	25*	1.6%	*Counts reported are for 2017 YTD only. During week 30 (week ending 30 July 2017), 108 new suspected cases were reported from eight counties, of which 76% were from Nairobi (59 cases) and Kisumu (23 cases) counties. Detailed national updates are not available this week due to the elections; however, an update from the outbreak in Nairobi as of 6 Aug reported 16 new cases in the past week, totalling 921 cases to date.	31-Jul-17
Measles	Kenya	Ungraded	12/03/2017	49 (12)	1	2.0%	The outbreak has been reported in Dagahaley, Dadaab and IFO refugee camps in Garissa County since 21 March 2017, and from communities in Mandera County since 8 June 2017. No new cases have been identified since 4 July and 5 July in the two counties, respectively.	31-Jul-17
Visceral leishmaniasis / kala-azar	Kenya	Ungraded	05/05/2017	353 (212)	7	2.0%	Marsabit (n=279) and Wajir (n=119) counties have been affected by outbreaks since early 2017. Outbreaks remain active in both areas. 23 new cases were reported from Marsabit county in the last week. The last cases reported from Wajir County occurred 17 June 2017.	31-Jul-17
Dengue	Kenya	Ungraded	09/05/2017	1 305 (706)	1	0.1%	The outbreak has been reported in Mombasa County (1 223) and Wajir County (82). There were no new cases this week. The last cases reported on 7 July and 20 June 2017 within the two counties, respectively.	31-Jul-17
Food insecurity	Madagascar	Ungraded	23/02/2017	-	-	-	Food insecurity continues in the south parts of the island. A recent food security assessment showed that from June to September 2017, an estimated 409 000 people (25% of the affected area population) will be in need of humanitarian assistance. A detailed update was provided in the week 30 bulletin.	15-Jul-17
Undiagnosed diarrhoeal disease	Mauritania	Ungraded	27/07/2017	79	0	0.0%	On 16 July 2017, the Ministry of Health were informed of an outbreak of diarrhoeal disease at Cheikh Zayed Hospital, Wilaya, Nouakchott, which at the time included 40 cases of non-febrile, non-riziform, watery diarrhoea without blood/mucus from 7 separate locations. 10 stool samples collected were negative for bacteria (apart of one positive *Escherichia coli*, not typed). In a second cluster altered on 25 July 2017 from Centre Hospitalier Mère-Enfant, 39 children presented with similar symptoms over a period of 25 days, of whom 17 were hospitalised for 2-3 weeks. Investigations are ongoing but a viral cause is suspected.	03-Aug-17
Humanitarian crisis	Mali	G1	-	-	-	-	Limited information is available on this event. At the last update (3 May), the security situation remained unstable, and incidents of violence and inter-ethnic conflicts were increasingly spreading.	03-May-17
CCHF	Namibia	Ungraded	09/08/2017	2 (1)	1	50.0%	A confirmed CCHF patient died in Windhoek Central Hospital on 09 August 2017. The case-patient was reportedly bitten by a tick at his homestead in Uukwandongo Village, Okahao District, Omusati Region. One additional suspected case was identified (more information is pending). 31 close contacts are being monitored. A detailed update was provided in the week 32 bulletin.	10-Aug-17
Hepatitis E	Niger	Ungraded	06/04/2017	1 610 (653)	38	2.4%	These cases have been reported in Diffa where the outbreak erupted earlier this year. Case incidence continue to decline. During week 32, 37 new suspected cases were reported, against 48 the previous week.	11-Aug-17
Humanitarian crisis	Niger	G2 extension	Beginning 2015	-	-	-	The security situation remains precarious and unpredictable as Boko Haram remains a serious threat around the region. On 28 June 2017, 16 000 people were displaced after a suicide attack on an IDP camp in Kablewa. In another attack on 2 July 2017, 39 people from Ngalewa village, many of them children, were abducted. The onset of the rainy season is impeding the movements of armed forces around the region.	11-Aug-17
Humanitarian crisis	Nigeria	Protracted 3	-	-	-	-	Since April 2017 about 15 000 Nigerian refugees have returned from Cameroon after the Tripartite commission began implementing the agreement on the voluntary return of Nigerian refugees. Living conditions in areas of return are difficult, as the influx has overwhelmed resources such water. On 28 July 2017, a suicide attack on a newly established camp in Dikwa LGA killed 14 people and wounded 24 others, mostly women and children.	11-Aug-17
Lassa fever	Nigeria	Ungraded	01/12/2016	710 (227)	114	16.1%	Detailed update given above.	11-Aug-17
Cholera	Nigeria	Ungraded	07/06/2017	1 978* (26)*	35*	1.8%	*Counts reported are for 2017 YTD only. Detailed update given above.	27-Jul-17

Event	Country	Current grade†	Date of notification to WHO	No. of cases: suspected (confirmed)	No. of deaths	CFR (suspected): %	Comments	Date of last sitrep
Hepatitis E	Nigeria	Ungraded	18/06/2017	759 (42)	4	0.5%	The outbreak is concentrated in Borno State, with incidence steadily declining after peaking in week 26. During week 30, 7 new suspected cases were reported, all from Ngala LGA. 19 new cases reported in Ngala. Cumulatively, Ngala (627), Mobbar (87) and Monguno (45). Overall the trend of cases is decreasing.	16-Aug-17
