# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 31: 28 July - 3 August 2018
Data as reported by 17:00; 3 August 2018

WHO Health Emergencies Programme

| 3 | 54 | 47 | 10 |
|---|---|---|---|
| New events | Ongoing events | Outbreaks | Humanitarian crises |

Mauritania
Mali
Niger
Chad
Guinea
Sierra léone
Liberia
Nigeria
Cameroon
Central African Republic
South Sudan
Ethiopia
Uganda
Kenya
Sao Tome & Principe
Democratic Republic of Congo
Tanzania
Seychelles
Angola
Zambia
Namibia
South Africa
Mauritius

**Legend**

- Measles
- Monkeypox
- Lassa fever
- Cholera
- Dengue fever
- Hepatitis E
- Plague
- Malaria
- Rabies
- cVDPV
- Floods
- Cases
- Deaths
- Humanitarian crisis
- Necrotising cellulitis/fasciitis
- Acute watery diarrhoea
- Yellow fever
- Rift Valley fever
- Listeriosis
- Anthrax
- Ebola virus disease
- Guinea Worm
- Crimean-Congo haemorrhagic fever
- Chikungunya
- Countries reported in the document
- Non WHO African Region
- WHO Member States with no ongoing events

N W E S

Kilometers 0 325 650 1,300 1,950 2,600

Graded events †

| 2 Grade 3 event | 3 Grade 2 events | 4 Grade 1 events | 38 Ungraded events |
|---|---|---|---|
| 2 Protracted 3 events | 2 Protracted 2 events | 3 Protracted 1 events | |

# Overview

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9 All events currently being monitored

- This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 57 events in the region. This week's edition covers key new and ongoing events, including:

  - Ebola virus disease in the Democratic Republic of the Congo
  - Guinea worm in South Sudan
  - Cholera in Niger
  - Hepatitis E in Namibia
  - 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:**

  - A fresh Ebola virus disease (EVD) outbreak has been confirmed in the Democratic Republic of the Congo. Two provinces, North Kivu and Ituri, in the eastern part of the country bordering Uganda and Rwanda, have reported suspected cases. The affected subregion is experiencing intense insecurity, with several armed groups actively operating. Access to the affected population has been curtailed and provision of humanitarian assistance has been challenged. Population movement within the subregion and with the neighbouring countries is high, either forced or for trade and other social reasons. These factors are significant determinants of the evolution of and the response to the current event. The ongoing insecurity in the subregion will be critical in determining the ability to respond effectively to this event. In the given circumstances, the national authorities and partners need to mobilize and rapidly set up the requisite response structures and systems on the ground.

  - The South Sudan Ministry of Health has confirmed three cases of Guinea worm in Western Lakes State (located in the central part of the country) in the last week of July 2018. The affected area had been affected by communal violence over the past several years, which could have hindered surveillance for the disease. Before this event, South Sudan had reported the last confirmed Guinea worm case in December 2016 and the country had started the enhanced surveillance phase of the eradication process. With limited access to many parts of the country, this event could be indicative of a much bigger burden of the disease and a potential threat to the neighbouring countries.


World Health Organization Africa

# New events

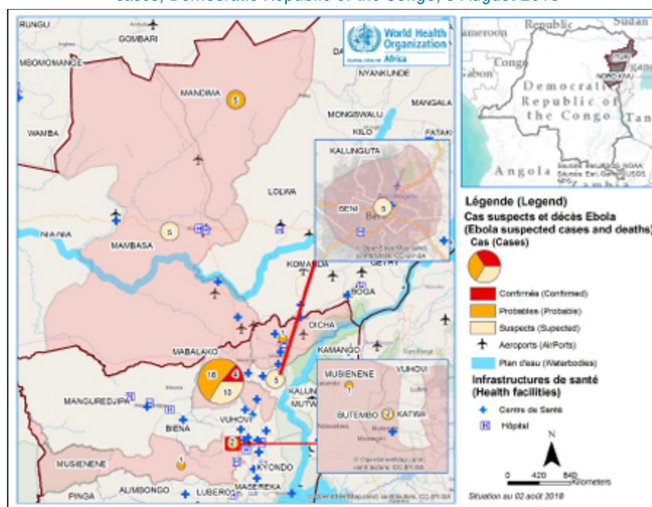
| Ebola virus disease | Democratic Republic of the Congo | 43 Cases | 33 Deaths | 76.7% CFR |
|---|---|---|---|---|

## EVENT DESCRIPTION

On 1 August 2018, the Ministry of Health of the Democratic Republic of the Congo notified WHO of a new outbreak of Ebola virus disease (EVD) in North Kivu Province, in the eastern part of the country. The event was initially reported by the North Kivu Provincial Health authority on 28 July 2018 when a cluster of 26 cases of acute haemorrhagic fever, including 20 deaths (mostly in the community), occurred in Mabalako Health Zone. The event reportedly started in early May 2018 with sporadic cases and deaths, and intensified in mid to late July 2018. Six blood specimens collected from six hospitalized case-patients on 31 August 2018 were shipped to the Institut National de Recherche Biomédicale (INRB) in Kinshasa. On 1 August 2018, four of the six blood specimens tested positive for Ebolavirus by GeneXpert automated-polymerase chain reaction (PCR). Further laboratory testing by INRB confirmed Ebolavirus in three of the initial six specimens using conventional PCR. On 3 August 2018, nine specimens tested positive at the laboratory in Beni City, bringing the total number of confirmed cases to 13.

As of 3 August 2018, a total of 43 EVD cases, including 33 deaths (case fatality ratio 76.7%), have been reported. Of the 43 cases, 13 are laboratory confirmed and 30 are classified as probable. Of the 33 deaths, three occurred in confirmed cases. An additional 33 suspected cases are currently pending laboratory testing to confirm or exclude Ebola virus disease. Three healthcare workers have been affected, of which one died.

Geographical distribution of confirmed, probable and suspected Ebola virus disease cases, Democratic Republic of the Congo, 3 August 2018




Geographically, confirmed and probable cases are currently localised to five health zones in North Kivu Province (38 cases, including 13 confirmed and 25 probable), and one health zone in Ituri Province (5 probable cases). Suspected cases are currently under investigation in one additional health zone of Ituri Province.

## PUBLIC HEALTH ACTIONS

- On 2 August 2018, the Minister of Health of the Democratic Republic of the Congo, the WHO Representative and representatives of different partner agencies, including UNICEF, the World Bank and MONUSCO, visited Mangina health area (the epicenter of the outbreak) and Béni (the provincial capital of North Kivu) to conduct on-the-spot assessment and support local response. The mission held meetings with local political and civic leaders, including healthcare officials.
- On 2 August 2018, a total of 12 multidisciplinary national rapid response teams were deployed to conduct detailed investigation and support local response efforts. Additionally, 30 members of the response team who were in Mbandaka, comprising of staff from the Ministry of Health, ALIMA, UNICEF, and WHO, have been deployed to Beni.
- On 1 August 2018, the Ministry of Health activated coordination structures at the national, regional and local levels, with participation of all national stakeholders and partners.
- WHO have activated three-level (country, regional and global) coordination mechanisms to assess risks and respond accordingly to the event. An incident management team has been established in the Democratic Republic of the Congo, and support teams have been reactivated at the WHO Regional Office for Africa and at headquarters. A full response plan is being developed.
- WHO has released US$ 2 million from its Contingency Fund for Emergencies to initiate response interventions.
- The INRB has deployed a mobile laboratory in Beni to provide diagnostic services, which has been operational by 3 August 2018.

## SITUATION INTERPRETATION

A fresh outbreak of EVD has been confirmed in the Democratic Republic of the Congo, coming barely a week after the end of the last outbreak in Equateur Province (some 2 500 km from North Kivu). This new outbreak is affecting North Kivu and Ituri provinces. The province of North Kivu is among the most populated provinces, with 8 million inhabitants. It is a province that shares its borders with four other provinces (Ituri, South Kivu, Maniema and Tshopo) as well as with Uganda and Rwanda. The subregion has been experiencing intense insecurity and worsening humanitarian crisis, with over 1 million internally displaced people and a continuous efflux of refugees to the neighbouring countries, including Uganda, Burundi and Tanzania. These factors are significant in the evolution of and the subsequent response to this outbreak.

