WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 9: 24 February – 2 March 2018
Data as reported by 17:00; 2 March 2018

1	**47**	**39**	**9**
New event	Ongoing events	Outbreaks	Humanitarian crises

Mauritania
Mali
Niger
Burkina faso
Liberia
Ghana
Benin
Nigeria
Cameroon
Central African Republic
South Sudan
Ethiopia
Democratic Republic of Congo
Uganda
Kenya
Sao Tome & Principe
Tanzania
Seychelles
Angola
Zambia
Malawi
Mozambique
Zimbabwe
Namibia
Madagascar
South Africa

Legend

- Food insecurity
- Measles
- Monkeypox
- Lassa fever
- Cholera
- Dengue fever
- Hepatitis E
- Plague
- Microcephaly
- Typhoid fever
- Meningitis
- Listeriosis
- Cases
- Deaths
- Scabies
- Humanitarian crisis
- Necrotising fasciitis
- Acute watery diarrhoea
- Flooding/mudslide
- Yellow fever
- Crimean-Congo haemorrhagic fever
- cVDPV
- Rift Valley fever
- Dengue haemorrhagic fever
- Rabies
- Chikungunya
- Countries reported in the document
- Non WHO African Region
- WHO Member States with no ongoing events

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

N S W E

2 Grade 3 events	**5** Grade 2 events	**8** Grade 1 events	**29** Ungraded events
2 Protracted 3 events	**1** Protracted 2 event	**1** Protracted 1 event	

Overview

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7 Summary of major challenges and proposed actions

8 All events currently being monitored

- This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 48 events in the region. This week's edition covers key new and ongoing events, including:

  - Cholera in Tanzania
  - Lassa fever in Nigeria
  - Cholera in Uganda
  - Rift Valley fever in South Sudan
  - Cholera in Malawi

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

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

- **Major challenges include:**

  - The recent upsurge in cases of cholera in Tanzania is of concern, particularly given the high case fatality rate. There is a need to improve rapid detection and case management. There is also a need to rapidly scale up water, sanitation, and hygiene interventions to address the underlying risk factors contributing to the propagation of disease.

  - The number of cases of Lassa fever continues to increase in Nigeria, and support is needed from national and international partners to rapidly scale up laboratory capacity, infection prevention and control in health facilities, and case management capacity to control the outbreak.

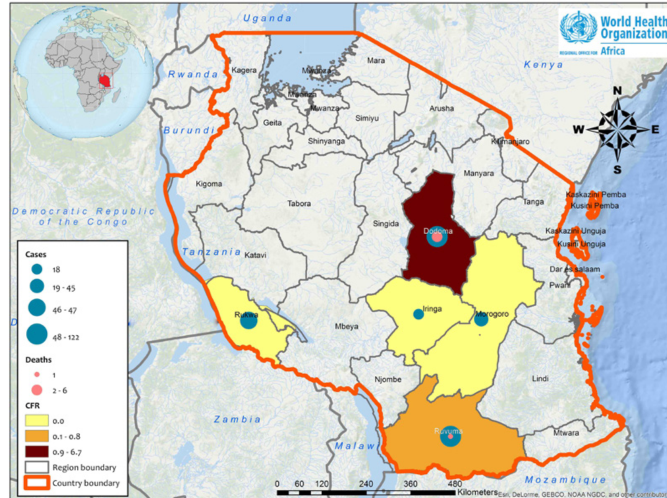
Ongoing events

Cholera	Tanzania	1 306 **Cases**	27 **Deaths**	2.1% **CFR**

EVENT DESCRIPTION

The cholera outbreak in Tanzania is showing an increasing trend in the early part of 2018. In the week ending 25 February 2018, there was an increase to 321 cases and seven deaths (case fatality rate 2.2%) from 231 cases and five deaths (case fatality rate 2.1%) in the previous week. This week, five out of 26 regions or nine out of 184 districts in Tanzania Mainland reported cases. More cholera cases have been reported in the past three weeks as compared to the same period in 2017.

Geographical distribution of cholera cases in Tanzania, 19 – 25 February 2018



The five regions that reported cases this week are Ruvuma (122 cases and one death), Dodoma (89 cases and six deaths), Rukwa (47 cases, no deaths), Morogoro (45 cases, no deaths) and Iringa (18 cases, no deaths).

The nine districts that reported cases are Ruvuma Region, Nyasa DC (80 cases, no deaths), Mbinga DC (42 cases, one death); Dodoma Region, Mpwapwa DC (62 cases, six deaths), Chamwino DC (19 cases, no deaths), Kongwa DC (eight cases, no deaths); Rukwa Region, Sumbawanga DC (47 cases, no deaths); Morogoro Region, Kilosa DC (38 cases, no deaths), Mvomero DC (seven cases, no deaths); Iringa Region, Kilolo DC (18 cases, no deaths).

For the past four weeks (ending 25 February 2018), Dodoma Region reported 428 (43.6%) of the 981 cases, followed by Ruvuma Region 302 (30.8%), Rukwa Region 123 (12.5%), Iringa Region 76 (7.7%), Morogoro 49 (5.0%) and Kigoma 3 (0.3%). Zanzibar continues to report no cholera cases in 2018, with the last reported case on 11 July 2017.

