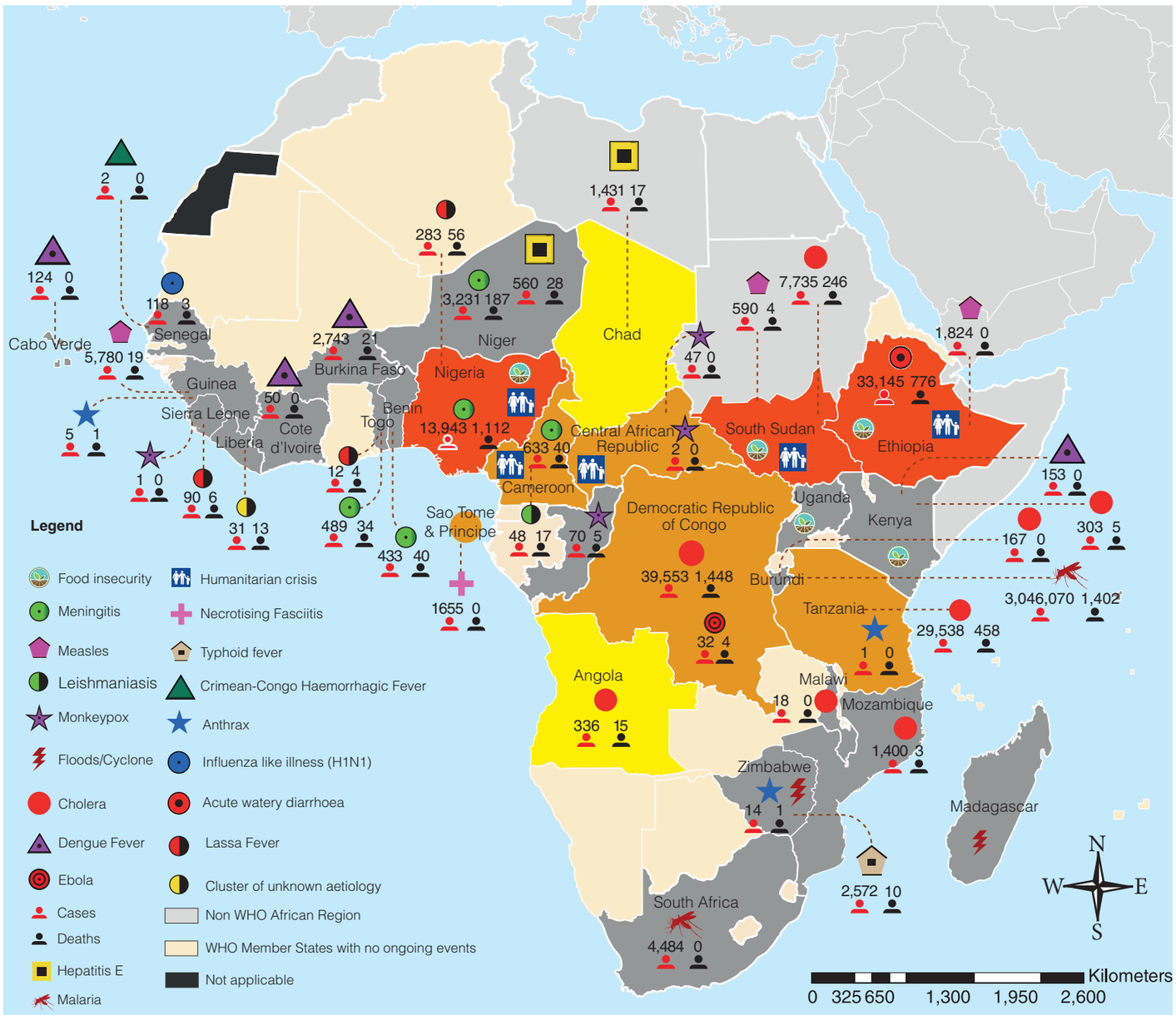
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 20: 13 – 19 May 2017
Data as reported by 17:00 19 May 2017

World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

0	49	41	8
New event	Ongoing events	Outbreaks	Humanitarian crises



3	6	2	38
Grade 3 events	Grade 2 events	Grade 1 events	Ungraded events

Health Emergency Information and Risk Assessment

Overview

Contents

- This weekly bulletin focuses on selected public health emergencies occurring in the WHO African region. The WHO Regional Office is currently monitoring 49 events: three Grade 3, six Grade 2, two Grade 1, and 38 ungraded events.
- This week's bulletin focuses on key ongoing events in the region, including the grade 3 humanitarian crises in Ethiopia, Nigeria and South Sudan, the grade 2 outbreak of meningitis in Nigeria as well as the outbreaks of Ebola virus disease (EVD) in the Democratic Republic of Congo and meningococcal disease in Liberia.
- 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 public health events currently being monitored in the region.
- Major challenges to be addressed include:
    - The need to scale up the response efforts to the EVD outbreak in the Democratic Republic of Congo, with particular emphasis on improving field operations in Likati.
    - Multisectoral engagement and mobilization of resources to sustain the multiple ongoing public health emergencies in the region.

