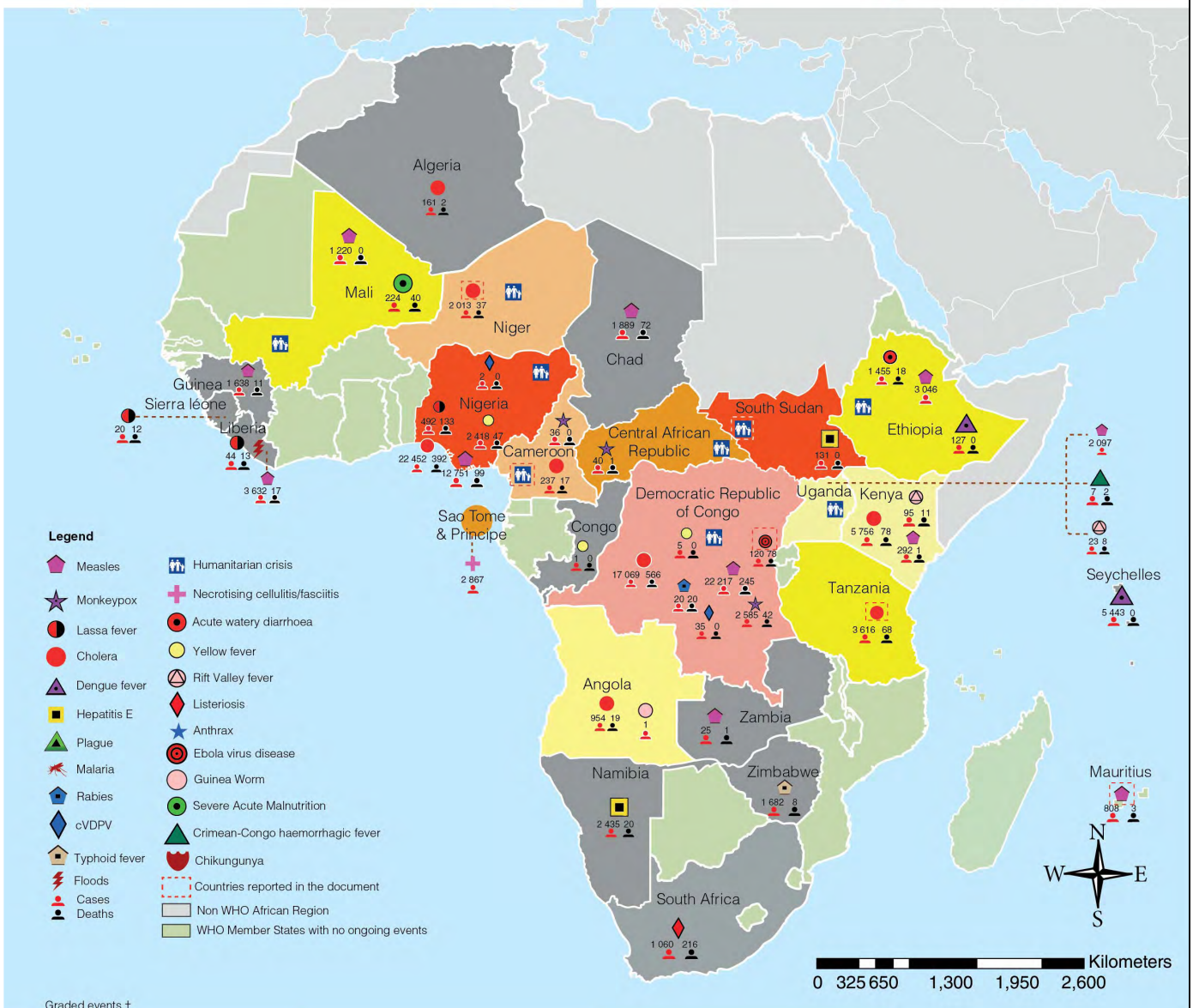
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 35: 25 - 31 August 2018
Data as reported by 17:00; 31 August 2018

World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

0	55	44	11
New events	Ongoing events	Outbreaks	Humanitarian crises



Graded events †

2 Grade 3 events	**4** Grade 2 events	**7** Grade 1 events	**33** Ungraded events
2 Protracted 3 events	**2** Protracted 2 events	**4** Protracted 1 events	

Health Emergency Information and Risk Assessment

Overview

Contents

- This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 55 events in the region. This week's edition covers key ongoing events, including:

  - Ebola virus disease in the Democratic Republic of the Congo
  - Measles in Mauritius
  - Cholera in Niger
  - Humanitarian crisis in Cameroon
  - 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 issues and challenges include:**

  - The Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo reached its first month on 1 September 2018 since being confirmed and declared on 1 August 2018. While huge gains have been made to avoid escalation of the outbreak to other areas, significant threats for further spread of the disease remain. There are potential undocumented chains of transmission evidenced by new cases emerging outside known contact lists and the occurrence of community deaths. Reluctance by some communities to adopt Ebola prevention behaviours and weak infection prevention and control measures in healthcare facilities are some of the added risks. The coming few days will be critical in determining the trajectory of the outbreak. The priority remains the strengthening of all components of the response as well as enhancing preparedness in the non-affected provinces of the Democratic Republic of the Congo and its neighbouring countries.

  - The cholera outbreak in Niger continues, with one additional district being affected. Some minimum reduction in the number of reported new cases has been observed in the last week. However, abundance of risk factors for disease transmission on the ground, coupled with the ongoing rains and floods, as well as shortfalls in the current outbreak control interventions, increase the potential for further propagation of the outbreak. There is a need to scale up implementation of all conventional cholera control measures, including deploying new tools such as oral cholera vaccine.

Ongoing events

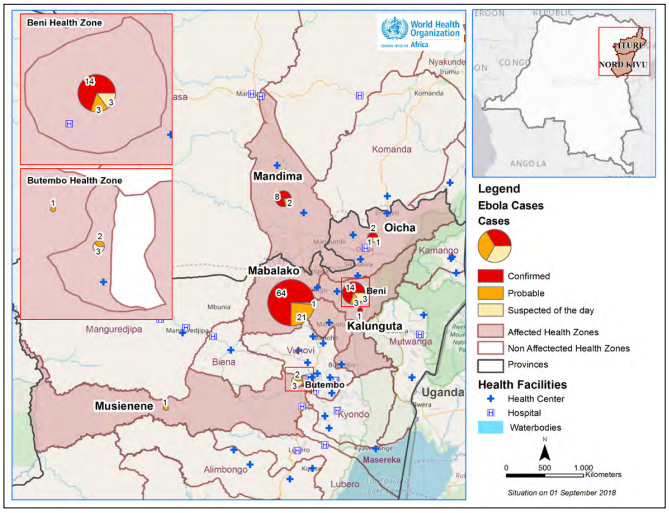
Ebola virus disease | **Democratic Republic of the Congo** | 120 **Cases** | 78 **Deaths** | 65% **CFR**

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo continues. Since our last report on 24 August 2018 *(Weekly Bulletin 34)*, nine new confirmed EVD cases and six new deaths have been reported. By 1 September 2018, eight other suspected cases were under investigation to confirm or exclude EVD. On 1 September 2018, no new confirmed EVD cases were reported but two new deaths occurred in Béni (1) and Mangina (1). By 1 September 2018, there were 20 case-patients admitted in the Ebola treatment centres in Mangina (15) and Béni (5).

As of 1 September 2018, a total of 120 confirmed and probable EVD cases, including 78 deaths (case fatality ratio 65%), have been reported. Of the 120 cases, 90 are confirmed and 30 are probable (two new community deaths occurred on 28 August 2018). Of the 78 deaths, 48 occurred in confirmed cases and 30 are probable cases. A total of 16 healthcare workers have been affected, of which 15 are confirmed and one has died. Since the onset of the outbreak, 18 case-patients have recovered from the disease, and were discharged and re-integrated into their communities. Of 111 confirmed and probable cases for which age and sex information is known, the median age is 35 years and the age group 30–44 accounts for 25% (28/111) of all cases, with women accounting for 55% of cases (61/111).

Geographical distribution of confirmed, probable and suspected Ebola virus disease cases, Democratic Republic of the Congo, 1 September 2018



Mabalako Health Zone in North Kivu Province remains the most affected, with 72% (86/120) of all cases, including 65 confirmed and 21 probable cases, with 61 deaths. Additionally, four other health zones in North Kivu Province have been affected, namely: Béni (14 confirmed, 3 probable, 10 deaths), Butembo (2 probable, 2 deaths), Oicha (2 confirmed, 1 probable, 1 death), and Musienene (1 probable, 1 death). Mandima Health Zone in Ituri Province has reported eight confirmed and two probable cases, with three deaths.

