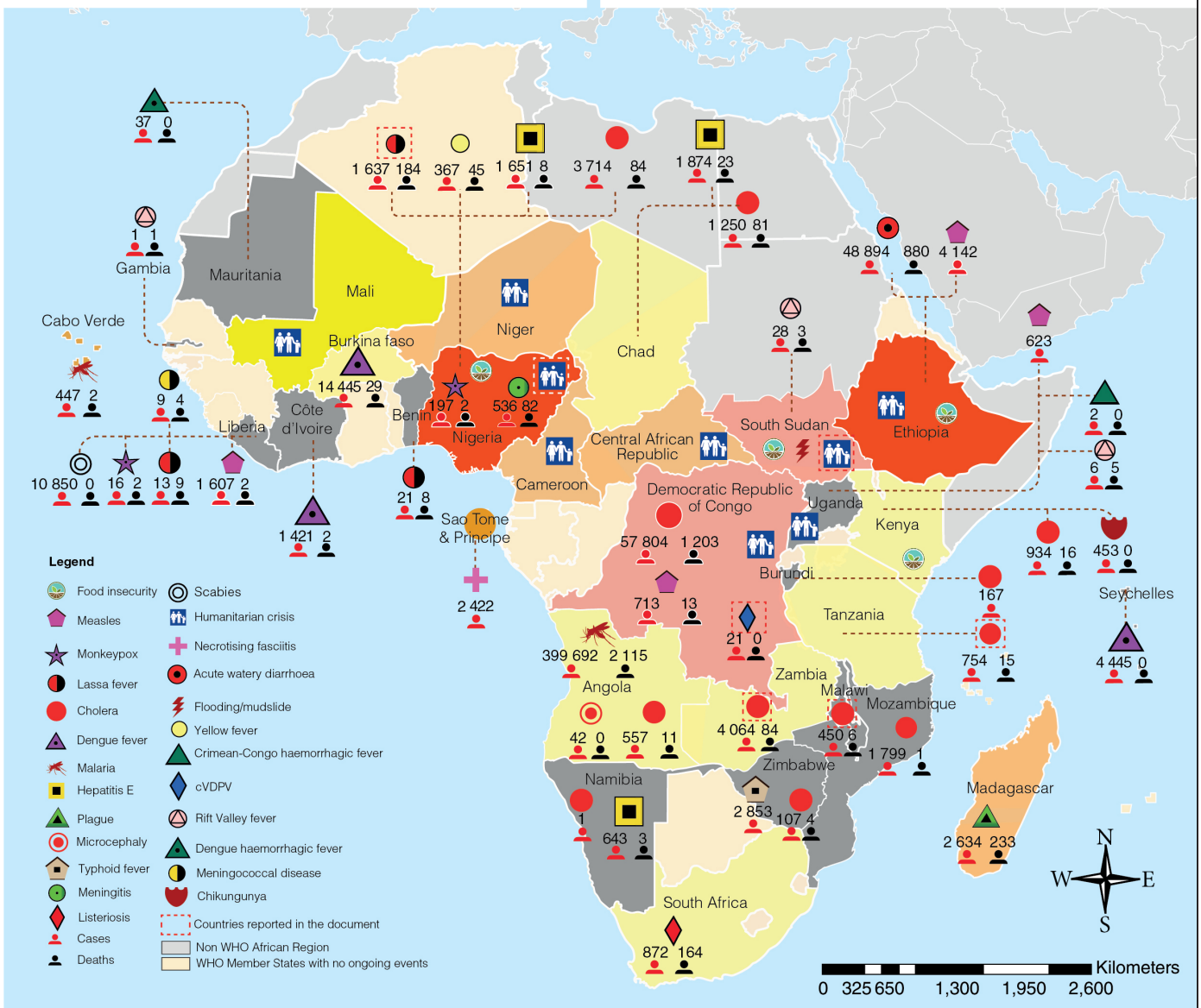
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 7: 10 – 16 February 2018
Data as reported by 17:00; 16 February 2018

World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

1	50	42	9
New event	Ongoing events	Outbreaks	Humanitarian crises



2 Grade 3 events	6 Grade 2 events	8 Grade 1 events	31 Ungraded events
2 Protracted 3 events	1 Protracted 2 event	1 Protracted 1 event	

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 51 events in the region. This week's edition covers key ongoing events, including:

  - Circulating vaccine-derived poliovirus in the Democratic Republic of the Congo
  - Lassa fever in Nigeria
  - Cholera in Tanzania
  - Cholera in Malawi
  - Cholera in Zambia
  - Humanitarian crisis in Nigeria
  - Humanitarian crisis in South Sudan

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

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

- **Major challenges include:**

  - The circulating vaccine-derived poliovirus in the Democratic Republic of the Congo is concerning and it is indicative of low population immunity against poliovirus. Potentially, the magnitude is much larger and more cases could be reported. This event calls for concerted efforts by the national authorities and global partners to halt and avert potential spread of the virus within the country and to neighbouring countries.

  - The current flare-up of the Lassa fever outbreak in Nigeria has been unprecedented. Seventeen states have been affected, including those that were traditionally non-endemic. Effective response to this outbreak requires large-scale operations.

New event

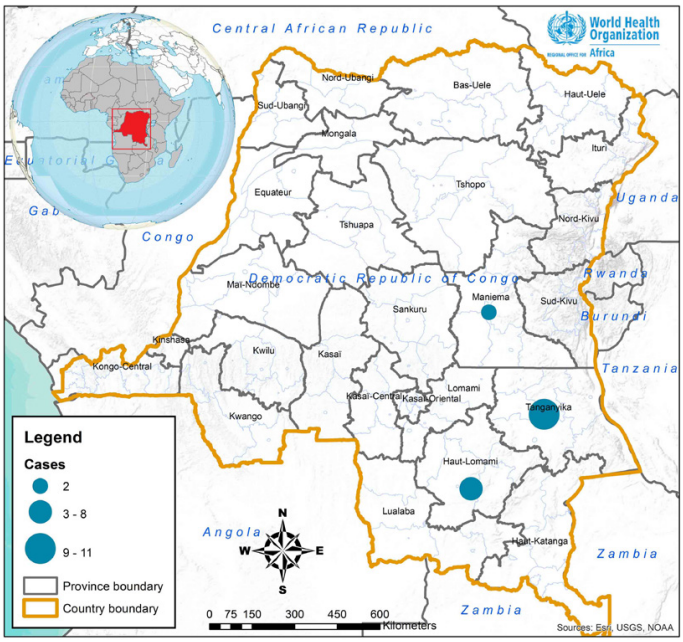
Circulating vaccine-derived poliovirus | **Democratic Republic of the Congo** | **21 Cases** | **0 Deaths** | **0% CFR**

EVENT DESCRIPTION

On 13 February 2018, the Ministry of Health of the Democratic Republic of the Congo (DRC) declared the ongoing outbreak of circulating vaccine-derived poliovirus in the country a national public health emergency. A total of 21 children presenting with typical acute flaccid paralysis (AFP) tested positive for vaccine-derived poliovirus type 2 (cPVDV2) at the Institut National de Recherche Biomédicale (INRB) in Kinshasa and the National Institute for Communicable Diseases (NICD), South Africa. The outbreak has been ongoing since February 2017 and the date of onset of paralysis in the last case was 3 December 2017. Three provinces have been affected, namely Haut-Lomami (8 cases), Maniema (2 cases) and Tanganyika (11 cases). The confirmed cases are distributed across seven health zones in the three provinces Haut-Lomami [Mukanga (3 cases), Butumba (2 cases), Lwamba (2 cases) and Malemba Nkulu (1 case)], Maniema Province [Kunda (2 cases)] and Tanganyika Province [Ankoro (7 cases) and Manono (4 cases).