The national authorities, WHO and partners are moving swiftly to set up response structures on the ground, as investigations to establish the full extent of the outbreak continue. WHO is also working with the neighbouring countries to enhance preparedness and readiness measures to quickly detect and respond to any potential exportation of the disease. WHO advises against any restriction of travel and trade to the Democratic Republic of the Congo based on the currently available information.

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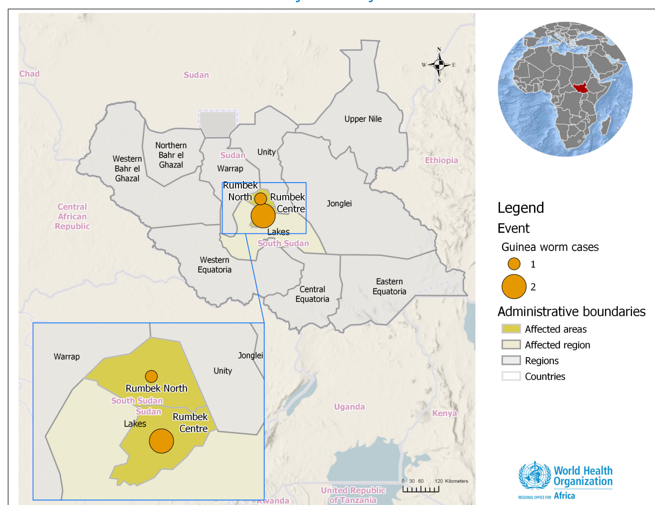
## EVENT DESCRIPTION

On 23 July 2018, the South Sudan Ministry of Health declared an outbreak of Guinea worm in Western Lakes State, located in the central part of the country. Between May and July 2018, 25 worm specimens were collected from suspected cases across the country and shipped to the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, United States of America. Test results from CDC showed that three of the 25 specimens were Guinea worm. All three cases reportedly had more than one worm (range 2-4 worms), with the earliest date of emergence being 27 May 2018. The confirmed cases, two females and one male aged 14, 17 and 25 years, respectively, are all cattle keepers by occupation. Two of the confirmed cases are from Rumbek Centre, while the third case is in Rumbek North County.

Until this event, the last case of Guinea worm in South Sudan was confirmed in December 2016 and the country had initiated the three-year intensive surveillance phase as part of the requirement for declaration of eradication of the disease in a country.

The affected communities have been engaged in communal violence over the past several years, which had hindered surveillance for the disease in the area. The ongoing disarmament of civilians has created access to all the cattle camps inhabited by these communities. Detailed investigations are ongoing to ascertain the source of disease, close contacts (search for additional cases) and the open water sources visited by the cases after the worms emerged.

Geographical distribution of Guinea worm disease cases in Republic of South Sudan, 27 May - 23 July 2018




## PUBLIC HEALTH ACTIONS

- The Ministry of Health is working closely with partners including WHO, the Carter Center and UNICEF to respond to this Guinea worm outbreak.
- The South Sudan Guinea Worm Eradication Program (SSGWEP) has deployed a rapid response team to identify and investigate contacts of the three confirmed cases.
- Countrywide surveillance for suspected Guinea worm cases is ongoing, with priority in the affected areas and the surrounding villages and counties.
- Mapping of all the open water sources visited by the confirmed cases is being carried out to ensure Abate® (a larvicide) is applied to inactivate the cyclops.
- Efforts to improve access to safe drinking water have commenced, including promoting the use of LifeStraw water pipes, water filters and water bottles, and drilling of hand pumps in the long-term.
- Sensitization of the public about the Guinea worm cash reward for reporting suspected Guinea worm cases has been intensified in the affected areas and their surroundings. In October 2017, South Sudan launched the cash reward campaign "It pays to report Guinea worm". The goal of the campaign is to increase nationwide awareness for reporting suspected Guinea worm cases.

## SITUATION INTERPRETATION

Guinea worm (Dracunculiasis) is a crippling parasitic disease caused by a long, thread-like worm. It is transmitted through drinking stagnant water contaminated with parasite-infested water fleas. Of the 20 countries that were endemic for the disease in the mid-1980s, only two, Chad and Ethiopia, reported 30 cases in 2017 (15 cases in each country). Finding and containing the last remaining cases of Guinea worm are the most difficult and expensive stages of the eradication process, as these usually occur in remote, often inaccessible, rural areas.

The SSGWEP has registered tremendous progress in reducing the number of confirmed Guinea worm cases. The delay in detecting the current cluster of cases is attributed to the insecurity in the outbreak area. As peace returns to most areas in South Sudan, following the ongoing peace talks in Khartoum, Sudan, there is a need to intensify surveillance in all areas that have been insecure and inaccessible to surveillance teams. The detection of the current cluster shows that the programme is able to identify hidden cases that otherwise would have gone unnoticed and might have caused more widespread infection. Provided access is guaranteed, the current efforts by the Ministry of Health, WHO, the Carter Center, UNICEF, and other partners, coupled with the public awareness and positive response to the cash reward campaign, will leave no place for Guinea worm to hide in South Sudan.

# Ongoing events

| Cholera | Niger | 739 Cases | 11 Death | 1.5% CFR |
|---|---|---|---|---|

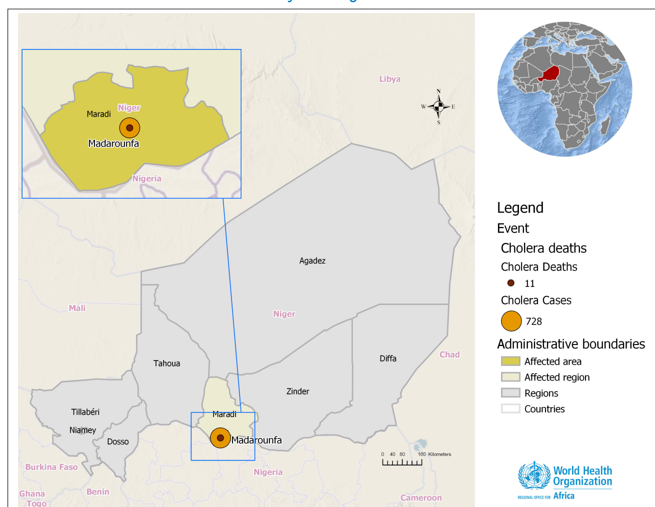
## EVENT DESCRIPTION

The cholera outbreak situation in Niger is improving, with the disease trend gradually declining. In week 31 (week ending 5 August 2018), a total of 129 new suspected cholera cases (and no deaths) were reported in Madarounfa district, compared to 322 cases and four deaths reported in week 30. Since the beginning of the outbreak on 5 July 2018, a total of 739 suspected cholera cases, including 11 deaths (case fatality ratio 1.5%) have been reported. Fifty-four percent (389) of the suspected cases are between 2 and 14 years, while 46% are 15 years and above. Fifty-four percent of the cases are females.

The outbreak has remained localised to Madarounfa District. One new health area, Safo, has reported a case during the reporting week, bringing to nine the number of health areas that have reported at least one cholera case since the beginning of the outbreak.

On 13 July 2018, the Niger Ministry of Public Health notified WHO of a cholera outbreak in Madarounfa District, Maradi Region at the border with Nigeria. Three stool specimens had tested positive for *Vibrio cholerae* O1 inaba by culture at the Centre for Medical and Health Research (CERMES) in Niamey on 12 July 2018. The initial case-patients were found to have epidemiological links to Nigeria. The outbreak was formally declared on 15 July 2018.

