WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 8: 17 – 23 February 2018

Data as reported by 17:00; 23 February 2018

WHO Health Emergencies Programme

5	47	43	9
New events	Ongoing events	Outbreaks	Humanitarian crises

Mauritania 37 0

Mali 109 0

913 73 · 845 44 · 1 651 8 · 172 13 · 1 874 23 · 1 250 81

Burkina faso · Niger · Chad

48 912 · 880 · 552 · 623

28 3 · 700 27

14 445 29

66 0 · 9 4

Liberia · Côte d'Ivoire · Benin · Nigeria

197 2 · 536 82

Central African Republic · South Sudan · Ethiopia

2 0 · 6 5

10 850 0 · 13 9 · 1 607 2

1 421 2 · 23 9

Cameroon · Sao Tome & Principe · 2 405

Democratic Republic of Congo · Uganda · Kenya

4 678 92 · 5 · 1 315 18 · 508 0

25 6 · 2 323 13 · 21 0

Seychelles · 4 445 0

Tanzania · 985 20

399 692 · 2 115 · Angola

Zambia · Malawi · Mozambique

42 0 · 557 11 · 4 187 85 · 541 10 · 1 863 1

Zimbabwe · Namibia

1 · 643 3 · 2 853 · 107 4

Madagascar 2 655 237

South Africa 915 172

N · W · E · S

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

Legend

- Food insecurity
- Measles
- Monkeypox
- Lassa fever
- Cholera
- Dengue fever
- Shigellosis
- Hepatitis E
- Plague
- Microcephaly
- Typhoid fever
- Meningitis
- Listeriosis
- Cases
- Deaths
- Scabies
- Humanitarian crisis
- Necrotising fasciitis
- Acute watery diarrhoea
- Flooding/mudslide
- Yellow fever
- Crimean-Congo haemorrhagic fever
- cVDPV
- Rift Valley fever
- Dengue haemorrhagic fever
- Rabies
- Chikungunya
- Countries reported in the document
- Non WHO African Region
- WHO Member States with no ongoing events

2 Grade 3 events	5 Grade 2 events	8 Grade 1 events	33 Ungraded events
2 Protracted 3 events	1 Protracted 2 event	1 Protracted 1 event	

Overview

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10 All events currently being monitored

- This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 52 events in the region. This week's edition covers key new and ongoing events, including:

  - Cholera in Uganda
  - Cholera in Zimbabwe
  - Lassa fever in Nigeria
  - Lassa fever in Benin
  - Listeriosis in South Africa
  - Humanitarian crisis in the Democratic Republic of the Congo
  - Humanitarian crisis in Niger

- 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:**

  - A fast evolving cholera outbreak has occurred in a refugee settlement in Hoima District, located in western part of Uganda. The most affected people are newly arrived refugees from the Democratic Republic of the Congo. This outbreak requires swift interventions to interrupt the rapid transmission and reduce fatality.

  - The Lassa fever outbreak in Nigeria continues, with more cases being reported. Given the scale of the outbreak, the ongoing response operations need to be scaled up quickly.

New event

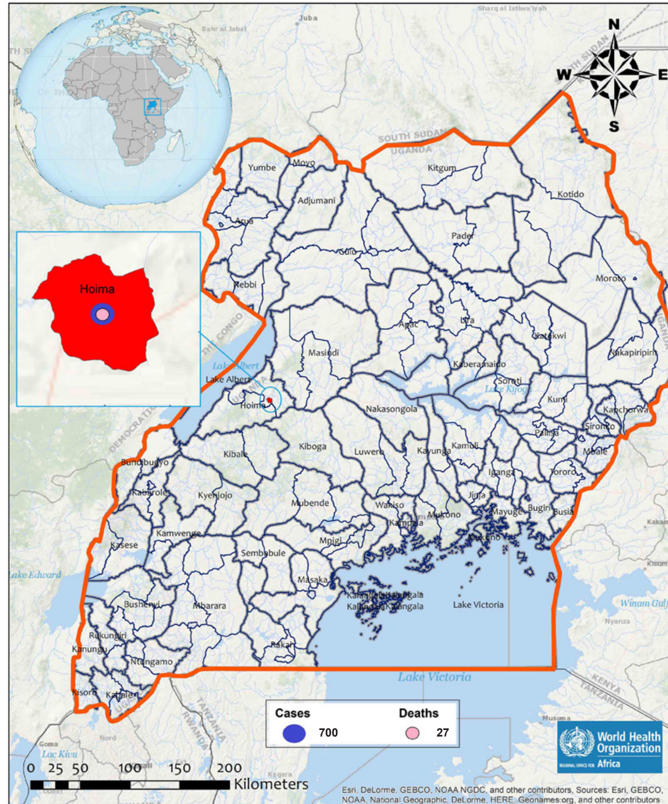
Cholera | **Uganda** | 700 **Cases** | 27 **Deaths** | 3.9% **CFR**

EVENT DESCRIPTION

On 23 February 2018, the Uganda Ministry of Health notified WHO of an outbreak of cholera in Kyangwali refugee settlement, located in Hoima district in the western part of the country. The outbreak started on 15 February 2018 when the index case, a 60-year-old man from Sebigoro Landing Site, developed acute watery diarrhoea and vomiting. On the same day (15 February 2018), two children – one from a refugee reception centre and the other from a new refugee settlement – died of acute watery diarrhoea and severe dehydration. Four stool specimens collected from the initial cases were shipped to the Central Public Health Laboratory (CPHL) in Kampala. Culture test results released on 19 February 2018 showed that two of the specimens isolated Vibrio cholerae O1 serotype Inaba, confirming the outbreak. Additional two specimens subsequently tested positive.

As of 23 February 2018, a total of 700 suspected cholera cases, including 27 deaths (case fatality rate 3.9%) were reported. The affected population are mostly newly arrived refugees and a few members of the host community. The most affected places are a landing site at the shores of Lake Albert and new refugee settlements in the neighbourhood.

