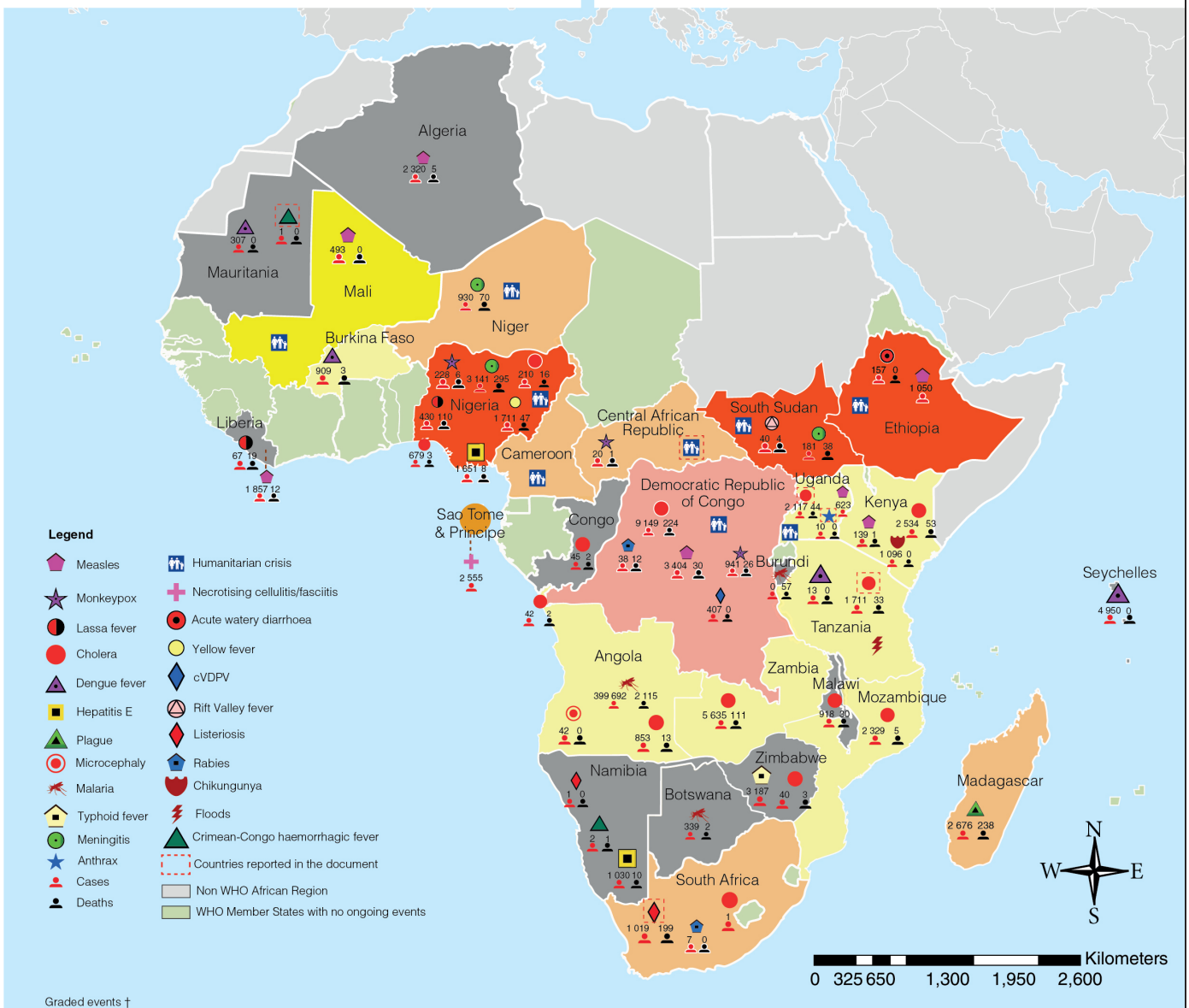
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 17: 21 - 27 April 2018
Data as reported by 17:00; 27 April 2018

World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

4	60	54	10
New events	Ongoing events	Outbreaks	Humanitarian crises



Graded events †

1 Grade 3 event	**6** Grade 2 events	**7** Grade 1 events	**42** Ungraded events
3 Protracted 3 events	**1** Protracted 2 event	**1** Protracted 1 event	

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 64 events in the region. This week's edition covers key new and ongoing events, including:

  - Cutaneous anthrax in Uganda
  - Crimean-Congo haemorrhagic fever in Mauritania
  - Listeriosis in South Africa
  - Cholera in Tanzania
  - Cholera in Uganda
  - Humanitarian crisis in 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 issues and challenges include:**

  - Two new zoonotic events have been reported this week, namely: cutaneous anthrax in Uganda and Crimean-Congo haemorrhagic fever in Mauritania. In both events, the disease was propagated by handling either sick animals or carcasses. Again, in both events, the detection and/or confirmation were delayed. These facts emphasize the need to take implementation of the One Health strategy to the community level in order to make meaningful progress.

  - The persistence and recent upsurge of cholera in Tanzania Mainland is concerning. The country has been experiencing a cholera outbreak since 2015, in the setting of normal society. This outbreak needs concerted efforts and commitments from the national authorities and partners in order to bring it to an end.

News events

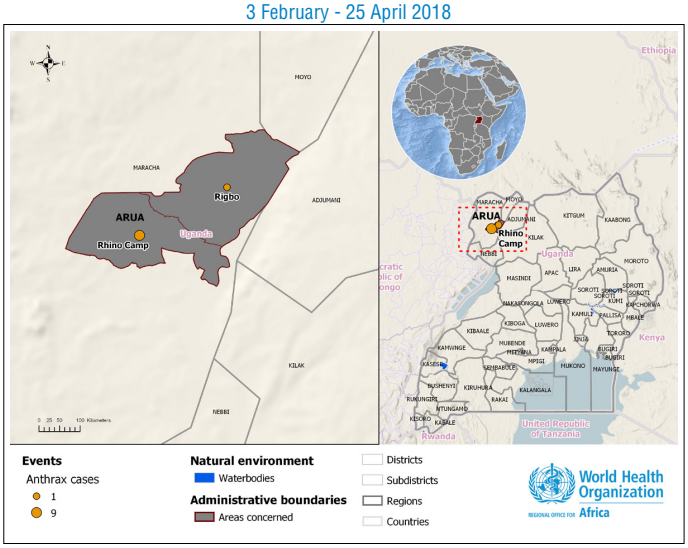
Cutaneous anthrax | **Uganda** | 10 **Cases** | 0 **Deaths** | 0% **CFR**

EVENT DESCRIPTION

On 5 April 2018, the Uganda Ministry of Health reported an outbreak of cutaneous anthrax in Arua District, in the north-western part of the country. The event was initially detected on 9 February 2018 when a cluster of three case-patients presented to the local health facility with skin lesions, mainly localized to the forearms. The lesions started as small blisters, progressed to vesicles and eventually ulcerated. The three case-patients had participated in skinning and/or handling a carcass of a cow that died on 1 February 2018. The index case, a 9-year-old boy from Mango Saba village, Rhino Camp sub-county in Arua district, developed symptoms on 3 February 2018. The other two case-patients, a 32-year-old man and a 63-year-old man, both developed symptoms on 6 February 2018. Three blood samples collected from the initial case-patients on 9 February 2018 were shipped to the Uganda Virus Research Institute (UVRI). Laboratory results released by the UVRI on 5 April 2018 indicated that one of the three samples tested positive for *Bacillus anthracis* by polymerase chain reaction (PCR), thus confirming the outbreak.

In a related event, a separate cluster of four case-patients from the same sub-county developed skin lesions between 5 February 2018 and 15 March 2018, after skinning and/or handling carcasses of two cows. Blood samples have been collected from the case-patients in this cluster and the test results are pending.

