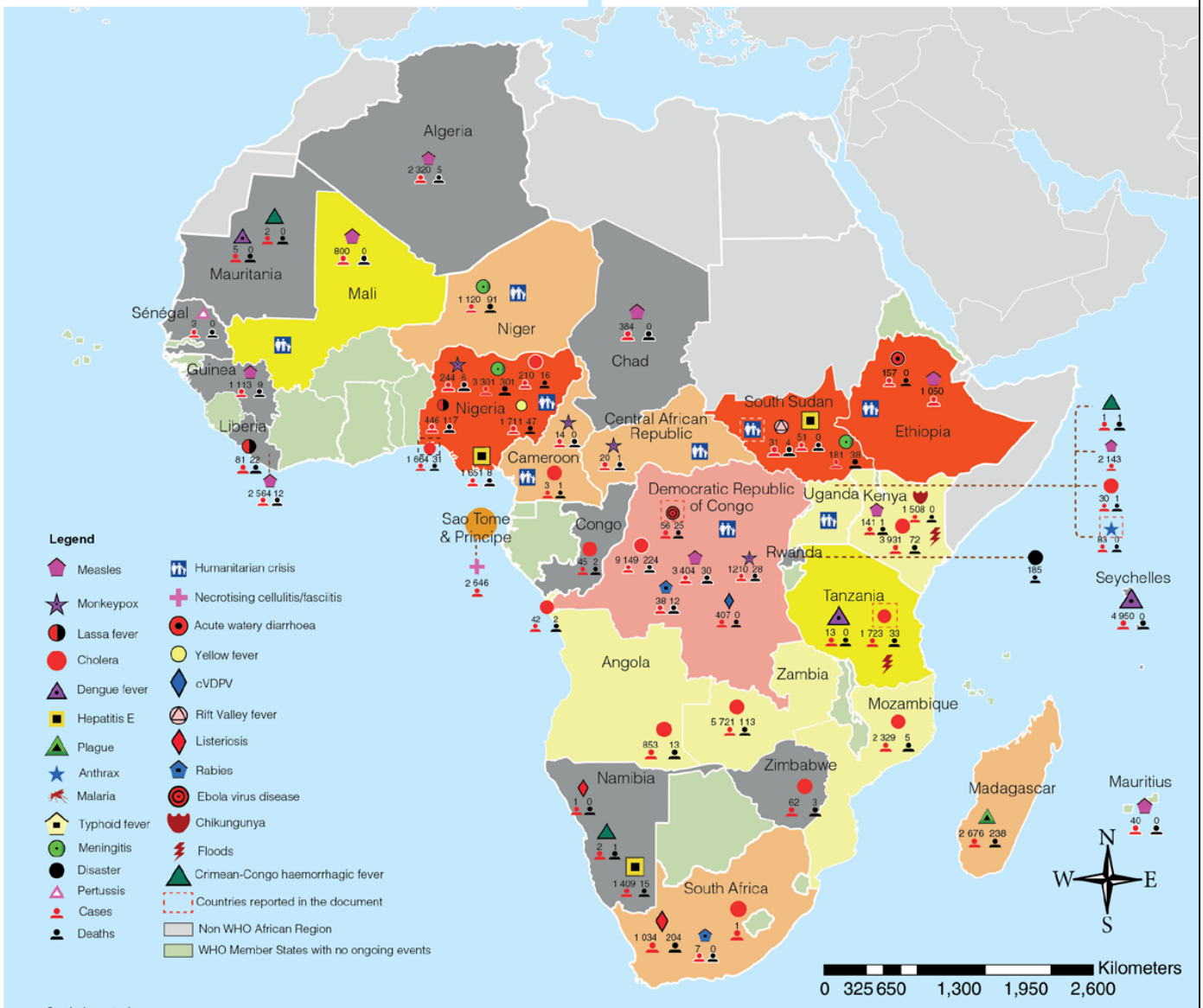
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 21: 19 - 25 May 2018
Data as reported by 17:00; 25 May 2018

World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

5	59	54	10
New events	Ongoing events	Outbreaks	Humanitarian crises



Graded events †

2 Grade 3 events	5 Grade 2 events	5 Grade 1 events	43 Ungraded events
3 Protracted 3 events	1 Protracted 2 event	2 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 64 events in the region. This week's edition covers key ongoing events, including:

  - Ebola virus disease in the Democratic Republic of the Congo
  - Anthrax in Uganda
  - Cholera in Tanzania
  - Cholera in north-east Nigeria
  - Humanitarian crisis in South Sudan.

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

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

- **Major issues and challenges include:**

  - As the Ebola virus disease (EVD) outbreak continues in the Democratic Republic of the Congo, great progress has been made to scale up response operations by all key stakeholders. The spread of the disease to Mbandaka City (a regional hub with major transport links) has changed the dynamics of the outbreak as well as the community resistance observed during the week. The objective of the response remains rapid containment of EVD in localized areas. The priority is to continue scaling up implementation of effective outbreak control interventions in terms of coverage, scale and speed. Immediate funding is required by all the response stakeholders in order to maintain the current momentum.

  - Uganda has been experiencing recurrent outbreaks of anthrax since February 2018, with four districts from different parts of the country being affected. Several livestock have died of the disease. In the latest event, up to 16 farms have been affected in one district, indicating a much larger public health problem. The ongoing anthrax outbreak in Uganda needs to be addressed comprehensively by both public and animal health sectors.

Ongoing events

Ebola virus disease | **Democratic Republic of the Congo** | 56 **Cases** | 25 **Deaths** | 44.6% **CFR**

EVENT DESCRIPTION

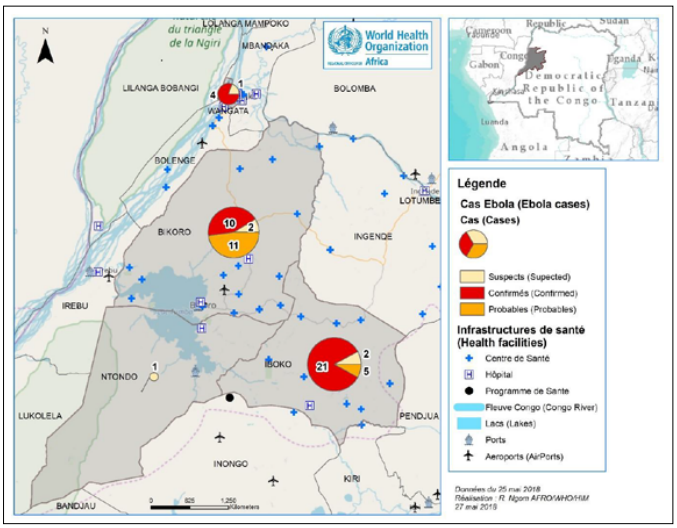
The outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo continues. On 26 May 2018, four new suspected EVD cases were reported in Iboko (3) and Bikoro (1). Two laboratory specimens (from suspected cases reported previously) in Bikoro have tested negative (non-cases). There were no new confirmed cases and deaths. On 25 May 2018, one suspected EVD case was reported in Ntondo Health Zone.

Since the beginning of the outbreak on 4 April 2018, a total of 56 suspected EVD cases and 25 deaths (case fatality rate 44.6%) have been reported, as of 26 May 2018. Data cleaning and reclassification of cases and deaths following epidemiologic investigations invalidated eight of the initial 17 historical probable cases reported in Bikoro (at the onset of the event). Of the 56 suspected cases, 35 have been laboratory confirmed, 13 are probable (deaths for which biological samples were not obtained) and eight are suspected. Sixty percent (21) of the confirmed cases came from Iboko, followed by Bikoro (10 cases, 29%) and four from Wangata. A total of five healthcare workers have been affected with four confirmed cases and two deaths.

Ntondo Health Zone reported a suspected EVD case, bringing the number of affected health zones to four. The others are Iboko (28 cases, 6 deaths), Bikoro (22 cases, 16 deaths) and Wangata (5 cases, 3 deaths).

As of 26 May 2018, a total of 906 contacts have been recorded and are being followed up actively.

