WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 27: 30 June - 6 July 2018
Data as reported by 17:00; 6 July 2018

WHO Health Emergencies Programme

2 New events

55 Ongoing events

46 Outbreaks

11 Humanitarian crises

Legend

Measles
Monkeypox
Lassa fever
Cholera
Dengue fever
Hepatitis E
Plague
Malaria
Rabies
cVDPV
Chikungunya
Cases
Deaths
Humanitarian crisis
Necrotising cellulitis/fasciitis
Acute watery diarrhoea
Yellow fever
Rift Valley fever
Listeriosis
Anthrax
Ebola virus disease
Strong winds
Crimean-Congo haemorrhagic fever
Floods
Countries reported in the document
Non WHO African Region
WHO Member States with no ongoing events

Mali 1 123 0
Niger
Chad 1 284 49
Guinea Bissau
Guinea 1 113 9
Sierra léone 20 12
Liberia 19 0 20 14
Cote d'Ivoire 20 3 025 15
Nigeria 244 6 1 0 454 121 1 903 47 13 998 140 9 880 93
Cameroon 16 0 24 3
Central African Republic 20 1
South Sudan 31 4 39 0 106 0
Ethiopia 1 042 18 2 625 52 0
Sao Tome & Principe 2 732
Democratic Republic of Congo 53 29 12 726 407 14 286 155 100 18 28 0 2 924 36
Uganda 92 1
Kenya 5 561 78 94 10 156 1 1 465 0 2 143 2 2 80 0
Tanzania 226 0 10 0 2 741 57
Seychelles 5 064 0
Angola 47 6
Malawi 9 2
Mozambique 2 397 5
Namibia 1 631 16
South Africa 1 049 209
Mauritius 213 1

N S W E

0 325 650 1,300 1,950 2,600 Kilometers

Graded events †

2 Grade 3 events	2 Grade 2 events	4 Grade 1 events	39 Ungraded events
2 Protracted 3 events	2 Protracted 2 events	3 Protracted 1 events	

Overview

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

  - Rift Valley fever in Uganda
  - Ebola virus disease in the Democratic Republic of the Congo
  - Lassa fever in Liberia
  - Humanitarian crisis in South Sudan
  - Humanitarian crisis in north-east Nigeria.

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

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

- **Major issues and challenges include:**

  - The Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo has largely been contained, with the last confirmed case notified on 6 June 2018 and all contacts completing 21-day follow-up on 27 June 2018. The 12 June 2018 marked the start of the countdown towards the end of the EVD outbreak. While a small risk of resurgence and flare-ups remain, adequate measures are in place to rapidly detect and contain such events. In the meantime, there is a need to maintain implementation of all key response interventions until the outbreak is ultimately controlled.

  - Rift Valley fever (RVF) cases have simultaneously been confirmed in two districts in the western region of Uganda, with further investigation of another case in third district going on. The outbreak in Uganda is occurring at a time when Kenya is having a large RVF outbreak and Rwanda is experiencing an epizootic, with suspected human cases. This is indicative of the wider extent of the disease in the subregion. Risk modelling carried out by FAO in May 2018 showed suitability for vector amplification in several countries in East Africa, which are currently experiencing heavy rains. These RVF outbreaks in the subregion have the potential to cause serious public health consequences and huge economic loses if not addressed appropriately and effectively.

World Health Organization Africa

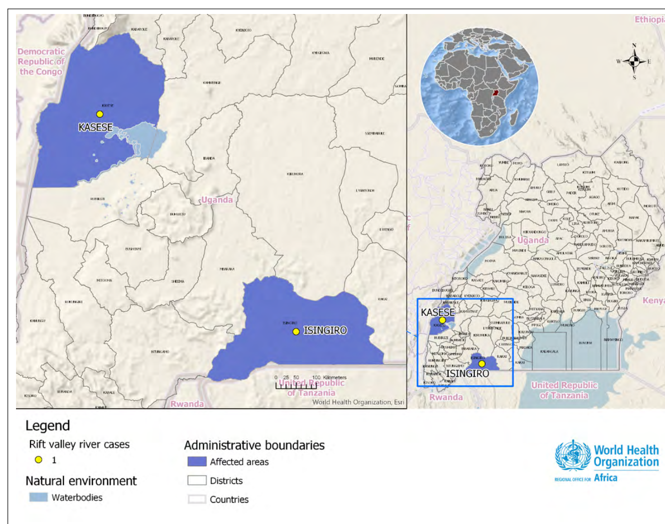
New events

Rift Valley fever	Uganda	2 Cases	2 Deaths	100% CFR

EVENT DESCRIPTION

On 29 June 2018, the Uganda Ministry of Health notified WHO of an outbreak of Rift Valley fever (RVF) in Isingiro and Kasese districts, all located in the western region of the country. Two unrelated simultaneous cases were confirmed on 28 June 2018, one in each district. The first case-patient was a 47-year-old male from Kanyatsi village in Munkunyu sub-county, Kasese District, whose main occupation was as a butcher. He fell ill on 20 June 2018 with symptoms of fever and headache, and self-administered antimalarial treatment. The case-patient died at home on the evening of 21 June 2018, with the body oozing blood from multiple orifices. The district health authority collected a nasal swab (posthumous) on notification of the death and the specimen was sent to the Uganda Virus Research Institute (UVRI) on 25 June 2018. The test result released on 28 June 2018 was positive for RVF by reverse transcriptase-polymerase chain reaction (RT-PCR).

Geographical distribution of Rift Valley fever cases in Uganda, 20 - 30 June 2018



The second case-patient was a 35-year-old male casual labourer and herdsman from Kabare village in Isingiro town council, Isingiro District. The village is located near Lake Nakivale and borders Lake Mburo National park. On 25 June 2018, he developed fever, headache, and anorexia, which was followed by epistaxis. He presented to the local health facility the same day, but was immediately referred to the regional referral hospital because of the severity of his illness and suspicion of a viral haemorrhagic disease. The case-patient was admitted in the isolation unit. A blood specimen was obtained and shipped to UVRI on 26 June 2018. The test result released by UVRI on 28 June 2018 was positive for RVF on RT-PCR. The case-patient died on 30 June 2018 and a supervised burial was carried out.

There is a report of another confirmed RVF case in Ibanda District, on which more information is being sought. Two other suspected cases are reportedly being investigated in Mbarara (1) and Kasese (1) districts. Additionally, 55 animal specimens were collected from the farm where one of the confirmed cases worked and in Isingiro town council abattoir. A further update will be provided on the evolution of this event.

PUBLIC HEALTH ACTIONS

- A national rapid response team from the Ministry of Health, the Public Health Fellowship Program, UVRI, and the National Animal Disease Diagnostics of the Ministry of Agriculture, Animal Industry and Fisheries was constituted and deployed to the affected districts to conduct outbreak investigation and support response activities.
- The isolation unit in Mbarara Regional Referral Hospital has been designated as the main treatment centre, while the district hospitals have also been prepared to handle cases.
- A supervised safe and dignified burial was conducted for both fatal cases.
- Active surveillance is being enhanced and healthcare workers have been urged to maintain a high index of suspicion for RVF in affected districts.
- Infection prevention and control practices are being improved through use of personal protective equipment that was prepositioned by WHO in the hospitals.
- A limited quantity of information, communication and education materials was provided to the district health teams to facilitate health education in the communities.

SITUATION INTERPRETATION

Two districts in Uganda have simultaneously confirmed RVF cases, with a possible third one. This outbreak has occurred at a time when Kenya is reporting a large RVF outbreak and Rwanda is experiencing an epizootic, with suspected human cases. The affected districts in Uganda fall within the cattle corridor, stretching from the south-western, through central to north-eastern parts of the country. With the ongoing/approaching rainy season and in line with the risk modelling carried out by FAO in May 2018 (showing suitability for vector amplification in several countries in East Africa), the ongoing RVF outbreaks in Uganda and in the subregion may have wider public health and economic impacts if not attended to appropriately. There is a need to strengthen response and preparedness in Uganda and the other neighbouring countries, with a One Health approach, focusing on both human and animal health interventions.

