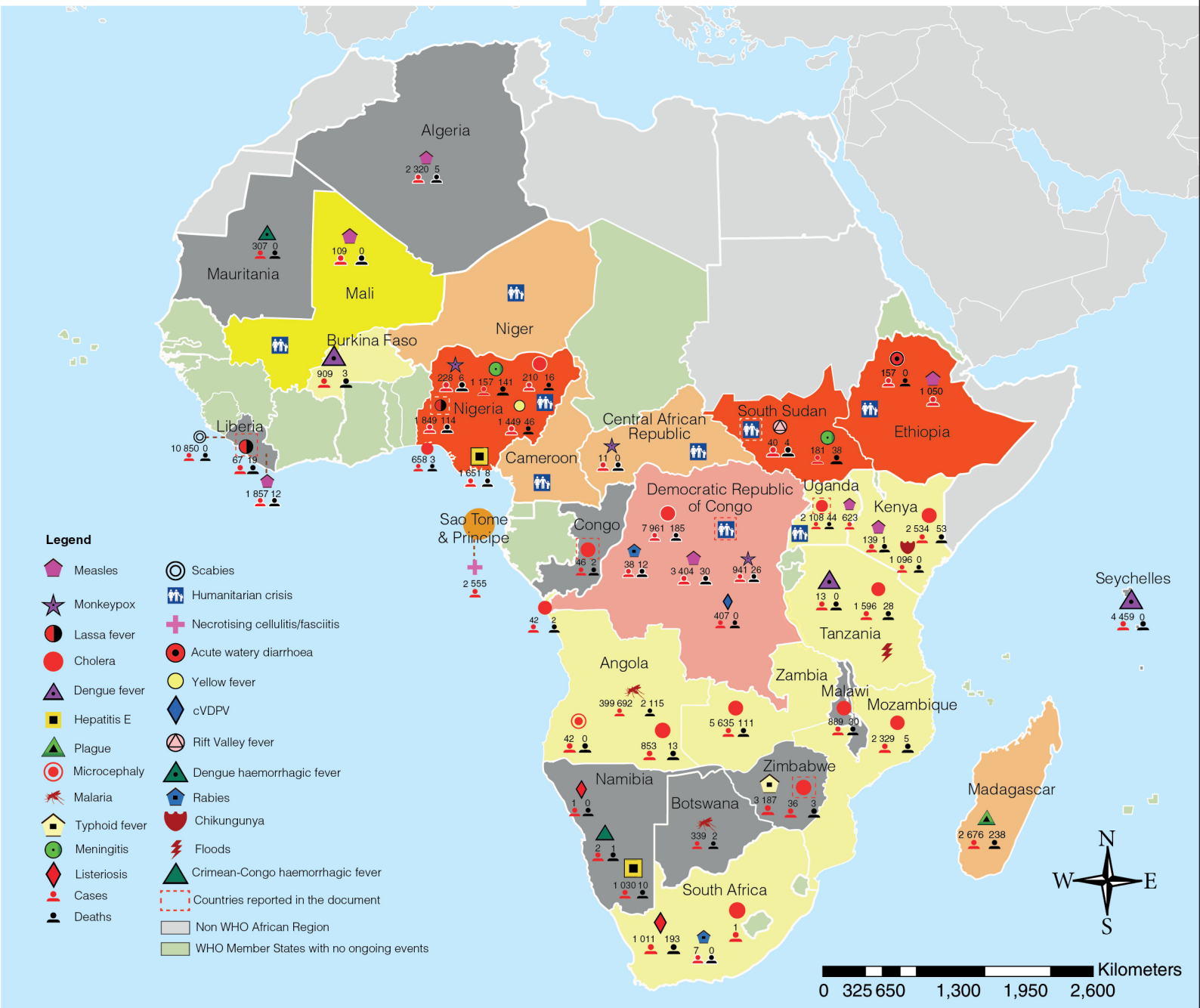
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 16: 14 - 20 April 2018
Data as reported by 17:00; 20 April 2018

World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

3	58	51	10
New events	Ongoing events	Outbreaks	Humanitarian crises



Legend

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

Graded events †

1	6	7	38
Grade 3 event	Grade 2 events	Grade 1 events	Ungraded events
3	**1**	**1**	
Protracted 3 events	Protracted 2 event	Protracted 1 event	

Overview

Contents

- This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 61 events in the region. This week's edition covers key ongoing events, including:

  - Cholera in Congo
  - Cholera in Zimbabwe
  - Lassa fever in Nigeria
  - Humanitarian crisis in South Sudan
  - Humanitarian crisis in the Democratic Republic of the Congo.

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

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

- **Major issues and challenges include:**

  - A new outbreak of cholera has been confirmed in two departments in Congo Republic, along the Congo River at the border with the Democratic Republic of the Congo. This cholera outbreak has the potential to spread further in the country, given the prevailing predisposing factors and the state of epidemic preparedness. This cholera outbreak needs to be controlled swiftly in order to avoid further propagation of the disease in the country.

  - Zimbabwe is again experiencing an outbreak of cholera in the peri-urban districts of Harare, the capital city. The cholera outbreak needs to be controlled promptly to avert the kind of protracted outbreaks experienced in the past.

Summary of Technical Meeting for Emergency Preparedness and Readiness on Listeriosis, 19-21 April 2018, Johannesburg, South Africa

Introduction

WHO and the South African National Department of Health jointly conducted a regional technical meeting on listeriosis from 19-21 April 2018 in Johannesburg, South Africa. The objectives of the meeting were to provide information about listeriosis, facilitate discussions on practical actions and recommendations to promote food safety, and support preparedness and contingency planning to tackle the disease in countries. This meeting was a follow-up of the decision from the Southern African Development Community (SADC) extraordinary ministerial meeting held on 15 March 2018, mandating WHO to provide guidance on preparedness and readiness for listeriosis to countries.

The 3-day technical meeting was attended by 57 participants from 17 countries. The officials who came from the Ministries of Health and WHO Country Offices comprised of the International Health Regulations (IHR) national focal points, health managers, food safety inspectors, public health specialists, environmental health specialists, and regulatory officers.

Key next steps

Member States

- Complete readiness checklist and share with WHO through the respective country offices.
- Develop contingency plans with emphasis on food borne diseases, including listeriosis, and share with WHO and partners.
- Conduct assessments to identify risk of food borne diseases, including listeriosis (if not yet done).
- Continue sharing information on listeriosis and other food borne diseases through IHR, INFOSAN and other mechanisms.
- Build/strengthen food safety interventions and make listeriosis a notifiable disease in the Integrated Disease Surveillance and Response.

WHO

- Provide guidance on case detection, laboratory confirmation and case management of listeriosis.
- Provide technical support to Member States to develop and implement contingency plans for listeriosis prevention, preparedness and response.
- Provide technical support to Member States to conduct risk assessment for listeriosis (as needed).
- Ensure information sharing and cross-border surveillance in collaboration with SADC, Africa CDC and other partners.
- Maintain dialogue at strategic level to promote food safety, including during the Regional Committee meeting.
- Share Listeriosis Regional Strategic Framework for inputs of Member States.

