WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 48: 24 - 30 November 2018

Data as reported by 17:00; 30 November 2018

WHO Health Emergencies Programme

1 New event

56 Ongoing events

46 Outbreaks

11 Humanitarian crises

Legend

- Measles
- Monkeypox
- Lassa fever
- Cholera
- Dengue fever
- Hepatitis E
- Plague
- Rabies
- cVDPV
- Floods
- Cases
- Deaths
- Humanitarian crisis
- Necrotising cellulitis/fasciitis
- Acute watery diarrhoea
- Yellow fever
- Rift Valley fever
- Typhoid fever
- Ebola virus disease
- Severe Acute Malnutrition
- Anthrax
- Crimean-Congo haemorrhagic fever
- Countries reported in the document
- Non WHO African Region
- WHO Member States with no reported events

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

Graded events †

2 Grade 3 events	**6** Grade 2 events	**3** Grade 1 events	**37** Ungraded events
2 Protracted 3 events	**3** Protracted 2 events	**4** Protracted 1 events	

Overview

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3 New events

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9 All events currently being monitored

- This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 57 events in the region. This week's edition covers key new and ongoing events, including:

  - Yellow fever in South Sudan
  - Ebola virus disease in the Democratic Republic of the Congo
  - Cholera in Zimbabwe
  - Hepatitis E in Central African Republic
  - Humanitarian crisis in Ethiopia.

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

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

- **Major issues and challenges include:**

  - The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues to evolve. There has been some reduction in the number of new cases and deaths reported during the week, and this trend is being closely monitored. Outbreak control interventions have been intensified in spite of the prevailing insecurity and pockets of community resistance. It is anticipated that the current thrust in efforts will turn the tide in the evolution of the outbreak.

  - While the cholera outbreak in Zimbabwe has greatly improved, especially in Harare city, a new foci has emerged in Mount Darwin District in Mashonaland Central Province, which calls for urgent attention. This cluster of cases and the ongoing low-level transmission in Harare city are potential sources of cholera, which can be seeded to unaffected areas, given the prevalent risk factors for the disease. It is therefore critical that the ongoing transmissions are ultimately contained.

World Health Organization Africa

New events

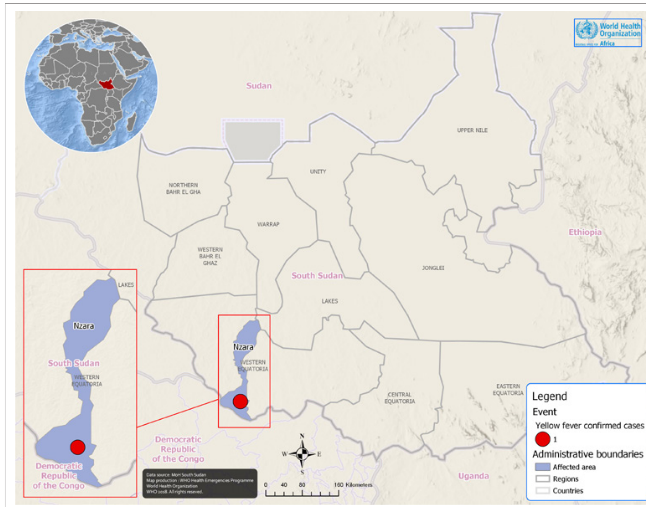
Yellow fever | South Sudan

1 **Case** | 0 **Deaths** | 0.0% **CFR**

EVENT DESCRIPTION

On 29 November 2018, the South Sudan Ministry of Health notified WHO of one confirmed yellow fever case in Nzara County, Gbudue State located in the south-western part of the country, at the border with the Democratic Republic of the Congo. This event was initially reported on 23 November 2018 as a suspect Ebola alert. The case-patient is a 25-year-old male farmer from Hai-Network village in Sakure Payam *(payam is the second-lowest administrative division below a county).* He travelled on 16 November 2018 to Bangadi in the Democratic Republic of the Congo from where he fell ill on 18 November 2018 with symptoms of fever, headache, joint pain, diarrhoea and vomiting of blood. He spent six days without any improvement and decided to return to South Sudan on 23 November 2018 for medical service. He was screened by the Ebola team at the Sakure point of entry and was found to have symptoms. He was subsequently isolated at Sakure Primary Health Care Center (PHCC).

Geographical distribution of yellow fever cases and deaths in South Sudan, 23 - 29 November 2018



The rapid response team collected the blood specimen on 24 November 2018 and shipped it to the National Public Health Laboratory in Juba. The preliminary testing using GeneXpert was negative for Ebola Zaire. The specimen was then shipped to the Uganda Viral Research Institute (UVRI) for further analysis. Initial testing at the UVRI (on 26 November 2018) by polymerase chain reaction (PCR) was negative for all Ebola species, Marburg, Rift Valley fever, Crimean-Congo haemorrhagic fever, and Sosuga viruses. Further testing using Taqman Array Card platform and yellow fever specific PCR assay confirmed yellow fever virus infection. The test results were released on 28 November 2018 and the Ministry of Health formally declared the outbreak on 29 November 2019. A multisectoral national rapid response team has been deployed to conduct detailed epidemiological, entomological and laboratory investigations, finding of which will be communicated as they become available.

PUBLIC HEALTH ACTIONS

- On 29 November 2018, the Minister of Health and the WHO Representative held a joint press briefing to declare the yellow fever outbreak and inform the public of the event. The leaderships of government, partners and other humanitarian actors have accordingly been informed of the outbreak.
- The national committee for outbreak management was promptly activated to coordinate response to the event.
- A multidisciplinary team of epidemiologists, laboratory experts and entomologists was deployed on 1 December 2018 to determine the scale of the epidemic and to identify the transmission and propagation factors for the outbreak.
- Risk communication and social mobilisation activities have been initiated ahead of the follow up investigations and response.
- Surveillance for yellow fever has been enhanced and blood specimens are being collected from suspected cases.
- WHO is providing technical support to strengthen surveillance at points of entry, case management, public awareness and coordination.

SITUATION INTERPRETATION

A new yellow fever outbreak has been confirmed in Nzara County, Gbudue State, South Sudan. Only one case has so far been confirmed, with no deaths. The affected area is very rural and located close to the border with the Democratic Republic of the Congo, where the case-patient had travelled before falling ill. South Sudan had the last documented reactive yellow fever vaccination campaign in 2003 in Imatong (present day Torit), following an outbreak that affected 178 people, with 27 deaths. The country has not yet introduced yellow fever vaccine into the national immunization programme. Due to absence of recent exposure and lack of large-scale immunization against yellow fever, the population in South Sudan is considered to have low immunity and is therefore susceptible to the disease. To that effect, South Sudan is among the 40 high-risk countries targeted to eliminate yellow fever epidemics by 2026.

