

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 25: 17 - 23 June 2019  
Data as reported by 17:00; 23 June 2019

**1**

New event

**76**

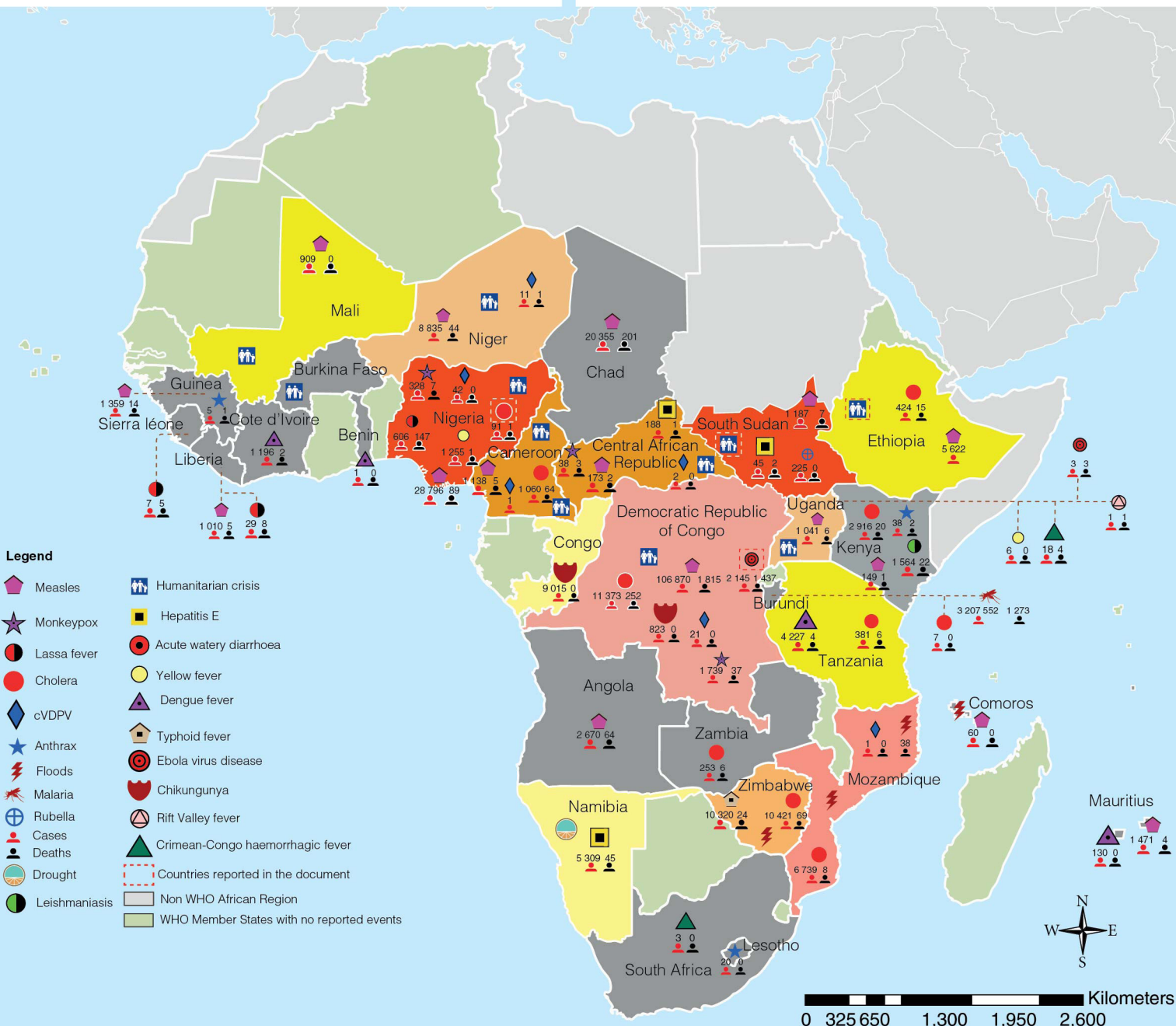
Ongoing events

**61**

Outbreaks

**16**

Humanitarian crises



Graded events †

**4**

Grade 3 events

**11**

Grade 2 events

**3**

Grade 1 events

**2**

Protracted 3 events

**2**

Protracted 2 events

**2**

Protracted 1 events

**53**

Ungraded events

# Overview

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This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 77 events in the region. This week's edition covers key new and ongoing events, including:

- [Cholera in Nigeria](#)
- [Ebola virus disease in Democratic Republic of the Congo](#)
- [Humanitarian crisis in Ethiopia](#)
- [Humanitarian crisis in South Sudan.](#)

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

A table is provided at the end of the bulletin with information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have largely been controlled and thus closed.

### Major issues and challenges include:

- The outbreak of Ebola virus disease (EVD) in North Kivu and Ituri provinces, Democratic Republic of the Congo continues, with fluctuating transmission intensity. There has been a period of improved security recently, allowing response teams to access communities and operate more freely. As a result, indicators over the past few weeks provide early signs of an easing of the transmission intensity in major hotspots. However, concerns remain over the number of new cases still occurring in areas that previously had lower rates of transmission. Additionally, the lack of funding to support response operations has reached a worrying level. The international community must step up funding to support the ongoing response and strengthen preparedness in Democratic Republic of the Congo and neighbouring countries.
- Health authorities in Nigeria have confirmed a new cholera outbreak in Adamawa State, one of the three states in north-east Nigeria with prolonged complex humanitarian emergencies. These states are vulnerable to experiencing large cholera outbreaks, as has been seen in the recent past. It is therefore critical that the current cholera outbreak is responded to swiftly at the initial stages to prevent escalation of the situation.

# New event

Cholera

Nigeria

91  
Cases

1  
Death

1.1%  
CFR

## EVENT DESCRIPTION

On 18 June 2019, the State Ministry of Health of Adamawa State in north-east Nigeria officially declared a cholera outbreak in three local government areas (LGAs). The cholera outbreak started on 15 May 2019 (week 19) in Yola North LGA and spread to Girei LGA in week 22 and eventually to Yola South LGA in week 23 (week ending 9 June 2019). In week 24 (week ending 16 June 2019), 37 new suspected cholera cases were reported, with no deaths.

From 15 May to 20 June 2019, a total of 91 suspected cholera cases with one death (case fatality ratio 1.1%) have been reported, with the caseload distributed as follows: Yola North (57 cases with one death), Girei (33 cases with zero deaths), and Yola South (one case). Eleven wards in the three LGAs have been affected. The majority, 60%, of the cases are females.

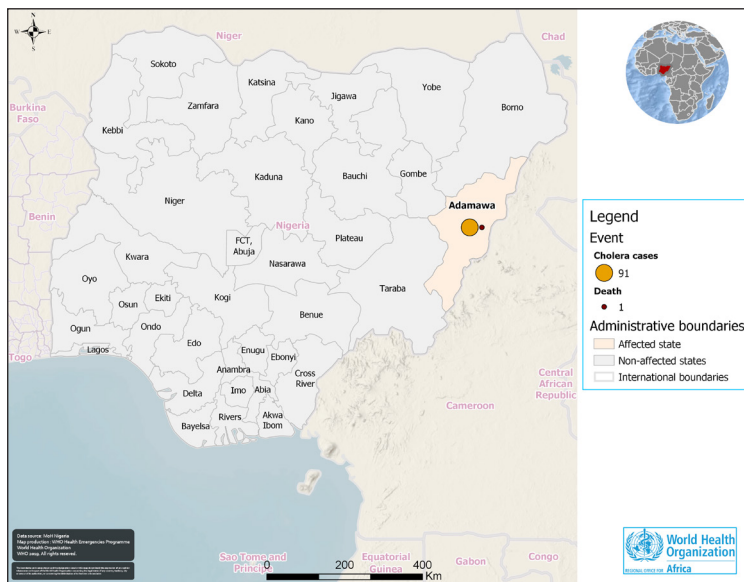
Of 12 stool specimens collected and analyzed at the state specialist hospital, eight cultured *Vibrio cholerae* as the causative agent. Further analysis conducted at the National Reference Laboratory in Abuja isolated *V. cholerae* Classical O1 strain in six of the eight positive specimens by polymerase chain reaction.

The most recent cholera outbreak in Adamawa State ended in November 2018, with over 2 755 cases including 43 deaths reported in eight out of the 21 LGAs. The three LGAs currently affected in this event were also affected in the 2018 outbreak.