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




## PUBLIC HEALTH ACTIONS

- The Ministry of Public Health is working closely with WHO, UNICEF, MSF and partners to implement response activities to contain the outbreak. The Regional Directorate of Public Health is coordinating local response efforts in Madarounfa district, with the support of partners.
- Active surveillance has been strengthened in Madarounfa and surrounding districts, including active case search at community and health facility levels. Cross-border surveillance and collaboration with the Nigerian authorities have been initiated, including sharing of data and information with local health authorities on both sides of the border.
- WHO has deployed an epidemiologist to Maradi Region to support local response teams, especially in the areas of epidemiological surveillance and case management.
- The Ministry of Public Health is offering free treatment services at local health centres in the affected district, with support from MSF. Medical supplies including oral rehydration salts have been dispatched to treatment centres for case management.
- UNICEF has initiated WASH activities in the affected areas.
- Social mobilization activities have been initiated to sensitize local communities on risk factors and the need to seek prompt treatment.

## SITUATION INTERPRETATION

The cholera outbreak in Niger remains localized and has shown early signs of declining. The Niger Ministry of Public Health, supported by partners, has responded effectively to the rapidly evolving cholera outbreak. Nevertheless, there is a need to continue intensifying all outbreak control interventions, including active surveillance, social mobilization, water sanitation and hygiene (WASH) interventions, and case management. The need for sustainable access to water, sanitation, and hygiene services should be mainstreamed into any long-term planning to mitigate the risk of recurring outbreaks in these areas.

| Hepatitis E | Namibia | 2 435 Cases | 20 Deaths | 0.8% CFR |
|---|---|---|---|---|

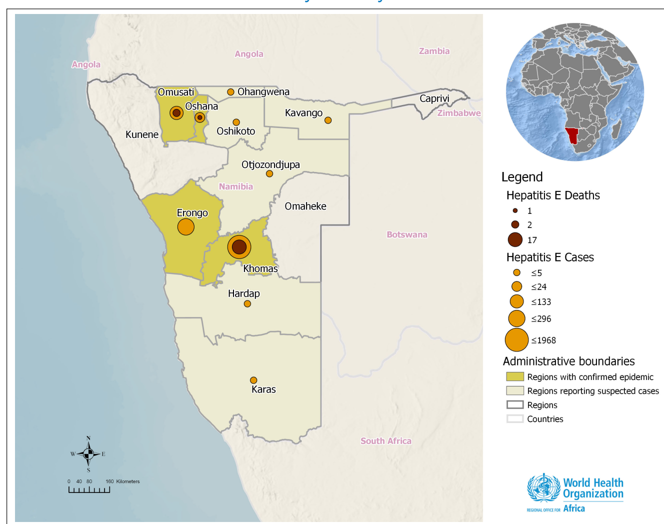
## EVENT DESCRIPTION

The outbreak of hepatitis E in Namibia continues to evolve, with one new region being affected. Since our last report on 13 July 2018 *(weekly bulletin 28)*, a total of 520 suspected hepatitis E cases, with one death, have been reported. As of 29 July 2018, a total of 2 435 suspected cases and 20 deaths (case fatality ratio 0.8%) have been reported, since the onset of the outbreak in September 2017. Of the 2 435 cases, 250 have been laboratory confirmed by IgM ELISA. Of the 20 deaths, 50% (10) occurred in women during pregnancy or post-delivery, while the other 10 deaths were associated with co-morbidities, including HIV/AIDS, hepatitis A and hepatitis B co-infection.

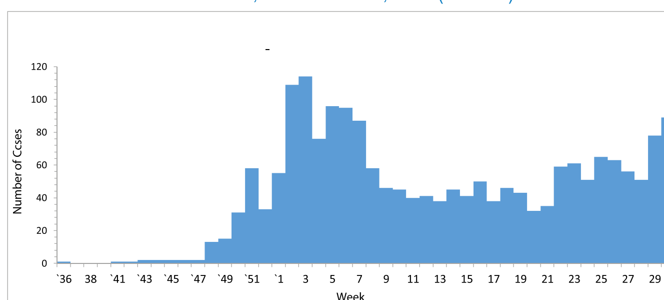
One new region, Oshana (in north-central Namibia), has been affected – bringing to four the regions currently experiencing the disease. Eighty-one percent (1 968) of all the reported cases are from Windhoek city, with over 80% of the cases coming from Havana and Goreangab informal settlements (where the epidemic started). Males constitute 59% of reported cases in Windhoek where 20-39 years is the most affected age-group (76%). The other regions are Khomas, Omusati and Erongo. Although not in epidemic, six other regions have been reporting sporadic cases since January 2018, namely Kavango, Hardap, Karas, Oshikoto, Ohangwena, and Otjozondjupa.

In Omusati Region, bordering Angola in the south, two laboratory confirmed cases were reported in Angolan residents who travelled to Namibia to get healthcare. Investigations are ongoing to determine whether the cases became infected in Angola or Namibia.

Geographical distribution of hepatitis E cases in Namibia, 27 May - 18 July 2018




Weekly trend of hepatitis E cases in Windhoek District, Namibia week 36, 2017 - week 30, 2018 (n=1 968)




## PUBLIC HEALTH ACTIONS

- The National Health Emergency Management committee, with support from WHO, continues to lead the response activities based on the national multisectoral preparedness and response plan. The response is structured under thematic working groups (coordination, surveillance, infection prevention and control/ case management, water sanitation and hygiene (WASH), and social mobilization). The stakeholders involved in the response are the Municipality of Windhoek, the Ministry of Agriculture and Rural Water supply, WHO, UNICEF, UNFPA, Red Cross, and other partners. The thematic working groups in Windhoek-Khomas region have been replicated in Omusati and are being initiated in Erongo and Oshana regions.
- The Ministry of Health sent circular letters to all the regions to strengthen surveillance and enhance preparedness measures. The Ministry of Health has particularly intensified preparedness efforts in areas neighbouring the affected regions and the surveillance of epidemic-prone diseases has been enhanced.
- Health education materials and case management posters have been distributed to Khomas, Omusati and Erongo regions.
- Repair of water taps and sanitation facilities is ongoing in the affected communities.

## SITUATION INTERPRETATION

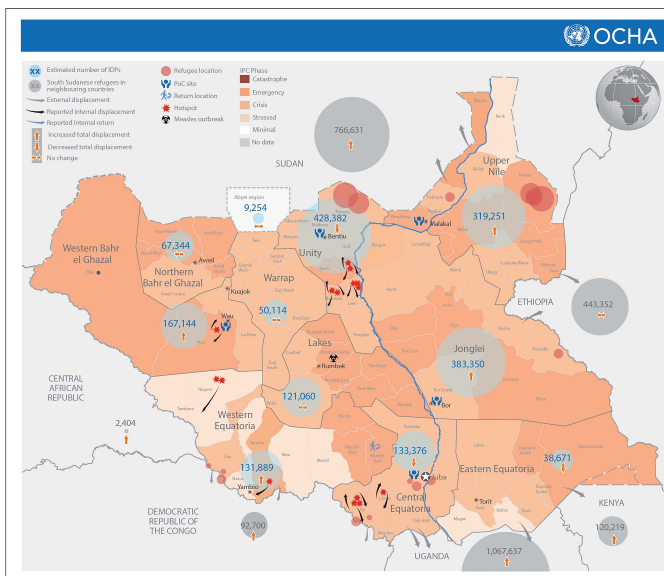
The outbreak of hepatitis E in Namibia remains persistent, with the trend steadily increasing since mid-June 2018. The difficulties in containing the outbreak are largely being attributed to slow progress in the implementation of WASH and social mobilization activities. There is an inadequate safe water supply and limited sanitation in the affected communities, especially those living in the informal settlements. The lack of ownership of repaired public facilities such as water taps and toilets in the affected communities is also lessening the effectiveness of the response. Vandalism by community members of toilets repaired by the municipal authority has been reported in Windhoek informal settlements.

To avoid further escalation of the situation and to prevent further geographical spread of the disease before the next rainy season (mid-November to March), there is a need to accelerate implementation of effective control interventions, with a focus on WASH and social mobilization activities, including involvement of local community leaders. Advocacy to raise the profile of the outbreak to senior managers at national and international levels is also critical, to ensure the required resources are made available to accelerate the interventions.

