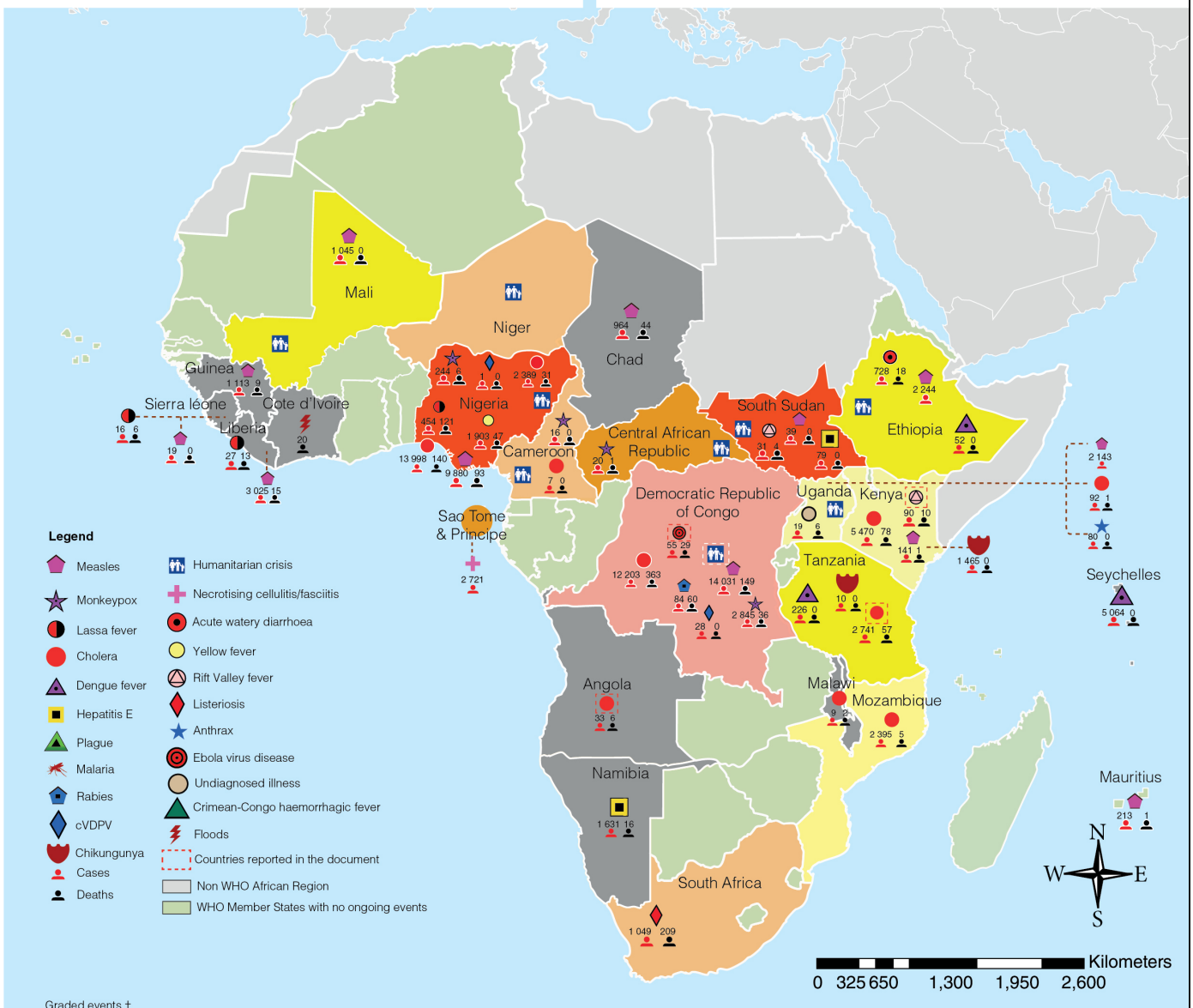
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 26: 23 - 29 June 2018
Data as reported by 17:00; 29 June 2018

World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

1	56	47	10
New events	Ongoing events	Outbreaks	Humanitarian crises



Graded events †

2	2	3	40
Grade 3 events	Grade 2 events	Grade 1 events	Ungraded events
2	2	3	
Protracted 3 events	Protracted 2 events	Protracted 1 events	

Health Emergency Information and Risk Assessment

Overview

Contents

- This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 57 events in the region. This week's edition covers key ongoing events, including:

  - Ebola virus disease in the Democratic Republic of the Congo
  - Rift Valley fever in Kenya
  - Cholera in Angola
  - Cholera in Tanzania
  - Humanitarian crisis in Democratic Republic of the Congo.

- 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 outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo. On 27 June 2018, all the people who were exposed to the last confirmed EVD case-patient completed their mandatory 21-day follow up without developing symptoms. This is an important milestone. The countdown to the end of the EVD outbreak, therefore, began on 12 June 2018 when the last confirmed case-patient was discharged from the Ebola treatment centre (ETU) in Bikoro. The response is now focused on intensive surveillance, including active case finding and investigation of suspected cases and alerts. In spite of this progress, there is a need to continue with intense response until the outbreak is finally controlled.

  - The complex humanitarian crisis in the Democratic Republic of the Congo remains dire. There are many ongoing health emergencies in the country, with serious public health and socioeconomic implications. Notably, in week 24 alone, there were 634 cholera cases with 34 deaths and 536 cases of measles.

    While the global attention is focused on containing the EVD outbreak, we should not lose sight of the many and much deeper public health issues in the Democratic Republic of the Congo. Proportionate resources need to be provided to these health emergencies on account of their consequences on the people of the Democratic Republic of the Congo and humanity.

Ongoing events

Ebola virus disease | **Democratic Republic of the Congo** | 55 **Cases** | 29 **Deaths** | 52.7% **CFR**

EVENT DESCRIPTION

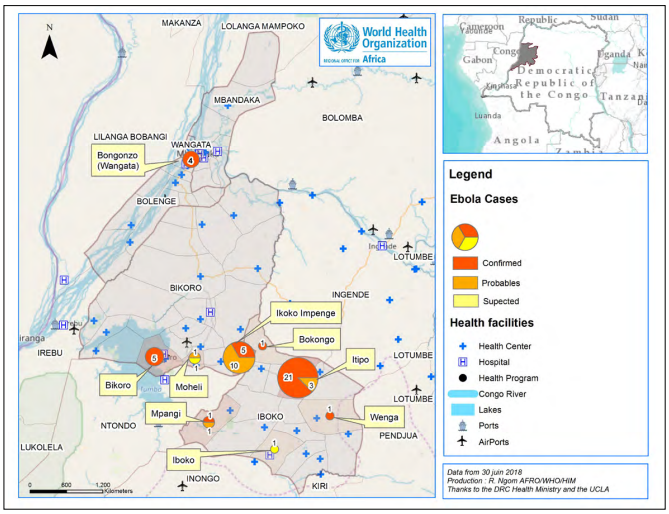
The Ministry of Health and WHO continue to closely monitor the outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo. On 27 June 2018, all contacts to the last confirmed EVD case completed their mandatory 21-day follow up without developing symptoms.