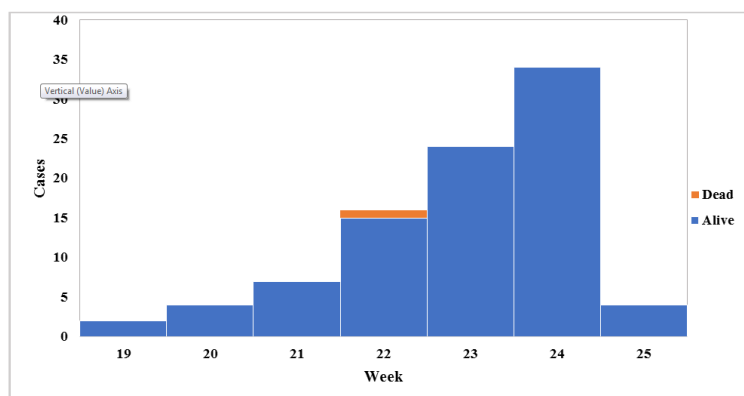
## PUBLIC HEALTH ACTIONS

- A multi-agency, multi-partner coordinating mechanism involving WHO, UNICEF, and other partners has been established at the state level to coordinate response to the outbreak.
- Surveillance for cholera has been enhanced in response to the outbreak with a total of 30 people trained to conduct active case search in the communities. Health facilities have also been placed on a high alert.
- Laboratory capacities have been strengthened with staff training in sample collection, transportation and testing using rapid diagnostics test (RDT). A consignment of RDTs has been shipped by WHO to the affected state.
- A cholera treatment unit has been set up to treat affected patients. Medical equipment and supplies have been prepositioned in anticipation of an increase in the number of cases. A 24-hour ambulance service has been made operational to facilitate transportation of case-patients to health facilities.
- Water, sanitation and hygiene activities are being scaled-up as part of response efforts. Calcium hypochlorite is being distributed to affected communities for the disinfection of contaminated water sources. Mapping of water sources and testing in identified hotspot communities is expected to commence.
- Social mobilization and risk communication activities are slowly picking up and several activities such as mass media communication and community engagements sessions have been planned.

Geographical distribution of confirmed cholera cases and death in Nigeria, 15 May - 20 June 2019.



Weekly number of cholera cases and deaths, Adamawa State, Nigeria, 15 May - 17 June 2019 (n=91).



## SITUATION INTERPRETATION

Cholera outbreaks are recurrent in Nigeria, with a high burden of cases especially in the north-eastern part of the country. The current outbreak, coming at the start of the rainy season, is taking place against the backdrop of the ongoing complex humanitarian crisis, with limited water, sanitation and hygiene infrastructure. Initial efforts aimed at tackling and controlling the outbreak appear to be swift and must be sustained to avoid a repeat of the large-scale outbreak experienced in the previous years.



### EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces in Democratic Republic of the Congo continues. Since the last report on 16 June 2019 (*Weekly Bulletin 24*), 94 new confirmed EVD cases have been reported, with an additional 69 deaths.

As of 22 June 2019, a total of 2 239 EVD cases, including 2 145 confirmed and 94 probable cases have been reported. To date, confirmed cases have been reported from 22 health zones: Alimbongo (2), Beni (347), Biena (11), Butembo (243), Kalunguta (120), Katwa (603), Kayna (8), Kyondo (21), Lubero (20), Mabalako (302), Manguredjipa (16), Masereka (38), Musienene (68), Mutwanga (8), Oicha (41) and Vuhovi (85) in North Kivu Province; and Bunia (4), Komanda (29), Rwampara (7), Mandima (169), Nyankunde (1), and Tchomia (2) in Ituri Province. As of 22 June 2019, 16 health zones have reported at least one confirmed case in the last 21 days (2-22 June 2019).

A total of 1 506 deaths were recorded, including 1 412 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 66% (1 412/2 145). One health worker was among the new confirmed cases on 12 June 2019, two among the new confirmed cases recorded on 15 June 2019, one from Musienene and one from Rwampara and three from Lubero, bringing the cumulative number of health workers affected to 122, which is 5% of total cases.

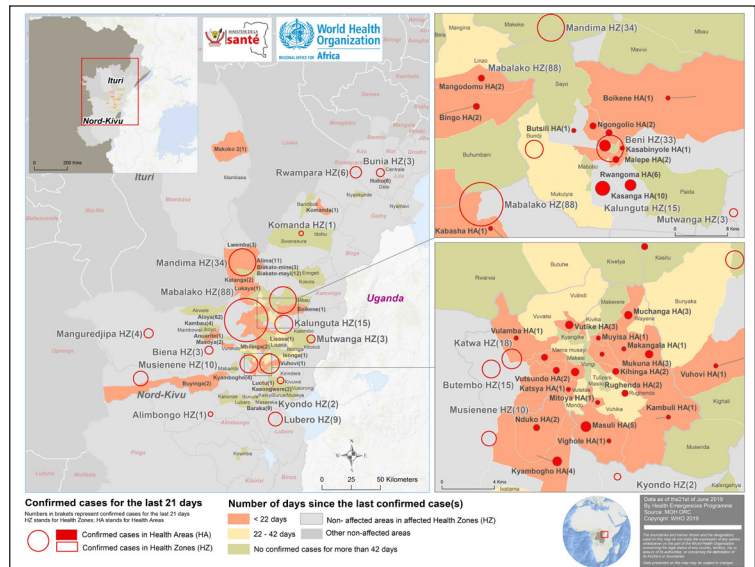
Mabalako (36%; 88/245), Mandima (14%; 34/245), Beni (13%; 33/245), Katwa (7%; 18/245), Butembo (6%; 12/245) and Kalunguta (6%; 15/245) remain the hot spots of the outbreak, with the majority of the new confirmed cases recorded in the past 21 days. Nine health zones, Mabalako, Beni, Kalunguta, Lubero, Mandima, Manguredjipa, Rwampara, Bunia and Kawa have reported new confirmed cases in the past three days and remain points of attention.

Contact tracing is ongoing in 22 health zones. A total of 15 903 contacts were recorded as of 22 June 2019, of which 13 875 have been seen in the past 24 hours (87%; varies between 58-100% among reporting zones). Alerts in the two affected provinces continue to be raised and investigated. Of 1 245 alerts processed (of which 1 123 were new) in reporting health zones on 22 June 2019, 1 145 were investigated and 276 (24%) were validated as suspected cases.

### PUBLIC HEALTH ACTIONS

- A strengthened coordination mechanism has been established in Butembo. Surveillance activities continue, including case investigations, active case finding in health facilities and communities, and identification and listing of contacts around the latest confirmed cases. Searches for lost contacts continue, with remote monitoring of a contact from Katwa who has since moved to Dubai. Collaboration between health authorities in the Democratic Republic of the Congo and Uganda continues around monitoring displaced contacts, particularly since the outbreak has spread to Uganda.
- As of 22 June 2019, a cumulative total of 140 794 people has been vaccinated since the start of the outbreak in August 2018. Five new rings were opened around nine confirmed cases on 18 June 2019, another four new rings were opened around seven new cases on 17 June 2019 and an additional ring around two cases reported on 22 June 2019.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 68 million screenings to date. A total of 65/78 (83%) PoE/PoC were operational as of 19 June 2019.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May 2018 to 22 June 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



- There are continued community reintegration and psychosocial activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response.
- Mediation is underway to reintegrate and cured patients from Wayene, Katwa Health Zone, who has been refused by his family, as well as for the transfer of a confirmed case who remains in the community in Mabalako Health Zone.
- Household activities in some villages were disrupted by the security situation in the Aloya axis.
- A man from Alima health area, who has been confirmed as EVD positive, is refusing transfer to an ETC and discussions are underway to overcome his reluctance to seek care.
- Water, sanitation and hygiene (WASH) activities continue with health facilities and contaminated households decontaminated in Beni, Mabalako, and Mandima health zones.
- Community awareness and mobilization sessions continue, with a popular forum held with the Ngote population in the Makangala health area, Katwa Health Zone to clarify rumours that are often the cause of community incidents; an exchange meeting was organized by the District Manager with his group of leaders on community incident management and the Minister of Health and the Governor of Ituri Province sent a strong message to the leaders of the YIRA community of the risks of EVD and the need for community engagement during a meeting organized in Bunia.

### SITUATION INTERPRETATION

New EVD cases continue to occur in North Kivu and Ituri provinces, with fluctuating transmission intensity. While the disease trend has reduced in previous hotspots such as Butembo and Katwa, the reverse is happening in areas that previously had low transmission rates, such as Mabalako, Lubero and Mandima. This trend is of concern and it requires strong outbreak control interventions to be sustained in all the affected areas concomitantly, especially case investigation and contact tracing, along with continuing engagement with communities on the importance of early reporting of signs and symptoms of the disease and early attendance at healthcare facilities. All community mobilization activities, focused on enlisting local populations as partners in the response must continue, as well as other proven public health measures.