PUBLIC HEALTH ACTIONS

- A National Task Force (NTF) meeting was held on 23 February 2018 and the WHO country office team agreed to support Dodoma and Ruvuma regions in identified, specified activities. The Cholera NTF will follow up with the President's Office, Regional Administration and Local Government (PO-RALG) to ensure that cholera is permanently on the agenda at all levels.
- The national rapid response team (RRT) was deployed to Mpwapwa, Dodoma region from 13-18 February 2018. The RRT reported to the NTF on gaps in district multisectoral collaboration, cholera management guidelines and the cholera response plan. They also reported poor community engagement in the area.
- There is a weekly teleconference involving the District Medical Officers of the affected districts through the Emergency Operations Committee, led by the Chief Medical Officer.
- Laboratory surveillance in all regions has been strengthened and the importance of laboratory testing of samples from all suspected cases has been stressed.
- Surveillance at all levels has been strengthened, particularly timely reporting of cholera cases and community contact tracing. There is particular emphasis on strengthening surveillance in non-reporting areas, including the Kigoma region, which receives asylum seekers from Democratic Republic of the Congo.
- Local government authorities continue to conduct community sensitization activities including village meetings and local radio messaging, promoting the use of safe drinking water, safe water storage, and proper sanitation and hygiene practices.
- Aqua tabs are being distributed and people shown how to use them for household water treatment.
- Influential people in the community, including political and religious leaders, have become increasingly involved in the dissemination of information about cholera prevention and promotion of water safety, handwashing, latrine coverage, and reduction of open defecation.
- Stockpiles of essential supplies continue to be repositioned to facilitate rapid response to new cases.

SITUATION INTERPRETATION

The continuation of the cholera outbreak on the mainland of Tanzania is of concern, particularly in light of the upswing in cases in recent weeks and the approaching rainy season. The gaps in responses in Dodoma are of special concern since this area reports just over 40% of cases. The high case fatality rate recorded since the beginning of the year underscores the importance of enhancing timely detection and appropriate clinical management of cases. A budgeted cholera elimination plan is being drafted and needs to be released as soon as possible to guide future interventions. National authorities and international actors need urgently to upscale response efforts in order to bring this outbreak to a close.

Lassa fever	Nigeria	1 081 Cases	90 Deaths	8.3% CFR

EVENT DESCRIPTION

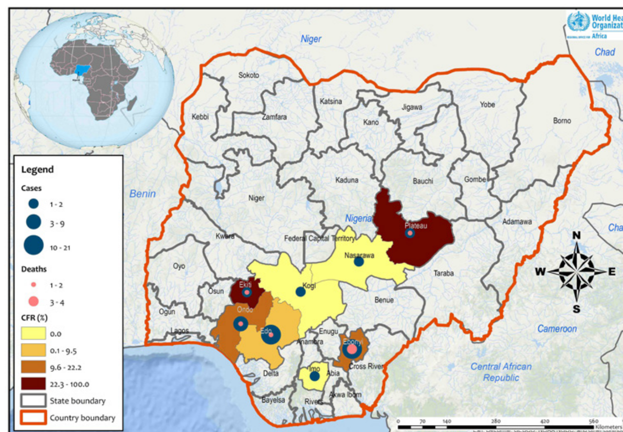
The Lassa fever outbreak in Nigeria is ongoing, with 54 new confirmed cases and 10 deaths recorded in the week ending 25 February 2018 (case fatality rate 18.5%). These cases were from eight states, Edo (21), Ebonyi (18), Ondo (9), Nasarawa (2), Plateau (1), Kogi (1), Imo (1) and Ekiti (1), with ten deaths among confirmed cases from five states, Ebonyi (4 deaths among confirmed cases, 2 among probable cases), Edo (2), Ondo (2), Ekiti (1), and Plateau (1).

From 1 January 2018 to 25 February 2018, a total of 1 081 suspected cases and 90 deaths (case fatality rate 8.3%) have been reported from 18 active states (Anambra, Bauchi, Benue, Delta, Ebonyi, Edo, Ekiti, Gombe, Imo, Kogi, Lagos, Nasarawa, Ondo, Osun, Plateau, Rivers, Taraba, and the Federal Capital Territory).

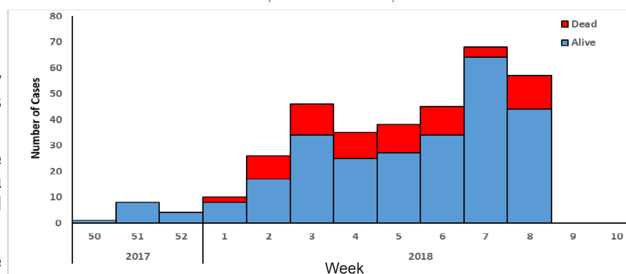
Since the start of 2018, out of 325 cases for which laboratory reporting is available, 317 have been confirmed and eight have been classified as probable. A total of 72 deaths have been recorded among laboratory confirmed (64) and probable (8) cases (case fatality rate 23%). Sixty-nine percent of all confirmed cases are from Edo (43%) and Ondo (26%) states.

The main age group affected is between 21 and 40 years and the male to female ratio for confirmed cases is 2:1. As of 25 February 2018, Irrua Specialist Hospital had 42 cases admitted, while Federal Medical Centre Owo had all 21 isolation beds occupied. A total of 2 845 contacts have been identified from 18 active states and 1 897 are currently being followed up.

Geographical distribution of Lassa fever cases in Nigeria, week 8, 2018



Weekly trend in confirmed and probable cases of Lassa fever in Nigeria, week 50, 2017 – week 8, 2018



PUBLIC HEALTH ACTIONS

- The National Lassa fever multi-partner, multi-agency Emergency Operations Centre (EOC) continues to coordinate the response activities at all levels, with support from WHO and other partners.
- WHO is scaling up its support of the response at the national and state levels and continues to deploy international experts to support data management, case management, infection prevention and control, and other aspects of the response.
- Nigeria Centre for Disease Control (NCDC) is collaborating with the Alliance for International Medical Action (ALIMA) and Médecins Sans Frontières (MSF) in Anambra, Edo, and Ondo states to support case management. Designated Lassa fever treatment units in Ebonyi, Edo, and Ondo states, which have been the most affected by the outbreak, continue to provide treatment to suspected cases.
- NCDC deployed teams to four states bordering Benin (Kebbi, Kwara, Niger and Oyo) to enhance cross-border surveillance in those areas.