There is a need to conduct extensive yellow fever risk assessment in order to guide the subsequent response to this outbreak. Investigations have been planned and the country requires additional support to respond to this outbreak.

Ongoing events

Ebola virus disease | Democratic Republic of the Congo | 440 Cases | 255 Deaths | 58% CFR

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues to be closely monitored. Since our last report on 23 November 2018 *(Weekly Bulletin 47)*, 28 new confirmed EVD cases and 19 new deaths have been reported. This shows a reduction in incidence cases and deaths, compared to 46 cases and 22 deaths reported in week 47. On 1 December 2018, six new confirmed cases were reported, one each in Beni, Butembo, Katwa, Komanda, Masereka, and Vuhovi.

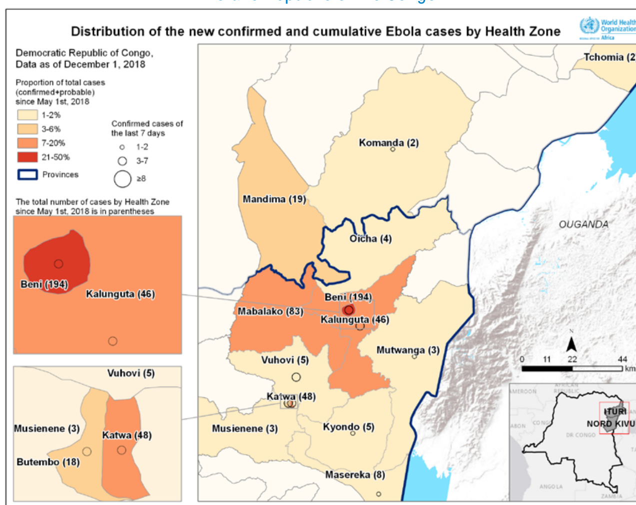
As of 1 December 2018, there have been a total of 440 EVD cases, including 392 confirmed and 48 probable cases. To date, confirmed cases have been reported from 14 health zones: Beni (185), Mabalako (67), Katwa (44), Kalunguta (34), Butembo (18), Masereka (7), Oicha (4), Vuhovi (5), Kyondo (3), Mutwanga (3) and Musienene (2) in North Kivu Province; and Mandima (16), Tchomia (2) and Komanda (2) in Ituri Province. A total of 255 deaths were recorded, including 207 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 53% (207/392). The cumulative number of cases among health workers is 43, with 12 deaths.

As of 1 December 2018, 63 new suspected patients were hospitalized, bringing the total number of patients admitted to 126, including 38 confirmed cases. All confirmed cases are on compassionate therapy. As of 1 December 2018, the number of patients cured and discharged back into the community is 139.

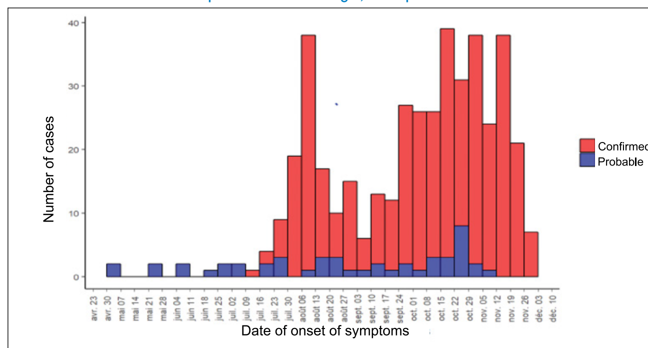
Beni, Katwa and Kalunguta remain the main hot spots of the outbreak, with, respectively, 33% (n=34), 31% (n=32) and 16% (n=16) of the 102 confirmed and probable cases reported in the last 21 days (from 11 November - 1 December 2018).

Contact tracing is still of concern due to insecurity and continuing pockets of community resistance. The number of contacts being followed as of 1 December 2018 was 4 820, of whom 4 564 had been seen in the previous 24 hours, representing 94%. Nine health zones have contacts identified during follow-up. The total number of contacts lost to follow-up as of 1 December 2018 was 256, most of whom were in Beni (n=192; 75%).

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May to 1 December 2018, North Kivu and Ituri provinces, Democratic Republic of the Congo.



Epidemic curve of Ebola virus disease outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo, 30 April - 1 December 2018



PUBLIC HEALTH ACTIONS

- All surveillance activities continue, including case investigations, active case finding in health facilities and in the communities, and identification and listing of contacts around the latest confirmed cases. There is intensified search for contacts lost to follow up, particularly in Beni. Reclassification of confirmed and probable cases by health zones and validation of suspicious community deaths are also ongoing.
- On 28 November 2018, the neonate with confirmed EVD was eventually transferred to the ETC in Butembo following the intervention of the police.
- Point of entry (PoE) surveillance resumed in Komba/Butembo after discussions with the security authorities.
- On 28 November 2018, all 67 PoEs reported their activities; 196 908 travellers were checked, bringing the total number of travellers checked to 17.25 million.
- On 1 December 2018, a total of 468 new people were vaccinated in 13 rings, bringing the cumulative numbers vaccinated to 38 821. Four youth leaders who were hostile to safe and dignified burial (SDB) and vaccination measures were trained and integrated into SDB and vaccination teams. The current stock of vaccine in Beni is 4 530 doses. Targeted vaccination continues in Beni, Mutangwa, Katwa and Butembo rings.
- There is continued negotiation with armed groups to allow resumption of response activities in Kalunguta.
- Community reintegration of 34 patients discharged from ETCs took place, along with a psycho-education session to reinforce commitment and community collaboration to the response.
- Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) activities continue, with decontamination of four households and three health facilities in Beni, Katwa, and Butembo; distribution of personal protective equipment in 17 health facilities, including 14 in Beni, and briefing of 186 health providers including 69 in Butembo, and 17 in Beni; and follow-up to check the functioning of 296 handwashing points, including 69 in Beni.
- Community awareness and mobilization sessions continue, with an educational talk by the Deputy Mayor of Beni, which resulted in the commitment of 157 people including motorcycle taxi drivers and religious leaders; a march in support and commitment by women leaders in Katwa Health Zone after a briefing on EVD; continuing daily door-to-door outreach activities in households in affected areas; and continuation of awareness activities through the involvement of community leaders and local media.