On 30 June 2018, no new suspected EVD cases were reported in Equateur Province. Two suspected cases reported on 29 June 2018 are awaiting collection of the second specimens for a repeat test after the first specimens 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. The last confirmed EVD case in Equateur Province was cured and discharged from the Ebola treatment centre on 12 June 2018.

Since the beginning of the outbreak (on 4 April 2018), a total of 55 EVD cases and 29 deaths have been reported, as of 30 June 2018. Of the 55 cases, 38 have been laboratory confirmed, 15 were probable cases (deaths for which it was not possible to collect laboratory specimens for testing) and two were suspected cases. One community death that occurred on 20 May 2018 in Iboko was retrospectively identified and reclassified as a probable case, increasing the number of probable cases from 14 to 15. Of the 53 confirmed and probable cases, 29 died, giving a case fatality rate of 54.7%. Twenty-eight (53%) 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.

Geographical distribution of the Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, 30 June 2018



PUBLIC HEALTH ACTIONS

- Daily coordination meetings continue at the national, sub-national and local levels to review the evolution of the outbreak, identify gaps in the response and propose key actions to accelerate the implementation of public health measures.
- As of 26 June 2018, WHO has deployed a total of 258 technical experts in various critical functions of the Incident Management System (IMS) to support response to the EVD outbreak.
- Since the launch of the vaccination exercise on 21 May 2018, a total of 3 330 people have been vaccinated in Iboko (1 530) Wangata (893), Bikoro (779), Ingende (107), and Kinshasa (21), as of 28 June 2018.
- Active surveillance activities are ongoing, including active case search at community and health facility levels, real-time investigation of suspected cases and alerts, collection of specimens for laboratory confirmation and/or exclusion, and contact tracing.
- As of 23 June 2018, 340 samples have been tested in the different sites, leading to confirmation of 38 EVD cases.
- Training of laboratory technicians on biosafety, polymerase chain reaction analysis and general information on EVD is ongoing in the city of Mbandaka.
- A total of 80 laboratory technicians in the city of Kinshasa were trained in appropriate sample collection, packaging and transportation as well as infection prevention and control principles.
- MSF has started the process of transitioning the management of the Ebola treatment centres (ETCs) in Mbandaka and Bikoro to the Ministry of Health.
- A clinic for people who have been cured of EVD has been established in Bikoro, operated by the Ministry of Health, INRB and MSF. A total of 24 case-patients with confirmed EVD have been cured since the onset of the outbreak.
- A total of 60 children orphaned by EVD have been identified in Moheli, Mbuli, Mooto, and Bikoro health areas. A total of 60 food kits were delivered to former contacts in Bikoro (35) and Moheli (25) health areas, while two food kits were delivered to two bereaved families in Itipo health area.

SITUATION INTERPRETATION

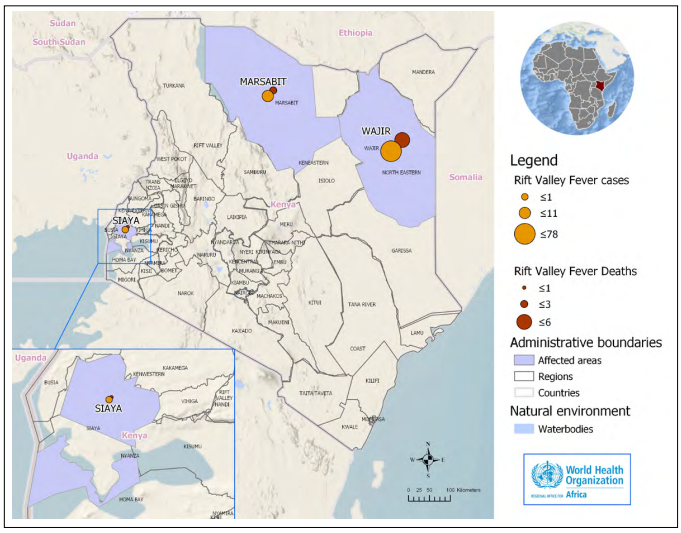
There has been significant progress in containing the EVD outbreak in Democratic Republic of the Congo. The 12 June 2018 marked the start of the countdown towards the end of the EVD outbreak, which is 42 days (two maximum incubation periods of the Ebola virus) without notifying new confirmed EVD cases. This is an important milestone. The response is now focused on intensive surveillance, including active case finding and investigation of suspected cases and alerts. 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. Similarly, preparation to conduct an after-action review has been initiated, aimed to draw lessons from the response to the ongoing outbreak in order to inform preparedness and readiness for future outbreaks. Planning to improve the institutional capacity and resilience of the national health system has also started.

EVENT DESCRIPTION

The Rift Valley fever (RVF) outbreak in Kenya continues to evolve. Since our last report on 22 June 2018 *(Weekly Bulletin 25)*, an additional 36 RVF cases (with no new deaths) have been reported. A retrospective epidemiologic investigation has established that the date of onset of illness in the index case was 11 May 2018, marking the beginning of the outbreak. Since then, a cumulative total of 90 cases and 10 deaths (case fatality rate 11%) have been reported, as of 27 June 2018. Of the 90 cases, 18 have been confirmed by polymerase chain reaction. The most affected age group is 21-30 years, with men making up 70% of the cases. So far, three counties have been affected: Wajir (78 cases, 6 deaths), Marsabit (11 cases, 3 deaths) and Siaya (1 case, 1 death).

The RVF outbreak in Kenya was detected on 2 June 2018, confirmed by the Kenya Medical Research Institute on 7 June 2018 and officially declared by the Ministry of Health on 8 June 2018. A RVF epizootic had been reported in four counties (Kadjiado, Kitui, Marsabit, and Wajir) by the Ministry of Livestock, with a number of animal blood samples testing positive for RVF. Risk assessment 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.

Geographical distribution of Rift Valley fever cases in Kenya, 11 May - 21 June 2018



PUBLIC HEALTH ACTIONS

- A national RVF technical committee has been activated and chaired by the Director of Veterinary Services, who meet weekly and execute the guidelines in the RVF contingency plan, and coordinate and work with the counties who have formed their own joint technical working groups.
- The Ministry of Health has activated the Emergency Operations Centre and identified the Event Manager and supporting technical team.
- A joint human and animal health multisectoral team from government and nongovernmental agencies has been meeting weekly to update the situation report and provide technical guidance to counties.
- Four treatment centres have been set up in Wajir County and are managing cases.
- A team from the Field Epidemiology and Laboratory Training Program has been dispatched to Wajir to support the county health teams and active surveillance is ongoing in all the affected and high risk counties.
- Information, education and communication (IEC) materials in English and Kiswahili have been dispatched to Wajir County and information is being broadcast on local FM radio stations and at mosques, as well as house-to-house by the Kenya Red Cross using Community Health Volunteers.
- The ban on movement and slaughter of animals from affected and at-risk counties remains in place.
- Indoor residual spraying was carried out at the epi centre in Eldas sub-county and animal spraying with pyrethroids is ongoing in affected counties.
- A total of 500 000 doses of RVF vaccine has been provided to high-risk counties, based on risk analysis.
- Protective Personal Equipment (PPE) and sample protection protocols have been shared with Wajir, and PPE for veterinary officers in Wajir has been provided through collaboration with the Ministry of Health.

