

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 11: 11 – 17 March 2019
Data as reported by 17:00; 17 March 2019

6

New events

59

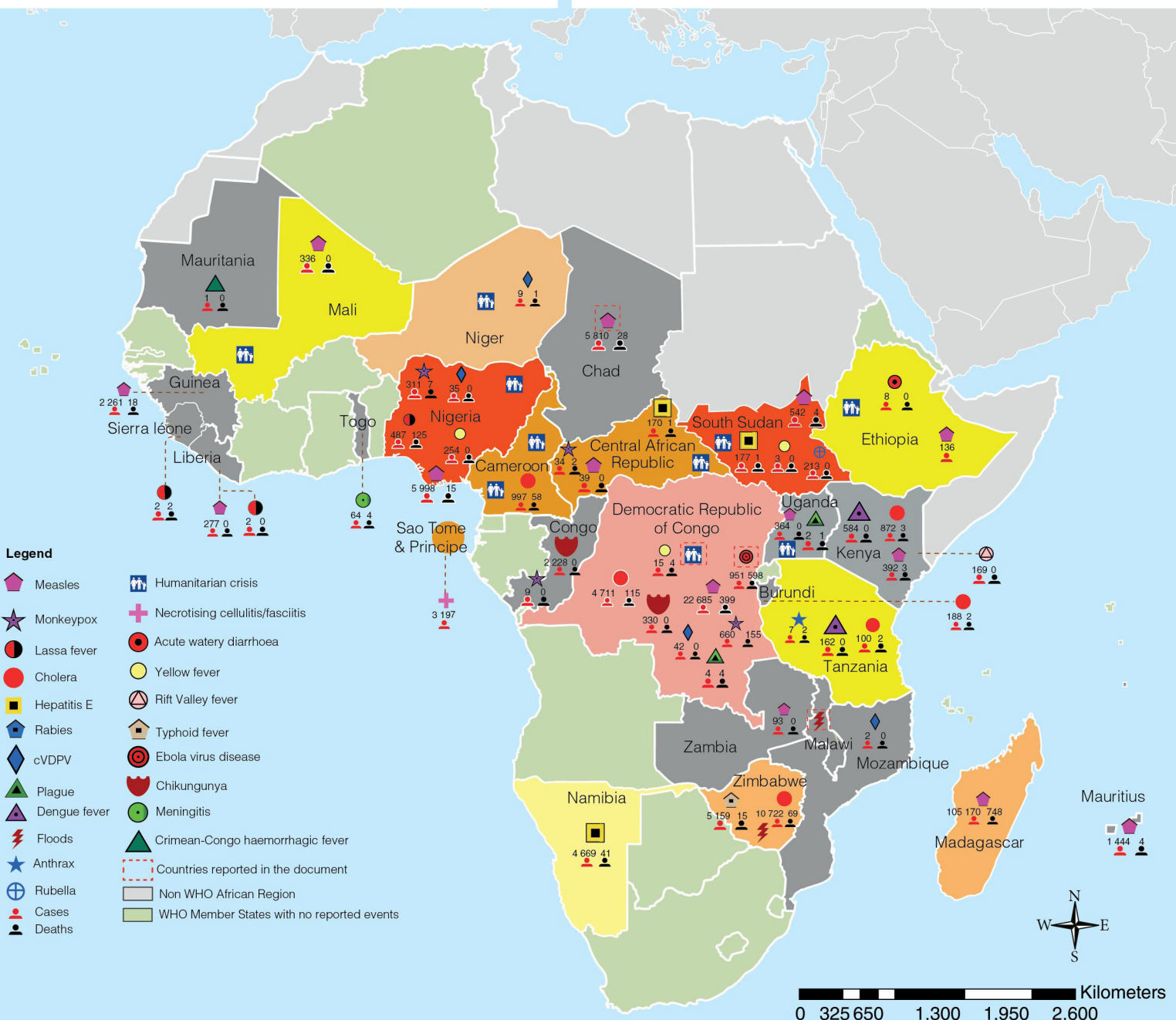
Ongoing events

52

Outbreaks

13

Humanitarian crises



Graded events †

3

Grade 3 events

8

Grade 2 events

2

Grade 1 events

2

Protracted 3 events

3

Protracted 2 events

4

Protracted 1 events

42

Ungraded events

Overview

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- 7 Summary of major issues, challenges and proposed actions
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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 65 events in the region. This week's edition covers key new and ongoing events, including:
 - [Flooding in Malawi, Mozambique and Zimbabwe](#)
 - [Ebola virus disease in the Democratic Republic of the Congo](#)
 - [Measles in Chad](#)
 - [Humanitarian crisis in Democratic Republic of the Congo.](#)
- For each of these events, a brief description, followed by public health measures implemented and an interpretation of the situation is provided.
- A table is provided at the end of the bulletin with information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have largely been controlled and thus closed.
- **Major issues and challenges include:**
 - The Ebola virus disease (EVD) outbreak in Democratic Republic of the Congo continues. Currently, the greatest concern remains transmission in the neighbouring urban areas of Katwa and Butembo, which contribute about three-quarters of all recent cases. The two hotspots have been responsible for recrudescence of infections to areas where transmission had been contained. The response teams need to pay particular attention on Katwa and Butembo, without losing focus on the other areas to avoid potential recurrence of cases in those areas that have already contained the disease.
 - Malawi, Mozambique and Zimbabwe have been devastated by severe flooding and strong winds as a result of the tropical cyclone Idai. The full impact of the cyclone is yet to be established, however, initial reports indicate loss of life and significant damage to infrastructure. While measurable disaster preparedness measures were put in place prior to the event, the magnitude of the impact of the cyclone is simply overwhelming. There is a need to support the affected countries to address the immediate life-saving humanitarian needs as well as medium-to-long term recovery programmes.

EVENT DESCRIPTION

Large parts of Malawi, Mozambique and Zimbabwe are experiencing severe flooding following heavy rains and strong winds due to the Tropical Cyclone Idai since early-March 2019.

In Malawi, an estimated 922 945 people from 184 589 households have been affected, with 56 deaths and 577 injuries recorded. More than 82 700 people have been displaced. At least 14 districts in the southern part of Malawi have been impacted, with Machinga and Zomba districts being the most affected, with more than 50 000 people affected in each district. Chikwawa, Nsanje and Phalombe districts registered the highest number of displaced persons. Electricity and water supplies have been adversely disrupted by the floods while agricultural activities have been markedly affected, as fields are inundated, and recently planted crops have been destroyed. On the 8 March 2019, the President of Malawi declared a State of Disaster and a multisectoral needs assessment is ongoing to establish the full extent of the flooding.