### EVENT DESCRIPTION

The humanitarian crisis in South Sudan continues, with several security incidents, resultant internal displacement, attacks against aid workers and returning refugees from Khartoum, Sudan, along with climate-related events such as floods and drought. Road access along major routes continues to be challenging. Five ambushes were reported during May 2019, two of which resulted in staff injuries. There were armed robberies along the Torit-Kapoeta and Torit-Juba roads, while increasing insecurity along roads in Lakes resulted in temporary elevation of the security alert status on roads leading out of Rumbek. Insecurity in some areas out of Yei continues to delay missions. Multiple health and nutrition centres have closed across the country as a result of administrative disputes, affecting thousands of people in need. On 5 June 2019, torrential rains caused flooding in Aweil, affecting more than 16 500 people.

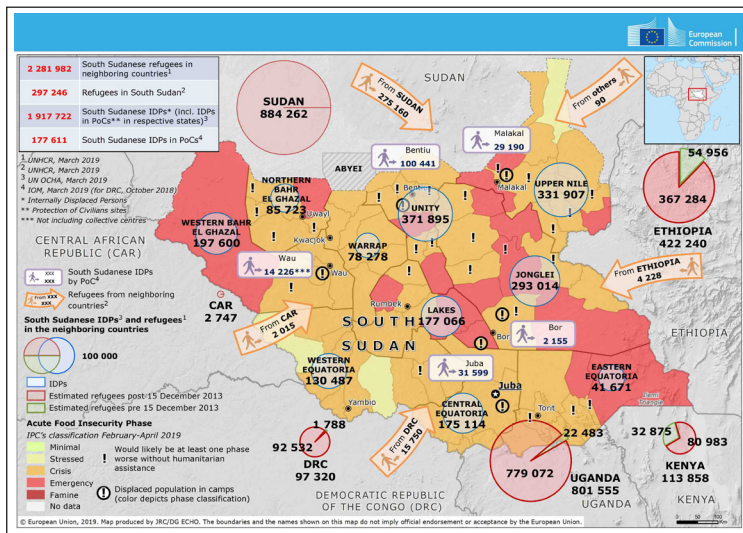
Epidemic-prone diseases continue to complicate the situation. An active measles outbreak is ongoing in the Protection of Civilians (POC) and/or Protection of Civilians Adjacent Areas (POCAA) in Renk, Wau and Bentiu counties. Hepatitis E persists in Bentiu POC site, with 45 cases reported since the beginning of 2019, 13 of which were confirmed by polymerase chain reaction (PCR). There was one death on 12 April 2019. Malaria is the leading cause of morbidity and mortality, accounting for 42.1% of all morbidity and 51.2% of all mortality in week 22.

South Sudan's Integrated Food Security Phase Classification (IPC) currently shows 6.96 million people facing crisis levels of food insecurity or worse, among whom an estimated 21 000 people will face a catastrophic lack of food access (IPC 5), while about 1.82 million will face emergency (IPC 4) and another 5.12 million will face crisis (IPC 3) levels of food insecurity. The situation has deteriorated in the first quarter of the year with May-July 2019's projection analysis showing an additional 81 000 people likely to fall into crisis (IPC 3) or worse. This is largely associated with delayed rainfall in the region.

### PUBLIC HEALTH ACTIONS

- On 7 June 2019, South Sudan acceded to the 2009 African Union Convention for the Protection of Internally Displaced Persons (the Kampala Convention), which is a regional, legally binding instrument.
- On 8 June 2019, an inter-agency team conducted an assessment of the flood-affected populations in Aweil and the humanitarian agencies subsequently developed a response plan and mobilized resources.
- Health Cluster partners have been involved in reactive measles and rubella vaccination campaigns in Renk and Wau counties and POCAA and Bentiu POC, Aweil East, Tonj North, Juba town and Malakal POC targeting children from 6-59 months in campaigns during May and June 2019.
- The second National EVD Preparedness Plan, April-September 2019, was launched by the Minister of Health on 13 June 2019.
- Humanitarian organizations reached 47 000 people with seeds and tools, with distribution completed on 10 June 2019.

Humanitarian snapshot in South Sudan, 10 May 2019.



### SITUATION INTERPRETATION

The peace initiatives of 2018 seem to have made little difference to the humanitarian situation of the majority of people in South Sudan. Issues around insecurity, leading to population displacement, lack of access by partners caused by dangerous roads, administrative issues leading to closure of health facilities and other administrative issues affecting humanitarian movement and partner staffing continue to make provision of humanitarian assistance challenging. All this is compounded by continuing shortfalls in the funding requested by humanitarian agencies to enable them provide aid assistance. Unpredictable rainfall, causing either flooding or drought, is leading to further problems with food security and the persistence of epidemic-prone diseases weaken already vulnerable populations. National and international authorities need to intervene urgently to address these challenges.

**EVENT DESCRIPTION**

The ongoing humanitarian crisis in Ethiopia saw a significant spike in conflict-induced displacement in several parts of the country in 2018, the effects of which are still being felt in 2019. The Humanitarian Needs Overview 2019 reported that 8.86 million people required humanitarian and protection assistance in 2019, many of whom are internally displaced persons (IDPs), IDP returnees and host communities. In May 2019, the Ethiopian government started a large campaign to return IDPs to their original homes and about 1.8 million were returned, leaving around 1.6 million still displaced. Unfortunately, many returning IDPs have had to establish themselves in secondary displacement centres as a result of continuing security concerns and limited assistance with rebuilding. Most recently, 300 000 out of 700 000 IDPs from Guji-Gedeo returned to their places of origin.

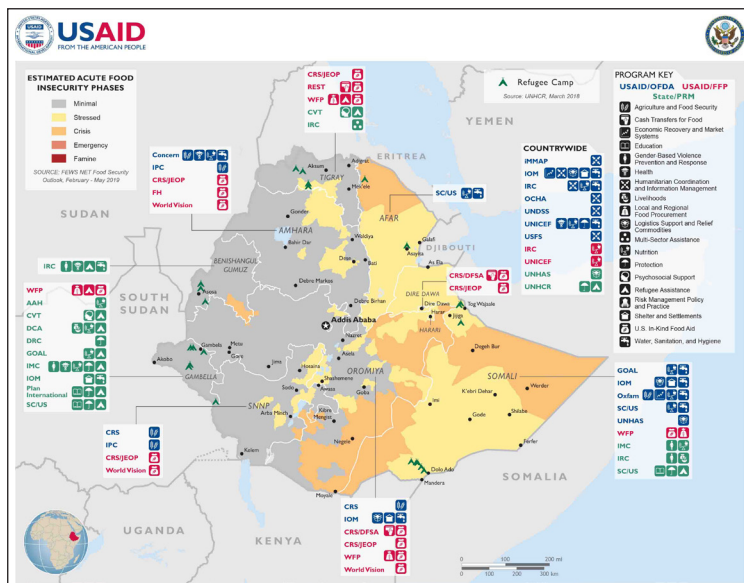
Outbreaks of measles and cholera continue to complicate the humanitarian situation. A measles outbreak, starting in 2018, affected the regions of Amhara, Oromia and Somali. As of 9 June 2019, there were a total of 6 616 cases reported from weeks 1-23 (week ending 8 June 2019), from Oromia (3 701), Amhara (386) and Somali (2 529). Somali reported 110 new cases and Oromia 23, in week 23. Oromia is the most affected region, accounting for 56% of total cases. Somali reported a 4% increase from the previous week. The age group most affected is that under five years (51.4%), while the 15-45 years age group accounts for 25.5%.

Cholera outbreaks have been reported in Amhara (198), Oromia (294), Somali (33) and Tigray (17) and in the two administrative cities of Addis Ababa (70) and Dire Dawa (1). As of 17 June 2019, there are a total of 613 suspected cases, with 20 confirmed positive. The outbreak started in Amhara on 28 April 2019, with Dire Dawa city the latest area affected, reporting its first case on 17 June 2019. The first case was reported in Addis Ababa city on 30 May 2019.

**PUBLIC HEALTH ACTIONS**

- National and regional Emergency Operations Centres have been activated and rapid response teams deployed to the cholera outbreaks, and there are coordination meetings in all areas affected by cholera.
- Active surveillance, including case search, data collection and analysis, is ongoing in affected and high risk woredas, and more than 230 health workers have been trained in cholera case management.
- WHO and government have deployed staff to support surveillance, case management, coordination and other cholera response activities.
- Water quality testing and monitoring is taking place and safe water is being trucked to affected areas, particularly in Addis Ababa, with the chlorination level of piped water increased from 0.5 mg/L to 1.2 mg/L in Addis Ababa, along with environmental assessment and sample analysis in the city.
- Cholera treatment kits, investigation kits, drugs and medical supplies are being distributed to affected woredas.
- An oral cholera vaccine (OVC) prioritization assessment team has been deployed to Oromia, Somali and Benishangul Gumuz regions and an OVC campaign is ongoing among special interest groups (children, prisons, rehabilitation centres and street children) targeting over 17 000 people, which ends on 20 June 2019.

Humanitarian snapshot in Ethiopia, 2 May 2019.



