

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 52: 22 – 28 December 2018
Data as reported by 17:00; 28 December 2018



1

New event

58

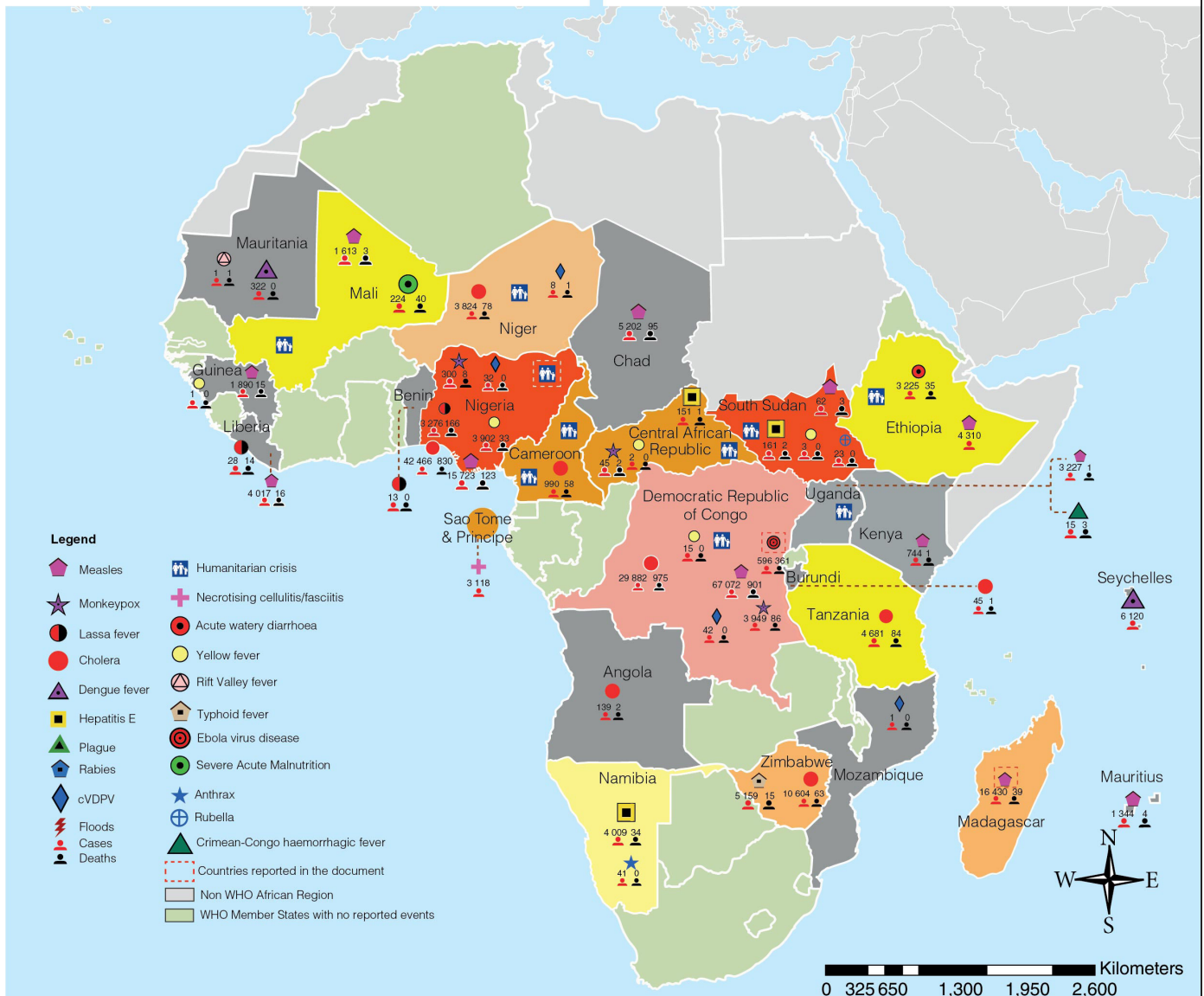
Ongoing events

48

Outbreaks

11

Humanitarian crises



Graded events †

2 Grade 3 events	7 Grade 2 events	3 Grade 1 events	38 Ungraded events
2 Protracted 3 events	3 Protracted 2 events	4 Protracted 1 events	

Overview

Contents

2 Overview

3 - 5 Ongoing events

6 Summary of major issues challenges and proposed actions

7 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 (WHE) is currently monitoring 59 events in the region. This week's edition covers key ongoing events, including:

- [Ebola virus disease outbreak in the Democratic Republic of the Congo](#)
- [Measles in Madagascar](#)
- [Humanitarian crisis in Nigeria](#).

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

➤ **Major issues and challenges include:**

- The response to the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo (DRC) has reached a critical point. The recent challenging security environment has impacted key response activities in some affected areas, notably Beni and Butembo. The ongoing insecurity context could compromise marked improvements in controlling the outbreak, including a recent decrease in cases in Beni. Despite increased insecurity this week, WHO teams are still in place in all Ebola response areas, but some activities have been disrupted.
- The measles outbreak in Madagascar is ongoing. Although a downward trend in the weekly case incidence has been observed over the past two weeks, the outbreak has spread to additional districts and all the regions are now affected. Additional funds should be mobilized to conduct a nationwide reactive vaccination campaign targeting all districts in order to prevent the spread of the outbreak to non-affected districts and avoid an even larger epidemic.

Ongoing events

Ebola virus disease

Democratic Republic of the Congo

596
Cases

361
Deaths

61%
CFR

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo persists and continues to be closely monitored. Since our last report on 21 December 2018 (*Weekly Bulletin 51*), 22 new confirmed EVD cases and 14 new deaths have been reported. A healthcare worker from Mabalako has been reported among the new cases, bringing the number of healthcare workers affected to 54, with 18 deaths. On 29 December 2018, three new confirmed cases were reported, two from Butembo and one from Oicha. Among the confirmed cases on this date, two were known contacts of previous confirmed cases. The third confirmed case was a community death in Oicha. Investigations are underway to identify epidemiological links to this case.

As of 29 December 2018, there have been a total of 596 EVD cases, including 548 confirmed and 48 probable cases. To date, confirmed cases have been reported from 16 health zones: Beni (213), Mabalako (85), Katwa (78), Kalunguta (39), Butembo (41), Masereka (7), Oicha (14), Vuhovi (8), Kyondo (6), Mutwanga (3), Musienene (4) and Biena (1) in North Kivu Province; and Komanda (29), Mandima (17), Tchomia (2), and Nyankunde (1) in Ituri Province. Twelve of the 16 affected health zones reported at least one new confirmed case in the previous 21 days (9-29 December 2018). A total of 361 deaths were recorded, including 313 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 57% (313/548).