Ongoing events

Ebola Virus Disease | **Democratic Republic of Congo**

32 Cases | **4** Deaths | **12.5%** CFR

Event description

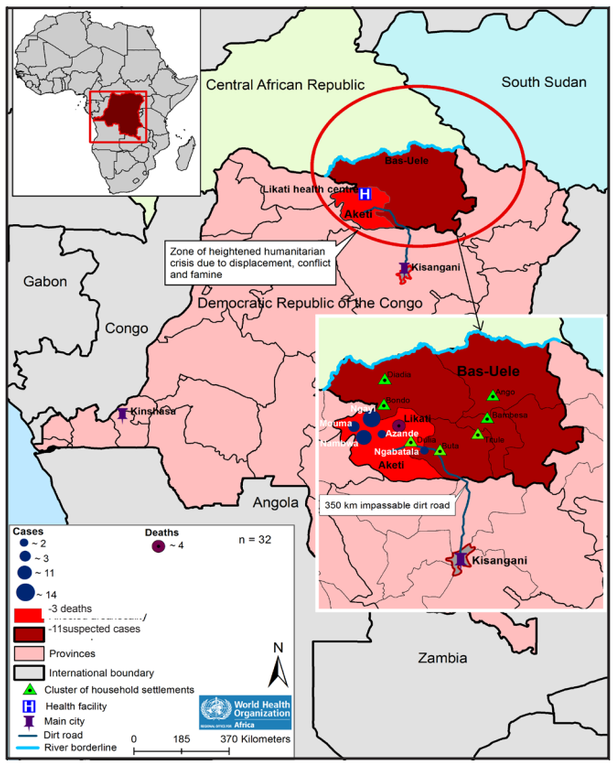
The Ebola virus disease (EVD) outbreak in Likati Health Zone, Bas Uele Province in the north-east of the Democratic Republic of Congo continues to evolve. Since our last report on 12 May up to 19 May 2017, a total of 21 suspected EVD cases have been reported in Likati Health Zone. The suspected cases are being investigated and will be classified accordingly.

As of 19 May 2017, a total of 32 EVD cases [two confirmed, three probable and 27 suspected] have been reported. To date, four deaths have been reported, giving a case fatality rate of 13%. The reported cases are from five health areas, namely Nambwa (11 cases and two deaths), Muma (three cases and one death), Ngayi (14 cases and one death), Azande (two cases and no deaths), and Ngabatala (two cases and no deaths). Most of the cases presented with fever, vomiting, bloody diarrhoea and other bleeding symptoms and signs. The outbreak currently remains confined to Likati Health Zone. According to available information at this stage, no healthcare workers have been affected.

Out of the five blood samples analysed at the national reference laboratory, Institut National de Recherche Biomédicale (INRB) in Kinshasa, two were confirmed as *Zaire ebolavirus*. The initial blood specimens have been shipped to the Centre International de Recherches Medicales (CIRMF) in Gabon for sequencing. Gabon has also confirmed the results provided by the INRB. A total of 416 close contacts have been registered in Likati Health Zone and are being monitored.

This EVD outbreak in the Democratic Republic of Congo was notified to WHO by the Ministry of Health on 11 May 2017. The cluster of cases and deaths of previously unidentified illness had been reported since late April 2017. Likati Health Zone shares borders with two provinces in the Democratic Republic of the Congo and with the Central African Republic. The affected areas are remote and hard to reach, with limited communication and transport networks.

Geographical distribution of Ebola Virus Disease cases in Democratic Republic of Congo, 22 April - 19 May 2017.



Public health actions

- The Government of the Democratic Republic of Congo has established a high level crisis management team, led by the Minister of Public Health, and working in close collaboration with technical partners, including WHO, UNICEF, MSF, ALIMA, etc. to coordinate the response to the outbreak.
- On 18 May 2017, the Minister of Health held a joint press conference with the UNICEF and WHO Heads of Agencies. The press conference provided an update on the current EVD outbreak situation and ongoing response efforts.
- On 18 May 2017, the Executive Director of the WHO Health Emergencies Programme and the Regional Director of the WHO Regional Office for Africa held a virtual press conference (VPC) in Geneva to provide journalists with the latest information on WHO's response to the EVD outbreak.
- The Government of the Democratic Republic of Congo has developed a comprehensive response plan to the EVD outbreak, amounting to US$ 14 million. The response plan and budget has been presented and discussed with partners.
- The first shipment of logistics equipment is being transported to Likati and Nambwa to set up a WHO working base and support setting up the Ebola treatment centre that will be run by MSF. Two mobile laboratories have beem deployed from INRB in Kinshasa to the field.
- Health education on preventive measures have been provided to the care givers and family members of suspected cases to limit exposure to the disease.
- The identification and follow up of contacts is continuing in the affected areas. The structure for contact tracing is being strengthened.
- Classification of the reported cases into confirmed, probable and suspected and development of transmission chain is being finalized. Case investigation including the identification of potential exposures is being conducted.

Situation interpretation

The EVD outbreak in the Democratic Republic of Congo continues to evolve as efforts are ongoing to scale up control measures on the ground. Accessibility to the affected areas has remained a major challenge, slowing down the pace to establish effective outbreak control measures. There is an urgent need to address the accessibility and communication challenges in order for control interventions to reach the affected populations. While the national authorities in the Democratic Republic of Congo have institutional experience to respond to EVD outbreaks, external technical capacity and support are still required. Deployment of additional national and international experts to the epicentre of the outbreak needs to take place quickly. Meanwhile, the necessary logistics, tools and commodities should be made available at operational level. Setting up appropriate isolation facilities is critical to avoid propagation of infections at community and health facility levels.

The Ministry of Health has finalized the national Ebola outbreak response plan and budget, amounting to US$ 14 million. This response plan needs to be supported by the international communities to ensure that the planned interventions are delivered to the affected people. WHO, in collaboration with the Global Outbreak Alert and Response Network (GOARN) will continue to mobilize partners to provide technical and logistical support to the response.

