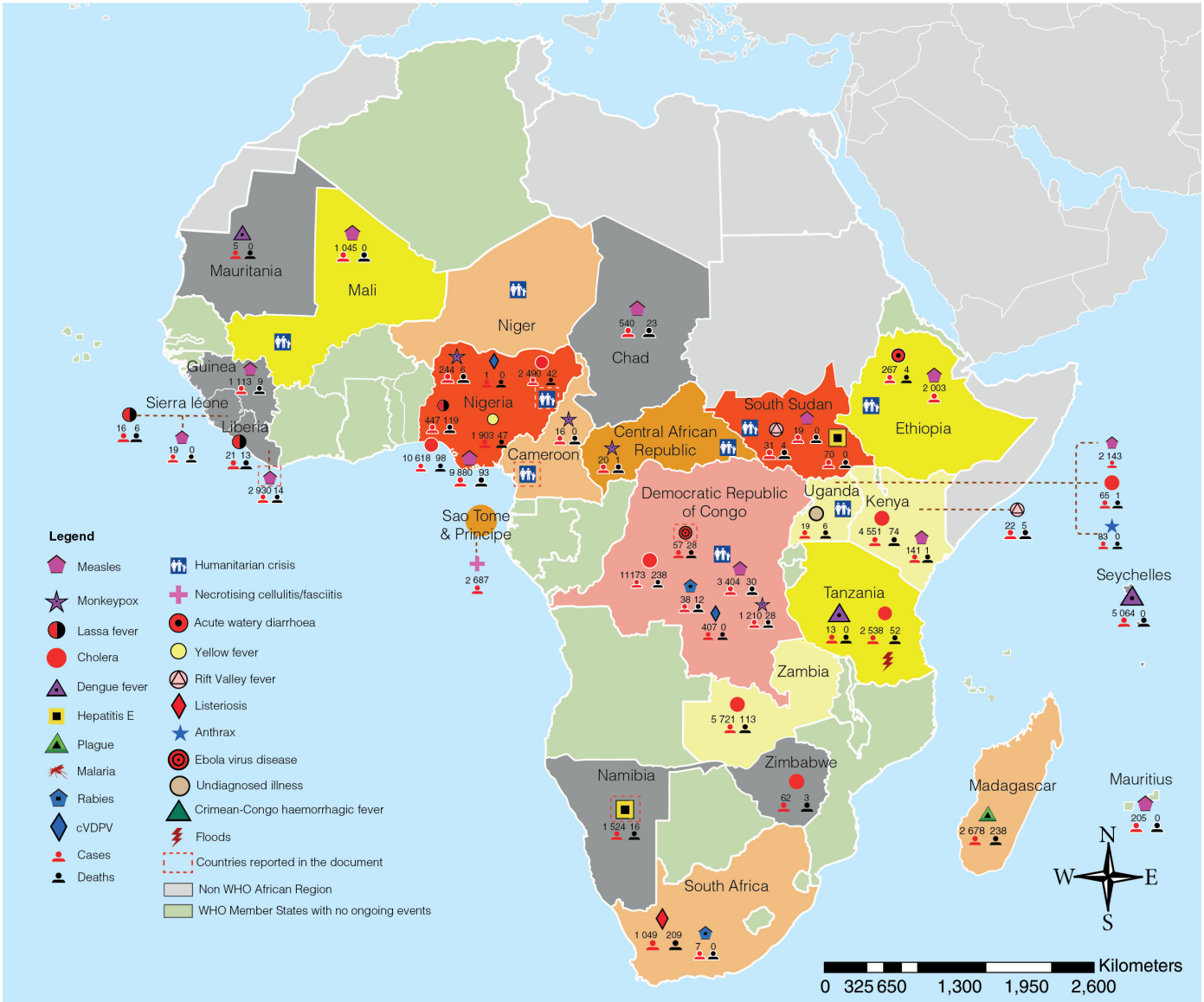
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 24: 9 - 15 June 2018
Data as reported by 17:00; 15 June 2018

World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

3	52	46	9
New events	Ongoing events	Outbreaks	Humanitarian crises



Graded events †

2 Grade 3 events	**5** Grade 2 events	**2** Grade 1 events	**38** Ungraded events
2 Protracted 3 events	**2** Protracted 2 events	**3** 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:

  - Ebola virus disease in the Democratic Republic of the Congo
  - Measles in Liberia
  - Hepatitis E in Namibia
  - Humanitarian crisis in north-east Nigeria
  - Humanitarian crisis in Cameroon.

- 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 Ministry of Health and WHO continue to closely monitor the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo with cautious optimism. The situation in Bikoro and Wangata (Mbandaka city) health zones has remained calm since mid-May 2018 when the last confirmed EVD cases were reported. Much attention is now focused on Iboko Health Zone, especially remote communities in Itipo health area, where the last confirmed case-patient developed symptoms on 2 June 2018. Efforts have been made to identify all potential transmission chains and all new suspected cases and alerts are promptly investigated, and contacts monitored. It is critical that the ongoing interventions are sustained until the outbreak is contained.

  - Liberia has been experiencing recurrent measles outbreaks since the beginning of 2018. Similarly, 12 other countries in the African Region are currently experiencing measles outbreaks. Despite the remarkable progress made in measles control, premised on the Measles Initiative, outbreaks continue to occur even in highly vaccinated populations. This situation needs to be carefully examined and effectively responded to in order to halt the current trend. Immunization programmes in many countries are well-developed and should be able to stand up to this situation.

