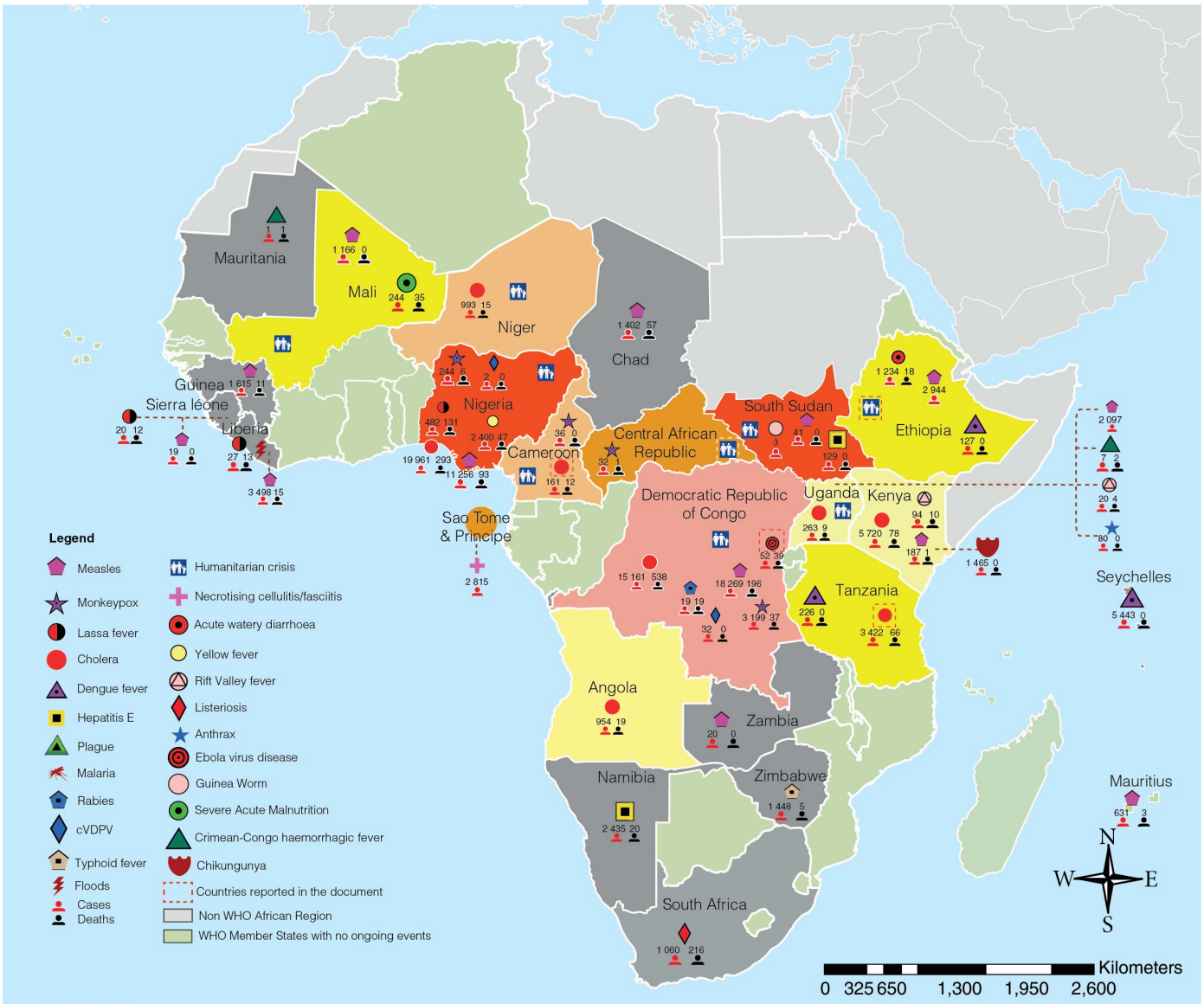
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 32: 4 - 10 August 2018
Data as reported by 17:00; 10 August 2018

World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

2	57	48	11
New events	Ongoing events	Outbreaks	Humanitarian crises



Graded events †

2 Grade 3 events	**3** Grade 2 events	**6** Grade 1 events	**38** Ungraded events
2 Protracted 3 events	**2** Protracted 2 events	**3** Protracted 1 events	

Health Emergency Information and Risk Assessment

Overview

Contents

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

  - Ebola virus disease in the Democratic Republic of the Congo
  - Cholera in Cameroon
  - Cholera in Tanzania
  - Humanitarian crisis in Central African Republic
  - Humanitarian crisis in Ethiopia.

- For each of these events, a brief description, followed by public health measures implemented and an interpretation of the situation is provided.

- A table is provided at the end of the bulletin with information on all new and ongoing public health events currently being monitored in the region, as well as events that have recently been closed.

- **Major issues and challenges include:**

  - The Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo is evolving, with new confirmed cases and deaths occurring. Genomic sequencing has confirmed that the North Kivu outbreak is unrelated to the one that occurred in Equateur Region, though both were caused by the same Ebola virus strain. This finding is important to inform the response to the outbreak, particularly the application of new tools such as vaccines and therapeutic medicines.

    The prime priority remains rapidly setting up effective response structures on the ground. Nonetheless, the prevailing insecurity in the affected province could influence several aspects of the response, including the model, strategy, timeliness, etc. Good progress has, so far, been made in the given circumstances. The national authorities and partners need to continue mobilizing the requisite resources to rapidly set up strong response structures and systems on the ground.

  - Cameroon has been experiencing a cholera outbreak in the North Region since May 2018, and the Central Region was affected later in the year in July 2018. Littoral Region is also reporting increasing number of acute watery diarrhoea cases, though no laboratory confirmation of etiology has been made. While the outbreak remains insidious and is beginning to improve, there are key issues that require attention, including the high case fatality ratio and the delay in establishing the etiology of the acute watery diarrhoea in Littoral Region. Additionally, rising levels of insecurity and the presence of refugees and internally displaced people in several parts of the country are potential risk factors. This cholera outbreak calls for keen attention from the national authorities and partners to avoid escalation of the situation.

Ongoing events

Ebola virus disease | **Democratic Republic of the Congo** | 52 **Cases** | 39 **Deaths** | 75% **CFR**

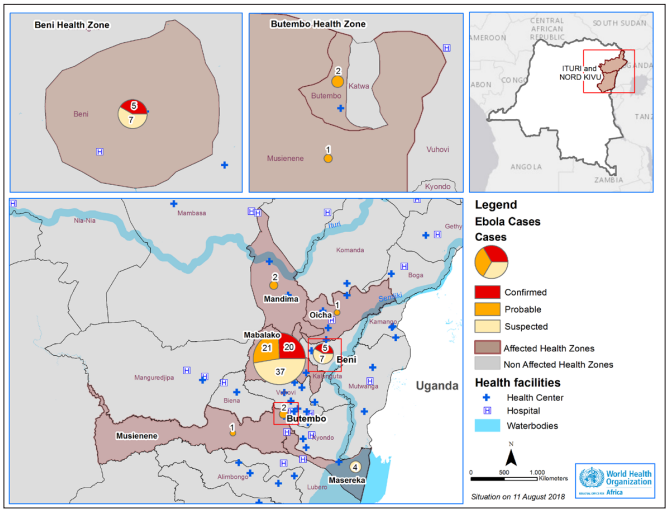
EVENT DESCRIPTION

The Ministry of Health in the Democratic Republic of the Congo, WHO and partners are responding to a new Ebola virus disease (EVD) outbreak in the eastern North Kivu Province. The EVD outbreak was confirmed by the Institut National de Recherche Biomédicale (INRB) and formally declared by the Ministry of Health on 1 August 2018. On 6 August 2018, the INRB confirmed that the current outbreak is caused by a distinct Ebolavirus (EBOV) strain, different from the one that caused the outbreak in Equateur Province in May-July 2018. This means that, although both events are caused by Ebola Zaire species, the two events are not connected.