SITUATION INTERPRETATION

The increase in new cases of Lassa fever is of concern and challenges around the provision of adequate resources for managing the outbreak remain. The large number and wide geographical spread of cases requires an urgent and intensive response, including support for infection prevention and control, case management, and laboratory testing, from national and international partners in order to bring the outbreak under control.

Cholera	Uganda	1 151 Cases	31 Deaths	2.7% CFR

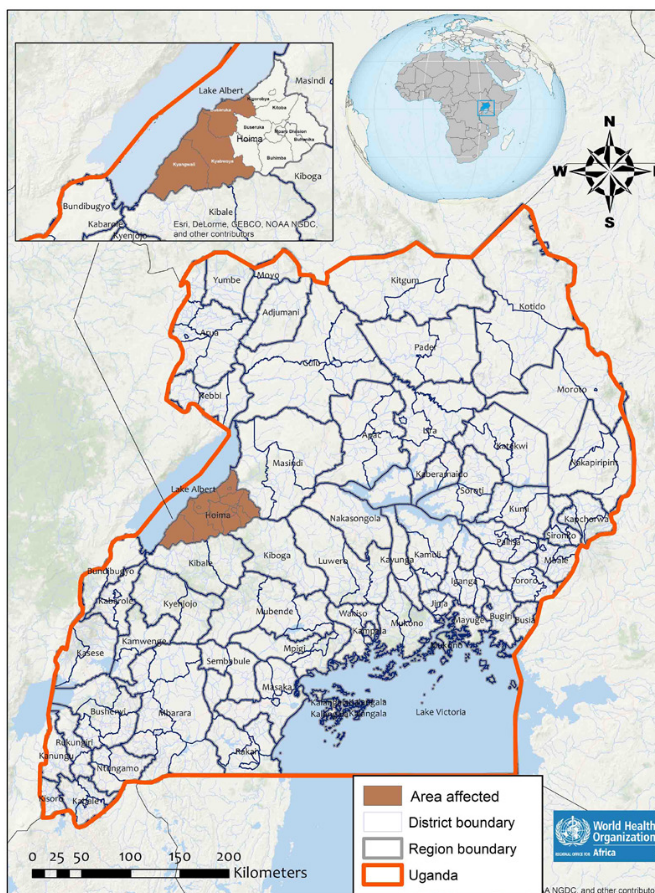
EVENT DESCRIPTION

The outbreak of cholera in Uganda continues to evolve, with new areas being affected. Since our last report on 23 February 2018 *(Weekly Bulletin 8)*, a total of 451 cases and four deaths (case fatality rate 0.9%) were reported. On 27 February 2018, 92 new cases were reported from Sebigoro (59 cases and two deaths) and Kasango (36 cases) cholera treatment centres (CTCs). Two new sub-counties, Buseruka and Kyangwali, have been affected, in addition to Kabwoya sub-county where the outbreak emerged. Fourteen out of 24 stool samples analyzed using rapid diagnostic tests tested positive for cholera.

Since the beginning of the outbreak on 15 February 2018, a total of 1 151 cases, including 31 deaths (case fatality rate 2.7%), have been reported as of 27 February 2018. The majority of the affected people are refugees from the Democratic Republic of the Congo and 67% of cases are aged 5 years and above. Ten stool samples were collected and analyzed, of which seven grew *Vibrio cholerae*. The strains isolated to date include *Vibrio cholerae* O1and *Vibrio cholerae* O139.

The outbreak of cholera in refugee settlements in Hoima District, located in the western part of Uganda was confirmed on 19 February 2018 and formally declared by the Ugandan Ministry of Health on 23 February 2018.

Geographical distribution of cholera cases in Uganda, 15-27 February 2018



PUBLIC HEALTH ACTIONS

- Coordination structures have been established at the national and district levels. The Ministry of Health deployed a national rapid response team to Hoima District to support local response efforts.
- Two CTCs have been set up at Kasonga HC III and Sebigoro HC III, both staffed by healthcare workers from Hoima District, with support from MSF and MTI. On-the-job training of healthcare workers in the two CTCs is being conducted to ensure adherence to the 2017 Ministry of Health cholera management guidelines. Restriction of access into the CTCs by unauthorized persons is being enforced as part of infection prevention and control (IPC) measures.
- Active surveillance has been enhanced, and village health teams and Red Cross volunteers are conducting active case finding in the refugee settlements.
- Cholera cases are being line-listed, and the dataset cleaned and analyzed daily to guide the response.
- Cholera rapid diagnostic tests (RDTs) have been deployed in the health facilities to facilitate screening of suspected cases. The staff have been trained in the use of RDTs.
- A total of 350 households were sensitized by Red Cross volunteers on the signs and symptoms of cholera and prevention measures. Five hundred educational posters and 8 201 brochures have been distributed in Kayangwali and Kaiso.

SITUATION INTERPRETATION

The cholera outbreak in the refugee settlements in Hoima District continues, with two additional sub-counties being affected. Transmission is still mainly localized in the new refugee settlements and fishing villages along Lake Albert. The outbreak is being amplified by inadequate access to safe water supplies, poor sanitation and limited handwashing facilities in the communities. Poor IPC measures at the CTCs may also contribute to the risk of nosocomial infection.

Several challenges still exist in the response being implemented on the ground. Some of the major gaps include inadequate social mobilization and community engagement activities, limited provision of WASH interventions, low level of IPC measures in the health facilities, and a need to reinforce case management through the deployment of additional health workers and enhancement of skills of workers in the health facilities.

