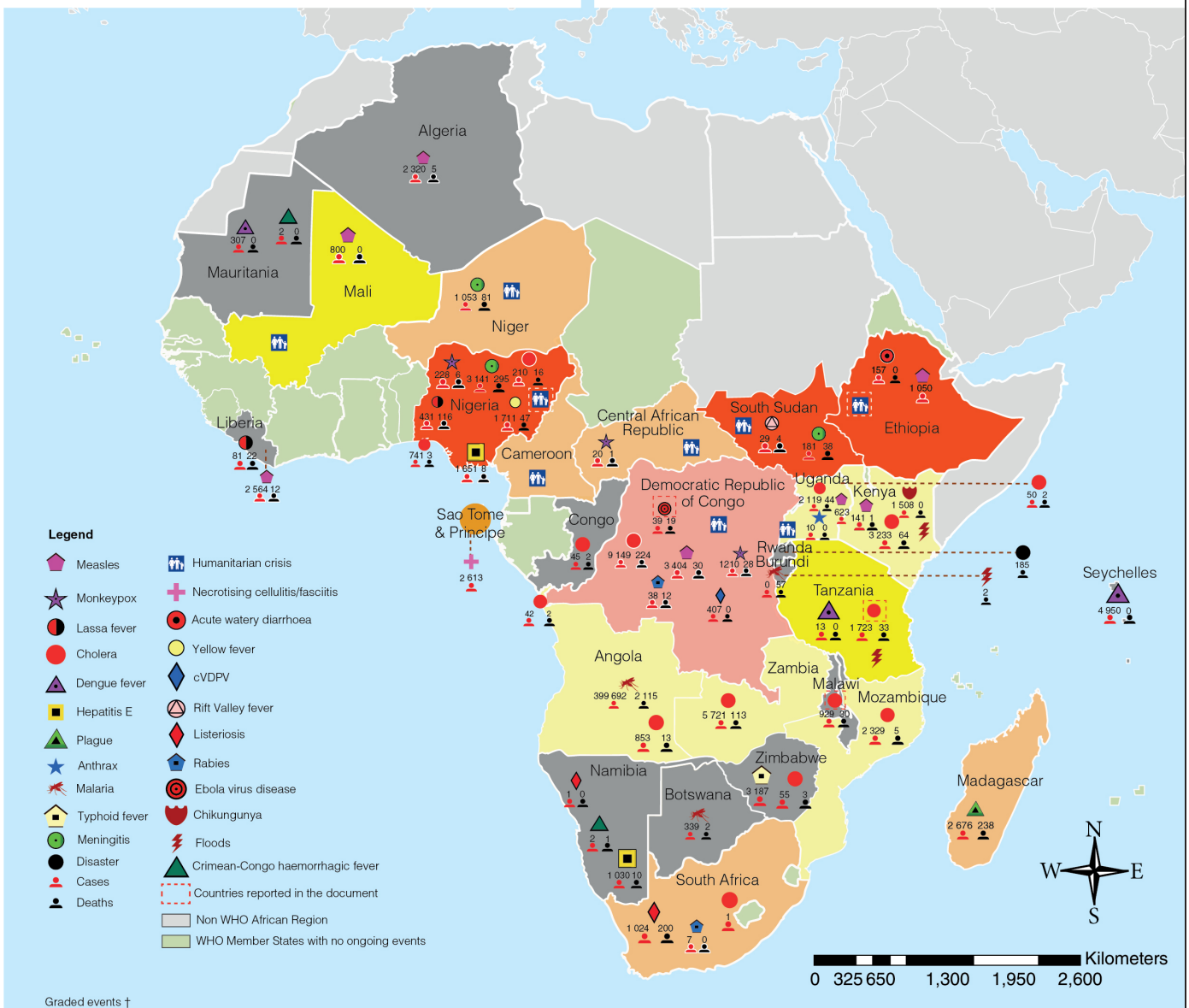
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 19: 5 - 11 May 2018
Data as reported by 17:00; 11 May 2018

World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

3	59	50	12
New events	Ongoing events	Outbreaks	Humanitarian crises



Graded events †

1 Grade 3 event	7 Grade 2 events	5 Grade 1 events	41 Ungraded events
3 Protracted 3 events	1 Protracted 2 event	1 Protracted 1 event	

Health Emergency Information and Risk Assessment

Overview

Contents

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

  - Ebola virus disease in the Democratic Republic of the Congo
  - Cholera in Tanzania
  - Cholera in Malawi
  - Humanitarian crisis in Ethiopia
  - Humanitarian crisis in north-east Nigeria.

- 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 Democratic Republic of the Congo has confirmed a new outbreak of Ebola virus disease in the north-western Equateur Province. By its nature, Ebola virus disease outbreaks draw wide public concern and attention. It is, therefore, critical that the current outbreak is responded to decisively by the national authorities, WHO and partners in order to quickly contain it and avoid unnecessary public panic.

  - The outbreak of cholera in Malawi continues insidiously, with active transmission taking place in the urban Lilongwe District. While the incidence remains low, the cholera outbreak still poses significant public health risk, with the potential to escalate. This outbreak needs to be contained forthwith.

New event

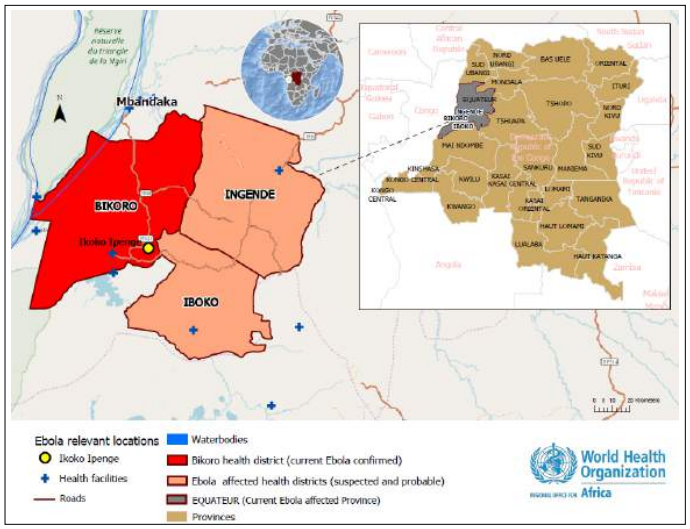
Ebola virus disease | **Democratic Republic of the Congo** | 39 **Cases** | 19 **Deaths** | 48.7% **CFR**

EVENT DESCRIPTION

On 8 May 2018, the Ministry of Health of the Democratic Republic of the Congo notified WHO of an outbreak of Ebola virus disease in Bikoro Health Zone, in the north-western Equateur Province. The event was initially reported by the provincial health authority on 3 May 2018 when a cluster of 21 cases of an undiagnosed illness, involving 17 community deaths, occurred in Ikoko-Impenge health area. The event reportedly occurred between early-April and early-May 2018, with the initial case-patients presenting with fever, vomiting, abdominal pain, conjunctivitis, and diarrhoea, which were not responsive to antibiotics or antimalarial. A few of the case-patients reportedly had bleeding diathesis.

On 5 May 2018, the national rapid response team (RRT) obtained five blood specimens from the initial case-patients (admitted in two local health facilities). The specimens were received at the Institute National de Recherche Biomédicale (INRB) in Kinshasa on 6 May 2018. Test results released by the INRB on 7 May 2018 showed that two of the five specimens were positive for Zaire Ebolavirus species by reverse transcription polymerase chain reaction (RT-PCR). Accordingly, the Ministry of Health formally declared an outbreak of Ebola virus disease on 8 May 2018.

