

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 2: 5 January 2019 – 11 January 2019
Data as reported by 17:00; 11 January 2019



World Health
Organization

REGIONAL OFFICE FOR
Africa
WHO Health Emergencies Programme

2

New events

58

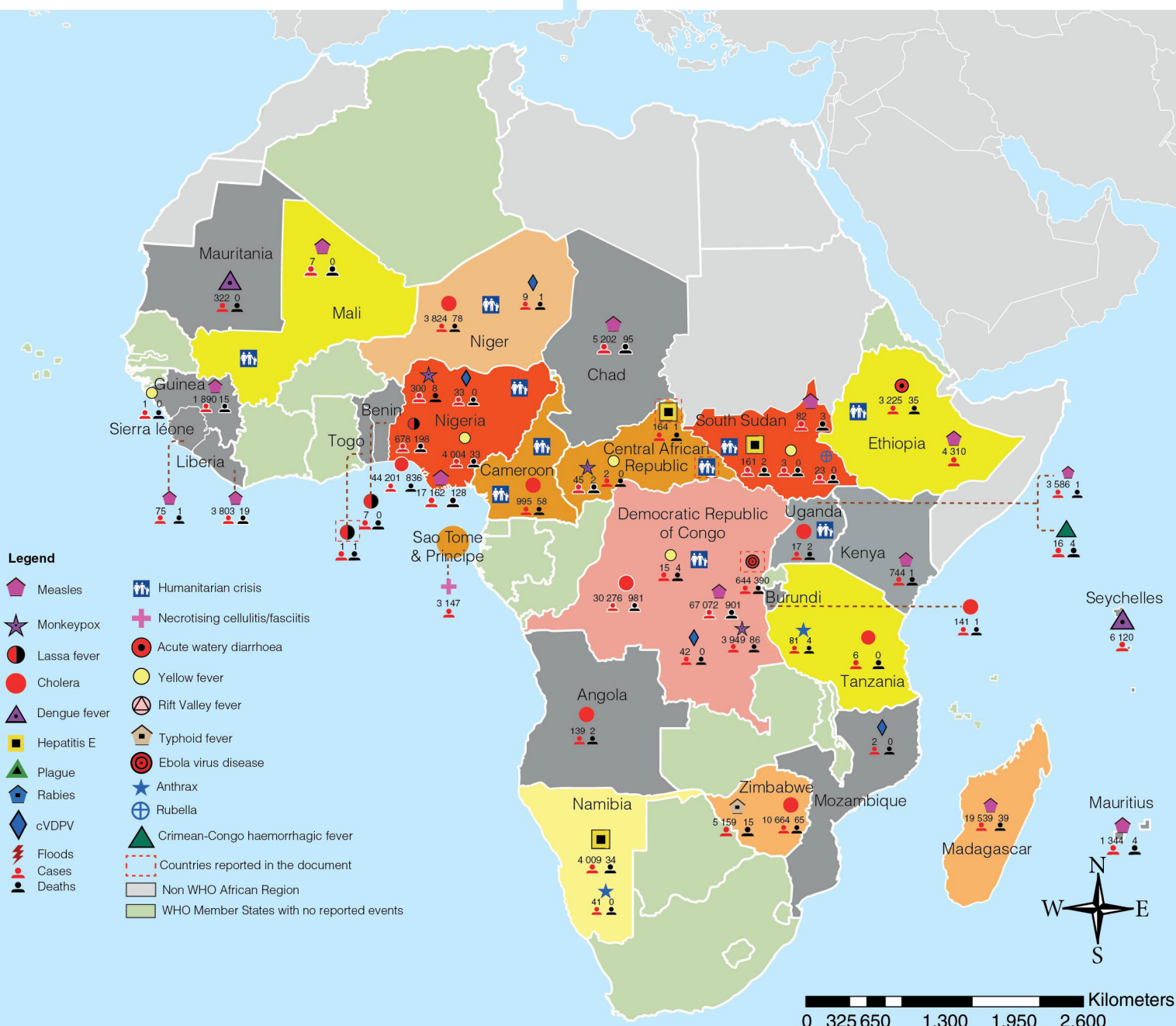
Ongoing events

50

Outbreaks

10

Humanitarian
crises



Overview

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- This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme (WHE) is currently monitoring 60 events in the region. This week's edition covers key ongoing events, including:

- [Ebola virus disease outbreak in the Democratic Republic of the Congo](#)
- [Lassa fever in Togo](#)
- [Humanitarian crises in Central African Republic](#)
- [Hepatitis E in Central African Republic.](#)

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

- **Major issues and challenges include:**

- The Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo (DRC) persists and continues to be closely monitored. Response operations have fully resumed in all locations; however, contact tracing remains challenging. The outbreak in Beni is continuing to improve despite temporary disruption of response activities due to security challenges. WHO remains committed to support the MoH in responding to the EVD outbreak. These will require the continued implementation and intensification of traditional and novel response strategies with adequate involvement of all relevant stakeholders.
- The hepatitis E outbreak in the Republic of Central Africa is ongoing. Six months following the onset of the outbreak, the trend is improving. However, transmission is persisting in some areas despite response efforts. There is a need to intensify control measures and address risk factors in order to contain this outbreak.

Ongoing events

Ebola virus disease

Democratic Republic of the Congo

644 Cases : 390 Deaths : 61% CFR

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo persists and continues to be closely monitored. Since the last report on 4 January 2019 (*Weekly Bulletin 1*), twenty new confirmed and one new probable EVD cases have been reported. During this period there have also been an additional 16 deaths.

On 12 January 2019, nine new confirmed cases were confirmed from Butembo (1) and Katwa (8), of which one was a known contact of a confirmed case. A probable case was reported from Kalunguta on the same; it was an 8-years old child who died on 2 January 2019 and had been in contact with a confirmed case prior to his death. On 12 January 2019, five deaths were reported among confirmed cases in the Ebola Treatment Centre (ETC) in Beni (1) and in the community in Butembo (1) and Katwa (3). An additional healthcare worker has been infected since the last weekly report, bringing the number of infected healthcare workers to 56, with 18 deaths.

As of 12 January 2019, there have been a total of 644 EVD cases, including 595 confirmed and 49 probable cases. To date, confirmed cases have been reported from 16 health zones: Beni (218), Biena (2), Butembo (47), Kalunguta (40), Katwa (98), Kyondo (8), Mabalako (89), Masereka (7), Musienene (4), Mutwanga (3), Oicha (25), and Vuhovi (9) in North Kivu Province; and Komanda (24), Mandima (17), Nyankunde (1), and Tchomia (2) in Ituri Province. Nine of the 16 affected health zones reported at least one new confirmed case in the previous 21 days (23 December 2018 to 12 January 2019). A total of 390 deaths were recorded, including 343 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 58% (343/595).