Geographical distribution of cholera cases in Uganda, 15 – 23 February 2018



PUBLIC HEALTH ACTIONS

- Outbreak response coordination structures have been established, with the first meeting held on 21 February 2018. Various sub-committees were established, including case management; surveillance; water, sanitation and hygiene (WASH); logistics; and coordination. Daily coordination meetings are being conducted under the leadership of the Office of the Prime Minister and UNHCR, with guidance from WHO.
- Active surveillance has been enhanced. Village Health Teams (VHTs) are actively searching and referring suspected cases to treatment centres. Cases are being line-listed. However, data analysis to facilitate case investigation and tracking still requires strengthening.
- Two cholera treatment centres (CTCs) have been set up at Kasonga Health Centre (HC) II and Sebigolo HC III, supported by MSF. The district health authority deployed two clinical officers and eight nurses to support the CTCs. Healthcare workers have been trained on cholera case management, including infection prevention and control (IPC) measures.
- Water, sanitation and hygiene (WASH) interventions are ongoing. Potable water is being trucked and distributed, though availability is still estimated at eight litres per person per day, as opposed to the minimum recommended 15 litres per person per day. A total of 360 communal latrines have been constructed by UNHCR in the new settlement in Maratatu where most of the cases originate. About 120 VHTs have been trained and they are sensitizing the community on WASH and health promotion, in addition to Red Cross volunteers.

SITUATION INTERPRETATION

A rapidly evolving cholera outbreak has been confirmed in a refugee settlement in Hoima District, mainly affecting newly arrived refugees. More than 27 000 refugees from the Democratic Republic of the Congo have crossed Lake Albert into Uganda, most arriving in the last weeks. The dramatic increase in cholera cases is indicative of high transmission potential, mainly inadequate sanitation, hygiene and safe water chain management. While control interventions have been initiated, the operations need to be scaled up to ensure that the outbreak is quickly brought to an end. The outbreak also has the potential to spread to other communities and districts in the Albertine region, which is a known hotspot for cholera in the country.

Ongoing events

Cholera	Zimbabwe	107 Cases	4 Deaths	3.7% CFR

EVENT DESCRIPTION

The cholera outbreak in Zimbabwe has remained stable, with no new cases reported since 14 February 2018. The number of cases started declining after peaking in week 4 (week ending 28 January 2018) with 47 cases.

Since the onset of the outbreak on 6 January 2018, a total of 107 cases, including four deaths (case fatality rate 2.1%) have been reported, as of 21 February 2018. Nine cases have been confirmed. Of the four deaths, three occurred in the health facilities and one in the community. The three health facility deaths occurred among confirmed cases.

The majority (88%, 94) of cases originated from the same residential area in Chegutu Municipality, while 12 other cases (11%) were scattered in different peri-urban areas of Chegutu. Only one case came from Msengezi, located 30 km away from Chegutu Municipality.

Geographical distribution of cholera cases in Zimbabwe, 6 January – 21 February 2018

PUBLIC HEALTH ACTIONS

- The Ministry of Health and Child Care is coordinating response to the cholera outbreak, with support from partners, including WHO, UNICEF, MSF, Zimbabwe Red Cross, Econet Zimbabwe (Higher Life foundation), etc.
- The District Civil Protection Committee (CPU) has been activated, with sub-committees including medical, water and sanitation, health promotion, logistics and psycho-social support.
- Social mobilization activities continue: 62 trained volunteers are conducting door-to-door community sensitization, a drama on cholera prevention was performed in five schools, and health workers in private clinics and pharmacies have been sensitized.
- Water, sanitation and hygiene (WASH) interventions are ongoing, including rehabilitation of nine boreholes and training of water point user committees, distribution of chlorine for household water treatment, and training of nine environmental health technicians.

SITUATION INTERPRETATION

The cholera outbreak in Zimbabwe appears to be under control, with no new cases reported in the last nine days. While this picture is encouraging, there is need for continued implementation of response activities, especially WASH, enhanced surveillance, and public health education. The risk factors for cholera transmission remain prevalent. Over the past years, there has been a deterioration of the Zimbabwean water and sanitary infrastructure, leading to a shortage of safe drinking water and inadequate sanitation. This infrastructure requires refurbishing as a long-term measure to prevent recurrence of the water-related diseases, including cholera.

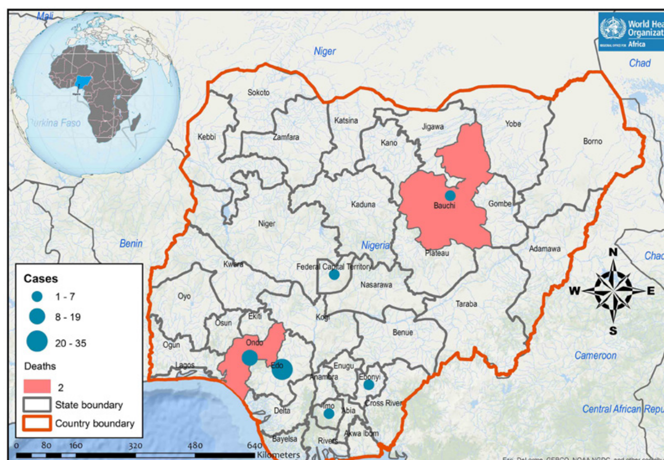
EVENT DESCRIPTION

The Lassa fever outbreak in Nigeria continues to evolve. In week 7 (week ending 18 February 2018), 68 new confirmed cases, including four deaths (case fatality rate 8%) were reported, compared to 19 confirmed cases in week 6. The new cases came from seven states, namely Edo (35), Ondo (19 cases and 2 deaths), Ebonyi (7), Anambra (4), Bauchi (1 case and 2 deaths), Imo (1), and the Federal Capital Territory (1).