## EVENT DESCRIPTION

The continuing insecurity and instability in South Sudan continues to drive the ongoing humanitarian crisis in the region. A series of political negotiations are currently ongoing in neighbouring countries and it is hoped a lasting peace agreement will be reached soon. In the meantime, armed conflict is continuing, especially in greater Upper Nile, Equatoria and greater Jonglei. Incidents involving violence against aid workers and assets have remained high. Access to the population in need is impeded by active conflict; with about 68% of the reported access issues affecting international non-governmental organizations (INGOs) and 60% of incidents involve violence against aid workers and assets. The number of aid workers killed in 2018 stands at 10, as of 26 July 2018, with three deaths in June 2018.

Humanitarian crisis in South Sudan as of June 2018




In Greater Upper Nile, youth violence (due to unemployment) in Bunj, Maban County on 23 July 2018, resulted in looting of humanitarian agency offices and residences, and vandalizing programme assets. UN peacekeepers were deployed to re-establish order. Health activities were suspended in the same region on 24 July 2018 after unidentified men stormed a compound, looted property and burned equipment. This has left some 88 000 people with limited access to aid. More than 140 000 refugees from Sudan live in four refugee camps in Maban County, Upper Nile. On 21 July 2018 a revenge attack on Yorkuot, Ulang County by men from Jonglei, Nyirol County, left 11 dead and six injured. The security situation in Yorkuot and surrounds is reported as tense.

Over the past week (as of 26 July 2018), there has been intermittent fighting between the warring factions in Mboro and Bisellia, Wau County in Greater Bahr el Ghazal, and there are continuing population displacements from the area. On 22 July 2018, internally displaced persons (IDPs) reportedly arrived in Wau and registration and verification activities are ongoing. All humanitarian and life-saving activities targeting the 25 000 people in need in the Greater Baggari area have stopped as a result of the fighting.

From the 23-29 July 2018 no new cholera cases were reported from the region. Malaria, acute watery diarrhoea, bloody diarrhoea, and measles are the most frequent illnesses reported. Three cases of Guinea worm have been reported in Rumbek North and Rumbek Centre.

## PUBLIC HEALTH ACTIONS

- A total of 312 000 families have been provided with seeds and tools by the Food and Agriculture Organization (FAO) and partners. FAO distributed over 4 530 tons of crop seeds, mainly during the recent planting season.
- Emergency shelter and NFI partners are following up the gaps in these items among IDPs in Lainya at national level.
- On 21 July 2018, food items and NFIs were distributed to 12 000 IDPs displaced to Tambura since May 2018. An inter-agency team from Yambio conducted a humanitarian mission to Tambura from 23-27 July 2018 to assess humanitarian needs and fill gaps.
- Verification of the estimated 16 000 IDPs in Yambio town is ongoing, with an exercise on 13 July 2018 to respond to the food, NFI, health and nutrition needs of this population.
- On 22 July 2018, health cluster partners completed a fistula campaign in Bentiu, providing surgical assistance to 49 women and girls, drawn from across the region, where it is a leading health problem, affecting an estimated 60 000 women.
- Phase II general food distribution is underway in Northern Bahr el Ghazal, for the period July to September, targeting 409 000 beneficiaries. About 315 MT of oil has arrived from Sudan and about 680 MT of cereals is expected to arrive and stocks are reportedly sufficient for July-September distributions.

## SITUATION INTERPRETATION

International partners, with the support of WHO, continue in their efforts to provide humanitarian assistance in the face of continuing insecurity and targeted attacks, with access to populations in need hampered in various ways. This leaves large areas of the country with no or limited access to healthcare and other forms of humanitarian aid. On 23 July 2018 the UN Humanitarian Coordinator for South Sudan strongly condemned attacks on aid workers and facilities in Bunj, Maba County and called on all authorities to ensure the safety and security of humanitarian workers in areas under their control across the country.

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# Summary of major issues challenges, and proposed actions

## Issues and challenges

- The Ministry of Health in the Democratic Republic of the Congo has confirmed a new EVD outbreak in North Kivu Province. Suspected EVD cases have also been reported in Ituri Province. The affected subregion is experiencing intense insecurity and worsening humanitarian crisis, with over 1 million internally displaced people and a continuous efflux of refugees to the neighbouring countries, including Uganda, Burundi and Tanzania. Trade and travels within the region and with the neighbouring countries are also high. These factors could facilitate propagation of the disease within and to the neighbouring countries.

  While the national authorities and partners have started mobilizing efforts to set up response structures on the ground, the ongoing insecurity will be critical in determining the ability to respond effectively to this event.

- The South Sudan Ministry of Health has confirmed an outbreak of Guinea worm in Western Lakes State, coming 18 months since the last confirmed case was reported in December 2016. The delay in detecting the current cluster of cases could be attributed to the ongoing insecurity in the country. With limited access to many parts of the country, this event could be indicative of a much bigger public health problem to the country and a threat to the neighbouring countries. This event remains a major dent to the global efforts to eradicate Guinea worm.

## Proposed actions

- The national authority and partners in the Democratic Republic of the Congo need to rapidly mobilize the critical resources (human, finance and logistics) and accelerate setting up response structures and systems on the ground. Additionally, the neighbouring countries need to strengthen preparedness and readiness capacity to rapidly detect and respond to any potential new EVD cases.

- The national authorities and partners in South Sudan need to extensively investigate the current event and effectively implement the recommended control interventions. Additionally, surveillance for Guinea worm needs to be enhanced in the entire country using innovative approaches, in light of the prevailing security situation.

# 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 | | | | | | | | | | |
| Democratic Republic of the Congo | Ebola virus disease | G3 | 31-Jul-18 | 11-May-18 | 3-Aug-18 | 43 | 4 | 33 | 76.7% | Detailed update given above. |
| Mauritania | Crime-an- Congo Hemorrhag-ic fever | Ungraded | 26-Jul-18 | 26-Jul-18 | 1-Aug-18 | 1 | 1 | 1 | 100.0% | A 48-year-old male farmer from south-east Mauritania started presenting symptoms of VHF (myalgia, vomiting and haemorrhage) on 19 July 2018 and tested positive for Crimean-Congo haemor-rhagic fever by RT-PCR and ELISA on 26 July 2018. |
| Zambia | Measles | Ungraded | 2-Aug-18 | 6-Jul-18 | 1-Aug-18 | 20 | 4 | - | - | On 1 August 2018 an out-break of measles was reported in the Paul Mambilima catch-ment area of Mansa District in Luapula Province, Zambia. The affected community lies astride the international border with the Democratic Republic of the Congo. The first case, a 3 years baby was seen at facility on 19 July 2018 presenting with an illness meeting the standard case definition for measles. By 1 August 2018, further investi-gations had identified a total of 20 measles suspected cases from the Democratic republic of the Congo (11 suspected, 2 confirmed) and Zambia (5 suspected and 2 confirmed). |
| Ongoing events | | | | | | | | | | |
| Angola | Cholera | G1 | 2-Jan-18 | 21-Dec-17 | 9-Jul-18 | 954 | 12 | 19 | 2.0% | On 21 December 2018, two suspected cholera cases were reported from Uíge district, Uíge province. Both of these cases had a history of travel to Kimpangu (DRC). From 21 December 2017 to 18 May 2018, a total of 895 cases were reported from two districts in Uíge province. The neighbor-ing province of Luanda start-ed reporting cases on 22 May 2018. From 22 May to 9 July 2018, 59 cases with 6 deaths (CFR 10.2%) have been re-ported from eight districts in Luanda Province. Seven cases have been confirmed for *Vib-rio cholerae*. The most affected is Talatona having reported a total of 25 cases with 4 deaths (CFR 16%). |
| Cameroon | Humanitar-ian crisis | G2 | 31-Dec-13 | 27-Jun-17 | 17-Jun-18 | - | - | - | - | The humanitarian crisis in Central African Republic continues, with continued insecurity caused by armed insurgents. The situation is tense in several cities in the country where there are movements of armed groups, particularly in the centre of the country. |