Since our last report on 3 August 2018 *(Weekly Bulletin 31)*, nine additional confirmed EVD cases and six deaths have been reported. As of 12 August 2018, a total of 52 EVD cases, including 39 deaths (case fatality ratio 75%) have been reported. Of the 52 cases, 25 are laboratory confirmed and 27 remain probable. Of the 39 deaths, 12 occurred in confirmed cases. Three healthcare workers (two confirmed and one probable) have been affected, and one has died. An additional 48 suspected cases are currently pending laboratory testing to confirm or exclude EVD. Of these, 45 were negative on the first test and are awaiting the second test.

Five health zones in North Kivu Province and one neighbouring health zone in Ituri Province have reported confirmed or probable cases. Most cases (20 confirmed, 21 probable) have been reported from Mabalako Health Zone, North Kivu Province. The other affected health zones in North Kivu include Beni (5 confirmed cases), Butembo (2 probable cases), Oicha (1 probable), and Musienene (1 probable). Mandima Health Zone in Ituri Province reported two probable cases. A total of 37 suspected cases are under investigation in Mabalako Health Zone, with a further seven suspected cases in Beni Health Zone. Two suspected cases reported in Goma Health Zone tested negative.

Geographical distribution of confirmed, probable and suspected Ebola virus disease cases, Democratic Republic of the Congo, 11 August 2018



A total of 953 contacts have been registered in Mabalako (752), Beni (141) and Mandima (60) health zones. Of these, 130 are healthcare workers in Mabalako (73) and Beni (57) health zones. On 10 August 2018, 890 (93%) contacts were followed up.

PUBLIC HEALTH ACTIONS

- On 10 August 2018, the WHO Director General, the Regional Director of WHO in Africa, the Deputy Director General of WHO Emergency Programme, and the Regional Emergency Director were led by the Minister of Health of the Democratic Republic of the Congo on a mission to Beni, North Kivu Province. The entourage attended the launch of vaccination and interacted with healthcare workers responding to the outbreak.
- The Ministry of Health and WHO have deployed Rapid Response Teams to the affected health zones to initiate response activities. As of 7 August 2018, WHO has deployed 30 technical and logistics specialists to support response activities. Global Outbreak Alert and Response Network (GOARN) partners continue to support the WHO response, as well as ongoing readiness and preparedness activities in non-affected provinces in the Democratic Republic of the Congo and in nine bordering countries.
- On 8 August 2018, the vaccination of frontline healthcare workers started, followed by the vaccination of community contacts and their contacts. There are currently 3 220 doses of rVSV-ZEBOV Ebola vaccine available in Kinshasa. A clinical team with therapeutics arrived on 7 August 2018.
- Ebola treatment centres have been established in Mangina and Beni, with the support of international partners. The deployment of experienced clinicians to support partners in caring for patients is in process.
- On 3 August 2018, two GeneXpert machines were set up in Beni to facilitate the timely diagnosis of suspected cases. The establishment of additional laboratory capacity elsewhere is being explored, including additional GeneXpert machines in Mangina, Goma and other areas as needed. The INRB is working to deploy additional diagnostic capacities in Mangina, including conventional polymerase chain reaction (PCR), serology, haematology and biochemistry.
- The International Federation of Red Cross and Red Crescent Societies is supporting the Democratic Republic of the Congo Red Cross to establish systems to ensure safe and dignified burials throughout the affected zones. Currently, two teams are operating from Beni and are covering the affected areas.
- The WHO Regional Emergency Director for Africa has informed neighbouring countries (Rwanda, Uganda, Burundi, and South Sudan) of the outbreak and emphasized the need for heightened surveillance and preparedness actions in the respective countries, particularly along the border with North Kivu.
- Thirty-two key points of entry have been identified in which to strengthen capacity to rapidly detect and respond to potential new EVD cases and to engage communities along border areas to improve knowledge of the disease and its prevention.
- Activities to sensitize communities about the outbreak began in affected communities through the Social Mobilization Commission, and in neighbouring Uganda and Rwanda. WHO and partners have held a series of briefings with community and neighbourhood leaders, teachers, religious leaders, journalists, and community groups to raise awareness about Ebola, including information on the current outbreak and preventive measures.
- As of 8 August 2018, three chartered cargo planes from Mbandaka arrived in Beni with a total of 23 tonnes of supplies. A further charter is scheduled to depart Dubai with 20 000 sets of viral haemorrhagic fever personal protective equipment (PPE) and 50 000 sets of standard PPE.

SITUATION INTERPRETATION

This new outbreak of EVD in Democratic Republic of the Congo has prompted a swift emergency response from the national authorities, WHO and partners who are setting up response structures on the ground, with ongoing investigations to establish the full extent of the outbreak. However, the ongoing insecurity in the subregion with a worsening humanitarian crisis, and the proximity of the affected provinces to neighbouring Uganda and Rwanda are of concern. WHO is working with neighbouring countries to enhance readiness and preparedness measures to rapidly detect and respond to any potential exportation of the disease. WHO currently advises against any restriction of travel and trade to the Democratic Republic of the Congo based on currently available information.

Go to overview | Go to map of the outbreaks

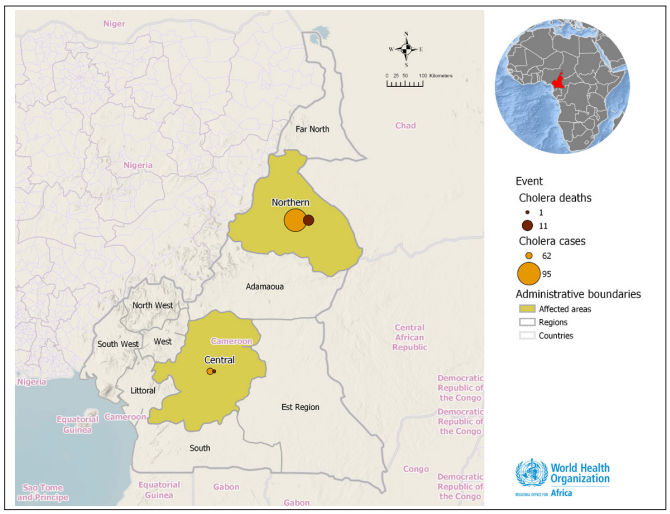
EVENT DESCRIPTION

The cholera outbreak in Cameroon, officially declared by the Ministry of Health on 15 July 2018, is steadily declining, after peaking in week 29 with 42 cases. In week 32 (week ending 12 August 2018), four new suspected cholera cases were reported, compared to 21 cases reported in week 31 and 40 cases in week 30. Three of the new cases reported during the reporting week came from Central Region and one case from North Region.

Since the beginning of the outbreak on 18 May 2018, a total of 161 suspected cholera cases, including 12 deaths (case fatality ratio 7.5%), have been reported, as of 10 August 2018. Majority, 63%, of the cases are females and 57% are between 16 and 45 years old, while 8% are children five years and below. Seventeen out of 78 stools specimens collected and analysed at the Centre Pasteur du Cameroun in Garoua isolated *Vibrio cholerae* O1 Inaba by culture.