Ongoing events

Ebola virus disease | Democratic Republic of the Congo | 53 Cases | 29 Deaths | 54.7% CFR

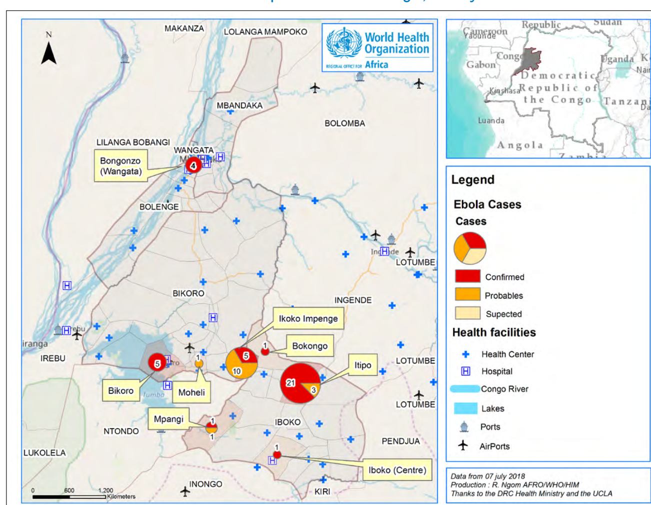
EVENT DESCRIPTION

The Ministry of Health and WHO continue to closely monitor the outbreak of Ebola virus disease (EVD) in the Democratic Republic of the Congo. On 27 June 2018, all the people who were exposed to the last confirmed EVD case-patient completed their mandatory 21-day follow up without developing symptoms. The last confirmed EVD case in Equateur Province was cured and discharged from the Ebola treatment centre (ETC), following two negative tests on serial laboratory specimens, on 12 June 2018.

Since our last report on 29 June 2018 *(Weekly Bulletin 26)*, six suspected EVD cases were reported. Of the six suspected cases, two tested negative on two serial laboratory specimens (48 hours apart), three are awaiting collection of the second specimens for a repeat test after the first specimens tested negative and one is being tested for the first time.

Since the beginning of the outbreak (on 4 April 2018), a total of 53 EVD cases and 29 deaths have been reported (case fatality rate of 54.7%), as of 5 July 2018. Of the 53 cases, 38 have been laboratory confirmed and 15 were probable cases (deaths for which it was not possible to collect laboratory specimens for testing). Twenty-eight (53%) confirmed and probable cases were from Iboko, followed by 21 (40%) from Bikoro and four (8%) from Wangata health zones. Five healthcare workers have been affected, with four confirmed cases and two deaths. A total of 24 case-patients with confirmed EVD have been cured since the onset of the outbreak.

Geographical distribution of the Ebola virus disease cases in Equateur Province, Democratic Republic of the Congo, 7 July2018



PUBLIC HEALTH ACTIONS

- On 3-5 July 2018, the Ministry of Health, with support from WHO and partners, conducted a strategic operations review to assess the current epidemiological situation, evaluate progress against the EVD Strategic Response Plan, engage in lesson learning, and prioritize key activities and resources for continued vigilance in affected areas through to the end of the outbreak.
- The review also facilitated the development of a 90-day enhanced surveillance/response plan for the continuation of core activities following the end of the outbreak, as well as planning for the transition of resources mobilized for the current EVD outbreak to build and sustain local and national capacities to respond to ongoing health emergencies across the Democratic Republic of the Congo.
- Daily coordination meetings continue at the national, sub-national and local levels to review the evolution of the outbreak, identify gaps in the response and propose key actions to accelerate the implementation of public health measures.
- Active surveillance activities are ongoing, including active case search at community and health facility levels, real-time investigation of alerts and collection of specimens from all suspected cases for laboratory confirmation and/or exclusion.
- The vaccination teams remain on standby to rapidly respond to any new confirmed case. Since the launch of the vaccination exercise on 21 May 2018, a total of 3 330 people have been vaccinated in Iboko (1 530) Wangata (893), Bikoro (779), Ingende (107), and Kinshasa (21), as of 30 June 2018. The targets for vaccination were front-line health professionals, people who were potentially exposed to confirmed EVD cases (contacts), and contacts of these contacts. A total 2 020 vaccine doses are available in the central vaccine stores and 870 doses are in Mbandaka.
- Training of technicians in the Provincial Laboratory of Mbandaka on the use of GeneXpert is ongoing, while training of laboratory technicians in the other areas is being planned. On the other hand, suspicious deaths are tested with Oraquick (rapid diagnostic test).
- The ETCs in Bikoro, Iboko and Mbandaka are operational and continue to provide clinical care to suspected EVD cases. MSF is continuing with the process to transition the management of the ETCs in Mbandaka and Bikoro to the Ministry of Health.
- A clinic for people who have been cured of EVD has been established in Bikoro, operated by the Ministry of Health, INRB and MSF. WHO is supporting the Ministry of Health to establish a one-year programme for care to survivors, focusing on clinical follow-up, counselling, semen testing, and psychosocial support.

SITUATION INTERPRETATION

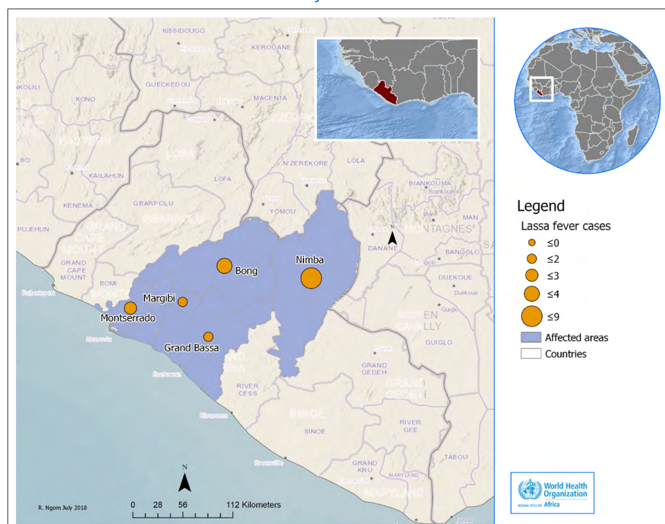
The current EVD outbreak has largely been contained. The last confirmed EVD case was notified on 6 June 2018 while all contacts completed 21-day follow-up on 27 June 2018. The 12 June 2018 marked the start of the countdown towards the end of the EVD outbreak, which requires 42 days (two maximum incubation periods) without notifying new confirmed EVD cases. Until this milestone is reached, it is critical to maintain all key response pillars, including intensive surveillance to rapidly detect and respond to any resurgence. There remains a risk of resurgence and flare-ups posed by potentially undetected transmission chains and the possible sexual transmission of the virus by some male survivors. However, strengthened surveillance mechanisms and a survivor monitoring programme are in place to mitigate, rapidly detect and respond to such events.

The Ministry of Health, with support from WHO, conducted a strategic operations review in order to guide prioritization of key activities through to the end of the outbreak, facilitate the development of a post-outbreak 90-day enhanced surveillance/response plan, and plan for the transition of EVD resources to enhance local and national response capacities to ongoing health emergencies across the Democratic Republic of the Congo. Similarly, preparation to conduct an after-action review has been initiated, aimed to document lessons learnt in order to inform preparedness and readiness for future outbreaks. Planning to improve the institutional capacity and resilience of the national health system is critical.

Lassa fever | **Liberia** | 20 **Cases** | 14 **Deaths** | 70% **CFR**

EVENT DESCRIPTION

Geographical distribution of Lassa fever cases in Liberia, 1 January – 27 June 2018



Liberia has continued to experience sporadic cases of Lassa fever since the beginning of 2018. In week 25 (week ending 26 June 2018), two new confirmed Lassa fever cases were reported in Nimba County, the only county with active transmission currently. Nimba County has reported five confirmed Lassa fever cases since 12 May 2018. In the latest event (the two confirmed cases in week 25), the first case-patient, a 59-year-old male from Gbehlay Geh district, fell ill on 4 June 2018 and was treated with antimalarials and antibiotics at a local clinic. On 20 June 2018, the case-patient presented to a public hospital with fever and other constitutional symptoms, and had bleeding from a venepuncture site. On 21 June 2018, a blood specimen was collected and sent to the National Public Health Reference Laboratory (NPHRL). The test result released on 26 June 2018 was positive for Lassa fever virus infection. The second case-patient, a 41-year-old female, is the wife of the first case-patient (described above). She developed illness on 17 June 2018 and was admitted to the same hospital on 20 June 2018 with fever and other constitutional symptoms. Being a known contact, a blood specimen was collected on 21 June 2018 and the test result released on 26 June 2018 was positive for Lassa fever. The two case-patients are admitted under barrier nursing and ribavirin treatment initiated. A total of 26 contacts, including 13 health workers, have been line listed and are being followed up.

