

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 13: 24 – 30 March 2018  
Data as reported by 17:00; 30 March 2018



**1**

New event

**56**

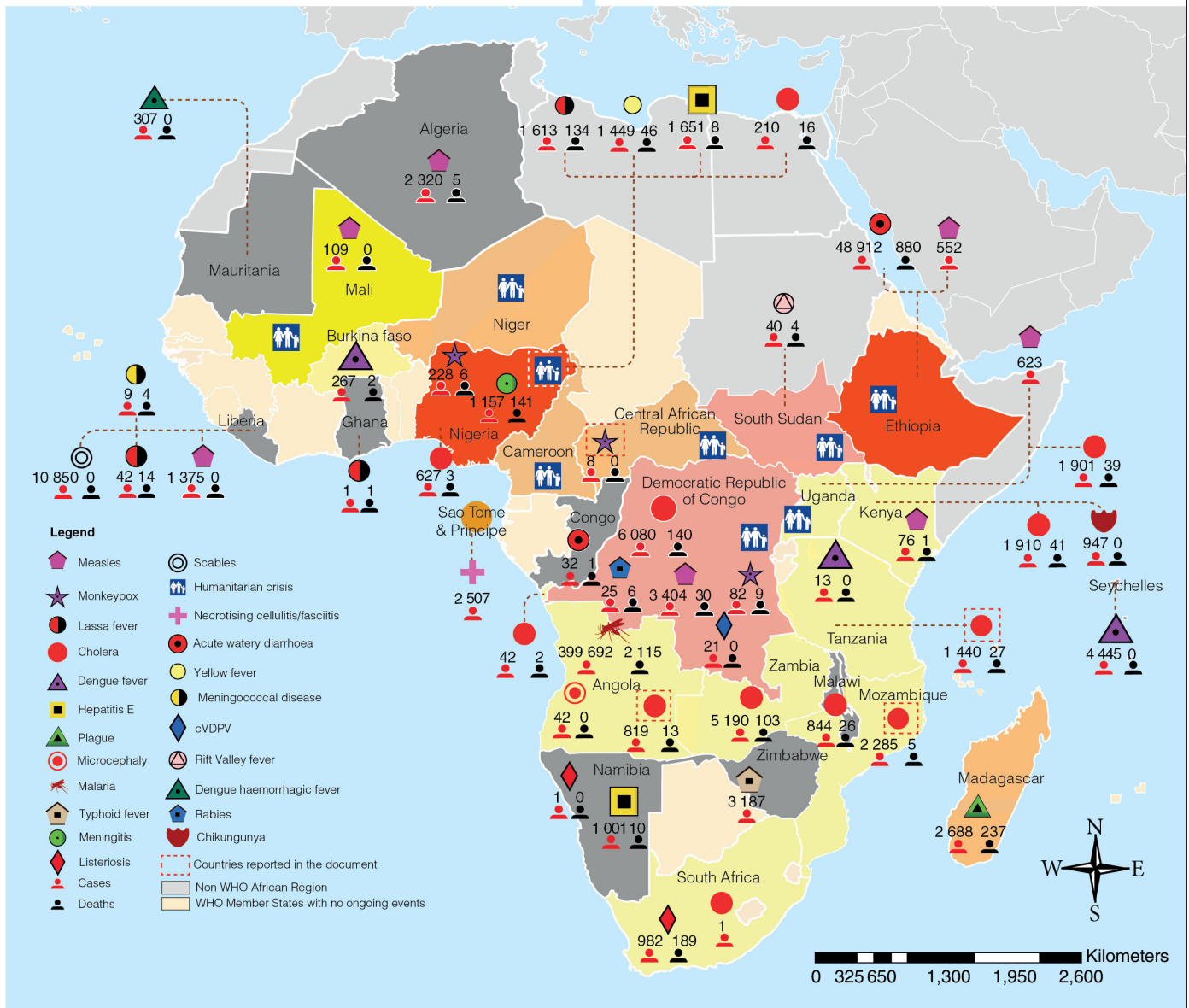
Ongoing events

**48**

Outbreaks

**9**

Humanitarian crises



**2**

Grade 3 events

**5**

Grade 2 events

**8**

Grade 1 events

**34**

Ungraded events

**2**

Protracted 3 events

**1**

Protracted 2 event

**1**

Protracted 1 event

# Overview

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8 All events currently being monitored

➤ 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:

- [Cholera in Angola](#)
- [Cholera in Mozambique](#)
- [Cholera in Tanzania](#)
- [Monkeypox in Central African Republic](#)
- [Humanitarian crisis in Nigeria](#)

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

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

➤ **Major issues and challenges include:**

- The recurrence of cholera outbreaks in several countries of the region remains a serious concern given the high number of cases and deaths that continue to be reported. Inadequate water and sanitation conditions and the onset of the rainy season represent key risk factors for the resurgence of cases.
- The large number of acute public health events and protracted emergencies in the region, with an average of 50 events being monitored and responded to, overstretches health systems and calls for more preventive actions and intersectoral collaboration at country level.

# Ongoing events

Cholera

Angola

861  
Cases

15  
Deaths

1.7%  
CFR

## EVENT DESCRIPTION

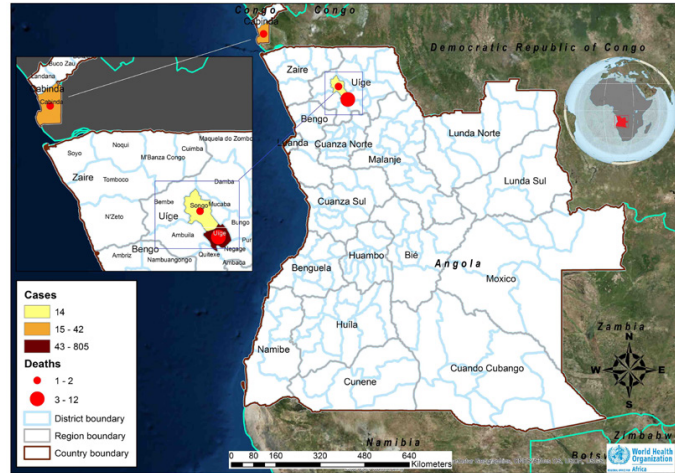
Angola is experiencing cholera outbreaks in two of its eight provinces: Uíge, which is located in the north-western part of the country, and Cabinda, which is an enclave province located between the Democratic Republic of the Congo and the Republic of Congo.