While the current outbreak has the potential to spread to other communities and districts in the Albertine region, there is still a window of opportunity to interrupt propagation of the disease. Nevertheless, this requires a more aggressive response and scale up of the ongoing control interventions. Mobilization of resources including funds, human capacity, and logistics, is needed to step up the interventions. Greater engagement and involvement of the local communities in the response to promote personal and food hygiene and use of safe drinking water are critical at this stage.

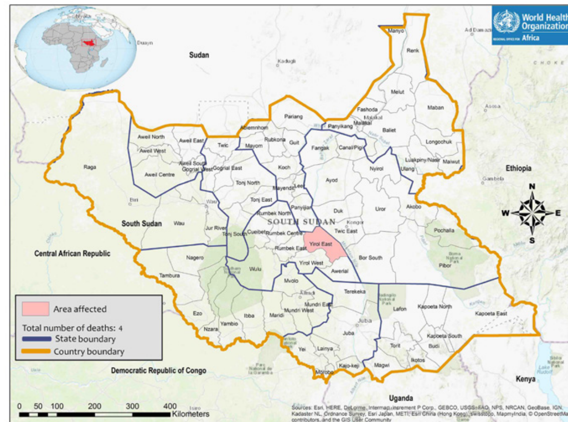
Rift Valley fever | South Sudan | 32 Cases | 4 Deaths | 12.5% CFR

EVENT DESCRIPTION

WHO and partners continue to closely monitor the outbreak of Rift Valley fever (RVF) in Eastern Lakes State, South Sudan. As of the week ending 24 February 2018, a total of 32 cases and four deaths have been reported from Yirol East County. In this week, one new suspected case was reported, a 17 year-old male who presented to hospital on 19 February 2018 with a history of fever, headache, and joint pain that started the same day. On 21 February 2018, he vomited coffee grounds and frank blood, passed melaena stools, lost consciousness and died the same day. The case was positive for malaria by rapid diagnostic testing and a blood sample collected from the case was obtained for RVF testing. The deaths of goats and a cow have been reported in the neighbourhood of the case.

As of 24 February 2018, there were no cases hospitalized in Yirol East County. During the week, eight human samples tested negative for Ebola, Marburg, Crimean-Congo haemorrhagic fever, RVF, and Sosuga viruses by PCR at the Uganda Viral Research Institute (UVRI). Serology testing of these samples for RVF is ongoing. Overall, a total of 32 suspected RVF cases have been reported, including five confirmed cases (one of which was IgG and IgM positive and four which were IgG-only positive), three probable cases who died, 12 suspected cases for whom complete laboratory results are pending (one of whom died), and 12 cases who were considered as non-cases following negative laboratory results for RVF. Excluding non-cases, the majority of suspected cases have been women (60%; 12/20), and individuals aged 20-39 years have comprised the majority (60%) of cases.

Geographical distribution of Rift Valley fever cases in South Sudan, 7 December 2017 – 24 February 2018



Of 28 animal samples collected, one sample taken from a cow showed high RVF IgG titres indicative of previous RVF infection, six tested negative for RVF, and 21 samples are pending testing. Since the beginning of the outbreak, goats, sheep, and cattle in the area have shown evidence of zoonotic haemorrhagic illness and abortions in livestock, disease in cattle, and wild bird die-offs have been reported in the outbreak area.

PUBLIC HEALTH ACTIONS

- Investigation and response activities continue to be coordinated by a multi-sectoral task force that meets weekly at the national and sub-national (Yirol East) level.
- Community health workers and community animal health workers continue to conduct surveillance for suspected human and animal cases.
- The County health department, the Eastern Lakes State Ministry of Health, UNICEF, and Community Health and Development Organization (CHADO) continue to support community mobilization, engagement, and sensitization activities. These include interactive household sessions, community meetings, water point and market sessions, and church announcements in Yirol East, Yirol West, and Awerial counties.
- A total of 83 community mobilizers and supervisors have conveyed key messages about RVF prevention and control to 9 947 households (47 762 people) in Eastern Lakes State, and have conducted 824 interactive community meetings. RVF radio messaging is also ongoing in the affected area.
- A WHO technical officer verified the suspect case detected during the week and supported the collection of samples for confirmatory laboratory testing.
- The development of a multisectoral RVF preparedness and response framework that will facilitate readiness activities and enhance capacity to prevent and control future RVF outbreaks is ongoing.

SITUATION INTERPRETATION

The suspected RVF outbreak in South Sudan continues to be closely monitored, and there is a continued need for support to strengthen national capacity for RVF preparedness, surveillance, and response. Specifically, continued support from the Ministry of Health, Ministry of Animal Health Resources and Fisheries, WHO, the Food and Agriculture Organization of the United Nations (FAO), and partners will be needed to conduct extended human and animal health and entomological investigations into the event. Finalization of the multisectoral RVF preparedness and response framework should be completed as soon as possible in order to guide activities in this area. There is also a need for technical support to develop a long term RVF risk communication strategy that will be used to engage and mobilize communities at risk on an ongoing basis, given the continued risk of RVF in this population.