Between 1 January 2018 and 27 June 2018, a total of 130 suspected Lassa fever cases, including 33 deaths, were reported. Of these, 20 cases were laboratory confirmed, 103 were discarded (after testing negative), and seven cases were not tested due to inadequate specimens. Of the 20 confirmed cases, 14 have died, giving a case fatality rate of 70%. Females make up 60% (12) of the confirmed cases. The age range for the confirmed cases is 1 to 65 years old, with a median of 32.5 years. The confirmed cases are from five counties, namely (Nimba (9), Bong (4), Montserrado (3), Margibi (2), and Grand Bassa (2).

PUBLIC HEALTH ACTIONS

- The Ministry of Health and the National Public Health Institute of Liberia (NPHIL) are coordinating response activities to the Lassa fever outbreak, with support from WHO, CDC and other partners. The national epidemic preparedness and response committee (NEPRC), under the leadership of NPHIL, have been meeting weekly to review the Lassa fever outbreak situation and provide technical support to sub-national level, with technical support from WHO, and US-CDC. Fifteen WHO field offices are providing technical and operational support to the response.
- Active surveillance, including case search, case investigation and contact tracing are ongoing in the affected districts. A specimen transport system using couriers is available at designated points across the country to transport specimens to the NPHRL for testing.
- The Ganta United Methodist Hospital has been designated as a treatment centre, and equipped with ribavirin and other medical supplies for case management. Orientation of healthcare workers on case management protocol is ongoing.
- Healthcare workers in the country are being trained on Lassa fever case management and infection prevention and control (IPC) measures by NPHIL and MOH, with support from WHO.
- Health workers' exposure risk assessment is planned to be conducted in the clinic or hospital where the confirmed cases sought care.
- Community engagement activities are ongoing in the affected communities, including home visits and providing information on environmental cleanliness. General cleanliness campaigns are ongoing within affected communities.

SITUATION INTERPRETATION

Sporadic Lassa fever cases continue to occur in certain parts of Liberia where the disease is known to be endemic. Bong, Grand Bassa, Margibi, and Nimba are among the counties that report cases annually. In 2017, a total of 30 confirmed cases were reported from seven counties. The reason for these sporadic cases is known: the constant interaction of rats (the vector for Lassa fever virus) and people in unsanitary conditions. The national authorities and partners need to prioritize measures mitigating this exposure risk factor by improving vector and environmental management components of the response. This goes along with effective social mobilization and community engagement strategies, targeting vector control and environmental management in the communities. There is also a need to enhance capacity at the subnational levels for early case detection, case investigation, appropriate case management and its associated IPC measures aimed at averting infection among health workers.

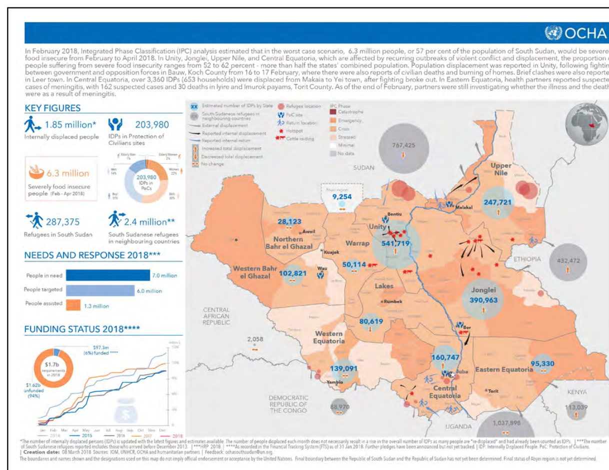
Go to overview

Go to map of the outbreaks

EVENT DESCRIPTION

The humanitarian crisis in South Sudan, now in its fourth year, remains volatile and unpredictable. In spite of ongoing peace talks in Khartoum and the signing of a permanent ceasefire agreement, the fighting continues. On 26 June 2018, a United Nations peacekeeper was killed in an ambush (by gunmen) on a humanitarian convoy on the road from Yei to Lasu in Central Equatoria region. In May 2018, three aid workers were killed in Leer and Panyijiar counties, Unity State, and 19 others were detained. Incidents involving looting of humanitarian assets as well as interference in operations were experienced in multiple locations across the country. In May 2018, 58 incidents involving violence against humanitarian personnel or assets were reported, compared with 80 in April 2018. In the same month, continued deterioration of the security situation in Unity State, related to the ongoing surge in armed clashes, forced widespread suspension of aid operations, with curtailed access, reducing delivery to a minimum. Hostility has also intensified in Western Equatoria, where aid workers were detained for days by SPLA-iO forces.

Humanitarian crisis in South Sudan as of February 2018



Acute malnutrition remains significant across the region, with 1.08 million children under five projected to be acutely malnourished, of whom 261 866 have severe acute malnutrition (SAM). A total 25 866 children have been screened using mid-upper arm circumference during 2018 in health facilities selected as nutrition sentinel sites in hotspots areas. Admissions of children with SAM and medical complications in inpatient therapeutic programmes are registered in high Lakes, Warrap and Northern Bahr el Ghazal. The highest case fatality rate (25.8%) is seen in Central Equatoria and Western Bahr el Ghazal.

Malaria continues to make up a high percentage (63%) of total consultations, with 50 985 cases reported in week 25 (week ending 22 June 2018), with 12 deaths. The hepatitis E outbreak in Bentiu PoC continues, with six cases reported in week 25, of which three tested positive. At least 106 suspected cases of hepatitis E have been reported in 2018, 14 of which tested positive (13 in Bentiu PoC and 1 in Old Fangak). Of these, 44% are among persons aged 1-9 years and 66% are male. Among females, most cases have been reported in those aged 15-44 years.

The measles outbreak in Rumbek Centre County and Wau PoC is ongoing. Since week 19, there have been a total of 40 measles cases, with no deaths. Akuach village (2 km from Rumbek hospital) in Jiir Payam, the origin of the index cluster, is most affected.

Although there have been no new cases of Rift Valley fever since week 18 (week ending 4 May 2018), surveillance is ongoing considering the outbreak in neighbouring Kenya and anticipated flooding during the rainy season.

PUBLIC HEALTH ACTIONS

- Preparedness activities towards Ebola virus disease (EVD) continue, with the Ministry of Health in partnership with WHO and other partners rolling out the Ebola contingency plan. Screening of international travellers at Juba International Airport continues. Other activities include laboratory training on biosafety, Ebola rapid diagnostic testing and GeneXpert testing, simulation exercises to test the Ebola contingency plan and infection prevention and control (IPC) capacity enhancement.
- The Ministry of Health, in collaboration with WHO, held a workshop to integrate key aspects of the WHO training manual on inpatient management of SAM and MAM with medical complications into existing medical school curricula.
- Final preparations are underway for WHO to hand over the Juba Public Health Emergency Operations Centre to the Ministry of Health.
- WHO is preparing to receive 96 285 doses of oral cholera vaccine (OVC) from the International Coordinating Group for Cholera Vaccines for deployment among displaced people in Leer County, and 352 660 doses from the Global Task Force on cholera control for preventative campaigns in Panyijiar, Torit and Yirol.
- An 8-day reactive measles vaccination campaign targeting 44 049 children aged 6-59 months started on 21 June 2018, led by humanitarian partners with support from the Ministry of Health. Preliminary results showed the 71% of children had been immunized as of 29 June 2018.
- WHO mobile medical teams were deployed to provide healthcare in the clinics serving the PoC community in Bentiu, where clinics had been closed as result of intercommunal problems.