The Democratic Republic of the Congo has not reported wild poliovirus in the last seven years. The country reported the last case of wild polio virus on 20 December 2011, when a single case was confirmed in the Lusangl Health Zone in Maniema Province.

Geographical distribution of circulating vaccine-derived poliovirus cases in Democratic Republic of the Congo, 15 November 2017 – 13 February 2018



PUBLIC HEALTH ACTIONS

- The Minister of Health issued a press release on 13 February 2018 in a formal declaration of the circulating vaccine-derived poliovirus in the country a national public health emergency.
- The Ministry of Health, with the support of its partners, is preparing a comprehensive response plan and roadmap to interrupt the circulation of the virus, emphasizing strengthening AFP surveillance, routine vaccination, as well as conducting a series of reactive campaigns.
- Reactive polio vaccination campaigns are being planned in 34 health zones deemed to be at risk: 16 in Haut-Lomami Province, 11 in Tanganyika Province, four in Haut Katanga, and 3 Lomami Province. The vaccination campaigns will target 1 638 220 children from 0 to 59 months.
- The AFP surveillance is being strengthened to include active searches for additional potential cases in the communities.
- Routine vaccination in the affected provinces is also being strengthened, including outreach services as well as active search for children not fully vaccinated.

SITUATION INTERPRETATION

The Democratic Republic of the Congo has been experiencing circulating vaccine-derived poliovirus since February 2017. This event is concerning as it is indicative of low population immunity against poliovirus. Potentially, the magnitude is much larger and more cases could be reported. Insecurity, social unrest and inadequate infrastructures are some of the known operational challenges affecting provision of immunization services in the country. It is known that some of the affected health zones are under-performing in both AFP surveillance and routine immunization.

The national authorities have made bold commitments to halt circulating vaccine-derived poliovirus in the country and partners' support will be critical at this stage. Strengthening AFP surveillance and improving routine immunization coverage with the injectable polio vaccine will be vital to prevent further outbreaks. In spite of the known major operational challenges, a lot can be achieved.

Ongoing events

Lassa fever | **Nigeria** | 615 **Cases** | 57 **Deaths** | 9.3% **CFR**

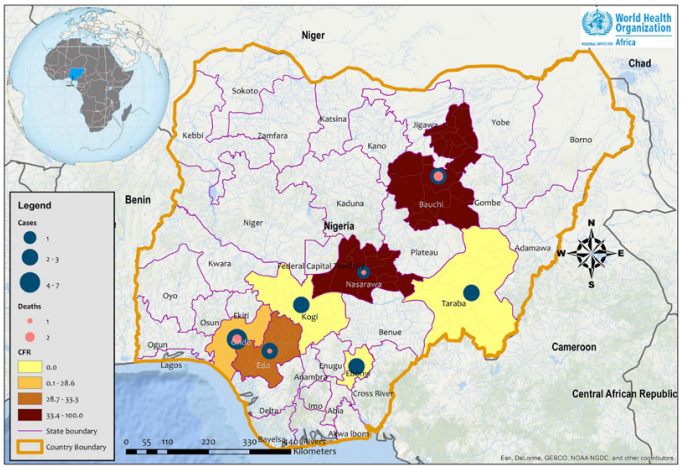
EVENT DESCRIPTION

The Lassa fever outbreak in Nigeria continues. During week 6 (week ending 11 February 2018), 19 new confirmed cases, including six deaths (case fatality rate 31.6%), were reported from seven states. The affected states include Ondo (7 cases and 2 deaths), Edo (3 cases and 1 death), Bauchi (2 cases with 2 deaths), Ebonyi (2 cases), Kogi (2 cases), Taraba (2 cases), and Nasarawa (1 case with 1 death). As of 11 February 2018, 47 suspected Lassa fever cases were admitted and being treated in various treatment centres across the country.

Between 1 January and 11 February 2018, a total of 615 suspected Lassa fever cases and 57 deaths (case fatality rate 9.3%) have been reported from 17 states. Of these, 193 cases were confirmed and four classified as probable. A total of 47 deaths have occurred among the confirmed (43) and probable (4) cases, translating into a case fatality rate of 23.9% in this group. Fourteen health care workers from six states have been affected, with four cases being fatal.

Seventy-five percent of all confirmed cases came from two states: Edo (45%) and Ondo (30%). Two thirds of the confirmed cases are male and the age group of 30-50 years was predominantly affected, with a median age of 32 years. A total of 1 641 contacts have been identified and 85% (1 388) of them are still under follow up.

Geographical distribution of Lassa fever cases in Nigeria, 1 January – 11 February 2018



PUBLIC HEALTH ACTIONS

- A National Lassa fever Emergency Operations Centre (EOC) continues to coordinate the outbreak response, in conjunction with partners including WHO, CDC, MSF, ALIMA, etc.
- On 12 February 2018, WHO deployed a team of six international experts in viral haemorrhagic fevers to join 14 other WHO staff to support the Nigeria Centre for Disease Control (NCDC) in response to the outbreak. In addition, WHO deployed 40 boxes of personal protective equipment.
- A team from NCDC and Nigeria Field Epidemiology and Laboratory Training Program (NFELTP) has been deployed to Ebonyi, Edo and Ondo States to support local response efforts.
- The NCDC, in collaboration with ALIMA and MSF, is supporting case management in Anambra, Edo, and Ondo States.
- Enhanced surveillance is ongoing in all affected states. The NCDC and NFELTP have enhanced surveillance activities in four states that border Benin (Kebbi, Kwara, Niger, and Oyo).
- A 24-hour Lassa fever outbreak helpdesk has been set up to facilitate early case detection and reporting.

SITUATION INTERPRETATION

The flare-up of Lassa fever cases and deaths in Nigeria since the start of 2018 is of concern. The available isolation and treatment facilities are being overstretched. Similarly, there is an urgent need to reinforce infection prevention and control (IPC) practices among healthcare workers to prevent nosocomial infection. Strengthening cross-border surveillance and collaboration with neighbouring countries is paramount to mitigate the risk of trans-boundary transmission. Community engagement and involvement of the non-health sectors is also critical at this stage.

The ongoing Lassa fever outbreak calls for greater attention. The national authorities and partners need to act quickly to prevent further spread of the disease within the country and to other countries in the region. Accordingly, WHO has scaled up its response operations and support to the national authorities.

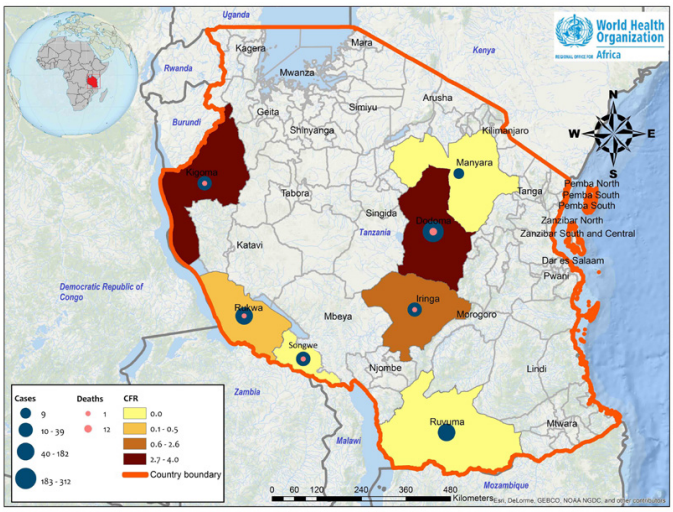
EVENT DESCRIPTION

Tanzania mainland is once again experiencing an upsurge in cholera cases. In week 6 (week ending 11 February 2018), there were 278 new suspected cholera cases, including three deaths (case fatality rate 2%), compared to 151 cases and three deaths in week 5. The rise in cholera incidence, seen in the last four weeks, followed the least number of 49 cases reported in week 2. The new cases reported during the week came from four out of 26 regions in Tanzania mainland, namely Dodoma (137 cases and two deaths), Ruvuma (69 cases, no deaths), Iringa (39 cases, one death) and Rukwa (33 cases, no deaths). Iringa region reported cholera cases and deaths after 17 weeks of zero reporting, while Songwe had had two weeks of zero reporting. Eight districts (from the four regions) have reported cholera cases: Dodoma Region [Mpwapwa DC (75 cases, two deaths), Chamwino DC (42 cases, no deaths), Kongwa DC (13 cases, no deaths) and Dodoma MC (seven cases, no deaths)]; Ruvuma Region [Mbinga DC (53 cases, no deaths) and Nyasa DC (16 case, no deaths)]; Iringa Region [Kilolo DC (39 cases, one death)]; and Rukwa Region [Sumbawanga DC (33 cases, no deaths)].