Ongoing events

Cholera	Congo	46 Cases	2 Deaths	4.4% CFR

EVENT DESCRIPTION

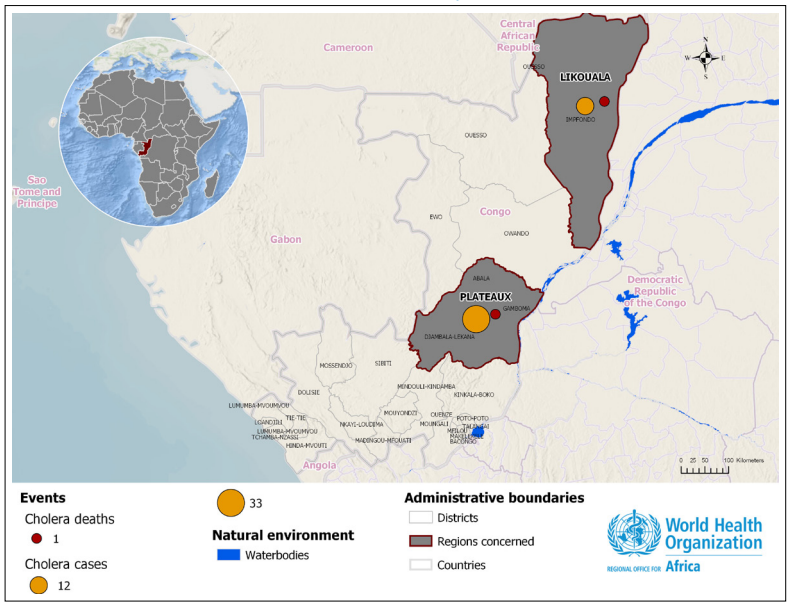
Congo has been experiencing a new outbreak of cholera. On 22 March 2018, the Congo Ministry of Health reported a suspected cholera outbreak in Likouala Department, located in the northern part of the country. The event began on 18 March 2018 when two case-patients from Liranga village in Impfondo District presented to a local health facility with acute watery diarrhoea. Retroactive data review established that three cases of acute watery diarrhoea had been managed in the same health facility in the earlier days.

In a related event, health authorities in Plateau Department reported increasing cases of acute watery diarrhoea in Mpouya District in the central part of Congo. The initial cases of acute watery diarrhoea emerged on 15 March 2018 in Mongolo village, and one death attributed to severe dehydration occurred on 17 March 2018.

As of 19 April 2018, a total of 46 suspected cholera cases, including two deaths (case fatality rate 4.4%) were reported from two departments: Plateaux (34 cases and one death) and Likouala (12 cases and one death).

A total of six stool samples (three from Impfondo and three from Mpouya) were obtained and shipped to the National Public Health Laboratory (LNSP) in Brazzaville (arriving on 28 and 31 March 2018, respectively). The three stool samples from Impfondo had initially tested positive for *Vibrio cholerae* serogroup 01 on rapid diagnostic test (RDT). Laboratory test results released by the LNSP on 3 April 2018 indicated that one of the three samples from Mongolo isolated *V. cholerae* 01 Ogawa serotype. Further, the test showed that the pathogen was resistant to ampicillin, cephalexin, ceftriaxone, tetracycline/doxycycline, trimethoprim/sulfamethoxazole, and nalidixic acid, and only sensitive to kanamycin.

Geographical distribution of cholera cases in Congo, 18 March 2018 – 19 April 2018



PUBLIC HEALTH ACTIONS

- The Ministry of Health has established outbreak coordination structures at the national and sub-national levels to harmonize cholera control interventions.
- National rapid response teams have been deployed to Likouala and Plateaux departments to conduct outbreak investigations and support local response. Preliminary outbreak investigations were conducted from 1-3 April 2018.
- Active epidemiological surveillance is being enhanced in the affected departments as well as nationally, including strengthening diagnostic capacity at the LNSP, being supported by WHO. Copies of cholera standard case definition and reporting forms are being reproduced for dissemination to health facilities to improve case detection and immediate notification of cases.
- Medicines and supplies, including antibiotics, ringers lactate, oral rehydration salts (ORS), gloves, disinfectants, etc. have been provided for case management.
- Information, education and communication materials on cholera, namely posters and leaflets, are being reproduced for wide dissemination to the relevant departments.
- The National Armed Forces Medical Services have provided a tent and beds to set up a cholera treatment unit in Mongolo.

SITUATION INTERPRETATION

A fresh cholera outbreak has been confirmed in two departments of Congo, along Congo River at the border with the Democratic Republic of the Congo. Initial investigation indicates that the initial cases travelled from the Democratic Republic of the Congo. While the national authorities and partners have mounted a response to this outbreak, the interventions need to be particularly robust in order to contain the event as it starts. Critical interventions include strengthening epidemiological surveillance and laboratory diagnostic capacity, enhanced health promotion and community engagement, and improved coordination of response interventions. Provision of adequate resources, including human, financial and logistical, is paramount at this stage. Lastly, cross-border collaboration, at the technical and political levels, is essential.

In addition, the result of the antibiotic susceptibility pattern released by the LNSP, indicating multi-drug resistance, is worrying and calls for further analysis of the strain of *V. cholerae* isolated in Mpouya, including advance genomic assay.

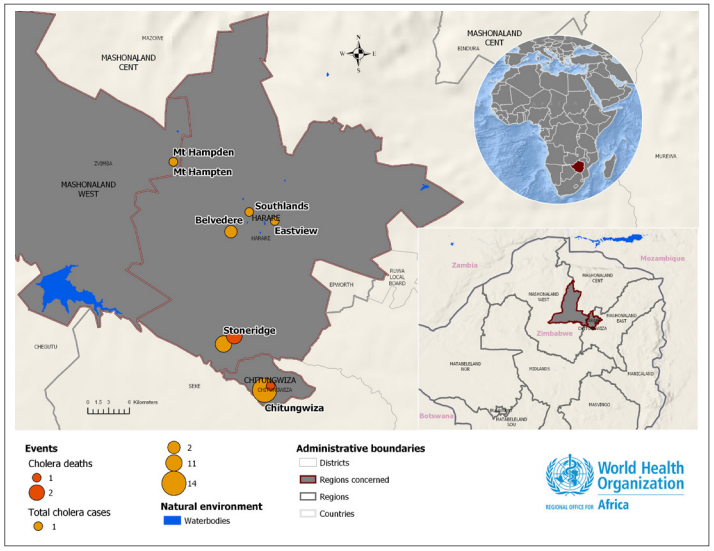
EVENT DESCRIPTION

The fresh outbreak of cholera in the suburbs of Harare, the capital city of Zimbabwe, continues. Since our last report on 13 April 2018 *(Weekly Bulletin 15)*, 28 new suspected cholera cases and one death (case fatality rate 3.6%) have been reported. After attaining a peak of nine cases on 13 April 2018, the disease trend has gradually declined in the last days. Six new suspected cholera cases were reported on 20 April 2018 and only two patients were admitted at the cholera treatment centre (CTC) by then.

Since the beginning of the outbreak on 23 March 2018, a total of 36 suspected/ confirmed cases with three deaths (case fatality rate 8.3%) have been reported, as of 20 April 2019. Of these, 14 cases have been confirmed, two cases classified as probable and 20 cases remained suspected. The outbreak that started in the peri-urban suburb of Stoneridge (registering 12 cases and 2 deaths) eventually spread to other areas, namely Chitungwiza city (19 cases and 1 death), Belvedere (2 cases), Mount Hampden (1 case), Southlands (1 case), and Eastview (1 case).

WHO was formally notified of the cholera outbreak in Harare on 7 April 2018 (by the Ministry of Health) following the death of the index case on 5 April 2018 and subsequent confirmation of *Vibrio cholerae* serotype Ogawa as the causative agent on 6 April 2018.

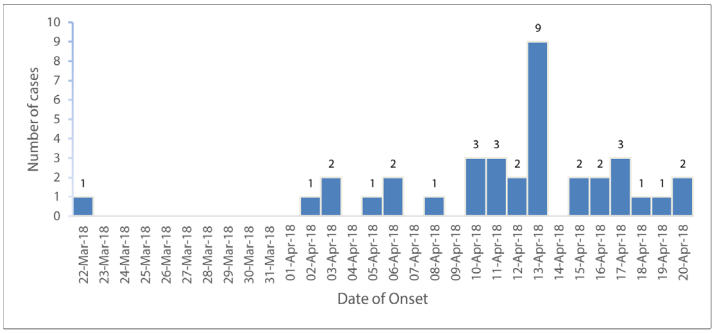
Geographical distribution of cholera cases in Zimbabwe, 22 March - 20 April 2018



PUBLIC HEALTH ACTIONS

- The Ministry of Health and Child Care, Harare City local authorities and partners (including Oxfam, Médecins Sans Frontières (MSF), UNICEF, WHO, etc.) are responding to the cholera outbreak through the Inter Agency Coordination Committee on Health (IACCH).
- On 6 April 2018, the Minister of Health and Child Care and other senior health officials visited the affected communities to assess the situation on the ground and provide support.
- Active surveillance is ongoing in the health facilities and communities, including tracing for persons who attended funerals of the deceased. All suspected cases had samples taken for laboratory testing. Line lists of cases and deaths are being updated daily. Healthcare workers have been sensitized to enhance early detection of cholera cases at the health facilities.
- Social mobilization is taking place and information, education and communication (IEC) materials are being distributed, as well as door to door visits, education campaigns and road shows.

