

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 28: 8 - 14 July 2019

Data as reported by 17:00; 14 July 2019



World Health Organization

REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

1

New event

70

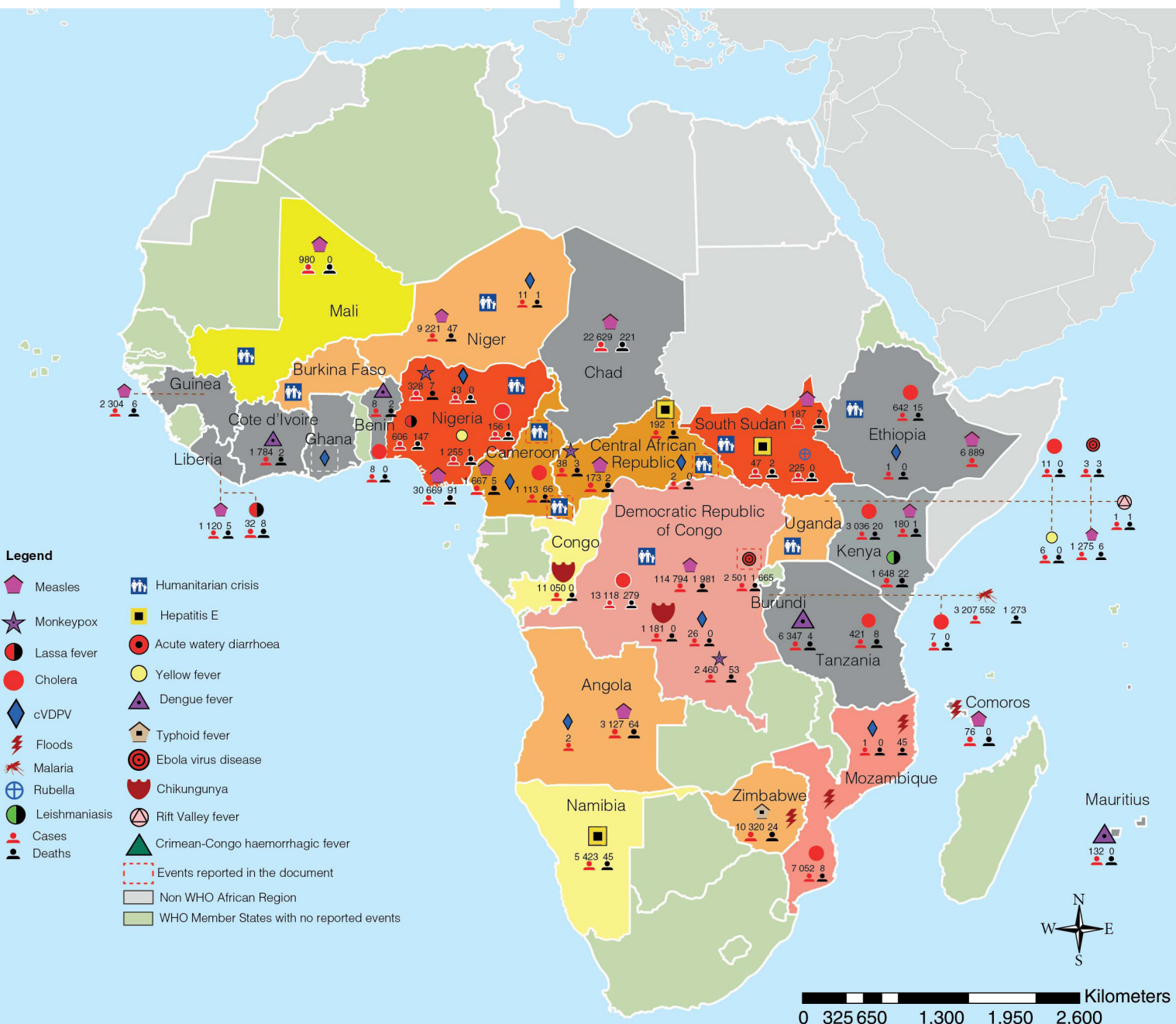
Ongoing events

56

Outbreaks

15

Humanitarian crises



Graded events †

4

Grade 3 events

11

Grade 2 events

3

Grade 1 events

47

Ungraded events

2

Protracted 3 events

2

Protracted 2 events

2

Protracted 1 events

Overview

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This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 71 events in the region. This week's edition covers key new and ongoing events, including:

- [Circulating vaccine-derived poliovirus type 2 \(environmental sample\) in Ghana](#)
- [Ebola virus disease in Democratic Republic of the Congo](#)
- [Humanitarian crisis in Cameroon](#)
- [Humanitarian crisis 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.

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

Major issues and challenges include:

- This week, health authorities in Ghana confirmed circulating vaccine-derived poliovirus type 2 (cVDPV2) in an environmental sample. Additionally, two case-patients with acute flaccid paralysis (AFP) tested positive for genetically linked cVDPV2 in Haut Lomami Province, Democratic Republic of the Congo. The frequency of occurrence of cVDPV2 events in the African Region has been increasing (lately), with three major loci, situated in the Democratic Republic of the Congo, the Lake Chad basin and the Horn of Africa. These epicentres are characterized by major prolonged complex humanitarian emergencies – with insecurity, disrupted health systems and social dislocation. However incidentally, the countries around these epicentres also have conditions that are conducive to the rapid spread of polioviruses, namely accumulation of unprotected persons, suboptimal sanitation and high population mobility. The circulation of vaccine-derived polioviruses in the African region is likely to become a major public health problem if not tackled decisively at this point in time.
- The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues. The occurrence of a confirmed case in Goma on 14 July 2019, while long anticipated and prepared for, emphasises the enormous challenges around control of this outbreak, reinforcing the need for strong and consistent implementation of all public health measures. While progress is slowly being made, the ongoing response operations are being challenged by suboptimal resourcing, negatively impacting on the entire response. Member States and other donors are strongly encouraged to provide additional funding in order to ensure that hard won progress in containing this EVD outbreak will not suffer a potentially devastating setback due to financial limitations.

EVENT DESCRIPTION

On 10 July 2019, the Ministry of Health of Ghana notified WHO of a confirmed circulating vaccine-derived poliovirus type 2 (cVDPV2) in an environmental sample collected from Tamale Metropolis, Northern Region. The environmental sample was collected on 11 June 2019 from a drain in Koblimagu environmental surveillance site in Tamale Metropolis. Test results released on 4 July 2019 by the Noguchi Memorial Institute for Medical Research (NMIMR) in Accra were positive for poliovirus by real-time polymerase chain reaction (PCR). Test results of genomic sequencing released on 8 July 2019 isolated a vaccine-derived poliovirus type 2, with 3% divergence from the Sabin 2 vaccine strain. Further analysis in the South Africa Polio laboratory showed that the virus is 99.23% similar to the cVDPV detected in Kwara State, Nigeria, a viral mutant detected in Jigawa state that is currently spreading to other parts of Nigeria, as well as to neighbouring countries. There have been no associated human cases of AFP in Ghana. However, the identification of the pathogen in the environment is extremely significant as poliovirus spreads easily and across large distances. Poliovirus is slated for global eradication. Confirmation of poliovirus in an environmental sample is therefore considered as an outbreak.

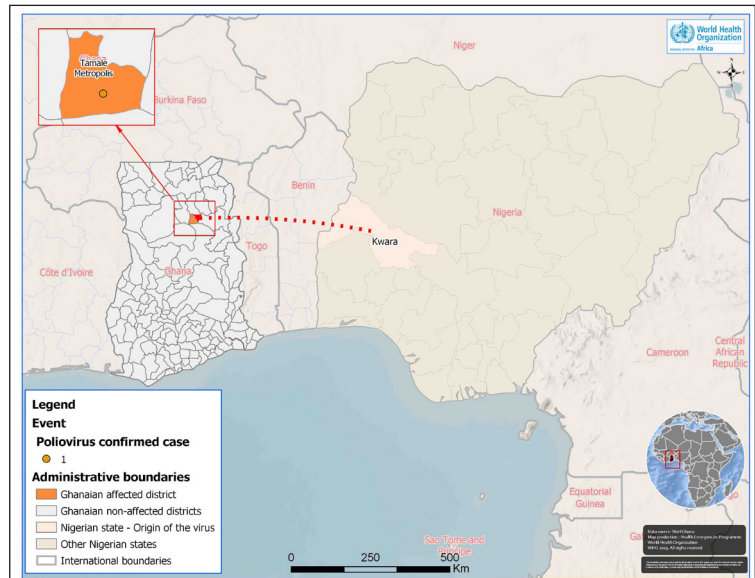
Ghana reported the last poliovirus outbreak in November 2008, when a wild poliovirus type 1 was isolated from a human sample in Zabzungu-Tatale District, Northern Region. In 2016, the national authorities established 10 environmental surveillance sites across the country as part of routine AFP surveillance activities, with two sites situated in Northern Region.