Geographical distribution of cutaneous anthrax cases in Uganda, 3 February - 25 April 2018



Between 3 February 2018 and 25 April 2017, a total of 10 suspected cases of cutaneous anthrax (with no deaths) have been reported. Of these, one case has been confirmed, seven classified as probable (epidemiologically linked) and two remain suspected. A total of six villages in two sub-counties: Rhino Camp (9 cases) and Rigbo (1 case) in Arua District have been affected. All the reported cases are males, with ages ranging from 9 to 63 years, with a mean age of 32 years.

Animal health investigations established that eight heads of cattle and two goats died of unknown causes in the sub-county. The dead animals either had a history of sudden death or short illness followed by death. Several local communities consumed the meat of the carcasses. Animal blood, skin snips, hide from the carcasses, and soil (collected from where the sick animals were slaughtered or carcasses skinned) samples have been collected for analysis.

PUBLIC HEALTH ACTIONS

- A national rapid response team from the Ministry of Health and the African Field Epidemiology Network (AFENET) were deployed to Arua District from 11-18 April 2018 to conduct outbreak investigation and support local response. The team was joined by officials from district health and veterinary departments during the field investigations.
- Coordination meetings have been conducted both at the district and community levels.
- Active surveillance has been instituted in the affected districts, including case investigations and active case search in the affected communities, with a special focus on tracing contacts linked to the confirmed case. Healthcare workers have been oriented on the basic epidemiology and prevention of the disease, aimed to improve case detection and appropriate pre-referral care, including infection prevention and control. The village health teams have been sensitized to enhance community surveillance.
- Additional biological specimens from humans (blood and eschar swab), animal specimens (skin tissue from the carcasses) and environmental samples (soil) have been collected and shipped to the national reference laboratories for further investigations.
- Community sensitization and public health education have been conducted; however, these need to be enhanced.

SITUATION INTERPRETATION

A new outbreak of anthrax has occurred in Arua District, located in the north-western part of Uganda. The affected community (Rhino Camp sub-county) is hosting over 120 000 refugees from South Sudan, many of whom migrated with their livestock. Anecdotal reports indicate that the affected district has had anthrax outbreaks each year since 2016. However, the burden of the disease in both animals and humans is not well understood.

This outbreak has been propagated by a well-known traditional practice of eating meat of animals that have died, often of disease. All the cases in this outbreak either participated in skinning and/or handling meat from carcasses. Intensive community sensitization and health promotion/preventive interventions need to target this practice at community level if the One Health strategy is to make any headway. There is also a need to strengthen animal health surveillance and conduct epidemiological studies to establish the disease burden among animals.

The strategy to prevent human cases of anthrax includes mass vaccination of animals in affected areas. However, prevention and control of anthrax, particularly in livestock, has been hindered by the current policy that puts the costs of vaccinating animals against anthrax (and other diseases) on the farmers. There is a need for a comprehensive control strategy and plan embracing both the public health and animal sectors to control the disease, with emphasis on community engagement and animal health interventions.

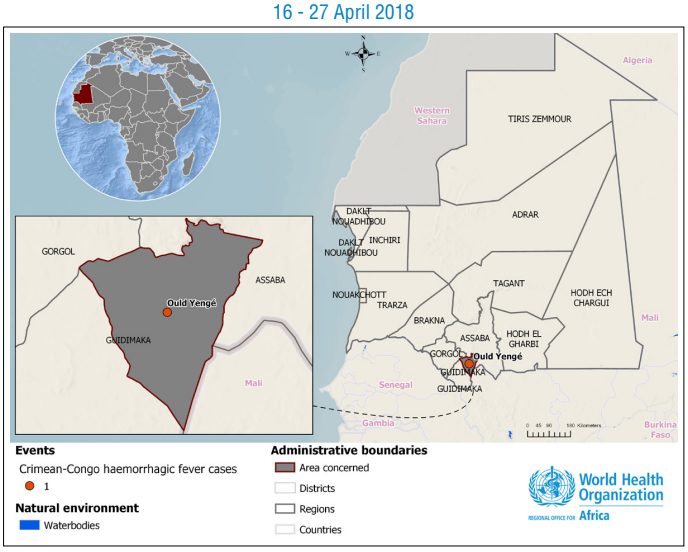
EVENT DESCRIPTION

On 27 April 2018, the Mauritania Ministry of Health notified WHO of a confirmed case of Crimean-Congo haemorrhagic fever in Ould Yengé commune, Guidimaka region located in the southern-most part of the country. The case-patient is a 58-year-old male herder from Elghabra locality who became ill on 16 April 2018 (reportedly) after tending to a sick cow days earlier. He presented to a private clinic the same day (16 April 2018) with high fever, arthralgia and headache. He was admitted, managed for an unspecified medical condition and discharged on 18 April 2018. Twenty-four hours later (on 19 April 2018), he developed bleeding from the gums and nose, and was admitted to the regional hospital where he was transfused and subsequently discharged on 20 April 2018, following an apparent clinical improvement.

On 21 April 2018, the case-patient's health deteriorated and he was taken to Guerou health centre, from where he was immediately referred. The case-patient was admitted to Cheikh Zayed hospital in Nouakchott on 22 April 2018 from where a blood specimen was obtained and shipped to the national public health laboratory. The test result released on 24 April 2018 was IgM positive for Crimean-Congo haemorrhagic fever.

Thirty-two close contacts, including 10 health workers and four family members, have been listed and are being followed up. Efforts to identify other close contacts are ongoing. The case-patient used public transport and a taxi at various stages of his movement during the course of illness. Preliminary investigations also established that all the four healthcare facilities that managed the case-patient did not apply appropriate infection prevention and control measures, potentially indicating a higher number of contacts.

Geographical distribution of crimean-Congo haemorrhagic fever case in Mauritania, 16 - 27 April 2018



PUBLIC HEALTH ACTIONS

- On 24 April 2018, an emergency coordination meeting was held to organize the response to the outbreak. The meeting was attended by representatives from the Ministries of Health and Livestock, WHO and partners.
- An assessment of case management and infection prevention and control measures for haemorrhagic fever was carried out in the hospital. Quick sensitization of healthcare workers on standard procedures for the prevention and control of infections was conducted during the exercise.
- Contact identification and follow-up have been initiated in Nouakchott. Meanwhile, the Ministry of Health is working closely with the Regional Health Directorate and the local health authorities to identify contacts at the regional and local levels.
- The Ministry of Health has disseminated a circular to all regional health directorates, alerting them of the occurrence of the outbreak and directing them to strengthen epidemiological surveillance and maintain vigilance.
- WHO has provided technical and financial support to conduct field investigations and contact tracing and follow up in Nouakchott and the affected region.
- WHO carried out sensitization of officials from the Ministry of Health on the One Health approach.

SITUATION INTERPRETATION

Mauritania is an agro-pastoral country (especially Gorgol and Guidimakha regions) and herders habitually maintain very close contact with their livestock. Outbreaks of Crimean-Congo haemorrhagic fever occur almost annually. In 2017, the country experienced five events, with the first outbreak confirmed in April 2017. This case is the first event in 2018.

In spite of the clear clinical features suggestive of a haemorrhagic fever case, the detection of this event took several days, including in the higher level health facilities. Consequently, appropriate infection prevention and control measures were not observed. While the risk of contagion is low given the characteristics of the Crimean-Congo haemorrhagic fever virus, such lapses could have serious implications. Several healthcare workers have potentially been exposed to this case and rigorous contact tracing needs to be carried out. This event should also be taken as a reminder to strengthen disease surveillance as well as routine infection prevention and control practices in healthcare facilities. Dedicated isolation facilities need to be designated at strategic locations, equipped with adequate essential supplies and competent staff.