Geographical distribution of Ebola virus disease in Democratic Republic of the Congo, 4 April - 13 May 2018



As of 13 May 2018, a total of 39 suspected cases of Ebola virus disease, including 19 deaths (case fatality rate 48.7%), have been reported. Two probable cases (positive on rapid diagnostic test) were reported on 13 May 2018. Of the 34 suspected cases, two were confirmed, 18 have been classified as probable and 12 remains suspected cases. Three healthcare workers have been affected, one of them died. The outbreak has been localised to three health areas, namely Bikoro (29 cases), Iboko (8 cases) and Wangata (2 cases).

As of 13 May 2018, a total of 362 contacts have been listed and are being followed up. Further investigations to describe and characterize the outbreak are ongoing.

PUBLIC HEALTH ACTIONS

- On 8 May 2018, the Minister of Health of the Democratic Republic of the Congo held a press conference to formally declare the outbreak of Ebola virus disease, done in collaboration with the WHO Representative.
- On 8 May 2018, the three levels of WHO (Headquarter (HQ), Regional Office for Africa (AFRO) and Country Office in the Democratic Republic of the Congo) issued a joint News Release to announce the outbreak of Ebola virus disease to the global community.
- The WHO Director General, Deputy Director General for emergencies and the Regional Director for WHO African Region, accompanied by senior staff, visited the Democratic Republic of Congo from 12-13 May 2018 to assess the situation and direct the continuing response, in support of the national health authorities.
- The Ministry of Health has reactivated coordination structures at the national, provincial and local levels, with involvement of all partners. At the national level, daily coordination meetings are ongoing, chaired by the Minister of Health and attended by all humanitarian partners. Additionally, a health cluster meeting took place 10 May 2018 to mobilize partners to respond to the outbreak.
- WHO is in full response mode in support of the national authorities, working with key partners, including MSF, World Food Programme (WFP), UNICEF, International Federation of Red Cross and Red Crescent Societies (IFRC) and the Congolese Red Cross, UNOCHA and MONUSCO , US Centers for Disease Control and Prevention (US-CDC), the International Organization for Migration (IOM), and others.
- WHO has established its Incident Management System of fully dedicated staff and resources across the three levels of the organization to support response to the outbreak. Arrangements for immediate deployment of technical experts, including epidemiologists, clinicians, infection prevention and control experts, risk communications specialists, logisticians, and vaccination support teams have been finalised. An advance team, including the Incident Manager, has arrived in-country on 9 May 2018.
- WHO released US$ 1 million from its Contingency Fund for Emergencies to support response activities for the next three months, with the goal of containing the outbreak promptly.
- On 9 May 2018, the Ministry of Health, in conjunction with WHO and Médecins Sans Frontières (MSF), deployed additional teams of technical experts to the affected health zone to support outbreak investigations and local response. More deployments will be effected in the coming days.
- Surveillance, case management, risk communication, and psychosocial support have all been initiated and are being strengthened. Infection prevention and control and water, sanitation and hygiene (WASH) activities are ongoing with the start of safe water supply installation at Bikoro General Hospital and supervision of waste management activities at the local market.

SITUATION INTERPRETATION

The Democratic Republic of the Congo has confirmed a new outbreak of Ebola virus disease, coming just about a year since the last outbreak was declared on 11 May 2017. This is the ninth outbreak of Ebola virus disease in the country since the virus was discovered in 1976 (in the same country).

The Ministry of Health and other national authorities, WHO and partners have mounted a response to the outbreak. The objective of the response is to rapidly contain the current outbreak in the localized affected area. To achieve this, rapid scaling up of the proven containment measures is paramount. It is critical to ensure adequate presence of qualified and experienced staff on the ground, as well as the necessary logistics. Given the known logistical challenges on the ground (in terms of access, communication and accommodation), adequate logistical preparation and support is crucial. Alongside, there is a need to mobilize adequate financial resources to facilitate the response, thus the need to quickly finalize the national response plan, to be used as a tool for resource mobilization.

Go to overview | Go to map of the outbreaks

Ongoing events

Cholera | **Tanzania** | 1 812 **Cases** | 36 **Deaths** | 2.0% **CFR**

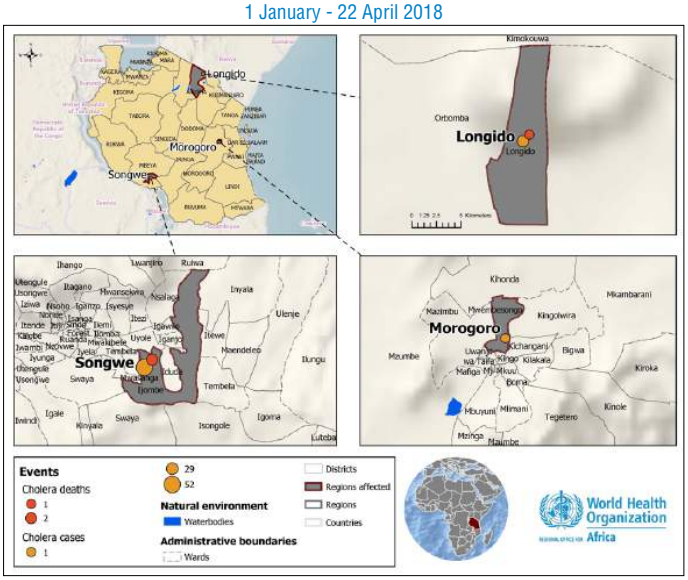
EVENT DESCRIPTION

The cholera outbreak in Tanzania Mainland continues, with a three-fold increase in trend observed in April 2018 compared to that in March 2018. In week 18 (week ending 6 May 2018), 89 suspected cholera cases and three deaths (case fatality rate 3.4%) were reported, compared to 12 cases (with no deaths) reported in week 17. The new cases came from three districts in two regions: Songwe District (59 cases and 2 deaths) in Songwe Region, and Longido District (29 cases and 1 death) and Norongoro District (1 case) both in Arusha Region. Several of the reported cases are backlog historical cases, being reported late, a phenomenon seen in all the active regions. Songwe Region is having a resurgence of cholera after 14 weeks of zero reporting, while Arusha Region has been reporting cases in the last three consecutive weeks.

Since 1 January 2018, a cumulative total of 1 812 suspected cholera cases, including 36 deaths (case fatality rate 2.0%), have been reported in Tanzania Mainland, as of 6 May 2018. All regions of Tanzania Mainland have reported cholera cases in 2018 except for Lakes. Dodoma, Rukwa and Ruvuma remain the hotspot regions in 2018.

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

Geographical distribution of cholera cases in Tanzania, 1 January - 22 April 2018



PUBLIC HEALTH ACTIONS

- Cholera control activities continue to be monitored at sub-national level through the emergency operations centre.
- A WHO expert is supporting finalization of the Cholera Elimination Plan, expected to be launched in May or June 2018.
- Surveillance activities are being strengthened through building the capacity of a pool of cholera surveillance STOP teams who are supporting surveillance activities at the regional and district levels. All acute watery diarrhoea cases are being monitored, with laboratory testing to rapidly detect cholera.
- Water, sanitation and hygiene (WASH) activities are being implemented, including bulk chlorination of water supplied by water vendors and monitoring of the free residual chlorine at the point of collection.
- Risk communication and social mobilization interventions are ongoing at community level, including sensitization and awareness creation through local radio, national television and social media.

SITUATION INTERPRETATION

Tanzania Mainland continues to experience active transmission of cholera, with recrudescence occurring in some regions. The ongoing heavy seasonal rain is contributing to the propagation of the disease and the current resurgence. However, the continuous unhindered propagation also indicates inadequacy in preparedness and ongoing outbreak control measures. There is therefore a need re-strategize and strengthen the response to this prolonged cholera outbreak, as well as enhancing preparedness measures in unaffected areas. Adequate resources, including funds, logistics and technical human capacity, are required to achieve this, coming locally and from the global partners.

EVENT DESCRIPTION

The cholera outbreak in Malawi continues, with active transmission taking place in the suburbs of the urban Lilongwe District. In week 17 (week ending 29 April 2018), a total of 11 suspected cholera cases (with no deaths) were reported from Lilongwe District, compared to 14 cases reported in week 16. The rest of the 12 previously affected districts have been reporting zero cholera cases in the past four weeks.