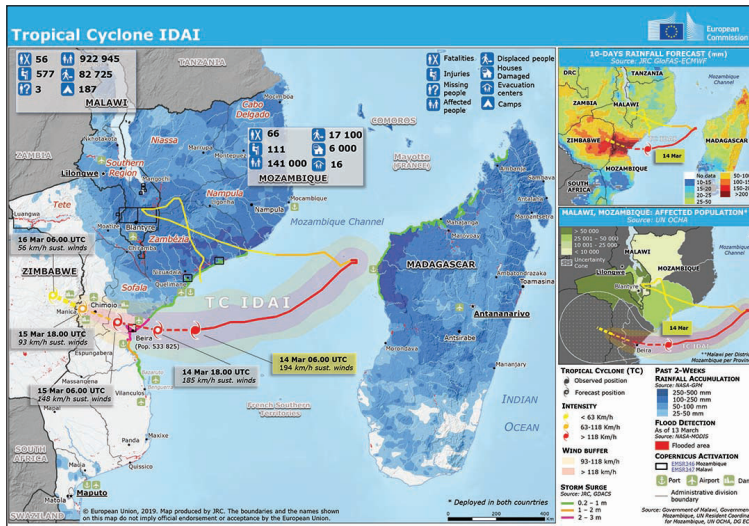
In Mozambique, the tropical cyclone Idai made landfall in the night of 14 March 2019 near Bierra City, Sofala Province, in the central part of the country. The cyclone brought torrential rains and winds to Sofala, Zambezia, Manica and Inhambane provinces. Media reports indicate that Bierra City has been cut off, with its 500 000 residents living without electricity and communications. Initial unconfirmed report shows that 141 000 people have been affected, with 66 deaths and 111 injuries recorded. More than 17 100 people are reportedly displaced in Zambezia and Tete, while over 168 000 hectares of crops have been destroyed and livestock drowned. Road access to many affected areas is cut and authorities have issued a Red Alert for flooding along the River Buzi, with a high risk of floods in Buzi and Pungoé.

In Zimbabwe, Manicaland Province in the eastern part of the country has been most affected by the cyclone, with heavy rains and strong winds, causing riverine and flash flooding. As of 17 March 2019, a total of 65 deaths have been reported and about 100 people are still missing/unaccounted for. It is estimated that 1 600 households (8 000 - 9 600 people) have been affected in Chimanimani, Chipinge, Nyanga and Mutare districts, Manicaland Province. Based on census data, 48% of those affected are thought to be children and 52% to be women. A total of 294 persons in Tongogara Refugee Camp have been affected, with 49 houses damaged. Considerable damage to properties, livelihoods and infrastructure has been reported.

PUBLIC HEALTH ACTIONS

- In Malawi, the Department of Disaster Management Affairs (DODMA) under the Ministry of Homeland Security in Malawi is coordinating the emergency relief services, while the Malawi Defense Force (MDF) as well as local and international organizations are providing relief assistance.
- DODMA deployed search and rescue teams, in collaboration with the MDF, Malawi Police Service, Malawi Red Cross Society and affected district councils.
- DODMA deployed 23 trucks of relief items for distribution in affected areas, including tents, plastic sheeting, food and non-food items.
- An Inter-Agency Assessment Committee was deployed on 10 March 2019 to Nsanje and Phalombe to conduct further needs assessments.
- The World Food Programme (WFP) has deployed two boats to accompany the assessment and response team; UNICEF is providing drones; FAO/WFP is supporting mapping using satellite imagery and OCHA is deploying a staff member to support assessments and coordination of the response.
- Other clusters and agencies such as the water, sanitation and hygiene and UNICEF, Protection Cluster and UNFPA are supporting public health response activities.

Map showing impact of tropical cyclone Idai in Southern Africa, 14 March 2019



- In Mozambique, an inter-agency team, led by the National Disaster Management Institute (INGC), has been deployed to Beira to assess the situation on the ground.
- The UN and humanitarian partners in Mozambique have appealed for US\$ 40.8 million to provide critical emergency relief to about 400 000 people estimated to be affected by the cyclone. The UN and non-governmental organizations have prioritized the most time-critical life-saving activities in the education, health, WASH, food security, protection and nutrition sectors. Several organizations have deployed staff to support the in-country response.
- The President of Mozambique, along with senior government officials and the Director of the National Institute for Disaster Management (INGC), is visiting multiple flood and cyclone affected areas.
- The INGC has set up its Center of Operations in a WFP provided Wikhall at the airport in Beira, with inter-agency coordination being facilitated by WFP and the NGO Consortium; Telcomes Sans Frontières has deployed a team to Beira to establish connectivity for the operations centre.
- The President of Zimbabwe has declared a State of Disaster and returned from a scheduled visit to Dubai; government led response is being coordinated by the Department of Civil Protection through National, Provincial and District Civil Protection Committees, with support from humanitarian partners; a sub-national flood command centre has been set up to facilitate real-time coordination of the response and Civil Protection Committees are conducting rapid needs assessment in affected areas, with the military supporting search and rescue operations as well as evacuation of at-risk communities.
- WHO AFRO has sent two surge staff to Mozambique, and one surge staff member will arrive from Headquarters (HQ) in Geneva; HQ has released US\$ 50 000 from the Contingency Fund for Emergencies for the initial response, while the Mozambique country office is developing a proposal for US\$ 600 000 from CERF.
- WHO is planning assessments of immediate support requirement, particularly for health, for all three countries.

SITUATION INTERPRETATION

Tropical cyclone Idai has caused serious devastation in Malawi, Mozambique and Zimbabwe, with more damage like to continue in the coming days. While relief operations are already ongoing in all three countries, the assessment teams in the field are expected to provide a more comprehensive multisectoral needs and gap analysis. However, key concerns are emergency shelter, food assistance, clean water, prevention of water-borne diseases and protection of children, women, the elderly and persons with disabilities. The floods have worsened an already food insecure situation in the southern region of Malawi, as well as the affected region in Zimbabwe. It is likely that the potential loss of harvest, will impact livelihoods in the medium and long-term. Support from development partners to all clusters is therefore critical.

Ongoing events

Ebola virus disease

Democratic Republic of the Congo

**951
Cases**

**598
Deaths**

**63%
CFR**

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues. Since the last report on 10 March 2019 (*Weekly Bulletin 10*), 30 new confirmed EVD cases have been reported, with an additional 16 deaths. As of 16 March 2019, a total of 951 EVD cases, including 886 confirmed and 65 probable cases have been reported. To date, confirmed cases have been reported from 20 health zones: Beni (226), Biena (6), Butembo (90), Kalunguta (47), Katwa (264), Kayna (6), Kyondo (17), Mabalako (91), Mangurujipa (5), Masereka (14), Musienene (6), Mutwanga (4), Oicha (31), Vuhovi (17) and Lubero (2) in North Kivu Province; and Rwampara (1), Komanda (27), Mandima (29), Nyankunde (1), and Tchomia (2) in Ituri Province. Eleven of the 20 affected health zones reported at least one new confirmed case in the previous 21 days (24 February to 16 March 2019).

A total of 598 deaths were recorded, including 533 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 60% (533/886). Two new health workers have been affected, bringing the cumulative total to 77, with 26 deaths.