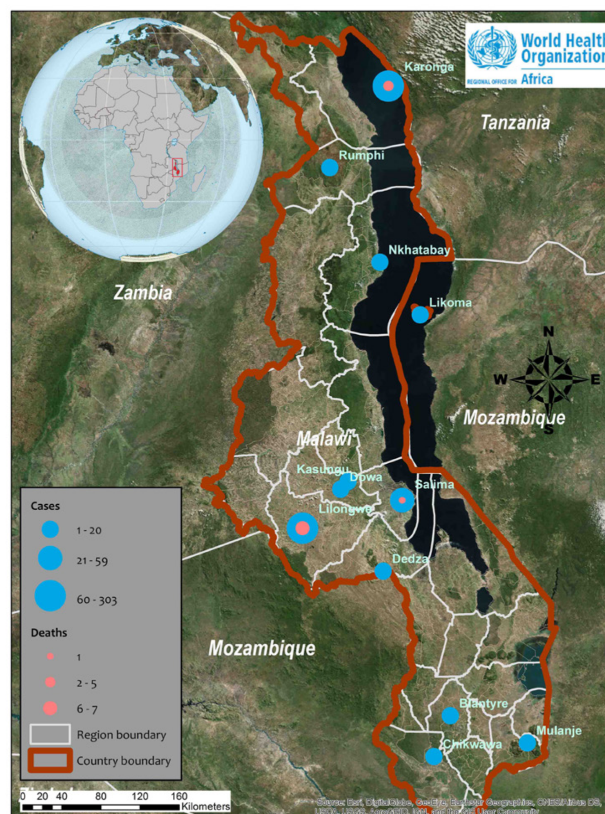
Cholera | Malawi | 642 Cases | 13 Deaths | 2.0% CFR

EVENT DESCRIPTION

The cholera outbreak in Malawi continues to evolve, with spread to new areas in Lilongwe and Salima districts. During the week ending 25 February 2018, a total of 101 suspected cholera cases including four deaths were reported from five districts, namely Lilongwe (38 cases, 3 deaths), Karonga (29 cases, 1 death), Dedza (17 cases), Salima (15 cases), and Rumphi (2 cases). Two of the deaths occurred in the community, and two in health facilities. The trend in the number of cases is increasing, with 91 cases and four deaths reported in the previous week.

Since the beginning of the outbreak on 24 November 2017 to 25 February 2018, a total of 642 cases including 13 deaths (case fatality rate 2.0%) were reported. Thirteen out of 29 (45%) districts in the country have been affected, with six districts (Dedza, Karonga, Likoma, Lilongwe, Rumphi, and Salima) reporting cases in the past two weeks. Karonga has been the most affected, with 47% (303) of the cases reported to date, followed by Lilongwe (31%, 201), the district that contains the capital city. Notably, the fishing sites on Lake Malawi in Karonga district lack access to safe water and sanitation. Of 435 cases with known ages and gender, 70% (305) were aged 15 years and above and 51% (221) were females. A total of 84 stool samples have been collected and 78 (93%) tested positive for *Vibrio cholerae* O1 by culture.

Geographical distribution of cholera cases in Malawi, 24 November 2017 to 25 February 2018



PUBLIC HEALTH ACTIONS

- Health and water, sanitation, and hygiene (WASH) clusters continue to meet every two weeks to review and coordinate activities and mobilize resources for the interventions planned for the next three months.
- From 19-23 February 2018, the first round of an oral cholera vaccine campaign was conducted in Karonga to control the outbreak in this district. The second round is planned for 12-16 March 2018.
- Active surveillance, including visits to the households and communities of the cases, is ongoing in the affected areas.
- A total of 2 305 health workers have been trained in cholera case management by the NGO Organized Network of Services for Everyone (ONSE), with financial support from USAID.
- WHO has donated 1 200 cholera rapid diagnostic tests (RDTs) to facilitate quick detection of suspected cases requiring further confirmation.
- UNICEF and CDC conducted a water quality assessment in Karonga and results have not yet been shared.

SITUATION INTERPRETATION

Although the number of cholera cases reported over the past three months is relatively small compared to what has been reported in neighbouring countries, the recent increase in the number of cases and the potential for further spread of the outbreak is concerning. Support from national and international partners to address the estimated US$ 800 000 gap in funding for the planned Health and WASH cluster activities is needed to bring this outbreak to a close.

Summary of major challenges and proposed actions

Challenges

- The lack of a budgeted cholera elimination plan is an important challenge for addressing the outbreak in Tanzania, as a coordinated, scaled up response is critical to effectively addressing the current response gaps. Enhanced response activities are particularly needed in Dodoma region, where the greatest number of cases has been reported in recent weeks. The high overall case fatality rate associated with this outbreak indicates that enhanced rapid case detection and appropriate case management are urgently needed to reduce the public health impact of this outbreak.
- The large-scale outbreak of Lassa fever in Nigeria continues, with an increasing trend in the number of cases. There is a need to understand and address the underlying factors contributing to this outbreak, and an urgent need to scale up interventions aimed at reducing the risk of transmission in the community and in healthcare facilities.

Proposed actions

- The budgeted cholera elimination plan of Tanzania should be finalized as soon as possible to guide implementation of interventions, including enhanced community-based surveillance and case management activities to reduce the high fatality rate among cases, particularly in identified cholera hotspots.
- National and international partners should rapidly scale up response activities to the Lassa fever outbreak in Nigeria in order to bring it under control. Urgent needs include support for laboratory capacity, infection prevention and control in health facilities, and case management capacity. Future assessments of the situation and epidemiological investigations may help guide interventions to effectively control this outbreak.

