

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 13: 25 – 31 March 2019
Data as reported by 17:00; 31 March 2019

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New events

66

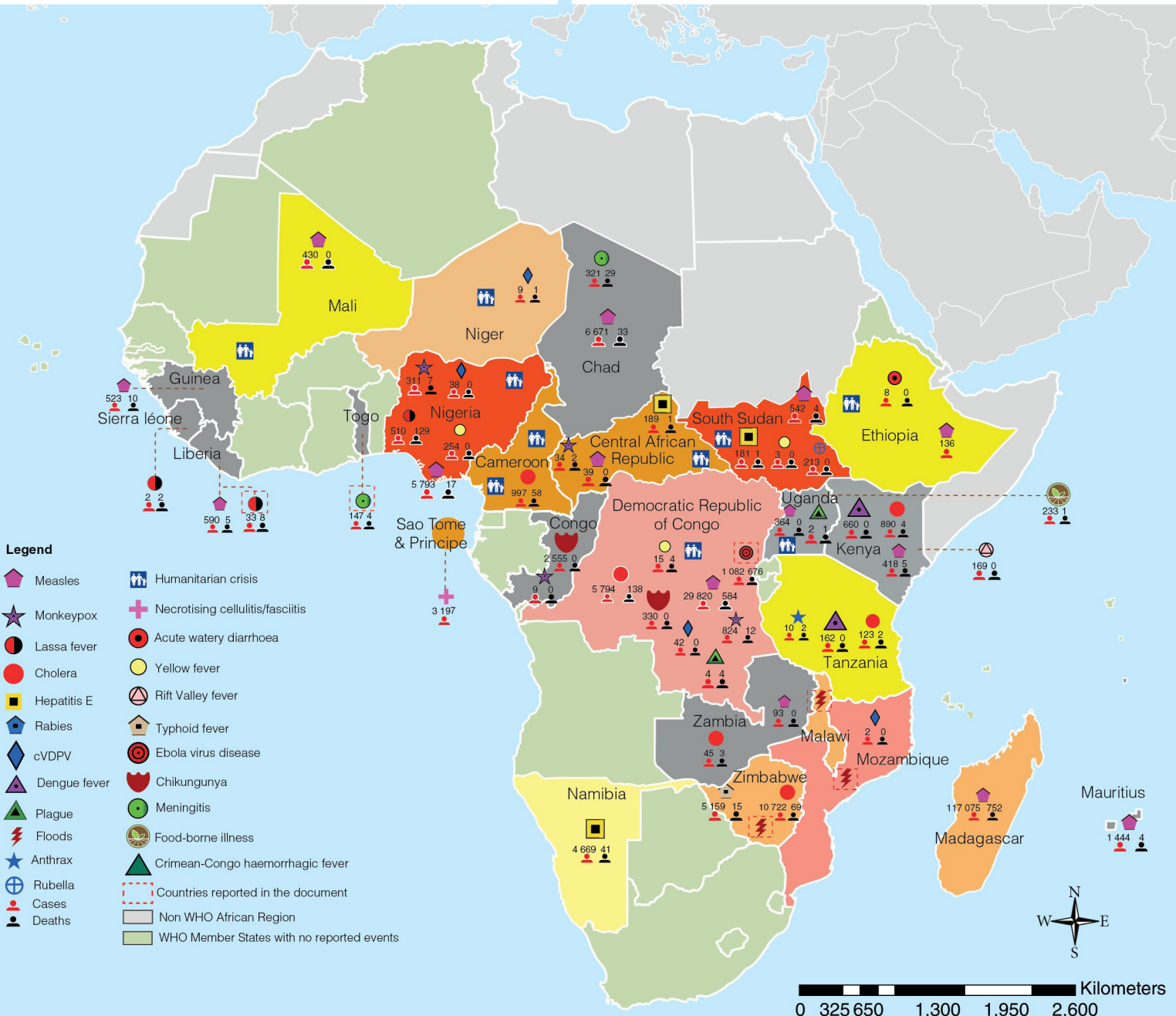
Ongoing events

53

Outbreaks

13

Humanitarian crises



Graded events †

4

Grade 3 events

10

Grade 2 events

2

Grade 1 events

42

Ungraded events

2

Protracted 3 events

3

Protracted 2 events

4

Protracted 1 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 66 events in the region.
- This week's edition covers key ongoing events, including:
 - [Response to the tropical cyclone in southern Africa](#)
 - [Ebola virus disease outbreak in the Democratic Republic of the Congo](#)
 - [Meningitis outbreak in Togo](#)
 - [Lassa fever outbreak in Liberia.](#)
- For each of these events, a brief description, followed by public health measures implemented and an interpretation of the situation is provided.
- A table at the end of the bulletin gives detailed information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have been controlled and thus closed.
- **Major issues and challenges include:**
 - The impact of the devastation wrought by tropical cyclone Idai in Southern Africa has been better elucidated over the past week and the situation remains disastrous. Nearly two million persons are estimated to be affected in Mozambique, Zimbabwe and Malawi, with access to these people still challenging in some areas due to the destruction of roads. The response to the disaster continues to be scaled up, including activation of the UN Inter Agency Standing Committee scale-up protocol for a period of three months, resulting in activation of the 10 clusters: Education, Food Security and Livelihood, Health, Nutrition, Protection, Shelter/NFIs, WASH, Emergency Telecommunications, Logistics, Camp Coordination and Management. Key immediate concerns, however, remain, including provision of emergency shelter, food assistance, clean water, and protection of children, women, the elderly and persons with disabilities. For the healthcare sector The Ministry of Health declared a cholera outbreak this week, which demonstrates the urgent need to enhance the early warning component of the surveillance system due to the increased risk of vector- and mosquito-borne epidemic prone diseases. This will enable early detection and subsequent response to cases. Additionally, trauma care, psychosocial counselling and treatment of common and chronic illnesses are being urgently addressed.