Ongoing events

Ebola virus disease | **Democratic Republic of the Congo** | 57 **Cases** | 28 **Deaths** | 49.1% **CFR**

EVENT DESCRIPTION

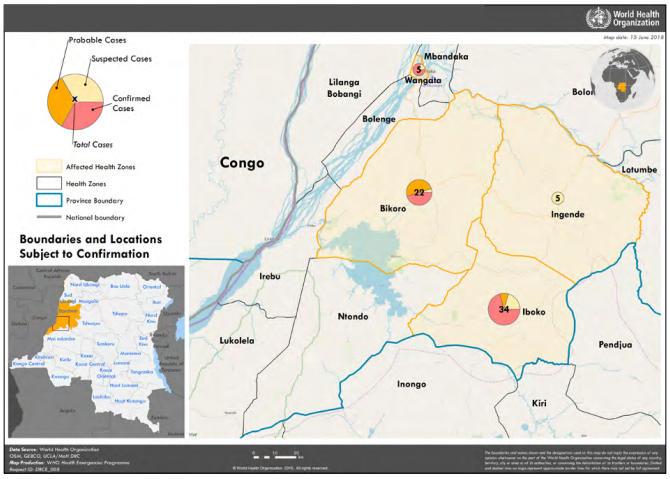
The Ministry of Health and WHO continue to closely monitor the outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo with cautious optimism. On 15 June 2018, five new suspected EVD cases were reported in Bikoro Health Zone. Six laboratory specimens (from suspected cases reported previously) tested negative. No new confirmed EVD cases and no new deaths were reported on the reporting date. Since 17 May 2018, no new confirmed EVD cases have been reported in Bikoro and Wangata health zones, while the last confirmed case-patient in Iboko Health Zone developed illness on 2 June 2018 and was confirmed 6 June 2018. To date, a total 24 case-patients with confirmed EVD have been cured since the onset of the outbreak.

Since the beginning of the outbreak (on 4 April 2018), a total of 57 EVD cases and 28 deaths (case fatality rate 49.1%) have been reported, as of 15 June 2018. Of the 57 cases, 38 have been laboratory confirmed, 14 are probable (deaths for which it was not possible to collect laboratory specimens for testing) and five 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.

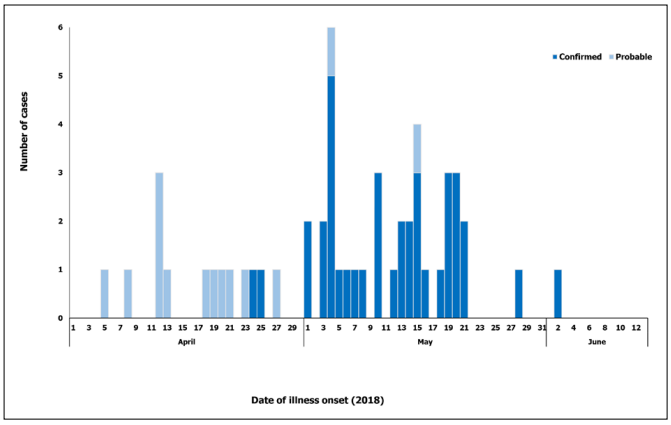
The outbreak has remained localized to the three health zones initially affected: Iboko (24 confirmed cases, 3 probable, 7 deaths), Bikoro (10 confirmed cases, 11 probable, 5 suspected, 18 deaths) and Wangata (4 confirmed cases, 3 deaths).

The number of contacts requiring follow-up is progressively decreasing, with a total 1 319 completing the mandatory 21-day follow-up period. As of 14 June 2018, a total of 387 contacts were under follow up, of which 360 (93%) were reached on the reporting date.

Geographical distribution of the Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, 13 June 2018



Epidemic curve for Ebola virus disease outbreak in Equateur Province, Democratic Republic of the Congo, 12 June 2018



PUBLIC HEALTH ACTIONS

- On 11 June 2018, the WHO Director General (DG) and the Minister of Health visited the affected areas, including Itipo health area (the remaining hotspot with active transmission) in Iboko Health Zone to conduct on-the-spot assessment and support response operations. The DG and the Minister of Health met the local coordination commission, the National Association of Ebola Winners (people who were cured) and field responders. The mission also visited the newly established Ebola Treatment Centre (ETC) in Itipo. The DG thanked the government for the strong leadership and commitment to the EVD response.
- As of 12 June 2018, WHO has deployed a total of 271 technical experts in various critical functions of the Incident Management System (IMS) to support response to the EVD outbreak.
- Since the launch of the vaccination exercise on 21 May 2018, a total of 2 920 people have been vaccinated in Iboko (1 290), Wangata (822), and Bikoro (726), Ingende (77), and Kinshasa (5), as of 15 June 2018. The targets for vaccination are front-line health professionals, people who have been exposed to confirmed EVD cases and contacts of these contacts.
- WHO continues to support neighbouring countries to enhance their preparedness and readiness to detect and contain EVD should it be introduced. The countries have developed national contingency response plans, which were incorporated into the regional readiness and preparedness plan that was published. The regional readiness and preparedness plan requires US$ 15.5 million. A total of US$ 1.55 million has been mobilized through Contingency Funds for Emergency (CFE) to support the preparedness and readiness contingency plans in the nine countries.
- A community dialogue about signs, mode of transmission, prevention measures and community involvement in EVD response was conducted with 37 local leaders (including 3 sector leaders, 17 group leaders and 17 village chiefs) in Bikoro territory.

SITUATION INTERPRETATION

Slightly over a month into the EVD response, tremendous progress has been made in containing further spread of the disease. Currently, active transmission is mainly limited to the remote and hard-to-reach communities in Itipo health area in Iboko Health Zone. The situation in Bikoro and Wangata (Mbandaka city) health zones is stable and is being cautiously monitored, with the last confirmed cases reported in mid-May 2018. The second phase of EVD response has now shifted to rapid investigations of suspected cases and alerts, thorough contact tracing in the remote areas and engagement of communities, including the indigenous population in and around the villages. This will imply redeployment of field responders and response logistics.