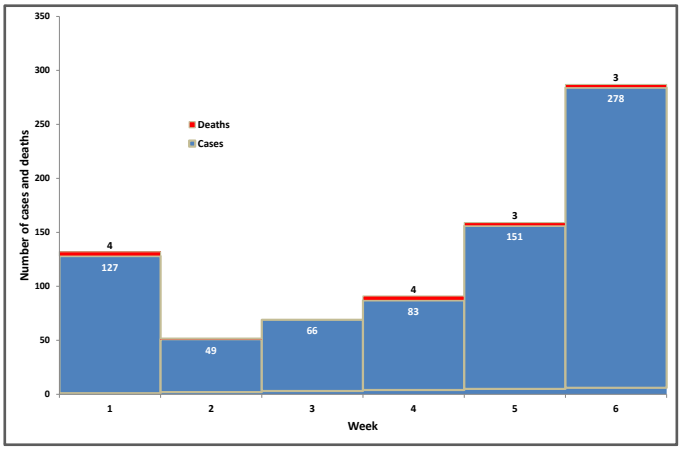
Zanzibar has reported no cholera cases so far in 2018. The last case was reported on 11 July 2017 (30 weeks of zero reporting).

The United Republic of Tanzania has been experiencing a cholera outbreak since 15 August 2015. As of 11 February 2018, Tanzania mainland has reported a cumulative of 29 360 cases including 481 deaths, (case fatality rate 1.6%) while Zanzibar had 4 688 cases including 72 deaths (case fatality rate 1.5%).

Geographical distribution of cholera cases in Tanzania, week 6, 2018



Weekly trend of cholera cases in Tanzania mainland, week 1- 6, 2018



PUBLIC HEALTH ACTIONS

- A National Task Force meeting was held on 26 January 2018 and recommended rapid assessment of current cholera hotspots and scale up of response.
- A national multi-sectoral cholera response plan has been finalized.
- The national rapid response team has been deployed to Dodoma from 13-18 February 2018 to support local response capacity.
- Active surveillance, including laboratory testing, is being strengthened in all affected areas. Timely reporting and contact tracing in the community is being implemented.
- Weekly teleconferences are being held with the District Medical Officers in the affected districts to share challenges and best practices.
- Local government authorities continue with community sensitization on the use of safe water, water storage, safe sanitation and hygiene practices, done through village meetings and local radio. There is increased involvement of opinion leaders in spreading these messages.
- Chlorine tablets (Aqua tabs) for household water treatment are being distributed and their correct use explained and promoted.
- The medical stores department has provided essential medicines and supplies to affected districts. UNICEF donated 15 boxes of Aqua tabs (each containing 32 000 tablets), in addition to a consignment of leaflets and posters.

SITUATION INTERPRETATION

The continuation of the cholera outbreak in Tanzania mainland is of concern, particularly the recent upsurge in cases in the past weeks. This outbreak has been ongoing since 2015 with no apparent end in sight. The national authorities and partners need to scale up targeted response in order to bring this outbreak to a close.

EVENT DESCRIPTION

The cholera outbreak in Malawi continues. During week 6 (week ending 11 February 2018), a total of 68 new suspected cholera cases with one community death were reported, compared to 74 cases and one death reported in week 5. The new cases came from six districts, namely Lilongwe (33), Karonga (21), Salima (7), Rumphi (4), Dowa (1), Likoma (1), and Blantyre (1).

Since the beginning of the outbreak on 24 November 2017, a total of 450 cases including six deaths (case fatality rate 1.3%) have been reported, as of 11 February 2018. Twelve out of 29 districts in the country have been affected, with the majority (57%, 258) of the cases coming from Karonga (where the outbreak originated), followed by Lilongwe (26%, 117), the capital city. Of 435 cases with known ages and gender, 70% (305) were aged 15 years and above and 51% were females.

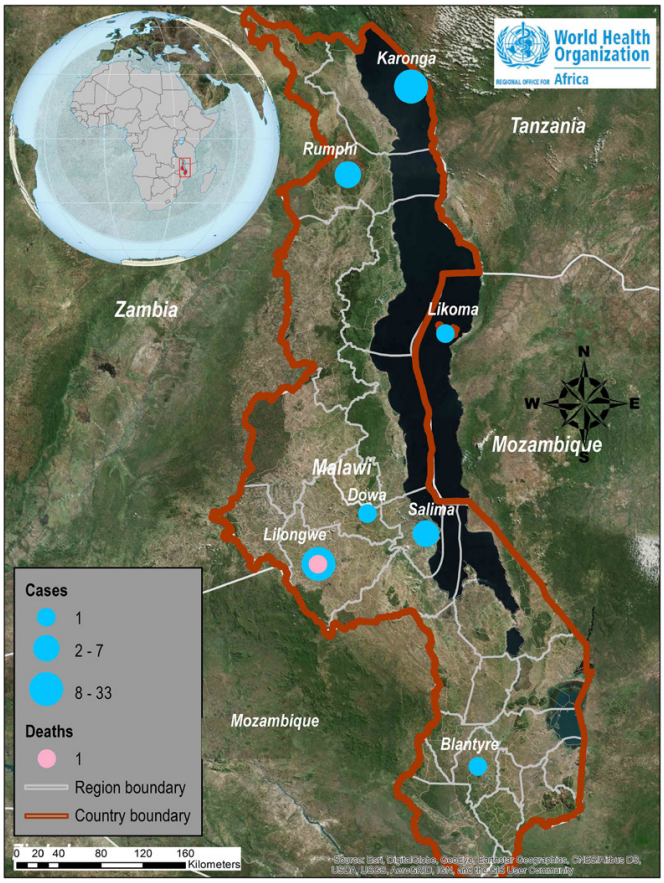
PUBLIC HEALTH ACTIONS

- On 9 February 2018, a joint health and water, hygiene and sanitation (WASH) clusters coordination meeting was held. A 3-month contingency plan was developed, detailing priority activities and available resources and gaps. A funding gap of US$ 800 000 was identified.
- The first round of an oral cholera vaccine campaign in Karonga is scheduled for 19-23 February 2018, with the second round planned for 12-16 March 2018.
- Active surveillance, including home/household visits is being carried out in the affected areas.
- UNICEF and CDC conducted water quality assessments in Karonga and Lilongwe and the findings are awaited.
- A total of 2 105 health workers from four districts (Lilongwe, Nkhatabay, Kusungu, and Karonga) have been trained on cholera case management, with financial support from Organized Network of Services for Everyone (ONSE) and USAID. In addition, ONSE and USAID donated 1 200 cholera rapid diagnostic tests (RDT).
- The Ministry of Water and Irrigation continues with maintenance and installation of boreholes in Lilongwe. The Lilongwe Water Board made free deliveries of water to affected townships and the Red Cross continues to support house-to-house water chlorination in Karonga.
- Community engagement and social mobilisation activities are ongoing in affected areas, with support of UNICEF and USAID.