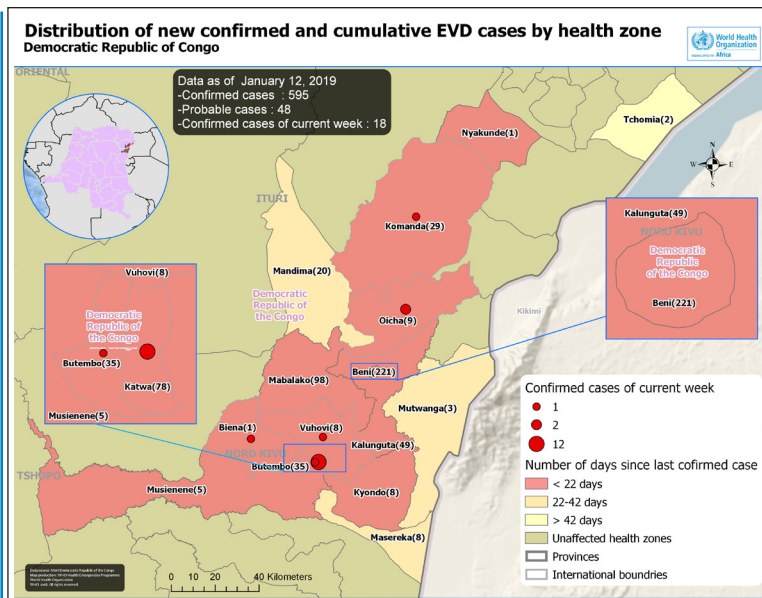
Butembo, Katwa, and Oicha are the hot spots of the outbreak, reporting respectively 20% (n=13), 36% (n=23), and 17% (n=11) of the 64 confirmed cases reported in the previous 21 days (23 December 2018 to 12 January 2019). No additional cases have been reported from Beni since 31 December 2018.

Contact tracing is ongoing in 13 health zones; however, it remains challenging due to insecurity and continuing pockets of community reluctance. The number of contacts being followed as of 12 January 2019 was 4 937, of whom 4 318 (87%) had been seen in the previous 24 hours. The proportion of contacts seen in health zones varied between 32% (in Biena) and 100%. An additional 156 new contacts were registered on 12 January 2019.

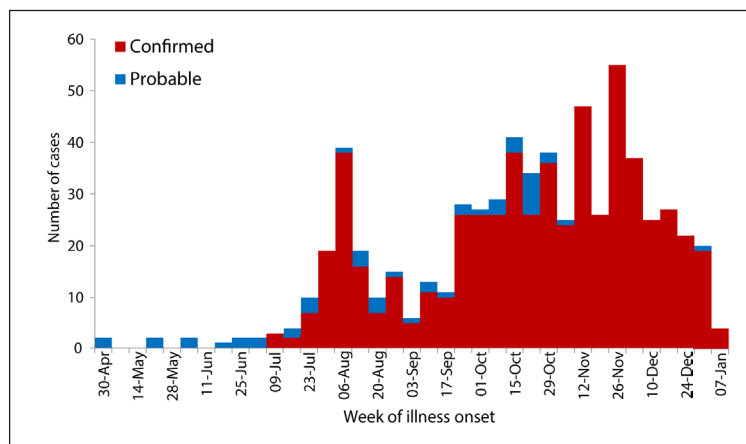
PUBLIC HEALTH ACTIONS

- Surveillance activities continue and are strengthened where needed, including case investigations, active case finding in health facilities and communities, and identification and listing of contacts around the latest confirmed cases.
- On 12 January 2019, 497 people were vaccinated bringing the cumulative number of people vaccinated since the start of the outbreak to 59 453.
- There are continued community reintegration activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response.
- Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) activities continue, healthcare providers and hygienists have been trained in Bwanasura, Katabey, and Luna, and a handwashing awareness session has been held for students in Butembo schools.
- Community awareness and mobilization sessions continue, with sensitization of church members in community involvement. A video presentation on prevention, response and the role of ETCs was shown in the parish of Mabolio.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May to 12 January 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



Distribution of confirmed and probable cases by week of onset, North Kivu and Ituri, Democratic Republic of the Congo, data as of 12 January.



SITUATION INTERPRETATION

The Ebola outbreak in DRC continues to evolve in a complex and challenging environment. New cases continue to emerge from widely dispersed geographical areas and the persisting insecurity and community reluctance hinder implementation of prevention and control measures. WHO and partners, under the government's leadership, continue to use key response activities and are committed to bringing an end to this outbreak.

EVENT DESCRIPTION

On 7 January 2019, the Ministry of Health and Social Protection of Togo notified WHO of a confirmed case of Lassa fever in Doufelgou District, Kara Region, on the border with Benin. The Doufelgou District initially notified at national level on 2 January 2019. The case-patient is a 20-year-old male farmer of Togolese nationality who had reportedly been living in Ekwane village in Ogun State, Nigeria, for a year prior to developing symptoms.