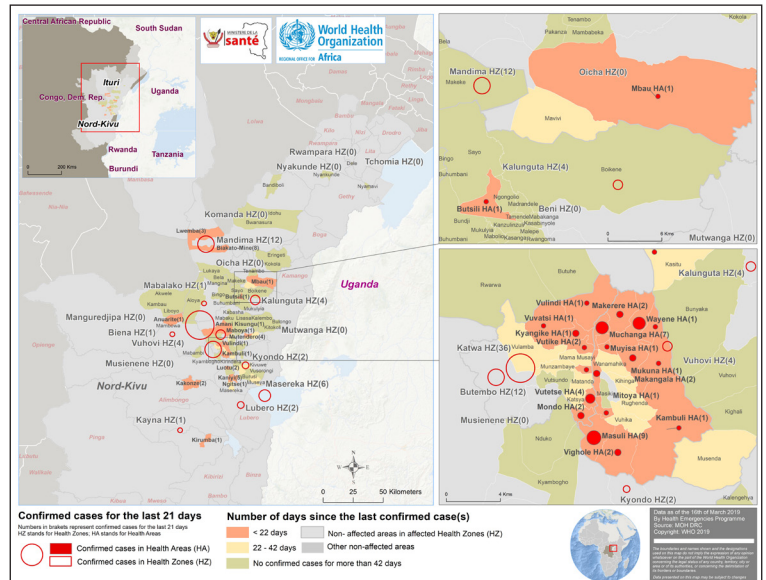
The Katwa Health Zone remains the main hot spot, reporting 44% (36/81) of the new confirmed cases in the past 21 days. Seven health zones, Katwa, Masereka, Vuhovi, Butembo, Kyondo, Mandima and Kayna, have reported new confirmed cases in the past three days and remain points of attention.

Contact tracing is ongoing in 13 health zones and remains challenging due to insecurity and continuing pockets of community reluctance. The number of contacts being followed as of 16 March 2019 was 4 158, of whom 3 416 (82%) had been seen in the previous 24 hours. Four health zones out of the 13 reported a percentage follow-up of 90%, and teams continue efforts to track 100% of registered contacts.

PUBLIC HEALTH ACTIONS

- Surveillance activities continue, including case investigations, active case finding in health facilities and communities, and identification and listing of contacts around the latest confirmed cases. Collaboration between health authorities in the Democratic Republic of the Congo and Uganda continues around monitoring displaced contacts.
- A coordination unit has been established for monitoring and analysis of lost contacts in Bunia.
- As of 16 March 2019, a cumulative total of 88 710 people has been vaccinated since the start of the outbreak. There is continuation of ring vaccination in Beni, Katwa, Mandima, Butembo, Biena, Lubero (around confirmed cases), Musienene, Masereka and Goma Health Zones for front-line providers.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 42 million screenings to date. A cumulative total of 864 alerts were notified, of which 202 were validated. A total of 70/80 (88%) PoE/PoC were functional as of 15 March 2019.
- An independent therapeutic data monitoring committee has been established to analyse the MEURI protocol.
- There are continued community reintegration activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response.
- In Biena, the Mambowa transit centre was attacked following resistance to a safe and dignified burial and in Butembo, psychosocial staff were debriefed following the recent attack on the facilities caring for people affected by EVD.
- Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) activities continue, with decontamination of two health facilities and two households, followed by prepositioning of a hygiene kit in the house of a confirmed case.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May 2018 to 16 March 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



- Community awareness and mobilization sessions continue, with mass awareness reinforced in Katwa and Komanda by a demonstration of the IPC process and decontamination, to respond to different community concerns; 20 breastfeeding women were reached through an educational talk on vaccination and eligibility for this in Vutsundo Health Centre, Butembo and many schools in all affected areas were provided with awareness on prevention and risks for EVD.

SITUATION INTERPRETATION

The Ebola outbreak in Democratic Republic of the Congo continues with moderate transmission intensity. Although absolute numbers appear to be showing a declining trend, the continued re-appearance of confirmed cases in areas where transmission seemed to have stopped, is a serious concern. The constant disruption of response activities from community resistance activities, which include physical attack, will drive transmission, as does loss of contacts to follow-up. However, the success of proven and innovative public health measures in many areas is heartening. Response efforts need to continue, and funding gaps need to be filled by the global donor community.

EVENT DESCRIPTION

The measles outbreak in Chad continues, with more incidence cases occurring and new districts being affected. The disease trend has continued to increase since the beginning of the year. Since our last report on 24 February 2019, 2 726 additional suspected measles cases with 14 deaths have been reported. In week 10 (week ending 10 March 2019), a total of 924 suspected measles cases have been reported, compared to 948 suspected cases reported in week 9. Seven new districts attained suspected measles epidemic level during the reporting week.

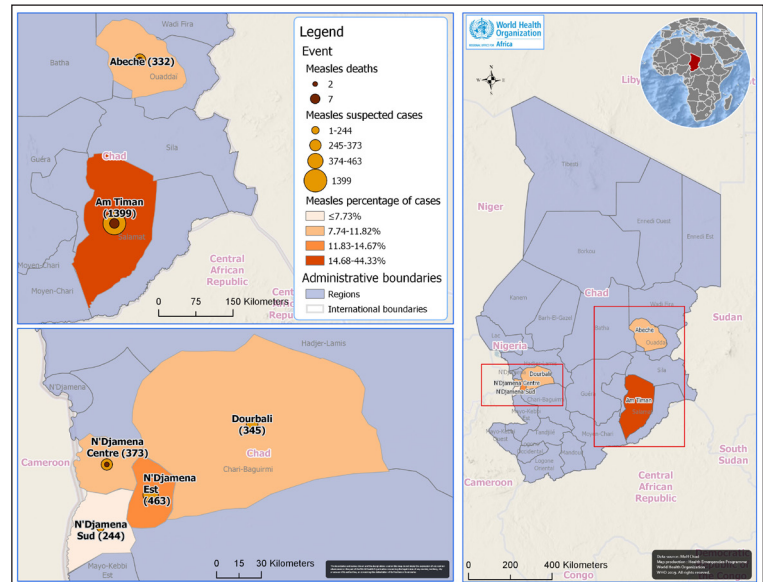
Between 1 January and 15 March 2019, a total of 5 810 suspected measles cases, including 28 deaths (case fatality ratio 0.5%) have been reported. Ninety-eight out of 117 (84%) districts in the country have been affected, of which 69 have attained suspected measles epidemic threshold. Twenty-one districts have constantly remained in suspected epidemic state since the beginning of 2019. Am Timan District remains the most affected, reporting 1 399 suspected cases and seven deaths. Other highly affected districts are N'Djamena East (463 cases), N'Djamena Centre (373 cases), Dourbali (345 cases), Abéché (332 cases, 2 deaths) and N'Djamena South (244 cases).

Of 1 045 suspected cases investigated during the reporting week, 83% reportedly received no measles antigen-containing vaccines. About 60% of the cases were below five years of age, 18% were between five and nine years and 13% were 15 years and above, with the overall average age being six years.

PUBLIC HEALTH ACTIONS

- The National Epidemic Management Committee continues to coordinate the response to the measles outbreak, with the support of partners.
- The Ministry of Health, WHO, UNICEF and partners are developing a micro-plan to conduct measles vaccination campaigns in priority districts.
- Epidemiological investigation is being conducted at district level, including collecting specimens and documentation of cases. However, laboratory testing has not been conducted since the beginning of 2019 due to shortage of reagents.

Geographical distribution of measles cases and deaths in Chad, 1 January - 15 March 2019



SITUATION INTERPRETATION

The measles outbreak in Chad continues, with increasing case incidence and wider geographical span since the beginning of 2019. The response to this outbreak continues to experience shortfall in resources, including testing reagents, vaccines and operational funds. Systematic laboratory testing of specimens has not been conducted since the beginning of 2019, affecting proper description and characterization of the outbreak. Vaccination campaigns have also been patchy, with only one-half of the affected districts covered. Recent investigation showed that more than 83% of the new cases have not been vaccinated, an indication of continuous low coverage of routine and supplementary immunization services. There is a need to step up the ongoing response to this outbreak, especially immunization services, in order to quickly contain the outbreak. Mobilization of resources for the implementation of the response plan in all affected areas is of paramount importance.