Epidemic curve for cholera outbreak in Harare, Zimbabwe, 22 March – 20 April 2018



- Water, sanitation and hygiene (WASH) interventions are taking ongoing. Oxfam is supporting distribution of water purification tablets (Aquatab) in the community. To date, 12 000 non-food items (NFI) like buckets with taps and detergent have been distributed to affected communities by UNICEF, Oxfam, and Harare City local authorities.
- A CTC has been set up close to Stoneridge with the help of MSF, where water is also being provided via water trucking with the help of Oxfam and UNICEF.

SITUATION INTERPRETATION

The cholera outbreak in the peri-urban suburbs of Harare, the capital city of Zimbabwe, continues to evolve. While the trend has been declining in recent days, the outbreak requires close monitoring, proactive preparedness and effective response for ultimate containment. Zimbabwe has had several resurgences of cholera in the recent past, with the last event in Chegutu Municipality in Mashonland West Province and Waterfalls area of Harare city declared over on 23 March 2018.

The current outbreak is affecting the largest metropolitan area of Zimbabwe, with a population of 2.8 million. The outbreak started from Stoneridge, one of the many unplanned settlements near Harare, with no piped water and proper sewerage system. Lack of safe water supply and sanitation infrastructure in the area could lead to further propagation of the disease to surrounding areas.

The neighbouring countries, Malawi, Mozambique and Zambia, are also experiencing cholera outbreaks; therefore, significant efforts are required to bring cholera in the sub-region under control.

EVENT DESCRIPTION

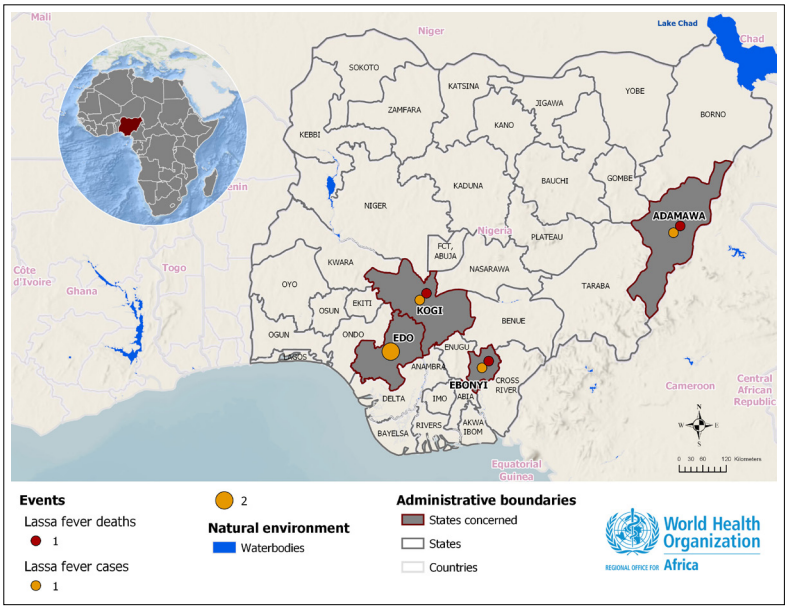
The Lassa fever outbreak in Nigeria continues though it appears to have stabilized. In week 15 (week ending 15 April 2018), five new confirmed cases and three new deaths were reported, compared to eight cases and three deaths reported in week 14. The new confirmed cases came from four states: Edo (2 cases), Adamawa (1 case and 1 death), Ebonyi (1 case and 1 death), and Kogi (1 case and 1 death). Eight cases are currently being managed in treatment centres across three states: Edo (4), Ebonyi (3) and Plateau (1).

From 1 January 2018 to 15 April 2018, a total of 1 849 suspected Lassa fever cases have been reported. Of these, 413 cases are confirmed, nine probable and 1 422 non-cases. Laboratory results of five cases are pending. Since the start of the 2018 outbreak, there have been 105 deaths in confirmed cases and nine among the probable cases, giving a case fatality rate of 27% in the confirmed and probable group. Twenty-one states have reported at least one confirmed case across 70 local government areas (LGAs); 10 states have exited the active phase of the outbreak, while 11 remain active. The majority (81%) of confirmed cases are from Edo (42%), Ondo (23%) and Ebonyi (16%) states.

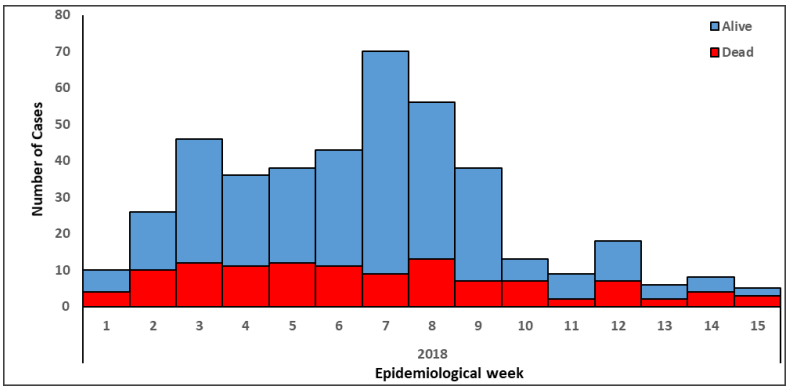
Twenty-seven healthcare workers have been affected since the start of the outbreak in seven states: Ebonyi (16), Nasarawa (1), Kogi (2), Benue (1), Ondo (3), Edo (3) and Abia (1), with six deaths in Ebonyi (4), Kogi (1) and Abia (1).

A total of 4 762 contacts have been identified from 21 states since 1 January 2018. Of these, 603 (12.8%) are currently being followed up, 4 152 (87%) have completed 21 days of follow up and seven (0.2%) were lost to follow up. Seventy-eight symptomatic contacts have been identified, of whom 28 (36%) have tested positive from five states (Edo (13), Ondo (8), Ebonyi (3), Kogi (3), and Bauchi (1)).

Geographical distribution of Lassa fever cases in Nigeria, 1 January - 15 April 2018



Epidemiological curve of Lassa fever cases in Nigeria, week 1 - week 15, 2018



PUBLIC HEALTH ACTIONS

- The National Lassa fever multi-partner, multi-agency Emergency Operations Centre (EOC) continues to support response activities at all levels. The EOC participates in the weekly Global Outbreak and Response Network (GOARN) teleconference, during which all stakeholders are briefed.
- Designated treatment/isolation centres continue to manage cases across the country. Mapping of case management capacity is completed and the referral directory has been finalized. Rapid assessment of safe burial teams across affected states is ongoing.
- Training in infection prevention and control (IPC) for healthcare workers and affected communities in Irrua, Edo State and Federal Teaching Hospital, Abakaliki, Ebonyi State is ongoing. Daily IPC assessment has been instituted in affected states.
- Enhanced surveillance is being conducted across the country, with case investigation form received froms the states uploaded into the SORMAS central database. The line lists are being analysed to inform new deployment to high burden states. The standard operating procedure for active case search is being disseminated.
- Harmonization of laboratory and surveillance data is ongoing.
- The National Risk Communication plan has been finalized and sensitization and community engagement continues in Taraba.

