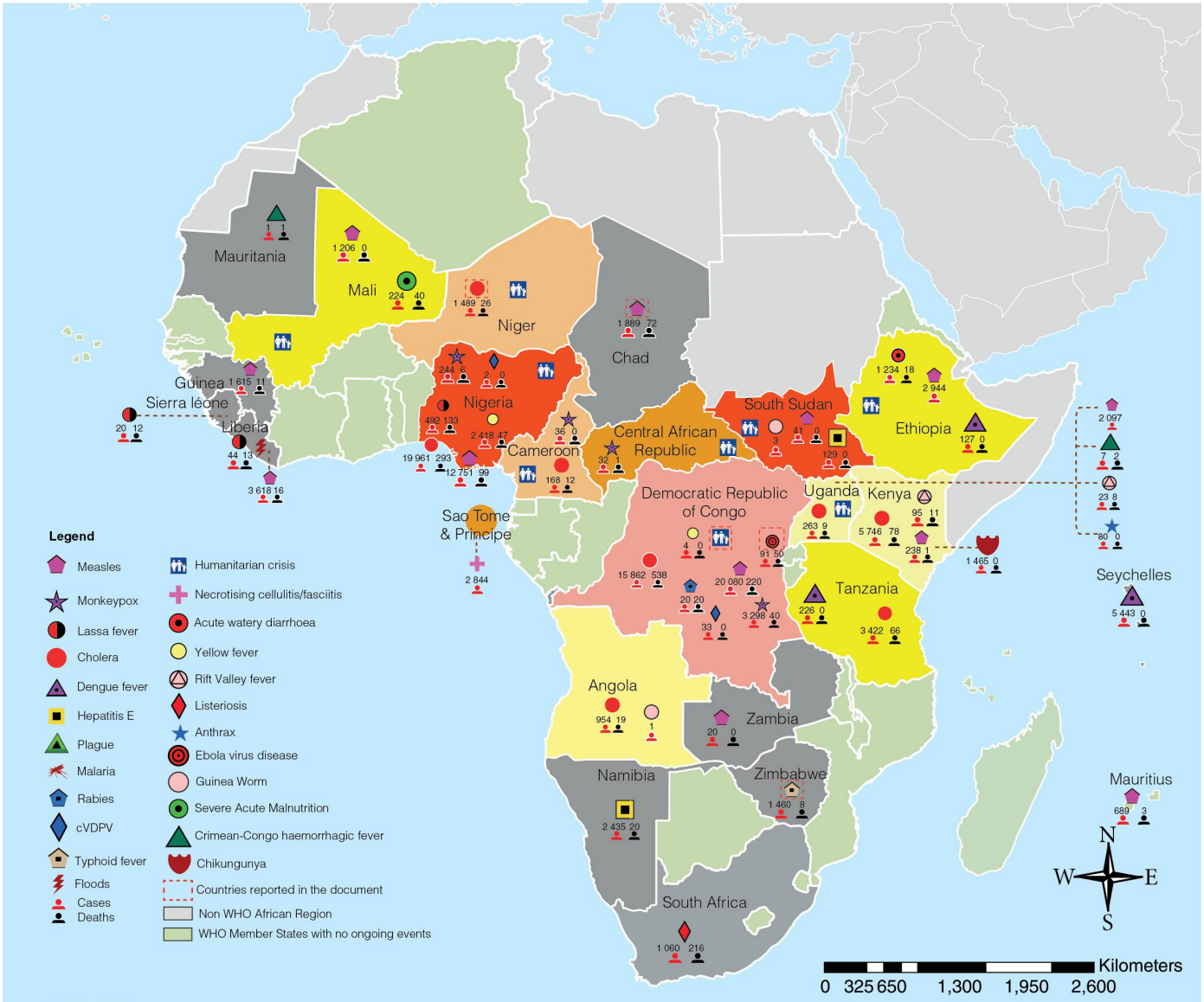
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 33: 11 - 17 August 2018
Data as reported by 17:00; 17 August 2018

World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

2	58	49	11
New events	Ongoing events	Outbreaks	Humanitarian crises



Graded events †

2 Grade 3 events	**3** Grade 2 events	**7** Grade 1 events	**38** Ungraded events
2 Protracted 3 events	**2** Protracted 2 events	**3** Protracted 1 events	

Health Emergency Information and Risk Assessment

Overview

Contents

- This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 60 events in the region. This week's edition covers key ongoing events, including:

  - Ebola virus disease in the Democratic Republic of the Congo
  - Typhoid fever in Zimbabwe
  - Measles in Chad
  - Cholera in Niger
  - Humanitarian crisis in Democratic Republic of the Congo.

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

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

- **Major issues and challenges include:**

  - The Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo has rapidly evolved in the last week, with several new cases and deaths occurring. More new cases are expected to occur in the coming days and weeks as people who were earlier exposed to infections develop illness. Similarly, the actions taken now to avert further exposures to infections will be critical in containing this outbreak. Meticulous identification and rigorous monitoring of potential contacts, rapid investigation and immediate isolation of suspected cases form the bedrock of the strategies to contain the current outbreak. Aware of the prevailing circumstances, the topmost priority remains strengthening these aspects of the response as well as other components of the response structures on the ground.

  - The Zimbabwe Ministry of Health and Child Care has reported a confirmed typhoid fever outbreak in Gweru city, Midlands Province. The outbreak started in early-July 2018 and quickly evolved to affect many people. The affected city is situated between Harare and Bulawayo, putting both cities at high risk of importing the disease. Harare city has had large outbreaks of typhoid fever in the recent past, causing significant public health and socio-economic consequences. The current typhoid fever outbreak in Gweru city calls for immediate attention from the national authorities and partners to avoid escalation of the situation and further spread of the disease to the neighbouring cities, especially Harare.

Ongoing events

Ebola virus disease | **Democratic Republic of the Congo** | 91 **Cases** | 50 **Deaths** | 55.6% **CFR**

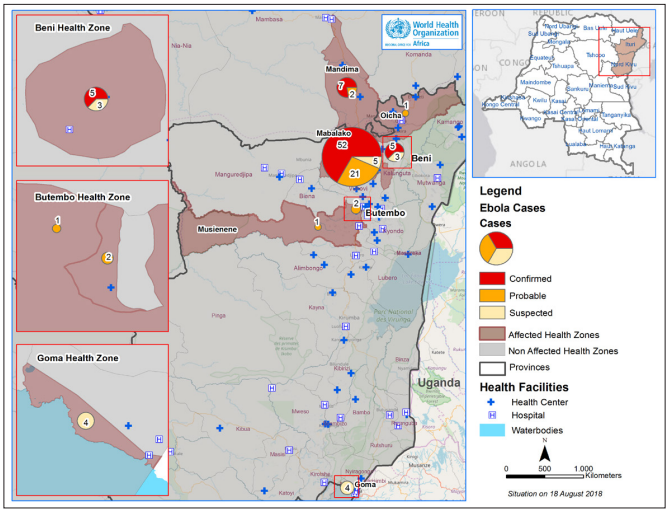
EVENT DESCRIPTION

The outbreak of Ebola virus disease (EVD) in North Kivu and Ituri provinces of the Democratic Republic of the Congo continues to evolve. Since our last report on 10 August 2018 *(Weekly Bulletin 32)*, 39 additional confirmed EVD cases and 11 deaths have been reported. Between 16 and 18 August 2018, 13 new confirmed EVD cases and seven new deaths were reported in Mabalako Health Zone. Four of the confirmed cases are healthcare workers. By 18 August 2018, 12 suspected cases were under investigation. A total of 51 patients are in admission in three Ebola treatment centres.

As of 18 August 2018, a total of 91 EVD cases, including 50 deaths (case fatality ratio 55.6%), have been reported. Of these 91 cases, 64 have been laboratory confirmed and 27 remain probable. Of the 50 deaths, 23 occurred in confirmed cases. Thirteen healthcare workers (11 confirmed, 1 probable) have been affected, one of whom has died. Six health zones in two provinces have reported confirmed and probable EVD cases, including Mabalako (52 confirmed, 21 probable, 40 deaths), Beni (5 confirmed, 3 deaths), Butembo (2 probable, 2 deaths), Oicha (1 probable, 1 death), and Musienene (1 probable, 1 death) in North-Kivu Province, and Mandima (7 confirmed, 2 probable, 3 deaths) in Ituri Province. The epicentre of the outbreak is Mangnia in Mabalako Health Zone.