SITUATION INTERPRETATION

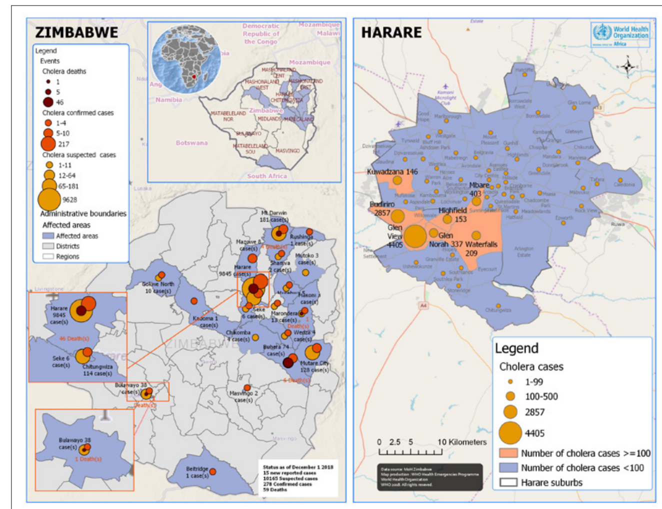
The EVD outbreak in Democratic Republic of the Congo continues to be of grave concern, with ongoing challenges around insecurity and community resistance. Some reduction in the numbers of new confirmed cases and deaths has been observed during the reporting week. Community engagement and risk communication efforts have been intensified, with continued improvement of contact tracing activities. It is anticipated that these interventions will turn the tide in the evolution of the outbreak. A contingency plan has been developed to strengthen epidemiological surveillance among the expected large gathering of people during the upcoming election campaign.

Cholera	Zimbabwe	10 443 **Cases**	59 **Deaths**	0.6% **CFR**

EVENT DESCRIPTION

While the cholera outbreak in Zimbabwe, particularly in Harare city, has greatly improved, a new foci has emerged in Mount Darwin District in Mashonaland Central province. The emergence of cholera cases in Mount Darwin District was initially reported on 26 November 2018 when 14 suspected cases and one death occurred among artisanal miners at an informal/illegal mining site in Mkaradzi. Outbreak investigations established that the index case developed acute watery diarrhoea on 23 November 2018. As of 1 December 2018, a total of 181 suspected cholera cases, including nine laboratory confirmed cases, have been reported. A total of four deaths have occurred, giving a case fatality ratio of 2.2%. On 1 December 2018, 15 new suspected cholera cases with no deaths were reported from Mount Darwin District.

Geographical distribution of cholera cases and deaths in Zimbabwe, 23 November - 1 December 2018



In Harare city, sporadic cholera cases continue to occur. There were no new suspected cholera cases on 1 December 2018, while five cases were reported on 28 November 2018. In week 48 (week ending 2 December 2018, a total of 194 suspected cholera cases were reported.

As of 1 December 2018, a total of 10 443 suspected cholera cases, including 59 deaths (case fatality ratio 0.6%), have been reported in the country, since the onset of the current outbreak on 4 September 2018. Of the total cases, 278 have been laboratory confirmed. Twenty (out of 59) districts in nine (out of 10) provinces in the country have been affected. However, 95% of all cases and 79% of all deaths have occurred in Harare city. Glen View and Budiriro suburbs of Harare city have been the most affected, accounting for 49% and 32% of all cases, respectively. The most affected age group is 20-29 years at 19%, followed by 1-4 years (17%) and 30-39 years (15%). There is proportionate sex distribution, with 50.3% of cases being males.

PUBLIC HEALTH ACTIONS

- The national rapid response team has been deployed to Mount Darwin District to conduct outbreak investigation and support response efforts, including enhancing active surveillance, contact tracing, health education and water, sanitation and hygiene (WASH) measures. Emergency supplies were mobilized and provided to the district.
- An oral cholera vaccination campaign has been ongoing in Harare city since October 2018, with the first phase nearly completed, and an overall administrative coverage of 86% has been attained.
- Social mobilization and public health education have been ongoing using various communication channels, including door to door and media campaigns. More than 550 000 people have been reached with key health and hygiene messages on cholera. Additionally, ACF and Africa Ahead have reached more than 44 000 people at public markets and bus terminuses in Harare and Mbare Musika with handwashing and other key messages.
- About 900 community health volunteers have been trained to conduct health and hygiene education. A total of 81 community health clubs have been set up to spearhead hygiene education.
- A total of 14 967 families have received kits, comprising of soap for handwashing, point-of-use water treatment and information, education and communication materials, through the support from UNICEF, Higher life Foundation, Oxfam, WHH, Mercycorps, Christian Care, World Vision and ADRA.
- A total of 275 286 people have been reached with safe water through water trucking by private companies and distribution of household water treatment chemicals by partners in the affected areas and borehole repairs.
- A total of 20 bucket chlorination points have been established in Glen View/Budiriro (10) and Mbare (10).

SITUATION INTERPRETATION

The cholera outbreak in Zimbabwe has markedly improved, following strong interventions by the national authorities and partners. However, sporadic cases continue to occur in Harare city, while a new and fast-evolving foci has emerged in Mount Darwin District, which requires urgent attention. The occurrence of sporadic cholera cases in Harare city has been dragging on for several weeks and could serve as a potential source of infection to other places, such as the ongoing flare-up in Mount Darwin District. There is therefore a need to completely stop ongoing transmission of cholera infection in Harare city and other places. Containment of such low-level transmission usually requires targeted, high impact interventions, including focusing the control measures around new cases.

Hepatitis E	Central African Republic	119 Cases	2 Deaths	1.7% CFR

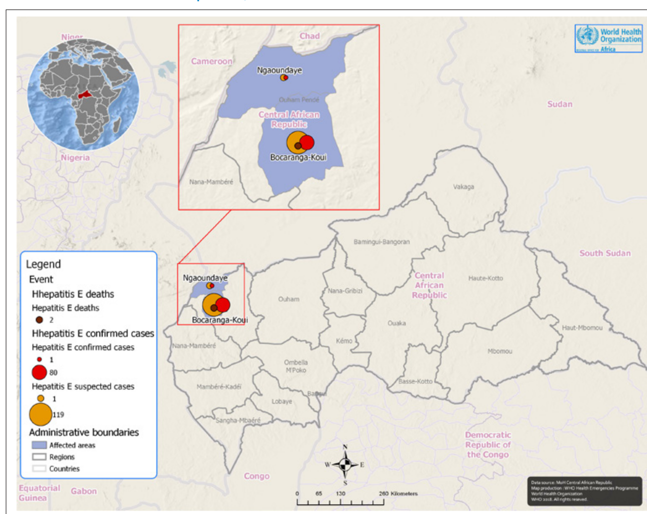
EVENT DESCRIPTION

The outbreak of hepatitis E in Bocaranga-Koui Health District, Central African Republic continues, with increasing trend in the incidence of cases. Since our last report on 26 October 2018 *(Weekly Bulletin 43)*, there have been 67 new cases of acute jaundice syndrome, 51 of which were confirmed with hepatitis E virus infection. In week 46 (week ending 18 November 2018), 15 confirmed cases of hepatitis E were reported, compared to 13 and three confirmed cases reported in weeks 45 and 44, respectively. After attaining a peak of 22 confirmed cases in week 38 and showing significant decline, the disease trend has started increasing once again in the last weeks. By 23 November 2018, there were five people being treated as inpatients, with 43 others being treated as outpatients.