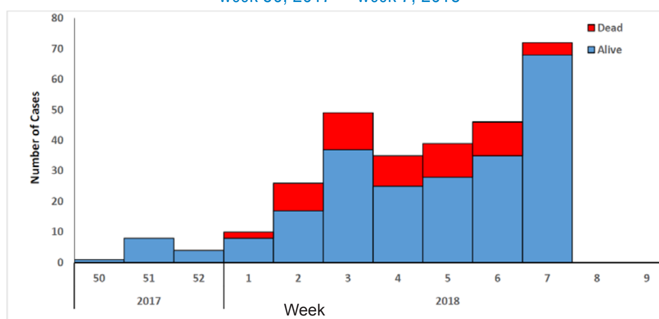
Between 1 January and 18 February 2018, a total of 913 suspected cases and 73 deaths (case fatality rate 8%) have been reported from 17 states (Anambra, Bauchi, Benue, Delta, Ebonyi, Edo, Imo, Gombe, Kogi, Lagos, Nasarawa, Ondo, Osun, Plateau, Rivers, Taraba, and the Federal Capital Territory). Two thirds of the cases are male and the people predominantly affected are between 30 and 50 years (median age 32).

Of 277 cases with laboratory results, 272 were positive for Lassa fever, while five cases were classified as probable. A total of 59 deaths have occurred among the confirmed (54) and probable (5) cases, giving a case fatality rate of 21.3% in this group. Over 80% of the confirmed cases are from the three hotspot states of Edo, Ondo and Ebonyi (Edo and Ondo states account for 74% of confirmed cases). Fourteen healthcare workers from six states have been affected, and four of them died. A total of 2 351 contacts have been identified and 1 747 (74.3%) are still under follow up.

Geographical distribution of Lassa fever cases in Nigeria, week 7, 2018



Weekly trend of Lassa fever in Nigeria week 50, 2017 – week 7, 2018



PUBLIC HEALTH ACTIONS

- A National Lassa fever Emergency Operations Centre (EOC) continues to coordinate response to the outbreak, with support from WHO and other partners.
- A national rapid response team from the Nigeria Centre for Disease Control (NCDC) and Nigeria Field Epidemiology and Laboratory Training Program (NFELTP) has been deployed to support the response in Ebonyi, Edo, and Ondo states. The NCDC teams were also deployed to four states bordering Benin (Kebbi, Kwara, Niger, and Oyo) to enhance cross-border surveillance activities.
- A high level team from NCDC and WHO team made a field visit to Ebonyi, Edo and Ondo states to assess the situation and provide moral support.
- The three most affected states of Edo, Ondo and Ebonyi have established dedicated Lassa fever treatment units and ribavirin is available for treatment of confirmed cases. The NCDC is collaborating with the Alliance for International Medical Action (ALIMA) to conduct an assessment of treatment units.
- WHO has approved US$ 900 460 from its Contingency Funding for Emergencies (CFE) to support initial response, including surge capacity, strengthening surveillance and contact tracing, improving case management and IPC.
- The WHO Incident Management system has been activated and senior international experts were deployed through this to support the response.
- Cross-border collaboration and information sharing has been initiated between authorities in Nigeria and neighbouring Benin.

SITUATION INTERPRETATION

Nigeria continues to experience a Lassa fever outbreak, with an increasing number of new cases being reported. Only three states have dedicated treatment centres. This means that clinical management is likely to happen in health centres which are not appropriately prepared to handle Lassa fever patients, thus exposing healthcare workers to infection. Given the current trend and wide geographical spread of the disease, there is an urgent need to scale up response operations in the country. This should involve mobilization of local capacities at the state and national levels, in addition to technical assistance from partners. Scaling up interventions requires resources, including funding, technical human capacity and logistics.

Lassa fever | Benin

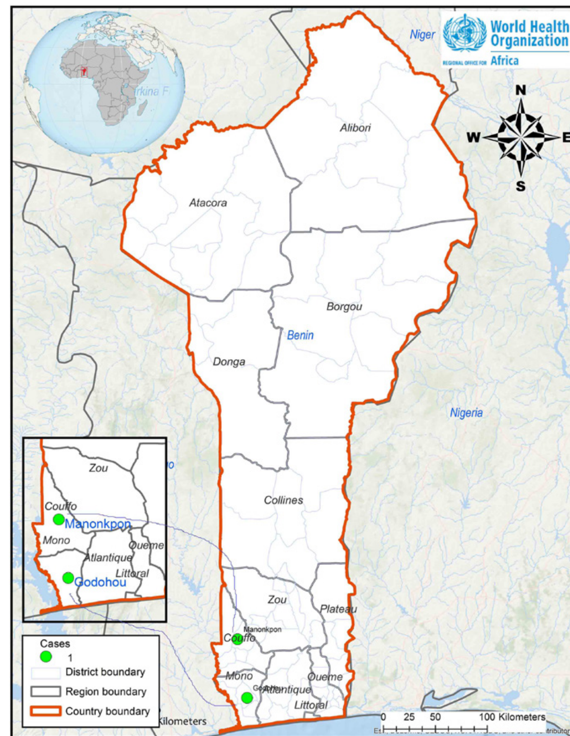
23 **Cases** | 8 **Deaths** | 34.7% **CFR**

EVENT DESCRIPTION

The Lassa fever outbreak in Benin continues, though the situation is relatively stable. During week 7 (week ending 18 February 2018), two new suspected cases were reported, compared to zero cases in week 6 and eight cases in week 5. The new cases came from Manonkpon (1) and Godohou (1) Districts. While the case from Manonkpon met Lassa fever case definition, with a travel history to Nigeria, the specimen tested negative. The case from Godohou District died in the community of bleeding diathesis and no laboratory test was done. There was no epidemiological link between the two cases.