Two of the 10 regions in Cameroon have been affected, namely North (96 cases, 11 deaths) and Central (65 cases, 1 death). However, the transmission in the two regions appears unrelated. The outbreak in the North Region started on 18 May 2018 in Guirviza health area, Mayo Oulo Zone (on the border with Nigeria). To date, seven health districts have been affected and the last cholera case was reported on 29 July 2018. The outbreak in the Central Region started on 13 July 2018 and two health districts have been affected, including Yaoundé, the capital city.

Geographical distribution of cholera cases in Cameroon, 18 May - 10 August 2018



Five other regions have also reported suspected cholera cases since 17 July 2018. Littoral Region registered 52 suspected cases from six health districts. Far North had two suspected cases while East, South and South-west regions had one suspected case each. None of the cases in the five regions have been confirmed, as stool specimens tested negative by culture.

PUBLIC HEALTH ACTIONS

- The Ministry of Health is coordinating response to the cholera outbreak, with support from WHO, UNICEF, MSF, IMC and other partners. The multi-agency incident management system (IMS) has been established at both national and regional levels.
- WHO supported deployment of experts to the Northern Region, including an epidemiologist, one data manager and a communication expert. A second data manager was deployed in the Emergency Operations Centre in the Ministry of Health.
- Refresher training on case definition is being provided to health workers and community volunteers to enhance active surveillance in the affected districts.
- Cholera treatment units have been set-up, including one in the capital city of Yaoundé for management of cases. Local health facilities are also providing free of charge treatment to cases. WHO has provided four comprehensive care kits – three for the North Region and one for Central and Littoral regions. Two kits have also been prepositioned in the regions of Adamaoua and the Far North.
- UNICEF completed training and deployment of 844 community health workers in the North Region to enhance social mobilization and community engagement activities. Communication and social mobilization activities are ongoing, with distribution of flyers, door-to-door outreach, mass meetings at social gatherings, as well as media awareness in national and local languages. Information dissemination is also being strengthened with production and dissemination of regular situation reports at the regional and national levels.
- Water, sanitation and hygiene activities are being scaled up, with the provision of sanitary equipment in affected communities as well as disinfection of toilets.

SITUATION INTERPRETATION

An insidious cholera outbreak has been ongoing in Cameroon since May 2018. Although public health measures are being implemented, some challenges have been observed. The high case fatality ratio of over 7% is indicative of some limitations in the response, which need to be analysed and addressed. Delays in establishing the etiology of the high number of acute watery diarrhoea cases in Littoral Region (where over 50 suspected cholera cases have been reported) remains a concern. The authorities are working on a national response plan; however, adequate resources need to be mobilized for meaningful implementation of the plan.

Insecurity in parts of the country (especially South West Region), where there are reports of frequent kidnappings and attacks by organized group of bandits, may have implications on surveillance and response efforts. Additionally, the presence of large number of refugees (from Central African Republic and Nigeria) living in unsanitary and unhygienic conditions, and with limited access to healthcare services, is an important factor. The rainy season, which began in May, is expected to last until September and could facilitate further spread of the disease.

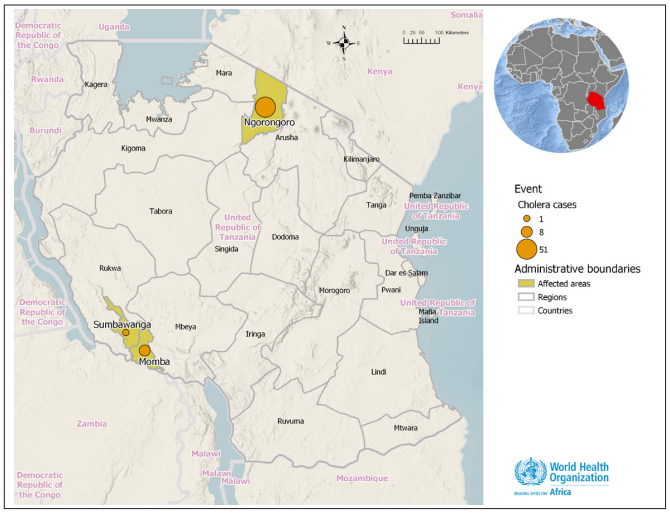
EVENT DESCRIPTION

The cholera outbreak situation in Tanzania Mainland has started improving, with the weekly incidence steadily declining. In week 31 (week ending 5 July 2018), 60 new suspected cholera cases (and no deaths) were reported, compared to 75 cases and two deaths reported in week 30. The new cases came from three districts: Ngorongoro (51) in Arusha Region, Momba (8) in Songwe Region and Sumbawanga (1 case) in Rukwa Region. The latest upsurge peaked in week 28 when 189 cholera cases and four deaths were reported.

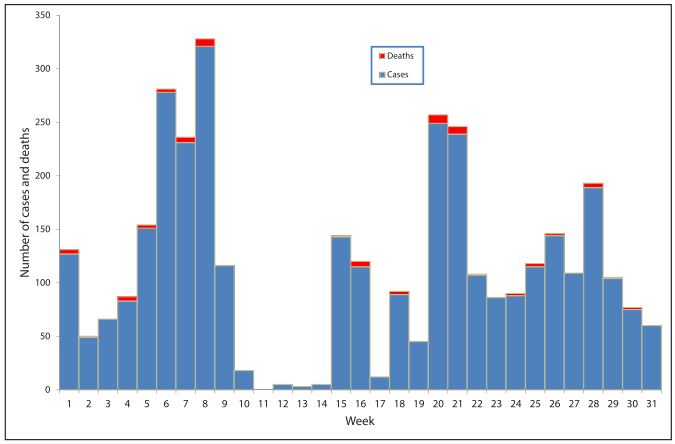
Between 1 January 2018 and 5 July 2018, a total of 3 422 cholera cases, including 66 deaths (case fatality ratio 1.9%), were reported in Tanzania Mainland. Active transmission is ongoing in three of the 26 regions in the country, namely Rukwa, Arusha and Songwe. In the last four weeks, Arusha Region has had the most intense transmission activity, accounting for 84% of the total caseload. Delayed reporting of cholera cases has persisted in all regions, with several cases reported retrospectively.

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

Geographical distribution of new cholera cases in Tanzania, week 31, 2018



Weekly trend of cholera cases in Tanzania Mainland, week 1 – week 31, 2018



PUBLIC HEALTH ACTIONS

- On 3 August 2018, a high level meeting involving the Permanent Secretary of the Ministry of Health, directors and heads of agencies was held to discuss the ongoing cholera outbreak. The meeting resolved that a new intensified approach be implemented to control the outbreak.
- A cholera stakeholders' meeting was held in Dodoma from 7-10 August 2018 to map cholera hotspots and validate the multisectoral cholera response plan.
- On 6 August 2018, the respective permanent secretaries for health and water sectors held a meeting to address issues in the response to the current cholera outbreak.
- Recruitment of Health Operations and Data Managers to support incidence management system is in process.
- The process to deploy rapid response teams to Arusha, Rukwa and Songwe regions is ongoing, aimed to strengthen active surveillance, including active case search and contact tracing in the affected communities.
- UNICEF provided information, education and communication materials, disinfectants and chlorine tablets (Aquatabs) for the affected regions.
- Zanzibar continues to closely monitor all cases of acute watery diarrhoea and to follow up on the Cholera Elimination Plan, which is to be launched by September 2018.