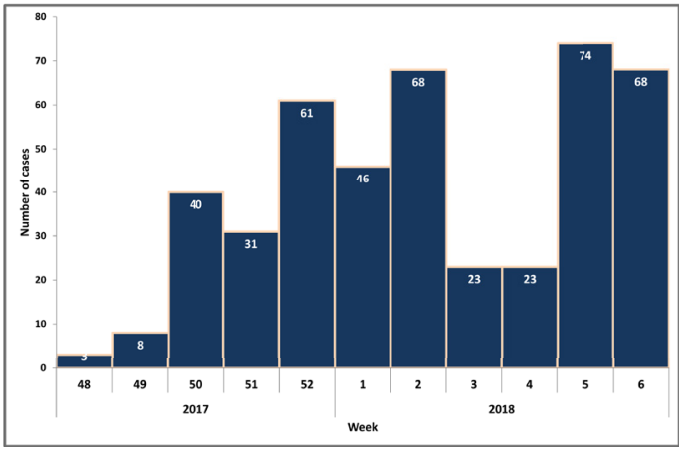
SITUATION INTERPRETATION

The cholera outbreak in Malawi is gradually increasing. The outbreak has remained insidious, with a few cases distributed across many districts. Several risk factors conducive for continued and increased transmission exist. In addition, there is extensive cross-border movement between Malawi and its neighbouring countries, some of which already have large cholera outbreaks. Effective response to this outbreak is facing a funding shortfall of US$ 800 000. Support is particularly required for materials and supplies for preventative and curative services, as well as social mobilization activities. WHO calls on partners to continue providing financial and technical support to the Ministry of Health to ensure rapid containment of this outbreak.

Geographical distribution of cholera cases in Malawi, week 6, 2018



Weekly trend of cholera cases in Malawi, week 48, 2017 - week 6, 2018



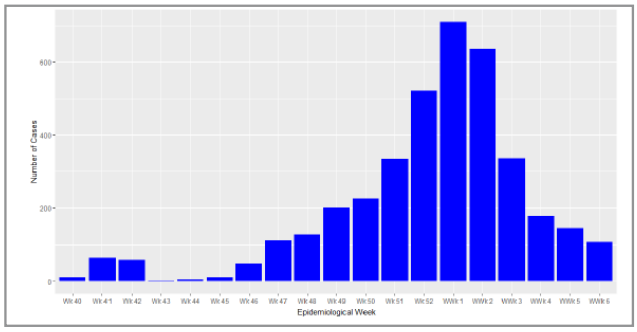
Cholera | **Zambia** | 4 064 **Cases** | 84 **Deaths** | 2.1% **CFR**

EVENT DESCRIPTION

The cholera outbreak in Zambia is steadily declining since peaking in week 1 of 2018, with more than 650 cases. During week 6 (week ending 11 February 2018), a total of 110 new suspected cholera cases and one death were reported, compared to 140 cases and one death in week 5. By 12 February 2018, 39 patients were admitted and being treated in five cholera treatment centres (CTCs) across the country (31 of the cases were in four CTCs within Lusaka district).

Since the onset of the outbreak on 4 October 2017, a total of 4 064 cases including 84 deaths (case fatality rate 2.1%) have been reported, as of 12 February 2018. The majority (93%, 3 791) of cases and deaths (89%, 75) have occurred in the urban Lusaka district. The cases are concentrated in six sub-districts of Lusaka, namely Kanyama, Chipata, Bauleni, Matero, Chawama, and Chelston. Cholera cases have also been reported from 23 other districts outside Lusaka, where 273 cases with nine deaths (case fatality rate 3.3%) have been reported.

Weekly trend of cholera cases in Lusaka district, Zambia, week 40, 2017 - week 6, 2018



PUBLIC HEALTH ACTIONS

- The Minister of Health continues to host daily inter-ministerial meetings to coordinate multisectoral response to the outbreak. WHO and other partners are supporting the national authorities.
- The second round of an oral cholera vaccination campaign in Chawama and Kanyama sub-districts ended on 11 February 2018, with a total of 498 130 people (103% of the target population) vaccinated. The vaccination campaign will continue in the other affected areas.
- A total of 36 water bowsers continue to provide safe water to affected communities in Kanyama, Chawama, Chipata, Chaisa, Chunga, Ngombe, Garden, Bauleni, Kalingalinga, and Mtendere.
- Water, sanitation and hygiene (WASH) activities are ongoing, including burying of shallow wells, solid waste management, chlorine distribution, and water quality monitoring.
- Health promotion and communication activities are ongoing using various channels. Door-to-door outreaches as well as sensitization in markets, churches and schools are being conducted. The Ministry of Health has been provided with free airtime in public and private radios to broadcast cholera messages and progammes.

SITUATION INTERPRETATION

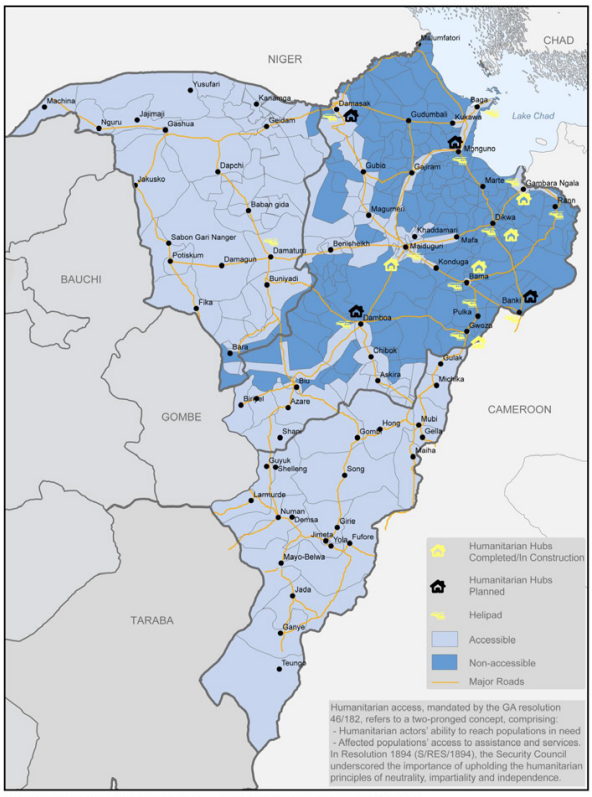
The declining trend of cholera cases in Zambia in encouraging. However, it is critical to ensure that ongoing interventions are sustained in order to consolidate the gains. Provision of safe water, enhanced surveillance and investigation of new cases, and continued community engagement and sensitization are some of the essential interventions.

EVENT DESCRIPTION

The humanitarian crisis in north-east Nigeria remains critical as it enters its ninth year. The situation is characterized by mass population displacement, destroyed infrastructure and disruption of basic social services. An estimated 7.7 million people are in need of protection and relief aid, particularly internally displaced persons (IDPs) and returnees from neighbouring countries. The latest Displacement Tracking Matrix (DTM) indicates that there are over 1.7 million IDPs in six states in north-east Nigeria as of February 2018. The Nigerian government and the International Organization for Migration (IOM) reportedly registered 1.3 million returnees since 2014. Many of the returnees have settled in locations where infrastructures have been destroyed and social services are not yet restored. Partners estimate that between 20 000 and 36 000 individuals have been freshly displaced as of 31 January 2018, many of whom are in urgent need of humanitarian assistance, including their host communities.

