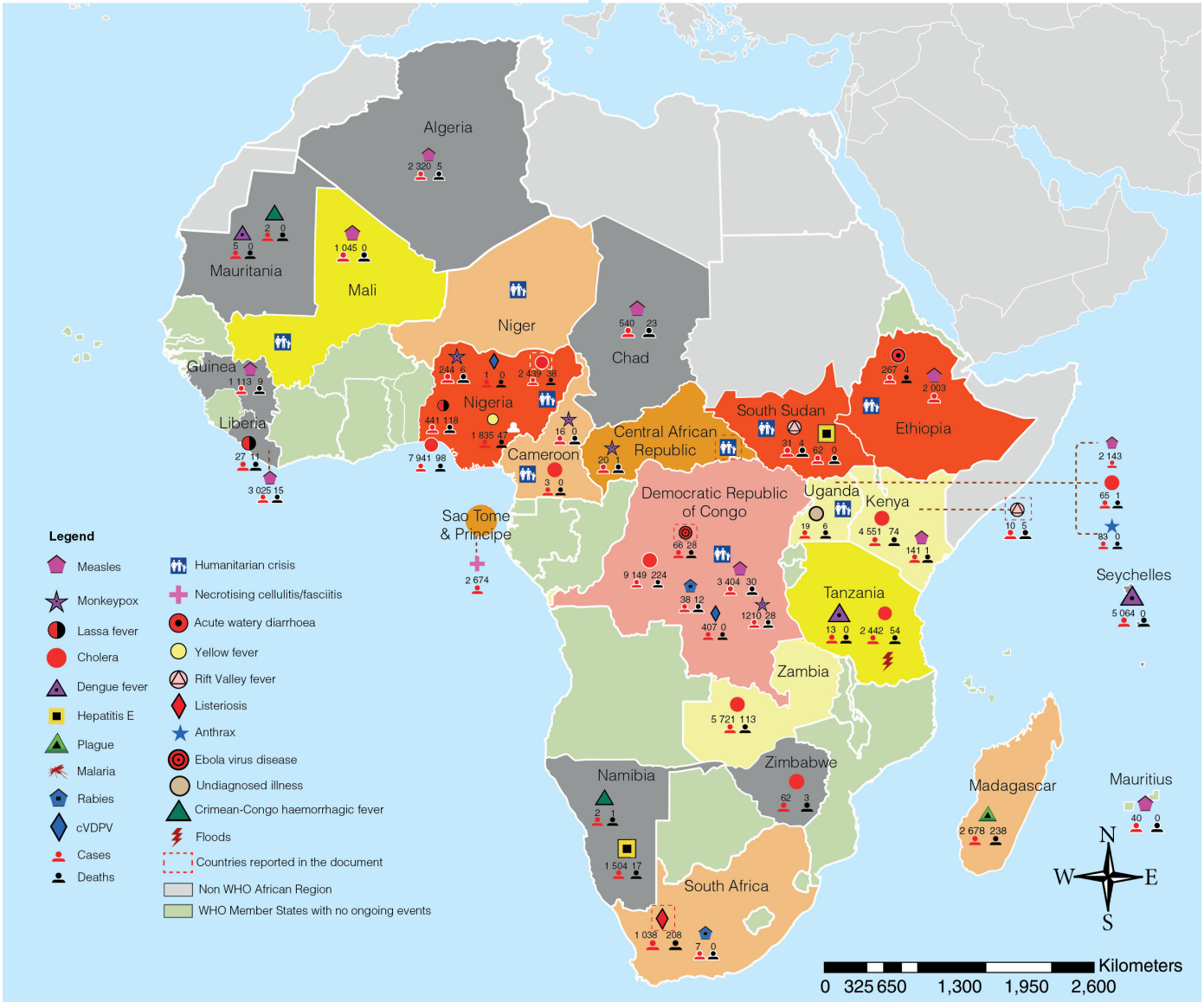
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 23: 02 - 08 June 2018
Data as reported by 17:00; 08 June 2018

World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

1	54	46	9
New event	Ongoing events	Outbreaks	Humanitarian crises



Graded events †

2 Grade 3 events	4 Grade 2 events	2 Grade 1 events	37 Ungraded events
3 Protracted 3 events	2 Protracted 2 events	2 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 new and ongoing events, including:

  - Rift Valley fever in Kenya
  - Ebola virus disease in the Democratic Republic of the Congo
  - Listeriosis in South Africa
  - Cholera in north-east Nigeria
  - Humanitarian crisis in Central African Republic.

- 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 outbreak in the Democratic Republic of the Congo remains active, with occurrence of a new confirmed case during the reporting week. Notably, the confirmed case was a known contact under follow up. The Ministry of Health and other national authorities, WHO and partners continue to consolidate all pillars of the response and the global community and donors have remained supportive, attentive and watchful. Despite the gains made so far, the challenges on the ground are still enormous, and call for more efforts. It is critical to sustain the ongoing interventions as well as efforts to improve coverage and effectiveness until the outbreak is contained.

  - The outbreak of listeriosis in South Africa has been controlled, with only a few sporadic cases and deaths being reported. The South African Department of Health, other national authorities and partners responded effectively to the outbreak. In spite of this comprehensive and effective response, and the transparency demonstrated by the South African national authorities, some State Parties in the region imposed trade bans on food products from South Africa, apparently against WHO advice. In light of the current situation and the measures taken so far, the countries that are maintaining trade bans on South African food products need to lift these bans.

New event

Rift Valley Fever | **Kenya** | 10 **Cases** | 5 **Deaths** | 50% **CFR**

EVENT DESCRIPTION

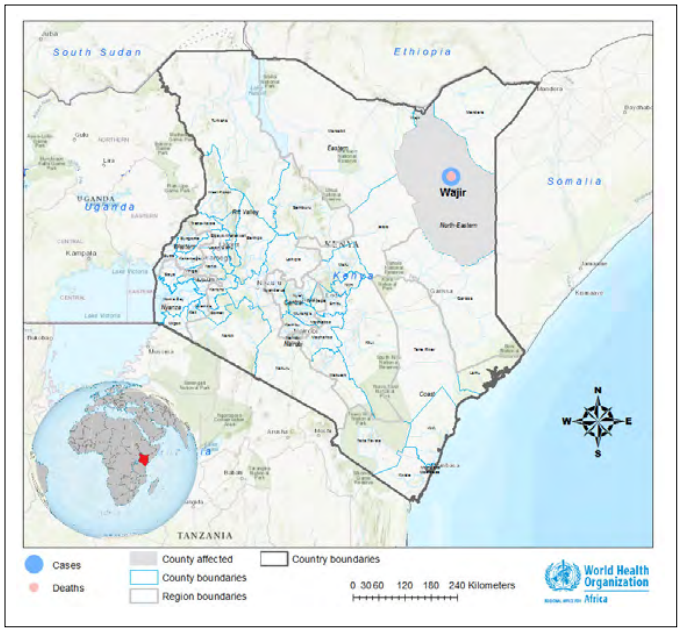
On 8 June 2018, the Kenya Ministry of Health reported an outbreak of Rift Valley fever (RVF) in Wajir County in the north-east of the country. The event was initially detected on 2 June 2018 when the index case, an 18-year-old male, presented to the local health facility with fever, body weakness, bleeding from the gums and mouth and other constitutional symptoms. The case-patient, who died on the day of admission, had been ill for the past five days and the bleeding diathesis had lasted three days. He (reportedly) had a history of consuming meat around 22-23 May 2018 from a camel which had been ill.

On 4 June 2018, two relatives of the index case presented to the local referral hospital with high fever and bleeding from the mouth. One of the case-patients, a 25-year-old male, subsequently died on the day of admission. Blood specimens collected from the two case-patients on 4 June 2018 were shipped to the Kenya Medical Research Institute (KEMRI) in Nairobi. Test results released by KEMRI on 6 June 2018 indicated that one of the two specimens tested positive for RVF.

As of 8 June 2018, a total of 10 suspected RVF cases, including five deaths (case fatality rate 50%), have been reported in Wajir County. Three case-patients have since recovered and been discharged, while one remains in admission at Wajir County Referral hospital. Eight additional blood specimens have been obtained and are being analysed at the KEMRI.

The Kenya Ministry of Livestock reported a high number of deaths and abortions among animals (especially camels and goats) occurring in the last two months in four counties: Kadjiado (bordering Tanzania), Kitui (east of Nairobi), Marsabit (bordering Ethiopia), and Wajir (bordering Ethiopia and Somalia). On 8 June 2018, the Kenya Directorate of Veterinary Services notified the World Organization for Animal Health (OIE) of a suspected RVF epizootic in the country.