As of 14 August, a total of 1 609 contacts are under surveillance, including 125 healthcare workers in Mabalako (68) and Beni (57). On 18 August 2018, 954 (59%) contacts were successfully followed Contacts in Mandima Health Zone were not followed up for an apparent community resistance.

Geographical distribution of confirmed, probable and suspected Ebola virus disease cases, Democratic Republic of the Congo, 18 August 2018



PUBLIC HEALTH ACTIONS

- The Ministry of Health has activated a multi-partner incident management system and an emergency operations centre to coordinate the response to the outbreak, with the main centre in Beni and the field coordination centre in Mangina.
- WHO has deployed 106 specialists to support response activities, including logisticians, epidemiologists, communicators, clinical care specialists, community engagement specialists, and emergency coordinators.
- Global Outbreak Alert and Response Network (GOARN) partner institutions continue to support the response as well as ongoing readiness and preparedness activities in non-affected provinces of the Democratic Republic of the Congo and in bordering countries.
- Knowledge, Attitude and Practice (KAP) surveys were conducted in Beni and Mabalako health zones to assess the levels of EVD awareness in the communities. Findings from the survey will be used to improve the risk communication, social mobilization and community engagement strategy.
- On 8 August 2018, the MoH, with support from WHO and partners, launched vaccination. As of 15 August 2018, a total of five vaccination rings have been defined around 13 recently confirmed cases. Within these initial rings, approximately 500 contacts and their contacts consented and received rVSV-ZEBOV Ebola vaccine thus far.
- Two Ebola treatment centres have been established in Beni and Mangina, run by the Alliance for International Medical Action (ALIMA) and Médecins Sans Frontières (MSF), respectively.
- Systems are set up to ensure that safe and dignified burials are conducted throughout affected zones, supported by the International Federation of the Red Cross and Red Crescent (IFRC).
- Funding for the response has been received by WHO from the US Agency for International Development and the Wellcome Trust, with confirmed pledges from the UN Central Emergency Response Fund, Bill and Melinda Gates Foundation, the Department for International Development (DFID), and China.
- The WHO Regional Office for Africa has prioritized four of the nine neighbouring countries (Burundi, Rwanda, South Sudan, and Uganda) neighbouring the Democratic Republic of the Congo to enhance operational readiness and preparedness.

SITUATION INTERPRETATION

The EVD outbreak in the Democratic Republic of the Congo is rapidly evolving, with more new confirmed cases and deaths occurring. The coming days are going to be critical in the evolution of the outbreak as the people who were earlier exposed to infections continue to develop the disease. It is also a defining moment in the race to contain the outbreak, during which new exposures to infections should be averted, disrupting further transmission. This can only be achieved through meticulous field work to identify every single contact and transmission chain. There is an urgent need to continue scaling up and improve effectiveness and efficiency of all aspects of the response.

Go to overview

Go to map of the outbreaks

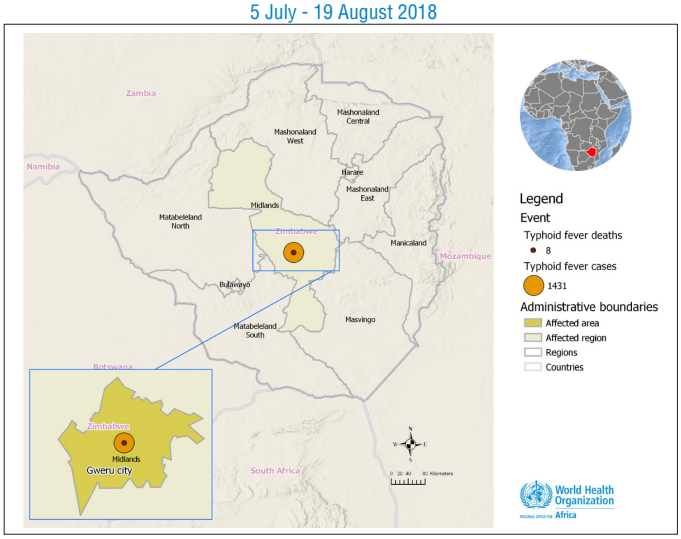
Typhoid fever | **Zimbabwe** | 1 460 **Cases** | 8 **Deaths** | 0.6% **CFR**

EVENT DESCRIPTION

On 7 August 2018, the Zimbabwe Ministry of Health and Child Care informed WHO of an outbreak of typhoid fever in Gweru City, Midlands Province, located in the central part of the country. The event reportedly started in early-July 2018 when health authorities at the provincial hospital in Gweru observed increasing number of case-patients manifesting gastrointestinal symptoms, including vomiting, diarrhoea, and malaise, with fever. Retrospective investigations showed that the first case-patient presented to the hospital on 5 July 2018. Stool specimens obtained from three case-patients isolated *Salmonella typhii* in a private laboratory on 6 August 2018. Further analysis of the isolates at the National Reference laboratory confirmed the diagnosis on 9 August 2018. The antibiotic sensitivity pattern showed that the bacterium was only sensitive to ceftriaxone, ciprofloxacin and gentamycin. Most specimens tested negative, presumably due to self-administered antibiotics, widely practiced in the community.

As of 19 August 2018, a total of 1 460 suspected cases, including eight deaths (case fatality ratio 0.6%) have been reported. There were 41 patients admitted in the various health facilities. Over 60% of the cases are females. The neighbourhood of Mkoba has been the most affected, especially Mkoba 15, 18 and 20. Other affected neighbourhoods in Gweru are Ascot, Woodlands and Windsor PK.

Geographical distribution of typhiod fever cases in Gweru City, Zimbabwe, 5 July - 19 August 2018



Fifty-six water samples have been collected from multiple places and bacteriological and chemical analyses are being carried out. Further epidemiologic and environmental investigations are ongoing and findings will be communicated.

PUBLIC HEALTH ACTIONS

- The Minister of Health, accompanied by other government officials and partners' representatives, visited the affected communities to conduct rapid assessment of the situation.
- A national task force has been reactivated to coordinate response to the outbreak and six sub-committees have been formed.
- The Ministry of Health has deployed a rapid response team to conduct outbreak investigation and environmental assessment, including establishing the risk factors for propagation of the disease.
- Two treatment centres have been designated, one specifically to handle in-patients. Other health facilities are also ready to provide treatment for mild illness.
- The Ministry of Health is working with other stakeholders to mobilize resources for the response to this outbreak.

SITUATION INTERPRETATION

Gweru City in Midlands Province has been experiencing a typhoid fever outbreak since early July 2018. This outbreak is being attributed to burst sewer pipes, which are believed to have contaminated boreholes, the main source of potable water for the community in the city. Large numbers of people have been affected within a short period and the extent of this outbreak could be much bigger than what is seen. The outbreak has occurred in a city that is the gateway between Harare (the capital city) and Bulawayo (the second largest city) resulting in increased risk of importing the disease to these cities. Harare city has had recurrent outbreaks of typhoid fever in the recent past, the latest being 2017, and there are abundant risk factors for disease transmission. It is, thus, important that this outbreak is quickly controlled.

While the national authorities and partners have initiated response to this event, several components of the response call for improvement. Some of the issues are: provision of reagents (Salmonella serotyping antisera and antibiotic discs) to improve laboratory diagnostic capacity at the local level, training of healthcare workers to improve disease detection and case management in health facilities, as well as provision of case management guidelines. Importantly, implementation of water, sanitation and hygiene activities, community mobilization/engagement and risk communication activities should be quickly scaled up. Underpinning all these, the resources to implement effective outbreak control measures need to be made available to the responders.

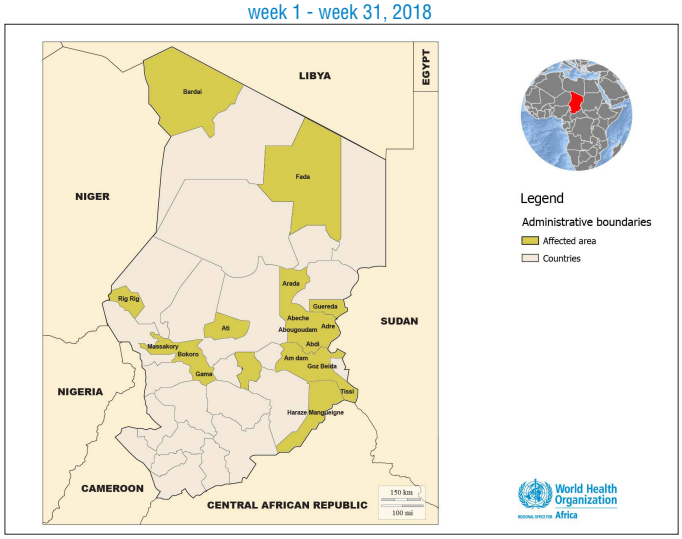
EVENT DESCRIPTION

Chad has been experiencing a measles outbreak since early-May 2018. In week 18 (week ending 6 May 2018), two districts (Ati and Gama) reached the measles epidemic threshold of three laboratory confirmed cases. The outbreak steadily increased in subsequent weeks, with 16 other districts attaining the epidemic threshold, two of them during the reporting week. In week 31, a total of 98 suspected measles cases and four deaths were reported, compared to 162 cases and six deaths reported in week 30. The outbreak appears to have peaked in week 25 when 175 cases were reported.

