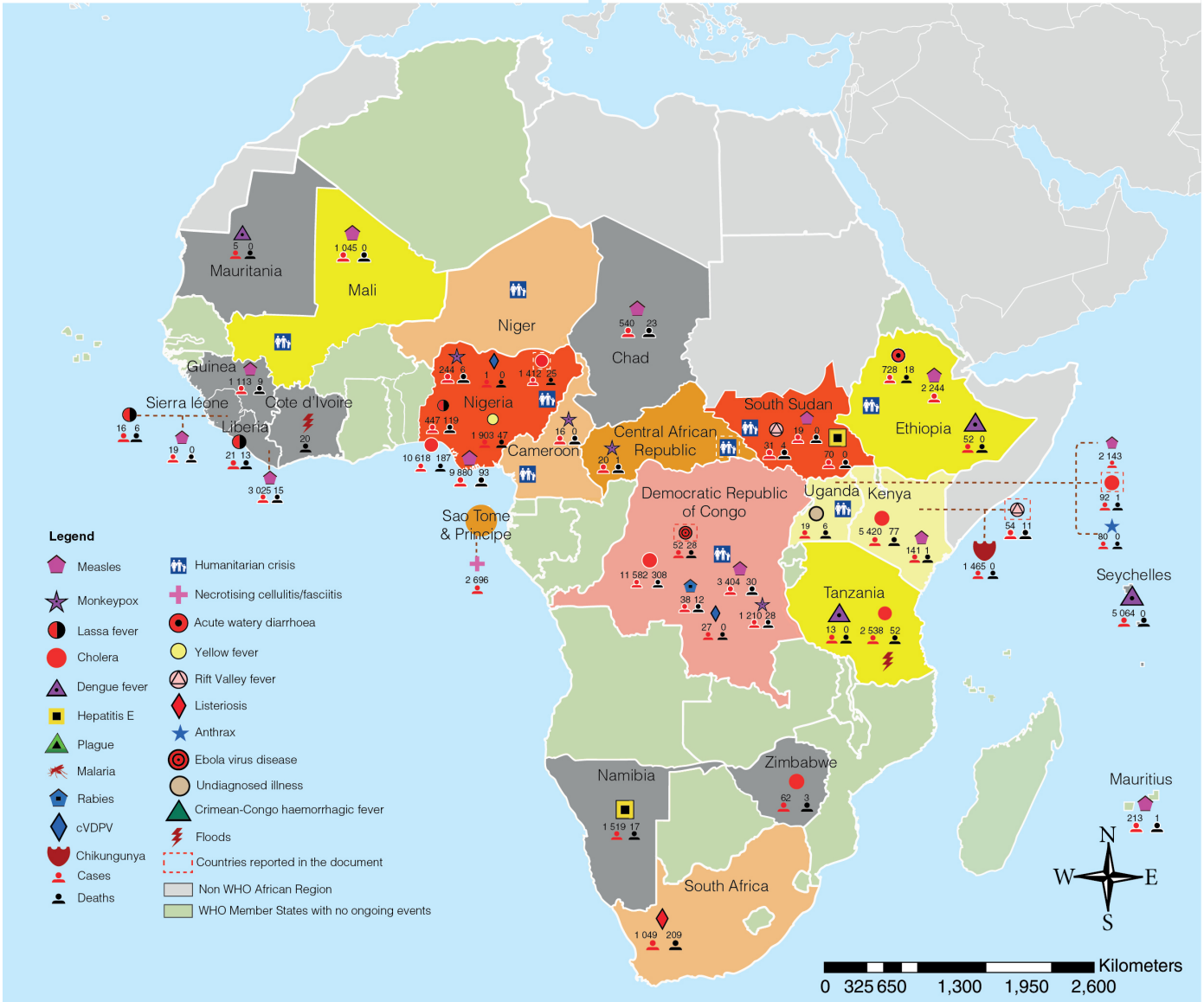
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 25: 16 - 22 June 2018
Data as reported by 17:00; 22 June 2018

World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

2	52	44	10
New events	Ongoing events	Outbreaks	Humanitarian crises



Graded events †

2 Grade 3 events	2 Grade 2 events	2 Grade 1 events	40 Ungraded events
2 Protracted 3 events	2 Protracted 2 events	3 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 new and ongoing events, including:

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

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

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

- **Major issues and challenges include:**

  - The Ministry of Health and WHO continue to closely monitor the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo. Over one month into the response, further spread of EVD has largely been contained. The situation in Bikoro and Wangata (Mbandaka city) health zones remains stable, while the situation in Iboko Health Zone is being closely observed. In spite of this progress, there is a need to continue with intense response interventions, without any complacency, until the outbreak is controlled.

  - Kenya is experiencing an outbreak of Rift Valley fever (RVF), with three counties being affected. This outbreak followed heavy rainfall and floods that occurred in several parts of the country, resulting in increased vector density and RVF virus activity. Recent risk assessment showed that eight counties have a high risk of RVF outbreak. The national authorities and partners in the country have responded promptly to the outbreak. While the country has past experience and ample capacity to respond to this outbreak, there is a need to accelerate implementation of effective control measures to avoid further propagation and likely spread of the disease within the subregion.

Declaration of end of cholera outbreak in Zambia

On 15 June 2018, the Zambian Ministry of Health officially declared the end of cholera outbreak in the country. The declaration came 14 days since the last confirmed cholera case was reported in the country.

On 4 October 2017, the Zambian Ministry of Health reported an outbreak of cholera in the suburbs of Lusaka, the capital city, when two stool samples cultured *Vibrio cholerae* O1 Ogawa and eight samples tested positive on cholera rapid diagnostic tests. Since the beginning of the outbreak on 4 October 2017, a total of 5 935 cholera cases, with 114 deaths (case fatality rate 1.9%), were reported. Majority, 92% (5 444) of the cases and 86% (98) of the deaths occurred in the peri-urban district of Lusaka.

The multisectoral approach (working in collaboration with other government agencies and partners) employed by the Ministry of Health in responding to the outbreak, strong political will, good leadership, and use of oral cholera vaccine were some of the major contributors to the containment of the outbreak.

WHO congratulates and commends the Government of Zambia, the Ministry of Health, government agencies and partners for the collective efforts to control this outbreak. Due to the prevailing risk factors such as inadequate access to clean and safe water, inadequate sanitation, and personal hygiene practices, food vending in unsanitary places, inadequate waste management, etc., a reoccurrence of a cholera outbreak is likely. WHO urges the government and all the stakeholders to draw lessons from this outbreak in order to improve preparedness, prevention, early detection, and rapid control of any potential future cholera outbreak.

Ongoing events

Rift Valley fever | **Kenya** | 54 **Cases** | 11 **Deaths** | 20.4% **CFR**

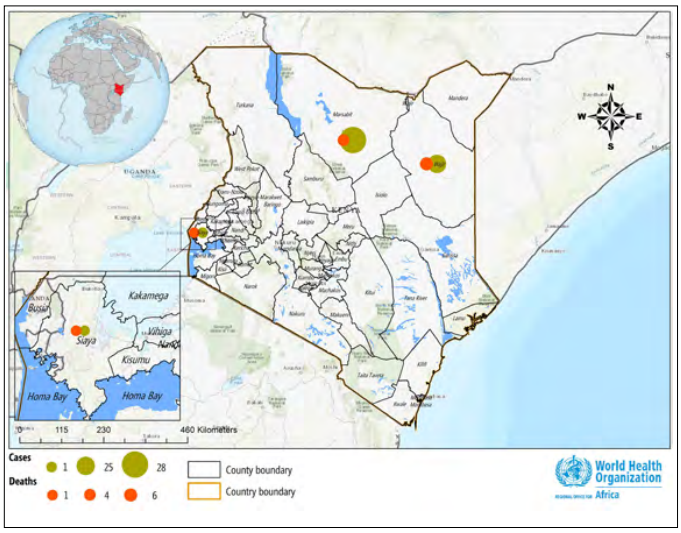
EVENT DESCRIPTION

The outbreak of Rift Valley fever (RVF) in Kenya continues to evolve, with two other counties reporting confirmed cases. Since our last report on 8 June 2018 (Weekly Bulletin 23), 44 additional cases with six deaths have been reported. Between 2 June and 21 June 2018, a cumulative total of 54 cases, with 11 deaths (case fatality rate 20.4%), have been reported from three counties: Wajir (25 cases, 6 deaths), Marsabit (28 cases, 4 deaths) and Siaya (1 case, 1 death). As of 21 June 2018, three confirmed case-patients were in admission across various hospitals. Of the 25 samples tested to date, nine were confirmed by polymerase chain reaction (PCR). The most affected age group is 21-30 years and men make up 70% of cases.