Geographical distribution of the Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, as of 25 May 2018



PUBLIC HEALTH ACTIONS

- The ring vaccination exercise was launched on 21 May 2018. As of 24 May 2018, a total of 154 people have been vaccinated in two rings in Mbandaka.
- By 24 May 2018, WHO had deployed a total of 138 technical experts in various critical functions of the Incident Management System to support response efforts in the three hotspots of Bikoro, Iboko and Wangata (Mbandaka city).
- On 23 May 2018, the Ministry of Health, WHO, Médicines sans Frontièrs (MSF) and the African Field Epidemiology Network (AFENET) met to reorganize the rapid response structure in the city of Mbandaka.
- On 23 May 2018, 40 health workers were trained in the use of the Early Warning, Alert and Response System (EWARS) kit for early notification of alerts and suspected cases.
- The Ministry of Health, WHO, IOM, Africa CDC, UNICEF, and WFP have developed a point of entry (POE) surveillance strategy.
- National Laboratory Strategy is focusing on GeneXpert for confirmatory testing in key sites, such as Ebola Treatment Centres and GeneXpert is now fully functional in Bikoro Health Zone.
- A total of 105 health professional and five supervisors in the Bolenge Health Zone were trained on risk communication and community engagement, supported by UNICEF.
- WFP has established an air-bridge between Kinshasa, Mbandaka and the affected areas, with flights six days per week, to deliver supplies and personnel.
- WHO is supporting preparedness and readiness activities in nine neighbouring countries, namely Angola, Burundi, Central African Republic, Congo, Rwanda, South Sudan, Tanzania, Uganda, and Zambia. Preparation Support Teams have been deployed to eight out of the nine countries to assess EVD readiness, support development of contingency plans (with partners), sensitize key stakeholders on EVD preparedness, and strengthen cross border surveillance at POEs. Personal protective equipment, infrared digital thermometers and other essential supplies have been prepositioned in the countries.

SITUATION INTERPRETATION

The Ministry of Health, with support from WHO and partners, has made great progress in scaling up the response to the EVD outbreak, but much remains to be done. The global community and donors have equally been supportive, and this needs to continue. Effective outbreak control interventions need to increase in terms of coverage, scale and speed. The early observation of resistance by the population to response and control measures needs to be addressed with respect and tact, but rapidly and firmly. The objective of the response remains rapid containment of EVD in localized areas.

In order to protect public health and save lives, the Government of the Democratic Republic of the Congo, WHO and partners have revised the Ebola Outbreak Strategic Response Plan budget to US$ 57 million. This increase was based on new planning assumptions and requirements following the spread of the disease to Mbandaka (an urban area on a major transport route), the increased needs for community engagement, expanded number of contacts to be traced and followed up, and increased number of POEs (airports and water/land crossing points) to be monitored. The revised requirements for WHO's response currently stand at US$ 27.3 million, about 50% of which has been funded. Immediate funding is required by all the response stakeholders in order to maintain the current momentum.

Human anthrax | Uganda

83 Cases	0 Deaths	0% CFR

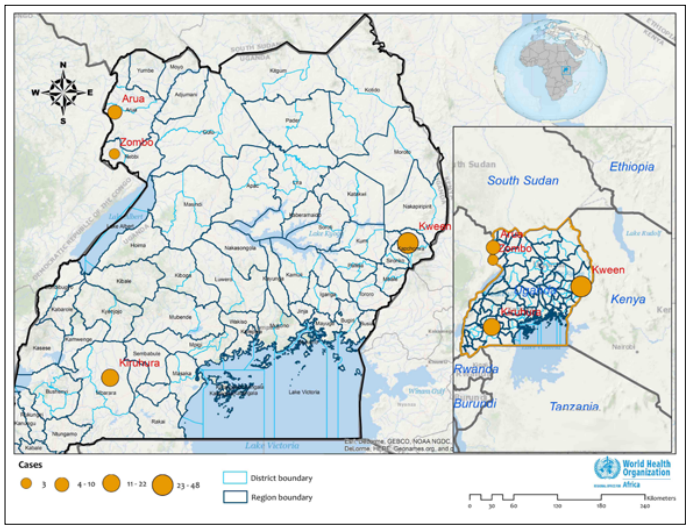
EVENT DESCRIPTION

Uganda has been experiencing recurrent outbreaks of anthrax since February 2018, with four districts being affected. In the latest event that occurred in week 20 (week ending 20 May 2018), Kiruhura District in the western region has reported an outbreak of anthrax in humans, with a concurrent epizootic (outbreak in the animal population). As of 23 May 2018, a total of 22 human cases of cutaneous anthrax have been reported in Engari Sub-county, with no deaths. A total of 35 heads of cattle from 16 farms have reportedly died of the disease. Of 18 animal samples collected, seven tested positive on anthrax rapid diagnostic test. Test results of nine human and 15 animal samples are awaited.

On 21 May 2018, a cluster of three suspected human cases of cutaneous anthrax was reported in Zombo District in the northern region. The case-patients, three children from one family, presented to the district hospital with skin lesions typical of an anthrax infection. Swab samples from the skin lesions have been collected and shipped to the Uganda Virus Research Institute (UVRI). The test results are still pending.

On 20 April 2018, a cluster of seven case-patients from Kaplopwotow village, Kween District in the eastern region presented to the local health facility with skin blisters and oedema of the upper limbs. The case-patients reportedly participated in skinning, handling and/or eating a dead cow, alongside other people. As of 21 May 2018, a total of 48 human cases (with no deaths) have been reported. Most of the cases have the cutaneous form of the disease, a few have gastrointestinal features and one inhalation. Ten cows have reportedly died of the disease, four of them within the same kraal in Kaplopwoto village.

Geographical distribution of anthrax cases in Uganda, 3 February - 23 May 2018



On 5 April 2018, an outbreak of cutaneous anthrax was confirmed in Arua District (bordering Zombo) in northern Uganda *(Weekly Bulletin 17)*. The outbreak emerged on 3 February 2018 in Rhino Camp Sub-county (a refugee settlement). A total of 10 cases (one confirmed, seven probable and two suspected) were reported, with no deaths. No new cases have since been reported.

Between 3 February 2018 and 23 May 2018, a cumulative total of 83 suspected human cases of anthrax (with zero deaths) has been reported from four districts: Kween (48), Kiruhura (22), Arua (10), and Zombo (3). In-depth epidemiologic and ecological investigations are ongoing and further updates on these events will be provided as information becomes available.

PUBLIC HEALTH ACTIONS

- National multi-disciplinary rapid response teams from the Ministry of Health and the Veterinary Office have been deployed to the affected districts (except Zombo) to conduct outbreak investigation and support local response.
- Approximately 600 people in Kiruhura District have been started on post-exposure prophylaxis, following consumption of meat from carcasses and participating in skinning/handling carcasses.
- Active surveillance has been instituted in the affected districts for humans and animal cases. Healthcare workers have been orientated on the basic epidemiology and prevention of the disease, aimed to improve case detection and appropriate pre-referral care, including infection prevention and control.
- Communication and social mobilization to sensitize affected communities on anthrax prevention and control is ongoing.
- Animal burial teams have been activated and are conducting disposal of carcasses.
- Case management is ongoing in the local health facilities.

SITUATION INTERPRETATION

Four districts from different parts of Uganda have experienced/are experiencing anthrax outbreaks. No apparent links have been established between the events. The disease is being propagated by a well-known traditional practice of eating meat of animals that have died of unknown causes or slaughtered due to ill-health. All the cases in this outbreak either participated in skinning, handling and/or eating meat from carcasses. Intensive community sensitization and health promotion/preventive interventions need to target this practice at community level in order translate the One Health strategy into practice.

One effective strategy to control anthrax in humans is mass vaccination of livestock, especially during epidemics. In Uganda, the cost of vaccinating animals against anthrax (and other diseases) is borne by the farmers. This policy has not been effective in controlling livestock diseases, including anthrax. This policy needs to be reviewed, particularly during epidemics. There is a need for a comprehensive control strategy and plan embracing both the public health and animal sectors to control the ongoing outbreaks, with emphasis on community engagement and animal health interventions, as well as strengthening public and animal health surveillance, including community-based surveillance.