As of 29 May 2018, a total of 929 suspected cholera cases, including 30 deaths (case fatality rate 3.2%) have been reported, since the beginning of the outbreak on 24 November 2017. The majority (70%) of the cases are aged 15 years and above, while 19% are between 5 and 14 years. The gender distribution of the cases is proportionate, with 50.8% being male. Thirteen out of 28 districts in the country have been affected, with Karonga and Lilongwe worst affected, accounting for 79% of the total caseload and 83% of the deaths.

A total of 84 stool specimens were collected and cultured in the National Reference Laboratory, of which 78 (93%) isolated *Vibro cholerae* O1.

The major risk factors for continuous propagation of cholera infections include low coverage of safe water (74%), sanitation (40-60%) and hand washing with soap (less than 5%). These indicators are even worse in the fishing sites in Karonga along Lake Malawi, where access to safe water and sanitation is dismal.

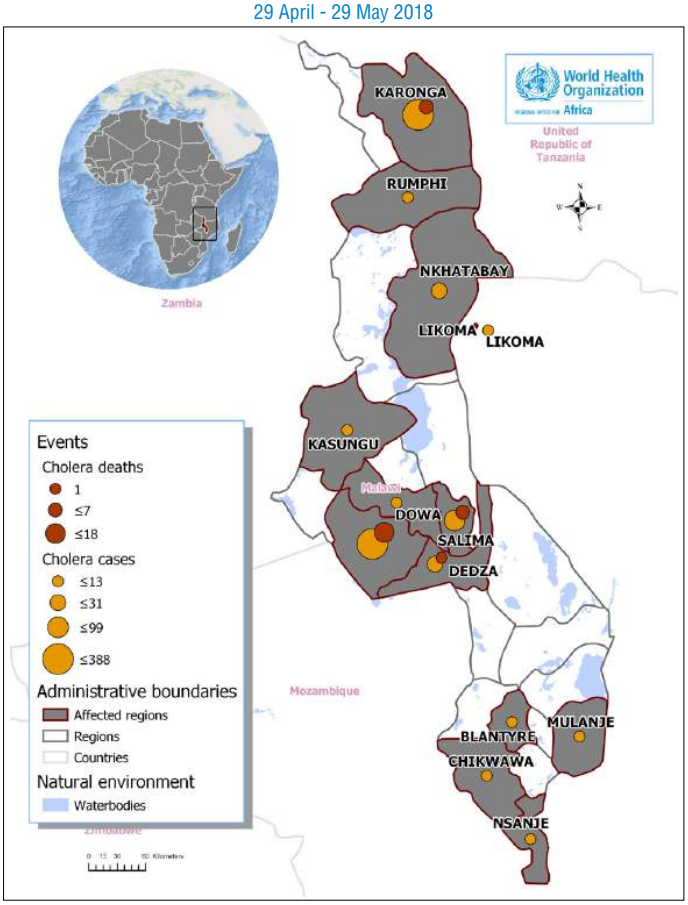
PUBLIC HEALTH ACTIONS

- Health and water, sanitation and hygiene (WASH) clusters continue to meet every fortnight to review and coordinate activities, and mobilize resources for the planned interventions.
- The first round of an oral cholera vaccination campaign, targeting half a million people in selected hot spot areas, was conducted from 17-21 April 2018. The second round is scheduled from 21-25 May 2018. Results of the campaign will be shared as soon as they are available.
- WHO donated 1 200 cholera rapid diagnostic tests (RDTs) to facilitate quick confirmation of suspected cases.
- A total of 2 305 health workers have been trained, with support from Organized Network of Services for Everyone (ONSE), a USAID-funded agency.
- The Ministry of Water and Irrigation maintained and installed boreholes in Lilongwe. At least six water points (boreholes and piped water kiosks) were repaired or installed in Lilongwe urban and peri-urban areas. The Lilongwe Water Board also trucked and supplied free water to the affected townships in the city.

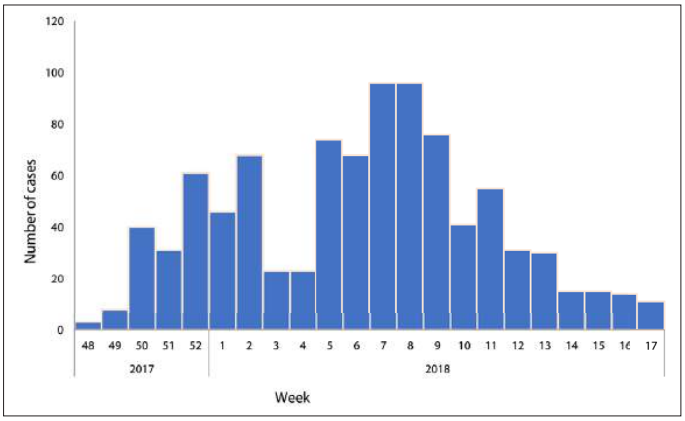
SITUATION INTERPRETATION

The cholera outbreak in Malawi continues insidiously but persistently, with an average of 10 cases reported per week. Controlling such low level transmission of infection requires targeted interventions addressing the underlying specific factors responsible for the propagation of the disease. This requires thorough investigations and adequate understanding of the dynamics of the outbreak. The national authorities and partners, therefore, need to conduct in-depth investigations, evaluate ongoing interventions and intensify implementation of conventional health and WASH activities.

Geographical distribution of cholera cases in Malawi, 29 April - 29 May 2018



Weekly trend of cholera cases in Malawi, week 48, 2017 – week 17, 2018



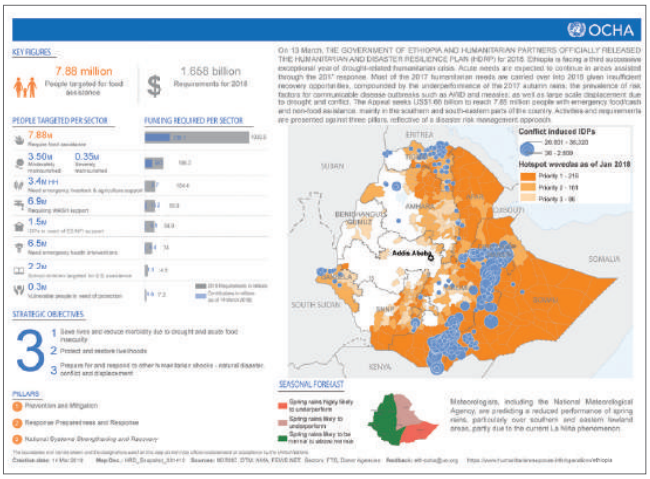
EVENT DESCRIPTION

The drought-induced humanitarian crisis in Ethiopia continues, being amplified by territorial conflict, and social and political unrest. A new wave of population movement started since mid-April 2018, especially in the Southern Nations Nationalities and Peoples (SNNP) and Oromia Regions. The latest population displacement was partly due to territorial conflict between West Gugi in Oromia and Gedeo in SNNP. Initial reports estimated about 400 000 people internally displaced, though some have since returned. On the other hand, the return of people initially displaced by conflicts since September 2017 is not progressing well.

Access to basic primary healthcare services for conflict- and drought-affected communities in Somali and Oromia remains constrained. The major issues are shortage of essential medicines, long distance to health facilities for remote communities, limited coverage by the mobile health and nutrition teams, inadequate resources for the regional health bureau (RHB), and understaffing. About 30% of the remaining internally displaced persons have no access to free healthcare services.

Recent floods in the Somali region have also affected over 165 000 people, with 120 000 displaced in Shebelle. One-third of health facilities in the area are damaged and in need of urgent emergency supplies, as well as rapid response teams to support the RHB and Federal Ministry of Health response.

