WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 38: 15 - 21 September 2018

Data as reported by 17:00; 21 September 2018

WHO Health Emergencies Programme

2	52	43	11
New events	Ongoing events	Outbreaks	Humanitarian crises

Legend: Measles, Monkeypox, Lassa fever, Cholera, Dengue fever, Hepatitis E, Plague, Rabies, cVDPV, Floods, Cases, Deaths, Humanitarian crisis, Necrotising cellulitis/fasciitis, Acute watery diarrhoea, Yellow fever, Rift Valley fever, Typhoid fever, Ebola virus disease, Guinea Worm, Severe Acute Malnutrition, Crimean-Congo haemorrhagic fever, Countries reported in the document, Non WHO African Region, WHO Member States with no ongoing events

Graded events †

2 Grade 3 events	6 Grade 2 events	5 Grade 1 events	32 Ungraded events
2 Protracted 3 events	2 Protracted 2 events	4 Protracted 1 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 54 events in the region. This week's edition covers key ongoing events, including:

  - Ebola virus disease outbreak in the Democratic Republic of the Congo
  - Cholera outbreak in Niger
  - Cholera outbreak in Zimbabwe
  - Measles outbreak in Chad
  - Cholera outbreak in Nigeria.

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

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

- **Major issues and challenges include:**

  - The Ebola virus disease outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues to evolve, although the Ministry of Health, WHO and partners have made major progress in response to the outbreak and recent trends suggest that control measures are working, although they must still be interpreted with caution. The 18 September 2018 was the third consecutive day with no new deaths reported. However, all concerned, need to continue their response efforts to ensure that the outbreak is rapidly brought to a close.

  - The recently declared cholera outbreak in Zimbabwe is of significant concern, with several thousand suspected cases reported from five provinces across the country, the majority of which are from Harare and Chitungwiza cities. The government has declared a state of disaster and is actively addressing the underlying drivers of the outbreak, which are decaying water and sanitation infrastructure. The government have led the response from the front and the national and international public health community are being mobilised to support the strengthening of control activities.

Ebola virus disease | Democratic Republic of the Congo

147 Cases | 99 Deaths | 67.3% CFR

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues to evolve. The Ministry of Health, WHO and partners have made progress in response to the outbreak and recent trends suggest that control measures are working. However, these trends must still be interpreted with caution. Since our last report on 14 September 2018 *(Weekly Bulletin 37)*, ten new EVD cases and seven new deaths have been reported.

As of 21 September 2018, a total of 147 confirmed and probable EVD cases, including 99 deaths (case fatality ratio 67.3%), have been reported. Of the 147 cases, 116 are confirmed and 31 are probable. Of the 99 deaths, 68 occurred in confirmed cases. A total of 19 health workers have been affected, of which 18 are confirmed cases and three have died. Since the onset of the outbreak, 38 patients have recovered from the disease and been discharged and re-integrated into their communities.

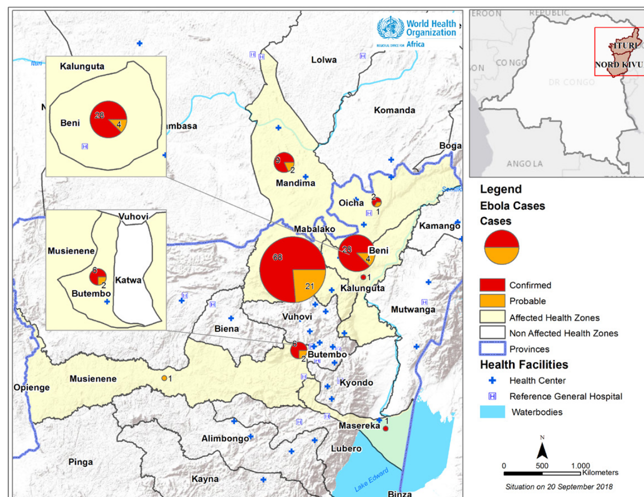
Of the 135 confirmed and probable cases with known age and sex, the age group 35-44 years continues to be the most affected. Women make up 57% of confirmed cases and 59% of suspected cases. The male to female ratio is 0.8 (60/79).

The outbreak remains active in Beni, Mabalako and Mandima health zones, and additional risks remain following the movement of several cases from these areas to Butembo and Masereka. However, the Mabalako Health Zone, the epicentre of the outbreak, continues to record the majority of cumulative cases reported to date, accounting for 60.7% (89/147) of cases, followed by Beni with 21.8% (32/147) of cases. Most of the new cases reported since late August have been in Beni, or associated with the Beni transmission chain. Of the total confirmed or probable deaths reported to date, 65.7% (65/99) are from Mabalako and 24.2% (24/99) are from Beni. Six other health zones have reported confirmed and/or probable cases.

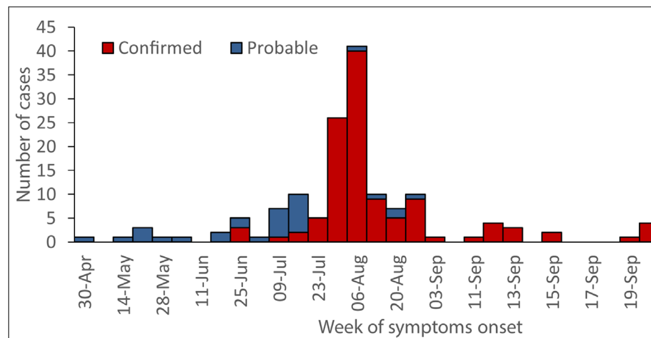
Five of the eight health zones reporting confirmed or probable cases have ongoing contacts: Mabalako, Beni, Mandima, Butembo and Masereka. As of 21 September 2018, a total of 1641 were under follow up. The proportion of contacts being followed has remained stable between 93% and 96% in the last nine days. The Butembo/Katwa and Beni health zones recorded the highest proportion of unmonitored contacts, likely as a result of community resistance in these health zones, disrupting the monitoring process.

Alerts have been reported and investigated in several provinces of the Democratic Republic of the Congo as well as its neighbouring countries, namely Burundi, Central African Republic, Rwanda, and Uganda, and to date, EVD has been ruled out in all these alerts.

Geographical distribution of confirmed and probable Ebola virus disease cases, Democratic Republic of the Congo, 21 September 2018



Confirmed and probable Ebola virus disease cases by week of illness onset, data as of 20 September 2018 (n=147)



PUBLIC HEALTH ACTIONS

- All public health measures continue to be implemented in key areas of the response; coordination of response activities, surveillance, laboratory services, medical care, infection prevention and control, vaccination, communication, logistics and psychosocial care.
- Systematic monitoring and rapid investigation of all alerts continues in all provinces of the Democratic Republic of the Congo, and in neighbouring countries.
- On 18 September 2018, the Makeke Ebola treatment centre was opened by the Minister of Health, with a capacity of 60 beds, bringing the total number of functional treatment centres to five. The overall occupancy rate for all treatment centres to date is 11%, with 57% of these in Beni.
- On 19 September 2018, the Minister of Health and the WHO Representative of the Democratic Republic of the Congo travelled to Butembo with a joint delegation from the Ministry of Health, WHO and UNICEF to assess the response in the city of North Kivu, visiting the new Butembo Ebola treatment centre, built by Médicins sans Frontière, and speaking to religious and business leaders about the importance of prevention measures.
- Community resistance is being tackled by working sessions between the Communication, Psychosocial Care and Surveillance Commissions in Kinshasa, with the collaboration of field teams in order to trace the history, nature and source of this resistance. Community engagement activities have been strengthened particularly in Beni and Butembo.
- As of 21 September 2018, 43 points of entry in Democratic Republic of the Congo (Beni, Goma and Tshopo) were functional for health screening. Since the beginning of the screening, over 5 million travellers have been screened, and 35 alerts have been reported, of which seven have been validated. Activities to strengthen capacity at points of entry in neighbouring countries as part of preparedness are on-going, in collaboration with partners.
- As of 21 September 2018, a total of 11 044 people have been vaccinated since the beginning of the vaccination exercise on 8 August 2018. The current vaccine stock available in Beni is 1 310 doses.