The RVF outbreak in Kenya, initially detected on 2 June 2018, was confirmed on 6 June 2018 when one out of two samples collected from the initial case-patients tested positive at the Kenya Medical Research Foundation (KEMRI). The Ministry of Health formally declared the outbreak on 8 June 2018.

All the human cases are primarily herders who are epidemiologically linked to suspected RVF livestock cases. For the past two months, the Ministry of Livestock has been reporting high numbers of deaths among animals, as well as abortions in camels and goats in four counties: Marsabit (bordering Ethiopia), Wajir (bordering Ethiopia and Somalia), Kitui (east of Nairobi) and Kadjiado (bordering Tanzania). These areas are known to be endemic for RVF.

Geographical distribution of Rift Valley fever cases in Kenya, 2 - 21 June2018



PUBLIC HEALTH ACTIONS

- A national RVF technical committee, chaired by the Director of Veterinary Services, has been constituted, meeting weekly to review the situation and provide technical guidance to the counties. The Ministry of Health has activated the Emergency Operations Centre and identified the Event Manager and supporting technical team.
- A multi-sectoral task force has been set up in Wajir County under the chair of the Deputy Governor.
- Both the Director of Medical Services and the Ministry of Livestock have issued an alert focusing on the eight counties where both human and animal cases have been reported and affected counties have been directed to send blood samples directly to KEMRI and the National Public Health Laboratory Service for confirmation. Active surveillance is ongoing in these counties as well as contact tracing in Wajir and Marsabit.
- Four treatment centres have been set up in Wajir County and a team from the national Field Epidemiology and Laboratory Training Programme has been deployed to Wajir to support the county health team. Personal protective equipment and sample protection protocols have been dispatched to Wajir.
- Information, education and communication materials in English and Kiswahili have been dispatched to Wajir County and messages are being communicated through local FM stations and mosques, as well as house-to-house through Community Health Volunteers and the Kenya Red Cross are disseminating messages through these volunteers.
- The ban on movement and slaughter of animals from affected and at-risk counties is still in place and indoor residual spraying is being carried out at the epicentre.
- A total of 500 000 doses of RVF vaccine have been provided to high risk counties and protective personal equipment and sample protection protocols have been shared with Wajir veterinary officers.

SITUATION INTERPRETATION

The RVF outbreak in Kenya has rapidly increased in the last week, with more cases reported and two new counties affected. This outbreak is occurring among semi-nomadic and remote communities, who are largely dependent on their livestock for livelihood. There has been an unusually high rainfall and subsequent flooding during the last three months. Risk modelling carried out by FAO in May 2018 showed suitability for vector amplification. Risk assessment and enhanced surveillance for RVF in humans and livestock identified eight counties (Tana River, Tharaka Nithi, Garissa, Lamu, Kajiado, Baringo, Mombasa, and Nairobi) as having high risk for RVF outbreak. In addition, a number of these areas are experiencing outbreaks of other epidemic-prone diseases, along with major insecurity in some regions. These factors are of great concern as they could contribute to further spread of the disease in the subregion.

Kenya has recent experience dealing with RVF outbreaks. Strong prevention and response activities to this outbreak are being implemented, including ban on movement and slaughter of animals in the affected and at risk counties. The national authorities and partners need to continue scaling up their preparedness and response activities, based on a One Health approach, to prevent a much wider disease outbreak.

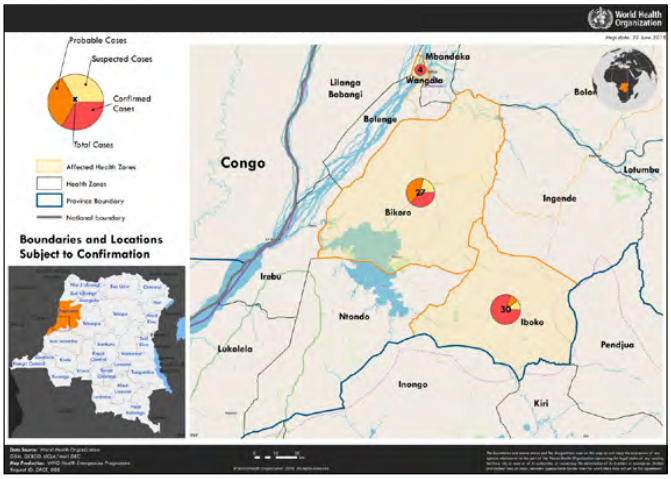
EVENT DESCRIPTION

The Ministry of Health and WHO continue to closely monitor the outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo. On 21 June 2018, no new suspected EVD cases were reported in Equateur Province. Nine laboratory specimens (from suspected cases reported previously) tested negative. Since 17 May 2018, no new confirmed EVD cases have been reported in Bikoro and Wangata health zones, while the last confirmed case-patient in Iboko Health Zone developed symptoms on 2 June 2018, was confirmed on 6 June 2018 and died on 9 June 2018.

Since the beginning of the outbreak (on 4 April 2018), a total of 52 EVD cases and 28 deaths have been reported, as of 21 June 2018. Of the 52 cases, 38 have been laboratory confirmed and 14 were probable cases (deaths for which it was not possible to collect laboratory specimens for testing). Of the 52 confirmed and probable cases, 28 died – giving a case fatality rate of 53.9%. Twenty-seven (52%) confirmed and probable cases were from Iboko, followed by 21 (40%) from Bikoro and four (8%) from Wangata health zones. Five healthcare workers have been affected, with four confirmed cases and two deaths.

The number of contacts requiring follow-up is progressively decreasing, with a total of 1 527 contacts having completed the mandatory 21-day follow-up period. As of 21 June 2018, 179 contacts were under follow up and all (100%) were reached on the reporting date. If no new cases are reported, the last contacts of the known confirmed or probable cases will complete follow-up on 27 June 2018.

Geographical distribution of the Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, 20 June 2018



PUBLIC HEALTH ACTIONS

- Daily coordination meetings continue at national, sub-national and local levels to review the evolution of the outbreak, identify gaps in the response and propose key actions to accelerate the implementation of public health measures.
- As of 20 June 2018, WHO has deployed 271 technical experts in various critical functions of the Incident Management System (IMS) to support response to the EVD outbreak. WHO continues to conduct daily IMS team meetings and hold three-level conference calls to review response operations and support field teams.
- The WHO EVD Strategic Response plan has been fully funded, with various donors providing a total US$ 33.9 million.
- Active surveillance is ongoing, including active case search at community and health facility levels, real-time investigation of suspected cases and alerts and collection of specimens for laboratory analysis. Rigorous contact tracing activities continue in all areas. The Ministry of Health, with support from WHO, CDC, Epicentre and other partners, continue to maintain an up-to-date EVD outbreak database, including line lists, contact lists, etc.
- The mobile laboratories deployed to the Bikoro Reference Hospital, to Mbandaka and to Itipo continue to function, along with GeneXpert laboratory technology in these sites.
- Médicines sans Frontièrs (MSF) continues to manage Ebola treatment centres (ETCs) in Mbandaka and Bikoro, with two others being set up in Iboko (MSF) and Itipo (ALIMA). Medical nurses and hygienists assigned to the ETC in Bikoro have been trained in infection control and prevention (IPC) principles and practice.
- WHO is providing technical advice on the use of investigational therapeutics under the Monitored Emergency Use of Unregistered Interventions (MEURI) framework and provision of essential medical supplies. Four of the five investigational therapeutics are in-country and all protocols have been approved by the Ethics Review Board (ERB).
- Psychosocial care for those who have recovered from EVD is being provided in a clinic in Bikoro, operated by the Ministry of Health, INRB and MSF and two discharged patients were reintegrated into the Bikoro community after community psychological education.
- Trainings of healthcare workers on standard universal precautions, triage and preparation of chlorine solutions have been conducted in the affected and other health zones. MSF and the Congolese Red Cross continue to support safe and dignified burials.
- Since the launch of the vaccination exercise on 21 May 2018, a total of 3 234 people have been vaccinated in Iboko (1 492) Wangata (843), Bikoro (779), Ingende (107), and Kinshasa (13), as of 21 June 2018. The targets for vaccination are front-line health professionals, people who have been exposed to confirmed EVD cases and contacts of these contacts.
- Risk communication, social mobilization and community engagement activities continue in Itipo, where market traders have been sensitized against stigmatization of survivors; 286 leaflets and 56 posters have been distributed in Itipo and Bolendo health areas; and spot messages on EVD prevention are being broadcast on local radio.
- WHO is supporting neighbouring countries in systematically assessing and acting on EVD preparedness and developing national contingency plans, with a regional readiness and preparedness plan published.
- GOARN Operational Support Team and the AFRO operational partnership team continue to engage partners in the ongoing response to the EVD outbreak.
- A joint partnership project was initiated by WHO, IOM, IFRC, UNHCR, and other partners to reinforce cross border coordination activities between the Democratic Republic of the Congo, Congo and the Central African Republic.
- The Government of the Democratic Republic of the Congo, with support from WHO and partners, is planning a review of the response in early July and reprogramming of interventions, including developing a 90-day plan after the outbreak.