| Country | Event | Grade† | WHO notified | Start of reporting period | End of reporting period | Total cases | Confirmed cases | Deaths | CFR | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Cameroon | Cholera | Ungraded | 24-May-18 | 18-May-18 | 31-Jul-18 | 120 | 14 | 11 | 9.2% | The cholera outbreak started in Mayo Oulo zone on the border with Nigeria in week ending on 20 May 2018. As of 31 July 2018, a total of 120 cases with 11 deaths (CFR 9.2%) have been reported from the North (75) and Centre (45) regions. Eight cases from the North (10) and Centre (4) regions have been confirmed for *Vibrio cholerae* by culture. |
| Cameroon | Monkeypox | Ungraded | 16-May-18 | 30-Apr-18 | 13-Jun-18 | 36 | 1 | 0 | 0.0% | On 30 April 2018, two suspected cases of monkeypox were reported by the Njikwa Health District in the North-west Region of Cameroon. On 14 May 2018, one of the suspected cases tested positive for monkeypox virus by PCR. An investigative mission to the North-west and South-west from 1 - 8 June 2018, found 21 new suspected cases without active lesions. As of 13 June 2018, a total of 36 suspected cases have been reported from both North-west and South-west regions. |
| Central African Republic | Humanitarian crisis | Protracted 2 | 11-Dec-13 | 11-Dec-13 | 15-Jul-18 | - | - | - | - | The security situation remains tense and precarious in many places across the country. Humanitarian operations in many areas have been suspended due to increasing violence against aid workers. In Bombo nearly 1 300 displaced people reportedly moved to Amada-Gaza and the surrounding areas following clashes between an armed group and the MINUSCA force in Bombo on 13 July 2018. In Mbrés-Bakala axis more than 730 people forced to move due to ongoing clashes between armed groups. |
| Central African Republic | Monkeypox | Ungraded | 20-Mar-18 | 2-Mar-18 | 1-Jul-18 | 29 | 11 | 1 | 3.4% | The outbreak was officially declared on 17 March 2018 in the sub province of Ippy, Bambari district. Since the beginning of the outbreak, 3 districts have been affected, namely Bambari, Bangassou and Mbaiki districts. Cumulatively, 29 cases of monkeypox with one death (case fatality ratio 3.4% percent) have been reported from 2 March to 1 July 2018 in the Central African Republic, and 11 cases have been laboratory confirmed out of 23 samples tested. Among the confirmed cases, 63% percent (n=7) are female, and 45% percent (5) are aged between 20 and 30 years; 2 confirmed cases are age 5 and below. |

| Country | Event | Grade† | WHO notified | Start of reporting period | End of reporting period | Total cases | Confirmed cases | Deaths | CFR | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Chad | Measles | Ungraded | 24-May-18 | 1-Jan-18 | 8-Jul-18 | 1 402 | 92 | 57 | 4.1% | During week 27, 118 cases with 8 deaths were reported compared with 91 cases and 0 deaths last week. Between week 1 and week 27 of 2018, a total of 1 402 suspected cases with 57 deaths (CFR 4.1%) have been reported. The cases have been reported from 97 out of 117 health districts in the country. As of 13 July 2018, 92 cases have been laboratory confirmed, 376 confirmed by epidemiological link, and 23 clinically compatible. As of reporting date, 12 districts have had confirmed ongoing measles outbreak, these include: Bokoro, Gama, Amdam, Goz Beida, Haraze Mangueigne, Abeche, Arada, Ati, Mongo, Rig Rig, Tissi and Bardai. |
| Democratic Republic of the Congo | Humanitarian crisis | G3 | 20-Dec-16 | 17-Apr-17 | 30-Jul-18 | - | - | - | - | The humanitarian crisis in Democratic Republic of the Congo remains volatile. In North Kivu and Kasai, 14 570 and 20 850 IDPs respectively need humanitarian assistance. In South Kivu, 76 000 people have been internally displaced due to armed clashes between interethnic militia. In Great Equateur, 61 049 refugees from Central African republic have been placed in refugee camps and 72 483 Central African refugees live out of refugee camps. |
| Democratic Republic of the Congo | Cholera | G3 | 16-Jan-15 | 1-Jan-18 | 22-Jul-18 | 15 161 | 0 | 538 | 3.5% | The cholera outbreak in the Democratic Republic of the Congo continues with 472 cases and 18 deaths (CFR: 3.8%) reported during week 29. The cases have been reported from 13 out of 26 provinces. Forty-five percent of cases have been reported in Kasai Oriental province. From week 1 to 29 of 2018, a total of 15 161 cases of cholera including 538 deaths (CFR: 3.5 %) were reported. |
| Democratic Republic of the Congo | Measles | Ungraded | 10-Jan-17 | 1-Jan-18 | 22-Jul-18 | 18 269 | 276 | 196 | 1.1% | From 2018 week 1 to week 29 (ending 22 July 2018), 18 269 cases with 196 deaths (CFR 1.1%) have been reported. During week 29 four provinces notified 80.5% of all suspected cases and 70% of deaths, namely, Tshopo, Maniema, South-Kivu and high Katanga. |

| Country | Event | Grade† | WHO notified | Start of reporting period | End of reporting period | Total cases | Confirmed cases | Deaths | CFR | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Democratic Republic of Congo | Monkeypox | Ungraded | n/a | 1-Jan-18 | 22-Jul-18 | 3 199 | - | 37 | 1.2% | From week 1 to week 29, 2018, there have been 3 199 suspected cases of monkey pox including 37 deaths (CFR 1.2%). Suspected cases have been detected in 14 provinces. Sankuru Province has had an exceptionally high number of suspected cases this year. |
| Democratic Republic of the Congo | Poliomyelitis (cVDPV2) | G2 | 15-Feb-18 | n/a | 27-Jul-18 | 31 | 31 | 0 | 0.0% | The latest case of cVDPV2 was reported from Yamaluka Health Area, Mongala Province with onset of paralysis on 24 June 2018. As of 27 July 2018, a total of 31 cases with onset in 2017 (22 cases) and 2018 (9 cases) have been confirmed. Six provinces have been affected, namely Haut-Lomami (9 cases), Maniema (2 cases), Tanganyika (14 cases), Haut Katanga (2 case), Mongala (3 case), and Ituri (1 case). The outbreak has been ongoing since February 2017. |
| Democratic Republic of Congo | Rabies | Ungraded | 19-Feb-18 | 1-Jan-18 | 22-Jul-18 | 130 | 0 | 19 | 14.6% | This outbreak began towards the end of October 2017 in Kibua health district, North Kivu province. A total of 130 cases with 19 deaths (CFR 14.6%) have been reported from week 1 to 29, 2018. |

| Country | Event | Grade† | WHO notified | Start of reporting period | End of reporting period | Total cases | Confirmed cases | Deaths | CFR | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Ethiopia | Humanitarian crisis | Protracted 1 | 15-Nov-15 | n/a | 1-Jul-18 | - | - | - | - | The continued inter-tribal conflict in Oromia and SNNP Regions has resulted in the displacement of nearly one million people. At present, a total of 2 million IDPs (in about 950 sites) are in Ethiopia, mainly in Somali, Oromia and SNNP regions due to conflict and drought, that represent a significant increase as compared with 2017 same period, when around 720 000 IDPs were reported due mainly to drought. The health system is overwhelmed with both man-made (conflicts) and natural disasters. |
| Ethiopia | Acute watery diarrhoea (AWD) | Protracted 1 | 15-Nov-15 | 1-Jan-18 | 1-Jul-18 | 1 042 | - | 18 | 1.7% | This has been an ongoing outbreak since the beginning of 2017. In most parts of the country, the situation has stabilized, however, Afar region is experiencing an increase in cases which began since week 18. In week 26, 49 cases were reported, all of which are from Afar region. From week 1 to 26 2018, a total of 1 042 cases with 18 deaths (CFR 1.7%) has been reported from the following regions: Somali (151 cases), Afar (811 cases with 18 deaths), Tigray (63 cases), and Dire Dawa City Administration (17 cases). Between January and December 2017, a cumulative total of 48 814 cases and 880 deaths (CFR 1.8%) were reported from nine regions. |
| Ethiopia | Measles | Protracted 1 | 14-Jan-17 | 1-Jan-18 | 1-Jul-18 | 2 625 | 102 | - | - | This has been an ongoing outbreak since the beginning of 2017. In 2018, a total of 2 625 suspected measles cases have been reported across the country including 56 new suspected cases reported in week 23. From the total suspected cases reported, 699 are confirmed cases (102 laboratory confirmed, 553 epi-linked and 44 clinically compatible). A total of 18 laboratory confirmed measles outbreaks have been reported up to week 26 and currently the outbreaks reported are from the regions of Amhara (4), SNNPR (1), Somali (12), and Tigray (1). Between January and December 2017, a cumulative total of 4 011 suspected measles cases have been reported across the country. |