EVENT DESCRIPTION

The humanitarian crisis in the Democratic Republic of the Congo continues, characterized by recurrent population displacement, protection incidents, community conflicts and outbreaks of epidemic-prone diseases.

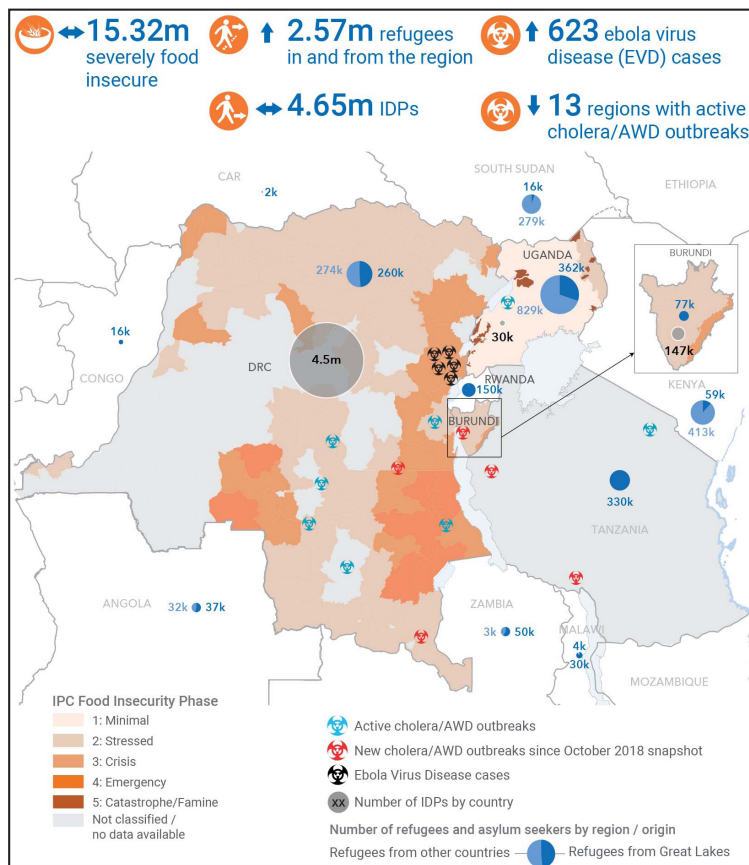
In the latest incident, about 2 300 internally displaced persons (IDPs) reportedly arrived in Bukomo, Masisi territory, North Kivu Province, fleeing clashes between armed groups in several localities. In addition, around 14 000 people reportedly moved to Mbau centre and Beni town after armed clashes in Mavivi on 16-18 February 2019 in Mavivi, which is 20 km north of Beni. In South Kivu Province, around 1 800 households in Kabere (Uvira territory) were forced to flee as a result of new armed clashes in the forest of Majaga, in the highlands of Uvira. In Shabunda territory, about 482 households in the villages of Minoro, Tulole and Lumpump were reportedly displaced on 25 February 2019 to the villages of Kasangati, Masanga, Lipopo and Mapimo, and into the bush due to tension between Miroro residents and the police. In Kasai Province, there has been a sharp deterioration in the security situation in Kamako since January 2019, when 200 former militia surrendered to local authorities. Since then, there has been little supervision, resulting in significant protection risks such as harassment, imposition of illegal taxes in the markets and installation of paid barriers.

Outbreaks of epidemic-prone diseases continue, with the Ebola virus disease outbreak being at the fore. Cholera, measles, circulating vaccine-derived poliomyelitis variants, yellow fever and chikungunya are some of the other outbreaks. In week 8 (week ending 23 February 2019), 564 suspected cholera cases, including 12 deaths were reported. A cumulative total of 5 282 suspected cholera cases and 131 deaths (case fatality ratio 2.5%) have been reported between weeks 1 and 8 of 2019. Measles outbreaks continue, with 3 168 cases and 63 deaths (case fatality ratio 1.2%) recorded during week 8, with a cumulative total of 26 923 cases, with 491 deaths (case fatality ratio 1.9%) reported from week 1 to week 8 of 2019. The main hotspots are the provinces of Tshopo, Haut Lomami and Lualaba. During week 8 of 2019, 17 suspected cases of chikungunya were reported in Kinshasa Province. The detection of two probable cases of pneumonic plague in Zombo District, Uganda, close to the city of Aru, Ituri Province in Democratic Republic of the Congo, has prompted a search for suspected cases of pneumonic plague in Ituri Province. So far in 2019, only one case of non-fatal bubonic plague has been reported in Aru, during week 9 (week ending 2 March 2019).

PUBLIC HEALTH ACTIONS

- In response to the arrival of South Sudanese refugees in Ituri Province, the UNHCR has organized four convoys to transfer 397 refugees from the border to the interior, where they have been placed in the Biringi refugee site in Aru Territory.
- Johanniter International (JOIN) has completed construction of a pharmacy for Masisi Health Zone to facilitate medicine supply to various health centres, a project that is expected to cover the entire Masisi Health Zone (26 health areas) and Katoyi (11 health areas), which could cover 390 000 people in Masisi and 230 000 people in Katoyi.
- JOIN is also finalizing construction of an operating theatre in Nyamitaba health area for returnees and IDPs from Nyakariba, Muheto, Kalonge, Kanyatsi, Nyamitaba and Kiorirwe, all in Masisi Territory.
- The National Committee and Provincial Coordinating Committees have held regular meetings to guide outbreak response actions.
- WHO continues its support in the main cholera hotspots in the areas of case management, active case search, investigation of suspected cases, data management, maintenance of water chlorination points and household disinfection, along with provision of cholera kits and inputs for care and transport of patients and samples.

Humanitarian Snapshot in Democratic Republic of the Congo, November - December 2018



- WHO continues to support cholera surveillance activities in the provinces that benefited from the cholera vaccination campaign in December 2018, with active case finding supported by community relays.
- Patient care continues with the support of partners such as AIDES; chlorination points supported by Solidarité International and CARE International continues supporting risk communication.
- MedAir organized the first phase of a selective immunization campaign against measles in six health areas in Itebero Health Zone, with 11 548 children targeted.
- The Ministry of Health and partners are planning for measles immunization campaigns in 61 health zones in 16 provincial health divisions, with over two million doses expected to be used.

SITUATION INTERPRETATION

There is little change in the severity of the humanitarian crisis in Democratic Republic of the Congo, with constant insecurity within the country and in its neighbours providing a steady flow of displaced people and refugees. Health infrastructure, personnel and health cluster actors are under constant strain, exacerbated by the competing needs of the Ebola virus disease and other disease outbreaks. All life-saving public health responses should continue and be strengthened where necessary, while local and international efforts to mitigate the underlying insecurity driving the crisis should intensify.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- ▶ While the EVD outbreak in Democratic of the Republic remains concerning, steady progress is being made. The outbreak has been gradually contracting, with relatively fewer numbers of new cases and deaths reported in the past weeks. Ongoing transmission in Katwa and Butembo remains the major concern. There has also been recurrence of cases in areas that have not reported new cases for prolonged periods. Response teams are fully operational in all outbreak affected areas and there are encouraging improvements in community acceptance of the response, despite the challenges of ongoing insecurity caused by armed groups.
- ▶ Tropical cyclone Idai brought torrential rains and strong winds causing severe flooding and destruction to infrastructure in Malawi, Mozambique and Zimbabwe. The full impact of the cyclone is yet to be established, however, initial reports indicate loss of life, population displacement, damage to houses, buildings, bridges, electricity and communication facilities. Several areas are reportedly cut off, including Beira city in Mozambique and Chimanimani town in Zimbabwe. Search and rescue operations are being disrupted by the strong winds and floods. While measurable disaster preparedness activities were put in place, the scale of the impact of the cyclone is simply overwhelming. There is a need to support the affected countries to address the immediate life-saving humanitarian needs as well as medium-to-long term recovery programmes.