SITUATION INTERPRETATION

Over one month into the response, further spread of EVD has largely been contained. The situation in Bikoro and Wangata (Mbandaka city) health zones remains stable, with the last confirmed EVD cases reported in mid-May 2018. The situation in Iboko Health Zone, especially remote communities in Itipo health area, is being closely observed while intense response interventions continue. However, in spite of the progress made, there should be no room for laxity and complacency until the outbreak is controlled. The focus of the response remains on intensive surveillance, including active case finding, investigation of suspected cases and alerts and contact tracing.

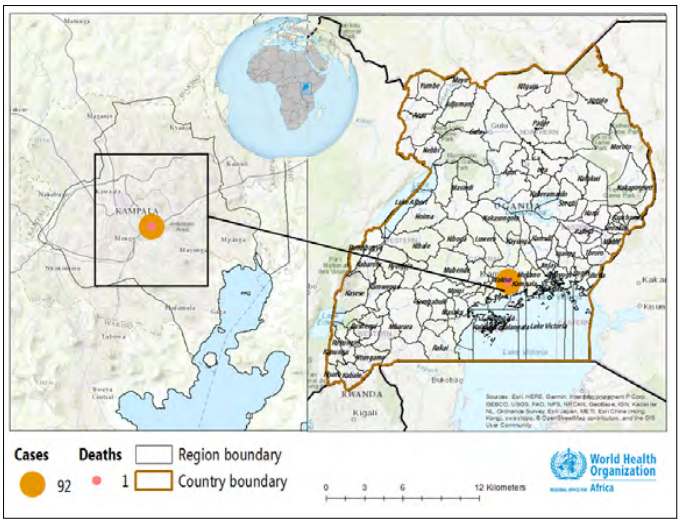
Go to overview | Go to map of the outbreaks

EVENT DESCRIPTION

Kampala, the capital city of Uganda, has been experiencing an insidious cholera outbreak since the end of April 2018. On 20 June 2018, seven new suspected cholera cases were reported from Mulago Hospital cholera treatment centre (CTC). A total of 16 patients were admitted to the CTC as of 20 June 2018. Since the beginning of the outbreak on 29 April 2018, a cumulative total of 92 suspected cholera cases and one death (case fatality rate 1.1%) have been reported, as of 20 June 2018. Of 75 stool specimens collected, 26 have cultured *Vibrio cholerae* sero type Ogawa. The confirmed cholera cases came from two (out of five) divisions of Kampala, namely Makindye and Kawempe.

The cholera outbreak in Kampala emerged on 29 April 2018 when a 40-year-old woman presented to a public hospital with acute watery diarrhoea and vomiting. A stool specimen obtained from the case-patient and shipped to the Central Public Health Laboratory (CPHL) isolated *Vibrio cholerae* as the causative agent. Since then sporadic confirmed cholera cases have occurred.

Geographical distribution of cholera cases in Uganda, 29 April - 20 June 2018



PUBLIC HEALTH ACTIONS

- A cholera task force has been activated to coordinate response activities to the outbreak.
- Two CTCs have been established in Mulago and Kiruddu hospitals, and case management supplies have been provided by the Ministry of Health and WHO. Mulago Hospital authority provides food for the patients.
- A number of public places, including markets, restaurants and schools, in all the divisions of Kampala have been visited and assessments for compliance with standards carried out. A total of 139 zones across Kampala have been identified as hot spots for potential cholera transmissions.
- A total of 351 hand washing demonstration activities have been performed in the communities in Kampala city. Over 20 safe water distribution stand pipes have been installed in places worst affected by safe water supplies.
- A total of 1 733 information, education and communication (IEC) materials have been distributed in Kawempe Division. Over 80 households, nine public places and 11 business facilities with Kampala city were visited during house-to-house social mobilization activities.

SITUATION INTERPRETATION

A low level of cholera transmission is ongoing in the peri-urban suburbs of Kampala, with two out of five divisions affected. An environmental assessment carried out in Kampala identified several hotspot areas with high risk for cholera transmission, likely to sustain further propagation of the disease. The assessment teams made clear recommendation on actions to be taken, including provision of safe water supplies to the worst-affected communities, improving waste management across the city and desilting and faecal sludge emptying in all divisions of Kampala. Nonetheless, all these interventions require funding. The national authorities and partners need to provide the required funds and logistics necessary to scale up the response to this cholera outbreak in order to avert further spread and any potential escalation.

EVENT DESCRIPTION

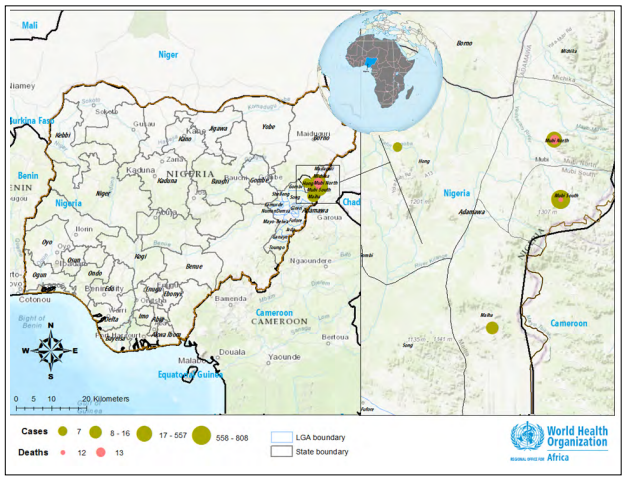
The cholera outbreak in Adamawa State, north-east Nigeria continues and it is beginning to show signs of increasing. The daily incidence of cases has been slowly but steadily increasing in the last days. In week 25 (week ending 24 June 2018), a total of 99 new suspected cholera cases and one death were reported, compared to 85 cases and four deaths reported in week 24. On 24 June 2018, 15 new suspected cholera cases were reported from three local government areas (LGAs): Mubi South (7), Mubi North (5) and Maiha (3). A total of 17 patients were admitted across three cholera treatments centres (CTCs) as of 24 June 2018.

Since the beginning of the outbreak on 12 May 2018, a cumulative total of 1 412 cases and 25 deaths (case fatality rate 1.8%) have been reported, as of 24 June 2018. Four LGAs have been affected, namely Mubi South (819 cases, 12 deaths), Mubi North (565 cases, 13 deaths), Maiha (21 cases), and Hong (7 cases). Over 50% (710) of the reported cases are below 15 years of age and additional 31% (437) are between 15 and 34 years. Of 68 stool samples collected and tested using cholera rapid diagnostic tests, 47 (69%) were positive. While 21 (68%) out of 31 stool specimens cultured isolated *Vibrio cholerae*.

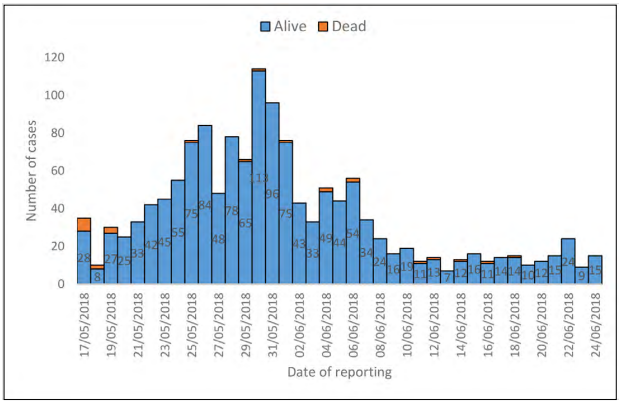
PUBLIC HEALTH ACTIONS

- Regular coordination meetings are ongoing at the State Emergency Operations Centre to review the evolution of the outbreak and response activities, being attended by partners.
- Active surveillance, including active case search is ongoing in all affected communities and health facilities. WHO provided 25 new android phones to facilitate tracking and mapping of the cholera cases in the settlements. Laboratory support for diagnosis is being provided.
- Water, sanitation and hygiene (WASH) activities such as chlorination at water points, disinfection of latrines, hygiene promotion and education on the dangers of open defecation, immediate disinfection of affected households, etc. are being conducted by partners
- The Danish Refugee Council (DRC) supported 80 chlorinators based at 40 water points, chlorinating 837 625 litres of water. Batch chlorination of two wells took place in Wuropatuji, one with 275 223 litres and another with 324 556 litres of water.
- The International Rescue Committee (IRC) conducted random free residual chlorine test in 27 households, and 11 were found with no residual chlorine.
- The state and local governments' health promotion teams and partners continue to disseminate information in the communities. A total 23 695 persons were sensitized on cholera prevention and control in the last week.