| Country | Event | Grade† | WHO notified | Start of reporting period | End of reporting period | Total cases | Confirmed cases | Deaths | CFR | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Ethiopia | Dengue fever | Ungraded | 18-Jun-18 | 19-Jan-18 | 1-Jul-18 | 125 | 52 | - | - | An outbreak of Dengue fever which started on 8 June 2018 involving 52 cases in the flood affected Gode Zone of Somali Region has been confirmed by laboratory testing. Eighteen cases were reported in week 26 in Somali Region, this brings the total to 125 cases since 19 January. |
| Guinea | Measles | Ungraded | 9-May-18 | 1-Jan-18 | 16-Jun-18 | 1 566 | 399 | 11 | 0.7% | A new measles outbreak was detected in epidemiological week 8, 2018. Measles has been reported in all parts of the country since the beginning of the year. The most affected zones include Kankan, Conakry and Faraneh. Out of 760 samples tested, 399 samples tested IGM positive (53%). Out of the positive cases, 61% were not vaccinated for measles despite vaccination campaign efforts in 2017 following a large epidemic. |
| Kenya | Chikungunya | Ungraded | mid-December 2017 | mid-December 2017 | 24-Jun-18 | 1 465 | 50 | 0 | 0.0% | The outbreak is still ongoing in Mombasa since December 2017. A total of 1 465 chikungunya cases with 50 being laboratory confirmed. The outbreak has affected 6 Sub Counties; Mvita (297 cases), Changamwe (499 cases), Jomvu (176 cases), Likoni (250 cases), Kisauni (153 cases) and Nyali (61cases). |
| Kenya | Cholera | G1 | 6-Mar-17 | 1-Jan-18 | 23-Jul-18 | 5 720 | 319 | 78 | 1.4% | The outbreak in Kenya is ongoing since December 2014. As of 23 July 2018, a total of 5 720 cases with 78 deaths have been reported since the 1 January 2018. Since week 23, the number of cases reported has decreased. During this outbreak 19 out of 47 counties in Kenya were affected. Currently, the outbreak is active in three counties: Garissa, Turkana and Mombasa counties. |
| Kenya | Measles | Ungraded | 19-Feb-18 | 19-Feb-18 | 23-Jul-18 | 187 | 16 | 1 | 0.5% | As of 23 July 2018, Mandera County has reported a second wave of measles outbreak from Takaba sub county. A total of 46 cases with 5 confirmed have been reported. Previously the outbreak was located in two counties, namely Wajir and Mandera Counties. As of 7 May 2018, Wajir County has reported 39 cases with 7 confirmed cases; Mandera has reported 102 cases with 4 confirmed cases and one death. |

| Country | Event | Grade† | WHO notified | Start of reporting period | End of reporting period | Total cases | Confirmed cases | Deaths | CFR | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Kenya | Rift Valley fever (RVF) | G1 | 6-Jun-18 | 11-May-18 | 23-Jul-18 | 94 | 20 | 10 | 10.6% | Following the initial confirmation of RVF by PCR on 7 June 2018, a total of 94 cases have been reported including 10 deaths (CFR 11%) from 3 counties in Kenya. Twenty samples submitted to the KEMRI tested positive by PCR for RVF. Wajir has reported 82 cases and 6 deaths, Marsabit reported 11 cases and 3 deaths and Siaya country reported 1 case and 1 death. The Eldas sub-county in Wajir has reported the highest number of cases (79) since the 11 May 2018. The last case was reported on 25 June 2018. |
| Liberia | Floods | Ungraded | 14-Jul-18 | 14-Jul-18 | 25-Jul-18 | - | - | - | - | Liberia is experiencing very heavy rainfall that has resulted in flooding in six districts across 3 counties (Margibi, Montserrado and Grand Bassa) affecting an estimated 50 000 people (44% women and 18% children) with one death in a 4 year child).The flood which started on 11 July 2018, has led to destruction of food crops, homes and other infrastructure. The water supply system was interrupted forcing the people to look for alternatives and unsafe water sources, thus increasing the risk for waterborne diseases. |
| Liberia | Lassa fever | Ungraded | 14-Nov-17 | 1-Jan-18 | 27-Jun-18 | 27 | 20 | 13 | 48.1% | Sporadic cases of Lassa fever have been reported since the beginning of the year. From 1 January to 27 June 2018, 130 suspected cases have been reported. As of 27 June 2018, only Nimba County remains in active outbreak phase with two new confirmed cases reported on 27 June 2018, while Bong, Margibi and Grand Bassa Counties have exited the outbreak phase. Test results by RT-PCR for 123 suspected cases showed 20 positive and 103 negative. Seven specimens were not tested due to poor quality. Thirteen deaths have been reported among 20 confirmed cases (CFR 65%). Cumulatively, 27 confirmed and suspected cases (negative cases removed) have been reported with 13 deaths (CFR 61.79). |

| Country | Event | Grade† | WHO notified | Start of reporting period | End of reporting period | Total cases | Confirmed cases | Deaths | CFR | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Liberia | Measles | Ungraded | 24-Sep-17 | 1-Jan-18 | 15-Jul-18 | 3 461 | 179 | 15 | 0.4% | There has been a sharp decline in the number of suspected cases since the peak in week 14 when approximately 230 suspected cases were reported. During week 28 (week ending 15 July 2018), 46 new suspected cases were reported from 12 out of 15 counties. From week 1 to week 28 of 2018, 3 461 suspected cases have been reported including 15 deaths (CFR 0.4%). Cases are epidemiologically classified as follows: 179 (5%) laboratory confirmed, 2,118 (61%) epi-linked, 432 (12%) clinically compatible, 152 (4%) discarded, and 581 (17%) pending. |
| Mali | Humanitarian crisis | Protracted 1 | n/a | n/a | 20-Jul-18 | - | - | - | - | The complex humanitarian crisis exacerbated by the political-security crisis and intercommunity conflicts continues in Mali. More than four million people (nearly a quarter of the population) are affected by the humanitarian crisis, including 61 404 who are internally displaced and nearly 140 000 who are refugees in neighbouring countries such as Niger, Mauritania and Burkina Faso (data from CMP report, 7 June 2018). The health system is still weak, while the health need is increasing. The departure of health system personnel and incidents targeting health infrastructure, personnel and health equipment are worsening the existing health system. |
| Mali | Measles | Ungraded | 20-Feb-18 | 1-Jan-18 | 15-Jul-18 | 1 166 | 285 | 0 | 0.0% | From Week 1 to Week 28 of 2018, a total of 1 166 suspected cases have been reported. In week 28, 17 blood samples have been tested, and four of them were positive.The overall trend is decreasing in number of confirmed cases. The cumulative blood samples from 865 suspected cases have been tested of which 285 were confirmed (IgM-positive) at the National Reference Laboratory (INRSP). Five hundred and eighty tested negative. The affected health districts are Maciana, Bougouni, Kati, Koutiala, Kokolani, Kolondieba, Ouélessebougou, Sikasso, Douentza, Macina,Tombouctou, Dioila, Taoudenit and Kalabancoro. |