EVENT DESCRIPTION

The cholera outbreak in Tanzania Mainland has escalated in recent weeks. In week 20 (week ending 20 May 2018), a total of 249 new suspected cholera cases with eight deaths (case fatality rate 3.2%) have been reported, compared to 44 cases and zero deaths reported in week 19. This reflects over 5-fold-increase in the weekly incidence. The new cases came from five districts: Sumbawanga (109 cases and 4 deaths), Ngorongoro (100 cases and 4 deaths), Longido (28 cases), Monduli (11), and Songwe (1). Several of the reported cases are historical cases reported late, a phenomenon being seen across all the active regions.

From 1 January 2018 to 20 May 2018, a cumulative of 2 105 suspected cholera cases, including 44 deaths (case fatality rate 2.1%), have been reported in Tanzania Mainland. Three out of 26 regions currently have active transmission, namely Arusha, Rukwa and Songwe.

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

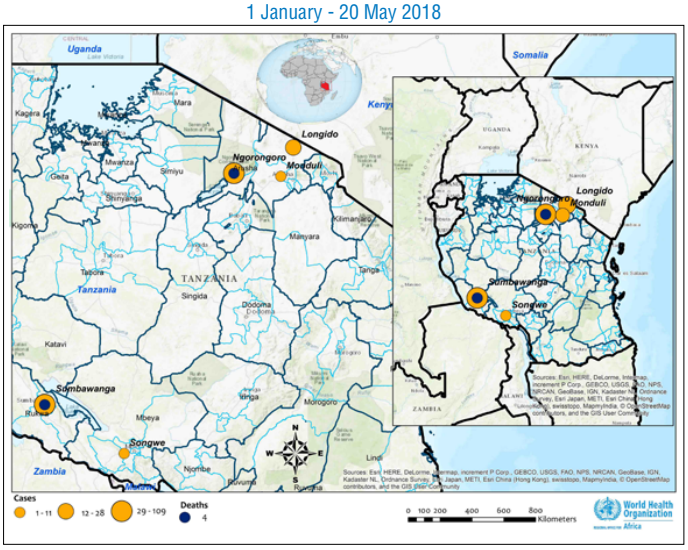
PUBLIC HEALTH ACTIONS

- Surveillance activities are ongoing in the affected districts and regions. All acute watery diarrhoea cases are being monitored, with laboratory testing to rapidly detect cholera.
- Water, sanitation and hygiene (WASH) activities are being implemented, including bulk chlorination of water supplied by water vendors and monitoring of the free residual chlorine at the point of collection.
- Risk communication and social mobilization interventions are ongoing at community level, including sensitization and awareness creation through local radio, national television and social media.

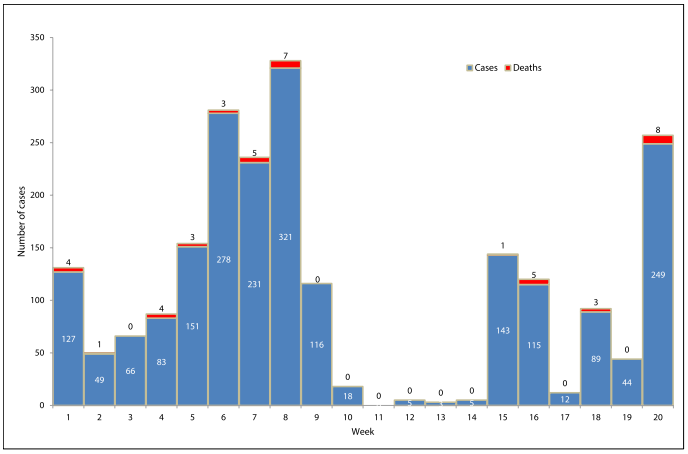
SITUATION INTERPRETATION

The outbreak of cholera in Tanzania Mainland is getting worse, with a rapid increase in the number of new cases seen in recent weeks. The ongoing heavy seasonal rain is facilitating the transmission of infection, unhindered by any concrete response on the ground. This cholera outbreak requires drastic actions from the national authorities and partners to bring it under control. The first step, however, is to give it a high priority. Adequate resources, including funds, logistics and technical human capacity, should then be committed, coming both locally and from the global partners.

Geographical distribution of cholera cases in Tanzania, 1 January - 20 May 2018



Weekly trend of cholera cases in Tanzania Mainland, Week 1, 2018 – week 20, 2018

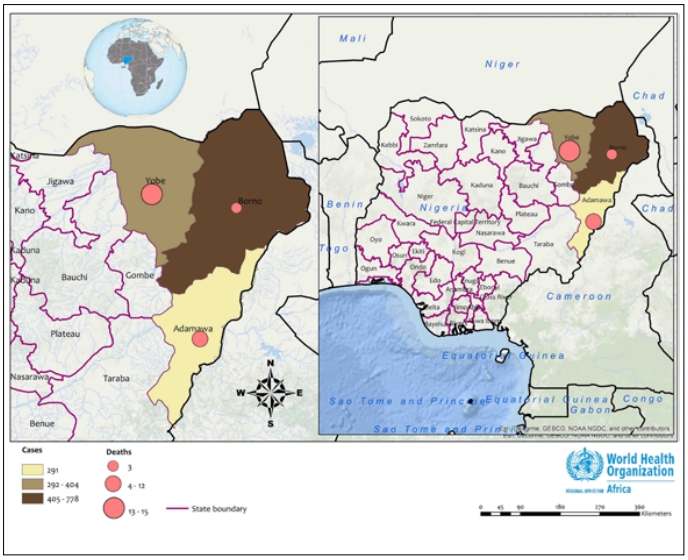


Go to overview
Go to map of the outbreaks

EVENT DESCRIPTION

North-east Nigeria is experiencing recurrent cholera outbreaks, with three states: Adamawa, Borno and Yobe currently having active transmission. The cholera outbreak in Adamawa State emerged on 12 May 2018 and has affected two local government areas (LGAs): Mubi North and Mubi South (both located at the border with Cameroon). The number of incidence cases have been increasing rapidly in the past days. On 27 May 2018, 48 new cases were report, while 84 cases were reported on 26 May 2018. A total of 28 case-patients were on admission in the cholera treatment centres (CTCs) by the reporting date. As of 27 May 2018, a total of 482 cases, including 13 deaths (case fatality rate 2.7%) have been reported from Mubi North (235 cases, 7 deaths) and Mubi South (247 cases, 6 deaths) LGAs. A total of 15 stool specimens tested positive by cholera rapid diagnostic test (RDT) and 10 out of 11 specimens cultured Vibrio cholerae.

Geographical distribution of cholera cases in north-east Nigeria, 13 February - 27 May 2018



In Borno State, the cholera outbreak started on 13 February 2018 in Kukawa LGA. In week 20 (week ending on 20 May 2018), a total of 19 suspected cholera cases have been reported in Borno State, all coming from Kukawa LGA. A cumulative total of 778 suspected cholera cases and three deaths (case fatality rate 0.4%) has been reported, as of 20 May 2018. Out of 110 stool samples collected, 87 (79%) were positive on cholera RDT. Thirty nine (53%) out of 74 samples were culture positive.

The cholera outbreak in Yobe State started on 28 March 2018 and a total of 404 suspected cases, including 15 deaths (case fatality rate 3.7%), were reported as of 21 May 2018. Five LGAs have been affected, Bade (379 cases, 15 deaths), Karasuwa (16), Jakusko (4), Yusufari (3) and Bursari (2). No new cholera cases have been reported in any of the affected LGAs since 15 May 2018. Of 25 stool samples collected, 16 (64%) tested positive on cholera RDT while 18 (60%) out of 30 samples cultured *V. cholerae*.

Since February 2018, the three states in north-east Nigeria have reported a total of 1 664 suspected cholera cases and 31 deaths (case fatality rate 1.9%), as of 27 May 2018.

PUBLIC HEALTH ACTIONS

- Regular coordination meetings to review the evolution of the outbreak and response activities are ongoing in the affected states and LGAs, being attended by partners.
- Active surveillance, including active case search is ongoing in all affected communities and health facilities. Laboratory support for diagnosis is being provided.
- Cholera case-patients are receiving treatment at the designated CTCs in Adamawa, Borno and Yobe. The Alliance for International Medical Action (ALIMA) and Family Health International (FHI 350) are supporting case management in Borno State.
- Water, sanitation and hygiene (WASH) activities such as chlorination at water points, disinfection of latrines, hygiene promotion and education on the dangers of open defecation, immediate disinfection of affected households, etc. are being conducted by partners, including UNICEF, ACF and International Rescue Committee (IRC).
- The health promotion teams from the local governments and partners continue to disseminate information using the LGA information van and IEC materials.
- Religious leaders in Bade LGA are conducting social mobilization and community engagement.