SITUATION INTERPRETATION

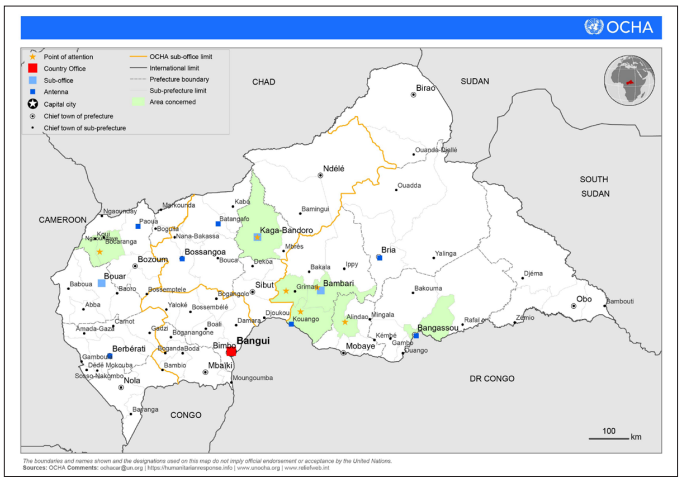
The cholera outbreak in Tanzania Mainland has started showing encouraging sign of improving, and it is critical that this trend is maintained. Several high level meetings took place in the last week, coming up with important decisions. Notably, the assertion that controlling the cholera outbreak in Tanzania Mainland requires a new approach, with increased intensity, needs to be acknowledged. The conventional strategy for cholera control remains effective; nevertheless, the effectiveness depends on the level of implementation. The outcomes of the various meetings now need to be translated into actions on the ground, eventually leading to ultimate containment of the prolonged cholera outbreak, once and for all.

EVENT DESCRIPTION

The security situation in the Central African Republic remains precarious in spite of the commitment of armed groups to the African initiative for peace. The situation is particularly tense in the central part of the country, with Kaga Bandoro, Bocaranga-Paoua axis and Alindao being the hotspots in the last week. The insecurity continues to cause population displacement and disrupt provision of humanitarian assistance, including health sector activities, in several localities. One aid worker was killed in Alindao on 1 August 2018, bringing to six the number of humanitarian actors who have lost their lives since the beginning of the year. The Kaga Bandoro-Mbrès axis remains inaccessible due to persistent insecurity. MSF-France has resumed its activities in Bria following suspension after the attack and looting of their Bria base during the night of 4 to 5 July 2018 by armed men, during which several medical equipment and materials were carried away and personnel threatened.

Overall, there has been a reduction in the total number of IDPs in the country. In July 2018, there were about 608 028 registered IDPs, a 7% decrease from May 2018. Of these, 41% are in 85 sites distributed across nine localities outside the capital Bangui. Another 354 017 live in host families, with a small number in the bush.

Humanitarian crisis in Central African Republic as of 6 August 2018



In week 31, three suspected cases of monkeypox were reported: two from Rafai sub-prefecture in Bangassou District and one from Pk8 displacement site in Bambari District. Blood specimens have been collected and sent to the Pasteur Institute of Bangui for testing and the results are being awaited. An outbreak of acute watery diarrhoea has been reported in Bocaranga and Ngaoundaye health districts, resulting in the deaths of four people, three children and one adult. This alert is being investigated.

PUBLIC HEALTH ACTIONS

- On 6 August 2018, the Ministry of Health, WHO and partners held an emergency meeting to review readiness and preparedness measures for the threats of the ongoing Ebola virus disease outbreak in North Kivu Province, Democratic Republic of the Congo. The national Ebola preparedness plan was revised to address new scenarios. During the same meeting, the national cholera contingency plan was also updated to take into account the threat posed by the ongoing cholera epidemic in northern Cameroon, bordering on two health districts (Ngaoundaye and Bocaranga-Koui) in the Central African Republic.
- A joint investigation mission organized by MENTOR, CORDER ID and IRC is underway in Bocaranga and Ngaoundaye health districts, following the acute watery diarrhoea alert. Community relays have been formed to raise awareness around water, sanitation and hygiene measures and to distribute chlorine tablets (Aquatabs).
- From 9 - 11 August 2018, an inter-agency mission is ongoing in Mbrès (Nana Gribizi) to assess and initiate emergency response following the recent wave of violence in the villages along the Mbrès-Ndomété-Kaga axes Bandoro, Mbrès-Dékoa-Mala, Mbrés-Grimari and Mbrès-Bakala. WHO has provided to EDEN (an international non-governmental organization) three basic malaria modules, one supplementary malaria module, one inter-agency emergency health kit and one post exposure prophylaxis kit to ensure free treatment of common diseases and cases of rape.
- IMC continues its activities at the Bria hospital and at the displaced people's site of PK3, Bornou and Gobolo. The mobile clinic activities on the Bria-Aïgbando axis resumed in the last week of July 2018 after more than five weeks of suspension for security reasons.
- The first phase of a multi-antigen catch-up vaccination campaign for children aged 0 to 11 months and pregnant women in Bria-Yalinga, Aïgbando and Irabanda axes was launched. This is the first of the three rounds of the vaccination campaign over the next three months.
- MSF-France and Oxfam are providing water supply in PK3 IDP site as well as disposal of solid waste, with the support of MINUSCA. WHO, along with UNFPA and UNICEF, is supporting the development of a response plan to cover gaps in health provision in Zémio, which will be implemented by a partner agency, JUPEDEC. WHO is providing emergency medical kits.
- WHO provided financial support to Bria health district to enable the organization of a voluntary blood donation campaign in the city of Bria for the Blood Transfusion Unit of Bria Hospital. This is aimed to address the recurring short supply of safe blood observed since MSF left Bria for security reasons.

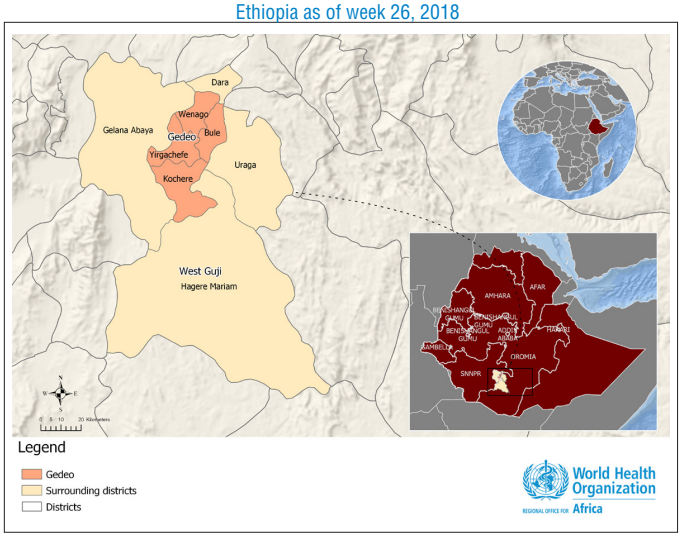
SITUATION INTERPRETATION

The humanitarian situation in Central Africa Republic remains critical, with the persistent insecurity preventing humanitarian access. The lack of access, coupled with the recent outbreak of acute watery diarrhoea and the new threat of EVD in the Democratic Republic of the Congo are of major concern, along with the ongoing problems of malnutrition, injury and lack of shelter. The health sector has received approval of US$ 1 million grant from the United Nations Central Emergency Response Fund (CERF) to provide relief aid to vulnerable people in several localities. This grant comes at an opportune time when the humanitarian agencies continue to strengthen advocacy for closer civil-military co-operation regarding humanitarian access to enable actors reach affected populations. More efforts are urgently required by national and international authorities to provide life-saving interventions, as well as peace efforts to bring the conflict to an end.

