

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 12: 18 – 24 March 2019  
Data as reported by 17:00; 24 March 2019

**3**

New events

**65**

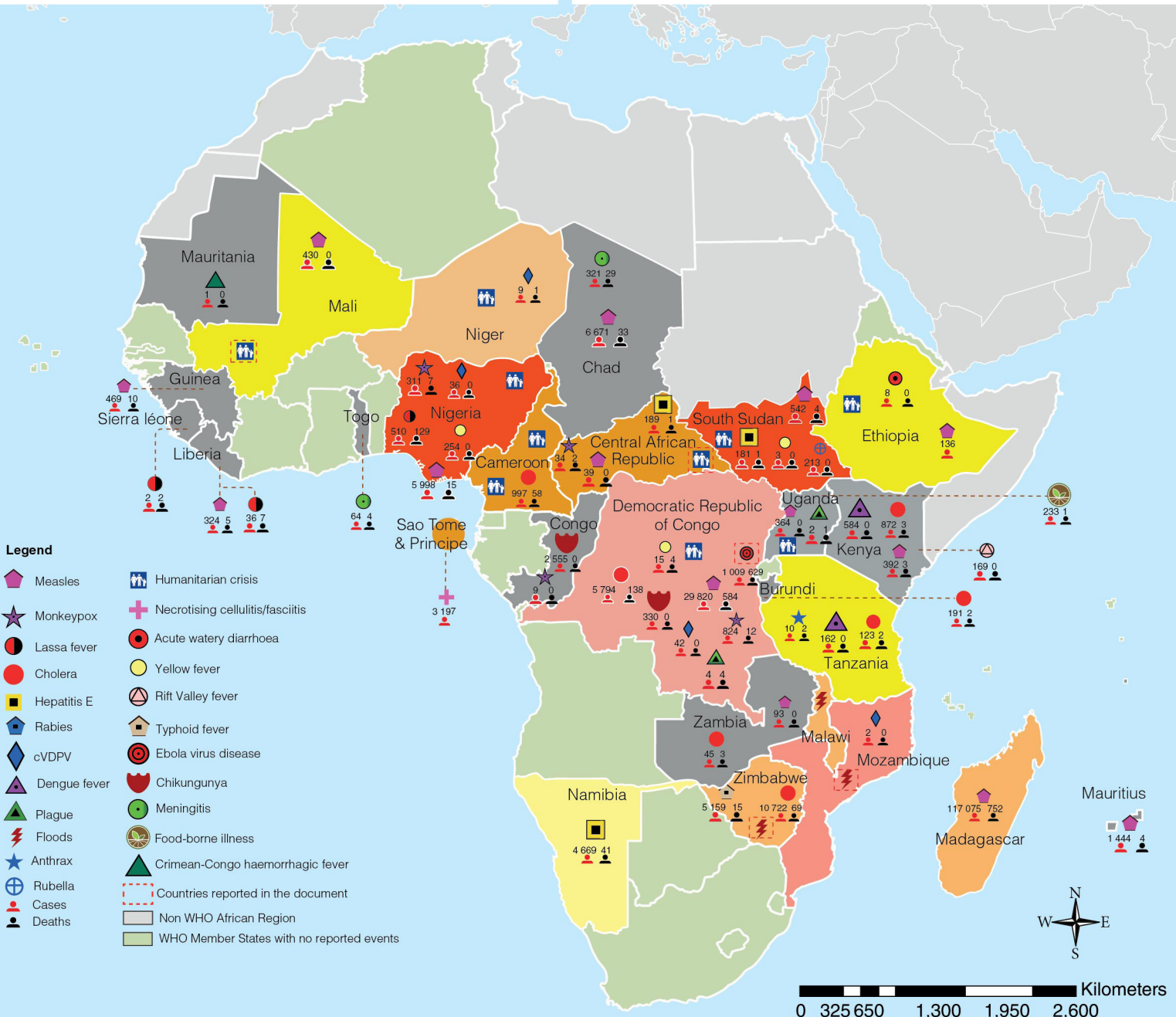
Ongoing events

**55**

Outbreaks

**13**

Humanitarian crises



Graded events †

**4**

Grade 3 events

**10**

Grade 2 events

**2**

Grade 1 events

**2**

Protracted 3 events

**3**

Protracted 2 events

**4**

Protracted 1 events

**43**

Ungraded events

# Overview

## Contents

2 Overview

3 - 6 Ongoing events

7 Summary of major issues, challenges and proposed actions

8 All events currently being monitored

- ▶ This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 67 events in the region. This week's edition covers key new and ongoing events, including:
  - [Cyclone in Mozambique and Zimbabwe](#)
  - [Ebola virus disease in Democratic Republic of the Congo](#)
  - [Humanitarian crisis in Mali](#)
  - [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:**
  - Tropical cyclone Idai has caused severe devastation in Mozambique and Zimbabwe, and the situation remains serious. Thousands of people in Mozambique are reportedly still waiting to be rescued after several days, mainly because of the overwhelming scale of the disaster. While search and rescue operations are ongoing, other immediate needs are emerging, including access to potable water, food and shelter, while the risk of outbreaks of communicable diseases is ever increasing. Restoration of healthcare services is therefore paramount to prevent, prepare for and respond to outbreaks of communicable diseases as well as provide trauma care, psychosocial counselling and treatment of common and chronic illnesses.
  - The Ebola virus disease (EVD) outbreak in Democratic Republic of the Congo continues. The past week has seen an increase in the number of EVD cases reported after weeks of overall declining trends. This rise could be partly attributed to the disruption of response interventions following the recent spate of insecurity, including attacks on treatment centres, and pockets of community mistrust. This phenomenon also demonstrates how easy it is to lose the gains already made if the ongoing responses are not sustained. Currently, response teams are fully operational in all outbreak affected areas and there are encouraging improvements in community acceptance of the response, despite the ongoing insecurity.

### EVENT DESCRIPTION

The tropical cyclone Idai caused severe devastation in Mozambique and Zimbabwe, while Malawi was luckily spared as much damage following a change in the cyclone's pathways.

In Mozambique, official government figures put the casualties at 471 deaths and more than 1 500 injuries, as of 23 March 2019. The casualty figures are expected to rise as more information comes in. Thousands of people are still reportedly trapped, waiting to be rescued.

More than 33 600 houses have been damaged, of which 20 282 are completely destroyed, 17 137 partially destroyed and 2 184 flooded. Consequently, about 90 000 people are sheltering in more than 112 reception centres across Sofala (67 300 people), Manica (5 400 people), Tete (6 800 people) and Zambezia (9 600 people) provinces, with the majority staying in schools and churches.