Katwa, Komanda and Mabalako remain the main hot spots of the outbreak, reporting respectively 25% (n=25), 21% (n=21) and 13% (n=13) of the 102 confirmed cases reported during the previous 21 days (9-29 December 2018).

As of 29 December 2018, a total of 84 patients were hospitalized in ETCs and transit centres, of which 32 are confirmed cases. All confirmed cases are on compassionate therapy.

Contact tracing is undergoing in 12 health zones; however, it remains challenging due to insecurity and continuing pockets of community reluctance. The number of contacts being followed as of 29 December 2018 was 7 007, of whom 5 501 (79%) had been seen in the previous 24 hours. The proportion of contacts seen is below 80% in Komanda (76%), and Mabalako (36%), and Vuhovi (24%), where contacts identified during a burial have been vaccinated and returned to their village in a red zone. An additional 247 contacts were registered on 29 December 2018.

On 27 December 2018, response activities including vaccinations, contact tracing, and alerts investigations were suspended in Beni and Butembo due to a recent challenging security environment.

PUBLIC HEALTH ACTIONS

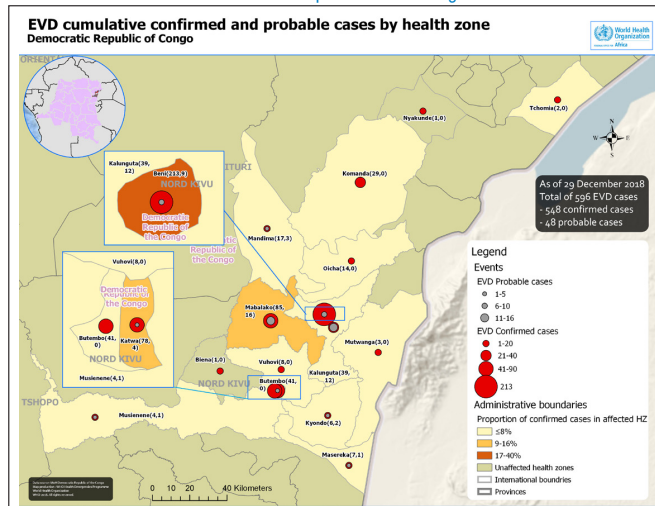
All surveillance activities continue, including case investigations, active case finding in health facilities and in the communities, and identification and listing of contacts around the latest confirmed cases, except in Beni and Butembo where the teams are currently unable to carry out critical field work. There are continued efforts to strengthen surveillance in Komanda, with continuation of listing activities and contact follow-up in those health zones that reported the most recent confirmed cases.

- As of 25 December 2018, a total of 23 449 649 travellers had been screened at Points of Entry/Points of Control (PoE/PoC) since the start of the outbreak. There was disruption of PoE/PoC activities in areas affected by the insecurity; on 27 December 2018 a total of 208 910 travellers and passengers were screened.
- Vaccination activities temporarily stopped in Beni, Butembo, Katwa and Mabalako between 27 and 28 December 2018, as a result of insecurity. Activities resumed on 29 December 2018, with a total of 125 new people vaccinated in three rings (two in Karisimbi and one in Komanda), bringing the cumulative numbers vaccinated to 53 737. Vaccination activities temporarily stopped in Beni, Butembo, Katwa and Mabalako in the past three days as a result of insecurity. The current stock of vaccine in Beni is 18 670 doses after receipt of 10 000 new vaccine doses from Goma.
- There are continued community reintegration activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response. Psychoeducation sessions have been suspended in Beni, Mangina and Butembo. A team of psychologists deployed from Kinshasa remains temporarily in Goma. Five psycho-education sessions were organized in Komanda, with 79 participants.
- Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) activities continue, with the exception of Butembo, with decontamination of households and health facilities; UNICEF is supporting hygiene and sanitation in more than 400 facilities in affected areas, including IPC training; in Beni formative supervision of IPC activities in 21 health facilities and performance evaluations in 34 health facilities is ongoing as part of an integrated IPC project; and five-day training of 37 healthcare workers in Goma was completed in the past week, with three facilities participating in practical sessions.
- Training of community teams in safe and dignified burial techniques has been completed in Vighole and Vuhika in Katwa Health Zone.
- Community awareness and mobilization sessions continue in areas not affected by the insecurity, with educational talks; continuing daily door-to-door outreach activities in households in affected areas with the involvement of community leaders and local media. The coordinator of the Ebola response in Butembo participated in a sensitization activity by the Young Catholics Union, with nearly 300 young Catholics being trained in Ebola response and invited to participate in response and awareness raising in their communities.

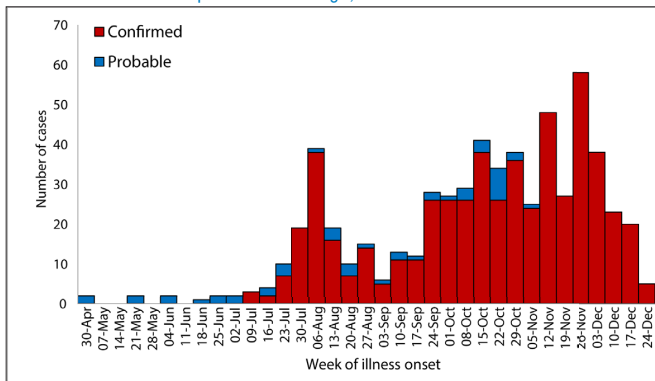
SITUATION INTERPRETATION

Five months following the confirmation of the first case of EVD the outbreak is still ongoing, with almost a fifth of the total case load reported in the past 21 days. The intensification of response activities has shown promising results, in particular in Beni where a decline in case incidence has been observed since late October. However, the recent insecurity situation could compromise the achievement reached so far and could lead to increased transmission of the Ebola virus. Nevertheless, together with the MoH and partners, WHO continues to respond and remains committed to ending the outbreak.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May to 29 December 2018, North Kivu and Ituri provinces, Democratic Republic of the Congo.



Distribution of confirmed and probable cases by week of onset, North Kivu and Ituri, Democratic Republic of the Congo, data as of 29 December 2018.