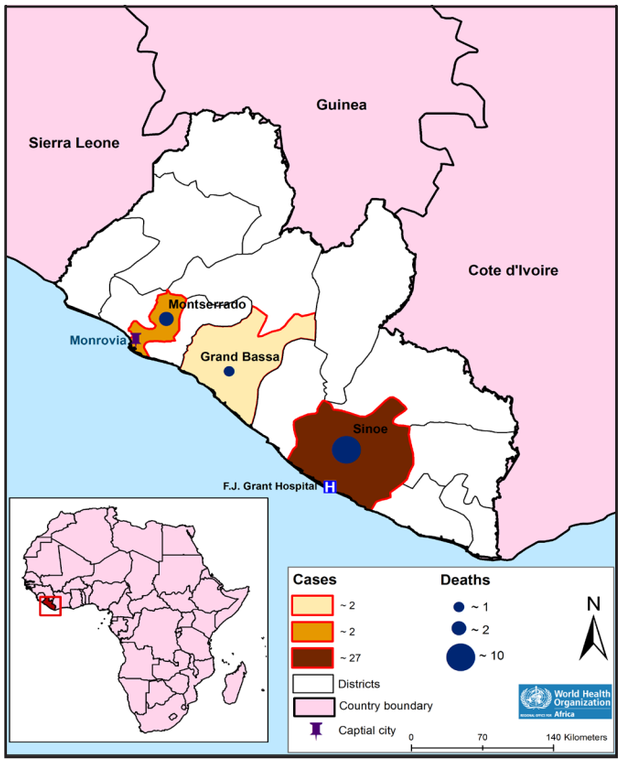
Event description

The aetiology of the cluster of acute illness and sudden deaths in Liberia has been established. Analyses of biological samples conducted at the National Reference Laboratory (NRL) in Liberia and the Centres for Disease Prevention and Control (CDC) in Atlanta confirmed *Neisseria meningitidis serotype C* as the causative agent. Thirteen out of 24 samples analysed confirmed *Neisseria meningitidis serotype C* using polymerase chain reaction (PCR) technique. In addition, four out of the five cases that manifested typical clinical features of meningococcal disease [purpura fulminans (seen in 4 cases), ecchymosis (2 cases), petechial rashes (4 cases), and abdominal pain (4 cases)] were confirmed. In this case, the infectious pathogen (*Neisseria meningitidis serotype C*) caused meningococcal disease (septicaemia an infection of blood) as opposed to meningococcal meningitis (infection of the meninges), which is common in West, Central and East Africa. Meningococcal disease outbreak is very rare in West Africa.

The overall situation of the outbreak in Liberia has greatly improved. Since our last report on 12 May 2017, no new cases and deaths have been reported. As of 19 May 2017, a total of 31 cases including 13 deaths (case fatality rate of 42%) have been reported from Sinoe (27 cases and 10 deaths), Montserrado (2 cases and 2 deaths) and Grand Bassa (2 cases and 1 death). The last case was reported on 7 May 2017 while the last death occurred on 2 May 2017.

The ages of the affected people ranged from 10 to 62 years while 55% of the cases were female. A total of 214 close contacts were identified from the three counties including 110 people who attended the funeral function. The outbreak was notified to WHO on 25 April 2017 by the Ministry of Health when a cluster of 14 cases with 8 deaths were reported from Greenville city, Sinoe County.

Geographical distribution of cases of undiagnosed illness and deaths in Liberia, 23 April - 19 May 2017.



Public health actions

- On 15 May 2017, a joint review meeting was held by the Ministry of Health, other government institutions, WHO, CDC and other partners. The meeting reviewed the epidemiological, clinical and laboratory data available and concluded that the illness and deaths were due to meningococcal disease.
- The national and county epidemic preparedness and response committees continue to coordinate the response to this event.
- Active case search is still being conducted in the affected counties to identify cases and contacts.
- Surveillance has been heightened at the health facility and community levels in all counties
- Follow up of the 214 contacts identified is being conducted on a daily basis.
- Community engagement meetings are still ongoing at the district level to encourage sick people to report to the nearest health facilities.
- Infection prevention and control protocols have been disseminated in the affected counties.
- Retrospective review of the 2017 health facility data looking for suspected meningitis cases has been initiated in affected counties.

Situation interpretation

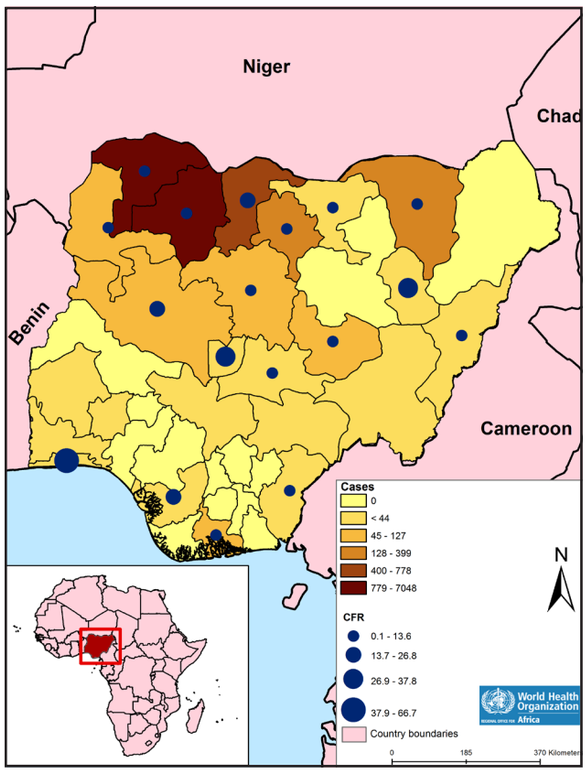
There is an apparent consensus from the technical review meeting (held on 15 May 2017) that the aetiology of the unexplained illness and deaths in Sinoe County has been established. The available laboratory results and clinical picture of the disease are suggestive of meningococcal disease outbreak. These findings are consistent with the pathogenesis of meningococcal septicaemia, also called meningococcal disease. The occurrence of this rare disease and the difficulties encountered in making the diagnosis once again renews the need to strengthen laboratory diagnostic capacities and technologies in Liberia, and in the African region. This event also reminds clinicians, epidemiologists and public health practitioners to enhance their diagnostic skills. While consensus exists on the diagnosis so far made, it is necessary to continue the ongoing testing, including the toxicology analysis. The findings from such analyses will help consolidate the current hypothesis. In the meantime, intensified surveillance should continue in all counties to ensure that any emerging cases (or any other disease) are detected promptly and managed.