The outbreak in Uíge was notified on 21 December 2017 and has been ongoing for 14 weeks with a clear downward trend in the last 11 weeks. As of 25 March 2018, a cumulative total of 819 suspected cases and 13 deaths (case fatality rate 1.6%) were reported across two districts: Uíge (805 cases and 12 deaths) and Songo (14 cases and 1 death). In Uíge, 56.3% of suspected cases reported using wells (cacimba) as their main source of drinking water.

The outbreak in Cabinda was notified on 18 February 2018. Over the last two weeks the weekly incidence of cases has been on a downward trend following a peak during week 10 of 2018 (week ending 11 March 2018). As of 25 March 2018, a cumulative total of 42 cases and two deaths (case fatality rate: 4.7%) was reported in Cabinda district.

In both outbreaks, samples from reported cases tested positive for *Vibrio cholerae* 01 by stool culture conducted at the National Public Health Laboratory (INSLP).

Geographical distribution of cholera cases in Angola, 18 February - 25 March 2018



## PUBLIC HEALTH ACTIONS

- ▶ The Ministry of Health convened a multisectoral national response committee in the early weeks of the outbreak, which deployed a multidisciplinary rapid response team to Uíge to coordinate the response with local authorities, WHO/GOARN, UNICEF, Médecins Sans Frontières (MSF), and other partners.
- ▶ Surveillance and active case finding activities are ongoing in high risk areas.
- ▶ Provincial governments are now coordinating incident management with assistance from partners.
- ▶ The INSLP distributed rapid diagnostic tests (RDTs) and conducted training on their use in high-risk areas.
- ▶ The Ministry of Communications is leading the implementation of risk communication strategies and social mobilization activities, with participation by UNICEF and WHO.
- ▶ Risk communication is being conducted by the Angola Field Epidemiology Training Programme and the National Red Cross in neighbourhoods of Uíge.
- ▶ Information, education, and communication (IEC) activities are coordinated by local teams in Cabinda with UNICEF supporting WASH-related communications.
- ▶ The Ministry of Health established a cholera treatment centre on 26 December 2017 and medicines and disinfection material were deployed to Uíge on 29 December after local stocks were depleted.
- ▶ Active surveillance began on 29 December 2017 and case investigations are ongoing in communities in Uíge, Songo, and other at-risk areas.
- ▶ Collaboration between the Ministry of Health, UNICEF, MSF, and WHO is ongoing to support the provision of WASH interventions, cholera kits, and technical assistance to the area.

## SITUATION INTERPRETATION

The two cholera outbreaks in Northern Angola are localized in provinces that border the Democratic Republic of the Congo where a large cholera outbreak is ongoing. Although the case incidence has been decreasing, the rainy season, which runs from September to April in Angola, represents a risk factor for the resurgence of cholera cases. It is therefore important to improve water, sanitation, and hygiene conditions over the coming weeks. The country's specific challenge lies in its proximity to countries already experiencing cholera outbreaks, with high potential for international spread. It is therefore essential to strengthen cross-border surveillance activities.

### EVENT DESCRIPTION

The cholera outbreak in northern Mozambique is ongoing in two adjacent provinces, Nampula and Cabo Delgado. The weekly incidence in both provinces continues to be on a downward trend during week 12 of 2018 (week ending 25 March 2018), after a peak in the number of cases in Nampula in week 47 of 2017 and in Cabo Delgado in week 8 of 2018. From the beginning of the outbreak in mid-August 2017 to 25 March 2018, 2 285 cases and five deaths (case fatality rate 0.2%) were reported from Nampula (1 642 cases and two deaths) and Cabo Delgado (643 cases and three deaths). Within these provinces, cases were reported from six districts and two cities. As of 25 March 2018, four districts and two cities are reporting cholera cases.

In Nampula, the outbreak remains active in Memba district and Nampula city; the districts of Erati and Nacaroa continue to report zero cases since week 1 of 2018. In the province of Cabo Delgado, which shares a border with Tanzania, the outbreak remains active in three districts (Chui, Mecufi and Meluco) and one city (Pemba). The main hotspots of the outbreak are Memba district (848 cases) and Pemba city (352 cases).

Laboratory specimens collected in Nampula during a rapid assessment tested positive for *Vibrio cholerae* by rapid diagnostic testing and stool culture.

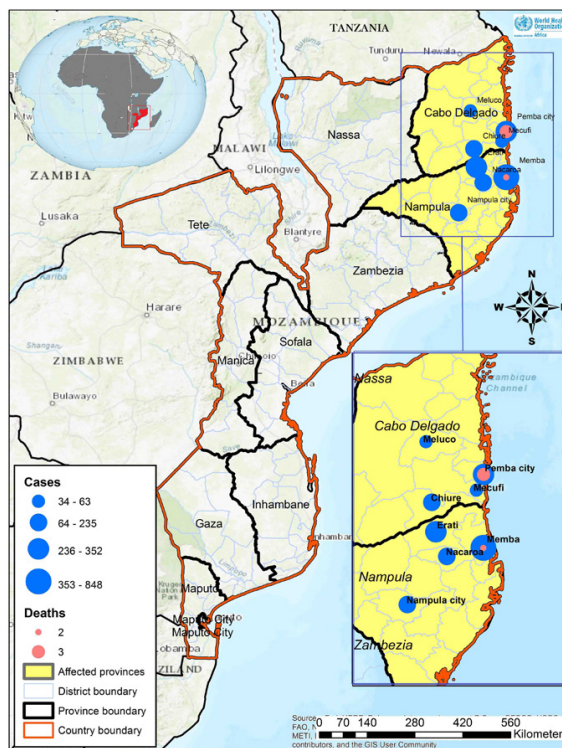
### PUBLIC HEALTH ACTIONS

- WHO is supporting multi-sectoral coordination and response activities in Cabo Delgado, including the establishment of cholera treatment centres (CTCs).
- WHO and partners such as UNICEF and Médecins Sans Frontières (MSF) are providing technical support in surveillance, case management, contact tracing, community awareness and provision of medical supplies.
- WHO is also providing financial support for training of healthcare staff in case management, procurement of cholera kits and rapid diagnostic tests as well as the printing of cholera guidelines, which were handed over to the Ministry of Health.
- The Contingency Funds for Emergencies (CFE) proposal was approved and additional emergency officers and a data manager are being recruited through the CFE fund.
- A WHO response plan was developed and shared with the WHO Regional Office for Africa.