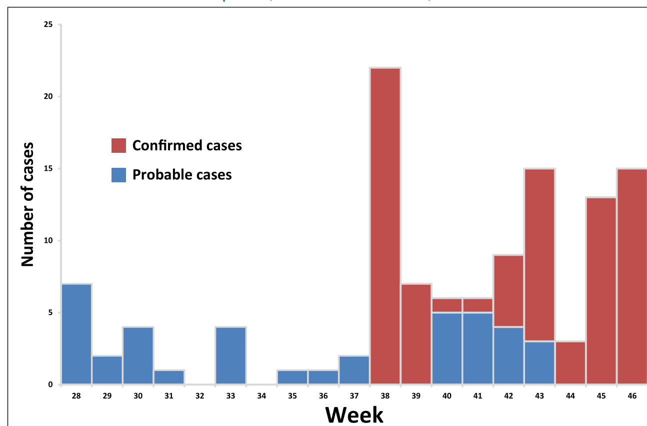
As of 23 November 2018, a total of 119 cases of acute jaundice syndrome were recorded, including two deaths (case fatality ratio 1.7%). Of the 119 cases, 80 (67%) have been confirmed positive for hepatitis E virus infection by the Institut Pasteur Bangui (IPB), 39 were probable cases and 31 other cases are under investigation. The outbreak has largely been localised to Bocaranga City, with 14 neighbourhoods reporting at least one suspected case of hepatitis E. The neighbouring district of Ngaoundaye reported one confirmed case in week 43, however, no more confirmed cases have been reported since then.

The outbreak of hepatitis E was declared by the Minister of Health on 02 October 2018. Epidemiological investigation revealed that the first suspected cases emerged in week 28 (week ending 15 July 2018).

Geographical distribution of hepatitis E cases and deaths in Central African Republic, 4 October - 18 November 2018



Weekly trend of probable and confirmed cases of hepatitis E in Central African Republic, week 28 – week 46, 2018



PUBLIC HEALTH ACTIONS

- Response to the outbreak continued with a new partner, World Vision, joining the water, sanitation and hygiene (WASH) cluster.
- A rapid response team was established to carry out multisectoral actions around each confirmed case.
- Efforts are underway to strengthen coordination and response by the WASH sub-cluster, with a request for funds from OCHA to support outbreak response activities of the Task Force at the central level.
- A total of 30 additional community relays were trained to support active case finding and subsequent referral of suspected cases to the district hospitals.
- A total of 31 specimens obtained from suspected cases have been transported to the IPB.
- Health personnel from the International Rescue Committee (IRC) were trained in management of patients in intensive care units.
- WHO supported provision of free healthcare with the donation of two malaria kits, one severe acute malnutrition kit, one supplementary unit kit, along with 23 cartons of nutritional infusion; and free case management continues at Bocaranga District Hospital.
- Communication and risk awareness activities included awareness raising activities reaching 6 892 households in 10 Bocaranga groups by IRC, CORAID, MENTOR, MSF and Danish Red Cross (DRC), along with four mass awareness sessions at the Bocaranga Central Market, Bocaranga High School and two additional schools in the city.
- WASH activities continue with distribution of water treatment to 14 040 homes in Mbimang, Camp Mission and Mandja and two new water points installed in Mandja and Houassa, along with 70 m^3 water distributed by water trucks in Mandja and Ganza.
- A total of 256 hygiene kits were distributed, with 14 kits made available to MSF for inpatients and 242 kits provided at mass awareness sessions in Mandja Central Market and Bocaranga High School.

SITUATION INTERPRETATION

The outbreak of hepatitis E in the city of Bocaranga has been ongoing for the past eight weeks, with increasing trend being observed lately. Ongoing insecurity in the immediate area and across the region remains a major challenge. The capacity of the operational partners on the ground, especially in the main pillars of response such as WASH and communication, is limited. There is also insufficient funding for the outbreak response plan, to allow for rapid scaling up of interventions. Conventional hepatitis E control activities urgently need to be up-scaled and implemented to bring this outbreak under control. Therefore, it is imperative to mobilize more actors and resources for better coverage of response interventions.

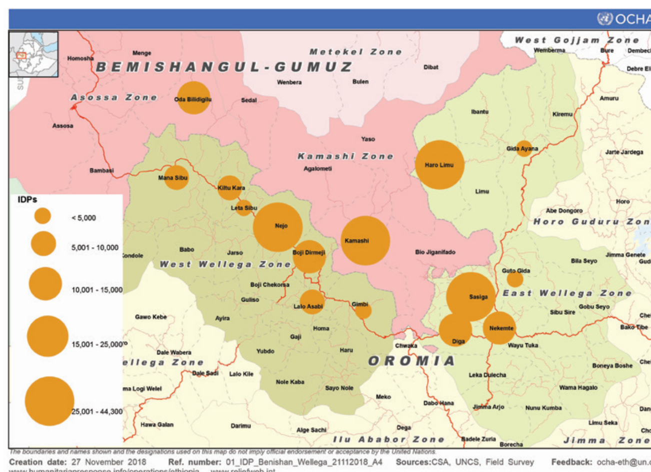
EVENT DESCRIPTION

The humanitarian crisis in Ethiopia shows no signs of abating. Ongoing ethnic conflict in Oromia, especially in areas bordering the Benishangul Gumus region, has resulted in further displacement. More displacement is expected to occur, particularly in both East and West Wollega zones. There are currently about 121 528 internally displaced people (IDPs) coming from 21 643 households in seven districts. Overall, ethnic conflict has caused the movement of an estimated 946 788 IDPs in West Guji and Gedeo zones in Oromia and Southern Nations Nationalities and People Region (SNNPR); this figure is still to be confirmed.

Outbreaks of epidemic-prone disease continue to complicate the situation, although the outbreaks of acute watery diarrhoea (AWD) and yellow fever are on the decline. There have been no new cases of AWD reported from the existing hotspots during weeks 46 and 47. The last reported cases were from Tigray and Oromia in week 44 (week ending 3 November 2018). A total of 3 090 AWD diarrhoea cases have been reported in 2018, with infections peaking in week 34 (week ending 25 August 2018), but declining since then.

The yellow fever outbreak in the Offa Woreda, Wolaita Zone and Goma Goffa Zone, SNNPR that was first reported on 21 August 2018 and confirmed on 25 September 2018 is under control, with no new cases reported for five weeks. The mass vaccination campaign has been completed and preliminary results in Wolaita Zone show that 956 074 (93%) of the targeted population were covered, with 266 398 (94%) coverage in Goma Goffa Zone.