Geographical distribution of cholera cases in North - east Nigeria, 12 May - 24 June 2018



Epidemic curve for cholera outbreak in Adamawa State, north-east Nigeria, 17 May - 24 June 2018



SITUATION INTERPRETATION

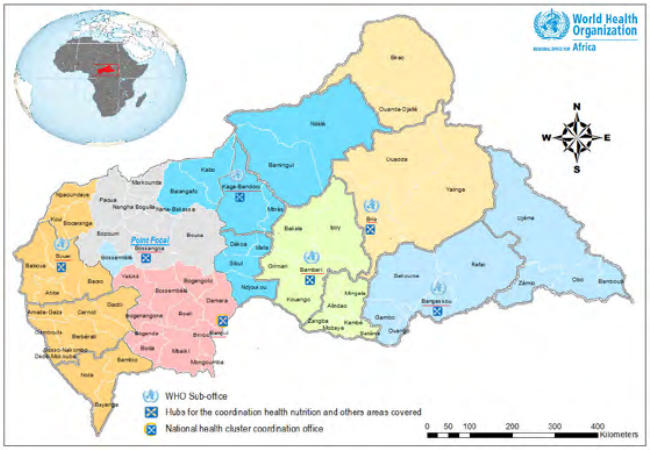
The cholera outbreak in Adamawa State, north-east Nigeria continues, after initially showing good improvement. The decreasing cholera trend has stagnated and is now starting to rise, which could be linked to response operations on the ground. A recent report indicates that only 59% of identified water points have chlorination taking place. This number was expected to drop further (to about 15%) with the impending disengagement of 50 chlorinators contracted by one WASH agency. An assessment of free residual chlorine carried out in Mubi South, the most affected LGA, showed that only 40% of the samples had residual chlorine. These findings are indicative of gaps in the response, and probably not only in the WASH sector. The national and state authorities and partners need to scale up evidence-based implementation of effective cholera control interventions.

EVENT DESCRIPTION

The humanitarian crisis in Central African Republic continues, with continued insecurity caused by armed insurgents. The situation is tense in several cities in the country where there are movements of armed groups, particularly in the centre of the country. During the past week, the United Nations Department of Safety and Security (UNDSS) reported 80 security incidents, with 45 targeting civilian populations, 31 targeting UN agencies and four targeting non-governmental organizations. On 13-14 June 2018, a fresh armed incursion took place at an internally displaced persons (IDP) camp in Ippy. One person died, three were wounded and several others fled to the bush. This incident disrupted a vaccination activity being conducted by MSF, cutting short the campaign to five days from the planned seven days.

Most humanitarian activities in the PK5 neighbourhood in the capital city, Bangui, are still suspended as a result of insurgency that occurred around the end of May 2018. Additionally, incidents in the area north of Paoua are slowing down the return of IDPs. Relative calm has returned to several areas, including Kidjigra, Lapago, Ecole Nicolas Barry, Batangafo, Bambari, Kaga-Bandoro, etc. although humanitarian access remains limited.

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



Malaria, acute respiratory infections, acute watery diarrhoea, and injury are the main causes of morbidity and mortality in the region. Malaria continues as the leading cause of morbidity and mortality, with 80 407 cases and 39 deaths reported since the start of 2018, as at 17 June 2018. The majority (55.2%) of cases are in children under the age of five years, in whom the most deaths are recorded (32 out of the 39 deaths recorded).

PUBLIC HEALTH ACTIONS

- On 11-12 June 2018, the WHO Director General, Dr Tedros Adhanom Ghebreyesus visited Bangui to review and support preparedness and readiness efforts for the potential importation of Ebola virus disease (EVD).
- Preparedness and readiness activities around the potential importation of EVD continue, with support from WHO, UNICEF and other partners. Surveillance activities have been strengthened at eight river sites and at M'Poko Airport, Bangui.
- From 13 to 16 June 2018, WFP distributed food aid to 23 585 people (including 18 063 living in the MINUSCA site and in foster care and 4 522 IDPs at the Lazare site). About 200 families were provided with family rations support, reaching to over 1 000 people affected by HIV/AIDS. The WFP also supplied 2 000 households in Pougal and Benamkor, Paoua region with food aid.
- A total of 1 100 households were supplied with non-food items by ACF/RRM in Gouzé and surrounding areas.
- Water, sanitation and hygiene (WASH) activities included installation of 25 handwashing points in the health centres, schools and markets of Rafaï, Agoumar and Selim, as well as WASH support to 1 151 IDP households and organization of monkey pox awareness sessions in areas where WASH support was provided.

SITUATION INTERPRETATION

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

Summary of major issues challenges, and proposed actions

Issues and challenges

- The Ministry of Health and other national authorities, WHO and partners continue to closely monitor the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo. Over one month into the response, further spread of EVD has largely been contained. Since 17 May 2018, no new confirmed EVD cases have been reported in Bikoro and Wangata health zones, while the last confirmed case-patient in Iboko Health Zone developed symptoms on 2 June 2018, was confirmed on 6 June 2018 and died on 9 June 2018. The focus of the response remains on intensive surveillance, including active case finding, investigation of suspected cases and alerts and contact tracing. The Ministry of Health, with support from WHO, is planning to review the ongoing response in early July in order to guide reprogramming of interventions, including developing a 90-day response plan after the outbreak. Additionally, planning for medium- to longer-term support to revitalize and strengthen health system's resilience in the country has also started. In spite of the progress made to date, there is a need to continue with intense response interventions, without any complacency, until the outbreak is controlled.
- An outbreak of RVF has been confirmed in three counties in Kenya. This outbreak is occurring among semi-nomadic and remote communities, who are largely dependent on their livestock for livelihood. The outbreak followed an unusually high rainfall and subsequent floods, amplifying vector population and RVF virus activity. Up to eight counties in Kenya have been identified as having high risk of RVF outbreak. In addition, a number of these areas are experiencing outbreaks of other epidemic-prone diseases, along with major insecurity in some regions. These factors are of great concern as they could contribute to further spread of the disease in the subregion.

Proposed actions

- The Ministry of Health and other national authorities in the Democratic Republic of the Congo, WHO and partners to continue with implementation of the second phase of EVD response, focusing on rapid investigations of suspected cases and alerts, thorough contact tracing in the remote areas and engagement of communities, including the indigenous population in and around the villages. At this point, planning for institutional building in the country needs to intensify.
- The national authorities and partners in Kenya need to accelerate implementation of effective control measures, in line with the One Health approach. The national authorities in the neighboring countries also need to enhance preparedness for RVF, including active surveillance in both animal and humans.