SITUATION INTERPRETATION

In the six weeks since the EVD outbreak in the Democratic Republic of the Congo was declared, progress is continuously being made to contain the disease. The situation in Mangina, the initial epi-centre of the outbreak, has stabilized, and focus has now shifted to Butembo and the new health areas that have reported confirmed EVD cases. Currently, the major issues of concern include potential undocumented chains of transmission, reluctance by some communities to adopt Ebola prevention behaviours, spread of the disease through healthcare facilities with poor infection prevention and control measures, delays in patients reaching Ebola treatment centres once they develop symptoms, and the potential spread of the virus into insecure areas with limited access.

The national authorities, WHO and partners are working with communities to ensure that they understand and adopt Ebola prevention behaviours, including the need for safe and dignified burials. Healthcare workers have also been involved in improving infection prevention and control practices in health facilities. While all other components of the response, as well as preparedness and readiness in the non-affected provinces of the Democratic Republic of the Congo and in the neighbouring countries, are being undertaken.

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Go to map of the outbreaks

Cholera	Niger	3403 Cases	67 Deaths	2% CFR

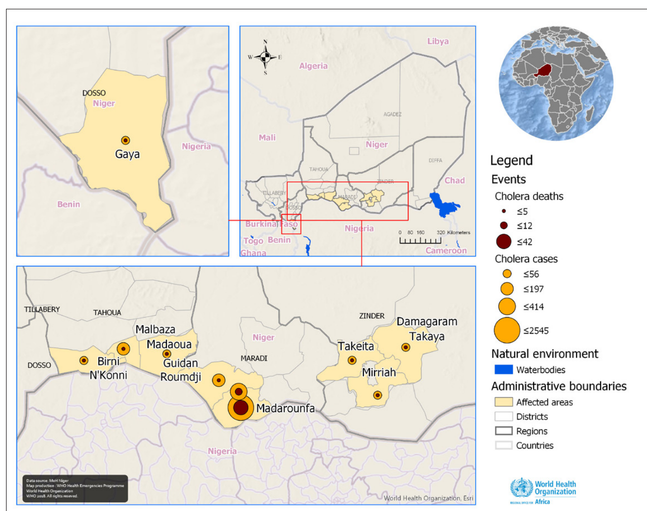
EVENT DESCRIPTION

The cholera outbreak continues to increase rapidly in Niger with high numbers of new cases and deaths being reported. Since the last report on 7 September 2018 *(Weekly Bulletin 36)*, 765 new suspected cholera cases and 16 deaths have been reported from seven districts. In week 38, (week ending on 21 September 2018), a total of 322 new suspected cholera cases and 5 deaths were reported. As of 20 September 2018, 75 patients were admitted to cholera treatment centres (CTCs) in Madarounfa (20), Malbaza (13), Maradi (18), Guidan Roumdji (13), Keita (6), Madaoua (3) and Birni Konni (2).

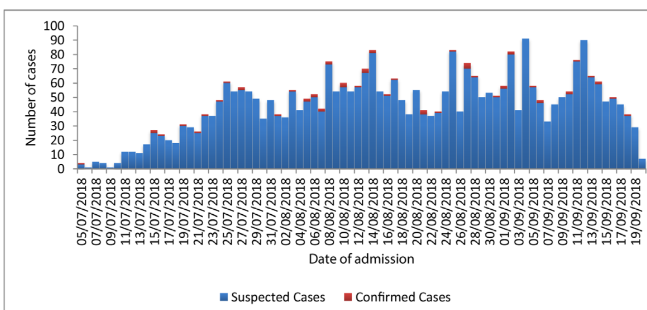
Since the beginning of the outbreak on 5 July 2018, a total of 3 403 suspected cholera cases, including 67 deaths (case fatality ratio 2%), have been reported. The main age group affected is individuals more than 15 years old, accounting for 55.4% of all reported cases, while children under five years old constitute 17.1% of the total case count. Fifty-six percent of the reported cases are females.

Five new health districts, namely Keita, Madawa, Dakoro, Mirriah, and Aguié,have reported new cases recently. Madanroufa district remains the most affected district, accounting for 75% (2545) of the reported cases, followed by Maradi (12%), Guidan Roumdji (5.7%), Malbaza (2.8%), Gaya (1.6%), Damagaram Takaya(<1%) and Birni N'Konni (<1%). Some of these areas are classified as at high risk for the spread of cholera given the presence of local risk factors such as poor hygiene and sanitary conditions, coupled with major population movement and trade between these districts and neighbouring areas in Nigeria.

Geographical distribution of cholera cases and deaths in Niger, 5 July - 26 August 2018



Distribution of Cholera cases and death, Niger, from 5 July - 20 September 2018



PUBLIC HEALTH ACTIONS

- The Ministry of Health is putting in place a National Incident Management system structure
- and regional professionals from unaffected areas were recruited to support the response.
- The National Cholera Response plan is being developed, with discussion among partners on the content.
- The WHO Country Office is providing technical support for coordinating the response at local and national level.
- Surveillance activities are being scaled up with support from WHO and other partners. Daily reporting and line listing of cases have been established. WHO has deployed recently epidemiologists and data manager to support the team in place.
- Cholera treatment centres have been put in place by the Ministry of Health with the support of MSF. In total, six treatment sites have been set up in the affected districts with support from MSF and Bien-être de la Femme et de l'Enfant au Niger (BEFEN) and ALIMA.
- Planning to conduct a cholera vaccination campaign is ongoing.
- WHO donated two interagency diarrhoeal disease kits and two interagency emergency health kits for the management of diarrhoeal diseases in the affected communities and is mobilizing both national and international health experts to form a cholera surge team.
- Social mobilization and risk communication activities are being scaled-up with support from UNICEF and Niger Red Cross, focusing on hygiene messages.

SITUATION INTERPRETATION

It is two months since the declaration of the cholera outbreak in Niger, but reporting a high number of cases are still being reported, with two new districts recently affected. However, so far the outbreak is localised to areas considered to be at high risk for the spread of cholera given the presence of local risk factors such as poor hygiene and sanitary conditions coupled with major population movement and trade between the affected districts and neighbouring areas in Nigeria which are also experiencing a cholera outbreak. The ongoing rainy season and the increase in cholera cases in Katsina State in Nigeria provide the potential for further spread of the disease both within Niger and across the border with Nigeria. The ongoing outbreak control measures on the ground have not been able to halt the propagation of the disease and need urgently to be strengthened. National and international partners need to intervene urgently.

Cholera | Zimbabwe | 5891 Cases | 38 Deaths | 0.65% CFR

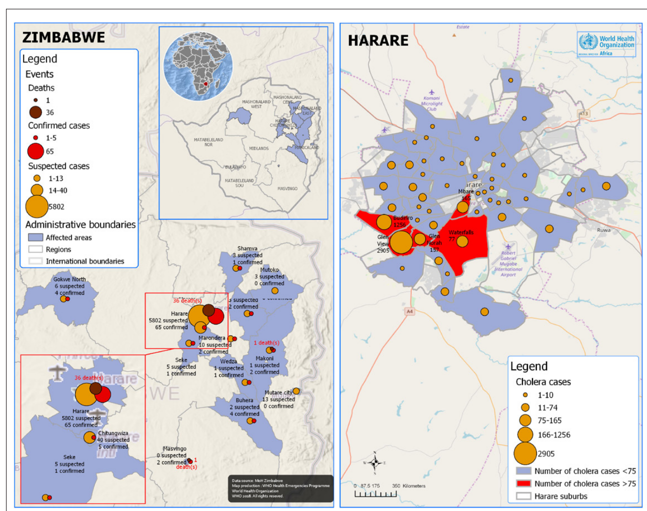
EVENT DESCRIPTION

The outbreak of cholera that was officially declared in the City of Harare on 6 September 2018 by the Ministry of Health and Child Care of Zimbabwe remains persistent. The outbreak was first reported on 5 September 2018, when a cluster of 25 case-patients from Glenview and Budiriro suburbs were admitted at an Infectious Disease Hospital in Harare, having presented with signs and symptoms of diarrhoea with rice-water stools, vomiting and dehydration. The first death was recorded on the same day (5 September 2018) involving a 25-year-old woman who died shortly after admission. The sample collected from this patient tested positive by rapid diagnostic test (RDT) on the same day. By the early morning of 6 September 2018, 52 suspected cases had been admitted, all presenting with the same signs and symptoms. Out of 39 stool samples collected from the suspected cases, 17 tested positive by culture for *Vibrio cholerae* O1 serotype Ogawa on 6 September 2018 thus confirming the outbreak.