As of 1 September 2018, a total of 2 462 contacts were under follow up, of which 2 320 (94%) were seen on the reporting day.

Alerts have been reported and investigated in several provinces of the Democratic Republic of the Congo as well as its neighbouring countries, namely Burundi, Central African Republic, Rwanda, and Uganda, and to date, EVD has been ruled out in all these alerts.

PUBLIC HEALTH ACTIONS

- The Ministry of Health, with technical and operations support of WHO and partners, has activated a multi-partner, multi-agency Incident Management System (IMS) and Emergency Operations Centre (EOC) to coordinate the response. The main coordination centre is based in Béni while field technical coordination is at Mangina.
- Global Outbreak Alert and Response Network (GOARN) partner institutions continue to support the response, as well as urgent readiness and preparedness activities in non-affected provinces of the Democratic Republic of the Congo, and in nine bordering countries, particularly Rwanda and Uganda.
- As of 30 August 2018, WHO has deployed 187 multidisciplinary specialists to support response activities, including logisticians, epidemiologists, laboratory experts, communicators, clinical care specialists, community engagement specialists, and emergency coordinators.
- Active surveillance, including alert management, field investigation of suspected cases and alerts, active case search, contact tracing, and data management, has been established in the affected and non-affected areas, as well as at the points of entry (PoEs).
- The Congolese Ministry of Health Border Health Programme, with support from WHO, IOM and US CDC, have mapped 34 PoEs, 28 of which have functional checkpoints, representing 82% coverage. Since the start of the outbreak, 841 602 travellers have been controlled at these checkpoints. These partners are also working with the Ministries of Health in the nine neighbouring countries on border screening.
- Laboratory testing capacity for Ebola has been established in hospital facilities in Béni, Goma and Mangina to facilitate rapid confirmation of suspected cases. From the start of the outbreak to 18 August 2018, a total of 322 samples were tested at the various sites, which led to the confirmation of 88 EVD cases.
- Since the beginning of the vaccination exercise on 8 August 2018, a total of 5 764 people have been vaccinated, as of 1 September 2018.

SITUATION INTERPRETATION

The EVD outbreak in the Democratic Republic of the Congo has marked its first month since declaration. A lot of progress has been made in the efforts to prevent the magnitude from escalating, with the outbreak largely localised to areas initially affected. The numbers of new cases and new deaths have significantly reduced during the reporting week, compared to the past weeks. The situation in Mangina, the epi-centre of the outbreak, is stabilizing, with a fully functional and proactive team effectively responding to alerts, transferring suspected cases for laboratory testing, isolation and treatment with new medicines, identifying contacts and triggering vaccination, sensitizing the community and performing infection prevention and prevention activities in less than 48 hours. Most of the rings around positive cases in Mangina have been vaccinated.

While these early gains are being counted, potential threats for further propagation of the disease still exist, calling for no complacency. The emergence of new confirmed EVD cases from undocumented transmission chains and occurrence of community deaths are some of the remaining threats, as well as reluctance by some communities to adopt public health preventive behaviours. The events unfolding in the coming days will be critical in determining the trajectory of the outbreak. Consolidating all components of the response structures on the ground remains prime priority.

Preparedness and readiness measures instituted in the non-affected provinces in Democratic Republic of the Congo and neighbouring countries have also proven effective, with several alerts detected and investigated, and EVD has been ruled out in all.

Go to overview

Go to map of the outbreaks

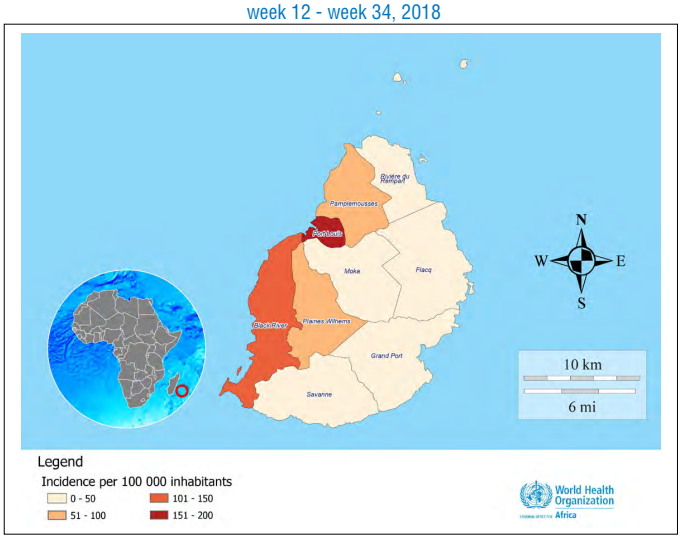
EVENT DESCRIPTION

Mauritius has been experiencing a measles outbreak since early-May 2018. Sporadic confirmed measles cases initially occurred between late-March to late-April 2018 and the number increased in week 18 (week ending 6 May 2018), attaining the measles epidemic threshold of three confirmed cases in one week in a district. The incidence subsequently increased rapidly to attain a peaked of 88 confirmed cases in week 24, followed by some transient reduction in the number of cases and, later, a second smaller peak between weeks 30-33. Partial data for week 34 (week ending 26 August 2018) has 20 confirmed measles cases, while there were 63 confirmed measles cases reported in week 34.

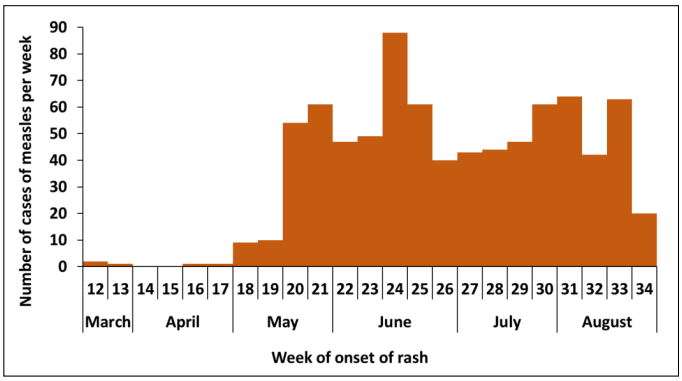
Between Week 12 and week 34 of 2018, a total of 808 confirmed measles cases, including three deaths (case fatality ratio 0.4%), have been reported. The three reported deaths occurred among immunocompromised adults, aged between 29 and 31 years. All the reported cases have been confirmed for measles immunoglobulin M (IgM) at the virology laboratory in Candos. Thirteen out of 17 throat swab samples obtained from the confirmed cases and analysed at the National Institute for Communicable Diseases (NICD) in South Africa isolated the D8 genotype of the measles virus.

Up to 49% of the confirmed cases have not received any measles-containing vaccines, while 29% did not know their vaccination status. Twenty percent of the confirmed cases received one dose of measles-containing vaccine. The age-group 0-4 years are the most affected, followed by the age-group 25-29 years. Two districts, Port Louis and Black River, have been the most affected. The other districts that have attained epidemic threshold are Pamplemousses, Plaines Wilhems and Grand Port.

Geographical distribution of confirmed measles cases in Mauritius, week 12 - week 34, 2018



Weekly trend of confirmed measles cases in Mauritius, week 12 - week 34, 2018



PUBLIC HEALTH ACTIONS

- Supplementary Immunisation Activities (SIA) with the measles, mumps and rubella (MMR) vaccines has been ongoing since 31 May 2018 through outreache to populations in high risk areas and to the special population group, including healthcare personnel from both public and private hospitals and staff in the transport sector.
- Ten Rapid Response Teams have been set up to conduct active case search for suspected cases (screening for fever and rash) and ascertaining vaccination status in pre-primary, primary and secondary schools.
- A hotline (8924) has been established for public use to facilitate reporting of suspected cases as well as provision of information on measles.
- Several communiques have been issued advising adults in the age group 15-45 years to be immunised, in addition to children.
- Sensitisation of community leaders in high risk areas on the importance of vaccination has been carried out. Sensitisation of the population on measles symptoms and the importance of vaccination has been conducted through by radio, press, television, etc. Flyers are being distributed in pre-primary, primary and secondary schools in all regions and to community leaders in high risk areas.
- Measles fact sheets have been provided to all healthcare workers in both public and private health facilities. Continuing medical education on measles has been carried out in all hospitals.
- The vaccination schedule for MMR has been reviewed, with the first dose administered at 12 months and the second dose at two years instead of five years (school entry).

SITUATION INTERPRETATION

Mauritius has been experiencing a measles outbreak since May 2018. This outbreak comes after about a decade since the last case of measles was detected in the country in 2009. Since 2006, data available from WHO and UNICEF estimates the national measles immunization coverage at 98% and above. However in 2016, the estimated coverage apparently dropped to 92% and to 89% in 2017. The optimal immunization coverage needed to protect a community against measles is 95%. During this outbreak, about 50% of the confirmed cases never received any measles containing vaccine and an additional 29% didn't know their vaccination status. This means that large numbers of unprotected people have accumulated over the years. Additionally, the fact that several adults have been affected shows gaps that occurred in the immunization service some years back.

