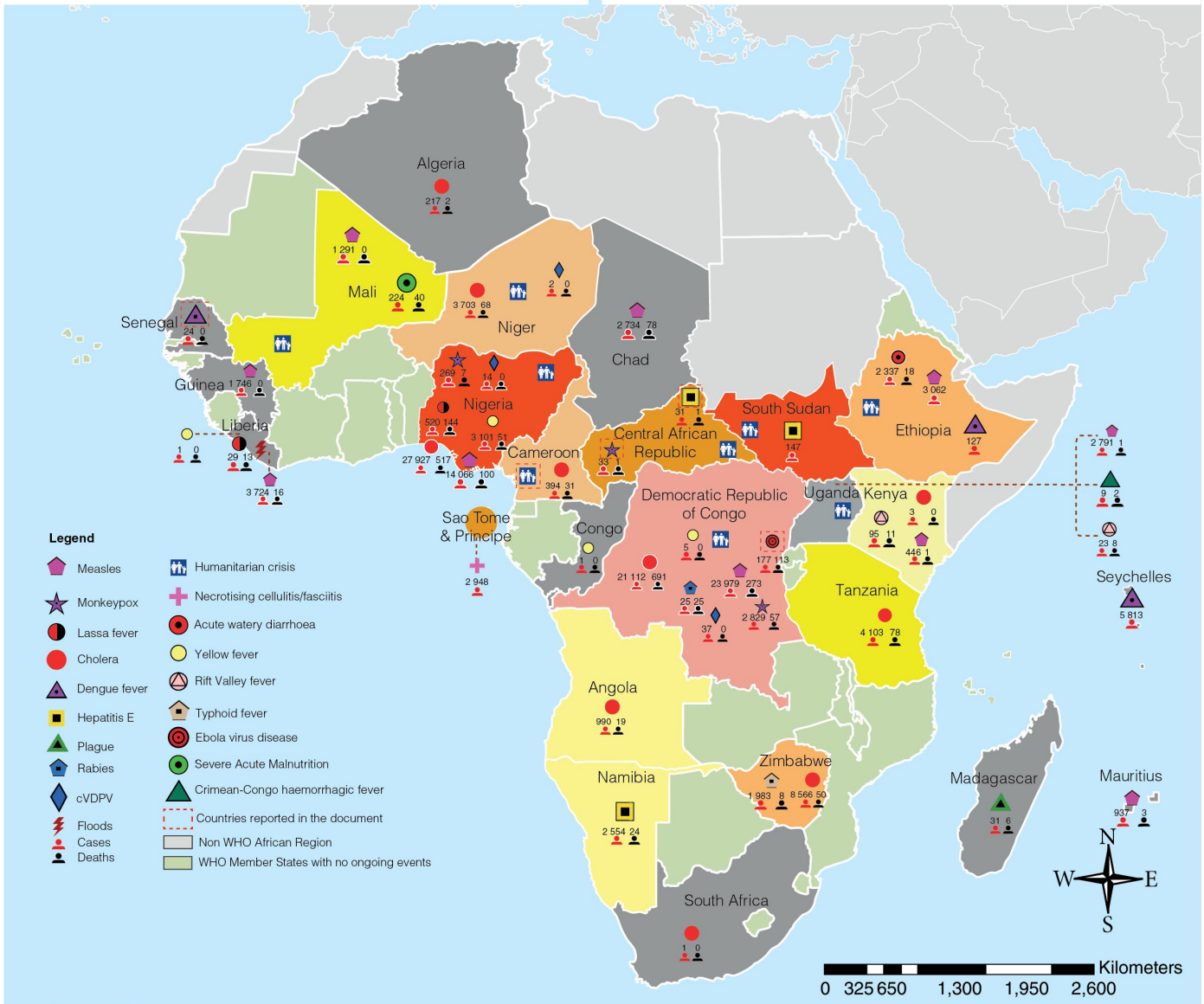
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 40: 29 September - 5 October 2018
Data as reported by 17:00; 5 October 2018

World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

3	55	46	12
New events	Ongoing events	Outbreaks	Humanitarian crises



Graded events †

2 Grade 3 events	**6** Grade 2 events	**5** Grade 1 events	**36** Ungraded events
2 Protracted 3 events	**2** Protracted 2 events	**4** 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 58 events in the region. This week's edition covers key new and ongoing events, including:

  - Hepatitis E in Central African Republic
  - Monkeypox in Central African Republic
  - Dengue fever in Senegal
  - Ebola virus disease in the Democratic Republic of the Congo
  - Humanitarian crisis in Cameroon.

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

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

- **Major issues and challenges include:**

  - The Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo has reached a critical juncture, marked by a precarious security situation, persistence of pockets of community resistance/ mistrust and expanding geographical spread of the disease. During the reporting week, there was an incident involving a response team performing burial activity in Butembo. This came barely days following a widespread community strike *("ville morte")* in Beni and several towns, and an earlier armed attack in Beni. These incidents severely disrupted most outbreak control interventions. Meanwhile, EVD cases have been confirmed in new areas with worse insecurity and in close proximity to the border with Uganda. All these factors come together to elevate the risk of further propagation of the outbreak. Meanwhile, most communities support the response. The Ministry of Health, WHO and partners continue to work closely with communities and are able to provide vaccines to contacts and treatment to those who are sick.

  - During the reporting week, the Ministry of Health and Population in the Central African Republic has declared two simultaneous outbreaks of hepatitis E and monkeypox in the country. These outbreaks are occurring against the backdrop of a deteriorating security situation and resulting precarious living conditions in the community. Of particular concern is the outbreak of hepatitis E, which has a higher potential to gain a foothold in such situation. The risk factors for transmission of water-borne disease are prevalent in the communities. There is a need to aggressively tackle these outbreaks at this early stage to avoid them gaining a foothold.

New events

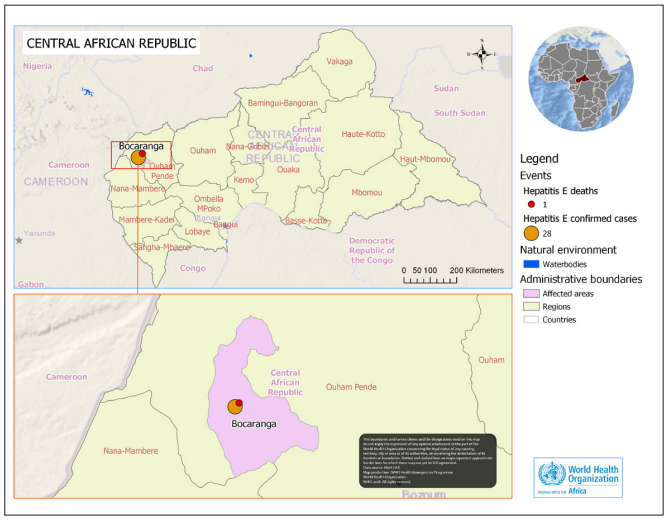
Hepatitis E | **Central African Republic** | 31 **Cases** | 1 **Death** | 3% **CFR**

EVENT DESCRIPTION

On 2 October 2018, the Ministry of Health and Population in the Central African Republic declared an outbreak of hepatitis E virus (HEV) infection in Bocaranga-Koui Health District, located in the north-western part of the country. Increasing cases of acute jaundice syndrome were initially detected in health facilities within Bocaranga city starting in week 37 (week ending 16 September 2018). Outbreak investigation conducted by health authorities identified 31 cases of acute jaundice syndrome that occurred between weeks 37 and 39, and blood specimens were accordingly obtained. Test results from the Institut Pasteur Bangui laboratory showed that 29 of the 31 specimens were IgM positive for HEV by serology, confirming the outbreak. One of the 31 cases died, translating into a case fatality ratio of 3%. The death occurred in a pregnant woman in her third trimester. Fifty-five percent of the confirmed cases are women, while the most affected age group is those aged 10 to 24, with 52%, followed by 24 to 59 years at 41% (the ages range from 7 to 80 years).