Proposed actions

- ▶ The national authorities and partners in the Democratic Republic of the Congo need to continue implementing the proven and innovative public health measures.
- ▶ The national authorities and partners in Malawi, Mozambique and Zimbabwe (and the other affected countries) need to step up search and rescue activities, and provision of life-saving interventions. External and expert disaster responders are requested to support the affected countries. The need for medium to longer term planning and programming for early recovery is critical. The donor community are requested to provide the requisite funding for the immediate and long-term humanitarian assistance.

All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
New Events										
Central African Republic	Measles	Ungraded	15-Mar-19	11-Feb-19	06-Mar-19	39	19	0		The Republic of Central Africa is undergoing the measles outbreak in the health districts of Paoua and Batangafo. As of 03 of March 2019, a total of 34 suspected cases of measles, including 19 confirmed cases and zero deaths were reported in Paoua health district and Batangafo reported 5 suspected cases that were all confirmed positives for measles and zero deaths. The majority of the confirmed cases (92%) are in the age group of 6 to 59 months.
Congo	Monkey-pox	Ungraded	11-Mar-19	09-Mar-19	16-Mar-19	9	2	0		The Republic of Congo has been reporting cases of monkey pox since February 2019. Two samples from Makontipoko village in Gambona district tested in the INRB-Kinshasa turned positive for monkey pox (PCR OPX). An additional six samples from impfondo district, that were tested in the same laboratory were negatives for monkey pox.
Democratic Republic of the Congo	Plague (pneumonic)	Ungraded	12-Mar-19	28-Feb-19	12-Feb-19	4	-	4	100.00%	On 12 March 2019, the Ministry of Health of the Democratic Republic of Congo reported four deceased suspected cases of plague identified retrospectively in the same family from Atungkulei Village, Mahagi District, Ituri Province. The cases were identified following an alert received from the Uganda Ministry of Health on 8 March 2019 of two probable cases of pneumonic plague in Zombo District, located in the West Nile sub-region, at the border with the Democratic Republic of the Congo. The cases in the Democratic Republic of Congo are epidemiologically linked to those in Uganda.
Mozambique	Flood/cyclone	Ungraded	15-Mar-19	15-Mar-19	15-Mar-19	-	-	-		Detailed update given above.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Togo	Meningitis, unspecified	Ungraded	12-Mar-19	01-Jan-19	10-Mar-19	64		4	6.3	WHO was informed of a meningitis outbreak in Kpendija-West health district (northern Togo). Sixty-four (64) cases including 4 deaths were reported between week 1 (week ending 6 January 2019) and week 10 (week ending 10 March 2019). Those aged between 5-14 years accounted for more than half the cases and both male and female were equally affected. Kpendjal-West district is divided into three surveillance zones; during the same time frame, Zone 3 reported the highest number of cases (55 cases including 3 deaths) followed by Zone 2 (8 cases including 1 death) and Zone 1 (1 case, no death). Zone 3 reached epidemic threshold at week 8 (week ending 24 February 2019). Among 52 samples tested by rapid latex agglutination test, <i>Neisseria meningitidis</i> serogroup C accounted for 38%. CSF samples have been sent to the regional laboratory. Currently, the rapid diagnosis test is out of stock.
Zimbabwe	Floods/landslides	Ungraded	15-Mar-19	15-Mar-19	18-Mar-19	-	-	-		The Cyclone Idai weather system hit eastern Zimbabwe on 15 and 16 March, with Chimanimani and Chipinge districts in Manicaland Province hardest. As of 17th March 2019, a total of 65 deaths have been reported and 100 people are still missing. It is estimated that a total of 1600 households (8 000 - 9 600 people) have been affected in Chimanimani, Chipinge, Nyanga and Mutare districts, Manicaland Province, as a result of flooding and landslides.
Ongoing Events										
Burundi	Cholera	Ungraded	28-Dec-18	25-Dec-18	24-Feb-19	188	19	2	1.10%	The cholera outbreak is ongoing in Burundi. From 17 to 24 February 2019, no new suspected cases were reported in Bujumbura. Rumonge district reported zero suspected cases since 22 January 2019. One confirmed case was reported in Cibitoke on 11 February 2019. Overall, there is a decline in the reported number of cases since the peak on 28 January 2019.
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	03-May-19	-	-	-	-	In the Far North, the situation is marked by attacks linked to Boko Haram thus generating an influx of refugees from Nigeria including mass displacement of the local population. Around 40 000 Nigerians who had sought refuge in Goura, Cameroon in January following repeated Boko Haram attacks have returned to Nigeria. Most people have lost their homes, belongings, and food stocks, and there is currently no medical care or humanitarian assistance available in Rann, where the security situation remains unpredictable.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Cameroon	Humanitarian crisis (NW & SW)	G2	01-Oct-16	27-Jun-18	26-Feb-19	-	-	-	-	The security situation in the North-west and South-west remains volatile. Clashes between secessionists and the army continue, triggering further displacement and disrupting the healthcare, education and livelihood systems. Compulsory lockdowns are imposed on Mondays when the capital cities in the two regions (Buea and Bamenda) are declared 'ghost-town' with absolute restriction of movement.
Cameroon	Cholera	G1	24-May-18	18-May-18	23-Jan-19	997	81	58	5.80%	The cholera outbreak situation in Cameroon continues to improve. From 1 January 2019 to date, five new cases were reported in the north region. The Central and Littoral regions have not reported new cases since 27 August and 11 October 2018, respectively. The outbreak has affected four out of 10 regions in Cameroon, these include North, Far North, Central and Littoral region.
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	24-Feb-19	-	-	-	-	The humanitarian crisis in CAR remains volatile with recent reports of armed attacks on civilian populations including humanitarian workers. The attacks, especially against humanitarian workers, are hindering the implementation of response activities in many parts of the country.
Central African Republic	Hepatitis E	Ungraded	02-Oct-18	10-Sep-18	10-Mars-2019	170	131	1	0.60%	Three new confirmed cases were reported in weeks 8 and 9, 2019. From 10 September 2018 to 10 March 2019, a total of 170 cases of acute jaundice syndrome including 131 confirmed for viral hepatitis E have been reported.
Central African Republic	Monkeypox	Ungraded	20-Mar-18	02-Mar-18	03-Mar-19	34	25	2	5.90%	Three cases, including one confirmed, were reported in Ippy in week 9 (week ending 3 March 2019). Since 2 October 2018, clusters of cases have been identified across three health districts, namely; Mbai-ki district with nine cases including eight confirmed, Bangassou district with five cases including three confirmed, and Bossembele district with four cases including three confirmed. One death was reported in Bossembele.
Chad	Measles	Ungraded	24-May-18	01-Jan-19	09-Mar-19	5 810	0	28	0.5%	Detailed update given above.