Geographical distribution of Rift Valley Fever cases in Kenya, 02 - 08 June 2018



PUBLIC HEALTH ACTIONS

- On 8 June 2018, the Ministries of Health and Agriculture and Livestock held an emergency meeting, attended by WHO and partners, to review the outbreak situation and plan for response operations. A subnational task force has been activated in Wajir County, holding meetings three times in a week.
- A joint multidisciplinary national rapid response team from the Ministries of Health and Agriculture and Livestock has been deployed to the affected county to conduct outbreak investigations and support local response.
- On 7 June 2018, the health authorities in Wajir County issued a press release to inform the public about the RVF outbreak.
- Active surveillance has been enhanced in the affected county, including active case search in the community and health facilities. All local health authorities in the country have been alerted to increase vigilance and enhance preparedness measures.
- A treatment centre has been established at Wajir Referral hospital.
- The Ministry of Agriculture and Livestock has issued a ban on slaughtering animals for public consumption.

SITUATION INTERPRETATION

Rift Valley fever is an emerging mosquito-borne zoonotic disease that primarily affects domesticated ruminants, but can also cause severe illness in humans. Most human infections are asymptomatic or relatively mild and the overall case fatality rate is below 1%. However, a small percentage of people develop the more severe forms of the disease. Most human infections result from direct or indirect contact with the blood or organs of infected animals, but can also result from ingesting unpasteurized or uncooked milk of infected animals. Less commonly, people can be infected by exposures to infected mosquitoes. No human-to-human transmission of RVF has been documented, and no transmission of RVF to healthcare workers has been reported when standard infection control precautions have been put in place.

Aedes mosquito species are considered the main reservoir, as well as a vector for the disease. Virus replication in domestic ruminants results in high rates of mortality and abortion. Rift Valley fever has the potential to cause serious public health impact as well major economic losses and social disruption.

The current outbreak has ecological and subregional geographical connotations. Part of the population in Wajir County is semi-nomadic, with close connections to populations in other parts of Kenya, Ethiopia and Somalia, as well as other cattle keepers in eastern Uganda and South Sudan. Livestock population movements are high in the subregion, including cattle raiding activity between Uganda-Kenya-South Sudan. The ongoing heavy rains and flooding in Kenya (and parts of East Africa) have also resulted in increased vector density. These factors could contribute to further spread of the disease in the subregion.

Ongoing events

Ebola virus disease | **Democratic Republic of the Congo** | 66 **Cases** | 28 **Deaths** | 42.4% **CFR**

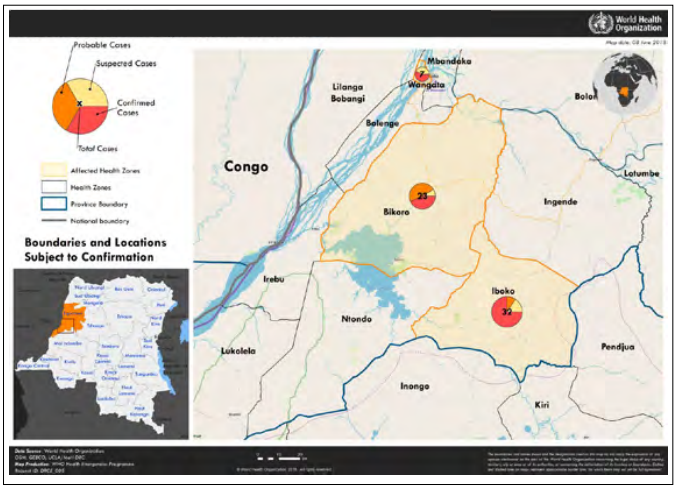
EVENT DESCRIPTION

The outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo remains active. On 9 June 2018, one new death has occurred in the EVD case confirmed on 6 June 2018 in Iboko Health Zone. The case-patient, a known contact of a probable case who died on 20 May 2018, developed illness on 2 June 2018. On 9 June 2018, three new suspected EVD cases were reported in Iboko (2) and Wangata (1) health zones. Additionally, eight suspected EVD cases detected on 8 June 2018 in Itipo health area, Iboko Health Zone were reported on 10 June 2018. Four laboratory specimens (from suspected cases reported previously) tested negative.

Since the beginning of the outbreak (on 4 April 2018), a total of 66 EVD cases and 28 deaths (case fatality rate 42.4%) have been reported, as of 10 June 2018. Of the 66 cases, 38 have been laboratory confirmed, 14 are probable (deaths for which it was not possible to collect laboratory specimens for testing) and 14 are suspected. Of the confirmed and probable cases, 27 (52%) are from Iboko, followed by 21 (40%) from Bikoro and four (8%) from Wangata health zones. A total of five healthcare workers have been affected, with four confirmed cases and two deaths.

The outbreak has remained localized to the three health zones initially affected: Iboko (24 confirmed cases, 3 probable, 12 suspected, 7 deaths), Bikoro (10 confirmed cases, 11 probable, 1 suspected, 18 deaths) and Wangata (4 confirmed cases, 1 suspected case, 3 deaths).

Geographical distribution of Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, 6 June 2018



Since the launch of the vaccination exercise on 21 May 2018, a total of 2 221 people have been vaccinated in Wangata, Iboko and Bikoro. The targets for vaccination are front-line health professionals, people who have been exposed to confirmed EVD cases and contacts of these contacts.

The number of contacts requiring follow-up is progressively decreasing with many completing the required follow-up period. As of 6 June 2018, a total of 619 contacts were under follow up, of which 91% were reached on the reporting date.

PUBLIC HEALTH ACTIONS

- The WHO Deputy Director-General (DDG) and the WHO AFRO Regional Emergency Director (RED) carried out a field mission to the Democratic Republic of the Congo from 5-9 June 2018 to conduct on-the-spot assessment and support the response operations. The DDG and RED held meetings with the Minister of Health, partners and the Incident Management team. The DDG and RED, accompanied by the Ministry of Health officials, also visited the affected health zones, including Mbandaka, Iboko and the hot-spot Itipo.
- Daily coordination meetings continue at the national, sub-national and local levels to review the evolution of the outbreak, identify gaps in the response and propose key actions to accelerate the implementation of public health measures.
- As of 8 June 2018, WHO has deployed a total of 256 technical experts in various critical functions of the Incident Management System (IMS) to support response efforts in the three hotspots of Bikoro, Iboko and Wangata (Mbandaka city).
- A full mobile laboratory deployed in Bikoro Reference Hospital on 12 May 2018 has been fully operational since 16 May 2018. A second mobile laboratory is active in Mbandaka.
- MSF has set up isolation facilities in Mbandaka's main hospital (20 beds) and Bikoro hospital (15 beds). Two Ebola treatment centres (ETC) are being set up in Iboko and Itipo.
- WHO is providing technical advice on the use of investigational therapeutics and provision of essential medical supplies and is currently supporting the Ministry of Health and INRB in the importation of investigational therapeutics and submission of Monitored Emergency Use of Unregistered Interventions (MEURI) protocols for Ethics Review Board (ERB), as well as supporting MSF in implementation of therapeutics protocols.
- On 4 June 2018, an ethics committee in the Democratic Republic of the Congo approved the use of five investigational therapeutics to treat Ebola, under the framework of compassionate use/expanded access.
- On 6 June 2018, WHO convened a Research and Development (R&D) Blueprint meeting with global partners to present the National Ebola Research Plan of the Democratic Republic of the Congo.
- The Ministry of Health, in collaboration with ACF, International Solidarity and IMC conducted an IPC assessment in 16 health facilities in the city of Kinshasa.
- There is continued support from MSF and the Congolese Red Cross in the organization of safe and dignified burials.
- Anthropological assessments are ongoing in Itipo to better understand the communities' perception of diseases, treatments, EVD, funeral practices and gender dynamics.
- There is continued logistical support with the deployment of logisticians in the field. About 19 tons of materials have been received in Kinshasa, of which 16 tons have been sent to Mbandaka. About 3 000 sets of personal protective equipment, tents and sanitation materials have been dispatched.
- The WHO Regional Strategic Plan for EVD Operational Readiness and Preparedness in countries neighbouring the Democratic Republic of the Congo has been developed and discussed with donors on 8 June 2018. The plan, focusing on eight strategic areas of interventions, has been aligned to the national contingency plans.
- A total of US$ 1.55 million has been mobilized through the WHO Contingency Fund for Emergencies (CFE) to support preparedness and readiness contingency plans in the nine priority countries.