In response to the 2018 outbreak, the Ministry of Health Expanded Program on Immunisation rescheduled the second dose of MMR vaccine from five to two years of age. With the ongoing SIA, it is hoped that the number of unprotected children and adults will quickly reduce, bringing this outbreak to an end.

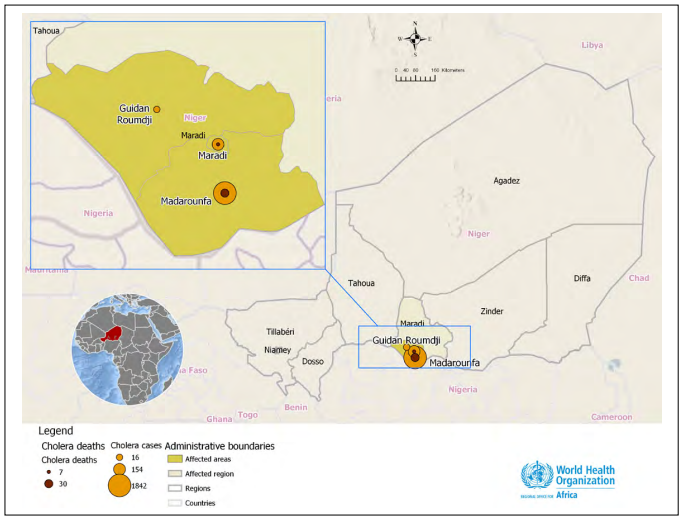
EVENT DESCRIPTION

The cholera outbreak in Niger continues, with some reduction in the disease trend observed during the past two weeks. One new district has been affected during the reporting week. Since our last report on 17 August 2018 *(Weekly Bulletin 33)*, an additional 524 suspected cholera cases and 11 deaths were reported. In week 34 (week ending 26 August 2018), a total of 305 suspected cholera cases and five deaths were reported, compared to 387 with six deaths reported in week 33. As of 26 August 2018, there were 98 patients on admission in the cholera treatment centres (CTCs) in Madarounfa (80), Guidan Roumdji (11) and Maradi (8).

Since the beginning of the outbreak on 5 July 2018, a total of 2 013 suspected cholera cases, including 37 deaths (case fatality ratio 1.8%), have been reported. One new district, Guidan Roumdji, has been affected during the reporting week, reporting 16 suspected cholera cases with no deaths. Ninety-two percent (1 842) and 81% (30) of the reported cases and deaths, respectively, came from Madarounfa District. Maradi District registered 154 cases and seven deaths. Overall, 16 health areas have been affected in the three districts. The main age group affected is 15 years and above, accounting for 51% of the reported cases, while children under five years of age constitute 21% of the total caseload. Fifty-seven percent of the reported cases are females.

Nineteen of 24 stool specimens collected and analysed at the Centre for Medical and Health Research were positive for *Vibrio cholerae* 01 Inaba by culture.

Geographical distribution of cholera cases in Niger, 5 July - 26 August 2018



PUBLIC HEALTH ACTIONS

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

SITUATION INTERPRETATION

The cholera outbreak in Maradi Region of Niger, located at the southern part of the country and at the border with Nigeria, continues. One new district has been affected, bringing the number of affected districts to three. Some minimum decline in the disease trend was seen during the reporting week; however, this trend needs to be observed further. The ongoing heavy rainfall and floods being experienced in parts of the region could exacerbate the risk of contamination of water sources. The latest WASH assessment carried out by UNICEF and WHO estimates that only 37% of the population in Maradi Region has access to basic sources of potable water. On the other hand, 75% of the population are said to practice open defaecation, with only 10% having access to basic sanitation. These factors, coupled with the limitations in the response, are favourable for further propagation of the disease

The national authorities and partners need to intensify and scale up implementation of these key conventional cholera control activities, along with ensuring the rapid initiation of a reactive cholera vaccination campaign.

EVENT DESCRIPTION

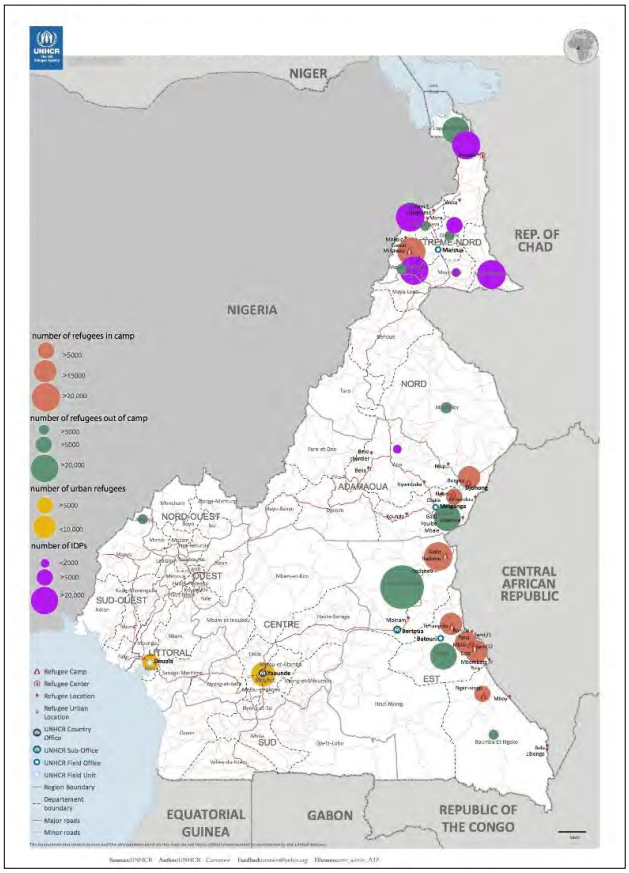
The northern part of Cameroon continues to be adversely affected by the ongoing insecurity in north-east Nigeria. This has led to significant displacement of traumatized people in already highly vulnerable areas. Refugees from Nigeria continue to arrive, mostly in Minawao Camp in Mokolo Health District, Mayo Tsanaga Department. Between 17 and 24 August 2018, 87 new people were received. As of 24 August 2018, the total camp population was 52 549 Nigerian refugees. This figure is three times greater than the camp's initial capacity, putting already inadequate existing infrastructure under further strain.

At the same time, cross border raids, suicide bombings, village fires, kidnappings, and cattle theft by suspected Boko Haram groups, along with the intensified military operations have forced more than 230 000 Cameroonians in the Far North to abandon their homes and livelihoods. In this context, more than 1 million people in the Far North suffer directly from the deterioration of the socio-economic and security environment, as well as from a decline in food security and access to basic services.

Health services are under severe strain. From week 30 to 34, the main illnesses seen by medical staff were malaria, gastroenteritis and acute respiratory infections. Of these, between 66% and 85% were seen in children under five years of age. Surgical conditions, including stab wounds and other injuries, as well as gynaecological procedures are some of the health problems.

As of 17 August 2018, two out of 10 regions in the country have active cholera epidemic. Central Region has notified 26 cases, of which four are confirmed, with one death and the North Region has reported 111 suspected cases, of which 14 are confirmed, with 10 deaths. The Far North Region has reported two suspected cases, but its proximity to the North Region of Cameroon and to the epidemic in Nigeria, puts the area at high risk of an outbreak.

Humanitarian crisis in Cameroon as of July 2018



PUBLIC HEALTH ACTIONS

- Under the Central Emergency Response Fund project, WHO has deployed a general practitioner and a surgeon to the Kalofata District Hospital, another practitioner with surgical skills was deployed to Makary District Hospital and a surgeon to Mora District Hospital.
- WHO has prepositioned two comprehensive cholera management kits to the most at-risk health facilities in districts bordering Nigeria in preparation for response to a possible cholera outbreak.
- As part of the strengthening of community-based polio surveillance in the North Region of Cameroon, part of the Lake Chad Basin, the Auto-visual AFP Detection and Reporting project has been extended to three new health districts, extending the coverage to six health districts in total.
- The Ministry of Health, with support from WHO, carried out the second round of the seasonal malaria chemoprevention campaign, which took place from 31 July to 7 August 2018, to prevent an increase in malaria morbidity and mortality, anticipated during the rainy season. An international expert was deployed to the region to support this activity.
- UNICEF and other humanitarian actors are involved in water, sanitation and hygiene, and social mobilization and communication activities.