SITUATION INTERPRETATION

Although the general trend of the Lassa fever outbreak is encouraging, the peak transmission season is not yet over, so authorities need to remain vigilant. Challenges remain around inadequate funding for logistics and contact tracing in some states, delay in submission of updated line lists and case investigation forms, and inconsistent case management updates from treatment centres. These, along with poor environmental conditions in high burden communities and competing demands on health authorities from multiple outbreaks and activities in some states, can potentially negatively affect the continued response to this outbreak. These challenges need to be addressed urgently.

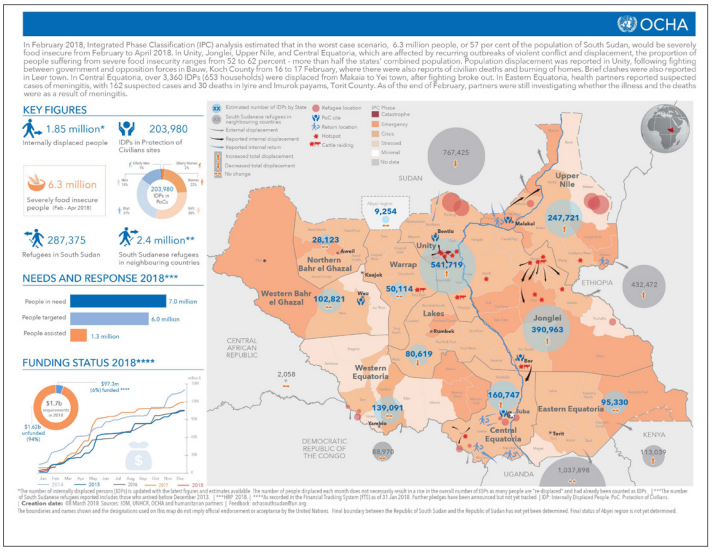
EVENT DESCRIPTION

The volatile security situation in South Sudan continues, with multiple incidents of intercommunal fighting, cattle raids and revenge killings in various locations. During the reporting period, the security situation has been tense along the border between Unity State and Gogrial East and Tonj North counties due to cattle raiding. Tension was also high in Toch (swampy) areas of Gogrial East and Tonj North counties following movement of armed youth groups from former Unity State towards the borders. In addition, the country is experiencing a severe economic crisis and high inflation, making cost of living as well as health emergency operations quite expensive.

During week 14 (week ending 8 April 2018), bloody diarrhoea was the most frequently reported infectious hazard. Among internally displaced people, acute respiratory infections and malaria accounted for 26.2% and 13% of all consultations, respectively. The malaria trend for week 14 of 2018 is lower than that of 2016 and 2017. A total of 516 254 cases and 73 deaths have been reported since week 1 of 2018. However, in relatively stable states, malaria is the top cause of morbidity, accounting for 32.3% of consultations in week 14, a 27% increase from week 13.

The suspected meningitis outbreak continues to decline, with no new cases reported. The weekly attack rate in Torit has remained below the alert threshold since week 11 of 2018. In Yieth-Lieth, Kuach South payam, Gogrial West County, no new suspected cases were reported. Overall, 173 suspected cases and 31 deaths (case fatality rate 17.9%) were reported since the start of 2018.

Humanitarian crisis in South Sudan as of February 2018



No new measles cases were reported in Aweil East and Aweil Centre (that had active epidemic) during the reporting week. Since the start of 2018, at least 142 suspected measles cases including one death (case fatality rate 0.8%) were reported from Aweil East, Aweil Centre and Cueibet. There were no new cases of Rift Valley fever reported in week 14.

PUBLIC HEALTH ACTIONS

- In line with the recommendations of the Joint External Evaluation, the South Sudan Ministry of Health is developing a Health Promotion Strategic Plan and a Risk Communication Operational Plan, with support from WHO.
- The second round of National Immunization Days, targeting 3.4 million children under five with vitamin A and albendazole, started on 10 April 2018 and is ongoing in all states. So far more than one million children have been vaccinated.
- The WHO Country Office conducted first aid training from 13-14 April 2018 to equip nine wardens with the skill needed to increase their capacity to respond to emergency situations.
- WHO is intensifying cholera prevention, preparedness and response efforts to mitigate the risk of outbreaks in hotspots as the rainy season starts. Planned interventions include oral cholera vaccination (OVC); water, sanitation and hygiene (WASH) and health promotion. An additional 113 800 doses of OCV requested from the Global Task Force on Cholera Control (GTFCC) were received to complete scheduled campaigns. A consultant has been deployed by GTFCC to finalize the cholera prevention, preparedness and response plan for South Sudan, with support from GAVI.
- WHO provided technical support to the State Ministry of Health in Eastern Equatoria to train 22 participants in cholera rapid response on 11-14 April 2018. WHO also supported training vaccination teams for meningitis vaccination in Renk, Upper Manyo, Lower Manyo and Kock counties, in preparation for the MenAfrivac campaign slated for week 14.
- WHO facilitated training in Nutrition in Emergency organized by the Nutrition Cluster in collaboration with the Ministry of Health and partners, highlighting WHO's current focus on improved inpatient management of medical complications of severe acute malnutrition, through capacity building, distribution of medical supplies and surveillance.

SITUATION INTERPRETATION

Continued insecurity and increasing crime targeting humanitarian workers continues to hamper provision of humanitarian aid to vulnerable populations. In spite of this, the national health authorities along with WHO and partners continue to provide health and WASH interventions, including targeted vaccination campaigns against cholera and meningitis. However, these interventions are being hampered by inadequate funding. National and international authorities need to act urgently to increase funding and enhance political initiatives to reduce the insecurity in the region.

EVENT DESCRIPTION

The security situation in the Democratic Republic of the Congo remains fragile in several provinces, particularly in Ituri, North Kivu, South Kivu, and Maniema. Intercommunal armed violence continued in South Kivu, North Kivu and Tanganyika, including attacks on humanitarian aid workers, causing fresh population movement in the areas. In Fizi, South Kivu, seven aid workers returning from food distribution activities in Kananda were involved in attacks on civilians in Malinde.

Despite some incidents of violence in Kasaï and Kasaï Central, the region is experiencing a relative calm and people are beginning to return to their homes.

The country continues to experience multiple disease outbreaks, including cholera, measles, monkeypox, etc. The weekly incidence of cholera has continued to decline steadily. In week 12 (week ending 25 March 2018), a total of 497 suspected cholera cases, including 10 deaths (case fatality rate 2.0%), were reported compared to 546 cases and 18 deaths (case fatality rate 3.3%) reported in week 11. From the beginning of 2017 to the week 12 of 2018, a total of 62 815 suspected cholera cases and 1 357 deaths (case fatality rate 2.2%) have been reported.

Humanitarian crisis in Democratic Repliblic of the Congo as of February 2018

The incidence of measles has slightly increased during the reporting week. In week 12, a total of 874 suspected measles cases and eight deaths (case fatality rate 0.9%) were reported compared to 677 cases with six deaths (case fatality rate 0.8%) reported in week 11. Collectively, about 90% of the suspected measles cases came from four provinces, namely Tshopo (413), Maniema (194), South Kivu (94), and Upper Katanga (86) reported. The cumulative number of suspected measles cases reported between week 1 and week 12 of 2018 is 6 013 cases including 56 deaths (case fatality rate 0.9%).

From 1 January to 30 March 2018, a total of 407 cases of acute flaccid paralysis (AFP) were reported from 202 out of 516 health zones in the country. Of these, three cases tested positive for circulating vaccine-derived poliovirus type 2 (cVDPV2): two from Haut-Lomami and one from Tanganyika. In 2017, 22 cases of cVDPV2 had been confirmed.

During week 13 (week ending 1 April 2018), there were 93 suspected cases of monkey pox, 37 suspected cases of pertussis, 22 cases of acute flaccid paralysis, 10 suspected cases of neonatal tetanus, 10 suspected yellow fever cases, and three suspected rabies cases. The suspected rabies came from North Kivu (1), Kasaï Oriental (1) and Lualaba (1) provinces.