The confirmed cases came from five localities in Bocaranga-Koui Health District, namely Barrage II (14 cases), Barrage 1 (8), Bolere (4), Mondja (2) and Camp commercial (1). Further investigations are being undertaken to obtain a better understanding of the extent of the outbreak.

Geographical distribution of hepatitis E cases and deaths in Central African Republic, week 37 - week 39, 2018



PUBLIC HEALTH ACTIONS

- The Minister of Health issued an official statement on 2 October 2018 formally declaring the HEV outbreak. Two emergency meetings have already been held at the Emergency Operations Centre.
- A local coordination structure has been established at the health district level to plan, implement and monitor response operations.
- A national rapid response team has been deployed to the affected district to conduct epidemiological investigations, rapid risk analysis and support local response.
- Epidemiological surveillance has been strengthened in the affected district as well as in the other districts in the country. Standardized case definition has been disseminated to health workers to facilitate early case detection.
- WHO provided emergency health kits to support the implementation of free outpatient care services.
- Door-to-door awareness campaigns are underway, being carried out by community relays, with the support of CORDAID and IRC. Messages and communication materials on the disease, hygiene (latrines and toilets) are being validated, and water chlorination agents (PUR) are being distributed in the affected communities.

SITUATION INTERPRETATION

Health authorities in the Central African Republic have confirmed a new outbreak of HEV in Bocaranga-Koui Health District, one of the most insecure places in the country, with high levels of crime and incessant displacement of people, who either live in the bush or in host communities. Data from the United Nations Office for Coordination of Humanitarian Affairs (UN OCHA) estimates that 146 251 inhabitants live the health district (in 2018), of which more than 25 000 are in humanitarian distress. The affected population live in precarious conditions characterized by poor sanitation and hygiene. The main sources of drinking water are wells or rivers and most health infrastructures are non-functional with insufficient qualified health personnel.

Given the underlying predisposing conditions in the affected communities (and in most parts of the country), the HEV outbreak has a high potential to escalate if key control measures are not undertaken at this early stage. The national authorities and partners are called upon to quickly mobilize and institute effective interventions to bring this outbreak to a speedy end.

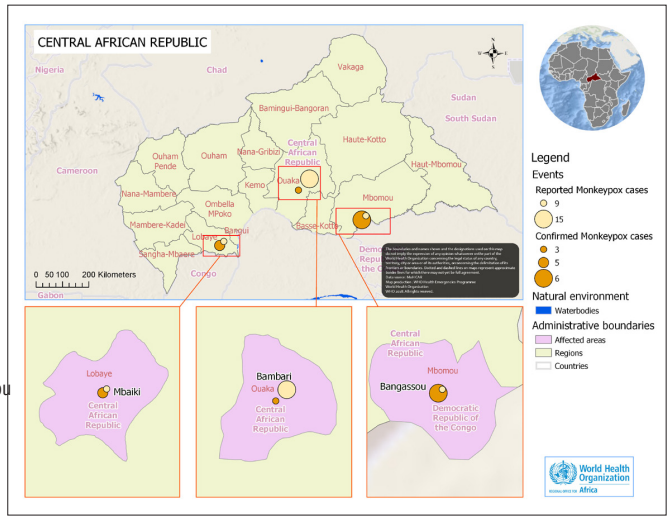
EVENT DESCRIPTION

On 1 October 2018, the Ministry of Health and Population in the Central African Republic declared a fresh outbreak of monkeypox in Mbaiki health district, located in the south-western part of the country. The latest event was detected on 26 September 2018 when a cluster of three case-patients (from one family) in Zouméa-Kaka village, Mbaiki Health District presented to the local health facility with diffuse skin eruptions and fever. Blood specimens were collected from the case-patients and shipped to the Institut Pasteur Bangui, and the test results were positive for monkeypox virus infection by reverse transcription polymerase chain reaction (RT-PCR). In week 40 (week ending 7 October 2018), one new suspected monkeypox case was reported, bringing the total number of cases reported between weeks 39 and 40 to four, including three confirmed. There was no reported death among the cases during this latest event.

This is the fourth monkeypox public health event in the Central African Republic in 2018, and it is the second time this year that Mbaiki District has been affected by the disease. Previous clusters have occurred in three districts namely, Bangassou (weeks 9-11), Bambari (weeks 13-16) and Mbaïki (weeks 26-27). Since notification of the first event in Bangassou on 17 March 2018, a total of 33 cases and one death have been reported nationally as of 5 October 2018. Of these, 14 cases were confirmed in three districts: Bangassou (6 cases), Bambari (3 cases) and Mbaïki (5 cases).

To date, no epidemiological linkage has been established between the four clusters. Investigations are ongoing to identify key risk factors for disease transmission.

Geographical distribution of mokeypox cases and deaths in Central African Republic, 26 September - 7 October 2018



PUBLIC HEALTH ACTIONS

- The Ministry of Health is working with WHO and partners to implement outbreak response activities.
- The Emergency Operation Centre has been activated and two coordination meetings have already taken place.
- Mbaïki health district is conducting an in-depth epidemiological investigation of the current cluster of cases in order to identify risk factors.
- Monkeypox surveillance and active case search is being strengthened at the community and healthcare facilities levels. Contact listing and tracing activities have been initiated this week and are ongoing.
- The Zouméa-Kaka health centre is providing free care to patients and an isolation unit has been established in the centre.
- WHO has pre-positioned drugs, medical supplies, personal protective equipment and case management protocols.
- UNICEF is supporting the installation of handwashing stations.
- CORAID is supporting community sensitization and raising awareness around preventive measures.

SITUATION INTERPRETATION

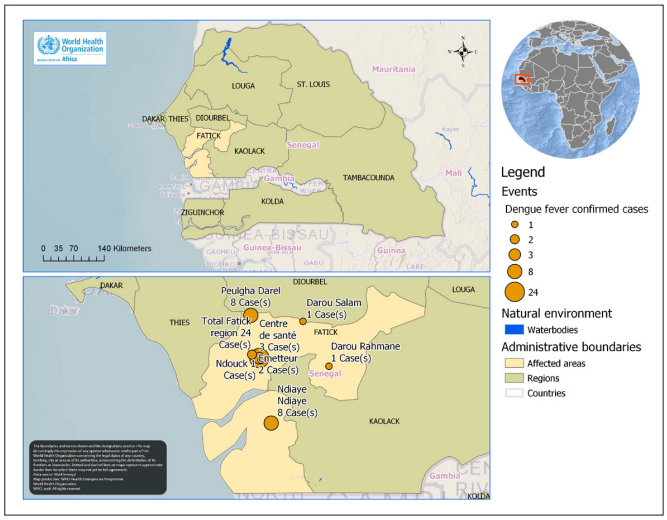
Since 2015, the Central African Republic has been reporting clusters of confirmed monkeypox cases every year. The current cluster is occurring in the rural district of Mbaiki, located 107 km from the capital, Bangui, and at the border with the Democratic Republic of the Congo and the Republic of Congo. Mbaiki is situated in a dense forest region inhabited by an indigenous Bayaka population. This indigenous tribe is nomadic and circulates freely between the borders of Democratic Republic of the Congo and the Republic of Congo, where monkeypox outbreaks have been reported. The Bayaka hunter-gatherer lifestyle frequently exposes them to the blood of wild animals found in the jungle fauna. Surveillance measures (including cross-border surveillance) and rapid identification of new cases is critical for outbreak containment. Community sensitization and raising awareness around risk factors and preventive measures will be essential for reducing transmission. Since 2017, seven countries from the African region have reported monkeypox cases (Cameroon, Central African Republic, Congo, Democratic Republic of the Congo, Liberia, Nigeria and Sierra Leone). Local and national authorities need to remain vigilant.