Benishangul Gumuz and Oromia Displacement Update in Ethiopia
as of 27 November 2018



Measles continues to be a problem with six new cases reported in week 46 (week ending 17 November 2018). A cumulative total of 3 832 suspected measles cases have been reported in 2018, of which 1 312 were confirmed (280 laboratory confirmed, 963 epi-linked and 69 clinically compatible).

Malnutrition hotspots, using severe acute malnutrition (SAM) admissions as a proxy, are Somali, Oromia and SNNPR. Much of this is connected to IDP displacement, with 121 new SAM admissions in Oromia and 36 new SAM cases in Gedeo in weeks 46 and 47.

PUBLIC HEALTH ACTIONS

- An emergency operations committee (EOC) made up of food, health, water, sanitation and hygiene (WASH), nutrition, protection, education, logistics and site management clusters are responding to the IDP situation, led by the NDRMC and Zonal Administration.
- Activities to improve surveillance of reportable diseases at facility, woreda and zonal levels are ongoing in all IDP sites.
- Health and nutrition services are being provided through mobile clinics, and temporary and static health facilities supported by partners. The Government of Ethiopia is planning to reconstruct damaged health facilities in affected areas, supported by partners; community mobilization in host communities to strengthen reproductive health services and free essential health and nutrition services for IDPs; WHO, UNICEF and other partners have supplied 16 emergency drug kits; nutrition screening of all children under five years is ongoing in IDP sites, with outpatient services available for children with SAM and services for children with moderate acute malnutrition to be launched as soon as supplies arrive from UNICEF.
- The authorities continue to collaborate with WASH experts supported by WHO and other partners in water surveillance, water quality testing and water treatment activities within high risk areas, including those hosting IDPs. Out of 44 drinking water samples tested for fecal coliforms in 13 woredas in three regions (Afar, Oromia and SNNP), 22 (50%) were positive for *E. coli*. WHO trained 60 health workers drawn from East and West Wollega Zones on IDP WASH response.

SITUATION INTERPRETATION

The humanitarian crisis in Ethiopia continues to cause concern, with insecurity resulting in population displacement, complicated by epidemic-prone diseases, poor access to healthcare facilities, inadequate WASH provision, lack of nutrition staff and shortages of essential medicines, particularly for chronic diseases. There are also critical shortages of non-food items in some IDP sites. Current forecasts of an early El Niño in the region are worrying because of the inevitable disruption of rainfall patterns, which could lead to drought and further population displacement. Local and international authorities and humanitarian partners need to address those issues that can be mitigated by action, to prevent a worsening of the situation.

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Go to map of the outbreaks

Summary of major issues challenges, and proposed actions

Major issues and challenges

- The EVD outbreak situation in North Kivu and Ituri provinces, Democratic Republic of the Congo remains extremely worrying despite progress in many areas. Some decline in the number of new cases and deaths has been observed during the reporting week, and this trend is being closely monitored. Several outbreak control interventions have been intensified in the recent past, including active involvement of local communities and state authorities in the response. Incidents of insecurity and community resistance also continue to occur. The upcoming general elections will bring together thousands of people, which may facilitate further propagation of the disease. It remains to be seen whether the current thrust in efforts will turn the tide in the evolution of the outbreak, sooner rather than later.
- The cholera outbreak in Zimbabwe has generally improved, especially in Harare city. A new foci of outbreak has emerged in Mount Darwin District in Mashonaland Central Province among artisanal miners at an informal/illegal mining site. While a lot of efforts and resources have been put in to control the current outbreak, the risk factors for water-borne diseases are still rampant in the country. With this, the new cluster of cases and the ongoing low-level transmission in Harare city can potentially serve as sources of cholera infection, which can be seeded to other unaffected areas. It is therefore important that these lingering transmissions are ultimately contained.

Proposed actions

- The national authorities and partners in the Democratic Republic of the Congo need to continue with intense implementation of all conventional outbreak control interventions, including stepping up enforcement of public health measures by the state authorities.
- The national authorities and partners in Zimbabwe need to intensify response to the cholera outbreak until the outbreak is completely controlled. Additionally, efforts to mobilize resources for longer term measures such as revamping the water and sanitation systems in Harare city and other parts of the country need to start.

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										
South Soudan	Yellow fever	Ungraded	29-Nov-18	18-Nov-18	29-Nov-18	1	1	0	0.0%	Detailed update given above.
Ongoing events										
Angola	Cholera	Ungraded	20-Nov-18	9-Oct-18	12-Nov-18	139	-	2	1.4%	Two community deaths have been reported in this outbreak which began on 9 October 2018. The peak of the outbreak was on week 44 (week ending 4 November 2018) with 41 cases including one death reported. Since then, there has been a declining trend in the weekly number of cases. Papelao is the most affected area in Uige Province, reporting a total of 35 cases.
Cameroon (Far North, North, Adamawa & East)	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	23-Nov-18	-	-	-	-	The situation remains precarious with several regions of the country affected. In the Far North, the situation is marked by attacks linked to Boko Haram thus generating an influx of refugees from Nigeria including mass displacement of the local population. In other regions, similar trends are noted with a huge influx of refugees from the neighbouring Central African Republic. Humanitarian access also remains a challenge.
Cameroon (NW & SW)	Humanitarian crisis (NW & SW)	Ungraded	0-Jan-00	0-Jan-00	22-Nov-18	-	-	-	-	The Anglophone crisis in the Northwest and Southwest regions of Cameroon is disrupting health services and disease surveillance capacities. This is impacting the health status of the population, and the possible occurrence of infectious disease outbreaks is a concern. Of particular concern is the risk of cholera resurfacing in the region as a result of the ongoing outbreak in northern Cameroon.
Cameroon	Cholera	G1	24-May-18	18-May-18	23-Nov-18	942	73	57	6.1%	The outbreak has affected 4 out of 10 regions in Cameroon, these include: North, Far North, Central and Littoral region. From 18 to 23 November 2018, 11 new suspected cases were reported, 6 cases from the Far North and 5 cases from North region. No new confirmed case has been reported from the Central and Littoral regions since 27 August 2018 and 11 October 2018, respectively. There is an overall declining trend in the number of cases reported.