Go to overview

Go to map of the outbreaks

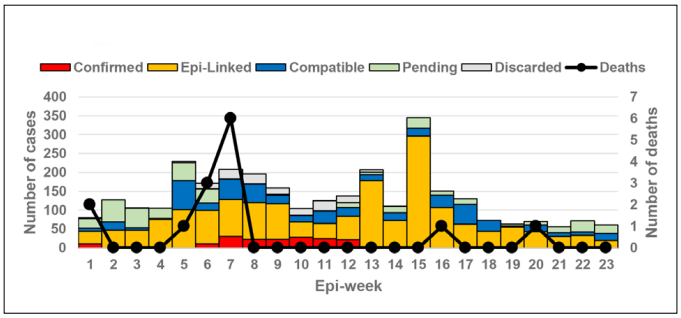
EVENT DESCRIPTION

Liberia has been experiencing recurrent measles outbreaks since the beginning of 2018. In week 23 (week ending 10 June 2018), a total of 61 new suspected measles cases (with no deaths) were reported from 13 out of the 15 counties in the country, compared to 72 new cases reported in week 22. Twenty three blood specimens collected from the suspected cases have been shipped to the National Reference Laboratory, while 20 of the case-patients had epidemiological links to confirmed cases. During the reporting week, 14 out of 92 health districts (in five counties) attained measles epidemic threshold of three laboratory confirmed cases. The five counties are Grand Bassa, Margibi, Maryland, Montserrado, and Nimba.

Between week 1 and week 23 of 2018, a total of 3 086 suspected measles cases were reported. Of these, 177 were laboratory confirmed, 1 762 had epidemiological links to confirmed cases, 562 were clinically compatible, 156 were discarded (after testing negative), and test results for 429 cases were pending. Of the 2 930 confirmed, epidemiologically linked, clinically compatible, and suspected cases, 14 have died, giving a case fatality rate of 0.5% in this group. Of the 2 930 confirmed, epidemiologically linked, clinically compatible, and suspected cases, 558 (19%) were vaccinated, 334 (11%) were not vaccinated and 2 038 (70%) had unknown vaccination status. About 39% of the affected people are four years of age and below, 25% are between five and nine years and 36% are 10 years and above.

Geographical distribution of measles cases in Liberia, week 1 -23, 2018

Weekly trend of measles cases in Liberia, week 1-23, 2018



PUBLIC HEALTH ACTIONS

- The Ministry of Health Expanded Program on Immunization and the National Public Health Institute of Liberia (NPHIL) are coordinating response activities to the measles outbreak, with support from WHO, UNICEF and other partners. The national epidemic preparedness and response committee (NEPRC), under the leadership of NPHIL and with technical support from WHO, UNICEF, US-CDC and other agencies, have been meeting weekly to review the measles outbreak situation and provide technical support to sub-national level. WHO has deployed the Polio STOP team in the 15 counties to support sub-national level response.
- A nation-wide measles immunization campaign has been conducted across the country in three phases since 15 February 2018, targeting a total of 654 803 children aged 6-59 months. Preliminary data indicates that 97% (63 350) of the targeted populations were vaccinated across the country.
- Active search for measles cases continues throughout the country and has been reinforced in districts and communities with sustained outbreaks. Epidemic threshold is monitored weekly across the country through routine data collection and analysis.
- All measles cases are being provided with symptomatic management along with a high dose of vitamin A.
- The National Public Health Reference Laboratory has been testing samples reported across the country, by serology (IgM detection), and routinely releasing test results.
- Communities have been provided with education to seek early care for measles cases at the nearest health facility. Communities have also mobilized through town criers, radio messaging, and posters to ensure high coverage of the immunization campaign among targeted age group.

SITUATION INTERPRETATION

Liberia has been experiencing recurrent measles outbreaks since the beginning of the year. The reason for these outbreaks is known: the accumulation of a large number of susceptible populations over the years due to suboptimal immunization coverage. It is concerning that measles incidence cases are occurring in spite of the three phases of mass immunization campaigns conducted since February 2018, with seemingly high administrative coverage. The national authorities and partners need to drastically and speedily reduce the number of susceptible individuals in the most affected age-groups, maintain the build-up of vulnerable individuals at very low levels by immunising a large proportion (over 95%) of each new birth cohort and implement additional vaccination activities to periodically protect susceptible individuals who have accumulated.

With the well-developed immunization programme, structures and systems, such measles outbreaks should be predicted and adequate preparedness measures put in place. Additionally, each measles outbreak should be followed by thorough evaluation of the cause of the outbreak, the surveillance system for early outbreak detection, the preparedness measures preceding the outbreak and the management of the outbreak, and an overall review of immunization programme goals and operations.

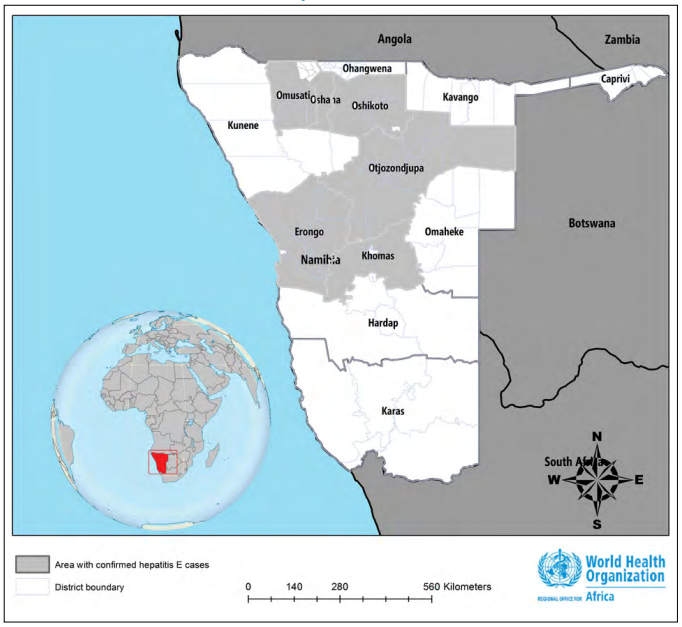
EVENT DESCRIPTION

The outbreak of hepatitis E in Namibia, which emerged in September 2017, has started showing an increasing trend in the last two weeks. The weekly incidence of hepatitis E cases had been steadily declining since attaining a peak (114 cases) in week 3 of 2018. However, in week 23 (week ending 10 June 2018), 61 new suspected cases were reported, compared to 59 and 35 cases reported in weeks 22 and 21, respectively. A total of six case-patients were in admission by the reporting date, two of them pregnant mothers.