[Go to overview](#)

[Go to map of the outbreaks](#)

EVENT DESCRIPTION

The measles outbreak declared on 26 October 2018 by the Ministry of Public Health of Madagascar continues to evolve. Since our last situation report on 14 December 2018 (*Weekly Bulletin 50*), 7 066 additional cases, including 273 laboratory-confirmed (Immunoglobulin M (IgM) positive) and 6 793 epidemiologically linked, have been reported. Over the past two weeks, 19 new districts and two additional regions have been affected. Since the peak of the outbreak in week 49, there has been a downward trend in the weekly incidence of cases nationally.

From 4 October to 24 December 2018, there have been a total of 16 430 measles cases, including 362 IgM positive and 10 068 epidemiologically linked cases. The attack rate at national level is 941 per 1 000 000 inhabitants. A cumulative total of 39 in-hospital deaths had been notified by 18 December 2018, resulting in a case fatality ratio of 0.2%. All 22 regions of Madagascar have been affected and cases have mostly been reported from Analamanga (63%) and Boeny (19%) regions. More than half (63/114) of the districts are in active epidemic phase. The highest attack rates have been observed in Antananarivo-Renivohitra (6 256 per 1 000 000 inhabitants) and Ambato-Boina (5 879 per 1 000 000 inhabitants) districts located in Analamanga and Boeny regions, respectively. One circulating genotype, genotype D8, has been identified in all affected regions.

The age group 1-14 years old represents 67% of cases, followed by the age groups 15-19 (13%), 20 and over (11%) and under one year of age (9%). Both sexes are equally affected with a male to female sex ratio of 1.05. About 52% of reported cases were unvaccinated.

Based on the WHO Global Measles Programmatic Risk Assessment conducted on 17 December 2018, 51 districts were considered to be at risk, including 19 at very high risk and 32 at high risk. As of 24 December 2018, 67% (34/51) of these districts have already experienced a measles outbreak. Based on 2017 estimates from UNICEF and WHO, the national immunization coverage was 58%.

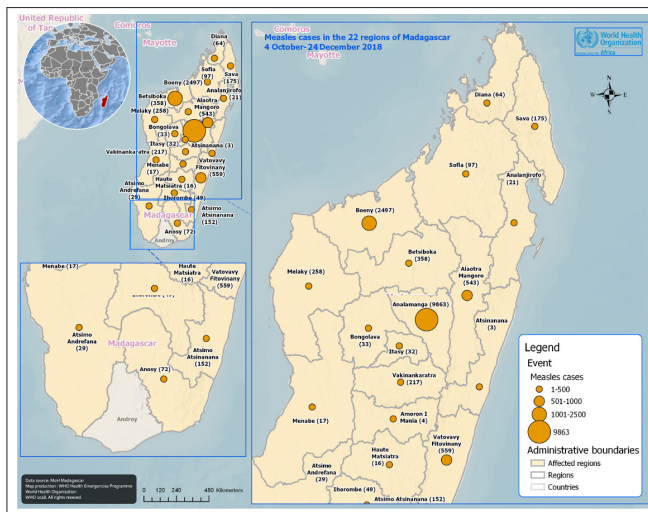
PUBLIC HEALTH ACTIONS

- The Ministry of Public Health is coordinating the response activities, with support from partners, through four thematic areas, namely, surveillance, case management, vaccination and communication/social mobilization.
- Active case search, outbreak investigation and community-based surveillance have been enhanced in all regions of Madagascar.
- Specimen collection kits and reagents have been provided to Institut Pasteur of Madagascar, the national laboratory, to reinforce the diagnosis capacity.
- The case management protocol has been revised by clinicians.
- Free care of the complicated forms of the disease is ongoing in referral hospitals.
- The 910 hotline, used during the 2017 plague outbreak, has been reactivated by USAID to support information sharing during the measles outbreak.
- The communication plan of the response is under review.
- A measles vaccination campaign has been conducted in the four districts of Antananarivo city from 22 October-9 November 2018. The second reactive vaccination campaign is scheduled from 14-18 January 2019. This campaign is targeting at least 95% of 1 962 631 children aged 9 months to 9 years, in 25 prioritized districts across 13 regions. The campaign cost has been covered by the Malagasy Government with the support of MRI, WHO, UNICEF, CRS, COI, USAID, the World Bank and the Embassy of France in Madagascar through monetary or in-kind contributions.
- The budget for a nationwide vaccination campaign to cover the 114 districts of Madagascar is being developed.

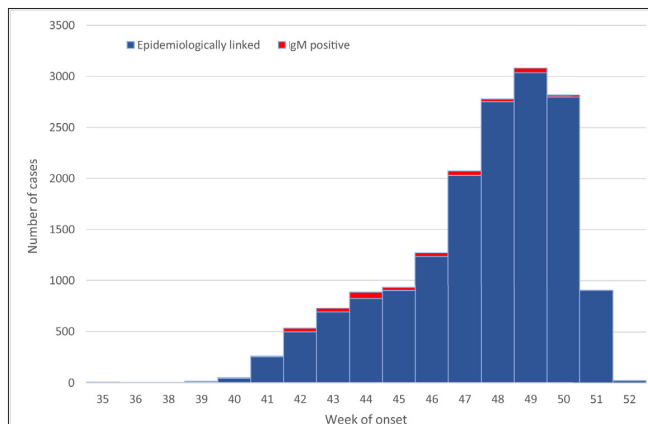
SITUATION INTERPRETATION

Active transmission is still ongoing in all the regions of Madagascar with a very high risk of further spread of the disease to the remaining 51 non-affected districts. The risk of regional spread of the disease cannot be excluded either, given the frequent flights to neighbouring Indian Ocean islands and other African countries. Therefore, there is an urgent need to rapidly mitigate the risk of an even larger epidemic. The extent of the outbreak might be underestimated, as cases and deaths occurring in the community are likely to be under-reported. Vaccination is the main means of prevention and control of the disease. Therefore, more funds need to be mobilized to conduct the planned nationwide reactive vaccination campaign that would help cover all the 114 districts of the country and the most affected age-groups (up to 14 years). Routine immunization activities should continue to be reinforced and the second MMR dose should be introduced into the national immunization programme to provide full immunity to the susceptible groups of the population.

Geographical distribution of measles cases and deaths in Madagascar, 4 October - 24 December 2018



Number of confirmed measles cases (IgM positive and epidemiologically linked) by week of onset, Madagascar, August to December 2018.