Between week 1 and week 31 of 2018, a total of 1 889 suspected cases of measles, including 72 deaths (case fatality ratio 3.8%), were reported. Of these, 885 cases were investigated: 141 were laboratory confirmed, 419 had epidemiological links to confirmed cases and 28 were clinically compatible. Only 15% (132) of the investigated cases had been vaccinated against measles. About 41% of the affected people are 10 years and above, 38% are four years and below and 21% are between five and nine years of age.

A total of 18 districts have confirmed measles outbreaks, including: Abeche, Abdi, Abougudam, Adre, Am dam, Arada, Ati, Bardai, Bokoro, Fada, Gama, Goz Beida, Guereda, Haraze Mangueigne, Massakory, Mongo, Rig Rig, and Tissi.

Geographical distribution of measles cases in Chad, week 1 - week 31, 2018



The Ministry of Health in Chad formally notified WHO of the measles outbreak on 26 June 2018.

PUBLIC HEALTH ACTIONS

- The National Epidemic Management Committee is meeting weekly to plan and coordinate response to the ongoing measles outbreak, with involvement of partners.
- The Ministry of Health, WHO, UNICEF and partners have developed a national measles outbreak response plan and efforts are ongoing to mobilize resources for implementation of the plan.
- Part of the routine measles vaccine stock is being used for the response in epidemic districts. UNICEF has provided 900 000 additional doses of measles vaccine.
- Epidemiological investigation is being conducted at district level, including collecting specimens and documentation of cases.
- Sensitization of the community and their leaders is being undertaken, specifically targeting high risk groups, on measles symptoms and the importance of vaccination by radio, press and television.
- Information on measles has been shared with healthcare workers in both the public and private health providers across the country.

SITUATION INTERPRETATION

Chad, a low-income landlocked country in central Africa, has been experiencing a measles outbreak since May 2018. The case fatality ratio in this outbreak is quite high (about 4%) and the majority of the people affected are 10 years and above, indicating gaps in provision of routine immunization services. More than 95% of confirmed cases were not vaccinated or the vaccination status was unknown. The country has been plagued by instability from internal ethnic rivalries, conflicts in neighbouring countries and the impact of climate change through desertification and the drying up of Lake Chad. Invariably, these factors have affected provision of healthcare services, including immunization. Estimates for measles national immunization coverage for 2016 (based on data available from WHO and UNICEF) stands at 58% – grossly suboptimal to protect a community against an outbreak (usually 95% and above). Routine measles vaccination for children, combined with mass immunization campaigns are key public health strategies to reduce the incidence of the disease. The measles vaccine is safe, effective and inexpensive. The national authorities and partners need to continue efforts to improve the vaccination status of the population and reach at least 95% coverage in children using multiple approaches.

EVENT DESCRIPTION

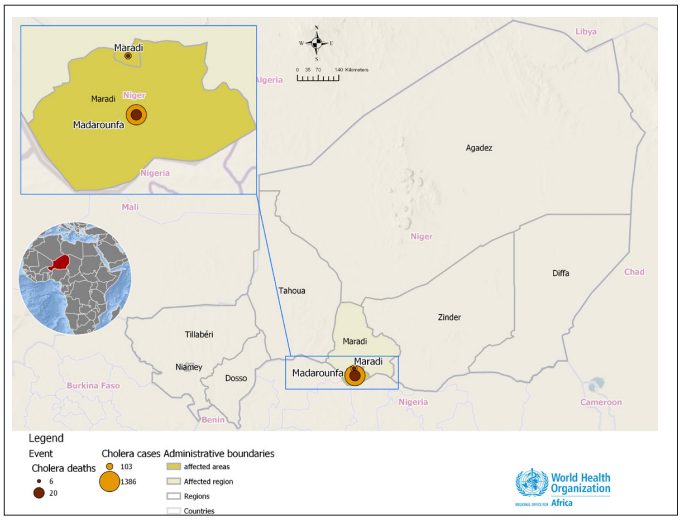
The cholera outbreak in Niger is rapidly increasing, after initially showing signs of improvement in the past two weeks. Since our last report on 3 August 2018 *(Weekly Bulletin 31)*, an additional 750 suspected cholera cases and 15 deaths were reported. In week 32 (week ending 12 August 2018), a total of 389 suspected cases and seven deaths were reported, while partial data for week 33 (13 - 15 August 2018) had 184 new suspected cholera cases and four deaths. As of 15 August 2018, there were 102 patients on admission in the cholera treatment centres (CTC) in Madarounfa (92) and Maradi (10) health districts.

Since the beginning of the outbreak on 5 July 2018, a total of 1 489 suspected cholera cases, including 26 deaths (case fatality ratio 1.8%), have been reported. The outbreak is localised to two health districts: Madarounfa (1 386 cases, 20 deaths) and Maradi (103 cases, 6 deaths). A total of 14 health areas have been affected in Madarounfa (10) and Maradi (4) health districts. The main age group affected is 15 years and above, accounting for 48% (715) of the reported cases, while children under five years of age constitute 23% (337) of the total caseload.

As of 13 August 2018, a total of 24 stool specimens have been taken, of which 19 were positive for *Vibrio cholerae* 01 inaba by culture.

The cholera outbreak in Niger was confirmed on 12 July 2018 in Madarounfa District, Maradi Region (at the border with Nigeria) when three stool specimens had tested positive for *V. cholerae* 01 inaba at the Centre for Medical and Health Research (CERMES) in Niamey. The Ministry of Public Health notified WHO of the event on 13 July 2018 and formally declared the outbreak on 15 July 2018.

Geographical distribution of cholera cases in Niger, 5 July - 13 August 2018



PUBLIC HEALTH ACTIONS

- The Epidemics Surveillance and Response Directorate of the Ministry of Health in collaboration with the Regional Direction of Public Health in Maradi are coordinating the response to the cholera outbreak, with technical support from WHO and partners. Direct implementation and supervision of the response activities are undertaken by the district health management teams. Weekly coordination meetings take place in Naimey, along with daily operational meetings in Maradi.
- Active surveillance has been strengthened in all health facilities, who are reporting on a daily basis and updating line lists of cases. There is continued supervision and capacity building of structures and staff for epidemiological surveillance and response monitoring.
- Case management free of costs is provided by three CTCs in Nyelwa, Dan Issa and Maradi, supported by Médecines sans Frontièrs (MSF).
- The WHO Country Office is providing technical support for coordinating the response at local and national level.
- On 14 August 2018, a meeting of the ad hoc committee (WHO, UNICEF, MSF and Red Cross) was convened to develop the vaccine request for the International Coordinating Group on vaccine provision.
- Water, sanitation and hygiene (WASH) activities are ongoing. MSF has installed hand wash and disinfection facilities at the health centre level, while UNICEF supported chlorination of water at source and at household level.
- Sensitization of communities is being conducted through various channels of communication, including community radio and use of community relays and local leaders to disseminate cholera messages.