Further investigations and risk assessment of this event are ongoing, and updates will be provided as new information becomes available.

PUBLIC HEALTH ACTIONS

- An emergency National Technical Coordinating Committee (NTCC) meeting was held on 9 July 2019, chaired by the Director General of Ghana Health Service and the WHO Representative, with representation from Ministry of Health/Ghana Health Service, WHO, UNICEF, Noguchi Polio Laboratory, CDC, etc.
- A multidisciplinary national rapid response team from the Ministry of Health, WHO, CDC, and Noguchi Polio Laboratory was deployed to conduct further environmental and epidemiological investigation, risk assessments and initiate response measures. The team arrived in Tamale on 10 July 2019.
- The Minister of Health issued a press release on 10 July 2019 to declare and inform the general public of the outbreak, as well as to declare a public health emergency.
- A media brief was developed and disseminated while a frequently-asked-questions-and-answers is being developed to provide information to the public.
- The Noguchi Polio Laboratory has deployed the necessary logistics to obtain additional samples for testing to support in the assessment of the risk of ongoing transmission.

Geographical distribution of confirmed cVDPV2 case in Ghana, 4 - 11 June 2019.



SITUATION INTERPRETATION

Ghana has confirmed a case of cVDPV2 in an environmental sample, with the virus linked to one of the circulating poliovirus loci in Nigeria. The occurrence of this event in Ghana demonstrates the magnitude of the risk of poliovirus spread in the African region, especially as many countries continue to struggle to attain optimal immunization coverage with many susceptible populations missing the opportunity to be protected against many vaccine preventable diseases. Additionally, with the widespread poor sanitary conditions and high population mobility in the region, the propagation and spread of polioviruses to new areas remains highly likely.

It is important that all countries in the African region strengthen surveillance in both AFP cases and the environment to rapidly detect any new virus importation thereby facilitating the rapid response to outbreaks. All countries should endeavour to attain a uniformly high routine immunization coverage at the district level to minimize the consequences of any new virus introduction.

Ongoing events

Ebola virus disease

Democratic Republic of the Congo

2 501 Cases : **1 665 Deaths** : **67% CFR**

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces in Democratic Republic of the Congo continues with a gradual decline in transmission. Since the last report on 7 July 2019 (*Weekly Bulletin 27*), 93 new confirmed EVD cases have been reported, with an additional 40 deaths. A new health zone, Mambasa, Ituri Province, has reported a confirmed case in the past seven days.

A case of EVD has also been confirmed in Goma, a city of two million people, which is close to the Rwanda border. The case was confirmed on the morning of 14 July 2019, in a man who had travelled to the city from Butembo by bus, when he visited a health centre with a fever and other symptoms, and is now receiving care at the Goma Ebola Treatment Centre. His full travel history is known and all contacts are being identified and followed-up, with vaccination of high-risk contacts starting on 15 July 2019.

As of 14 July 2019, a total of 2 501 EVD cases, including 2 407 confirmed and 94 probable cases have been reported. In the last 21 days (23 June-13 July 2019), 21 health zones have reported at least one confirmed case, with a new confirmed case reported in Mambasa Health Zone. To date, confirmed cases have been reported from 23 health zones: Alimbongo (4), Beni (463), Biena (15), Butembo (255), Kalunguta (127), Katwa (619), Kayna (9), Kyondo (22), Lubero (28), Mabalako (346), Manguredjipa (19), Masereka (47), Musienene (71), Mutwanga (10), Oicha (44) and Vuhovi (90) in North Kivu Province; and Mambasa (1), Ariwara (1), Bunia (4), Komanda (31), Rwampara (8), Mandima (178), Nyankunde (1), and Tchomia (2) in Ituri Province.

As of 13 July 2019, a total of 1 665 deaths were recorded, including 1 571 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 66% (1 571/2 395). The cumulative number of health workers has risen to 136, with two health workers among new confirmed cases, one in Beni and one in Mabalako.

As of 13 July 2019, Beni and Mabalako are the main active areas in the outbreak, with 46% (116/250) and 18% (44/250) of new confirmed cases in the past 21 days, respectively. Twelve health zones, Mabalako, Beni, Butembo, Kalunguta, Katwa, Mambasa, Oicha, Kayna and Vuhovi have reported new confirmed cases in the past three days and remain points of attention.

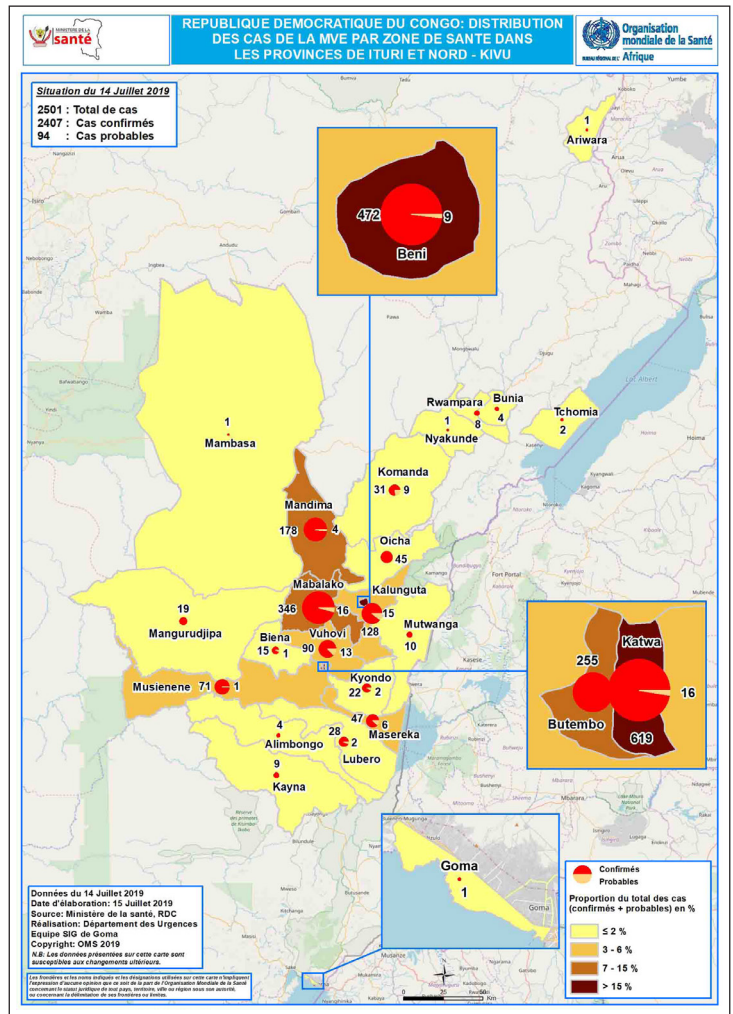
Contact tracing is ongoing in 23 health zones. A total of 19 118 contacts were recorded as of 13 July 2019, of which 16 464 have been seen in the past 24 hours (86%; varies between 73-100% among reporting zones). Alerts in the two affected provinces continue to be raised and investigated. Of 1 622 alerts processed (of which 1 531 were new) in reporting health zones on 13 July 2019, 1 512 were investigated and 335 (22%) were validated as suspected cases.

Incidents of insecurity continue, with two response providers in Beni murdered in their homes on the night of 13-14 July 2019 in the Mukulia health area, which borders Butembo.

PUBLIC HEALTH ACTIONS

- Goma has spent the last six months preparing EVD response, in anticipation of the current event, with an ETC, supported by the Ministry of Health and Médecines Sans Frontières, operational in the city since February 2019, which is where the current case is being treated.
- A strengthened coordination mechanism has been established in Butembo. Surveillance activities continue, including case investigations, active case finding in health facilities and communities, and identification and listing of contacts around the latest confirmed cases. Collaboration between health authorities in the Democratic Republic of the Congo and Uganda continues around monitoring displaced contacts.
- As of 13 July 2019, a cumulative total of 161 400 people has been vaccinated since the start of the outbreak in August 2018.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 74 million screenings to date. A total of 76/85 (91%) PoE/PoC were operational as of 13 July 2019.
- There are continued community reintegration and psychosocial activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response.
- Teams of psychologists continue negotiations to resolve reluctance to participate in prevention and treatment actions around two confirmed cases in Biena and Mandima health zones.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May 2018 to 14 July 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



- Water, sanitation and hygiene (WASH) activities continue with health facilities and contaminated households decontaminated in Beni, Mandima, Kaluguta, Oicha and Katwa health zones; 150 hygienists, representing 18 health areas in Beni Health Zone have been trained in community decontamination.
- Community awareness and mobilization messages are being updated, revised and harmonized and have been pre-tested by the commission and will subsequently be shared in coordination and sub-coordination activities.
- In Beni, a talk session was held with the population of the Rwangoma health area, with the support of the customary chief, to improve acceptance of response actions around confirmed cases; in Lubero, an exchange session was held with women leaders in the Kipese health area to strengthen the participation of women in the management of community incidents and the response against EVD in Lubero Health Zone.