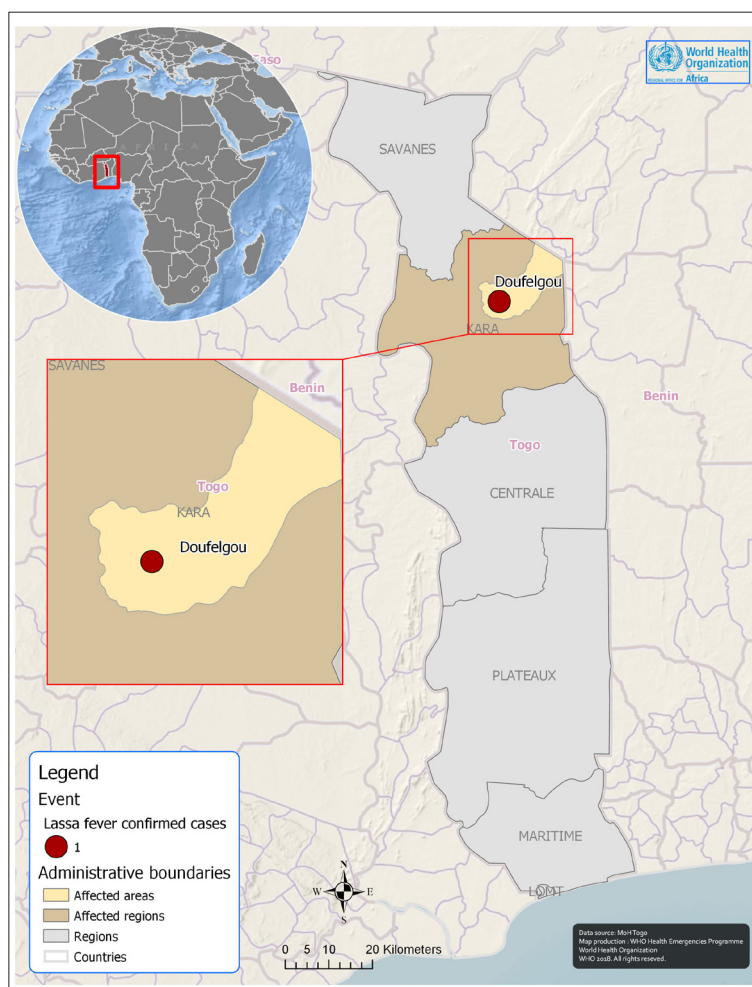
At the time of illness onset, he initially sought traditional treatment before seeking consultation at a health facility in Ekwane village. On 1 January 2019, he returned to his home village of Pouda in Doufelgou district in order to seek further care. Accompanied by his brother on 2 January 2019, he visited two health centres in Doufelgou district before being referred and diagnosed with Lassa fever at Niamtougou Hospital after presenting with symptoms of fever, asthenia, myalgia, and epistaxis. A blood sample collected on 3 January 2019 and sent to the National Reference Laboratory for Diseases of Epidemic Potential (INH) in Lome, Togo, returned positive for Lassa fever on 4 January 2019.

On 8 January 2019, the case-patient died while under-going care and received a safe and dignified burial on the same day. Thirty-three contacts, including 13 health agents, have been identified in Togo and are being followed daily.

PUBLIC HEALTH ACTIONS

- A response coordination committee has been established at the national level under the leadership of the Ministry of Health and Social Protection with technical support from WHO and partners.
- Key officials of government including partners were notified of the event and a press release was issued to inform the general public.
- Ribavirin has been dispatched to the affected district for treatment of cases.
- At sub-national level, a district health emergency meeting was convened on 4 January 2019 to support the response activities.
- Isolation and treatment of the case-patient was initiated, and safe and dignified burial conducted at the time of death.
- Active case search and contact tracing is ongoing. Orientation of health workers on case detection and infection prevention and control has taken place at the hospital where the patient was diagnosed and isolated. Disinfection of the isolation room was conducted.
- An information dissemination and sensitization campaign have been initiated for the local population in the affected and surrounding districts.

Geographical distribution of cholera case and death in Togo,
1 - 8 January 2019



SITUATION INTERPRETATION

Although the occurrence of Lassa fever cases in Togo has not been prior to 2016, the presence of a rodent reservoir similar to that responsible for transmission in other West African countries suggested the potential for transmission of the disease among humans in Togo. Since 2016, there have been sporadic cases. The current case has been reported amidst ongoing outbreaks in Nigeria and Benin which are all in the Lassa Fever belt. Further investigation will reveal if this event is related to the ongoing outbreaks in the two countries – Nigeria and Benin. However, there is a need for swift efforts to intensify preparedness and readiness measures with focus on early detection through the Integrated Disease Surveillance and Response system, maintaining infection prevention and control practices in health facilities, as well as sensitization of the population on the risk factors associated with Lassa fever transmission.

EVENT DESCRIPTION

The humanitarian crisis in Central African Republic is ongoing, with continuing security issues in Bakouma after clashes between two armed groups on 31 December 2018. An estimated 23 000 people have been displaced by this attack from the city to the southern part of the sub-prefecture and Bangassou. In addition, the NGO Mentor Initiative has suspended activities following a security incident on 5 January 2019. During 2018, there were at least 396 incidents affecting humanitarian workers.

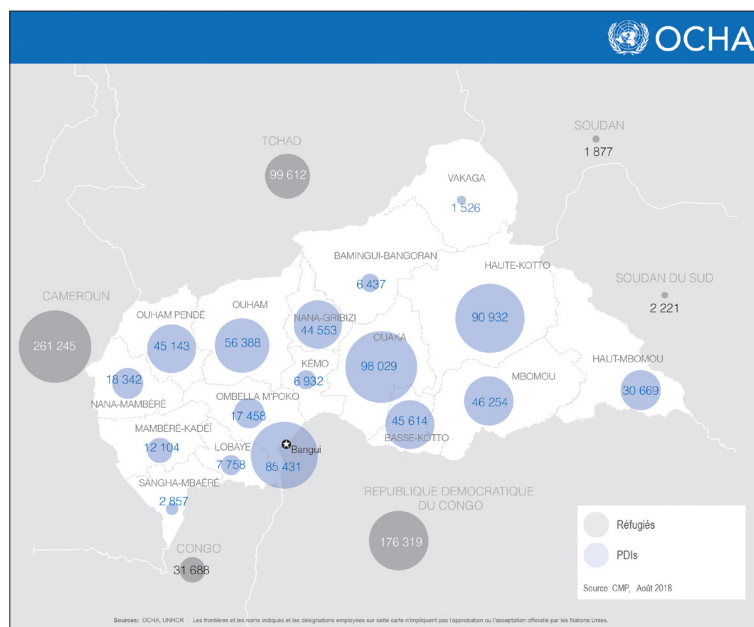
In Bangassou, most internally displaced persons (IDPs) have been placed with host families. Médecins Sans Frontières (MSF) treated six wounded from Bakouma, with one death. The health centre in Bakouma was destroyed and activities were moved to Bangassou. The Expanded Programme of Immunization stocks of vaccine stored in the Catholic Church were destroyed.

The situation is complicated by outbreaks of disease, with four cases of monkey pox in Bossembélé of which three are confirmed. The last confirmed case occurred during week 51 in the commune of Yeremon, 20 km from Bossembélé, and died at the Bossembélé district hospital. There are 13 contacts under follow-up, including two caregivers. A single case of yellow fever has been confirmed since October 2018, with results from suspected cases in Kouï reported as negative. The hepatitis E outbreak in Bocaranga is ongoing but showing a declining trend.