SITUATION INTERPRETATION

Conflict and insecurity in north-east Nigeria has resulted in large-scale displacement of people living in camps that are inadequately equipped. These conditions have made the internally displaced people (IDP) and their host communities vulnerable to recurrent cholera outbreaks and other communicable diseases. The major propagating factors are inadequate safe water, limited sanitation facilities and inadequate hygiene practices.

While the cholera outbreak appears to be under control in Yobe State, the situation is deteriorating in Adamawa State. The affected LGAs in Adamawa border Cameroon, where three confirmed cholera cases have been reported during the reporting week. Active transmission is also continuing in Borno State.

The ongoing cholera outbreak in north-east Nigeria, especially in Adamawa and Borno states needs more vigilance. In 2017, the national and state authorities, and partners responded very effectively to contain a potentially catastrophic cholera outbreak in Borno State. The ongoing response needs to draw lessons from the 2017 response. The use of data to guide and target the interventions was mentioned as a best practice. The national and state authorities and partners need to scale up implementation of effective cholera control interventions, based on evidence. Authorities in Cameroon also need to enhance their preparedness and readiness to avert any large outbreak.

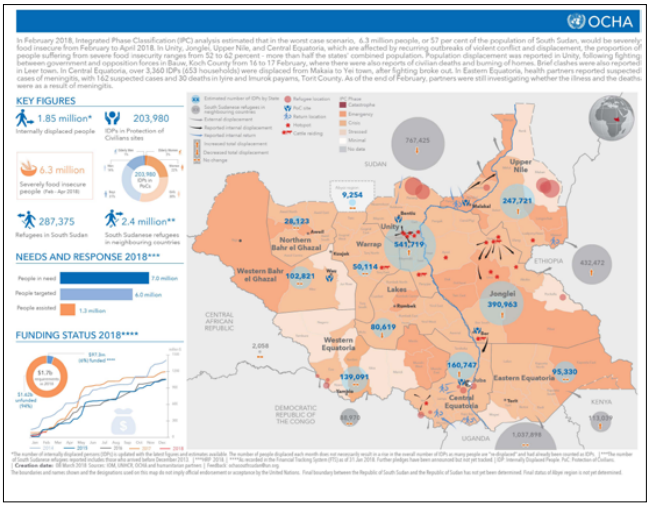
EVENT DESCRIPTION

The complex humanitarian crisis in South Sudan continues with ongoing incidents of armed conflict, sporadic intercommunal clashes, cattle raiding, attacks on humanitarian workers and revenge killings in multiple locations, all of which hamper the delivery of humanitarian aid. A national non-governmental organization has temporarily suspended health activities in Kupera and Mukaya in Yei County as a result of the recent detention of seven of their staff members (who were delivering medical supplies and drugs to health facilities) by an armed group. Partners also suspended the distribution of non-food items, agricultural seeds and tools to conflict-affected people in Mitika Payam (about 25 km from Yei town) due to insecurity along the Yei-Lasu road. There were no casualties reported, but supplies were looted.

The long rainy season is currently underway, with the expectation of flooding, which may cause fresh population displacement and increased risk of cholera and malaria burden. There has been a resurgence of hepatitis E in Bentiu protection of civilian (POC) site. As of 23 May 2018, a total of 41 suspected cases have been reported since week 1 of 2018. Of these, 11 cases have been confirmed by polymerase chain reaction: 10 in Bentiu POC and one in Old Fangak.

The Rift Valley fever outbreak in Eastern Lakes State is still ongoing with a cumulative total of 57 suspected cases reported between 7 December 2017 and 6 May 2018. A total of six were confirmed, three probable and 22 suspected cases.

Humanitarian crisis in South Sudan as of February 2018



Malnutrition continues to be a major public health problem. Between January and March 2018, there were about 49 000 new admissions of children with severe acute malnutrition (SAM) in both in- and out-patient programmes. The highest admissions were reported in Jonglei (8 654), Norther Bahr el Ghazal (7 830) and Warrap (6 966).

PUBLIC HEALTH ACTIONS

- The United Nations Under-Secretary-General and the Emergency Relief Coordinator recently visited the country to plead for an end to hostilities to allow access for humanitarian and peace actors.
- South Sudan is on high alert following the announcement of the Ebola virus disease (EVD) outbreak in Democratic Republic of the Congo and the Ministry of Health and key partners are working together to strengthen preparedness capacity and to implement activities at national level and points of entry to mitigate the risk of importation of into the country.
- WHO is finalizing installations and fixtures at the national Public Health Emergency Operations Centre, and recruitment of the manager.
- WHO conducted the water supply chain assessment for Juba city in order to plan for appropriate prevention strategies for any potential cholera outbreak.
- The Ministry of Health and WHO have deployed rapid response teams to investigate the increasing alerts of acute bloody diarrhoea in Warrap State and other states across the country.
- Oral cholera vaccination campaigns have been completed (this year) in Malakal POC, Malakal town, Aburoch, Wau POC and Budi county. More than 178 000 people were reached with the vaccine in round one and two of the campaigns. The second round of vaccination in Juba is underway, targeting over 206 000 people.
- The recently completed 2nd round of MenAfrivac in Manyo County indicated a low coverage as per population statistics and target groups (1-29 years): Lower Manyo (36%) and Upper Manyo (40%). Fashoda state had a late second round of polio vaccination with coverage of about 49%.
- On 15-19 May 2018, WHO and other partners conducted a 5-day mental health and psychological support in emergencies and suicide prevention training at the humanitarian hub in Malakal, attended by 50 participants.

SITUATION INTERPRETATION

The poor security situation in South Sudan continues to hamper the delivery of humanitarian services across all clusters. The challenges around the country's poor financial situation, leading to economic crime against aid workers, and inadequate funding to support rapid outbreak investigations and response continue. Again, urgent national and international action is called for to relieve the suffering of South Sudan's population. The collapse of the peace talks in Addis Ababa this week dealt a major blow to the expectations of many.

Summary of major issues challenges, and proposed actions

Issues and challenges

- While the EVD outbreak in the Democratic Republic of the Congo continues to evolve, great progress has been made to scale up response operations by all key stakeholders. Most pillars of the response have been established on the ground and fully operational. The deployment of new intervention tools, including Ebola vaccines has commenced. Nonetheless, more work remains.

  The spread of the disease to Mbandaka City (a regional hub with major transport links) and the early observation of community resistance during the week are worrying issues. Accordingly, the Ebola Outbreak Strategic Response Plan budget (collectively developed by all stakeholders) has been revised to US$ 57 million. This is to address the increased needs for community engagement, expanded number of contacts to be traced and followed up, and increased number of POEs to be monitored. The objective of the response remains rapid containment of EVD in localized areas and the priority remains rapid scaling up of response operations. Immediate funding is required by all the response stakeholders in order to maintain the current momentum.

- Uganda has been experiencing recurrent outbreaks of anthrax in both humans and animals. The extent of the outbreak appears to be widening, with four districts from different parts of the country being affected. No apparent links have been established between the events. The disease is being propagated by a well-known traditional practice of eating meat of animals that died of illness or were slaughtered due to illness

Proposed actions

- The Ministry of Health and other national authorities in the Democratic Republic of the Congo, WHO and partners to continue scaling up implementation of effective control interventions. While all other interventions are equally important, community engagement and active surveillance including case investigations, contact tracing and follow up need urgent strengthening. The global community and donors need to continue providing the immediate funding to the response stakeholders.

- The national authorities and partners in Uganda need to develop a comprehensive anthrax control strategy and plan, embracing both the public and animal health sectors, with emphasis on community engagement, enhanced public and animal health surveillance, including community-based surveillance. As a short term measure, authorities need to take the responsibility to vaccinate livestock against anthrax.