| Country | Event | Grade† | WHO notified | Start of reporting period | End of reporting period | Total cases | Confirmed cases | Deaths | CFR | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Mauritius | Measles | Ungraded | 23-May-18 | 19-Mar-18 | 1-Aug-18 | 631 | 631 | 3 | 0.5% | As of 1 August 2018, 631 confirmed cases of measles have been reported including three deaths (CFR 0.5%). All cases have been confirmed by the virology laboratory of Candos (IgM antibodies). The reported measles cases have increased since week 18 up to a peak in week 24, following that there has been a decline in the number of cases. The most affected districts are Point Louis (218 cases) and Plaines Wilhems (133 cases) which accounts for 57% of all confirmed cases. |
| Namibia | Hepatitis E | Ungraded | 18-Dec-17 | 8-Sep-17 | 29-Jul-18 | 2 435 | 250 | 20 | 0.8% | Detailed update given above. |
| Niger | Humanitarian crisis | G2 | 1-Feb-15 | 1-Feb-15 | 11-Jun-18 | - | - | - | - | According to OCHA Weekly Humanitarian report for 5 – 11 June 2018, humanitarian missions to the south-eastern Diffa region have been suspended following a suicide attack in the regional capital Diffa on 4 June. At least 6 civilians were killed and 36 injured in three separate suicide blasts. A security assessment is to be conducted before the resumption of humanitarian missions. The region had seen a decline in attacks since the beginning of a military operation by the Multinational Joint Task Force in April. |
| Niger | Cholera | Ungraded | 13-Jul-18 | 13-Jul-18 | 30-Jul-18 | 739 | 3 | 11 | 1.7% | Detailed update given above. |
| Nigeria | Humanitarian crisis | Protracted 3 | 10-Oct-16 | n/a | 6-Jul-18 | - | - | - | - | The security situation in north-east Nigeria remains volatile, with continuing reports of attacks on civilian and military populations by insurgents, mainly through the use of person-borne improvised explosive devices (PBIED). On 30 June 2018, Boko Haram attacked an internally displaced persons (IDP) camp in Bama Local Government Area (LGA), killing four IDPs, resulting in the temporary suspension of humanitarian activities. |

| Country | Event | Grade† | WHO notified | Start of reporting period | End of reporting period | Total cases | Confirmed cases | Deaths | CFR | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Nigeria | Cholera | G1 | 7-Jun-17 | 1-Jan-18 | 18-Jul-18 | 16 892 | 268 | 201 | 1.2% | Since the peak in week 21 when close to 1 400 cases were reported, there has been a steady decline in the overall number of cases reported. In week 28, 367 suspected cases and 4 deaths were reported from 6 states Adamawa (42 cases), Bauchi (56 cases), Katsina (68 cases and 2 deaths), Niger (14 cases), Plateau (11 cases) and Zamfara (176 cases and 2 deaths). As at 18 July 2018, a total of 16 892 suspected cases including 201 deaths (CFR 1.2%) have been reported from 17 States since the beginning of 2018. No new cases were reported in the last 4 weeks in Anambra, Nasarawa, Borno and Yobe States. |
| Nigeria | Lassa fever | Ungraded | 24-Mar-15 | 1-Jan-18 | 8-Jul-18 | 456 | 446 | 125 | 27.4% | The outbreak is continuing with less than ten cases reported each week. In week 27, seven new confirmed cases and 3 deaths were reported. From 1 January to 8 July 2018, a total of 2 115 suspected cases have been reported from 21 states. Seventeen states have exited the active phase of the outbreak while 4, Edo, Ondo, Taraba and Plateau states still remain active. Of the suspected cases, 446 were confirmed positive, 10 are probable, 1 652 negative (not a case). Thirty-nine health care workers have been affected since the onset of the outbreak in seven states with ten deaths. From week 49 of 2016 to week 51 of 2017, a total of 1 022 cases including 127 deaths were reported. |
| Nigeria | Measles | Ungraded | 25-Sep-17 | 1-Jan-18 | 8-Jul-18 | 11 256 | 13 | 93 | 0.8% | In week 27 (week ending 8 July 2018), 226 suspected cases of measles were reported from 27 States. Since the beginning of the year, a total of 11 987 suspected measles cases with 13 laboratory confirmed cases and 94 deaths (CFR 0.8%) were reported from 36 States compared with 14 319 suspected cases with 96 laboratory confirmed cases and 81 deaths (CFR 0.6%) from 37 States during the same period in 2017. |

| Country | Event | Grade† | WHO notified | Start of reporting period | End of reporting period | Total cases | Confirmed cases | Deaths | CFR | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Nigeria | Monkeypox | Ungraded | 26-Sep-17 | 24-Sep-17 | 30-Apr-18 | 244 | 101 | 6 | 2.5% | Suspected cases are geographically spread across 25 states and the Federal Capital Territory (FCT). One hundred one (101) laboratory-confirmed and 3 probable cases have been reported from 15 states/territories (Akwa Ibom, Abia, Anambra, Bayelsa, Cross River, Delta, Edo, Ekiti, Enugu, Lagos, Imo, Nasarawa, Oyo, Rivers, and FCT). |
| Nigeria | Poliomyelitis (cVDPV2) | Ungraded | 1-Jun-18 | 1-Jan-18 | 27-May-18 | 1 | 1 | 0 | 0.0% | One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been confirmed in Nigeria this week, occurring in Kaugama district, Jigawa state, with onset on 15 April 2018. |
| Nigeria | Yellow fever | Ungraded | 14-Sep-17 | 7-Sep-17 | 15-Jul-18 | 2 400 | 47 | 47 | 2.0% | From the onset of this outbreak on 12 September 2017, a total of 2 400 suspected yellow fever cases including 47 deaths have been reported as at week 28 (week ending on 15 July 2018), from all Nigerian states in 504 LGAs. One new in-country presumptive positive case was report from Maitama District Hospital in Abuja in the reporting week and the last case confirmed by IP Dakar was on 6 June 2018. A total of 47 samples that were laboratory confirmed at IP Dakar. |
| São Tomé and Principé | Necrotising cellulitis/ fasciitis | Protracted 2 | 10-Jan-17 | 25-Sep-16 | 22-Jul-18 | 2 794 | 0 | 0 | 0.0% | From week 40 in 2016 to week 29 in 2018, a total of 2 794 cases have been notified. In week 29, 30 cases were notified, 13 more than the previous week. Six out of seven districts reported cases during week 29, namely, Mé-zochi (15), Cantagalo (5), Lemba (5), Agua grande (3), Caue (1), and Principe (1). The attack rate of necrotising cellulitis in Sao Tome and Príncipe is 14.1 cases per 1 000 inhabitants. |

| Country | Event | Grade† | WHO notified | Start of reporting period | End of reporting period | Total cases | Confirmed cases | Deaths | CFR | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Seychelles | Dengue fever | Ungraded | 20-Jul-17 | 18-Dec-15 | 8-Jul-18 | 5 443 | 1 429 | - | - | As of week 27, a total of 5 443 suspected cases have been reported from two of the three main islands, Mahé and Praslin. No case has been reported from La Digue during week 27. A fluctuating trend has been observed for the past 4 weeks. For week 27, forty-one suspected cases were reported. Thirty-nine samples were tested for dengue of which 33 were negative and 6 were probable. The last case was confirmed in week 26 (ending 1 July 2018). No recent serotyping results and so far for this epidemic DENV1, DENV2 and DENV3 have been detected. |
| Sierra Leone | Lassa fever | Ungraded | 8-Jun-18 | 1-Jan-18 | 1-Jul-18 | 20 | 20 | 12 | 60.0% | A total of 20 confirmed Lassa fever cases with 12 deaths have been reported since the beginning of the year, amounting to a case fatality rate (CFR) of 60 %. The cases have been reported from two districts, Bo (two cases with two deaths) and Kenema (18 cases with 10 deaths). The last confirmed case was reported during week 23 from Kenema district involving a 32 year old female who died while in admission at Kenema Government Hospital. |
| Sierra Leone | Measles | Ungraded | 14-Jun-18 | 4-Jun-18 | 14-Jun-18 | 19 | 19 | - | 0.0% | Koinadugu district on the border with Guinea has reported a total of 19 confirmed cases in two chiefdoms, Sulima (14 cases) and Mongo (5 cases) from 11 - 14 June 2018. These cases are reportedly from unvaccinated children in neighboring Guinea who have travelled with their parents to access services in nearby health facilities close to the border. |
| South Africa | Listeriosis | Ungraded | 6-Dec-17 | 1-Jan-17 | 26-Jul-18 | 1 060 | 1 060 | 216 | 20.4% | This outbreak is ongoing since the beginning of 2017. As of 26 July 2018, 1 060 cases have been reported in total. Around 79% of cases are reported from three provinces; Gauteng (58%, 614/1 060), Western Cape (13%, 136/1 060 and KwaZulu-Natal (8%, 83/1 060). The number of reported cases per week has decreased since the implicated products were recalled on 4 March 2018 with a total of 87 cases reported since 5 March 2018. |