SITUATION INTERPRETATION

The Ministry of Health and other national authorities, WHO and partners continue with an intense response to the EVD outbreak in the Democratic Republic of the Congo. All pillars of the response are being consolidated as well as preparedness and readiness measures in neighbouring countries. The global community and donors are also continuing to provide support. The evolution of the outbreak is being closely monitored and the disease is still localised to the three initial affected health zones. It is critical to sustain the ongoing interventions as well as efforts to improve coverage and effectiveness until the outbreak is contained. Moving forward, the response is beginning to shift to a second phase where the focus will be active surveillance, including rapid case investigations of suspected EVD cases and alerts and thorough contact tracing in the remote areas. This will imply redeployment of field responders and response logistics.

EVENT DESCRIPTION

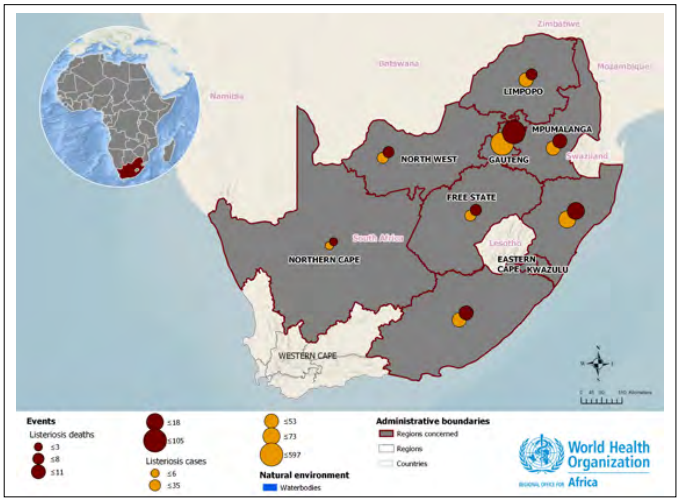
The outbreak of listeriosis in South Africa has markedly improved, with only sporadic incidence cases occurring. In week 21 (week ending 27 May 2018), two new confirmed listeriosis cases were reported, compared to one confirmed case in week 20. Additionally, two historical (late reporting) confirmed cases were reported during the reporting week. A total of 69 confirmed cases have been reported since the recall of the implicated food on 4 March 2018.

Between 1 January 2017 to 27 May 2018, a total of 1 038 cases and 208 deaths (case fatality rate 20.0%) have been reported. Neonates less than 28 days of age continue to be the most affected group, followed by people aged 15-49 years. Most of the cases (607, 58%) have been reported from Gauteng Province, followed by Western Cape (130, 13%) and KwaZulu-Natal (76, 7%).

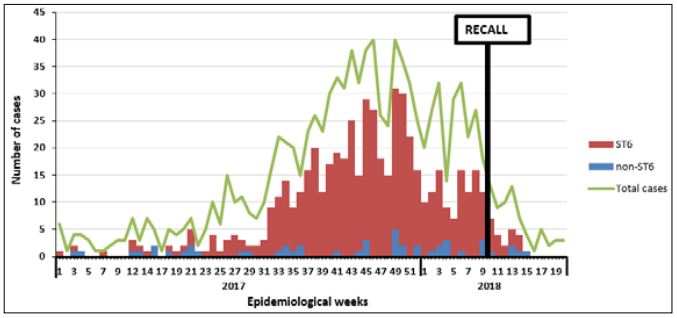
Of the 69 confirmed cases reported post-recall, 65 were confirmed by culture and four were diagnosed by polymerase chain reaction (PCR). Of the 65 culture-confirmed cases, 40 isolates were received for whole genome sequencing and 23 of these have been completed: 19 are ST6 strain and four are other sequence types.

The National Health Laboratory Services Infection Control Services Laboratory (ICSL) began to receive environmental and food samples from food production facility inspections for *Listeria moncytogenes* testing on 17 May 2018. Presence or absence of *L. monocytogenes* in 25 g food samples or environmental swabs is currently reported, with quantitative culture conducted where appropriate. PCR testing has been introduced into the testing algorithm as the screening test, in order to shorten result turnaround time.

Geographical distribution of listeriosis cases in South Africa, 1 January 2017 - 27 May 2018



Epidemic curve of laboratory-confirmed listeriosis cases in South Africa, 01 January 2017 to 27 May 2018



PUBLIC HEALTH ACTIONS

- Based on the current epidemiologic situation and the comprehensive response measures undertaken, WHO has started the process to reevaluate the risk of the listeriosis outbreak in South Africa, with a view to reclassify the risk and scale down the grade of the emergency.
- Phase 2 of the Emergency Response Plan (ERP) developed by the IMT is being implemented with the aim of controlling and ending the current outbreak and to strengthen systems to facilitate prevention and early detection of outbreaks. To inform and support these aims, surveillance and investigation of cases of listeriosis and risk communication activities are ongoing. Additional activities include communication of phase 1 of the ERP with provincial and district stakeholders, with development of material and staff training to support inspection of identified at-risk food processing plants; inspection of at-risk food processing plants and strengthening the capacity of district environmental health practitioners (EHPs); and reporting and consolidation of health system strengthening activities and after action review.
- Training of EHPs in Mpumalanga and Eastern Cape provinces resulted in two food processing factories being inspected by a team of district EHPs and IMT members and a feedback meeting was held with factory inspection teams on 25 May 2018, which identified improved communication with courier services and improved specimen collection material as areas for strengthening.
- A meeting was held with Food Control, Environmental Health and IMT representatives to consider how to advise district EHPs on *Listeria* testing. An advisory is currently being drafted and will be distributed during the week ending 1 June 2018.
- A consolidated report on destruction of recalled product is expected on 31 May 2018 and destruction is expected to be finalised by end June 2018.
- Training and capacity building of EHP took place during May 2018 in several districts of Eastern Cape, Mpumalanga, Limpopo, and Western Cape.
- Regulations relating to Hygiene on Food Premises and the Transport of Food, published in 2015 for comment will be gazetted shortly, as will the process to make hazard analysis and critical control system (HACCP) mandatory in high risk meat processing facilities through an amendment of the regulations pertaining to the application of HACCP.
- From 23-25 May 2018, community engagement activities focusing on *Listeria* and food safety issues were conducted in schools, and health facilities in Kimberly, Northern Cape Province. Media and social media monitoring occurs daily to check for misinformation and rumours and a workshop to update journalists on *Listeria* activities was planned for 30 May 2018.

SITUATION INTERPRETATION

Although there are still a few new listeriosis cases and deaths since the implicated product recall in early March 2018, the South African authorities have largely brought this outbreak under control. The sporadic cases and deaths are largely attributed to the long incubation period of the disease (up to 70 days) and the long shelf life of implicated products. The occurrence of the outbreak has resulted in major changes to standard operating procedures around food safety and factory inspection, along with a full review of food safety legislation around processed meat products that are currently being gazetted. Based on the current epidemiological situation, progress made in the implementation of new measures on food manufacturing and storage and adoption of new legislation, countries that are still continuing with bans on food products from South Africa should lift these bans.