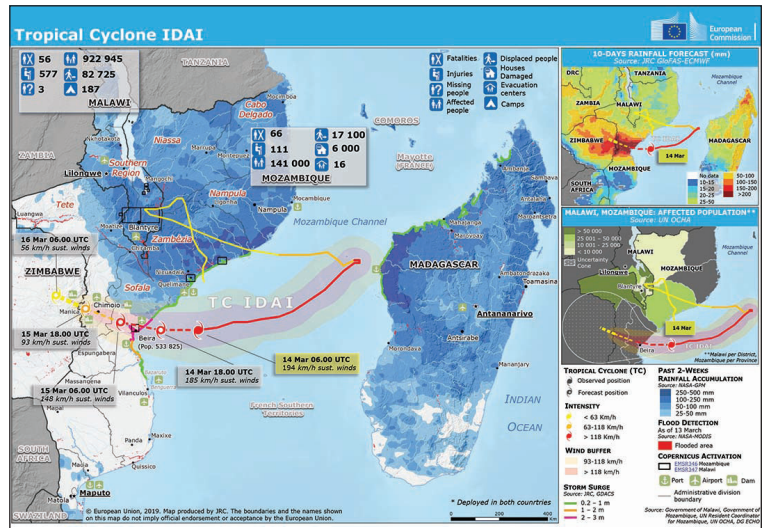
Healthcare system has been significantly affected, with 39 health centres damaged. More than 74 600 women impacted by the cyclone are estimated to be pregnant, of whom 43 000 (60%) are expected to give birth in the next six months. Overall, a cumulative total of 801 000 people have been affected, with about 260 000 children reportedly in desperate conditions. In addition, more than 385 300 hectares of crops have been damaged.

In Zimbabwe, at least 154 deaths have been reported, with 162 injuries and 187 people unaccounted for. At least 250 000 people are reported to have been affected. A total of 1 838 houses and 11 bridges have been damaged. Overall, more than 2 500 households (12 500 to 15 000 people) are estimated to be affected. However, an accurate assessment of the number of people impacted and displaced is being established in the ongoing needs assessments, though many areas remain inaccessible.

### PUBLIC HEALTH ACTIONS

- In Mozambique, the government has established a temporary medical centre in Beira, supported by health teams, including doctors from South Africa. The authorities are activating mobile medical teams for Sofala, with five doctors deployed to each of Buzi, Guara Guara and Lamtana. A communication centre has been established to help families to trace relatives who are displaced or relocated during the floods.
- On 19 March 2019, the National Institute for Disaster Management (INGC) and WFP set up reception centres for people evacuated from Buzi, who are staying in Beira, Casa dos Bicos and Inahina.
- The South African and Indian Navy are evacuating people directly to the airport for further transfer to the centres. The Indian Navy is also setting up medical camps and providing food, water, blankets, and other necessary relief items, as required by the local authorities. Several people with disabilities have also been rescued, including people injured by flying metal sheets from roofs during the cyclone.
- WHO has deployed three emergency/surge staff to Mozambique and released US\$ 50 000 from the Central Fund for Emergencies (CFE) for the initial response, while a proposal for US\$ 600 000 from CERF is being developed. Two medical kits, sufficient to manage 10 000 people for 3 months, have been delivered to the national authority.
- In Zimbabwe, joint rapid needs assessments are ongoing in Chimanimani, Chipinge, Mutare, Nyanga and Buhera.
- The emergency response in Zimbabwe is being coordinated by the Department of Civil Protection (DCP) through the National, Provincial and District Civil Protection Committees, with support from humanitarian partners. Coordination meetings are ongoing at national, provincial and district levels in Manicaland.

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



- The Government has allocated \$RTGS 50 million for the emergency response and infrastructure rehabilitation. Helicopter rescue operations are underway, and the police sub-marine unit has been deployed. Military personnel are moving on foot to places where roads have been destroyed.
- WFP has pre-positioned food stocks ready to deploy and other agencies are mobilising in-country and regional stocks, particularly for health and WASH interventions.
- IOM dispatched 1 000 tarpaulins and 200 non-food item kits for the initial response in Manicaland.
- On 18 March 2019, three engineering companies have deployed equipment to Tangana and have started work on roads, in collaboration with local authorities. The Zimbabwean public is also responding, and collection centres have been set up in Harare and Bulawayo.

### SITUATION INTERPRETATION

The emergency response to the impact of the tropical cyclone Idai is ongoing in Mozambique and Zimbabwe, however, the unmet needs are still overwhelming despite the support received to date. The immediate priority remains search and rescue for people stranded and isolated by flood waters, with priority being given to trauma victims. Access to potable water is also a challenge as well as access to shelter and food. Strengthening of preventive healthcare services is critical in the coming days to avert and/or quickly respond to potential outbreaks of communicable diseases.

### EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues. Since the last report on 17 March 2019 (*Weekly Bulletin 11*), 58 new confirmed EVD cases have been reported, with an additional 31 deaths. In the past 21 days (3-23 March 2019), nine of the 20 affected health zones have no new confirmed cases.

As of 23 March 2019, a total of 1 009 EVD cases, including 944 confirmed and 65 probable cases have been reported. To date, confirmed cases have been reported from 20 health zones: Beni (229), Biena (6), Butembo (97), Kalunguta (48), Katwa (277), Kayna (8), Kyondo (15), Mabalako (90), Mangurujipa (5), Masereka (28), Musienene (6), Mutwanga (4), Oicha (33), Vuhovi (27) and Lubero (3) in North Kivu Province; and Rwampara (1), Komanda (27), Mandima (36), Nyankunde (1), and Tchomia (2) in Ituri Province.

A total of 629 deaths were recorded, including 564 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 60% (564/944). The number of health workers affected remains at 77, including 26 deaths.

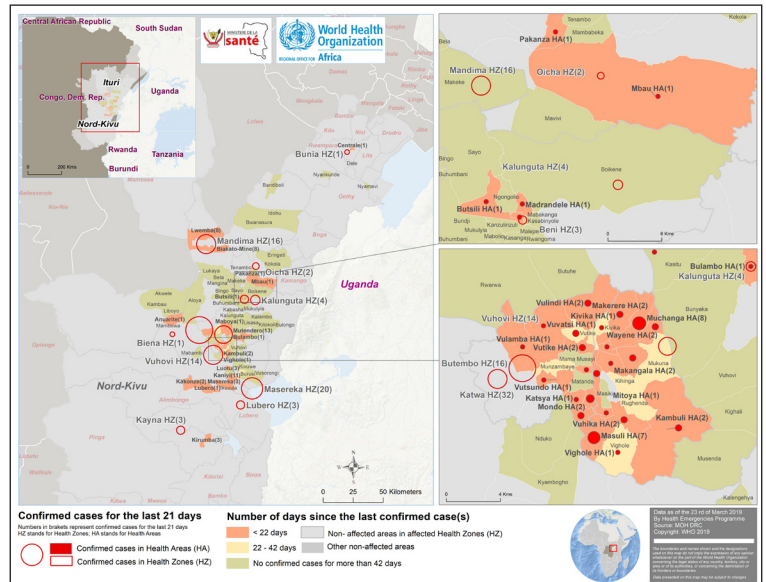
Although the proportion of confirmed cases reported in the past 21 days is decreasing in Katwa, this health zone remains the main hot spot of the outbreak, reporting 28% (32/115) of the new confirmed cases over this period, while Masereka, Mandima and Butembo recorded 17% (n=20), 14% (n=16) and 14% (n=16) of all confirmed cases, respectively.

Contact tracing is ongoing in 16 health zones, with challenges in follow-up as a result of insecurity and continuing pockets of community reluctance. The number of contacts being followed as of 23 March 2019 was 4 132, of whom 3 358 (81%) had been seen in the previous 24 hours.