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										
Ghana	Lassa fever	Ungraded	1-Mar-18	27-Feb-18	2-Mar-18	1	1	1	100.0%	On 1 March 2018, WHO was notified of a confirmed case of Lassa fever. The index case was a 26 year-old male who presented at a public hospital in Accra on 23 February 2018 with symptoms of general weakness, severe headache, joint pains, and vomiting of blood. On 23 February 2018, a blood sample was sent to the lab for confirmation and tested PCR positive on 26 February 2018. He died on 28 February 2018. All contacts have been listed and they are currently being monitored. No additional cases have been detected as of 2 March 2018.
Ongoing events										
Angola	Cholera	G1	2-Jan-18	21-Dec-17	3-Feb-18	557	5	11	2.0%	On 21 December 2018, two suspected cholera cases were reported from Uige district, Uige province. Both of these cases had a history of travel to Kimpangu (DRC). The number of weekly cases has decreased in Week 5, with 35 cases and 1 deaths reported, as compared to 79 cases and 1 death in Week 4.
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	Microcephaly - 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).
Benin	Lassa fever	Ungraded	13-Jan-18	8-Jan-18	22-Feb-18	23	5	9	39.1%	Twenty-three cases (5 confirmed, 3 probable and 15 suspected) including 9 deaths were reported from five departments: Atacora(8), Bourgou(8), Collines(4), Alibori (2), and Couffo (1). Three confirmed cases had a history of travel to Nigeria.
Burkina Faso	Dengue fever	G1	4-Oct-17	31-Dec-17	13-Jan-18	267	-	2	0.7%	From week 1 to week 52 of 2017, 15 096 cases and 30 deaths were reported. The trend in the number of cases has been decreasing since week 44 of 2017. The majority (79%) of cases reported in weeks 1 and 2 of 2018 have been reported in the central region, notably in Ouagadougou (the capital). 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, the general security situation in the Far North Region worsened. Terrorist attacks and suicide bombings are continuing and 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 out of the camp. In addition, approximately 238 000 Internally Displaced People have been registered.
Central African Republic	Humanitarian crisis	G2	11-Dec-13	11-Dec-13	28-Feb-18	-	-	-	-	The security situation remains tense and precarious in many places across the country. In recent weeks, humanitarian access to IDPs remains one of the major challenges. Currently, 2.5 Million people are in need of humanitarian aid including 1.1 Million people targeted for the health cluster partners. There are around 688 700 internally displaced persons across the country, of which 70% are living with host families.
Democratic Republic of the Congo	Humanitarian crisis		20-Dec-16	17-Apr-17	23-Feb-18	-	-	-	-	The humanitarian and security situation in DRC remains fragile; with armed and inter-communal conflicts in several provinces (Ituri, North Kivu, Su-Kivu, and to a lesser extent the Kasai region). OCHA estimated the number of IDPs in the country at 4.5 million, and 52% are women.
Democratic Republic of the Congo	Cholera	G3	16-Jan-15	1-Jan-18	23-Feb-18	5 941	0	99	1.7%	This is part of an ongoing outbreak. From week 1 to 7 of 2018, a total of 5 941 cases including 99 deaths (CFR: 1.7%) were reported from DRC. In week 7, 61% of the cases were reported from endemic areas (North Kivu, South Kivu, Tanganyika). In Kinshasa, the number of cases continues to decline during week 8 (29 suspected cases, no death). Between 25 November 2017 and 23 February 2018, 1 065 cases including 43 deaths (CFR: 4.0%) have been reported from Kinshasa. Nationwide, a total of 47 625 cases including 553 deaths (CFR; 1.2%) have been reported since January 2017.
Democratic Republic of the Congo	Measles		10-Jan-17	1-Jan-18	23-Feb-18	2 830	-	16	0.6%	This outbreak is ongoing since the beginning of 2017. As of week 7 in 2018, a total of 47 625 cases including 553 deaths (CFR 1%) have been reported since the start of the outbreak. In 2018 only, 2 830 cases including 16 deaths (0.6%), were reported.
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Ungraded	15-Feb-18	n/a	16-Feb-18	21	21	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 and the date of onset of paralysis in the last case was 3 December 2017.

Democratic Republic of Congo	Rabies	Ungraded	19-Feb-18	1-Jan-18	10-Feb-18	25	0	6	24.0%	This outbreak began toward the end of October 2017 in Kibua health district, North Kivu province. During Week 6 of 2018, three cases were reported.
Ethiopia	Humanitarian crisis	Protracted 3	15-Nov-15	n/a	28-Jan-18	-	-	-	-	The complex humanitarian crisis in Ethiopia continues into 2018. As of 28 January 2018, there were about 6.3 million people in need of health assistance, over 1.7 million people internally displaced, and over 900 000 refugees. Currently, Oromia region has 669 107 internally displaced people (IDPs) settled in various temporary sites and living with host communities in six zones over 43 woredas (districts).
Ethiopia	Acute watery diarrhoea (AWD)		15-Nov-15	1-Jan-17	21-Feb-18	48 912	-	880	1.8%	This outbreak is ongoing since the beginning of 2017. Between January and December 2017, a cumulative total of 48 814 cases and 880 deaths (CFR 1.8%), have been reported from 9 regions. In 2018 only, a total of 98 cases have been reported from two regions, Somali and Dire Dawa regions.
Ethiopia	Measles		14-Jan-17	1-Jan-18	18-Feb-18	552	13	-	-	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, a total of 552 suspected cases including 191 confirmed cases, have been reported across the country. Most of the cases in 2018 have been reported from Somali region (28%), followed by Oromia (22%), SNNP (21%), and Addis Ababa (18%). The most affected groups are children under five years of age (32%) and children between 5 and 14 years old (43%).
Kenya	Chikungunya	Ungraded	mid-December 2017	mid-December 2017	26-Feb-18	841	36	0	0.0%	As of 26 February 2018, a total of 782 cases including 32 confirmed cases, were reported from Mombasa county and 59 cases including 4 confirmed cases have been reported from Lamu county.
Kenya	Cholera	G1	6-Mar-17	1-Jan-18	26-Feb-18	1 476	34	29	2.0%	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 1 476 cases have been reported as since the first of January. Currently, the outbreak is active in 6 counties: Garissa, Siaya, Tharaka Nithi, Meru, Tana River, and Turkana counties. The outbreak was recently controlled in Mombasa, Kirinyaga, and Siaya.
Kenya	Measles	Ungraded	19-Feb-18	n/a	26-Feb-18	24	6	0	0.0%	The outbreak is located in Wajir County. Date of onset of the index case was on 15 December 2017. As of 26 February, the outbreak has spread to four villages in Wajir East. Most of the affected persons had unknown vaccination status (79%). The affected sub-county was not part of the response campaign conducted in 2017.