Go to overview | Go to map of the outbreaks

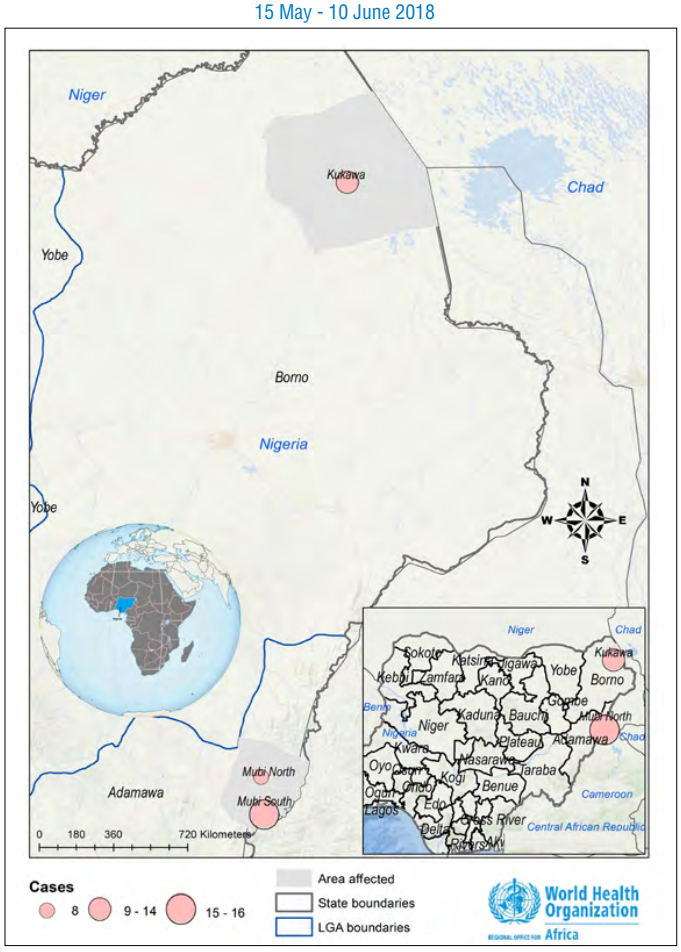
EVENT DESCRIPTION

Two states, Adamawa and Borno, in north-east Nigeria continue to have active cholera outbreaks. In Adamawa State, the disease trend has started declining after weeks of intense transmission. In week 23 (week ending 10 June 2018), a total of 240 new suspected cholera cases and two deaths have been reported. On 10 June 2018, 19 new suspected cholera cases were reported from two local government areas (LGAs): Mubi South (16) and Mubi North (3), compared to 16 cases on 9 June 2018. Since the beginning of the outbreak on 17 May 2018, a total of 1 227 suspected cholera cases, including 20 deaths (case fatality rate 1.7%), have been reported as of 10 June 2018. The outbreak has mostly affected two LGAs: Mubi South (693 cases, 9 deaths) and Mubi North (526 cases, 11 deaths). Two other LGAs have also reported the disease: Hong (5 cases) and Maiha (3 cases). Of 62 stool specimens collected, 44 (71%) tested positive by cholera rapid diagnostic test (RDT): Mubi South (23), Mubi North (19), Hong (1) and Maiha (1). Ten out of 11 specimens cultured *Vibrio cholerae*.

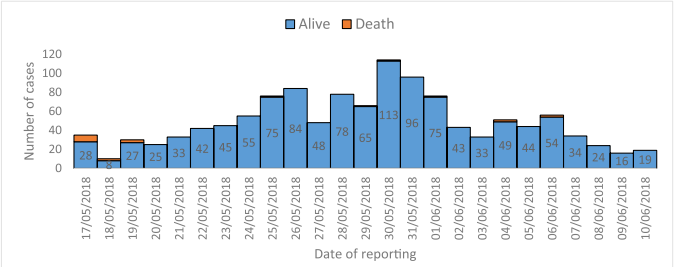
Low level cholera transmission is still ongoing in Borno State. In week 22 (week ending 3 June 2018), 14 new suspected cholera cases were reported in Kukawa LGA. Since the beginning of the outbreak on 13 February 2018, a total of 808 cases and 3 deaths (case fatality rate 0.4%) have been reported from four LGAs. Ninety-five percent (769) of cases and all the reported deaths occurred in Kukawa LGA. The other affected LGAs are Banki (31 cases), El-minskin (6) and Damboa (2). Of 110 stool specimens collected and analysed, 87 (79%) tested positive on cholera RDT, while 39 (52%) out of 74 specimens cultured *V. cholerae*.

Since February 2018, the three states in north-east Nigeria have reported a total of 2 439 suspected cholera cases and 38 deaths (case fatality rate 1.6%), as of 10 June 2018. The cholera outbreak in Yobe State has been contained, with the last case reported on 15 May 2018.

Geographical distribution of cholera cases in noth-east Nigeria, 15 May - 10 June 2018



Epidemic curve of cholera cases in Adamawa State, noth-east Nigeria, 17 May - 10 June 2018



PUBLIC HEALTH ACTIONS

- Regular coordination meetings to review the evolution of the outbreak and response activities are ongoing in the affected states and LGAs, and attended by partners.
- Active surveillance, including active case search is ongoing in all affected communities and health facilities. Laboratory support for diagnosis is being provided.
- Water, sanitation and hygiene (WASH) activities such as chlorination at water points, disinfection of latrines, hygiene promotion and education on the dangers of open defecation, immediate disinfection of affected households, etc. are being conducted by partners, including UNICEF, ACF and International Rescue Committee (IRC).
- In Adamawa State, UNICEF and DRC supported teams visited and sensitized 6 752 people in 1 270 households from six wards and 14 settlements in Mubi North and Mubi South. Solidarities International (SI) disinfected 234 households and 110 latrines in Mubi North and Mubi South, targeting households that reported cases and their neighbourhood.
- In Borno State, house-to-house community sensitization and risk communication activities are ongoing in Kukawa LGA, carried out by the LGA team and WHO hard-to-reach teams.
- The health promotion teams from the local governments and partners continue to disseminate information using the LGA information van and IEC materials.

SITUATION INTERPRETATION

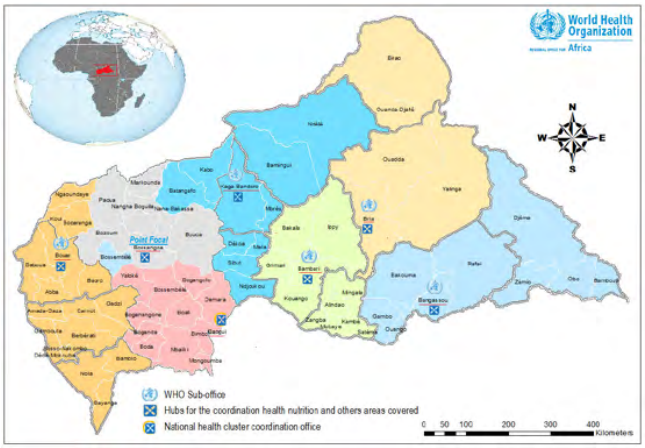
Two states, Adamawa and Borno, in north-east Nigeria continue to experience active cholera transmission. While the cholera outbreak in Adamawa State has shown some improvement in the last week, the situation still needs intense response efforts and vigilance. This also applies to the low level transmission in Borno State. The different government authorities and partners need to continue implementation of evidence-based cholera control interventions, based on the past experiences. The approaching rainy season might promote propagation of the disease, reversing the gains so far achieved. The use of other tools such as oral cholera vaccine can supplement the conventional interventions, including WASH, active surveillance and social mobilization and community engagement.

EVENT DESCRIPTION

The humanitarian crisis in Central Africa Republic continues to cause population displacement and problems with access to humanitarian services. The latest update from the Population Movements Commission on 30 April 2018, estimates that there is a total of 669 997 internally displaced persons (IDPs) in the country, made up of 262 366 people in 77 IDP sites and 407 631 people living with host families. However, this is 3% fewer than in March 2018 as there are continued spontaneous returns of Central African Republic refugees from Democratic Republic of the Congo to Kouango and Alindao.

During week 22 (week ending 1 June 2018), the United Nations Department of Safety and Security (UNDSS) reported 59 recorded security incidents affecting civilians, United Nations personnel and national and international aid agencies. The situation is tense in several cities in the country, particularly in the central area where there are movements of armed groups in response to joint operations to secure the PK5 neighbourhood in Bangui. There has been renewed violence in this area since 24 May 2018, which led to suspension of humanitarian activities. Week 22 was marked by episodes of violence related to clashes between armed groups that left 12 people dead and many wounded, according to the Central African Red Cross. In addition, Health-Nutrition and Child Protection clusters were looted, with a significant impact on their intervention capacities. The problems of access are common across many areas, with arbitrary arrests and intimidation of civilians, including aid workers, reported in Bria.

WHO and Health Cluster presence in Central African Republic as of February 2018



The main causes of morbidity and mortality during week 22 were malaria, acute respiratory infections, acute water diarrhoea and physical trauma. Malaria remains the leading cause of morbidity and mortality in hot spots in the country.

PUBLIC HEALTH ACTIONS

- Preparedness activities around the potential importation of Ebola virus disease (EVD) continue, with WHO, UNICEF and other partners. Surveillance activities have been strengthened at eight river sites and at M'Poko Airport, Bangui.
- Personal protection kits and infra-red thermometers were supplied by WHO for surveillance at the border with Democratic Republic of the Congo.
- WHO continues to support the Ministry of Health in upgrading the epidemic treatment centre, training 32 journalists, artists and actors for community awareness of EVD and the Ministry of Health and the Central African Red Cross have stockpiled chlorine and EPI kits received from WHO Afro. Training of a multidisciplinary team, as well as site and rapid response team leaders is planned for 18-22 June 2018.
- WHO deployed a mission to support the review of implementation of the WHO Accountability Framework for polio and IVD programmes to improve the country's capacity to report public health events.
- WHO have provided medication covering 2 000 people for three months in Tagbara and Séko.

SITUATION INTERPRETATION

There is little hope of any end to the poor security situation in Central African Republic and ongoing security operations in the PK5 district are exacerbating already existing anti-United Nations sentiment, with the positions taken by some armed groups potentially further hampering the ongoing peace process. The consequent population displacement, with the potential for further transmission of epidemic-prone diseases, and lack of adequate treatment for endemic diseases such as malaria, increases the numbers of vulnerable people. National and international actors need urgently to address the issues underlying this crisis and bring it to an end.