Event description

The meningitis outbreak situation in Nigeria continues to improve with 30 local government areas (LGAs) exiting the epidemic phase in the last week. In week 19 (week ending 14 May 2017), a total of 523 meningitis cases including 43 deaths (case fatality rate of 8.2%) were reported. This illustrates a marked decline in the caseload compared to close to 2,500 cases recorded in week 14 (weekly ending 9 May 2017). During the reporting week, 26 local government areas (LGAs) attained the epidemic threshold of 10 cases per 100,000 populations while 16 LGAs reached the alert threshold of 3 cases per 100,000 populations. The outbreak is still largely localised to six most affected states [Zamfara, Sokoto, Katsina, Yobe, Kebbi, and Kano].

As of 14 May 2017, a total of 13,943 cases of meningitis including 1,112 deaths (case fatality rate of 8.0%) have been reported from 222 LGAs across 23 states. The majority of the reported cases, 46.8%, were in the age group of 5 – 14 years. Since the beginning of the outbreak in week 50 of 2016 (week ending 18 December 2016), a total of 34 LGAs reached epidemic level at any one point in time.
A total of 901 cerebrospinal fluid samples were obtained from the case-patients and analysed at the National Reference Laboratory. *Neisseria meningitides serogroup C* remains the predominant pathogen, accounting for 72.7% of the positive samples.

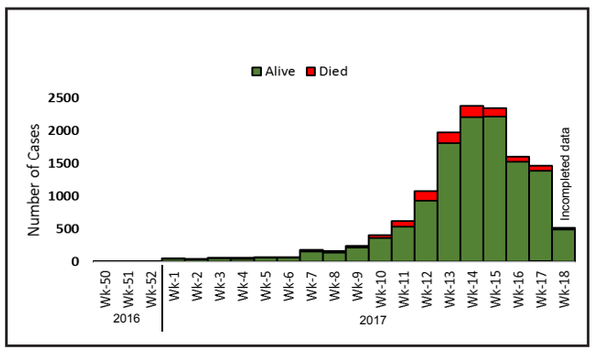
Geographical distribution of meningitis cases in Nigeria, 18 December 2016 - 14 May 2017.



Public health actions

- A meningitis vaccination campaign was conducted in Sokoto state in week 17 (week ending 30 April 2017) using 820,000 doses of conjugate C vaccine, achieving 97% coverage. The activity was supported by WHO with funds donated by the United Kingdom Government. WHO deployed experts to the field ahead of the reactive meningitis campaign to monitor the process.
- A second round of reactive meningitis campaign will be conducted in Zamfara state from 22 – 26 May 2017. In Yobe state, reactive vaccination campaign is being planned for 19 – 23 May 2017 using trivalent meningitis ACW vaccine.
- WHO mobilized and trained 400 community informants to support surveillance activities at the community level in Sokoto and Zamfara states. In addition, experts are being deployed to the state level to strengthen surveillance and support the response.
- To strengthen case management efforts in the affected states, WHO deployed 50 health workers in 10 teams to Sokoto and Zamfara states. Case management protocols have been printed and distributed to health facilities in the 6 six most affected states. In addition, 20,000 doses of ceftriaxone was mobilized and distributed to the affected states.
- WHO deployed laboratory experts from the Medical Research Council, Gambia and Public Health England to strengthen the laboratory diagnostic capacity. The first ever meningitis PCR tests was conducted in the National Reference Laboratory in Abuja. The team is also strengthening capacity for culture in Zamfara state. Lumbar Puncture kits, Pastorex and other laboratory reagents and supplies were distributed to the affected states.

Weekly trend of meningitis cases in Nigeria, 18 December 2016 - 14 May 2017



Situation interpretation

The meningitis outbreak situation in Nigeria has continued to improve as control measures have been scaled up considerably. The outbreak peaked in week 14 and 15, and started a steady decline from week 16. The worse affected states have either completed or in the process to carry out reactive vaccination campaigns. The supplies of meningitis vaccines as well as other commodities including ceftriaxone, laboratory reagents and test kits have also increased. Deployment of national and international experts to the most affected states improved. These factors were instrumental in enhancing the effectiveness of response interventions on the ground.

With these gains and after controlling the outbreak, attention should be focused on strengthening systems and structures for prevention, preparedness and response to meningitis including other public health events. Of particular attention (and in line with meningitis preparedness), there is a need to strengthen the capacity for basic microbiology tests at the general hospital level. Bacterial culture is the confirmatory test for meningitis. Alongside the testing capacity, systematic collection of cerebrospinal fluids from suspected meningitis cases for laboratory diagnosis needs to be addressed.

Acute watery diarrhoea/ Humanitarian crisis | Ethiopia | 33,145 Cases | 776 Deaths | 2.3% CFR

Event description

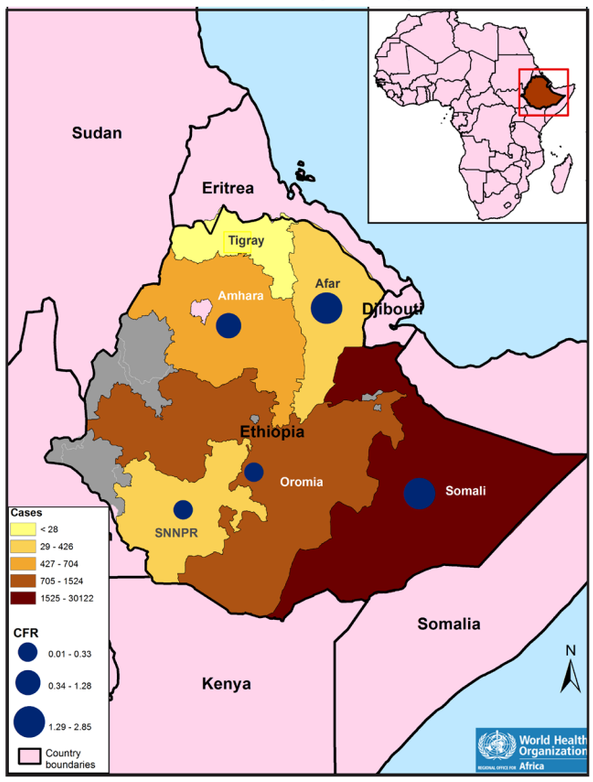
The impact of the El Niño induced drought continues to be felt in Ethiopia in 2017 especially in the south-eastern part of the country. The consequences include severe and prolonged water shortages, population displacement, food insecurity resulting from crop losses, livestock deaths and associated rising levels of severe acute malnutrition (SAM) along with outbreaks of epidemic-prone diseases.