Ongoing events

Listeriosis | **South Africa** | **1 019 Cases** | **199 Deaths** | **19.5% CFR**

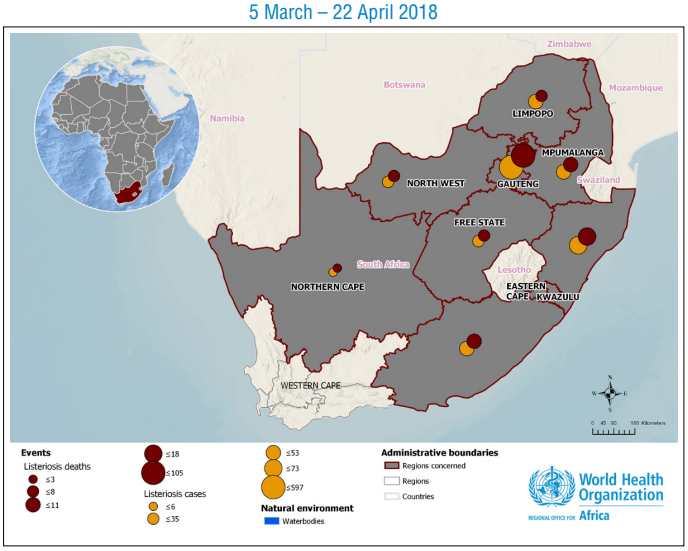
EVENT DESCRIPTION

The trend of the listeriosis outbreak in South Africa continues to decline. Since week 9 (week ending 5 March 2018), the weekly incidence has dropped to fewer than 15 cases compared to over 30 cases per week at the height of the outbreak. In week 16 (week ending 22 April 2018), eight new confirmed cases were reported, one of which occurred in October 2017 and was retrospectively reported. Since the recall of the implicated food products on 4 March 2018, a total of 50 confirmed cases have been reported. Of these, 24 (48%) were among neonates less than 28 days old and three (6%) were among children aged one month to 14 years old.

As of 17 April 2018, a total of 1 019 confirmed cases of listeriosis, including 199 deaths (case fatality rate 19.5%), have been reported since 1 January 2017. Most cases have been reported from Gauteng Province (59%, 579/1 019), followed by Western Cape (13%, 127/1 019) and KwaZulu-Natal (7%, 73/1 019) provinces. Neonates (less than 28 days old) continue to be the most affected age group, followed by adults aged 14-49 years of age.

Of the 1 019 laboratory-confirmed cases, whole genome sequencing of 442 isolates has been completed to date, with 92% (406/442) identified as Sequence Type 6 (ST6), and 8% (36/442) representing other sequence types. Whole genome sequencing on 441 isolates from food and environmental samples to date show 38 isolates (9%) identified as ST6, with 19 sequence types accounting for the remainder.

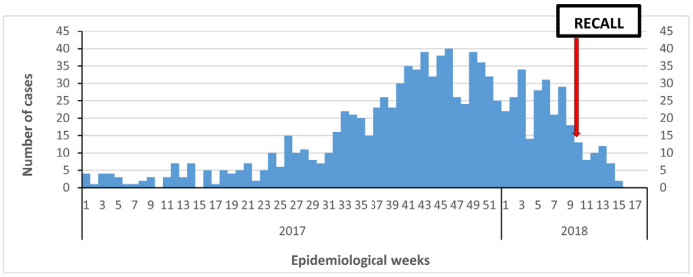
Geographical distribution of listeriosis cases in South Africa, 5 March – 22 April 2018



PUBLIC HEALTH ACTIONS

- A multi-sectoral incident management team (IMT) has been strengthened under the leadership of the National Department of Health, building on the emergency operations centre (EOC) activated in December 2017. A team of environmental health practitioners (EHP) have been seconded from national, provincial and district authorities and from the South African Medical Health Services to work full-time with the IMT.
- An updated Listeriosis Emergency Response Plan (ERP, April 2018) has been developed with support from WHO and approved by the Director General, National Department of Health.
- A two-day combined meeting of provincial and national stakeholders including health promotion and communication staff, communicable disease co-ordinators and environmental health practitioners, along with National Institute for Communicable Diseases (NICD) and WHO technical experts was held on 24-25 April 2018.

Weekly trend of listeriosis cases in South Africa, 1 January 2017 – 17 April 2018



- A WHO Listeriosis Technical Meeting took place from 19-21 April 2018, attended by 57 delegates from 17 countries from the Southern African Development Community region and beyond.
- The National Consumer Commission (NCC) has provided the International Network of Food Safety Authorities (INFOSAN) with the details of the list of recalled products and their export destinations.
- The Department of Environmental Affairs (DEA) is collating certificates of destruction for recalled products and the volume of recalled and destroyed products is being calculated.
- A top up skills training programme for environmental health officers and risk communication specialists has been developed for roll-out to all provinces.
- The 'five keys to safer food' messages have been translated and reviewed, prior to printing and distribution.
- A technical sub-committee has been established to review and propose amendments to South African food safety and outbreak response legislation.

SITUATION INTERPRETATION

The listeriosis outbreak trend continues to decline, with a major reduction in numbers of new cases per week, showing that the product recall has had a significant effect. Despite the recall of implicated products, cases could still be reported because of the long incubation period of listeriosis (up to 70 days), long shelf life of implicated products and possible cross-contamination between retail and the home.

Emergency response activities by major stakeholders are being intensified and food safety legislation is being revised. However, challenges remain around laboratory capacity to assist whole genome sequencing, which is important given the large number of different sequence types so far identified. There is also a need to strengthen capacity for information management and geographical information systems (GIS). Additionally, the updated response plan is so far only partially funded. Authorities need to fill these gaps urgently to ensure that product recall, destruction of products, whole genome sequencing, and risk communication activities remain effective. Food sampling needs to continue, along with attention to the updated food safety legislation, to ensure that all producers are adhering to food safety guidelines and consumers are not at risk.

Go to overview | Go to map of the outbreaks

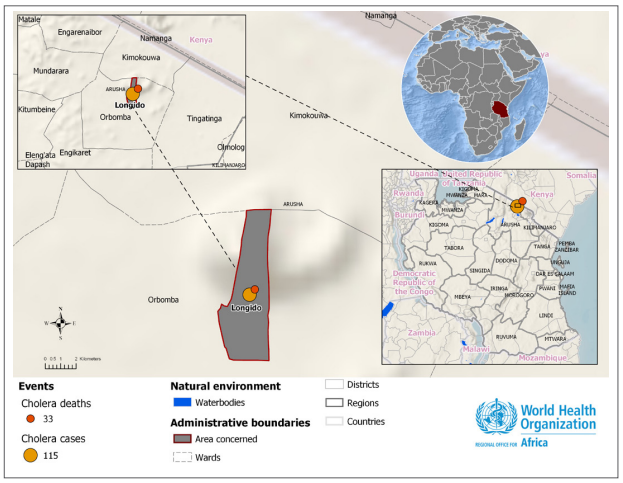
EVENT DESCRIPTION

The initial decline in cholera cases in Tanzania, seen earlier in 2018, appears to be reversing. There has been a 27% increase in the number of cholera cases in the first quarter of 2018, compared to the same period in 2017, with spikes in numbers of cases per week starting in week 15. Over the same period, the case fatality rate has increased from 1.7% to 1.9%. In week 16 (week ending 22 April 2018), 115 new suspected cholera cases and five deaths (case fatality rate 4.3%) have been reported from Longido DC in Arusha Region.

The total number of cholera cases reported in Tanzania from 1 January 2018 to 22 April 2018 is 1 711 with 33 deaths (case fatality rate 1.9%). Of 266 cases reported in the past four weeks, Kigoma Region reported 138 (51.9%), Arusha Region (115 (43.2%) and Dodoma Region reported 13 (4.3%). Cholera hotspots in 2018 have been Dodoma, Rukwa and Ruvuma. Meanwhile Dodoma, Rukwa, Iringa, Morogoro, Manyara, and Kigoma Regions have reported cholera cases for three consecutive years from 2016 to 2018.

Zanzibar island continues to report zero cholera cases, with the last reported case on 11 July 2017.