SITUATION INTERPRETATION

New EVD cases continue to occur in North Kivu and Ituri provinces. The confirmation of a case in the city of Goma has long been anticipated and there has been intensive preparation work for the past six months. Almost 3 000 health workers have already been vaccinated and health centres have been provided with intensive training and equipment to improve infection prevention and control, while surveillance teams check numerous alerts each week. Safe and dignified burial teams have been trained and equipped and extensive community awareness campaigns have been conducted, along with PoC checks at border crossings. However, the continuous transmission in major hotspots and the involvement of new health areas are of grave concern, calling for the continuation of strong and novel outbreak control interventions in all affected areas. There is also an urgent need to provide the necessary resources, especially funding, to support and maintain the ongoing response operations over a wide geographical expanse, made even more important by the occurrence of a case in the populous city of Goma.

EVENT DESCRIPTION

The humanitarian crisis in the North-west and South-west regions of Cameroon continues, with a volatile and unpredictable security situation. In the last week of June 2019, United Nations agencies reported between 50 and 70 armed incidents, including roadblocks, attacks on isolated forces, and victimization of government officials, traditional leaders and others. This has led to displacement of more than 262 000 Cameroonians from the Far North. The Displacement Tracking Matrix of 28 March to 8 April 2019 estimated the displaced population at 423 835 individuals, 263 831 internally displaced persons (IDPs), 110 023 returnees and 50 981 out-of-camp refugees. At the same time, the Minawao refugee camp in Mokolo Health District continues to host Nigerian refugees, with an estimated population of 58 625 as of 24 May 2019. Existing infrastructure is insufficient to meet the rising humanitarian needs.

Health services and disease surveillance are particularly badly disrupted, with the potential for infectious disease outbreaks increasing. There is an ongoing cholera outbreak in the north of the country. From 24 June 2019 to 1 July 2019 there were 43 new suspected cases reported in the North Region, with no deaths. The Centre, Littoral and Far North regions have not reported new cases since 2018. As of 1 July 2019, the cumulative number of cholera cases reported was 1 133, with 66 deaths (case fatality ratio 5.8%) from 18 health districts in four of the ten regions in the country. Most (68.4%) were reported from the North Region (775 cases, 48 deaths), followed by Far North (24.6%; 279 cases, 17 deaths), Centre (72 cases, 1 death) and Littoral regions (7 cases, zero deaths). Since January 2019, the North Region has reported 140 new cases, with eight deaths. Of 242 stool specimens collected, 102 tested positive, 100 of which showed *Vibrio cholerae* 01 Inaba and two isolated *V. cholerae* 01 Ogawa, by culture.

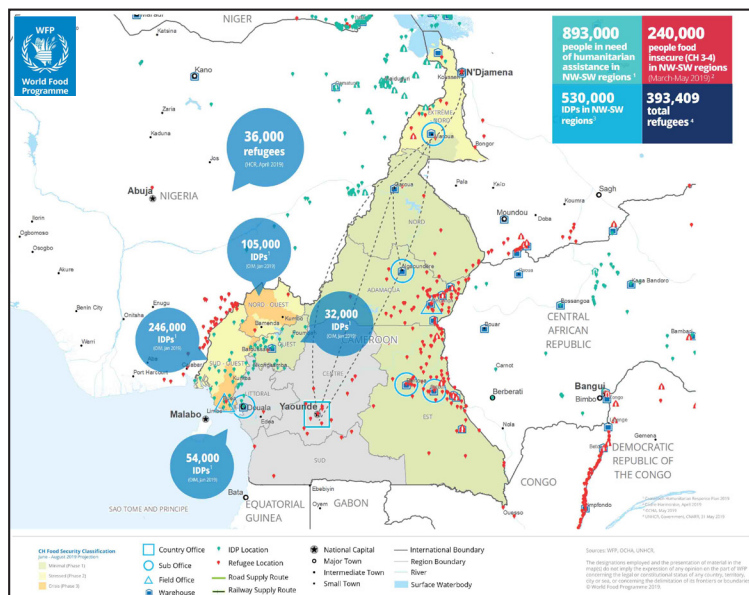
Measles is affecting 30 out of 189 health districts, while four other health districts have suspected measles outbreaks. In addition, an outbreak of vaccine derived poliovirus has been declared after an environmental sample collected from Mada Health District tested positive for cVDPV2 in week 22.

The main causes of morbidity in 24 600 outpatient consultations in IDP camps were malaria, typhoid and influenza syndrome.

PUBLIC HEALTH ACTIONS

- United Nations agencies (WHO, UNICEF, WFP, OCHA and FAO) have conducted a needs assessment of IDPs in the Tourou Health Area, Mokolo Health District.
- Emergency immunization against poliomyelitis and measles is ongoing in IDP camps, as well as pre-positioning of drugs and emergency kits; medicines have been sent to Makary Health District, while WHO supported establishing a complete blood bank in Mora District Hospital.
- A large scale oral cholera vaccination programme is planned by the Ministry of Health, with the support of WHO.
- Two rounds of poliomyelitis immunization campaigns have been conducted from 29-31 March 2019 and from 29-31 May 2019. The Auto-visual AFP Detection and Reporting (AVADAR) project is ongoing to strengthen surveillance of other public health events; WHO and UNICEF continue to support the Expanded Programme on Immunization for both routine and emergency response to outbreaks.
- Médecines Sans Frontières (MSF) continue their support of Maroua Regional Hospital as a reference centre for surgery, and are also present in areas where specific health assistance is required (Makary and Kolofata).
- The International Medical Corps (IMC), with support from UNHCR, is providing health assistance to refugees, as well as providing community health activities in Mada Health District, while ALIMA supports Mokolo District Hospital.

Humanitarian snapshot in Cameroon, as of June 2019.



- The UNFPA is supporting reproductive health activities by providing training, materials and other resources to the MOH and communities.
- WHO is supporting the MOH with water, sanitation and hygiene activities, as well as training in outbreak investigation and rapid intervention and Integrated Disease Surveillance and Response.
- WHO and the MOH have mobilized partners for the transport of samples to dedicated laboratories, as well as investigation of the measles outbreaks and planning of responses.

SITUATION INTERPRETATION

Ongoing insecurity in the Far North region of Cameroon potentially affects the whole of the Lake Chad Basin, with consequences for Chad, Nigeria and Niger. More than one million people in the Far North Region are suffering directly from the deterioration in the socio-economic and security environment, as well as the decline in food security and access to basic social services. Health facilities are increasingly under pressure due to constant population displacement and influxes of injured people. Outbreaks of infectious diseases, such as cholera and measles continue. As long as the insecurity continues there can be little hope of any relief for these vulnerable populations. Local, regional and international authorities must continue with the implementation of proven public health measures, while attempting to address the underlying socio-political drivers of the crisis.

EVENT DESCRIPTION

The humanitarian crisis in Central African Republic continues, with an upsurge in crime across the country, affecting both civilian populations and humanitarian actors, in spite of ongoing attempts at peace initiatives across the country. However, although since the beginning of May 2019, these criminal acts have not directly affected humanitarian activities, the overall humanitarian situation remains of concern. As of 31 May 2019, a total of 613 031 people were still internally displaced, including 197 206 in camps and 415 825 in host families.

Outbreaks of infectious diseases continue, with reports of measles, pertussis, and hepatitis E. Sporadic cases of rabies continue to be reported, with all suspected patients vaccinated and treated according to protocol.

Between weeks 22 and 26 (week ending 29 June 2019) a total of 118 suspected cases of measles were recorded with two deaths in Ouandago locality, Nana-Outa commune, Nana Gribizi Health District. Out of 17 blood samples sent to the Institut Pasteur in Bangui, 15 were positive for measles.

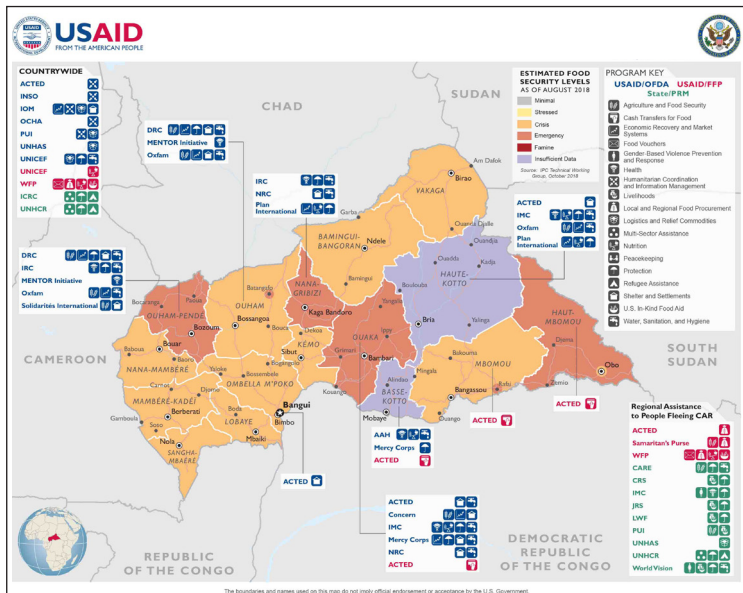
During week 25 (week ending 22 June 2019), also in Nana-Outa commune, 13 pharyngeal swabs were taken from 76 suspected pertussis cases in Yamissi, Patcho, Ngoumourou, Nana-Outa, Goddo and Bogoro villages. Of these, eight returned positive for *Bordetella pertussis*, confirming the outbreak. The age group 1-4 years is most affected (57%), followed by children under 12 months of age (31%). There were two deaths among children aged less than 12 months. Most cases are among females (62; 53%), with 47% (56 cases) in males. A few adults also presented with symptoms. Of the reported cases, 10 were hospitalized. All affected children had incomplete immunization for both measles and pertussis.