### PUBLIC HEALTH ACTIONS

- Surveillance activities continue, including case investigations, active case finding in health facilities and communities, and identification and listing of contacts around the latest confirmed cases. Collaboration between health authorities in the Democratic Republic of the Congo and Uganda continues around monitoring displaced contacts.
- As of 23 March 2019, a cumulative total of 91 283 people has been vaccinated since the start of the outbreak. There is continuation of ring vaccination in Katwa, Mandima, Bunia, Masereka, Musienene, Vuhovi, Biena, Kayna (around confirmed cases) and in Beni and Kirotshe for front-line providers.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 42 million screenings to date. A cumulative total of 794 alerts were notified, of which 198 were validated. A total of 73/80 (91%) PoE/PoC were functional as of 22 March 2019.
- An independent therapeutic data monitoring committee has been established to analyse the MEURI protocol.
- There are continued community reintegration activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response.
- Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) activities continue where possible, with suspension of activities in Masereka for security reasons, an IPC response team confronted with a community uprising in Muchanga, Katwa Health Zone, and a safe and dignified burial team threatened by a group of young people in Djadja village, Soleniama.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May 2018 to 23 March 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



- Community awareness and mobilization sessions continue, with a working visit by the Minister of Health, the Director General of UNICEF, coordinated by the Butembo team, under the guidance of the Catholic Bishop of Beni-Butembo; a local EVD and community management committee was established in Bulambo, Vuhovi Health Zone to strengthen community involvement; in Katwa, the youth were lobbied on the importance of the response team so that they can commit to protecting the team and helping with community incidents; an update on vaccination was provided to the community at the ETC in Beni, as well as community dialogues in Vuhovi and Butembo in order to establish local control committees, while student awareness continues to be provided in schools in affected health zones.

### SITUATION INTERPRETATION

The EVD outbreak in Democratic Republic of the Congo continues with moderate transmission intensity. The declining trend seen in the past weeks appears to have reversed slightly, with an increased number of health zones reporting at least one confirmed case in the past 21 days. Contact follow-up and provision of other public health measures continues to be challenging as a result of pockets of mistrust in the communities and constant exposure to insecurity. However, there are still many areas in which disease transmission has stopped. Local and national authorities and partners need to continue with the current proven and innovative public health measures, which will ultimately bring this outbreak to an end.

## EVENT DESCRIPTION

The largely forgotten humanitarian crisis in Mali continues, with political and security issues ongoing since 2012. The North and Central regions of the country are the most affected. In 2019, about 1.4 million people are estimated to be in need of humanitarian assistance and healthcare, and nearly half a million of those have been displaced. Since the beginning of 2019, there are 120 298 internally displaced persons (IDPs) from 19 748 households, originating from Timbuktu, Goa, Menaka and Segou. New population movements have also been recorded in the Mopti region in the early part of 2019 as a result of conflict.

In January 2019, there have been several incidents of armed violence targeting healthcare personnel and facilities, as well as theft of transport, supplies and materials, further reducing already compromised access to health services. The country faces low immunization coverage of vaccine preventable diseases, along with poor reproductive health and neonatal services. Only 22% of health facilities in the north of the country are functional.

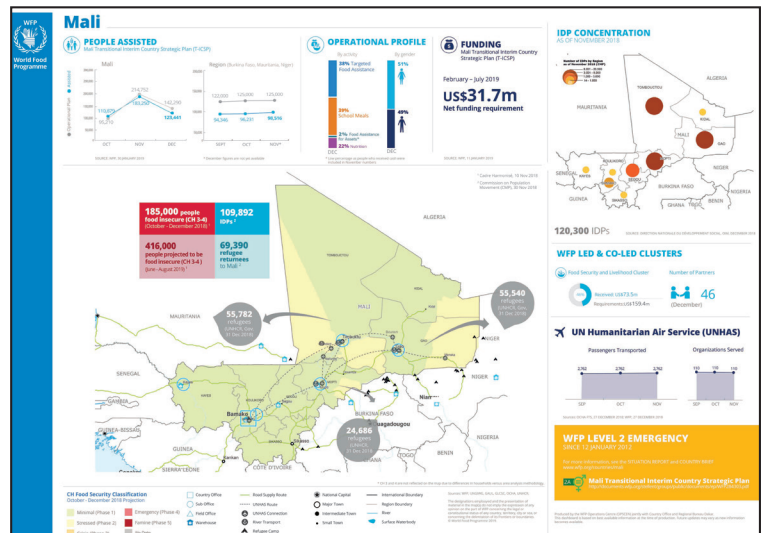
Malnutrition remains a major public health problem. In week 10, a total of 4 288 cases of acute malnutrition were detected during routine screening, of which 4 247 were admitted to stabilization centres. Among those admitted, 1 940 were diagnosed with severe acute malnutrition (SAM). The trend for SAM is on the rise, with a 44% increase in cases in week 10 compared to week 9. So far in 2019, there have been 23 611 cases of moderate acute malnutrition, 2 297 of which have medical complications. Since the start of the year, 39 deaths attributed to malnutrition have been recorded in Kayes (12), Sikasso (9) and Mopti (6).

Epidemic-prone diseases complicate the situation. Since the beginning of 2019, 13 of the 75 health districts in the country have attained measles epidemic threshold. In week 10 (week ending 16 March 2019), there was an increase in suspected measles cases in the health districts of Kayes, Koulikoro and Bamako. Certain priority diseases under epidemiological surveillance include meningitis, yellow fever, acute flaccid paralysis, malaria, etc. So far, there have been 242 574 confirmed cases of malaria in 2019, an increase of 17% over the same period in 2018 (207 296). Sikasso region has the highest number of positive cases in week 10 (5 842), with cumulative total of 74 722 cases since the start of 2019, followed by Ségou (37 839) and Koulikoro (29 071).

## PUBLIC HEALTH ACTIONS

- WHO is supporting the Ministry of Health and partners to update the Health Resources Availability Monitoring System (HeRAMS), previously conducted in 2016. The survey on the availability of health services and their feature will facilitate better planning and provision of healthcare services.
- WHO is developing a resource mobilization strategy to finance primary healthcare in areas of conflict and vulnerability, as well as in strengthening readiness for responses to epidemics and public health emergencies.
- Other partners such as UNICEF are working with WHO to strengthen responses to measles outbreak, malnutrition and HIV/AIDS.
- WHO is providing technical support in the areas of health information management, coordination of health/nutrition cluster, emergency health operations and support for implementation of health programmes, in accordance with the National Health Policy of Mali and the WHO strategic directions.
- Mali is now using the WHO System Attack Monitoring System to monitor the impact of attacks on the health system, with four people trained so far.

## Humanitarian Snapshot in Mali, January 2019



## SITUATION INTERPRETATION

The continued insecurity and political challenges driving the humanitarian situation in Mali is of grave concern. The response to the humanitarian situation is being complicated by the paucity of information coming from the country. The large numbers of people affected, and the ongoing population displacement are straining the already overburdened and fragile health system, with the number of cases of malnutrition pointing to a food-insecure population. However, the response of WHO and partners, working with local health authorities is robust and to be commended. Apart from the insecurity, challenges remain in areas of vaccination coverage, food security and inadequate access to primary healthcare. Local and national authorities need to step up efforts to address the underlying political and security issues that are driving this situation.