Geographical distribution of cholera cases in Tanzania, 1 January - 22 April 2018



PUBLIC HEALTH ACTIONS

- Cholera control activities continue to be monitored at sub-national level through the emergency operations centre.
- The Ministry of Health submitted a proposal to WHO African Regional Office for funding from the African Public Health Emergency Fund.
- A WHO expert is supporting finalization of the Cholera Elimination Plan, expected to be launched in May or June 2018.
- Surveillance activities are being strengthened through building the capacity of a pool of cholera surveillance STOP teams who are supporting surveillance activities at the regional and district levels. All acute watery diarrhoea cases are being monitored, with laboratory testing to rapidly detect cholera.
- Water, sanitation and hygiene (WASH) activities are being implemented, including bulk chlorination of water supplied by water vendors and monitoring of the free residual chlorine at the point of collection.
- Risk communication and social mobilization interventions are ongoing at community level, including sensitization and awareness creation through local radio, national television and social media.

SITUATION INTERPRETATION

The persistence and the current upsurge in cholera cases in Tanzania Mainland remains a concern, particularly with the main rainy season underway. The outbreak continues to affect new areas and is spreading from one part of the country to another. New deaths continue to occur while backlogs of cases are being reported after several weeks. These are some indications of suboptimal outbreak control measures. The ongoing cholera outbreak in Tanzania Mainland requires concerted efforts and commitments from both national and international actors to prevent further transmissions. The entire outbreak control interventions require critical review and re-strategizing. This would be followed by provision of adequate resources, including funds, logistics and technical human capacity. Cross-border collaboration with the neighbouring countries, especially Malawi and Mozambique, needs strengthening.

EVENT DESCRIPTION

The cholera outbreak in the refugee settlements in Hoima District, western Uganda has significantly improved, with only sporadic cases being reported in the last two weeks. Since our last report on 13 April 2018 *(Weekly Bulletin 15)*, 26 new suspected cholera cases (with no new deaths) have been reported. On 23 April 2018, only two new cases have been reported from Kasonga (1) and Sebigoro (1).

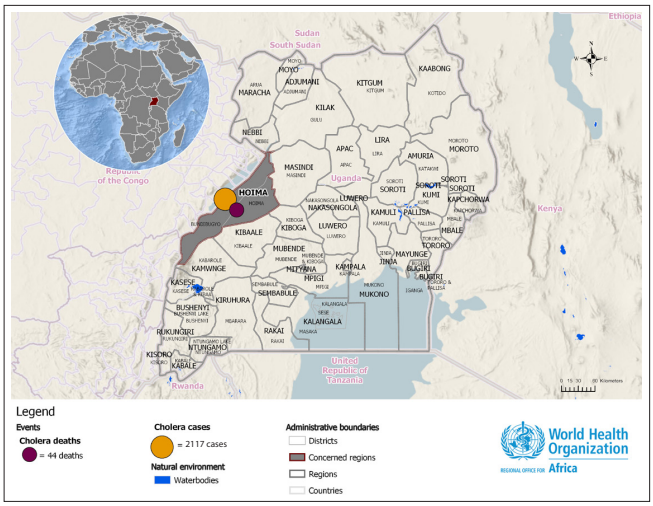
Since the beginning of the outbreak on 11 February 2018, a total of 2 117 cases, with 44 deaths (case fatality rate 2.1%) have been reported, as of 24 April 2018. The epidemic has affected four sub-counties (Kyangwali, Kabwoya, Buseruka, and Bugambe) and Kahoora division in Hoima municipality. Most of the cases are refugees arriving from Ituri Province in the Democratic Republic of the Congo.

Of the 10 stool samples collected from suspected cases, seven grew *Vibrio cholerae*. The Ministry of Health officially declared the outbreak of cholera in Hoima District on 23 February 2018.

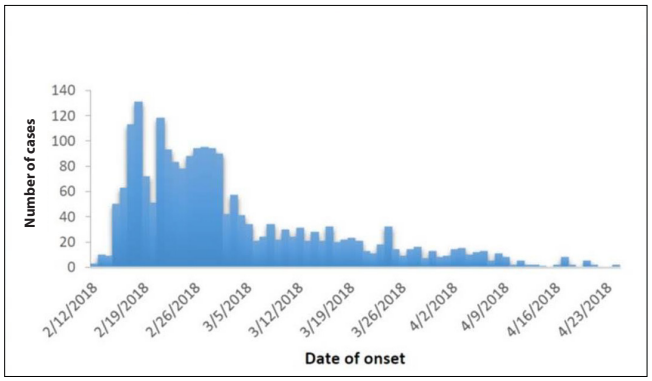
PUBLIC HEALTH ACTIONS

- WHO has approved transfer of US$ 37 585 to the district account to support the outbreak response operations. WHO is also supporting micro planning in the district for the administration of oral cholera vaccine (OVC) to five hotspot sub-counties. A coordination meeting for OVC vaccination was held on 24 April 2018 at district headquarters.
- WHO is supporting surveillance through technical guidance and provision of four vehicles to transport field investigation and active case search teams.
- The district health authorities and Action Africa Health International has taken over cholera case management at Kasonga cholera treatment centre from Médicines sans Frontièrs. Logistics will be handed over next week.
- Chlorine tablet (Aqua tab) distribution is ongoing in all affected villages, as is construction of new household latrines and hand washing facilities.
- Radio messages sponsored by UNICEF are ongoing on local FM radios in different languages and information, education and communication materials are being distributed.
- All cholera treatment centres have adequate supplies.

Geographical distribution of cholera cases in Uganda, 11 February 2018 - 11 April 2018



Epidemic curve of cholera outbreak in Hoima District, Uganda, 11 February – 24 April 2018



SITUATION INTERPRETATION

While the declining trend in this cholera outbreak is encouraging, the lack of funding for response activities (in the field) since the declaration of the outbreak and continuing arrivals from Democratic Republic of the Congo are a concern, as new cases could be imported and transmission accelerate as a result. In addition, islands on Lake Albert are difficult to access, hampering surveillance and response activities. Misinformation around the etiology of cholera continues, with some people believing that the disease is caused by witchcraft. These challenges require urgent intervention, both in the form of continued community engagement and information dissemination, and administration of OVC to interrupt transmission of the causative bacterium, in order to maintain the improving trend.

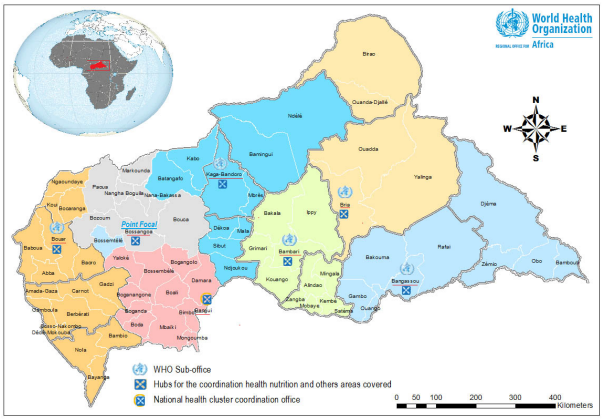
EVENT DESCRIPTION

The humanitarian situation in the Central African Republic remains serious, being amplified by impeded access to the populations in need. Targeted attacks on aid workers and their assets are frequent, manifesting in the form of ambushes on convoys, robberies, extortion, etc. The Bambari-Ippy and Bambari-Alindao axes are currently the worse affected. Recently, two incidents occurred along Kaga-Bandoro-Ouandago axis, where a vehicle, materials and personal belongings of humanitarian workers were looted. Mamadou Mbaïki health centre, supported by a humanitarian agency, in the third district of Bangui, was also looted.

Rumours of impending attacks by armed groups caused cautionary movement of several thousand people converging in Bocaranga and Paoua in the north-west of the country. The same phenomenon is currently observed in Kouango sub-prefecture in the south-east and Kaga Bandoro sub-prefecture in the centre of the country.