Approximately 40% of health facilities in north-east Nigeria have been destroyed during the conflict. Where services are still functioning, they are overburdened with increased needs from both host communities as well as internally displaced families. The outbreak of hepatitis E has significantly reduced, with only one Local Government Area (LGA), Kala-Balge, reporting sporadic cases. In week 6 (week ending 11 February 2018), only six new suspected cases were reported, compared to over 150 cases per week reported at the peak of the outbreak. The region continues to report zero cases of cholera. However, the number of acute watery diarrhoea cases presenting to health facilities continues to increase and the situation is being closely monitored.

Map showing of humanitarian access in north-east Nigeria, November 2017



PUBLIC HEALTH ACTIONS

- WHO and partners continue to provide essential health services to vulnerable populations through the mobile health teams. In Yobe State, the hard-to-reach teams supported MenAfrivac vaccination campaign in eight LGAs. A total of 428 637 children aged 1-6 years were vaccinated, achieving a coverage of 119%. In addition, management of malnutrition and mental health services were provided as part of the comprehensive packages.
- The Rapid Response Team (RRT) mechanism under the leadership of Borno State Ministry of Health was activated to respond to reports of epidemic-prone diseases and surveillance and outbreak response activities were scaled up in high risk LGAs and extended to newly accessible areas at high risk such as IDP camps.
- The phase II of oral cholera vaccination (OCV) campaign was conducted from 9-13 December 2017, targeting nearly 1 million individuals over one year of age. The national measles vaccination campaign was supported by health cluster partners, and more than 1.6 million people were vaccinated across Borno State.
- The Early Warning, Alert and Response System (EWARS) is being strengthened and expanded to include areas recently liberated.
- WHO and partners are supporting the government to provide primary and secondary health care services beyond urban areas, particularly addressing widespread mental health needs, mainly through outreach services from the Federal Neuropsychiatry Hospital in Maiduguri to selected PHC facilities in six LGAs.
- The Humanitarian Response Plan for 2018 has been launched, with a budget of US$ 109 million.

SITUATION INTERPRETATION

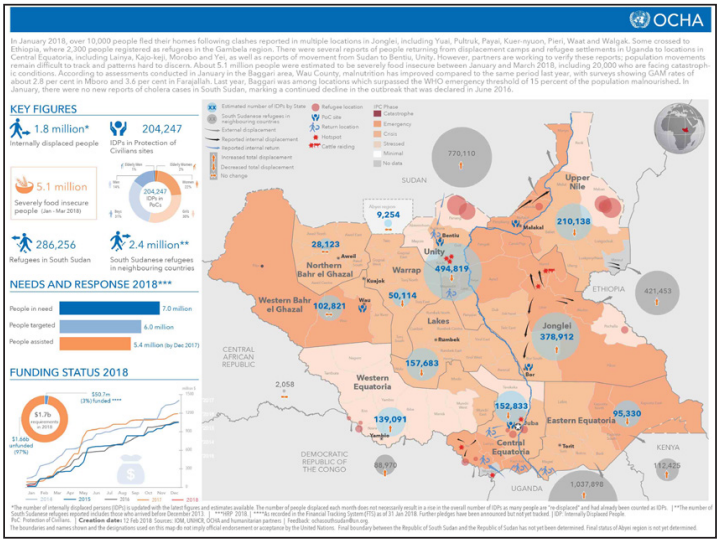
Although the efforts of national government and partners in northeast Nigeria have markedly lowered the impact of the humanitarian crisis on affected populations, the situation remains volatile, requiring innovative methods to sustain the gains of these coordinated efforts. Many of these interventions have been detailed in the recently launched 2018 Humanitarian Response Plan. The task ahead is to mobilize the required resources and provide for the needs of the vulnerable population.

EVENT DESCRIPTION

The conflict in South Sudan enters its fifth year in 2018 and the humanitarian crisis has continued to intensify and expand due to widespread violence and the deteriorating economic situation. Since the beginning of the conflict in 2013, more than 4 million people have been forced to flee their homes, including 1.9 million internally displaced persons (IDPs). Over 85% of the IDPs are children and women. More than 2 million people have sought refuge to neighbouring countries, largely moving south to Uganda.

An estimated 7 million people are in need of humanitarian assistance. Severe food insecurity is expected to rise in 2018, affecting an estimated 5.1 million people. The situation is likely to deteriorate further in the dry season, with the worst-case scenario of a return to famine in multiple locations across the country. Levels of acute malnutrition are likely to remain high in 2018, with over 1.1 million children under the age of five years estimated to be acutely malnourished, including more than 261 000 children severely malnourished.

Humanitarian crisis in South Sudan as of January 2018



PUBLIC HEALTH ACTIONS

- WHO conducted an assessment of capacity of hospitals in Borr County to manage trauma and injuries, in response to the increasing intercommunal violence.
- WHO donated essential medical supplies to stabilization centres across the country to enable treatment of over 4 500 children with severe acute malnutrition and medical complications.
- As part of the efforts to respond to the measles outbreak, the national authorities and partners are conducting a measles follow-up campaign in Jonglei, Unity, and Upper Nile States.
- The Ministry of Health, with support from partners, are conducting a meningitis vaccination campaign in Western Equatoria, Jonglei, Unity, and Upper Nile States, targeting people aged between 1 year and 29 years old, and there has been an over 70% coverage rate so far.

SITUATION INTERPRETATION

The ongoing 'peace talks' in Addis Ababa, Ethiopia are viewed as the only lasting solution to the current humanitarian crisis in South Sudan. It is hoped that lasting peace will prevail. Until then, the humanitarian needs will continue to grow. Limited access to vulnerable communities, especially in conflict-affected areas, continues to be a major challenge to humanitarian aid agencies. The insecurity has disrupted immunization coverage in most areas, leading to outbreaks of vaccine-preventable diseases such as measles and whooping cough.

Summary of major challenges and proposed actions

Challenges

- The circulating vaccine-derived poliovirus in the Democratic Republic of the Congo is a major concern as it is indicative of low population immunity against poliovirus. Potentially, the magnitude is much larger and more cases could be reported. Insecurity, social unrest and inadequate infrastructures are some of the known operational challenges affecting provision of immunization services in the country. This event calls for concerted efforts by the national authorities and global partners to halt and avert potential spread of the virus within the country and to neighbouring countries.
- While Lassa fever is endemic in Nigeria, the current flare-up of the disease has been unprecedented. Seventeen (47%) out of 36 states in the country have been affected, including traditionally non-endemic ones. Response capacities in a number of states are limited, especially lack of facilities to isolate and manage highly infectious cases, limited laboratory diagnostic capacity and inadequate infection prevention and control practices. Quite often, the interventions fall short of addressing pest control and environmental management at community and household levels.

Proposed actions

- The national authorities in the Democratic Republic of the Congo, with the support of WHO and partners, should develop a comprehensive response plan and implement robust interventions to the ongoing circulating vaccine-derived poliovirus. Emphasis should be put on strengthening active surveillance, including conducting active case search for additional AFP cases, and carrying out supplementary immunization activities. Political will and community engagement will be essential assets for success.
- The national authorities and partners in Nigeria need to scale up the response to the Lassa fever outbreak. Active surveillance, laboratory confirmation and case management, including appropriate IPC practices in health facilities, should be strengthened. Engagement and participation of non-health sectors is crucial. The promotion of good hygiene practices in the community to reduce rodent activity through innovative measures is equally important in controlling the outbreak.