EVENT DESCRIPTION

On 27 September 2018, the Senegalese Ministry of Health informed WHO of a dengue fever outbreak in Fatick Region, located in the south-western part of the country. The event was initially reported on 19 September 2018 by the Institute Pasteur Dakar (IPD) when three dengue fever cases were confirmed in Ndiaye-Ndiaye h ealth post, one of the IPD febrile illness sentinel surveillance sites. Following this event, further outbreak investigation was instituted. A retrospective review of health registers (during the investigation) identified 180 cases that met the dengue fever case definition; o f t hese 1 20 w ere i nvestigated. B lood s pecimens w ere collected from suspected cases and sent to the IPD. An additional 21 cases among symptomatic patients tested positive for dengue fever by polymerase chain reaction (PCR). Further analysis carried out by the IPD show a circulation of dengue fever virus serotype 1 (DENV-1).

As of 2 October 2018, a total of 558 suspected dengue fever cases were reported of these, 24 tested positive for dengue fever. No cases of severe dengue fever or deaths have been registered since the beginning of the outbreak on 19 September 2018. Of the confirmed cases, 71% were female and 50% were between the ages of 24 to 59 years. The most affected areas include Ndiaye-Ndiaye (33%) and Peulgha-Poukham (33%). The entomological survey showed that *Aedes aegypti* was the main vector, exhibiting a diurnal activity and a tendency to bite outdoors.

Geographical distribution of dengue fever case in Senegal, 19 September - 2 October 2018



PUBLIC HEALTH ACTIONS

- The National Epidemic Management Committee is meeting regularly to plan, implement and coordinate response to the ongoing outbreak, with involvement of partners.
- Epidemiological surveillance has been reinforced across all health facilities in the region. Case investigations are being conducted at the district level, including systematic collecting of specimens from all suspected cases and documentation of cases.
- A field based mobile laboratory for diagnosing dengue fever has been deployed by IPD to Fatick Region to facilitate the timely analysis of specimens from suspected cases.
- A fact sheet on case management of dengue fever has been developed and disseminated to all regions of the country to harmonize case management practice.
- Health education and promotion of good public and home environment and sanitation are being conducted by many actors.
- Entomological investigations were conducted in the affected region by teams from IPD.
- Vector control interventions implemented include the use of insecticide products for the control of adult vectors through fumigation of the entire city and spraying homes of cases at radius of 100 meters around their homes. Larvicidal products were also provided to the affected communities.

SITUATION INTERPRETATION

The Ministry of Health in Senegal has confirmed a new outbreak of dengue fever. The last outbreak of dengue fever in the country occurred in the fourth quarter of 2017, during which more than a hundred cases were confirmed from four regions: Louga, Fatick, Dakar and Thies. No deaths or severe cases of the disease were reported then. A similar dengue fever virus strain (DENV-1) was isolated in the last outbreak. In the current outbreak, no other regions have been affected as yet.

Entomological investigations have identified multiple vector breeding sites in the affected communities, including uncovered water drums, flower pots, backyard orchards and banana plantations. These breeding sites promote the multiplication and proliferation of mosquitoes including the *Aedes*.

Ongoing events

Ebola virus disease | **Democratic Republic of the Congo** | 177 **Cases** | 113 **Deaths** | 63.8% **CFR**

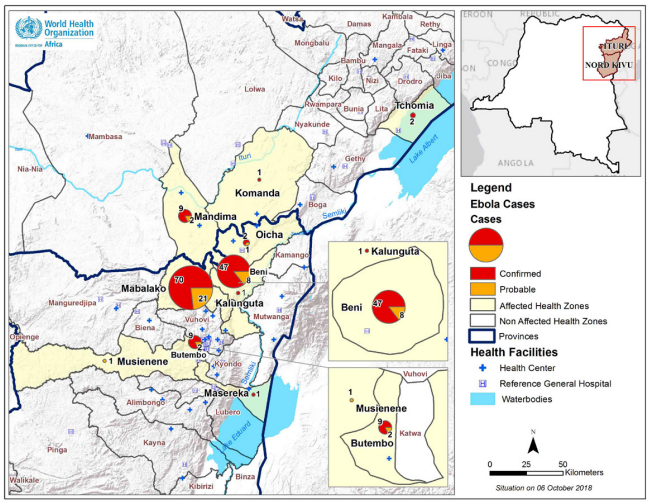
EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues to evolve. Since the last WHO AFRO Weekly Bulletin of 28 September 2018 *(Weekly Bulletin 39)*, 20 new confirmed EVD cases and 11 new deaths have been reported. On 6 October 2018, two new confirmed cases were reported in Beni (1) and Butembo (1), and two deaths occurred in confirmed cases in Beni (1) and Tchomia (1). Additionally, three probable cases have been reported in Beni. There are 11 suspected cases under investigation in Beni (6), Mabalako (4), Mandima (2) and Butembo (1).

As of 6 October 2018, a total of 177 confirmed and probable EVD cases, including 113 deaths, have been reported, resulting in a global case fatality ratio (CFR) of 63.8%. Among the 177 cases, 142 are confirmed and 35 are probable. The CFR among confirmed cases only was 54.9% (78/142). The confirmed cases were reported from six health zones in North Kivu Province: Mabalako (70), Beni (47), Butembo (9), Oicha (2), Kalunguta (1), and Masereka (1); and three health zones in Ituri Province: Mandima (9), Tchomia (2) and Komanda (1). Cumulatively, 19 health workers have been affected, of whom 18 are confirmed cases and three health workers have died. All health workers' exposures occurred in health facilities outside the dedicated Ebola treatment centres (ETCs).

As of 6 October 2018, 50 patients have recovered, been discharged from the ETCs, and re-integrated into their communities. A total of 26 patients remain hospitalized, including 11 suspects and 15 confirmed. All confirmed cases have benefited from compassionate therapy.

Geographical distribution of confirmed and probable Ebola virus disease cases reported betwwen 1 May to 06 October 2018, North Kivu and Ituri provinces, Democratic Republic of the Congo.



Of 2045 contacts monitored as of 6 October 2018, 1887 (92%) were reached. A total of 158 contacts were not seen, of which 144 (91%) were registered in Beni. Twenty-one contacts completed the 21-day follow-up period. A total of 264 new contacts were identified, including 239 in Beni, 22 in Butembo and three in Mandima. Eighteen contacts were "lost to follow-up" including 15 in Beni, two in Tchomia and one in Komanda. The search for these contacts is in progress.

PUBLIC HEALTH ACTIONS

- On 3 October 2018, a total of 261 people were vaccinated in seven rings, bringing the cumulative number of people vaccinated to 14 276 (97% of the targeted 14 739 people) in the two affected provinces. No major adverse events have been reported. The current stock of available vaccine is 2 420 doses.
- Out of a total of 60 points of entry (PoEs) and health control points, 53 were functional on 3 October 2018, screening a total of 188 122 travellers. Since the beginning of the epidemic, an aggregate of 7 251 151 travellers have been checked.
- All patients admitted in the ETCs/ITU, including their relatives, have received psychosocial and nutritional support. Fourteen patients (1 cured case and 13 non-cases) were discharged from the ETCs on 6 October 2018 and were reintegrated into their communities with the help of the psycho-social commission.
- Continuing communication activities are ongoing, including mass community outreach (757 people reached), door-to-door outreach (10 744 people reached), educational talks (114 people reached), and broadcast messages promoting prevention measures against EVD (37 media houses involved).
- A total of 75 health workers from Beni, 14 from Kalunguta, 18 from Tchomia and 22 hygienists from Mabalako were trained on infection prevention and control protocol.
- Three health facilities in Beni and 3 households in the Butembo, Mangina and Beni health zones were decontaminated.

SITUATION INTERPRETATION

The EVD outbreak in the Democratic Republic of the Congo has reached a critical juncture due to the prevailing security threats, incidence of community reluctance/mistrust and increased geographical spread. On 2 October 2018, three Red Cross volunteers were attacked while carrying out a safe and dignified burial in Butembo Health Zone. This attack shortly followed the period of mourning *("ville morte")* that punctuated response operations in Beni and other towns. Disruptions of response operations at this stage only facilitate further propagation of the disease.