EVENT DESCRIPTION

The humanitarian crisis in North-East Nigeria is now in its ninth year, with some 7.7 million people in need of humanitarian assistance. The worst affected states are Borno, Adamawa and Yobe. According to the National Emergency Management Authority, about 2 046 IDPs from Kukawa, Kauwa, Doro Bage, Kekeno and Buduram communities in Baga LGA have arrived to take refuge in camps and locations around Teachers Village in Maiduguri, Monguno, Pulka and Gajiram.

Although epidemic-prone diseases continue to complicate the crisis, the incidence of cholera in the North-East region has shown a marked decline in recent weeks. In Adamawa and Yobe states there have been no new cases reported in the last three weeks, while in Borno State only 12 new cases have been reported in the previous two weeks (data up to 27 December 2018). This is a 98% decrease in the number of cases reported daily compared to the peak of the outbreak. Across the three states a total of 10 935 cases have been reported in 2018, with 175 deaths (case fatality ratio 1.6%).

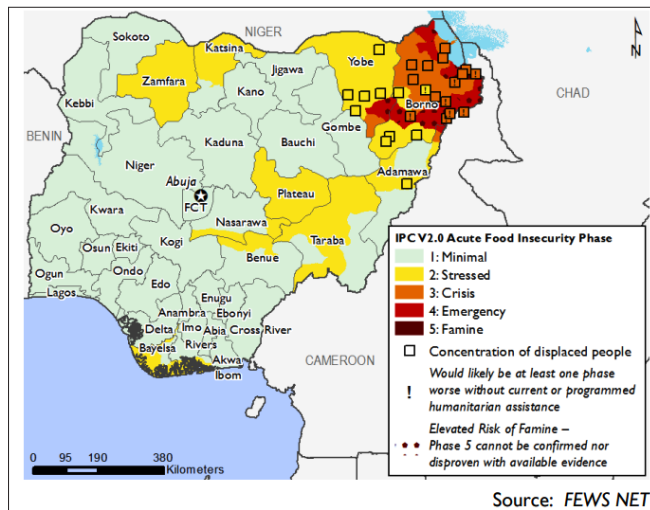
PUBLIC HEALTH ACTIONS

- ▶ A multi-year Humanitarian Response Plan has been initiated, which provides the overarching framework for a humanitarian response in North-East Nigeria for three years (2019-2021). Within Borno, Adamawa and Yobe states, the plan will focus on the needs of 6.2 million of the most vulnerable adults and children.
- ▶ Hard-to-reach (H2R) teams have been positioned in the areas of the new IDPs after being briefed in ways to enhance their response in all new displacement areas.
- ▶ In Monguno, 28 community resource persons are providing support through provision of malaria, diarrhoea and simple pneumonia treatment, with malnutrition screening and referral services to nearby health facilities. Close coordination is in place with polio/EPI teams in different H2R areas.
- ▶ The rapid response mechanism (RRM) had been activated through RRM partners, Norwegian Refugee Council, Danish Refugee Council and Action Against Hunger in the new priority locations of Teachers Village, Monguno, Pulka, and Gajiram. Immediate needs are food, non-food items, shelter, water, sanitation and hygiene, and nutrition. Health partners, Médecines Sans Frontières (MSF)-Spain, MSF-Swiss, International Red Cross, ALIMA and WHO have already scaled up their responses and repurposed resources on the ground.
- ▶ In collaboration with the State Ministry of Health, WHO and other partners, the fourth and last cycle of the 2018 Seasonal Malaria Chemoprevention (SMC) was conducted in three LGAs (Michiki, Mubi North and Mubi South) in Adamawa, reaching over 122 000 children through house-to-house administration of the drugs.
- ▶ UNICEF supported the State Ministry of Health through State Primary Health Care Boards and Agencies in the three states, with a total of 233 Nigeria Health Kits, 211 for Borno and 22 for Yobe, for provision of integrated emergency primary healthcare services in the IDP camps, and host communities, as well as outreach activities in host communities.
- ▶ WHO continues to support the response to the cholera outbreaks across the affected states with coordination of outbreak response activities, surveillance and laboratory case management and risk communication.
- ▶ There is continued training at surveillance focal points in all health facilities in North-East Nigeria on the prompt identification and immediate reporting of epidemic-prone diseases using the Integrated Disease Surveillance and Response strategy, in preparation for potential outbreaks associated with the dry season, including measles and meningitis.

SITUATION INTERPRETATION

The humanitarian crisis in North-East Nigeria continues to be critical and the situation remains volatile, with particular tension in Maidaguri and surrounding areas. The decline in cholera cases is encouraging, but the upcoming dry season usually sees outbreaks of other epidemic-prone diseases such as measles and meningitis, which means that national authorities and international partners need to remain vigilant and respond promptly to any suspected outbreaks.

Projected food security outcomes, October 2018 - January 2019 in Nigeria



Summary of major issues challenges, and proposed actions

Major issues and challenges

- ▶ WHO is concerned about the negative impact of the current insecurity in Beni and Butembo on efforts to control the EVD outbreak in the Democratic Republic of the Congo. After an intensification of field activities and the recent decrease in case incidence observed in Beni, a period of prolonged insecurity could lead to increased Ebola virus transmission.
- ▶ The measles outbreak in Madagascar is still actively growing and 51 non-affected districts have a very high risk of being affected. There is an urgent need to rapidly mitigate the risk of an even larger epidemic, however the current vaccine stock and operational resources are insufficient to cover all 114 districts during the upcoming reactive vaccination campaign.

Proposed actions

- ▶ WHO and partners are continuing to respond to the Ebola outbreak in North Kivu and Ituri provinces in the Democratic Republic of the Congo, despite the challenges in the security situation. Contact tracing is being resumed with the support of local community relays, and WHO is supporting local health authorities to undertake other critical surveillance functions where possible.
- ▶ WHO will continue to support the national authorities and partners in Madagascar in order to intensify the response to the measles outbreak. There is a critical need to swiftly undertake the planned vaccination campaign without any delays and to mobilize resources in order to ensure that all districts are covered. Furthermore, a comprehensive strategy to improve and sustain high national measles immunization should be developed and implemented.