Summary of major issues challenges, and proposed actions

Issues and challenges

- The Ministry of Health in the Democratic Republic of the Congo reported one new confirmed EVD case during the reporting week. It is important to note that the confirmed case was a known contact under follow up. This signifies the need to rapidly consolidate all aspects of the response, especially epidemiologic investigations of all suspected cases and alerts, functional contact tracing system and community engagement. While the Ministry of Health and other national authorities, WHO and partners continue to strengthen all pillars of the response, there are enormous challenges on the ground affecting the operations. This implies high costs of field operations and response. The global community and donors have remained supportive, attentive and watchful. It is critical to sustain the ongoing interventions as well as efforts to improve coverage and effectiveness until the outbreak is contained.
- The national authorities and partners in South Africa have controlled the outbreak of listeriosis, with occurrence of sporadic cases and deaths. These sporadic cases and deaths are mainly being attributed to the long incubation period of the disease and the long shelf life of the implicated food products, as opposed to new infections. The response to the listeriosis outbreak was robust and decisive, ranging from implementation of public health measures, law enforcement and review of standards and legislations. In spite of the comprehensive and effective response, and the transparency exhibited by the South African national authorities, some State Parties imposed trade bans on food products from South Africa, against WHO advice. In light of the current epidemiologic situation, progress made in the implementation of new measures on food manufacturing and storage and adoption of new legislations, the countries that are still maintaining trade bans on South African food products need to lift these bans.

Proposed actions

- The Ministry of Health and other national authorities in the Democratic Republic of the Congo, WHO and partners to continue consolidating implementation of effective outbreak control interventions and ensure comprehensive coverage
- The national authorities and partners in South Africa to continue implementation of all the public health measures, including inspecting all food manufacturing, storage and transportation facilities. The countries that are still imposing bans on South African food products need to lift the bans. All State Parties are reminded of their obligations enshrined in the provisions of the International Health Regulations (2005).

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										
Kenya	Rift Valley fever (RVF)	Ungraded	6-Jun-18	22-May-18	8-Jun-18	10	1	5	50.0%	Detailed update given above.
Ongoing events										
Algeria	Measles	Ungraded	13-Mar-18	25-Jan-18	11-Mar-18	2 320	-	5	0.2%	A total of 2 320 cases including 5 deaths have been reported from 13 wilayas: El Oued, Ouargla, Illizi, Tamanrasset, Biskra, Tebessa, Relizane, Tiaret, Constantine,Tissemsilt, Medea, Alger, and El-Bayadh.
Cameroon	Humanitari-an crisis	G2	31-Dec-13	27-Jun-17	30-Apr-18	-	-	-	-	The general security situation in the Far North Region has shown some improvement following the strengthening of the security system. Terrorist attacks and suicide bombings attributed to Boko Haram have significantly decrease during the months of March and April 2018. More than 5 500 new Nigerian refugees registered at the Gouroungel transit center since January. The Country Humanitarian Team puts protection at the heart of the response by adopting a robust and engaging protection centrality strategy.
Cameroon	Cholera	Ungraded	24-May-18	18-May-18	1-Jun-18	3	1	0	0.0%	Since 18 May 2018, Mayo Oulo's Health Zone has reported three cases with zero deaths of cholera in two border health areas with Nigeria. Two cases have been reported in the Guirviza Health Area and one in the Doumo Health Area. The first case was notified to the Guirviza Integrated Health Center in epi-week 20 from Mbouiri village which is likely an imported case from Nigeria. One case has been confirmed on 24 May 2018 at the Pasteur Center of Cameroon in Garoua. All cases are females. All the cases have recovered and are being observed after clinical management. No new cases were notified since 21 May 2018.
Cameroon	Monkeypox	Ungraded	16-May-18	30-Apr-18	25-May-18	16	1	0	0.0%	On 30 April 2018, two suspected cases of monkeypox were reported to the Directorate of Control of Epidemic and Pandemic Diseas-es (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 managment system was set up at the National Emergency Operations Center. Three new suspectec cases were reported on 25 May 2018, from 2 districts along the boarder. As of 25 May 2018, a total of 14 cases have been reported, of which seven are in the North-west (including one confirmed), six are in the South-west and one from the Center.
Central African Republic	Humanitari-an crisis	Protract-ed 2	11-Dec-13	11-Dec-13	2-May-18	-	-	-	-	Detailed update given above
Central African Republic	Monkeypox	Ungraded	20-Mar-18	2-Mar-18	24-Apr-18	20	9	1	0.0%	The outbreak was officially declared on 17 March 2018 in the sub province of Ippy. In this reporting period, there is an increase in number of sus-pected monkey pox in Bangassou health district. As of 24 April, twenty cases including nine con-firmed cases have been reported from Ippy (6) and Bangassou (3).

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Chad	Measles	Ungraded	24-May-18	1-Jan-18	6-Jun-18	540	55	23	4.3%	A total of 66 cases with 5 deaths (CFR 7.6%) were reported across the country during epi-week 22 compared to 74 cases with 4 deaths reported for the previous epi-week. Ten districts (Bokoro, Gama, Ati, Amdam, and Goz Beida, Haraze Mangueigne, Abeche, Mongo, Tissi and Mousso-ro) are currently in epidemic phase. Cumula-tively, 540 cases with 23 deaths (CFR 4.3%) have been reported since the beginning of epi-week 1, 2018. The cases have been reported in 89 health districts out of 117 functional districts in the country. Fifty-five cases have been laboratory confirmed, 201 confirmed by epidemiological link, and 13 clinically compatible.
Dem-ocratic Republic of the Congo	Humanitari-an crisis	G3	20-Dec-16	17-Apr-17	26-Apr-18	-	-	-	-	The humanitarian and security situation remains very fragile in several provinces of the country, particularly in Ituri, North Kivu, South Kivu and Tanganyika. Insecurity is growing on the plain of Ruzizi, Kamanyora axis in Uvira. More than 1 300 people would be affected by heavy rain and violent winds that fell in the localities of Maka-ma, Yandale, Milanga, Nemba and Kaska from 21 to 23 April in the territory of FIZI, southern province Kivu.
Dem-ocratic Republic of the Congo	Cholera		16-Jan-15	1-Jan-18	15-Apr-18	9 149	0	224	2.4%	This is part of an ongoing outbreak. From week 1 to 15 of 2018, a total of 9 149 cases including 224 deaths (CFR 2.4%) were reported from DRC. In week 15, there were 432 new cases with 12 deaths reported. Nationwide, a total of 61 680 cases including 1 327 deaths (CFR 2.2%) have been reported since January 2017.
DRC	Ebola virus disease	G3	7-May-18	4-Apr-18	9-Jun-18	66	38	28	42.4%	Detailed update given above.
Dem-ocratic Republic of the Congo	Measles	Ungraded	10-Jan-17	1-Jan-18	4-Mar-18	3 404	-	30	0.9%	This outbreak is ongoing since the beginning of 2017. As of week 8 in 2018, a total of 48 326 cases including 563 deaths (CFR 1.2%) have been reported since the start of the outbreak. In 2018 only, 3 404 cases including 30 deaths (0.9%), were reported.
Dem-ocratic Republic of the Congo	Poliomyelitis (cVDPV2)	Ungraded	15-Feb-18	n/a	30-Mar-18	407	22	0	0.0%	On 13 February 2018, the Ministry of Health declared a public health emergency regarding 21 cases of vaccine-derived polio virus type 2. Three provinces have been affected, namely Haut-Lomami (8 cases), Maniema (2 cases) and Tanganyika (11 cases). The outbreak has been ongoing since February 2017.
Dem-ocratic Republic of Congo	Rabies	Ungraded	19-Feb-18	1-Jan-18	1-Apr-18	38	0	12	31.6%	This outbreak began towards the end of October 2017 in Kibua health district, North Kivu prov-ince. During Week 12 of 2018, seven new cases and two deaths were reported.
Dem-ocratic Republic of Congo	Monkeypox	Ungraded	n/a	1-Jan-18	26-Apr-18	1 210	34	28	2.3%	From weeks 1-16 of 2018 there have been 1 210 suspected cases of monkeypox including 28 deaths. Of the suspected cases, 34 cases have been confirmed. Suspected cases have been detected in 14 provinces. Sankuru Province has had an exceptionally high number of suspected cases this year (309 cases).