| Country | Event | Grade† | WHO notified | Start of reporting period | End of reporting period | Total cases | Confirmed cases | Deaths | CFR | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| South Sudan | Humanitarian crisis | Protracted 3 | 15-Aug-16 | n/a | 8-Jul-18 | - | - | - | - | Detailed update given above. |
| South Sudan | Guinea Worm | Ungraded | 23-Jul-18 | 27-May-18 | 23-Jul-18 | 3 | 3 | 0 | 0.0% | Detailed update given above. |
| South Sudan | Hepatitis E | Ungraded | - | 3-Jan-18 | 22-Jul-18 | 129 | 16 | - | - | No new cases of hepatitis E have been reported since week 27, one new RDT-positive case was reported in week 29. As of 22 July 2018, 129 suspect cases have been reported in 2018. Of the total suspect cases, 16 cases have been confirmed by PCR (15 in Bentiu PoC and 1 in Old Fangak). At least 45% of the cases are 1-9 years of age; and 66% being male. |
| South Sudan | Measles | Ungraded | 10-Jun-18 | 13-May-18 | 15-Jul-18 | 40 | 3 | 0 | 0.0% | Measles outbreak confirmed in Rumbek Center after 3 IgM positive cases were reported. As of 15 July 2018, a cumulative of 40 measles cases with no deaths have been line listed since week 19. Most cases are from Akuach village (2 km from Rumbek hospital) in Biir Payam. This is where the index cluster originated. Nearly 70% of the cases are under 5 years. Routine measles coverage for first quarter of 2018 for the county was 19%. |
| Tanzania | Cholera | Protracted 1 | 20-Aug-15 | 1-Jan-18 | 29-Jul-18 | 3 362 | 50 | 66 | 2.0% | During week 30, 75 new cases and two death were reported from Ngorongoro DC (45 cases) in Arusha region; Sumbawanga DC (12 cases and 1 death) in Rukwa region and Momba DC (18 cases and two deaths) in Songwe Region. As of week 30, a total of 3 362 cases with 66 deaths (CFR: 2%) were reported from Tanzania Mainland. Cholera cases in 2018 increased and nearly doubled during the period of January – July 2018 (3 362 cases), when compared to the same period in 2017 (1 573 cases). |
| Tanzania | Dengue fever | Ungraded | 19-Mar-18 | 1-Dec-17 | 22-Jun-18 | 226 | 37 | - | - | Dengue fever has been reported from Dar es Salaam since January 2018. As of 22 June 2018, a total of 226 cases with no death have been reported. The Tanzania National Health Laboratory and Quality Assurance and Training Centre (NHLQATC) has so far received a total of 92 samples of suspected dengue cases, of which 37 samples have tested positive for dengue fever and the circulating serotype is dengue type III. |

| Country | Event | Grade† | WHO notified | Start of reporting period | End of reporting period | Total cases | Confirmed cases | Deaths | CFR | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Uganda | Humanitarian crisis - refugee | Ungraded | 20-Jul-17 | n/a | 21-Jun-18 | - | - | - | - | Uganda continued to receive new refugees precipitated by increased tensions mainly in the neighboring DRC and South Sudan. Despite responding to one of the largest refugee emergencies in Africa, humanitarian funding has remained low especially to the health sector. Current refugee caseload stands at almost 1.5 million refugees and asylum seekers from South Sudan, DRC, Burundi, Somalia and others countries. Daily arrival stands at approximately 250 – 500 per day. A total of 376 081 refugees and asylum seekers were received in 2017. |
| Uganda | Anthrax | Ungraded | - | 12-Apr-18 | 19-Jun-18 | 80 | 4 | - | - | Three districts in Uganda are affected by anthrax. As of 19 June 2018, a cumulative total of 80 suspected cases with zero deaths have been reported – Arua (10), Kween (48) and Kiruhura (22). One case has been confirmed in Arua district by PCR. The event was initially detected on 9 February 2018 in Arua district when a cluster of 3 case-patients presented to a local health facility with skin lesions, mainly localized to the forearms. Three blood samples collected from the case-patients on 9 February 2018 were shipped to UVRI. One tested positive for *Bacillus anthracis* by PCR based on laboratory results released by the UVRI on 5 April 2018. |
| Uganda | Cholera | Ungraded | 7-May-18 | 29-Apr-18 | 24-Jul-18 | 263 | 45 | 9 | 3.4% | As of 24 July 2018, a total of 263 cases including 9 deaths was reported from four different districts in Uganda. These districts include Kampala (92 cases and 1 death), Kween (83 cases and 4 deaths), Mbale (46 cases and 3 deaths) and Bulambuli (42 cases and 1 death). All outbreaks have been confirmed by culture, a total of 45 samples from all the affected districts have tested positive for *Vibrio cholerae*. Other cholera outbreaks in the country that have been recorded this year include: Amudat, Kyegegwa, Kagadi, Mbale, Tororo and Hoima. Kampala has not reported cases for more than 2 weeks. |

| Country | Event | Grade† | WHO notified | Start of reporting period | End of reporting period | Total cases | Confirmed cases | Deaths | CFR | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| Uganda | Crime-an-Congo haemor-rhagic fever (CCHF) | Ungraded | 24-May-18 | - | 17-Jul-18 | 7 | 3 | 2 | 28.6% | On 23 May 2018, a 35 years old male suspected of having a viral haemorrhagic fever died at Mubende RR Hospital in Uganda. A sample was collected and sent to UVRI. On 24 May 2018, results con-firming CCHF by PCR. As of 18 June 2018, there was a total of 5 cases (1 confirmed and 4 suspected) and 2 deaths (CFR 40%). As of 17 July 2018, 2 new CCHF cases were con-firmed from Mbarara RRH. The cases are a couple from Nakivale Refugee settlement from Isingiro district. |
| Uganda | Measles | Ungraded | 8-Aug-17 | 1-Jan-17 | 24-Jul-18 | 2 097 | 568 | - | - | As of 24 July 2018, a total of 2 097 cases have been reported of which 568 cases have been confirmed either by epidemiological link or laboratory since the begin-ning of the year. 199 cases were laboratory confirmed by IgM. Fourty-two districts in the country have confirmed a measles outbreak. Kampala and Wakiso were the index districts to report an outbreak, these are both metropolitan and business districts. The number of reported suspected and confirmed cases has decreased gradually since May 2018. |
| Uganda | Rift Valley fever (RVF) | Ungraded | 29-Jun-18 | 20-Jun-18 | 17-Jul-18 | 8 | 6 | 3 | 37.5% | An RVF outbreak was con-firmation on 28 June 2018. As of 17 July 2018, 8 cases, (6 confirmed and 2 suspected) including 3 deaths (CFR 37.5%) were reported from west and central Uganda. Six confirmed cases were report-ed from 5 different districts (1 Kasese, 2 Isingiro, 1- Ibanda, 1- Mbarara and 1- Semba-bule district). One suspected case-identified on arrival at Mbarara RRH ran away from Isolation ward before any further assessment was done, the second is waiting for results (in Isolation ward). All cases were confirmed by PCR at UVRI. |

†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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