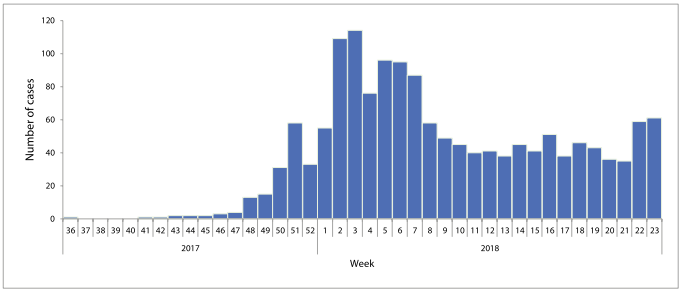
Since the beginning of the outbreak in week 36 of 2017, a total of 1 524 suspected cases and 16 deaths (case fatality rate 1.0%) have been reported, as of 10 June 2018. Of the 1 524 cases, 113 have been laboratory confirmed, 1 137 have epidemiological links to confirmed cases and 207 are suspected. Test results of 30 cases are still pending. Of the 16 deaths, six occurred in pregnant women and nine others had co-morbidities (either immunocompromised or liver conditions). The most affected age group is between 20 and 39 years, representing 76% of the total cases, and the majority (59%) of cases are male.

Windhoek city in Khomas Region has been the most affected, accounting for over 80% of the total reported cases. Most of the cases in Windhoek are coming from Havana and Goreagab informal settlements, followed by Hakahana and Okuryangava. A few confirmed cases have been reported from the other 10 regions, with Omusati Region reporting increasing cases since January 2018. Most of the confirmed cases in the other regions had a history of travelling to Havana and Goreagab informal settlements in Windhoek.

Geographical distribution of hepatitis E cases in Namibia, January - 10 June 2018



Weekly trend of hepatitis E cases in Windhoek, Namibia, week 36, 2017 - week 23, 2018



PUBLIC HEALTH ACTIONS

- The National Health Emergency Management Committee continues to coordinate response interventions, which are structured around key thematic areas (coordination, surveillance, case management, social mobilization, and water, sanitation and hygiene (WASH)). The key stakeholders involved in the response include the Ministry of Health, the Municipality of Windhoek, Ministry of Agriculture and Rural Water Supply, Red Cross and other partners (WHO, UNICEF, UNFPA, etc.). The response and coordination structures at the national level have been replicated at the sub-national level.
- Active surveillance has been enhanced in the regions and districts. All pregnant women suspected of having hepatitis E, irrespective of the disease condition, are referred to the health facilities for proper assessment and management.
- On 22 May 2018, UNFPA handed over information, education and communication (IEC) materials to the Ministry of Health, with a focus on educating pregnant mothers.
- Implementation of WASH activities are ongoing: installation of reserve tanks at the agreed distribution points, 25 water tanks have been erected in strategic sites, and 351 of 381 broken toilets have been repaired.

SITUATION INTERPRETATION

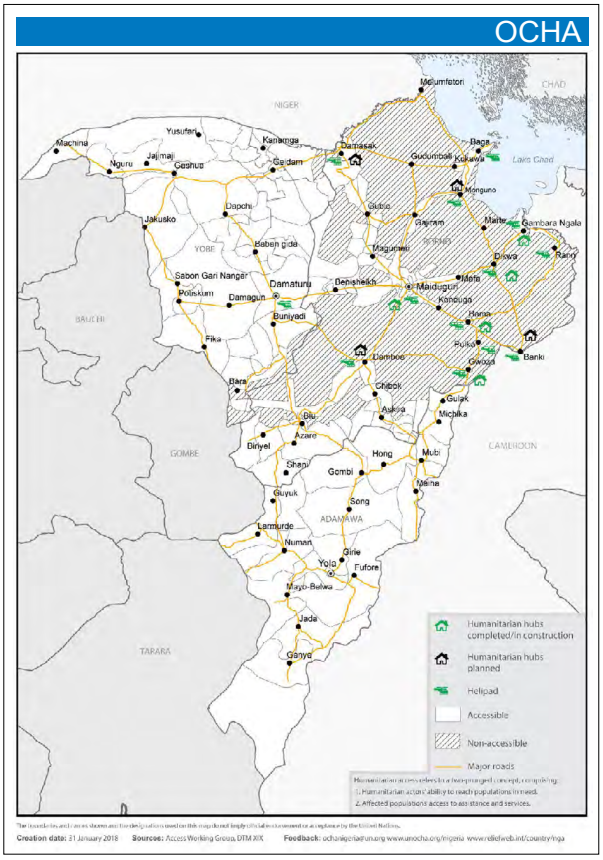
The outbreak of hepatitis E in Namibia has been persistent since September 2017. While the disease trend has been declining since the beginning of 2018, this reduction has stagnated and is now showing signs of increasing. The increasing trend is largely being attributed to reduced intensity of response interventions (commonly seen in diseases with prolonged incubation period) and new geographical areas being affected. This current trend needs to be halted and this can only be done by intensifying response operations. With transmission widening to other parts of the country (initially unaffected), this hepatitis E outbreak has the potential to escalate, making it more difficult and very costly to control. All stakeholders need to strengthen and accelerate response interventions, including speedy provision of safe water supply and sanitation facilities to affected communities, intense social mobilization and community engagement and enhanced disease surveillance.

EVENT DESCRIPTION

The humanitarian crisis in north-east Nigeria remains volatile, with frequent reports of attacks on civilian and military targets by insurgents. On 12 June 2018, the United Nations Department of Safety and Security (UNDSS) reported that 13 houses in Kaya village (close to Gulak, the headquarters of Madagali Local Government Area (LGA) in Adamawa State) were burnt by Boko Haram insurgents on 11 June 2018. At least 23 insurgents were killed and several others wounded during the encounter. Further attacks on 5 June 2018 targeted a police officer in Gaidam LGA in Yobe State and government forces in Gashigar, Mobbar LGA, about 43 km east of Damasak. Between 21 and 27 May 2018, about 4 500 people in Borno state have been displaced due to military activities. They are reported to have joined the internally displaced people's camps in Bama, Gwoza and Ngala.