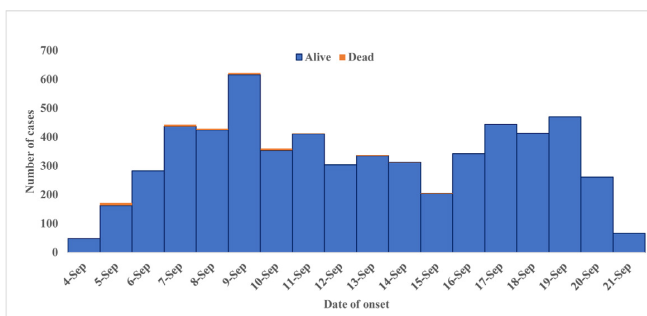
As of 21 September 2018, a total of 5891 suspected cases with 38 deaths (case fatality ratio 0.65%) have been reported from six provinces across the country with Harare (5802) and Chitungwiza (40) cities in Harare Province reporting 99% of the cases. Other provinces reporting cases outside of Harare include Manicaland Province (16), Mashonaland East province (17), Midlands Province (6), Mashonaland Central Province (8) and Masvingo Province (2). The majority (90%) of the cases reported in Harare City are from the densely populated urban suburbs of Glen View (2 905 cases), Budiriro (1 256 cases), Mbare (165 cases), - Glen Nora (155 cases), and Waterfall (76). So far, 83 cases have tested positive both by RDT and culture. Seventeen cases have been confirmed by culture for *V. cholerae* O1 serotype Ogawa at the National Laboratory.

There are equal proportion of males and females affected. Sixty-nine percent (69%) of cases are in the age group 5-44 years, with 21% under five years old. Ninety-five percent (95%) of the deaths have been reported from Harare, with 47% occurring among the age group ≥45 years. A total of 25 deaths (66% of all deaths) have occurred within health facilities.

Geographical distribution of cholera cases and deaths in Zimbabwe, 1 - 21 September 2018



Cases of cholera by date of onset, Zimbabwe, 1- 20 September 2018 (n=5891)



PUBLIC HEALTH ACTIONS

- WHO is supporting the Ministry of Health to scale up response to the outbreak through coordination and mobilization of both national and international health experts to form a cholera surge team. National and sub-national coordination structures have been established.
- Enhanced surveillance including active case finding is being implemented for early detection and treatment of cases.
- WHO experts are providing technical support to laboratories and improving diagnostics and strengthening infection prevention and control in communities and health clinics.
- Three sites have been designated for the treatment of cholera cases with support from Médecin sans Frontièrs (MSF).
- WHO is providing cholera kits, which contain oral rehydration solution, intravenous fluids and antibiotics for the treatment of cholera patients at Cholera Treatment Centres supported by partners.
- A total of 500 000 doses of oral cholera vaccines (OCV) have been approved by the International Coordinating Group (ICG) for a vaccination campaign in affected areas. WHO has deployed an expert in OCV campaigns to Harare.
- Risk communication activities in affected and at-risk districts are conducted by the government and health partners. Door-to-door visits are being conducted and posters and pamphlets are being distributed in affected areas.
- WASH activities are being implemented with support from partners such as Oxfam and GHH.

SITUATION INTERPRETATION

The outbreak is occurring in a densely populated urban environment that has limited access to clean water and sanitation services, which remain a major risk factor for the propagation of the disease. Decaying water and sanitation infrastructure, characterized by water pipe and sewer breakages, and erratic municipal water supplies are contributing to the spread of the outbreak. The concurrent outbreak of typhoid fever is also placing stress on the human, logistical, and financial capacities needed to respond. Response efforts are beginning to take shape; however, authorities will need rapidly scale up implementation of conventional cholera control activities before the start of the rainy season in November, when an increase in surface and runoff waters, localised flooding and stagnant water is anticipated.

Measles	Chad	2 734 Cases	78 Deaths	2.9% CFR

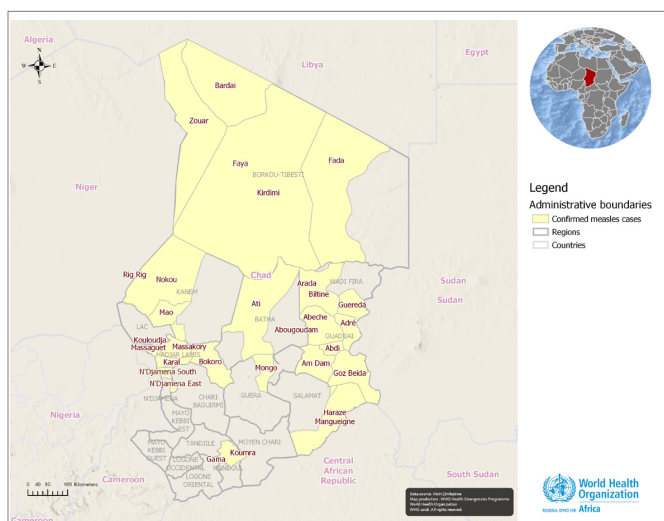
EVENT DESCRIPTION

The measles outbreak in Chad which started at the beginning of 2018 continues to evolve. Since our last situation report on 5 August 2018 *(Weekly Bulletin 33)*, 845 new suspected cases and six deaths were reported. Of these, 136 were tested and 90 new confirmed and two clinically compatible cases have been reported. In week 36 (week ending 9 September 2018), 155 suspected cases were reported including 1 death. The peak of the outbreak was in week 33 (week ending 19 August 2018) when 237 suspected cases were reported.

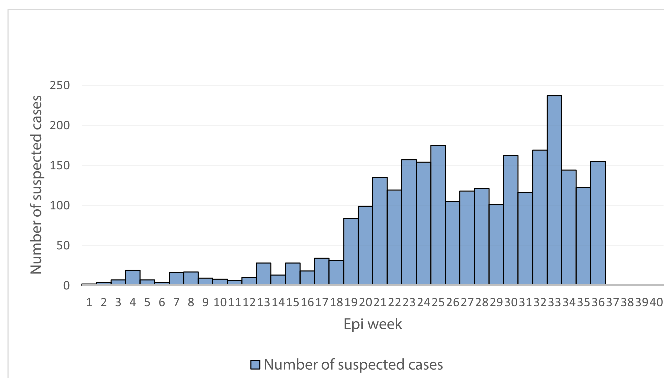
Between week 1 and week 36 (week ending 9 September 2018), a total of 2 734 suspected cases of measles were reported including 78 deaths (case fatality ratio 2.9%). Of these, 602 were sampled and tested, 231 were laboratory confirmed, 419 had epidemiological links to confirmed cases and 30 were clinically compatible. Of the 2 734 suspected cases of measles, 1 021 cases were investigated. The average age is 9.9 years and the median age was 6 years. About 39% of the affected people are four years of age and below, 23% are between five and nine years and 37% are 10 years and above. Only 15% (150) of the investigated cases had previously been vaccinated against measles.

In the reporting week, two new district reported a confirmed case, Mao and Karal. As of reporting date, a total of 27 districts have had a confirmed measles outbreak. These districts include: Abeche, Abdi, Abougoudam, Adré, Am dam, Ati, Arada, Bardai, Bokoro, Fada, Gama, Goz Beida, Guereda, Haraze Mangueigne, Mongo, Rig Rig, Tissi, Kouloudja, Kirdimi, Karal, Mao, Matadjana, Massakory, Massaguet, N'Djamena East, N'Djamena South, and Zouar.

Geographical distribution of measles case in Chad, 9 September 2018



Weekly follow-up of suspected cases from week 1- week 36, 2018



PUBLIC HEALTH ACTIONS

- The National Epidemic Management Committee is meeting weekly to plan and coordinate response to the ongoing measles outbreak, with involvement of partners.
- The Ministry of Health, WHO, UNICEF and partners have developed a national measles outbreak response plan and efforts are ongoing to mobilize resources for implementation of the plan.
- Part of the routine measles vaccine stock is being used for the response in epidemic districts. UNICEF has provided 900 000 additional doses of measles vaccine.
- Epidemiological investigation is being conducted at district level, including collecting specimens and documentation of cases.