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										
Côte d'Ivoire	Floods	Ungraded	20-Jun-18	18-Jun-18	20-Jun-18	-	-	20	0.0%	From 18 - 19 June 2018, almost all of Côte d'Ivoire suffered heavy rains which led to a great deal of material damage and loss of life. The resulting floods in several neighborhoods in Abidjan and other cities led to collapse of buildings and bridges. A total of 20 deaths has been reported in three cities (18 in Abidjan, 1 in Tiassalé, and 1 in Guibéroua). In the most affected district of Riviera in Abidjan, 115 wounded people were receiving care. A total of 136 people has also been reportedly rescued in affected areas by the rapid intervention system put in place. An inter-ministerial crisis meeting under the leadership of the Prime Minister has been held to coordinate response to the event.
Ethiopia	Dengue fever	Ungraded	18-Jun-18	8-Jun-18	10-Jun-18	52	52	-	0.0%	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.
Ongoing events										
Cameroon	Humanitarian crisis	G2	31-Dec-13	27-Jun-17	30-Apr-18	-	-	-	-	The general security situation in the Far North Region has shown some improvement following the strengthening of the security system. Terrorist attacks and suicide bombings attributed to Boko Haram have significantly decrease during the months of March and April 2018. More than 5 500 new Nigerian refugees registered at the Gourougel transit centre since January. The Country Humanitarian Team puts protection at the heart of the response by adopting a robust and engaging protection centrality strategy.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Cameroon	Monkeypox	Ungraded	16-May-18	30-Apr-18	30-May-18	16	1	0	0.0%	On 30 April 2018, two suspected cases of Monkeypox were reported to the Directorate of Control of Epidemic and Pandemic Diseases (DLMEP) by the Njikwa Health District in the North-west Region of Cameroon. On 14 May 2018, one of the suspected cases tested positive for Monkeypox virus by PCR. On 15 May 2018, the incident managment system was set up at the National Emergency Operations Center.Three new suspectec cases were reported on 25 May 2018,from 2 districts along the boarder. As of 30 May 2018, a total of 16 suspected cases have been reported from Njikwa Helth district (7 including 1 confirmed), Akwaya Health District (6), Biyem-Assi health district (1), Bertoua Health District (1), and Fotokol Health District (1).
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	11-Jun-18	-	-	-	-	Detailed update given above.
Central African Republic	Monkeypox	Ungraded	20-Mar-18	2-Mar-18	24-Apr-18	20	9	1	0.0%	The outbreak was officially declared on 17 March 2018 in the sub province of Ippy. In this reporting period, there is an increase in number of suspected monkey pox in Bangassou health district. As of 24 April 2018, twenty cases including nine confirmed cases have been reported from Ippy (6) and Bangassou (3).
Chad	Measles	Ungraded	24-May-18	1-Jan-18	6-Jun-18	540	55	23	4.3%	A total of 66 cases with 5 deaths (CFR 7.6%) were reported across the country during epi-week 22 compared to 74 cases with 4 deaths reported for the previous epi-week. Ten districts (Bokoro, Gama, Ati, Amdam, and Goz Beida, Haraze Mangueigne, Abeche, Mongo, Tissi and Moussoro) are currently in epidemic phase. Cumulatively, 540 cases with 23 deaths (CFR 4.2%) have been reported since the beginning of epi-week 1, 2018. The cases have been reported in 89 health districts out of 117 functional districts in the country. Fifty-five cases have been laboratory confirmed, 201 confirmed by epidemiological link, and 13 clinically compatible.

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	26-Apr-18	-	-	-	-	The humanitarian and security situation remains very fragile in several provinces of the country, particularly in Ituri, North Kivu, South Kivu and Tanganyika. Insecurity is growing on the plain of Ruzizi, Kamanyora axis in Uvira. According to OCHA 8 May 2018 report, insecurity in Maniema and South Kivu had resulted in displacement of students with attackers using school benches as firewoods. Residents in Katanga are reportedly unable to access their fields due to insecurity.
Democratic Republic of the Congo	Cholera		16-Jan-15	1-Jan-18	10-Jun-18	11 582	0	308	2.7%	The cholera outbreak in the Democratic Republic of the Congo continues, with an increase in the number of cases in week 22 and 23 following the lowest dip in week 21. In week 23, 396 cases with 30 deaths (CFR-7.6%) were reported from 38 health zones in 10 Provinces compared to 303 cases with 14 deaths in the previous week. From week 1 to 23, a total of 11,582 cases with 308 deaths (CFR-2.7%) has been reported in the Democratic Republic of Congo. The most affected provinces have been North Kivu (2316 cases with 25 deaths), South Kivu (1933 cases with 8 deaths), Tanganyika (1159 cases with 12 deaths), Kinshasa (986 cases with 2 deaths), Mai-Ndombe (933 cases with 56 deaths), Ituri (767 cases with 31 deaths), and Kasai Oriental (760 cases with 30 deaths). The situation in Kasai oriental is deteriorating, with a fresh outbreak reported in Mbuyimayi City.
Democratic Republic of the Congo	Ebola virus disease	G3	7-May-18	4-Apr-18	20-Jun-18	52	38	28	53.9%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	1-Jan-18	4-Mar-18	3 404	-	30	0.9%	This outbreak is ongoing since the beginning of 2017. As of week 8 in 2018, a total of 48 326 cases including 563 deaths (CFR 1.2%) have been reported since the start of the outbreak. In 2018 only, 3 404 cases including 30 deaths (0.9%), were reported.

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	Poliomyelitis (cVDPV2)	Ungraded	15-Feb-18	n/a	22-Jun-18	27	27	0	0.0%	On 13 February 2018, the Ministry of Health declared a public health emergency regarding 21 cases of vaccine-derived polio virus type 2 confirmed retrospectively. As of 22 June 2018, a total of 27 cases with onest in 2017 and 2018 have been confirmed. Five provinces have been affected, namely Haut-Lomami (9 cases), Maniema (2 cases), Tanganyika (14 cases), Haut Katanga (1 case), and Ituri (1 case). The outbreak has been ongoing since February 2017.
Democratic Republic of Congo	Rabies	Ungraded	19-Feb-18	1-Jan-18	1-Apr-18	38	0	12	31.6%	This outbreak began towards the end of October 2017 in Kibua health district, North Kivu province. During Week 12 of 2018, seven new cases and two deaths were reported.
Democratic Republic of Congo	Monkeypox	Ungraded	n/a	1-Jan-18	26-Apr-18	1 210	34	28	2.3%	From weeks 1-16 of 2018 there have been 1210 suspected cases of monkeypox including 28 deaths. Of the suspected cases, 34 cases have been confirmed. Suspected cases have been detected in 14 provinces. Sankuru Province has had an exceptionally high number of suspected cases this year (309 cases).
Ethiopia	Humanitarian crisis	Protracted 1	15-Nov-15	n/a	10-Jun-18	-	-	-	-	The continued inter-tribal conflict in Oromia and SNNP Regions resulted in the displacement of 152,185 more people. At present, a total of 1.6 million IDPs (in 950 sites) are in Ethiopia, mainly in Somali and Oromia regions due to conflict and drought, that represent a significant increase as compared with 2017 same period, when around 720 000 IDPs were reported due mainly to drought. The health system is overwhelmed with both man-made (conflicts) and natural disaster (flood and other burden of El Niño and La Niña) crisis. The situation is compounded with ongoing outbreaks of acute watery diarrhoea, measles, dengue fever, and high levels of malnutrition. The situation in Ethiopia continues to evolve. There are reports of fresh internal displacement around Gedeo (SNNPR) and West Guji (Oromia) Zones of over 818,00 people as a result of inter-communal violence which has escalated since early June 2018 couple with huge numbers of returnees expected from Djibouti where an outbreak of cholera is ongoing.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Ethiopia	Acute watery diarrhoea (AWD)	Ungraded	15-Nov-15	1-Jan-18	10-Jun-18	728	-	18	2.5%	This has been an ongoing outbreak since the beginning of 2017. In most parts of the country, the situation has stabilized, however, Afar region is experiencing an increase in cases which began since week 18. In week 23, 233 cases were reported, all of which are from Afar region. From week 1 to 23 2018, a total of 728 cases with 18 deaths (CFR-2.5%) has been reported from the following regions: Somali (136 cases), Afar (537 cases with 18 deaths), Tigray (38 cases), and Dire Dawa City Administration (17 cases) . Between January and December 2017, a cumulative total of 48 814 cases and 880 deaths (CFR 1.8%) were reported from nine regions.
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-18	10-Jun-18	2 244	555	-	-	This has been an ongoing outbreak since the beginning of 2017. In 2018, a total of 2 244 suspected measles cases have been reported across the country including 166 new suspected cases reported in week 23. From the total suspected cases reported, 555 are confirmed cases (72 lab confirmed, 453 epi-linked and 30 clinically compatible). A total of 14 laboratory confirmed measles outbreaks have been reported up to week 23 and two (Amhara and Somali regions) are currently active. So far, the outbreaks reported are from the regions of Amhara (3), SNNPR (1) and Somali (10). The age group mostly being affected remains under five (33%) and children 5 – 14 years (48%). The immunization status of the suspected cases shows that 10.2% of the cases are with "zero" previous doses and 57.4% of the cases with "unknown" immunization status. Between January and December 2017, a cumulative total of 4 011 suspected measles cases have been reported across the country.
Guinea	Measles	Ungraded	9-May-18	1-Jan-18	6-May-18	1 113	267	9	0.8%	A new measles outbreak was detected in epidemiological week 8, 2018. Measles was reported in all parts of the country since the beginning of the year. The most affected zones include Kankan, Conakry and Faraneh. Out of 522 samples tested, 267 samples tested IGM positive. Out of the positive cases, 76% were not vaccinated for measles despite vaccination campaign efforts in 2017 following a large epidemic.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Kenya	Chikungunya	Ungraded	mid-December 2017	mid-December 2017	19-Jun-18	1 465	50	0	0.0%	The outbreak is still ongoing in Mombasa since December 2017. A total of 1 465 Chikungunya cases with 50 being laboratory confirmed. The outbreak has affected 6 Sub Counties; Mvita (297 cases), Changamwe (499 cases), Jomvu (176 cases), Likoni (250 cases), Kisauni (153 cases) and Nyali (61cases).
Kenya	Cholera	G1	6-Mar-17	1-Jan-18	19-Jun-18	5 420	288	77	1.4%	The outbreak in Kenya is ongoing since December 2014. Between 1 January 2017 and 07 December 2017, a cumulative total of 4 079 cases with have been reported from 21 counties (data until 31 December 2017 not available). As of 19 June 2018, a total of 5 420 cases with 77 deaths have been reported since the 1 January 2018. During this outbreak 19 out of 47 counties in Kenya were affected. Currently, the outbreak is active in 8 counties: Garissa, Tana River, Turkana, West Pokot, Elgeyo Marakwet, Kelifi and Isiolo counties. The outbreak has been controlled in 12 counties: Kirinyaga, Busia, Mombasa, Meru, Siaya, Murang'a, Nairobi, Tharaka Nithi, Trans-Nzoia, Nakuru and Machakos. Garissa (1 492 cases and 18 deaths, CFR 1.2%) located the boarder with Somalia is the most affected county and it hosts the Daadab refugee camp. Followed by Turkana county (911 cases and 11 deaths, CFR 1.3%) which is at the border with South Sudan and hosts refugee at the Kakuma camp.
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	7-May-18	141	11	1	0.7%	The outbreak is located in two counties, namely Wajir and Mandera Counties. As of 7 May 2018, Wajir County has reported 39 cases with 7 confirmed cases; Mandera has reported 102 cases with 4 confirmed cases and one death. Date of onset of the index case in Wajir County was on 15th December 2017. The index case was traced to Kajaja 2 village from where the outbreak spread to 7 other villages: Ducey (18 cases), ICF (2), Godade (3), Kajaja(1), Konton(2),Kurtun (1) and Qarsa (12). No new cases have been reported. Date of onset of the index case in Mandera County was on 15th February 2018.
Kenya	Rift Valley fever (RVF)	G1	6-Jun-18	7-Jun-18	21-Jun-18	54	9	11	20.4%	Detailed update given above.