Between 8 January and 19 February 2018, a total of 23 suspected cases, including eight deaths (case fatality rate 34.7%) have been reported. Of these, five cases were confirmed while three cases were classified as probable. Five of the eight deaths occurred among confirmed cases and the other three deaths remained probable cases. Fifteen suspected cases tested negative for Lassa fever. The date of death of the last confirmed case is 25 January 2018 while the last suspected case was reported on 16 February 2018. There is no patient admitted in the hospital as of 22 February 2018. A total of 398 contacts have been identified and listed; 265 of them were in the community and 133 from health facilities.

Geographic distribution of Lassa fever cases in Benin, 16 - 22 February 2018



PUBLIC HEALTH ACTIONS

- The Ministry of Health is coordinating and leading the response to the outbreak, with support from WHO and partners.
- A national rapid response team has been deployed to the affected districts to support local response.
- Active surveillance is ongoing in the affected districts, including contact tracing.
- Healthcare workers have been trained in detection and management of Lassa fever cases. Personal protective equipment has been supplied to health facilities that are managing cases.
- Risk communication and social mobilization have been intensified in the affected communities. Traditional healers and community leaders have been sensitized on Lassa fever prevention and control measures.
- Dissemination of awareness messages on Lassa fever preventive measures is ongoing in community radios.

SITUATION INTERPRETATION

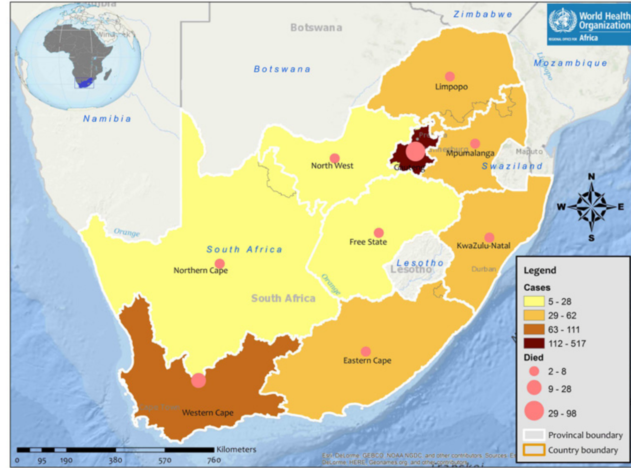
The Lassa fever outbreak in Benin continues and the country remains in a high state of alert. While the situation is relatively calm, the likelihood of more cases coming up is high, given the ongoing outbreak in Nigeria and the high population movements between the two countries. Some challenges still exist in the response, which need to be addressed. These include provision of adequate laboratory reagents and consumables, and medicines for symptomatic treatment of patients, as well as setting up a treatment centre at Savé. The national authorities and partners need to address the gaps in the response interventions and cross-border collaboration between Benin and Nigeria should be strengthened in order to control the outbreak.

Listeriosis	South Africa	915 Cases	172 Deaths	18.8% CFR

EVENT DESCRIPTION

The incidence of listeriosis in South Africa continues to decline since attaining a peak in week 50 of 2017. Between 14 and 20 February 2018, 43 new confirmed cases and eight deaths (case fatality rate 18.6%) have been reported. As of 20 February 2018, a total of 915 confirmed cases with 172 deaths (case fatality rate 18.8%) have been reported, since 1 January 2017. Gauteng Province remains the most affected, accounting for 59% (541 cases) of all reported cases, followed by Western Cape at 12% (112 cases) and KwaZulu-Natal with 7% (66 cases). Sixty-four percent (587) of the cases have been diagnosed in the public health sector and 36% (328 cases) in the private healthcare sector. Seventy-three percent (669 cases) of the cases were diagnosed based on isolation of *Listeria monocytogenes* in blood culture, while 22% (198 cases) were diagnosed on cerebrospinal fluid (CSF). Of 886 cases with known age, the ages of the people affected ranged from birth to 92 years (median 20 years) and 41% are neonates aged 28 days or younger. Of the neonates, 97% had early-onset disease (from birth to less than 7 days). Females accounted for 56% of cases. Final outcome data are available for 67% of cases, of which 28% (172/617) have died.

Geographic distribution of listeriosis cases in South Africa, 1 January 2017 - 20 February 2018



PUBLIC HEALTH ACTIONS

- Municipal Environmental Health Practitioners in all provinces have embarked on systematic inspection and sampling of diverse food production, processing, and packaging facilities.
- Support and guidance was provided to environmental health practitioners on sampling and collection of specimens from food processing plants for laboratory testing.
- The National Institute for Communicable Diseases (NICD) has published clinical listeriosis management guidelines to guide healthcare workers.
- Healthcare workers are completing case investigation forms for case-patients with listeriosis, and submitting the forms to the NICD.
- Cases of listeriosis are investigated, with trace back and further investigation of any positive food/environmental samples.
- The NICD continues to operate a 24-hour hotline for healthcare workers.

SITUATION INTERPRETATION

The outbreak listeriosis in South Africa continues and the number of new cases is generally declining. Efforts to identify the source of infection are ongoing, with samples being systematically collected from diverse food production, processing, and packaging facilities. In addition, risk communication and preventive messages are being disseminated.

EVENT DESCRIPTION

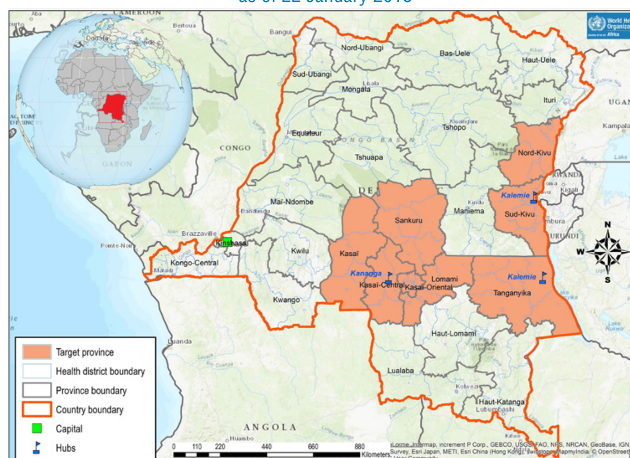
The security situation in the Democratic Republic of the Congo remains precarious, with the provinces of South Kivu, North Kivu, Tanganyika and the Kasaï region being most affected. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimated that 4.5 million people have been internally displaced in the country by end of 2017, 52% of whom were women. Close to 70% of the people moved as a result of armed clashes and attacks, while the rest were displaced due to communal and land conflicts.