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Ethiopia	Humanitarian crisis	Protracted 3 (combined)	15-Nov-15	n/a	27-May-18	-	-	-	-	A total of 794 599 people were displaced since September 2017 from Somali region and zones in Oromia region along Somali. This number includes those displaced due to the conflict between Oromo and Gedeo tribes of SNNP region in mid-April 2018. 322 332 returned to their original place in the bordering areas and some to the communities of their previous origin, the remaining 472 267 population are in 56 designated IDP sites of 44 woredas, in six zones. Temporary health clinics have been established at IDP sites (more than 50 temporary clinics). Ongoing floods in Somali region affected around 165 000 people (120 000 displaced) in Shebelle, Somali region in which one-third of the Health Facilities in the flood-affected areas aredamaged.
Ethiopia	Acute watery diarrhoea (AWD)		15-Nov-15	1-Jan-18	27-May-18	267	-	4	1.5%	This is an ongoing outbreak since the beginning of 2017. In 2018 only, from 1 January 2018 to 27 May 2018, a total of 267 cases with 4 deaths have been reported from the following regions: Somali (113), Afar (99 with 4 deaths), Tigray (38), and Dire Dawa City Administration (17) . In week 21, 28 cases were reported from Afar (27) and Somali (1). Between January and December 2017, a cumulative total of 48 814 cases and 880 deaths (CFR 1.8%) were reported from 9 regions.
Ethiopia	Measles		14-Jan-17	1-Jan-18	29-May-18	2 003	539	-	-	This is an ongoing outbreak since the beginning of 2017. Between January and December 2017, a cumulative total of 4 011 suspected measles cases have been reported across the country. In 2018, a total of 2 003 suspected measles cases are reported across the country and there were 28 new cases reported in the week of 21. From the total cases reported, 539 are confirmed cases (62 lab confirmed, 453 epi-linked and 24 clinically compatible). A total of 13 laboratory confirmed measles outbreaks are reported up to week 21 and ONE (in Dessie town of South Wello Zone in Amhara region) is currently active. So far, the outbreaks reported are from the regions of Amhara (3), SNNPR (1) and Somali (9). The age group mostly being affected remains under five (33%) and children 5 – 14 years (48%).
Guinea	Measles	Ungraded	9-May-18	1-Jan-18	6-May-18	1 113	267	9	0.8%	A new measles outbreak was detected in epidemiological week 8, 2018. Measles was reported in all parts of the country since the beginning of the year. The most affected zones include Kankan, Conakry and Faraneh. Out of 522 samples tested, 267 samples tested IGM positive. Out of the positive cases, 76% were not vaccinated for measles despite vaccination campaign efforts in 2017 following a large epidemic.
Kenya	Cholera	G1	6-Mar-17	1-Jan-18	4-Jun-18	4 551	260	74	1.6%	The outbreak in Kenya is ongoing since December 2014. Between 1 January 2017 and 07 December 2017, a cumulative total of 4 079 cases with have been reported from 21 counties (data until 31 December 2017 not available). As of 4 June 2018, a total of 4 551 cases with 74 deaths have been reported since the 1 January 2018. During this outbreak 18 out of 47 counties in Kenya were affected. Currently, the outbreak is active in 8 counties: Garissa, Turkana, Tharaka-Nithi, West Pokot, Nairobi, Kiambu, Elgeyo Marakwet and Isiolo counties. The outbreak has been controlled in 10 counties: Kirinyaga, Busia, Mombasa, Meru, Siaya, Murang'a, Tana River, Trans-Nzoia, Nakuru and Machakos. Garissa (1 169 cases and 18 deaths, CFR 1.5%) located the boarder with Somalia is the most affected county and it hosts the Daadab refugee camp, followed by Turkana county (839 cases and 11 deaths, CFR 1.3%) which is at the border with South sudan and hosts refugees at the Kakuma camp.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	7-May-18	141	11	1	0.7%	The outbreak is located in two counties, namely Wajir and Mandera Counties. As of 7 May 2018, Wajir County has reported 39 cases with 7 confirmed cases; Mandera has reported 102 cases with 4 confirmed cases and one death. Date of onset of the index case in Wajir County was on 15 December 2017. The index case was traced to Kajaja 2 village from where the outbreak spread to 7 other villages: Ducey (18 cases), ICF (2), Godade (3), Kajaja(1), Konton(2),Kurtun (1) and Qarsa (12). No new cases have been reported. Date of onset of the index case in Mandera County was on 15 February 2018.
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-18	7-Jun-18	3 025	177	15	0.5%	During week 22 (week ending 3 June 2018), 72 suspected cases were reported from 11 counties: Maryland (17), Montserrado (16), Grand Kru (8), River Gee (8), Bomi (7), Margibi (6), Grand Gedeh (3), Nimba (2), Grand Bassa (2), Bong (2), and Sinoe (1). From week 1 to week 22 of 2018, 3 025 suspected cases have been reported including 15 deaths. Cases are epidemiologically classified as follows: 177 (5.9%) laboratory confirmed, 1 742 (57.6%) epi-linked, 544 (17.9%) clinically compatible, 156 (5.2%) discarded, and 406 (13.4%) pending. The cumulative number of suspected measles cases reported represents a 65.7% increase compared to the same period (week 1 – 22) in 2017, (1,037 in 2017 to 3,072 in 2018).
Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-18	3-Jun-18	27	27	11	40.7%	Sporadic cases of Lassa fever have been reported since the beginning of the year. In week 22 (week ending 3 June 2018), three new confirmed case were reported from Bong (2) and Grand Bassa (1) Counties. As of 3 June 2018, three counties (Nimba, Bong, and Grand Bassa) remain in active outbreak phase. A total of 113 contacts including 56 healthcare workers have been identified. Seventy (70) have completed 21 days of monitoring while 43 are currently being monitored. From 1 January to 3 June 2018, 108 initially suspected cases including 245deaths (CFR 23.1%) have been reported. Test results for 98 suspected cases showed 17 positive and 81 negative by RT-PCR. Eleven (11) deaths (CFR 64.7%) have been reported among confirmed cases. Cumulatively, 27 confirmed and suspected cases (negative cases removed) have been reported with 11 deaths (CFR 40.7%). Bong (4), Grand Bassa (2), Margibi (2), Montserrado (3), and Nimba (6) counties reported confirmed cases.
Madagascar	Plague	G2	13-Sep-17	13-Sep-17	29-Apr-18	2 678	559	238	8.9%	From 1 August 2017 to 29 April 2018, a total of 2 678 cases of plague were notified, including 559 confirmed, 828 probable and 1 291 suspected cases. Out of them 2 032 cases were of pulmonary, 437 were of bubonic, 1 was of septicaemic form and 208 cases unspecified. In week 17, 2 suspected cases were reported but tested negative.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	19-Nov-17	-	-	-	-	The security situation remains volatile in the north and centre of the country. At the last update, incidents of violence had been perpetrated against civilians, humanitarian workers, and political-administrative authorities.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	3-Jun-18	1 045	246	0	0.0%	From Week 1 to Week 22 of 2018, a total of 1 045 suspected cases with zero deaths have been reported. Blood samples from 794 suspected cases have been tested of which 246 were confirmed (IgM-positive) at the National Reference Laboratory (INRSP). Five hundred fourty-eight (548) tested negative. About 70% of confirmed cases are below 5 years old. No test has been conducted since week 17 due to stock out of reagent. Health districts affected by Measles are in Bougouni, Koutiala, Kolondieba, Tombouctou, Dioila, Taoudenit and Kalabancoro. Reactive vaccination campaigns, enhancement of surveillance, and community sensitization activities are ongoing in the affected health districts.
Mauritania	Crimean-Congo haemorrhagic Fever (CCHF)	Ungraded	26-Apr-18	22-Apr-18	8-May-18	2	1	0	0.0%	On 22 April 2018, one suspected case of haemorrhagic fever at Cheikh Zayed Hospital (CZ) was notified to the central department of the Ministry of Health. The case was a 58-year-old male cattle breeder in the locality of Elghabra, Assaba region. The onset of symptoms was on April 16, 2018 with high fever, arthralgia and headache. He reported being in contact with a dead cow, and no consumption of deceased animal meat was reported. The sample sent to the national reference laboratory confirmed the presence of Crimean Congo virus by serology (IgM positive). The case was discharged from the hospital on 27 April 2018. One new suspected case from the same area was notified on 30 April 2018 and tested negative for Crimean Congo virus by serology and PCR. As of 8 May 2018, 22 (69%) of the 32 identified contacts have completed follow up. No death has been reported.