A total of 192 cases of hepatitis E, including 147 confirmed and one death (case fatality ratio 0.5%) have been reported since the start of the outbreak in October 2018.

PUBLIC HEALTH ACTIONS

- An interagency assessment and emergency response mission in the return zones in the Kongbo-Mobaye-Zangba axis took place from 26 June 2019 to 1 July 2019; WHO deployed drug kits in nine health structures in this axis.
- Investigation activities were coordinated around suspected measles and pertussis cases by the WHO sub-office team, with a local crisis meeting for the development of a response plan, while ALIMA and ICRC are supporting case management, and ALIMA is deploying community relays to strengthen communication and active case search. Measles and pertussis immunization responses are being organized, being synchronized with neighbouring districts of Kabo and Batangafo, along with vitamin A supplementation and deworming of all children.

Humanitarian snapshot in Central African Republic, as of 21 March 2019.



- Rabies surveillance activities are being strengthened by the Ministry of Livestock and the FAO, along with radio programmes to raise awareness and advocacy for a canine vaccination programme.
- Water, sanitation and hygiene (WASH) actors are mobilizing and intervening in Ngaoundaye to support response to the hepatitis E outbreak, with support given to the Bocaranga-Koui health district crisis committee to strengthen coordination; WASH activities are continued around the last two confirmed cases in Ngaoundaye; suspect wells have been closed and outreach activities of the communication sub-committee have been strengthened.

SITUATION INTERPRETATION

The robust public health responses by authorities and partners to the ongoing outbreaks in Central African Republic are to be applauded, as are the efforts to continue to provide aid to vulnerable and displaced populations. However, while the security situation continues to be precarious and unpredictable, little real progress will be made. National and international authorities need to continue to intervene to address the underlying drivers of the situation and to provide funds necessary to continue with proven public health measures.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- ▶ Two simultaneous cVDPV2 events occurred this week involving two AFP cases in Democratic Republic of the Congo and one environmental sample in Ghana. The frequency of occurrence of cVDPV2 has been increasing in the recent past, raising major concerns. There are three major epicentres of cVDPV2 in the African region: Democratic Republic of the Congo, the Lake Chad basin and the Horn of Africa. These epicentres are related to major and prolonged complex humanitarian emergencies where immunization services have been greatly disrupted. However, the countries surrounding these loci also have conditions conducive to rapid spread of polioviruses, namely accumulation of unprotected populations, suboptimal sanitation and high population mobility. To that effect, cVDPV2 is likely to become a major public health problem in the African region unless decisive actions are taken immediately.
- ▶ The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues. The occurrence of a confirmed case in Goma on 14 July 2019, while long anticipated and prepared for, emphasises the enormous challenges around control of this outbreak, reinforcing the need for strong and consistent implementation of all public health measures. While progress is slowly being made, the ongoing response operations are being challenged by suboptimal resourcing, negatively impacting on the entire response. Member States and other donors are strongly encouraged to provide additional funding in order to ensure that hard won progress in containing this EVD outbreak will not suffer a potentially devastating setback due to financial limitations.

Proposed actions

- ▶ All countries in the African Region need to step up efforts to improve the performance of their immunization programmes and maintain high immunization coverage for all antigens, including polio, as well as strengthening AFP surveillance.
- ▶ All WHO Member States and donors need to provide adequate funding for response to the EVD outbreak in Democratic Republic of the Congo and preparedness in the neighbouring countries. The national authorities and partners in Democratic Republic of the Congo need to re-double and sustain the current response efforts to the EVD outbreak.

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										
Ghana	Polio-myelitis (cVDPV2)	Ungraded	09-Jul-19	08-Jul-19	10-Jul-19	-	-	-	-	Detailed update given above.
Ongoing Events										
Angola	Measles	Ungraded	04-May-19	01-Jan-19	30-Jun-19	3 127	85	64	2.00%	In week 26 (week ending on 30 June 2019), 9 suspected cases were reported. From week 1 to week 26 of 2019, a cumulative total of 3 127 suspected (investigated) cases including 64 deaths have been reported from 18 provinces of Angola. Lunda Sul and Moxico provinces have reported 73% and 17% of cases respectively. A total of 85 laboratory confirmed cases have been reported since week 1 of 2019.
Angola	Poliomyelitis(VDPV2)	G2	08-May-19	05-Apr-19	03-Jul-19	2	2	-	-	A second cVDPV2 outbreak has been reported in Angola in epidemiological week 27 (week ending on 6 July 2019) following the notification of the isolation of a vaccine derived poliovirus type-2 (VDPV2) from the community contacts of an AFP case from Huila province (Cuvango district) in Angola by global polio laboratory network. The earlier outbreak was detected in Lunda Norte province; for which an outbreak response is in progress.
Benin	Cholera	Ungraded	05-Jul-19	03-Jul-19	07-Jul-19	8	4	0	0.00%	From 3 to 7 July 2019, a total of 8 suspected cholera cases with no death have been reported from two communes of Atlantique Department, namely, Zè and and Sô-Ava communes. Of the 8 suspected cases, four cases were confirmed by culture for <i>Vibrio cholerae</i> 01. The outbreak occurs in areas with poor sanitary conditions (open defecation, limited access to drinking water). Active case search, case management, community sensitization and distribution of water purification tablets in the community are ongoing in the affected areas.
Benin	Dengue fever	Ungraded	13-May-19	07-May-19	10-Jul-19	8	6	2	25.00%	As of 10 July 2019, a total of eight suspected cases of dengue fever, including six confirmed cases and two deaths have been reported from five communes of Benin, namely, Abomey-Calavi, Seme-Kpodji, Porto-Novo, Cotonou 2 and Cotonou 6.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Burkina Faso	Humanitarian crisis	G2	01-Jan-19	01-Jan-19	11-Jul-19	-	-	-	-	Since 2015, the security situation initially in the regions of the Sahel and later in the East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement leading to a total of 219 756 internally displaced persons registered as of 10 July 2019, of which more than half were registered since the beginning of 2019. Actually, the most affected regions are: North, Boucle du Mouhon, East and Centre regions. A total of 39 health facilities has been closed and 68 health facilities function at a minimum level.
Burundi	Cholera	Ungraded	05-Jun-19	04-Jun-19	06-Jun-19	7	4	0	0.00%	On 5 June 2019, WHO has been notified by the Ministry of Public Health and the Fight against AIDS of Burundi of a cholera outbreak in Bujumbura Mairie province (Bujumbura-South health district) and Cibitoke province (Cibitoke health district). As of 6 June 2019, a total of 7 cases with no death were reported and admitted in Prince Regent Charles hospital (5) and Rugombo (2) Cholera Treatment Centers in Bujumbura Mairie and Cibitoke provinces respectively. A total of four of the seven samples collected tested positive for <i>Vibrio cholerae</i> Ogawa at the National Institute of Public Health reference laboratory on 5 June 2019. One of the four confirmed cases is a Burundese driver from Gitega city living in Uvira, Democratic Republic of the Congo. Investigations are ongoing.
Burundi	Malaria	Ungraded		01-Jan-19	26-May-19	3 207 552		1 273	0.00%	Since week 48 of 2018 (week ending 2 December 2018), there has been a progressive increase in the number of malaria cases reported across the 46 districts of Burundi, with the epidemic threshold reached or exceeded in week 18 (week ending 5 May 2019). In week 21 (week ending 26 May 2019), 182 751 cases including 66 deaths have been reported from 39/46 districts. From week 1 (week ending 5 January 2019) to week 21 of 2019, a cumulative total of 3 207 552 cases and 1 273 deaths (CFR 0.04%) have been reported. There is a 102% increase in the number of cases reported in week 21 of 2019 compared to week 21 of 2018, and a 52.7% increase in the number of cases reported from week 1 to week 21 of 2019 compared to the same period in 2018.
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	03-Jul-19	-	-	-	-	Detailed update given above.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Cameroon	Humanitarian crisis (NW & SW)	G2	01-Oct-16	27-Jun-18	03-Jul-19	-	-	-	-	Detailed update given above.
Cameroon	Cholera	G1	24-May-18	18-May-18	01-Jul-19	1 113	97	66	5.90%	The cholera outbreak that was declared on 14 July 2018 is ongoing in the North region of Cameroon. Since January 2019 only the North region continues to report new cases of cholera. From 24 June to 1 July 2019, the North region reported 43 new-suspected cases. The Centre, Littoral and Far North regions have not reported new cases since January 2019.
Cameroon	Measles	Ungraded	02-Apr-19	01-Jan-19	30-Jun-19	1 667	1 077	5	0%	During epidemiological week 26 (ending on 30 June 2019), a new district (Nkondongo) in the Centre region reached the epidemic threshold. Since the beginning of 2019, a total of 1 667 suspected cases of which 1077 were confirmed as IgM-positive have been reported. The outbreak is currently affecting thirty districts, namely Kolofata, Kousseri, Mada, Goufey, Makary, Koza, Mora, Maroua 3, Maroua 1, Bourha, Vélé, Mogodé, Ngaoundéré rural, Bangué, Guider, Figuil, Ngong, Pitoa, Touboro, Bibémi, Garoua 1, Garoua 2 et Lagdo, Tcholliré, Guidiguis, Moutourwa, Mokolo, Cité verte et Djoungolo, Nkolndongo.
Cameroon	Poliomyelitis(cVDPV2)	G2	23-May-19	23-May-19	26-Jun-19	-	-	-	-	On 23 May 2019, WHO received notification through the Global Polio Laboratory Network (GPLN) of the detection of circulating vaccine-derived poliovirus type 2 (cVDPV2) from an environmental sample collected on 20 April 2019 in the Northern province of Cameroon which borders Borno state in Nigeria and Chad. There are no associated cases of paralysis detected so far.
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	30-Jun-19	-	-	-	-	Detailed update given above.
Central African Republic	Hepatitis E	Ungraded	02-Oct-18	10-Sep-18	30-Jun-19	192	147	1	0.50%	Two new cases has been confirmed in epidemiological week 26 (week ending on 30 June 2019). As of 30 June 2019, a total of 192 cases of acute jaundice syndrome, of which 147 were confirmed for viral hepatitis E, have been recorded from Bocaranga-Koui and Ngaoundaye. In total, the Ngaoundaye health district reported 7 cases of viral hepatitis E including 6 confirmed cases and 1 probable case since the beginning of the epidemic and the last case was reported in week 7.