Since January 2018, there has been serious deterioration of the humanitarian situation in several places following intensified fighting. This has resulted in fresh influx of refugees to Burundi, Rwanda and Uganda, as well as internal displacement. Relative calm has returned to some places, allowing several thousand people to return to their homes. However, health facilities and schools in the affected areas were looted, reducing access to medical care and preventing students from returning to school. Access to these areas by aid workers also remains limited.

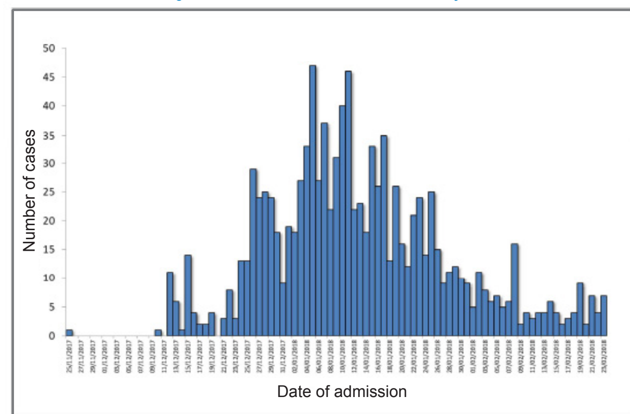
The cholera outbreak continues to show a downward trend, with 524 suspected cases and seven deaths (case fatality rate 1.3%) reported during week 6 (week ending 11 February 2018), compared to 687 suspected cases and eight deaths (case fatality rate 1.2%) in week 5 (week ending 4 February 2018). The new cases mainly came from along the Congo river, in the provinces of Mai-Ndombe (35 cases), Ecuador (15 cases) and Mongala (3 cases). The number of cholera cases in the capital city, Kinshasa, also declined during week 6, with 46 suspected cases reported compared with 221 cases reported during the peak of the outbreak in week 2 of 2018.

The measles outbreak continues, with 384 cases and four deaths (case fatality rate 1%) reported in week 6. More than half of these cases were from South Kivu. The cumulative number of suspected measles cases between week 1 and week 6 of 2018 is 2 323 with 13 deaths (case fatality rate 1%).

Humanitarian crisis in Democratic Republic of the Congo as of 22 January 2018



Epidemic curve of cholera outbreak in Kinshasa, Democratic Republic of the Congo, 25 November 2017 - 23 February 2018



PUBLIC HEALTH ACTIONS

- WHO's operations in response to the humanitarian crisis have been strengthened, following a joint HQ-AFRO evaluation of compliance with minimum operating standards of the sub-offices in the priority intervention areas.
- WHO and partners are targeting cholera control interventions in newly affected areas along the Congo river, to prevent a resurgence of the disease in Kinshasa.
- There is continued support for access to primary healthcare in eight health zones in Kasaï, as well as preparations for the implementation of the Rapid Response to Epidemics Project, for the provinces of South Kivu, Kasaï, Lomami and Haut-Lomami.
- On 13 February 2018, a meeting of the Provincial Committee to Combat Cholera was held while the National Coordinating Committee for Combating Cholera met on 16 February 2018. WHO provide technical guidance to both meetings.
- The National Program for the Elimination of Cholera requested WHO to deploy two Early Warning and Response (EWARS) kits and discussions are ongoing.
- A total of 12 technical experts have been deployed in the hubs and sub-offices of Kananga, Mbuji-Mayi, Tshikapa, Kalemie, Goma, and Bukavu, as part of strengthening response operations.
- The water, sanitation and hygiene (WASH) partners continue to provide WASH interventions and risk communication to all areas affected by the cholera outbreak.
- Preparation for reactive measles vaccination campaigns in five health zones in South Kivu continues. There is continuous monitoring of responses to the measles outbreaks across the country.

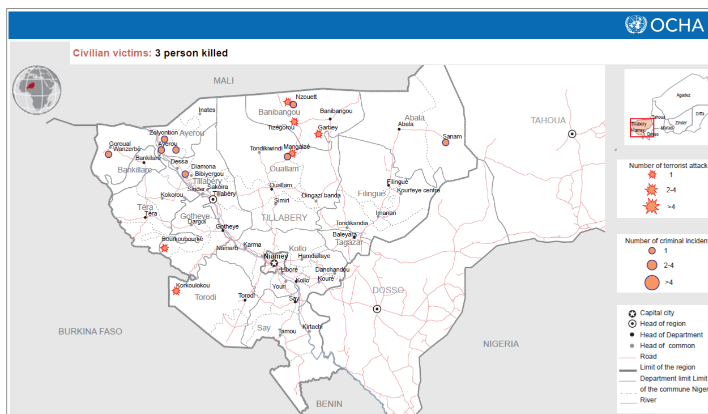
SITUATION INTERPRETATION

The ongoing complex humanitarian crisis in the Democratic Republic of the Congo remains serious. The volatile security situation causes continuous back-and-forth population movements. However, humanitarian access to the displaced people continues to be hampered. The resulting outbreaks of epidemic-prone diseases are of concern. Even though the cholera outbreak appears to be declining, the gains could be reversed with the new outbreaks along the Congo river. The humanitarian crisis in the Democratic Republic of the Congo still needs the attention of the national authorities and international partners, particularly to resolve the ongoing armed clashes and intercommunal violence, to prevent escalation of this crisis.