The recent confirmation of EVD cases in new areas hundreds of kilometres away means that the response teams are spread thin on the ground. In addition, the new areas are closer to insecure areas, referred to as red zones, and with close proximity to an international border. In light of these challenges, WHO has revised its risk assessment for the outbreak, elevating the risk at national and regional level to very high from high. The risk remains low globally.

EVENT DESCRIPTION

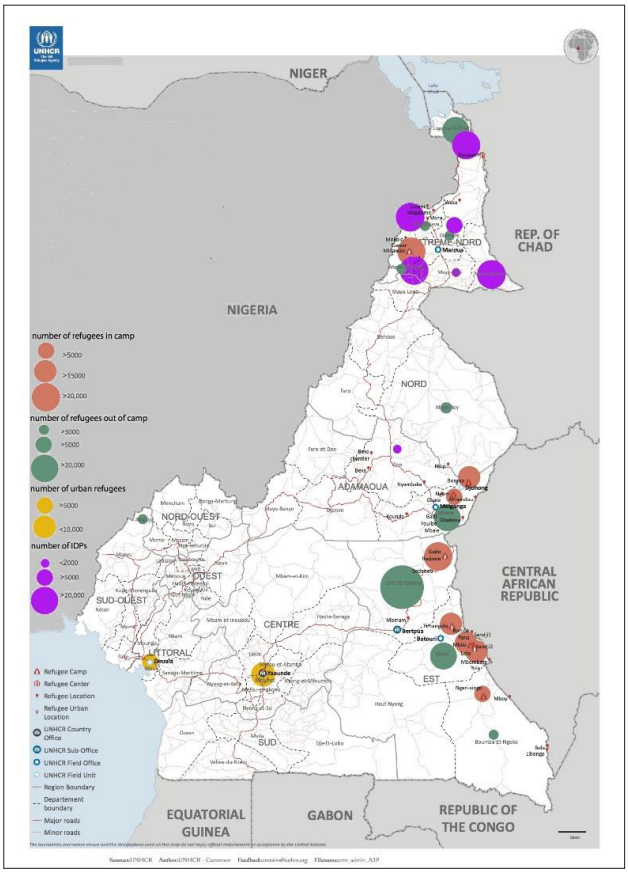
The humanitarian crisis in Cameroon continues, with ongoing attacks linked to Boko Haram in North-East Nigeria and the Far North of Cameroon causing significant displacement of traumatized and vulnerable populations. More than 90 000 Nigerian refugees have fled to Far North Cameroon due to violence in North-East Nigeria, mainly to the Minawo Camp, Mokolo Health District. As of 26 September 2018, the total camp population is estimated at 53 457 Nigerian refugees, straining the camp's limited capacity and infrastructure. An additional 44 830 refugees are living outside the camp, with inadequate access to basic services.

In the Far North of Cameroon internally displaced persons (IDPs), forced from their homes by cross-border raids, suicide bombings, village fires, kidnapping, and cattle theft by Boko Haram and intensification of military operations, now number more than 230 000. According to the latest INTERSOS report of 28 August 2018, there were 68 246 IDPs in the three emergency departments, of which 25 029 are in Logone and Chari, 27 261 in Mayo Sava and 15 956 in Mayo Tsanga.

Health services continue to operate under significant strain, with the main health conditions being malaria, diarrhoea, acute respiratory infections and acute malnutrition. Since the beginning of 2018, 52 new cases of acute flaccid paralysis (AFP) have been detected in the Far North Region. Injuries are also common, often resulting from Boko Haram attacks. From 1-27 September 2018, 25 operations were performed, eight of which (32%) resulted from Boko Haram attacks. In addition, there were 33 surgical consultations, 20 of which were related to Boko Haram violence.

As of 24 August 2018, three out of 10 regions have active cholera outbreaks and are in epidemic phase: Northern Region (291 cases, 30 deaths), Centre Region (72 cases, 1 death) and Littoral Region (4 cases, zero deaths). The Far North Region has reported two suspected, but unconfirmed cases, and is regarded as high risk because of its proximity to the North Region of Cameroon and Nigeria, where cholera outbreaks are active.

Humanitarian crisis in Cameroon as of July 2018



PUBLIC HEALTH ACTIONS

- DEMTOU Humanitaire, with the support of WHO, trained 18 community health workers and six peer educators from Makary Health District for community-based disease surveillance, including HIV, and in sensitizing of populations to routine infection prevention and control. Since 17 September 2018, 35 home visits have been made.
- The African Humanitarian Agency, with the support of WHO, recruited and deployed five doctors, two as supervisors and three for case management, along with 21 state-certified nurses in supported health centres, and three field supervisors (1 Mayo Sava, 1 Mayo Tsanaga and 1 Logone and Chari).
- A total of 17 hygienists were recruited and deployed to health centres.
- A capacity building workshop for health staff was carried out, in collaboration with supported health districts, training 41 people in diagnosis and treatment, as well as epidemiological surveillance and vaccine implementation.
- All health areas have been supplied with essential medication and curative health activities have so far reached 36 213 beneficiaries among IDPs, returnees and host populations.
- Cholera preparedness activities continue, along with community-based polio surveillance in the North Region, as a result of the extension of the Autovisual AFP Detection and Reporting to a total of six health districts.

SITUATION INTERPRETATION

The continuing humanitarian crisis in Cameroon is of grave concern, with more than one million people in the Far North suffering directly from the deteriorating socio-economic and security situations, as well as a decline in food security and access to basic services, exacerbated by non-functional health facilities in many areas. Challenges include lack of insecticide-treated bed nets in Minawao Camp, insufficient staff and lack of electricity in those health facilities that remain functional, and lack of specialist medical care (e.g. psychiatrists). The extension of the cholera outbreak to a new health district is of particular concern, given the overall lack of infrastructure and facilities. Local authorities urgently need international assistance to ameliorate conditions for these vulnerable populations.

Summary of major issues challenges, and proposed actions

Issues and challenges

- The Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo has reached a critical juncture, marked a precarious security situation, persistence of pockets of community resistance/mistrust and expanding geographical spread of the disease. During the reporting week, there was an incident involving a response team performing burial activity in Butembo. This incident came days after the widespread community strike *("ville morte")* in Beni and several towns, and the earlier armed attack in Beni. These incidents severely disrupted most outbreak control interventions. Meanwhile, EVD cases have been confirmed in new areas with worse insecurity and in close proximity to the border with Uganda. All these factors together elevate the risk of further propagation of the outbreak. Meanwhile, most communities support the response. The Ministry of Health, WHO and partners continue to work closely with communities and are able to provide vaccines to contacts and treatment to those who are sick.
- Two simultaneous outbreaks of hepatitis E and monkeypox have been confirmed in the Central African Republic during the week. The security situation in the country remains serious, with the populations constantly being displaced and humanitarian activities often hampered. The outbreak of hepatitis E is of particular concern given the prevalence of risk factors for water-borne diseases.

Proposed actions

- The national authorities and partners in the Democratic Republic of the Congo need to continue working closely with community leaders and local structures to implement outbreak control activities. Additionally, the neighbouring countries, especially Uganda, need to step up and switch to emergency operations mode in implementing readiness activities for rapid detection and response to any potential imported EVD cases.
- The national authorities and partners in the Central African Republic need to mobilize and implement effective outbreak control interventions to bring the two outbreaks to a speedy end and avoid the outbreaks gaining a foothold.