SITUATION INTERPRETATION

The RVF outbreak in Kenya has rapidly increased in the last week, with more cases reported. This outbreak is occurring among seminomadic and remote communities, who are largely dependent on their livestock for livelihood and as their main food source. While response interventions are ongoing, several gaps have been identified, including lack of information on emergency stocks at county level; inadequate vector control tools, equipment, pesticides and personal protective equipment; limited knowledge of RVF by healthcare workers; and inadequate information, education and communication materials. Vector surveillance and control for humans and animals in high risk counties is yet to start while communication flow between the national, counties and the responding partners is inadequate.

In addition, a number of the areas affected by RVF 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. There are already reports of an epizootic in Rwanda and suspected human cases in Rwanda and Uganda. The national authorities and partners in Kenya need to continue scaling up response activities, based on the One Health approach, to prevent a much wider disease outbreak. The national authorities in the neighbouring countries also need to enhance preparedness for RVF, including active surveillance in both animal and humans.

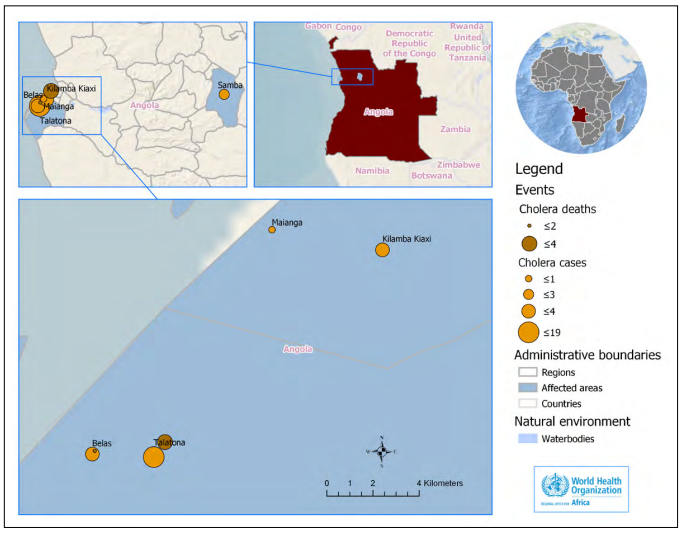
EVENT DESCRIPTION

On 21 June 2018, the Ministry of Health in Angola reported a cholera outbreak in Luanda, the capital city. The event started on 22 May 2018 when the index case, a 29-year-old man from Dangereux Commune in Talatona District, presented to the local health facility with acute water diarrhoea (AWD) and received treatment as an out-patient. The case-patient died at home on 23 May 2018. A cluster of seven cases of AWD, with two deaths, were reported in the subsequent days following the funeral of the index case. One stool specimen obtained from this cluster tested positive for *Vibrio cholerae* by culture, confirming the outbreak. Since then, more cholera cases continue to occur. In week 26 (week ending 1 July 2018), seven new suspected cholera cases (with no deaths) have been reported while six cases and one death were reported in week 25.

Between 22 May 2018 and 2 July 2018, a total of 33 suspected cholera cases, including six deaths (case fatality rate 18.2%), were reported from six districts across Luanda. The affected districts are Talatona (19 cases, 4 deaths), Belas (4 cases, 2 deaths), Kilamba Kiaxi (4 cases), Samba (3 cases), Viana (2 cases), and Maianga (1 case). Sixty-two percent of the reported cholera cases are males and 77% are five years and above. A total of three stool samples have been confirmed positive for cholera by culture.

Angola has experienced recurrence of cholera in different parts of the country: between 21 December 2017 and 18 May 2018, Uige Province registered a total of 895 suspected cholera cases with five deaths, and Cabinda Province reported 66 suspected cases with two deaths between 18 February 2018 and 29 April 2018.

Geographical distribution of cholera cases in Angola, 22 May - 21 June 2018



PUBLIC HEALTH ACTIONS

- A multi-sectorial committee, headed by the Ministry of Health, has been established to coordinate response to the cholera outbreak in Luanda. A cholera response plan has been developed to guide the response.
- Active surveillance has been established in all the at-risk districts, including active case search in health facilities and communities. Healthcare workers from the six at-risk districts have been trained in order to improve case detection and reporting.
- Water quality surveillance is being carried out as well as analysis of environmental samples, including beverages and foods.
- Water, sanitation and hygiene (WASH) activities are being implemented, including distribution of safe water and chlorine tablets for treatment of water in areas underserved by the public water network, disinfection of sewage leakages, provision of portable bathrooms and toilets in critical areas.
- Social mobilization and communication are ongoing: 500 social mobilization volunteers were deployed, health education sessions were held in the affected communities, seven schools and five churches located in the affected area were visited, and cholera and waterborne disease prevention messages are being disseminated.
- Health centres and hospitals in the affected area were provided with standard cholera equipment (cholera beds, oral and parenteral rehydration kits), ambulances, and medicines for case management. Healthcare workers have been trained in cholera case management
- A central logistic centre has been established, with support of the Armed Forces.

SITUATION INTERPRETATION

Angola has been experiencing recurrence of cholera outbreaks in different parts of the country since 2016. Four provinces have been majorly affected, namely Cabinda, Luanda, Uige, and Zaire. In many instances, the initial cholera cases are imported from the neighbouring Democratic Republic of the Congo, however, autochthonous cases have also been documented. Local community transmission is quickly established due to the prevailing predisposing factors and inadequate disease surveillance.

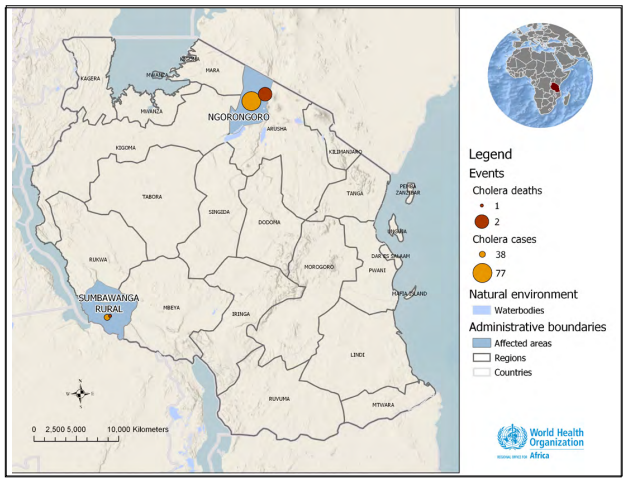
While the current cholera outbreak in Luanda is insidious, the high fatality rate is concerning – more so because it is occurring in an urban setting where access to healthcare services is assumed to be better. The national authorities and partners in Angola need to quickly control the ongoing cholera outbreak through implementation of effective interventions and avert the avoidable deaths.