 - The increase in the number of Ebola virus disease (EVD) cases in the Democratic Republic of Congo observed last week continues, following a period of decreasing number of cases. Ongoing episodes of violence, together with community concerns and mistrust, are hampering the response efforts to limit disease transmission. Interventions have been successful, however, with health zones with previous high transmission of EVD now controlled. Increased funding and support from the international community are needed to ensure that the outbreak is controlled in the next six months.

EVENT DESCRIPTION

Tropical cyclone Idai and its associated flooding has caused significant morbidity, mortality and damage in Mozambique, Malawi and Zimbabwe since early March 2019, with an estimated 2 million individuals affected.

In Mozambique, according to the Government figures a total of 501 deaths, with more than 1 500 injuries have occurred, as of 30 March 2019. The management of dead bodies across the affected districts is a key challenge faced by Government and aid agencies. The number of displaced people continues to increase and has reached 141 000, who are sheltering in more than 161 sites, as of 30 March 2019. The majority of sites for internally displaced people (IDP) are currently located in Sofala (116), Manica (27), Zambezia (13) and Tete (5). More than 100 000 houses have been damaged, of which 50% are completely destroyed. Health and education facilities have suffered significant damage, with more than 45 health centres and 3 100 classrooms impacted by the cyclone and floods. The reported number of affected students is rapidly increasing and had reached 143 400 as of 29 March 2019.

The Ministry of Health declared an outbreak of cholera this week with cases reported in Beira and Nhamatanda. To date, a total of 517 cholera suspected cases and one death had been reported in Beira and Nhamatanda. Investigations are ongoing to confirm the outbreak by culture and to undertake source finding investigations. In addition to the suspected cholera cases there are an increasing number of acute watery diarrhoea and malaria cases being reported in the cyclone and flood affected areas. A total of 535 diarrhoea cases were reported in Beira City (300), Dondo (200) and Nhamatanda and a total of 276 cases of malaria were reported in Beira City (101), Dondo (152) and Nhamatanda (23) as of 30 March 2019.

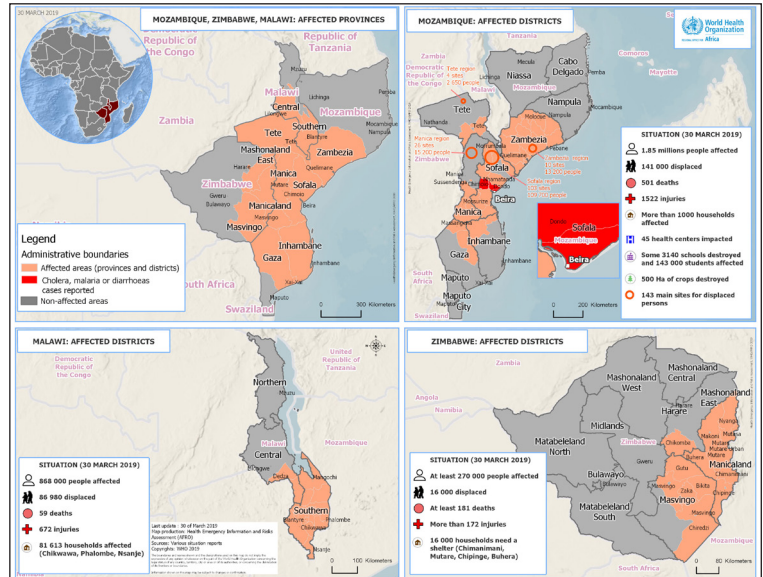
In Zimbabwe, the Government has reported that around 270 000 people are affected by the floods and cyclone, and 172 deaths, with 186 injuries have occurred. Chimanimani and Chipinge districts, in South Eastern Zimbabwe, are most affected, with at least half of the population impacted, with households needing shelter assistance also in Mutare, and Buhera districts. Recent assessments have shown that a total of ten health facilities have been partially affected by the cyclone.