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
Central African Republic	Hepatitis E	Ungraded	2-Oct-18	10-Sep-18	5-Oct-18	31	29	1	3.2%	Detailed update given above.
Liberia	Yellow fever	Ungraded	16-Sep-18	3-Sep-18	3-Oct-18	1	1	0	0.0%	A case of Yellow fever has been confirmed in Grand Kru County, Southeastern Liberia. The case-patient, a 2-year-old female from Farina Town, Barclayville District, Grand Kru County, with symptom onset on 27 August 2018, presented at a health facility in the district on 3 September 2018 with signs and symptoms of fever (≥38.5^{0}C), jaundice, cough, and convulsion. Specimen sent to Institute Pasteur Dakar (IPD) tested positive by ELISA, PCR, and PRNT tests on 1 October 2018 thus confirming Yellow fever infection. Additional investigation is ongoing to establish the actual vaccination status of the patient as well as the immunity profile of the population in the affected area.
South Africa	Cholera	Ungraded	5-Oct-18	29-Sep-18	5-Oct-18	1	1	0	0.0%	South Africa has confirmed a case of cholera in the district of Tshwane, Gauteng Province. The case-patient is a 50-year-old female who traveled to Zimbabwe (Mashonaland) on 16 September 2018 and arrived back in South Africa on 30 September 2018. Diarrhoea symptoms commenced on 29 September 2018 just after leaving Harare for South Africa. The patient was admitted at Steve Biko Academic Hospital in Pretoria, South Africa on 1 October 2018 with profuse watery diarrhoea and dehydration. Her condition improved after treatment was administered. On 2 October 2018, the National Institute of Communicable Diseases confirmed *Vibrio cholerae* 01 serotype Ogawa in the sample obtained from the patient.
Ongoing events										
Algeria	Cholera	Ungraded	25-Aug-18	7-Aug-18	6-Sep-18	217	83	2	0.9%	The outbreak was initially announced by the Ministry of Health of Algeria on 23 August 2018 following confirmation of 41 cases for *Vibrio cholerae* out of 88 suspected cases reported from four provinces (wilayas). By 6 September 2018, a total of 217 suspected cases with two deaths (CFR 0.9%) have been reported from six wilayas. Laboratory examinations conducted at Institute Pasteur of Algeria have confirmed 83 of the cases for *Vibrio cholerae* 01 serotype ogawa.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Angola	Cholera	G1	2-Jan-18	21-Dec-17	29-Jul-18	990	12	19	1.9%	On 21 December 2017, two suspected cholera cases were reported from Uíge district, Uíge province. Both of these cases had a history of travel to Kimpangu (DRC). From 21 December 2017 to 18 May 2018, a total of 895 cases were reported from two districts in Uíge province. The neighbouring province of Luanda started reporting cases on 22 May 2018. From 22 May to 29 July 2018, 95 cases with seven deaths (CFR 7.4%) have been reported from fourteen districts in Luanda Province. Twelve cases have been confirmed for *Vibrio cholerae*. Fifty-seven percent of cases are males and 69% are aged five-year and above. The most affected district is Talatona having reported a total of 26 cases with five deaths (CFR 19%).
Cameroon	Humanitarian crisis	G2	31-Dec-13	27-Jun-17	5-Oct-18	-	-	-	-	Detailed update given above.
Cameroon	Cholera	G1	24-May-18	18-May-18	28-Sep-18	394	42	31	7.9%	Between 18 May 2018 and 28 September 2018, a total of 394 suspected cholera cases with 31 deaths (CFR 8.2%) have been reported from the North, Central and littoral regions of Cameroon. Fourty two cases have been confirmed for *Vibrio cholerae* by culture in the North (34), Central (4) and littoral (4) regions. No new case has been reported from the central region since 27 August 2018. The age of cases ranges from 1 to 85 years with a female to male ratio of 1.25.
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	5-Sep-18	-	-	-	-	Despite the commitment of armed groups to the African initiative for peace in the country, the security and humanitarian situation remain precarious. This climate of insecurity continues to cause population displacement and disrupt the implementation of health sector activities in several localities. The situation is particularly volatile along Kaga Bandoro, Bocaranga-Paoua axis, and Alindao. About 2 500 new displaced people arrived at the Pk3 site in Bria following the clashes between armed groups on the Bria- Irabanda and Bria-Ippy routes since 31 August 2018.
Central African Republic	Monkeypox	Ungraded	20-Mar-18	2-Mar-18	3-Oct-18	33	14	1	3.0%	Detailed update given above.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Chad	Measles	Ungraded	24-May-18	1-Jan-18	9-Sep-18	2 734	650	78	2.9%	In week 36, 155 suspected cases with no deaths were reported. An increase in the number of cases compared to the previous week when 122 cases and 1 death were reported. Twelve districts: Faya, Mondo, Moussoro, Amzoer, Iriba, Kalait, Chadra, Oum Hadjer, Mangalme, Biltine, Isseriom and Ngouri have reported at least 5 suspected cases of measles during the last 4 weeks (week 31-35). The last 2 districts crossed the threshold for the first time. As of week 36, there are 2 734 suspected cases with 78 deaths (CFR 2.9%). A total of 650 cases have been confirmed (IgM-positive -231, Epi-linked-419, and clinically confirmed 30). Children aged 1 to 4 years are the most affected constituting 31% of cases reported.
Congo (Republic of)	Yellow fever	Ungraded	10-Jul-18	9-Jul-18	2-Oct-18	1	1	0	0.0%	On 21 August 2018, the sample from a 20-year-old male from Bissongo market in Loandjili district, Pointe-Noire city tested positive by seroneutralization with high titres at IP Dakar. The case initially presented to the health centre with a history of fever and jaundice in early July. No other additional cases have been confirmed since the declaration of the outbreak. A mass reactive vaccination campaign was held in Pointe Noire city from 26 September 2018. More than one million people were targeted aged 9 months and over, and on 1 October 2018 after a sixth day of vaccination the overall coverage achieved was 98.5%.
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	23-Sep-18	-	-	-	-	The humanitarian crisis in the country remains volatile. Inter-communal conflicts and violence perpetrated by militias including the kidnapping of humanitarian staffs continue to contribute to mass population displacement and difficulty in access to humanitarian assistance in several localities in the east of the country.
Democratic Republic of the Congo	Cholera		16-Jan-15	1-Jan-18	23-Sep-18	21 112	0	691	3.3%	In week 38 (week ending 23 September 2018), 724 cases with 18 deaths (CFR 2.5%) were reported from 12 out of 26 provinces. Six out of the total provinces that reported cases (Kasai Oriental, Tanganyika, Katanga, Kasai, Kongo Central, and Sankuru) reported 92% of the total cases. Since the beginning of 2018 to the week 38, a total of 21 112 cases were reported including 691 deaths (CFR 3.3%). There has been a trend of increasing cases since week 21. A similar trend was observed in the same period in 2017.
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	6-Oct-18	177	142	113	63.8%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	1-Jan-18	2-Sep-18	23 979	505	273	1.1%	From 2018 week 1 to week 35 (week ending 2 September 2018), 23 979 cases with 273 deaths (CFR 1.1%) have been reported. During week 35, a total of 962 new cases were reported with nineteen deaths (CFR 1.98%). Epidemic zones are mainly focused in the eastern part of the country.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Democratic Republic of Congo	Monkeypox	Ungraded	n/a	1-Jan-18	2-Sep-18	2 829	-	57	2.0%	From week 1 to week 35 (week ending 2 September 2018), 2018, there have been 2 829 suspected cases of monkeypox including 57 deaths (CFR 2%). In week 35, a total of 87 suspected cases including six deaths have been reported. Suspected cases have been detected in 14 provinces. Sankuru Province has had an exceptionally high number of suspected cases this year.
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	G2	15-Feb-18	n/a	5-Oct-18	37	37	0	0.0%	The latest case of cVDPV2 was reported from Bumba Health Zone, Mongala Province. As of 5 October 2018, a total of 37 cases with onset in 2017 (22 cases) and 2018 (15 cases) have been confirmed. Six provinces have been affected, namely Tanganyika (15 cases), Haut-Lomami (9 cases), Mongala (8 cases), Maniema (2 cases), Haut Katanga (2 cases), and Ituri (1 case). The outbreak has been ongoing since February 2017. A public health emergency was officially declared by the Ministry of Health on 13 February 2018 when samples from 21 cases of acute flaccid paralysis were confirmed retrospectively for vaccine-derived poliovirus type 2.
Democratic Republic of Congo	Rabies	Ungraded	19-Feb-18	1-Jan-18	23-Sep-18	25	0	25	100.0%	In epi week 38 (week ending 23 September 2018), two new cases were reported. From week 1 to 38, a total of 25 cases of probable rabies have been reported. Case fatality ratio is 100%.
Democratic Republic of Congo	Yellow fever	Ungraded	16-Aug-18	1-Jul-18	17-Aug-18	5	4	0	0.0%	Samples from four out of five suspected cases have been confirmed for Yellow fever by Plaque Reduction Neutralization Test (PRNT) at Institute Pasteur Dakar (IPD). One of the cases is a 29-year-old male from Ango District in Bas Uele Province and the other is a 42-year-old male from Yalifafu district in Tshuapa Province. The other 2 cases are from Tshuapa and Lualaba Province. Vaccination status of the cases are unknown and detailed investigation is ongoing.
Ethiopia	Humanitarian crisis	G2	15-Nov-15	n/a	3-Oct-18	-	-	-	-	As of 3 october 2018, Over 70 000 people have been displaced in Kamashi zone of Benishangul Gumuz to East Wollega and West Wollega zones of Oromia region by violence. Urgent humanitarian needs are reported in that area. From 11-26 September, over 15 000 Eritreans have crossed into Ethiopia, many to travel to the refugee settlements. The daily arrival rate of Eritreans to Ethiopia has increased from an average of 50 people per day to 180 people per day since 11 September. The latest humanitarian report show that 6 900 000 peole are in need of WASH, two million and six hundres thousands peoles are internaly displaced, and 350 000 children suffer from Severe Acute Malnutrition.