Congo	Chikungunya	Ungraded	22-Jan-19	07-Jan-19	09-Mar-19	2 228	15	0	0.00%	An outbreak of chikungunya affecting two districts, Hinda-Loango and Mvouti Kakamoeka, was declared on 2 February 2019 by the government of the Republic of Congo. From 7 January to 9 March 2019, a total of 2 228 suspected cases including 13 confirmed have been reported. More than three-quarters of the cases were reported from Diosso in Hinda-Loango District. Entomological investigation showed the presence of the vector, <i>Aedes albopictus</i> .
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	21-Feb-19	-	-	-	-	Detailed update given above.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Democratic Republic of the Congo	Chikungunya	Ungraded	08-Feb-19	30-Sep-18	24-Feb-19	330	48	0	0.00%	During week 8 of 2019 (week ending 24 February 2019), 17 suspected cases of chikungunya were reported in the province of Kinshasa with 12 cases in Binza Ozone Health Zone, two cases in the Police Health Zone and three cases in the health zone of Mount Ngafula 2.
Democratic Republic of the Congo	Cholera	G3	16-Jan-15	01-Jan-19	17-Feb-19	4 711	-	115	2.40%	A total of 581 new suspected cases of cholera including six deaths were reported during week 7, 2019 (week ending 17 February 2019). The majority of new cases (93%) were reported from Cholera endemic zones (Haut-Katanga, Haut-Lomami, Tanganyika, Sud-Kivu, and Nord-Kivu).
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	16-Mar-19	951	886	598	62.70%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	01-Jan-19	17-Feb-19	22 685	-	399	-	During week 7, 2019 (week ending 17 February 2019), 2 806 cases of measles were recorded including 116 deaths (CFR 4.1%).
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	01-Jan-19	17-Feb-19	660	-	155	23.50%	A total of 115 new suspected cases including 19 deaths were reported in week 7, 2019 (week ending 17 February 2019).
Democratic Republic of the Congo	Polio-myelitis (cVDPV2)	G2	15-Feb-18	n/a	13-Mar-19	42	42	0	0.00%	A new case of vaccine-derived polio virus (VDPV) 2 was detected from Kasai Province. The virus is not yet classified as circulating as investigation is still ongoing. The total number of cVDPV2 cases reported was 22 and 20 in 2017 and 2018 respectively. DRC is affected by four separate cVDPV2 outbreaks, in the provinces of Haut Katanga; Mongala, Maniema and Haut Lomami/ Tanganika/Haut Katanga/Ituri.
Democratic Republic of the Congo	Yellow fever	Ungraded	23-Jun-18	01-Jul-18	01-Dec-18	15	12	4	26.70%	Fifteen cases of yellow fever have been confirmed at the National Reference Laboratory (INRB) since the beginning of 2018. Of these, 12 cases were confirmed by IP Dakar from Tshuapa, Lualaba, Bas Uele, North Kivu province and Kinshasa Region.
Ethiopia	Humanitarian crisis	G2	15-Nov-15	n/a	07-Mar-19	-	-	-	-	The country continues to experience waves of humanitarian emergencies with mass displacements of persons in parts of the country due to ethnic clashes. Currently, 8.6 million people are targeted for humanitarian response according to the 2019 HNO conducted in January. Many of the IDPs are in conflict-affected areas of West Guji /Gedeo zones, East/ West Wollega in Oromia and parts of Amhara.
Ethiopia	Acute watery diarrhoea (AWD)	Protracted 1	15-Nov-15	01-Jan-19	28-Jan-19	8	-	0	0.00%	Since the beginning of 2019, eight cases of AWD were reported from the Afar region. In 2018, 3 357 suspected cases have been reported from four regions: Afar, Oromia, Somali, and Tigray and one city administration (Dire Dawa).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Ethiopia	Measles	Protracted 1	14-Jan-17	01-Jan-19	28-Jan-19	136	59	-	-	There has been a total of 136 suspected measles cases reported in the country, of these 41 were confirmed by laboratory while 11 were epi-linked and seven were clinically compatible. Of the 1 598 cumulative confirmed cases reported in 2018, 496 were lab-confirmed, 994 were epi-linked and 108 were clinically compatible.
Guinea	Measles	Ungraded	09-May-18	01-Jan-18	10-Mar-19	2 261	674	18	0.80%	In 2019, 2 075 suspected cases including 607 laboratory-confirmed have been reported as of 24 February 2019. The urban district of Labé , the urban district of Matoto, the urban commune of Macenta , the urban commune of Kérouané , the sub-prefecture of Manéah , the sub-prefecture of Ansoumania (Dubréka) and the commune city of Matoto are in the epidemic phase. In 2018, there were 1 863 suspected cases including 487 confirmed cases reported across the country.
Kenya	Cholera	Ungraded	21-Jan-19	02-Jan-19	03-Mar-19	872	40	3	0.30%	Cholera cases continue to be reported from Kajiado county (575 suspected cases including 10 laboratory confirmed). Nairobi and Narok Counties have successfully controlled the outbreak.
Kenya	Dengue fever	Ungraded	30-Jan-19	15-Oct-18	03-Mar-19	584	283	0	0.00%	Sixteen 16 new cases were reported in the last week (week ending 3 March 2019). The outbreak has been reported in Mombasa County affecting six sub-counties; Nyali, Jomvu, Kisauni, Likoni, Changamwe and Mvita.
Kenya	Measles	Ungraded	03-Sep-18	28-Aug-18	03-Mar-19	392	41	3	0.80%	The outbreak remains active in three counties namely; Wajir (250 cases), Tana River (131 cases) and Kwale (11). Tana North and Tana Delta in Tana River county reported measles cases in the last week (week ending 3 March 2019).
Kenya	Rift Valley fever (RVF)	Ungraded	01-Feb-19	18-Jan-19	04-Mar-19	169	16	0	0.00%	A total of 169 human cases have been reported from Murang'a (22) and Nyandarua (147) Counties. The outbreak in Murang'a County has been brought under control while Nyandarua remains active.
Liberia	Lassa fever	Ungraded	23-Jan-19	01-Jan-19	10-Mar-19	2	2	0	0.00%	Seven new suspected cases with two deaths were reported from Bong (2), Grand Bassa (2), Nimba (2), and Grand Kru (1) counties during week 10 (week ending 10 March 2019). Test results are pending for all cases. No new test results have been released due to stock out of reagents since the last positive result of a case from Nimba County was released on 29 January 2019. Samples from 29 suspected cases are pending testing.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Liberia	Measles	Ungraded	24-Sep-17	01-Jan-19	10-Mar-19	277	271	0	0.00%	In week 10 (week ending 10 March 2019), 46 suspected cases were reported from 15 counties across the country. Of 30 samples tested, 2 were IgM-positive. Since the beginning of 2019, 499 suspected cases have been reported across the country, of which 65 are laboratory-confirmed, 61 are epi-linked, and 145 are clinically confirmed. Two hundred twenty-two (222) cases have been discarded due to negative test results while 6 are indeterminate. Belleh and Bokomu Districts, Gbarpolu County, Gbelaygeh District, Nimba County, and Greenville District, Sinoe County currently in outbreak phase
Madagascar	Measles	G2	26-Oct-18	03-Sep-18	10-Mar-19	105 170		748	-	From 3 September 2018 to 10 March 2019, 105 170 cases have been reported. There were 634 reported deaths in health facilities and 567 community deaths including 114 measles-related deaths and 453 non-measles related death assessed by community workers. One hundred four (104) out of 114 districts in all the 22 regions are in the epidemic phase.