A vast number of people are affected by the floods in Malawi. According to official information more than 868 900 people have been affected, with 59 deaths and 672 injuries reported. Additionally, 86 980 people are estimated to be displaced.

PUBLIC HEALTH ACTIONS

- Operations to respond to the humanitarian situation are on ongoing in the three affected countries (Zimbabwe, Mozambique and Malawi) under the leadership of the respective governments.
- The United Nations Inter-Agency Standing Committee (IASC) has activated a Level 3 Humanitarian System-Wide Scale-Up for Mozambique, in response to the magnitude of the disaster.
- WHO is supporting the three affected countries with human resource deployments to support operations, and is providing trauma equipment kits and cholera kits.
- UNICEF, World Health Organization (WHO), World Food Programme (WFP), Save the Children and World Vision International released a joint statement on infant feeding in the Mozambique emergency response. The statement calls for all involved in the response to provide appropriate and prompt support for the feeding and care of infants and young children and their caregivers.
- The mosquito net distribution lead by the Ministry of Health in Mozambique, will start next week.
- WHO is supporting the MoH in Mozambique to establish an early warning and response (EWARS) surveillance system through the provision of dedicated 'EWARS in a box' equipment together with personnel to assist in the implementation of the system in the affected areas.
- Cholera vaccination campaigns are under preparation in Mozambique and Malawi. In Mozambique, the first round of an oral cholera vaccination (OCV) campaign will start on 3 April 2019, with the second round of vaccination planned in three months. The OCV campaign will target Beira, Buzi, Dondo and Nhamatanda.

Geographical location of the impact of tropical cyclone Idai in Southern Africa, 30 March 2019



- The Ministry of Health, in collaboration with partners (UNICEF, WHO, MSF and SCI), is setting up cholera treatment centres in cyclone affected areas of Beira in case of a cholera outbreak.
- Risk communication and community engagement activities are ongoing with dissemination of key messages, especially about communicable diseases, such as cholera and acute watery diarrhoea, through local radio in Mozambique.
- In Zimbabwe, an inter-ministerial task force chaired by the Minister of local government, public works and national housing has been set up to oversee the response and the government have announced a plan to support those affected by the cyclone.
- The Ministry of Health and Child Care in Zimbabwe continue to receive support from its partners in responding to the impact of the cyclone. Two temporary clinics are being set up at Copa and Vimba in Chimanimani district, Zimbabwe to serve the population where access to health services have been cut off.
- In Malawi, humanitarian response, search and rescue efforts and rapid needs assessments are ongoing.
- An early recovery cluster has been activated in Malawi, which will work on identifying and addressing recovery needs of the affected population.
- In Malawi, an inter-agency assessment team, including national and international partners, has been deployed to Mangochi, Machinga, Balaka and Zomba districts to conduct verifications of areas reporting internally displaced persons.
- UNFPA is working with the Ministry of Health and Population-Reproductive Health Directorate to facilitate a comprehensive assessment on the capacity of health facilities to provide safe deliveries in affected area in Malawi.

SITUATION INTERPRETATION

It is more than two weeks after the cyclone Idai and its associated flooding hit Mozambique, Zimbabwe and Malawi. The humanitarian situation remains very worrying in affected countries, especially in Mozambique. Access to the affected population is still challenging in some areas following the destruction of roads by the flood. Disruption of water supply and poor sanitation has left the affected population exposed to an increased risk of water-borne diseases such as cholera and typhoid, as well as mosquito-borne diseases including malaria and dengue fever. It is important that response actors put in place strong measures to prevent potential outbreaks. This includes an early warning alert and response surveillance system to allow early detection of outbreaks and subsequent rapid response. Key immediate concerns, however remain, including provision of emergency shelter, food assistance, clean water, and protection of children, women, the elderly and persons with disabilities, and nutrition.