A new outbreak of acute jaundice syndrome has been reported in Batobadja village, 30 km from Bambari along the Bambari-Alindao axis. Since the beginning of the outbreak in week 14 (week ending 8 April 2018), a total of 73 cases of acute jaundice syndrome (with no deaths) have been reported, as of 24 April 2018. The attending clinicians made a presumptive diagnosis of hepatitis E or A.

WHO and Health Cluster presence in Central African Republic as of February 2018



Between week 1 and week 16 of 2018, a total of 27 cases of acute abdomen due to intestinal perforation have been reported from Bria hospital in the eastern Haute-Kotto prefecture. One of three blood specimens obtained from the cases cultured *Salmonella typhi*. There are also anecdotal reports of a high prevalence of typhoid fever cases in Bria, specifically in PK3 site were 40 000 internally displaced people live.

The monkeypox outbreak has shown signs of improvement, with the last case reported in week 11 (week ending 18 March 2018). Since the beginning of the outbreak on 2 March 2018, 11 suspected cases including one death (case fatality rate 9.1%) had been reported, by 24 April 2018. Three cases have been confirmed. As of 24 April 2018, seven patients were being managed.

PUBLIC HEALTH ACTIONS

- Médecins d'Afrique (MDA) has scaled up its team in Bangassou to support to response to the monkeypox outbreak.
- The comprehensive response plan for the monkeypox outbreak is being implemented through the Public Health Emergency Coordination Centre (COUSP), with involvement of stakeholders from other sectors.
- Field investigation of the acute jaundice syndrome is currently underway to assess the epidemiological situation and to collect samples for confirmation of the diagnosis at the Institut Pasteur de Bangui laboratory.
- Water, hygiene and sanitation (WASH) interventions have been initiated in the field (in response to the acute jaundice syndrome), by OXFAM, APSUD, MINUSCA, and MSF.
- WHO has deployed emergency kits in Bangassou, Bambari, Obo, and Zemio sub-prefectures through special flights organized by the logistics cluster as part of the response to the humanitarian crisis and the monkeypox outbreak. This aimed to avoid disruption of supply chain in the health facilities following withdrawal of many humanitarian agencies.
- Investigation into the suspected typhoid salmonellosis in Bria is being conducted with the support of International Medical Corps (IMC). Standard case definitions and case management protocol have been developed and are being disseminated. Samples are being collected from suspected cases to facilitate laboratory confirmation. Meanwhile, WASH activities are being implemented as well as community awareness. Risk assessment of typhoid salmonellosis is being conducted by WHO.

SITUATION INTERPRETATION

The humanitarian crisis in the Central African Republic remains serious as violence by armed groups continues. The aid community in particular is being targeted, affecting provision of humanitarian assistance, including healthcare services to the people in need. This crisis is bound to continue as long as the security situation remains as it is.

Summary of major issues challenges, and proposed actions

Issues and challenges

- This week, two new zoonotic events have been reported: cutaneous anthrax in Uganda and Crimean-Congo haemorrhagic fever in Mauritania. The two zoonotic diseases are known to be prevalent in the respective countries, with recurrent outbreaks reported in the past. It is also known that farmers customarily maintain very close contact with their livestock. The practice of eating meat from carcasses that have died of unknown causes is widespread in many communities. In both events, the disease was propagated by handling either sick animals or carcasses. Similarly, the detection and/or confirmation of both events were delayed.

  The two events raised complexities in the practical implementation of the One Health strategy and the need to focus the interventions at community level.

- Tanzania Mainland has been experiencing a cholera outbreak since 2015 in the setting of normal society. The outbreak has affected all parts of the country and continues to spread. New deaths continue to occur while backlogs of cases are being reported after several weeks. These are some indications of suboptimal outbreak control measures. This outbreak needs concerted efforts and commitments from the national authorities and partners in order to bring it to an end.

Proposed actions

- The key stakeholders involved in the implementation of the One Health strategy need to develop innovative and practical approaches, targeting community level where interactions between humans and animals occur.
- The national authorities and partners in Tanzania need to review their entire cholera outbreak control strategy and ongoing interventions, and re-strategize. Adequate resources, including funds, logistics and technical human capacity need to be provided for the response. Above all, there is a need for concerted efforts and commitments from both national and international actors to bring this outbreak to an end

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										
Burundi	Malaria	Ungraded	26-Apr-18	31-Mar-18	21-Apr-18	-	-	57	-	Malaria peak season in Burundi is from October to December. The last epidemic of malaria was declared over 8 December 2017. Since epidemiological week 8 of 2018, there were higher number of cases observed in 4 health districts in Kirundo (Kirundo, Busoni, Mukenke and Vumbi). During epidemiological week 13 and 14, the epidemic thresholds were passed in Kirundo and Mukenke. By week 15, the number of new cases had decreased below the epidemic thresholds. There are a reported number of 57 suspected deaths nationally, including 8 deaths in Kirundo and Mukenke during week 15. Mobile clinics have been set up with help from a local NGO called IHPB from 5 March to 25 March 2018 to provide malaria treatment to 11 922 patients. A second phase of mobile clinics have been taking place since 20 April 2018. Investigations are ongoing.
Mauritania	Crime-an-Congo haemorrhagic Fever (CCHF)	Ungraded	26-Apr-18	22-Apr-18	26-Apr-18	1	1	0	0.0%	Detailed update given above.
Niger	Meningitis	Ungraded	26-Apr-18	1-Jan-18	22-Apr-18	930	-	70	7.5%	In 2018, week 16, there were 147 cases and 11 deaths (CFR 7.5%) reported in Niger. Four health districts passed the alert threshold of 3 cases per 100 000 inhabitants. Keita district in Tahoua region passed the epidemic threshold with an attack rate of 13.9 cases per 100 000 people. Aguie district of Maradi region and Bouza district of Tahoua region have also passed the alert threshold (8.6 cases/100 000 and 3.3 cases per 100 000 people respectively). From epidemiological week (Epi week) 1 up to Epi week 16, there were 930 cases and 70 deaths notified (CFR 7.5%). Vaccination camapaigns started 23 April 2018 in Keita and Bouza health districts.
Uganda	Anthrax	Ungraded	-	12-Apr-18	16-Apr-18	10	1	-	-	Detailed update given above.

Ongoing events										
Algeria	Measles	Ungraded	13-Mar-18	25-Jan-18	11-Mar-18	2 320	-	5	0.2%	A total of 2 320 cases including 5 deaths have been reported from 13 wilayas: El Oued, Ouargla, Illizi, Tamanrasset, Biskra, Tebessa, Relizane, Tiaret, Constantine,Tissemsilt, Medea, Alger, and El-Bayadh.
Angola	Cholera	G1	2-Jan-18	21-Dec-17	8-Apr-18	853	5	13	1.5%	On 21 December 2018, two suspected cholera cases were reported from Uíge district, Uíge province. Both of these cases had a history of travel to Kimpangu (DRC). Cases are being reported from two districts of Uíge province (Uíge is the seat of the provinces and the rural district of Son-go). A reduction of cases of cholera has been observed, from 22 cases of cholera in epi week 13, to 12 in epi week 14.
Angola (Cabinda province)	Cholera	Ungraded	8-Mar-18	18-Feb-18	25-Mar-18	42	-	2	4.8%	This outbreak began during week 7 of 2018. During week 12, Cabinda reported 7 cases and 0 deaths. The cases are restricted to five neighborhoods in poor suburban areas.
Angola	Malaria	Ungraded	20-Nov-17	1-Jan-17	30-Sep-17	399 692	-	2 115	0.5%	The outbreak has been ongoing since the beginning of 2017. In the province of Benguela, a total of 244 381 malaria cases were reported from January to September 2017 as compared to 311 661 reported in all of 2016. In the province of Huambo, 155 311 malaria cases were reported from January to September 2017, as compared to 82 138 cases during the same period in 2016. Epidemiological investigations are ongoing in these two contiguous provinces.
Angola	Micro-cephaly - suspected Zika virus disease	Ungraded	10-Oct-17	End September	29-Nov-17	42	-	-	-	A cluster of microcephaly cases was detected in Luanda in late September 2017 and reported on 10 October 2017 by the provincial surveillance system. Of the 42 cases, three were stillbirths and 39 were live births. Suspected cases have been reported from Luanda province (39), Zaire province (1), Moxico province (1), and Benguela province (1).
Botswana	Malaria	Ungraded	20-Apr-18	1-Jan-18	15-Apr-18	339	339	2	0.6%	In 2018, from epidemiological week (epi week) 1 up to epi week 15, there were 339 malaria confirmed cases and 2 deaths. The transmission peak is observed in epi week 14 which is the traditional peak each year. Malaria normally occurs seasonally in Botswana. It occurs during the rainy season of October to May.