PUBLIC HEALTH ACTIONS

- Integrated multi-sectoral response actions are in place, with the support of WHO, CORAID, MSF, Danish Refugee Committee, International Committee of the Red Cross, the Mentor Initiative and World Vision.
- A crisis meeting on the Bakouma situation was held in Bangassou on 7 January 2019, led by WHO. The International Organization for Migration have investigated the humanitarian needs of IDPs in Bakouma.
- WHO deployed emergency kits to the Bakouma health centre. As the centre was destroyed, the kits are now at the Médecins du Monde base in Bangassou and will be used in mobile clinics.
- Surveillance activities including staff training on the use of case definitions, active case search in the community and systematic laboratory diagnosis of suspected cases are being implemented.
- Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) activities have been conducted as well as disinfection of wells and latrines, provision of drinking water, using boreholes, wells and water trucks and distribution of hygiene kits.
- Local resources are being mobilized and there is advocacy for support from other actors to the response to the outbreaks and the humanitarian crisis.
- Two cholera treatment centres are available in the Far North region (one in Fotokol and the other in Sagme).

Map showing population displacement in Central African Republic, August 2018



SITUATION INTERPRETATION

The Central African Republic continues to experience a complex and dire humanitarian crisis, marked by continuing armed insurgency, population displacement and ongoing outbreaks of epidemic prone disease. In addition, WASH capabilities are insufficient, with an urgent need for safe drinking water from boreholes and water chlorination points. National and international actors need to urgently address these challenges in order to mitigate the risk of outbreaks as well as to strengthen the implementation of an integrated humanitarian response in most affected areas.

EVENT DESCRIPTION

The outbreak of Hepatitis E in Central African Republic is improving, with a decreasing trend in the weekly incidence of cases since the peak of the outbreak in week 46. Since our last report on 30 November 2018 (*Weekly bulletin 48*), there have been 40 additional cases of acute jaundice syndrome all of which were confirmed to be Hepatitis E virus infection. In week 52 (week ending 31 December 2018), two new confirmed cases of hepatitis E were reported.

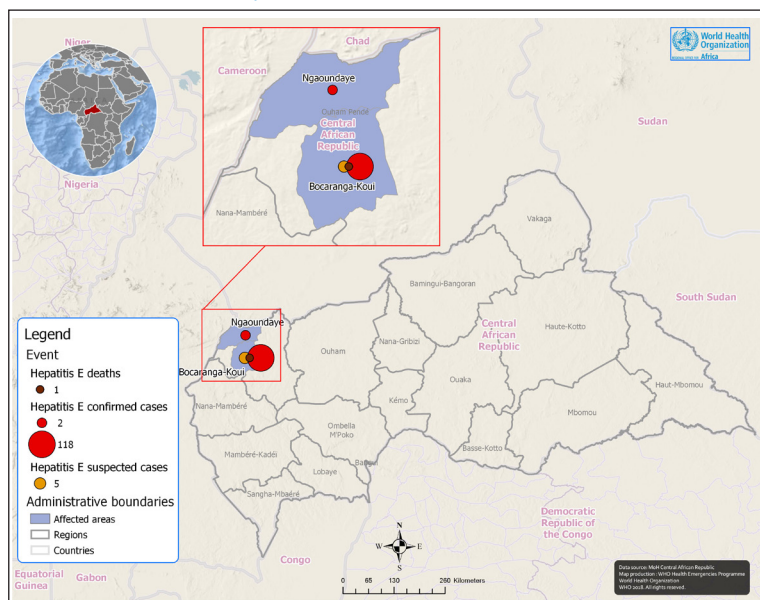
Since the beginning of the outbreak in week 28 (week ending 15 July 2018) as of 6 January 2019, a total of 164 cases of acute jaundice syndrome were reported, including one death (case fatality ratio: 0.6%). Of the 164 cases, 120 (73%) were confirmed positive for Hepatitis E virus infection by the Institut Pasteur de Bangui (IPB), 39 (24%) are probable cases and five (3%) are suspected cases currently under investigation.

The outbreak remains largely localized to Bocaranga–Koui Health district, which reported 162 cases including 118 confirmed. The neighboring district of Ngaoundaye has reported two confirmed case to date; however no additional cases have been notified since week 44.

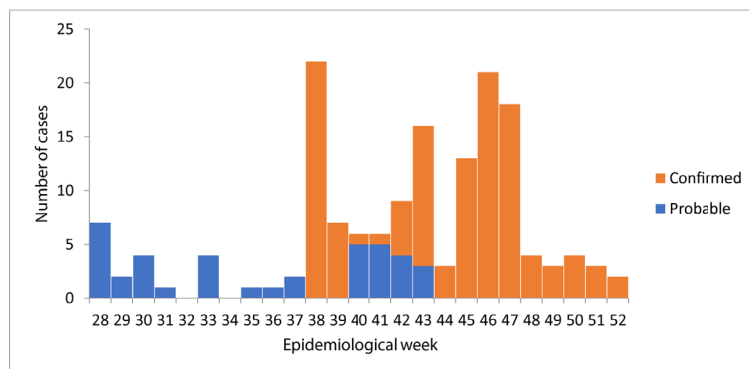
PUBLIC HEALTH ACTIONS

- The laboratory of the IPB resumed diagnostic tests for viral hepatitis E on 31 December 2018 after emergency supply were received.
- CORDAID is strengthening WASH activities, which include water distribution, construction and rehabilitation of latrines as well as capacity building of local craftsmen.
- The Inter-Cluster Coordination Committee (ICC) is advocating for the mobilization of actors from other clusters to support the response to the hepatitis E outbreak in Bocaranga.
- UNICEF has deployed two personnel of the General of Hydraulics Directorate (board) in Bocaranga for the coordination of WASH actors.
- The active search of suspected cases around confirmed cases is ongoing.
- The free of charge care is ongoing with the support from IRC and WHO.
- Local staff has been orientated in the management of severe cases following briefing and supervision by MSF-Spain.
- Discussion is ongoing with MENTOR regarding the provision of support to communication activities in the sub-prefecture of Kouï.
- CORDAID is conducting mass mobilization activities in Mbimang, Camp Mission and Kouï centre.

Geographical distribution of hepatitis E cases and death in Central African Republic, week 28 – week 52, 2018



Weekly trend of probable and confirmed cases of hepatitis E in Central African Republic, week 28 – week 52, 2018



SITUATION INTERPRETATION

The hepatitis E outbreak in the Central African Republic which started six months ago is improving; However, it is still not under control, despite the response efforts made by partners. Bocaranga-Koui health district is still reporting new cases, with the ongoing poor security situation prevailing in this area hindering interventions from humanitarian actors. The country is still facing challenges in mobilizing funds for the response and there is a need for more actors in the WASH sector. With the upcoming dry season, the population will face challenges in accessing drinking water and this may increase the use of water from suspicious sources. Conventional measures to control hepatitis E need to be sustained and intensified to bring this outbreak under control.