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	7-Jun-18	3 025	177	15	0.5%	During week 22 (week ending 3 June 2018), 72 suspected cases were reported from 11 counties: Maryland (17), Montserrado (16), Grand Kru (8), River Gee (8), Bomi (7), Margibi (6), Grand Gedeh (3), Nimba (2), Grand Bassa (2), Bong (2), and Sinoe (1). From week 1 to week 22 of 2018, 3 025 suspected cases have been reported including 15 deaths. Cases are epidemiologically classified as follows: 177 (5.9%) laboratory confirmed, 1 742 (57.6%) epi-linked, 544 (17.9%) clinically compatible, 156 (5.2%) discarded, and 406 (13.4%) pending. The cumulative number of suspected measles cases reported represents a 65.7% increase compared to the same period (week 1 – 22) in 2017, (1 037 in 2017 to 3 072 in 2018).
Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-18	10-Jun-18	21	18	13	61.9%	Sporadic cases of Lassa fever have been reported since the beginning of the year. From 1 January to 10 June 2018, 112 suspected cases have been reported. Test results by RT-PCR for 109 suspected cases showed 18 positive and 91 negative. One specimen was discarded and two are pending testing. Thirteen deaths (CFR:72.2%) have been reported among confirmed cases. Cumulatively, 21 confirmed and suspected cases (negative cases removed) have been reported with 13 deaths (CFR 61.79). A total of 118 contacts are currently being monitored in three counties (Nimba, Bong, and Grand Bassa) in the epidemic phase.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	30-Apr-18	-	-	-	-	More than 70 security incidents affecting humanitarians have been registered since the beginning of the year. Some 387 000 people were food insecure (crisis phase and emergency phase) from March to May 2018. During the lean season which spreads from June to August 2018, more than 4.3 million people, or more than one out of four Malians, will be food insecure and in need of humanitarian assistance, according to the regional analysis of the situation of food insecurity –harmonized framework- March 2018. Among these people, nearly 885 000 will be in a crisis phase (or phase 3) and about 48 000 in an emergency phase (or phase 4). The Ministry of Health, in collaboration with the nutrition cluster, has revised upwards the number of children at risk of acute malnutrition for reasons related, inter-alia, to the deterioration of the food security situation in certain localities. (Source: OCHA Humanitarian bulletin Mali March – April 2018)
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	3-Jun-18	1 045	246	0	0.0%	From Week 1 to Week 22 of 2018, a total of 1 045 suspected cases with zero deaths have been reported. Blood samples from 794 suspected cases have been tested of which 246 were confirmed (IgM-positive) at the National Reference Laboratory (INRSP). Five hundred fourty-eight (548) tested negative. About 70% of confirmed cases are below 5 years old. No test has been conducted since week 17 due to stock out of reagent. Health districts affected by Measles are in Bougouni, Koutiala, Kolondieba, Tombouctou, Dioila, Taoudenit and Kalabancoro. Reactive vaccination campaigns, enhancement of surveillance, and community sensitization activities are ongoing in the affected health districts.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Mauritania	Dengue fever	Ungraded	24-May-18	15-May-18	24-May-18	5	4	0	0.0%	As of 24 May 2018, 4 confirmed cases of dengue fever (serotype II) were reported in the city of Guerou (Assaba Wilaya) located 600 km from Nouakchott. All cases have been confirmed by the Institut National de Recherches en Santé Publique (INRSP). On 15 May 2018, 5 cases were admitted at the Moughataa Guerou health center in the wilaya of Assaba); Cases presented with fever accompanied by headache, chills, myalgia, arthralgia and vomiting. None of the cases presented with haemorrhagic symptoms. Samples were collected and 4 out of 5 (80%) tested positive for dengue. Cases were between the ages of 24-65 years with no sex predilection. The confirmed cases live in five districts of the city of Guerou and the negative case comes from the commune of Kamour (25 km from Guerou). It should be noted that these cases occur two and a half months after the end of the Nouakchott Dengue fever epidemic in Mauritania.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	10-Jun-18	213	213	1	0.5%	As of 10 June 2018, 213 confirmed cases of measles have been notified in Mauritius with one death. All cases have been confirmed by the virology laboratory of Candos (Ig M antibodies). No history of travel among measles cases. The onset of symptoms of the first cases was in week 12 (week ending 25 March 2018). A sharp increase in measles cases was observed from week 18 up to a peak in week 21. Beginning week 22, there has been a decline in the number of cases. Fifty-six percent (56%) of the affected cases are between 0-15 years of age with 1 to 5 being the most affected age group. The cases of measles are concentrated in the North and North West of Mauritius. One death due to measles infection was notified on 10 June 2018. Actions taken include: Screening of all contacts of the measles cases for fever and rash and verification of vaccine status; Screening of symptoms and vaccination status in schools; Vaccination with MMR has been reviewed with the decision of first dose at 12 months and the second dose at 2 years; Sensitization of the population on measles symptoms and the importance of vaccination; and Information sheets to all doctors of both the public and private sector of Mauritius.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Namibia	Hepatitis E	Ungraded	18-Dec-17	8-Sep-17	14-Jun-18	1 519	125	17	1.1%	This is an ongoing outbreak since 2017. The majority of cases have been reported from informal settlements in the capital district Windhoek, Khomas region. During week 22 (28 May - 3 June 2018), a total of 59 cases was reported from Windhoek district compared to 39 patients seen during week 21 (21-27 May 2018) indicating an increase in cases compared to the last few weeks. As of 3 June 2018, Windhoek district reported a cumulative total of 1 457 suspected including 113 confirmed cases, since the outbreak started in September 2017. There has been a cumulative total of 16 deaths reported during this period, of which six are among pregnant women or deaths of women following delivery. Meanwhile, Omusati region, a northern region bordering Angola reported a total of 62 suspected HEV cases including one maternal death from 2 January to 14 June 2018. Out of the 62 suspected, 12 cases have been confirmed as IgM positive. This region is comprised of four districts with Tsandi district being the most affected.
Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	11-Jun-18	-	-	-	-	According to OCHA Weekly Humanitarian report for 5 – 11 June 2018, humanitarian missions to the south-eastern Diffa region have been suspended following a suicide attack in the regional capital Diffa on 4 June. At least six civilians were killed and 36 injured in three separate suicide blasts. A security assessment is to be conducted before the resumption of humanitarian missions. The region had seen a decline in attacks since the beginning of a military operation by the Multinational Joint Task Force in April 2018.