The outbreak of acute watery diarrhoea (AWD) in Somali region has started to decline. In week 19 (week ending 14 May 2017), a total of 669 AWD cases were reported in Amhara, Oromia and Somali regions. This indicates a significant reduction in the weekly caseload compared to the weekly average of over 4,000 cases reported at the peak of the outbreak (between weeks 12 and 14). From the beginning of 2017, a total of 33,145 cases and 776 deaths (CFR 2.3%) have been reported in the country from six regions of Somali, Oromia, Amhara, Afar, SNNP and Tigray. Ninety-one percent (91%) of these cases and 99% of the deaths were reported in Somali Region.

During week 19 (week ending 14 May 2017), a total of 50 laboratory confirmed measles cases have been reported in the country. As of 15 May, a total of 1,824 suspected measles cases have been reported in the country. These include 920 confirmed cases, of these 391 were laboratory confirmed, 483 epi-linked and 46 clinically compatible.

In week 18 (week ending 07 May 2017), a total of 1,179 new severe acute malnutrition cases were reported in the region. About 1,043 cases were managed at the outpatient therapeutic programmes and 136 cases admitted to the stabilization centres in the region. Between January and 07 May 2017, a total of 24,142 severe acute malnutrition cases were reported in the region. At least 21,650 of the cases were managed at the outpatient therapeutic programmes while 2,492 cases were admitted to the stabilization centres.

Geographical distribution of acute watery diarrhoea cases in Ethiopia, 01 January - 14 May 2017.



Public health actions

- WHO continues to reinforce the Regional Command Post in Somali to provide leadership of the implementation of the operational plan.
- On the job training on infection prevention and control (IPC) at the treatment centres is being conducted by teams deployed.
- The case management team continues to monitor and strengthen the adherence to IPC and other case management protocols.
- The Regional Health Bureaus (RHB), with support from UNICEF and other partners, continue to conduct mapping of cases of severe acute malnutrition cases in the internally displaced persons (IDPs) sites.
- The Somali RHB continues to engage communities and other structures (religious, community, teachers and other leading figures) to promote chlorination of water at source, encourage household use of chlorine (aqua tabs/water guards), and promoting early treatment seeking behaviour.

Situation interpretation

The AWD outbreak situation in Somali region has greatly improved following the upgrading of the event and subsequent scaling up of response interventions. Access to safe water has increased to large populations including provisions of other essential health care services. Nevertheless, there is still a need to scale up and sustain the control interventions to more populations to avoid resurgence of the disease, especially during the ongoing rainy season.

WHO and all the Partners continue to work with the Federal Ministry of Health and the Regional Health Bureaus (RHBs) to respond to the upsurge of AWD cases, as well as on the measles outbreak and the malnutrition situation.

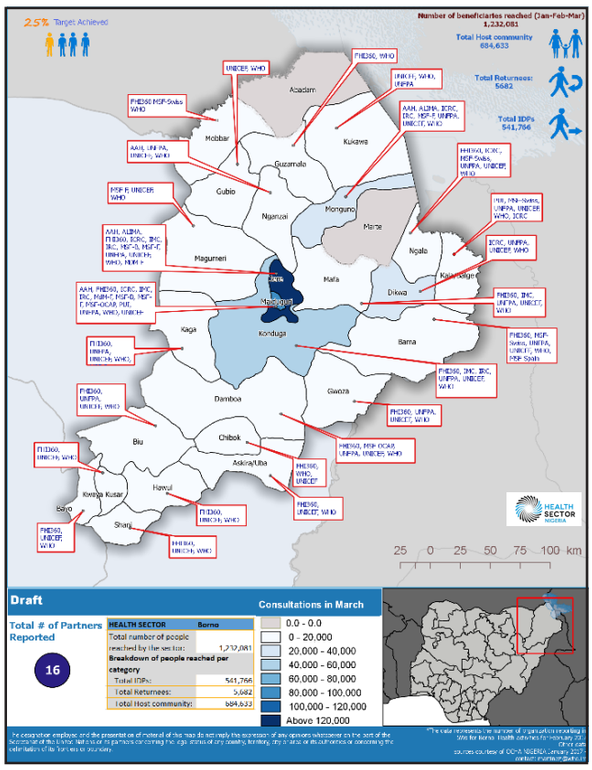
Event description

The fragile security situation in the north-east Nigeria continues with several attacks and threats on the vulnerable populations being reported. Millions of people have been displaced out of their primary locations, depriving them of livelihoods. According to the International Organization for Migration (IOM), the number of internally displaced persons (IDP) in Borno state increased by 8% between December 2016 and January 2017, reaching 1,506,170 people. The populations in the camp increased by about 53% while the number of IDP sites increased from 126 to 143. Reports of sexual exploitation, rape and flagrant violation of international human rights and related Geneva conventions have persisted. Young boys and girls are being forcibly recruited as suicide bombers or forced to kill.

Access to basic health care services has been limited especially for communities in areas with serious security threats. Health care infrastructure and services have been disrupted. According to a Health Resources Availability Mapping System (HeRAMS) assessment carried out in January 2017, 38% of health facilities were fully functional, 29% were partially damaged and 35% fully destroyed.