Summary of major issues challenges, and proposed actions

Major issues and challenges

- The Ebola outbreak in DRC continues to evolve in a complex and challenging environment. Although the outbreak has been improving in Beni, it remains unstable in other areas such as Butembo, Katwa and Oicha, which are the current hotspots of the outbreak. Contact tracing continues to be challenging, particularly in Biena and Oicha.
- The Hepatitis E outbreak in Central African Republic is improving, but transmission is persisting in some areas. Response activities have been hindered by the volatile security situation, limited fund availability and gaps in the WASH sector.

Proposed actions

- Under the government's leadership and working collaboratively across agencies, WHO is committed to addressing the challenges faced in responding to the EVD outbreak in DRC in order to bring it under control. Although the resumption of response activities and the improved trend of the outbreak in Beni are encouraging, a contingency plan to maintain response pillars in the face of the volatile security context in both Beni and Butembo, needs to be further implemented. There is also a need to strengthen the contact tracing strategy, notably in Biena and Oicha.
- WHO and partners should continue to support national authorities in responding to the hepatitis E outbreak in Central Africa Republic. There is an urgent need to strengthen WASH and surveillance measures as well as to address key environmental and structural risk factors.

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										
Tanzania, United Republic of	Anthrax	Ungraded	11-Jan-19	3-Jan-19	10-Jan-19	81	0	4	4.9%	On 11 January 2019, the Ministry of Health Community Development Gender Elderly and Children reported cases of anthrax to WHO in Momba DC, Songwe Region. The outbreak has affected the village of Nzoka in Ndalambo Ward since 3 January 2019. As of 10 January 2019, 81 cases including four deaths (CFR 5%) have been reported. Cases started following the consumption of dead cattle in the affected ward. It is suspected that cattle have been affected since November and 16 cattle have died of anthrax in Nzoka.
Uganda	Cholera	Ungraded	9-Jan-19		7-Jan-19	17	5	2	11.8%	An outbreak of cholera has been confirmed in Kampala, Uganda. As of 7 January 2019, a total of 17 suspected cases, of which four have been confirmed, were reported from three areas (Kabawo 14 cases, Bukasa 2 cases, and Namuwongo 1 case) in Kampala. Two deaths have so far been reported among the cases (one among confirmed cases). Of the cumulative cases, eight were admitted at Naguru Hospital.
Ongoing Events										
Angola	Cholera	Ungraded	20-Nov-18	9-Oct-18	12-Nov-18	139	-	2	1.4%	Two community deaths have been reported in this outbreak which began on 9 October 2018. The peak of the outbreak was on week 44 (week ending 4 November 2018) with 41 cases including one death reported. Since then, there has been a declining trend in the weekly number of cases. Papelao is the most affected area in Uige Province, reporting a total of 35 cases.
Benin	Lassa fever	Ungraded	7-Dec-18	7-Dec-18	10-Jan-19	7	7	0	0.0%	There have been seven confirmed cases reported since the start of this outbreak of which, six reportedly have travel history from Taberu, Kwara State, Nigeria. The last confirmed case was reported on 2 January 2019. There are 27 contacts under follow-up as of 8 January 2019.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases confirmed	Deaths	CFR	Comments
Burundi	Cholera	Ungraded	28-Oct-18	25-Dec-18	11-Jan-19	141	7	1	0.7%	The Minister of Public Health and the Fight Against AIDS has notified WHO of a new cholera outbreak in Rumonge Health Province, Rumonge District on 28 December 2018. The first case from the Teba district of Rumonge city was confirmed on 25 December 2018 by the National Reference Laboratory and a second case from the Mutturirwa Hill of the Minago Zone was confirmed on 26 December 2018 in the same Health District. Currently there are four admitted cases.
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	11-Jan-19	-	-	-	-	The situation remains precarious with several regions of the country affected. 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. In other regions, similar trends are noted with a huge influx of refugees from the neighbouring Central African Republic. Humanitarian access also remains a challenge.
Cameroon	Humanitarian crisis (NW & SW)	G2	1-Oct-16	27-Jun-18	11-Jan-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. This is impacting the health status of the population and the possible occurrence of infectious disease outbreaks is a concern.
Cameroon	Cholera	G1	24-May-18	18-May-18	7-Jan-19	995	82	58	5.8%	The outbreak has affected 4 out of 10 regions in Cameroon, these include: North, Far North, Central and Littoral region. From 2 to 7 January 2019 a new suspected case was reported in the North. The Central and Littoral regions have not reported new cases since 27 August 2018 and 11 October 2018, respectively.
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	7-Jan-19	-	-	-	-	Detailed update given above.
Central African Republic	Hepatitis E	Ungraded	2-Oct-18	10-Sep-18	6-Jan-19	164	120	1	0.6%	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
Central African Republic	Monkeypox	Ungraded	20-Mar-18	2-Mar-18	23-Dec-18	45	25	2	4.4%	Since 2 October 2018, three clusters of monkeypox cases were reported from three health districts. Mbaiki district reported 9 cases, including 8 confirmed, from week 40 to week 46. Bangassou district reported 5 cases, including 3 confirmed, from week 46 to week 47. Bossembele district reported 15 cases, including 3 confirmed from week 46 to week 51. One death was reported in Bossembele. Previous clusters have occurred in three districts: Bangassou (weeks 9-11, nine cases including six confirmed), Bambari (weeks 13-16, 15 cases, including three confirmed) and Mbaiki (weeks 26-27, five cases, including two confirmed). One death had been reported among the previous confirmed cases.
Central African Republic	Yellow fever	Ungraded	20-Oct-18	12-Aug-18	24-Dec-18	2	1	0	0.0%	One new suspected case from Bocaranga-Koui Health District tested IgM positive for yellow fever by IP Bangui on 7 December 2018. The patient was also positive for viral hepatitis E (positive IgM). The sample has been sent to IP Dakar for confirmation. No additional suspected cases were reported as of 23 December 2018. The initial cases was confirmed from Bacaranga after a sample was tested in October 2018.
Chad	Measles	Ungraded	24-May-18	26-Apr-18	26-Dec-18	5 202	356	95	1.8%	As of 26 December 2018, the measles outbreak has been confirmed in 39 districts. The mean age of the affected population is nine and the investigation on 1 338 cases with information on vaccination shows that only 13% were vaccinated against measles. Currently vaccinations campaigns are ongoing and the outbreak is controlled in 31 districts.