## EVENT DESCRIPTION

The humanitarian crisis in Central African Republic continues despite the peace agreement signed in Khartoum, Sudan on 6 February 2019. Security incidents continue. Traffic between Cameroon and Central African Republic has been paralyzed since 4 March 2019 as a result of activities of two armed groups. On 18 March 2019, insurgents from an armed group attacked Gallo village in Baboua and ransacked a security checkpoint in Dongbayeke village, stealing arms and ammunition. In the PK-5 area of the capital city, Bangui, there is increased tension between traders and criminal gangs, restricting movement in a large area of the city. In Bria, humanitarian and UN activity has been severely restricted since the night to 17-18 March 2019 by criminal activity including murder, with two people killed at the market near the MINUSCA base.

An increasing incidence of gender-based violence has been reported in Berberati, with more than 168 cases recorded, and an apparently increasing trend.

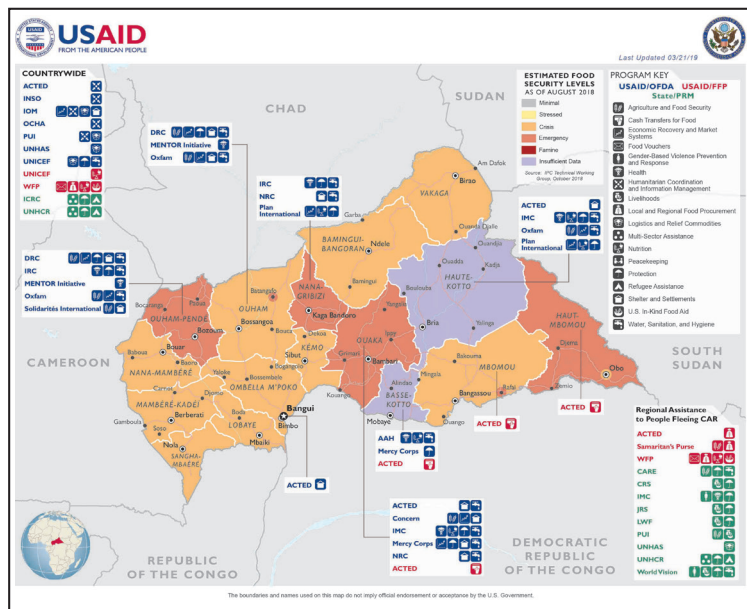
Outbreaks of epidemic-prone diseases continue, with outbreaks of yellow fever, hepatitis E, measles, bloody diarrhoea, and meningitis.

A new measles outbreak has been confirmed in Batangafo and Paoua health districts. Between weeks 7 and 9, 34 suspected measles cases were reported in Paoua health district, of which 14 tested IgM positive at the Institut Pasteur of Bangui (IPB). In week 11 (week ending 16 March 2019), five measles cases from Batangafo health district tested positive at the IPB. Three health districts continue to report yellow fever cases, with five new cases confirmed during week 11: two in Bocaranga-Koui, two in Bégoua and one in Batangafo-Kabo. The hepatitis E outbreak is ongoing, with a total of 135 confirmed and 54 probable cases reported since the start of the outbreak in Bocaranga-Koui health district. Four out of six samples sent to the IPB tested positive for the virus on 11 March 2019. New cases reported on 19 March 2019 were from Erémandji, Pakalé, Camp Mission, Commercial Camp, Bolara and Petroca. Other diseases include bloody diarrhoea, with 14 new cases reported in week 10 in Somboke 2, and three suspected cases of monkey pox in Boda (first blood samples negative).

## PUBLIC HEALTH ACTIONS

- The Ministry of Health and Population has declared an outbreak of yellow fever, and epidemiological and entomological investigation is ongoing in the affected districts. Communication tools are being revised as a mass vaccination campaign is contemplated.
- The operational coordination taskforce for viral hepatitis E has been reactivated at national level to invigorate response activities. Active surveillance, including active case finding and community sensitization are ongoing in the health districts of Bocaranga and Ngaoundaye; plumbers have been trained to repair water sources; construction of 10 boreholes in Bocaranga is ongoing and free healthcare continues to be provided in outbreak-affected areas.
- In response to the measles outbreak, local coordination has been strengthened at health district level, with involvement of political authorities and operational partners; active case search is ongoing with case definitions provided; clinical management of cases is being strengthened, with free healthcare provided along with vitamin A; community relays are involved in risk communication and local measles vaccination days are planned, targeting children aged 6-59 months in the Paoua health district.
- The Food and Agriculture Organization has pre-positioned 1 000 doses of rabies vaccine at Sibut and there has been mass vaccination of pets at three sites in the area, with a mission to support the rabies response by the Ministry of Health, WHO, UNICEF, UNFPA and MSA in February 2019.

## Humanitarian Snapshot in Central African Republic, 21 March 2019



- A meningitis response was mounted in coordination with the District Executive Team and partners, with investigations around current cases and an additional inter-agency health kit was provided by WHO for free case management at Bouar Hospital.
- Monkey pox cases are being investigated, with epidemiological surveillance and community awareness being carried out.
- Only one sample from the case of acute flaccid paralysis was sent because of armed insurgents disrupting response activities in Niem.

## SITUATION INTERPRETATION

There appears to be no end in sight to the ongoing humanitarian crisis in Central African Republic, with the recent cease fire agreements largely ignored. Outbreaks of epidemic-prone diseases and other health hazards such as rabies continue, in the face of limited humanitarian access, fragmented healthcare facilities and poor infrastructure. The ongoing outbreaks of measles, yellow fever and hepatitis E are of particular concern, since public health measures are failing to contain them. National and international actors need to continue to work towards achieving a lasting peace and implement an integrated humanitarian response in affected areas of the country, including effective public health measures.

# Summary of major issues, challenges and proposed actions

## Major issues and challenges

- The tropical cyclone Idai has caused a major disaster in Mozambique and Zimbabwe, reported to be the worst ever in the African Region. There is a race against time as search and rescue operations continue, limited by the paucity of rescue facilities (helicopters and boats) and the magnitude of the disaster. The risk of communicable diseases outbreaks, including cholera, malaria, dysentery, respiratory tract infections, etc. is on the increase as displaced persons live in vulnerable conditions. For the health sector, the restoration of healthcare services is of utmost importance in order to prevent, prepare for and respond to outbreaks of communicable diseases as well as provide trauma care, psychosocial counselling and treatment of common and chronic illnesses.
- The EVD outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues. There has been an increase in the number of cases reported during the last week, after many weeks of overall declining trends. This rise is not unexpected and, in part, likely a result of the increased security challenges, including the recent direct attacks on treatment centres, and pockets of community mistrust, which slowed some response activities in affected areas for a few days.

Given the geographical spread of the epidemic and the high mobility in this region, the risk of Ebola spreading to unaffected areas or being reintroduced to previously affected areas remains high.

## Proposed actions

- The national authorities and partners in Mozambique and Zimbabwe need to step up search and rescue operations, and provision of life-saving interventions. External and expert search and rescue teams are requested to support the affected countries, including provision of equipment such as helicopters. There is also a need to step up provision of immediate humanitarian aid such as water, food, non-food items, shelter, etc. The donor community are requested to provide the requisite funding for the immediate and long-term humanitarian assistance.
- The national authorities and partners in the Democratic Republic of the Congo need to continue implementing the proven and innovative public health measures.