Snapshot map Humanitarian and Disaster Resilience Plan (HDRP) in Ethiopia, as of March 2018



The outbreak of acute watery diarrhoea (AWD) has markedly improved, with about 163 cases (and no deaths) reported since the start of 2018. The AWD cases came from Somali, Tigray and Dire Dawa City Administration. No new cases were reported in week 18. Laboratory results from suspected cases in Afar and Somali region are pending.

There have been a total of 1 740 suspected measles cases reported across the country in 2018, with 513 confirmed. Cases are reported mainly from the Somali Region and Dollo Zone.

PUBLIC HEALTH ACTIONS

- There are continued awareness sessions, active case finding and supervision of case management in health facilities by WHO zonal technical officers in Somali Region, Shebele zone, Tigray and Dire Dawa, the hotspots for AWD in 2018.
- The Federal Ministry of Health, WHO, UNICEF and other partners have planned a Measles Outbreak Preparedness and Response Planning mission for the Somali Region, aimed to conduct a desk review of available epidemiological measles information, routine immunization coverage, quality of the measles campaign and routine immunization service delivery, surveillance and outbreak response implementation to guide further interventions.
- Emergency supplies (interagency emergency health kits, AWD and nutrition kits) have been dispatched to 13 partners working in 10 regions.
- The first Emergency Health Fund (EHF) allocation of US$ 3.7 million for the whole health sector will cover critical needs in 60 sites out of 123 prioritized for urgent/high health needs through 21 mobile health and nutrition teams (MHNTs) for collective centres, with continuation of the United Nations Office for Project Services (UNOPS) project in the Somali region.
- WHO has submitted proposals for funding to the EHF: US$ 750 000 to maintain rapid response mechanisms in high risk zones, and US$ 1 million for centralized procurement of medicines for the MHNTs run by NGOs and RHBs providing humanitarian services to IDPs.

SITUATION INTERPRETATION

The significant decrease in the number of AWD cases in Ethiopia, with no apparent increase at the start of the rainy season (as observed in 2016 and 2017), is encouraging. This is (partly) attributed to the heightened surveillance, including maintenance of the well-established rapid response mechanism. However, the ongoing rains, coupled with continued prevailing conditions are potential risks for enhanced propagation of the disease, thus meaning that there should be no let-up in the current response measures.

Measles is still a concern, given the high number of cases seen this year, especially in Somali Region. Continued challenges around underfunding for WHO response actions, related to overall underfunding of the humanitarian health sector generally, need to be addressed urgently to prevent further deterioration of this crisis.

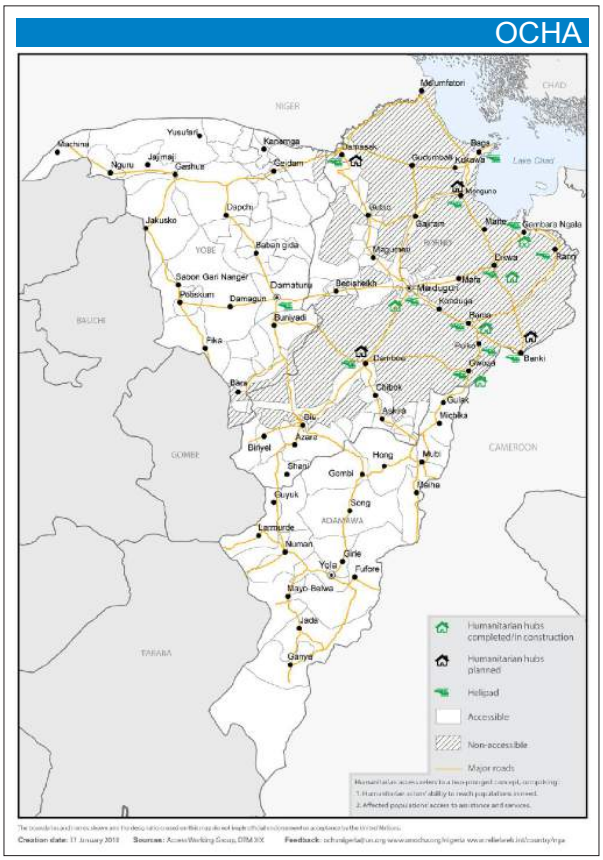
EVENT DESCRIPTION

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.

Two states (Borno and Yobe) in north-east Nigeria have active cholera outbreaks. In Borno State, a total of 741 suspected cholera cases with three deaths (case fatality rate 0.4%) have been reported from four local government areas (LGAs) since the beginning of the outbreak on 13 February 2018. In week 18 (week ending 5 May 2018), 30 new suspected cases (with no deaths) were reported from two LGAs. In Yobe State, a cumulative of 402 cases, including 15 deaths (case fatality rate 3.7%) have been reported from five LGAs. Only one new case was reported in week 18.

Access by international humanitarian organisations of north-east Nigeria, 1 - 31 January 2018



PUBLIC HEALTH ACTIONS

- The United Nations Office for Coordination of Humanitarian Affairs (UNOCHA) has coordinated a joined inter-agency assessment in Bama, involving health; food; shelter; water, hygiene and sanitation (WASH); security; and logistics partners.
- An inter-agency contingency plan has been developed to address the humanitarian needs of over half a million persons in areas prone to floods, as part of preparedness for the ongoing rains.
- WHO continued to coordinate and provide technical guidance in response to the cholera outbreak. Culture and transport media were supplied to strengthen laboratory investigation of cases.
- A joint training on 'Staff Care and Support for Humanitarian Actors' was held in Maiduguri in order to address stress-related issues associated with working in a crises environment. The training was organized by the Mental Health and Psychosocial Support sub-working group and supported by the International Organization for Migration (IOM) and the Humanitarian Hub.
- UNICEF supported health facilities in the IDP camps and host communities in Borno and Yobe States to provide integrated primary healthcare services, reaching out to 178 414 children, women and men.
- The Yobe State Agency for the Control of AIDS (YOSACA) and State Primary Health Care Management Board (SPHCMB), in collaboration with WHO, trained the hard-to-reach teams to provide counselling and testing for pregnant women in remote communities where there are no health facilities and no laboratory services.

SITUATION INTERPRETATION

The humanitarian crisis in north-east Nigeria continues, with over 5.4 million people in need of health assistance. The prolonged conflict has eroded the healthcare system, with 39% of health facilities in Borno State completely damaged and only 50% functional.

The likelihood of escalation of cholera outbreak remains high, especially in light of the current seasonal rains and floods. The risk of other communicable diseases outbreak is also high. Furthermore, several communities are cut off by floods, thereby limiting access by humanitarian aid agencies. Thus, there is a need for the national authorities and partners to put in place adequate preparedness measures and resources to avert potential deterioration of the situation.

Summary of major issues challenges, and proposed actions

Issues and challenges

- A new outbreak of Ebola virus disease has been confirmed in the north-west Equateur Province of the Democratic Republic of the Congo. Naturally, this outbreak has already drawn a lot of public concern and attention. The current outbreak comes barely a year since the last outbreak occurred in the country in May 2017. This outbreak also refreshes the memories of the 2013-2016 Ebola virus disease outbreaks in West Africa, even though the context and circumstances are quite distinct. None-the-less, the Ebola virus disease outbreak needs to be responded to effectively and decisively.
- The outbreak of cholera in Malawi continues insidiously, with active transmission taking place in the urban Lilongwe District. While the incidence remains low, the cholera outbreak still poses a significant public health risk, with the potential to escalate. The risk factors for cholera transmission still exist in the country, including low safe water coverage, inadequate sanitation and limited hand washing with soap. Besides, controlling such low level transmission of cholera infection requires targeted interventions addressing the underlying specific factors responsible for the propagation of the disease. This requires thorough investigations and adequate understanding of the dynamics of the outbreak.