In week 18 (week ending 07 May 2017), 61% (91/149) of reporting sites (including 20 IDP camps) in 13 Local Government Areas (LGAs) submitted their weekly surveillance reports. Forty four indicator-based alerts were received, 36% were verified. During the reporting week, 22 suspected measles cases were registered. Between January and 07 May 2017, a total of 3,156 suspected measles cases were reported from 13 LGAs. In week 18, a total of 1,883 confirmed cases of malaria were reported including one death. Yobe state is still experiencing meningitis outbreak. A total of 352 meningitis cases including 37 deaths (case fatality rate of 10.5%) have been reported. Meanwhile, Borno state has reported 8 meningitis cases including one death.

Health sector partners presence in Borno state
As of 31 March 2017



Public health actions

- From 01 January – 07 May 2017, the hard to reach teams screened more than 78,000 children aged 0 – 59 months for acute malnutrition. About 6% and 1% of the children had global acute malnutrition and severe acute malnutrition respectively, based on the mid upper arm circumference (MUAC) method. The hard to reach teams also reached over 45,000 mothers and community members with messages on infant and young child feeding (IYCF) practices.
- The United Nations Central Emergency Response Fund (CERF) assigned US$ 900,000 to WHO to increase mental health and nutrition services, and to expand the hard-to-reach teams and the referral system. Additional funds from Germany and Korea will contribute to the nutrition response.
- On 3 May, the State Ministry of Health, MSF and WHO conducted a joint mission to Damasak to assess the local capacity to detect and respond to a possible outbreak of hepatitis E. Cross border operations and information sharing with the authorities in Niger were identified as key priorities.

Situation interpretation

The security situation in north-east Nigeria remains unstable in light of the changing modalities such as suicide bombings and frequent incursions into urban areas. Attacks on vulnerable population still occurs leading to continued population displacements. These security incidences also hinder aid workers from reaching the vulnerable populations with humanitarian assistance and life-saving interventions. The humanitarian needs still remain huge although gains have been made especially with the opening window of improved access. Humanitarian partners continue to innovate ways to broaden their networks and opportunities to ensure life-saving interventions are provided. There is an urgent need for psychosocial support for survivors of sexual violence, and the traumatized, given the increasing human rights abuses.

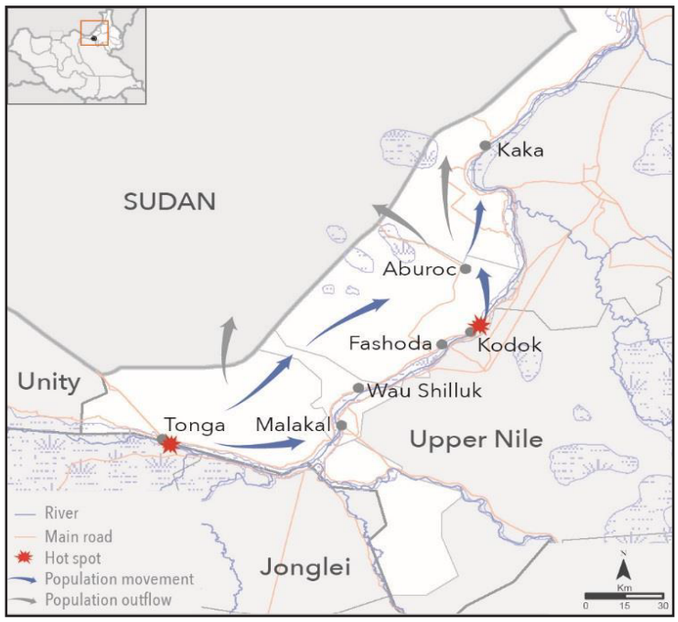
As the rainy season approaches, the risk of malaria and cholera increases. To mitigate this challenge, malaria and cholera preparedness plans have been developed. Cholera hot spots have been mapped and medicines prepositioned. Preparedness measures are being implemented to ensure adequate mitigation measures before the start of the rainy season. Meningitis preparedness plan has also been developed for the 3 northeast states in emergencies. These interventions will go a long way in averting unnecessary morbidity and mortality.

Event description

The security situation in South Sudan continues to worsen. The insecurity manifests as direct armed confrontations, ambushes along the highways (making movements risky), and intercommunal cattle rustling and infighting. Fighting has reportedly intensified in Pilling and Thonyor. Flights to Leer town and Loth in southern Leer County have recently been cancelled. The United Nations Mission in South Sudan (UNMISS) base was attacked on 03 May 2017. In the past week, aid workers have been evacuated from Leer town, Lual and Nyal. A team of 12 aid workers from different UN agencies and non-governmental organizations (NGOs) moved to Lual on foot before they were relocated to Juba on 11 May 2017. An ambush on Juba – Bor highway led to 31 civilian deaths while 2 NGO vehicles were stopped and robbed by armed men wearing civilian clothes in Yambio.

In a joint UNICEF and UNHCR press release, over one million (62% of more than 1.8 million refugees) children have fled South Sudan. Many of them were either unaccompanied or separated from their families. Nearly three quarters of South Sudan's children are out of school, the highest proportion of out-of-school children in the world. Displaced people are continuing to move from Aburoc to Sudan. Nearly 20,000 South Sudanese refugees mainly women and children reportedly crossed the border to Sudan between 29 April and 6 May, arriving in White Nile and South Kordofan. Trucks reportedly sponsored by local authorities have been bringing displaced persons from Aburoc to Megenis. An estimated 2,000 displaced persons are reportedly currently on the South Sudanese side of Megenis.