SITUATION INTERPRETATION

The humanitarian situation in the Far North Region of Cameroon remains serious, with continuing movement of both refugees and internally displaced persons putting already strained infrastructure under further strain, with at least nine health facilities non-functional. The high risk of epidemic-prone diseases such as cholera, polio, yaws, scabies, measles and meningitis, makes the lack of health infrastructure particularly concerning. The onset of the rainy season in May this year put all health districts on cholera alert, with outbreaks currently in some regions. Although response measures are in place and local authorities are acting within their powers, international authorities need urgently to act to help to improve the situation.

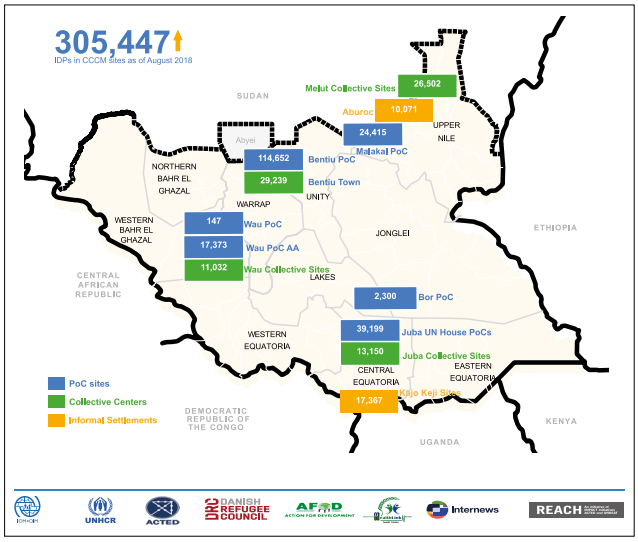
EVENT DESCRIPTION

The humanitarian crisis in South Sudan shows little signs of improvement, in spite of the permanent ceasefire signed on 27 June 2018. From 1-31 July 2018, there were a reported 1.9 million internally displaced persons (IDPs) and 2.1 million refugees in the country. South Sudan remains the most dangerous country in the world for humanitarian workers, with 12 aid workers killed in 2018 so far. Eighty humanitarian access incidents were reported in July 2018, with most (41%) occurring in Upper Nile and Unity states. Of these, 60% affected humanitarian personnel and assets.

There are recent reports of extreme violence, including targeted killings and sexual violence against civilians during fighting in Unity State, including abduction of at least 130 people. Affected populations reported that fleeing civilians were fired on by armed elements who also burned houses, and looted and destroyed schools, health clinics and humanitarian facilities in more than 20 locations in the state. This led to the relocation of more than 3 400 people to the UNMISS Protection of Civilians (PoC) site in Bentiu town, while an additional 2 000 people, including 1 350 children, sheltered next to the UNMISS base near Leer town. Armed clashes displaced an estimated 26 000 people to Mayendit town and surrounding areas.

On 14 July 2018, a humanitarian convoy transporting emergency food and medical supplies for 18 000 IDPs in Tambura, Western Equatoria, was attacked and looted. Fighting between government and opposition elements in Greater Baggari, Western Bahr el Ghazal, intensified in late July 2018, resulting in additional population displacement. Insecurity and obstruction prevented relief agencies from delivering life-saving assistance to 25 000 IDPs in Greater Baggari during July 2018.

Humanitarian crisis in South Sudan as of 1 - 15 August 2018



As of early August 2018, relief organizations have restricted or suspended most activities and are providing only essential services in Upper Nile State's Maban County, where youth led protests on 23 July 2018 escalated into violence and damaged or destroyed at least 17 NGO and United Nations compounds. This led to relief organizations relocating approximately 500 staff members to the capital Juba. However, humanitarian actors continue to provide limited emergency services for refugees and host communities, where at least 142 400 refugees are situated.

The threat of communicable diseases persists. In week 33 (week ending 17 August 2018), suspected measles and bloody diarrhoea were the most common alerts reported. Malaria accounted for 72% (61 334) of the total consultations and seven deaths during this week, and seven counties have malaria trends that exceed the alert threshold. Other active disease outbreaks include Guinea worm in Rumbek Centre and Rumbek North, and hepatitis E in Bentiu PoC.

PUBLIC HEALTH ACTIONS

- An inter-cluster assessment for IDPs displaced from Wathalelo village was conducted in Umbili and Barwol villages, Jur River County, Wau on 11 July 2018.
- The Public Health Emergency Operations Centre (PHEOC), constructed by WHO with support from the Japanese government, was opened in July 2018 and is hosting weekly Emergency, Preparedness and Response meetings.
- A consignment of 96 285 doses of oral cholera vaccine (OCV) were received from the International Coordinating Group to be used in cholera hotspots during the rainy season. An additional 352 000 doses of OCV were received from the Global Task Force on Cholera Control for pre-emptive OCV campaigns in locations in Panyijiar, Lankien, Yirol East and Yirol West and Torit.
- A reactive measles vaccination campaign is planned for Bentiu, targeting 53 841 children aged six months to five years.
- As part of ongoing EVD preparedness, WHO has prepositioned one complete chlorination kit, combined with consumables and testing tools, in Wau town. Additionally, WHO supplied the following to partners: one inter-agency health kit (basic), two infrared thermometers, one trauma kit type A (mainly drugs), one trauma kit type B (consumables, support supply for A) and assorted EVD screening materials including five sets of personal protective equipment (PPE). WHO trained 16 participants on strengthening the emergency water, sanitation and hygiene response, including hazardous waste management and use of PPE.
- High level meetings on Ebola preparedness were held on 20 and 22 August 2018 involving the Minister of Health and key sectors in government (immigration, defence, health services, and legislators) and ministers and governors from high risk states, partners and donors. The Ebola contingency plan was discussed with different actors at each meeting.

SITUATION INTERPRETATION

Cease fires and high level peace talks appear to have provided no respite for the people of South Sudan, who continue to experience violence, insecurity and lack of humanitarian access. This is further impeded by poor road networks and bureaucracy. In addition, there are inadequate funds to retain technical staff needed in the response to health and nutrition emergencies. However, an amount of US$ 1.4 million was recently approved by the Humanitarian Coordinator for three WHO projects; under the South Sudan Humanitarian fund 2018 second allocation, specifically for health and nutrition response. National and international authorities need to continue to work at ways to alleviate the suffering of this population.

Summary of major issues challenges, and proposed actions

Issues and challenges

- The EVD outbreak in the Democratic Republic of the Congo has now been ongoing for one month and a lot of progress has been made to limit the spread of the disease to new places. The number of new confirmed EVD cases and new deaths recorded during the reporting week has significantly declined, compared to the last weeks. Effective outbreak containment measures are largely in place to identify new suspected cases and alerts, follow up the contacts, provide protection and therapeutics to those who need them, and reach out to communities. While these gains have been made, there are still significant threats for further spread of the disease, including potential undocumented chains of transmission, reluctance by some communities to adopt public health prevention measures, weak infection prevention and control practices in healthcare facilities, and risk of the virus spreading into an insecure area. The coming few days will be critical in determining the trajectory of the outbreak. The priority remains strengthening all components of the response as well as enhancing preparedness in the non-affected provinces of the Democratic Republic of the Congo and in the neighbouring countries.
- The cholera outbreak in Maradi Region of Niger continues, with three districts being affected, to date. The outbreak, which initially appeared to be improving, is now becoming bigger. There was some minimum reduction in the number of new cases recorded during the reporting week; however, the potential for further propagation of the outbreak remains high. The risk factors for disease transmission on the ground are multiple. Only 37% of the population in Maradi Region reportedly has access to safe potable water and only 10% have access to basic sanitation, with 75% practising open defaecation. The ongoing heavy rains have caused floods in several places in Maradi, enhancing contamination of community water sources. Several aspects of the control measures being undertaken also require strengthening. The cholera outbreak in Niger calls for urgent attention to avoid further escalation of the situation.

Proposed actions

- The national authority and partners in the Democratic Republic of the Congo need to continue strengthening elements of response on the ground. Additionally, the neighbouring countries need to continue to enhance their readiness and preparedness capacity for rapid detection and response to any potential imported EVD cases.
- The national authorities and partners in Niger need to scale up implementation of cholera outbreak control interventions. Adequate resources need to be mobilized and provided to the responders for effective implementation of these interventions.