Proposed actions

- The Ministry of Health and other national authorities in the Democratic Republic of the Congo, WHO and partners need to rapidly scale up implementation of effective containment measures. It is critical to ensure adequate presence of qualified and experienced staff on the ground, as well as the necessary logistics. Given the known logistical challenges on the ground (in terms of access, communication and accommodation), adequate logistical preparation and support is required. Additionally, the international partners and donor communities need to provide the necessary resources (financial, logistics and human capacity) to effectively respond to this outbreak.
- The national authorities and partners in Malawi need to conduct in-depth investigations in order to appreciate the specific factors responsible for the continuous propagation of cholera, review ongoing interventions and intensify implementation of conventional health and WASH activities.

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										
Democratic Republic of the Congo	Ebola virus disease	G2	8-May-18	4-Apr-18	13-May-18	39	2	19	48.7%	Detailed update in this bulletin.
Uganda	Cholera	Ungraded	1-May-18	1-May-18	10-May-18	50	3	2	4%	From 15 April to 10 May 2018, 50 cases of cholera including 2 deaths (case fatality rate 4%) were reported in Amudat district, Uganda. One (25%) of the 4 samples tested using rapid diagnostic tests (RDTs) were positive and 3 (27%) of 11 samples tested for *Vibrio cholerae* by culture were positive for strain Ogawa. The first cases including the index case came from Kasei parish in Kenya and the majority of suspected cases (25; 54%) were reported in Loroo sub-county.
Rwanda	Disaster	Ungraded	9-May-18	1-May-18	30-Apr-18	-	-	185	-	From 1 January to 30 April 2018 Rwanda experienced abnormal rains which resulted into several disasters including loss of 183 people's lives, 215 injuries, destruction of 9 974 houses, destruction of 3 824.8 hectares of crops, more than 1 000 livestock killed, on national roads 13 bridges and crossing structures were affected, 14 roads affected at specific spots/sections. For classified district roads 29 bridges and crossing structures affected and 44 roads were also affected at different spots/sections. However most of the damages and losses were recorded since 23 April 2018.
Ongoing events										
Algeria	Measles	Ungraded	13-Mar-18	25-Jan-18	11-Mar-18	2 320	-	5	0.2%	A total of 2 320 cases including 5 deaths have been reported from 13 wilayas: El Oued, Ouargla, Illizi, Tamanrasset, Biskra, Tebessa, Relizane, Tiaret, Constantine,Tissemsilt, Medea, Alger, and El-Bayadh.
Angola	Cholera	G1	2-Jan-18	21-Dec-17	8-Apr-18	853	5	13	1.5%	On 21 December 2018, two suspected cholera cases were reported from Uíge district, Uíge province. Both of these cases had a history of travel to Kimpangu (DRC). Cases are being reported from two districts of Uíge province (Uíge the seat of the provinces and the rural district of Son-go). A reduction of cases of cholera has been observed, from 22 cases of cholera in epi week 13, to 12 in epi week 14.

Angola (Cabinda province)	Cholera	Ungraded	8-Mar-18	18-Feb-18	25-Mar-18	42	-	2	4.8%	This outbreak began during week 7 of 2018. During week 12, Cabinda reported 7 cases and 0 deaths. The cases are restricted to five neighborhoods in poor suburban areas.
Botswana	Malaria	Ungraded	20-Apr-18	1-Jan-18	15-Apr-18	339	339	2	0.6%	In 2018, from epidemiological week (epi week) 1 up to epi week 15, there were 339 malaria confirmed cases and 2 deaths. The transmission peak is observed in epiweek 14 which is the traditional peak each year. Malaria normally occurs seasonally in Botswana. It occurs during the rainy season from October to May.
Burundi	Flooding	Ungraded	30-Apr-18	28-Apr-18	30-Apr-18	-	-	2	-	Torrential rains in Bujumbura have caused the diversion of the Mutimbizi river from its bed on 28 April 2018, leading to flooding in Buterere zone of Ntahangwa urban commune in Bujumbura Mayorship. As of 30 April 2018, two deaths have been reported, about 3 000 people have been internally displaced (more than 60% are children), and 216 houses have been destroyed. Buterere was also affected by flooding on 16 March 2018 (14 deaths), along with another zone, Gasenyi where 7 people died. there is potential risk of cholera and malaria outbreaks in Bujumbura Mayorship.
Cameroon	Humanitarian crisis	G2	31-Dec-13	27-Jun-17	3-Nov-17	-	-	-	-	At the beginning of November 2017, the general security situation in the Far North Region worsened. Terrorist attacks and suicide bombings have continued and are causing displacement. Almost 10% of the population of Cameroon, particularly in the Far North, North, Adamaoua, and East Regions, is in need of humanitarian assistance as a result of the insecurity. To date, more than 58 838 refugees from Nigeria are present in Minawao Camp, and more than 21 000 other refugees have been identified outside of the camp. In addition, approximately 238 000 internally displaced people (IDPs) have been registered.

Central African Republic	Humanitarian crisis	G2	11-Dec-13	11-Dec-13	2-May-18	-	-	-	-	The security situation remains tense and precarious in many places across the country. On 1 April 2018, the armed group from the neighborhood of PK5 in Bangui, predominantly muslim attacked the Catholic Church of Our Lady of Fatima where 16 people were killed with around 100 wounded. That incident resulted in violence and revenge killings where muslims were killed by angry christian groups. Two muslims were burned on the road and the other killed in Bangui Community Hospital. The provisional reports shows 185 wounded and 23 deaths from hospital sources. Currently, 2.5 million people are in need of humanitarian aid including 1.1 million people targeted for the health cluster partners. There are around 688 700 IDPs across the country, of which 70% are living with host families.
Central African Republic	Monkeypox	Ungraded	20-Mar-18	2-Mar-18	24-Apr-18	20	9	1	0.0%	The outbreak was officially declared on 17 March 2018 in the sub province of Ippy. In this reporting period, there is an increase in number of suspected monkey pox cases in Bangasou health district. As of 24 April 2018, twenty cases including nine confirmed cases have been reported from Ippy (6) and Bangassou (3).
Congo (Republic of)	Cholera	Ungraded	21-Mar-18	n/a	10-Apr-18	45	3	2	4.4%	As of 10 April 2018, 45 suspected cases of cholera including 2 deaths were reported in the departments of Plateaux (33 suspected) and Likouala (12 suspected). The 3 confirmed cases were tested by RDT and/or culture.

Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	26-Apr-18	-	-	-	-	The humanitarian and security situation remains very fragile in several provinces of the country, particularly in Ituri, North Kivu, South Kivu and Tanganyika. Insecurity is growing on the plain of Ruzizi, Kamanyora axis in Uvira. More than 1 300 people would be affected by heavy rain and violent winds that fell in the localities of Makama, Yandale, Milanga, Nemba and Kaska from 21 to 23 April 2018 in the territory of FIZI, southern province Kivu.
Democratic Republic of the Congo	Cholera		16-Jan-15	1-Jan-18	15-Apr-18	9 149	0	224	2.4%	This is part of an ongoing outbreak. From week 1 to 15 of 2018, a total of 9 149 cases including 224 deaths (CFR: 2.4%) were reported from DRC. In week 15, there were 432 new cases with 12 deaths reported. Nationwide, a total of 61 680 cases including 1 327 deaths (CFR; 2.2%) have been reported since January 2017.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	1-Jan-18	4-Mar-18	3 404	-	30	0.9%	This outbreak is ongoing since the beginning of 2017. As of week 8 in 2018, a total of 48 326 cases including 563 deaths (CFR 1.2%) have been reported since the start of the outbreak. In 2018 only, 3 404 cases including 30 deaths (0.9%), were reported.
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Ungraded	15-Feb-18	n/a	30-Mar-18	407	22	0	0.0%	On 13 February 2018, the Ministry of Health declared a public health emergency regarding 21 cases of vaccine-derived polio virus type 2. Three provinces have been affected, namely Haut-Lomami (8 cases), Maniema (2 cases) and Tanganyika (11 cases). The outbreak has been ongoing since February 2017.
Democratic Republic of Congo	Rabies	Ungraded	19-Feb-18	1-Jan-18	1-Apr-18	38	0	12	31.6%	This outbreak began towards the end of October 2017 in Kibua health district, North Kivu province. During Week 12 of 2018, seven new cases and two deaths were reported.
Democratic Republic of Congo	Monkeypox	Ungraded	n/a	1-Jan-18	26-Apr-18	1 210	34	28	2.3%	From weeks 1-16 of 2018 there have been 1 210 suspected cases of monkeypox including 28 deaths. Of the suspected cases, 34 cases have been confirmed. Suspected cases have been detected in 14 provinces. Sankuru Province has had an exceptionally high number of suspected cases this year (309 cases).