Population movement in South Sudan, April 2017



During week 19 (week ending 14 May 2017), completeness of weekly reporting for routine surveillance sites was 47% and 65% for the internally displaced persons (IDP) sites. Malaria accounted for 27% and 10% of all consultations in the routine surveillance and IDP reporting sites respectively. Active cholera transmissions are ongoing in Awerial, Bor South, Duk, Kapoeta North, Kapoeta South, Pigi, Yirol east, Yirol west and Rumbeka east, and Aburoc

Public health actions

- During the reporting week, 50 aid workers have been deployed to Aburoc to deliver a 15-day general food distribution and blanket supplementary feeding programme ration; along with water, hygiene and sanitation (WASH), nutrition and health interventions, and a protection assessment.
- The clearance for water trucks coming from Sudan has reportedly been obtained from the relevant authorities, and the trucks are due to arrive in Aburoc. Negotiations are ongoing to secure the release of humanitarian assets and to have humanitarian facilities vacated.
- WHO have deployed two technical officers and provided 21,500 doses of oral cholera vaccines in Abruoch.
- WFP completed food distribution in all four Mayendit County locations (Mayendit, Dablual, Thaker and Rubkuai), reaching over 123,500 beneficiaries and 23,800 children below five years of age. Deliveries are ongoing in Koch and Bieh in Koch County and are expected to be completed by the end of the week.
- Two convoys carrying over 2,000 metric tons of cereals arrived in Bentiu from El-Obeid (Sudan) through the recently opened corridor. So far, about 6,263 metric tons of food commodities have been delivered through this corridor.

Situation interpretation

The continued fighting among the warring factions, the intercommunal cattle rustling and in-fighting, the social unrest due to economic difficulties, and the political tensions in South Sudan have created a very complex situation in the country. The humanitarian consequences of this complex situation have been huge. At the same times,the humanitarian response in South Sudan has become a very risky venture, with attacks and ambushes targeting aid workers, both in their compounds and on the road, becoming common.

The opening of the humanitarian corridors to the neighbouring countries to transport relief commodities to the affected populations creates a window of hope as the conflict continues. Essential health commodities will also be transported from Sudan. The current on-going mass measles vaccination campaign covering the whole country is expected to improve coverage hence reduce transmission of the disease.

Summary of major challenges and proposed actions

Challenges

- Effective response to the EVD outbreak in the Democratic Republic of Congo is being challenged by lack of access to the remote and hard to reach affected areas. Deployment of national and international experts, in addition to the necessary logistics and commodities, has proven difficult. This has delayed the urgent need to scale up field operations and control interventions to the affected people in Likati. Unfortunately, acute public health events, especially of infectious origin, will always occur in such places. This therefore means that WHO and their health partners need to strengthen their logistics and operational capabilities to respond to public health events in such places.

- There are several acute and complex public health emergencies going on in the Africa region. Some of the public health emergencies have become protracted with increasing humanitarian needs, for example the crises in South Sudan, north-east Nigeria, and the Somali region in Ethiopia. WHO has endeavoured to respond to each and every one of the public health emergencies to alleviate the suffering of the people and avert unnecessary morbidity and mortality. The need for multisectoral engagement and mobilization of additional resources to sustain the response to the multiple ongoing public health emergencies in the region is critical.

Proposed actions

- Rapidly scale up the response to the EVD outbreak in the Democratic Republic of Congo through mobilization of critical stakeholders including the United Nations Mission in the Democratic Republic of Congo.

- Intensify engagement of partners and mobilization of resources to sustain the ongoing response to the multiple public health emergencies in the region.