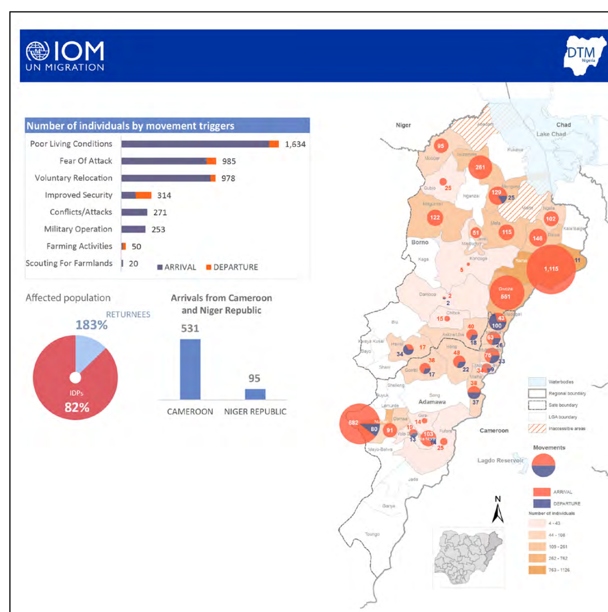
SITUATION INTERPRETATION

Once again, there appears to be no end in sight for the suffering of the people of South Sudan. Conflict continues, in spite of high level talks and signed ceasefires. Inflation has put basic commodities and food in particular, out of the reach of most people, one of the causes of generalized food insecurity in the region. Large areas of the country have no or limited access to healthcare and other forms of humanitarian aid. The WHO Humanitarian Response Plan requires US$ 16.9 million, of which US$ 3.8 million (22.5%) have been received. While WHO is grateful for this critical support from donors, full funding is required, as is a concerted effort by international and national actors to end the ongoing conflict in the region.

EVENT DESCRIPTION

The security situation in north-east Nigeria remains volatile, with continuing reports of attacks on civilian and military populations by insurgents, mainly through the use of person-borne improvised explosive devices (PBIED). On 30 June 2018, Boko Haram attacked an internally displaced persons (IDP) camp in Bama Local Government Area (LGA), killing four IDPs, resulting in the temporary suspension of humanitarian activities. On 4 July 2018, a female suicide bomber detonated a device at the entrance of a school in Madagali LGA, killing herself and wounding a watchman. In Guyuk LGA, Adamawa State, armed herdsmen attacked a Kola community, resulting in the death of five people and burning seven houses. This continuing insecurity has resulted in constant population displacement in different LGAs in Borno State, with more than 130 000 people displaced. In May 2018, 21 207 people moved to various locations, with Bama, Ngala, Gwoza, Dikwa, and Biu in Borno State recording the highest number of new arrivals. With military operations continuing through to at least the end of August a contingency plan has been developed, aimed at the provision of life-saving assistance for an expected 115 000 IDPs moving from hard-to-reach areas in the LGAs of Mobbar, Kukawa, Monguno, Ngala, Kala/Balge, Dikwa, Bama, and Gwoza.

Humanitarian crisis in north-east Nigeria, 27 June – 2 July 2018



The cholera outbreak in Adamawa State is ongoing, but appears to have plateaued, with an average of 20 cases reported daily in the past week (week ending 6 July 2018). The cumulative total number of cases reported is 1 583, with 26 deaths (case fatality rate 1.6%). In Borno State, 51 cases were reported from Askira Uba LGA in the past week. However, only three cases have been reported in the past two weeks and zero cases in the past five days from Kukawa LGA.

The leading cause of morbidity and mortality in week 25 (week ending 22 June 2018) was malaria, which, along with acute respiratory infections, acute water diarrhoea, bloody diarrhoea, malnutrition, and neonatal death, accounted for 54% of reported deaths. Sporadic measles cases continue to occur, with 13 suspected cases (with no deaths) reported from various IDP camps. Eight cases of suspected yellow fever were also reported in the IDP camps, with a further five suspected cases reported from Shani and Maiduguri LGAs. A total of 1 989 cases of severe acute malnutrition were reported in week 25, with one death.

PUBLIC HEALTH ACTIONS

- WHO has continued to coordinate and provide technical guidance in response to the cholera outbreak in Adamawa State. Active case search has continued, along with analysis of surveillance data in order to guide response activities.
- The International Coordinating Group (ICG) has approved the release of 757 630 doses of oral cholera vaccine (OCV) for a 2-dose emergency vaccination campaign in Adamawa State. The initial batch of 378 815 doses of OCV was delivered to Nigeria on 22 June 2018 for the first round of the vaccination campaign, while the second consignment of vaccines will be released after successful implementation of the first round.
- WHO is providing technical and financial support to the state health authorities to implement a selective measles vaccination campaign, targeting 200 000 children aged between 6 months and 15 years living in recently accessed locations across nine LGAs in Borno State.
- The Nigeria Humanitarian Country Team has developed a community engagement strategy and action plan with the technical support of the Community Engagement and Accountability to Affected People Working Group (CE/AAP WG), international commitments made by Member States, donors and Inter-Agency Standing Committee (IASC) members, through various frameworks and forums.
- UNFPA continues to lead the coordination efforts for the Sexual and Reproductive Health/Gender Based Violence, with the participation of 17 partners.
- UNICEF support is ongoing for integrated emergency primary healthcare (PHC) service delivery in Borno and Yobe States. A total of 205 940 children, women and men (including 97 741 children under 5 years) were reached with integrated PHC in all the UNICEF-supported health facilities in the IDP camps, host communities and other service delivery points in Borno and Yobe States
- In June 2018, a total of 1 865 mental health patients were treated through WHO-supported mental health outreach sessions at PHC facilities, with 78 referrals to Federal Neuro-Psychiatric Hospital (FNPH) in Maiduguri for further management.
- WHO, in collaboration in collaboration with stakeholders engaged in mental health services, developed a Mental Health Strategic Framework for Borno State. This framework will be shared with partners to guide mental health interventions in the state.

SITUATION INTERPRETATION

The humanitarian crisis in north-east Nigeria continues unabated, with continuing challenges around access to the estimated 5.4 million people in need, with 5.1 million targeted by the Health Sector. The ongoing armed insurgency, preventing or interrupting the provision of humanitarian aid and the upcoming rainy season, increase the risks of outbreaks of epidemic-prone diseases such as cholera, seen in multiple outbreaks in the region. National and international authorities need urgently to intervene to prevent further morbidity and suffering among the people of north-east Nigeria.

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 largely been contained, with the last confirmed case notified on 6 June 2018 and all contacts completing 21-day follow-up on 27 June 2018 without developing symptoms. All suspect cases reported since 6 June 2018 have tested negative for the disease. The countdown towards the end of the EVD outbreak started on 12 June 2018 when the last confirmed case was discharged from the ETC. It now requires 42 days (two maximum incubation periods) without notifying new confirmed EVD cases. Until then, it is critical to maintain all key response pillars, including intensive surveillance to rapidly detect and respond to any resurgence. There remains a risk of resurgence and flare-ups posed by potentially undetected transmission chains and the possible sexual transmission of the virus by some male survivors. However, strengthened surveillance mechanisms and a survivor monitoring programme are in place to mitigate, rapidly detect and respond to such events.
- An outbreak of RVF has been confirmed in two districts in western region of Uganda, with further investigation of another case in a third district ongoing. There is a large RVF outbreak in Kenya while Rwanda is experiencing an epizootic, with suspected human cases. This shows how widespread the disease is in the region. Risk modelling carried out by FAO in May 2018 showed suitability for vector amplification in several countries in East Africa, which are currently experiencing heavy rains. The current RVF outbreaks have the potential to escalate, with serious public consequences and huge economic loses, if not addressed appropriately and effectively.

Proposed actions

- The Ministry of Health and other national authorities in the Democratic Republic of the Congo, WHO and partners to continue with implementation of all pillars of the response, with a focus on active case search, rapid case detection and investigations of suspected cases and alerts.
- The national authorities and partners in Uganda and the other countries in the region need to strengthen response and preparedness activities to the RVF outbreaks within the One Health framework (human and animal health interventions).