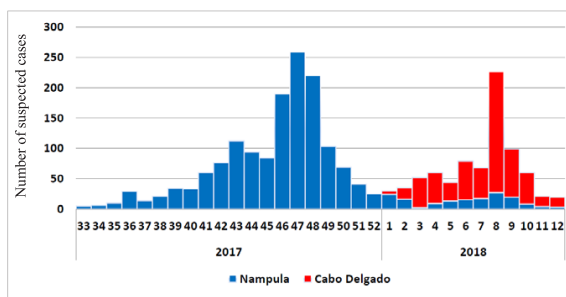
### SITUATION INTERPRETATION

Although the outbreak appears to be partially controlled in Nampula, Cabo Delgado is still affected, with new districts in the province reporting cases. Heavy rains and subsequent flooding in January 2018 has resulted in a shortage of safe drinking water in Maputo, the country's capital, and in the northern areas of the country. Further heavy rains are expected over the next three months, which will increase the potential for cholera transmission. A number of challenges remain in the responses to this outbreak. The water shortage will likely exacerbate poor hygiene and sanitation practices. Cases are not being line listed, making data analysis difficult. There is no central epidemiological data management system at the Ministry of Health; data are not regularly shared and records are often incomplete. So far there has been little effort to identify the risk factors contributing to the outbreak and the affected provinces are geographically isolated from the capital city making support at national level difficult. Finally, there is a shortage of transport facilities to support response activities, along with a shortage of operational funds and limited partners on the ground. All these challenges need to be addressed urgently to prevent further geographical spread of this outbreak, both within the country and across its borders.

Geographical distribution of cholera cases in Mozambique, week 47, 2017 - week 12, 2018



Suspected cases of cholera by province, Mozambique, August 2017 - March 2018



### EVENT DESCRIPTION

The cholera outbreak in Tanzania is showing a declining trend overall, despite an increase in week 12 of five cases and zero deaths, compared to zero cases and zero deaths in week 11 of 2018. In week 12, only one out of 26 regions reported cases in Tanzania Mainland. This is a significant reduction in case incidence since our last report (*Weekly Bulletin 9*), when 321 cases and seven deaths were reported during week 8 across five out of 26 regions in Tanzania Mainland. The reported cases in week 12 were from Chamwino district in Dodoma Region. Zanzibar continues to report zero cases in 2018, with the last reported case on 11 July 2017.

Dodoma, Rukwa and Ruvuma have been the hotspot regions in 2018, while in 2017 Songwe, Mbeya, Dodoma, Ruvuma, Morogoro, Iringa and Kigoma regions were the hotspots. Regions of Dodoma, Rukwa, Iringa, Morogoro, Manyara and Kigoma have reported cholera cases for three years consecutively from 2016 to 2018.

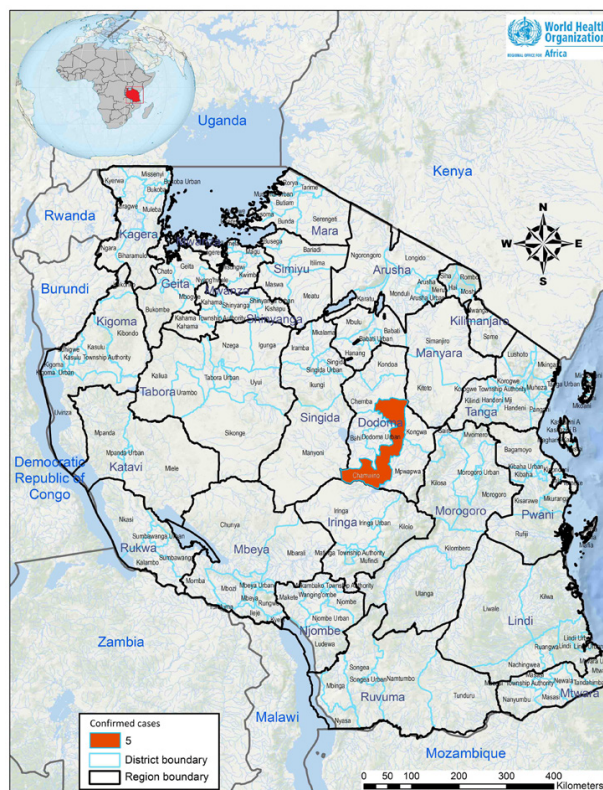
### PUBLIC HEALTH ACTIONS

- ▶ WHO is collaborating with the coordination teams monitoring cholera control activities at all levels and is following up on the National Task Force action points regarding the multisectoral cholera response, coordinated by the Prime Minister's Office.
- ▶ WHO is supporting strengthening of surveillance activities at all levels, particularly timely reporting of cases through the surveillance subcommittee and the field surveillance officers. In addition they are strengthening surveillance in non-reporting areas, including the Kigoma Region, which receives asylum seekers from Democratic Republic of the Congo.
- ▶ The WHO Country Office has been supporting water, sanitation and hygiene (WASH) and social initiatives, through the Social Mob team to finalize the concept note requesting available funding from USAID Tulonge Afya, in order to deploy national level Social Mob experts to three hotspot districts (Mpwapwa, Kongwa and Chamwino) in Dodoma, to support conducting a rapid assessment of barriers to behaviour change, to support district authorities in engaging affected communities to find local solutions and take ownership of cholera prevention and control interventions, and to finalize the National Risk Communication Guideline and training tools.
- ▶ In Zanzibar, a WHO expert is assisting in fine tuning the WASH component of the Cholera Elimination Plan, including the budget. The technical team will meet to agree on the document, which is expected to be launched in May or June 2018.
- ▶ There is continued close monitoring of all acute watery diarrhoea cases in Zanzibar, along with testing for rapid detection and investigation of suspected cholera cases.

### SITUATION INTERPRETATION

Although it would appear that the cholera outbreak on Tanzania Mainland is declining, a high level of surveillance is essential with the approach of the rainy season. Any remaining gaps in response and case detection must be addressed and the budgeted cholera elimination plan still needs to be released to guide continuing interventions. National authorities and international actors need to respond urgently to bring the outbreak to a complete close.