Mauritania	Dengue fever	Ungraded	24-May-18	15-May-18	24-May-18	5	4	0	0.0%	As of 24 May 2018, 4 confirmed cases of dengue fever (serotype II) were reported in the city of Guerou (Assaba Wilaya) located 600 km from Nouakchott. All cases have been confirmed by the Institut National de Recherches en Santé Publique (INRSP). On 15 May 2018, 5 cases were admitted at the Moughataa Guerou health center in the wilaya of Assaba); Cases presented with fever accompanied by headache, chills, myalgia, arthralgia and vomiting. None of the cases presented with haemorrhagic symptoms. Samples were collected and 4 out of 5 (80%) tested positive for dengue. Cases were between the ages of 24-65 years with no sex predilection. The confirmed cases live in five districts of the city of Guerou and the negative case comes from the commune of Kamour (25 kms of Guerou). It should be noted that these cases occur two and a half months after the end of the Nouakchott Dengue fever epidemic in Mauritania.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	20-May-18	40	40	-	-	As of 20 May 2018, 40 confirmed cases of measles have been notified in Mauritius with no deaths. All cases have been confirmed by the virology laboratory of Candos (IgM antibodies). There is no history of travel among measles cases. The onset of symptoms of the first cases was in week 12 (week ending 25 March 2018). A sharp increase in measles cases was observed in week 18 and 19, with 9 and 15 new cases respectively. More than 60% of the affected cases are between 0-15 years of age. The remaining cases were reported in adults between 26-40 years. The cases of measles are concentrated in the North and North West of Mauritius. Actions taken include: Screening of all contacts of the measles cases for fever and rash and verification of vaccine status; Screening of symptoms and vaccination status in schools; Vaccination with MMR according to vaccination status; Sensitization of the population on measles symptoms and the importance of vaccination; and Information sheets to all doctors of both the public and private sector of Mauritius.
Namibia	Crime-an-Congo haemorrhagic fever	Ungraded	29-Mar-18	28-Mar-18	13-Apr-18	2	1	1	50.0%	A male subject from Keetmanshoop District became ill on 22 March 2018 after contact with a tick-infested cow. As of 28 March 2018 he was admitted to an isolation unit at Windhoek Central Hospital and PCR testing was confirmed positive on 31 March 2018. The patient died on 3 April 2018. An additional suspected case with a history of tick bite and vomiting has also been isolated as of 3 April 2018, but tested negative for CCHF on 7 April 2018.
Namibia	Hepatitis E	Ungraded	18-Dec-17	8-Sep-17	6-Jun-18	1 504	124	17	1.1%	This is an ongoing outbreak since 2017. The majority of cases have been reported from informal settlements in the capital district Windhoek, Khomas region. During week 22 (28 May - 3 June 2018), a total of 59 cases was reported from Windhoek district compared to 39 patients seen during week 21 (21-27 May 2018) indicating an increase in cases compared to the last few weeks. As of 3 June 2018, Windhoek district reported a cumulative total of 1 457 suspected including 113 confirmed cases, since the outbreak started in September 2017. There has been a cumulative total of 16 deaths reported during this period, of which six are among pregnant women or deaths of women following delivery. Meanwhile, Omusati region, a northern region bordering Angola reported a total of 47 suspected HEV cases including one maternal death from 9 January to 1 June 2018. Out of the 47 suspected, 11 cases have been confirmed as IgM positive. This region is comprised of four districts with Tsandi district being the most affected.
Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	11-Apr-18	-	-	-	-	The humanitarian situation in Niger remains complex. The state of emergency has been effective in Tillabéry and Tahoua Regions since 3 March 2017. Security incidents continue to be reported in the south-east and north-west part of the country. This has disrupted humanitarian access in several localities in the region, leading to the suspension of relief activities, including mobile clinics.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	7-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 continues 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	Ungraded	7-Jun-17	1-Jan-18	5-Jun-18	7 941	-	98	1.2%	Between weeks 1 and 22 of 2018, 7 941 suspected cases with 98 deaths (CFR 1.2%) have been reported from 10 States (Adamawa, Bauchi, Borno, Kano, Yobe, Anambra, Plateau, Nasawara, Kaduna, and Zamfara). Reactive vaccination campaign with Oral cholera vaccine (OCV) phase I has been concluded for Bauchi LGA (Bauchi State) and Bade LGA (Yobe State) from 9 - 13 May 2018. Between 1 January and 31 December 2017, a cumulative total of 4 221 suspected cholera cases and 107 deaths (CFR 2.5%), including 60 laboratory-confirmed were reported from 87 LGAs in 20 states.
Nigeria	Lassa fever	G2	24-Mar-15	1-Jan-18	27-May-18	441	431	118	26.8%	In the reporting Week 21 (week ending 27 May 2018) no new confirmed cases was reported. From 1 January to 27 May 2018, a total of 1 968 suspected cases have been reported from 21 states. Sixteen states have exited the active phase of the outbreak while five- Edo, Ondo, Ebonyi, Taraba and Adamawa states remain active. Of the suspected cases, 431 were confirmed positive, 10 are probable, 1 523 negative (not a case) and 4 samples are awaiting laboratory result (pending). Thirty-eight health care workers have been affected since the onset of the outbreak in eight states –Ebonyi (16), Edo (12), Ondo (4), Kogi (2), Benue (1), Nasarawa (1), Taraba (1), and Abia (1) with nine deaths in Ebonyi (6), Kogi (1), Abia (1) and Ondo (1). A total of 1 022 cases including 127 deaths were reported from week 49 of 2016 to week 51 of 2017.
Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	20-May-18	1 835	46	47	2.6%	From the onset of this outbreak on 12 September 2017, a total of 1 835 suspected yellow fever cases including 47 deaths have been reported as at week 20 (week ending on 20 May 2018), from all Nigerian states in 407 LGAs. The outbreak is currently active in the country. A total of 46 samples that were laboratory-confirmed at IP Dakar recorded from ten States (Edo, Ekiti, Katsina, Kebbi, Kwara, Kogi, Kano, Nasarawa, Niger and Zamfara).Yellow fever vaccination campaigns have been successfully completed in six states.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
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).
Nigeria	Poliomyelitis (cVDPV2)	Ungraded	1-Jun-18	15-Apr-18	27-May-18	1	1	0	0.0%	One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been confirmed in Nigeria this week, occurring in Kaugama district, Jigawa state, with onset on 15 April 2018.
Nigeria (North East)	Cholera	Ungraded	n/a	13-Feb-18	10-Jun-18	2 439	68	38	1.6%	Detailed update given above.
São Tomé and Príncipé	Necrotising cellulitis/ fasciitis	Protracted 2	10-Jan-17	25-Sep-16	27-May-18	2 674	0	0	0.0%	From week 40 in 2016 to week 21 in 2018, a total of 2 674 cases have been notified. In week 21, 15 cases were notified, three more than the previous week. Six out of seven districts reported a case, Mé-zochi (6), Agua Grande (1), Lobata (5), Cantagalo (1), Caue (1), and Príncipe (1). The attack rate of necrotising cellulitis in Sao Tome and Príncipe is 13.5 cases per 1 000 inhabitants. The results of the PCR analysis (University of Cambridge, England) made on the samples (swabs wound and / or culture) of 21 patients including 15 Principle and 5 from Sao Tome indicate that a total of 15 were positive for *Staphylococcus aureus* (71%), 12 for pyogenic *Streptococcus* (57%), 9 (9/12: 75%) for *Corynebacterium diphtheriae*. Other microorganisms are identified in small proportions: *P. mirabilis* (42%), *P. aeruginosa* (36%).
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	20-May-18	5 064	1 429	-	-	A total of 4 459 cases have been reported from all regions of the three main islands (Mahé, Praslin, and La Digue). A total of 4 950 suspected cases reported by end of week 16, 2018. Significant increase in reported suspected cases for week 16 compared with week 15, a total of 34 suspected cases. Twenty-four samples tested amongst which five were positive, 19 negative. Of note nine suspected cases were admitted at Baie St Anne Praslin Hospital but unfortunately not tested. So far for this epidemic the serotypes DENV1, DENV2 and DENV3 have been detected.
South Africa	Listeriosis	G2	6-Dec-17	1-Jan-17	22-May-18	1 038	1 038	208	20.0%	Detailed update given above
South Africa	Rabies	Ungraded	-	1-Jan-18	17-Apr-18	7	6	0	0.0%	From Jan 2018 to date, a total of six human cases of rabies have been laboratory confirmed. Cases were reported from KwaZulu-Natal Province (4) where a resurgence of rabies has been reported. The remaining cases were reported from the Eastern Cape Province. For all of the cases, exposures to either rabid domestic dogs or cats were reported. Another probable case of rabies was reported from the Eastern Cape, but a sample for laboratory investigation for rabies was not available. The case did however present with a clinical disease compatible with a diagnosis of rabies and had a history of exposure to a potentially rabid dog before falling ill. During 2017, a total of six cases were reported for the year