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	Measles	Ungraded	15-Mar-19	11-Feb-19	16-Jun-19	173	19	2	1.20%	There is a decreasing trend in the number of reported measles cases since week 19 of 2019 (week ending on 12 May 2019). A total of 5 new suspected cases of measles were notified from Paoua district in epidemiological week 21 (week ending on 26 May 2019). From epidemiological week 5 to 21 (28 January – 26 May 2019), a total of 173 suspected measles cases, of which 19 were confirmed have been reported from Paoua, Batangafo and Vakaga districts. About 80% of cases are under 5 years of age with a high proportion of male.
Central African Republic	Monkey-pox	Ungraded	20-Mar-18	02-Mar-18	02-Jun-19	38	25	3	7.90%	Four suspected cases including one death were reported in Haute-Kotto prefecture in week 22 (week ending on 2 June 2019). As of 2 June 2019, a total of 38 suspected cases including 3 deaths (CFR 7.9%) were reported from Mbaiki, Bangassou, Bambari, Bossembele and Haute-Kotto districts. Twenty-five cases have been laboratory confirmed.
Central African Republic	Polio-myelitis (VDPV2)	G2	24-May-19	24-May-19	09-Jun-19	2	2	0	0.00%	Two cases of cVDPV2 not genetically linked have been confirmed on 29 May and 31 May respectively. The first case, a 3-year-old female, developed acute flaccid paralysis on 2 May 2019. She was found in an IDP camp in Bambari district, Health region 4. Twelve contacts were registered. A total of 21 samples were collected of which 6 out of 17 were positive for poliovirus type 2 and four are pending results. The second case was reported from Bimbo district, Health region 1 with date of paralysis onset on 6 May 2019. Samples from the 17 contacts were collected and are pending results. Preparations for supplementary polio immunization activities are ongoing, round 0 is planned from 16 to 19 June 2019.
Chad	Measles	Ungraded	24-May-18	01-Jan-19	07-Jul-19	22 629	121	221	1.00%	In week 27 (week ending 7 July 2019), 490 suspected cases with six associated deaths were reported. Thirty-nine districts were in the epidemic phase, four less affected districts compared to week 26 of 2019. Since the beginning of the year, a total of 22 629 suspected cases and 221 deaths (CFR 1%) have been reported with Am Timan, N'Djamena East, N'Djamena South, Bongor, Moundou, Bousso and N'Djamena Centre districts all exceeding 1 000 suspected cases. Among the 1 638 cases investigated and tested, 121 were IgM positive, 81% were not vaccinated, and 47% were aged between 1 and 4 years old.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Comoros	Cyclone Kenneth	Ungraded	23-Apr-19	24-Apr-19	10-May-19	-	-	-	-	The Union of Comoros faced a tropical cyclone Kenneth, which landed on 24 April 2019, at 21:00 (GMT+3) in northern Ngazidja Island. The cyclone resulted in fallen trees and destruction of houses resulting in deaths and making many homeless, including children. Some small fishing boats were pushed against the landing stages, causing their destruction. As of 10 May 2019, 19 372 persons were internally displaced, 182 injured and 7 had died.
Comoros	Measles	Ungraded	26-May-19	20-May-19	30-Jun-19	76	30	0	-	An outbreak was confirmed in week 21 of 2019 (week ending 26 May 2019) when five measles IgM-positive cases were reported in a week from two districts of the Grande Comore island, namely Moroni (3) and Mitsamiouli (2). From week 21 to week 26 (week ending 30 June 2019), a total of 76 suspected cases including 30 confirmed (15 confirmed by epidemiological link and 15 confirmed by serology) with no death were reported from three districts of Grande Comore Island, namely, Moroni (27), Mitsamiouli (2), and Mbeni (1). More than 70% of confirmed cases are aged between 6 months and 14 years. About 73% of cases are unvaccinated or have unknown immunization status. From week 1 to week 26 of 2019, a cumulative total of 36 confirmed measles cases including 20 confirmed by serology and 16 confirmed by epidemiological link, have been reported from Grand Comore. Four samples (throat) were sent to UVRI in Uganda for further virus typing. Results are pending.
Congo	Chikungunya	G1	22-Jan-19	07-Jan-19	07-Jul-19	11 050	148	0	0.00%	The outbreak of chikungunya, that started in January 2019 in the Republic of Congo is improving. The incidence of chikungunya cases is showing a downward trend in all affected areas. In week 27 (week ending on 7 July 2019), a total of 43 cases were reported, while 83 cases were reported in week 26 (week ending on 30 June 2019). Since the beginning of the outbreak, a total of 10 462 has been reported in 37 out of 52 health districts of the country. The affected areas include the densely populated zones such as Brazzaville and Pointe-Noire. No death has been reported to date. Entomological investigation showed the presence of the vector, <i>Aedes albopictus</i> .