SITUATION INTERPRETATION

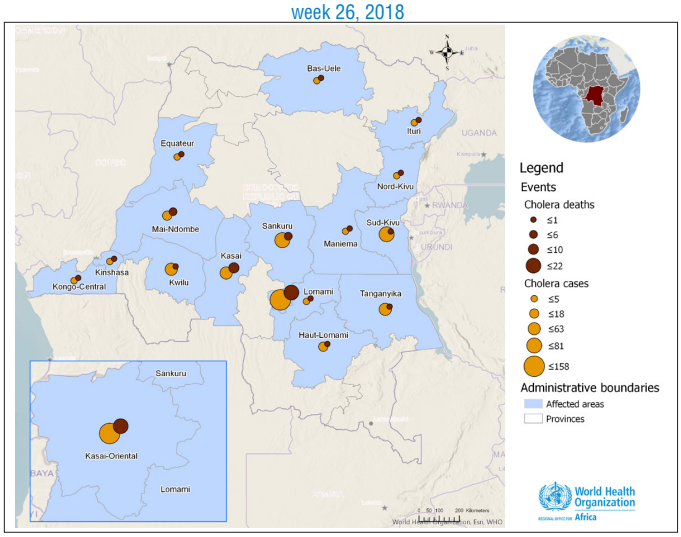
There has been a rapid escalation of the cholera outbreak in two districts of Maradi Region, Niger in the last weeks, raising concerns. The Madarounfa district, where the outbreak started, had been identified as a high-risk area for the spread of cholera given the presence of local risk factors such as poor hygiene and sanitation conditions, as well as the high population mobility with the neighbouring Katsina State, Nigeria, which had active cholera transmission. While several outbreak control activities are ongoing, some shortcomings have been identified, especially in the areas of WASH, communication/social mobilization, community based surveillance, and coordination. These interventions are crucial to disrupting further propagation of the disease in the community. The national authorities and partners need to intensify and scale up implementation of these key conventional cholera control activities, along with ensuring the rapid initiation of a reactive cholera vaccination campaign.

EVENT DESCRIPTION

The complex humanitarian crisis in the Democratic Republic of the Congo continues, with inter-communal conflict, armed incursion and kidnapping frequently occurring. The insecurity remains a major constraint to humanitarian access, especially in the east, and accessibility varies according to conflict dynamics. Other factors constraining humanitarian access are the lack of infrastructure and poor road conditions across the country.

The country is also experiencing multiple outbreaks of epidemic-prone disease, notably a new Ebola virus disease outbreak in North Kivu and Ituri provinces (discussed in detail elsewhere in this bulletin), cholera, measles, monkeypox, and poliomyelitis. Malaria remains the leading cause of morbidity and mortality in the country, with 245 133 cases reported in week 31 (week ending 3 August 2018), followed by acute respiratory infections with 79 193 cases and typhoid fever with 19 255 cases.

Geographical distribution of cholera cases in Democratic Republic of the Congo, week 26, 2018



The ongoing cholera outbreak is escalating. In week 31, a total of 506 suspected cholera cases, including 20 deaths (case fatality ratio 4%), were reported from 44 health zones, compared with 403, 454, 477, and 682 cases reported in weeks 27, 28, 29, and 30, respectively. The new cholera cases and deaths were reported from 12 provinces, with 95% of the cases coming from five provinces: Kasai Oriental (43.5%), South Kivu (19.6%), Tanganyika (13.4%), Sankuru (9.3%), and Kasai (8.3%). However, there is a significant decrease in the number of cases reported in Congo Central, North Kivu, Ituri, Mai-Dombe, Kwilu, and Kinshasa in week 31, compared with the previous four weeks. Since the beginning of 2018, a total of 15 862 suspected cholera cases, including 558 deaths (case fatality ratio 3.5%), have been reported.

The last case of circulating vaccine derived polio virus type 2 (cVDPV2) was reported on 24 June 2018 in Mongala. The other provinces that reported cases in 2018 are Lomami, Ituri, Upper Katanga, and Tanganyika, all of which had their last cases in May 2018.

PUBLIC HEALTH ACTIONS

- There is continued implementation of the WHO Central Emergency Response Fund (CERF) Rapid Response to Epidemics project, in collaboration with partners, to improve access to primary healthcare for internally displaced persons, returnees and hosts, and victims of armed conflict in the provinces of South Kivu, Maniema, Tanganyika, Haut-Katanga, Kasai, Lomami, North Kivu and Ituri.
- A joint cholera outbreak response plan for six months (August 2018-January 2019) has been validated by the Ministry of Public Health, costing US$ 6 million, aiming to stem the outbreaks in Kasai, Kasai Oriental, Mai-Ndombe, Kwilu, Sankuru, Kinshasa, and Congo Central provinces.
- Funds amounting to US$ 3 million were released and made available to six non-governmental organizations (NGOs) to support the cholera response in three cholera hotspots provinces in the Greater Kasai Region (Kasai Oriental, Sankuru and Kasai).
- Two NGOs (ADRA and AIDES) will provide free medical care for cholera cases. Solidarité Internationale, Action Aid, Médècin of Africa, and Caritas will ensure access to drinking water, and disinfection/chlorination activities and prevention and communication of behaviour change activities in affected areas.
- Preparations for polio vaccination campaigns in nine provinces, scheduled for 30 August to 1 September 2018 are ongoing.

SITUATION INTERPRETATION

The complex humanitarian crisis in the Democratic Republic of the Congo is of major concern, particularly as this directly affects the response to the new Ebola virus disease outbreak and other epidemics. Response to the continuing cholera outbreak is likewise hampered, as is access to healthcare generally, which, along with challenges around access to sanitation and hygiene, drive the constant outbreaks of diseases such as measles and malaria. National and international agents need to act urgently, both to prevent further inter-communal conflict and improve the ability of the country's authorities to respond to major outbreaks of epidemic-prone diseases.

The case fatality ratio of 4% in week 31 is high, in spite of strengthening of response actions in the main cholera hotspots. Resource mobilisation is ongoing for the implementation of the cholera response plan in the main hotspots. In the coming weeks, WHO should support the implementation of the reactive vaccination against cholera for at-risk populations in conjunction with other prevention and control strategies to help control current outbreaks and prevent spread to new areas.

Summary of major issues challenges, and proposed actions

Issues and challenges

- The EVD outbreak in the Democratic Republic of the Congo is rapidly evolving, with several new cases and deaths being reported. It is likely that more new cases and deaths will occur in the coming days and weeks as people who were earlier exposed to infections will develop illness. This stage in the evolution of the outbreak is also the defining moment in the efforts to contain the outbreak. It is critical to avert further exposures to infections through identifying all potential contacts, closely following them up and immediately isolating those who develop symptoms. This is a formidable task, especially in the given circumstances. The topmost priority remains strengthening and improving effectiveness and efficiency of all aspects of the response.
- A new typhoid fever outbreak has been confirmed in Gweru city, Midlands Province, Zimbabwe. The outbreak that started in early-July 2018 has affected several people, with few deaths. Burst sewer pipes resulting in contamination of boreholes are presumed to be the cause of the outbreak. The affected city is situated between Harare and Bulawayo, putting both cities at high risk of importing the disease. Harare city has had large outbreaks of typhoid fever in the recent past, with significant public health and socio-economic consequences. The current outbreak of typhoid fever in Gweru city calls for immediate attention from the national authorities and partners to avoid escalation of the situation and further spread of the disease to the neighbouring cities, especially Harare.

Proposed actions

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

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										
Angola	Guinea worm disease	Ungraded	29-Jun-18	1-Apr-18	17-Aug-18	1	1	0	0.0%	Angola has reported for the first time a case of Guinea worm which was diagnosed in an eight-year-old girl from Cunene Province with onset of signs and symptoms in April 2018. The case was detected through a nationwide guinea-worm case search during the national immunization campaign against measles and rubella. The specimen was sent to the WHO Collaborating Center for Dracunculiasis Eradication at the United States Centers for Disease Control and Prevention, where a polymerase chain reaction (PCR) test confirmed the worm as *Dracunculus medinensis.*
Democratic Republic of Congo	Yellow fever	Ungraded	16-Aug-18	1-Jul-18	17-Aug-18	4	2	0	0.0%	Samples from two suspected cases have been confirmed for yellow fever by Plaque Reduction Neutralization Test (PRNT) at Institute Pasteur Dakar (IPD). One of the cases is a 29-year-old male from Ango District in Bas Uele Province and the other is a 42-year-old male from Yalifafu district in Tshuapa Province. Vaccination status of the cases are unknown and detailed investigation is ongoing. Two other IgM-positive cases from Tshuapa Province are awaiting confirmation by the IPD.
Ongoing events										
Angola	Cholera	G1	2-Jan-18	21-Dec-17	29-Jul-18	954	12	19	2.0%	On 21 December 2018, two suspected cholera cases were reported from Uíge district, Uíge province. Both of these cases had a history of travel to Kimpangu (DRC). From 21 December 2017 to 18 May 2018, a total of 895 cases were reported from two districts in Uíge province. The neighbouring province of Luanda started reporting cases on 22 May 2018. From 22 May to 29 July 2018, 95 cases with seven deaths (CFR 7.4%) have been reported from fourteen districts in Luanda Province. Twelve cases have been confirmed for *Vibrio cholerae.* Fifty-seven percent of cases are males and 69% are aged five-year and above. The most affected district is Talatona having reported a total of 26 cases with five deaths (CFR 19%).