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	Ungraded	7-Jun-17	1-Jan-18	5-Jun-18	10 618	-	187	1.8%	Between weeks 1 and 22 of 2018, 10 618 suspected cases with 187 deaths (CFR:1.8%) have been reported from 10 States (Adamawa, Bauchi, Borno, Kano, Yobe, Anambra, Plateau, Nasawara, Kaduna, and Zamfara). Reactive vaccination campaign with Oral cholera vaccine (OCV) phase I has been concluded for Bauchi LGA (Bauchi State) and Bade LGA (Yobe State) from 9 - 13 May 2018. Between 1 January and 31 December 2017, a cumulative total of 4 221 suspected cholera cases and 107 deaths (CFR 2.5%), including 60 laboratory-confirmed were reported from 87 LGAs in 20 states.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-18	10-Jun-18	447	437	119	26.6%	In the reporting Week 23 (week ending 10 June 2018) five new confirmed cases and one death were reported. From 1 January to 10 June 2018, a total of 1 999 suspected cases have been reported from 21 states. Nineteen states have exited the active phase of the outbreak while two- Edo and Ondo states still remain active. Of the suspected cases, 437 were confirmed positive, 10 are probable, 1 552 negative (not a case). Thirty-eight health care workers have been affected since the onset of the outbreak in eight states Ebonyi (16), Edo (12), Ondo (4), Kogi (2), Benue (1), Nasarawa (1), Taraba (1), and Abia (1) with nine deaths in Ebonyi (6), Kogi (1), Abia (1) and Ondo (1). A total of 5 508 contacts have been identified from the 21 affected states. From week 49 of 2016 to week 51 of 2017, a total of 1 022 cases including 127 deaths were reported.
Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	3-Jun-18	1 903	46	47	2.5%	From the onset of this outbreak on 12 September 2017, a total of 1 903 suspected yellow fever cases including 47 deaths have been reported as at week 22 (week ending on 3 June 2018), from all Nigerian states in 414 LGAs. The outbreak is currently active in the country. A total of 46 samples that were laboratory-confirmed at IP Dakar recorded from ten States (Edo, Ekiti, Katsina, Kebbi, Kwara, Kogi, Kano, Nasarawa, Niger and Zamfara).Yellow fever vaccination campaigns have been successfully completed in six states.
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	30-Apr-18	244	101	6	2.5%	Suspected cases are geographically spread across 25 states and the Federal Capital Territory (FCT). One hundred one laboratory-confirmed and 3 probable cases have been reported from 15 states/territories (Akwa Ibom, Abia, Anambra, Bayelsa, Cross River, Delta, Edo, Ekiti, Enugu, Lagos, Imo, Nasarawa, Oyo, Rivers, and FCT).
Nigeria	Poliomyelitis (cVDPV2)	Ungraded	1-Jun-18	1-Jan-18	27-May-18	1	1	0	0.0%	One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been confirmed in Nigeria this week, occurring in Kaugama district, Jigawa state, with onset on 15 April 2018.
Nigeria (North East)	Cholera	Ungraded	n/a	13-Feb-18	24-Jun-18	1 412	49	25	1.8%	Detailed update given above.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
São Tomé and Príncipé	Necrotising cellulitis/ fasciitis	Protracted 2	10-Jan-17	25-Sep-16	10-Jun-18	2 696	0	0	0.0%	From week 40 in 2016 to week 23 in 2018, a total of 2 696 cases have been notified. In week 23, 9 cases were notified, four less than the previous week. Five out of seven districts reported a case, Mé-zochi (2), Agua Grande (1), Lobata (0), Cantagalo (3), Caue (0), Lemba (2) and Príncipe (1). The attack rate of necrotising cellulitis in Sao Tome and Príncipe is 13.6 cases per 1 000 inhabitants. The results of the PCR analysis (University of Cambridge, England) made on the samples (swabs wound and / or culture) of 21 patients including 15 Principle and 5 from Sao Tome indicate that a total of 15 were positive for *Staphylococcus aureus* (71%), 12 for pyogenic *Streptococcus* (57%), 9 (9/12: 75%) for *Corynebacterium diphtheriae*.Other microorganisms are identified in small proportions: *P. mirabilis* (42%), *P. aeruginosa* (36%).
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	20-May-18	5 064	1 429	-	-	A total of 4 459 cases have been reported from all regions of the three main islands (Mahé, Praslin, and La Digue). A total of 4950 suspected cases reported by end of week 16, 2018. Significant increase in reported suspected cases for week 16 compared with week 15, a total of thirty-four (34) suspected cases. Twenty-four (24) samples tested amongst which five (5) were positive, nineteen (19) negative. Of note nine (9) suspected cases were admitted at Baie St Anne Praslin Hospital but unfortunately not tested. So far for this epidemic the serotypes DENV1, DENV2 and DENV3 have been detected.
Sierra Leone	Lassa fever	Ungraded	8-Jun-18	1-Jan-18	20-May-18	16	16	6	37.5%	A total of 16 confirmed case with 6 deaths have been reported since the beginning of the year from Bo (2) and Kenema (14) districts.
Sierra Leone	Measles	Ungraded	14-Jun-18	4-Jun-18	14-Jun-18	19	19	-	0.0%	Koinadugu district on the border with Guinea has reported a total of 19 confirmed cases in two chiefdoms, Sulima (14 cases) and Mongo (5 cases) from 11 - 14 June 2018. These cases are reportedly from unvaccinated children in neighboring Guinea who have travelled with their parents to access services in nearby health facilities close to the border.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
South Africa	Listeriosis	Ungraded	6-Dec-17	1-Jan-17	5-Jun-18	1 049	1 049	209	19.9%	This outbreak is ongoing since the beginning of 2017. As of 5 June 2018, 1 049 cases have been reported in total. Around 79% of cases are reported from three provinces; Gauteng (58%, 611/1 049), Western Cape (13%, 132/1 042 and KwaZulu-Natal (8%, 132/1 049). The number of new cases reported has decreased each week cases since the implicated products were recalled on 04 March 2018. Neonates ≤28 days of age are the most affected age group, followed by adults aged 15 – 49 years of age. All cases that have been identified after the recall are being fully investigated.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	15-Apr-18	-	-	-	-	Following the conflict in December 2013, about 4 million people have fled their homes, 1.9 million people are internally displaced, 2.1 million are refugees, and 7 million people are in need of humanitarian assistance. The country is currently facing a severe economic crisis and high inflation making health emergency operations expensive and hence difficult for delivering humanitarian assistance. As of 15 April 2018, the security situation remains volatile with reported incidents of cattle raiding and revenge killings between communities in various locations hampering humanitarian service delivery. The security situation remains tense along the border between Unity state and Gogrial East and Tonj North counties due to cattle raiding.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	3-Jun-18	70	14	-	-	From 3 January 2018, a total of 70 suspect case of Hepatitis E (HEV) have been reported in two counties of South Sudan as of 3 June 2018. Of the total suspect cases, 14 cases have been PCR confirmed as HEV (13 in Bentiu PoC and 1 in Old Fangak). No new cases identified after active follow up in Fangak. Approximately half of the total cases are between 1 and 9 years of age and 64% are male. Among the females, most cases have been reported in those aged 15 to 44 years (who are at risk of adverse outcomes if infected in the third trimester of pregnancy). The use of stagnant water for domestic or recreation purposes is likely to be source of infection. Thus, communities are being educated on the risk and draining the water is being discussed. Unicef has shared key HEV messages for radio programs on community sensitizations. Case identification and follow up is ongoing and WASH risk assessment has been planned.
South Sudan	Measles	Ungraded	10-Jun-18	13-May-18	3-Jun-18	19	3	0	0.0%	A new measles outbreak has been confirmed in Rumbek Center after three suspected cases tested IgM-positive. A cumulative of 19 measles cases with no deaths have been line listed since week 19. Most cases are from Akuach village (2 km from Rumbek hospital) in Biir Payam. This is where the index cluster originated. Nearly 70% of the cases are under 5 years. Routine measles coverage for 1st quarter of 2018 for the county was 19%.
South Sudan	Rift Valley fever (RVF)	Ungraded	28-Dec-17	7-Dec-17	10-Jun-18	31	6	4	12.9%	As of 10 June 2018, a total of 31 cases of Rift Valley fever have been reported from Yirol East of the Eastern Lakes State, including six confirmed human cases (one IgG and IgM positive and five IgG only positive), three cases who died and were classified as probable cases with epidemiological links to the three confirmed cases, 26 were classified as non-cases following negative laboratory results for RVF (serology), and samples from 22 suspected cases are pending complete laboratory testing. A total of four cases have died, including the three initial cases and one suspect case who tested positive for malaria (case fatality rate: 12.9%).