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										
Guinea Bissau	Strong winds	Ungraded	3-Jul-18	27-Jun-18	3-Jul-18	-	-	-	-	On 27 June 2018, the country was hit by strong winds at the speed of 80 to 150 km/h, according to the National Meteorological Agency. This resulted in hundreds of houses, social infrastructure (schools, hospitals, roads, etc.) to be destroyed in the capital city. As of reporting day, a total of 2 000 families and 11 000 people have been affected including 6 deaths.
Uganda	Rift Valley fever	Ungraded	13-Jun-18	8-Jun-18	27-Jun-18	2	2	2	100%	Detailed update given above.
Ongoing events										
Angola	Cholera	Ungraded	21-Jun-18	22-May-18	2-Jul-18	47	3	6	12.8%	Two new suspected cases were reported in week 27. Since week 22, a total of 47 cases with 6 deaths (CFR: 12.8%) has been reported from seven districts in Luanda Province, Angola. Talatona district is the most affected having reported 22 cases with 4 deaths (CFR: 18%). Seven cases have been confirmed. The initial cluster involve seven cases among family members in Talatona following participation in funeral rites of the index case, a 29-year old male, who had symptom onset on 22 May 2018 and died the next day (23 May 2018).
Cameroon	Humanitarian crisis	G2	31-Dec-13	27-Jun-17	30-May-18	-	-	-	-	According to UNICEF's Humanitarian situation report on Cameroon as of May 2018, 160 000 IDP's in disions in the South and North West are in need of assistance. The main response challenges are insecurity in the two regions due to the Anglophone crisis which forced many people to live in the bush, and geographically hard-to-reach health districts. In East region, there have been reported influx of refugees from the Central African Region fleeing the armed conflict in Bangui and along the borders. The general situation in the Far North has reportedly improved with decrease incidence of terrorist attacks and suicide bombings attributed to Boko Haram.

Cameroon	Monkeypox	Ungraded	16-May-18	30-Apr-18	30-May-18	16	1	0	0.0%	On 30 April 2018, two suspected cases of monkeypox were reported to the Directorate of Control of Epidemic and Pandemic Diseases (DLMEP) by the Njikwa Health District in the North-west Region of Cameroon. On 14 May 2018, one of the suspected cases tested positive for Monkeypox virus by PCR. As of 30 May 2018, a total of 16 suspected cases have been reported from Njikwa (7 including 1 confirmed), Akwaya (6), Biyem-Assi (1), Bertoua Health District (1), and Fotokol Health District (1).
Cameroon	Cholera	Ungraded	24-May-18	18-May-18	5-Jul-18	24	4	3	12.5%	A new suspected case has been reported during week 27 from Morija Health Area, Guider Zone, North Cameroon close to the border with Chad. The cumulative number of cases reported from North Cameroon from week 20 to 27 is 20 cases with 3 deaths (CFR:15%). The cases have been reported from four health areas in three zones: Mayo Oulo (Guirviza-3, Doumi-1), Golombe (Tchontchi-15), and Guider (Morija-1). Four cases have been confirmed. The peak was observed in week 26 when 15 cases were reported from Tchontchi Health Area, Golombe Zone.
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	11-Jun-18	-	-	-	-	The security situation remains tense and precarious in many places across the country. Humanitarian operations in many areas have been suspended due to increasing violence against aid workers. northern Kaga Bandoro town have been suspended due to increasing violence against aid workers. In Kaga Bandoro town itself 60 per cent of aid operations has been suspended. As of 31 May 2018, the number of estimated IDP has decreased by 2.5%. Currently, 2.5 million people are in need of humanitarian aid including 1.1 million people targeted for the health cluster partners. There are around 653 890 IDPs across the country, of which about 70% are living with host families and the remaining are located in 77 IDP sites.
Central African Republic	Monkeypox	Ungraded	20-Mar-18	2-Mar-18	24-Apr-18	20	9	1	0.0%	The outbreak was officially declared on 17 March 2018 in the sub province of Ippy. In this reporting period, there is an increase in number of suspected monkey pox in Bangasou health district. As of 24 April, twenty cases including nine confirmed cases have been reported from Ippy (6) and Bangassou (3).

Chad	Measles	Ungraded	24-May-18	1-Jan-18	1-Jul-18	1 284	487	49	3.8%	Between week 1 and week 26 (ending 1 July 2018) of 2018, a total of 1284 suspected cases with 49 deaths (CFR 3.8%) have been reported. The cases have been reported from 95 out of 117 health districts in the country. As of 1 July 2018, 90 cases have been laboratory confirmed, 376 confirmed by epidemiological link, and 21 clinically compatible. As of 1 July 2018, 11 districts have had confirmed ongoing measles outbreak, these include: Bokoro, Gama, Am dam, Goz Beida, Haraze Mangueigne, Abeche, Arada, Ati, Mongo, Rig Rig, Tissi and Bardaï.
Côte d'Ivoire	Floods	Ungraded	20-Jun-18	18-Jun-18	20-Jun-18	-	-	20	-	From 18 - 19 June 2018, almost all of Côte d'Ivoire suffered heavy rains which led to a great deal of material damage and loss of life. The resulting floods in several neighborhoods in Abidjan and other cities led to collapse of buildings and bridges. A total of 20 deaths has been reported in three cities (18 in Abidjan, 1 in Tiassalé, and 1 in Guibéroua). In the most affected district of Riviera in Abidjan, 115 wounded people were receiving care. A total of 136 people has also been reportedly rescued in affected areas by the rapid intervention system put in place. An inter-ministerial crisis meeting under the leadership of the Prime Minister has been held to coordinate response to the event.
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	5-Jul-18	534 108	-	-	-	According to a report shared by UNHCR, the country is hosping 534 108 refugees as of 18 June 2018. The humanitarian and security situation remains volatile in several provinces of the country. In the Kasai province, despite the reduction of armed conflicts, humanitarian needs remain important. Access to health care has been limited in several areas such as South Kivu, North Kivu and Ituri due to the resumption of armed conflicts and robberies in these areas.
Democratic Republic of the Congo	Cholera		16-Jan-15	1-Jan-18	24-Jun-18	12 726	0	407	3.2%	The cholera outbreak in the Democratic Republic of the Congo continues, with an increase in the number of deaths reported in week 25 compared to week 24 (34 deaths, CFR 5.4%). During week 25, a total of 523 cases with 44 deaths (CFR: 8.4%) was reported from 16 out of 26 provinces. The provinces of Kasai Oriental, South Kivu, Sankuru, Tanganyika, Kwilu and Kasai reported 90.6% of the suspected cases with 158 cases, 81 cases, 77 cases, 63 cases, 55 cases and 40 cases respectively. Case fatality rate was particularly high during week 25 in the provinces of Bas-Uele (100%), Kasai (25%), Mai-Ndombe (22.2%), Kasai Oriental (13.9%) and Sankuru (7.8%). From week 1 to 25 of 2018, a total of 12 726 cases of cholera including 407 deaths (CFR: 3.2%) were reported.

Democratic Republic of the Congo	Ebola virus disease	G3	7-May-18	4-Apr-18	5-Jul-18	53	38	29	52.7%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	1-Jan-18	24-Jun-18	14 286	1 978	155	1.1%	In week 25 of 2018, 288 suspected cases with 7 deaths (CFR-2.4%) were notified across the country compared to 557 suspected cases with 9 deaths (CFR-1.6%) reported in the previous week 24. During week 25, the provinces of Haut Katanga, Sankuru, Tanganyika, Maniema and Haut Lomani notified 76.4% of all suspected cases. A total of 14,286 cases with 155 deaths (CFR-1.1%) has been reported from week 1 to 25, 2018.
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Ungraded	15-Feb-18	n/a	1-Jul-18	28	28	0	0.0%	The latest case of cVDPV2 was reported from Gethy Zone, Ituri Province, from an AFP case with onset of paralysis on 5 May 2018. As of 29 June 2018, a total of 28 cases with onest in 2017 (22 cases) and 2018 (6 cases) have been confirmed. Six provinces have been affected, namely Haut-Lomami (9 cases), Maniema (2 cases), Tanganyika (14 cases), Haut Katanga (1 case), Mongala (1 case), and Ituri (1 case). The outbreak has been ongoing since February 2017. A public health emergency was officially declared by the Ministry of Health on 13 February 2018 when samples from 21 cases of acute flaccid paralysis were confirmed retrospectively for vaccine-derived polio virus type 2.
Democratic Republic of Congo	Rabies	Ungraded	19-Feb-18	1-Jan-18	24-Jun-18	100	0	18	18.0%	This outbreak began towards the end of October 2017 in Kibua health district, North Kivu province. A total of 100 cases with 18 deaths (CFR-18%) have been reported from week 1 to 25, 2018.
Democratic Republic of Congo	Monkeypox	Ungraded	n/a	1-Jan-18	24-Jun-18	2 924	34	36	1.2%	From weeks 1-25 of 2018 there have been 2 924 suspected cases of monkeypox including 36 deaths (CFR 1.2%). Of the suspected cases, 34 cases have been confirmed. Suspected cases have been detected in 14 provinces. Sankuru Province has had an exceptionally high number of suspected cases this year.