Burkina Faso	Dengue	G1	4-Oct-17	31-Dec-17	25-Mar-18	909	-	3	0.3%	From week 1 to week 52 of 2017, 15 096 cases and 30 deaths were reported. The trend in the number of cases has decreased since week 44 of 2017. From week 1 to week 12 of 2018, a total of 909 suspected cases and 3 deaths were reported in the country. In the central region, 19 suspected cases (of which 9 are probable) and 0 deaths are reported. Dengue virus serotypes 1, 2, and 3 are circulating.
Cameroon	Humanitarian crisis	G2	31-Dec-13	27-Jun-17	3-Nov-17	-	-	-	-	At the beginning of November 2017, the general security situation in the Far North Region worsened. Terrorist attacks and suicide bombings have continued and are causing displacement. Almost 10% of the population of Cameroon, particularly in the Far North, North, Adamaoua, and East Regions, is in need of humanitarian assistance as a result of the insecurity. To date, more than 58 838 refugees from Nigeria are present in Minawao Camp, and more than 21 000 other refugees have been identified outside of the camp. In addition, approximately 238 000 internally displaced people (IDPs) have been registered.
Central African Republic	Humanitarian crisis	G2	11-Dec-13	11-Dec-13	24-Apr-18	-	-	-	-	Detailed update given above.
Central African Republic	Monkeypox	Ungraded	20-Mar-18	2-Mar-18	24-Apr-18	20	9	1	0.0%	The outbreak was officially declared on 17 March 2018 in the sub province of Ippy. In this reporting period, there is an increase in number of suspected monkey pox in Bangassou health district. As of 24 April, 20 cases including nine confirmed cases have been reported from Ippy (6) and Bangassou (3).
Congo (Republic of)	Cholera	Ungraded	21-Mar-18	n/a	10-Apr-18	45	3	2	4.4%	As of 10 April 2018, 45 suspected cases of cholera including 2 deaths were reported in the departments of Plateaux (33 suspected) and Likouala (12 suspected). The 3 confirmed cases were tested by RDT and/or culture.

Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	1-Apr-18	-	-	-	-	The humanitarian and security situation remains very fragile in several provinces of the country, particularly in Ituri, North Kivu, South Kivu. A precarious calm is observed in the Kasaï region, thus favouring the return of the displaced. Displacement from these provinces continues and new IDPs are lacking basic services.
Democratic Republic of the Congo	Cholera		16-Jan-15	1-Jan-18	15-Apr-18	9 149	0	224	2.4%	This is part of an ongoing outbreak. From week 1 to 15 of 2018, a total of 9 149 cases including 224 deaths (CFR: 2.4%) were reported from DRC. In week 15, there were 432 new cases with 12 deaths reported. Nationwide, a total of 61 680 cases including 1 327 deaths (CFR: 2.2%) have been reported since January 2017.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	1-Jan-18	4-Mar-18	3 404	-	30	0.9%	This outbreak is ongoing since the beginning of 2017. As of week 8 in 2018, a total of 48 326 cases including 563 deaths (CFR 1.2%) have been reported since the start of the outbreak. In 2018 only, 3 404 cases including 30 deaths (0.9%), were reported.
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Ungraded	15-Feb-18	n/a	30-Mar-18	407	22	0	0.0%	On 13 February 2018, the Ministry of Health declared a public health emergency regarding 21 cases of vaccine-derived polio virus type 2. Three provinces have been affected, namely Haut-Lomami (8 cases), Maniema (2 cases) and Tanganyika (11 cases). The outbreak has been ongoing since February 2017.
Democratic Republic of Congo	Rabies	Ungraded	19-Feb-18	1-Jan-18	1-Apr-18	38	0	12	31.6%	This outbreak began towards the end of October 2017 in Kibua health district, North Kivu province. During Week 12 of 2018, seven new cases and two deaths were reported.
Democratic Republic of Congo	Monkeypox	Ungraded	n/a	1-Jan-18	8-Apr-18	941	34	26	2.8%	From weeks 1-13 of 2018 there have been 941 suspected cases of monkeypox including 26 deaths. Of the suspected cases, 34 have been confirmed samples. Suspected cases have been detected in 14 provinces. Sankuru Province has had an exceptionally high number of suspected cases this year (309 cases).

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

Kenya	Cholera	G1	6-Mar-17	1-Jan-18	15-Apr-18	2 534	121	53	2.1%	The outbreak in Kenya is ongoing since 2017. Between 1 January 2017 and 07 December 2017, a cumulative total of 4 079 cases with have been reported from 21 counties (data until 31 December 2017 not available). In 2018, a total of 2 534 cases have been reported since the first of January. Currently, the outbreak is active in 6 counties: Garissa, Meru, Turkana, West Pokot, Nairobi and Isiolo counties. The outbreak has been controlled in 9 counties: Kirinyaga, Busia, Mombasa, Tharaka-Nithi, Siaya, Murang'a, Tana River, Trans-Nzoia and Nakuru.
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	15-Apr-18	139	11	1	0.7%	The outbreak is located in two counties, namely Wajir and Mandera Counties. As of 15 April 2018, Wajir County has reported 39 cases with 7 confirmed cases, Mandera has reported 100 cases with 4 confirmed cases and one death.
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-18	25-Mar-18	1 857	180	12	0.6%	From week 1 to week 48 of 2017, 1 607 cases were reported from 15 counties, including 225 laboratory confirmed, 336 clinically compatible and 199 epi-linked. From week 1 to week 12 of 2018, 1 857 cases have been reported including 12 deaths. Cases are epidemiologically classified as follows: 180 laboratory confirmed, 916 epi-linked, 338 clinically compatible, 154 discarded, and 269 pending.
Liberia	Lassa Fever	Ungraded	14-Nov-17	1-Jan-18	8-Apr-18	67	9	19	28.4%	From 1 January to 24 November 2017, a total of 70 suspected Lassa fever cases including 21 deaths (CFR: 30%) were reported from nine counties in Liberia. From 1 January to 8 April 2018, 67 suspected cases have been reported including 9 confirmed cases and 19 deaths.
Madagascar	Plague	G2	13-Sep-17	13-Sep-17	22-Apr-18	2 676	558	238	8.9%	From 1 August 2017 to 22 April 2018, a total of 2 676 cases of plague were notified, including 558 confirmed, 829 probable and 1 289 suspected cases. Out of them 2 032 cases were of pulmonary, 437 were of bubonic, 1 was of septicaemic form and 206 cases unspecified. In week 16, there were no reported cases of plague.