EVENT DESCRIPTION

The complex humanitarian crisis in Ethiopia continues. However, the conflict is declining with the ongoing peace negotiations. Traditional leaders from West Guji (Oromia) and Gedo (Southern Nations, Nationalities and Peoples Region (SSNP)) met on 28 July 2018 for a peace and reconciliation conference. As of 28 July 2018, an estimated 860 056 internally displaced persons (IDPs) are reported from Gedo alone, with an additional 188 747 IDPs estimated to be spread across six woredas in West Guji. There are an estimated 1.6 million IDPs across the whole country.

Geographical location of humanitarian crisis in Ethiopia as of week 26, 2018



Outbreaks of epidemic-prone diseases continue. In week 30 (week ending 27 July 2018), a total of 46 acute watery diarrhoea (AWD) cases were reported from two regions: Afar (44) and Tigray (2). No new AWD cases have been reported from Somali since week 25 (week ending 22 June 2018). Since the beginning of 2018, a cumulative total of 1 233 AWD cases have been reported from Afar (1 000, 81%), Dire Dawa (17, 1%), Somali (151, 13%), and Tigray (66, 5%).

In week 30, 74 suspected and confirmed measles cases were reported from seven regions, Addis Ababa (18), Afar (2), Amhara (3), Gambella (20), Oromia (11), Somali (4) and Tigray (16). Since the beginning of 2018, there have been a total of 2 944 suspected and confirmed measles cases across the country, including 815 confirmed (121 confirmed, 643 epidemiologically linked and 51 clinically compatible) cases. In the Tigray region, most cases occurred in four refugee camps in the region, mostly in newcomers from Eritrea and some individuals assumed to have come from the northern Red Sea region of Kohayin.

In Oromia, a total of 1 890 cases of severe acute malnutrition (SAM) were reported, with 274 admissions to stabilization centres (SCs) across nine zones in week 29. This shows a declining trend from previous weeks. However, the overall trend in malnutrition cases is increasing, with 789 cases reported since week 25; twice as many cases were reported over the same period of 2017. The cause is likely seasonal food insecurity, with crop production hampered by continuous security constraints. An increase in SAM cases has also been observed in IDPs in West Guji zone. In Somali Region, a total of 1 679 moderate to severe acute malnutrition (M-SAM) cases were admitted to the 33 prioritized SCs from weeks 1-30 of 2018, with 42 new M-SAM cases admitted to SCs in week 30.

PUBLIC HEALTH ACTIONS

- Implementation of routine nutritional screening is ongoing in all affected woredas in West Guji, with targeted supplementary food programme (TSFP) nutrition provided to all children with moderate to acute malnutrition. A total of 15 553 children were screened, along with 3 031 pregnant and lactating women.
- Active case search for AWD has been strengthened in affected woredas in Afar Region and 55 households have been disinfected, 57 contacts followed for five consecutive days and water purifiers were distributed, reaching 200 households, as part of ongoing outbreak response.
- In Oromia, WHO deployed technical officers to coordinate and support the response to AWD in five zones hosting IDPs (Guji, West Guji, Bale, East and West Harerghe). In addition, resource mobilization by WHO has expanded health service coverage to 28 woredas who host IDPs and WHO has provided 76 interagency emergency health kits and two EKDs for IDP interventions and deployed three complete AWD community kits for West Guji Zone.
- WHO continues to assist the Oromia zonal health office to improve nutritional screening and to link malnourished children to feeding schemes. Additionally, there is heightened surveillance and mass treatment for scabies being conducted in IPD sites in 11 towns in Oromia region.
- A mortality audit team was established in Dollo Ado HC/SC, Somali Region, along with on-site mentorship in management of SAM with medical complications. In week 30, 240 health professionals were provided with on-the-job training in surveillance and case detection across all zones, sensitizing a total of 2 736 people.
- A measles case investigation mission was conducted in four refugee camps in Tigray Region, including distribution of surveillance, case investigation and case management guidelines, initiation of vaccination at point of entry and reinforcing correct case management and isolation guidelines.

SITUATION INTERPRETATION

The decline in conflict as a result of the recent peace negotiations is to be applauded. However, significant challenges remain around inadequate operational funds for mobile health/nutrition teams, weak surveillance in refugee camps, particularly in Tigray, where low measles immunization rates in highly susceptible populations make refugees and host populations at high risk of outbreaks. Acute watery diarrhoea continues to be a constant potential threat in Afar, with overall weak coordination. This, coupled with inadequate water, sanitation and hygiene facilities, poor personal hygiene practices and lack of safe water across various regions, make IDP and refugee sites vulnerable to outbreaks of water-borne diseases. It is hoped that the funds will be forthcoming to support the necessary technical expertise and operational support.

Summary of major issues challenges, and proposed actions

Issues and challenges

- The Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo continues, with new confirmed cases and deaths being reported. Results of genomic sequencing done by the INRB has confirmed that the current EVD outbreak in North Kivu is not connected to the one that occurred in Equateur Region, though both were caused by the same EBOV strain. This finding is particularly important in guiding the application of new tools such as vaccines and therapeutic medicines.

  Efforts to establish effective response structures on the ground are ongoing and good progress has been made. Most of components of the response, including active surveillance, contact tracing system, infection prevention and control measures, care for patients, compassionate use of vaccines, safe and dignified burials of victims, and community engagement and social mobilization are already functional. However, there is a need to continue scaling up and improve effectiveness and efficiency of all aspects of the response.

- A cholera outbreak has been confirmed in the North and Central regions of Cameroon. Littoral Region has also reported increased cases of acute watery diarrhoea, though initial laboratory investigation was negative for cholera. While the cholera outbreak remains insidious and appears to be improving, there are key issues that require immediate attention. The case fatality ratio in the North Region has been quite high, standing at over 7%. Additionally, there are delays in establishing the cause of the reported clusters of acute watery diarrhoea cases in Littoral Region. Rising levels of insecurity and the presence of refugees and internally displaced people in several parts of the country are potential risk factors for escalation of the cholera outbreak. The rainy season, which began in May and is expected to last until September, could also facilitate further spread of the disease.

Proposed actions

- The national authority and partners in the Democratic Republic of the Congo need to continue mobilizing the necessary resources (human, finance and logistics) and strengthen critical response structures and systems on the ground. Additionally, the neighbouring countries need to continue to implement their national contingency plans in order to enhance their readiness and preparedness capacity for rapidly detection and response to any potential imported EVD cases.
- The national authorities and partners in Cameroon need to scale up implementation of conventional cholera control interventions. Additionally, adequate resources need to be mobilized for the implementation of the national cholera response plan.