All events currently being monitored by WHO AFRO

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
New events										
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Ungraded	15-Feb-18	n/a	13-Feb-18	21	21	0	0.0%	Detailed update given above.
Ongoing events										
Angola	Cholera	G1	2-Jan-18	21-Dec-17	3-Feb-18	557	5	11	2.0%	On 21 December 2018, two suspected cholera cases were reported from Uige district, Uige province. Both of these cases had a history of travel to Kimpangu (DRC). The number of weekly cases has decreased in Week 5, with 35 cases and 1 deaths reported, as compared to 79 cases and 1 death in Week 4.
Angola	Malaria	Ungraded	20-Nov-17	1-Jan-17	30-Sep-17	399 692	-	2 115	0.5%	The outbreak has been ongoing since the beginning of 2017. In the province of Benguela, a total of 244 381 malaria cases were reported from January to September 2017 as compared to 311 661 reported in all of 2016. In the province of Huambo, 155 311 malaria cases were reported from January to September 2017, as compared to 82 138 cases during the same period in 2016. Epidemi-ological investigations are on-going in these two contiguous provinces.
Angola	Microcephaly - suspected Zika virus disease	Ungraded	10-Oct-17	End September	29-Nov-17	42	-	-	-	A cluster of microcephaly cases was detected in Luanda in late September 2017 and reported on 10 October 2017 by the provincial surveillance system. Of the 42 cases, three were stillbirths and 39 were live births. Suspected cases have been reported from Luanda province (39), Zaire province (1), Moxico province (1), and Benguela province (1).
Benin	Lassa fever	Ungraded	13-Jan-18	8-Jan-18	12-Feb-18	21	5	8	38.1%	Twenty-one cases (5 con-firmed, 2 probable and 14 suspected) including 8 deaths were reported from four departments: Atacora (8), Bourgou(7), Collines (4) and Alibori (2). Eight cases were residents of Nigeria who subsequently travelled to Benin.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Burkina Faso	Dengue fever	G1	4-Oct-17	1-Jan-17	10-Dec-17	14 445	-	29	0.2%	Weekly case counts have decreased since week 44. The majority (62%) of cases have been reported in the central region, notably in Ouagadou-gou (the capital). Dengue virus serotypes 1, 2, and 3 are circulating, with serotype 2 predominating (72%).
Burundi	Cholera	Ungraded	20-Aug-17	15-Aug-17	6-Dec-17	167	14	0	0.0%	As of 6 December 2017, a cumulative total of 167 cases and no deaths were reported from 6 districts; DS Nyanza lac 30 cases, DS Mpanda 31 cases, DS Cibitoke 35 cases, DS Isare 33 cases, DS Bubanza 31 cases, and DS B M Nord 6 cases.
Cameroon	Humanitarian crisis	G2	31-Dec-13	27-Jun-17	3-Nov-17	-	-	-	-	In the beginning of November 2017, the general security situ-ation in the Far North Region worsened. Terrorist attacks and suicide bombings are continu-ing and causing displacement. Almost 10% of the population of Cameroon, particularly in the Far North, North, Adamao-ua, and East Regions, is in need of humanitarian assistance as a result of the insecurity. To date, more than 58 838 refugees from Nigeria are present in Minawao Camp, and more than 21 000 other refugees have been identified out of the camp. In addition, approx-imately 238 000 Internally Displaced People have been registered.
Cape Verde	Malaria	G2	26-Jul-17	1-Jan-17	20-Dec-17	447	-	2	0.4%	As of 20 December 2017, a total of 447 cases have been reported including 418 indig-enous, 12 imported cases, and 17 reinfections/recurrences. Two deaths have been reported (1 in an indigenous case and 1 in an imported case). The outbreak has been contained to the city of Praia. Cases re-ported from other areas/islands likely acquired the infection during travel to Praia or over-seas, and there is currently no evidence of indigenous trans-mission outside of Praia.
Central African Republic	Humanitarian crisis	G2	11-Dec-13	11-Dec-13	5-Feb-18	-	-	-	-	The security situation remains fairly precarious across the country. Since the second half of December 2017, there has been renewed violence in many parts of the country, mainly in the North-East, Central and East of the country.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Chad	Hepatitis E	G1	20-Dec-16	1-Aug-16	3-Dec-17	1 874	98	23	1.2%	Outbreaks are ongoing in the Salamat Region predominantly affecting North and South Am Timan, Amsinéné, Mouraye, Foulonga, and Aboudeia. The number of cases has been decreasing since week 39. Of the 64 cases in pregnant women, five died (CFR: 7.8%) and 20 were hospitalized. Water chlorination activities were stopped at the end of September 2017 due to a lack of partners and financial means. Monitoring and case management are continuing.
Chad	Cholera	G1	19-Aug-17	14-Aug-17	10-Dec-17	1 250	9	81	6.5%	The case incidence has been decreasing since week 43. In week 49, no new cases were reported. A total of 817 cases and 29 deaths were reported in the Salamat region from 11 September 2017 to 10 December 2017. No new cases have been reported in the Sila Region since 22 October 2017.
Cote d'Ivoire	Dengue fever	Ungraded	3-May-17	22-Apr-17	16-Dec-17	1 421	322	2	0.1%	The outbreak has been on a downward trend since week 35, with no cases being reported in weeks 49 and 50. This is likely due to the decrease in rainfall. Abidjan remains the epicentre of this outbreak, accounting for 95% of the total reported cases. Of the 272 confirmed cases with available information on serotypes, 181 were dengue virus serotype 2 (DENV-2), 78 were DENV-3 and 13 were DENV-1. In addition, 50 samples were confirmed IgM positive by serology.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	22-Jan-18	-	-	-	-	The humanitarian crisis remains serious. An estimate of 13.1 million is in need of emergency aid assistance, including around 4.3 million Internally Displaced Persons (IDPs), and 552 000 refugees. In addition, an estimated 7.7 million people are at risk of critical food insecurity. More than 74% of the country's total IDPs are from Kasai region, North, and South Kivu. The humanitarian and security situation in North and South Kivu regions continue to deteriorate with massive population displacements recorded in the South Kivu region.
Democratic Republic of the Congo	Cholera		16-Jan-15	1-Jan-17	7-Feb-18	57 804	841	1 203	2.1%	The trend of the outbreak continues to improve nationwide. During week 4 of 2018, a total of 645 suspected cases with 4 deaths (CFR: 0.6%) were reported, compared to 679 suspected cases with16 deaths (CFR: 2.3%) during week 3 of 2018. During week 4 of 2018, 65% of new cases were reported from three provinces: Kinshasa, North Kivu, and South Kivu. As of 10 February 2018, Kinshasa reported a cumulative total of 997 cases with 41 deaths (CFR: 4.1%) across 31 of 35 health zones since the outbreak started in the capital city on 25 November 2017.
Democratic Republic of the Congo	Measles		10-Jan-17	1-Jan-18	14-Jan-18	713	-	13	1.8%	Over 43 000 cases were reported in 2017. In weeks 1 and 2 of 2018, 713 cases and 13 deaths were reported, with a stable weekly number of cases since week 52 of 2017.The trend of the outbreak has decreased this week. Most of the suspected cases this week were reported from South Kivu province.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Ethiopia	Humanitarian crisis	Protracted 3	15-Nov-15	n/a	28-Jan-18	-	-	-	-	The complex humanitarian crisis in Ethiopia continues into 2018. As of 28 January 2018, there were about 6.3 million people in need of health assistance, over 1.7 million people internally displaced, and over 900 000 refugees. Currently, Oromia region has 669 107 internally displaced people (IDPs) settled in various temporary sites and living with host communities in six zones over 43 woredas (districts).