Malawi	Flood	Ungraded	09-Mar-19	05-Mar-19	14-Mar-19					Detailed update given above.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	11-Jan-19	-	-	-	-	Mali continues to suffer a complex political and security crisis since 2012. The northern and central regions are facing an increasing number of security incidents affecting the population. More than five million people are affected by the crisis and in need of humanitarian assistance at the national level, including 77 046 IDPs and 140 123 refugees in neighbouring countries such as Niger, Mauritania and Burkina Faso. Three villages in the commune of Mondoro, Douentza district, Mopti Region are experiencing an epidemic of malnutrition following the inter-communal conflict that prevails in the locality.
Mali	Measles	Ungraded	20-Feb-18	01-Jan-19	10-Mar-19	336	125	0	0.00%	In week 9, 2019 (week ending 3 March 2019), 55 suspected measles cases were reported, of which 6 were confirmed. Since the beginning of 2019, 336 suspected measles cases including 125 confirmed cases have been reported.
Mauritania	Crimean-Congo haemorrhagic Fever (CCHF)	Ungraded	12-Feb-19	06-Feb-19	13-Feb-19	1	1	0	0.00%	A 32-year-old male from Nouakchott with onset of symptoms on 6 February 2019 was confirmed by serology testing for Crimean-Congo haemorrhagic fever on 11 February 2019 after the presentation of clinical signs and symptoms indicative of the disease at the National Hospital. He had reportedly slaughtered a sheep ten days prior to symptom onset.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	10-Feb-19	1 444	1 444	4	0.30%	During week 6 (week ending 10 February 2019), four new confirmed cases were reported across the country. From 19 March 2018 to 10 February 2019, a total of 1 444 laboratory-confirmed cases were reported. Of 17 throat swabs analyzed, the genotype D8 was detected in 13 samples. The trend is decreasing since the peak in week 24 of 2018. The most affected districts are Port Louis and Black River.
Mozambique	Polio-myelitis (cVDPV2)	G2	07-Dec-18	07-Dec-18	13-Mar-19	2	2	0	0.00%	No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week. Two genetically-linked circulating vaccine-derived poliovirus type 2 (cVDPV2) isolates were detected, from an acute flaccid paralysis (AFP) case (with an onset of paralysis on 21 October 2018, in a six-year-old girl with no history of vaccination, from Molumbo district, Zambézia province), and a community contact of the case.
Namibia	Hepatitis E	G1	18-Dec-17	08-Sep-17	24-Feb-19	4 669	751	41	0.90%	In weeks 7 and 8 (from 11 - 24 February 2019), 112 suspected cases with zero deaths were reported from nine regions across the country with the majority (50) reported from Khomas Region. This is a slight increase compared to the previous two weeks when a total of 109 suspected cases were reported. Of the cumulative 4 669 cases, 261 (5.6%) are among pregnant or post-partum women. A total of 18 deaths have been reported among maternal cases. Khomas Region remains the most affected region, reporting 68% of HEV cases country-wide, followed by Erongo 21.8%.
Niger	Humanitarian crisis	Protracted 1	01-Feb-15	01-Feb-15	03-Mar-19	-	-	-	-	The country continues to face food insecurity, malnutrition, and health crises due to drought, floods, and epidemics. It is estimated that 2 440 000 people are in need of humanitarian assistance, among them 1 700 000 are in need of nutritional support and 1 600 000 people in need of food assistance. In February 2019, more than 8 000 people were displaced due to threats from armed groups operating between the borders of Mali and Niger near Kongokiré village, Tillabéri region. Food, shelter and protection needs are reported but access to the area is constrained by insecurity.
Niger	Circulating vaccine-derived polio virus type 2 (cVDPV2)	G2	08-Jul-18	08-Jul-18	13-Mar-19	9	9	1	11.10%	No new case of cVDPV2 has been notified in the reporting week. A total of nine cVDPV2 cases were reported in 2018 in Niger, which are genetically linked to a cVDPV2 case in Jigawa and Katsina states, Nigeria.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	10-Mar-19	-	-	-	-	Overcrowding in camps remains a serious challenge characterizing the humanitarian crisis in north-east Nigeria, following the continued population displacement from security-compromised areas. A vaccination campaign was conducted in February to respond to the increased number of cases of measles reported over the recent months.
Nigeria	Lassa fever	G2	24-Mar-15	01-Jan-19	10-Mar-19	487	472	125	25.70%	In Week 10 (week ending 10 March 2019), 52 new confirmed cases including 11 deaths (CFR 21.2%) were reported from eight states across the country with Edo (23 cases) and Ondo (11 cases) states reporting 65% of the total cases. This is a second week of increase in the number of cases following four consecutive weeks of decline. Seventy-three (73) Local Government Areas (LGAs) across 21 states have reported at least one confirmed case in 2019. A total of 2 129 contacts are currently under follow-up across 20 states.
Nigeria	Measles	Ungraded	25-Sep-17	01-Jan-19	24-Feb-19	5 998	414	15	0.30%	In week 8 (week ending 24 February 2019), 1 160 suspected cases including 1 laboratory-confirmed and 2 deaths (CFR 0.19%) were reported from 36 states across the country. Since the beginning of 2019, 5 998 suspected cases with 414 laboratory-confirmed and 15 deaths (CFR 0.3%) have been reported from 36 states and the FCT compared with 2983 suspected cases and 26 deaths (CFR, 0.84%) from 36 States and FCT during the same period in 2018.
Nigeria	Monkey-pox	Ungraded	26-Sep-17	24-Sep-17	30-Jan-19	311	132	7	2.30%	In January 2019, six new suspected cases were reported from six states. Three were confirmed in two states (Rivers - 1 and Bayelsa - 2). Since September 2017, 26 states have reported suspected cases with 17 having reported a confirmed case. Rivers State is the most affected. The South-South region of the country has the highest burden of monkey-pox.
Nigeria	Polio-myelitis (cVDPV2)	Ungraded	01-Jun-18	01-Jan-18	13-Mar-19	35	35	0	0.00%	No cases of circulating vaccine-derived poliovirus type 2 have been reported this week. So far, only one cVDPV2 case has been reported in 2019 in Nigeria. The total number of cVDPV2 cases in 2018 remains 34.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Nigeria	Yellow fever	Ungraded	14-Sep-17	01-Jan-19	17-Feb-19	254	0	0	0.00%	In week 7 (week ending on 17 February 2019), 103 suspected cases were reported including three new presumptive positive cases from Edo and Ondo State. Two new confirmed and one inconclusive case were reported on 15 February 2019 from IP Dakar, these were from samples collected in 2018. Yellow fever outbreak in Edo State has been declared over after a reactive vaccination campaign was carried out in 13 LGA. Reported cases have been decreasing gradually since week 2 in 2019.
São Tomé and Príncipe	Necrotising cellulitis/fasciitis	Protracted 2	10-Jan-17	25-Sep-16	04-Mar-19	3 197	-	0	0.00%	As of week 9, 2019 (week ending 3 March 2019), five new cases were notified from three districts: Agua Grande (1), Me-zochi (4), and Lemba (2). The national attack rate as of week 9, 2019 is 16.2 per 1 000 population.