All events currently being monitored by WHO AFRO

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Ongoing events										
Algeria	Cholera	Ungraded	25-Aug-18	7-Aug-18	26-Aug-18	161	59	2	1.2%	The outbreak was initially announced by the Ministry of Health of Algeria on 23 August 2018 following confirmation of 41 cases for *Vibrio cholerae* out of 88 suspected cases reported from four provinces (wilayas). By 26 August 2018, a total of 161 suspected cases with two deaths (CFR 1.2%) have been reported from five wilayas. Laboratory examinations conducted at Institute Pasteur of Algeria have confirmed 59 of the cases in five wilayas for *Vibrio cholerae* O1 ogawa as follow: Blida (30 cases with two deaths), Tipaza (12 cases), Algiers (10 cases), Bouira (3 cases), and Medea (1 case).
Angola	Cholera	G1	2-Jan-18	21-Dec-17	29-Jul-18	954	12	19	2.0%	On 21 December 2018, two suspected cholera cases were reported from Uíge district, Uíge province. Both of these cases had a history of travel to Kimpangu (DRC). From 21 December 2017 to 18 May 2018, a total of 895 cases were reported from two districts in Uíge province. The neighbouring province of Luanda started reporting cases on 22 May 2018. From 22 May to 29 July 2018, 95 cases with seven deaths (CFR 7.4%) have been reported from fourteen districts in Luanda Province. Twelve cases have been confirmed for *Vibrio cholerae*. Fifty-seven percent of cases are males and 69% are aged five-year and above. The most affected district is Talatona having reported a total of 26 cases with five deaths (CFR 19%).
Angola	Guinea worm disease	Ungraded	29-Jun-18	1-Apr-18	17-Aug-18	1	1	0	0.0%	Angola has reported for the first time a case of Guinea worm which was diagnosed in an eight-year-old girl from Cunene Province with onset of signs and symptoms in April 2018. The case was detected through a nationwide guinea-worm case search during the national immunization campaign against measles and rubella. The specimen was sent to the WHO Collaborating Center for Dracunculiasis Eradication at the United States Centres for Disease Control and Prevention, where a polymerase chain reaction (PCR) test confirmed the worm as *Dracunculus medinensis.*
Cameroon	Humanitarian crisis	G2	31-Dec-13	27-Jun-17	27-Aug-18	-	-	-	-	Detailed update given above.
Cameroon	Cholera	G1	24-May-18	18-May-18	29-Aug-18	237	22	17	7.2%	Between 18 May and 29 August 2018, a total of 237 suspected cases with 17 deaths (CFR 7.2%) have been reported from North and Central regions of Cameroon where there is an ongoing outbreak of cholera. Twenty-two cases have been confirmed for *Vibrio cholerae* by culture in the North (22) and Central (4) regions. So far, the peak of the outbreak was in week 32 (week ending 12 August 2018)in the Northern region and in week 29 in the central region. The age of cases ranges from 1 to 85 years and 58% were female.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Cameroon	Monkey-pox	Ungraded	16-May-18	30-Apr-18	13-Jun-18	36	1	0	0.0%	On 30 April 2018, two suspected cases of monkeypox were reported to the Directorate of Control of Epidemic and Pandemic Diseases (DLMEP) by the Njikwa Health District in the North-west Region of Cameroon. On 14 May 2018, one of the suspected cases tested positive for monkeypox virus by PCR. On 15 May 2018, the incident management system was set up at the National Emergency Operations Center. An investigative mission to the North-west and South-west from 1 - 8 June 2018, found 21 new suspected cases without active lesions. As of 13 June 2018, a total of 36 suspected cases have been reported from both North-west and South-west regions.
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	5-Aug-18	-	-	-	-	Despite the commitment of armed groups to the African initiative for peace in the country, the security and humanitarian situation remain precarious. This climate of insecurity continues to cause population displacement and disrupt the implementation of health sector activities in several localities. The situation is particularly volatile along Kaga Bandoro, Bocaranga-Paoua axis, and Alindao. Humanitarian workers have been targeted with eight deaths reported in 2018 including the latest fatality occurring on 1 August 2018. There are an estimated 90 000 vulnerable people in the localities of Paoua, Markounda, Bambari, and Zémio.
Central African Republic	Monkey-pox	Ungraded	20-Mar-18	2-Mar-18	22-Aug-18	40	13	1	2.5%	The outbreak was officially declared on 17 March 2018 in the sub-province of Ippy, Bambari district. Since the beginning of the outbreak, three districts have been affected, namely Bambari, Bangassou and Mbaiki districts. Cumulatively, 40 cases of monkeypox with one death (case fatality ratio 2.5%) have been reported from 2 March to 22 August 2018 in the country, and 13 cases have been laboratory confirmed out of 23 samples tested. No new cases notified in the three districts after the end of the epidemic.
Chad	Measles	Ungraded	24-May-18	1-Jan-18	5-Aug-18	1 889	588	72	3.8%	Since week 18, there has been a dramatic increase in the number of measles cases reported. Ninety-eight cases with four deaths were reported in week 31 (week ending 5 August 2018), a reduction in the number of cases compared to the previous week when 162 cases with six deaths were reported. Two districts (Guereda and Massakory) entered the epidemic phase in week 31 bringing the total number of districts in the epidemic to eighteen. The number of cases reported since the peak in week 25 when 175 cases were reported has ranged from 98 to 162 with an average of 118 cases per week. As of week 31, there are 1 889 suspected cases with 72 deaths (CFR 3.8%). A total of 588 cases have been confirmed (IgM-positive -141, Epi-linked-419, and clinically confirmed 28). Children aged 1 to 4 years are the most affected constituting 33% of cases reported. The high case fatality rate in this outbreak is of serious concern. The location of epidemic districts on the border with Libya, Sudan, Nigeria and the Central African Republic also has implication for the cross-border spread of the disease.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Congo (Republic of)	Yellow fever	Ungraded	10-Jul-18	9-Jul-18	29-Aug-18	1	1	0	0.0%	On 5 July 2018, a 20-year-old male from Bissongo market visited Bissongo health centre in Loandjili district, Pointe-Noire city, Congo, with fever for one day. On 9 July 2018, due to beginning of jaundice and persistent fever, he returned to the same health facility. The case did not have a history of yellow fever (YF) vaccination and travelled to Ngoyo and Tchiamba Nzassi districts, the latter one which is a rural district in Pointe-Noire located along the border with Angola during two weeks prior to symptoms onset. Following admittion with suspected YF as a differential diagnosis, a blood sample was collected on 10 July 2018 and sent to INRB in Kinshasa for testing. On 26 July 2018, the sample tested positive for YF by serology. On 30 July 2018, the lab sent a sample to IP Dakar for confirmation. On 21 August 2018, the sample tested positive by seroneutralization with high titres. As of 29 August, a total of 45 samples of suspected cases from Pointe Noire tested negative for YF.
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	19-Aug-18	-	-	-	-	The humanitarian crisis in the country remains volatile. Inter-communal conflicts and violence perpetrated by militias including the kidnapping of humanitarian staffs continue to contribute to mass population displacement and difficulty in access to humanitarian assistance in several localities in the east of the country.
Democratic Republic of the Congo	Cholera		16-Jan-15	1-Jan-18	19-Aug-18	17 069	0	566	3.3%	Six hundred ninety-eight cases with 35 deaths (CFR: 5.0%) were reported in week 33 from 13 out of 26 provinces, an increase in cases compare to the previous week when 537 cases were reported. Five provinces (K. Oriental, South Kivu, Sankuru, Tanganyika and Kasai), reported 90.0% of the total cases in week 33. From week 1 to 33 of 2018, a total of 17 069 cases of cholera including 566 deaths (CFR 3.3 %) were reported. From week 1 of 2017, until week 22 of 2018, majority of cases were reported from endemic provinces; since week 23 of 2018 majority of the cases are reported from epidemic provinces. There has been an upward trend in the number of cases since week 24 of 2018, as it was the case in 2017.
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	1-Sep-18	120	90	78	65.0%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	1-Jan-18	30-Aug-18	22 217	505	245	1.1%	From 2018 week 1 to week 33 (ending 30 August 2018), 22 217 cases with 245 deaths (CFR 1.1%) have been reported. During week 33, a total of 1045 new cases were reported with ten deaths (CFR 1.1%). Epidemic zones are mainly focused in the eastern part of the country.
Democratic Republic of Congo	Monkeypox	Ungraded	n/a	1-Jan-18	30-Aug-18	2 585	-	42	1.6%	From week 1 to week 33, 2018, there have been 2585 suspected cases of monkeypox including 42 deaths (CFR 1.6%). In week 33, a total of 103 suspected cases including one death have been reported. Suspected cases have been detected in 14 provinces. Sankuru Province has had an exceptionally high number of suspected cases this year.