Ethiopia	Acute watery diarrhoea (AWD)		15-Nov-15	1-Jan-17	28-Jan-18	48 894	-	880	1.8%	The outbreak is showing a downward trend. During weeks 3 and 4 of 2018, there were 11 AWD cases reported, down from 77 cases for weeks 1 to 2. To date, cases have been reported from Dire Dawa and Mustahil and Gode City, Shebelle Zone, Somali.
Ethiopia	Measles		14-Jan-17	1-Jan-17	28-Jan-18	4 142	-	-	-	The outbreak of measles continues to improve. Between week 1 and 4 of 2018, a total of 131 cases have been reported. Currently, Somali, Oromia, Addis Ababa, Amhara, Afar and Tigray Regions are having active outbreaks.
Gambia	Rift Valley fever (RVF)	Ungraded	3-Jan-17	25-Dec-17	3-Jan-18	1	1	1	100.0%	A 52-year-old man presenting with severe malaria was medically evacuated from the Gambia and hospitalized in Fann, Dakar. A blood sample collected from the case was positive for Rift Valley fever virus on IgM testing done at Institut Pasteur Dakar. The sample was negative for RVF and other arboviruses on PCR testing. An investigation is ongoing.
Kenya	Chikungunya	Ungraded	mid-December 2017	mid-December 2017	25-Jan-18	453	32	0	0.0%	As of 25 January 2018, 453 suspected cases were reported across seven sub-counties: Changamwe, Jomvu, Kilifi, Kisauni, Likoni, Mvita, and Nyali. The majority of suspected cases are reported from Mvita (31%) and Likoni (23%) sub-counties. To date, 32 samples tested positive for chikungunya on PCR analyses conducted at the KEMRI laboratory.
Kenya	Cholera	G1	6-Mar-17	1-Jan-18	7-Feb-18	934	22	16	1.7%	The outbreak is still ongoing and currently 5 counties are actively reporting cases: Garissa, Tharaka Nithi, Meru, Busia, and Tana River counties. The outbreak was recently controlled in Mombasa, Kirinyaga, and Siaya.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Liberia	Meningococcal disease	Ungraded	19-Jan-18	23-Dec-18	29-Jan-18	9	2	4	44.4%	A cluster of undiagnosed illness and deaths were reported from Lofa county, northeastern Liberia. Samples taken from two suspected cases were positive for *Neisseria meningitidis* serogroup W. All seven samples collected as of 29 January were negative for Ebola and Lassa fever viruses by PCR, negative for yellow fever by serology (IgM), and negative for typhoid by WDAL. Additional testing is ongoing.
Liberia	Suspected monkeypox	Ungraded	14-Dec-17	1-Nov-16	25-Jan-18	16	2	2	12.5%	During weeks 48 and 49 of 2017, three suspected cases of monkeypox were reported from Maryland and Rivercess Counties. Since November 2016, a cumulative of 16 suspected cases and two deaths have been reported in Grand Cape Mount(4), Rivercress(11) and Maryland(1). Two cases have been confirmed to date and laboratory testing of samples collected from five other cases is ongoing.
Liberia	Measles	Ungraded	24-Sep-17	6-Sep-17	3-Dec-17	1 607	255	2	0.1%	From week 1 to week 48, 1 607 cases were reported from 15 counties, including 225 laboratory-confirmed, 336 clinically compatible and 199 epi-linked. Nimba county has had the greatest cumulative number of cases to date (235). Children between 1-4 years accounted for 49% of the cases.
Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-18	24-Jan-18	13	3	9	69.2%	From 1 January to 24 November 2017, a total of 70 suspected Lassa fever cases including 21 deaths (CFR: 30%) have been reported from nine counties in Liberia. Since the beginning of 2018, three confirmed cases have been reported from Bong (1) and Nimba (2) counties.
Liberia	Scabies	Ungraded	11-Jan-18	11-Dec-17	18-Jan-18	10 850	17	0	0.0%	A total of 10 850 cases have been reported from five counties: Montserrado (9 647), Grand Bassa (687), Rivercess (315), Margibi (185), and Bong (16). All 17 confirmed cases have been reported from Montserrado county.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Madagascar	Plague	G2	13-Sep-17	13-Sep-17	11-Feb-18	2 643	547	233	8.8%	Cases include pneumonic (2 016, 76%), bubonic (421, 16%), septicaemic (1) and unspecified (205, 8%) forms of disease. Of the 2 016 clinical cases of pneumonic plague, 397 (20%) have been confirmed, 636 (32%) are probable and 983 (49%) remain suspected. The trend in the number of cases has been decreasing since 10 October 2017.
Malawi	Cholera	Ungraded	28-Nov-17	20-Nov-17	14-Feb-18	450	11	6	1.3%	Detailed update given above.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	19-Nov-17	-	-	-	-	The security situation remains volatile in the north and centre of the country. At the last update, incidents of violence had been perpetrated against civilians, humanitarian workers, and political-administrative authorities.
Mauritania	Dengue haemorrhagic fever	Ungraded	30-Nov-17	6-Dec-17	13-Dec-17	37	37	0	0.0%	On 30 November 2017, the MoH notified 3 cases of dengue fever including one haemorrhagic case (Dengue virus type 2) with a history of Dengue virus type 1 infection in 2016. Out of 100 samples collected at the Teyarett health centre, 83 cases tested positive for dengue on RDT. On 12 December 2017, the national reference laboratory confirmed the diagnosis of 37 out of 49 RDT positive samples collected between 16 November and 11 December 2017.
Mozambique	Cholera	Ungraded	27-Oct-17	12-Aug-17	11-Feb-18	1 799	-	1	0.06%	The cholera outbreak is ongoing. Cases have been reported from two provinces and five districts. Affected districts in Nampula province are (Memba, Erati, Nacaroa, and Nampula city), and Pemba city in Cabo Delgado province. The outbreak started in mid-August 2017 from Memba district. Erati District started reporting cases from week 41, Nacoroa started reporting cases from week 42, and Cabo Delgado Province started reporting cases from week 1 of 2018.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Namibia	Hepatitis E	Ungraded	18-Dec-17	8-Sep-17	4-Feb-18	643	50	3	0.5%	A total of 643 cases and 3 deaths (CFR 0.5%) have been seen at health facilities in Windhoek district. The majority of cases have been reported from informal settlements in the capital, with Havana being most affected, accounting for about 332 (52%) cases of the total cases, followed by Goreagab settlements with 168 (26%) cases, and Hakahana settlements with 23 (3.6%) cases.
Namibia	Cholera	Ungraded	31-Jan-18	25-Jan-18	31-Jan-18	1	1	0	0.0%	On 25 January 2018, a 10-year old schoolboy was admitted to a hospital in Windhoek after presenting with diarrhoea, vomiting, and dehydration. The patient fell ill after sharing food with two other classmates who subsequently developed similar symptoms. On 29 January 2018 stool samples isolated from the patient tested positive for Vibrio Cholerae.
Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	11-Aug-17	-	-	-	-	The security situation remains precarious and unpredictable. On 28 June 2017, 16 000 people were displaced after a suicide attack on an internally displaced persons camp in Kablewa. In another attack on 2 July 2017, 39 people from Ngalewa village, many of them children, were abducted. The onset of the rainy season is impeding the movements of armed forces around the region.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	31-Jan-18	-	-	-	-	Detailed update given above.
Nigeria	Cholera (nation wide)	Ungraded	7-Jun-17	1-Jan-17	10-Dec-17	3 714	43	84	2.3%	Between weeks 1 and 49, 3 714 cases were reported from 20 states compared to 727 suspected cases from 14 states during the same period in 2016. The cumulative total of cases and deaths in 2017 surpasses that observed during the same period in 2016 (727 suspected cases, 32 deaths).
Nigeria	Lassa fever	G2	24-Mar-15	1-Dec-16	11-Feb-18	1 637	501	184	11.2%	Detailed update given above.
Nigeria	Hepatitis E	Ungraded	18-Jun-17	1-May-17	31-Dec-17	1 651	182	8	0.6%	The number of cases has been decreasing since week 51. Forty-three new cases were reported in Kala/Balge LGA in week 52 (ending 31 December 2017).