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										
Mali	Severe Acute Malnutrition	Ungraded	1-Aug-18	3-Aug-18	5-Aug-18	244	0	35	14.3%	Three villages in the commune of Mondoro, Douentza district, Central Mali are experiencing an epidemic of malnutrition following the inter-communal conflict that prevails in the locality. From mid-March to 3 August 2018, a total of 224 cases including 35 deaths (CFR 15.6%) have been reported from three villages (Douna, Niagassadiou and Tiguila) in the commune of Mondoro, Douentza district, Northern Mali. This disease is manifested by the following signs: oedema of the lower limbs, myalgia, functional impotence, dyspnea sometimes followed by death.
Zimbabwe	Typhoid	Ungraded	7-Aug-18	6-Jul-18	8-Aug-18	1 448	0	5	0.3%	On 7 August 2018, WHO was notified by the Ministry of Health and Child Care of Zimbabwe of a suspected Outbreak of Typhoid fever in Gweru City. An investigation team dispatched to the area has line-listed a total of 1 448 cases with five deaths (CFR 0.3%) reported from 6 July to 8 August 2018. Two of the deaths occurred in the community while three are institutional deaths. Out of the total cases reported, 648 were reported from 6 – 8 August from Mkoba 15,18 and 20 while 800 were identified through retrospective investigation. *Salmonella typhi* was isolated from samples sent to the National Reference Laboratory on 9 August 2018.
Ongoing events										
Angola	Cholera	G1	2-Jan-18	21-Dec-17	29-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 neighbouring province of Luanda started reporting cases on 22 May 2018. From 22 May to 29 July 2018, 95 cases with seven deaths (CFR 7.4%) have been reported from fourteen districts in Luanda Province. Twelve cases have been confirmed for *Vibrio cholerae*. Fifty-seven percent of cases are males and 69% are aged five-year and above. The most affected is district is Talatona having reported a total of 26 cases with five deaths (CFR 19%).

Cameroon	Humanitarian crisis	G2	31-Dec-13	27-Jun-17	6-Aug-18	-	-	-	-	The security situation in the far north remains volatile. According to OCHA's latest humanitarian snapshot covering the period 31 July to 6 August 2018, a Multinational Joint Task Force truck carrying 12 Nigerian refugees was hit by an improvised explosive device (IED) in a border village in Mora district, in the Far North region on 29 July 2018. Six refugees died in the incident, amongst whom three children. The other six refugees and six Cameroonian soldiers were severely injured. The road where the explosion took place is the axis on which IED threats are the highest. In the North-West and South-West Regions, the crisis which began in October 2016 continues with around 160 000 people uprooted from their homes and more than 21 000 others forced to seek refuge in neighbouring Nigeria. The humanitarian needs include food, shelter, access to basic health services including water, sanitation and hygiene.
Cameroon	Cholera	G1	24-May-18	18-May-18	9-Aug-18	161	17	12	7.5%	See detailed update as given above.
Cameroon	Monkeypox	Ungraded	16-May-18	30-Apr-18	13-Jun-18	36	1	0	0.0%	On 30 April 2018, two suspected cases of monkeypox were reported to the Directorate of Control of Epidemic and Pandemic Diseases (DLMEP) by the Njikwa Health District in the North-West Region of Cameroon. On 14 May 2018, one of the suspected cases tested positive for monkeypox virus by PCR. On 15 May 2018, the incident management system was set up at the National Emergency Operations Center. An investigative mission to the North-west and South-west from 1 - 8 June 2018, found 21 new suspected cases without active lesions. As of 13 June 2018, a total of 36 suspected cases have been reported from both North-west and South-west regions.
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	5-Aug-18	-	-	-	-	See detailed update as given above.
Central African Republic	Monkeypox	Ungraded	20-Mar-18	2-Mar-18	5-Aug-18	32	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, three districts have been affected, namely Bambari, Bangassou and Mbaiki districts. A total of three suspected cases of monkeypox were recorded during week 31, including two from the Rafai sub-prefecture, Bangassou district and one from the Pk8 displacement site in Bambari. Cumulatively, 32 cases of monkeypox with one death (case fatality ratio 3.1%) have been reported from 2 March to 5 August 2018 in the Central African Republic, and 11 cases have been laboratory-confirmed out of 23 samples tested. Among the confirmed cases, 63% (n=7) are female, and 45% (5) are aged between 20 and 30 years; two confirmed cases are aged 5-year and below.

Chad	Measles	Ungraded	24-May-18	1-Jan-18	8-Jul-18	1 402	92	57	4.1%	During week 27, 118 cases with eight deaths were reported compared to 91 cases with zero deaths reported during the previous 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 the 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 inter-ethnic militia. In Great Equateur, 61 049 refugees from the 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		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	Ebola virus disease	G3	31-Jul-18	11-May-18	9-Aug-18	52	21	39	75%	See detailed update as given above.
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.
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 monkeypox 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	Polio-myelitis (cVDPV2)	G2	15-Feb-18	n/a	3-Aug-18	32	32	0	0.0%	The latest case of cVDPV2 was reported from Kabalo Health Area, Tanganyika Province. As of 3 August 2018, a total of 32 cases with onset in 2017 (22 cases) and 2018 (10 cases) have been confirmed. Six provinces have been affected, namely Haut-Lomami (9 cases), Maniema (2 cases), Tanganyika (15 cases), Haut Katanga (2 cases), Mongala (3 cases), and Ituri (1 case). The outbreak has been ongoing since February 2017. A public health emergency was officially declared by the Ministry of Health on 13 February 2018 when samples from 21 cases of Acute flaccid paralysis were confirmed retrospectively for vaccine-derived poliovirus type 2.
Democratic Republic of Congo	Rabies	Ungraded	19-Feb-18	1-Jan-18	22-Jul-18	19	0	19	100.0%	This outbreak began towards the end of October 2017 in Kibua health district, North Kivu province. .
Ethiopia	Humanitar-ian crisis	Protract-ed 1	15-Nov-15	n/a	29-Jul-18	-	-	-	-	See detailed update as given above.
Ethiopia	Acute watery diarrhoea (AWD)		15-Nov-15	1-Jan-18	29-Jul-18	1 234	-	18	1.5%	This has been an ongoing outbreak since the beginning of 2017. In most parts of the country, the situation has stabilized except for Afar region which continues to report cases. In week 30, 46 cases were reported from two regions, Afar region (44) and Tigray (2). This is a slight increase in the number of cases reported compared to the previous two weeks. From week 1 to 30 2018, a total of 1 243 cases with 18 deaths (CFR-1.4%) has been reported from the following regions: Somali (151 cases), Afar (1 000 cases with 18 deaths), Tigray (66 cases), and Dire Dawa City Administration (17 cases). Between January and December 2017, a cumulative total of 48 814 cases and 880 deaths (CFR 1.8%) were reported from nine regions.
Ethiopia	Measles		14-Jan-17	1-Jan-18	29-Jul-18	2 944	815	-	-	This has been an ongoing outbreak since the beginning of 2017. In 2018, a total of 2 944 suspected measles cases have been reported across the country including 74 new suspected cases reported in week 30. From the total suspected cases reported, 815 are confirmed cases (121 laboratory-confirmed, 643 epi-linked and 51 clinically compatible). There are currently three confirmed and two suspected outbreaks ongoing.
Ethiopia	Dengue fever	Ungraded	18-Jun-18	19-Jan-18	29-Jul-18	127	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. In week 30, two cases were reported from Liban Zone in Somali Region.