All events currently being monitored by WHO AFRO

Event	Country	Grade	Date of notification to WHO	No. of cases / suspected (confirmed)	No. of deaths	CFR (suspected) / %	Comments	Date of last sitrep
OUTBREAK								
Cholera	DRC	2	1 Jan 2015	39,553	1448	3.66		12/05/2017
Cholera	Tanzania	2	04 April 2015	29,538	458	1.55	Thirty-eight new cases reported in epi week 19 from mainland (33) and Zanzibar (5). *The cumulative number represents both mainland and Zanzibar.	14/05/2017
Necrotising cellulitis/ fasciitis	Sao Tome & Principe	2	10 Jan 2017	1655	0	0	Eighteen patients have benefitted from reconstructive surgery (skin grafting).	17/05/2017
Meningitis	Nigeria	2	20-Feb-17	13,420	1069	8	Neisseria meningitides serogroup C remains the predominant (72.7%) cause of meningitis amongst those who tested positive. The first test ever of PCR diagnosis of bacterial meningitis was successfully carried out at the National Reference Laboratory in Abuja	14/05/2017
Acute watery diarrhoea	Ethiopia	3	Beginning 2017	33,145	776	2.34	Somali region continues to be the worst affected region with ninety-one percent (91%) of these cases and 99% of the deaths. There is a decline in the number of cases reported in the affected regions during week 19	14/05/2017
Hepatitis E	Chad	1	1 Sept 2016	1431 (98)	17	1.1	The outbreak was officially declared by the Minister of Health. A joint urgent response plan has been finalized amongst partners and MoH	14/05/2017
Cholera	Angola	1	4 Jan 2017	336	15	4.1		9/04/2017
Hepatitis E	Niger	-	12 April 2017	560	28	5.0	Patients (mainly refugees) in Diffa presenting with conjunctival jaundice were confirmed Hepatitis E positive. Diffa borders with Tchad where there is an ongoing Hepatitis E outbreak. On 19 April the MOH declared an outbreak.	17/05/2017
Cholera	Kenya	-	10 Oct 2016	303 (36)	5	1.65		10/05/2017
Dengue fever	Burkina Faso	-	29 Oct 2016	2743	21	0.8		12/04/2017
Typhoid fever	Zimbabwe	-	21 Nov 2016	2572 (95)	10	0.4		20/03/2017
Lassa fever	Nigeria	-	Dec 2016	283 (99)	56	19.8	Outbreak in 13 states	17/04/2017
Dengue fever	Cabo Verde	-	4 Jan 2017	124 (30)	0	0	Investigations by the deployed entomologist and virologist from IPD determined the recent circulation of the virus and the presence of Aedes aegypti as the vector.	16/04/2017
Cholera	South Sudan	-	Beginning 2017	7,735	246	3.2	Currently, 9 (47%) out of 19 counties ever affected (since June 2016) have reported cholera cases in the past 4 reporting periods (weeks) and are considered to have active transmission	05/05/2017
Measles	South Sudan	-	Beginning 2017	590	4	0.7	Since the beginning of 2017, measles outbreaks have been confirmed in five counties - Wau, Yambio, Aweil South, Gogrial West, Gogrial East, and Juba	05/05/2017
Measles	Ethiopia	-	Beginning 2017	1824 (920)			A total of 50-laboratory confirmed measles outbreaks have been reported up to week 19, out of which 3 of them are currently active.	07/05/2017
Monkeypox	Congo	-	1 Feb 2017	70 (7)	5	7.1	Reported from four different districts in Likouala Department and one district in Cuvette department	23/04/2017
Meningitis	Togo	-	03 Feb 2017	484 (104)	34	7.0	Seven districts are in the alert threshold and one district is in epidemic threshold	12/05/2017
Meningitis	Benin	-		433 (13)	40	9.2	Six districts are in the alert threshold and one district is in epidemic threshold	12/05/2017
Monkeypox	Central African Republic	-	09 Feb 2017	47 (5)	0	0		19/04/2017
Measles	Guinea	-	08 Feb 2017	5780 (3951)	19	0.3		26/04/2017
Cholera	Mozambique	-	16 Feb 2017	1400	3	0.2		13/03/2017
Meningitis	Niger	-	19 Feb 2017	3231 (1063)	187	5.8	Particular emphasis is placed on the continuation of free and adequate case management. There is also significant number of serogroup NmX (18%) not preventable by vaccination.	19/05/2017
Leishmaniasis	Cameroon	-	20 Feb 2017	48	17	35.4	Deployment of an expert to train people in managing cases and perform active screening in process	30/03/2017
Lassa fever	Togo	-	24 Feb 2017	12 (7)	4	33		19/03/2017
Meningitis	Cameroon		9 Mar 2017	633(32)	40	6.3	There are 14 districts in alert and 1 in epidemic	02/05/2017
Lassa fever	Sierra Leone	-		90 (7)	6	6.7		
Anthrax	Tanzania	-	11 Mar 2017	1	0	-		-
Malaria	Burundi	-	13 Mar 2017	3,046,070	1402	0.05	An upward trend has been recorded during the last two weeks and still above the epidemic threshold. The Ministry of Health has developed an accelerated response plan	15/05/2017
Cholera	Malawi	-	15 Mar 2017	18	0	0		19/03/2017
Influenza like illness (H1N1)	Senegal	-	28 Mar 2017	118	3	2.5	Presence of the H1N1 influenza virus has been confirmed in 23/29 samples tested at IPD, Dakar.	10/04/2017
Monkeypox	Central African Republic	-	15 April 2017	1 (1)	0	0	New confirmed case reported in Mbaki district bordering Likouala province in Congo where an outbreak is ongoing. Previous 5 confirmed cases in February 2017 in Mbomou province	19/04/2017
Anthrax	Zimbabwe	-	15 April 2017	14	1	7.1	Detailed update above	25/04/2017
Anthrax	Guinea	-	16 April 2017	5	1	20	All cases eaten meat from same cow. 37 additional persons being followed up. Indepth investigation ongoing	22/04/2017
Monkeypox	Sierra Leone	-	17 April 2017	1 (1)	0	0	On 23rd April 2017, the single confirmed case of Monkey pox was discharged from Pujehun Government Hospital where he had been admitted since 25th March 2017. Outbreak response activities with heightened surveillance will continue for another 42 days from the date of discharge to prevent and promptly detect new cases.	23/04/2017
Meningococcal disease (Initially Cluster of unknown aetiology)	Liberia	-	25 April 2017	31	13	41.9	US CDC and National Reference Laboratory confirmed 13 cases positive for Neisseria meningitides serotype C by PCR. Samples have been sent to a laboratory in Vienna for toxicology and chemical testing	18/05/2017

Event	Country	Grade	Date of notification to WHO	No. of cases / suspected (confirmed)	No. of deaths	CFR (suspected) / %	Comments	Date of last sitrep
Dengue fever	Cote d'Ivoire	-		50 (12)	0	0	A confirmed case of dengue fever was reported by Institut Pasteur Dakar on April 28, 2017. All cases are in the Abidjan district.	10/05/2017
CCHF	Senegal		06 May 2017	2 (2)			Cases arrived in Senegal from Mauritania on 29 April 2017. WHO informed on 09 May	10/05/17
Ebola Virus Disease	DRC	2	11 May 2017	32(2)	4	12.5	A total of 416 contacts have been identified and monitored	19/05/2017
Malaria	South Africa	-		4484			Limpopo Province reported upsurge in number of reported cases on outbreak start date on week 14, April 2017	10/05/2017
Dengue	Kenya	-	Beginning 2017	153	-			12/5/2017
EMERGENCIES								
Humanitarian crisis	South Sudan	3					Currently insecurity is restricting the delivery of humanitarian assistance in most parts of the conflict affected states.	30/04/2017
Humanitarian crisis	Nigeria	3					Detailed update given above	15/04/2017
Humanitarian crisis	Ethiopia	3					Ethiopia continue to experience drought, acute water shortages, population displacement(IDPs) and food insecurity resulting to rising malnutrition and increasing spread of AWD	14/05/2017
Humanitarian crisis	Cameroon	2						
Humanitarian crisis	Central African Republic	2						
Food insecurity	South Sudan, Kenya, Uganda, Ethiopia, NE Nigeria	-	23 Feb 2017				OCHA and IGAD estimate up to 22.9 million people are food insecure in the Horn of Africa.	10/05/2017
Floods	Zimbabwe	-	02 Mar 2017					06/04/17
Cyclone	Madagascar	-	07 Mar 2017					11/04/2017

Data is taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.

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

Health Emergency Information and Risk Assessment

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