Go to overview

Go to map of the outbreaks

Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	18-Nov-18	-	-	-	-	The humanitarian and security situation in Central Africa remain precarious. The security incidents continue to be reported in the country and are affecting the population and the humanitarian response. In October 2018, the Central African Republic had 642 842 internally displaced persons and 573 200 refugees in neighbouring countries.
Central African Republic	Monkeypox	Ungraded	20-Mar-18	2-Mar-18	25-Nov-18	41	19	1	2.4%	Since 9 November 2018, and as of 25 November 2018, four new suspected cases were reported from the health districts of Bangassou (n=3) and Mbaiki (n=1). The four suspected cases have epidemiological links with confirmed cases. As of 25 November 2018, a cluster of 8 confirmed cases of monkeypox were reported in Mbaiki district, from a same family.
Central African Republic	Hepatitis E	Ungraded	2-Oct-18	10-Sep-18	26-Nov-18	119	80	2	0.8%	Detailed update given above.
Central African Republic	Yellow fever	Ungraded	20-Oct-18	12-Aug-18	26-Nov-18	3	3	0	0.0%	No new yellow fever case was detected between 18 October 2018 and 25 November 2018. Three cases were confirmed in 2018: one case from Bangui sampled in February but tested in October, one case from Mboki sampled in August and one case from Bacaranga sampled in October 2018. Population immunity is high in the country. There were national mass vaccination campaigns with high coverage in 2009-2010 and the yellow fever vaccination is also provided to children through the routine immunization programme.
Chad	Measles	Ungraded	24-May-18	1-Jan-18	18-Nov-18	4 227	815	90	2.1%	In week 46 (ending 18 November 2018), 204 suspected cases were reported. This is an increase in the number of cases compared to the previous week when 121 cases were reported. Of the total confirmed cases, 356 were laboratory confirmed by IgM and 459 were epidemiologically linked. Thirty-nine districts have reported a confirmed epidemic.

Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	20-Nov-18	-	-	-	-	The humanitarian crisis in the country remains volatile. Inter-communal conflicts and violence perpetrated by militias including the kidnapping of humanitarian staffs continue to contribute to mass population displacement and difficulty in access to humanitarian assistance in several localities in the east of the country. Since early October 2018, more than 308 000 displaced people have returned from Angola to the Kasai region and are in urgent need of humanitarian assistance. The response activities to Ebola outbreak are ongoing in North Kivu and Ituri, however disrupted by the insecurity in some areas. The ongoing Cholera outbreak is affecting mainly Kassai Oriental, Sankuru, Lomami, Tanganyika, South Kivu and Haut Katanga.
Democratic Republic of the Congo	Cholera		16-Jan-15	1-Jan-18	20-Nov-18	26 017	-	878	3.4%	A total of 639 suspected cases of cholera including 18 deaths (CFR 2.8%) were reported during week 45 (ending on 11 November 2018). Ten out of twenty-four provinces have sent date reported at least one case. The six most affected provinces (Kasai Oriental, Sankuru, Lomami, Tanganyika, Upper Katanga and South Kivu) reported 94% of cases and 89% of deaths during week 45.There is a decrease in the total number of cases reported in week 45 compared to the previous week.
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	1-Jan-18	440	392	255	58%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	1-Jan-18	11-Nov-18	44 864	842	566	1.3%	During week 45 (ending 11 November 2018), 2 551 suspected cases including 33 deaths (CFR: 1.3%) were reported across the country. Nighty four percent (94%) of all cases were reported from nine provinces: Tshopo, Haut Katanga, Haut Lomami, Lualaba, South Kivu, Maniema, Ituri, Tanganyika and Kasai Oriental. Since week 23, there has been an increasing trend in the weekly number of cases since week 22.
Democratic Republic of Congo	Monkeypox	Ungraded	n/a	1-Jan-18	11-Nov-18	3 949	-	86	2.2%	During week 45 (ending 11 November 2018), 74 suspected cases with two deaths were reported across the country. 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	30-Nov-18	41	41	0	0.0%	No new case reported in week 47. Since 2017, 41 cases have been reported from the following provinces: Tanganyika (15 cases), Haut-Lomami (9 cases), Mongala (11 cases), Maniema (2 cases), Haut Katanga (2 cases), Ituri (1 case) and Sankuru (1 case). The country is affected by three separate strains of circulating vaccine-derived poliovirus type 2 (cVDPV2) since 2017.
Democratic Republic of Congo	Yellow fever	Ungraded	23-Jun-18	1-Jul-18	1-Dec-18	15	3	0	0.0%	Fifteen cases of Yellow Fever have been confirmed at the national Reference Laboratory (INRB) since the beginning of 2018. Of these, 3 were confirmed by IP Dakar.
Ethiopia	Humanitarian crisis	G2	15-Nov-15	n/a	28-Nov-18	-	-	-	-	Detailed update given above.
Ethiopia	Acute watery diarrhoea (AWD)	Protracted 1	15-Nov-15	1-Jan-18	25-Nov-18	3 090	-	-	-	No new cases of AWD were reported in the existing hotspots on weeks 46 and 47. In total, 3 090 cases have been reported in 2018.
Ethiopia	Measles	Protracted 1	14-Jan-17	1-Jan-18	18-Nov-18	3 832	1 312	-	-	Six new measles cases were reported on week 46. Of the 1 312 cumulative confirmed cases reported in 2018, 280 were lab-confirmed, 963 were epi-linked and 69 were clinically compatible. Most cases were reported from Somali Region (24%), Addis Ababa (22%), Oromia (19%), Amhara (16%) and SNNPR (11%).
Ethiopia	Yellow fever	Ungraded	4-Oct-18	21-Aug-18	25-Nov-18	35	5	10	28.6%	No new cases of yellow fever were reported on weeks 46 and 47. From 21 August, 35 cases were reported from Wolayita Zone in South Nation, Nationalities and Peoples (SNNP) region located in southwest Ethiopia. Five out of 21 samples sent to IP Dakar were confirmed for yellow fever using plaque reduction neutralization test (PRNT).
Guinea	Measles	Ungraded	9-May-18	1-Jan-18	23-Sep-18	1 746	440	0	0.0%	In week 38, 10 new suspected cases were reported including five IgM-positive cases. The number of cases has been decreasing gradually during the last four epidemiological weeks (week 35 to 38). Cases have been reported in all parts of the country and the most affected zones include Kankan, Conakry and Faraneh.
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	20-Nov-18	718	66	1	0.1%	Since the beginning of the year, six counties were affected by the measles outbreak, namely Mandera, Wajir, Garissa, Nairobi, Kitui and Muranga. The outbreak is ongoing in all those counties.