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Côte d'Ivoire	Dengue fever	Ungraded	15-Feb-19	01-Jan-19	25-Jun-19	1 784	188	2	0.10%	As of on 25 June 2019), 1 784 suspected cases of dengue fever have been reported including 2 deaths. A total of 188 cases were confirmed with dengue fever serotype 1 and 3. Over 1 000 samples are still waiting to be tested. Thirty-eight out of 86 districts in the 15 health regions reported at least 1 case with Cocody Bingerville District in Abidjan reporting 115 confirmed cases and 44 cases in Abobo East district.
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	23-Jun-19	-	-	-	-	The Democratic Republic of the Congo continues to experience a complex humanitarian crisis involving armed conflicts and inter-community tension exacerbating the numbers of those in need of humanitarian assistance. Populations movements due to armed clashes have been reported in North-Kivu, Ituri, and South-Kivu. In Ituri, intercommunal violence in Djugu territory has resulted in the internal displacement of between 300 000 and 500 000 people. In Tanganyika, clashes between interethnic militia have led to closing of health centres in eight health areas in Kalemie and Nyunzu.
Democratic Republic of the Congo	Chikungunya	Ungraded	08-Feb-19	30-Sep-18	12-May-19	1 181	426	0	0.00%	From week 49 of 2018 to week 19 of 2019 (week ending 12 May 2019), a total of 1 181 suspected cases of Chikungunya were reported from 25 health zones of Kinshasa and 8 health zones of Kongo provinces. Around 65% of cases have been reported from Gombe, Mont Gafula,1, Mont Gafula 2, Massa and Matadi health zones. A total of 778 samples collected among the 1 181 cases were tested at the National Institute of Biomedical Research in Kinshasa. Of the 778 samples tested, 426 (54.7%) were confirmed by RT-PCR. Females are more affected than males with a male to female sex ratio of 0.5.
Democratic Republic of the Congo	Cholera	G3	16-Jan-15	01-Jan-19	23-Jun-19	13 118	-	279	2.10%	During week 25 (week ending 23 June 2019), a total of 407 suspected cases of cholera including 3 deaths (CFR 0.7%) have been notified from 19 provinces. The endemic provinces in the East (Haut-Katanga, Haut-Lomami, Nord-Kivu, Sud-Kivu and Tanganyika) have reported 91% of cases and 50% of deaths during week 25. Since the beginning of 2019, a total of 13 118 cases including 279 deaths (CFR 2.1%) have been notified from 20 out of 26 provinces.
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	14-Jul-19	2 501	2 407	1 665	67%	Detailed update given above.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	01-Jan-19	23-Jun-19	114 794	782	1 981	1.80%	In week 25 (week ending 23 June 2019), 3 341 measles cases including 64 deaths have been reported from 23 of the 26 provinces of the country. In total, 103 health zones across the country have reported confirmed measles outbreaks. Since the beginning of 2019, 114 794 measles cases including 1 981 deaths (CFR 1.7%) have been recorded. Sixty-four percent of the cases have been notified from Tshopo, Lualaba, Kasai and Haut-Lomami provinces.
Democratic Republic of the Congo	Monkey-pox	Ungraded	n/a	01-Jan-19	23-Jun-19	2 460	-	53	2.20%	Since the beginning of 2019, a cumulative total of 2 460 monkeypox cases, including 53 deaths (CFR 2.2%) were reported. In week 25, 65 cases including 4 deaths were reported nationally.
Democratic Republic of the Congo	Polio-myelitis (cVDPV2)	G2	15-Feb-18	n/a	03-Jul-19	26	26	0	0.00%	One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported this week in the Democratic Republic of the Congo (DR Congo). So far, six cVDPV case has been reported in DRC in 2019. The total number of cVDPV2 cases reported in 2018 is 20. DRC is currently affected by six separate cVDPV2 outbreaks, in the provinces of Haut Katanga; Mongala; Haut Lomami/Tanganika/Haut Katanga/Ituri, Sankuru and Kasai (2).
Ethiopia	Humanitarian crisis	Ungraded	15-Nov-15	n/a	09-Jun-19	-	-	-	-	The humanitarian crisis in Ethiopia continues with growing and cyclical waves of humanitarian emergencies. There are about two million internally displaced living in 1 200 temporary sites in 300 woderas. The cholera outbreak is ongoing with 501 suspected and 19 confirmed cases being reported.
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	30-Jun-19	642	20	15	2.30%	A total of 688 suspected and 23 confirmed with associated 15 deaths have been reported in Ethiopia as of June 23, 2019 from 5 regions of Afar (12), Amhara (202), Oromia (326), Somali (33), Tigray (17) regions and two administrative cities of Addis Ababa city (97) and Dire Dawa (1). The main affected sub-cities of Addis Ababa are Kaliti and Addis Katema which account for more than 50% of the cases reported in Addis Ababa. Of these cases, 23 were confirmed by culture and typing results from one cultured specimen showed <i>V. cholerae</i> 01 Ogawa. The main identified risk factors is said to be the contaminated water sources.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Ethiopia	Measles	Ungraded	14-Jan-17	01-Jan-19	30-Jun-19	6 889	59	-	-	As of week 26, 2019 (week ending 30 June 2019), the measles outbreak is ongoing in Oromia, Amhara and Somali regions. A total of 6 889 measles cases from Oromia, Amhara and Somali regions. All the age groups are affected, however the most affected age groups are under 5 (49.7%) and 15-44 (26.3%). Seventy-two (72%) of the reported measles cases have not had a single dose of the measles vaccine. This is an indication of very low vaccination coverage and a lot needs to be done to improve vaccination coverage so as to protect the general population against measles outbreaks.
Ethiopia	Poliomyelitis(VD-PV2)	Ungraded	24-Jun-19	20-May-19	21-Jun-19	1	1	0	0.00%	One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported from Doolo/Warder, Somali State, Ethiopia with onset on 20 May 2019. This is the first case of cVDPV2 reported from Ethiopia in 2019. In 2018, Ethiopia reported zero cases.
Guinea	Measles	Ungraded	09-May-18	01-Jan-19	09-Jun-19	2 304	712	6	1.00%	During week 23 (week ending on 9 June 2019), 115 suspected cases of measles were reported. From week 1 to 23 (1 January - 9 June 2019), a total of 2 304 suspected cases have been reported. Of these, 1 201 cases were sampled, of which 712 tested positive for measles. Sixteen areas are in the epidemic phase including urban areas of Coyah, Dixinn, Dubréka, Labé, Matoto, Ratoma as well as the sub-prefectures of Manéah (health district of Coyah), Maferinya (Forécariah), Kégnéko (Mamou) Kamsar and Sangaredi (Boké), Lelouma (CU and Sagalé), Telimele (CU). A total of 6 deaths have been recorded since the beginning of 2019.
Kenya	Cholera	Ungraded	21-Jan-19	02-Jan-19	23-Jun-19	3 036	129	20	0.70%	Since January 2019, nine of the 47 Counties of Kenya reported cholera cases, namely: Kajiado, Nairobi, Garissa, Machakos, Mandera, Embu, Narok, Wajir, and Mombasa Counties. The outbreak remains active in five Counties: Nairobi, Garissa, Kajiado, Wajir and Mombasa. From January to 23 June 2019, a total of 3 036 cases including 20 deaths (CFR 0.7%) have been reported, of which 129 cases have been laboratory-confirmed.
Kenya	Leishmaniasis	Ungraded	31-Mar-19	01-Jan-19	23-Jun-19	1 648	321	22	1.30%	From week 1 to week 24 in 2019, a total of 1 564 cases of leishmaniasis have been reported from Marsabit and Wajir counties. The last peak was observed in week 20 (week ending 19 May 2019). Marsabit county has reported 1387 suspected cases with 15 deaths (CFR 1.2%), of which 294 tested positive by the rapid diagnostic test (RDT). Wajir county has reported 261 suspected cases with 7 deaths (CFR 2.7%), of which 27 tested positive by RDT.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Kenya	Measles	Ungraded	06-May-19	20-Mar-19	23-Jun-19	180	10	1	0.60%	Measles outbreak has been reported in Garissa and Kajiado counties. As of 23 June 2019, ten cases have been reported from Garissa County in Dadaab Sub-County. Six of these cases have been laboratory confirmed. In Kajiado County, Kajiado West Sub-County has been affected with 170 cases reported of which ten were laboratory-confirmed. One death has been reported in both counties.
Liberia	Lassa fever	Ungraded	23-Jan-19	01-Jan-19	23-Jun-19	32	22	8	25.00%	Of 71 suspected cases reported year-to-date, 22 have tested positive by RT-PCR, 39 discarded due to negative test results, and ten are pending test results. A total of eight deaths (case fatality ratio 36.4%) have been reported among confirmed cases.
Liberia	Measles	Ungraded	24-Sep-17	01-Jan-19	30-Jun-19	1 120	110	5	0.40%	In week 27 (week ending on 7 July 2019), 18 suspected cases were reported from 8 out of 15 counties across the country. Since the beginning of 2019, 1 120 cases have been reported across the country, of which 110 are laboratory-confirmed, 79 are epi-linked, and 633 were clinically confirmed.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	02-Jul-19	-	-	-	-	The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The presence and activities of armed groups not included in the 2015 agreement continues to influence the security situation. Clashes between Dogon (pastoralist farmers) and Fulani (nomadic herders) communities over land and access to water points have also increased in central and northern regions. On 30 June 2019, armed men attacked three predominantly Fulani villages in Mopti region.