EVENT DESCRIPTION

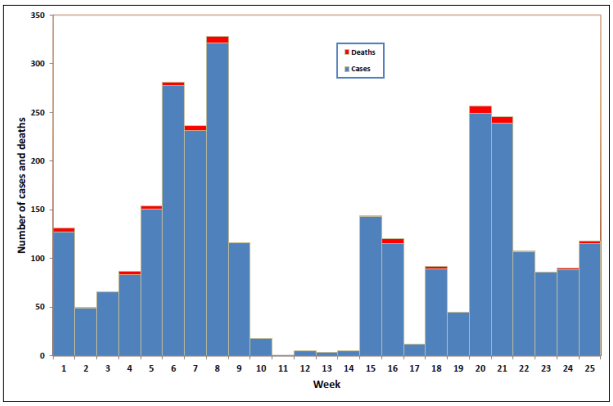
The cholera outbreak in Tanzania Mainland continues. Since our last report on 25 May 2018 *(Weekly Bulletin 21)*, a total of 636 additional cases and 13 deaths have been reported. In week 25 (week ending 24 June 2018), 115 new suspected cholera cases and three deaths (case fatality rate 2.6%) were reported, compared to 88 cases and two deaths reported in week 24. During the reporting week, Ngorngoro District in Arusha Region reported 77 cases and two deaths while Sumbawanga District in Rukwa Region reported 38 cases and one death.

From 1 January 2018 to 24 June 2018, there have been 2 741 cases, with 57 deaths (case fatality rate 2.1%), in Tanzania Mainland. Zanzibar Island continues to report zero cases. Overall, cholera cases have increased and nearly doubled from January to June 2018 (2 740 cases) compared to the same period in 2017 (1 471 cases). Cholera deaths also increased by 113% from January to May 2018 (51 deaths) compared to the same period in 2017 (24 deaths). In the past four weeks, Rukwa Region has reported 231 (58.3%) of 396 cases and Arusha Region has reported 165 (41.7%). Delayed reporting of cases has led to a backlog of reported cases in all reporting regions. All six zones in Tanzania, except Lake Zone, have reported at least one cholera case in 2018. In addition at least 18 districts have reported at least one case and the risk factors for a cholera upsurge remain around the country.

Geographical distribution of cholera cases in Tanzania, 1 January - 24 June 2018



Weekly trend of cholera cases in Tanzania Mainland, week 1 - week 25, 2018



PUBLIC HEALTH ACTIONS

- The WHO representative in Tanzania met the Minister of Health and agreed on key actions to strengthen the cholera response and control.
- A joint rapid response team from the Ministry of Health, President's Officer Regional Administration and Local Government and WHO is to be deployed in Arusha and Rukwa regions to assess the situation, identify gaps and support the implementation of response activities.
- Support for the surveillance subcommittee and laboratory activities at regional and district level is being provided.
- WHO is to engage UNICEF, other partners and the Ministry of Water to support installation of boreholes and water infrastructure that will allow bulk chlorination in affected areas and the implementation of effective water, sanitation and hygiene interventions.
- A risk communication specialist/anthropologist expert is to be recruited.
- Commodities and supplies for cholera prevention and response are to be procured and provided as needed and as requested by the Ministry of Health.
- Zanzibar continues to closely monitor all cases of acute watery diarrhoea and to follow up on the Cholera Elimination Plan, which is to be launched by September 2018.

SITUATION INTERPRETATION

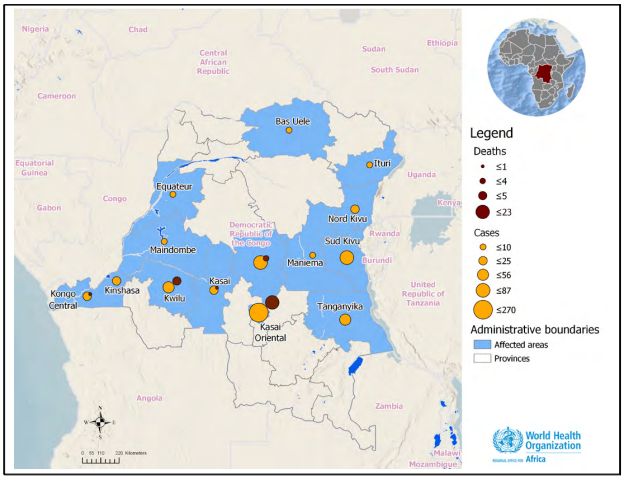
The continuing cholera outbreak in Tanzania Mainland is of great concern, particularly as it would seem that reporting structures in affected districts continue to be inadequate, which will have a serious effect on surveillance, case management and contact tracing. To date, it would appear that much work is needed to identify gaps in the prevention and response activities, which urgently need to be addressed. National and international actors need to provide urgent intervention to prevent further geographical spread of the disease.

EVENT DESCRIPTION

The complex humanitarian crisis in the Democratic Republic of the Congo continues, with no end to the precipitating armed conflicts and inter-community tension in sight. At least 13.1 million people, including 7.7 million children, are in need of humanitarian assistance and protection, nearly 14% of the country's population. More than 10.5 million people are in need of emergency health assistance and 7.7 million people are food insecure.

The security situation is particularly volatile in the eastern area of the country, with relative calm in some areas, resulting in the return of internally displaced persons (IDPs), while further internal displacement is ongoing in other regions. Humanitarian needs in Kasai region remain significant, despite a decrease in inter-communal conflict. In South Kivu Province, however, the humanitarian situation is critical, along with Fizi Territory, where armed conflicts have displace 19 000 people, who have deteriorating access to basic social services. In North Kivu, particularly Rutshuru Territory, the security situation has improved and IDPs are returning, with 15 800 returning between April and mid-June 2018. However, some of these returnees are with host families and need humanitarian assistance, as their houses were burnt. The March 2018 floods in Pweto Territory (Haut-Katanga Province) affected 90 000 people, resulting in loss of access to basic social services.