Geographical distribution of cholera cases in Tanzania, week 11 - week 12, 2018



**EVENT DESCRIPTION**

On 17 March 2018, the Ministry of Health officially declared an outbreak of monkeypox in Bambari district, more specifically in the sub-district of Ippy. The index case developed symptoms on 2 March 2018. The last suspected case was notified on 16 March 2018. As of 25 March 2018, a total of eight cases with zero deaths (case fatality rate 0%) have been reported since the start of the outbreak. Four of the eight cases (50%) were male; all cases were over 5 years of age. As of 25 March 2018, three patients were hospitalized.

Laboratory samples were collected from all patients and have been tested by Institut Pasteur in Bangui. Six of the eight suspected cases have tested positive for monkeypox virus. One contact of a case developed suspicious lesions and laboratory confirmation is pending.

**PUBLIC HEALTH ACTIONS**

- The Ministry of Health is responding to the outbreak with the support of partners including WHO, COHEB, MSF, IMC and OCHA; regular crisis meetings have been conducted by the Coordinating Committee at the central level (MOH, WHO, UNICEF, MSF, OCHA).
- The response plan to monkeypox is being updated.
- MSF-Spain has established an isolation site with a ten-bed capacity for case management.
- Free healthcare is being offered to affected patients.
- Regular follow-up of contacts of confirmed cases is ongoing.
- The case definition has been distributed in health facilities to facilitate notification of suspected cases.
- Social mobilization and awareness campaigns are ongoing and include radio broadcasts and press releases in daily newspapers.

**SITUATION INTERPRETATION**

The Central African Republic has experienced outbreaks of monkeypox in the past, notably in the areas of Basse Kotto, Haute Kotto, Mbomou, and Lobaye. The current outbreak should therefore be closely monitored. Risk communication and community mobilization are essential in order to prevent further spread of the outbreak. However, the security situation has deteriorated since 20 March 2018, thus reducing access to the affected areas and causing MSF to cease its activities in the city of Ippy.

Geographical distribution of monkeypox cases in Central African Republic, 15 February - 21 March 2018



### EVENT DESCRIPTION

The ongoing humanitarian crisis in north-east Nigeria remains critical. In early March 2018, three humanitarian workers were killed by armed groups in Rann. The poor security situation resulted in mass population movements and displacement, destroyed infrastructure and disrupted basic social services. In the first two months of 2018, 138 519 people have been newly displaced and 1 568 people have returned to their communities after fleeing violence. Many of these people are in urgent need of humanitarian assistance and many returnees have settled in areas with destroyed infrastructure and non-existent social services.

Overall, an estimated 7.7 million people remain in need of protection and humanitarian aid, particularly internally displaced persons (IDPs) and returnees from neighbouring countries. There are 1.5 million people targeted for life-saving health interventions, while 2.7 million are targeted for nutrition intervention. At this stage of 2018 (week 13), an estimated 549 424 people are still in need of life-saving health interventions, including 306 507 who need specific nutritional intervention.

The outbreak of cholera in Kukawa local government area (LGA) has steadily declined in the past few weeks, with cases reported from only one settlement in Doro ward. Kukawa ward has not reported cases for the duration of two incubation periods. In week 12 (week ending 25 March 2018) fewer than 20 cases were reported, compared to approximately 170 cases per week reported at the peak of the outbreak. The number of cases of acute watery diarrhoea in high risk LGAs is being closely monitored in preparation for the rainy season, when transmission increases.

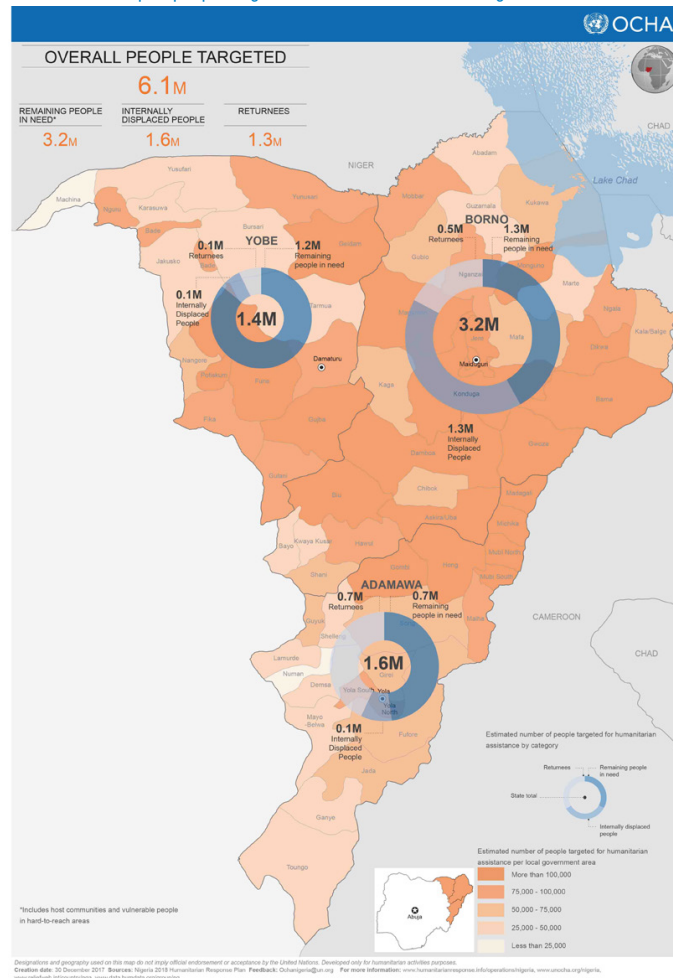
### PUBLIC HEALTH ACTIONS

- ▶ WHO and partners continue to provide essential health services to vulnerable populations through mobile health teams, reaching 354 327 people in the region.
- ▶ Medical treatment for children with medical complications of severe acute malnutrition (SAM) has been provided for 1 359 children, and a further 72 881 children (mainly IDPs and returnees) with SAM have been treated as outpatients.
- ▶ The cholera outbreak Rapid Response Team (RRT) mechanism continues to respond to the outbreak in Kukawa, coordinating government and partner activities in surveillance; case management; water, sanitation and hygiene (WASH); and risk communication.
- ▶ Early detection and reporting through the early warning and alert response system (EWARS) and routine surveillance has been strengthened by training of surveillance focal points at state, LGA and health facility level.