Ethiopia	Humanitarian crisis	Protracted 3 (combined)	15-Nov-15	n/a	8-Apr-18	-	-	-	-	Detailed update in this bulletin.
Ethiopia	Acute watery diarrhoea (AWD)		15-Nov-15	1-Jan-18	8-Apr-18	157	-	0	0.0%	This is an ongoing outbreak since the beginning of 2017. In 2018 only, from 1 January 2018 to 10 April 2018, a total of 157 cases have been reported from three regions, Somali, Tigray and Dire Dawa regions with no death reported. In week 14, 4 cases were reported which is a reduction from 13 new cases in week 13. Between January and December 2017, a cumulative total of 48 814 cases and 880 deaths (CFR 1.8%) have been reported from 9 regions.
Ethiopia	Measles		14-Jan-17	1-Jan-18	8-Apr-18	1 050	399	-	-	This is an ongoing outbreak since the beginning of 2017. Between January and December 2017, a cumulative total of 4 011 suspected measles cases have been reported across the country. In 2018 only, a total of 1 050 suspected cases including 399 confirmed cases, have been reported from 5 regions (Addis Ababa, Amhara, Oromia, SNNPR, and Somali).
Kenya	Flooding	Ungraded	18-Apr-18	-	3-May-18	-	-	-	-	Large parts of Kenya have been experiencing floods following heavy rains, with 33 of the 47 counties in the country affected, especially those along the main rivers. The most affected counties are Tana River, Turkana, Mandera, and Kilifi. Figures from the Kenya Red Cross Society (KRCS) put the death toll at 80, with more than 33 injured. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), at least 244 407 people from 45 219 households across the country have been displaced, with more than 23 000 displaced in the last week. In Nandi County, 243 households were displaced following a mudslide, while landslides have been reported in Muranga County in the central region.

Kenya	Chikungunya	Ungraded	mid-December 2017	mid-December 2017	7-May-18	1 508	38	0	0.0%	The outbreak is still ongoing in three counties: Mombasa, Lamu and Kilifi. Since December 2017, Mombasa County has reported a total 1 302 Chikungunya cases with 32 being laboratory confirmed. The outbreak has affected 6 Sub Counties; Mvita (270 cases), Changamwe (445 cases), Jomvu (157 cases), Likoni (196 cases), Kisauni (153 cases) and Nyali (61cases). A total of 41 samples are awaiting results from KEMRI. Since 26 January 2018, Lamu also started reporting Chikungunya cases and so far, 199 cases have been line listed with 4 cases being laboratory confirmed. The new cases reported are from Lamu West, Mpeketoni. Kilifi County has reported 7 cases with 2 confirmed. One case was confirmed in Kakamega County linked to Kilifi Outbreak.
Kenya	Cholera	G1	6-Mar-17	1-Jan-18	7-May-18	3 233	167	64	2.0%	The outbreak in Kenya is ongoing since 2017. Between 1 January 2017 and 07 December 2017, a cumulative total of 4 079 cases with have been reported from 21 counties (data until 31 December 2017 not available). In 2018, a total of 2 233 cases have been reported since the first of January. Currently, the outbreak is active in 6 counties: Garissa, Meru, Turkana, West Pokot, Machakos and Isiolo counties. The outbreak has been controlled in 10 counties: Kirinyaga, Busia, Mombasa, Tharaka-Nithi, Siaya, Murang'a, Tana River, Trans-Nzoia, Nakuru and Nairobi.
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	7-May-18	141	11	1	0.7%	The outbreak is located in two counties, namely Wajir and Mandera Counties. As of 7 May 2018, Wajir County has reported 39 cases with 7 confirmed cases; Mandera has reported 102 cases with 4 confirmed cases and one death. Date of onset of the index case in Wajir County was on 15 December 2017. The index case was traced to Kajaja 2 village from where the outbreak spread to 7 other villages: Ducey (18 cases), ICF (2), Godade (3), Kajaja(1), Konton(2),Kurtun (1) and Qarsa (12). No new cases have been reported. Date of onset of the index case in Mandera County was on 15 February 2018.

Liberia	Measles	Ungraded	24-Sep-17	1-Jan-18	29-Apr-18	2 564	177	12	0.5%	From week 1 to week 48 of 2017, 1 607 cases were reported from 15 counties, including 225 laboratory confirmed, 336 clinically compatible and 199 epi-linked. From week 1 to week 17 of 2018, 2 562 cases have been reported including 12 deaths. Cases are epidemiologically classified as follows: 177 laboratory confirmed, 1 561 epi-linked, 31 clinically compatible, 128 discarded, and 384 pending.
Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-18	8-May-18	81	11	22	27.2%	From 1 January to 8 May 2018, 81 suspected cases including 22 deaths have been reported. Out of this 11 have been confirmed including 10 deaths. Case fatality rate among confirmed cases is 91%. The latest flare-up involves two new confirmed cases (both deceased) reported from Margibi county during week 18 (week ending 6 May 2018). A total of 50 contacts including 22 health workers have been listed and are being follow-up.
Madagascar	Plague	Ungraded	13-Sep-17	13-Sep-17	22-Apr-18	2 676	558	238	8.9%	From 1 August 2017 to 29 April 2018, a total of 2 678 cases of plague were notified, including 559 confirmed, 828 probable and 1 291 suspected cases. Out of them 2 032 cases were of pulmonary, 437 were of bubonic, 1 was of septicaemic form and 208 cases unspecified. In week 17, 2 suspected cases were reported but tested negative.
Malawi	Cholera	Ungraded	28-Nov-17	20-Nov-17	29-Apr-18	929	195	30	3.2%	Detailed update in this bulletin.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	19-Nov-17	-	-	-	-	The security situation remains volatile in the north and centre of the country. At the last update, incidents of violence had been perpetrated against civilians, humanitarian workers, and political-administrative authorities.
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	29-Apr-18	800	246	0	0.0%	Health districts are affected by Measles in Bougouni, Koutiala, Kolondieba, Tombouctou, Dioila, Taoudenit and Kalabancoro. Reactive vaccination campaigns, enhancement of surveillance, and community sensitization activities are ongoing in the affected health districts. The national reference laboratory (INRSP) confirmed 246 cases by serology (IgM).