Liberia	Meningococ-cal disease	Ungraded	19-Jan-18	23-Dec-17	29-Jan-18	9	2	4	44.4%	A cluster of undiagnosed illness and deaths were reported from Lofa county, northeastern Liberia. Samples taken from two suspected cases were positive for *Neisseria meningitidis* serogroup W. All seven samples collected as of 29 January were negative for Ebola and Lassa fever viruses by PCR, negative for yellow fever by serology (IgM), and negative for typhoid by WDAL. Addi-tional testing is ongoing.
Liberia	Measles	Ungraded	24-Sep-17	6-Sep-17	3-Dec-17	1 607	255	2	0.1%	From week 1 to week 48, 1 607 cases were reported from 15 counties, in-cluding 225 laboratory confirmed, 336 clinically compatible and 199 epi-linked. Nimba county has had the greatest cu-mulative number of cases to date (235). Children between 1-4 years accounted for 49% of the cases.
Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-18	24-Jan-18	13	3	9	69.2%	From 1 January to 24 November 2017, a total of 70 suspected Lassa fever cases including 21 deaths (CFR: 30%) have been reported from nine counties in Li-beria. Since the beginning of 2018, three confirmed cases have been reported from Bong (1) and Nimba (2) counties.
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 re-ported 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.
Madagascar	Plague	G2	13-Sep-17	13-Sep-17	22-Feb-18	2 655	552	237	8.9%	Cases include pneumonic (2 025, 76%), bubonic (424, 16%), septicaemic (1) and unspecified (205, 8%) forms of disease. Of the 2 025 clinical cases of pneumonic plague, 401 (20%) have been confirmed, 639 (32%) are probable and 985 (49%) remain suspected. The trend in the number of cases has been decreasing since 10 October 2017.
Malawi	Cholera	Ungraded	25-Nov-17	20-Nov-17	25-Feb-18	642	78	13	2.0%	Detailed update given above.
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-ad-ministrative authorities.
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	11-Feb-18	109	49	0	0.0%	A total of five health districts have reached the epidemic threshold (An-songo, Bandiagara, Douentza, Kadiolo, and Yanfolila). Forty-nine samples were confirmed positive by serology (IgM) at the national reference laboratory INRSP.
Mauritania	Dengue haemorrhagic 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 hae-morrhagic 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 I and type II are circulating in the country with a higher proportion of subtype II (104/165).

Mozambique	Cholera	G1	27-Oct-17	12-Aug-17	18-Feb-18	1 863	-	1	0.05%	The cholera outbreak is ongoing. Cases have been reported from two provinces and five districts. Affected districts in Nampula province are (Memba, Erati, Nacaroa, and Nampula city), and Pemba city in Cabo Delgado province. The outbreak started in mid-August 2017 from Memba district. Erati District started reporting cases from week 41, Nacoroa started reporting cases from week 42, and Cabo Delgado Province started reporting cases from week 1 of 2018. No cases have been reported from Erati and Nacarôa districts since the first week of January.
Namibia	Hepatitis E	Ungraded	18-Dec-17	8-Sep-17	25-Feb-18	893	90	6	0.7%	This 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 476 (53%) of the total cases, followed by Goreagab settlements with 235 (26%) cases. The most affected age group is between 20 and 39 years old representing 75% of total cases.
Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	16-Feb-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. Between 20 000 and 36 000 people have displaced in recent months, many of which are in dire need of humanitarian services, including the host community populations.
Nigeria	Cholera (nation wide)	Ungraded	7-Jun-17	1-Jan-18	4-Feb-18	172	1	13	7.6%	The 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 5 of 2018, 172 suspected cases including one laboratory-confirmed case and 13 deaths (CFR 7.6%), have been reported from 23 LGAs in 7 States.
Nigeria	Lassa fever	G2	24-Mar-15	1-Jan-18	25-Feb-18	1 081	317	90	8.3%	Detailed update given above.
Nigeria	Hepatitis E	Ungraded	18-Jun-17	1-May-17	31-Dec-17	1 651	182	8	0.6%	The number of cases has been decreasing since week 51. 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	14-Feb-18	845	35	44	5.2%	A total of 845 cases have been reported from 21 states: Abia, Anambra, Bayelsa, Borno, Cross Rivers, Edo, Enugu, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Oyo, Plateau, Rivers, Sokoto, and Zamfara. Thirty-five cases from seven states (Kano, Kebbi, Kogi, Kwara, Nasarawa, Niger, and Zamfara) have been laboratory-confirmed at IP Dakar.
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	22-Dec-17	197	68	2	1.0%	Suspected cases are geographically spread across 22 states and the Federal Capital Territory (FCT). Sixty-eight laboratory-confirmed cases have been reported from 14 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-18	2-Feb-18	536	87	82	15.3%	Cases have been reported from twelve States; Zamfara (272), Katsina (115), Sokoto (49), Jigawa (29), Bauchi (20), Cross River (17), Kebbi (12), Yobe (12), Kano (4), Borno (3), Adamawa (2) and Kaduna (1). As of 2 February 2018, 87 of 206 (42%) samples tested were positive, including 54 (62%) positive for *Neisseria meningitides* serogroup C (NmC).
São Tomé and Principé	Necrotising cellulitis/fasciitis	Protracted 2	10-Jan-17	25-Sep-16	17-Feb-18	2 444	0	0	0.0%	From week 40 in 2016 to week 7 in 2018, a total of 2 444 cases have been notified. In week 7, 16 cases were notified from five districts. The attack rate is 12.4 cases per 1000 inhabitants.
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	21-Jan-18	4 445	1 429	-	-	A total of 4 445 cases have been reported from all regions of the three main islands (Mahé, Praslin, and La Digue). The trend in the number of cases has been decreasing since week 23.
South Africa	Listeriosis	G1	6-Dec-17	4-Dec-17	28-Feb-18	945	945	176	18.6%	As of today, a total of 743 cases were reported in 2017 and 202 cases in 2018. Females account for 55% of the total cases and the median age is 19 years old. Most cases have been reported from Gauteng Province (59%) followed by Western Cape (12%) and KwaZulu-Natal (7%) provinces. Cases have been diagnosed in both public (65%) and private (35%) healthcare sectors. The diagnosis was based most commonly on the isolation of *Listeria monocytogenes* in blood culture (73%), followed by CSF (22%). The source of the outbreak has not been identified and investigations are ongoing.
South Sudan	Humanitarian crisis	G3	15-Aug-16	n/a	25-Feb-18	-	-	-	-	The security situation across the country remains unpredictable. In Yei town, approximately 3 000 people were displaced due to the conflict. Several security incidents continue to be reported across the country, which highlights the enormous challenge that aid workers across the country continue to face as they struggle to provide the needed humanitarian assistance.
South Sudan	Rift Valley fever (RVF)	Ungraded	28-Dec-17	7-Dec-17	24-Feb-18	32	5	4	12.5%	Detailed update given above.
Tanzania	Cholera	G1	20-Aug-15	1-Jan-18	25-Feb-18	1 306	-	27	2.1%	Detailed update given above.