## 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
<b>New Events</b>										
Chad	Meningitis	Ungraded	20-Mar-19	01-Jan-19	17-Mar-19	321		29	9.00%	Since week 3, 2019, an outbreak of suspected meningitis has been observed in Goundi and Bedjondo districts. During week 11, 2019, 49 suspected cases with 4 deaths were reported across the country with the majority of cases from Goundi (28 cases with 2 deaths) and Bedjondo (15 cases with 2 deaths). From week 1 – 11, 2019, 321 suspected cases with 29 deaths (CFR 9%) have been reported across the country. The majority of the cases have been reported from Goundi (209 cases with 19 deaths) and Bedjondo (84 cases with 10 deaths). Of 153 samples collected, 72 tested positive. The predominant pathogen identified from the 72 positive samples is <i>Neisseria meningitidis</i> serotype w135 (56%) followed by <i>Streptococcus pneumoniae</i> (31%).
Uganda	Food-borne illness	Ungraded	18-Mar-19	12-Feb-19	18-Mar-19	233		1	0.40%	Two districts, Amudat (97 cases with one death) and Napak (154 cases), have been affected by a suspected food-borne illness outbreak. The outbreak is linked to a UN World Food Program (WFP)'s recent distribution of fortified blended food (Super Cereal) to several health facilities in the affected districts as part of a nutrition program for pregnant and lactating mothers as well as under-five children. The recipients reportedly made and ate meals on return to their homes after which several people started presenting with symptoms of mental disorders, hallucinations, irritability with fever and abdominal pain by the next day. Test results from food and biological samples sent to laboratories in Uganda, Kenya, and South Africa are pending.
Zambia	Cholera	Ungraded	22-Mar-19	16-Mar-19	22-Mar-19	45	6	3	6.70%	A cholera outbreak in Nsama district, Northern Province, Zambia was notified to WHO by the MOH on 22 March 2019. The index case, a 9-year-old child from Chaushi village, developed signs and symptoms on 16 March 2019. From 16 – 22 March 2019, a total of 45 cases with three deaths were reported, of which six have been laboratory confirmed.
<b>Ongoing Events</b>										
Burundi	Cholera	Ungraded	28-Dec-18	25-Dec-18	03-Mar-2019	191	19	2	1.00%	The cholera outbreak situation is improving in Burundi. Since 3 March 2019, no new suspected cases were reported countrywide. There is only one patient hospitalised for cholera in Bujumbura.



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 (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	03-Mar-19	-	-	-	-	In the Far North, the situation is marked by attacks linked to Boko Haram thus generating an influx of refugees from Nigeria including mass displacement of the local population. Around 40 000 Nigerians who had sought refuge in Goura, Cameroon in January following repeated Boko Haram attacks have returned to Nigeria. Most people have lost their homes, belongings, and food stocks, and there is currently no medical care or humanitarian assistance available in Rann, where the security situation remains unpredictable.
Cameroon	Humanitarian crisis (NW & SW)	G2	01-Oct-16	27-Jun-18	26-Feb-19	-	-	-	-	The security situation in the North-west and South-west remains volatile. Clashes between secessionists and the army continue, triggering further displacement and disrupting the healthcare, education and livelihood systems. Compulsory lockdowns are imposed on Mondays when the capital cities in the two regions (Buea and Bamenda) are declared 'ghost-town' with absolute restriction of movement.
Cameroon	Cholera	G1	24-May-18	18-May-18	23-Jan-19	997	81	58	5.80%	The cholera outbreak situation in Cameroon continues to improve. From 1 to 23 January 2019, five new cases were reported in the north region. The Central and Littoral Regions have not reported new cases since 27 August and 11 October 2018, respectively. The outbreak has affected four out of 10 regions in Cameroon, these include North, Far North, Central and Littoral regions.
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	17-Mar-19	-	-	-	-	Detailed update given above.
Central African Republic	Hepatitis E	Ungraded	02-Oct-18	10-Sep-18	17-Mar-19	189	135	1	0.50%	Four new confirmed cases were reported in weeks 11 (Week ending on 16 March 2019). From 10 September 2018 to 17 March 2019, a total of 189 cases of acute jaundice syndrome including 135 confirmed for viral hepatitis E have been reported.
Central African Republic	Measles	Ungraded	15-Mar-19	11-Feb-19	17-Mar-19	39	19	0	0.00%	A measles outbreak in the Central Africa Republic has been reported from the health districts of Paoua and Batangafo. As of 3 March 2019, a total of 34 suspected cases of measles with zero deaths, of which 19 are confirmed, were reported in Paoua health district. Batangafo District reported five confirmed cases with zero deaths. The majority of the confirmed cases (92%) are in the age group of 6 to 59 months.

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	Monkey-pox	Ungraded	20-Mar-18	02-Mar-18	03-Mar-19	34	25	2	5.90%	Three cases, including one confirmed, were reported in Ippy in week 9 (week ending 3 March 2019). Since 2 October 2018, clusters of cases have been identified across three health districts, namely; Mbai-ki district with nine cases including eight confirmed, Bangassou district with five cases including three confirmed, and Bossembele district with four cases including three confirmed. One death was reported in Bossembele.
Chad	Measles	Ungraded	24-May-18	01-Jan-19	17-Mar-19	6 671	0	33	0.50%	During week 11 (week ending 17 March 2019) 861 suspected cases with five deaths were reported across the country. This is a slight decrease compared to the previous week when 924 suspected cases were reported. As of week 11, 2019, 6671 suspected measles cases including 33 deaths have been reported from 103 out of 126 (82%) districts in the country. Due to lack of laboratory reagents, confirmation tests have not been conducted since the beginning of 2019. The overall trend remains very high since week 5 when a dramatic increase in confirmed cases was noted.
Congo	Chikungunya	Ungraded	22-Jan-19	07-Jan-19	9-Mar-19	2 555	17	0	0.00%	An outbreak of chikungunya affecting six departments ( Kouilou, Bouenza, Pointe Noire, Plateaux, Pool and Brazaville) is on ongoing in the Republic of Congo. From 7 January to 9 March 2019, a total of 2 555 suspected cases including 17 confirmed were reported. Entomological investigation showed the presence of the vector, <i>Aedes albopictus</i> .
Congo	Monkey-pox	Ungraded	11-Mar-19	09-Mar-19	16-Mar-19	9	2	0	0.00%	The Republic of Congo is reporting cases of monkey pox since February 2019. Two samples from Makontipoko village in Gambona district tested in the INRB-Kinshasa turned positive for Monkey pox (PCR OPX).