EVENT DESCRIPTION

The humanitarian situation in Niger remains complex, with many challenges to overcome. A state of emergency has been effective in Tillabéry and Tahoua Regions since 3 March 2017. Conflict, insecurity and instability in the south-east and north-west of the country further exacerbate the humanitarian situation and continue to worsen the socioeconomic status of the local communities. This has led to extreme poverty and limited livelihood opportunities, and with the recurrent environmental degradation, contribute to food insecurity in Niger.

Humanitarian crisis in Niger,Tillabéry as of january 2018



The security situation remains volatile and unpredictable in Diffa Region, due to the ongoing military activities of Boko Haram in Niger, as well as in neighboring countries. There are currently over 252 000 displaced persons in the region, including 108 470 refugees, 129 015 internally displaced persons and 14 820 returnees. The majority of these people live in unstructured sites or with the local host population. A total of 68 abduction cases were reported in 2017, mainly from Mainé-Soroa.

Security incidents continue in 2018. In January 2018, two attacks targeting military locations in Toumour and Chetima Wangou occurred. Besides the attacks, 13 civilians lost their lives and seven people were kidnapped. This has disrupted humanitarian access in several localities in the region, leading to suspension of relief activities, including mobile clinics.

Niger is one of several countries in the region subject to meningitis outbreaks during the dry season, which normally runs between December and June. In week 6 (week ending on 11 February 2018), a total of 14 suspected cases and one death (case fatality rate 7.1%) were reported from five health districts. No health district has reached the alert threshold during the reporting week. Between week 1 and week 6 of 2018, a total of 101 suspected cases of meningitis and 9 deaths (case fatality rate 8.9%) were reported from seven regions.

PUBLIC HEALTH ACTIONS

- The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) coordinated the update of the inter-agency contingency plan, where WHO and other partners contributed. WHO also updated its contingency plan for response to the crisis in Tillabéry Region.
- The Ministry of Health has strengthened epidemiological surveillance for meningitis as well other diseases of epidemic potential, with support from WHO.
- A multi-sectoral mission conducted assessment of the humanitarian situation in Tiloa, Tillabéry Region between 29 and 30 January 2018. The assessment informed planning and delivery of humanitarian assistance.
- Two health districts, Mirriah and Magaria, conducted meningitis vaccination campaign by end of December 2017, after crossing the epidemic threshold in week 49 of 2017.

SITUATION INTERPRETATION

The security situation in the Diffa, Tahoua and Tillabéry Regions has impacted access to humanitarian assistance, including healthcare services for both displaced people and the local host community. Medical staff in these areas have equally been exposed to protection risks while supplies of medicines are usually insufficient. This has challenged the functionality of health facilities, as well as vaccination services. Nevertheless, the humanitarian community continues to mobilize necessary resources and provide technical assistance to support government's efforts to alleviate the situation.

Summary of major challenges and proposed actions

Challenges

- A rapidly evolving cholera outbreak, with high case fatality rate, has been confirmed in a refugee settlement in western Uganda. The disease is mainly affecting newly arrived refugees from the Democratic Republic of the Congo. The dramatic increase in cholera cases is indicative of high transmission potential, mainly inadequate sanitation, hygiene and safe water chain management. This outbreak has the potential to spread to other communities and districts in the Albertine region, which is a known hotspot for cholera in the country.
- The Lassa fever outbreak in Nigeria continues, with increasing weekly incidence of cases being reported. The scale of the current outbreak is quite big and there is a need to clearly understand the dynamics responsible for the rapid propagation of the disease. In addition to the conventions response, interventions targeting the reservoir of the Lassa fever virus need to be stepped up at community and household levels.

Proposed actions

- The national authorities and partners in Uganda need to swiftly mount effective cholera control interventions to interrupt the rapid transmission of the disease and reduce the high fatality. The technical competence to quickly control this outbreak exists in the country. However, the necessary resources need to be provided for this to happen.
- The national authorities and partners in Nigeria need to quickly scale up the response operations to the Lassa fever outbreak. This involves mobilization of local capacities at the state and national levels, in addition to technical assistance from partners. Scaling up interventions requires resources, including funding, technical human capacity and logistics.