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										
Cameroon	Cholera	Ungraded	24-May-18	18-May-18	24-May-18	3	1	0	0.0%	Since 18 May 2018, Mayo Oulo's Health Zone has reported three cases with zero deaths of cholera in two border health areas with Nigeria. Two cases have been reported in the Guirviza Health Area and one in the Doumo Health Area. The first case was notified to the Guirviza Integrated Health Center in week 20 (week ending 20 May 2018) from Mbouiri village which is likely an imported case from Nigeria. One case has been confirmed on 24 May 2018 at the Pasteur Center of Cameroon in Garoua. All cases are females. All cases are being isolated and clinically managed.
Chad	Measles	Ungraded	24-May-18	1-Jan-18	24-May-18	384	-	13	3.4%	A total of 77 cases with 11 deaths (CFR 14.3%) were reported across the country during week 20 (week ending 20 May 2018). Two districts, Gama and Bokoro, are currently in epidemic phase. Cumulatively, 384 cases with 13 deaths (CFR 3.4%) have been reported since the beginning of week 1 (week ending 7 January 2018).
Mauritania	Dengue fever	Ungraded	24-May-18	15-May-18	24-May-18	5	4	0	0.0%	As of 24 May 2018, 4 confirmed cases of dengue fever (serotype II) were reported in the city of Guerou (Assaba Wilaya) located 600 km from Nouakchott. All cases have been confirmed by the Institut National de Recherches en Santé Publique (INRSP). On 15 May 2018, 5 cases were admitted at the Moughataa Guerou health center in the wilaya of Assaba); Cases presented with fever accompanied by headache, chills, myalgia, arthralgia and vomiting. None of the cases presented with haemorrhagic symptoms. Samples were collected and 4 out of 5 (80%) tested positive for dengue. Cases were between the ages of 24-65 years with no sex predilection. The confirmed cases live in five districts of the city of Guerou and the negative case comes from the commune of Kamour (25 km of Guerou). It should be noted that these cases occur two and a half months after the end of the Nouakchott Dengue fever epidemic in Mauritania.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Mauritius	Measles	Ungraded	23-Mar-18	19-Mar-18	20-May-18	40	40	-	-	As of 20 May 2018, 40 confirmed cases of measles have been notified in Mauritius with no deaths. 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 (week ending 25 March 2018). A sharp increase in measles cases was observed in week 18 and 19, with 9 and 15 new cases respectively. More than 60% of the affected cases are between 0-15 years of age. The remaining cases were reported in adults between 26-40 years. The cases of measles are concentrated in the North and North West of Mauritius. Actions taken include: Screening of all contacts of the measles cases for fever and rash and verification of vaccine status; Screening of symptoms and vaccination status in schools; Vaccination with MMR according to vaccination status; Sensitization of the population on measles symptoms and the importance of vaccination; and Information sheets to all doctors of both the public and private sector of Mauritius.
Uganda	Crime-an-Congo haemorrhagic fever (CCHF)	Ungraded	24-May-18	-	24-May-18	1	1	1	100.0%	On 23 May 2018, a 35 years old male suspected of having a viral haemorrhagic fever died at Mubende RR Hospital in Uganda. This patient was refered from Kakumiro health center 4 (HC4). A sample was collected and sent to Uganda Viral Research Institute. On 24 May 2018, results confirming Crimean-Congo haemorrhagic fever (CCHF) by Polymerase chain reaction (PCR). The district has been notified of these developments. Follow up with the ministry of health is ongoing to get more information about the cases. There is a discussion of the possibility to deploy a Rapid Response team for further investigation.
Ongoing events										
Algeria	Measles	Ungraded	13-Mar-18	25-Jan-18	11-Mar-18	2 320	-	5	0.2%	A total of 2 320 cases including 5 deaths have been reported from 13 wilayas: El Oued, Ouargla, Illizi, Tamanrasset, Biskra, Tebessa, Relizane, Tiaret, Constantine,Tissemsilt, Medea, Alger, and El-Bayadh.
Angola	Cholera	G1	2-Jan-18	21-Dec-17	8-Apr-18	853	5	13	1.5%	On 21 December 2018, two suspected cholera cases were reported from Uíge district, Uíge province. Both of these cases had a history of travel to Kimpangu (DRC). Cases are being reported from two districts of Uíge province (Uíge the seat of the provinces and the rural district of Son-go). A reduction of cases of cholera has been observed, from 22 cases of cholera in epi week 13, to 12 in epi week 14.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Angola (Cabinda province)	Cholera	Ungraded	8-Mar-18	18-Feb-18	25-Mar-18	42	-	2	4.8%	This outbreak began during week 7 of 2018. During week 12, Cabinda reported 7 cases and 0 deaths. The cases are restricted to five neighborhoods in poor suburban areas.
Cameroon	Humanitarian crisis	G2	31-Dec-13	27-Jun-17	3-Nov-17	-	-	-	-	At the beginning of November 2017, the general security situation in the Far North Region worsened. Terrorist attacks and suicide bombings have continued and are causing displacement. Almost 10% of the population of Cameroon, particularly in the Far North, North, Adamaoua, and East Regions, is in need of humanitarian assistance as a result of the insecurity. To date, more than 58 838 refugees from Nigeria are present in Minawao Camp, and more than 21 000 other refugees have been identified outside of the camp. In addition, approximately 238 000 internally displaced people (IDPs) have been registered.
Cameroon	Monkeypox	Ungraded	16-May-18	30-Apr-18	25-May-18	14	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 managment system was set up at the National Emergency Operations Centre. Three new suspected cases were reported on 25 May 2018,from 2 districts along the border. As of 25 May 2018, a total of 14 cases have been reported, of which seven are in the North-west (including 1 confirmed), six are in the South-west and one from the Centre.
Central African Republic	Humanitarian crisis	G2	11-Dec-13	11-Dec-13	2-May-18	-	-	-	-	The security situation remains tense and precarious in many places across the country. On 1 April 2018, the armed group from the neighborhood of PK5 in Bangui, predominantly muslim attacked the Catholic Church of Our Lady of Fatima where 16 people were killed with around 100 wounded. That incident resulted in a series of violence and revenge where muslims were killed by angry christian groups. Two muslims were burned on the road and the other killed in Bangui Community Hospital.The provisional reports shows 185 wounded and 23 deaths from hospital sources. 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 IDPs across the country, of which 70% are living with host families.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Central African Republic	Monkeypox	Ungraded	20-Mar-18	2-Mar-18	24-Apr-18	20	9	1	0.0%	The outbreak was officially declared on 17 March 2018 in the sub province of Ippy. In this reporting period, there is an increase in number of suspected monkey pox in Bangassou health district. As of 24 April, twenty cases including nine confirmed cases have been reported from Ippy (6) and Bangassou (3).
Congo (Republic of)	Cholera	Ungraded	21-Mar-18	n/a	10-Apr-18	45	3	2	4.4%	As of 10 April 2018, 45 suspected cases of cholera including 2 deaths were reported in the departments of Plateaux (33 suspected) and Likouala (12 suspected). The 3 confirmed cases were tested by RDT and/or culture.
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	26-Apr-18	-	-	-	-	The humanitarian and security situation remains very fragile in several provinces of the country, particularly in Ituri, North Kivu, South Kivu and Tanganyika. Insecurity is growing on the plain of Ruzizi, Kamanyora axis in Uvira. More than 1 300 people would be affected by heavy rain and violent winds that fell in the localities of Makama, Yandale, Milanga, Nemba and Kaska from 21 to 23 April 2018 in the territory of FIZI, southern province Kivu.
Democratic Republic of the Congo	Cholera		16-Jan-15	1-Jan-18	15-Apr-18	9 149	0	224	2.4%	This is part of an ongoing outbreak. From week 1 to 15 of 2018, a total of 9 149 cases including 224 deaths (CFR 2.4%) were reported from DRC. In week 15, there were 432 new cases with 12 deaths reported. Nationwide, a total of 61 680 cases including 1 327 deaths (CFR 2.2%) have been reported since January 2017.
Democratic Republic of the Congo	Ebola virus disease	G3	7-May-18	4-Apr-18	26-May-18	56	31	25	44.6%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	1-Jan-18	4-Mar-18	3 404	-	30	0.9%	This outbreak is ongoing since the beginning of 2017. As of week 8 in 2018, a total of 48 326 cases including 563 deaths (CFR 1.2%) have been reported since the start of the outbreak. In 2018 only, 3 404 cases including 30 deaths (0.9%), were reported.
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Ungraded	15-Feb-18	n/a	30-Mar-18	407	22	0	0.0%	On 13 February 2018, the Ministry of Health declared a public health emergency regarding 21 cases of vaccine-derived polio virus type 2. Three provinces have been affected, namely Haut-Lomami (8 cases), Maniema (2 cases) and Tanganyika (11 cases). The outbreak has been ongoing since February 2017.
Democratic Republic of Congo	Rabies	Ungraded	19-Feb-18	1-Jan-18	1-Apr-18	38	0	12	31.6%	This outbreak began towards the end of October 2017 in Kibua health district, North Kivu province. During Week 12 of 2018, seven new cases and two deaths were reported.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Democratic Republic of Congo	Monkeypox	Ungraded	n/a	1-Jan-18	26-Apr-18	1 210	34	28	2.3%	From weeks 1-16 of 2018 there have been 1210 suspected cases of monkeypox including 28 deaths. Of the suspected cases, 34 cases have been confirmed. Suspected cases have been detected in 14 provinces. Sankuru Province has had an exceptionally high number of suspected cases this year (309 cases).
Ethiopia	Humanitarian crisis	Protracted 3 (combined)	15-Nov-15	n/a	8-Apr-18	-	-	-	-	The complex humanitarian crisis in Ethiopia continues into 2018. As of 8 April 2018, there were 1.74 million internally displaced people (IDP), of which 1.2 million are conficlit induced IDPs. The vast majoirty of IDPs are in Somali and Oromia regions. Almost 16% of the IDPs have no access to essential PHC services and another 30% have difficult access to health care. Only 37% of conflict IDPs have access to free medicines. Approximately 23 000 conflict IDPs have been resettled around 11 town administrations. While the security situation remains tense along the Oromia/Somali border, there has been a slight ipmrovement in Hudet, Moyale, Bale, and Borena allowing for transportation of supplies.
Ethiopia	Acute watery diarrhoea (AWD)		15-Nov-15	1-Jan-18	8-Apr-18	157	-	0	0.0%	This is an ongoing outbreak since the beginning of 2017. In 2018 only, from 1 January 2018 to 10 April 2018, a total of 157 cases have been reported from three regions, Somali, Tigray and Dire Dawa regions with no death reported. In week 14, 4 cases were reported which is a reduction from 13 new cases in week 13. Between January and December 2017, a cumulative total of 48 814 cases and 880 deaths (CFR 1.8%) have been reported from 9 regions.
Ethiopia	Measles		14-Jan-17	1-Jan-18	8-Apr-18	1 050	399	-	-	This is an ongoing outbreak since the beginning of 2017. Between January and December 2017, a cumulative total of 4 011 suspected measles cases have been reported across the country. In 2018 only, a total of 1 050 suspected cases including 399 confirmed cases, have been reported from 5 regions (Addis Ababa, Amhara, Oromia, SNNPR, and Somali).
Guinea	Measles	Ungraded	9-May-18	1-Jan-18	6-May-18	1 113	267	9	0.8%	A new measles outbreak was detected in epidemiological week 8, 2018. Measles was reported in all parts of the country since the beginning of the year. The most affected zones include Kankan, Conakry and Faraneh. Out of 522 samples tested, 267 samples tested IGM positive. Out of the positive cases, 76% were not vaccinated for measles despite vaccination campaign efforts in 2017 following a large epidemic.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Kenya	Flooding	Ungraded	18-Apr-18	0-Jan-00	3-May-18	-	-	-	-	Large parts of Kenya have been experiencing floods following heavy rains, with 33 of the 47 counties in the country affected, especially those along the main rivers. The most affected counties are Tana River, Turkana, Mandera, and Kilifi. Figures from the Kenya Red Cross Society (KRCS) put the death toll at 80, with more than 33 injured. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), at least 244 407 people from 45 219 households across the country have been displaced, with more than 23 000 displaced in the last week. In Nandi County, 243 households were displaced following a mudslide, while landslides have been reported in Muranga County in the central region.
Kenya	Chikungunya	Ungraded	mid-December 2017	mid-December 2017	7-May-18	1 508	38	0	0.0%	The outbreak is still ongoing in three counties: Mombasa, Lamu and Kilifi. Since December 2017, Mombasa County has reported a total 1 302 Chikungunya cases with 32 being laboratory confirmed. The outbreak has affected 6 Sub Counties; Mvita (270 cases), Changamwe (445 cases), Jomvu (157 cases), Likoni (196 cases), Kisauni (153 cases) and Nyali (61cases). More 41samples awaiting results from KEMRI. Since 26 January 2018, Lamu also started reporting Chikungunya cases and so far, 199 cases have been line listed with 4 cases being laboratory confirmed. The new cases reported are from Lamu West, Mpeketoni. Kilifi County has reported 7 cases with 2 confirmed. One case was confirmed in Kakamega County linked to Kilifi Outbreak.
Kenya	Cholera	G1	6-Mar-17	1-Jan-18	15-May-18	3 931	247	72	1.8%	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 3 931 cases have been reported since the first of January. Currently, the outbreak is active in 8 counties: Garissa, Meru, Turkana, West Pokot, Nairobi, Kiambu, Elgeyo Marakwet and Isiolo counties. The outbreak has been controlled in 10 counties: Kirinyaga, Busia, Mombasa, Tharaka-Nithi, Siaya, Murang'a, Tana River, Trans-Nzoia, Nakuru and Machakos.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	7-May-18	141	11	1	0.7%	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 15th 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). No new cases have been reported. Date of onset of the index case in Mandera County was on 15th February 2018.
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-18	29-Apr-18	2 564	177	12	0.5%	From week 1 to week 48 of 2017, 1 607 cases were reported from 15 counties, including 225 laboratory confirmed, 336 clinically compatible and 199 epi-linked. From week 1 to week 17 of 2018, 2 562 cases have been reported including 12 deaths. Cases are epidemiologically classified as follows: 177 laboratory confirmed, 1 561 epi-linked, 31 clinically compatible, 128 discarded, and 384 pending.
Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-18	13-May-18	84	11	22	26.2%	One new confirmed case reported on 11 May 2018 from Nimba County. The case is a 10 year old male with symptom onset on 1 May 2018 and tested positive for Lassa fever by RT-PCR on 11 May 2018 at the National Public Health Reference Laboratory (NPHRL). From 1 January to 13 May 2018, 84 suspected cases including 22 deaths have been reported. Out of this 12 have been confirmed including 10 deaths. Case fatality rate among confirmed cases is 83.3%. A total of 138 contacts including 34 health workers are currently being follow up in two counties - Margibi (84) and Nimba (54).
Madagascar	Plague	Ungraded	13-Sep-17	13-Sep-17	29-Apr-18	2 676	558	238	8.9%	From 1 August 2017 to 29 April 2018, a total of 2 678 cases of plague were notified, including 559 confirmed, 828 probable and 1 291 suspected cases. Out of them 2 032 cases were of pulmonary, 437 were of bubonic, 1 was of septicaemic form and 208 cases unspecified. In week 17, 2 suspected cases were reported but tested negative.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	19-Nov-17	-	-	-	-	The security situation remains volatile in the north and centre of the country. At the last update, incidents of violence had been perpetrated against civilians, humanitarian workers, and political-administrative authorities.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	29-Apr-18	800	246	0	0.0%	Health districts are affected by Measles in Bougouni, Koutiala, Kolondieba, Tombouctou, Dioila, Taoudenit and Kalabancoro. Reactive vaccination campaigns, enhancement of surveillance, and community sensitization activities are ongoing in the affected health districts. The national reference laboratory (INRSP) confirmed 246 cases by serology (IgM).
Mauritania	Crime-an-Congo haemor-rhagic Fever (CCHF)	Ungraded	26-Apr-18	22-Apr-18	8-May-18	2	1	0	0.0%	On 22 April 2018, one suspected case of haemorrhagic fever at Cheikh Zayed Hospital (CZ) was notified to the central department of the Ministry of Health. The case was a 58-year-old male cattle breeder in the locality of Elghabra, Assaba region. The onset of symptoms was on April 16, 2018 with high fever, arthralgia and headache. He reported being in contact with a dead cow, and no consumption of deceased animal meat was reported. The sample sent to the national reference laboratory confirmed the presence of Crimean Congo virus by serology (IgM positive). The case was discharged from the hospital on 27 April 2018. One new suspected case from the same area was notified on 30 April 2018 and tested negative for Crimean Congo Virus by serol-ogy and PCR. As of 8 May 2018, 22 (69%) of the 32 identified contacts have completed follow up. No death has been reported.
Mozam-bique	Cholera	G1	27-Oct-17	12-Aug-17	30-Apr-18	2 329	-	5	0.2%	The cholera outbreak is ongoing. From mid-August 2017 through 30 April 2018, 2329 cases have been reported from two provinces; Nampula (1 646 cases and 2 deaths) and Cabo Delgado (683 cases and 3 deaths) provinces. This outbreak started in mid-August 2017 from Memba district, Nampula Province and Cabo Delgado Province started reporting cases from week 1 of 2018. No new cases have been reported in the two provinces since Week 15. No cases have been reported from Erati and Nacrpoua districts since the beginning of the year.
Namibia	Crime-an-Congo haemorrhagic fever	Ungraded	29-Mar-18	28-Mar-18	13-Apr-18	2	1	1	50.0%	A male subject from Keetmanshoop District became ill on 22 March 2018 after contact with a tick-in-fested cow. As of 28 March 2018 he was admitted to an isolation unit at Windhoek Central Hospital and PCR testing was confirmed positive on 31 March 2018. The patient died on 3 April 2018. An additional suspected case with a history of tick bite and vomiting has also been iso-lated as of 3 April 2018, but tested negative for CCHF on 7 April 2018.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Namibia	Hepatitis E	Ungraded	18-Dec-17	8-Sep-17	20-May-18	1 409	116	15	1.1%	This is an ongoing outbreak since 2017. The majority of cases have been reported from informal settlements in the capital district Windhoek, Khomas region. As of 20 May 2018, Windhoek district reported a cumulative total of 1 364 suspected including 106 confirmed cases, since the outbreak started in September 2017. There has been a cumulative total of 15 deaths reported during this period, mostly pregnant women or deaths of women following delivery. Meanwhile, Omusati region, a northern region bordering Angola reported a total of 45 suspected HEV cases, that have been reported between January and April 2018. Out of the 45 suspected, 10 cases have been confirmed as IgM positive. This region is comprised of four districts.
Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	11-Apr-18	-	-	-	-	The humanitarian situation in Niger remains complex. The state of emergency has been effective in Tillabéry and Tahoua Regions since 3 March 2017. Security incidents continue to be reported in the south-east and north-west part of the country. This has disrupted humanitarian access in several localities in the region, leading to the suspension of relief activities, including mobile clinics.
Niger	Meningitis	Ungraded	26-Apr-18	1-Jan-18	6-May-18	1 120	69	91	8.1%	In 2018, week 18 (from 30 April to 6 May), there were 69 new confirmed meningitis cases, including 9 deaths (CFR 13%) reported in Niger. There are no health districts that passed the epidemic treshold of 10 cases per 100 000 inhabitants. One district is under alert with an attack rate of 4.2 cases per 100 000 inhabitants. From epi week 1 up to epi week 17, there were 1 120 cases and 91 deaths notified (CFR 8.1%). As of 29 April 2018, 733 samples were analysed by CERMES and among them, 327 tested positives (45%): 153 NmC (46,8%), 109 NmX (33,3%), 53 Sp (16,2%), 8 Hi (2,4%), 1NmW135 (0,3%), 1 Nm underfined (0,3%), and 2 others (0,6%).
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	31-Jan-18	-	-	-	-	Conflict and insecurity in the north east of Nigeria remain a concern and resulted in a large scale of displacement. Most affected areas recently are along the axis from Monguno to Maiduguri, namely in Gasarwa, Gajiram, Gajigana, Tungushe, and Tungushe Ngor towns. Initial estimates for the number of IDPs in recent months is between 20 000 and 36 000; many are in dire need of humanitarian services. Health services