Sierra Leone	Lassa fever	Ungraded	06-Mar-19	15-Feb-19	14-Mar-19	2	2	2	100.00%	Another case, an 8-year-old male resident of Yorgoima, Dodo chiefdom, Kenema District, who reportedly died on 20 February 2019, has been confirmed for Lassa virus infection. This is the second confirmed case reported from Kenema District, an area known to be endemic for Lassa fever, in 2019. Eight contacts including four healthcare workers were listed and monitored.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	10-Mar-19	-	-	-	-	The humanitarian crisis continues to persist in parts of the country. Around 15 000 South Sudanese have crossed into the DRC fleeing an escalation of violence since 30 January 2019. However, local authorities reported that refugees have returned to the country almost on a daily basis. Reportedly, 50 % of the refugees are still in DRC, but many more are expected to return to South Sudan in the coming weeks
South Sudan	Hepatitis E	Ungraded	-	03-Jan-18	24-Feb-19	177	18	1	0.60%	Four cases have been reported in 2019 with three in week 6 (week ending 10 February 2019) and one case in the previous week.
South Sudan	Measles	Ungraded	24-Nov-18	24-Nov-18	03-Mar-19	542	28	4	0.70%	Measles outbreaks have been confirmed in 5 counties in 2019; Abyei, Juba, Pibor, Gogri West, and Mayom. There are suspected measles outbreaks in Yirol East, Bentiu PoC, Malakal Town, and Bor South.
South Sudan	Rubella	Ungraded	27-Oct-18	27-Oct-18	10-Feb-19	213	52	0	0.00%	In 2019, 213 suspected cases of rubella including zero deaths have been reported from Malakal PoC and Aweil Center.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
South Sudan	Yellow fever	Ungraded	29-Nov-18	18-Nov-18	03-Mar-19	3	3	0	0.00%	No new cases have been reported in the past two months. As of W09 2019 (Feb 25, 2019- Mar 03, 2019), one case has been reported since the beginning of the year. A reactive vaccination campaign will be conducted in Sakure Payam, Nzara County in Gbudue State between 25-29 March 2019 targeting 19 578 individuals aged 9 months to 65 years.
Tanzania, United Republic of	Anthrax	Ungraded	28-Feb-19	18-Feb-19	26-Feb-19	7	3	2	28.60%	Seven human cases and two deaths have been reported from Moshi DC, Kilimanjaro Region since 22 February 2019. All cases had a history of handling or eating meat from animals with symptoms of anthrax. Of the total cases, two samples were confirmed positive for <i>Bacillus anthracis</i> . A cumulative total of 97 contacts were listed for follow up and prophylaxis was provided.
Tanzania, United Republic of	Cholera	Ungraded	07-Feb-19	26-Jan-19	10-Mar-19	100	3	2	2.00%	During week 10 (week ending 10 March 2019), nine new cases with zero deaths were reported from Korogwe District in Tanga Region. This is a slight decline in the number of cases compared to the previous weeks.
Tanzania, United Republic of	Dengue fever	Ungraded	31-Jan-19	01-Aug-18	10-Mar-19	162	27	0	0.00%	Between 1 August 2018 and 10 March 2019, there are 162 cumulative cases and zero deaths. Over the period of seven days (from 28 February to 10 March), 43 cases were reported from Dar es Salaam and Tanga Region.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	28-Feb-19	-	-	-	-	During the month of February 2019, 4 568 new refugees and asylum-seekers were registered from the Democratic Republic of Congo and 4 635 from South Sudan. The influx of refugees has strained Uganda's public services, creating tensions between refugees and host communities. Malnutrition (High SAM and GAM rates) among refugees is of particular concern.
Uganda	Measles	Ungraded	08-Aug-17	01-Jan-19	05-Mar-19	364	201	0	0.00%	Between 1 January to 5 March 2019, 228 suspected cases including 201 confirmed (epidemiologically-linked and laboratory confirmed) cases were reported in multiple districts. No death is reported among confirmed cases. From January to December 2018, a total of 3 652 suspected cases including 892 confirmed (epidemiological-linked and laboratory confirmed) were reported across the country. One death was reported among the confirmed cases. Fifty-three districts in the country have reported measles outbreaks.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Uganda	Plague (pneumonic)	Ungraded	05-Mar-19	27-Feb-19	08-Mar-19	2	0	1	50.00%	On 5 March 2019, WHO was informed of two suspected pneumonic plague cases including one death from Paryma village, Warr sub-county, Zombo district. Cases are linked to three deaths with similar symptoms in Atungkulei village, Mahagi district, Ituri province in the Democratic Republic of Congo. The second case presented on 3 March 2019 with symptoms of fever, headache, bloody vomit, cough and difficulty breathing. She visited Warr HC III on the next day and tested positive for malaria and pneumonic plague by RDT. A blood sample tested negative for VHF at UVRI and was sent to Arua Plague Laboratory for the confirmatory test for plague.
Zambia	Measles (suspected)	Ungraded	03-Mar-19	04-Dec-19	03-Mar-19	93	0	0	0.00%	A total of 93 suspected cases have been reported from Chibali zone, Lavushimanda district in Muchinga Province, Zambia. Of these, 50% are below five years old, 47% between five to 15 years of age, and 3% above 15 years old. All of the suspected cases were reportedly not previously vaccinated against measles. Although clinical signs and symptoms point to measles, it has not been possible to confirm the etiological agent of the disease by laboratory testing as the country did not have measles reagents.
Zimbabwe	Cholera	G2	06-Sep-18	06-Sep-18	23-Feb-19	10 722	312	69	0.60%	The end of this outbreak is anticipated soon as there have been very few sporadic cases reported from Mt. Darwin and Murehwa districts in the past weeks. No new case has been reported from Harare, the epicentre of the outbreak, since 26 December 2018.
Zimbabwe	Typhoid fever	Ungraded	-	01-Oct-17	19-Dec-18	5 159	262	15	0.30%	There has been a resurgence of typhoid fever in Harare, the capital city of Zimbabwe, since mid-September 2018. The increase started in week 37 (week ending 16 September 2018) when 61 suspected cases were reported, compared to 10 cases (which lies within normal range) in week 36. The weekly incidence eventually peaked in week 41 (week ending 14 October 2018), with 130 cases and has since been declining gradually. There were 34 suspected cases reported in week 49 (week ending 9 December 2018).
Closed Events										
Benin	Lassa fever	Ungraded	07-Dec-18	07-Dec-18	24-Feb-19	10	9	0	0.00%	No new case was reported in the past week. There have been nine confirmed cases reported since the start of this outbreak of which, six belong to the same cluster with a history of travel reportedly from Taberu, Kwara State, Nigeria. The last confirmed case was reported on 26 January 2019.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Guinea	Lassa fever	Ungraded	01-Feb-19	01-Feb-19	23-Feb-19	1	1	1	100.00%	No new case of Lassa fever has been reported from Guinea since 1 February 2019 when a 35-year-old deceased male merchant from Kissidougou Prefecture was confirmed for Lassa virus infection. All contacts completed 21 days of follow-up.
Zambia	Cholera	Ungraded	15-Feb-19	27-Jan-19	22-Feb-19	7	6	0	0.00%	As of 22 February 2019, a total of seven cases including six confirmed have been reported from Lusaka district. There has been no new case since the last case was reported on 12 February 2019.

†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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