PUBLIC HEALTH ACTIONS

- On 6 April 2018, the Ministry of Health convened a cholera National Coordinating Committee (CNC) meeting to review ongoing control interventions. Additionally, the CNC sub-committee for cholera vaccination held a meeting on 2 April 2018 in preparation for oral cholera vaccination campaign in Yumbi.
- Cross-border collaboration meetings continue between the Democratic Republic of the Congo, Congo Republic, Burundi, and Uganda to discuss cross-border approaches to responding to the ongoing cholera outbreaks in the region.
- The WHO Human Resources Plan was updated, following the end of the deployment of current staff, with GOARN, WHO African Region, WHO Headquarters and Standby partners asked to deploy 10 epidemiologists as field coordinators or information management officers, a specialist in case management and infection prevention and control, three logisticians and a water, sanitation and hygiene (WASH) expert.
- There is continued WHO support for the investigation of cholera cases in Kinshasa and the new outbreaks along the Congo River and Mbuji-Mayi.
- Training of rapid response teams continues with the Kinshasa team trained from 7-10 April 2018.

SITUATION INTERPRETATION

The unrelenting security situation in the Democratic Republic of the Congo continues to fuel the complex humanitarian crisis. Currently, there is no accurate new information available on the numbers of displaced people and their humanitarian needs, as a consequence of the continued violence around the country. The lack of information and data for planning affects effective provision of aid interventions as well as mobilization of resources. While efforts are ongoing to mobilize funding at the global level, there is a need to enhance capacities for local mobilization of resources for financing emergency operations.

The multiple ongoing disease outbreaks still require more efforts to bring them under control. Of particular attention is the need to prevent resurgence of the cholera outbreak in Kinshasa and along the Congo River.

Summary of major issues challenges, and proposed actions

Issues and challenges

- A new cholera outbreak is ongoing in two departments in Congo, along the Congo River at the border with the Democratic Republic of the Congo. The initial cholera cases in this event reportedly came from the Democratic Republic of the Congo. While the national authorities and partners are responding to this outbreak, the interventions need to be strengthened in order to contain the event at its early stage. This cholera outbreak has the potential to spread further in the country if not responded to proportionately, given the prevailing predisposing factors and the state of epidemic preparedness.
- Zimbabwe is again experiencing an outbreak of cholera in the peri-urban districts of Harare, the capital city. The densely populated metropolitan areas of Harare, with an estimated 2.8 million people, are characterized by mushrooming unplanned settlements, lack of pipe water and limited sanitation infrastructure. These conditions are favourable for rapid transmission of cholera and other water-borne diseases. The current cholera event should be controlled promptly to avert the kind of protracted outbreaks experienced in the past. The response to the recurring outbreaks of water-borne diseases in Zimbabwe, and Harare in particular, require a blend of short-term outbreak control interventions and medium- to long-term developmental approach, aimed to provide potable water and adequate sanitation.

Proposed actions

- The national authorities and partners in Congo need to scale up the response to this outbreak. Critical interventions include strengthening epidemiological surveillance and laboratory diagnostic capacity, enhanced health promotion and community engagement, and improved coordination of response interventions. Provision of adequate resources, including human, financial and logistical, is paramount at this stage. Preparedness and readiness activities should be implemented in all parts of the country. Lastly, cross-border collaboration, at the technical and political levels, is essential.
- The national authorities and partners in Zimbabwe need to increase investments to restore basic social services and infrastructure in Harare city.

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										
Botswana	Malaria	Ungraded	20-Apr-18	1-Jan-18	15-Apr-18	339	339	2	0.6%	In 2018, from epidemiological week (epi week) 1 up to epi week 15, there were 339 malaria confirmed cases and 2 deaths. The transmission peak is observed in epi week 14 which is the traditional peak each year. Malaria normally occurs seasonally in Botswana. It occurs during the rainy season of October to May.
South Africa	Rabies	Ungraded	-	1-Jan-18	17-Apr-18	7	6	0	0.0%	From January 2018 to date, a total of six human cases of rabies have been laboratory confirmed. Cases were reported from KwaZulu-Natal Province (4) where a resurgence of rabies has been reported. The remaining cases were reported from the Eastern Cape Province. For all of the cases, exposures to either rabid domestic dogs or cats were reported. Another probable case of rabies was reported from the Eastern Cape, but a sample for laboratory investigation for rabies was not available. The case did however present with a clinical disease compatible with a diagnosis of rabies and had a history of exposure to a potentially rabid dog before falling ill. During 2017, a total of six cases were reported for the year
Tanzania	Floods	Ungraded	18-Apr-18	15-Apr-18	17-Apr-18	-	-	-	-	Heavy rains and poor drainage systems have led to intense flooding in Dar es Salaam affecting the districts of Ilala, Kinondoni, Temeke, Kigamboni. As of 17 April 2018, 15 have died and another 10 have been injured. Response teams are mobilizing.
Ongoing events										
Algeria	Measles	Ungraded	13-Mar-18	25-Jan-18	11-Mar-18	2 320	-	5	0.2%	A total of 2 320 cases including 5 deaths have been reported from 13 wilayas: El Oued, Ouargla, Illizi, Tamanrasset, Biskra, Tebessa, Relizane, Tiaret, Constantine,Tissemsilt, Medea, Alger, and El-Bayadh.
Angola	Cholera	G1	2-Jan-18	21-Dec-17	8-Apr-18	853	5	13	1.5%	On 21 December 2018, two suspected cholera cases were reported from Uíge district, Uíge province. Both of these cases had a history of travel to Kimpangu (DRC). Cases are being reported from two districts of Uíge province (Uíge the seat of the provinces and the rural district of Son-go). A reduction of cases of cholera has been observed, from 22 cases of cholera in epi week 13, to 12 in epi week 14.

Angola (Cabinda province)	Cholera	Ungraded	8-Mar-18	18-Feb-18	25-Mar-18	42	-	2	4.8%	This outbreak began during week 7 of 2018. During week 12, Cabinda reported 7 cases and 0 deaths. The cases are restricted to five neighborhoods in poor suburban areas.
Angola	Malaria	Ungraded	20-Nov-17	1-Jan-17	30-Sep-17	399 692	-	2 115	0.5%	The outbreak has been ongoing since the beginning of 2017. In the province of Benguela, a total of 244 381 malaria cases were reported from January to September 2017 as compared to 311 661 reported in all of 2016. In the province of Huambo, 155 311 malaria cases were reported from January to September 2017, as compared to 82 138 cases during the same period in 2016. Epidemiological investigations are ongoing in these two contiguous provinces.
Angola	Microcephaly - suspected Zika virus disease	Ungraded	10-Oct-17	End September	29-Nov-17	42	-	-	-	A cluster of microcephaly cases was detected in Luanda in late September 2017 and reported on 10 October 2017 by the provincial surveillance system. Of the 42 cases, three were stillbirths and 39 were live births. Suspected cases have been reported from Luanda province (39), Zaire province (1), Moxico province (1), and Benguela province (1).
Burkina Faso	Dengue haemorrhagic fever	G1	4-Oct-17	31-Dec-17	25-Mar-18	909	-	3	0.3%	From week 1 to week 52 of 2017, 15 096 cases and 30 deaths were reported. The trend in the number of cases has decreased since week 44 of 2017. From week 1 to week 12 of 2018, a total of 909 suspected cases and 3 deaths were reported in the country. In the central region, 19 suspected cases (of which 9 are probable) and 0 deaths are reported. Dengue virus serotypes 1, 2, and 3 are circulating.
Cameroon	Humanitarian crisis	G2	31-Dec-13	27-Jun-17	3-Nov-17	-	-	-	-	At the beginning of November 2017, the general security situation in the Far North Region worsened. Terrorist attacks and suicide bombings have continued and are causing displacement. Almost 10% of the population of Cameroon, particularly in the Far North, North, Adamaoua, and East Regions, is in need of humanitarian assistance as a result of the insecurity. To date, more than 58 838 refugees from Nigeria are present in Minawao Camp, and more than 21 000 other refugees have been identified outside of the camp. In addition, approximately 238 000 internally displaced people (IDPs) have been registered.