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Nigeria	Cholera	Ungraded	7-Jun-17	1-Jan-18	3-Mar-18	210	2	16	7.6%	There is an ongoing outbreak since the beginning of 2017. Between 1 January and 31 December 2017, a cumulative total of 4 221 suspected cholera cases and 107 deaths (CFR 2.5%), including 60 laboratory-confirmed were reported from 87 LGAs in 20 states. Between weeks 1 and 9 of 2018, 210 suspected cases including two laboratory-confirmed case and 16 deaths (CFR 7.6%), have been reported from 28 LGAs in 9 states. Most recently, cases have also been reported from Yobe and Bauchi states. During 28 March to 8 May 2018, Yobe State reported 402 cases including 15 deaths (CFR 3.7%).
Nigeria	Lassa fever	G2	24-Mar-15	1-Jan-18	13-May-18	446	428	117	26.2%	In the reporting Week 19 (May 07-13, 2018) five new confirmed cases were reported from three states -Edo (1), Ebonyi (1) and Ondo (3) with one new death in Ondo state. From 1 January to 13 May 2018, a total of 1 914 suspected cases and 157 deaths have been reported from 21 states. Seventeen states have exited the active phase of the outbreak while four- Edo, Ondo, and Ebonyi, Taraba States remain active. Of the suspected cases, 428 were confirmed positive, 10 are probable, 1 468 negative (not a case) and 8 samples are awaiting laboratory result (pending). Thirty-eight health care workers have been affected since the onset of the outbreak in eight states –Ebonyi (16), Edo (12), Ondo (4), Kogi (2), Benue (1), Nasarawa (1), Taraba (1), and Abia (1) with nine deaths in Ebonyi (6), Kogi (1), Abia (1) and Ondo (1). A total of 1 022 cases including 127 deaths were reported from week 49 of 2016 to week 51 of 2017.
Nigeria	Hepatitis E	Ungraded	18-Jun-17	1-May-17	31-Dec-17	1 651	182	8	0.6%	The number of cases has been decreasing since week 51 of 2017. Forty-three new cases were reported in Kala/Balge LGA in week 52 (ending 31 December 2017).
Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	15-Apr-18	1 711	41	47	2.7%	A total of 1 771 cases have been reported from all Nigerian states in 396 LGAs. Forty one samples have been laboratory-confirmed at IP Dakar.
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	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).