Ethiopia	Humanitarian crisis		15-Nov-15	n/a	1-Jul-18	-	-	-	-	The continued inter-tribal conflict in Oromia and SNNP Regions has resulted in the displacement of nearly one million people. At present, a total of 2 million IDPs (in about 950 sites) are in Ethiopia, mainly in Somali, Oromia and SNNP regions due to conflict and drought, that represent a significant increase as compared with 2017 same period, when around 720 000 IDPs were reported due mainly to drought. The health system is overwhelmed with both man-made (conflicts) and natural disaster (flood and other burden of El Niño and La Niña) crisis. The situation is compounded with ongoing outbreaks of acute watery diarrhea, measles, dengue fever, and high levels of malnutrition.
Ethiopia	Acute watery diarrhoea (AWD)	Protracted 1	15-Nov-15	1-Jan-18	1-Jul-18	1 042	-	18	1.7%	This has been an ongoing outbreak since the beginning of 2017. In most parts of the country, the situation has stabilized, however, Afar region is experiencing an increase in cases which began since week 18. In week 26, 49 cases were reported, all of which are from Afar region. From week 1 to 26 2018, a total of 1 042 cases with 18 deaths (CFR-1.7%) has been reported from the following regions: Somali (151 cases), Afar (811 cases with 18 deaths), Tigray (63 cases), and Dire Dawa City Administration (17 cases) . Between January and December 2017, a cumulative total of 48 814 cases and 880 deaths (CFR 1.8%) were reported from nine regions.
Ethiopia	Measles		14-Jan-17	1-Jan-18	1-Jul-18	2 625	699	-	-	This has been an ongoing outbreak since the beginning of 2017. In 2018, a total of 2 625 suspected measles cases have been reported across the country including 56 new suspected cases reported in week 23. From the total suspected cases reported, 699 are confirmed cases (102 laboratory confirmed, 553 epi-linked and 44 clinically compatible). A total of 18 laboratory confirmed measles outbreaks have been reported up to week 26 and five [Amhara (1) and Somali (4) regions] are currently active. So far, the outbreaks reported are from the regions of Amhara (4), SNNPR (1), Somali (12), and Tigray (1). Between January and December 2017, a cumulative total of 4 011 suspected measles cases have been reported across the country.
Ethiopia	Dengue fever	Ungraded	18-Jun-18	8-Jun-18	10-Jun-18	52	52	-	-	An outbreak of Dengue fever which started on 8 June 2018 involving 52 cases in the flood affected Gode Zone of Somali Region has been confirmed by laboratory testing.

Guinea	Measles	Ungraded	9-May-18	1-Jan-18	6-May-18	1 113	267	9	0.8%	A new measles outbreak was detected in epidemiological week 8, 2018. Measles was reported in all parts of the country since the beginning of the year. The most affected zones include Kankan, Conakry and Faraneh. Out of 522 samples tested, 267 samples tested IGM positive. Out of the positive cases, 76% were not vaccinated for measles despite vaccination campaign efforts in 2017 following a large epidemic.
Kenya	Chikungunya	Ungraded	mid-December 2017	mid-December 2017	24-Jun-18	1 465	50	0	0.0%	The outbreak in Kenya is ongoing since December 2014. Between 1 January 2017 and 07 December 2017, a cumulative total of 4 079 cases with have been reported from 21 counties (data until 31 December 2017 not available). As of 4 July 2018, a total of 5 561 cases with 78 deaths have been reported since the 1 January 2018. During this outbreak 19 out of 47 counties in Kenya were affected. Currently, the outbreak is active in 8 counties: Garissa, Meru, Tana River, Turkana, West Pokot, Kelifi and Isiolo counties.
Kenya	Cholera	G1	6-Mar-17	1-Jan-18	4-Jul-18	5 561	299	78	1.4%	The outbreak is located in two counties, namely Wajir and Mandera Counties. As of 7 May 2018, Wajir County has reported 39 cases with 7 confirmed cases; Mandera has reported 102 cases with 4 confirmed cases and one death. Date of onset of the index case in Wajir County was on 15 December 2017. As of 4 July 2018, Mandera County has reported a second wave of Measles outbreak from Takaba Sub county. A total of 15 cases with 5 confirmed have been reported.
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	7-May-18	156	16	1	0.6%	Following the confirmation of RVF in Wajir county in Kenya, 2 more districts have also reported confrimed cases. As of 4 July, in total, 94 cases (Wajir 82, Marsabit 11 cases and Siaya 1 case) have been reported including 10 deaths (CFR 11%). Twenty samples submitted to the KEMRI tested positive by PCR for RVF.

Kenya	Rift Valley fever (RVF)	G1	6-Jun-18	11-May-18	4-Jul-18	94	20	10	10.6%	On 7 June 2018, the Ministry of Health in Kenya confirmed an outbreak of Rift Valley fever (RVF). On 2 June 2018, an 18-year-old male patient was admitted in Wajir County in the North-East of Kenya with fever, body weakness, bleeding from the gums and mouth and reported having consumed meat from a sick camel. He was subsequently suspected of having RVF and died the same day. The date of exposure was estimated to be on 11 May 2018. On 4 June 2018 two relatives of the index patient were admitted. Blood samples were taken and sent to the Kenya Medical Research Institute (KEMRI), one of which was confirmed positive for RVF on 07 June 2018. As of 4 July, in total, 94 cases (Wajir 82, Marsabit 11 cases and Siaya 1 case) have been reported including 10 deaths (CFR 11%). Twenty samples submitted to the KEMRI tested positive by PCR for RVF.
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-18	7-Jun-18	3 025	177	15	0.5%	During week 22 (week ending 3 June 2018), 72 suspected cases were reported from 11 counties: Maryland (17), Montserrado (16), Grand Kru (8), River Gee (8), Bomi (7), Margibi (6), Grand Gedeh (3), Nimba (2), Grand Bassa (2), Bong (2), and Sinoe (1). From week 1 to week 22 of 2018, 3 025 suspected cases have been reported including 15 deaths. Cases are epidemiologically classified as follows: 177 (5.9%) laboratory confirmed, 1 742 (57.6%) epi-linked, 544 (17.9%) clinically compatible, 156 (5.2%) discarded, and 406 (13.4%) pending. The cumulative number of suspected measles cases reported represents a 65.7% increase compared to the same period (week 1 – 22) in 2017, (1 037 in 2017 to 3 072 in 2018).
Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-18	27-Jun-18	20	20	14	70%	Detailed update given above.
Malawi	Cholera	Ungraded	13-Jun-18	8-Jun-18	27-Jun-18	9	4	2	22.2%	Malawi is experiencing a new cholera outbreak in Salima district, in the Central Region Province. The last case of the previous outbreak in that district was reported on 1 April 2018. The new outbreak started on 8 June 2018 in Khombedza Health Centre catchment area, a rural area which was not targeted in the previous oral cholera vaccine campaign because it was considered a relatively low risk area. As of 27 June 2018, a total of 9 cases including 2 deaths (both died at health facility) have been reported in this new outbreak. At least four for stool specimens were take taken and they were all positive on culture. *Vibro cholerae* 01 was isolated.