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	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	5-Jan-19	-	-	-	-	The humanitarian and security situation remains unpredictable because of the presidential elections of 30 December 2018, with further unrest anticipated after the result. Inter-ethnic clashes in the province of Mai-Ndombe have caused about 302 deaths, several wounded, and a massive displacement of populations (estimated at about 24 000 people) towards the islets along the Congo River, Congo-Brazzaville and to other surrounding localities
Democratic Republic of the Congo	Cholera	G3	16-Jan-15	1-Jan-18	30-Dec-18	30 276	-	981	-	A total of 394 suspected cases of cholera including 6 deaths (CFR 1.5%) were reported during week 50. The number of suspected cases reported per week has dropped below 500 since the week 48 of 2018. Cases reported in the endemic provinces (South Kivu, Tanganyika, Haut Lomami and Haut Katanga) account for 74% of cases and 33% of deaths in week 50.
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	12-Jan-19	644	595	390	61.0%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	1-Jan-18	9-Dec-18	67 072	842	901	1.3%	During week 49 (ending 9 December 2018), 2 162 suspected cases including 36 deaths (CFR: 1.7%) were reported across the country. Eight (8) provinces including Upper Katanga, Lualaba, Tshopo, Kasai Oriental, Tanganyika, Ituri, Lomami and South Kivu notified 84% of cases. Since week 47, there has been a decreasing trend in the weekly number of reported cases.
Democratic Republic of the Congo	Monkey-pox	Ungraded	n/a	1-Jan-18	11-Nov-18	3 949	-	86	2.2%	During week 45 (ending 11 November 2018), 74 suspected cases with two deaths were reported across the country. Suspected cases have been detected in 14 provinces. Sankuru Province has had an exceptionally high number of suspected cases in the reporting year.

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	Polio-myelitis (cVDPV2)	G2	15-Feb-18	n/a	11-Jan-19	42	42	0	0.0%	No new case of cVDPV2 were reported this week. Genetically linked circulating vaccine-derived poliovirus type 2 (cVDPV2) isolates were detected, from an acute flaccid paralysis (AFP) case (with onset of paralysis on 7 October 2018, in a 29-month old child), and a contact of a second AFP case (the case is an 11-year old child), from Haut-Katanga province (Mufunga-Sampwe district). The isolated viruses are a new emergence and unrelated to previously-detected cVDPV2s affecting the country.
Democratic Republic of the Congo	Yellow fever	Ungraded	23-Jun-18	1-Jul-18	1-Dec-18	15	12	4	26.7%	Fifteen cases of yellow fever have been confirmed at the National Reference Laboratory (INRB) since the beginning of 2018. Of these, twelve 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	20-Dec-18	-	-	-	-	About 2.6 million IDPs and 905 000 refugees are in Ethiopia. Although conflict is the main cause of displacement, around 500 000 have been displaced due to climatic shocks and their impact on food production. Currently there are about 946 788 IDPs in the West Guji zone (Oromia region) and neighbouring Gedee zone (SNNPR region). Renewed violence in Benishangul Gumuz has led to a surge in the internal displacement of about 121 528 displaced persons from 7 districts consisting of 21 643 households and numbers are expected to increase in both East and West Wollega zones of Oromia region. The protracted complex emergencies have overwhelmed the health system.
Ethiopia	Acute watery diarrhoea (AWD)	Protracted 1	15-Nov-15	1-Jan-18	20-Dec-18	3 225	-	35	1.1%	No new cases of AWD were reported at the Country level in the last four weeks. In total, 3 225 cases have been reported in 2018, from 4 regions of Afar: Oromia, Somali, 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	1-Jan-18	20-Dec-18	4 310	1 327	-	-	396 new suspected measles cases were reported in week 50. Of the 1 327 cumulative confirmed cases reported in 2018, 295 were lab-confirmed, 963 were epi-linked and 69 were clinically compatible. Majority of cases were reported from: Somali region (22%), Oromia(21%), Addis Ababa (20%), and Amhara (16%).
Guinea	Measles	Ungraded	9-May-18	1-Jan-18	30-Dec-18	1 890	479	15	-	Cases have been reported in all parts of the country. Two localities are currently considered to be in active epidemic phase: Urban district of Labé (week 43), Farmoriah sub province (since week 47). As of 30 December 2018, fifteen deaths have been reported amongst suspect cases.
Guinea	Yellow fever	Ungraded	10-Dec-18	10-Dec-18	21-Dec-18	1	1	0	0.0%	A case of yellow fever was confirmed by Institut Pasteur Dakar on 10 December 2018. It is a 12-years-old, female living in Cissela, Bambafara village. The onset of symptoms was on 15 October 2018, with sudden onset of fever, followed by vomiting and cough. The patient was treated in different health structures and seen by a traditional healer without success. On 20 October 2018, the patient was referred to Kankan regional hospital where the presumptive diagnosis of yellow fever was made and confirmed by IP Dakar.
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	31-Dec-18	744	66	1	0.1%	Since the beginning of the year, six counties were affected by the measles outbreak, namely Mandera, Wajir, Garissa, Nairobi, Kitui and Muranga. The outbreak is ongoing in Wajir county.
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-18	6-Jan-19	3 803	3 799	19	0.5%	Twenty-two cases including 13 classified as epidemiologically linked with zero deaths were reported during week 1 (ending 6 January 2019) across the country. The outbreak of measles has been protracted with seven districts across five of Liberia's fifteen counties namely; Sinoe, Grand Kru, Margibi, Montserrado and Grand Gedeh counties currently in the epidemic phase.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases confirmed	Deaths	CFR	Comments
Madagascar	Measles	G2	26-Oct-18	4-Oct-18	7-Jan-19	19 539	19 539	39	0.2%	As of 7 January 2019, a total of 19 539 cases have been reported, of which 375 were laboratory-confirmed (IgM positive) and 19 164 were epidemiologically linked. Thirty-nine deaths have been reported (CFR 0.2%). A total of 66/114 districts in all the 22 regions of Madagascar are in epidemic phase.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	11-Jan-19	-	-	-	-	Mali continues to suffer a complex political and security crisis since 2012. Northern and central Mali are facing an increasing number of 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	1-Jan-19	6-Jan-19	7	0	0	0.0%	During week 1 of 2019, 7 new suspected cases with zero deaths were reported. From Week 1 to 52 of 2018, a total of 1 613 suspected cases were reported including 3 deaths, CFR 0.2%. Of the total cases, 6 013 blood samples were collected and 413 tested positive. Since the beginning of the outbreak, 45 health districts reported cases.
Mauritania	Dengue fever	Ungraded	26-Oct-18	15-Sep-18	22-Nov-18	322	28	0	0.0%	From 22 October to 22 November 2018, a total of 322 suspected cases of dengue fever were reported with no deaths. Of the 92 samples collected, 28 cases were confirmed by INRS (using the PCR technique). Confirmed cases were reported from Rosso (23), Nouakchott (4) and Nouadhibou (1). The test results from the INRS confirmed the cases for Dengue virus serotype II infection.