Central African Republic	Humanitarian crisis	G2	11-Dec-13	11-Dec-13	11-Apr-18	-	-	-	-	The security situation remains tense and precarious in many places across the country. The joint operation by the Internal Security Forces (ISF) of the Central African Armed Forces (FACA) supported by MINUSCA against a self-defense group is causing several deaths and injuries in the Muslim neighborhood of PK5. Further clashes between armed groups and MINUSCA forces in Tagbara village (70 km north of Bambari on the Ippy axis) resulted in several deaths including women and children and internally displaced persons. Public health actions to control monkey pox epidemic in the Ippy sub-prefecture are ongoing. 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 688 700 IDPs across the country, of which 70% are living with host families.
Central African Republic	Monkeypox	Ungraded	20-Mar-18	2-Mar-18	11-Apr-18	11	6	0	0.0%	The outbreak was officially declared on 17 March 2018 in the sub province of Ippy. In this reporting period, 2 new suspected cases have been reported from Bangassou. As of 11 April 2018 eleven cases including six confirmed cases have been reported from Bambari district (9) and Bangassou (2).
Congo (Republic of)	Cholera	Ungraded	21-Mar-18	n/a	10-Apr-18	45	3	2	4.4%	Detailed update in this bulletin.
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	1-Apr-18	-	-	-	-	Detailed update in this bulletin.
Democratic Republic of the Congo	Cholera		16-Jan-15	1-Jan-18	24-Mar-18	7 961	0	185	2.3%	This is part of an ongoing outbreak. From week 1 to 12 of 2018, a total of 7 961 cases including 185 deaths (CFR: 2.3%) were reported from DRC. In week 12, there were 497 new cases with 10 deaths reported. Nationwide, a total of 60 492 cases including 1 288 deaths (CFR; 2.1%) have been reported since January 2017.
Democratic Republic of the Congo	Measles		10-Jan-17	1-Jan-18	4-Mar-18	3 404	-	30	0.9%	This outbreak is ongoing since the beginning of 2017. As of week 8 in 2018, a total of 48 326 cases including 563 deaths (CFR 1.2%) have been reported since the start of the outbreak. In 2018 only, 3 404 cases including 30 deaths (CFR 0.9%), were reported.
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Ungraded	15-Feb-18	n/a	30-Mar-18	407	22	0	0.0%	On 13 February 2018, the Ministry of Health declared a public health emergency regarding 21 cases of vaccine-derived polio virus type 2. Three provinces have been affected, namely Haut-Lomami (8 cases), Maniema (2 cases) and Tanganyika (11 cases). The outbreak has been ongoing since February 2017.

Democratic Republic of Congo	Rabies	Ungraded	19-Feb-18	1-Jan-18	1-Apr-18	38	0	12	31.6%	This outbreak began towards the end of October 2017 in Kibua health district, North Kivu province. During Week 12 of 2018, seven new cases and two deaths were reported.
Democratic Republic of Congo	Monkeypox	Ungraded	n/a	1-Jan-18	8-Apr-18	941	34	26	2.8%	From weeks 1-13 of 2018 there have been 941 suspected cases of monkeypox including 26 deaths. Of the suspected cases, 34 have been confirmed. Suspected cases have been detected in 14 provinces. Sankuru Province has had an exceptionally high number of suspected cases this year (309 cases).
Ethiopia	Humanitarian crisis	Protracted 3 (combined)	15-Nov-15	n/a	8-Apr-18	-	-	-	-	The complex humanitarian crisis in Ethiopia continues into 2018. As of 8 April 2018, there were 1.74 million internally displaced people (IDP), of which 1.2 million are conficlit induced IDPs. The vast majoirty of IDPs are in Somali and Oromia regions. Almost 16% of the IDPs have no access to essential PHC services and another 30% have difficult access to health care. Only 37% of conflict-associated IDPs have access to free medicines. Approximately 23 000 conflict-associated IDPs have been resettled around 11 town administrations. While the security situation remains tense along the Oromia/Somali border, there has been a slight ipmrovement in Hudet, Moyale, Bale, and Borena allowing for transportation of supplies.
Ethiopia	Acute watery diarrhoea (AWD)		15-Nov-15	1-Jan-18	8-Apr-18	157	-	0	0.0%	This is an ongoing outbreak since the beginning of 2017. From 1 January 2018 to 10 April 2018, a total of 157 cases have been reported from three regions, Somali, Tigray and Dire Dawa regions with no deaths reported. In week 14, 4 cases were reported, and a reduction from 13 new cases in week 13. Between January and December 2017, a cumulative total of 48 814 cases and 880 deaths (CFR 1.8%) have been reported from 9 regions.
Ethiopia	Measles		14-Jan-17	1-Jan-18	8-Apr-18	1 050	399	-	-	This is an ongoing outbreak since the beginning of 2017. Between January and December 2017, a cumulative total of 4 011 suspected measles cases have been reported across the country. In 2018 only, a total of 1 050 suspected cases including 399 confirmed cases, have been reported from 5 regions (Addis Ababa, Amhara, Oromia, SNNPR, and Somali).
Kenya	Chikungunya	Ungraded	mid-December 2017	mid-December 2017	15-Apr-18	1 096	36	0	0.0%	As of 15 April 2018, a total of 950 cases including 32 confirmed, were reported from Mombasa county and 146 cases including 4 confirmed cases have been reported from Lamu county.

Kenya	Cholera	G1	6-Mar-17	1-Jan-18	15-Apr-18	2 534	121	53	2.1%	The outbreak in Kenya is ongoing since 2017. Between 1 January 2017 and 07 December 2017, a cumulative total of 4 079 cases were reported from 21 counties (data until 31 December 2017 not available). In 2018, a total of 2 534 cases have been reported since the 1 January 2018. Currently, the outbreak is active in 6 counties: Garissa, Meru, Turkana, West Pokot, Nairobi and Isiolo counties. The outbreak has been controlled in 9 counties: Kirinyaga, Busia, Mombasa, Tharaka-Nithi, Siaya, Murang'a, Tana River, Trans-Nzoia and Nakuru.
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	15-Apr-18	139	11	1	0.7%	The outbreak is located in two counties, namely Wajir and Mandera Counties. As of 15 April 2018, Wajir County has reported 39 cases with 7 confirmed cases, Mandera has reported 100 cases with 4 confirmed cases and one death.
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-18	25-Mar-18	1 857	180	12	0.6%	From week 1 to week 48 of 2017, 1 607 cases were reported from 15 counties, including 225 laboratory confirmed, 336 clinically compatible and 199 epi-linked. From week 1 to week 12 of 2018, 1 857 cases have been reported including 12 deaths. Cases are epidemiologically classified as follows: 180 laboratory confirmed, 916 epi-linked, 338 clinically compatible, 154 discarded, and 269 pending.
Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-18	8-Apr-18	67	9	19	28.4%	From 1 January to 24 November 2017, a total of 70 suspected Lassa fever cases including 21 deaths (CFR: 30%) were reported from nine counties in Liberia. From 1 January to 8 April 2018, 67 suspected cases have been reported including 9 confirmed cases and 19 deaths.
Liberia	Scabies	Ungraded	11-Jan-18	11-Dec-17	18-Jan-18	10 850	17	0	0.0%	A total of 10 850 cases have been reported from five counties: Montserrado (9 647), Grand Bassa (687), Rivercess (315), Margibi (185), and Bong (16). All 17 confirmed cases have been reported from Montserrado county.
Madagascar	Plague	G2	13-Sep-17	13-Sep-17	8-Apr-18	2 676	558	238	8.9%	From 1 August 2017 to 8 April 2018, a total of 2 676 cases of plague were notified, including 558 confirmed, 829 probable and 1 289 suspected cases. Out of them 2 032 cases were of pulmonary, 437 were of bubonic, 1 was of septicaemic form and 206 cases unspecified.
Malawi	Cholera	Ungraded	28-Nov-17	20-Nov-17	8-Apr-18	889	195	30	3.4%	The number of cholera cases reported in week 14 (2-8 April 2018) is lower than the previous week's cases. There were 15 cases and 3 deaths during week 14, verses 30 cases and 1 death during week 13. All new cases and deaths were reported from Lilongwe district.