Mali	Humanitarian crisis	Protracted 1	n/a	n/a	30-Apr-18	-	-	-	-	More than 70 security incidents affecting humanitarians have been registered since the beginning of the year. Some 387 000 people were food insecure (crisis phase and emergency phase) from March to May 2018. During the lean season which spreads from June to August 2018, more than 4.3 million people, or more than one out of four Malians, will be food insecure and in need of humanitarian assistance, according to the regional analysis of the situation of food insecurity –harmonized framework- March 2018. Among these people, nearly 885 000 will be in a crisis phase (or phase 3) and about 48 000 in an emergency phase (or phase 4). The Ministry of Health, in collaboration with the nutrition cluster, has revised upwards the number of children at risk of acute malnutrition for reasons related, inter-alia, to the deterioration of the food security situation in certain localities. (Source: OCHA Humanitarian bulletin Mali March – April 2018)
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	1-Jul-18	1 123	258	0	0.0%	From Week 1 to Week 26 of 2018, a total of 1 123 suspected cases with zero deaths have been reported. The overall trend is decreasing in number of confirmed cases. Blood samples from 818 suspected cases have been tested of which 258 were confirmed (IgM-positive) at the National Reference Laboratory (INRSP). Five hundred and sixty (560) tested negative. Over 65% of confirmed cases are below 5 years old. During this week the health district of Macina recorded a measles epidemic. Other affected health districts are 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	10-Jun-18	213	213	1	0.5%	As of 10 June 2018, 213 confirmed cases of measles have been notified in Mauritius with one death. All cases have been confirmed by the virology laboratory of Candos (IgM antibodies). The onset of symptoms of the first cases was in week 12 (week ending 25 March 2018). A sharp increase in measles cases was observed from week 18 up to a peak in week 21. Beginning week 22, there has been a decline in the number of cases. Fifty-six percent (56%) of the affected cases are between 0-15 years of age with 1 to 5 being the most affected age group. The cases of measles are concentrated in the North and North West of Mauritius.

Mozam-bique	Cholera	G1	27-Oct-17	12-Aug-17	2-Jul-18	2 397	-	5	0.2%	Since the onset of the outbreak in mid-August 2017, a cumulative total of 2 397 cases including 5 deaths (case fatality rate = 0.2%) have been reported from the two provinces; Nampula (1714 cases with 2 deaths) and Cabo Delgado (683 cases with 3 deaths). The last reported cases were in week 24 when Nacala Port District in Nampula Province reported 2 cases with zero deaths. Four weeks have passed without a case reported. The outbreak is being considered controlled in six districts and two cities in both provinces while Nacala Port District is still being monitored.
Namibia	Hepatitis E	Ungraded	18-Dec-17	8-Sep-17	17-Jun-18	1 631	126	16	1.0%	This is an ongoing outbreak since 2017. The majority of cases have been reported from informal settlements in the capital district Windhoek, Khomas region. During week 24 , a total of 51 cases was reported from Windhoek district compared to 59 patients seen during week 22, indicating a decrease in cases compared to the last few weeks. As of 17 June 2018, Windhoek district reported a cumulative total of 1 569 suspected including 114 confirmed cases and 15 deaths, since the outbreak started in September 2017. Meanwhile, Omusati region, a northern region bordering Angola reported a total of 62 suspected HEV cases including one maternal death from 2 January to 14 June 2018. Out of the 62 suspected, 12 cases have been confirmed as IgM positive. This region is comprised of four districts with Tsandi district being the most affected. .
Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	11-Jun-18	-	-	-	-	According to OCHA Weekly Humanitarian report for 5 – 11 June 2018, humanitarian missions to the south-eastern Diffa region have been suspended following a suicide attack in the regional capital Diffa on 4 June 2018. At least six civilians were killed and 36 injured in three separate suicide blasts. A security assessment is to be conducted before the resumption of humanitarian missions. The region had seen a decline in attacks since the beginning of a military operation by the Multinational Joint Task Force in April 2018.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	2-Jul-18	-	-	-	-	Detailed update given above.

Nigeria	Cholera	G1	7-Jun-17	1-Jan-18	25-Jul-18	13 998	179	140	1.0%	As of 25 June 2018, a total of 13 998 cases including 140 deaths (CFR-1.0%) have been reported from 66 Local Government Areas across 16 States (Adamawa, Anambra, Bauchi, Borno, Federal Capital Territory, Gombe, Jigawa, Kano, Kaduna, Katsina, Kogi, Nasarawa, Niger, Plateau, Yobe and Zamfara) since the beginning of 2018. Bauchi, Adamawa, and Zamfara States constitute 79.6% of the cholera cases reported. Bauchi LGA is the most critical recording close to 200 cases a day and being the LGA with the most protracted outbreak. Federal Capital Territory, Gombe, Jigawa, and Katsina are the latest to report outbreaks.Since the peak in week 21 when close to 1 400 cases were reported, there has been a steady decline in the number of cases on the overall. Since the last national update on 25 June 2018, Borno State has reported 26 new cases with zero deaths between 25 June and 1 July 2018. Adamawa State has also reported 172 new cases with zero deaths from 26 June 2018 to 5 July 2018.
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-18	24-Jun-18	454	444	121	26.7%	In the reporting week 25, six new confirmed cases and two deaths were reported. From 1 January to 24 June 2018, a total of 2 042 suspected cases have been reported from 21 states. Eighteen states have exited the active phase of the outbreak while three- Edo, Ondo and Plateau states still remain active. Of the suspected cases, 444 were confirmed positive, 10 are probable, 1 588 negative (not a case). Thirty-nine health care workers have been affected since the onset of the outbreak in seven states. A total of 5 618 contacts have been identified from the 21 affected states. From week 49 of 2016 to week 51 of 2017, a total of 1 022 cases including 127 deaths were reported.
Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	3-Jun-18	1 903	46	47	2.5%	From the onset of this outbreak on 12 September 2017, a total of 1 903 suspected yellow fever cases including 47 deaths have been reported as at week 22 (week ending on 3 June 2018), from all Nigerian states in 414 LGAs. The outbreak is currently active in the country. A total of 46 samples that were laboratory-confirmed at IP Dakar recorded from ten States (Edo, Ekiti, Katsina, Kebbi, Kwara, Kogi, Kano, Nasarawa, Niger and Zamfara). Yellow fever vaccination campaigns have been successfully completed in six states.

Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	30-Apr-18	244	101	6	2.5%	Suspected cases are geographically spread across 25 states and the Federal Capital Territory (FCT). One hundred one (101) laboratory-confirmed and 3 probable cases have been reported from 15 states/territories (Akwa Ibom, Abia, Anambra, Bayelsa, Cross River, Delta, Edo, Ekiti, Enugu, Lagos, Imo, Nasarawa, Oyo, Rivers, and FCT).
Nigeria	Poliomyelitis (cVDPV2)	Ungraded	1-Jun-18	1-Jan-18	27-May-18	1	1	0	0.0%	One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been confirmed in Nigeria this week, occurring in Kaugama district, Jigawa state, with onset on 15 April 2018.
São Tomé and Principé	Necrotising cellulitis/ fasciitis	Protracted 2	10-Jan-17	25-Sep-16	24-Jun-18	2 732	0	0	0.0%	From week 40 in 2016 to week 26 in 2018, a total of 2 732 cases have been notified. In week 26, 11 cases were notified, 3 more than the previous week. Six out of seven districts reported a case, Mé-zochi (4), Agua Grande (3), Lobata (0), Cantagalo (1), Caue (1), Lemba (1) and Príncipe (1). The attack rate of necrotising cellulitis in Sao Tome and Príncipe is 13.8 cases per 1 000 inhabitants.
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	20-May-18	5 064	1 429	-	-	As of week 26, a total of 5 411 suspected cases have been reported from all regions of the three main islands (Mahé, Praslin, and La Digue). A decreasing trend has been observed for the past 3 weeks. For week 26, thirty-seven suspected cases were reported; a 26 samples were tested for dengue of which 1 was confirmed positive, 8 were probable and 17 were negative. No recent serotyping results and so far for this epidemic DENV1, DENV2 and DENV3 have been detected.
Sierra Leone	Lassa fever	Ungraded	8-Jun-18	1-Jan-18	1-Jul-18	20	20	12	60.0%	A total of 20 confirmed Lassa fever cases with 12 deaths have been reported since the beginning of the year, amounting to a case fatality rate (CFR) of 60 %. The cases have been reported from two districts, Bo (two cases with two deaths) and Kenema (18 cases with 10 deaths). The last confirmed case was reported during week 23 from Kenema district involving a 32 year old female who died while in admission at Kenema Government Hospital.
Sierra Leone	Measles	Ungraded	14-Jun-18	4-Jun-18	14-Jun-18	19	19	-	0.0%	Koinadugu district on the border with Guinea has reported a total of 19 confirmed cases in two chiefdoms, Sulima (14 cases) and Mongo (5 cases) from 11 - 14 June 2018. These cases are reportedly from unvaccinated children in neighboring Guinea who have travelled with their parents to access services in nearby health facilities close to the border.