### SITUATION INTERPRETATION

The situation in north-east Nigeria remains volatile, but in spite of this, life-saving humanitarian interventions have continued to be provided. However, the unpredictability of the situation requires innovative measures to sustain the gains of the coordinated efforts of humanitarian actors.

Map of people targeted for humanitarian aid in Nigeria 2018



# Summary of major issues challenges, and proposed actions

## Issues and challenges

- The recurrence of cholera outbreaks in several countries of the region remains a serious concern given the high number of cases and deaths that continue to be reported. While the trend of the cholera outbreaks in Angola, Mozambique and Tanzania is declining, areas where access to safe drinking water and adequate sanitation is limited remain vulnerable. Furthermore, with the onset of the rainy season, the resurgence of cases is not unexpected.
- The large number of acute public health events and protracted emergencies in the region with an average of 50 events being monitored and responded to overstretches health systems and call for more preventive actions and intersectoral collaboration at country level.

## Proposed actions

- Countries to invest more in preventive interventions and intersectoral collaboration to tackle the root causes of outbreaks.
- Strengthen cross-border collaboration to enhance prevention, preparedness and response activities at regional level.
- Continue high level advocacy with governments and partners and increase investment in preparedness for outbreaks and other emergencies in order to reduce the mortality and morbidity associated with cholera in the region.



## All events currently being monitored by WHO AFRO

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
New events										
Congo (Republic of)	Acute watery diarrhoea (AWD)	Ungraded	21-Mar-18	n/a	25-Mar-18	32	0	1	3.1%	As of 25 March 2018, 32 suspected cases of cholera including 1 death were reported in the departments of Mongolo (28 suspected) and Liranga (4 suspected) near the Congo River.
Ongoing events										
Algeria	Measles	Ungraded	13-Mar-18	25-Jan-18	11-Mar-18	2 320	-	5	0.2%	A total of 2 320 cases including 5 deaths have been reported from 13 wilayas: El Oued, Ouargla, Illizi, Tamanrasset, Biskra, Tebessa, Relizane, Tiaret, Constantine, Tissemsilt, Medea, Alger, and El-Bayadh.
Angola	Cholera	G1	2-Jan-18	21-Dec-17	25-Mar-18	819	5	13	1.6%	Detailed update in this bulletin.
Angola (Cabinda province)	Cholera	Ungraded	8-Mar-18	18-Feb-18	25-Mar-18	42	-	2	4.8%	Detailed update in this bulletin.
Angola	Malaria	Ungraded	20-Nov-17	1-Jan-17	30-Sep-17	399 692	-	2 115	0.5%	The outbreak has been ongoing since the beginning of 2017. In the province of Benguela, a total of 244 381 malaria cases were reported from January to September 2017 as compared to 311 661 reported in all of 2016. In the province of Huambo, 155 311 malaria cases were reported from January to September 2017, as compared to 82 138 cases during the same period in 2016. Epidemiological investigations are ongoing in these two contiguous provinces.
Angola	Microcephaly - suspected Zika virus disease	Ungraded	10-Oct-17	End September	29-Nov-17	42	-	-	-	A cluster of microcephaly cases was detected in Luanda in late September 2017 and reported on 10 October 2017 by the provincial surveillance system. Of the 42 cases, three were stillbirths and 39 were live births. Suspected cases have been reported from Luanda province (39), Zaire province (1), Moxico province (1), and Benguela province (1).
Burkina Faso	Dengue	G1	4-Oct-17	31-Dec-17	13-Jan-18	267	-	2	0.7%	From week 1 to week 52 of 2017, 15 096 cases and 30 deaths were reported. The trend in the number of cases has decreased since week 44 of 2017. The majority (79%) of cases reported in weeks 1 and 2 of 2018 have been reported in the central region, notably in Ouagadougou (the capital). Dengue virus serotypes 1, 2, and 3 are circulating.

Cameroon	Humanitarian crisis	G2	31-Dec-13	27-Jun-17	3-Nov-17	-	-	-	-	At the beginning of November 2017, the general security situation in the Far North Region worsened. Terrorist attacks and suicide bombings have continued and are causing displacement. Almost 10% of the population of Cameroon, particularly in the Far North, North, Adamaoua, and East Regions, is in need of humanitarian assistance as a result of the insecurity. To date, more than 58 838 refugees from Nigeria are present in Minawao Camp, and more than 21 000 other refugees have been identified outside of the camp. In addition, approximately 238 000 Internally Displaced People (IDPs) have been registered.
Central African Republic	Humanitarian crisis	G2	11-Dec-13	11-Dec-13	28-Feb-18	-	-	-	-	The security situation remains tense and precarious in many places across the country. In recent weeks, humanitarian access to IDPs remains one of the major challenges. Currently, 2.5 million people are in need of humanitarian aid including 1.1 million people targeted for health cluster partners. There are approximately 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	25-Mar-18	8	6	0	0.0%	Detailed update in this bulletin.
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	11-Mar-18	-	-	-	-	The humanitarian and security situation remains very fragile in several provinces of the country, particularly in Ituri, North Kivu, South Kivu, Maniema, and Haut-Katanga. Displacement from these provinces continues and new IDPs lack basic services.
Democratic Republic of the Congo	Cholera		16-Jan-15	1-Jan-18	4-Mar-18	6 080	0	140	2.3%	This is part of an ongoing outbreak. From week 1 to 8 of 2018, a total of 6 080 cases including 140 deaths (CFR: 2.3%) were reported from DRC. In week 8, there were 571 new cases and 22 deaths reported, including 37 cases from Kinshasa. Fifty-four percent of the cases reported in week 8 were from endemic areas (North Kivu, South Kivu, Tanganyika). Nationwide, a total of 60 492 cases including 1 288 deaths (CFR; 2.1%) have been reported since January 2017.
Democratic Republic of the Congo	Measles		10-Jan-17	1-Jan-18	4-Mar-18	3 404	-	30	0.9%	This outbreak is ongoing since the beginning of 2017. As of week 8 in 2018, a total of 48 326 cases including 563 deaths (CFR 1.2%) have been reported since the start of the outbreak. In 2018 only, 3 404 cases including 30 deaths (0.9%) were reported.
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)		Ungraded	15-Feb-18	n/a	16-Feb-18	21	21	0	0.0%