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	17-Mar-19	-	-	-	-	The humanitarian situation remains complex in the Democratic Republic of Congo. Attacks by unidentified assailants in North Kivu led to the suspension of MSF (Médecins Sans Frontières) activities in the Butembo Ebola treatment Centre. In Tanganyika province, UNPFA (the United Nations Population Fund) reports 1127 cases of sexual violence based on gender recorded in 2018. Rape represents 42% of cases, although forced marriage of children also has a high incidence. More than half of the victims are internally displaced person. In Kasai, there is a relative return of calm after the inter-communal tension from 24 to 26 February 2019 which disrupted humanitarian interventions. Ituri Province, Djugu Territory, 6 035 returnees need assistance. There were 834 houses, 3 schools, 3 health posts and 4 churches were burned during the violence of March 2018.
Democratic Republic of the Congo	Chikungunya	Ungraded	08-Feb-19	30-Sep-18	24-Feb-19	330	48	0	0.00%	During week 8 of 2019 (week ending 24 February 2019), 17 suspected cases of chikungunya were reported in the province of Kinshasa with 12 cases in Binza Ozone Health Zone, two cases in the Police Health Zone and three cases in the health zone of Mount Ngafula 2.
Democratic Republic of the Congo	Cholera	G3	16-Jan-15	01-Jan-19	03-Mar-19	5 794	-	138	2.40%	During week 9 (week ending 3 March 2019), 548 suspected cases of cholera including 14 deaths were reported. The majority of new cases (95%) and all deaths were reported from cholera endemic zones (Haut-Katanga, Haut-Lomami, Tanganyika, Sud-Kivu, et Nord-Kivu).
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	23-Mar-19	1 009	944	629	62%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	01-Jan-19	03-Mar-19	29 820		584	2.00%	During week 9 (week ending 3 March 2019), 2 750 cases of measles were recorded including 77 deaths (CFR 2.8%) and more cases are reported from Tshopo, Kwango, Haut-Uélé, Kasai oriental and Maniema.
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	01-Jan-19	03-Mar-19	824	-	12	1.50%	In week 9 (week ending 3 March 2019), 90 new suspected cases including two deaths were reported. The cases of Monkeypox have been confirmed in the Provincial Health Divisions of Ecuador, North Ubangi, and South Ubangi.