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Cameroon	Humanitarian crisis	G2	31-Dec-13	27-Jun-17	6-Aug-18	-	-	-	-	The security situation in the far north remains volatile. According to OCHA's latest humanitarian snapshot covering the period 31 July to 6 August 2018, a Multinational Joint Task Force truck carrying 12 Nigerian refugees was hit by an improvised explosive device (IED) in a border village in Mora district, in the Far North region on 29 July 2018. Six refugees died in the incident, amongst whom were three children. The other six refugees and six Cameroonian soldiers were severely injured. The road where the explosion took place is the axis on which IED threats are the highest. In the North-West and South-West Regions, the crisis which began in October 2016 continues with around 160 000 people uprooted from their homes and more than 21 000 others forced to seek refuge in neighbouring Nigeria. The humanitarian needs include food, shelter, access to basic health services including water, sanitation and hygiene.
Cameroon	Cholera	G1	24-May-18	18-May-18	13-Aug-18	168	17	12	7.1%	Between 18 May and 13 August 2018, a total of 168 suspected cases with 12 deaths (CFR 7.1%) have been reported from North and Central regions of Cameroon where there is an ongoing outbreak of cholera. Seventeen cases have been confirmed for *Vibrio cholerae* by culture in the North (13) and Central (4) regions. Five other regions have reported a cumulative of 57 suspected cases which include 52 suspected cases in the Littoral Region. None of the suspected cases in these five regions has been confirmed. So far, the peak of the outbreak was in week 30 (week ending 29 July 2018) when 58 suspected cases including one death were reported. The age of cases ranges from 1 to 85 years with a median of 30 years.
Cameroon	Monkeypox	Ungraded	16-May-18	30-Apr-18	13-Jun-18	36	1	0	0.0%	On 30 April 2018, two suspected cases of monkeypox were reported to the Directorate of Control of Epidemic and Pandemic Diseases (DLMEP) by the Njikwa Health District in the North-west Region of Cameroon. On 14 May 2018, one of the suspected cases tested positive for monkeypox virus by PCR. On 15 May 2018, the incident management system was set up at the National Emergency Operations Center. An investigative mission to the North-west and South-west from 1 - 8 June 2018, found 21 new suspected cases without active lesions. As of 13 June 2018, a total of 36 suspected cases have been reported from both North-west and South-west regions.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	5-Aug-18	-	-	-	-	Despite the commitment of armed groups to the African initiative for peace in the country, the security and humanitarian situation remain precarious. This climate of insecurity continues to cause population displacement and disrupt the implementation of health sector activities in several localities. The situation is particularly volatile along Kaga Bandoro, Bocaranga-Paoua axis, and Alindao. Humanitarian workers have been targeted with eight deaths reported in 2018 including the latest fatality occurring on 1 August 2018. There are an estimated 90,000 vulnerable people in the localities of Paoua, Markounda, Bambari, and Zémio.
Central African Republic	Monkeypox	Ungraded	20-Mar-18	2-Mar-18	5-Aug-18	32	11	1	3.4%	The outbreak was officially declared on 17 March 2018 in the sub-province of Ippy, Bambari district. Since the beginning of the outbreak, three districts have been affected, namely Bambari, Bangassou and Mbaiki districts. A total of three suspected cases of monkeypox were recorded during week 31, including two from the Rafai sub-prefecture, Bangassou district and one from the Pk8 displacement site in Bambari. Cumulatively, 32 cases of monkeypox with one death (case fatality ratio 3.1%) have been reported from 2 March to 5 August 2018 in the Central African Republic, and 11 cases have been laboratory confirmed out of 23 samples tested. Among the confirmed cases, 63% (n=7) are females, and 45% (5) are aged between 20 and 30 years; two confirmed cases are aged 5-year and below.
Chad	Measles	Ungraded	24-May-18	1-Jan-18	5-Aug-18	1 889	588	72	3.8%	See detailed update as stated above.
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	5-Aug-18	-	-	-	-	See detailed update as stated above.
Democratic Republic of the Congo	Cholera		16-Jan-15	1-Jan-18	5-Aug-18	15 862	0	558	3.5%	The cholera outbreak in the Democratic Republic of the Congo continues with 506 cases including 20 deaths (CFR 3.95%) reported during week 31. The cases have been reported from 12 out of 26 provinces. Forty-three percent of cases have been reported in Kasai Oriental province. From week 1 to 31 of 2018, a total of 15 862 cases of cholera including 558 deaths (CFR 3.5 %) were reported.
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	Early May-18	18-Aug-18	91	64	50	55.6%	See detailed update as stated above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	1-Jan-18	5-Aug-18	20 080	505	220	1.1%	From 2018 week 1 to week 31 (ending 5 August 2018), 20 080 cases with 220 deaths (CFR 1.1%) have been reported. During week 31, a total of 728 new cases were reported with eight deaths (CFR 1.1%). The number of cases has been decreasing gradually since week 29. Epidemic zones are mainly focused in the eastern part of the country.