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	Polio-myelitis (cVD-PV2)	G2	15-Feb-18	n/a	31-Aug-18	35	35	0	0.0%	The latest case of cVDPV2 was reported from Yamaluka Health Zone, Mongala Province. As of 31 August 2018, a total of 35 cases with onset in 2017 (22 cases) and 2018 (13 cases) have been confirmed. Six provinces have been affected, namely Tanganyika (15 cases), Haut-Lomami (9 cases), Mongala (6 cases), Maniema (2 cases), Haut Katanga (2 cases), and Ituri (1 case). The outbreak has been ongoing since February 2017. A public health emergency was officially declared by the Ministry of Health on 13 February 2018 when samples from 21 cases of Acute flaccid paralysis were confirmed retrospectively for vaccine-derived poliovirus type 2.
Democratic Republic of Congo	Rabies	Ungraded	19-Feb-18	1-Jan-18	30-Aug-18	20	0	20	100.0%	This outbreak began towards the end of October 2017 in Kibua health district, North Kivu province. In epi week 33, four new suspected cases were reported. A total of 158 suspected cases with 20 deaths (CFR 12.6%) have been reported from week 1 to 33, 2018.
Democratic Republic of Congo	Yellow fever	Ungraded	16-Aug-18	1-Jul-18	24-Aug-18	5	4	0	0.0%	Samples from four out of five suspected cases have been confirmed for Yellow fever by Plaque Reduction Neutralization Test (PRNT) at Institute Pasteur Dakar (IPD). One of the cases is a 29-year-old male from Ango District in Bas Uele Province and the other is a 42-year-old male from Yalifafu district in Tshuapa Province. The other 2 cases are from Tshuapa and Lualaba Province. Vaccination status of the cases are unknown and detailed investigation is ongoing.
Ethiopia	Humanitarian crisis	G2	15-Nov-15	n/a	12-Aug-18	-	-	-	-	As of July 2018, an estimated 860 056 displaced people have been reported from Gedeo zone (SSNP region) with an additional 188 747 IDPs estimated to be spread across six woredas in West Guji zone (Oromia region). Peace negotiations are still on going and succeeded in some of the Woredas like Hambela Wamena where all IDPs returned to their original villages.
Ethiopia	Acute watery diarrhoea (AWD)	Protracted 1	15-Nov-15	1-Jan-18	12-Aug-18	1 455	-	18	1.2%	This has been an ongoing outbreak since the beginning of 2017. In most parts of the country, the situation has stabilized except for three region which continues to report cases. In weeks 31 and 32, a total of 251 AWD cases were reported from three regions, Afar (3) Dire Dawa (75), and Tigray (173). No new AWD cases have been reported from Somali region since week 25. From week 1 to 32 in 2018, a cumulative 1 455 AWD cases have been reported from Afar 1 004 (69%), Dire Dawa 92 (6%), Somali 116 (8%) and Tigray 243 (17%).