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										
Burundi	Cholera	Ungraded	28-Dec-18	25-Dec-18	28-Dec-18	45	2	0	0.0%	The Minister of Public Health and the Fight Against AIDS has notified the Office of WHO in Burundi of a new cholera outbreak in Rumonge Health Province, Rumonge District on 28 December 2018. The index case from the Teba district of Rumonge city was confirmed on 25 December 2018 by the national reference laboratory and a second case from the Mutturirwa Hill of the Minago Zone was confirmed on 26 December 2018 in the same district of Health. To date, 45 cases have been reported, including 2 cases confirmed by the National Public Health Laboratory (INSP).
Ongoing events										
Angola	Cholera	Ungraded	20-Nov-18	9-Oct-18	12-Nov-18	139	-	2	1.4%	Two community deaths have been reported in this outbreak which began on 9 October 2018. The peak of the outbreak was on week 44 (week ending 4 November 2018) with 41 cases including one death reported. Since then, there has been a declining trend in the weekly number of cases. Papelao is the most affected area in Uige Province, reporting a total of 35 cases.
Benin	Lassa fever	Ungraded	7-Dec-18	7-Dec-18	27-Dec-18	13	5	0	0.0%	The lassa fever outbreak is ongoing in Benin. No deaths have been reported since the beginning of the outbreak. As of 27 December 2018, a total of thirteen cases, including five confirmed cases, two probables cases and six suspected cases have been registered. Confirmed cases are from Nigeria (4) and Cotonou(1).

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Cameroon (Far North, North, Adamawa & East)	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	23-Nov-18	-	-	-	-	The situation remains precarious with several regions of the country affected. In the Far North, the situation is marked by attacks linked to Boko Haram thus generating an influx of refugees from Nigeria including mass displacement of the local population. In other regions, similar trends are noted with a huge influx of refugees from the neighbouring Central African Republic. Humanitarian access also remains a challenge.
Cameroon (NW & SW)	Humanitarian crisis (NW & SW)	G2	1-Oct-16	27-Jun-18	7-Dec-18	-	-	-	-	The security situation in the North west and South West remain volatile. Clashes between secessionists and the army continue, triggering further displacement and disrupting the healthcare, education and livelihood systems, driving significant needs. This is impacting the health status of the population, and the possible occurrence of infectious disease outbreaks is a concern.
Cameroon	Cholera	G1	24-May-18	18-May-18	19-Dec-18	990	77	58	5.9%	The outbreak has affected 4 out of 10 regions in Cameroon, these include: North, Far North, Central and Littoral region. From 07 to 14 December 2018, no new suspected cases were reported at the country level. The Central and Littoral regions have not reported new cases since 27 August 2018 and 11 October 2018, respectively.
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	2-Dec-18	-	-	-	-	The security situation was calm but tense during the week (from 26 November to 2 December 2018). WHO and health sector partners continue to assist those affected who return to the ruins of the Catholic Church site and those who moved from Alindao to Datoko Village. There was a security tension in the Pk5 area of Bangui on 25 November 2018 between criminal groups and armed traders.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Central African Republic	Monkeypox	Ungraded	20-Mar-18	2-Mar-18	23-Dec-18	45	25	2	4.4%	Since 2 October 2018, three clusters of monkeypox cases were reported from three health districts. Mbaiki district reported 9 cases, including 8 confirmed, from week 40 to week 46. Bangassou district reported 5 cases, including 3 confirmed, from week 46 to week 47. Bossembele district reported 15 cases, including 3 confirmed from week 46 to week 51. One death was reported in Bossembele. Previous clusters have occurred in three districts: Bangassou (weeks 9-11, nine cases including six confirmed), Bambari (weeks 13-16, 15 cases, including three confirmed) and Mbaiki (weeks 26-27, five cases, including two confirmed). One death had been reported among the previous confirmed cases.
Central African Republic	Hepatitis E	Ungraded	2-Oct-18	10-Sep-18	16-Dec-18	151	112	1	0.7%	In week 50 (week ending on 16 December 2018), one new confirmed case was reported. Since week 46, the number of confirmed cases has been decreasing progressively. Cases have been reported in Bocaranga-Koui Health District.
Central African Republic	Yellow fever	Ungraded	20-Oct-18	12-Aug-18	24-Dec-18	2	1	0	0.0%	One new suspected case from Bocaranga-Koui Health District tested IgM positive for yellow fever by IP Bangui on 7 December 2018. The patient was also positive for viral hepatitis E (positive IgM). The sample has been sent to IP Dakar for confirmation. No additional suspected cases were reported as of 23 December 2018. The initial cases was confirmed from Bacaranga after a sample was tested in October 2018.
Chad	Measles	Ungraded	24-May-18	26-Apr-18	26-Dec-18	5 202	356	95	1.8%	As of 26 December 2018, the measles outbreak has been confirmed in 39 districts. The mean age of the affected population is nine and the investigation on 1 338 cases with information on vaccination shows that only 13% were vaccinated against measles. Currently vaccinations campaigns are ongoing and the outbreak is controlled in 31 districts.