Mali	Humanitarian crisis	Protracted 1	n/a	n/a	19-Nov-17	-	-	-	-	The security situation remains volatile in the north and centre of the country. At the last update, incidents of violence had been perpetrated against civilians, humanitarian workers, and political-administrative authorities.
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	11-Feb-18	109	49	0	0.0%	A total of five health districts have reached the epidemic threshold (Ansongo, Bandiagara, Douentza, Kadiolo, and Yanfolila). Forty-nine samples were confirmed positive by serology (IgM) at the national reference laboratory INRSP.
Mauritania	Dengue haemorrhagic fever	Ungraded	30-Nov-17	6-Dec-17	22-Feb-18	307	165	-	-	In November 2017, the MoH notified 3 cases of dengue fever including one hemorragic case (Dengue virus type 2) with a history of Dengue virus type 1 infection in 2016. As of 10 February 2018, the national reference laboratory confirmed the diagnosis of 165 out of 307 RDT positive samples. Dengue type 1 and type 2 are circulating in the country with a higher proportion of subtype 2 (104/165).
Mozambique	Cholera	G1	27-Oct-17	12-Aug-17	8-Apr-18	2 329	-	5	0.2%	The cholera outbreak is ongoing. From mid-August 2017 through 8 April 2018, cases have been reported from two provinces; Nampula (1 646 cases and 2 deaths) and Cabo Delgado (683 cases and 3 deaths) provinces. This outbreak started in mid-August 2017 from Memba district, Nampula Province and Cabo Delgado Province started reporting cases from week 1 of 2018. No cases have been reported from Erati and Nacrpoua districts since the beginning of the year.
Namibia	Crimean-Congo haemorrhagic fever	Ungraded	29-Mar-18	28-Mar-18	13-Apr-18	2	1	1	50.0%	A male subject from Keetmanshoop District became ill on 22 March 2018 after contact with a tick-infested cow. As of 28 March 2018 he was admitted to an isolation unit at Windhoek Central Hospital and PCR testing was confirmed positive on 31 March 2018. The patient died on 3 April 2018. An additional suspected case with a history of tick bite and vomiting has also been isolated as of 3 April 2018, but tested negative for CCHF on 7 April 2018.
Namibia	Hepatitis E	Ungraded	18-Dec-17	8-Sep-17	25-Mar-18	1 030	112	10	1.0%	This is an ongoing outbreak since 2017. The majority of cases have been reported from informal settlements in the capital district Windhoek. The most affected settlement is Havana, accounting for about 573 (56%) of the total cases, followed by Goreagab settlements with 256 (25%) cases. The most affected age group is between 20 and 39 years old representing 75% of total cases.

Namibia	Listeriosis	Ungraded	13-Mar-18	12-Mar-18	13-Mar-18	1	1	0	0.0%	On 13 March 2018, WHO was notified of a confirmed case of listeria in Windhoek. The index case; a 41 years old male, with chronic hepatitis B, developed liver cirrhosis and was admitted to the hospital on 5 March 2018. Bacterial culture was done in which *Listeria monocytogenes* was isolated. The patient has no travel history outside Namibia. Investigations are ongoing to establish if there are any links between this case and the outbreak in South Africa.
Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	11-Apr-18	-	-	-	-	The humanitarian situation in Niger remains complex. The state of emergency has been effective in Tillabéry and Tahoua Regions since 3 March 2017. Security incidents continue to be reported in the south-east and north-west part of the country. This has disrupted humanitarian access in several localities in the region, leading to the suspension of relief activities, including mobile clinics.
Nigeria	Humanitarian crisis	Protracted 3 (combined)	10-Oct-16	n/a	31-Jan-18	-	-	-	-	Conflict and insecurity in the north east of Nigeria remain a concern and resulted in a large scale of displacement. Most affected areas recently are along the axis from Monguno to Maiduguri, namely in Gasarwa, Gajiram, Gajigana, Tungushe, and Tungushe Ngor towns. Initial estimates for the number of IDPs in recent months is between 20 000 and 36 000; many are in dire need of humanitarian services.
Nigeria	Cholera	Ungraded	7-Jun-17	1-Jan-18	3-Mar-18	210	2	16	7.6%	There is an ongoing outbreak since the beginning of 2017. Between 1 January and 31 December 2017, a cumulative total of 4 221 suspected cholera cases and 107 deaths (CFR 2.5%), including 60 laboratory-confirmed were reported from 87 LGAs in 20 states. Between weeks 1 and 9 of 2018, 210 suspected cases including two laboratory-confirmed case and 16 deaths (CFR 7.6%), have been reported from 28 LGAs in 9 states. Most recently, cases have also been reported from Yobe and Bauchi states. During 27 February 2018 to 31 March 2018, Bauchi State reported 673 cases including 11 deaths (CFR 1.6%). During 28 March to 18 April 2018, Yobe State reported 369 cases including 15 deaths (CFR 4.1%).
Nigeria	Lassa fever	G2	24-Mar-15	1-Jan-18	8-Apr-18	1 849	408	114	6.2%	Detailed update in this bulletin.
Nigeria	Hepatitis E	Ungraded	18-Jun-17	1-May-17	31-Dec-17	1 651	182	8	0.6%	The number of cases has been decreasing since week 51 of 2017. Forty-three new cases were reported in Kala/Balge LGA in week 52 (ending 31 December 2017).

Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	11-Mar-18	1 449	96	46	3.2%	A total of 1 449 cases have been reported from 30 states: Abia, Borno, Kogi, Kwara, Kebbi, Plateau, Zamfara, Enugu, Oyo, Anambra, Edo, Lagos, Kano, Nasarawa, Katsina, Niger, Bayelsa, Rivers, Cross Rivers, Kaduna, Sokoto, Jigawa Imo, Delta State, Akwa Ibom, Ebonyi, Ekiti, FCT Abuja, Ogun, Ondo and Osun State). Ninety-six cases from seven states (Kwara, Kogi, Kano, Zamfara, Kebbi, Nasarawa, and Niger) have been laboratory-confirmed at IP Dakar.
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	25-Feb-18	228	89	6	2.6%	Suspected cases are geographically spread across 24 states and the Federal Capital Territory (FCT). Eighty-nine laboratory-confirmed cases have been reported from 15 states/territories (Akwa Ibom, Abia, Bayelsa, Benue, Cross River, Delta, Edo, Ekiti, Enugu, Lagos, Imo, Nasarawa, Rivers, and FCT).
Nigeria	Meningitis	Ungraded	26-Dec-17	1-Sep-18	6-Mar-18	1 157	128	141	12.2%	Cases have been reported from 15 states: Zamfara (539), Katsina (245), Sokoto (129), Jigawa (51), Yobe (50), Niger (39), Cross River (25), Kebbi (25), Bauchi (20), Kano (21), Gombe (3), Plateau (4), Borno (3), Adamawa (2) and Kaduna (1). As of 6 March 2018, 128 (37.9%) of 337 samples tested were positive for bacterial meningitis, including 78 (60.9%) positive for *Neisseria meningitides* serogroup C (NmC).
Nigeria (Borno State)	Cholera	Ungraded	n/a	13-Feb-18	10-Apr-18	658	23	3	0.5%	A total of 658 cases have been reported from Borno State including 3 deaths. Of the 84 samples tested using rapid diagnostic tests (RDTs), 72 (85.7%) were positive, while 23 of 55 (42%) samples were culture positive.
São Tomé and Principé	Necrotising cellulitis/fasciitis	Protracted 2	10-Jan-17	25-Sep-16	08-Avril-2018	2 555	0	0	0.0%	From week 40 in 2016 to week 13 in 2018, a total of 2 555 cases have been notified. In week 13, 16 cases were notified, which shows a half decrease compared to week 12. The attack rate of necrotising cellulitis in Sao Tome and Príncipe is 12.9 cases per 1 000 inhabitants. The most affected district are Caue (attackrate: 19.8 cases per 1 000 inhabitants) and Cantagalo (8.8 cases per 1 000 inhabitants).
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	19-Feb-18	4 459	1 429	-	-	A total of 4 459 cases have been reported from all regions of the three main islands (Mahé, Praslin, and La Digue). The trend in the number of cases has been decreasing since week 23.