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Nigeria	Meningitis	Ungraded	26-Dec-17	1-Sep-17	15-May-18	3 301	296	301	9.1%	From 1 September 2017 to 15 May 2018, 3 301 suspected cases have been reported from fifteen States: Katsina (1 159), Zamfara (1 115), Sokoto (372), Jigawa (186), Kano (107), Kebbi (95), Niger (70), Yobe (65), Bauchi (31), Cross River (31), Adamawa (23), Borno (27), Plateau (4), Gombe (3) and Kaduna (1). Of the 748 samples tested, 292 (39.6 %) were positive for bacterial meningitis. *Neisseria meningitides* C (NmC) accounted for 63.2% (187) of the positive cases.
Nigeria (North East)	Cholera	Ungraded	n/a	13-Feb-18	27-May-18	1 664	68	31	1.9%	Detailed update given above.
São Tomé and Príncipé	Necrotising cellulitis/ fasciitis	Protracted 2	10-Jan-17	25-Sep-16	13-May-18	2 646	0	0	0.0%	From week 40 in 2016 to week 19 in 2018, a total of 2 646 cases have been notified. In week 19, 17 cases were notified, five more than the previous week. Five (5) out of seven districts (7) reported. The attack rate of necrotising cellulitis in São Tomé and Príncipé is 13.4 cases per 1 000 inhabitants. The most affected district are Caue (attack rate: 20.2 cases per 1 000 inhabitants) and Cantagalo (20.0 cases per 1 000 inhabitants).
Senegal	Pertussis	Ungraded	10-May-18	10-May-18	14-May-18	3	3	-	-	On 9 May 2018, a confirmed case of pertussis was reported to the Ministry of Health. In the last three months there have been 3 confirmed cases of pertussis in infants less than 6 weeks in Senegal districts of Touba, Darou-Mousty and Dakar-Nord. The cases were confirmed in Institut Pasteur Dakar and Bio24.
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	22-Apr-18	4 950	1 429	-	-	A total of 4 459 cases have been reported from all regions of the three main islands (Mahé, Praslin, and La Digue). A total of 4 950 suspected cases reported by end of week 16, 2018. Significant increase in reported suspected cases for week 16 compared with week 15, a total of thirty-four (34) suspected cases. Twenty-four (24) samples tested amongst which five (5) were positive, nineteen (19) negative. Of note nine (9) suspected cases were admitted at Baie St Anne Praslin Hospital but unfortunately not tested. So far for this epidemic the serotypes DENV1, DENV2 and DENV3 have been detected.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
South Africa	Listeriosis	G2	6-Dec-17	1-Jan-17	21-May-18	1 034	1 034	204	19.7%	This outbreak is ongoing since the beginning of 2017. As of 21 May 2018, 1 034 cases have been reported in total. Around 80% of cases are reported from three provinces; Gauteng (59%, 606/1 034), Western Cape (13%, 130/1 034) and KwaZulu-Natal (7%, 73/1 034). The number of reported cases has decreased to 64 cases since the implicated products were recalled on 04 March 2018. Neonates ≤28 days of age are the most affected age group, followed by adults aged 15 – 49 years of age. All cases that have been identified after the recall are being fully investigated.
South Africa	Rabies	Ungraded	-	1-Jan-18	17-Apr-18	7	6	0	0.0%	From Jan 2018 to date, a total of six human cases of rabies have been laboratory confirmed. Cases were reported from KwaZulu-Natal Province (4) where a resurgence of rabies has been reported. The remaining cases were reported from the Eastern Cape Province. For all of the cases, exposures to either rabid domestic dogs or cats were reported. Another probable case of rabies was reported from the Eastern Cape, but a sample for laboratory investigation for rabies was not available. The case did however present with a clinical disease compatible with a diagnosis of rabies and had a history of exposure to a potentially rabid dog before falling ill. During 2017, a total of six cases were reported for the year
South Sudan	Humanitari-an crisis	Protracted 3	15-Aug-16	n/a	21-May-18	-	-	-	-	Detailed update given above.
South Sudan	Hepatitis E	Ungraded	3-Jan-18		20-May-18	51	11	-	-	From 3 January 2018, a total of 51 suspect case of Hepatitis E (HEV) have been reported in two counties of South Sudan. Of the total suspect cases, 11 cases have been PCR confirmed as HEV (10 in Bentiu PoC and 1 in Old Fangak). No new cases identified after active follow up in Fangak. More than half of the total cases are between 1 and 9 years of age and 65% are male. Among the females, most cases have been re-ported in those aged 15 to 44 years (who are at risk of adverse outcomes if infected in the third trimester of pregnancy). The current response is coordinated by Health-WASH partners that are conducting regular meetings in Bentiu PoC since 26 April 2018.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
South Sudan	Rift Valley fever (RVF)	Ungraded	28-Dec-17	7-Dec-17	6-May-18	31	6	4	12.9%	As of 6 May 2018, a total of 31 cases of Rift Valley fever have been reported from Yirol East of the Eastern Lakes State, including six confirmed human cases (one IgG and IgM positive and five IgG only positive), three cases who died and were classified as probable cases with epidemiological links to the three confirmed cases, 26 were classified as non-cases following negative laboratory results for RVF (serology), and samples from 20 suspected cases are pending complete laboratory testing. A total of four cases have died, including the three initial cases and one suspect case who tested positive for malaria (case fatality rate 12.9%).
Tanzania	Floods	Ungraded	18-Apr-18	15-Apr-18	17-Apr-18	-	-	-	-	Heavy rains and poor drainage systems have led to intense flooding in Dar es Salaam affecting the districts of Ilala, Kinondoni, Temeke, Kigamboni. As of 17 April 2018, 15 have died and another 10 have been injured. Response teams are mobilizing.
Tanzania	Cholera	Protracted 1	20-Aug-15	1-Jan-18	20-May-18	2 105	-	44	2.1%	Detailed update given above.
Tanzania	Dengue fever	Ungraded	19-Mar-18	n/a	21-Mar-18	13	11	-	-	An outbreak of Dengue fever is ongoing in Dar es Salaam. Further information will be provided when it becomes available.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	2-Mar-18	-	-	-	-	The influx of refugees to Uganda has continued as the security situation in the neighbouring countries remains fragile. Approximately 75% of the refugees are from South Sudan and 17% are from DRC. An increased trend of refugees coming from DRC was observed recently. Landing sites in Hoima district, particularly Sebarogo have been temporarily overcrowded. The number of new arrivals per day peaked at 3 875 people in mid-February 2018.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Uganda	Cholera	Ungraded	15-May-18	29-April-18	15-May-18	30	-	1	3.3%	On 29 April 2018, a 40 years old female presented with vomiting, acute rice watery diarrhea at Kiruddu Hospital. She was attending to her sick child in Mulago hospital when symptoms of the disease manifested. A stool sample taken from the suspected case tested positive for *Vibrio Cholerae* at the Central Public Health Laboratory (CPHL). As of 15 May 2018, a total of 30 cholera cases and one death were reported in Kampala Uganda (case fatality rate 3.3%). Two samples tested positive by RDT and sent for confirmation by culture. Surveillance in hot spots as well as door to door community mobilization and media engagements is ongoing in the city. Other cholera outbreaks in the country that have been recorded this year include: Hoima district which reported a total of 2 119 cases with 44 deaths (CFR 2.1%) and Amudat reported a total of 50 cases including 2 deaths (CFR 4.0%).
Uganda	Anthrax	Ungraded	-	12-Apr-18	23-May-18	83	1	-	-	Detailed update given above.
Uganda	Measles	Ungraded	8-Aug-17	24-Apr-17	30-Apr-18	2 143	610	-	-	As of 30 April 2018, a total 2 143 cases have been reported 610 cases have been confirmed either by epidemiological link or laboratory. Twenty-six districts have confirmed a measles outbreak, these include: Amuru, Butambala, Butebo, Buyende, Gomba, Hoima, Iganga Isingiro, Jinja, Kaliro, Kampala, Kamuli, Kamwenge, Kayunga, Kyegegwa, Kyotera, Kabarole, Kalungu, Luwero, Lwengo, Mbale, Mityana, Mpigi, Namutumba, Ngora and Wakiso. Two districts of Kayunga and Lwengo successfully controlled their outbreaks by intensifying the routine immunization. The main cause of the measles outbreaks is failure to vaccinate especially young children below the age of 5 years. The Ministry of Health has developed a measles response plan with an objective to rapidly interrupt measles transmission through intensified routine immunizations of susceptible children.
Zambia	Cholera	G1	4-Oct-17	4-Oct-17	15-Apr-18	5 721	565	113	2.0%	As of 15 April 2018, 5 243 cases and 96 deaths have been reported in Lusaka district. From other districts outside Lusaksa, 478 cases and 17 deaths have been reported. Since the begining of the outbreak, Zambia has reported a cumulative total of 5 721 cases including 113 deaths.