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	27-Dec-18	-	-	-	-	The humanitarian and security situation is still unpredictable due to the elections scheduled for the end of December 2018 and the armed conflicts that persist in the localities of the East of the country namely the Province of North Kivu, Ituri and South Kivu involving mass displacements of the population. Access to basic health services remains a major challenge. The assistance of Congolese nationals expelled or voluntarily returned from Angola remains a major concern for the humanitarian community. The response activities to Ebola outbreak are ongoing in North Kivu and Ituri, however disrupted by the insecurity in some areas. The ongoing Cholera outbreak is affecting mainly Kasai Oriental, Sankuru, Lomami, Tanganyika, South Kivu and Haut Katanga.
Democratic Republic of the Congo	Cholera		16-Jan-15	1-Jan-18	9-Dec-18	29 882	-	975	3.3%	A total of 466 suspected cases of cholera including 11 deaths (CFR 2.7%) were reported during week 49 (ending on 9 December 2018). The number of suspected cases reported per week has dropped below 500 since the week 48 of 2018. Cases reported in the endemic provinces (South Kivu, Tanganyika, Haut Lomami and Haut Katanga) account for 70.4% of cases and 40% of deaths in week 49.
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	29-Dec-18	596	548	361	61%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	1-Jan-18	9-Dec-18	67 072	842	901	1.3%	During week 49 (ending 9 December 2018), 2 162 suspected cases including 36 deaths (CFR 1.7%) were reported across the country. Eight provinces including Upper Katanga, Lualaba, Tshopo, Kasai Oriental, Tanganyika, Ituri, Lomami and South Kivu notified 84% of cases. Since week 47, there has been a decreasing trend in the weekly number of reported cases.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Democratic Republic of Congo	Monkeypox	Ungraded	n/a	1-Jan-18	11-Nov-18	3 949	-	86	2.2%	During week 45 (ending 11 November 2018), 74 suspected cases with two deaths were reported across the country. Suspected cases have been detected in 14 provinces. Sankuru Province has had an exceptionally high number of suspected cases this year.
Democratic Republic of the Congo	Polio-myelitis (cVDPV2)	G2	15-Feb-18	n/a	28-Dec-18	42	42	0	0.0%	Two new genetically-linked circulating vaccine-derived poliovirus type 2 (cVDPV2) isolates were detected, from an acute flaccid paralysis (AFP) case (with onset of paralysis on 7 October 2018, in a 29-month old child), and a contact of a second AFP case (the case is an 11-year old child), from Haut-Katanga province (Mufunga-Sampwe district). The isolated viruses are a new emergence and unrelated to previously-detected cVDPV2s affecting the country. No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week.
Democratic Republic of Congo	Yellow fever	Ungraded	23-Jun-18	1-Jul-18	1-Dec-18	15	12	4	26.7%	Fifteen cases of yellow fever have been confirmed at the National Reference Laboratory (INRB) since the beginning of 2018. Of these, twelve cases were confirmed by IP Dakar from Tshuapa, Lualaba, Bas Uele, North Kivu province and Kinshasa Region.
Ethiopia	Humanitarian crisis	G2	15-Nov-15	n/a	20-Dec-18	-	-	-	-	About 2.6 million IDPs and 905 000 refugees are in Ethiopia. Although conflict is the main cause of displacement, around 500 000 have been displaced due to climatic shocks and their impact on food production. Currently there are about 946 788 IDPs in the West Guji zone (Oromia region) and neighbouring Gedee zone (SNNPR region). Renewed violence in Benishangul Gumuz has led to a surge in the internal displacement of about 121 528 displaced persons from 7 districts consisting of 21 643 households and number are expected to increase in both East and West Wollega zones of Oromia region. The protracted complex emergencies have overwhelmed the health system.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Ethiopia	Acute watery diarrhoea (AWD)	Protracted 1	15-Nov-15	1-Jan-18	20-Dec-18	3 225	-	35	1.1%	No new cases of AWD were reported at the Country level in the last four weeks. In total, 3 225 cases have been reported in 2018, from 4 regions of Afar: Oromia, Somali, Tigray and one city administration (Dire Dawa).
Ethiopia	Measles	Protracted 1	14-Jan-17	1-Jan-18	20-Dec-18	4 310	1 327	-	-	396 new suspected measles cases were reported in week 50. Of the 1 327 cumulative confirmed cases reported in 2018, 295 were lab-confirmed, 963 were epi-linked and 69 were clinically compatible. Majority of cases were reported from: Somali region (22%), Oromia (21%), Addis Ababa (20%), and Amhara (16%).
Guinea	Measles	Ungraded	9-May-18	1-Jan-18	30-Dec-18	1 890	479	15	0.8%	Cases have been reported in all parts of the country. Two localities are currently considered to be in active epidemic phase: Urban district of Labé (week 43), Farmoriah sub province (since week 47). As of 30 December 2018, fifteen deaths have been reported amongst suspect cases.
Guinea	Yellow fever	Ungraded	10-Dec-18	10-Dec-18	21-Dec-18	1	1	0	0.0%	A case of yellow fever was confirmed by the laboratory of the Institut Pasteur of Dakar on 10 December 2018. The case was a 12 year-old female Bambafara village. The onset of symptoms was on 15 October 2018, with sudden onset of fever, followed by vomiting and cough. The patient was treated in different health structures.
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	24-Dec-18	744	66	1	0.1%	Since the beginning of the year, six counties were affected by the measles outbreak, namely Mandera, Wajir, Garissa, Nairobi, Kitui and Muranga. The outbreak is ongoing two counties: Wajir and Kitui.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-18	2-Dec-18	4 017	3 637	16	0.4%	Thirty-one suspected cases (including two IgM-positive) with zero deaths were reported during week 48 (ending 2 December 2018) across the country. The cases were reported from seven counties: Sinoe (9), Grand Gedeh (5), Grand Bassa (4), Grand Kru (4), Montserrado (2), Margibi (2), River Gee (2), Bong (1), Lofa (1) and Rivercess (1). Of the 4 017 cumulative confirmed cases reported in 2018, 315 are laboratory-confirmed, 523 epidemiologically linked, and 2 799 are clinically confirmed.
Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-18	9-Dec-18	28	21	14	50.0%	One new suspected Lassa fever case was reported from Grand Bassa in week 49 (ending 2 December 2018), but tested negative by RT-PCR. In 2018, a total of 191 suspected cases including 50 deaths have been reported. Of these, 21 cases have been confirmed by RT-PCR (Nimba-9, Bong-5, Montserrado-3, Margibi-2, and Grand Bassa-2); 155 tested negative, and 15 specimens were not tested due to poor quality (pending). The case fatality rate among confirmed cases is 66% (14 deaths in confirmed cases).
Madagascar	Measles	G2	26-Oct-18	4-Oct-18	24-Dec-18	16 430	16 430	39	0.2%	Detailed update given above.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	20-Dec-18	-	-	-	-	Mali continues to suffer a complex political and security crisis since 2012. Northern and central Mali are facing an increasing number of incidents affecting the population. More than five million people are affected by the crisis and in need of humanitarian assistance at the national level, including 77 046 IDPs and 140 123 refugees in neighbouring countries such as Niger, Mauritania and Burkina Faso.
Mali	Severe Acute Malnutrition	Ungraded	1-Aug-18	15-Mar-18	5-Aug-18	224	0	40	17.9%	Three villages (Douna, Niagassadiou and Tiguila) in the commune of Mondoro, Douentza district, Mopti Region, Central Mali are experiencing an epidemic of malnutrition following the inter-communal conflict that prevails in the locality. A dozen samples from patients analyzed at INRSP in Bamako showed iron deficiency anaemia.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	23-Dec-18	1 613	413	3	0.2%	From Week 1 to 51 of 2018, a total of 1 013 blood samples have been collected, and 413 tested positive. Six samples are pending for laboratory results. The majority of affected population is under five years old (66%). Since the beginning of the outbreak, 45 health districts reported cases.
Mauritania	Dengue fever	Ungraded	26-Oct-18	15-Sep-18	22-Nov-18	322	28	0	0.0%	As of 22 November 2018, a total of 322 suspect cases of dengue fever were reported with no deaths. Of the 92 samples collected, 28 cases were confirmed by INRSP (using the PCR technique). Confirmed cases were reported from Rosso (23), Nouakchott (4) and Nouadhibou (1). The test results from the INRSP confirmed the cases for Dengue virus serotype II infection.
Mauritania	Rift Valley fever (RVF)	Ungraded	23-Nov-18	4-Nov-18	24-Nov-18	1	1	1	100.0%	On 16 November 2018, a 40-year-old male farmer from a village in Adel Bagrou commune, located 30 Km away from the boarder with the Republic of Mali was confirmed by PCR with rift valley fever at INRSP. The case died after 11 days of symptom presentation following poor response to treatment. A safe and dignified burial was conducted and a total of 22 contacts including 12 health care workers have been listed for follow up.
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	9-Dec-18	1 344	1 344	4	0.3%	During week 49 (ending 9 December 2018), 20 new confirmed cases were reported across the country. As of 9 december, a total of 1 344 laboratory confirmed cases were reported. Of 17 throat swab analyzed, the genotype D8 was detected in 13 samples. The trend is decreasing since the peak in week 37. The most affected districts are Port Louis and Black River.