Liberia	Measles	Ungraded	24-Sep-17	1-Jan-18	4-Nov-18	3 880	3 566	17	0.4%	Fifty-two suspected cases (including two IgM-positive) with zero deaths were reported during week 44 (ending 4 November 2018) across the country. Seven health districts in six counties (Grand Gedeh, Bong, Margibi, Nimba, Rivercess, and Sinoe) are at the epidemic threshold for measles. Of the 3 566 cumulative confirmed cases reported in 2018, 306 are laboratory-confirmed, 502 epidemiologically linked, and 2 758 are clinically confirmed.
Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-18	15-Nov-18	28	21	16	57.1%	On 9 November 2018 one new case from Bongo county was confirmed by PCR. As of week 46, since the beginning of January 2018, a total of 182 suspected cases including 43 deaths have been reported. Of these, 21 cases have been confirmed by RT-PCR (Nimba-9, Bong-5, Montserrado-3, Margibi-2, and Grand Bassa-2); 168 tested negative, and 7 specimens were not tested due to poor quality. The case fatality ratio among confirmed cases is 62% (13/21).
Madagascar	Measles	Ungraded	26-Oct-18	4-Oct-18	26-Nov-18	4 104	4 104	0	0.0%	As of 26 November 2018, 4 104 confirmed cases have been reported (207 lab-confirmed and 3 897 epi-linked) from 31 healths districts in 17 regions. No deaths were reported. The most affected district is Antananarivo Renivohitra with 3 080 confirmed cases.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	23-Nov-18	-	-	-	-	Mali has suffered a complex political and security crisis since 2012. Northern and central Mali are facing an increasing number of incidents affecting the population. More than five million people are affected by the crisis and in need of humanitarian assistance at the national level, including 77 046 IDPs and 140 123 refugees in neighbouring countries such as Niger, Mauritania and Burkina Faso.
Mali	Severe acute malnutrition	Ungraded	1-Aug-18	15-Mar-18	5-Aug-18	224	0	40	17.9%	Three villages (Douna, Niagassadiou and Tiguila) 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. A dozen samples from patients analyzed at INRSP in Bamako showed iron deficiency anaemia.

Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	4-Nov-18	1 529	374	3	0.2%	In week 44, 26 new suspected cases were reported from Bamako (9), Sikasso (8), Segou (5) and Mopti(1) regions. From Week 1 to 44 of 2018, a total of 1 064 blood samples that have been collected, 374 were confirmed (IgM-positive), 578 discarded (IgM-negative), and 112 are pending at the National Reference Laboratory (INRSP). Fourty five Health districts in the country have reported cases since the beginning of the outbreak.
Mauritania	Dengue fever	Ungraded	26-Oct-18	15-Sep-18	26-Oct-18	65	65	0	0.0%	WHO has been notified of 65 confirmed cases of Dengue fever reported across six regions of the country since mid-september 2018. Test results from the National Institute of Research and Public Health (INRSP) confirmed the cases for Dengue virus serotype II infection. Additional investigation is ongoing.
Mauritania	Rift Valley fever (RVF)	Ungraded	23-Nov-18	4-Nov-18	24-Nov-18	1	1	1	100.0%	On 16 November 2018, a 40-year-old male farmer form a village in Adel Bagrou commune, located 30 Km away from the boarder with the Republic of Mali was confirmed by PCR with rift valley fever at INRSP. The case died after 11 days of symptom presentation following poor response to treatment. A safe and dignified burial was conducted and a total of 22 contacts including 12 health care workers have been listed for follow up.
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	18-Nov-18	1 288	1 288	4	0.3%	During week 46 (ending 18 November 2018), 23 new confirmed cases were reported across the country. Of 17 throat swabs analyzed, the genotype D8 was detected in 13 samples. The trend is decreasing since the peak in week 37. The most affected districts are Port Louis and Black River.
Namibia	Anthrax (suspected)	Ungraded	2-Nov-18	30-Oct-18	2-Nov-18	41	-	0	0.0%	Fourty-one suspected human cases of anthrax including 6 cases of cutaneous anthrax and 35 cases of gastrointestinal anthrax have been reported from Sesfontein settlement, Opuwo district, Kunene region in north-western Namibia. Laboratory confirmation is pending.

Namibia	Hepatitis E	G1	18-Dec-17	8-Sep-17	4-Nov-18	3 851	508	31	0.8%	A total of 34 cases (one lab-confirmed, 27 epi-linked, and six suspected) were reported from four regions (Erongo, Khomas, Ohangwena and Omusati) across the country. As of 21 October 2018, seven out of 14 regions in Namibia have been affected by the HEV outbreak namely; Khomas, Omusati, Erongo, Oshana, Oshikoto, Kavango, and Ohangwena regions. Cases reported across the country are mainly from informal settlements with limited access to clean water and sanitation services.
Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	3-Oct-18	-	-	-	-	The country continues to face food insecurity, malnutrition, and health crises due to drought, floods, and epidemics. The insecurity instigated by Boko Haram group persists in the country.
Niger	Cholera	G2	13-Jul-18	13-Jul-18	19-Nov-18	3 824	43	78	2.0%	In week 46 (as of 19 November 2018), 2 new suspected cases were reported from Madarounfa district (Maradi region). No case of death was reported. Overall, the most affected area remains Madarounfa Health District in Maradi Region accounting for about 69% of the cumulative cases reported. Other affected regions include Tahoua, Dosso and Zinder.
Niger	Circulating vaccine-derived polio virus type 2 (cVDPV2)	G2	8-Jul-18	8-Jul-18	30-Nov-18	8	8	1	12.5%	A total of eight cVDPV2 cases have been reported in 2018 in Niger, which are genetically linked to a cVDPV2 case in Jigawa and Katsina states, Nigeria.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	18-Nov-18	-	-	-	-	Since the start of the conflict in 2009, more than 27 000 people have been killed in Borno, Adamawa, and Yobe states while thousands of girls and women abducted and children used as so-called "suicide" bombers. About 1.8 million people are internally displaced in these states.
Nigeria	Cholera	G1	7-Jun-17	1-Jan-18	28-Oct-18	42 466	47	830	2.0%	In week 43 (ending 28 October 2018), 173 new suspected cases with one death were reported from five states: Adamawa (92 cases with one death), Zamfara (37 cases), Borno (35 cases), Yobe (6 cases), and Katsina (4 cases). There is an overall downward trend in the number of cases across the country.

Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-18	25-Nov-18	3 142	568	144	4.6%	In week 47 (week ending 25 November 2018), six new confirmed cases including one new healthcare worker, were reported from Edo (3 cases), Ondo (3 cases) states. From 1 January 2018, a total of 3 142 suspected cases have been reported from 22 states. Of these, 568 were confirmed positive, 17 probables and 2 557 negative (not a case). Nineteen states have exited the active phase of the outbreak while three- Edo, Ondo and Ebonyi states remain active.
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-18	4-Nov-18	15 504	1 110	123	0.8%	In week 44 (ending 4 November 2018), 233 suspected cases of measles were reported from 31 states across the country. Since the beginning of the year, 4 512 fewer cases were reported from 36 states and the Federal Capital Territory compared with the same period in 2017.
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	13-Nov-18	300	126	8	2.7%	Nigeria continues to report sporadic cases of monkeypox since the beginning of the outbreak in September 2017. As of 13 November 2018, a total of 104 cases have been reported since the beginning of the year from 19 States (Rivers, Akwa-Ibom, Bayelsa, Cross River, Delta, Ebonyi, Edo, Enugu, Imo, Kebbi, Lagos, Nasarawa, Oyo, Abia, Anambra, Bauchi, Plateau, Adamawa and the FCT). Rivers state and Bayelsa state in South-south Nigeria remain the most affected states. The number of reported cases has been decreasing gradually in the last 4 epi weeks.
Nigeria	Poliomyelitis (cVDPV2)	Ungraded	1-Jun-18	1-Jan-18	27-Nov-18	27	27	0	0.0%	No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) cases were reported this week. The country continues to be affected by two separate cVDPV2 outbreaks, the first centered in Jigawa state with subsequent spread to other states as well as to neighbouring Republic of Niger, and the second in Sokoto state.
Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	11-Nov-18	3 456	56	55	1.6%	In week 45 (ending on 11 November 2018), 85 suspected cases were reported across the country. Since the onset of this outbreak, cases have been reported from 570 Local Government Areas (LGAs) in all Nigerian states. Confirmed cases have been recorded in 27 LGAs across 14 states (Kwara, Kogi, Kano, Zamfara, Kebbi, Nasarawa, Niger, Katsina, Edo, Ekiti, Rivers, Anambra, FCT, and Benue States).

Senegal	Dengue fever	Ungraded	21-Sep-18	19-Sep-18	25-Nov-18	314	314	1	0.3%	In week 47 (ending on 25 November 2018), 22 new cases were confirmed with no severe cases or deaths. As of 25 November 2018, a total of 2 658 suspected cases including 314 confirmed cases (12%) have been reported from seven regions across the country namely; Diourbel (205 cases), Fatick (37 cases), Saint-Louis (352 cases), Dakar (22 Cases), Thies (7 case), Louga (6 case) and Matam (2). A total of three dengue haemorrhagic fever cases were reported, one from Diourbel and two from Dakar.
São Tomé and Principé	Necrotising cellulitis/ fasciitis	Protracted 2	10-Jan-17	25-Sep-16	11-Nov-18	3 071	-	0	0.0%	During week 45 (ending on 11 November 2018), 11 new cases were notified across five districts. Of the cases notified, 6 were hospitalized. The national attack rate as of week 45 is 15.5 per 1000. Sixty-five percent (65%) of the total cases reported during the last 13 weeks are from Me-zochi (39%) and Cantagalo (26%) districts.
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	21-Oct-18	6 120	1 511	-	-	Increasing trends were observed for the past four weeks. There was general decreasing trend between week 23 and week 35. Analyses on serotypes from week 35 showed circulation of DENV1, DENV2 and DENV3.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	23-Nov-18	-	-	-	-	The complex emergency has continued for five years, with multiple episodes of armed conflict, population displacement, disease outbreaks, malnutrition and flooding. Despite recent regional efforts and commitment by the government and opposition groups toward lasting peace, the humanitarian situation remains dire, and the needs are huge.
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	11-Nov-18	160	19	2	1.3%	Two new cases were reported in week 47 (ending 25 November 2018). Of the cumulative cases reported in 2018, 147 are from Bentiu PoC and 13 from Old Fangak. In week 43, one new suspected death was reported from Old Fangak.
South Africa	Cholera	Ungraded	5-Oct-18	29-Sep-18	13-Oct-18	3	3	0	0.0%	A third case of cholera was notified to WHO on 16 November 2018. It is a migrant worker from Zimbabwe, working and living in Alidays, Blouberg area, Limpopo Province. He is believed to have visited Zimbabwe two weeks ago. On returning he presented at Alidays Clinic complaining of acute watery diarrhea and vomiting. He was transferred to Helena Franz Hospital for further management. The laboratory tests of the stool specimen confirmed cholera.

Tanzania	Cholera	Protracted 1	20-Aug-15	1-Jan-18	25-Nov-18	4 403	50	82	1.9%	During week 47 (ending 25 November 2018), 12 new cases with no deaths were reported from two districts namely Ngorongoro District (3 cases) in Arusha Region and Momba district (12 cases) in Songwe region. In the past four weeks, Arusha Region reported 64 (64.7%) and Songwe region reported 35 (35.3%) of 99 cases in total.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	24-Oct-18	-	-	-	-	After the countrywide refugee-verification process was completed on 24 October, 1 091 024 refugees and asylum-seekers were registered, representing 75% of the previously estimated target population of 1.4 million. South Sudanese refugees and asylum seekers make up the largest group seeking refuge in Uganda (770 667 people), followed by those originating from DR Congo (242 608 people). The influx of refugees have strained Uganda's public services, creating tensions between refugees and host communities.
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	24-May-18	-	23-Oct-18	10	6	2	20.0%	One new case involving a 30-year-old female from Kabarole District tested positive for CCHF and is currently in admission under-going treatment. The presentation was initially with high fever, tremors and later developed a history of bleeding from the nose.
Uganda	Measles	Ungraded	8-Aug-17	1-Jan-17	20-Nov-18	3 227	843	1	0.0%	The majority of confirmed cases were under five years old (61.4%), not vaccinated (67%) or residents of rural areas (99%). In total, 116 confirmed cases (13.8%) were below 9 months of age which is the minimum age restriction for the vaccine. Cases have been confirmed either by epidemiological link or laboratory testing (IgM-positive) since the beginning of the year. Fifty-three districts in the country have reported measles outbreaks.
Uganda	Rift Valley fever (RVF)	Ungraded	29-Jun-18	20-Jun-18	14-Aug-18	23	19	8	34.8%	Cases have been reported from 11 districts in Western Uganda with Insingiro being the most affected district reporting 11 cases and two deaths. In total, nineteen cases have been confirmed by PCR. Ninety-six percent (96%) of cases reported are males, the majority of whom are herdsman and butchers.
Zimbabwe	Cholera	G2	6-Sep-18	6-Sep-18	1-Dec-18	10 443	278	59	0.6%	Detailed update given above.

Zimbabwe	Typhoid fever	Ungraded	-	1-Oct-17	16-Nov-18	5 164	262	12	0.2%	There is a resurgence of typhoid fever in Harare, the capital city of Zimbabwe, since mid-September 2018. The increase started in week 37 (week ending 16 September 2018) when 57 suspected typhoid fever cases were reported, compared to 10 cases (which lies within normal range) in week 36. The weekly incidence eventually peaked in week 41 (week ending 14 October 2018), with 130 cases and has since started declining gradually. There were 90 suspected cases reported in week 45 (week ending 11 November 2018).

†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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