Mauritania	Crime-an-Congo haemor-rhagic Fever (CCHF)	Ungraded	26-Apr-18	22-Apr-18	8-May-18	2	1	0	0.0%	On 22 April 2018, one suspected case of haemor-rhagic fever at Cheikh Zayed Hospital (CZ) was notified to the central department of the Ministry of Health. The case was a 58-year-old male cattle breeder in the locality of Elghabra, Assaba region. The onset of symptoms was on 16 April 2018 with high fever, arthralgia and headache. He reported being in contact with a dead cow, and no consump-tion of deceased animal meat was reported. The sample sent to the national reference labo-ratory confirmed the presence of Crimean Congo virus by serology (IgM positive). The case was discharged from the hospital on 27 April 2018. One new suspected case from the same area was notified on 30 April 2018 and tested negative for Crimean Congo virus by serology and PCR. As of 8 May 2018, 22 (69%) of the 32 identified contacts have completed follow up. No death has been reported.
Mauritania	Dengue fever	Ungraded	30-Nov-17	6-Dec-17	22-Feb-18	307	165	-	-	In November 2017, the MoH notified 3 cases of dengue fever including one hemorrag-ic case (Dengue virus type 2) with a history of Dengue virus type 1 infection in 2016. As of 10 February, the national ref-erence laboratory confirmed the diagnosis of 165 out of 307 RDT positive samples. Dengue type 1 and type 2 are circulating in the country with a higher proportion of subtype 2 (104/165).
Mozam-bique	Cholera	G1	27-Oct-17	12-Aug-17	30-Apr-18	2 329	-	5	0.2%	The cholera outbreak is ongoing. From mid-August 2017 through 30 April 2018, 2329 cases have been reported from two provinces; Nampula (1 646 cases and 2 deaths) and Cabo Delgado (683 cases and 3 deaths) provinces. This out-break started in mid-August 2017 from Memba district, Nampula Province and Cabo Delgado Province started reporting cases from week 1 of 2018. No new cases have been reported in the two provinces since Week 15. No cases have been reported from Erati and Nacrpoua districts since the beginning of the year.

Namibia	Crime-an-Congo haemor-rhagic fever	Ungraded	29-Mar-18	28-Mar-18	13-Apr-18	2	1	1	50.0%	A male subject from Keet-manshoop District became ill on 22 March 2018 after contact with a tick-infested cow. As of 28 March 2018 he was admitted to an isolation unit at Windhoek Central Hospital and PCR testing was confirmed positive on 31 March 2018. The patient died on 3 April 2018. An additional suspected case with a history of tick bite and vomiting has also been isolated as of 3 April 2018, but tested negative for CCHF on 7 April 2018.
Namibia	Hepatitis E	Ungraded	18-Dec-17	8-Sep-17	25-Mar-18	1 030	112	10	1.0%	This is an ongoing outbreak since 2017. The majority of cases have been reported from informal settlements in the capital district Windhoek. The most affected settlement is Havana, accounting for about 573 (56%) of the total cases, followed by Goreagab settlements with 256 (25%) cases. The most affected age group is between 20 and 39 years old representing 75% of total cases.
Niger	Humanitar-ian crisis	G2	1-Feb-15	1-Feb-15	11-Apr-18	-	-	-	-	The humanitarian situation in Niger remains complex. The state of emergency has been effective in Tillabéry and Tahoua Regions since 3 March 2017. Security incidents continue to be reported in the south-east and north-west part of the country. This has disrupted humanitarian access in several localities in the re-gion, leading to the suspension of relief activities, including mobile clinics.
Niger	Meningitis	Ungraded	26-Apr-18	1-Jan-18	3-May-18	1,053	327	81	7.7%	In 2018, week 18 (from 30 avril to 3 may), there were 20 new meningitis suspected cas-es, including one death (CFR 5%) reported in Niger. There are no health districts that passed the epidemic treshold of 10 cases per 100 000 inhabitants. Three district are under alert: DS Ayérou Health district (Attack rate: 5.6 cases per 100 000 inhabi-tants), Aguié (Attack rate: 3.5 cases per 100 000 inhabitants) and Tillia (Attack rate: 4.1 cas per 100 000 inhabitants). From epidemiological week (epi week) 1 up to epi week 17, there were 1051 cases and 81 deaths notified (CFR 7.7%). As of 29 April 2018, 733 samples were analysed by CERMES and among them, 327 tested positives (45%): 153 NmC (46,8%), 109 NmX (33,3%), 53 Sp (16,2%), 8 Hi (2,4%), 1 NmW135 (0,3%), 1 Nm underfined (0,3%), and 2 others (0,6%).

Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	31-Jan-18	-	-	-	-	Detailed update in this bulletin.
Nigeria	Cholera	Ungraded	7-Jun-17	1-Jan-18	3-Mar-18	210	2	16	7.6%	There is an ongoing outbreak since the beginning of 2017. Between 1 January and 31 December 2017, a cumulative total of 4 221 suspected cholera cases and 107 deaths (CFR 2.5%), including 60 laboratory-confirmed were reported from 87 LGAs in 20 states. Between weeks 1 and 9 of 2018, 210 suspected cases including two laboratory-confirmed case and 16 deaths (CFR 7.6%), have been reported from 28 LGAs in 9 states. Most recently, cases have also been reported from Yobe and Bauchi states. During 28 March to 8 May 2018, Yobe State reported 402 cases including 15 deaths (CFR 3.7%).
Nigeria	Lassa fever	G2	24-Mar-15	1-Jan-18	6-May-18	431	420	116	26.9%	From 1 January to 6 May 2018, a total of 1 894 suspected cases and 156 deaths have been reported from 21 states. Eighteen states are not in the active phase of the outbreak, while the following 3 states are in the active phase: Ebonyi, Edo and Ondo. Of the suspected cases, 423 have been confirmed, 10 are probabale, 1 460 are negative (not a case), and 1 is pending result. Thirty-seven healthcare workers have been affected in 8 states: Abia (1), Ebonyi (16), Edo (12), Benue (1), Kogi (2), Nasarawa (1), Ondo (3), and Taraba (1). A total of 1 022 cases including 127 deaths were reported from week 49 of 2016 to week 51 of 2017.
Nigeria	Hepatitis E	Ungraded	18-Jun-17	1-May-17	31-Dec-17	1 651	182	8	0.6%	The number of cases has been decreasing since week 51 of 2017. Forty-three new cases were reported in Kala/Balge LGA in week 52 (ending 31 December 2017).
Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	15-Apr-18	1 711	41	47	2.7%	A total of 1 771 cases have been reported from all Nigerian states in 396 LGAs. Forty one samples have been laboratory-confirmed at IP Dakar.
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	25-Feb-18	228	89	6	2.6%	Suspected cases are geographically spread across 24 states and the Federal Capital Territory (FCT). Eighty-nine laboratory-confirmed cases have been reported from 15 states/territories (Akwa Ibom, Abia, Bayelsa, Benue, Cross River, Delta, Edo, Ekiti, Enugu, Lagos, Imo, Nasarawa, Rivers, and FCT).

Nigeria	Meningitis	Ungraded	26-Dec-17	1-Sep-17	23-Apr-18	3 141	292	295	9.4%	From 1 September 2017 to 23 April 2018, 3 141 suspected cases have been reported from fifteen States: Katsina (1 133), Zamfara (1 039), Sokoto (363), Jigawa (162), Kano (107), Kebbi (95), Niger (70), Yobe (65), Bauchi (31), Cross River (28), Adamawa (23), Borno (17), Plateau (4), Gombe (3) and Kaduna (1). Of the 728 samples tested, 292 (40.1 %) were positive for bacterial meningitis. *Neisseria meningitides* C (NmC) accounted for 63.4% (185) of the positive cases.
Nigeria (Borno State)	Cholera	Ungraded	n/a	13-Feb-18	6-May-18	741	32	3	0.4%	From 13 February to 6 May 2018, 741 cases of cholera including 3 deaths (case fatality rate 0.4%) were reported in Borno State, Nigeria. In the period between 24 April and 6 May 2018, 30 suspected cases have been reported from Kukawa LGA (21), and Banki LGA (9). No death was reported. Eighty (79%) of the 101 samples tested using rapid diagnostic tests (RDTs) were positive while 32 (47%) of 67 samples were culture positive for *Vibrio cholerae*. Since the beginning of the outbreak, the majority of suspected cases (706; 95%) and all deaths have been reported from Kukawa LGA. The number of cases reported for epi-week 18 (ending 6 May 2018) compared to the previous week shows a twofold increase and resurgence of cases in Kukawa LGA.
São Tomé and Príncipé	Necrotising cellulitis/ fasciitis	Protracted 2	10-Jan-17	25-Sep-16	22-Apr-18	2 613	0	0	0.0%	From week 40 in 2016 to week 16 in 2018, a total of 2 613 cases have been notified. In week 16, 17 cases were notified, the same number as the previous week, 7 cases less than 14 weeks. Six (6) out of seven districts (7) reported. The attack rate of necrotising cellulitis in São Tomé and Príncipé is 13.2 cases per 1 000 inhabitants. The most affected district are Caue (attack rate: 20.1 cases per 1 000 inhabitants) and Cantagalo (19.4 cases per 1 000 inhabitants).

Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	22-Apr-18	4 950	1 429	-	-	A total of 4 459 cases have been reported from all regions of the three main islands (Mahé, Praslin, and La Digue) by end of week 16, 2018. Significant increase in reported suspected cases for week 16 compared with week 15, a total of 34 suspected cases. Twenty-four samples tested amongst which five were positive, 19 negative. Of note nine suspected cases were admitted at Baie St Anne Praslin Hospital but unfortunately not tested. So far for this epidemic the serotypes DENV1, DENV2 and DENV3 have been detected.
South Africa	Listeriosis	G2	6-Dec-17	1-Jan-17	24-Apr-18	1 024	1 024	200	19.5%	This outbreak is ongoing since the beginning of 2017. To date, 1 024 cases have been reported in total. Around 80% of cases are reported from three provinces; Gauteng (59%, 601/1 024), Western Cape (13%, 128/1 024) and KwaZulu-Natal (7%, 73/1 024). The number of reported cases has decreased to 55 cases since the implicated products were recalled on 04 March 2018. Neonates ≤28 days of age are the most affected age group, followed by adults aged 15 – 49 years of age. All cases that have been identified after the recall are being fully investigated.
South Africa	Rabies	Ungraded	-	1-Jan-18	17-Apr-18	7	6	0	0.0%	From Jan 2018 to date, a total of six human cases of rabies have been laboratory confirmed. Cases were reported from KwaZulu-Natal Province (4) where a resurgence of rabies has been reported. The remaining cases were reported from the Eastern Cape Province. For all of the cases, exposures to either rabid domestic dogs or cats were reported. Another probable case of rabies was reported from the Eastern Cape, but a sample for laboratory investigation for rabies was not available. The case did however present with a clinical disease compatible with a diagnosis of rabies and had a history of exposure to a potentially rabid dog before falling ill. During 2017, a total of six cases were reported for the year.

South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	15-Apr-18	-	-	-	-	Following the conflict in December 2013, about 4 million people have fled their homes, 1.9 million people are internally displaced, 2.1 million are refugees, and 7 million people are in need of humanitarian assistance. The country is currently facing a severe economic crisis and high inflation making health emergency operations expensive and hence difficult for delivering humanitarian assistance. As of 15 April 2018, the security situation remains volatile with reported incidents of cattle raiding and revenge killings between communities in various locations hampering humanitarian service delivery. The security situation remains tense along the border between Unity state and Gogrial East and Tonj North counties due to cattle raiding.
South Sudan	Rift Valley fever (RVF)	Ungraded	28-Dec-17	7-Dec-17	29-Apr-18	29	6	4	13.8%	As of 29 April 2018, 29 suspected cases of Rift Valley fever have been reported from Yirol East of the Eastern Lakes State, including six confirmed human cases (one IgG and IgM positive and five IgG only positive), three cases who died and were classified as probable cases with epidemiological links to the three confirmed cases, 26 were classified as non-cases following negative laboratory results for RVF (serology), and samples from 20 suspected cases are pending complete laboratory testing. A total of four cases have died, including the three initial cases and one suspect case who tested positive for malaria (case fatality rate 10.0%).
South Sudan	Suspected meningitis	Ungraded	15-Feb-18	20-Feb-18	15-Apr-18	181	-	38	21.0%	Torit County Health Department was notified of a cluster of deaths in Iyire Payam on 15 February 2018 and another cluster of cases on 27 February 2018 from Imurok Payam. As of 14 April 2018, a total of 181 suspected meningitis cases have been reported including 39 deaths giving a case fatality rate of 21% (WHO standard for optimal control is CFR <10%). In week 14, the suspected cases continue to decline with no new cases reported.
Tanzania	Floods	Ungraded	18-Apr-18	15-Apr-18	17-Apr-18	-	-	-	-	Heavy rains and poor drainage systems have led to intense flooding in Dar es Salaam affecting the districts of Ilala, Kinondoni, Temeke, Kigamboni. As of 17 April 2018, 15 have died and another 10 have been injured. Response teams are mobilizing.
Tanzania	Cholera	Protracted 1	20-Aug-15	1-Jan-18	6-May-18	1 812	-	36	2.0%	Detailed update in this bulletin.

Tanzania	Dengue fever	Ungraded	19-Mar-18	n/a	21-Mar-18	13	11	-	-	An outbreak of Dengue fever is ongoing in Dar es Salaam. Further information will be provided when it becomes available.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	2-Mar-18	-	-	-	-	The influx of refugees to Uganda has continued as the security situation in the neighbouring countries remains fragile. Approximately 75% of the refugees are from South Sudan and 17% are from DRC. An increased trend of refugees coming from DRC was observed recently. Landing sites in Hoima district, particularly Sebarogo have been temporarily overcrowded. The number of new arrivals per day peaked at 3 875 people in mid-February 2018.
Uganda	Cholera	G1	15-Feb-18	12-Feb-18	30-Apr-18	2 119	24	44	2.1%	The outbreak of cholera in Hoima District continues to evolve. The epidemic has affected 4 sub-counties: Kyangwali, Kabwoya, Buseruka, Bugambe and Kahoora division in Hoima municipality. Most of the new cases are from newly arrived refugees from DRC. No new deaths have been reported since 9 April 2018.
Uganda	Anthrax	Ungraded	-	12-Apr-18	16-Apr-18	10	1	-	-	On 9 February 2018, three cases of suspected cutaneous Anthrax were identified in a refugee camp of Arua District. Blood samples taken off the three suspected cases were transported to the Central Public Health Laboratory. On 5 Apr 2018, blood samples were tested by PCR by the Uganda Virus Research Institute. *Bacillus anthracis* was confirmed in one of three samples tested, by PCR.
Uganda	Measles	Ungraded	8-Aug-17	24-Apr-17	3-Oct-17	623	34	-	-	The outbreak is occurring in two urban districts: Kampala (310 cases) and Wakiso (313 cases).
Zambia	Cholera	G1	4-Oct-17	4-Oct-17	15-Apr-18	5 721	565	113	2.0%	As of 15 April 2018, 5 243 cases and 96 deaths have been reported in Lusaka district. From other districts outside Lusaksa, 478 cases and 17 deaths have been reported. Since the begining of the outbreak, Zambia has reported a cumulative total of 5 721 cases including 113 deaths.

Zimbabwe	Cholera	Ungraded	7-Apr-18	5-Apr-18	9-May-18	55	23	3	5.5%	A 24-year-old male subject from Stoneridge (15km south of Harare city centre) fell ill 22 March 2018 and died 5th of April 2018. The patient's father and infant brother also had symptoms and tested positive for *Vibrio cholerae* serotype Ogawa. As of 9 May 2018, there are 55 cases (30 suspected cases, 23 confirmed cases, 2 probable case), and among them, 3 deaths (case fatality rate 5.5%). The cases were reported from Stoneridge area (14), Belvedere West (2) and Chitungwiza (39).

†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.

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

Contributors
G. Folefack (Democratic Republic of the Congo)
G. Saguti (Tanzania)
K. Msymboza (Malawi)
M. Livinus (Ethiopia)
O. Ogundiran (north-east Nigeria)

Graphic design
Mr. A. Moussongo

Editorial Team
Dr. B. Impouma
Dr. C. Okot
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Data sources
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