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	Plague (pneumonic)	Ungraded	12-Mar-19	28-Feb-19	12-Feb-19	4	-	4	100.00%	On 12 March 2019, the Ministry of Health of the Democratic Republic of Congo reported four deceased suspected cases of plague identified retrospectively in the same family from Atungkulei Village, Mahagi District, Ituri Province. The cases were identified following an alert received from the Uganda Ministry of Health on 8 March 2019 of two probable cases of pneumonic plague in Zombo District, located in the West Nile sub-region, at the border with the Democratic Republic of the Congo. The cases in the Democratic Republic of Congo are epidemiologically linked to those in Uganda.
Democratic Republic of the Congo	Polio-myelitis (cVDPV2)	G2	15-Feb-18	n/a	22-Mar-19	42	42	0	0.00%	No cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week in the Democratic Republic of the Congo (DRC). The total number of cVDPV2 cases reported was 22 and 20 in 2017 and 2018 respectively. The most recent cVDPV2 AFP case was reported from Mufunga-Sampwe district in Haut-Katanga province with onset of paralysis on 7 October 2018. DRC is affected by four separate cVDPV2 outbreaks, in the provinces of Haut Katanga; Mongala, Maniema and Haut Lomami/Tanganika/Haut Katanga/Ituri.
Democratic Republic of the Congo	Yellow fever	Ungraded	23-Jun-18	01-Jul-18	01-Dec-18	15	12	4	26.70%	Fifteen cases of yellow fever have been confirmed at the National Reference Laboratory (INRB) since the beginning of 2018. Of these, 12 cases were confirmed by IP Dakar from Tshuapa, Lualaba, Bas Uele, North Kivu province and Kinshasa Region.
Ethiopia	Humanitarian crisis	G2	15-Nov-15	n/a	07-Mar-19	-	-	-	-	Since the beginning of 2019, eight cases of AWD have been reported from the Afar Region. In 2018, 3 357 suspected cases were reported from four regions: Afar, Oromia, Somali, and Tigray and one city administration (Dire Dawa).
Ethiopia	Acute watery diarrhoea (AWD)	Protracted 1	15-Nov-15	01-Jan-19	28-Jan-19	8	-	0	0.00%	Since the beginning of 2019, eight cases of AWD have been reported from the Afar Region. In 2018, 3 357 suspected cases have been reported from four regions: Afar, Oromia, Somali, and Tigray and one city administration (Dire Dawa).
Ethiopia	Measles	Protracted 1	14-Jan-17	01-Jan-19	28-Jan-19	136	59	-	-	There have been a total of 136 suspected measles cases reported in the country. Of these, 41 were confirmed by laboratory while 11 were epi-linked and seven were clinically compatible. Of the 1 598 cumulative confirmed cases reported in 2018, 496 were lab-confirmed, 994 were epi-linked and 108 were clinically compatible.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Guinea	Measles	Ungraded	09-May-18	01-Jan-19	17-Mar-19	469	197	10	2.10%	During week 11 (week ending 17 March 2019), 70 new suspected cases were reported across the country. Cumulatively, 496 suspected cases, of which 197 have been confirmed were reported from week 1 to 11 in 2019. A total of 13 sub-prefectures across 13 health districts are in the epidemic phase.
Kenya	Cholera	Ungraded	21-Jan-19	02-Jan-19	03-Mar-19	872	40	3	0.30%	Fourteen cases were reported in week 9 (week ending 3 March 2019) from Kajiado West (9), Embakasi East (2) and Dagoretti (3) sub-Counties. No death was reported in the week.
Kenya	Dengue fever	Ungraded	30-Jan-19	15-Oct-18	03-Mar-19	584	283	0	0.00%	Sixteen new cases were reported in week 9 (week ending 3 March 2019). The outbreak has been reported in Mombasa County affecting six sub-counties; Nyali, Jomvu, Kisauni, Likoni, Changamwe and Mvita.
Kenya	Measles	Ungraded	03-Sep-18	28-Aug-18	03-Mar-19	392	41	3	0.80%	Thirty-two suspected cases were reported in week 9 (week ending 3 March 2019) from Kibra (1), Laikipia East (5), Kajiado North (1), Magarini (2), Garsen (1), Bura (5), Nakuru East (1), Wajir North (4), Wajir East (5), Tarbaj (1), Turkana North (2), Matuga (1) and Mwingi North (3) sub-Counties. No death was reported in the week. Laboratory surveillance received thirty(30) samples in the week: three tested positive for measles IgM. All samples tested negative for rubella.
Kenya	Rift Valley fever (RVF)	Ungraded	01-Feb-19	18-Jan-19	04-Mar-19	169	16	0	0.00%	A total of 169 human cases have been reported from Murang'a (22) and Nyandarua (147) Counties. The outbreak in Murang'a County has been brought under control while Nyandarua remains active.
Liberia	Lassa fever	Ungraded	23-Jan-19	01-Jan-19	23-Mar-19	36	16	7	19.40%	A total of 14 suspected cases reported between week 5 and 10 have been confirmed following the release of laboratory results on 20 March 2019 by the National Public Health Reference Laboratory. The cases are from Bong (6), Nimba (5), Grand Bassa (1), Grand Kru (1) and Montserrado (1) Counties. Cumulatively, 16 cases including four deaths have been confirmed since the beginning of 2019 out of 68 cases suspected of the disease. Twenty other cases remain suspected. There are currently 61 contacts under follow-up in three counties.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Liberia	Measles	Ungraded	24-Sep-17	01-Jan-19	17-Mar-19	324	324	5	1.50%	In week 11 (week ending 17 March 2019), 46 suspected cases were reported from 12 out of 15 counties across the country. Since the beginning of 2019, 324 cases have been reported across the country, of which 65 are laboratory-confirmed, 61 are epi-linked, and 198 are clinically confirmed. Belleh and Bokomu Districts in Gbarpolu County, Gbelaygeh District in Nimba County, and Greenville District in Sinoe County are currently in the epidemic phase.
Madagascar	Measles	G2	26-Oct-18	03-Sep-18	20-Mar-19	117 075		752	-	From 3 September 2018 to 20 March 2019, 117 075 cases have been reported. There were 638 reported deaths in health facilities and 567 community deaths including 114 measles-related deaths and 453 non-measles related death assessed by community workers. One hundred five (105) out of 114 districts in all the 22 regions are in the epidemic phase.
Malawi	Flood	G2	09-Mar-19	05-Mar-19	21-Mar-19					Tropical Cyclone which formed in the Mozambique Channel, drifted to Malawi on 5 March 2019 causing heavy persistent rains accompanied by strong winds leading to heavy flooding in Southern Malawi. As of 20 March 2019, 15 districts and two cities have been impacted so far with Nsanje and Phalombe being the most affected. More than 840 330 people have been affected, including close to 94 090 displaced and living in camps, with 56 deaths and 577 injuries, recorded according to the Government.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	10-Mar-19	-	-	-	-	Detailed update given above.
Mali	Measles	Ungraded	20-Feb-18	01-Jan-19	17-Mar-19	430	225	0	0.00%	In week 11, 2019 (week ending 17 March 2019), 89 suspected measles cases were reported, of which eight were confirmed in multiple health districts: Kalaban Coro (2), Kolokani (2), Ouélessébougou (2), Commune IV (1) and VI (1) of the District of Bamako.
Mauritania	Crimean-Congo haemorrhagic Fever (CCHF)	Ungraded	12-Feb-19	06-Feb-19	13-Feb-19	1	1	0	0.00%	A 32-year-old male from Nouakchott with onset of symptoms on 6 February 2019 was confirmed by serology testing for Crimean-Congo haemorrhagic fever on 11 February 2019 after the presentation of clinical signs and symptoms indicative of the disease at the National Hospital. He had reportedly slaughtered a sheep ten days prior to symptom onset.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	10-Feb-19	1 444	1 444	4	0.30%	During week 6 (week ending 10 February 2019), four new confirmed cases were reported across the country. From 19 March 2018 to 10 February 2019, a total of 1 444 laboratory-confirmed cases were reported. Of 17 throat swabs analyzed, the genotype D8 was detected in 13 samples. The trend is decreasing since the peak in week 24 of 2018. The most affected districts are Port Louis and Black River.
Mozambique	Flood/cy-clone	G3	15-Mar-19	15-Mar-19	23-Mar-19	-	-	-	-	Detailed update given above.
Mozambique	Polio-myelitis (cVDPV2)	G2	07-Dec-18	07-Dec-18	20-Mar-19	2	2	0	0.00%	No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week. Two genetically-linked circulating vaccine-derived poliovirus type 2 (cVDPV2) isolates were detected, from an acute flaccid paralysis (AFP) case (with an onset of paralysis on 21 October 2018, in a six-year-old girl with no history of vaccination, from Molumbo district, Zambézia province), and a community contact of the case.
Namibia	Hepatitis E	G1	18-Dec-17	08-Sep-17	24-Feb-19	4 669	751	41	0.90%	In weeks 7 and 8 (from 11 - 24 February 2019), 112 suspected cases with zero deaths were reported from nine regions across the country with the majority (50) reported from Khomas Region. This is a slight increase compared to the previous two weeks when a total of 109 suspected cases were reported. Of the cumulative 4 669 cases, 261 (5.6%) are among pregnant and post-partum women. A total of 18 deaths have been reported among maternal cases. Khomas Region remains the most affected region, reporting 68% of HEV cases country-wide, followed by Erongo 21.8%.
Niger	Humanitarian crisis	Protracted 1	01-Feb-15	01-Feb-15	03-Mar-19	-	-	-	-	The country continues to face food insecurity, malnutrition, and health crises due to drought, floods, and epidemics. It is estimated that 2 440 000 people are in need of humanitarian assistance, among them 1 700 000 are in need of nutritional support and 1 600 000 people in need of food assistance. In February 2019, more than 8 000 people were displaced due to threats from armed groups operating between the borders of Mali and Niger near Kongokiré village, Tillabéri region. Food, shelter and protection needs are reported but access to the area is constrained by insecurity.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Niger	Circulating vaccine-derived poliovirus type 2 (cVDPV2)	G2	08-Jul-18	08-Jul-18	20-Mar-19	9	9	1	11.10%	No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported in the past week. The most recent cVDPV2 isolated in the country was in Magaria district, Zinder region with an onset of paralysis on 5 December 2018. A total of nine cVDPV2 cases were reported in 2018 in Niger, which are genetically linked to a cVDPV2 case in Jigawa and Katsina states, Nigeria.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	10-Mar-19	-	-	-	-	Overcrowding in camps remains a serious challenge characterizing the humanitarian crisis in north-east Nigeria, following the continued population displacement from security-compromised areas. A vaccination campaign was conducted in February to respond to the increased number of cases of measles reported over the recent months.
Nigeria	Lassa fever	G2	24-Mar-15	01-Jan-19	17-Mar-19	510	495	129	25.30%	In Week 11 (week ending 17 March 2019), 23 new confirmed cases including four deaths (CFR 17.4%) were reported from nine states across the country with Edo (8 cases) and Ondo (4 cases) states reporting 52% of the total cases. This is a decrease in the number of cases compared to the previous week when 52 confirmed cases were reported. Seventy-three (73) Local Government Areas (LGAs) across 21 states have reported at least one confirmed case in 2019. A total of 2 353 contacts are currently under follow-up across 19 states.
Nigeria	Measles	Ungraded	25-Sep-17	01-Jan-19	24-Feb-19	5 998	414	15	0.30%	In week 8 (week ending 24 February 2019), 1 160 suspected cases including one laboratory-confirmed and two deaths (CFR 0.19%) were reported from 36 states across the country. Since the beginning of 2019, 5 998 suspected cases with 414 laboratory-confirmed and 15 deaths (CFR 0.3%) have been reported from 36 states and the Federal Capital Territory (FCT) compared with 2983 suspected cases and 26 deaths (CFR 0.84%) from 36 States and FCT during the same period in 2018.
Nigeria	Monkey-pox	Ungraded	26-Sep-17	24-Sep-17	30-Jan-19	311	132	7	2.30%	In January 2019, six new suspected cases were reported from six states. Three were confirmed in two states (Rivers - 1 and Bayelsa - 2). Since September 2017, 26 states have reported suspected cases with 17 having reported a confirmed case. Rivers State is the most affected. The South-South region of the country has the highest burden of Monkey-pox.



Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Nigeria	Polio-myelitis (cVDPV2)	Ungraded	01-Jun-18	01-Jan-18	20-Mar-19	36	36	0	0.00%	One case of circulating vaccine-derived poliovirus type 2 has been reported this week in Kaiama LGA, Kwara State. This is third case in Kwara State and the second in 2019 in Nigeria. The total number of cVDPV2 cases in 2018 remains 34.
Nigeria	Yellow fever	Ungraded	14-Sep-17	01-Jan-19	17-Feb-19	254	0	0	0.00%	In week 7 (week ending on 17 February 2019), 103 suspected cases were reported including three new presumptive positive cases from Edo and Ondo State. Two new confirmed and one inconclusive case were reported on 15 February 2019 from IP Dakar, these were from samples collected in 2018. Yellow fever outbreak in Edo State has been declared over after a reactive vaccination campaign was carried out in 13 LGA. Reported cases have been decreasing gradually since week 2 in 2019.
São Tomé and Príncipe	Necrotising cellulitis/fasciitis	Protracted 2	10-Jan-17	25-Sep-16	04-Mar-19	3 197	-	0	0.00%	As of week 9, 2019 (week ending 3 March 2019), five new cases were notified from three districts: Agua Grande (1), Me-zochi (4), and Lemba (2). The national attack rate as of week 9, 2019 is 16.2 per 1 000 population.
Sierra Leone	Lassa fever	Ungraded	06-Mar-19	15-Feb-19	14-Mar-19	2	2	2	100.00%	Another case, an 8-year-old male resident of Yorgoima, Dodo chiefdom, Kenema District, who reportedly died on 20 February 2019, has been confirmed for Lassa virus infection. This is the second confirmed case reported from Kenema District, an area known to be endemic for Lassa fever, in 2019. Eight contacts including four healthcare workers were listed and monitored.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	17-Mar-19	-	-	-	-	The Humanitarian crisis is ongoing in South Sudan with an improvement in the security situation. The intensity of conflict has reduced recently, and clashes contained in certain regions. Maiwut and Lono-chuk counties reported a substantial number of returnees recently. Access to the population affected by the humanitarian crisis remains challenging. Around 1.5 million people continue to live in areas facing high levels of access constraints.
South Sudan	Hepatitis E	Ungraded	-	03-Jan-18	10-Mar-19	181	18	1	0.60%	Twenty-two cases have been reported in 2019. Males and females are equally affected. The age group between 1 to 4 years old is the most affected. Use of unsafe drinking water is likely the source of infection.

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	03-Mar-19	542	28	4	0.70%	Measles outbreaks have been confirmed in five counties in 2019; Abyei, Juba, Pibor, Gogri West, and Mayom. There are suspected measles outbreaks in Yirol East, Bentiu PoC, Malakal Town, and Bor South.
South Sudan	Rubella	Ungraded	27-Oct-18	27-Oct-18	10-Feb-19	213	52	0	0.00%	In 2019, 213 suspected cases of rubella including zero deaths have been reported from Malakal PoC and Aweil Center.
South Sudan	Yellow fever	Ungraded	29-Nov-18	18-Nov-18	03-Mar-19	3	3	0	0.00%	No new cases have been reported in the past two months. One case has been reported since the beginning of the year. A reactive vaccination campaign will be conducted in Sakure Payam, Nzara County in Gbudue State between 25 and 29 March 2019 targeting 19,578 individuals aged 9 months to 65 years.
Tanzania, United Republic of	Anthrax	Ungraded	28-Feb-19	18-Feb-19	17-Mar-19	10	3	2	20.00%	Three cases with zero deaths were reported from Moshi District in the week ending 3 March 2019. In total, 10 cases with two deaths have been reported from Moshi DC, Kilimanjaro Region between 22 February and 17 March 2019. All cases had a history of handling or eating meat from animals with symptoms of anthrax. Of the total cases, two samples were confirmed for <i>Bacillus anthracis</i> . A cumulative of 97 contacts were listed for follow-up and prophylaxis was provided.
Tanzania, United Republic of	Cholera	Ungraded	07-Feb-19	26-Jan-19	17-Mar-19	123	3	2	1.60%	During week 11 (week ending 17 March 2019), 23 new cases with zero deaths were reported from Korogwe TC (16 cases, zero deaths), Korogwe DC (5 cases, zero deaths) and Handeni DC (2 cases, zero deaths) in Tanga Region. This is an increase in the number of cases compared to the previous week when nine cases were reported. Seven out of 195 districts in the country have reported at least a case in the current outbreak.
Tanzania, United Republic of	Dengue fever	Ungraded	31-Jan-19	01-Aug-18	17-Mar-19	162	27	0	0.00%	In the week ending 17 March 2019, no new cases of Dengue fever were reported in the country. The last cases were reported in the week ending 10 March 2019 in both Dar es salaam and Tanga Region.
Togo	Meningitis, unspecified	Ungraded	12-Mar-19	01-Jan-19	10-Mar-19	64		4	6.3	WHO was informed of the meningitis outbreak in Kpendija-West health district (northern Togo). Sixty-four (64) cases including four deaths were reported between week 1 and 10 (week ending 10 March 2019). Those aged between 5-14 years accounted for more than half the cases and both males and females were equally affected. Among 52 samples tested by rapid latex agglutination test, <i>Neisseria meningitidis</i> serogroup C accounted for 38%. CSF samples have been sent to the regional laboratory.

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	28-Feb-19	-	-	-	-	During the month of February 2019, 4 568 new refugees and asylum-seekers were registered from the Democratic Republic of Congo and 4 635 from South Sudan. The influx of refugees has strained Uganda's public services, creating tensions between refugees and host communities. Malnutrition (High SAM and GAM rates) among refugees is of particular concern.
Uganda	Measles	Ungraded	08-Aug-17	01-Jan-19	05-Mar-19	364	201	0	0.00%	Between 1 January to 5 March 2019, 228 suspected cases, of which 201 have been confirmed (epidemiologically-linked and laboratory confirmed) were reported in multiple districts. No death is reported among confirmed cases. From January to December 2018, a total of 3 652 suspected cases including 892 confirmed (epidemiological-linked and laboratory confirmed) were reported across the country. One death was reported among the confirmed cases. Fifty-three districts in the country have reported measles outbreaks.
Uganda	Plague (pneumonic)	Ungraded	05-Mar-19	27-Feb-19	08-Mar-19	2	0	1	50.00%	On 5 March 2019, WHO was informed of two suspected pneumonic plague cases including one death from Paryma village, Warr sub-county, Zombo district. The cases are linked to three deaths with similar symptoms in Atungkulei village, Mahagi district, Ituri province in the Democratic Republic of Congo. The second case tested positive for pneumonic plague by RDT.
Zambia	Measles (suspected)	Ungraded	03-Mar-19	04-Dec-19	03-Mar-19	93	0	0	0.00%	A total of 93 suspected cases have been reported from Chibali zone, Lavushimanda district in Muchinga Province, Zambia. Of these, 50% are below five years old, 47% between five to fifteen years of age, and 3% above 15 years old. All of the suspected cases were reportedly not previously vaccinated against measles. Although clinical signs and symptoms point to measles, it has not been possible to confirm the aetiological agent of the disease by laboratory testing as the country did not have measles reagents.
Zimbabwe	Cholera	G2	06-Sep-18	06-Sep-18	23-Feb-19	10 722	312	69	0.60%	The end of this outbreak is anticipated soon as there have been very few sporadic cases reported from Mt. Darwin and Murehwa districts in the past weeks. No new case has been reported from Harare, the epicentre of the outbreak, since 26 December 2018.
Zimbabwe	Floods/land slides	G2	15-Mar-19	15-Mar-19	23-Mar-19	-	-	-	-	Detailed update given above.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Zimbabwe	Typhoid fever	Ungraded	-	01-Oct-17	19-Dec-18	5 159	262	15	0.30%	There has been a resurgence of typhoid fever in Harare, the capital city of Zimbabwe, since mid-September 2018. The increase started in week 37 (week ending 16 September 2018) when 61 suspected cases were reported, compared to 10 cases (which lies within normal range) in week 36. The weekly incidence eventually peaked in week 41 (week ending 14 October 2018), with 130 cases and has since been declining gradually. There were 34 suspected cases reported in week 49 (week ending 9 December 2018).

†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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