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	5-Aug-18	3 298	-	40	1.2%	From week 1 to week 31, 2018, there have been 3 298 suspected cases of monkeypox including 40 deaths (CFR 1.2%). In week 31, a total of 81 suspected cases including three deaths have been reported. Suspected cases have been detected in 14 provinces. Sankuru Province has had an exceptionally high number of suspected cases this year.
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	G2	15-Feb-18	n/a	17-Aug-18	33	33	0	0.0%	The latest case of cVDPV2 was reported from Yamaluka Health Zone, Mongala Province. As of 17 August 2018, a total of 33 cases with onset in 2017 (22 cases) and 2018 (11 cases) have been confirmed. Six provinces have been affected, namely Tanganyika (15 cases), Haut-Lomami (9 cases), Mongala (4 cases), Maniema (2 cases), Haut Katanga (2 cases), and Ituri (1 case). The outbreak has been ongoing since February 2017. A public health emergency was officially declared by the Ministry of Health on 13 February 2018 when samples from 21 cases of acute flaccid paralysis were confirmed retrospectively for vaccine-derived poliovirus type 2.
Democratic Republic of Congo	Rabies	Ungraded	19-Feb-18	1-Jan-18	5-Aug-18	20	0	20	100.0%	This outbreak began towards the end of October 2017 in Kibua health district, North Kivu province. In epi week 31, six new suspected cases were reported. A total of 146 suspected cases with 20 deaths (CFR 13.7%) have been reported from week 1 to 31, 2018.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Ethiopia	Humanitarian crisis	Protracted 1	15-Nov-15	n/a	29-Jul-18	-	-	-	-	The conflict in West Guji-Gedeo has stopped, and peace negotiation has taken place in week 30. The conflict has resulted in an estimated 1.1 million people displaced across West Guji (Oromia) and Gedeo (SNNP) Regions. At present, a total of 2 million IDPs (in about 950 sites) are in Ethiopia, mainly in Somali, Oromia and SNNP regions due to conflict and drought, that represents a significant increase as compared with 2017 same period, when around 720 000 IDPs were reported due mainly to drought. The health system is overwhelmed with both man-made (conflicts) and natural disaster (floods and other burdens of El Niño and La Niña) crisis. The situation is compounded with ongoing outbreaks of acute watery diarrhoea, measles, dengue fever, and high levels of malnutrition.
Ethiopia	Acute watery diarrhoea (AWD)		15-Nov-15	1-Jan-18	29-Jul-18	1 234	-	18	1.5%	This has been an ongoing outbreak since the beginning of 2017. In most parts of the country, the situation has stabilized except for Afar region which continues to report cases. In week 30, 46 cases were reported in two regions, Afar (44) and Tigray (2). This is a slight increase in the number of cases reported compared to the previous two weeks. From week 1 to 30 2018, a total of 1 243 cases with 18 deaths (CFR 1.4%) has been reported from the following regions: Somali (151 cases), Afar (1 000 cases with 18 deaths), Tigray (66 cases), and Dire Dawa City Administration (17 cases). Between January and December 2017, a cumulative total of 48 814 cases and 880 deaths (CFR 1.8%) were reported from nine regions.
Ethiopia	Measles		14-Jan-17	1-Jan-18	29-Jul-18	2 944	815	-	-	This has been an ongoing outbreak since the beginning of 2017. In 2018, a total of 2 944 suspected measles cases have been reported across the country including 74 new suspected cases reported in week 30. From the total suspected cases reported, 815 are confirmed cases (121 laboratory confirmed, 643 epi-linked and 51 clinically compatible). There are currently three confirmed and two suspected outbreaks ongoing.
Ethiopia	Dengue fever	Ungraded	18-Jun-18	19-Jan-18	29-Jul-18	127	52	-	-	An outbreak of Dengue fever which started on 8 June 2018 involving 52 cases in the flood-affected Gode Zone of Somali Region has been confirmed by laboratory testing. In week 30, two cases were reported from Liban Zone in Somali Region.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Guinea	Measles	Ungraded	9-May-18	1-Jan-18	22-Jul-18	1 615	416	11	0.7%	A new measles outbreak was detected in epidemiological week 8, 2018. Measles has been reported in all parts of the country since the beginning of the year. The most affected zones include Kankan, Conakry and Faraneh. Out of 760 samples tested, 399 samples tested IgM positive (53%). Out of the positive cases, 61% were not vaccinated for measles despite vaccination campaign efforts in 2017 following a large epidemic.
Kenya	Chikungunya	Ungraded	mid-December 2017	mid-December 2017	24-Jun-18	1 465	50	0	0.0%	The outbreak is still ongoing in Mombasa since December 2017. A total of 1 465 chikungunya cases with 50 being laboratory confirmed have been reported. The outbreak has affected six sub-counties; Mvita (297 cases), Changamwe (499 cases), Jomvu (176 cases), Likoni (250 cases), Kisauni (153 cases) and Nyali (61cases).
Kenya	Cholera	G1	6-Mar-17	1-Jan-18	13-Aug-18	5 746	319	78	1.4%	The outbreak in Kenya is ongoing since December 2014. As of 13 August 2018, a total of 5 746 cases including 78 deaths have been reported since the 1 January 2018. Since week 23, the number of cases reported has decreased. During this outbreak 19 out of 47 counties in Kenya were affected. Currently, the outbreak is active in Mombasa county with two cases reported in week 32. Cases are reported from Kisauni, Mvita and Nyali sub-counties.
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	13-Aug-18	238	22	1	0.4%	Since June 2018 the second wave of measles outbreak was reported in two counties, Mandera and Garissa. Mandera County has reported a second wave of measles outbreak with a total of 97 cases including 8 confirmed cases. Garissa County reported a total of 3 confirmed cases from Garissa sub-county. Initially, cases were reported from Wajir and Mandera Counties. As of 7 May 2018, Wajir County reported 39 cases including 7 confirmed cases and Mandera reported 102 cases with 4 confirmed cases and one death. The date of onset of the index case in Wajir County was on 15 December 2017 from Kajaja village.
Kenya	Rift Valley fever (RVF)	G1	6-Jun-18	11-May-18	13-Aug-18	95	21	11	11.6%	Following the initial confirmation of RVF by PCR on 7 June 2018, a total of 95 cases including 11 deaths (CFR 11%) have been reported from three counties in Kenya. Twenty-one samples submitted to the KEMRI tested positive by PCR for RVF. Wajir has reported 82 cases with six deaths, Marsabit reported 11 cases with three deaths and Siaya country reported one case with one death. The Eldas sub-county in Wajir has reported the highest number of cases (79) since the 11 May 2018. The last case was reported on 20 July 2018.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Liberia	Floods	Ungraded	14-Jul-18	14-Jul-18	3-Aug-18	-	-	-	-	Liberia is experiencing very heavy rainfall that has resulted in flooding in six districts across three counties (Margibi, Montserrado and Grand Bassa) affecting an estimated 50 000 people (44% women and 18% children) with one death in a 4-year-old child). The flood which started on 11 July 2018, has led to destruction of approximately 300 hectares of food crops, 582 homes severely damaged, unspecified livestock washed away, two bridges destroyed, one school affected with scholastic materials washed away, water supply system interrupted forcing the people to look for alternative and unsafe water sources, thus increasing the risk for waterborne diseases.
Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-18	12-Aug-18	44	20	13	29.5%	Two deaths due to suspected Lassa fever were reported during week 32 (week ending 12 August 2018). From 1 January to 12 August 2018, 155 suspected cases with 37 deaths have been reported. Samples from twenty cases were confirmed by PCR at the National Reference Laboratory while 111 tested negative (not a case). Thirteen deaths (CFR 65%) have been reported among confirmed cases. Females constitute 60% (12/20) of confirmed cases. The age range among confirmed cases is 1 to 65 years old with a median age of 32 years. Cumulatively, 44 confirmed and suspected cases (negative cases removed) have been reported with 13 deaths.
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-18	12-Aug-18	3 618	3 379	16	0.4%	There has been a gradual decline in the number of suspected cases since the peak in week 14 when approximately 230 suspected cases were reported. During week 32 (week ending 12 August 2018), 28 new suspected cases were reported from seven out of 15 counties. This is an increase compared to the previous week when 22 suspected cases were reported. From week 1 to week 32 of 2018, 3 618 suspected cases have been reported including 16 deaths (CFR 0.4%). Cases are epidemiologically classified as follows: 240 (6.6%) laboratory confirmed, 860 (23.7%) epi-linked, 2 279 (62.9%) clinically compatible, and 239 (7%) discarded.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	20-Jul-18	-	-	-	-	The complex humanitarian crisis exacerbated by the political-security crisis and intercommunity conflicts continue in Mali. More than four million people (nearly a quarter of the population) are affected by the humanitarian crisis, including 61 404 who are internally displaced and nearly 140 000 who are refugees in neighbouring countries such as Niger, Mauritania and Burkina Faso (data from CMP report, 7 June 2018). The health system is still weak, while the health need is increasing. The departure of health system personnel and incidents targeting health infrastructure, personnel and health equipment are worsening the existing health system. There are 1.7 million people in need of health assistance in the face of inadequate numbers of health care workers (3.1 per 10 000 people, compared to the WHO recommended 17 per 10 000).