Geographical distribution of cholera cases in Democratic Republic of the Congo, week 24, 2018



The cholera outbreak is ongoing and the general trend is increasing across the country. In week 24 (week ending 17 June 2018), a total of 634 suspected cholera cases and 34 deaths (case fatality rate 5.4%) were reported, exceeding the average 500 cases per week in the past nine weeks. Kasai region is the most affected, with 57% of cases reported in week 24. The main hotspots remains the provinces of Kasai Oriental (270 cases, 23 deaths), South Kivu (87 cases), Sankuru (76 cases, 4 deaths) and Kwilu (56 cases, 5 deaths). Sixteen of 26 provinces reported at least one cholera case during the reporting week. Since the start of 2018, there have been a total of 12 203 cholera cases with 363 deaths (case fatality rate 3.0%), as of 24 June 2018.

PUBLIC HEALTH ACTIONS

- Since March 2018, implementation of the Central Emergency Response Fund (CERF) Rapid Response to Outbreak Project has been ongoing, with the support of WHO and partners, aiming to strengthen access to basic healthcare in 16 health zones in Haut-Lomami, Lomami, Kasai, Kasai Central, and South Kivu.
- About 177 500 beneficiaries out of the planned 387 977 have already benefited from the CERF project in the intervention areas and the second batch of drugs and equipment has been supplied to the targeted provinces, along with payment to healthcare providers to compensate for the provision of free health care in these areas.
- WHO is supporting cholera investigations in major hotspots and other areas reporting cases, as well as investigation of other health events, including Ebola virus disease alerts.
- Early warning and response surveillance (EWARS) has been established in Equateur Province to strengthen disease surveillance along with training of rapid response teams in many provinces, deployment of consultants and payment for Ministry of Health staff involved in the response and Community Relay agents.
- In Kasai Oriental, WHO is coordinating cholera case management, household disinfection, chlorination of water points and secure burial, as well as providing drugs and disease kits for the cholera treatment units in the province.
- In Sankuru Province, WHO is supporting the Ministry of Health in providing free medical care for all cholera cases, as well as awareness campaigns on cholera and water, sanitation and hygiene.

SITUATION INTERPRETATION

The complex humanitarian crisis in the Democratic Republic of the Congo remains a major concern. The volatile security situation, resulting in continued population movements, and violence in many areas, significantly hampers humanitarian access to affected populations.

The current increase in cholera incidence in spite of ongoing preparedness and response efforts indicates that the interventions are not adequate to interrupt further transmission. Basic water, sanitation and hygiene measures are still lacking in many areas, with only 26% of the country's population having access to clean water supplies.

National and international agents need to act urgently, both to prevent further inter-communal conflict and to improve preparedness and response for major epidemic-prone disease outbreaks.

Summary of major issues challenges, and proposed actions

Issues and challenges

- The Ministry of Health and other national authorities, WHO and partners have made significant progress in containing the EVD outbreak in Democratic Republic of the Congo. The 12 June 2018 marked the start of the countdown towards the end of the EVD outbreak. The response is now focused on intensive surveillance, including active case finding and investigation of suspected cases and alerts.

  While we look forward to the end of the EVD outbreak, we should be cognizant of the fact that a recurrence of EVD in the country is imminent – the only question is when! The Ministry of Health, with support from WHO, is planning to conduct operations review in early July in order to guide reprogramming of ongoing interventions, including developing a 90-day response plan after the outbreak. Similarly, preparation to conduct an after-action review has been initiated, aimed to document lessons learnt in order to inform preparedness and readiness for future outbreaks. Planning to improve the institutional capacity and resilience of the national health system is critical.

- The complex humanitarian crisis in the Democratic Republic of the Congo remains serious. The country has several ongoing health emergencies with serious public health and socioeconomic consequences. The prolonged cholera outbreak has been escalating in recent weeks, with over 600 cases and 34 deaths reported in week 24.

  While the global attention is focused to containing the EVD outbreak, there is a need to pay attention to the many and much deeper public health issues in the Democratic Republic of the Congo. Proportionate resources need to be provided to facilitate effective response to these health emergencies on account of their impact on the people of the Democratic Republic of the Congo and humanity.

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 interventions until the second phase of EVD response, focusing on rapid investigations of suspected cases and alerts in remote communities.
- The global community needs to provide proportionate resources to address the other health emergencies in the Democratic Republic of the Congo.

All events currently being monitored by WHO AFRO

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
New events										
Malawi	Cholera	Ungraded	13-Jun-18	8-Jun-18	27-Jun-18	9	4	2	22.2%	Malawi is experiencing a new cholera outbreak in Salima district, in the Central Region Province. The last case of the previous outbreak in that district was reported on 1 April 2018. The new outbreak started on 8 June 2018 in Khombedza Health Centre catchment area, a rural area which was not targeted in the previous oral cholera vaccine campaign because it was considered a relatively low risk area. As of 27 June 2018, a total of 9 cases including 2 deaths (both died at health facility) have been reported in this new outbreak. The three villages where the cases came from, draw water from rivers. Unsafe water is therefore the risk factor. There is borehole in this community but the borehole water very salty and people do not use it for drinking, cooking food, or bathing. They only use it for washing kitchen utensils. At least four for stool specimens were take taken and they were all positive on culture. *Vibro cholerae* 01 was isolated.
Ongoing events										
Angola	Cholera	Ungraded	21-Jun-18	22-May-18	26-Jun-18	33	3	6	18.2%	Detailed update given above.
Cameroon	Humanitar-ian crisis	G2	31-Dec-13	27-Jun-17	30-May-18	-	-	-	-	According to UNICEF's Humanitarian situation report on Cameroon as of May 2018, 160 000 Internally Displaced Persons (IDPs) in Meme and Manyu divisions in the South West, and Boyo, Momo, and Ngo-Ketunjia divisions in the North West are in need of assistance. The report noted the outbreaks of cholera and monkeypox in the regions during the month of May 2018 with the main response challenges been insecurity in the two regions due to the Anglophone crisis which forced many people to live in the bush, and geographically hard-to-reach health districts. In East region, there have been reported influx of refugees from the Central African Region fleeing the armed conflict in Bangui and along the borders. The general situation in the Far North has reportedly improved with decrease incidence of terrorist attacks and suicide bombings attributed to Boko Haram. However, returnees have been confronted with significant destruction in these areas due to previous attacks.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed 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 Director-ate 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 Mon-keypox virus by PCR. On 15 May 2018, the incident managment system was set up at the National Emergency Operations Center. Three new suspected cases were reported on 25 May 2018, from 2 districts along the boarder. As of 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).
Cameroon	Cholera	Ungraded	24-May-18	18-May-18	27-Jun-18	7	2	0	0.0%	On 27 June 2018, the Golombé district has notified 3 new suspected cholera in the Chontchi health area, Camp Badi village outside of Mayo Oulo district. Since 18 May 2018, four cases (3 cases from Guir-viza health zone and 1 case from Doumo health area) were previously reported in the two health areas that boarder with Ni-geria. This brings the total number of cases to 7 with no deaths and reported from 3 health areas of 2 districts. The gender distribution shows that 85% are female. All cases were treated in health facilities.
Central African Republic	Humanitar-ian crisis	Protract-ed 2	11-Dec-13	11-Dec-13	11-Jun-18	-	-	-	-	The security situation remains tense and precarious in many places across the country. Humanitarian operations around the northern Kaga Bandoro town have been suspended due to increasing violence against aid workers. In Kaga Bandoro town itself 60% of aid opera-tions has been suspended. Fresh violence was also reported in the central Bambari town last week prompting the relocation of most international aid workers to the capital Bangui (OCHA Weekly Regional Humanitarian Snapshot 5 - 11 June 2018). weekCurrently, 2.5 million people are in need of humanitarian aid including 1.1 million people targeted for the health cluster partners. There are around 688 700 IDPs across the country, of which 70% are living with host families.
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 cases in Bangassou health district. As of 24 April 2018, twenty cases including nine con-firmed cases have been reported from Ippy (6) and Bangassou (3).