Mozambique	Polio-myelitis (cVDPV2)	Ungraded	7-Dec-18	7-Dec-18	20-Dec-18	1	1	0	0.0%	A single vaccine-derived poliovirus type 2 (VDPV2) from an AFP case with onset of paralysis on 21 October was reported from Molumbo District, Zambezia province. The case is a six-year old girl, with no history of vaccination. The isolated virus has been sequenced and the results indicated that it is cVDPV2 with 10 nucleotides change.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Namibia	Anthrax (suspected)	Ungraded	2-Nov-18	30-Oct-18	2-Nov-18	41	-	0	0.0%	Forty-one suspected human cases of anthrax including 6 cases of cutaneous anthrax and 35 cases of gastrointestinal anthrax have been reported from Sesfontein settlement, Opuwo district, Kunene region in north-western Namibia. Laboratory confirmation is pending.
Namibia	Hepatitis E	G1	18-Dec-17	8-Sep-17	2-Dec-18	4 009	530	34	0.8%	In week 48 (ending 2 December 2018), a total of 49 cases were reported (0 laboratory confirmed, 25 epi-linked, and 24 suspected) from six regions (Erongo, Khomas, Kavango, Omusati, Oshikoto and Ohangwena). Overall, nine out of 14 regions in Namibia have been affected by the HEV outbreak namely: Khomas, Omusati, Erongo, Oshana, Oshikoto, Kavango, Ohangwena, Hardpa and Otjozondjupa regions. Cases reported across the country are mainly from informal settlements with limited access to clean water and sanitation services.
Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	30-Nov-18	-	-	-	-	The country continues to face food insecurity, malnutrition, and health crises due to drought, floods, and epidemics. The food insecurity affects more than 600 000 people and the nutritional status remain critical (Global Acute Malnutrition : 15%). The insecurity instigated by Boko Haram group persists in the country.
Niger	Cholera	G2	13-Jul-18	13-Jul-18	16-Dec-18	3 824	43	78	2.0%	No new suspected cases of cholera were reported since 19 November 2018. A total of 125 639 persons were vaccinated (Vaccination Coverage: 82.5%) during the second round of the OCV campaign from 21 to 24 December 2018 in Aguié Gazaoua and Tchadoua Districts.
Niger	Polio-myelitis (cVDPV2)	G2	8-Jul-18	8-Jul-18	28-Dec-18	8	8	1	12.5%	No new case of cVDPV2 have been notified in week 52. A total of eight cVDPV2 cases have been reported in 2018 in Niger, which are genetically linked to a cVDPV2 case in Jigawa and Katsina states, Nigeria.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	20-Dec-18	-	-	-	-	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	Cholera	G1	7-Jun-17	1-Jan-18	28-Oct-18	42 466	47	830	2.0%	In week 43 (ending 28 October 2018), 173 new suspected cases with one death were reported from five states: Adamawa (92 cases with one death), Zamfara (37 cases), Borno (35 cases), Yobe (6 cases), and Katsina (4 cases). There is an overall downward trend in the number of cases across the country.
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-18	9-Dec-18	3 276	588	166	5.1%	In week 49 (week ending 9 December 2018), seven new confirmed cases were reported from Edo (1 case), Ondo (2 cases), Bauchi (1 case), Plateau (1 case) and Kaduna (2 cases) states. Two new deaths were reported in Kaduna (1) and Ondo (1) states. No new cases were identified amongst health-care workers. Twenty-three states have recorded at least one confirmed case in 2018. Five states are currently considered to be in active outbreak phase: Edo, Ondo, Plateau, Gombe and Kano.
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-18	11-Nov-18	15 723	1 110	123	0.8%	In week 45 (ending 11 November 2018), 205 suspected cases of measles were reported from 28 states across the country. Since the beginning of the year, 4 604 fewer cases were reported compared with the same period in 2017.
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	13-Nov-18	300	126	8	2.7%	Nigeria continues to report sporadic cases of monkeypox since the beginning of the outbreak in September 2017. As of 13 November 2018, a total of 104 cases have been reported since the beginning of the year from 19 States (Rivers, Akwa-Ibom, Bayelsa, Cross River, Delta, Ebonyi, Edo, Enugu, Imo, Kebbi, Lagos, Nasarawa, Oyo, Abia, Anambra, Bauchi, Plateau, Adamawa and the FCT). Rivers state and Bayelsa state in South-south Nigeria remain the most affected states. The number of reported cases has been decreasing gradually in the last 4 epi weeks.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Nigeria	Polio-myelitis (cVDPV2)	Ungraded	1-Jun-18	1-Jan-18	18-Dec-18	32	32	0	0.0%	One new circulating vaccine-derived poliovirus type 2 (cVDPV2) case was reported this week(ending on 18 December 2018) from Zango LGA, Katsina State, with date of onset of paralysis on 5 November 2018. The country continues to be affected by two separate cVDPV2 outbreaks, the first centered in Jigawa state with subsequent spread to other states as well as to neighbouring Republic of Niger, and the second in Sokoto state.
Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	16-Dec-18	3 902	78	33	0.8%	In week 50 (week ending on 16 December 2018) 13 new cases were confirmed from Edo (9), FTC (3) and Ekiti (1) States. Since the start of the outbreak, confirmed cases at IP Dakar have been recorded from 14 states (Kwara, Kogi, Kano, Zamfara, Kebbi, Nasarawa, Niger, Katsina, Edo, Ekiti, Rivers, Anambra, FCT, and Benue States).
São Tomé and Príncipe	Necrotising cellulitis/fasciitis	Protracted 2	10-Jan-17	25-Sep-16	20-Dec-18	3 118	-	0	0.0%	During week 50 (ending on 16 December 2018), 8 new cases were notified from 3 districts Agua Grande (6) and Me-zochi (2). The national attack rate as of week 50 is 15.8 per 1000.
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	21-Oct-18	6 120	1 511	-	-	Increasing trends were observed for the past four weeks. There was general decreasing trend between week 23 and week 35. Analyses on serotypes from week 35 showed circulation of DENV1, DENV2 and DENV3.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	9-Dec-18	-	-	-	-	The complex emergency has continued for five years, with multiple episodes of armed conflict, population displacement, disease outbreaks, malnutrition and flooding. Despite recent regional efforts and commitment by the government and opposition groups toward lasting peace, the humanitarian situation remains dire, and the needs are huge. On 29 November 2018, partners were able to access and assess the humanitarian situation in Rimenze and James Diko. Critical needs in water, sanitation and hygiene (WASH), health and food were noted.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	9-Dec-18	161	19	2	1.2%	No new suspected case was reported in week 49 (week ending 09 December 2018). Of the cumulative cases reported in 2018, 147 are from Bentiu PoC and 13 from Old Fangak. In week 43, one new suspected death was reported from Old Fangak.
South Sudan	Measles	Ungraded	24-Nov-18	24-Nov-18	13-Dec-18	62	9	3	4.8%	Sixty-two cases of suspected measles were reported from Mabor Duang and Payam villages (Rumbek East) since 20 October 2018. A total of 9 samples tested positive for measles IgM on 22 November 2018. Seventy one percent of all cases are children under five years old.
South Sudan	Rubella	Ungraded	27-Oct-18	27-Oct-18	16-Dec-18	23	15	0	0.0%	Since 27 Oct 2018; a total of 23 suspected measles/ rubella cases (no deaths) have been reported in Malakal PoC. The majority of them (56.2%) are female with most cases (30.4%) aged between 5 to 9 years old. There are no cases reported in females of 10 to 14 years old and above 15 years old. Among the tested samples, a total of 15 samples tested measles IgM negative, however rubella IgM positive.
South Sudan	Yellow fever	Ungraded	29-Nov-18	18-Nov-18	19-Dec-18	3	1	0	0.0%	As of 19 December 2018, only one confirmed yellow fever case and two presumptively yellow fever positive cases have been reported from Sakure payam, Nzara county, Gbudue state. Sakure payam is located at the border with Democratic Republic of Congo (DRC)
Tanzania	Cholera	Protracted 1	20-Aug-15	1-Jan-18	23-Dec-18	4 681	50	84	1.8%	During week 51 (ending 23 December 2018), 12 new cases with no deaths were reported from Momba district in Songwe region. The total number of cholera cases in the United Republic of Tanzania since 2015 is 33 296 cases including 550 deaths.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	5-Dec-18	-	-	-	-	After the countrywide refugee-verification process was completed on 24 October, 1 091 024 refugees and asylum-seekers were registered, representing 75% of the previously estimated target population of 1.4 million. South Sudanese refugees and asylum seekers make up the largest group seeking refuge in Uganda (770 667 people), followed by those originating from DR Congo (242 608 people). The influx of refugees have strained Uganda's public services, creating tensions between refugees and host communities. Malnutrition (High SAM and GAM rates) among refugees is of particular concern. Lack of food and/or nutritional diversity in food distribution was reported by refugees. As the number of refugees is constantly increasing, gaps in the provision of WASH services have been reported.
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	24-May-18	-	23-Oct-18	15	11	3	20.0%	Since May 2018, a total of 15 cases of Crimean-Congo haemorrhagic fever have been reported in Uganda. Eleven cases have been confirmed. Three deaths have been recorded. The cases have been reported in the following districts: Kakumiro (5), Isingiro (3), Sembabule (1), Nakaseke (2), Kiryandongo (2), Kabalore (1) and Ibanda (1).
Uganda	Measles	Ungraded	8-Aug-17	1-Jan-17	20-Nov-18	3 227	843	1	0.0%	The majority of confirmed cases were under five years old (61.4%), not vaccinated (67%) or residents of rural areas (99%). In total, 116 confirmed cases (13.8%) were below 9 months of age which is the minimum age restriction for the vaccine. Cases have been confirmed either by epidemiological link or laboratory testing (IgM-positive) since the beginning of the year. Fifty-three districts in the country have reported measles outbreaks.