Despite the humanitarian situation and constraints encountered, there is some success in controlling disease outbreaks in north-east Nigeria. The outbreak of cholera in Yobe has been contained while transmission in Adamawa and Borno states has reduced. The Yobe State Ministry of Health formally declared the end of cholera outbreak on 12 June 2018, following zero reporting of cases for more than 27 days. Successful control of this outbreak follows effective coordination of the response by the federal and state authorities, with support from WHO and partners, particularly around water, sanitation and hygiene (WASH) interventions. The number of cholera cases in Adamawa State is steadily declining, from a peak of 113 on 30 May 2018 to 16 cases on 15 June 2018. Between 17 May 2018 and 15 June 2018, a cumulative total of 1 287 cases and 23 deaths (case fatality rate 1.7%) have been reported in Adamawa State. In Borno State, seven new cholera cases were reported in Kukawa LGA in week 23 (week ending 10 June 2018). As of 10 June 2018, a total of 815 cases, including three deaths (case fatality rate 0.4%) were reported in Borno State since the beginning of the outbreak on 13 February 2018.

Access by international humanitarian organisations of north-east Nigeria, 1 - 31 January 2018



PUBLIC HEALTH ACTIONS

- WHO continues to provide technical and operational support for the cholera outbreak response in the affected states, including redeployment of two first responders to the hotspot areas and engagement of ad hoc personnel to bridge human resource gaps.
- WHO delivered assorted medical supplies, including 3 000 litres of Ringer's lactate infusions, 500 IV cannula and giving sets, doxycycline tablets, oral rehydration solution and infection prevention and control (IPC) materials, for case management to the cholera treatment centres.
- The interrupted provision of health services to more than 80 000 internally displaced persons (IDPs) in Rann was resumed from 1 May 2018 by Borno State Primary Health Care Development Agency, with technical support from UNICEF, who are sending two doctors twice weekly to Rann, depending on availability of UNHAS helicopter flights to the area.
- WHO trained an additional 500 community resource persons (CORPS) from the three north-east states, bringing the total number of WHO supported CORPS and supervisors in the region to 1 125.
- An inter-sector contingency plan has been prepared with identification of key priority areas, key interventions and mapping of partners in light of potential emergencies anticipated during the upcoming rainy season, from June to September.

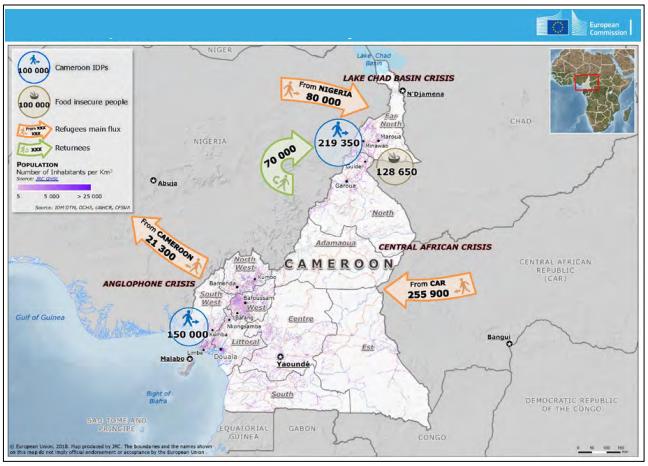
SITUATION INTERPRETATION

The security situation in north-east Nigeria remains unpredictable, with the potential to impede movement of humanitarian actors and distribution of essential medicines and other medical and non-medical supplies to the communities most in need of intervention. The continuing insecurity makes it likely that vulnerable populations will not receive the aid they require. The upcoming rainy season increases the risk of outbreaks of water-borne diseases such as cholera and hepatitis E, as well as an increase in vectors for malaria and other vector-borne diseases. There is also an anticipated increase in cases of medically complicated malnutrition. The national authorities and international actors need to continue to provide lifesaving humanitarian assistance to the people in need, while efforts to bring the armed insurgency in the region to a close continue.

EVENT DESCRIPTION

The ongoing insecurity in the north-east Nigeria is continuing to affect the northern regions of Cameroon. From 1 January 2018 to 30 April 2018, there were more than 1 170 new Nigerian refugees registered at the Minawao refugee camp in Mokolo Health District, Mayo Tsanaga Department. As of 31 May 2018, the camp population numbered 49 000, more than three times its capacity. Existing infrastructure is insufficient to meet demands. Additionally, cross-border raids, suicide bombings by suspected members of the Boko Haram and the intensified military operations have forced more than 230 000 Cameroonians in the Far-North Region to abandon their homes, villages and livelihoods. The latest report from the International Organization for Migration (IOM) Displacement Tracking Matrix (DTM, Cycle 12, December 2017) estimates the population of internally displaced persons (IDPs) at 241 030, that of out-of-camp refugees at 31 656 and a further 69 730 returnees. Of these, 45% of the IDPs live in host communities, sharing already limited resources. In this context, there are more than 1 million people in the Far North in need of humanitarian assistance.

Humanitarian crisis in Cameroon as of 15 May 2018



This situation is putting the already strained health facilities under further pressure as a result of population displacement and an influx of wounded. The rainy season, which started in May, has increased the risk of cholera outbreak in the northern regions of Cameroon. Mayo Oulo Health District, which borders Nigeria, reported three suspected cholera cases, including one confirmed, in mid-May 2018. With the ongoing cholera outbreak in Mubi, Nigeria, the neighbouring areas of Mogodé and Burrha in Cameroon are on high alert.

On 7 June 2018, one suspected case of haemorrhagic fever has been reported in a health district in the Far North Region. The causative organism is being investigated. In addition, the region is preparing for a potential Lassa fever outbreak due to the ongoing outbreak in neighbouring Nigeria.

PUBLIC HEALTH ACTIONS

- WHO has supported the provision of a cholera kit to the Northern Region and two kits in the Far North Region.
- WHO has supported the response to the scabies epidemic at the IDP site in Zamay with provision of benzyl benzoate, antibiotics, etc.
- The preparation and response plan to a possible cholera outbreak in the Nigerian refugee camp in Minawao is being updated.
- WHO has launched a Central Emergency Response Fund (CERF) project in Cameroon, with project activities targeting the three departments of Mayo Tsanaga, Mayo Sava and Logone et Chari in emergencies.