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Ethiopia	Measles	Protract-ed 1	14-Jan-17	1-Jan-18	12-Aug-18	3 046	857	-	-	This has been an ongoing outbreak since the beginning of 2017. In 2018, a total of 3 046 suspected measles cases have been reported across the country including 102 new suspected cases reported in week 32. From the total suspected cases reported, 857 are confirmed cases (137 laboratory confirmed, 688 epi-linked and 52 clinically compatible). There are three new confirmed outbreaks have been reported from Tselemti woreda in Tigray region (10 cases), Dera woreda in Oromia region (4 cases), and Arthuma Fursi in Amhara region (32 cases). No new cases have been reported from the active woredas in Afar (Berhale woreda) and Gambella (Dimma woreda).
Ethiopia	Dengue fever	Ungraded	18-Jun-18	19-Jan-18	29-Jul-18	127	52	-	-	An outbreak of Dengue fever which started on 8 June 2018 involving 52 cases in the flood-affected Gode Zone of Somali Region has been confirmed by laboratory testing. In week 30, two cases were reported from Liban Zone in Somali Region.
Guinea	Measles	Ungraded	9-May-18	1-Jan-18	22-Jul-18	1 638	416	11	0.7%	A measles outbreak was detected in epide-miological week 8, 2018. Cases has been reported in all parts of the country since the beginning of the year. The most affected zones include Kankan, Conakry and Faraneh. In week 31, 18 new suspected cases were re-ported and 8 samples sent to the laboratory. Since the beginningof the year, a total of 1 638 suspected cases were reported
Kenya	Cholera	G1	6-Mar-17	1-Jan-18	27-Aug-18	5 756	332	78	1.4%	The outbreak in Kenya is ongoing since December 2014. As of 27 August 2018, a total of 5 756 cases including 78 deaths have been reported since the 1 January 2018. Since week 23, the number of cases reported has decreased. During this outbreak 19 out of 47 counties in Kenya were affected. Currently, the outbreak is active in Garissa county with the last case reported on 19 August 2018.
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	27-Aug-18	292	30	1	0.3%	Since June 2018 the second wave of measles outbreak was reported in three counties, Mandera, Garissa and Nairobi. Mandera County has reported a total of 130 cases including 8 confirmed cases from Mandera West sub county, Takaba Sub-county Hospi-tal and Mandera North Sub county. Garissa County reported a total of 13 cases and 3 confirmed cases from Garissa sub-county. Nairobi county has reported 4 confirmed cas-es from Kamukunji sub county and a total of 4 confirmed cases have been reported from Kitui East sub county, Kitui County. Initially, cases were reported from Wajir (39 cases and 7 confirmed) and Mandera County (102 cases with 4 confirmed cases and one death). The date of onset of the index case in Wajir County was on 15 December 2017 from Kajaja village.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Kenya	Rift Valley fever (RVF)	G1	6-Jun-18	11-May-18	13-Aug-18	95	21	11	11.6%	Following the initial confirmation of RVF by PCR on 7 June 2018, a total of 95 cases including 11 deaths (CFR 11%) have been reported from three counties in Kenya. Twenty-one samples submitted to the KEMRI tested positive by PCR for RVF. Wajir has reported 82 cases with six deaths, Marsabit reported 11 cases with three deaths and Siaya country reported 1 case with one death. The Eldas sub-county in Wajir has reported the highest number of cases (79) since the 11 May 2018. The last case was reported on 20 July 2018.
Liberia	Floods	Ungraded	14-Jul-18	14-Jul-18	27-Aug-18	-	-	-	-	Liberia is experiencing very heavy rainfall that has resulted in flooding in eight districts across five counties (Margibi, Montserrado, Grand Bassa, Sinoe, and Bomi) affecting about 54 687 people (57% women and 22% children) with one death in a 4-year-old child). The flood which started on 11 July 2018, has led to destruction of infrastructures and the water supply system forcing the people to look for alternative and unsafe water sources, thus increasing the risk for waterborne diseases. The affected people received humanitarian aid of food and nonfood items as well as treated for various illnesses by mobile medical teams.
Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-18	12-Aug-18	44	20	13	29.5%	Two deaths due to suspected Lassa fever were reported during week 32 (week ending 12 August 2018). From 1 January to 12 August 2018, 155 suspected cases with 37 deaths have been reported. Samples from twenty cases were confirmed by PCR at the National Reference Laboratory while 111 tested negative (not a case). Thirteen deaths (CFR 65%) have been reported among confirmed cases. Females constitute 60% (12/20) of confirmed cases. The age range among confirmed cases is 1 to 65 years old with a median age of 32 years. Cumulatively, 44 confirmed and suspected cases (negative cases removed) have been reported with 13 deaths.
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-18	19-Aug-18	3 632	3 372	17	0.5%	There has been a gradual decline in the number of suspected cases since the peak in week 14 when approximately 230 suspected cases were reported. A total of 541 suspected cases of measles with one death were reported from 15 counties in Liberia since week 20 to week 33 (week ending 19 August 2018). O the total suspected cases, 62% were reported from Grand Kru (136), Maryland (79), River Gee (62), and Montserrado (57) Counties. From week 1 to week 33 of 2018, 3 632 suspected cases have been reported including 17 deaths (CFR 0.4%). Cases are epidemiologically classified as follows: 242 (6.6%) laboratory confirmed, 858 (23.7%) epi-linked, 2 635 (62.9%) clinically compatible, and 254 (7%) discarded.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	20-Jul-18	-	-	-	-	The complex humanitarian crisis exacerbated by the political-security crisis and intercommunity conflicts continue in Mali. More than four million people (nearly a quarter of the population) are affected by the humanitarian crisis, including 61 404 who are internally displaced and nearly 140 000 who are refugees in neighbouring countries such as Niger, Mauritania and Burkina Faso (data from CMP report, 7 June 2018). The health system is still weak, while the health need is increasing. The departure of health system personnel and incidents targeting health infrastructure, personnel and health equipment are worsening the existing health system. There are 1.7 million people in need of health assistance in the face of inadequate numbers of health care workers (3.1 per 10 000 people, compared to the WHO recommended 17 per 10 000).
Mali	Severe Acute Malnutrition	Ungraded	1-Aug-18	15-Mar-18	5-Aug-18	224	0	40	17.9%	Three villages in the commune of Mondoro, Douentza district, Mopti Region, Central Mali are experiencing an epidemic of malnutrition following the inter-communal conflict that prevails in the locality. From mid-March to 5 August 2018, a total of 224 cases including 40 deaths (CFR 17.9%) have been reported from three villages (Douna, Niagassadiou and Tiguila) in the commune of Mondoro, Douentza district, Central Mali. This disease is manifested by the following signs: edema of the lower limbs, myalgia, functional impotence, dyspnea sometimes followed by death. A dozen samples from patients analyzed at INRSP in Bamako showed iron deficiency anemia.
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	26-Aug-18	1 220	312	0	0.0%	From Week 1 to Week 34 of 2018, a total of 1 220 suspected cases with zero deaths have been reported. The cumulative blood samples from 914 suspected cases have been tested of which 312 were confirmed (IgM-positive) at the National Reference Laboratory (INRSP). Over 66% of confirmed cases are below 5 years old. The affected health districts are Maciana, Bougouni, Kati, Koutiala, Kokolani, Kolondieba, Ouélessebougou, Sikasso, Douentza, Macina,Tombouctou, Dioila, Taoudenit and Kalabancoro. Reactive vaccination campaigns, enhancement of surveillance, and community sensitization activities are ongoing in the affected health districts.
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	26-Aug-18	808	808	3	0.4%	Detailed update given above.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Namibia	Hepatitis E	G1	18-Dec-17	8-Sep-17	29-Jul-18	2 435	250	20	0.8%	As of 29 July 2018, four out of 14 regions in Namibia have been affected by the HEV outbreak namely, Khomas, Omusati, Erongo and Oshana regions. From week 36 of 2017 (week ending 10 September 2017) to 29 July 2018, a total of 2 435 cases with 20 deaths (CFR 0.8%) have been reported in Khomas (1 968), Omusati (133), Erongo (296), Oshana (24) and six other regions of Namibia (14). A total of 250 cases have been laboratory confirmed (IgM ELISA) and ten maternal deaths (probable and confirmed cases) have been notified. Over 80% of reported cases are epidemiologically linked to cases reported in Windhoek, the epi-centre of the epidemic.
Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	2-Aug-18	-	-	-	-	The security situation in Niger's Diffa Region remains precarious. According to USAID's Lake Chad Basin complex emergency report dated 2 August 2018, Boko Haram-related insecurity continues to restrict food access and livelihood activities for displaced populations in Diffa Region, Southeast Niger. Limited access to pasture is also undermining livestock activities in Diffa's pastoral zones, reducing herders' purchasing power. According to the report, crisis levels of acute food insecurity may persist in parts of Diffa through January 2019, although food security in many areas could improve to Stressed levels beginning in October. UNHCR's June 2018 report indicated around 104 288 internally displaced people in the Diffa Region. From January–June, relief actors admitted nearly 7 000 children ages five years and younger experiencing severe acute malnutrition for treatment in Diffa, including nearly 650 patients with medical complications, according to the UN Children's Fund (UNICEF).
Niger	Cholera	G1	13-Jul-18	13-Jul-18	28-Aug-18	2 013	19	37	1.8%	Detailed update given above.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Nigeria	Human-itarian crisis	Protract-ed 3	10-Oct-16	n/a	5-May-18	-	-	-	-	The security situation in north-east Nigeria remains volatile, with frequent incidents, often suicide attacks using person-borne improvised explosive devices (PBIED) and indiscriminate armed attacks on civilian and other targets. On 1 May 2018, an attack in Mubi town in Adamawa State resulted in 27 deaths and more than 50 injuries, while 13 people were killed in Zamfara State on 3 May 2018. In a related incident that took place on 5 May 2018, at least 45 people from Gwaska village in Kaduna State (outside north-east Nigeria) died in fighting between bandits and armed militia. Internal displacement con-tinues across north-east Nigeria, especially in Borno, Adamawa and Yobe states, partly fuelled by deteriorating living conditions and the ongoing conflict. The number of internally displaced persons (IDPs) across the six states (Adamawa, Bauchi, Borno, Gombe, Taraba, and Yobe) in northeast Nigeria increased to over 1.88 million in April 2018, from 1.78 in February 2018. In addition, there are over 1.4 million returnees in the area. The communal conflicts between herders and farmers, which has been taking place since January 2018 outside north-east Nigeria, also displaced approximately 130 000 people in Benue, Nasarawa, Kaduna, and Taraba States.
Nigeria	Cholera	G1	7-Jun-17	1-Jan-18	19-Aug-18	22 452	428	392	1.7%	In week 33 (week ending 19 August 2018), a total of 252 suspected cases including 2 deaths (CFR: 0.8%) were reported from five states: Zamfara (187 cases), Kano (36 cases with two deaths), Sokoto (19 cases), Yobe (nine cases), and Kaduna (one case). As of 19 August 2018, a total of 22 452 suspected cases including 392 deaths (CFR 1.7%) have been reported from 18 States since the begin-ning of 2018. There is an overall increasing trend in the nubmer of cases reported with Zamfara and Sokoto States conributing to the increasing trend. No new cases were reported in the last three weeks or more from Gombe, Jigawa, Kogi, Anambra, and Nasarawa States. There is an almost equal proportion of males and females affected.