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	10-Jun-18	2 538	-	52	2.0%	This is part of an ongoing outbreak. During week 23 (week ending 10 June 2018), 86 new cases and no deaths were reported from Sumbawanga DC (69 cases) in Rukwa region; Ngorongoro DC (17 cases) in Arusha region; As of week 23, a total of 2 538 cases with 52 deaths (CFR: 2%) were reported from Tanzania Mainland, no case was reported from Zanzibar. The last case reported from Zanzibar was on 11 July 2017. Cholera cases in 2018 increased and nearly doubled during the period of January to June 2018 (2 537 cases), when compared to the same period in 2017 (1 287 cases) in the United Republic of Tanzania. The reported cholera cases increased two times in the month of May 2018 (675 cases) when compared to April 2018 (278 cases). All six zones in Tanzania have reported at least one cholera case in 2018 (except the Lake Zone). At least 18 districts have reported at least one case in 2018 and the risk factors for a cholera upsurge remain high around the country. Since the start of the outbreak on 15 August 2015, Tanzania mainland reported 31 144 cases including 518 deaths (CFR 1.7%) and Zanzibar reported 4 688 cases including 72 deaths (CFR 1.54%). In total, 35 832 cases including 590 deaths (CFR 1.6%) were reported for the United Republic of Tanzania.
Tanzania	Dengue fever	Ungraded	19-Mar-18	n/a	21-Mar-18	13	11	-	-	An outbreak of Dengue fever is ongoing in Dar es Salaam. Further information will be provided when it becomes available.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	2-Mar-18	-	-	-	-	The influx of refugees to Uganda has continued as the security situation in the neighbouring countries remains fragile. Approximately 75% of the refugees are from South Sudan and 17% are from DRC. An increased trend of refugees coming from DRC was observed recently. Landing sites in Hoima district, particularly Sebarogo have been temporarily overcrowded. The number of new arrivals per day peaked at 3 875 people in mid-February 2018.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Uganda	Cholera	Ungraded	7-May-18	29-Apr-18	20-Jun-18	92	26	1	1.1%	On 29 April 2018, a 40-years-old female presented with vomiting, acute rice water diarrhoea at Kiruddu Hospital. She was attending to her sick child in Mulago hospital when symptoms of the disease manifested. A stool sample taken from the suspected case tested positive for *Vibrio cholerae* at the Central Public Health Laboratory (CPHL). Since then, patients with similar symptoms have been reported and out of 75 samples collected, 26 were positive for *Vibrio cholerae* on culture. Results released from the lab on 11 June indicate 9 positives cultures for *Vibrio cholerae* sero type Ogawa. As of 20 June 2018, a total of 92 cholera cases and one death were reported in Kampala Uganda (case fatality rate 1%). Seven new cases were admitted at the Mulago isolation center, this bring the total admissions to 16. Surveillance in hot spots as well as door to door community mobilization and media engagements is ongoing in the city. Other cholera outbreaks in the country that have been recorded this year include: Amudat, Kyegegwa, Kagadi, Mbale, Tororo and Hoima.
Uganda	Anthrax	Ungraded	-	12-Apr-18	19-Jun-18	80	4	-	-	Three districts in Uganda are affected by Anthrax. As of 19 June 2018, a cumulative total of 80 suspected cases with zero deaths have been reported – Arua (10), Kween (48) and Kiruhura (22). One case has been confirmed in Arua district by polymerase chain reaction (PCR). The event was initially detected on 9 February 2018 in Arua district when a cluster of three case-patients presented to a local health facility with skin lesions, mainly localized to the forearms. Three blood samples collected from the case-patients on 9 February 2018 were shipped to the Uganda Virus Research Institute (UVRI). One tested positive for *Bacillus anthracis* by polymerase chain reaction (PCR) based on laboratory results released by the UVRI on 5 April 2018.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Uganda	Measles	Ungraded	8-Aug-17	24-Apr-17	30-Apr-18	2 143	610	-	-	As of 30 April 2018, a total 2 143 cases have been reported 610 cases have been confirmed either by epidemiological link or laboratory. Twenty-six districts have confirmed a measles outbreak, these include: Amuru, Butambala, Butebo, Buyende, Gomba, Hoima, Iganga Isingiro, Jinja, Kaliro, Kampala, Kamuli, Kamwenge, Kayunga, Kyegegwa, Kyotera, Kabarole, Kalungu, Luwero, Lwengo, Mbale, Mityana, Mpigi, Namutumba, Ngora and Wakiso. Two districts of Kayunga and Lwengo successfully controlled their outbreaks by intensifying the routine immunization. The main cause of the measles outbreaks is failure to vaccinate especially young children below the age of 5 years. The Ministry of Health has developed a measles response plan with an objective to rapidly interrupt measles transmission through intensified routine immunizations of susceptible children.
Uganda	Undiagnosed Illness	Ungraded	30-May-18	19-Apr-18	26-May-18	19	-	6	31.6%	From 19 April – 26 May 2018, a total of 19 cases with 6 deaths (Case fatality rate=32%) have been identified and reported from Bugobero (8), Busukuya (8), and Bukusu (3) sub-counties in Manafwa district, Eastern Uganda. All the cases (100%) presented with high grade fever, abdominal pain, anaemia, haematuria, general body weakness, headache, and jaundice. Majority of the cases presented with loss of appetite (94%), palpitations (94%), sweating (94%), vomiting (94%), painful urination (88%), and abdominal distention (71%). Black water fever, a severe form of *Plasmodium falciparum* malaria in which blood cells are rapidly destroyed, resulting in dark urine is suspected to be the cause of the event.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Zimbabwe	Cholera	Ungraded	7-Apr-18	5-Apr-18	15-May-18	62	23	3	4.8%	A 24-year-old male subject from Stoneridge (15 km south of Harare city centre) fell ill 22 March 2018 and died 5th of April 2018. The patient's father and infant brother also had symptoms and tested positive for *Vibrio cholerae* serotype Ogawa. As of 15 May 2018, there are 62 cases (37 suspected cases, 23 confirmed cases, 2 probable case), and among them, 3 deaths (case fatality rate: 4.8%). The cases were reported from Stoneridge area (18), Belvedere West (2) and Harare and Chitungwiza (42).
Recently closed events										
Madagascar	Plague	G2	13-Sep-17	13-Sep-17	29-Apr-18	2 678	558	238	8.9%	From 1 August 2017 to 29 April 2018, a total of 2 678 cases of plague were notified, including 559 confirmed, 828 probable and 1 291 suspected cases. Of the total, 2 032 cases were of pneumonic, 437 were of bubonic, 1 was of septicaemic form and 208 cases were unspecified. Due to the sturdy multisectoral response since September by the Ministry of Public Health with the support of partners, the end of the epidemic outbreak of pulmonary plague in urban areas was declared on 27 November 2017. Since plague is endemic in some areas of Madagascar the outbreak was closed after the end of the plague season in April 2018.
South Africa	Rabies	Ungraded	-	1-Jan-18	17-Apr-18	7	6	0	0.0%	From Jan 2018 to date, a total of six human cases of rabies have been laboratory confirmed. Cases were reported from KwaZulu-Natal Province (4) where a resurgence of rabies has been reported. The remaining cases were reported from the Eastern Cape Province. For all of the cases, exposures to either rabid domestic dogs or cats were reported. Another probable case of rabies was reported from the Eastern Cape, but a sample for laboratory investigation for rabies was not available. The case did however present with a clinical disease compatible with a diagnosis of rabies and had a history of exposure to a potentially rabid dog before falling ill. During 2017, a total of six cases were reported for the year

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Zambia	Cholera	Ungraded	4-Oct-17	4-Oct-17	15-Apr-18	5 935	565	114	1.9%	As of 15 June 2018, 5 444 cases and 98 deaths have been reported in Lusaka district. From other districts outside Lusaksa, 491 cases and 16 deaths have been reported. Since the begining of the outbreak, Zambia has reported a cumulative total of 5 935 cases including 114 deaths. The outbreak was officially declared over on 15 June 2018 by the Ministry of health after 14 consecutive days without a case.

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

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Data sources
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