SITUATION INTERPRETATION

The outbreak is evolving as the geographic distribution and the number of cases continues to increase. Unvaccinated young children are at highest risk of measles and its complications, including death. During this outbreak, more than 60% of the cases were children below the age of 10 years, with fewer than 20% having received at least one dose of measles vaccine. Thus the case fatality ratio has been high.

In order to quickly contain the outbreak, the ongoing response needs to be scaled up accordingly and in a timely manner. The proportion of cases sampled and tested remains low due to multiple challenges such as poor documentation of cases, low sample collection, late delivery of samples to the laboratory and lack of laboratory reagents. It is necessary to strengthen the epidemiological surveillance in all health districts and provide technical support from central level to epidemic districts. Routine measles vaccination for children, combined with mass immunization campaigns are key public health strategies to reduce the incidence of measles cases and deaths.

Moreover, the regular monitoring of response activities with a focus on formative supervision of health personal, mobilization of resources for the implementation of the response plan in all affected areas is of paramount importance.

Cholera	Nigeria	4139 Cases	116 Deaths	2.8% CFR

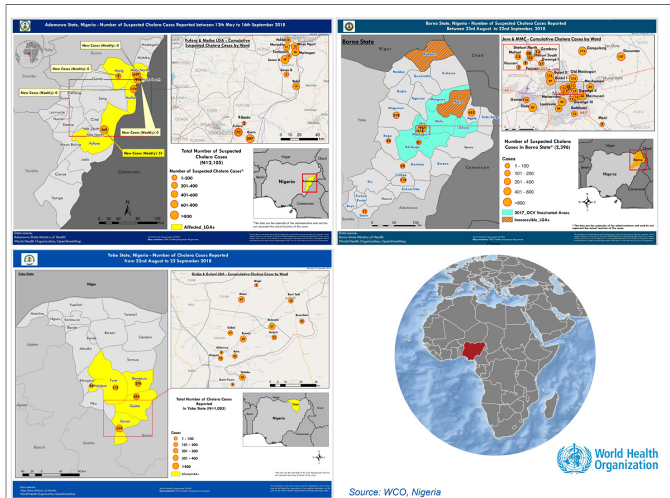
EVENT DESCRIPTION

Adamawa, Yobe and Borno states, north-east Nigeria, continue to have active cholera transmission, with 55 new cases and two deaths reported from Fufore local government area (LGA), Adamawa in week 37 (week ending 16 September 2018) and 60 new suspected cases and one new death reported from Borno State in week 36 (week ending 15 September 2018). Yobe State reported 26 new suspected cases on 17 September 2018, from five LGAs, with no deaths.

As of 16 September 2018, the total number of cases reported in Adamawa State is 2105, with 34 deaths (case fatality ratio 1.6%). These are spread between Fufore (369 cases; 7 deaths), Hong (9 cases; zero deaths), Maiha (170 cases; 1 death), Mubi North (639 cases; 14 deaths) and Mubi South (918 cases; 12 deaths). Out of 48 samples, 35 were positive for *Vibrio cholerae* on culture.

In Borno State, the total number of suspected cases as of 13 September 2018 was 1102, with 21 deaths (case fatality ratio 1.9%), spread between Jere (414), MMC (243), Magumeri (243), Kaga (29), Konduga (63), Chibok (96), Shani (11) and Damboa (8) LGAs. Of the 39 samples tested by rapid diagnostic test, 64 were positive, and eight out of 35 samples were culture positive.

Geographical distribution of cholera cases and deaths in Nigeria, 13 - 18 September 2018



Source: WCO, Nigeria

The total number of suspected cases reported in Yobe State stands at 932 with 61 associated deaths (case fatality ratio 6.5%), as of 17 September 2018. Up to 286 cases have been reported in Gulani, 265 cases in Gujba and 225 cases in Damaturu. In Fune LGA, 102 cases were reported and 54 cases were reported in Potiskum. Out of 45 samples collected and tested using cholera RDTs, 37 (82%) were positive and eight (18%) were negative. Again, nine (47%) out of 19 samples cultured were positive for *Vibrio cholerae.* The nine cultured samples were sent to the National Reference Laboratory for quality checks and further analysis, and in four out of the nine samples, *Vibrio cholerae* O1 (Inaba) serotype was isolated.

Since the start of 2018, these three states in Nigeria have reported a total of 4139 cases (confirmed and suspected) and 116 deaths (case fatality ratio 2.8%) as of 18 September 2018.

PUBLIC HEALTH ACTIONS

- In Adamawa State, daily coordination meetings are held in Fufore and the Emergency Operations Coordinator briefed the Honorary Commissioner of Health to update the situation, higlighting major challenges requiring government attention. Similar meetings are held in Borno and Yobe states, with the state rapid response team in Yobe State leading regular multi-sectoral meetings with WASH and health sectors and OCHA.
- In Borno State rapid response teams were deployed to Bama and Ngala to conduct investigations and collect samples for laboratory investigation.
- WHO supported active case search in Adamawa State, visiting 4158 households in Fufore LGA, where 39 suspected cases were seen, with 28 referred to the cholera treatment centre (CTC). Active case search is ongoing in Borno and Yobe states, along with investigation of all new alerts. Rapid diagnostic test kits and sample collection materials were provided to treatment sites in Borno State.
- In Adamawa State 55 patients were seen at the CTC, of whom 20 were admitted. The CTC in the Cottage Hospital Fufore is supported by WHO hard-to-reach teams.
- Water, sanitation and hygiene (WASH) activities in Adamawa State include the supply of two drums of HTH 70% chlorine, 700 information, education and communication materials, 20 sachets of 2 kg powder detergent, and 10 plastic buckets to Fufore LGO by the Red Cross.
- Priority locations in Borno and Yobe states were identified and communicated to WASH and risk communication teams for intervention.
- UNICEF and the Red Cross are supporting hygiene promotion in Mubi North, Mubi South and Maiha LGAs.
- The Red Cross also supplied WASH discharge kits to the Fufore CTC for distribution to patients, including 10 and 20 litre water containers, 20 litre plastic buckets, soap, plastic cups and water guard.
- Water quality analysis of 32 water points in Adamawa State by the Red Cross showed that 100% were contaminated by fecal coliforms.
- WHO supported volunteers who visited 500 households and distributed water purifiers and identified and referred 21 suspected cholera cases to the Fufore CTC. Similar activities took place in Borno State, where WHO-supported volunteers reached 4796 households in Jere LGA and identified 31 suspected cases, with 28 referrals to Médicines sans Frontièrs, Dala.
- Risk communication and sensitization is taking place in all three states at religious meetings and house-to-house promotions.

SITUATION INTERPRETATION

Active cholera transmission continues in Adamawa, Borno and Yobe states in north-east Nigeria. The declining trend seen in past weeks appears to have reversed, with an upsurge in cases in all three states. The high case fatality ratio in Yobe State is of particular concern, suggesting that case search, identification and management is suboptimal. It is clear that water quality in Adamawa State is poor and the continued transmission in other states suggests that similar risk factors are driving the outbreak. Challenges include lack of water point chlorination in communities, no hand washing stations at treatment centres, no household disinfection and inadequate personnel at treatment centres, where infection prevention and control protocols are not being followed.

North-east Nigeria is still in the midst of a complex humanitarian crisis, making outbreaks particularly difficult to control. However, local and national authorities, with the help of partners, need urgently to implement the measures required to break the chains of transmission in these three states and bring the outbreak under control.

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Go to map of the outbreaks

Summary of major issues challenges, and proposed actions

Issues and challenges

- The Ebola virus disease outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues to evolve, although the Ministry of Health, WHO and partners have made major progress in response to the outbreak and recent trends suggest that control measures are working, although they must still be interpreted with caution. The 18 September 2018 was the third consecutive day with no new deaths reported. However, all concerned need to continue their response efforts to ensure that the outbreak is rapidly brought to a close.
- The recently declared cholera outbreak in Zimbabwe is of significant concern, with several thousand suspected cases reported from five provinces across the country, the majority of which are from Harare and Chitungwiza cities. The government has declared a state of disaster and is actively addressing the underlying drivers of the outbreak, which are decaying water and sanitation infrastructure. The government have led the response from the front and the national and international public health community are being mobilised to support the strengthening of control activities. However, the concurrent typhoid outbreak is placing additional stress on response capacity and major intervention, both nationally and internationally, is needed to bring this outbreak to a swift close.