Guinea	Measles	Ungraded	9-May-18	1-Jan-18	22-Jul-18	1 615	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 have been reported with 50 being laboratory-confirmed. The outbreak has affected six sub-counties; Mvita (297 cases), Changamwe (499 cases), Jomvu (176 cases), Likoni (250 cases), Kisauni (153 cases) and Nyali (61 cases).
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. Garissa (1 566 cases and 18 deaths, CFR 1.1%) located the border with Somalia is the most affected county and it hosts the Daadab refugee camp.
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	23-Jul-18	187	16	1	0.5%	The outbreak is located in two counties, namely Wajir and Mandera Counties. As of 7 May 2018, Wajir County has reported 39 cases with 7 confirmed cases; Mandera has reported 102 cases with 4 confirmed cases and one death. Date of onset of the index case in Wajir County was on 15 December 2017. The index case was traced to Kajaja 2 village from where the outbreak spread to 7 other villages: Ducey (18 cases), ICF (2), Godade (3), Kajaja (1), Konton (2),Kurtun (1) and Qarsa (12). As of 23 July 2018, Mandera County has reported a second wave of measles outbreak from Takaba sub-county. A total of 46 cases with five confirmed have been reported.
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 three counties in Kenya. Twenty samples submitted to the KEMRI tested positive by PCR for RVF. Wajir has reported 82 cases with six deaths, Marsabit reported 11 cases with three deaths and Siaya country reported 1 case with 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	3-Aug-18	-	-	-	-	Liberia is experiencing very heavy rainfall that has resulted in flooding in six districts across three counties (Margibi, Montserrado and Grand Bassa) affecting an estimated 50 000 people (44% women and 18% children) with one death in a 4-year old child. The flood which started on 11 July 2018, has led to destruction of approximately 300 hectares of food crops, 582 homes severely damaged, unspecified livestock washed away, two bridges destroyed, one school affected with scholastic materials washed away, water supply system interrupted forcing the people to look for alternative 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 negatives. Seven specimens were not tested due to poor quality. Thirteen deaths have been reported among 20 confirmed cases (CFR 65%). Females constitute 60% (12/20) of confirmed cases. The age range among confirmed cases was 1 to 65 years old with a median age of 32.5 years. Cumulatively, 27 confirmed and suspected cases (negative cases removed) have been reported with 13 deaths (CFR 61.79). A total of 25 contacts are currently being monitored in Nimba county. All previous contacts (128) from Bong (71), Grand Bassa (24) and Nimba (33) have completed 21 days follow up.
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-18	29-Jul-18	3 498	228	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 30 (week ending 29 July 2018), 11 new suspected cases were reported from eight out of 15 counties. This is a decrease compared to the previous week when 25 suspected cases were reported. From week 1 to week 30 of 2018, 3 498 suspected cases have been reported including 15 deaths (CFR:0.4%). Cases are epidemiologically classified as follows: 228 (7%) laboratory-confirmed, 2,118 (61%) epi-linked, 455 (13%) clinically compatible, 221 (6%) discarded, and 470 (13%) 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 continue 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. There are 1.7 million people in need of health assistance in the face of inadequate numbers of health care workers (3.1 per 10 000 people, compared to the WHO recommended 17 per 10 000).
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	15-Jul-18	1,166	285	0	0.0%	From Week 1 to Week 28 of 2018, a total of 1 166 suspected cases with zero deaths have been reported. In week 28, 17 blood samples have been tested, and four of them were positive. The overall trend is decreasing in the 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. Over 65% of confirmed cases are below 5 years old. The affected health districts are Maciana, Bougouni, Kati, Koutiala, Kokolani, Kolondieba, Ouélessebougou, Sikasso, Douentza, Macina, Tombouctou, Dioila, Taoudenit and Kalabancoro. Reactive vaccination campaigns, enhancement of surveillance, and community sensitization activities are ongoing in the affected health districts.
Mauritania	Crimean-Congo haemorrhagic fever (CCHF)	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 haemorrhagic fever by RT-PCR and ELISA on 26 July 2018.

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). No history of travel among measles cases. The onset of symptoms of the first cases was in week 12. The reported measles cases have increased from week 18 up to a peak in week 24, following that there has been a decline in the number of cases. Forty-five percent of the affected cases are between the ages of 20-29 years. The three deaths were in women between the ages of 28 and 31 years. 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%	As of 29 July 2018, four out of 14 regions in Namibia have been affected by the HEV outbreak, namely, Khomas, Omusati, Erongo and Oshana regions. From 2017 week 36 (week ending 10 September 2017) to 29 July 2018, a total of 2 435 cases with 20 deaths (CFR 0.8%) have been reported in Khomas (1 968), Omusati (133), Erongo (296), Oshana (24) and 6 other regions of Namibia (14). A total of 250 cases have been laboratory confirmed (IgM ELISA) and ten maternal deaths (probable and confirmed cases) have been notified. Over 80% of reported cases are epidemiologically linked to cases reported in Windhoek, the epicentre of the epidemic.
Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	2-Aug-18	-	-	-	-	The security situation in Niger's Diffa Region remains precarious. According to USAID's Lake Chad Basin complex emergency report dated 2 August 2018, Boko Haram-related insecurity continues to restrict food access and livelihood activities for displaced populations in Diffa Region, Southeast Niger. Limited access to pasture is also undermining livestock activities in Diffa's pastoral zones, reducing herders' purchasing power. According to the report, crisis levels of acute food insecurity may persist in parts of Diffa through January 2019, although food security in many areas could improve to Stressed levels beginning in October. UNHCR's June 2018 report indicated around 104,288 internally displaced people in the Diffa Region. From January–June, relief actors admitted nearly 7,000 children ages five years and younger experiencing severe acute malnutrition for treatment in Diffa, including nearly 650 patients with medical complications, according to the UN Children's Fund (UNICEF).

Niger	Cholera	G1	13-Jul-18	13-Jul-18	7-Aug-18	993	19	15	1.5%	The outbreak which initially started in Madarounfa health district on the border with Nigeria has now spread to a second health district, Maradi Commune. Both health districts are in Maradi Region. The total number of health areas affected throughout the Maradi region increased from 09 to 17, including 07 in Maradi Commune and 10 in Madarounfa. During week 32, a total of 74 new suspected cholera cases including 1 death (CFR: 1.3%) were reported from Maradi region. From week 27 to 32 of 2018, a total of 993 cases including 15 deaths (CFR 1.5%) have been reported from Maradi Region. All deaths occurred in the treatment centre. Among the cumulative cases reported, 183 are reportedly Nigerians who reside in the neighbouring Nigerian State of Katsina where there is also an ongoing outbreak. A total of 19 samples have tested positive by culture for *Vibrio cholerae* O1 inaba.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	5-May-18	-	-	-	-	The security situation in north-east Nigeria remains volatile, with frequent incidents, often suicide attacks using person-borne improvised explosive devices (PBIED) and indiscriminate armed attacks on civilian and other targets. On 1 May 2018, an attack in Mubi town in Adamawa State resulted in 27 deaths and more than 50 injuries, while 13 people were killed in Zamfara State on 3 May 2018. In a related incident that took place on 5 May 2018, at least 45 people from Gwaska village in Kaduna State (outside north-east Nigeria) died in fighting between bandits and armed militia. Internal displacement continues across north-east Nigeria, especially in Borno, Adamawa and Yobe States, partly fuelled by deteriorating living conditions and the ongoing conflict. The number of internally displaced persons (IDPs) across the six states (Adamawa, Bauchi, Borno, Gombe, Taraba, and Yobe) in northeast Nigeria increased to over 1.88 million in April 2018, from 1.78 in February 2018. In addition, there are over 1.4 million returnees in the area. The communal conflicts between herders and farmers, which has been taking place since January 2018 outside north-east Nigeria, also displaced approximately 130 000 people in Benue, Nasarawa, Kaduna, and Taraba States.