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Chad	Measles	Ungraded	24-May-18	1-Jan-18	26-Jun-18	964	55	44	4.6%	Since week 1 of 2018, a total of 964 suspected cases with 44 deaths (CFR 5%) have been reported as of 26 June 2018. The cases have been reported in 92 out of 117 health districts in the country. As of 6 June 2018, 55 cases have been laboratory confirmed, 333 confirmed by epidemiological link, and 13 clinically compatible. Since mid-May, 11 districts have been affected, these include: Bokoro, Gama, Am dam, Goz Beida, Haraze Mangueigne, Tissi, Moussoro, Ati, Faya Bardal, Abeche and Zour.
Côte d'Ivoire	Floods	Ungraded	20-Jun-18	18-Jun-18	20-Jun-18	-	-	20	-	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.
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	28-Jun-18	-	-	-	-	Detailed update given above.
Democratic Republic of the Congo	Cholera		16-Jan-15	1-Jan-18	17-Jun-18	12 203	0	363	3.0%	The cholera outbreak in the Democratic Republic of the Congo continues, with an increase in the number of cases in the last three weeks following the lowest dip in week 21. A total of 634 cases with 34 deaths (CFR:5.4%) was reported from 16 out of 26 provinces. The provinces of Kasai Oriental, South Kivu, Sankuru and Kwilu reported the highest number of cases with 270 cases, 87 cases, 76 cases and 56 cases respectively. Case fatality rate is particularly high in the provinces of Kwilu (8.9%), Kasai Oriental (8.5%), Kasai (6.7%) and Sankuru (5.3%). In week 24, the number of new cases reported in Kasai Oriental Province has almost tripled, compared to that reported in the previous week. From week 1 to 24 of 2018, a total of 12,203 cases of cholera including 363 deaths (CFR: 3.0%) have been reported.
Democratic Republic of the Congo	Ebola virus disease	G3	7-May-18	4-Apr-18	25-Jun-18	55	38	29	52.7%	Detailed update given above.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	1-Jan-18	17-Jun-18	14 031	195	149	1.1%	In week 24 of 2018, 536 suspected cases with 9 deaths (CFR-1.7%) were notified across the country compared to 441 suspected cases with 10 deaths (CFR-2.3%) reported in the previous week 23. The provinces of Tshopo, Haut-Katanga, Lualaba and South Kivu notified 91.4% of all suspected cases during week 24. A total of 14,031 cases with 149 deaths (CFR-1.1%) has been reported from week 1 to 24, 2018. One hundred ninety-five (195) cases have been laboratory-confirmed and 1,783 epi-linked. Twenty-two health zones have had confirmed epidemics since week 1 of 2018.
Democratic Republic of the Congo	Polio-myelitis (cVDPV2)	Ungraded	15-Feb-18	n/a	29-Jun-18	28	28	0	0.0%	The latest case of cVDPV2 was reported from Gethy Zone, Ituri Province, from an AFP case with onset of paralysis on 5 May 2018. As of 29 June 2018, a total of 28 cases with onest in 2017 (22 cases) and 2018 (6 cases) have been confirmed. Six provinces have been affected, namely Haut-Lomami (9 cases), Maniema (2 cases), Tanganyika (14 cases), Haut Katanga (1 case), Mongala (1 case), 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 polio virus type 2.
Democratic Republic of Congo	Rabies	Ungraded	19-Feb-18	1-Jan-18	17-Jun-18	84	0	16	19.0%	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	17-Jun-18	2 845	34	36	1.3%	From weeks 1-24 of 2018 there have been 2845 suspected cases of monkeypox including 36 deaths (CFR:1.3%). 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.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Ethiopia	Humanitar-ian crisis	Protract-ed 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.
Ethiopia	Acute watery diarrhoea (AWD)		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		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 compat-ible). 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.
Ethiopia	Dengue fever	Ungraded	18-Jun-18	8-Jun-18	10-Jun-18	52	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.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Guinea	Measles	Ungraded	9-May-18	1-Jan-18	6-May-18	1 113	267	9	0.8%	A new measles outbreak was detected in epidemiological week 8, 2018. Measles was reported in all parts of the country since the beginning of the year. The most affected zones include Kankan, Conakry and Faraneh. Out of 522 samples tested, 267 samples tested IGM positive. Out of the positive cases, 76% were not vaccinated for measles despite vaccination campaign efforts in 2017 following a large epidemic.
Kenya	Chikun-gunya	Ungraded	mid-December 2017	mid-De-cember 2017	24-Jun-18	1 465	50	0	0.0%	The outbreak is still ongoing in Mombasa since December 2017. A total of 1 465 Chi-kungunya 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	24-Jun-18	5 470	299	78	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 25 June 2018, a total of 5 470 cases with 78 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, Meru, Tana River, Turkana, West Pokot, Kelifi and Isiolo counties. The outbreak has been controlled in 11 counties: Elgeyo Marakwet, Kirinyaga, Busia, Mombasa, Siaya, Murang'a, Nairobi, Tharaka Nithi, Trans-Nzoia, Nakuru and Machakos. Garissa (1 501 cases and 18 deaths, CFR 1.2%) located the border with Somalia is the most affected county and it hosts the Daadab refugee camp. Followed by Turka-na 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	11-May-18	27-Jun-18	90	18	10	11.1%	Detailed update given above.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed 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	27-Jun-18	27	20	13	48.1%	Sporadic cases of Lassa fever have been reported since the beginning of the year. From 1 January to 27 June 2018, 130 suspected cases have been reported. As of 27 June 2018, only Nimba County remains in active outbreak phase with two new confirmed cases reported on 27 June 2018, while Bong, Margibi and Grand Bassa Counties have exited the outbreak phase. Test results by RT-PCR for 123 suspected cases showed 20 positive and 103 negative. Seven specimens were not tested due to poor quality. Thirteen deaths have been reported among 20 confirmed cases (CFR 65%). Females constitute 60% (12/20) of confirmed cases. The age range among confirmed cases was 1 to 65 years old with a median age of 32.5 years. Cumulatively, 27 confirmed and suspected cases (negative cases removed) have been reported with 13 deaths (CFR 61.79). A total of 25 contacts are currently being monitored in Nimba county. All previous contacts (128) from Bong (71), Grand Bassa (24) and Nimba (33) have completed 21 days follow up.
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)