Mali	Measles	Ungraded	20-Feb-18	01-Jan-19	30-Jun-19	980	261	0	0.00%	As of week 26 (week ending on 30 June 2019), 980 suspected cases of measles have been reported from 20 health districts, 13 of which have passed epidemic thresholds. 261 (27.1%) suspected cases tested IgM positive.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Mauritius	Dengue fever	Ungraded	26-Feb-19	26-Feb-19	23-Jun-19	132	132	0	0.00%	The dengue fever outbreak is ongoing in Mauritius. From 26 February 2019 to 23 June 2019, a total of 132 cases including 9 imported cases have been reported. The district of Port Louis recorded the highest number of locally transmitted cases of dengue (115) followed by Plaines Wilhems (5), Pamplemousses (2) and Savanne (1). A peak was observed in week 17 (22-28 April 2019) when 30 indigenous cases were confirmed, followed by a decreasing trend in case incidence. Two circulating serotypes have been identified. The serotype 1 has been found in most confirmed cases and the serotype 2 has been found in five imported cases from Reunion and two locally transmitted cases.
Mozambique	Cholera	Ungraded	27-Mar-19	27-Mar-19	25-Jun-19	7 052	-	8	0.10%	The cholera outbreak continues to improve in provinces that were affected by the cyclones (Kenneth and Idai) in 2019. As of 19 June 2019, 284 cases and no deaths were reported in Cabo Delgado province, with Pemba being the most affected and a total of 6 768 suspected cases and 8 deaths were reported in Sofala, with Beira being the most affected district. Sofala province has not reported cases of Cholera for the last eighteen days.
Mozambique	Cyclone Kenneth	Ungraded	25-Apr-19	25-Apr-19	19-Jun-19			45		On 25 April, Cyclone Kenneth reached the Mozambican coast on the extreme north of the province of Cabo Delgado, hitting Ibo, Quissanga and Macomia districts in the category 3 of Tropical Cyclone. The health sector was affected, with a total of 19 health facilities suffering varying degrees of damage. Access to the affected districts is still conditioned due to the destruction of roads, the telecommunications networks and the interruption of electricity.
Mozambique	Flood/cyclone Idai	G3	15-Mar-19	15-Mar-19	19-Jun-19	-	-	-	-	Humanitarian partners continue supporting the affected population shifting gradually from emergency to early recovery interventions. The number of displaced people seeking shelter in accommodation centres in Sofala has decreased. As of 17 June 2019, there were three accommodation centres remaining in Sofala. Health services provision remains challenging for communities living in remote and hard-to-reach areas. Weekly number of malaria cases are declining in affected areas in Sofala province.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Mozambique	Polio-myelitis (cVDPV2)	G2	07-Dec-18	07-Dec-18	26-Jun-19	1	1	0	0.00%	No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week. One circulating vaccine-derived poliovirus type 2 (cVDPV2) isolate was detected, from an acute flaccid paralysis (AFP) case (with onset of paralysis on 21 October 2018, in a six-year old girl with no history of vaccination, from Molumbo district, Zambezia province), and two isolated from a community contact of the case reported on 10 and 17 December 2018. (source: GPEI)
Namibia	Hepatitis E	G1	18-Dec-17	08-Sep-17	16-Jun-19	5 423	1 041	45	0.80%	In week 23 and week 24 (week ending 16 June 2019), 113 cases were reported from eight regions of Namibia, with 60 cases (61%) reported from Khomas region. There were 57 more cases reported in weeks 23 and 24 compared to weeks 21 and 22 when 56 cases were reported. As of 16 June 2019, a cumulative total of 5 423 cases of acute jaundice syndrome (AJS) have been reported nationally since September 2017, including 1 041 laboratory-confirmed, 3 694 epidemiologically-linked, and 688 suspected. A cumulative total number of 45 deaths have been reported nationally (CFR 0.8%), of which 20 (43%) occurred in pregnant or post-partum women. More than 90% of cases have been reported from eight out of 14 regions of Namibia, namely, Khomas, Omusati, Erongo, Oshana, Oshikoto, Kavango, Ohangwena, and Omaheke regions. Cases reported across the country are mainly from informal settlements with limited access to clean water and sanitation services.
Niger	Humanitarian crisis	Protracted 1	01-Feb-15	01-Feb-15	28-Jun-19	-	-	-	-	The security situation continues to worsen in Niger following Boko Haram attacks in the region. A total of 70 000 people are displaced in Tilabery, Maradi and Tahoua and more than 150 civilians were killed following the upsurge of armed attacks in 2019. It is estimated that a total of 170 000 people will be at risk of flooding during the rainy season. Humanitarian needs in the affected area include shelter, food, health and protection.
Niger	Circulating vaccine-derived polio virus type 2 (cVDPV2)	G2	08-Jul-18	08-Jul-18	26-Jun-19	11	11	1	9.10%	No circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported in this week. Since the beginning of 2019 there has been one case reported from Bosso health district, Diffa region on 3 June 2019. A total of ten cVDPV2 cases were reported in 2018 in Niger, which were genetically linked to a cVDPV2 case in Jigawa and Katsina states, Nigeria. (source: GPEI). Investigations are ongoing around the new confirmed case in Bosso district.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Niger	Measles	Ungraded	10-May-19	01-Jan-19	23-Jun-19	9 221		47	0.50%	During the week 25 (week ending on 23 June 2019), 204 suspected measles cases with 1 deaths have been reported from the country. This brings the cumulative total of 2019 to 9 221 suspected cases including 47 deaths (CFR 0.5%). Maradi (3274 cases including 6 deaths) and Tahoua (1 724 including 22 deaths) region reported the most number of cases, followed by Zinder (1252 including 7 deaths), Niamey (1182 with 1 death), Tilaberi (478 including 3 deaths), Agadez (379 including 2 death), Diffa (260 with no death) and Dosso (286 cases including 3 deaths). In 2019, significantly more cases have been reported than the previous two years. However, after the peak in week 14 (week ending on 7 April 2019), reported case numbers have been decreasing, which is similar to the same trend observed in past two years, corresponding to the early phase of the end of high transmission season.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	30-Jun-19	-	-	-	-	The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security-compromised areas characterized by overcrowded population in many camps in the region. The number of measles cases being reported also remains high. There has been a recent increase in the number of displaced persons following recent attacks on villages by insurgents with over 7 000 persons being relocated to Damboa LGA in May.
Nigeria	Cholera	Ungraded	19-Jun-19	15-May-19	28-Jun-19	156	16	1	0.60%	Thirty-one new cases were reported from 24 to 28 June 2019 the three affected Local Government Areas (LGAs) in Adamawa State namely; Yola North (9 cases), Girei (20 cases), and Yola South (2 cases). No deaths were reported. From 15 May to 28 June 2019, a cumulative total of 156 cases with one death (CFR 0.6%) have been reported from three LGAs with the caseload distributed as follows: Yola North (74 cases with one death), Girei (79 cases with zero deaths), and Yola South (three cases with zero deaths).
Nigeria	Lassa fever	Ungraded	24-Mar-15	01-Jan-19	16-Jun-19	606	591	147	24.30%	In reporting week 24 (week ending on 16 June 2019), four new confirmed cases were reported from Edo (2) and Ondo (2) with one new death from Ondo state. Eighty-three Local Government Areas (LGAs) across 22 states have reported at least one confirmed case since the beginning of 2019. No new health worker infection was reported in week 24. A total of 473 contacts are currently being follow-up. Three patients are in admission at treatment sites across the country. The emergency phase of the outbreak was been declared over.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Nigeria	Measles	Ungraded	25-Sep-17	01-Jan-19	25-May-19	30 669	1 476	91	0.30%	In epi week 20 (week ending on 19 May 2019), a total of 1 862 suspected cases of measles were reported from 35 states including 2 deaths (CFR, 0.1%). Borno (999), Yobe (131), and Katsina (273) account for 75.3% of all the cases reported in week 20 of 2019. Between epi week 1 and 20 (1 Jan - 19 May 2019), a total of 30 669 suspected cases have been recorded from 695 LGAs in 36 states and FCT with 91 deaths (CFR 0.29%). Of the 6 764 samples tested, 1 476 were IgM positive for measles.
Nigeria	Monkey-pox	Ungraded	26-Sep-17	24-Sep-17	10-May-19	328	132	7	2.10%	On 9 May 2019, the Ministry of Health (MoH) in Singapore notified one laboratory-confirmed case of monkeypox linked to Nigeria. The patient is a 38-year-old Nigerian male who arrived in Singapore on 28 April 2019 who had worked in the Delta state in Nigeria, and had attended a wedding on 21 April 2019 in a village in Asikpo South, Ebonyi State, Nigeria, where he may have consumed bush meat. The Nigerian national focal point has been notified, and details of the contact were provided for follow up actions, as necessary. Potential common source exposure and possible epidemiological links within Nigeria are currently being investigated. The outbreak is ongoing in the country with five new cases reported in week 14 (week ending on 7 April 2019). In total, 23 suspected cases have been reported in 2019 from 13 LGAs across 9 states. Ten cases were laboratory-confirmed from 5 LGAs in 4 states.
Nigeria	Polio-myelitis (cVDPV2)	G2	01-Jun-18	01-Jan-18	26-Jun-19	43	43	0	0.00%	One case of circulating vaccine-derived poliovirus type 2 has been reported in the past week in Ilorin East, Kwara State with onset of paralysis on 19 May 2019. There are nine cVDPV2 cases reported in 2019 so far. The total number of cVDPV2 cases in 2018 remains 34. The country is now affected by three separate cVDPV2 outbreaks, the first centered in Jigawa State with subsequent spread to other states as well as to neighbouring Republic of Niger, the second in Sokoto State and the third one in Bauchi State.