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	15-Apr-18	-	-	-	-	Following the conflict in December 2013, about 4 million people have fled their homes, 1.9 million people are internally displaced, 2.1 million are refugees, and 7 million people are in need of humanitarian assistance. The country is currently facing a severe economic crisis and high inflation making health emergency operations expensive and hence difficult for delivering humanitarian assistance. As of 15 April 2018, the security situation remains volatile with reported incidents of cattle raiding and revenge killings between communities in various locations hampering humanitarian service delivery. The security situation remains tense along the border between Unity state and Gogrial East and Tonj North counties due to cattle raiding.
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	27-May-18	62	11	-	-	From 3 January 2018, a total of 62 suspect case of Hepatitis E (HEV) have been reported in two counties of South Sudan as of 27 May 2018. Of the total suspect cases, 11 cases have been PCR confirmed as HEV (10 in Bentiu PoC and 1 in Old Fangak). No new cases identified after active follow up in Fangak. More than half of the total cases are between 1 and 9 years of age and 65% are male. Among the females, most cases have been reported in those aged 15 to 44 years (who are at risk of adverse outcomes if infected in the third trimester of pregnancy). The current response is coordinated by Health-WASH partners that are conducting regular meetings in Bentiu PoC since 26 April 2018.
South Sudan	Rift Valley fever (RVF)	Ungraded	28-Dec-17	7-Dec-17	27-May-18	31	6	4	12.9%	As of 6 May 2018, a total of 31 cases of Rift Valley fever have been reported from Yirol East of the Eastern Lakes State, including six confirmed human cases (one IgG and IgM positive and five IgG only positive), three cases who died and were classified as probable cases with epidemiological links to the three confirmed cases, 26 were classified as non-cases following negative laboratory results for RVF (serology), and samples from 20 suspected cases are pending complete laboratory testing. A total of four cases have died, including the three initial cases and one suspect case who tested positive for malaria (case fatality rate 12.9%).
Tanzania	Cholera	Protracted 1	20-Aug-15	1-Jan-18	3-Jun-18	2 442	-	54	2.2%	This is part of an ongoing outbreak. During week 22 (week ending 3 June 2018), 98 new cases and one death were reported from Sumbawanga DC (73 cases) in Rukwa region; Ngorongoro DC (23 cases and 1 deaths), Longido DC (1 case) in Arusha region; As of week 22, a total of 2 442 cases with 52 deaths (CFR: 2.2%) were reported from Tanzania Mainland, no case was reported from Zanzibar. The last case reported from Zanzibar was on 11 July 2017. Cholera cases in 2018 increased and nearly doubled during the period of January – May 2018 (2,442 cases), when compared to the same period in 2017 (1287 cases) in the United Republic of Tanzania. The reported cholera cases increased two times in the month of May 2018 (674 cases) when compared to April 2018 (278 cases). All six zones in Tanzania have reported at least one cholera case in 2018 (except the Lake Zone). At least 18 districts have reported at least one case in 2018 and the risk factors for a cholera upsurge remain high around the country. Since the start of the outbreak on 15 August 2015, Tanzania mainland reported 31 050 cases including 518 deaths (CFR 1.7%) and Zanzibar reported 4 688 cases including 72 deaths (CFR 1.54%). In total, 35 738 cases including 590 deaths (CFR 1.7%) were reported for the United Republic of Tanzania.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Tanzania	Dengue fever	Ungraded	19-Mar-18	n/a	21-Mar-18	13	11	-	-	An outbreak of Dengue fever is ongoing in Dar es Salaam. Further information will be provided when it becomes available.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	2-Mar-18	-	-	-	-	The influx of refugees to Uganda has continued as the security situation in the neighbouring countries remains fragile. Approximately 75% of the refugees are from South Sudan and 17% are from DRC. An increased trend of refugees coming from DRC was observed recently. Landing sites in Hoima district, particularly Sebarogo have been temporarily overcrowded. The number of new arrivals per day peaked at 3 875 people in mid-February 2018.
Uganda	Cholera	Ungraded	7-May-18	29-Apr-18	7-Jun-18	65	-	1	1.5%	On 29 April 2018, a 40-year-old female presented with vomiting, acute rice water diarrhoea at Kiruddu Hospital. She was attending to her sick child in Mulago hospital when symptoms of the disease manifested. A stool sample taken from the suspected case tested positive for *Vibrio cholerae* at the Central Public Health Laboratory (CPHL). As of 7 June 2018, a total of 65 cholera cases and one death were reported in Kampala Uganda (case fatality rate 1.5%). Five new cases were admitted at the Mulago isolation center, this bring the total admissions to seven. Thirteen samples tested positive by RDT and sent for confirmation by culture. Surveillance in hot spots as well as door to door community mobilization and media engagements is ongoing in the city. Other cholera outbreaks in the country that have been recorded this year include: Hoima district which reported a total of 2 119 cases with 44 deaths (CFR 2.1%) and Amudat reported a total of 50 cases including 2 deaths (CFR 4.0%).
Uganda	Anthrax	Ungraded	-	12-Apr-18	23-May-18	83	1	-	-	Four districts in Uganda are affected by Anthrax. As of 23 May 2018, a cumulative total of 83 suspected cases with zero deaths have been reported – Arua (10), Kween (48), Kiruhura (22), and Zombo (3). One case has been confirmed in Arua district by polymerase chain reaction (PCR). The event was initially detected on 9 February 2018 in Arua district when a cluster of three case-patients presented to a local health facility with skin lesions, mainly localized to the forearms. Three blood samples collected from the case-patients on 9 February 2018 were shipped to the Uganda Virus Research Institute (UVRI). One tested positive for *Bacillus anthracis* by polymerase chain reaction (PCR) based on laboratory results released by the UVRI on 5 April 2018. Two other districts, Kiruhura in the western region and Zombo district in the northern region, have also reported suspected cases of human anthrax.
Uganda	Measles	Ungraded	8-Aug-17	24-Apr-17	30-Apr-18	2 143	610	-	-	As of 30 April 2018, a total 2 143 cases have been reported 610 cases have been confirmed either by epidemiological link or laboratory. Twenty-six districts have confirmed a measles outbreak, these include: Amuru, Butambala, Butebo, Buyende, Gomba, Hoima, Iganga Isingiro, Jinja, Kaliro, Kampala, Kamuli, Kamwenge, Kayunga, Kyegegwa, Kyotera, Kabarole, Kalungu, Luwero, Lwengo, Mbale, Mityana, Mpigi, Namutumba, Ngora and Wakiso. Two districts of Kayunga and Lwengo successfully controlled their outbreaks by intensifying the routine immunization. The main cause of the measles outbreaks is failure to vaccinate especially young children below the age of 5 years. The Ministry of Health has developed a measles response plan with an objective to rapidly interrupt measles transmission through intensified routine immunizations of susceptible children.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Uganda	undiagnosed Illness	Ungraded	30-May-18	19-Apr-18	26-May-18	19	-	6	31.6%	From 19 April – 26 May 2018, a total of 19 cases with 6 deaths (Case fatality rate=32%) have been identified and reported from Bugobero (8), Busukuya (8), and Bukusu (3) sub-counties in Manafwa district, Eastern Uganda. All the cases (100%) presented with high grade fever, abdominal pain, anaemia, haematuria, general body weakness, headache, and jaundice. Majority of the cases presented with loss of appetite (94%), palpitations (94%), sweating (94%), vomiting (94%), painful urination (88%), and abdominal distention (71%). Black Water fever, a severe form of *Plasmodium Falciparum* malaria in which blood cells are rapidly destroyed, resulting in dark urine is suspected to be the cause of the event.
Zambia	Cholera	G1	4-Oct-17	4-Oct-17	15-Apr-18	5 721	565	113	2.0%	As of 15 April 2018, 5 243 cases and 96 deaths have been reported in Lusaka district. From other districts outsideLusaka, 478 cases and 17 deaths have been reported. Since the begining of the outbreak, Zambia has reported a cumulative total of 5 721 cases including 113 deaths.
Zimbabwe	Cholera	Ungraded	7-Apr-18	5-Apr-18	15-May-18	62	23	3	4.8%	A 24-year-old male subject from Stoneridge (15 km south of Harare city centre) fell ill 22 March 2018 and died 5th of April 2018. The patient's father and infant brother also had symptoms and tested positive for *Vibrio cholerae* serotype Ogawa. As of 15 May 2018, there are 62 cases (37 suspected cases, 23 confirmed cases, 2 probable case), and among them, 3 deaths (case fatality rate: 4.8%). The cases were reported from Stoneridge area (18), Belvedere West (2) and Harare and Chitungwiza (42).

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: http://www.who.int/hac/about/erf/en/.
Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.

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Data sources
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