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	9-Dec-18	1 344	1 344	4	0.3%	During week 49 (ending 9 December 2018), 20 new confirmed cases were reported across the country. As of 9 december, a total of 1 344 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 37. The most affected districts are Port Louis and Black River.
Mozambique	Polio-myelitis (cVDPV2)	Ungraded	7-Dec-18	7-Dec-18	9-Jan-19	2	2	0	0.0%	A single vaccine-derived poliovirus type 2 (VDPV2) from an AFP case with 6 nucleotides difference from Sabin was isolated from an AFP case with onset of paralysis on 21 October 2018 from Molumbo district, Zambezia province in December 2018. In week 1 (week ending on 6 of January 2019), a second virus, genetically-linked to the first one, was isolated from a community contact of the initial case. This virus differs from Sabin by 6 nucleotides. Given this second genetically linked isolate, the virus is now classified as 'circulating' (cVDPV2)
Namibia	Anthrax (suspected)	Ungraded	2-Nov-18	30-Oct-18	2-Nov-18	41	-	0	0.0%	Forty-one suspected human cases of anthrax including 6 cases of cutaneous anthrax and 35 cases of gastrointestinal anthrax have been reported from Sesfontein settlement, Opuwo district, Kunene region in north-western Namibia. Laboratory confirmation is pending.
Namibia	Hepatitis E	G1	18-Dec-17	8-Sep-17	2-Dec-18	4 009	530	34	0.8%	In week 48 (ending 2 December 2018), a total of 49 cases were reported (0 laboratory confirmed, 25 epi-linked, and 24 suspected) from six regions (Erongo, Khomas, Kavango, Omusati, Oshikoto and Ohangwena). Overall, nine out of 14 regions in Namibia have been affected by the HEV outbreak namely: Khomas, Omusati, Erongo, Oshana, Oshikoto, Kavango, Ohangwena, Hardpa and Otjozondjupa regions. Cases reported across the country are mainly from informal settlements with limited access to clean water and sanitation services.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases confirmed	Deaths	CFR	Comments
Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	30-Nov-18	-	-	-	-	The country continues to face food insecurity, malnutrition, and health crises due to drought, floods, and epidemics. The food insecurity affects more than 600 000 people and the nutritional status remain critical (Global Acute Malnutrition: 15%). The insecurity instigated by the Boko Haram group persists in the country.
Niger	Cholera	G2	13-Jul-18	13-Jul-18	16-Dec-18	3 824	43	78	2.0%	No new suspected case of cholera was reported since 19 November 2018. A total of 125 639 persons were vaccinated (Vaccination Coverage: 82.5%) during the second round of the OCV campaign from 21 to 24 December 2018 in Aguié Gzaoua and Tchadoua Districts.
Niger	Circulating vaccine-derived polio virus type 2 (cVDPV2)	G2	8-Jul-18	8-Jul-18	2-Jan-19	9	9	1	11.1%	No new case of cVDPV2 have been notified in the reporting week. A total of nine cVDPV2 cases have been reported in 2018 in Niger, which are genetically linked to a cVDPV2 case in Jigawa and Katsina states, Nigeria.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	20-Dec-18	-	-	-	-	The security situation in the northeast remains volatile with palpable tension in Maiduguri and environs due to the national elections approaching and the activities of insurgents increasing in recent days. In response to this, military presence has been increased.
Nigeria	Cholera	G1	7-Jun-17	1-Jan-18	30-Dec-18	44 201	92	836	1.9%	Twenty states reported outbreaks of cholera across Nigeria in 2018 with Bauchi, Zamfara, Borno, and Katsina states accounting for 74% of the cumulative cases. There has been an overall declining trend since early November 2018 with zero new cases being reported across the country in the last three weeks leading to the end of 2018. An official declaration of end of outbreak is anticipated.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases confirmed	Deaths	CFR	Comments
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-18	6-Jan-19	678	658	198	29.2%	In week 1 (week ending 6 January 2018), 25 new confirmed cases with seven deaths (case fatality ratio 28%) were reported from eight states across the country with most of the cases from Edo (9 cases with one death) and Ondo (8 cases with two deaths) states. Since week 49, 2018 the weekly number of cases have been on an increasing trend. Of the cumulative cases reported since 1 January 2018, 658 are confirmed and 20 are probable. A total of 482 contacts have been identified from eight states and are currently under follow-up.
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-18	23-Dec-18	17 162	1 316	128	0.7%	In week 51 (ending 23 December 2018), 230 suspected cases of measles and one death (case fatality ratio 0.4%) were reported from 25 states compared with 183 suspected cases reported from 24 states during the same period in 2017. Since the beginning of the year, 4 604 fewer cases were reported compared with the same period in 2017.
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	13-Nov-18	300	126	8	2.7%	Nigeria continues to report sporadic cases of monkeypox since the beginning of the outbreak in September 2017. As of 13 November 2018, a total of 104 cases have been reported since the beginning of the year from 19 States (Rivers, Akwa-Ibom, Bayelsa, Cross River, Delta, Ebonyi, Edo, Enugu, Imo, Kebbi, Lagos, Nasarawa, Oyo, Abia, Anambra, Bauchi, Plateau, Adamawa and the FCT). Rivers state and Bayelsa state in South-south Nigeria remain the most affected states. The number of reported cases has been decreasing gradually in the last 4 epi weeks.
Nigeria	Polio-myelitis (cVDPV2)	Ungraded	1-Jun-18	1-Jan-18	9-Jan-19	33	33	0	0.0%	No new circulating vaccine-derived poliovirus type 2 (cVDPV2) cases were reported this week. The country continues to be affected by two separate cVDPV2 outbreaks, the first centred in Jigawa state with subsequent spread to other states as well as to neighbouring Republic of Niger, and the second in Sokoto state.