Malawi	Cholera	Ungraded	28-Nov-17	20-Nov-17	24-Apr-18	918	195	30	3.3%	The number of cholera cases reported in week 16 (16-22 April 2018) has plateaued to 15 cases per week for the past 3 weeks. In epi week 16, a total of 14 cases and no deaths were reported from Lilongwe district. The cases are mainly being reported from outside the city with an average of 2 cases per day for the past 3 weeks. There is a need to intensify public health measures to completely halt the outbreak. The first round of OCV campaign, targeting half million people in selected hot spot areas was conducted 17-21 April 2018. The second round will be conducted 21-25 May 2018.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	19-Nov-17	-	-	-	-	The security situation remains volatile in the north and centre of the country. At the last update, incidents of violence had been perpetrated against civilians, humanitarian workers, and political-administrative authorities.
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	25-Mar-18	493	164	0	0.0%	Fifteen health districts (Ansongo, Bandiagara, Douentza, Kadiolo, Yanfolila, Kangaba, Kita, Commune II Commune VI, Kidal, Tin Essako, Sikasso, Segou, Bourem and Gourma Rharous) have reached the epidemic threshold for measles. Reactive vaccination campaigns, enhancement of surveillance, and community sensitization activities are ongoing in the affected health districts. The national reference laboratory (INRSP) confirmed 164 cases by serology (IgM).
Mauritania	Dengue fever	Ungraded	30-Nov-17	6-Dec-17	22-Feb-18	307	165	-	-	In November 2017, the MoH notified 3 cases of dengue fever including one hemorragic case (Dengue virus type 2) with a history of Dengue virus type 1 infection in 2016. As of 10 February, the national reference laboratory confirmed the diagnosis of 165 out of 307 RDT positive samples. Dengue type 1 and type 2 are circulating in the country with a higher proportion of subtype 2 (104/165).

Mozambique	Cholera	G1	27-Oct-17	12-Aug-17	8-Apr-18	2 329	-	5	0.2%	The cholera outbreak is ongoing. From mid-August 2017 through 8 April 2018, cases have been reported from two provinces; Nampula (1 646 cases and 2 deaths) and Cabo Delgado (683 cases and 3 deaths) provinces. This outbreak started in mid-August 2017 from Memba district, Nampula Province and Cabo Delgado Province started reporting cases from week 1 of 2018. No cases have been reported from Erati and Nacrpoua districts since the beginning of the year.
Namibia	Crimean-Congo haemorrhagic fever	Ungraded	29-Mar-18	28-Mar-18	13-Apr-18	2	1	1	50.0%	A male subject from Keetmanshoop District became ill on 22 March 2018 after contact with a tick-infested cow. As of 28 March 2018 he was admitted to an isolation unit at Windhoek Central Hospital and PCR testing was confirmed positive on 31 March 2018. The patient died on 3 April 2018. An additional suspected case with a history of tick bite and vomiting has also been isolated as of 3 April 2018, but tested negative for CCHF on 7 April 2018.
Namibia	Hepatitis E	Ungraded	18-Dec-17	8-Sep-17	25-Mar-18	1 030	112	10	1.0%	This is an ongoing outbreak since 2017. The majority of cases have been reported from informal settlements in the capital district Windhoek. The most affected settlement is Havana, accounting for about 573 (56%) of the total cases, followed by Goreagab settlements with 256 (25%) cases. The most affected age group is between 20 and 39 years old representing 75% of total cases.
Namibia	Listeriosis	Ungraded	13-Mar-18	12-Mar-18	13-Mar-18	1	1	0	0.0%	On 13 March 2018, WHO was notified of a confirmed case of listeria in Windhoek. The index case; a 41-year-old male, with chronic hepatitis B; developed liver cirrhosis and was admitted to the hospital on 5 March 2018. Bacterial Culture was done in which *Listeria monocytogenes* was isolated. The patient has no travel history outside Namibia. Investigations are ongoing to establish if there are any links between this case and the outbreak in South Africa.

Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	11-Apr-18	-	-	-	-	The humanitarian situation in Niger remains complex. The state of emergency has been effective in Tillabéry and Tahoua Regions since 3 March 2017. Security incidents continue to be reported in the south-east and north-west part of the country. This has disrupted humanitarian access in several localities in the region, leading to the suspension of relief activities, including mobile clinics.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	31-Jan-18	-	-	-	-	Conflict and insecurity in the north east of Nigeria remain a concern and resulted in a large scale of displacement. Most affected areas recently are along the axis from Monguno to Maiduguri, namely in Gasarwa, Gajiram, Gajigana, Tungushe, and Tungushe Ngor towns. Initial estimates for the number of IDPs in recent months is between 20 000 and 36 000; many are in dire need of humanitarian services.
Nigeria	Cholera	Ungraded	7-Jun-17	1-Jan-18	3-Mar-18	210	2	16	7.6%	There is an ongoing outbreak since the beginning of 2017. Between 1 January and 31 December 2017, a cumulative total of 4 221 suspected cholera cases and 107 deaths (CFR 2.5%), including 60 laboratory-confirmed were reported from 87 LGAs in 20 states. Between weeks 1 and 9 of 2018, 210 suspected cases including two laboratory-confirmed case and 16 deaths (CFR 7.6%), have been reported from 28 LGAs in 9 states. Most recently, cases have also been reported from Yobe and Bauchi states. During 28 March to 18 April 2018, Yobe State reported 369 cases including 15 deaths (CFR 4.1%).

Nigeria	Lassa fever	G2	24-Mar-15	1-Jan-18	8-Apr-18	430	408	110	25.6%	From 1 January to 8 April 2018, a total of 1 781 suspected cases and 146 deaths have been reported from 20 states. Nine states are not in the active phase of the outbreak, while the following 11 states are in the active phase: Abia, Bauchi, Ebonyi, Edo, Gombe, Kogi, Ondo, Osun, Plateau, Taraba, and the Federal Capital Territory (FCT). Of the suspected cases, 408 have been confirmed, 9 are probabale, 1 351 are negative (not a case), and 13 are pending results. Twenty-seven healthcare workers have been affected in 7 states: Abia (1), Ebonyi (16), Edo (3), Benue (1), Kogi (2), Nasarawa (1), and Ondo (3). A total of 1 022 cases including 127 deaths were reported from week 49 of 2016 to week 51 of 2017.
Nigeria	Hepatitis E	Ungraded	18-Jun-17	1-May-17	31-Dec-17	1 651	182	8	0.6%	The number of cases has been decreasing since week 51 of 2017. Forty-three new cases were reported in Kala/Balge LGA in week 52 (ending 31 December 2017).
Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	15-Apr-18	1 711	41	47	2.7%	A total of 1 771 cases have been reported from all Nigerian states in 396 LGAs. Forty one samples have been laboratory-confirmed at IP Dakar.
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	25-Feb-18	228	89	6	2.6%	Suspected cases are geographically spread across 24 states and the Federal Capital Territory (FCT). Eighty-nine laboratory-confirmed cases have been reported from 15 states/territories (Akwa Ibom, Abia, Bayelsa, Benue, Cross River, Delta, Edo, Ekiti, Enugu, Lagos, Imo, Nasarawa, Rivers, and FCT).
Nigeria	Meningitis	Ungraded	26-Dec-17	1-Sep-17	23-Apr-18	3 141	292	295	9.4%	From 1 September 2017 to 23 April 2018, 3 141 suspected cases have been reported from fifteen States: Katsina (1 133), Zamfara (1 039), Sokoto (363), Jigawa (162), Kano (107), Kebbi (95), Niger (70), Yobe (65), Bauchi (31), Cross River (28), Adamawa (23), Borno (17), Plateau (4), Gombe (3) and Kaduna (1). Of the 728 samples tested, 292 (40.1 %) were positive for bacterial meningitis. *Neisseria meningitides* C (NmC) accounted for 63.4% (185) of the positive cases.