Proposed actions

- National authorities and humanitarian partners in Democratic Republic of the Congo need to continue all response and containment efforts in order to ensure that current declining trend in the current Ebola virus disease outbreak continues. This includes active intervention in those areas that are experiencing community resistance to prevention and control measures to prevent the establishment of new chains of transmission.
- WHO and partners should continue to support the government of Zimbabwe to address the cholera outbreak by implementing the National Cholera Response plan. The OVC campaign should be implemented immediately, along with active surveillance, including contact tracing and case management activities in all affected areas.

All events currently being monitored by WHO AFRO

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
New events										
Kenya	Cholera	Ungraded	8-Sep-18	8-Sep-18	18-Sep-18	1	1	0	0.0%	A new case of cholera was reported from Kakuma refugee camp in Turkana West sub-county, Turkana County, Northwest of Kenya, on 8 September 2018. Culture sensitivity test done on the case specimen was reactive for *Vibrio Cholerae* 01 Ogawa. The patient was discharged on 13 September 2018. This case was notified five days after the Ministry of Health declared the end of the cholera outbreak (on 3 September 2018) which started in October 2015. During this epidemic, Turkana County was one of the affected counties. The last case in Turkana was reported on 9 July 2018. The last affected county was Garissa located in the eastern part of the country.
Madagascar	Plague	Ungraded	19-Aug-18	19-Aug-18	20-Sep-18	15	3	5	33.3%	On 19 August 2018, one suspected case of bubonic plague was reported in Ankazobe, Analamanga region. subsequently, suspected pneumonic and bubonic cases have been reported in endemic and non-endemic areas of Madagascar. From 19 August to 20 September 2018, 15 cases including 5 deaths have been reported from 7 out of the 114 districts of the country in 5 regions. of the 15 cases, three were confirmed by PCR at Institut Pasteur de Madagascar, two suspected pneumonic cases tested positive on RDT and 10 cases are suspected cases. Among the five cases who died, three presented the pneumonic form of the disease and two presented the bubonic form. The confirmed pneumonic case and the two probable pneumonic cases are considered primary cases. Disinfestation, disinfection, safe burials, contact tracing and chemoprophylaxis for contacts are being ongoing.
Ongoing events										
Algeria	Cholera	Ungraded	25-Aug-18	7-Aug-18	6-Sep-18	217	83	2	0.9%	The outbreak was initially announced by the Ministry of Health of Algeria on 23 August 2018 following confirmation of 41 cases for Vibrio cholerae out of 88 suspected cases reported from four provinces (wilayas). By 6 September 2018, a total of 217 suspected cases with two deaths (CFR 0.9%) have been reported from six wilayas. Laboratory examinations conducted at Institute Pasteur of Algeria have confirmed 83 of the cases for *Vibrio cholerae* O1 serotype ogawa.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Angola	Cholera	G1	2-Jan-18	21-Dec-17	29-Jul-18	954	12	19	2.0%	On 21 December 2018, two suspected cholera cases were reported from Uíge district, Uíge province. Both of these cases had a history of travel to Kimpangu (DRC). From 21 December 2017 to 18 May 2018, a total of 895 cases were reported from two districts in Uíge province. The neighbouring province of Luanda started reporting cases on 22 May 2018. From 22 May to 29 July 2018, 95 cases with seven deaths (CFR 7.4%) have been reported from fourteen districts in Luanda Province. Twelve cases have been confirmed for Vibrio cholerae. Fifty-seven percent of cases are males and 69% are aged five-year and above. The most affected district is Talatona having reported a total of 26 cases with five deaths (CFR 19%).
Cameroon	Humanitarian crisis	G2	31-Dec-13	27-Jun-17	27-Aug-18	-	-	-	-	The humanitarian situation in Cameroon remains precarious with several regions of the country affected. In the Far North, the situation is marked by attacks linked to Boko Haram thus generating an influx of refugees from Nigeria including mass displacement of the local population. In the north-west and south-western regions, the crisis is marked by fighting between separatist militia and government forces leading to displacement of about 160 000 people in these regions. The regions of the North, Adamawa and East are also affected by the huge influx of refugees from neighboring Central African Republic thus placing pressure on the limited resources available to the local population. The humanitarian needs include food, shelter, access to basic health services including water, sanitation and hygiene.
Cameroon	Cholera	G1	24-May-18	18-May-18	17-Sep-18	310	33	27	8.7%	Between 18 May and 17 September 2018, a total of 310 suspected cholera cases with 27 deaths (CFR 8.7%) have been reported from the North, Central and littoral regions of Cameroon. Thirty-three cases have been confirmed for Vibrio cholerae by culture in the North (28), Central (4) and littoral (1) regions. No new case has been reported from the central region since 27 August 2018. The age of cases ranges from 1 to 85 years with a female to male ratio of 1.5.
Cameroon	Monkeypox	Ungraded	16-May-18	30-Apr-18	17-Aug-18	36	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. As of 17 August 2018, a total of 36 suspected cases have been reported from both North-west and South-west regions. No new case has been reported since 28 May 2018.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Central African Republic	Human-itarian crisis	Protract-ed 2	11-Dec-13	11-Dec-13	5-Sep-18	-	-	-	-	Despite the commitment of armed groups to the African initiative for peace in the country, the security and humanitarian situation remain precarious. This climate of insecurity continues to cause population displacement and disrupt the implementation of health sector activities in several localities. The situation is particularly volatile along Kaga Bandoro, Bocaranga-Paoua axis, and Alindao. About 2 500 new displaced people arrived at the Pk3 site in Bria following the clashes between armed groups on the Bria-Irabanda and Bria-Ippy routes since August 31. Testimonies mention several wounded and dead.Humanitarian workers have been targeted with eight deaths reported in 2018 including the latest fatality occurring on 1 August 2018. There are an estimated 90 000 vulnerable people in the localities of Paoua, Markounda, Bambari, and Zémio.
Central African Republic	Monkey-pox	Ungraded	20-Mar-18	2-Mar-18	22-Aug-18	40	13	1	2.5%	The outbreak was officially declared on 17 March 2018 in the sub-province of Ippy, Bambari district. Since the beginning of the outbreak, three districts have been affected, namely Bambari, Bangassou and Mbaiki districts. Cumulatively, 40 cases of monkeypox with one death (case fatality ratio 2.5%) have been reported from 2 March to 22 August 2018 in the country, and 13 cases have been laboratory confirmed out of 23 samples tested. No new cases notified in the three districts after the end of the epidemic.
Chad	Measles	Ungraded	24-May-18	1-Jan-18	9-Sep-18	2 734	650	78	2.9%	Detailed update given above.
Congo (Republic of)	Yellow fever	Ungraded	10-Jul-18	9-Jul-18	16-Sep-18	1	1	0	0.0%	On 5 July 2018, a 20-year-old male from Bissongo market visited Bissongo health centre in Loandjili district, Pointe-Noire city, Congo, with fever for one day. On 9 July 2018, due to beginning of jaundice and persistent fever, he returned to the same health facility. The case did not have a history of yellow fever (YF) vaccination and travelled to Ngoyo and Tchiamba Nzassi districts, the latter one which is a rural district in Pointe-Noire located along the border with Angola during two weeks prior to symptoms onset. Following admittion with suspected YF as a differential diagnosis, a blood sample was collected on 10 July 2018 and sent to INRB in Kinshasa for testing. On 26 July 2018, the sample tested positive for YF by serology. On 30 July 2018, the lab sent a sample to IP Dakar for confirmation. On 21 August 2018, the sample tested positive by seroneutralization with high titres. In week 37, six new suspected cases were reported from Loandjili (2) and Tié-tié (4) districts. Blood samples were taken from all the new suspected cases and sent to the IP Dakar for testing.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	2-Sep-18	-	-	-	-	The humanitarian crisis in the country remains volatile. Inter-communal conflicts and violence perpetrated by militias including the kidnapping of humanitarian staffs continue to contribute to mass population displacement and difficulty in access to humanitarian assistance in several localities in the east of the country.
Democratic Republic of the Congo	Cholera	G3	16-Jan-15	1-Jan-18	2-Sep-18	18 780	0	623	3.3%	In week 35, 888 cases with 26 deaths (CFR 2.9%) were reported from 13 out of 26 provinces. Five out of the total provinces that reported cases (East Kivu, South Kivu, Sankuru, Tanganyika and Kasai) reported more than 89% of the total cases and 92% of all cholera deaths. Since the beginning of 2018 to the week 35, a total of 18 710 cases were reported including 623 deaths (CFR 3.3%). The number of cases has been increasing since week 21, a similar trend was observed in 2017. Compared with 2017, an upward trend was also observes in the case fatality ratios.
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	18-Sep-18	142	111	97	68.3%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	1-Jan-18	2-Sep-18	23 979	505	273	1.1%	From 2018 week 1 to week 35 (week ending 2 September 2018), 23 979 cases with 273 deaths (CFR 1.1%) have been reported. During week 35, a total of 962 new cases were reported with nineteen deaths (CFR 1.98%). Epidemic zones are mainly focused in the eastern part of the country.
Democratic Republic of Congo	Monkeypox	Ungraded	n/a	1-Jan-18	2-Sep-18	2 829	-	57	2.0%	From week 1 to week 35 (week ending 2 September 2018), 2018, there have been 2 829 suspected cases of monkeypox including 57 deaths (CFR 2%). In week 35, a total of 87 suspected cases including six deaths have been reported. Suspected cases have been detected in 14 provinces. Sankuru Province has had an exceptionally high number of suspected cases this year.
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	G2	15-Feb-18	n/a	21-Sep-18	37	37	0	0.0%	The latest case of cVDPV2 was reported from Bumba Health Zone, Mongala Province. As of 21 September 2018, a total of 37 cases with onset in 2017 (22 cases) and 2018 (15 cases) have been confirmed. Six provinces have been affected, namely Tanganyika (15 cases), Haut-Lomami (9 cases), Mongala (8 cases), Maniema (2 cases), Haut Katanga (2 cases), and Ituri (1 case). The outbreak has been ongoing since February 2017. A public health emergency was officially declared by the Ministry of Health on 13 February 2018 when samples from 21 cases of acute flaccid paralysis were confirmed retrospectively for vaccine-derived poliovirus type 2..
Democratic Republic of Congo	Rabies	Ungraded	19-Feb-18	1-Jan-18	2-Sep-18	22	0	22	100.0%	This outbreak began towards the end of October 2017 in Kibua health district, North Kivu province. In epi week 35 (week ending 2 September 2018), one new suspected case was reported. A total of 159 suspected cases with 22 deaths (CFR 13.8%) have been reported from week 1 to 35, 2018.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Democratic Republic of Congo	Yellow fever	Ungraded	16-Aug-18	1-Jul-18	17-Aug-18	5	4	0	0.0%	Samples from four out of five suspected cases have been confirmed for Yellow fever by Plaque Reduction Neutralization Test (PRNT) at Institute Pasteur Dakar (IPD). One of the cases is a 29-year-old male from Ango District in Bas Uele Province and the other is a 42-year-old male from Yalifafu district in Tshuapa Province. The other 2 cases are from Tshuapa and Lualaba Province. Vaccination status of the cases are unknown and detailed investigation is ongoing.
Ethiopia	Humanitarian crisis	G2	15-Nov-15	n/a	26-Aug-18	-	-	-	-	As of July 2018, an estimated 860,056 displaced people have been reported from Gedeo zone (SSNP region) with an additional 188,747 IDPs estimated to be spread across six woredas in West Guji zone (Oromia region). Peace negotiations are still on going and succeeded in some of the Woredas like Hambela Wamena where all IDPs returned to their original villages.
Ethiopia	Acute watery diarrhoea (AWD)	Protracted 1	15-Nov-15	1-Jan-18	26-Aug-18	2 337	-	18	0.8%	This has been an ongoing outbreak since the beginning of 2017. In most parts of the country, the situation has stabilized except for two regions which continue to report cases. In weeks 33 and 34, a total of 850 AWD cases were reported from two regions, Dire Dawa (8), and Tigray (842). No new AWD cases have been reported from Afar and Somali regions since week 32 and week 25 respectively. From week 1 to 34 (week ending 26 August 2018) in 2018, a cumulative 2 337 AWD cases have been reported from Afar 1 004 (43%), Dire Dawa 103 (4%), Somali 116 (5%) and Tigray 1 114 (48%).
Ethiopia	Measles	Protracted 1	14-Jan-17	1-Jan-18	26-Aug-18	3 062	857	-	-	This has been an ongoing outbreak since the beginning of 2017. In 2018, a total of 3 062 suspected measles cases have been reported across the country. From the total suspected cases reported, 857 were confirmed cases (137 laboratory confirmed, 688 epi-linked and 52 clinically compatible). In week 34 (week ending 26 August 2018), no new suspected or confirmed cases were reported.
Ethiopia	Dengue fever	Ungraded	18-Jun-18	19-Jan-18	29-Jul-18	127	52	-	-	An outbreak of Dengue fever which started on 8 June 2018 involving 52 cases in the flood-affected Gode Zone of Somali Region has been confirmed by laboratory testing. In week 30, two cases were reported from Liban Zone in Somali Region.
Guinea	Measles	Ungraded	9-May-18	1-Jan-18	12-Aug-18	1 643	418	11	0.7%	A measles outbreak was detected in epidemiological week 8, 2018. Cases has been reported in all parts of the country since the beginning of the year. The most affected zones include Kankan, Conakry and Faraneh. In week 32, 5 new suspected cases were reported and no samples sent to the laboratory. During the last 4 epidemiological weeks (week 29 to 30), 71 suspected cases were reported, 25 samples received at the laboratory, including 7 confirmed cases from 5 sub-prefectures. Since the begging of the year, a total of 1 643 suspected cases were reported