Nigeria	Cholera	G1	7-Jun-17	1-Jan-18	5-Aug-18	19 961	314	293	1.5%	There has been a decline in the overall national trend of the cholera outbreak since the peak in week 21, however, there is an increase in the number of cases in Kaduna, Kano, Zamfara and Katsina States. Sokoto State is the latest to report an outbreak of cholera after 477 suspected cases including 17 deaths were identified from weeks 18 - 31. Nineteen of the cases were confirmed for Vibrio cholerae. In week 31 (week ending 5 August 2018), a total of 377 suspected cases including 12 deaths (CFR 3.2%) were reported from five states Zamfara (191 cases with three deaths), Katsina (82 cases with five deaths), Kano (28 cases with two deaths), Ebonyi (2) and Sokoto (74 cases with two deaths). As of 5 August 2018, a total of 19 961 suspected cases including 293 deaths (CFR 1.5%) have been reported from 18 States since the beginning of 2018. No new cases were reported in the last three weeks or more from Gombe, Jigawa, Kogi, Anambra, Nasarawa, and Plateau States. Seventy-four percent (74%) of cases are aged 5-year and above. There is an almost equal proportion of males and females affected.
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-18	29-Jul-18	482	472	131	27.2%	The outbreak is continuing with less than ten cases reported each week. In week 30 (week ending 29 July 2018), five new confirmed cases with one death were reported. From 1 January to 8 July 2018, a total of 2 291 suspected cases have been reported from 21 states. Of the suspected cases, 472 were confirmed, 10 are probable, 1 809 negatives (not a case). Thirty-nine health care workers have been affected since the onset of the outbreak in seven states with ten deaths. Seventeen states have exited the active phase of the outbreak while two - Edo and Ondo States still remain active. A total of 6 262 contacts have been identified from the 21 affected states. Eighty-eight contacts became symptomatic of which 30 have tested positive from five states. 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.

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	Polio-myelitis (cVDPV2)	Ungraded	1-Jun-18	1-Jan-18	8-Aug-18	2	2	0	0.0%	Circulating vaccine-derived poliovirus type 2 (cVDPV2) was confirmed in a stool sample from a case of Acute flaccid paralysis (AFP) with symptom onset on 16 June 2018 in Yobe State. This is the second AFP case since the beginning of 2018 with a confirmed cVDPV2. The first was an AFP case 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 of week 28 (week ending on 15 July 2018), from all Nigerian states in 504 LGAs. One new in-country presumptive positive case was reported 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	6-Aug-18	2 815	0	0	0.0%	From week 40 in 2016 to week 30 in 2018, a total of 2 815 cases have been notified. In week 30, 22 cases were notified, eight less than the previous week. Six out of seven districts reported cases during week 30, namely, Mé-zochi (7), Cantagalo (7), Lemba (1), Agua grande (4), Caue (1), and Principe (2). The attack rate of necrotising cellulitis in Sao Tome and Príncipe is 14.2 cases per 1 000 inhabitants.
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	8-Jul-18	5 443	1 429	-	-	As of week 27, a total of 5 443 suspected cases have been reported from two of the three main islands, Mahé and Praslin. No case has been reported from La Digue during week 27. A fluctuating trend has been observed for the past four weeks. For week 27, forty-one suspected cases were reported. Thirty-nine samples were tested for dengue of which 33 were negative, and six 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 (five cases) from 11 - 14 June 2018. These cases are reportedly from unvaccinated children in neighbouring 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 has been 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.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	29-Jul-18	-	-	-	-	The humanitarian situation in South Sudan remains volatile and unpredictable since the beginning of the crisis 4 years ago. The latest round of peace talks took place in Khartoum and a permanent ceasefire agreement signed. However, despite this, it is apparent that the fighting leading to loss of lives has continued unabated. The economic crisis with hyperinflation, food insecurity, and continued fighting has put lives of millions South Sudanese at risk. As of 8 July 2018, there are approximately 2.5 million refugees as a result of this crisis and 1.74 million IDPs.
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	29-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 29 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	29-Jul-18	41	3	0	0.0%	Measles outbreak confirmed in Rumbek Center after 3 IgM positive cases were reported. As of 29 July 2018, a cumulative of 41 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 the first quarter of 2018 for the county was 19%. As part of the response; outbreak investigation, line listing and vaccination micro plan targeting 44 049 children 6-59 months of age have been completed. A reactive response is planned by MedAir and CUAMM supported by WHO and UNICEF. A long-term strategy for improving routine immunization has been developed by EPI-MoH.
Tanzania	Cholera	Protracted 1	20-Aug-15	1-Jan-18	5-Aug-18	3 422	50	66	1.9%	See detailed update as given above.
Tanzania	Dengue fever	Ungraded	19-Mar-18	1-Dec-17	22-Jun-18	226	37	-	-	Dengue fever has been reported from Dar es Salaam since January 2018. As of 22 June 2018, a total of 226 cases with no death have been reported. The Tanzania National Health Laboratory and Quality Assurance and Training Centre (NHLQATC) has so far received a total of 92 samples of suspected dengue cases, of which 37 samples have tested positive for dengue fever and the circulating serotype is dengue type III.
Uganda	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 neighbouring DRC and South Sudan. Despite responding to one of the largest refugee emergencies in Africa, humanitarian funding has remained low especially in 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 polymerase chain reaction (PCR). The event was initially detected on 9 February 2018 in Arua district when a cluster of three case-patients presented to a local health facility with skin lesions, mainly localized to the forearms. Three blood samples collected from the case-patients on 9 February 2018 were shipped to the Uganda Virus Research Institute (UVRI). One tested positive for *Bacillus anthracis* by polymerase chain reaction (PCR) based on laboratory results released by the UVRI on 5 April 2018.
Uganda	Cholera	Ungraded	7-May-18	29-Apr-18	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 with one death), Kween (83 cases with four deaths), Mbale (46 cases with three deaths) and Bulambuli (42 cases with one 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.
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	24-May-18	-	17-Jul-18	7	3	2	28.6%	On 23 May 2018, a 35-year 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 confirming CCHF by PCR. As of 18 June 2018, there was a total of five cases (one confirmed and four suspected) with two deaths (CFR 40%). Three of the suspected cases were identified from the same household as the confirmed case in Nkooko sub-county. Samples taken from the suspected cases were negative for CCHF. As of 17 July 2018, two new CCHF cases were confirmed from Mbarara RRH. The cases are a couple from Nakivale Refugee settlement from Isingiro district. Contact tracing is ongoing in the district and 42 out of 57 contacts were under follow up on the day of the report.

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 beginning of the year. One hundred ninety-nine cases were laboratory-confirmed as IgM-positive. Forty-two districts in the country have confirmed a measles outbreak. Kampala and Wakiso were the index districts to report an outbreak, and these are both metropolitan and business districts. The number of reported suspected and confirmed cases have decreased gradually since May 2018.
Uganda	Rift Valley fever (RVF)	Ungraded	29-Jun-18	20-Jun-18	7-Aug-18	20	8	4	20.0%	Two new cases of Rift Valley fever including one death were confirmed on 7 August 2018 at the Ugandan Virus Research Institute (UVRI) by RT-PCR. The deceased case-patient is from Isingiro district. The other case-patient whose permanent address is Kween district developed symptoms in Iganga district. Since the confirmation of the outbreak on 28 June 2018, a total of 20 hospital cases including four deaths (CFR 20%) have been reported. Eight cases have been confirmed by RT-PCR at UVRI from six districts - (1 Kasese, 3 Isingiro, 1- Ibanda, 1- Mbarara, 1- Sembabule district, and 1 - Kween district).
Zambia	Measles	Ungraded	2-Aug-18	6-Jul-18	1-Aug-18	20	4	-	-	On 1 August 2018, an outbreak of measles was reported in the Paul Mambilima catchment 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-year-old baby was seen at a facility on 19 July 2018 presenting with an illness meeting the standard case definition for measles. By 1 August 2018, further investigations had identified a total of 20 measles suspected cases from the Democratic Republic of the Congo (11 suspected, two confirmed) and Zambia (five suspected and two confirmed).

†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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