Democratic Republic of Congo	Rabies	Ungraded	19-Feb-18	1-Jan-18	10-Feb-18	25	0	6	24.0%	This outbreak began toward the end of October 2017 in Kibua health district in North Kivu province. During Week 6 of 2018, three cases were reported.
Democratic Republic of Congo	Monkeypox	Ungraded	n/a	1-Jan-18	11-Feb-18	282	34	9	3.2%	From weeks 1 to 6 of 2018 there have been 282 suspected cases of monkeypox including 9 deaths. Of the suspected cases, 34 have been confirmed. Suspected cases have been detected in 14 provinces. Sankuru Province has had an exceptionally high number of cases this year (106 cases) compared to the same time period last year (44 cases).
Ethiopia	Humanitarian crisis	Protracted 3	15-Nov-15	n/a	28-Jan-18	-	-	-	-	The complex humanitarian crisis in Ethiopia continues into 2018. As of 28 January 2018, there were about 6.3 million people in need of health assistance, over 1.7 million people internally displaced, and over 900 000 refugees. Currently, Oromia region has 669 107 IDPs settled in various temporary sites and living with host communities in six zones over 43 woredas (districts).
Ethiopia	Acute watery diarrhoea (AWD)		15-Nov-15	1-Jan-17	21-Feb-18	48 912	-	880	1.8%	This is an ongoing outbreak since the beginning of 2017. Between January and December 2017, a cumulative total of 48 814 cases and 880 deaths (CFR 1.8%), have been reported from 9 regions. In 2018 only, a total of 98 cases have been reported from two regions, Somali and Dire Dawa regions.
Ethiopia	Measles		14-Jan-17	1-Jan-18	18-Feb-18	552	13	-	-	This is an ongoing outbreak since the beginning of 2017. Between January and December 2017, a cumulative total of 4 011 suspected measles cases have been reported across the country. In 2018 only, a total of 552 suspected cases including 191 confirmed cases, have been reported across the country. Most of the cases in 2018 have been reported from Somali region (28%), followed by Oromia (22%), SNNP (21%), and Addis Ababa (18%). Most affected groups are children under five years of age (32%) and children between 5 and 14 years old (43%).
Ghana	Lassa fever	Ungraded	1-Mar-18	27-Feb-18	2-Mar-18	1	1	1	100.0%	On 1 March 2018, WHO was notified of a confirmed case of Lassa fever. The index case was a 26 year-old, male who presented at a public hospital in Accra on 23 February 2018 with symptoms of general weakness, severe headache, joint pains, and vomiting of blood. On 23 February 2018, a blood sample was sent to the lab for confirmation and tested positive by PCR on 26 February 2018. He died on 28 February 2018. All contacts have been listed and they are currently being monitored.
Kenya	Chikungunya	Ungraded	mid-December 2017	mid-December 2017	16-Mar-18	947	36	0	0.0%	As of 16 March 2018, a total of 861 cases including 32 confirmed cases, were reported from Mombasa county. In Lamu county, 86 cases were reported including 4 confirmed.

Kenya	Cholera	G1	6-Mar-17	1-Jan-18	16-Mar-18	1 910	79	41	2.1%	The outbreak in Kenya is ongoing since 2017. Between 1 January 2017 and 07 December 2017, a cumulative total of 4 079 cases have been reported from 21 counties (data until 31 December 2017 not available). In 2018, a total of 1 910 cases have been reported since the first of January. Currently, the outbreak is active in 5 counties: Garissa, Turkana, West Pokot, Trans nzoia, and Tana River counties. The outbreak has been controlled in 7 counties: Mombasa, Kirinyaga, Siaya, Tharaka Nithi, Meru, Basia, and Muranga.
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	16-Mar-18	76	11	1	1.3%	The outbreak is located in two counties, namely Wajir and Mandera. As of 16 March, Wajor county has reported 35 cases with 7 confirmed, Mandera county has reported 41 cases with 4 confirmed cases and one death.
Liberia	Meningococcal disease	Ungraded	19-Jan-18	23-Dec-17	29-Jan-18	9	2	4	44.4%	A cluster of undiagnosed illness and deaths were reported from Lofa county, northeastern Liberia. Samples taken from two suspected cases were positive for <i>Neisseria meningitidis</i> serogroup W. All seven samples collected as of 29 January 2018 were negative for Ebola and Lassa fever viruses by PCR, negative for yellow fever by serology (IgM), and negative for typhoid by WDAL. Additional testing is ongoing.
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-18	3-Dec-17	1 375	69	-	-	From week 1 to 48 of 2017, 1 607 cases were reported from 15 counties, including 225 laboratory confirmed, 336 clinically compatible and 199 epi-linked. From week 1 to 8 of 2018, 1 375 cases have been reported.
Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-18	12-Mar-18	42	7	14	33.3%	From 1 January to 24 November 2017, a total of 70 suspected Lassa fever cases including 21 deaths (CFR: 30%) were reported from nine counties in Liberia. From 1 January to 12 March 2018, seven confirmed cases have been reported from Nimba (4), Montserrado (2), and Bong (1) counties.
Liberia	Scabies	Ungraded	11-Jan-18	11-Dec-17	18-Jan-18	10 850	17	0	0.0%	A total of 10 850 cases have been reported from five counties: Montserrado (9 647), Grand Bassa (687), Rivercess (315), Margibi (185), and Bong (16). All 17 confirmed cases have been reported from Montserrado county.
Madagascar	Plague	G2	13-Sep-17	13-Sep-17	18-Mar-18	2 688	556	237	8.8%	From 1 August 2017 to 18 March 2018, a total of 2 668 cases of plague were notified, including 556 confirmed, 828 probable and 1 284 suspected cases. Out of all notified cases, 2 029 were of pulmonary, 432 were of bubonic, 1 was of septicaemic form, and 206 cases were unspecified.