†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.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Zimbabwe	Cholera	G2	6-Sep-18	6-Sep-18	20-Dec-18	10 604	283	63	0.6%	A new district (Murehwa) has reported cases of Cholera in Week 51 (week ending on 19 december 2018). As of 19 December 2018, 2 cases have been confirmed Cholera type Ogawa among the 3 suspected cases in Murehwa district. No new suspected cases has been reported in Mount Darwin District in Mashonaland Central province in week 51, while In Harare city, no new cases of cholera were reported since 11 December 2018. Mkaradzi area of Mount Darwin District has reported a total of 229 suspected cases deaths since the start of the outbreak on 25 November 2018. In Harare city, a cumulative of 9 949 cases (including 9 732 suspected cases and 217 confirmed cases) have been recorded.
Zimbabwe	Typhoid fever	Ungraded	-	1-Oct-17	11-Dec-18	5 159	262	15	0.3%	There has been a resurgence of typhoid fever in Harare, the capital city of Zimbabwe, since mid-September 2018. The increase started in week 37 (week ending 16 September 2018) when 61 suspected typhoid fever cases were reported, compared to 10 cases (which lies within normal range) in week 36. The weekly incidence eventually peaked in week 41 (week ending 14 October 2018), with 130 cases and has since been declining gradually. There were 34 suspected cases reported in week 49 (week ending 9 December 2018).
recently closed events										
Senegal	Dengue fever	Ungraded	21-Sep-18	19-Sep-18	26-Dec-18	342	342	1	0.3%	On 26 December 2018, the Ministry of Health closed the Dengue fever incident following no new cases reported since 1 December 2018. As of 26 December 2018, a total of 2 981 suspected cases including 342 confirmed cases have been reported from eight out of 14 regions across the country; Diourbel (205 cases), Fatick (37 cases), Saint-Louis (45 cases), Dakar (33 Cases), Thies (10 case), Louga (8 case), Matam (2) and Kaolack (2). A total of three dengue haemorrhagic fever cases were reported, one from Diourbel and two from Dakar.

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