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	18-Sep-18	381	20	1	0.3%	Since the beginning of the year a total of 381 cases with 20 confirmed and 1 death (CFR 0.3%) have been reported in five Counties; Mandera, Garissa, Wajir, Nairobi and Kitui. The outbreak has been controlled in Wajir and Kitui Counties. Mandera, Garissa and Nairobi Counties are still reporting new cases. Mandera County is now reporting the 2nd wave this year. A total of 170 cases with 9 confirmed has been reported in Mandera West and North sub-counties. Garissa county has reported 40 cases including 9 confirmed cases from Garissa and Dadaab sub-counties. Nairobi County has reported 22 cases including 4 confirmed cases from Kamukunji sub-county.
Kenya	Rift Valley fever (RVF)	G1	6-Jun-18	11-May-18	13-Aug-18	95	21	11	11.6%	Following the initial confirmation of RVF by PCR on 7 June 2018, a total of 95 cases including 11 deaths (CFR 11%) have been reported from three counties in Kenya. Twenty-one samples submitted to the KEMRI tested positive by PCR for RVF. Wajir has reported 82 cases with six deaths, Marsabit reported 11 cases with three deaths and Siaya country reported 1 case with one death. The Eldas sub-county in Wajir has reported the highest number of cases (79) since the 11 May 2018. The last case was reported on 20 July 2018.
Liberia	Flood	Ungraded	14-Jul-18	14-Jul-18	11-Sep-18	-	-	-	-	Liberia continues to experience heavy rainfall and flooding. From 11 July to 11 September 2018, eleven districts across 5 counties (Margibi, Montserrado, Grand Bassa, Sinoe and Bomi) have been affected, leading to 59 757 people affected (43% women and 22% children) with one death in a 4-year-old child. The number of people displaced has increased from 1 780 to 3 625 since the beginning of the floods hich started on 11 july 2018. At least 593 persons have sustained injuries as a result of the continuous floods. The floods have led to destruction of infrastructures and the water supply system forcing the people to look for alternative and unsafe water sources, thus increasing the risk for waterborne diseases. The affected people are receiving humanitarian aid for food and nonfood items and are being treated for various illnesses by mobile medical teams.
Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-18	2-Sep-18	49	20	13	26.5%	One suspected case was reported from Grand Kru County during week 35 (ending 2 September 2018) pending laboratory test. Cumulatively, since epi-week one,160 suspected cases have been reported including 37 deaths. Of these, samples from 131 suspected cases have been tested by the laboratory with the following results: confirmed (20) and negative/not a case (111). Samples for 18 suspected cases are pending laboratory test. Case fatality ratio among confirmed cases is 65% (13/20).