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	10-Jan-18	367	33	45	12.3%	A total of 367 suspected cases have been reported from six-teen states: Abia, Anambra, Borno, Edo, Enugu, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Oyo, Plateau, and Zamfara. Thir-ty-three cases from seven states (Kano, Kebbi, Kogi, Kwara, Nasarawa, Niger, and Zamfara) have been laboratory-con-firmed at IP Dakar.
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	22-Dec-17	197	68	2	1.0%	Suspected cases are geo-graphically spread across 22 states and the Federal Capital Territory (FCT). Sixty-eight laboratory-confirmed cases have been reported from 14 states/territories (Akwa Ibom, Abia, Bayelsa, Benue, Cross River, Delta, Edo, Ekiti, Enugu, Lagos, Imo, Nasarawa, Rivers, and FCT).
Nigeria	Meningitis	Ungraded	26-Dec-17	1-Sep-18	2-Feb-18	536	87	82	15.3%	Cases have been reported from twelve States; Zamfara (272), Katsina (115), Sokoto (49), Jigawa (29), Bauchi (20), Cross River (17), Kebbi (12), Yobe (12), Kano (4), Borno (3), Adamawa (2) and Kaduna (1). As of 2 February 2018, 87 of 206 (42%) samples tested were positive, including 54 (62%) positive for Neisseria meningitides serogroup C (NmC).
São Tomé and Principé	Necrotising cel-lulitis/fasciitis	Protracted 2	10-Jan-17	25-Sep-16	17-Dec-17	2 422	0	0	0.0%	Over past 11 weeks, the inci-dence of new cases remained stable with an average of 32 cases per week. In week 50, 37 cases reported across six of the seven districts: Me-zochi (12), Agua Grande (9), Lobata (2), Cantagalo (12), Lembá (1) and Príncipe (1). Currently, 22 cases are receiving care in hospital and no deaths have been directly attributed to the infection.
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	21-Jan-18	4 445	1 429	-	-	A total of 4 445 cases have been reported from all regions of the three main islands (Mahé, Praslin, and La Digue). The trend in the number of cases has been decreasing since week 23.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
South Africa	Listeriosis	G1	6-Dec-17	4-Dec-17	14-Feb-18	872	872	164	18.8%	Most cases have been reported from Gauteng Province (59%) followed by Western Cape (13%) and KwaZulu-Natal (7%) provinces. Cases have been diagnosed in both public (64%) and private (34%) healthcare sectors. The diagnosis was based most commonly on the isolation of *Listeria monocytogenes* in blood culture (73%), followed by CSF (22%). Ages range from birth to 92 years (median 23 years) and 43% are neonates aged ≤28 days. The source of the outbreak has not been identified and investigations are ongoing.
South Sudan	Humanitarian crisis	G3	15-Aug-16	n/a	11-Feb-18	-	-	-	-	Detailed update given above.
South Sudan	Suspected viral haemorragic fever (VHF)	Ungraded	28-Dec-17	7-Dec-17	9-Feb-18	28	5	3	10.7%	An initial cluster of three suspected cases was reported from Yirol East County, all of whom died. Five additional suspected cases showed evidence of Rift Valley fever infection by serology (one was IgM and IgG positive for RVF, four were IgG positive only); these five cases were negative for RVF on PCR. Twelve other suspected cases were later classified as non-cases following negative RVF results on serology and PCR. Laboratory testing is pending for the eight suspected cases most recently identified.
Tanzania	Cholera	G1	20-Aug-15	1-Jan-18	11-Feb-18	754	-	15	2.0%	Detailed update given above.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	13-Feb-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. Between 10 February and 13 February 2018, a total of 13 799 new refugees arrived from DRC, bringing the total of new arrivals since 1 January 2018 to 37 128 refugees.
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).

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Uganda	Rift Valley fever (RVF)	Ungraded	22-Nov-17	14-Nov-17	27-Jan-18	6	6	5	83.3%	Two additional confirmed cases were identified through enhanced surveillance. One of these confirmed cases was a migrant from South Sudan who was living in the Bidibi-di refugee settlement, he died on 21 January 2018. All previously suspected cases have tested negative. To date, six districts have been affected: Kiboga, Mityana, Kiruhura, Kyankwanzi, Arua, and Buik-we. They are all located within the cattle corridor.
Uganda	Crimean-Con-go haemor-rhagic Fever (CCHF)	Ungraded	27-Dec-17	23-Dec-17	31-Jan-18	2	2	0	0.0%	On 17 January 2018, a second CCHF case was identified at the Kiwoko Hospital. On 18 January 2018 qRT-PCR results from the UVRI VHF-labora-tory were positive for CCHF. As of 31 January 2018, both confirmed cases have been discharged and 32 contacts are currently under follow-up.
Zambia	Cholera	G1	4-Oct-17	4-Oct-17	12-Feb-18	4 064	67	84	2.1%	Detailed update given above.
Zimbabwe	Cholera	Ungraded	22-Jan-18	8-Jan-18	15-Feb-18	107	9	4	3.7%	Chegutu Municipality in Mashonaland West Province of Zimbabwe, southwest of the Capital City Harare remains the hotspot of this outbreak. As of 14 February 2018, a cumu-lative total of 107 cases and 4 deaths (CFR: 3.7%) have been reported. Of these, 94 cases are from Chegutu, 12 cases are from different peri-urban areas of Chegutu, and one case from Msengezi area.
Zimbabwe	Typhoid fever	Ungraded	-	1-Oct-17	9-Feb-18	2 853	170	0	0.0%	Since the beginning of the outbreak 2 853 cases including 170 confirmed cases have been reported. The outbreak has spread from its epicentre in Matapi to other suburbs in Harare and areas outside of Harare.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Recently closed events										
Democratic Republic of the Congo	Flood	Ungraded	20-Nov-17	20-Nov-17	4-Feb-18	-	-	-	-	From 4-7 January 2018, a flooding event occurred in Kinshasa. The flood resulted in 45 deaths, 5 100 flooded homes, 192 collapsed houses and 2 damaged cholera treatment centres (CTCs).
Madagascar	Cyclone	Ungraded	5-Jan-18	5-Jan-18	17-Jan-18	-	-	-	-	On 5 January 2018, tropical Cyclone AVA reached the East coast of Madagascar. The most affected regions were Analanjirofo, Atsinanana, and Vatovavy-Fitovinany. In total, 54 827 people have been evacuated, 17 613 have been displaced, 51 people died and 22 persons disappeared.
Mali	Dengue fever	Ungraded	4-Sep-17	1-Aug-17	31-Dec-17	437	33	0	0.0%	A total of 437 cases have been reported from Bamako (436) and the Kati (1) health district northwest of Bamako. No confirmed cases have been reported since Week 41 of 2017.
Nigeria	Botulism	Ungraded	12-Jan-18	9-Jan-18	16-Jan-18	3	-	2	66.7%	On 9 January 2018, the NCDC was notified of two suspected cases of botulism involving a husband and his wife, both with symptoms onset on 7 January 2018. A third suspected case, their daughter, was admitted on 11 January with similar symptoms. The wife died on 8 January 2018. The father died on 15 January. The daughter is still admitted. Foodborne botulism was suspected based on the typical signs and symptoms such as cranial nerve paralysis. The diagnosis is yet to be confirmed by the laboratory. So far, the source of infection has not been identified.

†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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Data sources
Data is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.

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