SITUATION INTERPRETATION

The humanitarian situation in the Far North Region of Cameroon is of concern, particularly in view of the large number of refugees and displaced people in the region, who urgently require all forms of humanitarian assistance. Continued armed insurgency is limiting provision of health services and increasing the likelihood of outbreaks of epidemic-prone diseases. Although authorities in Cameroon are doing all in their power to respond to these situations, national and international actors need to act urgently to bring the situation under control.

Summary of major issues challenges, and proposed actions

Issues and challenges

- The Ministry of Health and other national authorities, WHO, partners, and the global community continue to closely monitor the EVD outbreak in the Democratic Republic of the Congo. There is cautious optimism. Slightly over a month into the response, further spread of EVD has largely been contained. The situation in Bikoro and Wangata (Mbandaka city) health zones has remained calm since mid-May 2018 when the last confirmed EVD cases were reported. Much attention is now focused on Iboko Health Zone, especially remote communities in Itipo health area, where the last confirmed case developed symptoms on 2 June 2018. Efforts have been made to identify all potential transmission chains and all new suspected cases and alerts are promptly investigated. The contact tracing system is working effectively, while community engagement in remote places has deepened. In spite of this progress, there should be no room for laxity and complacency until the outbreak is controlled.
- Liberia has been experiencing recurrent measles outbreaks since the beginning of 2018, reporting over 3 000 suspected cases and 14 deaths. Twelve other countries in the African Region are currently experiencing measles outbreaks. In 2018, about 26 000 suspected measles cases, with 175 deaths, have occurred in 13 countries. The reason for these outbreaks is known: accumulation of large number of susceptible population over the years due to suboptimal immunization coverage. The immunization programme has tools to predict these outbreaks and clear strategies to respond to them. With set globals and regional goal and targets, the current situation in the African Region needs to be attended to diligently.

Proposed actions

- The Ministry of Health and other national authorities in the Democratic Republic of the Congo, WHO and partners to continue with implementation of the second phase of EVD response, focusing on rapid investigations of suspected cases and alerts, thorough contact tracing in the remote areas and engagement of communities, including the indigenous population in and around the villages.
- The national authorities and partners in Liberia (and the other countries in the region) need to review the overall immunization programme goals and operations, with the aim to improving performance. An after-action review needs to be done for each measles outbreak and appropriate remedial actions taken to enhance risk assessment for prediction, surveillance for early outbreak detection, strengthen routine immunization activities, and preparedness measures for timely outbreak response.

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										
Sierra Leone	Lassa fever	Ungraded	8-Jun-18	1-Jan-18	20-May-18	16	16	6	37.5%	A total of 16 confirmed case with 6 deaths have been reported since the beginning of the year from Bo (2) and Kenema (14) districts.
Sierra Leone	Measles	Ungraded	14-Jun-18	4-Jun-18	14-Jun-18	19	19	-	0.0%	Koinadugu district on the border with Guinea has reported a total of 19 confirmed cases in two chiefdoms, Sulima (14 cases) and Mongo (5 cases) from 11 - 14 June 2018. These cases are reportedly from unvaccinated children in neighboring Guinea who have travelled with their parents to access services in nearby health facilities close to the border.
South Sudan	Measles	Ungraded	10-Jun-18	13-May-18	3-Jun-18	19	3	0	0.0%	A new measles outbreak has been confirmed in Rumbek Center after three suspected cases tested IgM-positive. A cumulative total of 19 measles cases with no deaths have been line listed since week 19. Most cases are from Akuach village (2 km from Rumbek hospital) in Biir Payam. This is where the index cluster originated. Nearly 70% of the cases are under 5 years. Routine measles coverage for the first quarter of 2018 for the county was 19%.
Ongoing events										
Cameroon	Humanitarian crisis	G2	31-Dec-13	27-Jun-17	30-Apr-18	-	-	-	-	Detailed update given above
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 Diseases (DLMEP) by the Njikwa Health District in the North-west Region of Cameroon. On 14 May 2018, one of the suspected cases tested positive for monkeypox virus by PCR. On 15 May 2018, the incident managment system was set up at the National Emergency Operations Center.Three new suspected 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 1 confirmed), six are in the South-west and one from the Center.
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	11-Jun-18	-	-	-	-	The security situation remains tense and precarious in many places across the country. Humanitarian operations around the northern Kaga Bandoro town have been suspended due to increasing violence against aid workers. In Kaga Bandoro town itself 60% of aid operations have been suspended. Fresh violence was also reported in the central Bambari town last week prompting the relocation of most international aid workers to the capital Bangui (OCHA Weekly Regional Humanitarian Snapshot 5 - 11 June 2018). Currently, 2.5 million people are in need of humanitarian aid including 1.1 million people targeted for the health cluster partners. There are around 688 700 IDPs across the country, of which 70% are living with host families.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Central African Republic	Monkey-pox	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 suspected monkey pox in Bangasou health district. As of 24 April 2018, twenty cases including nine confirmed cases have been reported from Ippy (6) and Bangassou (3).
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 Moussoro) are currently in epidemic phase. Cumulatively, 540 cases with 23 deaths (CFR 4.2%) 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 Congo	Human-itarian 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. According to OCHA 8 May 2018 report, insecurity in Manie-ma and South Kivu had resulted in displacement of students with attackers using empty school benches as firewoods. Residents in Katanga are reportedly unable to access their fields due to insecurity.
Dem-ocratic Republic of Congo	Cholera		16-Jan-15	1-Jan-18	3-Jun-18	11 173	0	238	2.1%	The cholera outbreak in the Democratic Republic of the Congo continues, with a decreasing trend generally since week 1 of 2018. In week 22 the number of cases has increased compared to the last 4 previous reporting weeks (303 new cases week 22 versus 276, 261 and 209 cases in weeks 19, 20 and 21 respectively). A total of 303 cholera cases were reported including 14 deaths (CFR 4.6%). Forty-five health zones within 13 provinces are reporting cases. The most affected provinces include North Kivu (52 cases), Sankuru (51 cases and 11 deaths), Tanganyika (46 cases) and South Kivu (42 cases). From week 1 to 22 of 2018, a total of 11 173 cases have been reported in the Democratic Republic of Congo. The situation in Goma, North Kivu; Bena Dibele, Sankuru; Kalemie, Tanganyika; and Fizi in South Kivu is deteriorating, with increase in number of cases. The outbreak escalated around the same period in the previous year.
Dem-ocratic Republic of Congo	Ebola virus disease	G3	7-May-18	4-Apr-18	12-Jun-18	57	38	28	49.1%	Detailed update given above
Dem-ocratic Republic of 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 Congo	Monkey-pox	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
Democratic Republic of 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.
Democratic 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 province. During Week 12 of 2018, seven new cases and two deaths were reported.
Ethiopia	Humanitarian crisis	Protracted 1	15-Nov-15	n/a	27-May-18	-	-	-	-	Population numbering 794 599 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)	Ungraded	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.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Kenya	Cholera	G1	6-Mar-17	1-Jan-18	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 (1 616 cases and 18 deaths, CFR 1.5%) located one 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 refugee at the Kakuma camp.
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.
Kenya	Rift Valley fever (RVF)	Ungraded	6-Jun-18	7-Jun-18	14-Jun-18	22	7	5	22.7%	The RVF outbreak was first reported from Wajir County, Eldas Sub County following a confirmation of the outbreak based on the samples sent to KEMRI where one sample tested positive for the virus on 7 June 2018. As of 14 June 2018, 2 new cases from Marsabit County have been confirmed, bringing the total number of Counties affected to two. Since the start of the outbreak, a total of 22 cases (20 from Wajir and 2 from Marsabit County) with 5 deaths from Wajir County CFR 22.7%. The Ministry of Health has activated the EOC and have identified the Event Manager and supporting technical team. Animal circulating RVF has been reported by Department of Veterinary Services(DVS) from 8 Counties (including Wajir, Marsabit, Tana river, Kajiado, and Garissa).
Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-18	10-Jun-18	21	18	13	61.9%	Sporadic cases of Lassa fever have been reported since the beginning of the year. From 1 January to 10 June 2018, 112 suspected cases have been reported. Test results by RT-PCR for 109 suspected cases showed 18 positive and 91 negative. One specimen was discarded and two are pending testing. Thirteen deaths (CFR:72.2%) have been reported among confirmed cases. Cumulatively, 21 confirmed and suspected cases (negative cases removed) have been reported with 13 deaths (CFR:61.79). A total of 118 contacts are currently being monitored in three counties (Nimba, Bong, and Grand Bassa) in the epidemic phase.
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-18	7-Jun-18	2 930	177	14	0.5%	Detailed update given above