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-18	9-Sep-18	3 669	3 402	16	0.4%	There has been a gradual decline in the number of suspected cases since the peak in week 14 when approximately 230 suspected cases were reported. Eight (8) suspected cases of measles were reported across the country in week 36 (ending 9 September 2018). Cumulatively, since epi-week one, 3 669 suspected cases including 16 deaths have been reported. Of these, 542 have been tested by the laboratory. Epi-classification are as follows: lab confirmed 260 (7.1%), epi-linked 434 (11.8%), clinically confirmed 2 708 (73.8%), discarded 260 (7.1%) and pending 7 (0.2%).
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	20-Jul-18	-	-	-	-	The complex humanitarian crisis exacerbated by the political-security crisis and intercommunity conflicts continue in Mali. More than four million people (nearly a quarter of the population) are affected by the humanitarian crisis, including 61 404 who are internally displaced and nearly 140 000 who are refugees in neighbouring countries such as Niger, Mauritania and Burkina Faso (data from CMP report, 7 June 2018). The health system is still weak, while the health need is increasing. The departure of health system personnel and incidents targeting health infrastructure, personnel and health equipment are worsening the existing health system. There are 1.7 million people in need of health assistance in the face of inadequate numbers of health care workers (3.1 per 10 000 people, compared to the WHO recommended 17 per 10 000). The security incidents are increasing in Mopti and Meneka.
Mali	Severe Acute Malnutrition	Ungraded	1-Aug-18	15-Mar-18	5-Aug-18	224	0	35	15.6%	Three villages in the commune of Mondoro, Douentza district, Mopti Region, Central Mali are experiencing an epidemic of malnutrition following the inter-communal conflict that prevails in the locality. From mid-March to 5 August 2018, a total of 224 cases including 35 deaths (CFR 15.6%) have been reported from three villages (Douna, Niagassadiou and Tiguila) in the commune of Mondoro, Douentza district, Central Mali. This disease is manifested by the following signs: edema of the lower limbs, myalgia, functional impotence, dyspnea sometimes followed by death. A dozen samples from patients analyzed at INRSP in Bamako showed iron deficiency anemia.
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	26-Aug-18	1 220	312	0	0.0%	From Week 1 to Week 34 of 2018, a total of 1 220 suspected cases with zero deaths have been reported. The cumulative blood samples from 914 suspected cases have been tested of which 312 were confirmed (IgM-positive) at the National Reference Laboratory (INRSP). Over 66% of confirmed cases are below 5 years old. The affected health districts are Maciana, Bougouni, Kati, Koutiala, Kokolani, Kolondieba, Ouélessebougou, Sikasso, Douentza, Macina,Tombouctou, Dioila, Taoudenit and Kalabancoro. Reactive vaccination campaigns, enhancement of surveillance, and community sensitization activities are ongoing in the affected health districts.

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	16-Sep-18	937	937	3	0.3%	From 21 March to to 16 September 2018, 937 confirmed cases of measles have been reported including three deaths (CFR 0.3%). All cases have been confirmed by the virology laboratory of Candos (IgM antibodies). The onset of symptoms of the first cases was in week 12. The incidence is highest in the age groups 0 - 4 and 25 – 34 years of age, with 52% of males being affected. The three deaths were in women between the ages of 28 and 31 years. The most affected districts are Port Louis and Black River A single genotype of measles virus, D8, was detected in 13 samples. The source of infection of measles is most likely an imported case.
Namibia	Hepatitis E	G1	18-Dec-17	8-Sep-17	29-Jul-18	2 554	395	24	0.9%	As of 29 July 2018, four out of 14 regions in Namibia have been affected by the HEV outbreak namely, Khomas, Omusati, Erongo and Oshana regions. From week 36 of 2017 (week ending 10 September 2017) to 29 July 2018, a total of 2 554 cases with 24 deaths (CFR 0.9%) have been reported in Khomas, Omusati, Erongo , Oshana and six other regions of Namibia . A total of 395 cases have been laboratory confirmed (IgM ELISA) and ten maternal deaths (probable and confirmed cases) have been notified. Over 80% of reported cases are epidemiologically linked to cases reported in Windhoek, the epi-centre of the epidemic.
Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	2-Aug-18	-	-	-	-	The security situation in Niger's Diffa Region remains precarious. According to USAID's Lake Chad Basin complex emergency report dated 2 August 2018, Boko Haram-related insecurity continues to restrict food access and livelihood activities for displaced populations in Diffa Region, Southeast Niger. Limited access to pasture is also undermining livestock activities in Diffa's pastoral zones, reducing herders' purchasing power. According to the report, crisis levels of acute food insecurity may persist in parts of Diffa through January 2019, although food security in many areas could improve to Stressed levels beginning in October. UNHCR's June 2018 report indicated around 104,288 internally displaced people in the Diffa Region. From January–June, relief actors admitted nearly 7,000 children ages five years and younger experiencing severe acute malnutrition for treatment in Diffa, including nearly 650 patients with medical complications, according to the UN Children's Fund (UNICEF).
Niger	Cholera	G2	13-Jul-18	13-Jul-18	13-Sep-18	3 403	19	67	2.0%	Detailed update given above.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	5-May-18	-	-	-	-	The security situation in north-east Nigeria remains volatile, with frequent incidents, often suicide attacks using person-borne improvised explosive devices (PBIED) and indiscriminate armed attacks on civilian and other targets. On 1 May 2018, an attack in Mubi town in Adamawa State resulted in 27 deaths and more than 50 injuries, while 13 people were killed in Zamfara State on 3 May 2018. In a related incident that took place on 5 May 2018, at least 45 people from Gwaska village in Kaduna State (outside north-east Nigeria) died in fighting between bandits and armed militia. Internal displacement continues across north-east Nigeria, especially in Borno, Adamawa and Yobe states, partly fuelled by deteriorating living conditions and the ongoing conflict. The number of internally displaced persons (IDPs) across the six states (Adamawa, Bauchi, Borno, Gombe, Taraba, and Yobe) in northeast Nigeria increased to over 1.88 million in April 2018, from 1.78 in February 2018. In addition, there are over 1.4 million returnees in the area. The communal conflicts between herders and farmers, which has been taking place since January 2018 outside north-east Nigeria, also displaced approximately 130 000 people in Benue, Nasarawa, Kaduna, and Taraba States.
Nigeria	Cholera	G1	7-Jun-17	1-Jan-18	18-Sep-18	4 139	47	116	2.8%	Detailed update given above.
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-18	2-Sep-18	507	497	142	28.0%	In week 35 (week ending 2 September 2018), five new confirmed cases with one death were reported from Edo state. From 1 January to 2 September 2018, a total of 2 466 suspected cases have been reported from 22 states. Of the suspected cases, 497 were confirmed, 10 were probable, and 1 959 were negative (not a case). Thirty-nine health care workers have been affected in seven states since the onset of the outbreak, with ten deaths. Eighteen states have exited the active phase of the outbreak while four- Edo, Ondo, Ebonyi, and Bauchi states remain active.
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-18	26-Aug-18	13 529	901	100	0.7%	In week 34 (week ending 26 August 2018), 154 suspected cases of measles were reported from 24 States. Since the beginning of the year, a total of 13 529 suspected measles cases with 901 laboratory confirmed cases and 100 deaths (CFR 0.74%) were reported from 36 States compared with 17 177 suspected cases with 108 laboratory confirmed and 105 deaths (CFR 0.61%) from 37 States during the same period in 2017.
Nigeria	Poliomyelitis (cVDPV2)	Ungraded	1-Jun-18	1-Jan-18	8-Aug-18	2	2	0	0.0%	Circulating vaccine-derived polio virus type 2 (cVDPV2) was confirmed in a stool sample from a case of Acute flaccid paralysis (AFP) with symptom onset on 16 June 2018 in Yobe State. This is the second AFP case since the beginning of 2018 with a confirmed cVDPV2. The first was an AFP case in Kaugama district, Jigawa state, with onset on 15 April 2018.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	2-Sep-18	2 837	47	51	1.8%	From the onset of this outbreak on 12 September 2017, a total of 2 837 suspected yellow fever cases including 51 deaths have been reported as at week 35 (week ending on 2 September 2018), from 543 LGAs in all Nigerian states. No new in-country presumptive positive case in the reporting week and the last case confirmed by IP Dakar was on 6 June 2018 from River State. A total of 47 out of 126 presumptive positive samples were laboratory confirmed at IP Dakar.
São Tomé and Principé	Necrotising cellulitis/ fasciitis	Protracted 2	10-Jan-17	25-Sep-16	26-Aug-18	2 883	0	0	0.0%	A total of 2 883 cases have been notified from week 40 in 2016 to week 34 in 2018 (week ending 26 August 2018). It should be noted that 55% of the cases notified during the last 3 weeks come from the district of Me-zochi. The case-fatality rate of cellulitis in São Tomé and Príncipe is 14.6 cases per 1000 inhabitants.
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	2-Sep-18	5 813	1 511	0	0.0%	As of week 35 (2 September 2018) a total of 5813 cases of Dengue have been reported, and 1 511 cases have been confirmed since the last week of 2015. There is a general decreasing trend since week 23. For week 35, a total of Twenty-two (22) suspected cases were reported. The number of confirmed cases have been on a decline, with 791 Currently in circulation are the serotypes DENV1, DENV2 and DENV3. The suspected cases were distributed in fourteen (14) districts on Mahe Island for week 35. No suspected cases are reported from the inner islands. The number of confirmed cases report has been on a decline, from 791 cases in 2016, 595 cases in 2017, to 124 cases confirmed thus far in 2018.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	31-Aug-18	-	-	-	-	The humanitarian situation in South Sudan has remained volatile and unpredictable since the beginning of the crisis four years ago. Inter-communal violence continues in spite of peace efforts and humanitarian workers are often targeted by militia factions. The humanitarian situation is characterized by mass displacement of the population, economic crisis with hyperinflation, food insecurity, and frequent disease outbreaks.
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	9-Sep-18	132	16	-	-	No new case of hepatitis E was reported in week 36. As of 9 September 2018, 132 suspect cases have been reported since the beginning of the year. Of the total suspect cases, 16 cases have been confirmed by PCR (15 in Bentiu PoC and 1 in Old Fangak). No new cases identified after active follow up in Old Fangak county. Six HEV cases have been admitted. Fourty-four percent of the cases are 1-9 years of age, 62% being male. Among the females, most cases have been reported in those aged 15-44 years (who are at risk of adverse outcomes if infected in the 3rd trimester of pregnancy).