South Africa	Listeriosis	Ungraded	6-Dec-17	1-Jan-17	5-Jun-18	1 049	1 049	209	19.9%	This outbreak is ongoing since the beginning of 2017. As of 5 June 2018, 1 049 cases have been reported in total. Around 79% of cases are reported from three provinces; Gauteng (58%, 611/1 049), Western Cape (13%, 132/1 042 and Kwa-Zulu-Natal (8%, 132/1 049). The number of new cases reported has decreased each week cases since the implicated products were recalled on 04 March 2018. Neonates ≤28 days of age are the most affected age group, followed by adults aged 15 – 49 years of age. All cases that have been identified after the recall are being fully investigated.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	15-Apr-18	-	-	-	-	Detailed update given above.
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	1-Jul-18	106	14	-	-	At least 106 suspect cases of Hepatitis E (HEV) have been reported in 2018. Of the 106 suspect cases, a total of 14 cases have been PCR confirmed as HEV (13 in Bentiu PoC & 1 in Old Fangak). No new cases identified after active follow up in Fangak. Only 4 HEV cases have been admitted. At least 44% of the cases are 1-9 years of age; and 66% being male. Among the females, most cases have been reported in those aged 15 - 44 yrs (who are at risk of adverse outcomes if infected in the 3rd trimester of pregnancy). Use of stagnant water for domestic or recreation purposes likely to be source of infection.
South Sudan	Measles	Ungraded	10-Jun-18	13-May-18	10-Jun-18	39	3	0	0.0%	Measles outbreak confirmed in Rumbek Center after 3 IgM positive cases were reported. A cumulative of 39 measles cases with no deaths have been line listed since week 19. Most cases are from Akuach village (2km from Rumbek hospital) in Biir Payam. This is where the index cluster originated. Nearly 70% of the cases are under 5 years. Routine measles coverage for first quarter of 2018 for the county was 19%. As part of the response; outbreak investigation, line listing and vaccination micro plan targeting 44 049 children 6-59 months of age has been completed. A reactive response is planned by MedAir and CUAMM supported by WHO and UNICEF. Long-term strategy for improving routineimmunization has been developed by EPI-MoH.

South Sudan	Rift Valley fever (RVF)	Ungraded	28-Dec-17	7-Dec-17	10-Jun-18	31	6	4	12.9%	No new suspect RVF cases reported since week 18 of 2018. As of 10 June 2018, a total of 31 cases of Rift Valley fever have been reported from Yirol East of the Eastern Lakes State, including six confirmed human cases (one IgG and IgM positive and five IgG only positive), three cases who died and were classified as probable cases with epidemiological links to the three confirmed cases, 26 were classified as non-cases following negative laboratory results for RVF (serology), and samples from 22 suspected cases are pending complete laboratory testing. A total of four cases have died, including the three initial cases and one suspect case who tested positive for malaria (case fatality rate: 12.9%).
Tanzania	Chikungunya	Ungraded	27-Jun-18	1-Jan-17	22-Jun-17	10	5	0	0.0%	Four cases of Chikungunya have been reported from Holili Point of entry (POE) in Kilimanjaro following the traveler's screening. The travelers came from Kenya and presented with clinical symptoms of generalized body malaise and fever. Upon further laboratory investigations at the KCRI, samples tested positive by PCR. Other cases were confirmed early in 2018 with travel history to Mombasa. From January to June 2018, a total of 10 suspected cases have been reported including 5 confirmed. All cases were captured in Tanzania through POE.
Tanzania	Cholera	Protracted 1	20-Aug-15	1-Jan-18	24-Jun-18	2 741	-	57	2.1%	This is part of an ongoing outbreak. During week 25 (week ending 24 June 2018), 115 new cases and 3 deaths were reported from Ngorongoro DC (77 cases and 2 deaths) in Arusha region; Sumbawanga DC (38 cases and 1 death) in Rukwa region. As of week 25, a total of 2 741 cases with 57 deaths (CFR: 2%) were reported from Tanzania Mainland, no case was reported from Zanzibar. The last case reported from Zanzibar was on 11 July 2017. Cholera cases in 2018 increased and nearly doubled during the period of January to June 2018 (2 740 cases), when compared to the same period in 2017 (1 287 cases) in the United Republic of Tanzania. The reported cholera cases increased two times in the month of May 2018 (675 cases) when compared to April 2018 (278 cases). In total, 36 035 cases including 595 deaths (CFR 1.7%) were reported for the United Republic of Tanzania.

Tanzania	Dengue fever	Ungraded	19-Mar-18	1-Dec-17	22-Jun-18	226	37	-	-	Dengue fever has been reported from Dar es Salaam since January 2018. As of 22 June 2018, a total of 226 cases with no death have been reported. The Tanzania National Health Laboratory and Quality Assurance and Training Centre (NHLQATC) has so far received a total of 92 samples of suspected dengue cases, of which 37 samples have tested positive for dengue fever and the circulating serotype is dengue type III.
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 responding 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	Cholera	Ungraded	7-May-18	29-Apr-18	20-Jun-18	92	26	1	1.1%	On 29 April 2018, a 40 years old female presented with vomiting, acute rice-water diarrhoea at Kiruddu Hospital. She was attending to her sick child in Mulago hospital when symptoms of the disease manifested. A stool sample taken from the suspected case tested positive for *Vibrio cholerae* at the Central Public Health Laboratory (CPHL). Since then, patients with similar symptoms have been reported and out of 75 samples collected, 26 were positive for vibrio cholerae on culture. Results released from the lab on 11 June indicate 9 positives cultures for *Vibrio cholerae* sero type Ogawa. As of 20 June 2018, a total of 92 cholera cases and one death were reported in Kampala Uganda (case fatality rate 1%). Seven new cases were admitted at the Mulago isolation center, this bring the total admissions to 16. Surveillance in hot spots as well as door to door community mobilization and media engagements is ongoing in the city. Other cholera outbreaks in the country that have been recorded this year include: Amudat, Kyegegwa, Kagadi, Mbale, Tororo and Hoima.

Uganda	Anthrax	Ungraded	-	12-Apr-18	19-Jun-18	80	4	-	-	Three districts in Uganda are affected by anthrax. As of 19 June 2018, a cumulative total of 80 suspected cases with zero deaths have been reported – Arua (10), Kween (48) and Kiruhura (22). One case has been confirmed in Arua district by polymerase chain reaction (PCR). The event was initially detected on 9 February 2018 in Arua district when a cluster of three case-patients presented to a local health facility with skin lesions, mainly localized to the forearms. Three blood samples collected from the case-patients on 9 February 2018 were shipped to the Uganda Virus Research Institute (UVRI). One tested positive for *Bacillus anthracis* by polymerase chain reaction (PCR) based on laboratory results released by the UVRI on 5 April 2018.
Uganda	Measles	Ungraded	8-Aug-17	24-Apr-17	30-Apr-18	2 143	610	-	-	As of 30 April 2018, a total 2 143 cases have been reported 610 cases have been confirmed either by epidemiological link or laboratory. Twenty-six districts have confirmed a measles outbreak, these include: Amuru, Butambala, Butebo, Buyende, Gomba, Hoima, Iganga Isingiro, Jinja, Kaliro, Kampala, Kamuli, Kamwenge, Kayunga, Kyegegwa, Kyotera, Kabarole, Kalungu, Luwero, Lwengo, Mbale, Mityana, Mpigi, Namutumba, Ngora and Wakiso. Two districts of Kayunga and Lwengo successfully controlled their outbreaks by intensifying the routine immunization. The main cause of the measles outbreaks is failure to vaccinate especially young children below the age of 5 years. The Ministry of Health has developed a measles response plan with an objective to rapidly interrupt measles transmission through intensified routine immunizations of susceptible children.

†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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