Mali	Severe acute malnutrition	Ungraded	1-Aug-18	15-Mar-18	5-Aug-18	224	0	40	17.9%	Three villages in the commune of Mondoro, Douentza district, Mopti Region, Central Mali are experiencing an epidemic of malnutrition following the inter-communal conflict that prevails in the locality. From mid-March to 5 August 2018, a total of 224 cases including 40 deaths (CFR 17.9%) have been reported from three villages (Douna, Niagassadiou and Tiguila) in the commune of Mondoro, Douentza district, Central Mali. This disease is manifested by the following signs: oedema of the lower limbs, myalgia, functional impotence, dyspnoea sometimes followed by death. A dozen samples from patients analyzed at INRSP in Bamako showed iron deficiency anaemia.
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	12-Aug-18	1 206	305	0	0.0%	From Week 1 to Week 32 of 2018, a total of 1 206 suspected cases with zero deaths have been reported. In week 32, six blood samples have been tested, and five of them were positive. The cumulative blood samples from 902 suspected cases have been tested of which 305 were confirmed (IgM-positive) at the National Reference Laboratory (INRSP). Over 65% of confirmed cases are below 5 years old. The affected health districts are Maciana, Bougouni, Kati, Koutiala, Kokolani, Kolondieba, Ouélessebougou, Sikasso, Douentza, Macina,Tombouctou, Dioila, Taoudenit and Kalabancoro. Reactive vaccination campaigns, enhancement of surveillance, and community sensitization activities are ongoing in the affected health districts.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Mauritania	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	26-Jul-18	26-Jul-18	1-Aug-18	1	1	1	100.0%	A 48-year-old male farmer from south-east Mauritania started presenting symptoms of VHF (myalgia, vomiting and haemorrhage) on 19 July 2018 and tested positive for Crimean-Congo haemorrhagic fever by RT-PCR and ELISA on 26 July 2018.
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	12-Aug-18	689	689	3	0.4%	As of 12 August 2018, 689 confirmed cases of measles have been reported including three deaths (CFR 0.4%). All cases have been confirmed by the virology laboratory of Candos (IgM antibodies). The onset of symptoms of the first cases was in week 12. The reported measles cases have decreased drastically in week 32 compared to epi week 31. The three deaths were in women between the ages of 28 and 31 years. The most affected districts are Point Louis, Black river and Pamplemousses. A single genotype of measles virus, D8, was detected in 13 samples. The source of infection of measles is most likely an imported case.
Namibia	Hepatitis E	G1	18-Dec-17	8-Sep-17	29-Jul-18	2 435	250	20	0.8%	As of 29 July 2018, four out of 14 regions in Namibia have been affected by the HEV outbreak namely, Khomas, Omusati, Erongo and Oshana regions. From week 36 of 2017 (week ending 10 September 2017) to 29 July 2018, a total of 2 435 cases with 20 deaths (CFR 0.8%) have been reported in Khomas (1 968), Omusati (133), Erongo (296), Oshana (24) and six other regions of Namibia (14). A total of 250 cases have been laboratory confirmed (IgM ELISA) and ten maternal deaths (probable and confirmed cases) have been notified. Over 80% of reported cases are epidemiologically linked to cases reported in Windhoek, the epi-centre of the epidemic.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	2-Aug-18	-	-	-	-	The security situation in Niger's Diffa Region remains precarious. According to USAID's Lake Chad Basin complex emergency report dated 2 August 2018, Boko Haram-related insecurity continues to restrict food access and livelihood activities for displaced populations in Diffa Region, Southeast Niger. Limited access to pasture is also undermining livestock activities in Diffa's pastoral zones, reducing herders' purchasing power. According to the report, crisis levels of acute food insecurity may persist in parts of Diffa through January 2019, although food security in many areas could improve to Stressed levels beginning in October. UNHCR's June 2018 report indicated around 104 288 internally displaced people in the Diffa Region. From January–June, relief actors admitted nearly 7 000 children ages five years and younger experiencing severe acute malnutrition for treatment in Diffa, including nearly 650 patients with medical complications, according to the UN Children's Fund (UNICEF).
Niger	Cholera	G1	13-Jul-18	13-Jul-18	15-Aug-18	1 489	19	26	1.7%	See detailed update as stated above.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	5-May-18	-	-	-	-	The security situation in north-east Nigeria remains volatile, with frequent incidents, often suicide attacks using person-borne improvised explosive devices (PBIED) and indiscriminate armed attacks on civilian and other targets. On 1 May 2018, an attack in Mubi town in Adamawa State resulted in 27 deaths and more than 50 injuries, while 13 people were killed in Zamfara State on 3 May 2018. In a related incident that took place on 5 May 2018, at least 45 people from Gwaska village in Kaduna State (outside north-east Nigeria) died in fighting between bandits and armed militia. Internal displacement continues across north-east Nigeria, especially in Borno, Adamawa and Yobe states, partly fuelled by deteriorating living conditions and the ongoing conflict. The number of internally displaced persons (IDPs) across the six states (Adamawa, Bauchi, Borno, Gombe, Taraba, and Yobe) in northeast Nigeria increased to over 1.88 million in April 2018, from 1.78 in February 2018. In addition, there are over 1.4 million returnees in the area. The communal conflicts between herders and farmers, which has been taking place since January 2018 outside north-east Nigeria, also displaced approximately 130 000 people in Benue, Nasarawa, Kaduna, and Taraba States.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Nigeria	Cholera	G1	7-Jun-17	1-Jan-18	5-Aug-18	19 961	314	293	1.5%	There has been a decline in the overall national trend of the cholera outbreak since the peak in week 21, however, there is an increase in the number of cases in Kaduna, Kano, Zamfara and Katsina States. Sokoto State is the latest to report an outbreak of cholera after 477 suspected cases including 17 deaths were identified from weeks 18 - 31. Nineteen of the cases were confirmed for *Vibrio cholerae*. In week 31 (week ending 5 August 2018), a total of 377 suspected cases including 12 deaths (CFR 3.2%) were reported from five states Zamfara (191 cases with three deaths), Katsina (82 cases with five deaths), Kano (28 cases with two deaths), Ebonyi (2) and Sokoto (74 cases with two deaths). As of 5 August 2018, a total of 19 961 suspected cases including 293 deaths (CFR 1.5%) have been reported from 18 States since the beginning of 2018. No new cases were reported in the last three weeks or more from Gombe, Jigawa, Kogi, Anambra, Nasarawa, and Plateau States. Seventy-four percent (74%) of cases are aged 5-year and above. There is an almost equal proportion of males and females affected.
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-18	5-Aug-18	492	482	133	27.0%	The outbreak is continuing with less than ten cases reported each week. In week 31 (week ending 5 August 2018), nine new confirmed cases with two deaths were reported. From 1 January to 5 August 2018, a total of 2 334 suspected cases have been reported from 22 states. Of the suspected cases, 481 were confirmed, 10 are probable, 1 844 negative (not a case). Thirty-nine health care workers have been affected since the onset of the outbreak in seven states with ten deaths. Nineteen states have exited the active phase of the outbreak while three – Edo, Ondo and Enugu States still remain active.
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-18	29-Jul-18	12 751	14	99	0.8%	In week 30 (week ending 29 July 2018), 246 suspected cases of measles with one laboratory confirmed and three deaths (CFR 1.3%) were reported from 20 States. Since the beginning of the year, a total of 12 751 suspected measles cases with 14 laboratory confirmed cases and 99 deaths (CFR 0.8%) were reported from 36 States compared with 15 607 suspected cases with 108 laboratory confirmed and 89 deaths (CFR 0.6%) from 37 States during the same period in 2017.
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	30-Apr-18	244	101	6	2.5%	Suspected cases are geographically spread across 25 states and the Federal Capital Territory (FCT). One hundred one (101) laboratory-confirmed and 3 probable cases have been reported from 15 states/territories (Akwa Ibom, Abia, Anambra, Bayelsa, Cross River, Delta, Edo, Ekiti, Enugu, Lagos, Imo, Nasarawa, Oyo, Rivers, and FCT).