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)	Protracted 1	15-Nov-15	1-Jan-18	26-Aug-18	2 337	-	18	0.8%	This has been an ongoing outbreak since the beginning of 2017. In most parts of the country, the situation has stabilized except for two regions which continue to report cases. In weeks 33 and 34, a total of 850 AWD cases were reported from two regions, Dire Dawa (8), and Tigray (842). No new AWD cases have been reported from Afar and Somali regions since week 32 and week 25 respectively. From week 1 to 34 (week ending 26 August 2018) in 2018, a cumulative 2 337 AWD cases have been reported from Afar 1 004 (43%), Dire Dawa 103 (4%), Somali 116 (5%) and Tigray 1 114 (48%).
Ethiopia	Measles	Protracted 1	14-Jan-17	1-Jan-18	26-Aug-18	3 062	877	-	-	This has been an ongoing outbreak since the beginning of 2017. In 2018, a total of 3 062 suspected measles cases have been reported across the country. From the total suspected cases reported, 877 were confirmed cases (137 laboratory confirmed, 688 epi-linked and 52 clinically compatible). In week 34 (week ending 26 August 2018), no new suspected or confirmed cases were reported.
Ethiopia	Dengue fever	Ungraded	18-Jun-18	19-Jan-18	29-Jul-18	127	52	-	-	An outbreak of dengue fever which started on 8 June 2018 involving 52 cases in the flood-affected Gode Zone of Somali Region has been confirmed by laboratory testing. In week 30, two cases were reported from Liban Zone in Somali Region.
Guinea	Measles	Ungraded	9-May-18	1-Jan-18	23-Sep-18	1 746	440	0	0.0%	A measles outbreak was detected in epidemiological week 8, 2018. Cases has been reported in all parts of the country since the beginning of the year. The most affected zones include Kankan, Conakry and Faraneh. In week 38, 10 new suspected cases were reported including 5 IgM positive cases. The number of case has been dcreasing gradually during the last four epidemiological weeks (week 35 to 38). In these last four weeks, 53 suspected cases reported, 46 samples received in the laboratory, including 20 confirmed cases in 16 sub-prefectures. Since the begging of the year, a total of 1 746 suspected cases were reported.
Kenya	Cholera	Ungraded	8-Sep-18	8-Sep-18	25-sept-2018	3	3	0	0.0%	Between 8 and 25 september 2018, 3 confirmed cases of cholera were reported from Kakuma refugee camp in Turkana West sub-county, Turkana County, Northwest of Kenya. Culture sensitivity test done on the specimens were reactive for *Vibrio cholerae* 01 Ogawa. The first case was notified five days after the Ministry of Health declared the end of the cholera outbreak (on 3 September 2018) which started in October 2015. During this epidemic, Turkana County was one of the affected counties. The last case in Turkana was reported on 9 July 2018. The last affected county was Garissa located in the eastern part of the country.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	2-Oct-18	446	37	1	0.2%	Since the beginning of the year, five Counties have reported measles outbreak, (Mandera, Wajir, Garissa, Nairobi and Kitui). A cumulative of 446 cases have been reported with 37 confirmed and 1 death (CFR 0.2%). Wajir and Kitui Counties have controlled the outbreak. Mandera, Garissa and Nairobi Counties are still reporting new cases
Kenya	Rift Valley fever (RVF)	G1	6-Jun-18	11-May-18	13-Aug-18	95	21	11	11.6%	Following the initial confirmation of RVF by PCR on 7 June 2018, a total of 95 cases including 11 deaths (CFR 11%) have been reported from three counties in Kenya. Twenty-one samples submitted to the KEMRI tested positive by PCR for RVF. Wajir has reported 82 cases with six deaths, Marsabit reported 11 cases with three deaths and Siaya country reported 1 case with one death. The Eldas sub-county in Wajir has reported the highest number of cases (79) since the 11 May 2018. The last case was reported on 20 July 2018.
Liberia	Flood	Ungraded	14-Jul-18	14-Jul-18	24-Sep-18	-	-	-	-	Liberia continues to experience heavy rainfall and flooding. From 11 July to 24 September 2018, thirteen districts across 5 counties (Margibi, Montserrado, Grand Bassa, Sinoe and Bomi) have been affected, leading to 62 563 people affected (49% women and 21% children) with one death in a 4-year-old child. The number of displaced people has increased from 3 625 to 4 825 between 12 and 24 September 2018. At least 595 persons have sustained injuries as a result of the continuous floods. The floods have led to destruction of infrastructures and the water supply system forcing the people to look for alternative and unsafe water sources, thus increasing the risk for waterborne diseases. The affected people are receiving humanitarian aid for food and nonfood items and are being treated for various illnesses by mobile medical teams.
Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-18	23-Sep-18	29	20	13	44.8%	Three suspected cases reported across the country during week 38 (ending 23 September 2018) tested negative at the National Public Health Laboratory. Cumulatively, since epi-week one,169 suspected cases have been reported including 46 deaths. One hundred forty (140) were discarded after negative test results while 20 were confirmed and the remaining nine not tested. Case fatality ratio among confirmed cases is 65% (13/20).