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 Congo	Rabies	Ungraded	19-Feb-18	1-Jan-18	10-Feb-18	25	0	6	24.0%	This outbreak began toward the end of October 2017 in Kibua health district, North Kivu province. During Week 6 of 2018, three cases were reported.
Kenya	Measles	Ungraded	19-Feb-18	n/a	15-Feb-18	5	5	0	0.0%	In total, 5 cases have been reported from Wajir East. The affected sub-county was not part of the response campaign conducted in 2017.
Liberia	Shigellosis	Ungraded	20-Feb-18	4-Feb-18	11-Feb-18	66	4	0	0.0%	A total of 66 cases were reported from two communities in Firestone district, Margibi County. All cases have been clinically treated and two cases remain hospitalized. No new cases have been reported since 6 February 2018.
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	11-Feb-18	109	49	0	0.0%	A total of five health districts have reached the epidemic threshold (Ansongo, Bandiagara, Douentza, Kadiolo, and Yanfolila). Forty-nine samples were confirmed positive by serology (IgM) at the national reference laboratory INRSP.
Uganda	Cholera	Ungraded	15-Feb-18	12-Feb-18	22-Feb-18	700	5	27	3.9%	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. Epidemiological investigations are ongoing 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	22-Feb-18	23	5	8	39.1%	Detailed update given above.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed 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 Ouagadougou (the capital). Dengue virus serotypes 1, 2, and 3 are circulating, with serotype 2 predominating (72%).
Cameroon	Humanitarian crisis	G2	31-Dec-13	27-Jun-17	3-Nov-17	-	-	-	-	At the beginning of November, the general security situation in the Far North Region worsened. Terrorist attacks and suicide bombings are continuing and 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 out of the camp. In addition, approximately 238 000 Internally Displaced People have been registered.
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.
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	Confirmed cases	Deaths	CFR	Comments
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	18-Feb-18	-	-	-	-	Detailed update given above.
Democratic Republic of the Congo	Cholera	G3	16-Jan-15	1-Jan-18	18-Feb-18	4 678	0	92	2.0%	This is part of an ongoing outbreak. From week 1 to 6 of 2018, a total of 4 678 cases including 92 deaths (CFR: 2%) were reported from DRC. In week 6, 56% of the cases were reported from endemic areas (North Kivu, South Kivu, Tanganyika, and Haut-Lomami). In Kinshasa, the number of cases dropped significantly during week 6 (46 suspected cases against 221 at the peak of the epidemic at week 2 of 2018). Between 25 November 2017 and 16 February 2018, 1 029 cases including 43 deaths (CFR: 4.2%) have been reported from Kinshasa. Nationwide, a total of 47 226 cases including 550 deaths (CFR; 1.2%) have been reported since January 2017.
Democratic Republic of the Congo	Measles	G3	10-Jan-17	1-Jan-18	18-Feb-18	2 323	-	13	0.6%	This outbreak is ongoing since the beginning of 2017. As of week 6 in 2018, a total of 47 226 cases including 559 deaths (CFR 1%) have been reported since the start of the outbreak. In 2018 only, 2 323 cases including 13 deaths (0.6%), were reported. In week 6, 384 cases including 4 deaths (CFR 1%), were reported. Of these cases notified 51% (195 cases), were reported from South Kivu.
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Ungraded	15-Feb-18	n/a	16-Feb-18	21	21	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 and the date of onset of paralysis in the last case was 3 December 2017.
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)	Protracted 3	15-Nov-15	1-Jan-17	21-Feb-18	48 912	-	880	1.8%	This is ongoing outbreak since the beginning of 2017. Between January and December 2017, a cumulative total of 48 814 cases and 880 deaths (CFR 1.8%), have been reported from 9 regions. In 2018 only, a total of 98 cases have been reported from two regions, Somali and Dire Dawa regions.
Ethiopia	Measles	Protracted 3	14-Jan-17	1-Jan-18	18-Feb-18	552	13	-	-	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 552 suspected cases including 191 confirmed cases, have been reported across the country. Most of the cases in 2018 have been reported from Somali region (28%), followed by Oromia (22%), SNNP (21%), and Addis Ababa (18%). Most affected groups are children under five years of age (32%) and children between 5 and 14 years old (43%).
Kenya	Chikungunya	Ungraded	mid-December 2017	mid-December 2017	15-Feb-18	508	36	0	0.0%	As of 25 January 2018, a total of 453 cases including 32 confirmed cases, were reported from Mombasa county across seven sub-counties: Changamwe, Jomvu, Kilifi, Kisauni, Likoni, Mvita, and Nyali. Since 27 January 2018, 55 cases including 4 confirmed cases have also been reported from Lamu county.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Kenya	Cholera	G1	6-Mar-17	1-Jan-18	15-Feb-18	1 315	34	18	1.4%	The outbreak in Kenya is ongoing since 2017. Between 1 January 2017 and 07 December 2017, a cumulative total of 4 079 cases have been reported from 21 Counties (data until 31 December 2017 not available). In 2018, a total of 1 315 cases have been reported as since the first of January. Currently, the outbreak is active in 7 counties: Garissa, Tharaka Nithi, Meru, Busia, Tana River, West Pokot, and Turkana counties. The outbreak was recently controlled in Mombasa, Kirinyaga, and Siaya.
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* sero-group W. All seven samples collected as of 29 January 2018 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	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.
Madagascar	Plague	G2	13-Sep-17	13-Sep-17	22-Feb-18	2 655	552	237	8.9%	Cases include pneumonic (2 025, 76%), bubonic (424, 16%), septicaemic (1) and unspecified (205, 8%) forms of disease. Of the 2 025 clinical cases of pneumonic plague, 401 (20%) have been confirmed, 639 (32%) are probable and 985 (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	21-Feb-18	541	76	10	1.8%	The number of cases per week continue to rise. In epi-week 7 (12-18 February 2018), a total of 91 cases including 4 deaths were reported from 6 districts: Karonga (16 cases), Rumphi (3 cases), Dedza (1 case), Salima (23 cases, 1 death), Likoma (2 cases) and Lilongwe (46 cases, 3 deaths) compared to the previous week where 68 cases including 1 death had been reported. As of 21 February 2018, 541 cases have been reported from 13 districts: Karonga (274 cases), Kasungu (1 case), Dowa (5 cases), Nkhatabay (20 cases), Lilongwe (163 cases), Salima (44 cases), Chikawa (1 case), Mulanje (4 cases), Nsanje (6 cases), Likoma (13 cases), Rumphi (8 cases), Blantyre (1 case) and Dedza (1 case).
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	19-Nov-17	-	-	-	-	The security situation remains volatile in the north and centre of the country. At the last update, incidents of violence had been perpetrated against civilians, humanitarian workers, and political-administrative authorities.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Mauritania	Dengue haem-orrhagic fever	Ungraded	30-Nov-17	6-Dec-17	13-Dec-17	37	37	-	-	On 30 November 2018, the MoH notified 3 cases of dengue fever including one hemorragic 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 2018, the national reference laboratory confirmed the diagnosis of 37 out of 49 RDT positive samples collected between 16 November and 11 December 2017.