†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.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Zimbabwe	Cholera	Ungraded	7-Apr-18	5-Apr-18	15-May-18	62	23	3	4.8%	A 24-year-old male subject from Stoneridge (15 km south of Harare city centre) fell ill 22 March 2018 and died 5th of April 2018. The patient's father and infant brother also had symptoms and tested positive for *Vibrio cholerae* serotype Ogawa. As of 15 May 2018, there are 62 cases (37 suspected cases, 23 confirmed cases, 2 probable case), and among them, 3 deaths (case fatality rate: 4.8%). The cases were reported from Stoneridge area (18), Belvedere West (2) and Harare and Chitungwiza (42).

Correspondence on this publication may be directed to:
Dr Benido Impouma
Programme Area Manager, Health Information & Risk Assessment
WHO Health Emergencies Programme
WHO Regional Office for Africa
P O Box. 06 Cité du Djoué, Brazzaville, Congo
Email: afrooutbreak@who.int

Contributors
E. Douba (Cameroon)
K. Yealue (Liberia)
M. Groepe (South Africa)
S. Maphosa (Zimbabwe)
F. Mboussou (Democratic Republic of the Congo)

Graphic design
Mr. A. Moussongo

Editorial Team
Dr. B. Impouma
Dr. C. Okot
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Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.

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