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-18	23-Sep-18	3 724	3 442	16	0.4%	Thirty suspected cases including seven confirmed cases were reported during week 38 (week ending 23 September 2018) across the country. There is an increase in the number of cases reported compared to the previous week when ten suspected cases were reported. Two districts, Gibi and Kokoyah, have reached the epidemic threshold. Cumulatively, since epi-week one, 3 724 suspected cases including 16 deaths have been reported. Epi-classification are as follows: lab confirmed 275 (7.4%), epi-linked 443 (11.9%), clinically confirmed 2,724 (73.2%), discarded 279 (7.5%), and pending 3 (0.1%).
Madagascar	Plague	Ungraded	19-Aug-18	19-Aug-18	30-Sep-18	31	6	6	19.4%	From 19 August to 30 September 2018, 31 cases of plague (19 pneumonic and 12 bubonic) including 6 deaths (CFR 19.4%) have been reported from 12 districts in 6 regions. Among them, 3 pneumonic and 3 bubonic cases were confirmed by PCR at Institut Pasteur de Madagascar. In total, 4 of the 19 pneumonic cases (including the 3 confirmed cases) and 2 of the 12 bubonic cases (including 1 confirmed case) died. Apart from 1 suspected case of bubonic plague reported from coastal district of Morondava, the other notified cases were reported from endemic areas in the central highlands. Disinfestation, disinfection, safe burials, contact tracing and chemoprophylaxis for contacts are ongoing.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	20-Jul-18	-	-	-	-	The complex humanitarian crisis exacerbated by the political-security crisis and intercommunity conflicts continue in Mali. More than four million people (nearly a quarter of the population) are affected by the humanitarian crisis, including 61 404 who are internally displaced and nearly 140 000 who are refugees in neighbouring countries such as Niger, Mauritania and Burkina Faso (data from CMP report, 7 June 2018). The health system is still weak, while the health need is increasing. The departure of health system personnel and incidents targeting health infrastructure, personnel and health equipment are worsening the existing health system. There are 1.7 million people in need of health assistance in the face of inadequate numbers of health care workers (3.1 per 10 000 people, compared to the WHO recommended 17 per 10 000). The security incidents are increasing in Mopti and Meneka.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Mali	Severe Acute malnutrition	Ungraded	1-Aug-18	15-Mar-18	5-Aug-18	224	0	40	17.9%	Three villages in the commune of Mondoro, Douentza district, Mopti Region, Central Mali are experiencing an epidemic of malnutrition following the inter-communal conflict that prevails in the locality. From mid-March to 5 August 2018, a total of 224 cases including 40 deaths (CFR 17.9%) have been reported from three villages (Douna, Niagassadiou and Tiguila) in the commune of Mondoro, Douentza district, Central Mali. This disease is manifested by the following signs: oedema of the lower limbs, myalgia, functional impotence, dyspnoea sometimes followed by death. A dozen samples from patients analyzed at INRSP in Bamako showed iron deficiency anaemia.
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	30-Sep-18	1 291	346	0	0.0%	From Week 1 to 38 of 2018, a total of 1 291 suspected cases with zero deaths have been reported. The cumulative blood samples from 994 suspected cases have been tested of which, 364 were confirmed (IgM-positive) at the National Reference Laboratory (INRSP). Sixty-eight percent of confirmed cases are below 5 years old. The affected health districts are Maciana, Bougouni, Kati, Koutiala, Kokolani, Kolondieba, Ouélessebougou, Sikasso, Douentza, Macina,Tombouctou, Dioila, Taoudenit and Kalabancoro. Reactive vaccination campaigns, enhancement of surveillance, and community sensitization activities are ongoing in the affected health districts.
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	16-Sep-18	937	937	3	0.3%	From 21 March to 16 September 2018, 937 confirmed cases of measles have been reported including three deaths (CFR 0.3%). All cases have been confirmed by the virology laboratory of Candos (IgM antibodies). The onset of symptoms of the first cases was in week 12. The incidence is highest in the age groups 0 - 4 and 25 – 34 years of age, with 52% of males being affected. The three deaths were in women between the ages of 28 and 31 years. The most affected districts are Port Louis and Black River A single genotype of measles virus, D8, was detected in 13 samples. The source of infection of measles is most likely an imported case.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Namibia	Hepatitis E	G1	18-Dec-17	8-Sep-17	29-Jul-18	2 554	395	24	0.9%	As of 29 July 2018, four out of 14 regions in Namibia have been affected by the HEV outbreak namely, Khomas, Omusati, Erongo and Oshana regions. From week 36 of 2017 (week ending 10 September 2017) to 29 July 2018, a total of 2 554 cases with 24 deaths (CFR 0.9%) have been reported in Khomas, Omusati, Erongo , Oshana and six other regions of Namibia . A total of 395 cases have been laboratory confirmed (IgM ELISA) and ten maternal deaths (probable and confirmed cases) have been notified. Over 80% of reported cases are epidemiologically linked to cases reported in Windhoek, the epi-centre of the epidemic.
Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	2-Aug-18	-	-	-	-	The security situation in Niger's Diffa Region remains precarious. According to USAID's Lake Chad Basin complex emergency report dated 2 August 2018, Boko Haram-related insecurity continues to restrict food access and livelihood activities for displaced populations in Diffa Region, Southeast Niger. Limited access to pasture is also undermining livestock activities in Diffa's pastoral zones, reducing herders' purchasing power. According to the report, crisis levels of acute food insecurity may persist in parts of Diffa through January 2019, although food security in many areas could improve to Stressed levels beginning in October. UNHCR's June 2018 report indicated around 104 288 internally displaced people in the Diffa Region. From January–June, relief actors admitted nearly 7 000 children ages five years and younger experiencing severe acute malnutrition for treatment in Diffa, including nearly 650 patients with medical complications, according to the UN Children's Fund (UNICEF).
Niger	Cholera	G2	13-Jul-18	13-Jul-18	4-Oct-18	3 703	34	68	1.8%	As of 26 September 2018, a total of 3703 cases with 68 deaths (CFR 1.8%) have been reported from twelve health districts in four regions of the country, namely, Maradi, Dosso, Zender, and Tahoua regions. Madarounfa District in Maradi Region remains the most affected with 90% of the cumulative cases reported. The majority of cases are age 5 and above and females constitute 56.2% of the cases reported. A total of 34 samples have tested positive by culture for *Vibrio cholerae* 01 inaba. Fourteen percent of the cumulative cases reported are residents from Nigeria.
Niger	Circulating vaccine-derived polio virus type 2 (cVDPV2)	Ungraded	8-Jul-18	8-Jul-18	24-Sep-18	2	2	0	0.0%	A circulating vaccine-derived poliovirus type 2 (cVDPV2) originating in Nigeria has spread to Niger. Two cases of acute flaccid paralysis (AFP) have been detected with this cVDPV2, from Zinder province, Niger, with dates of onset of paralysis on 8 July and 8 August 2018. The isolated cVDPV2 is linked to ongoing circulation of this virus in Jigawa, Nigeria. Nigeria is also affected by a separate cVDPV2, centred around Sokoto state