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Tanzania	Cholera	Protracted 1	20-Aug-15	1-Jan-18	9-Sep-18	3 739	50	68	1.8%	During week 36, 69 new cases with one death were reported from Ngorongoro DC in Arusha Region. As of week 36, a total of 3 739 cases with 68 deaths (CFR 1.8%) were reported from Tanzania Mainland since the beginning of 2018. No case was reported from Zanzibar (the last case was reported on 11 July 2017). Cholera cases in 2018 increased and nearly doubled during the period of January – August 2018 (3 739 cases), when compared to the same period in 2017 (2 466 cases).
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	21-Jun-18	-	-	-	-	Uganda continued to receive new refugees precipitated by increased tensions mainly in the neighboring DRC and South Sudan. Despite resp onding to one of the largest refugee emergencies in Africa, humanitarian funding has remained low especially to the health sector. Current refugee caseload stands at almost 1.5 million refugees and asylum seekers from South Sudan, DRC, Burundi, Somalia and others countries. Daily arrival stands at approximately 250 – 500 per day. A total of 376 081 refugees and asylum seekers were received in 2017.
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	24-May-18	-	17-Jul-18	7	3	2	28.6%	On 23 May 2018, a 35-year-old male suspected of having a viral haemorrhagic fever died at a hospital in Mubende. Test result released on 24 May 2018, confirmed the case as positive for Crimean-Congo haemorrhagic fever (CCHF) by PCR at Uganda Virus Reasearch Institute. As of 18 June 2018, there were a total of five cases (one confirmed and four suspected) and two deaths (CFR 40%). Three of the suspected cases were identified from the same household as the confirmed case in Nkooko sub-county. Samples taken from the suspected cases were negative for CCHF. As of 17 July 2018, two new CCHF cases were confirmed from Mbarara RRH. The cases are a couple from Nakivale Refugee settlement from Isingiro district. Contact tracing is ongoing in the district and 42 out of 57 contacts were under follow up on day of report.
Uganda	Measles	Ungraded	8-Aug-17	1-Jan-17	18-Sep-18	2 663	662	1	0.0%	As of 18 September 2018, a total of 2 663 cases have been reported of which 662 cases have been confirmed either by epidemiological link or laboratory testing since the beginning of the year. Four hundred fifty-two (452) cases were laboratory confirmed by IgM. One death has been reported among the confirmed cases. Fifty-three districts in the country have reported a measles outbreak. Ninety-nine percent of the confirmed cases are from rural areas.
Uganda	Rift Valley fever (RVF)	Ungraded	29-Jun-18	20-Jun-18	14-Aug-18	23	19	8	34.8%	One new case from Kiruhura district has been confirmed for Rift Valley fever by PCR at Uganda Virus Research Institute on 14 August 2018. From 18 June to 14 August 2018, a total of 23 suspected cases with eight deaths (CFR 34.8%) have been reported from 11 districts in Western Uganda. Nineteen(19) cases have been confirmed by PCR at the Uganda Virus Research Institute (UVRI). The most affected district is Insingiro having reported 11 cases with two deaths (CFR 18.2%). Ninety-six percent (96%) of cases reported are males, the majority of whom are herdsman and butcher.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Zambia	Measles	Ungraded	2-Aug-18	6-Jul-18	28-Aug-18	2 663	6	1	4.0%	On 1 August 2018, an outbreak of measles was reported in the Paul Mambilima catchment area of Mansa District in Luapula Province, Zambia. The affected community lies astride the international border with the Democratic Republic of the Congo. The first case has been traced to a one-year-old child who died in Lukanga Village in the Paul Mambilima catchment area after presenting with fever, conjunctivitis, and rash. As of 28 August 2018, a total of 25 cases with one death (CFR 4%) have been reported. The last case was reported on 17 August 2018. Age of cases range from four months to 42 years. Six out of eight samples collected have tested IgM-positive.
Zimbabwe	Cholera	G2	6-Sep-18	6-Sep-18	19-Sep-18	5 891	76	38	0.7%	Detailed update given above.
Zimbabwe	Typhoid fever	Ungraded	7-Aug-18	6-Jul-18	10-Sep-18	1 983	16	8	0.4%	On 7 August 2018, WHO was notified by the Ministry of Health and Child Care of Zimbabwe of a suspected outbreak of Typhoid fever in Gweru City, Midland Province of Zimbabwe. A total of 1 983 cases with eight deaths (CFR 0.4%) have been reported as of 10 September 2018. Sixteen cases have been confirmed. There is a decline in the daily number of cases reported since the peak on 8 August 2018 when 186 cases where reported.

†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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Correspondence on this publication may be directed to:
Dr Benido Impouma
Programme Area Manager, Health Information & Risk Assessment
WHO Health Emergencies Programme
WHO Regional Office for Africa
P O Box. 06 Cité du Djoué, Brazzaville, Congo
Email: afrooutbreak@who.int

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Contributors
B. Baruani (Niger)
F. Mboussou (Democratic Republic of the Congo)
O. Ogundiran (Nigeria)
S. Maphosa / J. Weseka (Zimbabwe)
S. Kalilou (Chad).

Graphic design
Mr. A. Moussongo

Editorial Team
Dr. B. Impouma
Dr. C. Okot
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Dr. B. Farham
Mr. G. Williams
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Editorial Advisory Group
Dr. I. Soce-Fall, *Regional Emergency Director*
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Dr. Z. Yoti
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Dr. M. Djingarey

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