Mozam-bique	Cholera	Ungraded	27-Oct-17	12-Aug-17	18-Feb-18	1 863	-	1	0.05%	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. No cases have been reported from Erati and Nacrpoua districts since the first week of January 2018.
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	16-Feb-18	-	-	-	-	Detailed update given above.
Nigeria	Humanitarian crisis	Protract-ed 3	10-Oct-16	n/a	31-Jan-18	-	-	-	-	Conflict and insecurity in the north east of Nigeria remain a concern and resulted in a large scale of displacement. Most affected areas recently are along the axis from Monguno to Maiduguri, namely in Gasarwa, Gajiram, Gajigana, Tungushe, and Tungushe Ngor towns. Initials estimates for the number of IDPs in recent months is between 20 000 and 36 000 people have displaced in recent months, many of which are in dire need of humanitarian services, including the host community populations.
Nigeria	Cholera (na-tion wide)	Ungraded	7-Jun-17	1-Jan-18	4-Feb-18	172	1	13	7.6%	The 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 2.53%), including 60 laboratory-confirmed were reported from 87 LGAs in 20 States. Between weeks 1 and 5 of 2018, 172 suspected cases including one laboratory-confirmed case and 13 deaths (CFR 7.56%), have been reported from 23 LGAs in 7 States.
Nigeria	Lassa fever	G2	24-Mar-15	1-Jan-18	18-Feb-18	913	272	73	8.0%	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	Confirmed cases	Deaths	CFR	Comments
Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	14-Feb-18	845	35	44	5.2%	A total of 845 cases have been reported from 21 states: Abia, Anambra, Bayelsa, Borno, Cross Rivers, Edo, Enugu, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Oyo, Plateau, Rivers, Sokoto, and Zamfara. Thirty-five cases from seven states (Kano, Kebbi, Kogi, Kwara, Nasarawa, Niger, and Zamfara) have been laboratory-confirmed at IP Dakar.
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	22-Dec-17	197	68	2	1.0%	Suspected cases are geographically 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 sero-group C (NmC).
São Tomé and Prin-cipé	Necrotising cellulitis/fas-ciitis	Protract-ed 2	10-Jan-17	25-Sep-16	10-Feb-18	2 405	0	0	0.0%	From week 47 of 2017 to week 6 of 2018, three times less cases have been notified compared to the same period in the previous year. However, the average number of cellulitis cases currently notified is still significantly higher than that before the beginning of the epidemic. In week 6, 16 cases were notified across six of seven districts: Me-zochi (8), Agua Grande (2), Lobata (3), Cantagalo (1), Caue (1), Lembá (1). Currently, 20 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.
South Africa	Listeriosis	G1	6-Dec-17	4-Dec-17	20-Feb-18	915	915	172	18.8%	Detailed update given above.
South Sudan	Humanitarian crisis	G3	15-Aug-16	n/a	11-Feb-18	-	-	-	-	The conflict enters its fifth year and the human-itarian crisis has continued to intensify and expand. Several security incidents continue to be reported across the country, which negatively impacted the humanitarian interventions. Access to health services remains a challenge causing increases in mortality and morbidity.
South Sudan	Rift Valley fever (RVF)	Ungraded	28-Dec-17	7-Dec-17	16-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 nega-tive RVF results on serology and PCR. Laboratory testing is pending for the eight suspected cases most recently identified.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Tanzania	Cholera	G1	20-Aug-15	1-Jan-18	18-Feb-18	985	-	20	2.0%	This is part of an ongoing outbreak. From week 1 to 7 of 2018, a total of 985 cases with 20 deaths (CFR: 2.0%) were reported from Tanzania Mainland, no case was reported from Zanzibar. The last case reported from Zanzibar was on 11 July 2017. The trend of reported cholera cases from Tanzania Mainland this week slightly decreased to 231 cases compared to 278 cases in week 6, 2018, however, deaths have increased to five deaths compared to three deaths in week 6, 2018. In week 7 cases have been reported from five regions: Dodoma (112 cases, 3 deaths), Ruvuma (65 cases, 2 deaths), Rukwa (31 cases), Iringa (19 cases) and Morogoro (4 cases). Morogoro Region reported cases in this week after 13 weeks of zero reports while Songwe Region has three weeks of zero reports. Since the start of the outbreak on 15 August 2015, Tanzania mainland reported 29 591 cases including 486 deaths (CFR 1.6%) and Zanzibar reported 4 688 cases including 72 deaths (CFR 1.54%). In total, 34 279 cases including 558 deaths (CFR 1.6%) were reported for the United Republic of Tanzania.
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).
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 Bidibidi 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 Buikwe. They are all located within the cattle corridor.
Uganda	Crimean-Congo haemorrhagic 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-laboratory 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	18-Feb-18	4 187	67	85	2.0%	On 18 February 2018, 18 new cases with no deaths were reported in Lusaka district. Five new cases were reported from other districts outside Lusaka, namely Shibuyunji (1 case), Kafue (3 cases) and Chongwe (1 case). Since the start of the outbreak, Lusaka district reported a total of 3 893; the cumulative number of cases from other districts is 294.
Zimbabwe	Cholera	Ungraded	22-Jan-18	8-Jan-18	22-Feb-18	107	9	4	3.7%	Detailed update given above.
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	Confirmed cases	Deaths	CFR	Comments
Recently closed events										
Burundi	Cholera	Ungraded	20-Aug-17	15-Aug-17	31-Dec-18	171	14	0	0.0%	As of 31 December 2017, a cumulative total of 171 cases including 14 laboratory-confirmed were reported from 7 districts; NYANZA-LAC 30 cases, CIBITOKE (48 cases), MABAYI (one case), MPANDA (28 cases), ISALE (33 cases), BUBANZA (32 cases), and Bujumbura Nord (6 cases). The last case was notified in week 48 of 2017, and since then there was no reported case in the country.
Cape Verde	Malaria	G2	26-Jul-17	1-Jan-17	20-Feb-18	450	-	2	0.4%	In total, 450 cases have been reported since the start of the outbreak in January 2017. Cases include 437 indigenous, 13 imported cases, and 18 reinfections/recurrences.Two deaths have been reported (1 in an indigenous case and 1 in an imported case). The outbreak was contained to the city of Praia. Cases reported from other areas/ islands likely acquired the infection during travel to Praia or overseas, and there is no evidence of indigenous transmission outside of Praia. Since 4 January 2018, no new cases have been reported.
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. As of 23 February 2018, there is no new case reported.
Liberia	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. There is no reported case since the last confirmed cases in December 2017.

†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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