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	31-Aug-18	-	-	-	-	Since the start of the conflict in 2009, more than 27 000 people have been killed in Borno, Adamawa, and Yobe states, thousands of women and girls abducted and children used as so-called "suicide" bombers. About 1.8 million people are internally displaced in these states. An estimated 940 000 children aged 6 to 59 months across these states are acutely malnourished, 440 000 with Severe Acute Malnutrition (SAM) and 500 000 with Moderate Acute Malnutrition (MAM). The humanitarian access situation remains challenging in the north-east. Ongoing hostilities in the northern part of Borno State led to an initial, short term downsizing of humanitarian operations in several locations. Humanitarian partners are still assessing the operational environment but have started upscaling again. (OCHA 1 October 2018 report)
Nigeria	Cholera	G1	7-Jun-17	1-Jan-18	9-Sep-18	27 927	45	517	1.9%	In week 36 (week ending 9 September 2018), 1 306 suspected cases including 24 deaths (CFR 1.8%) were reported from five states: Zamfara (588 cases with 12 deaths), Katsina (377 cases with 12 deaths), Borno (280 cases), Adamawa (55 cases), and Kano (6 cases). As of 9 September 2018, a total of 27 927 suspected cases including 517 deaths (CFR 1.9%) have been reported from 19 States since the beginning of 2018. There is an overall increasing trend in the number of reported cases. No new cases were reported in the last three or more weeks from Anambra, Bauchi, Ebonyi, FCT, Gombe, Jigawa, Kaduna, Kogi, Nasarawa, Niger, Plateau, Sokoto and Yobe states. There is an almost equal proportion of males and females affected.
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-18	23-Sep-18	520	510	144	27.7%	In week 38 (week ending 23 September 2018), four new confirmed cases were reported from Edo (2), Ondo (1), and Delta (1) states with one new death recorded in Delta State. From 1 January to 23 September 2018, a total of 2 576 suspected cases have been reported from 22 states. Of the suspected cases, 510 were confirmed, 10 were probable, and 2 055 were negative (not a case). Thirty-nine health care workers have been affected in seven states since the onset of the outbreak, with ten deaths. Nineteen states have exited the active phase of the outbreak while three - Edo, Ondo, and Delta states remain active.
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-18	16-Sep-18	14 066	901	100	0.7%	In week 37 (week ending 16 September 2018), 171 suspected cases of measles were reported from 31 states. Since the beginning of the year, a total of 14 066 suspected measles cases with 901 laboratory confirmed cases and 100 deaths (CFR 0.71%) were reported from 36 States and Federal Capital Territory compared with 17 772 suspected cases with 108 laboratory confirmed and 105 deaths (CFR 0.56%) from 37 States during the same period in 2017.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	15-Sep-18	269	115	7	2.6%	Two cases of monkeypox were confirmed on 7 and 11 September 2018 in the UK in people with recent travel history to Nigeria and reported to NCDC by Public Health England (PHE). Following that an investigation was conducted in Nigeria and a cluster of six suspected cases with epidemiological linkages to one of the cases in the UK was identified in Rivers State. Since September 2017, a total of 269 cases including 7 deaths were reported from 26 States (Rivers, Abia, Akwa-Ibom, Bayelsa, Cross River, Delta, Edo, Enugu, Imo, Lagos, Nasarawa, Oyo, Anambra, Plateau, Ekiti, Benue, Plateau, Katsina, Kaduna, Kwara, Bauchi, Ebonyi, Kano, Kogi, Ondo) and the Federal Capital Territory (FCT). Of these, 115 were cases were confirmed including 2 health care workers.
Nigeria	Poliomyelitis (cVDPV2)	Ungraded	1-Jun-18	1-Jan-18	2-Oct-18	14	14	0	0.0%	Three new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) cases have been reported bringing the total number of cVDPV2 cases in 2018 to 14. These latest reported cases had onset of paralysis in late August and early September, from Katsina and Yobe states, linked to the cVDPV2 outbreak centred around Jigawa. The country continues to be affected by two separate cVDPV2 outbreaks, the first centered in Jigawa state, and the second in Sokoto state.
Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	23-Sep-18	3 101	47	51	1.6%	Three presumptive positive cases and one inconclusive case were reported from three of the diagnostic laboratories during week 38 (week ending 23 September 2018). From the onset of this outbreak on 12 September 2017, a total of 3 101 suspected yellow fever cases including 51 deaths have been reported as at week 38 from 555 LGAs in all Nigerian states. The last case confirmed by IP Dakar was on 6 June 2018 from River State. A total of 47 were laboratory confirmed at IP Dakar out of 138 presumptive positive and inconclusive samples tested.
Senegal	Dengue fever	Ungraded	26-Sep-18	19-Sep-18	2-Oct-18	24	24	0	0.0%	Detailed update given above.
São Tomé and Príncipé	Necrotising cellulitis/ fasciitis	Protracted 2	10-Jan-17	25-Sep-16	23-Sep-18	2 948	0	0	0.0%	A total of 2 948 cases have been notified from week 40 in 2016 to week 38 in 2018 (week ending 23 September 2018). It should be noted that 75% of the cases notified during the last 5 weeks come from the districts of Me-zochi (45%) and Cantagalo (25%). The attack rate of cellulitis in São Tomé and Príncipe is 14.9 cases per 1000 inhabitants.

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	2-Sep-18	5 813	1 511	-	-	As of week 35 (2 September 2018) a total of 5813 cases of dengue have been reported, and 1 511 cases have been confirmed since the last week of 2015. There is a general decreasing trend since week 23. For week 35, a total of 22 suspected cases were reported. The number of confirmed cases have been on a decline, with 791 Currently in circulation are the serotypes DENV1, DENV2 and DENV3. The suspected cases were distributed in 14 districts on Mahe Island for week 35. No suspected cases are reported from the inner islands. The number of confirmed cases report has been on a decline, from 791 cases in 2016, 595 cases in 2017, to 124 cases confirmed thus far in 2018.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	23-Sep-18	-	-	-	-	The complex emergency in South Sudan has continued for five years, with multiple episodes of armed conflict, population displacement, disease outbreaks, malnutrition and flooding. Despite recent regional efforts and commitment by the government and opposition groups toward lasting peace, the humanitarian situation remains dire and the needs are huge. Attack on humanitarian workers by various militias, inter-communal violence and cattle raiding continue.
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	16-Sep-18	147	19	-	-	Two new cases of hepatitis E were reported from Bentiu POC in week 37 (ending 16 September 2018). As of 16 September 2018, 147 suspect cases have been reported since the beginning of the year. Of the total suspect cases, 19 cases have been confirmed by PCR (18 in Bentiu PoC and 1 in Old Fangak). No new cases identified after active follow up in Old Fangak county. Among the females, most cases have been reported in those aged 15-44 years (who are at risk of adverse outcomes if infected in the 3rd trimester of pregnancy).
Tanzania	Cholera	Protracted 1	20-Aug-15	1-Jan-18	30-Sep-18	4 103	50	78	1.9%	During week 39 (week ending 30 September 2018), 96 new cases with three deaths were reported from Ngorongoro District (80 cases, two deaths) in Arusha Region; Kalambo District (13 cases, 1 death) in Rukwa Region; Simanjiro District (three cases, zero deaths) in Manayara Region. As of week 39, a total of 4 103 cases with 78 deaths (CFR: 1.9%) were reported from Tanzania Mainland since the beginning of 2018. No case was reported from Zanzibar (the last case was reported on 11 July 2017). Cholera cases reported from week 1 to 38 in 2018 increased and nearly doubled compared to the same period in 2017 (2 808 cases).

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	21-Jun-18	-	-	-	-	Uganda continued to receive new refugees precipitated by increased tensions mainly in the neighboring DRC and South Sudan. Despite resp onding to one of the largest refugee emergencies in Africa, humanitarian funding has remained low especially to the health sector. Current refugee caseload stands at almost 1.5 million refugees and asylum seekers from South Sudan, DRC, Burundi, Somalia and others countries. Daily arrival stands at approximately 250 – 500 per day. A total of 376 081 refugees and asylum seekers were received in 2017.
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	24-May-18	-	25-Sep-18	9	5	2	22.2%	Two new cases were confirmed on 25 September 2018, at the Uganda Virus Research Institute (UVRI). The case-pateints, 30 and 10-year-old from Isingiro and Luweero districts respectively are currently hospitalized. As of 25 September 2018, a total of nine cases (five confirmed and four suspected) and two deaths (CFR 22%) have been reported across the country.
Uganda	Measles	Ungraded	8-Aug-17	1-Jan-17	30-Sep-18	2 791	725	1	0.0%	As of 30 September 2018, a total of 2 791 cases have been reported of which 725 cases have been confirmed either by epidemiological link or laboratory testing since the beginning of the year. Four hundred eighty-six (486) cases were laboratory confirmed by IgM. One death has been reported among the confirmed cases. Fifty-four districts in the country have reported a measles outbreak.
Uganda	Rift Valley fever (RVF)	Ungraded	29-Jun-18	20-Jun-18	14-Aug-18	23	19	8	34.8%	One new case from Kiruhura district has been confirmed for Rift Valley fever by PCR at Uganda Virus Research Institute on 14 August 2018. From 18 June to 14 August 2018, a total of 23 suspected cases with eight deaths (CFR 34.8%) have been reported from 11 districts in Western Uganda. Nineteen(19) cases have been confirmed by PCR at the Uganda Virus Research Institute (UVRI). The most affected district is Insingiro having reported 11 cases with two deaths (CFR 18.2%). Ninety-six percent (96%) of cases reported are males, the majority of whom are herdsman and butcher.
Zimbabwe	Cholera	G2	6-Sep-18	6-Sep-18	4-Oct-18	8 566	163	50	0.5%	The outbreak of cholera which was declared on 6 September 2018 is evolving rapidly. As of 4 October 2018, a total of 8 566 cases (including 163 confirmed) with 50 deaths (case fatality ratio 0.6%) have been reported from 17 districts in seven provinces across the country. Harare City is the most affected constituting about 98% of the cumulative cases reported. The main affected areas in Harare are Glenview and Budiriro suburbs.

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

†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.