Nigeria	Yellow fever	Ungraded	14-Sep-17	01-Jan-19	31-May-19	1 255	15	1	0.10%	In May 2019, 332 suspected cases with one new presumptive positive and one inconclusive case were recorded. Three cases from Ondo, Anambra and Kebbi states were confirmed from IP Dakar. Reported cases have been plateaued since week 16 (week ending on 21 April) in 2019. Since January 2019, 1 255 suspected cases have been reported from 424 (54.7%) LGAs with one associated death reported from Adamawa (CFR 0.08%).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	07-Jul-19	-	-	-	-	The humanitarian situation has been largely calm but unpredictable in most of the states. In the former greater Warrap state, Jonglei and Lakes resumption of cattle raids has resulted in increased tension and displacements (approximately 9 000 households in Twic). In Yei and the surrounding areas, the security situation remains fragile. The start of the rainy season has increased the risk of flooding in the flood prone areas like Jonglei and Greater Northern Bar el Ghazal, so far in Aweil town flush flooding has already displaced approximately 3 000 households.
South Sudan	Hepatitis E	Ungraded	-	03-Jan-18	09-Jun-19	47	13	2	4.30%	The current outbreak in Benitu PoC continues. In week 23 (week ending 9 June 2019), no new suspected cases of hepatitis E was reported from Benitu PoC. To date, in 2019, total 47 cases including 18 PCR-confirmed cases and two deaths have been reported. Use of unsafe drinking water is a likely source of infection.
South Sudan	Measles	Ungraded	24-Nov-18	24-Nov-18	09-Jun-19	1 187	72	7	0.60%	A new outbreak has been declared in Renk County, Upper Nile Hub, following laboratory confirmation of 3 out of 5 measles samples. Since January 2019, Measles outbreaks were confirmed in 13 counties namely Juba, Pibor, Gogrial West, Aweil South, Melut, Tonj North, Gogrial East, Gogrial West, Aweil West and Aweil East, Renk, Longochuk, and Jur River, and four Protection of Civilian (PoC) sites (Juba, Bentiu, Malakal and Wau).
Tanzania, United Republic of	Cholera	Ungraded	07-Feb-19	26-Jan-19	07-Jul-19	421	14	8	1.90%	During week 27, thirteen new cholera cases and one death were reported from Dar es Salaam and Tanga Region. In the past four weeks, Dar es Salaam Region has reported 38 (77.6%) of 49 cases and Tanga Region reported 11 cases. Sixteen out of 195 districts in the country have reported at least one cholera case this year.
Tanzania, United Republic of	Dengue fever	Ungraded	31-Jan-19	01-Aug-18	07-Jul-19	6 347	6 347	4	0.10%	Tanzania continue to report dengue fever cases. As of week 27 (week ending on 7 July 2019), 258 new dengue cases were reported from Dar es Salaam (214 cases), Tanga (33 case), Lindi (6 cases), Arusha (4 cases) and Ruvuma (1 case). The total confirmed cases reported since the beginning of the outbreak was 6 347 cases including four deaths.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	30-Jun-19	-	-	-	-	Inter-ethnic violence between the Hema and Lendu communities in north-eastern parts of the Democratic Republic of Congo (DRC) is reported to have displaced more than 300 000 since early June. The situation in Ituri Province has deteriorated since mid June, resulting in large displacement in Djugu, Mahagi and Irumu. Inter-ethnic attacks between the two communities had already led to widespread displacement in late 2017 and early 2018, but the situation had calmed.
Uganda	Cholera	Ungraded	27-Jun-19	23-Jun-19	26-Jun-19	11	3	0	0.00%	An outbreak of cholera was declared by the Ministry of Health of Uganda on 24 June 2019 in Bududa district on the border with Kenya. From 23 - 26 June 2019, a total of 11 cases with zero deaths have been reported. Of five stool specimen tested, three cultured <i>Vibrio cholerae</i> . Three case-patients are currently in admission undergoing clinical care. The outbreak is occurring in the aftermath of landslides caused by heavy rains which hit the district in the previous week.
Uganda	Ebola virus disease	G2	11-Jun-19	09-Jun-19	28-Jun-19	3	3	3	100.00%	No new confirmed case of Ebola virus disease has been reported since the death of the third confirmed case on 13 June 2019. A total of 97 contacts have been listed and are under follow-up. Ring vaccination commenced on 14 June 2019. A total of 1 275 people have been vaccinated to date. These include 78 contacts, 747 contacts of contacts and 450 frontline health workers.
Uganda	Measles	Ungraded	08-Aug-17	01-Jan-19	02-Jul-19	1 275	604	6	0.50%	Between 24 April 2019 and 7 May 2019, 144 new additional suspected cases of measles have been reported, among which 81 were confirmed either by laboratory test results or via epidemiological link. Two additional deaths were reported among confirmed cases, which brings the total deceased to six for this year. In total, 1 041 cases including 525 confirmed (329 lab-confirmed and 196 epi-link confirmed) have been reported in 2019 as of 7 May. Among confirmed cases, all except for one case were from rural areas of Uganda, and 56% (293) were unvaccinated. Children under age 5 accounted for 64% (334) of all confirmed cases.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Uganda	Rift valley fever	Ungraded	03-Jun-19	30-May-19	03-Jun-19	1	1	1	100.00%	A suspected human case of Rift Valley fever (RVF) was reported from Kasese district in western Uganda on 31 May 2019. The case-patient is a 45-year-old farmer who presented to Bwera hospital on 31 May 2019 with headache, fever (38.7°C), joint and abdominal pains, fatigue, vomiting blood and passing bloody stools that started on 30 May 2019. The patient died just after admission to the hospital. Samples collected on 31 May 2019 were tested for Ebola, Marburg, CCHF and RVF by PCR at UVRI. The results came back positive for RVF on 2 June 2019. Surveillance has been enhanced in the affected area for detection of human and animal cases .
Uganda	Yellow fever	Ungraded	08-May-19	01-Mar-19	26-May-19	6	2	0	0.00%	On 8 May 2019, WHO received results of two confirmed yellow fever cases who tested positive by IgM and PRNT from Masaka and Koboko. Both cases presented with symptoms of fever, malaise and joint pain since the beginning of March 2019. One case had bleeding symptoms with no jaundice. An investigation in the affected district found four additional suspected cases from Masaka district, results are still pending.
Zimbabwe	Floods/land slides	G2	15-Mar-19	15-Mar-19	12-Jun-19	-	-	-	-	The tropical cyclone Idai hit 3 provinces neighboring Mozambique namely Manicaland, Masvingo and Mashonaland East, on 15 March 2019. The Government has reported that around 270 000 people are affected by the floods and cyclone, and 299 deaths, with 186 injuries have occurred. Sixty-one percent (181) of deaths and 98% (183) of people injured were reported from Chimanimani and Chipinge districts in Manicaland province. The second round of OCV campaign ended on 1 June 2019, where a total of 398 684 people were (86.9%) vaccinated in Chimanimani and Chipinge district.
Zimbabwe	Typhoid fever	Ungraded	-	01-Oct-17	28-Apr-19	10 320	427	24	0.20%	During week 17 (week ending on 28 April 2019), 54 new suspected typhoid cases and no deaths have been reported. The reported cases were from North Western (21), West South West (14), Harare Central Hospital (1), South Western (8), Parirenyatwa Group of Hospitals (7) and Mpilo Central Hospital (2) respectively. The cumulative figures for typhoid fever in 2019 are 5 161 suspected cases, among which 165 were confirmed and nine died (CFR 0.17%).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Closed Events										
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	07-Jul-19	1 473	1 473	4	0.30%	During week 27 (week ending on 7 July 2019), zero new confirmed cases were reported across the country. From 21 March 2018 to 7 July 2019, a total of 1 473 laboratory-confirmed cases were reported. The most affected districts are Port Louis and Black River. Among 17 throat swab analyzed, the genotype D8 was detected in 13 samples. Sporadic cases were reported in the last 15 weeks and zero cases have been reported in the last 5 consecutive weeks.
Uganda	Crime-an-Congo haemorrhagic fever (CCHF)	Ungraded	17-Apr-19	24-May-18	14-May-19	18	14	4	22.20%	A new confirmed case of Crime-an-Congo haemorrhagic fever (CCHF) has been reported from Uganda. The case-patient is a 10-year-old male resident of in Kikube district. He was admitted to Rweyawawa health centre with a history of fever, diarrhoea, vomiting, fatigue and sore throat. Two days later, he started passing blood in his stool and bleeding from his mouth and nose. Laboratory testing of blood samples tested positive for CCHF on PCR
Zambia	Cholera	Ungraded	14-May-19	03-Apr-19	21-Jun-19	312	67	6	1.90%	The cholera outbreak in Mpulungu district, Northern province was declared over after 16 days of zero cases being reported. At the end of the outbreak, the country had reported a total 312 cholera cases out of which six (6) cases died (CFR=1.9%). A total 67 out of these 312 cases were positively confirmed by laboratory culture. The last case in this outbreak was detected on 6 th June 2019.

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: <http://www.who.int/hac/about/erf/en/>.

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.

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