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	7-Sep-17	30-Dec-18	4 004	82	33	0.8%	In week 52 (week ending on 30 December 2018) no new cases were confirmed. Since the start of the outbreak, confirmed cases at IP Dakar have been recorded from 14 states (Kwara, Kogi, Kano, Zamfara, Kebbi, Nasarawa, Niger, Katsina, Edo, Ekiti, Rivers, Anambra, FCT, and Benue States). Reported cases have been decreasing gradually since week 48.
São Tomé and Príncipe	Necrotising cellulitis/fasciitis	Protracted 2	10-Jan-17	25-Sep-16	30-Dec-18	3 147	-	0	0.0%	During week 52 (ending on 30 December 2018), 14 new cases were notified from 5 districts: Agua Grande (6), Me-zochi (3), Lemba (3), Cantagalo (1) and Lobata (1). The national attack rate as of week 52 is 15.9 per 1000.
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	21-Oct-18	6 120	1 511	-	-	Increasing trends were observed for the past four weeks. There was general decreasing trend between week 23 and week 35. Analyses on serotypes from week 35 showed circulation of DENV1, DENV2 and DENV3.
Sierra Leone	Measles	Ungraded	2-Jan-19	21-Oct-18	2-Jan-19	75	8	1	1.3%	An outbreak of measles has been reported in Sierra Leone in districts on the border with Liberia and Guinea involving a total of 75 cases from two districts (Pujehun, 16 cases as of 2 January 2019) and Kambia, 59 cases as of 31 December 2018).
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	31-Dec-18	-	-	-	-	South Sudan remains in a serious humanitarian crisis due to the cumulative effects of years of conflict and violence against civilians, which have destroyed people's livelihoods and forced 4.2 million people to flee their homes with nearly 2 million inside and nearly 2.2 million outside the country. The number of people who require humanitarian or protection assistance in 2019 remains high at seven million, the same as in 2018.
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	23-Dec-18	161	19	2	1.2%	No new suspected case was reported in week 49 (week ending 09 December 2018). Of the cumulative cases reported in 2018, 147 are from Bentiu PoC and 13 from Old Fangak. In week 43, one new suspected death was reported from Old Fangak.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases confirmed	Deaths	CFR	Comments
South Sudan	Measles	Ungraded	24-Nov-18	24-Nov-18	23-Dec-18	82	9	3	3.7%	Sixty-two cases of suspected measles were reported from Mabor Duang and Payam villages (Rumbek East) since 20 October 2018. A total of 9 samples tested positive for measles IgM on 22 November 2018. seventy one percent of all cases are children under five years old.
South Sudan	Rubella	Ungraded	27-Oct-18	27-Oct-18	27-Dec-18	23	15	0	0.0%	Since 27 October 2018 a total of 23 suspected measles/ rubella cases (no deaths) have been reported in Malakal PoC . The majority of them (56.2%) are female with most cases (30.4%) with age between 5 to 9 years old. There are no cases reported in females of 10 to 14 years old and above 15 years old. Among the tested samples, a total of 15 samples tested measles IgM negative, however rubella IgM positive
South Sudan	Yellow fever	Ungraded	29-Nov-18	18-Nov-18	19-Dec-18	3	1	0	0.0%	As of 19 December 2018, only one confirmed yellow fever case and two presumptively yellow fever positive cases have been reported from Sakure payam, Nzara county, Gbudue state. Sakure payam is located at the border with Democratic Republic of Congo (DRC).
Tanzania, United Republic of	Cholera	Protracted 1	20-Aug-15	1-Jan-19	6-Jan-19	6	-	0	0.0%	During week 1 (ending 6 January 2019), 6 new cases with no deaths were reported from Uvinza district in Kigoma Region. The general trend of reported cases has been decreasing since week 38 in 2018. The total number of cholera cases in the United Republic of Tanzania since 2015 is 33 306 cases including 550 deaths.
Togo	Lassa fever	Ungraded	2-Jan-19	2-Jan-19	9-Jan-19	1	1	1	100%	Detailed update given above.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	5-Dec-18	-	-	-	-	After the countrywide refugee-verification process was completed on 24 October 2018, 1 091 024 refugees and asylum-seekers were registered, representing 75% of the previously estimated target population of 1.4 million. South Sudanese refugees and asylum seekers followed by those originating from DR Congo make up the largest group seeking refuge in Uganda. The influx of refugees have strained Uganda's public services, creating tensions between refugees and host communities. Malnutrition (High SAM and GAM rates) among refugees is of particular concern.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases confirmed	Deaths	CFR	Comments
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	24-May-18	-	4-Jan-19	16	12	4	25.0%	Since May 2018, a total of 15 cases of Crimean-Congo haemorrhagic fever have been reported in Uganda. Eleven cases have been confirmed. Three deaths have been recorded. The cases have been reported in the following districts: Kakumiro (5), Isingiro (3), Sembabule (1), Nakaseke (2), Kiryandongo (2), Kabaloro (1) and Ibando (1).
Uganda	Measles	Ungraded	8-Aug-17	1-Jan-18	31-Dec-18	3 586	970	1	0.0%	The majority of confirmed cases were under five years old (61.4%), not vaccinated (67%) or residents of rural areas (99%). Cases have been confirmed either by epidemiological link or laboratory testing (IgM-positive) since the beginning of the year. Fifty-three districts in the country have reported measles outbreaks.
Zimbabwe	Cholera	G2	6-Sep-18	6-Sep-18	5-Jan-19	10 664	292	65	0.6%	Thirty-one cases were identified retrospectively and added to the cumulative number of cases. Majority of these retrospective cases were reported from Harare with onset between 12 and 25 December 2018. There has been a dramatic decline in the number of new cases with only two cases reported across the country in the week leading to 5 January 2019.
Zimbabwe	Typhoid fever	Ungraded	-	1-Oct-17	11-Dec-18	5 159	262	15	0.3%	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 typhoid fever 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).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases confirmed	Deaths	CFR	Comments
Closed Events										
Mauritania	Rift Valley fever (RVF)	Ungraded	23-Nov-18	4-Nov-18	24-Nov-18	1	1	1	100%	More than two incubation periods have passed without a new confirmed case of Rift Valley fever. The only case was a 40-year-old male farmer from a village in Adel Bagrou commune, located 30 km away from the border with the Republic of Mali and confirmed by PCR for Rift Valley fever virus on 16 November 2018. The case died after 11 days of symptom onset and a safe and dignified burial was conducted. None of the 22 contacts identified including 12 health care workers developed symptoms during follow-up.

†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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