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Madagascar	Plague	G2	13-Sep-17	13-Sep-17	29-Apr-18	2 678	558	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	30-Apr-18	-	-	-	-	More than 70 security incidents affecting humanitarians have been registered since the beginning of the year. Some 387 000 people were food insecure (crisis phase and emergency phase) from March to May 2018. During the lean season which spreads from June to August 2018, more than 4.3 million people, or more than one out of four Malians, will be food insecure and in need of humanitarian assistance, according to the regional analysis of the situation of food insecurity–harmonized framework- March 2018. Among these people, nearly 885 000 will be in a crisis phase (or phase 3) and about 48 000 in an emergency phase (or phase 4). The Ministry of Health, in collaboration with the nutrition cluster, has revised upwards the number of children at risk of acute malnutrition for reasons related, inter-alia, to the deterioration of the food security situation in certain localities. (Source: OCHA Humanitarian bulletin Mali March – April 2018)
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 and fourty-eight 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	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 from 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	7-Jun-18	205	205	-	-	As of 7 June 2018, 205 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). 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. Fifty-six percent of the affected cases are between 0-15 years of age. The remaining cases were reported in adults between 16-50 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 has been reviewed with the decision of first dose at 12 months and the second dose at 2 years; 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	Hepatitis E	Ungraded	18-Dec-17	8-Sep-17	6-Jun-18	1 524	124	16	1.0%	Detailed update given above
Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	11-Jun-18	-	-	-	-	According to OCHA Weekly Humanitarian report for 5 – 11 June 2018, humanitarian missions to the south-eastern Diffa region have been suspended following a suicide attack in the regional capital Diffa on 4 June 2018. At least six civilians were killed and 36 injured in three separate suicide blasts. A security assessment is to be conducted before the resumption of humanitarian missions. The region had seen a decline in attacks since the beginning of a military operation by the Multinational Joint Task Force in April 2018.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	5-May-18	-	-	-	-	Detailed update given above
Nigeria	Cholera	Ungraded	7-Jun-17	1-Jan-18	5-Jun-18	10 618	-	98	0.9%	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.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Nigeria (North East)	Cholera	Ungraded	n/a	13-Feb-18	14-Jun-18	2 490	67	42	1.7%	North-east Nigeria is experiencing recurrent cholera outbreaks, with two states: Adamawa and Borno currently having active transmission. Yobe State has officially declared the outbreak over. Since February 2018, the three states in north-east Nigeria have reported a total of 2 490 suspected cholera cases and 42 deaths (CFR 1.7%), as of 14 June 2018. The cholera outbreak in Adamawa State emerged on 17 May 2018 and has affected four local government areas (LGAs): Mubi North, Mubi South, Hong, and Maiha. As of 14 June 2018, a total of 1 271 cases, including 23 deaths (case fatality rate 1.8%) have been reported from Mubi North (537 cases, 12 deaths), Mubi South (725 cases, 11 deaths), Hong (6 cases) and Maiha (3 cases). A total of 45 (71%) stool specimens tested positive by cholera rapid diagnostic test (RDT) and 10 out of 11 culture samples taken yielded growth with *Vibrio cholerae*. In Borno State, the cholera outbreak started on 13 February 2018 in Kukawa LGA. Seven new suspected cholera cases have been reported from Kukawa LGA in epi week 23 (week ending on 10 June 2018). The total number of cases reported from Kukawa LGA since the beginning of the outbreak was 776 cases with 3 deaths (CFR 0.4%). Other cases were reported from Banki (31 cases), El-miskin (6 cases) and Damboa (2 cases). A cumulative total of 815 suspected cholera cases and three deaths (case fatality rate 0.4%) has been reported in Borno state, as of 10 June 2018. No cases reported from Banki IDP camp in Bama LGA for 28 days. Out of 110 stool samples collected, 87 (79%) were positive on cholera RDT. Thirty-nine (53%) out of 74 samples were culture positive. The cholera outbreak in Yobe State started on 28 March 2018 and a total of 404 suspected cases, including 16 deaths (case fatality rate 3.7%), were reported as of 28 May 2018. Five LGAs have been affected, Bade (379 cases, 16 deaths), Karasuwa (16), Jakusko (4), Yusufari (3) and Bursari (2). The outbreak was officially declared over on 12 June 2018 by the State Ministry of Health after 14 consecutive days without a case.
Nigeria	Lassa fever	G2	24-Mar-15	1-Jan-18	10-Jun-18	447	437	119	26.6%	In the reporting Week 23 (week ending 10 June 2018) five new confirmed cases and one death were reported. From 1 January to 10 June 2018, a total of 1 999 suspected cases have been reported from 21 states. Nineteen states have exited the active phase of the outbreak while two- Edo and Ondo states still remain active. Of the suspected cases, 437 were confirmed positive, 10 are probable, 1 552 negative (not a case). 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 5 508 contacts have been identified from the 21 affected states. From week 49 of 2016 to week 51 of 2017, a total of 1 022 cases including 127 deaths were reported.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-18	20-May-18	9 880	9	93	0.9%	In week 20 (week ending 20 May 2018), 284 suspected cases of measles were reported from 29 States compared with 422 suspected cases with two laboratory confirmed cases and six deaths (CFR 1.4%) reported from 28 States during the same period in 2017. Since the beginning of the year, a total of 9 880 suspected measles cases with 9 laboratory confirmed cases and 93 deaths (CFR 0.9%) were reported from 36 States compared with 11 283 suspected cases with 71 laboratory confirmed cases and 70 deaths (CFR 0.6%) from 37 States during the same period in 2017. Response measures include immunization for all vaccine-preventable diseases in some affected areas, as well as case management