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-18	5-Aug-18	492	482	133	27.0%	The outbreak is continuing with less than ten cases reported each week. In week 31 (week ending 5 August 2018), nine new confirmed cases with two deaths were reported. From 1 January to 5 August 2018, a total of 2 334 suspected cases have been reported from 22 states. Of the suspected cases, 481 were con-firmed, 10 are probable, 1 844 negative (not a case). Thirty-nine healthcare workers have been affected since the onset of the outbreak in seven states with ten deaths. Nineteen states have exited the active phase of the outbreak while three – Edo, Ondo and Enugu States still remain active.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-18	29-Jul-18	12 751	14	99	0.8%	In week 30 (week ending 29 July 2018), 246 suspected cases of measles with one Laboratory confirmed and three deaths (CFR 1.3%) were reported from 20 States. Since the beginning of the year, a total of 12 751 suspected measles cases with 14 laboratory confirmed cases and 99 deaths (CFR 0.8%) were reported from 36 States compared with 15 607 suspected cases with 108 laboratory confirmed and 89 deaths (CFR 0.6%) from 37 States during the same period in 2017.
Nigeria	Polio-myelitis (cVD-PV2)	Ungraded	1-Jun-18	1-Jan-18	8-Aug-18	2	2	0	0.0%	Circulating vaccine-derived polio virus type 2 (cVDPV2) was confirmed in a stool sample from a case of acute flaccid paralysis (AFP) with symptom onset on 16 June 2018 in Yobe State. This is the second AFP case since the beginning of 2018 with a confirmed cVD-PV2. The first was an AFP case in Kaugama district, Jigawa state, with onset on 15 April 2018.
Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	5-Aug-18	2 418	47	47	1.9%	From the onset of this outbreak on 12 September 2017, a total of 2 418 suspected yellow fever cases including 47 deaths have been reported as at week 31 (week ending on 5 August 2018), from 507 LGAs in all Nigerian states. No new in-country presumptive positive case in the reporting week and the last case confirmed by IP Dakar was on 6 June 2018 from River State. A total of 47 out of 126 presumptive positive samples were laboratory confirmed at IP Dakar.
São Tomé and Príncipé	Necro-tising cellulitis/ fasciitis	Protract-ed 2	10-Jan-17	25-Sep-16	19-Aug-18	2 867	0	0	0.0%	From week 40 in 2016 to week 33 in 2018, a total of 2 867 cases have been notified. In week 33 (week ending 19 August 2018), 23 cases were notified, six more than the previous week. Five out of seven districts reported cases during week 33, namely, Mé-zochi (11), Cantagalo (6), Agua grande (2), Caue (3), Lemba (1), and Principe (0). The attack rate of necrotising cellulitis in Sao Tome and Príncipe is 14.5 cases per 1 000 inhabitants.
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	8-Jul-18	5 443	1 429	-	-	As of week 27, a total of 5 443 suspected cases have been reported from two of the three main islands, Mahé and Praslin. No case has been reported from La Digue during week 27. A fluctuating trend has been observed for the past 4 weeks. For week 27, forty-one suspected cases were reported. Thirty-nine samples were tested for dengue of which 33 were negative and six were probable. The last case was confirmed in week 26 (ending 1 July 2018). No recent serotyping results and so far for this epidemic DENV1, DENV2 and DENV3 have been detected.
Sierra Leone	Lassa fever	Ungraded	8-Jun-18	1-Jan-18	1-Jul-18	20	20	12	60.0%	A total of 20 confirmed Lassa fever cases with 12 deaths have been reported since the beginning of the year, amounting to a case fatality rate (CFR) of 60 %. The cases have been reported from two districts, Bo (two cases with two deaths) and Kenema (18 cases with 10 deaths). The last confirmed case was reported during week 23 from Kenema district involving a 32 year old female who died while in admission at Kenema Government Hospital.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
South Africa	Listeriosis	Ungraded	6-Dec-17	1-Jan-17	26-Jul-18	1 060	1 060	216	20.4%	This outbreak is ongoing since the beginning of 2017. As of 26 July 2018, 1 060 cases have been reported in total. Around 79% of cases are reported from three provinces; Gauteng (58%, 614/1 060), Western Cape (13%, 136/1 060 and KwaZulu-Natal (8%, 83/1 060). The number of reported cases per week has decreased since the implicated products were recalled on 4 March 2018 with a total of 87 cases reported since 5 March 2018.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	26-Aug-18	-	-	-	-	Detailed update given above.
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	26-Aug-18	131	16	-	-	No new case of hepatitis E was reported in week 34. As of 24 August 2018, 131 suspect cases have been reported in 2018. Of the total suspect cases, 16 cases have been confirmed by PCR (15 in Bentiu PoC and 1 in Old Fangak). No new cases identified after active follow up in Fangak. Only 5 HEV cases have been admitted. At least 45% of the cases are 1-9 years of age; and 66% being male. Among the females, most cases have been reported in those aged 15-44 years (who are at risk of adverse outcomes if infected in the 3rd trimester of pregnancy).
Tanzania	Cholera	Protracted 1	20-Aug-15	1-Jan-18	26-Aug-18	3 616	50	68	1.9%	During week 33, 67 new cases including one death were reported from Ngorongoro DC (66 cases with one death) and Arusha City (one case) in in Arusha Region. As of week 34, a total of 3 616 cases with 68 deaths (CFR: 1.9%) were reported from Tanzania Mainland since the beginning of 2018. No case was reported from Zanzibar (the last case was reported on 11 July 2017). Cholera cases in 2018 increased and nearly doubled during the period of January – August 2018 (3 616 cases), when compared to the same period in 2017 (2 192 cases).
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	21-Jun-18	-	-	-	-	Uganda continued to receive new refugees precipitated by increased tensions mainly in the neighboring DRC and South Sudan. Despite resp onding to one of the largest refugee emergencies in Africa, humanitarian funding has remained low especially to the health sector. Current refugee caseload stands at almost 1.5 million refugees and asylum seekers from South Sudan, DRC, Burundi, Somalia and others countries. Daily arrival stands at approximately 250 – 500 per day. A total of 376 081 refugees and asylum seekers were received in 2017.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	24-May-18	-	17-Jul-18	7	3	2	28.6%	On 23 May 2018, a 35-year-old male suspected of having a viral haemorrhagic fever died at a hospital in Mubende. Test result released on 24 May 2018, confirmed the case as positive for Crimean-Congo haemorrhagic fever (CCHF) by PCR at Uganda Virus Reasearch Institute. As of 18 June 2018, there were a total of five cases (one confirmed and four suspected) and two deaths (CFR 40%). Three of the suspected cases were identified from the same household as the confirmed case in Nkooko sub-county. Samples taken from the suspected cases were negative for CCHF. As of 17 July 2018, two new CCHF cases were confirmed from Mbarara RRH. The cases are a couple from Nakivale Refugee settlement from Isingiro district. Contact tracing is ongoing in the district and 42 out of 57 contacts were under follow up on day of report.
Uganda	Measles	Ungraded	8-Aug-17	1-Jan-17	24-Jul-18	2 097	568	-	-	As of 24 July 2018, a total of 2 097 cases have been reported of which 568 cases have been confirmed either by epidemiological link or laboratory since the beginning of the year. One hundred ninety-nine (199) cases were laboratory confirmed by IgM. Fourty-two districts in the country have confirmed a measles outbreak. Kampala and Wakiso were the index districts to report an outbreak, these are both metropolitan and business districts. The number of reported suspected and confirmed cases has decreased gradually since May 2018.
Uganda	Rift Valley fever (RVF)	Ungraded	29-Jun-18	20-Jun-18	14-Aug-18	23	19	8	34.8%	One new case from Kiruhura district has been confirmed for Rift Valley fever by PCR at Uganda Virus Research Institute on 14 August 2018. From 18 June to 14 August 2018, a total of 23 suspected cases with eight deaths (CFR 34.8%) have been reported from 11 districts in Western Uganda. Nineteen(19) cases have been confirmed by PCR at the Uganda Virus Research Institute (UVRI). The most affected district is Insingiro having reported 11 cases with two deaths (CFR 18.2%). Ninety-six percent (96%) of cases reported are males, the majority of whom are herdsman and butchers.
Zambia	Measles	Ungraded	2-Aug-18	6-Jul-18	28-Aug-18	25	6	1	4.0%	On 1 August 2018, an outbreak of measles was reported in the Paul Mambilima catchment area of Mansa District in Luapula Province, Zambia. The affected community lies astride the international border with the Democratic Republic of the Congo. The first case has been traced to a one-year-old child who died in Lukanga Village in the Paul Mambilima catchment area after presenting with fever, conjunctivitis, and rash. As of 28 August 2018, a total of 25 cases with one death (CFR 4%) have been reported. The last case was reported on 17 August 2018. Age of cases range from four months to 42 years. Six out of eight samples collected have tested IgM-positive.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Zimbabwe	Typhoid	Ungraded	7-Aug-18	6-Jul-18	28-Aug-18	1 682	9	8	0.5%	On 7 August 2018, WHO was notified by the Ministry of Health and Child Care of Zimbabwe of a suspected outbreak of Typhoid fever in Gweru City, Midland Province of Zimbabwe. A total of 1 682 cases with eight deaths (CFR 0.5%) have been reported as of 28 August 2018. Nine cases have been confirmed. There is a decline in the daily number of cases reported since the peak on 8 August 2018 when 186 cases were reported.
Recently closed events										
Kenya	Chikungunya	Ungraded	mid-December 2017	mid-December 2017	24-Jun-18	1 465	50	0	0.0%	A total of 1 465 chikungunya cases with 50 being laboratory confirmed have been reported since December 2017. The outbreak has affected six sub-counties; Mvita (297 cases), Changamwe (499 cases), Jomvu (176 cases), Likoni (250 cases), Kisauni (153 cases) and Nyali (61cases). No new cases have been reported since 24 June 2018.
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	30-Apr-18	244	101	6	2.5%	Suspected cases are geographically spread across 25 states and the Federal Capital Territory (FCT). One hundred one (101) laboratory-confirmed and 3 probable cases have been reported from 15 states/territories (Akwa Ibom, Abia, Anambra, Bayelsa, Cross River, Delta, Edo, Ekiti, Enugu, Lagos, Imo, Nasarawa, Oyo, Rivers, and FCT). No new cases have been reported since 30 April 2018.
Tanzania	Dengue fever	Ungraded	19-Mar-18	1-Dec-17	22-Jun-18	226	37	-	-	As of 22 June 2018, a total of 226 cases with no death have been reported from Dar es Salaam since January 2018. The Tanzania National Health Laboratory and Quality Assurance and Training Centre (NHLQATC) has so far received a total of 92 samples of suspected dengue cases, of which 37 samples have tested positive for dengue fever and the circulating serotype is dengue type III. No new cqses hqve been reported since 22 June 2018.
Uganda	Anthrax	Ungraded	-	12-Apr-18	19-Jun-18	80	4	-	-	Three districts in Uganda are affected by anthrax. As of 19 June 2018, a cumulative total of 80 suspected cases with zero deaths have been reported – Arua (10), Kween (48) and Kiruhura (22). One case has been confirmed in Arua district by PCR. The event was initially detected on 9 February 2018 in Arua district when a cluster of 3 case-patients presented to a local health facility with skin lesions, mainly localized to the forearms. Three blood samples were collected on 9 February 2018 and shipped to UVRI. One tested positive for *Bacillus anthracis* by PCR on 5 April 2018.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Uganda	Cholera	Ungraded	7-May-18	29-Apr-18	24-Jul-18	263	45	9	3.4%	As of 24 July 2018, a total of 263 cases including 9 deaths was reported from four different districts in Uganda. These districts include Kampala (92 cases and 1 death), Kween (83 cases and 4 deaths), Mbale (46 cases and 3 deaths) and Bulambuli (42 cases and 1 death). All outbreaks have been confirmed by culture, a total of 45 samples from all the affected districts have tested positive for Vibrio cholerae. Other cholera outbreaks in the country that have been recorded this year include: Amudat, Kyegegwa, Kagadi, Mbale, Tororo and Hoima. No additional cases have been reported from the country.

†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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