Nigeria (Borno State)	Cholera	Ungraded	n/a	13-Feb-18	23-Apr-18	679	23	3	0.4%	A total of 679 cases have been reported from Borno State including 3 deaths. Three hundred sevent four cases have been reported in Doro ward, 249 cases in the Baga ward, and 56 cases in Kukawa ward.Of the 84 samples tested using rapid diagnostic tests (RDTs), 72 (85.7%) were positive, while 23 of 55 (42%) samples were culture positive.
São Tomé and Príncipé	Necrotising cellulitis/ fasciitis	Protracted 2	10-Jan-17	25-Sep-16	08-Avril-2018	2 555	0	0	0.0%	From week 40 in 2016 to week 13 in 2018, a total of 2 555 cases have been notified. In week 13, 16 cases were notified, which shows a half decrease compared to week12. The attack rate of necrotising cellulitis in Sao Tome and Príncipe is 12.9 cases per 1 000 inhabitants. The most affected district are Caue (attackrate: 19.8 cases per 1 000 inhabitants) and Cantagalo (8.8 cases per 1 000 inhabitants).
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	22-Apr-18	4 950	1 429	-	-	A total of 4 459 cases have been reported from all regions of the three main islands (Mahé, Praslin, and La Digue). A total of 4 950 suspected cases reported by end of week 16, 2018. Significant increase in reported suspected cases for week 16 compared with week 15, a total of thirty-four (34) suspected cases. Twenty-four (24) samples tested amongst which five (5) were positive, nineteen (19) negative. Of note nine (9) suspected cases were admitted at Baie St Anne Praslin Hospital but unfortunately not tested. So far for this epidemic the serotypes DENV1, DENV2 and DENV3 have been detected.
South Africa	Listeriosis	G2	6-Dec-17	4-Dec-17	17-Apr-18	1 019	1 019	199	19.5%	Detailed update given above.
South Africa	Cholera	Ungraded	26-Feb-18	6-Mar-18	10-Mar-18	1	1	0	0.0%	The index case is a 37 year-old female from the border district of Umkhanyakude, in KwaZulu-Natal province. She presented at the clinic on 7 February 2018 with severe abdominal pains, diarrhoea, vomiting, and severe dehydration. *Vibrio cholerae* 01 Ogawa was confirmed by the National Institute of Communicable Diseases (NICD), Centre for Enteric Diseases on 15 February 2018. The patient had no travel history. No other cases were reported.

South Africa	Rabies	Ungraded	-	1-Jan-18	17-Apr-18	7	6	0	0.0%	From Jan 2018 to date, a total of six human cases of rabies have been laboratory confirmed. Cases were reported from KwaZulu-Natal Province (4) where a resurgence of rabies has been reported. The remaining cases were reported from the Eastern Cape Province. For all of the cases, exposures to either rabid domestic dogs or cats were reported. Another probable case of rabies was reported from the Eastern Cape, but a sample for laboratory investigation for rabies was not available. The case did however present with a clinical disease compatible with a diagnosis of rabies and had a history of exposure to a potentially rabid dog before falling ill. During 2017, a total of six cases were reported for the year.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	15-Apr-18	-	-	-	-	Following the conflict in December 2013, about 4 million people have fled their homes, 1.9 million people are internally displaced, 2.1 million are refugees, and 7 million people are in need of humanitarian assistance. The country is currently facing a severe economic crisis and high inflation making health emergency operations expensive and hence difficult for delivering humanitarian assistance. As of 15 April 2018, the security situation remains volatile with reported incidents of cattle raiding and revenge killings between communities in various locations hampering humanitarian service delivery. The security situation remains tense along the border between Unity state and Gogrial East and Tonj North counties due to cattle raiding.

South Sudan	Rift Valley fever (RVF)	Ungraded	28-Dec-17	7-Dec-17	9-Mar-18	40	6	4	10.0%	As of 9 March 2018, 40 suspected cases of Rift Valley fever have been reported from Yirol East (37) and Yirol West (3) counties of the Eastern Lakes State, including six confirmed human cases (one IgG and IgM positive and five IgG only positive), three cases who died and were classified as probable cases with epidemiological links to the three confirmed cases, 19 were classified as non-cases following negative laboratory results for RVF (PCR and serology), and samples from 12 suspected cases are pending complete laboratory testing. A total of four cases have died, including the three initial cases and one suspect case who tested positive for malaria (case fatality rate: 10.0%).
South Sudan	Suspected meningitis	Ungraded	15-Feb-18	20-Feb-18	15-Apr-18	181	-	38	21.0%	Torit County Health Department was notified of a cluster of deaths in Iyire Payam on 15 February 2018 and another cluster of cases on 27 February 2018 from Imurok Payam. As of 14 April 2018, a total of 181 suspected meningitis cases have been reported including 39 deaths giving a case fatality rate of 21% (WHO standard for optimal control is CFR <10%). In week 14, the suspected cases continue to decline with no new cases reported.
Tanzania	Floods	Ungraded	18-Apr-18	15-Apr-18	17-Apr-18	-	-	-	-	Heavy rains and poor drainage systems have led to intense flooding in Dar es Salaam affecting the districts of Ilala, Kinondoni, Temeke, Kigamboni. As of 17 April 2018, 15 have died and another 10 have been injured. Response teams are mobilizing.
Tanzania	Cholera	G1	20-Aug-15	1-Jan-18	22-Apr-18	1 711	-	33	1.9%	Detailed update given above.
Tanzania	Dengue fever	Ungraded	19-Mar-18	n/a	21-Mar-18	13	11	-	-	An outbreak of Dengue fever is ongoing in Dar es Salaam. Further information will be provided when it becomes available.

Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	2-Mar-18	-	-	-	-	The influx of refugees to Uganda has continued as the security situation in the neighbouring countries remains fragile. Approximately 75% of the refugees are from South Sudan and 17% are from DRC. An increased trend of refugees coming from DRC was observed recently. Landing sites in Hoima district, particularly Sebarogo, have been temporarily overcrowded. The number of new arrivals per day peaked at 3 875 people in mid-February 2018.
Uganda	Cholera	G1	15-Feb-18	12-Feb-18	24-Apr-18	2 117	24	44	2.1%	Detailed update given above.
Uganda	Measles	Ungraded	8-Aug-17	24-Apr-17	3-Oct-17	623	34	-	-	The outbreak is occurring in two urban districts: Kampala (310 cases) and Wakiso (313 cases).
Zambia	Cholera	G1	4-Oct-17	4-Oct-17	11-Apr-18	5 635	565	111	2.0%	As of 11 April 2018, 5173 cases and 95 deaths have been reported in Lusaka district. From other districts outside Lusaksa, 462 cases and 16 deaths have been reported. Since the begining of the outbreak, Zambia has reported a cumulative total of 5 635 cases including 111 deaths.
Zimbabwe	Cholera	Ungraded	7-Apr-18	5-Apr-18	26-Apr-18	40	19	3	7.5%	A 24-year-old male subject from Stoneridge (15 km south of Harare city centre) fell ill 22 March 2018 and died 5th of April 2018. The patient's father and infant brother also had symptoms and tested positive for *Vibrio cholerae* serotype Ogawa. As of 26 April 2018, there are 40 cases (19 suspected cases, 19 confirmed cases, 2 probable case), and among them, 3 deaths (case fatality rate: 7.5%). The cases were reported from Stoneridge area (13), Belvedere West (2), Chitungwiza (21), and Warren Park (1). Three cases were de-listed (1 Mt Hampden, 1 Southlands, 1 Eastview) because samples tested negative and there was no epidemiological link with other reported cases.
Zimbabwe	Typhoid fever	Ungraded	-	1-Oct-17	24-Feb-18	3 187	191	0	0.0%	Since the beginning of the outbreak in October 2017, a total of 3 187 cases including 191 confirmed cases have been reported. In 2018 alone, 1 094 cases were reported mainly from Mbare (438 cases) and Kuwadzana (205 cases). The outbreak has spread from its epicentre in Matapi to other areas such as Mbare and Nenyere.

Recently closed events										
Liberia	Scabies	Ungraded	11-Jan-18	11-Dec-17	18-Jan-18	10 850	17	0	0.0%	A total of 10 850 cases have been reported from five counties: Montserrado (9 647), Grand Bassa (687), Rivercess (315), Margibi (185), and Bong (16). All 17 confirmed cases have been reported from Montserrado county. As of 23 April 2018, outbreak is over through confirmation from country office.

†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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