Necrotising cellulitis/fasciitis	Sao Tome & Principe	G2	10/01/2017	1 885	0	0.0%	Detailed update given above.	17-Aug-17
Dengue	Seychelles	Ungraded	20/07/2017	3 689 (1 295)	-	-	Ten new cases were reported in week 31. A detailed update was provided in the week 32 bulletin.	06-Aug-17
Humanitarian crisis	South Sudan	G3 extension	-	-	-	-	A detailed update on this protracted event was provided in week 32 bulletin. See also below an update on the ongoing cholera outbreak.	06-Aug-17
Cholera	South Sudan	Ungraded	20/02/2017	14 447*	246*	1.7%	*Counts reported 2017 YTD only. Cases continue to decline in week 31. Despite security and access challenges the first round of OCV campaign in four priority counties with active transmission of cholera has successfully concluded.	16-Aug-17
Cholera	Tanzania	G2	15/08/2015	30,719	483	1.6%	Detailed update given above.	13-Aug-17
Aflatoxicosis	Tanzania	Ungraded	28/06/2017	8	4	50.0%	Between 15 June and 13 July 2017, two unrelated clusters of suspected acute aflatoxicosis, affecting two families in separate towns in Kiteto District, Manyara Region in the northern part of Tanzania. No further cases have been reported to date. 30 blood samples collected during community investigations have been submitted for aflatoxin testing, and 28 blood samples for pesticide poisoning; results pending.	06-Aug-17
Drought/food insecurity	Uganda	G1	-	-	-	-	This event forms part of a larger food insecurity crisis in the Horn of Africa. The northern and eastern regions are predominantly affected.	24-Jul-17
Measles	Uganda	Ungraded	08/08/2017	282	1	0.4%	As of 9 August 2017, a total 216 cases including one death (CFR- 0.4%) have been reported from Kampala and Wakiso District reported 66 cases. All the five divisions of Kampala have been affected, namely Rubaga (66 cases), Central (58), Kawempe (50), Nakawa (27), and Makindye (21). 47% of the cases are in the age group 1-5 years and 40% never had any measles vaccination while 39% had unknown vaccination status.	10-Aug-17
Humanitarian crisis - refugee	Uganda	Ungraded	-	-	-	-	As of 1 July 2017, 1 309 698 refugees and asylum-seekers have been registered in Uganda, largely from South Sudan, Somalia, Burundi, and the Democratic Republic of the Congo. A detailed update on this humanitarian crisis was provided in the week 30 bulletin.	24-Jul-17
Recently closed events								
Unexplained disease (Lassa fever suspected)	Benin (ex Nigeria)	Ungraded	03/08/2017	1	0	0.0%	On July 29, 2017, a patient with Lassa fever-like illness (fever, intense cough, maculopapular rash, haematemesis, melaena, conjunctival injection, anorexia, muscle pain, dysphagia and cutaneous hyperaesthesia) was isolated and treated in a private clinic in Gohomey, Benin. The patient (originally from Benin) resides in Abeokuta in Ogun State, Nigeria, which is currently reporting a Lassa fever outbreak. A sample collected and tested at the Cotonou P3 laboratory was negative for Lassa fever. The patient was discharged when the symptoms improved.	05-Aug-17
Carbon monoxide poisoning	Uganda	Ungraded	07/08/2017	4	1	25.0%	On 7 August, media reported the death of a 20-year old pregnant woman who died of unknown cause. Viral haemorrhagic fever was initially suspected based on the symptoms of the woman, including bleeding from the ears, nose and mouth. Three of her housemates were admitted with symptoms ranging from confusion, limb pain/weakness and respiratory distress. Samples of the 4 cases contacts tested negative for by PCR at Uganda Virus Research Institute (UVRI) for Ebola, Marburg, CCHF, RVF and Sosuga (novel paramyxovirus) viruses. High blood levels of carboxyhaemoglobin were reported in samples from the deceased case, pointing to carbon monoxide poisoning as a possible cause of death. Further toxicological analysis will be conducted at the Governmental Analytical Laboratory.	11-Aug-17
Varicella	Equatorial Guinea	Ungraded	09/08/2017	3	2	66.7%	WHO was informed of three suspected viral haemorrhagic fever (VHF) cases including two deaths reported in Bata city hospital. The two deceased cases were adult males and the third case is the daughter of one of the deceased cases and she is recovering. The cases have been laboratory confirmed as varicella virus infections at the CIRMF in Gabon on 13 August. All 3 cases tested negative for EVD, Marburg virus and other filoviruses at the same lab.	13-Aug-17
Nodding disease	South Sudan	Ungraded	30/06/2017	70	-	-	Unconfirmed media reports of over 70 cases of nodding disease among children in Maridi, Jubek, Amadi and Gbude state since mid-2016. WCO staff were unable to confirm the event due to an upsurge in insecurity in the country and affected provinces.	23-Jul-17

†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
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