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 increasing trend in the number of refugees coming from DRC was observed recently. Landing sites in Hoima district, 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	27-Feb-18	1 151	7	31	2.7%	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).
Uganda	Rift Valley fever (RVF)	Ungraded	22-Nov-17	14-Nov-17	26-Feb-18	9	6	5	55.6%	No new cases have been confirmed since 29 January. The last confirmed case died on the same date. 42 days will have passed since the death of the last confirmed case on 12 March 2018.
Uganda	Crimean-Congo haemorrhagic Fever (CCHF)	Ungraded	27-Dec-17	23-Dec-17	26-Feb-18	2	2	0	0.0%	No new cases have been confirmed since 6 January 2018. The last confirmed case was discharged on 28 January. On 11 March 2018, 42 days will have passed since the discharge of the last case.
Zambia	Cholera	G1	4-Oct-17	4-Oct-17	27-Feb-18	4 371	67	89	2.0%	On 27 February 2018, 13 new cases with no deaths were reported in Lusaka district. Five new cases were reported from other districts outside Lusaka, namely Kafue (4 cases) and Chongwe (1 case). Since the start of the outbreak, Lusaka district reported a total of 4 041 cases with 75 deaths; the cumulative number of cases from other districts is 330 with 14 deaths.
Zimbabwe	Cholera	Ungraded	22-Jan-18	8-Jan-18	22-Feb-18	107	9	4	3.7%	Chegutu Municipality in Mashonaland West Province of Zimbabwe, southwest of the Capital City Harare remains the hotspot of this outbreak. As of 22 February 2018, a cumulative total of 107 cases and 4 deaths (CFR: 3.7%) have been reported. Of these, 94 cases are from Chegutu, 12 cases are from different peri-urban areas of Chegutu, and one case from Msengezi area. No new cases have been admitted to the cholera treatment centre since 14 February 2018.
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										
Chad	Hepatitis E	G1	20-Dec-16	1-Aug-16	28-Jan-18	1 874	98	23	1.2%	Outbreaks occurred in the Salamat Region, predominantly affecting North and South Am Timan, Amsinéné, Mouraye, Foulonga, and Aboudeia. The number of cases decreased since week 39. Of the 64 cases in pregnant women, five died (CFR: 7.8%) and 20 were hospitalized. Water chlorination activities were stopped at the end of September 2017 due to a lack of partners and financial means. No cases have been reported since week 48 of 2017 and the outbreak was declared over by the Ministry of Health on 14 February 2018.

Chad	Cholera	G1	19-Aug-17	14-Aug-17	10-Dec-17	1 250	9	81	6.5%	The case incidence has been decreasing since week 43. A total of 817 cases and 29 deaths were reported in the Salamat region from 11 September 2017 to 10 December 2017. No new cases have been reported in the Sila Region since week 43 of 2017 and no new cases have been reported in the Salamat region since week 49 of 2017.
Cote d'Ivoire	Dengue fever	Ungraded	3-May-17	22-Apr-17	16-Dec-17	1 421	322	2	0.1%	The outbreak has been on a decreasing trend since week 35, with no cases being reported in weeks 49 and 50. Abidjan remains the epicentre of this outbreak, accounting for 95% of the total reported cases. Of the 272 confirmed cases with available information on serotypes, 181 were dengue virus serotype 2 (DENV-2), 78 were DENV-3 and 13 were DENV-1. In addition, 50 samples were confirmed IgM positive by serology.
Liberia	Shigellosis	Ungraded	20-Feb-18	4-Feb-18	11-Feb-18	66	4	0	0.0%	A total of 66 cases were reported from two communities in Firestone district, Margibi County. All cases have been clinically treated and two cases remain hospitalized. No new cases have been reported since 6 February 2018.
Namibia	Cholera	Ungraded	31-Jan-18	25-Jan-18	31-Jan-18	1	1	0	0.0%	On 25 January 2018, a 10 year-old schoolboy was admitted to a hospital in Windhoek after presenting with diarrhoea, vomiting, and dehydration. The patient fell ill after sharing food with two other classmates who subsequently developed similar symptoms. On 29 January 2018 stool samples isolated from the patient tested positive for *Vibrio cholerae*. As of 02 March 2018, no new cases were reported.

†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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