South Africa	Listeriosis	G2	6-Dec-17	4-Dec-17	9-Apr-18	1 011	1 011	193	19.1%	This outbreak is ongoing since the beginning of 2017. To date, 748 (73.9%) cases were reported in 2017 and 263 (26.0%) cases in 2018. Around 80% of cases are reported from three provinces; Gauteng (59%, 592/1 011), Western Cape (12%, 125/1 011) and KwaZulu-Natal (7%, 72/1 011). Following the source identification, the national authorities with support from WHO and other partners, have taken measures to limit further infections and associated mortality including but not limited to the issuance of safety recall notices, compliance notices, measures related to exportation of implicated products, and risk communication with vulnerable groups. Since the recall of implicated food products (on 4 March 2018), a total of 43 laboratory-confirmed cases have been reported.
South Africa	Cholera	Ungraded	26-Feb-18	6-Mar-18	10-Mar-18	1	1	0	0.0%	The index case is a 37 year-old female from the border district of Umkhanyakude, in KwaZulu-Natal province. She presented at the clinic on 7 February 2018 with severe abdominal pains, diarrhoea, vomiting, and severe dehydration. *Vibrio cholerae* 01 Ogawa was confirmed by the National Institute of Communicable Diseases (NICD), Centre for Enteric Diseases on 15 February 2018. The patient had no travel history. No other cases were reported.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	15-Apr-18	-	-	-	-	Detailed update in this bulletin.
South Sudan	Rift Valley fever (RVF)	Ungraded	28-Dec-17	7-Dec-17	9-Mar-18	40	6	4	10.0%	As of 9 March 2018, 40 suspected cases of Rift Valley fever have been reported from Yirol East (37) and Yirol West (3) counties of the Eastern Lakes State, including six confirmed human cases (one IgG and IgM positive and five IgG only positive), three cases who died and were classified as probable cases with epidemiological links to the three confirmed cases, 19 were classified as non-cases following negative laboratory results for RVF (PCR and serology), and samples from 12 suspected cases are pending complete laboratory testing. A total of four cases have died, including the three initial cases and one suspect case who tested positive for malaria (case fatality rate: 10.0%).
South Sudan	Suspected meningitis	Ungraded	15-Feb-18	20-Feb-18	15-Apr-18	181	-	38	21.0%	Torit County Health Department was notified of a cluster of deaths in Iyire Payam on 15 February 2018 and another cluster of cases on 27 February 2018 from Imurok Payam. As of 14 April 2018, a total of 181 suspected meningitis cases have been reported including 39 deaths giving a case fatality rate of 21% (WHO standard for optimal control is CFR <10%). In week 14, the suspected cases continue to decline with no new cases reported.

Tanzania	Cholera	G1	20-Aug-15	1-Jan-18	25-Mar-18	1 596	-	28	1.8%	This is part of an ongoing outbreak. The trend of reported cholera cases shows an increase, with 143 new cases in week 15 compared to 5 new cases in week 14 of 2018. From week 1 to 15 of 2018, a total of 1 596 cases with 28 deaths (CFR: 1.8%) were reported from Tanzania Mainland, no case was reported from Zanzibar. The last case reported from Zanzibar was on 11 July 2017. Since the start of the outbreak on 15 August 2015, Tanzania mainland reported 30 202 cases including 494 deaths (CFR 1.64%) and Zanzibar reported 4 688 cases including 72 deaths (CFR 1.5%). In total, 34 890 cases including 566 deaths (CFR 1.62%) were reported for the United Republic of Tanzania.
Tanzania	Dengue fever	Ungraded	19-Mar-18	n/a	21-Mar-18	13	11	-	-	An outbreak of Dengue fever is ongoing in Dar es Salaam. Further information will be provided when it becomes available.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	2-Mar-18	-	-	-	-	The influx of refugees to Uganda has continued as the security situation in the neighbouring countries remains fragile. Approximately 75% of the refugees are from South Sudan and 17% are from DRC. An increased trend of refugees coming from DRC was observed recently. Landing sites in Hoima district, particularly Sebarogo have been temporarily overcrowded. The number of new arrivals per day peaked at 3 875 people in mid-February 2018.
Uganda	Cholera	G1	15-Feb-18	12-Feb-18	18-Apr-18	2 108	24	44	2.1%	The outbreak of cholera in Hoima District continues to evolve. The epidemic has affected 4 sub-counties: Kyangwali, Kabwoya, Buseruka, Bugambe and Kahoora division in Hoima municipality. Most of the new cases are from newly arrived refugees from DRC. No new deaths have been reported since 9 April 2018.
Uganda	Measles	Ungraded	8-Aug-17	24-Apr-17	3-Oct-17	623	34	-	-	The outbreak is occurring in two urban districts: Kampala (310 cases) and Wakiso (313 cases).
Zambia	Cholera	G1	4-Oct-17	4-Oct-17	11-Apr-18	5 635	565	111	2.0%	As of 11 April 2018, 5 173 cases and 95 deaths have been reported in Lusaka district. From other districts outside Lusaksa, 462 cases and 16 deaths have been reported. Since the begining of the outbreak, Zambia has reported a cumulative total of 5 635 cases including 111 deaths.
Zimbabwe	Cholera	Ungraded	7-Apr-18	5-Apr-18	18-Apr-18	36	12	3	8.3%	Detailed update in this bulletin.
Zimbabwe	Typhoid fever	Ungraded	-	1-Oct-17	24-Feb-18	3 187	191	0	0.0%	Since the beginning of the outbreak in October 2017, a total of 3 187 cases including 191 confirmed cases have been reported. In 2018 alone, 1 094 cases were reported mainly from Mbare (438 cases) and Kuwadzana (205 cases). The outbreak has spread from its epicentre in Matapi to other areas such as Mbare and Nenyere.

Recently closed events										
Ghana	Lassa fever	Ungraded	1-Mar-18	27-Feb-18	2-Mar-18	1	1	1	100.0%	On 1 March 2018, WHO was notified of a confirmed case of Lassa fever. The index case was a 26 year-old male who presented at a public hospital in Accra on 23 February 2018, with symptoms of general weakness, severe headache, joint pains, and vomiting of blood. On 26 February 2018, a blood sample was sent to the lab for confirmation and initially tested positive by PCR, but were later found to false. The patient died on 28 February 2018. A total of 106 contacts were monitored, however, no other cases were identified.
Liberia	Meningococcal disease	Ungraded	19-Jan-18	23-Dec-17	29-Jan-18	9	2	4	44.4%	A cluster of undiagnosed illness and deaths were reported from Lofa county, northeastern Liberia. Samples taken from two suspected cases were positive for *Neisseria meningitidis* serogroup W. All seven samples collected as of 29 January were negative for Ebola and Lassa fever viruses by PCR, negative for yellow fever by serology (IgM), and negative for typhoid by WDAL. On 13 April 2018, Liberia communicated to WHO that the meningitis outbreak was over.

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: http://www.who.int/hac/about/erf/en/.
Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.

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Data sources
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