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	3-Jun-18	1 045	246	0	0.0%	From Week 1 to Week 22 of 2018, a total of 1 045 suspected cases with zero deaths have been reported. Blood samples from 794 suspected cases have been tested of which 246 were confirmed (IgM-positive) at the National Reference Laboratory (INRSP). Five hundred fourty-eight (548) tested negative. About 70% of confirmed cases are below 5 years old. No test has been conducted since week 17 due to stock out of reagent. Health districts affected by measles are in Bougouni, Koutiala, Kolondieba, Tombouctou, Dioila, Taoudenit and Kalabancoro. Reactive vaccination campaigns, enhancement of surveillance, and community sensitization activities are ongoing in the affected health districts.
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 (IgM antibodies). No history of travel among measles cases. The onset of symptoms of the first cases was in week 12 (week ending 25 March 2018). A sharp increase in measles cases was observed 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.
Mozam-bique	Cholera	G1	27-Oct-17	12-Aug-17	17-Jun-18	2 395	-	5	0.2%	The cholera outbreak is ongoing. From mid-August 2017 through 17 June 2018, 2 395 cases have been reported from two provinces; Nampula (1 712 cases and 2 deaths) and Cabo Delgado (683 cases and 3 deaths) provinces. This outbreak started in mid-August 2017 from Memba district, Nampula Province and Cabo Delgado Province started reporting cases from week 1 of 2018. Zero cases were reported for more than 8 weeks from 7 districts and two cities in the two provinces. One district in Nampula, Nacala Port has reported cholera case in wk 21 2018. There have been 66 cases and no death reported for the last 4 weeks.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Namibia	Hepatitis E	Ungraded	18-Dec-17	8-Sep-17	17-Jun-18	1 631	126	16	1.0%	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 24 (11 - 17 June 2018), a total of 51 cases was reported from Windhoek district compared to 59 patients seen during week 22 (4 - 10 June 2018) indicating a slight decrease in cases compared to the last few weeks. As of 17 June 2018, Windhoek district reported a cumulative total of 1 569 suspected including 114 confirmed cases, since the outbreak started in September 2017. There has been a cumulative total of 15 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	Humanitar-ian crisis	G2	1-Feb-15	1-Feb-15	11-Jun-18	-	-	-	-	According to OCHA Weekly Humanitarian report for 5 – 11 June 2018, humanitarian missions to the south-eastern Diffa region have been suspended following a suicide attack in the regional capital Diffa on 4 June 2018. At least six civilians were killed and 36 injured in three separate suicide blasts. A security assessment is to be conducted before the resumption of humanitarian missions. The region had seen a decline in attacks since the beginning of a military operation by the Multinational Joint Task Force in April 2018.
Nigeria	Humanitar-ian crisis	Protract-ed 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.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Nigeria	Cholera	Ungraded	7-Jun-17	1-Jan-18	25-Jun-18	13 998	179	140	1.0%	As of 25 June 2018, a total of 13 998 cases including 140 deaths (CFR-1.0%) have been reported from 66 Local Government Areas in 16 States (Adamawa, Anambra, Bauchi, Borno, Federal Capital Territory, Gombe, Jigawa, Kano, Kaduna, Katsina, Kogi, Nasarawa, Niger, Plateau, Yobe and Zamfara) since the beginning of 2018. Bauchi, Adamawa, and Zamfara States constitute79.6% of the cholera cases reported. Bauchi LGA is the most critical recording close to 200 cases a day and being the LGA with the most protract-ed outbreak. Federal Capital Territory, Gombe, Jigawa, and Katsina are the latest to report outbreaks.Since the peak in week 21 when close to 1 400 cases were report-ed, there has been a steady decline in the number of cases on the overall. One hun-dred seventy-nine (179) cases out of 224 samples tested were laboratory confirmed. The most affected age group is children below the age of five years. There is nearly equal number of males (7 006) and females (6,992) that have been affected.
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-18	24-Jun-18	454	444	121	26.7%	In reporting week 25 six new confirmed cases and two deaths were reported. From 1 January to 24 June 2018, a total of 2 042 suspected cases have been reported from 21 states. Eighteen states have exited the active phase of the outbreak while three - Edo, Ondo and Plateau states still remain active. Of the suspected cases, 444 were confirmed positive, 10 are probable, 1 588 negative (not a case). Thirty-nine health care workers have been affected since the onset of the outbreak in seven states Ebonyi (16), Edo (14), Ondo (4), Kogi (2), Nasarawa (1), Taraba (1), and Abia (1) with ten deaths in Ebonyi (6), Kogi (1), Abia (1), Ondo (1) and Edo (1). A total of 5 618 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 re-corded from ten States (Edo, Ekiti, Katsina, Kebbi, Kwara, Kogi, Kano, Nasarawa, Ni-ger and Zamfara).Yellow fever vaccination campaigns have been successfully complet-ed 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 Capi-tal Territory (FCT). One hundred one (101) laboratory-confirmed and 3 probable cases have been reported from 15 states/ territories (Akwa Ibom, Abia, Anam-bra, Bayelsa, Cross River, Delta, Edo, Ekiti, Enugu, Lagos, Imo, Nasarawa, Oyo, Rivers, and FCT).

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Nigeria	Polio-myelitis (cVDPV2)	Ungraded	1-Jun-18	1-Jan-18	27-May-18	1	1	0	0.0%	One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been confirmed in Nigeria this week, occurring in Kaugama district, Jigawa state, with onset on 15 April 2018.
Nigeria (North East)	Cholera	Ungraded	n/a	13-Feb-18	28-Jun-18	2 389	66	31	1.3%	North-east Nigeria is experiencing recurrent cholera outbreaks, with two states: Adamawa and Borno currently having active transmission. Since February 2018, the two states in north-east Nigeria have reported a total of 2 389 suspected cholera cases and 31 deaths (CFR 1.3%), as of 28 June 2018. The cholera outbreak in Adamawa State emerged on 17 May 2018 and has affected four local government areas (LGAs): Mubi North, Mubi South, Hong, and Maiha. Twenty new cases were reported with no death on 28 June 2018. One cases from Mubi North, 11 cases from Mubi South, and 8 from Maiha LGAs. As of 28 June 2018, a total of 1 479 cases, including 25 deaths (case fatality rate 1.7%) have been reported from Mubi North (581 cases, 13 deaths), Mubi South (846 cases, 12 deaths), Hong (7 cases) and Maiha (44 cases). A total of 56 (72%) stool specimens tested positive by cholera rapid diagnostic test (RDT) and 21 out of 31 culture samples taken yielded growth with *Vibrio cholerae*. In Borno State, the cholera outbreak which started on 13 February 2018 in Kukawa LGA. Fifty one new suspected cholera cases have been reported from Kukawa LGA in week 25 (week ending on 24 June 2018). The total number of cases reported from Kukawa LGA since the beginning of the outbreak was 784 cases with 3 deaths (CFR 0.4%) while Askira-Uba reported 85 cases with 3 deaths (CFR 3.5%). A cumulative total of 910 suspected cholera cases and six deaths (CFR 0.4%) has been reported in Borno state, as of 24 June 2018. No cases reported from Banki IDP camp in Bama LGA for 28 days. Out of 116 stool samples collected, 93 (80%) were positive on cholera RDT. Forty-five (56%) out of 80 samples were culture positive. Yobe State has officially declared the outbreak over.
São Tomé and Prin-cipé	Necrotising cellulitis/ fasciitis	Protract-ed 2	10-Jan-17	25-Sep-16	24-Jun-18	2 721	0	0	0.0%	From week 40 in 2016 to week 25 in 2018, a total of 2 721 cases have been notified. In week 25, 9 cases were notified, eight less than the previous week. Five out of seven districts reported a case, Mé-zochi (2), Agua Grande (3), Lobata (0), Cantagalo (0), Caue (2), Lemba (1) and Príncipe (0). The attack rate of necrotising cellulitis in Sao Tome and Príncipe is 13.8 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%).