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Nigeria	Poliomyelitis (cVDPV2)	Ungraded	1-Jun-18	1-Jan-18	8-Aug-18	2	2	0	0.0%	Circulating vaccine-derived polio virus type 2 (cVDPV2) was confirmed in a stool sample from a case of acute flaccid paralysis (AFP) with symptom onset on 16 June 2018 in Yobe State. This is the second AFP case since the beginning of 2018 with a confirmed cVDPV2. The first was an AFP case in Kaugama district, Jigawa state, with onset on 15 April 2018.
Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	5-Aug-18	2 418	47	47	1.9%	From the onset of this outbreak on 12 September 2017, a total of 2 418 suspected yellow fever cases including 47 deaths have been reported as at week 31 (week ending on 5 August 2018), from 507 LGAs in all Nigerian states. No new in-country presumptive positive case in the reporting week and the last case confirmed by IP Dakar was on 6 June 2018 from River State. A total of 47 out of 126 presumptive positive samples were laboratory confirmed at IP Dakar.
São Tomé and Principé	Necrotising cellulitis/fasciitis	Protracted 2	10-Jan-17	25-Sep-16	12-Aug-18	2 844	0	0	0.0%	From week 40 in 2016 to week 32 in 2018, a total of 2 844 cases have been notified. In week 32 (week ending 12 August 2018), 17 cases were notified, five more than the previous week. Five out of seven districts reported cases during week 30, namely, Mé-zochi (9), Cantagalo (4), Agua grande (1), Caue (1), and Principe (2). The attack rate of necrotising cellulitis in Sao Tome and Príncipe is 14.4 cases per 1 000 inhabitants.
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	8-Jul-18	5 443	1 429	-	-	As of week 27, a total of 5 443 suspected cases have been reported from two of the three main islands, Mahé and Praslin. No case has been reported from La Digue during week 27. A fluctuating trend has been observed for the past 4 weeks. For week 27, forty-one suspected cases were reported. Thirty-nine samples were tested for dengue of which 33 were negative and six were probable. The last case was confirmed in week 26 (ending 1 July 2018). No recent serotyping results and so far for this epidemic DENV1, DENV2 and DENV3 have been detected.
Sierra Leone	Lassa fever	Ungraded	8-Jun-18	1-Jan-18	1-Jul-18	20	20	12	60.0%	A total of 20 confirmed Lassa fever cases with 12 deaths have been reported since the beginning of the year, amounting to a case fatality rate (CFR) of 60 %. The cases have been reported from two districts, Bo (two cases with two deaths) and Kenema (18 cases with 10 deaths). The last confirmed case was reported during week 23 from Kenema district involving a 32 year old female who died while in admission at Kenema Government Hospital.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
South Africa	Listeriosis	Ungraded	6-Dec-17	1-Jan-17	26-Jul-18	1 060	1 060	216	20.4%	This outbreak is ongoing since the beginning of 2017. As of 26 July 2018, 1 060 cases have been reported in total. Around 79% of cases are reported from three provinces; Gauteng (58%, 614/1 060), Western Cape (13%, 136/1 060 and KwaZulu-Natal (8%, 83/1 060). The number of reported cases per week has decreased since the implicated products were recalled on 4 March 2018 with a total of 87 cases reported since 5 March 2018.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	29-Jul-18	-	-	-	-	The humanitarian situation in South Sudan has remained volatile and unpredictable since the beginning of the crisis 4 years ago. The latest round of peace talks took place in Khartoum and a permanent ceasefire agreement was signed. However, despite this, it is apparent that the fighting leading to loss of lives has continued unabated. The economic crisis with hyperinflation, food insecurity, and continued fighting has put lives of millions South Sudanese at risk. As of 8 July 2018, there are approximately 2.5 million refugees as a result of this crisis and 1.74 million IDPs.
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	29-Jul-18	129	16	-	-	No new cases of hepatitis E have been reported since week 27, one new RDT-positive case was reported in week 29. As of 29 July 2018, 129 suspect cases have been reported in 2018. Of the total suspect cases, 16 cases have been confirmed by PCR (15 in Bentiu PoC and 1 in Old Fangak). At least 45% of the cases are 1-9 years of age; and 66% being male.
South Sudan	Measles	Ungraded	10-Jun-18	13-May-18	29-Jul-18	41	3	0	0.0%	A measles outbreak was confirmed in Rumbek Center after 3 IgM positive cases were reported. As of 29 July 2018, a cumulative total of 41 measles cases with zero deaths have been line listed since week 19. Most cases are from Akuach village (2 km from Rumbek hospital) in Biir Payam. This is where the index cluster originated. Nearly 70% of the cases are under 5 years. Routine measles coverage for the first quarter of 2018 for the county was 19%. As part of the response; outbreak investigation, line listing and vaccination micro plan targeting 44 049 children 6-59 months of age have been completed. A reactive response is planned by MedAir and CUAMM supported by WHO and UNICEF. A long-term strategy for improving routine immunization has been developed by EPI-MoH.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Tanzania	Cholera	Protracted 1	20-Aug-15	1-Jan-18	5-Aug-18	3 422	50	66	1.9%	During week 31, 60 new cases including zero deaths were reported from Ngorongoro DC (51 cases) in Arusha region; Sumbawanga DC (one case) in Rukwa region. Momba DC (8 cases) in Songwe Region. As of week 31, a total of 3 422 cases with 66 deaths (CFR: 1.9%) were reported from Tanzania Mainland, no case was reported from Zanzibar (the last case was reported on 11 July 2017). Cholera cases in 2018 increased and nearly doubled during the period of January – July 2018 (3 422 cases), when compared to the same period in 2017 (1 771 cases). From January to May 2018, 50 specimen that were tested at the National Lab were positive for *Vibrio cholerae*.
Tanzania	Dengue fever	Ungraded	19-Mar-18	1-Dec-17	22-Jun-18	226	37	-	-	Dengue fever has been reported from Dar es Salaam since January 2018. As of 22 June 2018, a total of 226 cases with no death have been reported. The Tanzania National Health Laboratory and Quality Assurance and Training Centre (NHLQATC) has so far received a total of 92 samples of suspected dengue cases, of which 37 samples have tested positive for dengue fever and the circulating serotype is dengue type III.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	21-Jun-18	-	-	-	-	Uganda continued to receive new refugees precipitated by increased tensions mainly in the neighboring DRC and South Sudan. Despite responding to one of the largest refugee emergencies in Africa, humanitarian funding has remained low especially to the health sector. Current refugee caseload stands at almost 1.5 million refugees and asylum seekers from South Sudan, DRC, Burundi, Somalia and others countries. Daily arrival stands at approximately 250 – 500 per day. A total of 376 081 refugees and asylum seekers were received in 2017.
Uganda	Anthrax	Ungraded	-	12-Apr-18	19-Jun-18	80	4	-	-	Three districts in Uganda are affected by anthrax. As of 19 June 2018, a cumulative total of 80 suspected cases with zero deaths have been reported – Arua (10), Kween (48) and Kiruhura (22). One case has been confirmed in Arua district by polymerase chain reaction (PCR). The event was initially detected on 9 February 2018 in Arua district when a cluster of three case-patients presented to a local health facility with skin lesions, mainly localized to the forearms. Three blood samples collected from the case-patients on 9 February 2018 were shipped to the Uganda Virus Research Institute (UVRI). One tested positive for *Bacillus anthracis* by polymerase chain reaction (PCR) based on laboratory results released by the UVRI on 5 April 2018.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Uganda	Cholera	Ungraded	7-May-18	29-Apr-18	24-Jul-18	263	45	9	3.4%	As of 24 July 2018, a total of 263 cases including 9 deaths was reported from four different districts in Uganda. These districts include Kampala (92 cases and 1 death), Kween (83 cases and 4 deaths), Mbale (46 cases and 3 deaths) and Bulambuli (42 cases and 1 death). All outbreaks have been confirmed by culture, a total of 45 samples from all the affected districts have tested positive for *Vibrio cholerae*. Other cholera outbreaks in the country that have been recorded this year include: Amudat, Kyegegwa, Kagadi, Mbale, Tororo and Hoima.
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	24-May-18	-	17-Jul-18	7	3	2	28.6%	On 23 May 2018, a 35-year-old male suspected of having a viral haemorrhagic fever died at a hospital in Mubende. Test result released on 24 May 2018, confirmed the case as positive for Crimean-Congo haemorrhagic fever (CCHF) by PCR at Uganda Virus Reasearch Institute. As of 18 June 2018, there were a total of five cases (one confirmed and four suspected) and two deaths (CFR 40%). Three of the suspected cases were identified from the same household as the confirmed case in Nkooko sub-county. Samples taken from the suspected cases were negative for CCHF. As of 17 July 2018, two new CCHF cases were confirmed from Mbarara RRH. The cases are a couple from Nakivale Refugee settlement from Isingiro district. Contact tracing is ongoing in the district and 42 out of 57 contacts were under follow up on day of report.
Uganda	Measles	Ungraded	8-Aug-17	1-Jan-17	24-Jul-18	2 097	568	-	-	As of 24 July 2018, a total of 2 097 cases have been reported of which 568 cases have been confirmed either by epidemiological link or laboratory since the beginning of the year. One hundred ninety-nine (199) cases were laboratory confirmed by IgM. Forty-two districts in the country have confirmed a measles outbreak. Kampala and Wakiso were the index districts to report an outbreak, these are both metropolitan and business districts. The number of reported suspected and confirmed cases has decreased gradually since May 2018.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Uganda	Rift Valley fever (RVF)	Ungraded	29-Jun-18	20-Jun-18	14-Aug-18	23	19	8	34.8%	One new case from Kiruhura district has been confirmed for Rift Valley fever by PCR at Uganda Virus Research Institute on 14 August 2018. From 18 June to 14 August 2018, a total of 23 suspected cases with eight deaths (CFR 34.8%) have been reported from 11 districts in Western Uganda. Nineteen(19) cases have been confirmed by PCR at the Uganda Virus Research Institute (UVRI). The most affected district is Insingiro having reported 11 cases with two deaths (CFR 18.2%). Ninety-six percent (96%) of cases reported are males, the majority of whom are herdsman and butcher.
Zambia	Measles	Ungraded	2-Aug-18	6-Jul-18	1-Aug-18	20	4	-	-	On 1 August 2018, an outbreak of measles was reported in the Paul Mambilima catchment area of Mansa District in Luapula Province, Zambia. The affected community lies astride the international border with the Democratic Republic of the Congo. The first case, a 3-year-old baby was seen at a facility on 19 July 2018 presenting with an illness meeting the standard case definition for measles. By 1 August 2018, further investigations had identified a total of 20 measles suspected cases from the Democratic Republic of the Congo (11 suspected, 2 confirmed) and Zambia (5 suspected and 2 confirmed).
Zimbabwe	Typhoid	Ungraded	7-Aug-18	6-Jul-18	17-Aug-18	1 460	6	8	0.6%	See detailed update as stated above.
Recently closed events										
Sierra Leone	Measles	Ungraded	14-Jun-18	4-Jun-18	16-Aug-18	120	41	-	-	By the end of epi week 29, a total of 120 cases of measles were reported nationally, 41 of which were laboratory confirmed. Most of these confirmed cases were from Koinadugu district, and led to implementation of a reactive vaccination campaign in the same district between 3rd and 8th July 2018. Only five suspected cases have been notified since end of the exercise and all laboratory samples tested were negative for the same period.

†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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