Nigeria	Monkey-pox	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	Polio-myelitis (cVDPV2)	Ungraded	1-Jun-18	1-Jan-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	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	3-Jun-18	1 903	46	47	2.5%	From the onset of this outbreak on 12 September 2017, a total of 1 903 suspected yellow fever cases including 47 deaths have been reported as at week 22 (week ending on 3 June 2018), from all Nigerian states in 414 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.
São Tomé and Príncipé	Necrotising cellulitis/ fasciitis	Protracted 2	10-Jan-17	25-Sep-16	3-Jun-18	2 687	0	0	0.0%	From week 40 in 2016 to week 22 in 2018, a total of 2 687 cases have been notified. In week 22, 13 cases were notified, two less than the previous week. Six out of seven districts reported a case, Mé-zochi (2), Agua Grande (3), Lobata (0), Cantagalo (2), Caue (4), Lemba (1) and Príncipe (1). The attack rate of necrotising cellulitis in Sao Tome and Príncipe is 13.6 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 thirty-four suspected cases. Twenty-four samples were 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.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
South Africa	Listeriosis	G2	6-Dec-17	1-Jan-17	5-Jun-18	1 049	1 049	209	19.9%	This outbreak is ongoing since the beginning of 2017. As of 5 June 2018, 1 049 cases have been reported in total. Around 79% of cases are reported from three provinces; Gauteng (58%, 611/1 049), Western Cape (13%, 132/1 042 and KwaZulu-Natal (8%, 132/1 049). The number of new cases reported has decreased each week cases since the implicated products were recalled on 04 March 2018. Neonates ≤28 days of age are the most affected age group, followed by adults aged 15 – 49 years of age. All cases that have been identified after the recall are being fully investigated.
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.
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	3-Jun-18	70	14	-	-	From 3 January 2018, a total of 70 suspect case of hepatitis E (HEV) have been reported in two counties of South Sudan as of 3 June 2018. Of the total suspect cases, 14 cases have been PCR confirmed as HEV (13 in Bentiu PoC and 1 in Old Fangak). No new cases identified after active follow up in Fangak. Approximately half of the total cases are between 1 and 9 years of age and 64% 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 use of stagnant water for domestic or recreation purposes is likely to be source of infection. Thus, communities are being educated on the risk and draining the water is being discussed. Unicef has shared key HEV messages for radio programmes on community sensitization. Case identification and follow up is ongoing and WASH risk assessment has been planned.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
South Sudan	Rift Valley fever (RVF)	Ungraded	28-Dec-17	7-Dec-17	10-Jun-18	31	6	4	12.9%	As of 10 June 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 22 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	10-Jun-18	2 538	-	52	2.0%	This is part of an ongoing outbreak. During week 23 (week ending 10 June 2018), 86 new cases and no deaths were reported from Sumbawanga DC (69 cases) in Rukwa region; Ngorongoro DC (17 cases) in Arusha region; As of week 23, a total of 2 538 cases with 52 deaths (CFR 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 to June 2018 (2 537 cases), when compared to the same period in 2017 (1 287 cases) in the United Republic of Tanzania. The reported cholera cases increased two times in the month of May 2018 (675 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 31 144 cases including 518 deaths (CFR 1.7%) and Zanzibar reported 4 688 cases including 72 deaths (CFR 1.54%). In total, 35 832 cases including 590 deaths (CFR 1.6%) were reported for the United Republic of Tanzania.
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.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Uganda	Cholera	Ungraded	7-May-18	29-Apr-18	7-Jun-18	65	-	1	1.5%	On 29 April 2018, a 40 years 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	Undi-agnosed 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 outside Lusaka, 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 5 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).
Recently closed 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	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.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
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.
Namibia	Crimean-Congo haemorrhagic fever	Ungraded	29-Mar-18	28-Mar-18	13-Jun-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. Thirty-eight contact were followed up and none developed related symptoms. An additional suspected case with a history of tick bite and vomiting has also been isolated as of 3 April 2018. Since there were no new cases reported thereafter, the outbreak was considered closed towards the end of April 2018

†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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