- Risk communication is ongoing, with posters, pamphlets and leaflets distributed to affected and high risk woredas, as well as emergency communication using public address systems, press releases and radio jingles.
- A reactive measles vaccination campaign is being conducted in Somali region.

**SITUATION INTERPRETATION**

The underlying drivers of the humanitarian crisis in Ethiopia are far from over. The return of IDPs, while positive, is clearly not going as smoothly as hoped and most of the resettled people are still in need of humanitarian assistance. The ongoing outbreaks of measles and, in particular, cholera are of concern, particularly as there are few humanitarian partners operating in Addis Ababa, which leaves WHO and the health cluster mobilizing partners to support the cholera response. Challenges still remain around inadequate human resources and poor funding, as well as the serious gap in water, sanitation and hygiene provision, particularly in Addis Ababa city. Local and regional authorities and partners need to deploy adequate resources to provide the proven public health measures necessary to control the cholera outbreak before it becomes more serious.

# Summary of major issues, challenges and proposed actions

## Major issues and challenges

- ▶ The EVD outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues, with a mixed picture in transmission intensity. While there has been significant reduction in the number of new cases in key hotspot health zones such as Butembo and Katwa, health zones that had registered lowered disease trends are beginning to report more new cases, for instance Mabalako and Mandima. In addition to this unpredictable transmission intensity, the lack of funding to support response operations has reached worryingly low levels. At this rate, all the efforts that helped limit this outbreak to the two affected provinces risk being eroded.
- ▶ A new cholera outbreak has been confirmed in Adamawa State, north-east Nigeria, which is experiencing a prolonged complex humanitarian crisis. Adamawa State (and the other states in north-east Nigeria) experienced a large cholera outbreak in 2018, with high public health impact. In order to avoid a repeat of what happened in 2018, response to this event needs to be swift. Although the state and national authorities, and partners have initiated responses, efforts still need to be enhanced.

## Proposed actions

- ▶ The international community needs to step up funding for the response to the EVD outbreak in Democratic Republic of the Congo and for preparedness in the neighbouring countries. The national authorities and partners in Democratic Republic of the Congo need to re-double and sustain the current response efforts.
- ▶ The national authorities and partners in Nigeria need to scale up the response to the ongoing cholera outbreak in Adamawa State, with emphasis on community interventions around water and sanitation as well as public health education and community engagement.



# All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
<b>New Events</b>										
Nigeria	Cholera	Ungraded	19-Jun-19	15-May-19	20-Jun-19	91	8	1	1.10%	Detailed update given above.
<b>Ongoing Events</b>										
Angola	Measles	Ungraded	04-May-19	01-Jan-19	26-May-19	2 670	79	64	2.40%	In week 21 (week ending on 26 May 2019), 77 suspected cases were reported. From week 1 to week 21 of 2019, a cumulative total of 2 670 suspected (investigated) cases including 64 deaths have been reported from 18 provinces of Angola. Lunda Sul and Moxico provinces have reported 73% (1 946) and 17% (4520) of cases respectively. A total of 79 laboratory confirmed cases have been reported since week 1 of 2019.
Benin	Dengue fever	Ungraded	17-Jun-19	12-Jun-19	19-Jun-19	1	1	0	0.00%	A case of dengue fever was confirmed on 17 June 2019 in Littoral department in the southern part of Benin. The case is a 36-year-old female health worker who began to experience fever (38.2°C) with chills and myalgia on 12 June 2019. The persistence of the fever despite intake of antimalarial drugs made her consult a physician, on 14 June 2019, who suspected dengue fever. Blood specimen tested for dengue fever at the diagnostic laboratory for haemorrhagic fever in Benin came back positive for dengue fever by PCR on 17 June 2019. The patient is recovering well. Active search for cases is ongoing.
Burkina Faso	Humanitarian crisis	Ungraded	01-Jan-19	01-Jan-19	06-Jun-19	-	-	-	-	Since 2015, the security situation initially in the regions of the Sahel and later in the East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement leading to a total of 170 000 internally displaced persons registered as of 6 June 2019, of which more than half were registered since the beginning of 2019.



Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Burundi	Cholera	Ungraded	05-Jun-19	04-Jun-19	06-Jun-19	7	4	0	0.00%	On 5 June 2019, WHO has been notified by the Ministry of Public Health and the Fight against AIDS of Burundi of a cholera outbreak in Bujumbura Mairie province (Bujumbura-South health district) and Cibitoke province (Cibitoke health district). As of 6 June 2019, a total of 7 cases with no death were reported and admitted in Prince Regent Charles hospital (5) and Rugombo (2) Cholera Treatment Centers in Bujumbura Mairie and Cibitoke provinces respectively. A total of four of the seven samples collected tested positive for <i>Vibrio cholerae</i> Ogawa at the National Institute of Public Health reference laboratory on 5 June 2019. One of the four confirmed cases is a burundese driver from Gitega city living in Uvira, Democratic Republic of the Congo. Investigations are ongoing.
Burundi	Malaria	Ungraded		01-Jan-19	26-May-19	3 207 552		1 273	0.00%	Since week 48 of 2018 (week ending 2 December 2018), there has been a progressive increase in the number of malaria cases reported across the 46 districts of Burundi, with the epidemic threshold reached or exceeded in week 18 (week ending 5 May 2019). In week 21 (week ending 26 May 2019), 182 751 cases including 66 deaths have been reported from 39/46 districts. From week 1 (week ending 5 January 2019) to week 21 of 2019, a cumulative total of 3 207 552 cases and 1 273 deaths (CFR 0.04%) have been reported. There is a 102% increase in the number of cases reported in week 21 of 2019 compared to week 21 of 2018, and a 52.7% increase in the number of cases reported from week 1 to week 21 of 2019 compared to the same period in 2018.
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	15-May-19	-	-	-	-	Cameroon continues to face a humanitarian crisis in the Far North region linked to the terrorist attacks by Boko Haram group with significant displacement of the traumatized population. The Minao camp is currently accommodating 57 094 refugees, which is above its capacity. Several attacks targeting both public facilities, such as schools and health facilities, and private goods continue to be registered at the border between Cameroon and Nigeria. The Far North region is currently having measles outbreaks in five districts (Kousseri, Mada, Makary, Goulfey and Koza).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Cameroon	Humanitarian crisis (NW & SW)	G2	01-Oct-16	27-Jun-18	15-May-19	-	-	-	-	The Northwest and Southwest regions' crisis which started in 2016 still remains a concern. Sporadic armed attacks between alleged separatist groups and the military continue to be reported. Attacks on health facilities have been reported in many locations. This unrest continues to affect access to amenities including healthcare services. Since the beginning of 2019, less than 30% of health facilities in both regions have been able to transmit epidemiological surveillance data.
Cameroon	Cholera	G1	24-May-18	18-May-18	15-May-19	1 060	97	64	6.00%	Seven new suspected cases including one death were notified by Pitoa, Garoua 1 and Garoua 2 health districts from 1 to 15 May 2019. In March 2019, additional five new confirmed cases were notified by Institut Pasteur Laboratory in Cameroon. As of 15 May 2019, a total of 1 060 suspected cases were reported.
Cameroon	Measles	Ungraded	02-Apr-19	01-Jan-19	12-May-19	1 138	168	5	0%	During epidemiological week 19 (ending on 12 May 2019), 41 suspected cases were reported. A decline in the weekly number of cases has been noted. Since the beginning of 2019, a total of 1 138 suspected cases of which 168 were confirmed as IgM-positive have been reported. The outbreak is currently affecting twenty-four districts, namely Kousseri, Mada, Goulfey, Makary, Kolofata, Koza, Ngaoundéré rural, Bangué, Guider, Figuil, Ngong, Mora, Maroua 3, Vélé, Pitoa, Maroua 1, Bourha, Touboro, Mogodé, Bibémi, Garoua 1, Garoua 2, Lagdo and Tcholliré.
Cameroon	Poliomyelitis(cVDPV2)	G2	23-May-19	23-May-19	19-Jun-19	-	-	-	-	On 23 May 2019, WHO received notification through the Global Polio Laboratory Network (GPLN) of the detection of circulating vaccine-derived poliovirus type 2 (cVDPV2) from an environmental sample collected on 20 April 2019 in the Northern province of Cameroon which borders Borno state in Nigeria and Chad. There are no associated cases of paralysis detected so far.
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	04-Jun-19	-	-	-	-	Insecurity in most parts of the Central Africa Republic including major cities leading to a complex humanitarian situation remains of concern. Between 27 May and 4 June 2019, the localities of Koundjili, Djoumjour, Bohong, Maikolo, and Lemouna in Ouham Pende district in Western CAR were attacked on 21 May 2019. A total of 54 deaths, 2 injured and 12 000 IDPS were reported after the incident. Security incidents were also reported from other areas in centre RCA.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Central African Republic	Hepatitis E	Ungraded	02-Oct-18	10-Sep-18	02-Jun-19	188	143	1	0.50%	One new suspected case has been confirmed in epidemiological week 21 (week ending on 26 May 2019). As of 2 June 2019, a total of 188 cases of acute jaundice syndrome, of which 143 were confirmed for viral hepatitis E, have been recorded.
Central African Republic	Measles	Ungraded	15-Mar-19	11-Feb-19	26-May-19	173	19	2	1.20%	There is a decreasing trend in the number of reported measles cases since week 19 of 2019 (week ending on 12 May 2019). A total of 5 new suspected cases of measles were notified from Paoua district in epidemiological week 21 (week ending on 26 May 2019). From epidemiological week 5 to 21 (28 January – 26 May 2019), a total of 173 suspected measles cases, of which 19 were confirmed have been reported from Paoua, Batangafo and Vakaga districts. About 80% of cases are under 5 years of age with a high proportion of male.
Central African Republic	Monkey-pox	Ungraded	20-Mar-18	02-Mar-18	02-Jun-19	38	25	3	7.90%	Four suspected cases including one death were reported in Haute-Kotto prefecture in week 22 (week ending on 2 June 2019). As of 2 June 2019, a total of 38 suspected cases including 3 deaths (CFR 7.9%) were reported from Mbaiki, Bangassou, Bambari, Bossembele and Haute-Kotto districts. Twenty-five cases have been laboratory confirmed.
Central African Republic	Polio-myelitis (VDPV2)	G2	24-May-19	24-May-19	09-Jun-19	2	2	0	0.00%	Two cases of cVDPV2 not genetically linked have been confirmed on 29 May and 31 May respectively. The first case, a 3-year-old female, developed acute flaccid paralysis on 2 May 2019. She was found in an IDP camp in Bambari district, Health region 4. Twelve contacts were registered. A total of 21 samples were collected of which 6 out of 17 were positive for poliovirus type 2 and four are pending results. The second case was reported from Bimbo district, Health region 1 with date of paralysis onset on 6 May 2019. Samples from the 17 contacts were collected and are pending results. Preparations for supplementary polio immunization activities are ongoing, round 0 is planned from 16 to 19 June 2019.
Chad	Measles	Ungraded	24-May-18	01-Jan-19	16-Jun-19	20 355	97	201	1.00%	In week 23 (week ending 9 June 2019), 631 suspected cases with three associated deaths were reported. 67 districts were in the epidemic phase, three less affected districts compared to week 22 of 2019. Since the beginning of the year, a total of 20 355 suspected cases and 201 deaths (CFR 1%) have been reported with Am Timan, N'Djamena East, N'Djamena South, Bongor, Bousso and N'Djamena Centre districts all exceeding 1 000 suspected cases. Among the 1 598 cases investigated and tested, 97 were IgM positive, 81% were not vaccinated, and 47% were aged between 1 and 4 years old.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Comoros	Cyclone Kenneth	Ungraded	23-Apr-19	24-Apr-19	10-May-19	-	-	-	-	The Union of Comoros faced tropical cyclone Kenneth, which landed on 24 April 2019, at 21:00 (GMT+3) in northern Ngazidja Island. The cyclone resulted in fallen trees and destruction of houses resulting in deaths and making many homeless, including children. Some small fishing boats were pushed against the landing stages, causing their destruction. As of 10 May 2019, 19 372 persons were internally displaced, 182 injured and 7 had died.
Comoros	Measles	Ungraded	31-May-19	01-Jan-19	26-May-19	60	10	0	-	From week 1 to week 20 of 2019, a cumulative total of five measles cases (IgM positive) were reported from three districts of Grande Comore island, namely, Moroni (2), Oichili (1), and Mitsoudje (2). An outbreak was confirmed in week 21 of 2019 (week ending 26 May 2019) when five measles IgM-positive cases were reported in a week from two districts of the Grande Comore island. Four samples (throat) were sent to UVRI in Uganda for further virus typing. Active case search and investigations are ongoing in the affected areas.
Congo	Chikungunya	G1	22-Jan-19	07-Jan-19	19-May-19	9 015	61	0	0.00%	Since January 2019, an outbreak of chikungunya has affected eight of the twelve departments of the Republic of Congo, namely; Kouilou, Bouenza, Pointe Noire, Plateaux, Pool, Brazzaville, Niari, and Lekoumou. In week 19 and 20 of 2019, three districts have been newly affected, namely, Makelekele in Brazzaville, Mossendjo in Niari and Ngo in Plateaux department, raising the number of affected districts to 30 out of the 52 districts of the Republic of Congo. From 7 January to 19 May 2019, a total of 9 015 suspected cases, of which 61 were confirmed have been reported. No death has been reported to date. Entomological investigation showed the presence of the vector, <i>Aedes albopictus</i> .
Côte d'Ivoire	Dengue fever	Ungraded	15-Feb-19	01-Jan-19	09-Jun-19	1 196	170	2	0.20%	As of week 23 (week ending on 9 June 2019), 1196 suspected cases of dengue fever have been reported, of which 170 were confirmed. Dengue serotype 1 accounted for 55% (93 cases) of total confirmed cases, followed by serotype 3 (26 cases). Over 600 samples are still waiting to be tested. 30 districts and 15 health regions reported at least 1 case with Cocody Bingerville District in Abidjan reporting more than half of confirmed cases and 37 cases in Abobo East.



Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	26-May-19	-	-	-	-	The Democratic Republic of the Congo continues to experience a complex humanitarian crisis involving armed conflicts and inter-community tension exacerbating the numbers of those in need of humanitarian assistance. Populations movements due to armed clashes have been reported in North-Kivu, Ituri, and South-Kivu. In Tanganyika, clashes between interethnic militia have led to closing of health centres in eight health areas in Kalemie and Nyunzu.
Democratic Republic of the Congo	Chikungunya	Ungraded	08-Feb-19	30-Sep-18	17-Apr-19	823	254	0	0.00%	From 1 January to 17 April 2019, a total of 823 suspected cases, of which 254 were confirmed by RT-PCR have been reported. Among them, 108 were male and 146 were female. Majority of cases were reported from Kinshasa and the Central Congo province which is bordering the Republic of the Congo. In Kinshasa, ten health zones have reported confirmed cases, while in Central Congo province, confirmed cases have reported from six health zones.
Democratic Republic of the Congo	Cholera	G3	16-Jan-15	01-Jan-19	26-May-19	11 373	-	252	2.20%	During week 21 (week ending 26 May 2019), a total of 445 suspected cases of cholera including 7 deaths (CFR 1.6%) have been notified from 47 health zones in 12 provinces. Since the beginning of 2019, a total of 11 373 cases including 252 deaths (CFR 2.2%) have been notified from 20 out of 26 provinces. The endemic provinces in the East (Haut-Katanga, Haut-Lomami, Nord-Kivu, Sud-Kivu and Tanganyika) have reported 91% of the cumulative cases and 88% of the cumulative deaths
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	22-Jun-19	2 239	2 145	1 506	67.00%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	01-Jan-19	09-Jun-19	106 870	782	1 815	1.80%	In week 23 (week ending 9 June 2019), 3 439 measles cases including 52 deaths have been reported. In total, 97 health zones across the country have reported confirmed measles outbreaks. Of 3 258 cases investigated, 782 were confirmed measles IgM positive, 2 646 were epidemiologically linked and 28 clinically compatible. Since the beginning of 2019, 106 870 measles cases including 1 815 deaths (CFR 1.7%) have been recorded. Sixty-three percent of the cases have been notified from Tshopo, Lualaba, Kasai and Haut-Lomami provinces.
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	01-Jan-19	05-May-19	1 739	-	37	2.10%	Since the beginning of 2019, a cumulative total of 1 739 monkeypox cases, including 37 deaths (CFR 2.1%) were reported. The most affected provinces are Sankuru (56%), Tshuapa (10%) and Ecuador (10%). Forty-eight percent of cases have been reported from three health zones of Sankuru province, namely, Bena Dibebe (35%), Kole (9%) and Tschumbe (5%).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Democratic Republic of the Congo	Polio-myelitis (cVDPV2)	G2	15-Feb-18	n/a	31-May-19	21	21	0	0.00%	No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week in the Democratic Republic of the Congo (DRC). So far, one cVDPV case has been reported in DRC in 2019. The total number of cVDPV2 cases reported in 2018 is 20. A reactive vaccination campaign has been conducted in Kamonia health zone, in Kasai province from 9 to 11 May 2019.
Ethiopia	Humanitarian crisis	G2	15-Nov-15	n/a	09-Jun-19	-	-	-	-	Detailed update given above.
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	06-Jun-19	424	13	15	3.50%	From 25 April to 6 June 2019, 424 cholera cases including at least 15 deaths (CFR 3.5%) have been reported from five regions in Ethiopia, including Addis Ababa administrative city. This includes one additional region, Somali, which reported cases for the first time on 6 June. The most affected region is Amhara (198 cases, 47%), followed by Oromia (168 cases, 40%), Addis Ababa (15 cases, 3%), Somali (33 cases, 8%) and Tigray (10 cases, 2%). Of these cases, 13 were confirmed by culture (5 in Oromia, 4 in Addis Ababa, 2 in Amhara and 2 in Tigray) and typing results from one cultured specimen showed <i>V. cholerae</i> 01 Ogawa. The main identified risk factors is said to be the contaminated water sources.
Ethiopia	Measles	Ungraded	14-Jan-17	01-Jan-19	05-May-19	5 622	59	-	-	Measles outbreak is ongoing in Oromia, Amhara and Solami regions. Vaccination campaign is being planned to target 6.7 million children aged 6 months to 14 years. Targeted populations are internally displaced populations and host communities.
Guinea	Anthrax	Ungraded	17-May-19	02-May-19	15-May-19	5	1	1	20.00%	Five cases including one death were reported out of 52 people who were exposed to a dead animal with a history compatible with the case definition of anthrax. The cases are found in a single family in Koumba prefecture, in the Labe region. The first symptoms appeared between 5 and 12 days after the date of handling or consumption of the meat. The predominant signs and symptoms are fever (100%), blackish crusts (60%) and oedema (40%). The age group 9 years and below (60%) was the most affected with a male predominance (80%). Of the total cases reported, one case was confirmed by PCR at the National Institute of Public Health in Conakry.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Guinea	Measles	Ungraded	09-May-18	01-Jan-19	12-May-19	1 359	593	14	1.00%	During week 18 (week ending on 12 May 2019), 152 suspected cases of measles were reported. From week 1 to 19 (1 January - 12 May 2019), a total of 1 359 suspected cases have been reported. Of these, 974 cases were sampled, of which 593 tested positive for measles. Twelve areas are in the epidemic phase : urban areas of Coyah, Dixinn, Dubréka, Labé, Matoto, Ratoma as well as the sub-prefectures of Manéah (health district of Coyah), Maferinya (Forécariah), Kégnéko (Mamou) Kamsar and Sangaredi (Boké), Lelouma (CU and Sagalé), Telimele (CU). A total of 14 deaths has been recorded since the beginning of 2019.
Kenya	Anthrax	Ungraded	29-Apr-19	14-Apr-19	19-May-19	38	-	2	5.30%	A total of 38 suspected cases of cutaneous anthrax with 2 deaths (CFR 5.3%) have been reported from Muthara ward, Tigania East Sub-county, Meru County. Consumption of meat suspected to have been infected with Anthrax is believed to be the source of infection. No new case has been reported since 7 May 2019.
Kenya	Cholera	Ungraded	21-Jan-19	02-Jan-19	16-Jun-19	2 916	129	20	0.70%	Since January 2019, nine of the 47 Counties of Kenya reported cholera cases, namely: Kajiado, Nairobi, Garissa, Machakos, Mandera, Embu, Narok, Wajir, and Mombasa Counties. The outbreak remains active in five Counties: Nairobi, Garissa, Kajiado, Wajir and Mombasa. From January to 16 June 2019, a total of 2 916 cases including 20 deaths (CFR 0.7%) have been reported, of which 129 cases have been laboratory-confirmed.
Kenya	Leishmaniasis	Ungraded	31-Mar-19	01-Jan-19	16-Jun-19	1 564	294	22	1.40%	Since the beginning of January 2019, a total of 1 564 cases of leishmaniasis have been reported from Marsabit and Wajir counties. The last peak was observed in week 20 (week ending 19 May 2019). Marsabit county has reported 1303 suspected cases with 15 deaths (CFR 1.2%), of which 298 tested positive by the rapid diagnostic test (RDT). Wajir county has reported 261 suspected cases with 7 deaths (CFR 2.7%), of which 27 tested positive by RDT.
Kenya	Measles	Ungraded	06-May-19	20-Mar-19	16-Jun-19	149	10	1	0.70%	A new outbreak has been reported in Garissa and Kajiado counties. As of 16 June 2019, ten cases have been reported from Garissa County in Dadaab Sub-County. Six of these eight cases have been laboratory confirmed. In Kajiado County, Kajiado West Sub-County has been affected with 139 cases reported of which four were laboratory-confirmed. One death has been reported in both counties.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Lesotho	Suspected Anthrax	Ungraded	16-May-19	11-May-19	30-May-19	20	0	0	0.00%	On 14 May 2019, following rumor of dead cattle, an investigation was conducted on 15 May 2019 and found 20 suspected human cases of anthrax from Ha Tseka in the out-skirts of Maseru City. Laboratory investigations on one of the additional animals that died in Ha Teko village was positive for <i>Bacillus anthracis</i> . As of 30 May, out of the 72 people who were exposed to the dead animals, 20 had signs and symptoms similar to those of anthrax. A joint response operation between the ministries is on-going under the coordination of the District Disaster Management Team (DDMT). Ongoing public health measures include increasing public awareness on anthrax and prevention, limiting movement of animals affected villages, disposal of dead animals, detection and management of human cases. Mass vaccination of animals in the 10 km radius is to start on the week starting 3 June 2019 after FAO procured anthrax vaccines.
Liberia	Lassa fever	Ungraded	23-Jan-19	01-Jan-19	16-Jun-19	29	22	8	27.60%	Of 68 suspected cases reported year-to-date, 22 have tested positive by RT-PCR, 39 discarded due to negative test results, and seven are pending test results. A total of eight deaths (case fatality ratio 36.4%) have been reported among confirmed cases.
Liberia	Measles	Ungraded	24-Sep-17	01-Jan-19	09-Jun-19	1 010	81	5	0.50%	In week 23 (week ending on 9 June 2019), 28 suspected cases were reported from 9 out of 15 counties across the country. Since the beginning of 2019, 1 010 cases have been reported across the country, of which 81 are laboratory-confirmed, 79 are epi-linked, and 586 were clinically confirmed. Gbehlay-Geh District, Nimba County is currently in outbreak phase.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	11-Jun-19	-	-	-	-	The crisis which began since 2012 has led to the displacement of nearly half a million people. As of 30 April 2019, 106 164 internally displaced persons were recorded. The Mopti Region is the most affected with the districts of Bandiagara, Bankass and Koro having the bulk of internally displaced persons. Food insecurity has worsened as a result of the crisis.
Mali	Measles	Ungraded	20-Feb-18	01-Jan-19	26-May-19	909	261	0	0.00%	During the week 21 (week ending on 26 May 2019), 8 suspected cases of measles have been reported from Sikasso (4), Segou (2), Koulikoro (1), Bamako (1) and Kidal (2). 26 blood samples were sent to INRSP for analysis which brings the total number of pending samples to be analyzed to 407 due to the issue with the reagent. A national vaccination campaign targeting children between 6-59 months has been ongoing.



Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Mauritius	Dengue Fever	Ungraded	26-Feb-19	26-Feb-19	17-May-19	130	130	0	0.00%	The dengue fever outbreak is ongoing in Mauritius. From 26 February 2019 to 17 May 2019, a total of 130 cases including 7 imported cases have been reported. The district of Port Louis recorded the highest number of locally transmitted cases of dengue (115) followed by Plaines Wilhems (5), Pamplemousses (2) and Savanne (1). A peak was observed in week 17 (22-28 April 2019) when 30 indigenous cases were confirmed, followed by a decreasing trend in case incidence in week 18 and week 19. Two circulating serotypes have been identified. The serotype 1 has been found in most confirmed cases and the serotype 2 has been found in three imported cases from Reunion and two locally transmitted cases.
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	26-May-19	1 471	1 471	4	0.30%	During week 21 (week ending on 26 May 2019), zero new confirmed cases were reported across the country. From 21 March 2018 to 5 May 2019, a total of 1 471 laboratory-confirmed cases were reported. Among 17 throat swabs analyzed, the genotype D8 was detected in 13 samples. Zero cases have been reported in the last 3 consecutive weeks. The most affected districts are Port Louis and Black River.
Mozambique	Cholera	Ungraded	27-Mar-19	27-Mar-19	05-May-19	6 739	-	8	0.10%	The cholera outbreak is showing a downward trend following the effective cholera vaccination campaign that reached 98.6% of the population in the last two weeks. Since the declaration of the cholera outbreak on 27 March 2019 until 5 May 2019, 6 739 cases and eight deaths have been reported (CFR 0.1%). All cases were reported from the four districts (Beira, Buzi, Dondo and Nhamatanda) of Sofala Province.
Mozambique	Cyclone Kenneth	Ungraded	25-Apr-19	25-Apr-19	30-Apr-19			38		Between 25 and 29 April 2019, at least 38 deaths and 347 cases of illness, including malaria (35), diarrhea (24), and acute respiratory diseases (95) have been reported from cyclone Kenneth-affected areas in northern Mozambique. According to the National Disaster Management Institute (INGC), 32 034 houses have been partially destroyed, among which 2 930 were completely destroyed, affecting 21 717 students and at least 14 health facilities. About 20 720 internally displaced people are currently accommodated across 30 sites.
Mozambique	Flood/cyclone Idai	G3	15-Mar-19	15-Mar-19	23-May-19	-	-	-	-	The number of internally displaced people continues to decrease. The number of internally displaced people living in accommodation centres decreased from 72 793 to 4 514 people accommodated in 6 sites in Sofala province as of 23 May 2019. At least 177 000 people are estimated to be in more than 50 communities that are hard-to-reach or inaccessible by road.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Mozambique	Polio-myelitis (cVDPV2)	G2	07-Dec-18	07-Dec-18	19-Jun-19	1	1	0	0.00%	No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week. One circulating vaccine-derived poliovirus type 2 (cVDPV2) isolate was detected, from an acute flaccid paralysis (AFP) case (with onset of paralysis on 21 October 2018, in a six-year old girl with no history of vaccination, from Molumbo district, Zambezia province), and two isolated from a community contact of the case reported on 10 and 17 December 2018. (source: GPEI)
Namibia	Drought	Ungraded	06-May-19	06-May-19	13-May-19	-	-	-	-	On 6 May 2019, the President of the Republic of Namibia officially declared the prevailing drought situation a state of emergency in the fourteen regions of Namibia. Grazing conditions are deteriorating in most parts of the country, especially in the central, southern, north central and north western regions where livestock deaths have been reported as a result of malnutrition. Based on a country five-year average vulnerability assessment and analysis, approximately 556 000 people, close to one in five Namibians, will be affected by the current drought condition. The country is also facing concurrent health emergencies such as a hepatitis E outbreak that has affected eight of the fourteen regions of Namibia since October 2017 and a Crimean-Congo haemorrhagic fever reported in four regions since May 2019. Drought mitigation measures are being undertaken by the Government of Namibia and a budget of N\$ 442 700 000 for comprehensive drought relief interventions has been approved by the Cabinet of the Republic of Namibia to assist affected communities for the period 1 April 2019-31 March 2020.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Namibia	Hepatitis E	G1	18-Dec-17	08-Sep-17	02-Jun-19	5 309	987	45	0.80%	In week 21 and week 22 (week ending 2 June 2019), 56 cases were reported from Khomas (37), Erongo (9), Omaheke (8), and Hardap regions (2). This is a 41% decrease compared to the previous two weeks (week 19 and 20) when 96 cases were reported. As of 2 June 2019, a cumulative total of 5 309 cases of acute jaundice syndrome (AJS) have been reported nationally since September 2017, including 987 laboratory-confirmed, 3 653 epidemiologically-linked, and 669 suspected. A cumulative total number of 45 deaths have been reported nationally (CFR 0.8%), of which 20 (43%) occurred in pregnant or post-partum women. More than 90% of cases have been reported from eight out of 14 regions of Namibia, namely, Khomas, Omusati, Erongo, Oshana, Oshikoto, Kavango, Ohangwena, and Omaheke regions. Cases reported across the country are mainly from informal settlements with limited access to clean water and sanitation services.
Niger	Humanitarian crisis	Protracted 1	01-Feb-15	01-Feb-15	04-Apr-19	-	-	-	-	The security situation in Diffa continues to worsen following Boko Haram attacks in the region. A total of 15 000 people from the villages of Gueskerou and Chetimari were newly displaced in Diffa region due to the increasing number of attacks against civilians by Boko Haram. In March 2019, 20 attacks were registered leading to the death of at least 90 civilians. Humanitarian needs in the affected area include shelter, food, health and protection.
Niger	Circulating vaccine-derived polio virus type 2 (cVDPV2)	G2	08-Jul-18	08-Jul-18	19-Jun-19	11	11	1	9.10%	No circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in this week. Since the beginning of 2019 there has been one case reported from Bosso health district, Diffa region on 3 June 2019. A total of ten cVDPV2 cases were reported in 2018 in Niger, which were genetically linked to a cVDPV2 case in Jigawa and Katsina states, Nigeria. (source: GPEI). Investigations are ongoing around the new confirmed case in Bosso district.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Niger	Measles	Ungraded	10-May-19	01-Jan-19	09-Jun-19	8 835		44	0.50%	During the week 23 (week ending on 9 June 2019), 233 suspected measles cases with 0 deaths have been reported from the country. This brings the cumulative total of 2019 to 8 835 suspected cases including 44 deaths (CFR 0.5%). Maradi (3274 cases including 6 deaths) and Tahoua (1 724 including 22 deaths) region reported the most number of cases, followed by Zinder (1252 including 7 deaths), Niamey (1182 with 1 death), Tilaberi (478 including 3 deaths), Agadez (379 including 2 death), Diffa (260 with no death) and Dosso (286 cases including 3 deaths). In 2019, significantly more cases have been reported than the previous two years. However, after the peak in week 14 (week ending on 7 April 2019), reported case numbers have been decreasing, which is similar to the same trend observed in past two years, corresponding to the early phase of the end of high transmission season.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	31-May-19	-	-	-	-	The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security-compromised areas characterized by overcrowded population in many camps in the region. The number of measles cases being reported also remains high. There has been a recent increase in the number of displaced persons following recent attacks on villages by insurgents with over 7 000 persons being relocated to Damboa LGA in May.
Nigeria	Lassa fever	Ungraded	24-Mar-15	01-Jan-19	16-Jun-19	606	591	147	24.30%	In reporting week 24 (week ending on 16 June 2019), four new confirmed cases were reported from Edo (2) and Ondo (2) with one new death from Ondo state. Eighty-three Local Government Areas (LGAs) across 22 states have reported at least one confirmed case since the beginning of 2019. No new health worker infection was reported in week 24. A total of 473 contacts are currently being follow-up. Three patients are in admission at treatment sites across the country. The emergency phase of the outbreak was been declared over.
Nigeria	Measles	Ungraded	25-Sep-17	01-Jan-19	18-May-19	28 796	1 423	89	0.30%	In epi week 19 (week ending on 12 May 2019), a total of 2 029 suspected cases of measles were reported from 36 states including 2 deaths (CFR, 0.1%). Borno (989), Yobe (372), and Katsina (301) account for 79.7% of all the cases reported in week 19 of 2019. Between epi week 1 and 19 (1 Jan - 8 May 2019), a total of 28 796 suspected cases have been recorded from 660 LGAs in 36 states and FCT with 89 deaths (CFR 0.31%). Of the 5 976 samples tested, 1 423 were IgM positive for measles.



Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Nigeria	Monkey-pox	Ungraded	26-Sep-17	24-Sep-17	10-May-19	328	132	7	2.10%	On 9 May 2019, the Ministry of Health (MoH) in Singapore notified one laboratory-confirmed case of monkeypox linked to Nigeria. The patient is a 38-year-old Nigerian male who arrived in Singapore on 28 April 2019 who had worked in the Delta state in Nigeria, and had attended a wedding on 21 April 2019 in a village in Asikpo South, Ebonyi State, Nigeria, where he may have consumed bush meat. The Nigerian national focal point has been notified, and details of the contact were provided for follow up actions, as necessary. Potential common source exposure and possible epidemiological links within Nigeria are currently being investigated. The outbreak is ongoing in the country with five new cases reported in week 14 (week ending on 7 April 2019). In total, 23 suspected cases have been reported in 2019 from 13 LGAs across 9 states. Ten cases were laboratory-confirmed from 5 LGAs in 4 states.
Nigeria	Polio-myelitis (cVDPV2)	G2	01-Jun-18	01-Jan-18	19-Jun-19	42	42	0	0.00%	Five circulating vaccine-derived poliovirus type 2 (cVDPV2) viruses were reported in the past week from environmental samples, collected in May from Kwara and Lagos states. The total number of cVDPV2 cases reported in 2019 remains eight. There were 34 cases reported in 2018. The country is now affected by three separate cVDPV2 outbreaks, the first centered in Jigawa State with subsequent spread to other states as well as to neighbouring Republic of Niger, the second in Sokoto State and the third one in Bauchi State.
Nigeria	Yellow fever	Ungraded	14-Sep-17	01-Jan-19	31-May-19	1 255	15	1	0.10%	In May 2019, 332 suspected cases with one new presumptive positive and one inconclusive case were recorded. Three cases from Ondo, Anambra and Kebbi states were confirmed from IP Dakar. Reported cases have been plateaued since week 16 (week ending on 21 April) in 2019. Since January 2019, 1 255 suspected cases have been reported from 424 (54.7%) LGAs with one associated death reported from Adamawa (CFR 0.08%).
Sierra Leone	Lassa fever	Ungraded	06-Mar-19	15-Feb-19	16-Jun-19	7	7	5	71.40%	From week 1 to 24 (week ending 26 May 2019), a total of seven cases with five deaths (CFR 71.4%) have been confirmed for Lassa virus infection out of 100 persons suspected of the disease. The latest two confirmed cases were reported in week 21 (week ending 26 May 2019). All confirmed cases have been reported from Kema district known to be endemic for the disease.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
South Africa	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	13-May-19	01-Jan-19	15-May-19	3		0	0.00%	Three cases of Crimean-Congo haemorrhagic fever (CCHF) have been confirmed in the country this year. First case was a veterinarian from the Free State province. Second is a 58 year-old man from Kimberly, Northern Cape province. He was bitten by ticks and developed onset a day after. CCHF was confirmed on March 2019 by National Institute for Communicable Diseases (NICD). The most recent case is a 54 year-old man in North West. He was admitted to the Klerksorp hospital with history of visiting the farm on 26 April 2019, and symptoms of headache, redness on skin and fever. A blood sample was collected on 1 May 2019, and he was transferred to ICU on 3 May 2019. NICD later confirmed CCHF.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	12-May-19	-	-	-	-	Detailed update given above.
South Sudan	Hepatitis E	Ungraded	-	03-Jan-18	09-Jun-19	45	13	2	4.40%	The current outbreak in Benitu PoC continues. In week 22 (week ending 2 June 2019), one new suspected cases of hepatitis E was reported from Benitu PoC. To date, in 2019, total 45 cases including 13 PCR-confirmed cases and two deaths have been reported. Use of unsafe drinking water is a likely source of infection.
South Sudan	Measles	Ungraded	24-Nov-18	24-Nov-18	09-Jun-19	1 187	72	7	0.60%	A new outbreak has been declared in Renk County, Upper Nile Hub, following laboratory confirmation of 3 out of 5 measles samples. Since January 2019, Measles outbreaks were confirmed in 13 counties namely Juba, Pibor, Gogrial West, Aweil South, Melut, Tonj North, Gogrial East, Gogrial West, Aweil West and Aweil East, Renk, Longochuk, and Jur River, and four Protection of Civilian (PoC) sites (Juba, Bentiu, Malakal and Wau).
South Sudan	Rubella	Ungraded	27-Oct-18	27-Oct-18	14-May-19	225	52	0	0.00%	Between 8-14 May 2019, no new cases of rubella from current outbreak areas have been reported. Since 25 October 2018 until 21 April 2019, there are a total of 225 suspected rubella including 41 confirmed rubella cases have been reported from Malakal (178 cases including 41 lab confirmed cases), Aweil (35 cases), Bor South (4 cases), Gogrial west (5 cases) and Yirol east (3 cases).
Tanzania, United Republic of	Cholera	Ungraded	07-Feb-19	26-Jan-19	16-Jun-19	381	13	6	1.60%	During week 24, 16 new cholera cases and zero deaths were reported from Dar es Salaam Region. In the past four weeks, Dar es Salaam Region has reported 123 (89%) of 14 cases and Tanga Region 14 cases. Fifteen out of 195 districts in the country have reported at least one confirmed case this year.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Tanzania, United Republic of	Dengue fever	Ungraded	31-Jan-19	01-Aug-18	16-Jun-19	4 227	4 227	4	0.10%	As of week 24 (week ending on 16 June 2019), 387 new dengue cases were reported from Dar es Salaam (328 cases), Tanga (40), Morogoro (16 cases) and Dodoma Region (3 cases and one death). The total confirmed cases reported since the beginning of the outbreak was 4227 cases including four deaths.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	08-May-19	-	-	-	-	Thousands of refugees have continued to arrive in Uganda this year despite some positive political developments in the neighbouring Democratic Republic of Congo (DRC) and South Sudan. As of 30 April, 2019, 1 230 113 refugees and 26,616 assylum seekers remain in the country. Refugees from DRC (4 561), South Sudan (4 307) and Burundi (271) account for the majority of displaced persons in Uganda.
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	17-Apr-19	24-May-18	14-May-19	18	14	4	22.20%	A new confirmed case of Crimean-Congo haemorrhagic fever (CCHF) has been reported from Uganda. The case-patient is a 10-year-old male resident of in Kikube district. He was admitted to Rweyawawa health centre with a history of fever, diarrhoea, vomiting, fatigue and sore throat. Two days later, he started passing blood in his stool and bleeding from his mouth and nose. Laboratory testing of blood samples tested positive for CCHF on PCR
Uganda	Ebola virus disease	G2	11-Jun-19	09-Jun-19	22-Jun-19	3	3	3	100.00%	No new confirmed case of Ebola virus disease has been reported since the death of the third confirmed case on 13 June 2019. Two cases initially suspected for the disease tested negative by RT PCR. A total of 108 contacts have been listed and are under follow-up. Ring vaccination commenced on 14 June 2019. A total of 771 people have been vaccinated to date. These include 74 contacts, 497 contacts-of-contacts and 176 frontline health workers.
Uganda	Measles	Ungraded	08-Aug-17	01-Jan-19	07-May-19	1 041	525	6	0.60%	Between 24 April 2019 and 7 May 2019, 144 new additional suspected cases of measles have been reported, among which 81 were confirmed either by laboratory test results or via epidemiological link. Two additional deaths were reported among confirmed cases, which brings the total deceased to six for this year. In total, 1 041 cases including 525 confirmed (329 lab-confirmed and 196 epi-link confirmed) have been reported in 2019 as of 7 May. Among confirmed cases, all except for one case were from rural areas of Uganda, and 56% (293) were unvaccinated. Children under age 5 accounted for 64% (334) of all confirmed cases.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Uganda	Rift valley fever	Ungraded	03-Jun-19	30-May-19	03-Jun-19	1	1	1	100.00%	A suspected human case of Rift Valley fever (RVF) was reported from Kasese district in western Uganda on 31 May 2019. The case-patient is a 45-year-old farmer who presented to Bwera hospital on 31 May 2019 with headache, fever (38.7°C), joint and abdominal pains, fatigue, vomiting blood and passing bloody stools that started on 30 May 2019. The patient died just after admission to the hospital. Samples collected on 31 May 2019 were tested for Ebola, Marburg, CCHF and RVF by PCR at UVRI. The results came back positive for RVF on 2 June 2019. Surveillance has been enhanced in the affected area for detection of human and animal cases .
Uganda	Yellow fever	Ungraded	08-May-19	01-Mar-19	26-May-19	6	2	0	0.00%	On 8 May 2019, WHO received results of two confirmed yellow fever cases who tested positive by IgM and PRNT from Masaka and Koboko. Both cases presented with symptoms of fever, malaise and joint pain since the beginning of March 2019. One case had bleeding symptoms with no jaundice. An investigation in the affected district found four additional suspected cases from Masaka district, results are still pending.
Zambia	Cholera	Ungraded	14-May-19	03-Apr-19	17-May-19	253	31	6	2.40%	On 14 May 2019, Zambia notified to WHO an outbreak of cholera in Mpulungu district, Northern province. The index case was a three-year-old girl from Kapembwa Health Post (HP) who tested positive for cholera by the Rapid Diagnostic Test (RDT) on 3 April 2019. As of 22 May 2019, 253 suspected cholera cases with six deaths (CFR 2.4%), of which 31 cases have been confirmed were reported from four catchment areas; namely Kapembwa HP, Mpulungu HC, Kabyolwe HP and Isoko RHC.
Zimbabwe	Cholera	G2	06-Sep-18	06-Sep-18	26-May-19	10 421	312	69	0.70%	No suspected cases of cholera and deaths were reported during week 21 (week ending on 26 May 2019). The last case reported from the country was from Shamva district on 12 March 2019. A second round of oral cholera vaccine was concluded in March. The cumulative figures for cholera are 10 421 cases and 69 deaths.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Zimbabwe	Floods/land slides	G2	15-Mar-19	15-Mar-19	12-Jun-19	-	-	-	-	The tropical cyclone Idai hit 3 provinces neighboring Mozambique namely Manicaland, Masvingo and Mashonaland East, on 15 March 2019. The Government has reported that around 270 000 people are affected by the floods and cyclone, and 299 deaths, with 186 injuries have occurred. Sixty-one percent (181) of deaths and 98% (183) of people injured were reported from Chimanimani and Chipinge districts in Manicaland province. The second round of OCV campaign ended on 1 June 2019, where a total of 398 684 people were (86.9%) vaccinated in Chimanimani and Chipinge district.
Zimbabwe	Typhoid fever	Ungraded	-	01-Oct-17	28-Apr-19	10 320	427	24	0.20%	During week 17 (week ending on 28 April 2019), 54 new suspected typhoid cases and no deaths have been reported. The reported cases were from North Western (21), West South West (14), Harare Central Hospital (1), South Western (8), Parirenyatwa Group of Hospitals (7) and Mpilo Central Hospital (2) respectively. The cumulative figures for typhoid fever in 2019 are 5 161 suspected cases, among which 165 were confirmed and nine died (CFR 0.17%).

†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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