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	20-May-18	5 064	1 429	-	-	A total of 4 459 cases have been reported from all regions of the three main islands (Mahé, Praslin, and La Digue). A total of 4 950 suspected cases reported by end of week 16, 2018. Significant increase in reported suspected cases for week 16 compared with week 15, a total of thirty-four (34) suspected cases. Twenty-four samples tested amongst which five were positive, 19 negative. Of note nine suspected cases were admitted at Baie St Anne Praslin Hospital but unfortunately not tested. So far for this epidemic the serotypes DENV1, DENV2 and DENV3 have been detected.
Sierra Leone	Lassa fever	Ungraded	8-Jun-18	1-Jan-18	20-May-18	16	16	6	37.5%	A total of 16 confirmed case with 6 deaths have been reported since the beginning of the year from Bo (2) and Kenema (14) districts.
Sierra Leone	Measles	Ungraded	14-Jun-18	4-Jun-18	14-Jun-18	19	19	-	0.0%	Koinadugu district on the border with Guinea has reported a total of 19 confirmed cases in two chiefdoms, Sulima (14 cases) and Mongo (5 cases) from 11 - 14 June 2018. These cases are reportedly from unvaccinated children in neighboring Guinea who have travelled with their parents to access services in nearby health facilities close to the border.
South 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	Con-firmed cases	Deaths	CFR	Comments
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	10-Jun-18	79	14	-	-	Nine new hepatitis E (HEV) cases were reported in week 23, including one RDT positive and one pregnant female. From 3 January 2018, a total of 79 case of HEV have been reported in two counties of South Sudan as of 10 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 66% 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	10-Jun-18	39	3	0	0.0%	Measles outbreak confirmed in Rumbek Center after 3 IgM positive cases were reported. A cumulative of 39 measles cases with no deaths have been line listed since week 19. Most cases are from Akuach village (2km 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 first quarter of 2018 for the county was 19%. As part of the response; outbreak investigation, line listing and vaccination micro plan targeting 44 049 children 6-59 months of age has been completed. A reactive response is planned by MedAir and CUAMM supported by WHO and UNICEF. Long-term strategy for improving routine immunization has been developed by EPI-MoH
South Sudan	Rift Valley fever (RVF)	Ungraded	28-Dec-17	7-Dec-17	10-Jun-18	31	6	4	12.9%	No new suspect RVF cases reported since week 18 of 2018. 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	Con-firmed cases	Deaths	CFR	Comments
Tanzania	Chikun-gunya	Ungraded	23-Jan-18	1-Jan-18	22-Jun-18	10	5	0	0.0%	Four cases of Chikungunya have been re-ported from Holili Point of entry (POE) in Kilimanjaro following the traveler's screen-ing. The travelers were coming from Kenya and presented with clinical symptoms of generalized body malaise and fever. Upon further laboratory investigations at the KCRI, samples tested positive by PCR. Other cases were confirmed early in 2018 travel history to Mombasa. From January to June 2018, a total of 10 suspected cases have been reported including 5 confirmed. All cases were captured in Tanzania through POE.
Tanzania	Cholera	Protract-ed 1	20-Aug-15	1-Jan-18	24-Jun-18	2 741	-	57	2.1%	Detailed update given above.
Tanzania	Dengue fever	Ungraded	19-Mar-18	1-Dec-17	22-Jun-18	226	11	-	-	An outbreak of Dengue fever is ongoing in Dar es Salaam. Further information will be provided when it becomes available.
Uganda	Humani-tarian crisis - refugee	Ungraded	20-Jul-17	n/a	21-Jun-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 Se-barogo have been temporarily overcrowd-ed. The number of new arrivals per day peaked at 3 875 people in mid-February 2018.
Uganda	Cholera	Ungraded	7-May-18	29-Apr-18	20-Jun-18	92	26	1	1.1%	On 29 April 2018, a 40 years old female presented with vomiting, acute rice watery diarrhea 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.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
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.
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	Undi-agnosed Illness	Ungraded	30-May-18	19-Apr-18	26-May-18	19	-	6	31.6%	From 19 April – 26 May 2018, a total of 19 cases with 6 deaths (case fatality rate 32%) have been identified and reported from Bugobero (8), Busukuya (8), and Bukusu (3) sub-counties in Manafwa district, Eastern Uganda. All the cases (100%) presented with high grade fever, abdominal pain, anaemia, haematuria, general body weakness, headache, and jaundice. Majority of the cases presented with loss of appetite (94%), palpitations (94%), sweating (94%), vomiting (94%), painful urination (88%), and abdominal distention (71%). Black water fever, a severe form of *Plasmodium falciparum* malaria in which blood cells are rapidly destroyed, resulting in dark urine is suspected to be the cause of the event.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Con-firmed cases	Deaths	CFR	Comments
Recently closed events										
Mauritania	Dengue fever	Ungraded	24-May-18	15-May-18	25-Jun-18	29	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. 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). A total of 29 cases were identified including 4 confirmed cases and 25 suspected cases between 15 and 24 May 2018. Since than, no case has been report-ed. To this end, the Ministry of Health declared the end of the Guerou dengue epidemic on 14 June 2018.
Zimbabwe	Cholera	Ungraded	7-Apr-18	5-Apr-18	15-May-18	62	23	3	4.8%	A 24-year-old male subject from Stoner-idge (15km 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 Oga-wa. 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), Belve-dere West (2) and Harare and Chitungwiza (42). For over a month, since 15 May 2018 there has been no new case 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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Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.

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