Malawi	Cholera	Ungraded	28-Nov-17	20-Nov-17	28-Mar-18	844	78	26	3.1%	In week 12 (19-25 March), a total of 31 cases and 1 death were reported from 3 districts; Karonga (2 cases), Lilongwe (24 cases and 1 death) and Salima (5 cases). Compared to previous week (epi week 11) where 55 cases and 2 deaths were reported from 5 districts. Since 24 November 2018, a total of 844 cases were reported including 26 deaths (12 community, 14 health facility), CFR=3%, had been reported from 13 districts.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	19-Nov-17	-	-	-	-	The security situation remains volatile in the north and centre of the country. At the last update, incidents of violence had been perpetrated against civilians, humanitarian workers, and political-administrative authorities.
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	11-Feb-18	109	49	0	0.0%	A total of five health districts have reached the epidemic threshold (Ansongo, Bandiagara, Douentza, Kadiolo, and Yanfolila). Forty-nine samples were confirmed positive by serology (IgM) at the national reference laboratory INRSP.
Mauritania	Dengue haemorrhagic fever	Ungraded	30-Nov-17	6-Dec-17	22-Feb-18	307	165	-	-	In November 2017, the MoH notified 3 cases of dengue fever including one hemorrhagic case (Dengue virus type 2) with a history of Dengue virus type 1 infection in 2016. As of 10 February 2018, the national reference laboratory confirmed the diagnosis of 165 of 307 RDT positive samples. Dengue type 1 and type 2 are circulating in the country with a higher proportion of subtype 2 (104/165).
Mozambique	Cholera	G1	27-Oct-17	12-Aug-17	25-Mar-18	2 285	-	5	0.2%	Detailed update in this bulletin.
Namibia	Hepatitis E	Ungraded	18-Dec-17	8-Sep-17	18-Mar-18	1 001	100	10	1.0%	This is an ongoing outbreak since 2017. The majority of cases have been reported from informal settlements in the capital district of Windhoek. The most affected settlement is Havana, accounting for 547 (54%) of the total cases, followed by Goregab settlement with 252 (25%) cases. The most affected age group is between 20 and 39 years old representing 73% of total cases.
Namibia	Listeriosis	Ungraded	13-Mar-18	12-Mar-18	13-Mar-18	1	1	0	0.0%	On 13 March 2018, WHO was notified about a confirmed case of listeriosis in Windhoek. The index case; a 41 year-old male, with chronic Hepatitis B; developed liver cirrhosis and was admitted to the hospital on 5 March 2018. Bacterial culture was done in which <i>Listeria monocytogenes</i> was isolated. The patient had no travel history outside Namibia. Investigations are ongoing to establish if there are any links between this case and the outbreak in South Africa.

Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	16-Feb-18	-	-	-	-	The humanitarian situation in Niger remains complex. The state of emergency has been effective in Tillabéry and Tahoua Regions since 3 March 2017. Security incidents continue to be reported in the south-east and north-west part of the country. This has disrupted humanitarian access in several localities in the region, leading to the suspension of relief activities, including mobile clinics.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	31-Jan-18	-	-	-	-	Detailed update in this bulletin.
Nigeria	Cholera (nation wide)	Ungraded	7-Jun-17	1-Jan-18	3-Mar-18	210	2	16	7.6%	There is an ongoing outbreak since the beginning of 2017. Between 1 January and 31 December 2017, a cumulative total of 4 221 suspected cholera cases and 107 deaths (CFR 2.53%), including 60 laboratory-confirmed were reported from 87 LGAs in 20 states. Between weeks 1 and 9 of 2018, there have been 210 suspected cases including two laboratory-confirmed and 16 deaths (CFR 7.6%) from 28 LGAs in 9 States.
Nigeria	Lassa fever	G2	24-Mar-15	1-Jan-18	25-Mar-18	1 613	394	134	8.3%	A total of 1 386 suspected cases and 114 deaths have been reported from 19 active states: Anambra, Bauchi, Benue, Delta, Ebonyi, Edo, Ekiti, Gombe, Imo, Kaduna, Kogi, Lagos, Nasarawa, Ondo, Osun, Plateau, Rivers, Taraba, and the Federal Capital Territory (FCT). Sixteen healthcare workers have been affected in six states: Ebonyi (9), Edo (3), Benue (1), Kogi (1), Nasarawa (1), and Ondo (1). A total of 1 022 cases including 127 deaths were reported from week 49 of 2016 to week 51 of 2017. From 1 January to 25 March 2018, 19 states have recorded at least one confirmed case across 56 LGAs (Edo, Ondo, Bauchi, Nasarawa, Ebonyi, Anambra, Benue, Kogi, Imo, Plateau, Lagos, Taraba, Delta, Osun, Rivers, FCT, Gombe, Ekiti and Kaduna).
Nigeria	Hepatitis E	Ungraded	18-Jun-17	1-May-17	31-Dec-17	1 651	182	8	0.6%	The number of cases has been decreasing since week 51 in 2017. Forty-three new cases were reported in Kala/Balge LGA in week 52 (ending 31 December 2017).
Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	11-Mar-18	1 449	96	46	3.2%	A total of 1 449 cases have been reported from 30 states: Abia, Borno, Kogi, Kwara, Kebbi, Plateau, Zamfara, Enugu, Oyo, Anambra, Edo, Lagos, Kano, Nasarawa, Katsina, Niger, Bayelsa, Rivers, Cross Rivers, Kaduna, Sokoto, Jigawa Imo, Delta State, Akwa Ibom, Ebonyi, Ekiti, FCT Abuja, Ogun, Ondo and Osun State). Ninety-six cases from seven states (Kwara, Kogi, Kano, Zamfara, Kebbi, Nasarawa, and Niger) have been laboratory-confirmed at Institute Pasteur Dakar.

Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	25-Feb-18	228	89	6	2.6%	Suspected cases are geographically spread across 24 states and the Federal Capital Territory (FCT). Eighty-nine laboratory-confirmed cases have been reported from 15 states/territories (Akwa Ibom, Abia, Bayelsa, Benue, Cross River, Delta, Edo, Ekiti, Enugu, Lagos, Imo, Nasarawa, Rivers, and FCT).
Nigeria	Meningitis	Ungraded	26-Dec-17	1-Sep-18	6-Mar-18	1 157	128	141	12.2%	Cases have been reported from fifteen states: Zamfara (539), Katsina (245), Sokoto (129), Jigawa (51), Yobe (50), Niger (39), Cross River (25), Kebbi (25), Bauchi (20), Kano (21), Gombe (3), Plateau (4), Borno (3), Adamawa (2) and Kaduna (1). As of 6 March 2018, 128 (37.9%) of 337 samples tested were positive for bacterial meningitis, including 78 (60.9%) positive for <i>Neisseria meningitidis</i> serogroup C (NmC).
Nigeria (Borno State)	Cholera	Ungraded	n/a	13-Feb-18	20-Mar-18	627	23	3	0.5%	A total of 627 cases have been reported from Borno State. Of the 79 samples tested using rapid diagnostic tests (RDTs), 69 (87.3%) were positive, while 23 of 50 (46%) samples were culture positive.
São Tomé and Príncipe	Necrotising cellulitis/fasciitis	Protracted 2	10-Jan-17	25-Sep-16	18-Mar-18	2 507	0	0	0.0%	From week 40 in 2016 to week 11 in 2018, a total of 2 507 cases have been notified. In week 11, 20 cases were notified. The case rate of necrotising cellulitis in Sao Tome and Principe is 12.7 cases per 1 000 inhabitants.
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	21-Jan-18	4 445	1 429	-	-	A total of 4 445 cases have been reported from all regions of the three main islands (Mahé, Praslin, and La Digue). The trend in the number of cases has been decreasing since week 23 of 2017.
South Africa	Listeriosis	G1	6-Dec-17	4-Dec-17	26-Mar-18	982	982	189	19.2%	This outbreak is ongoing since the beginning of 2017. A total of 748 laboratory-confirmed listeriosis cases were reported in 2017, and 982 cases in 2018. Around 80% of cases are reported from three provinces; Gauteng, Western Cape, and Kwa-Zulu-Natal provinces. Following the source identification, the national authorities, with support from WHO and other partners, have taken measures to limit further infections and associated mortality. These include but are not limited to the issuance of safety recall notices, compliance notices, measures related to exportation of implicated products, and risk communication targeting vulnerable groups.
South Africa	Cholera	Ungraded	26-Feb-18	6-Mar-18	10-Mar-18	1	1	0	0.0%	The index case is a 37 year old female from the border district of Umkhanyakude, in KwaZulu-Natal province. She presented at the clinic on 7 February 2018 with severe abdominal pains, diarrhoea, vomiting, and severe dehydration. <i>Vibrio cholerae</i> 01 Ogawa was confirmed by the National Institute of Communicable Diseases (NICD), Centre for Enteric Diseases on 15 February 2018. The patient had no travel history. No other cases were reported.

South Sudan	Humanitarian crisis	G3	15-Aug-16	n/a	18-Mar-18	-	-	-	-	The security situation country-wide remains unpredictable with persistent reports of tribal clashes, rape of several women, cattle raiding in various locations that negatively affect the humanitarian response. Following a high-level delegation mission to Leer county of Unity region (one of the two counties affected by famine in 2017), it was reported that although the famine situation had improved due to intensive humanitarian intervention, the situation remains fragile. About 85 per cent of the population is predicted to reach crisis and emergency food insecurity conditions by the end of April 2018.
South Sudan	Rift Valley fever (RVF)	Ungraded	28-Dec-17	7-Dec-17	9-Mar-18	40	6	4	10.0%	As of 9 March 2018, 40 suspected cases of Rift Valley fever have been reported from Yirol East (37) and Yirol West (3) counties of the Eastern Lakes State, including six confirmed human cases (one IgG and IgM positive and five IgG only positive). Three cases died and were classified as probable cases with epidemiological links to the three confirmed cases. Nineteen were classified as non-cases following negative laboratory results for RVF (PCR and serology). Another 12 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: 10.0%).
Tanzania	Cholera	G1	20-Aug-15	1-Jan-18	25-Mar-18	1 445	-	27	1.9%	Detailed update in this bulletin.
Tanzania	Dengue fever	Ungraded	19-Mar-18	n/a	21-Mar-18	13	11	-	-	An outbreak of Dengue fever is ongoing in Dar es Salaam. Limited information on this event is available.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	2-Mar-18	-	-	-	-	The influx of refugees to Uganda has continued as the security situation in the neighbouring countries remains fragile. Approximately 75% of the refugees are from South Sudan and 17% are from DRC. An increased trend of refugees coming from DRC was observed recently. Landing sites in Hoima district, particularly Sebarogo have been temporarily overcrowded. The number of new arrivals per day peaked at 3 875 people in mid-February 2018.
Uganda	Cholera	G1	15-Feb-18	12-Feb-18	25-Mar-18	1 901	18	39	2.1%	The outbreak of cholera in Hoima District continues to evolve. Three sub-counties in the district have been affected; Kabwoya, Buseruka, and Kyangwali. Since the beginning of March, there are on average; 25 new cases reported daily. Most of the new cases are from new arrivals of refugees from DRC.
Uganda	Measles	Ungraded	8-Aug-17	24-Apr-17	3-Oct-17	623	34	-	-	The outbreak is occurring in two urban districts: Kampala (310 cases) and Wakiso (313 cases).



Zambia	Cholera	G1	4-Oct-17	4-Oct-17	25-Mar-18	5 190	565	103	2.0%	On 25 March 2018, 19 new cases and 1 death were reported in Lusaka district. Outside Lusaka, 21 new cases were reported, namely Kafue (10 cases), Chongwe (2 cases), Shibuyunji (5 cases), Petauke (2 cases), Chikankata (1 case), and Chisamba (1 case). Since the start of the outbreak, Lusaka district reported a total of 4 768 cases with 89 deaths; the cumulative number of cases from other districts is 422 with 14 deaths.
Zimbabwe	Typhoid fever	Ungraded	-	1-Oct-17	24-Feb-18	3 187	191	0	0.0%	Since the beginning of the outbreak in October 2017, a total of 3 187 cases including 191 confirmed cases have been reported. In 2018 alone, 1 094 cases were reported mainly from Mbare (438 cases) and Kuwadzana (205 cases). The outbreak has spread from its epicentre in Matapi to other areas such as Mbare and Nenyere.
Recently closed events										
Zimbabwe	Cholera	Ungraded	22-Jan-18	8-Jan-18	24-Mar-18	111	13	4	3.6%	The cholera outbreak in Chegutu Municipality in Mashonaland West Province was declared over in the first week of March 2018, following zero reported cases since the last case on 10 February 2018. On 8 March 2018, a 12-year-old female from the capital Harare was tested positive for cholera. All symptomless positive cases in Harare did not match the case definition for cholera; this outbreak was declared over on 23 March 2018.

†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.