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 24 March 2019 (*Weekly Bulletin 12*), 72 new confirmed EVD cases have been reported, with an additional 47 deaths.

As of 30 March 2019, a total of 1 082 EVD cases, including 1 016 confirmed and 66 probable cases have been reported; the new probable case was reported from Vuhovi. Following reclassification of a confirmed case initially notified from Mambasa to Mandima, where the disease originated, the number of health zones reporting at least one confirmed or probable case since the start of the outbreak is 21. To date, confirmed cases have been reported from 21 health zones: Beni (238), Biena (6), Butembo (98), Kalunguta (48), Katwa (302), Kayna (8), Kyondo (16), Malalako (90), Mangurujipa (5), Masereka (28), Musienene (7), Mutwanga (4), Oicha (38), Vuhovi (45) and Lubero (4) in North Kivu Province; and Rwampara (1), Komanda (27), Mandima (47), Nyankunde (1), and Tchomia (2) in Ituri Province. In the past 21 days (10-30 March 2019) 13 of the 21 affected health zones have reported new confirmed cases. Musienene reported a new case, confirmed on 30 March 2019, after 75 days without a confirmed case.

A total of 676 deaths were recorded, including 610 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 60% (610/1 016). Two new health workers have been affected, one of whom died in an Ebola treatment centre (ETC), bringing the total number of health workers affected to 80, with 28 deaths.

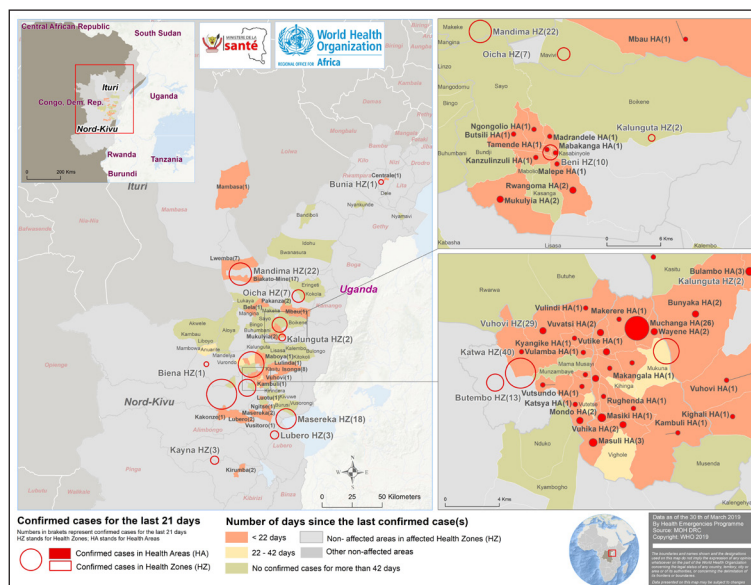
Katwa is currently the main active focus of the outbreak, reporting 28% (44/160) of all confirmed cases in the past 21 days. Vuhovi, Mandima, Masereka and Butembo respectively recorded 20%, 15%, 12% and 8% of all confirmed cases in the past 21 days. Seven health zones, namely Katwa, Beni, Mandima, Vuhovi, Masereka, Musienene and Oicha have reported new confirmed cases in the past three days and remain points of attention.

Contact tracing is ongoing in 15 health zones, with challenges in follow-up as a result of insecurity and pockets of community reluctance. The number of contacts being followed as of 30 March 2019 was 6 989, of whom 5 949 (85%) 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 30 March 2019, a cumulative total of 93 610 people has been vaccinated since the start of the outbreak. There is continuation of ring vaccination in Beni, Katwa, Butembo, Mandima, Bunia, Vuhovi and Lubero health zones around confirmed cases, and in Goma for front-line providers.
- There was resistance to vaccination in the Kaniyi health area, Masereka Health Zone.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 46 million screenings to date. A cumulative total of 1 015 alerts were notified, of which 255 were validated. A total of 71/80 (89%) PoE/PoC were functional as of 30 March 2019.
- There is formative supervision of operational PoE/PoC ongoing, with participation in the conference on strengthening EVD prevention at Kasindi; mass awareness of good handwashing practice is ongoing at PoE Kasindi, and police officers have been deployed to the various PoCs in Bunia.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May 2018 to 30 March 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



- 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, including eight out of ten health facilities and three households out of seven in Beni, Oicha and Katwa decontaminated this week.
- Community awareness and mobilization sessions continue, with evaluation of community engagement in Mukulya health area with grassroots leaders to strengthen community-based surveillance and incident management.
- A guided tour of the Beni ETC was conducted for the community relay team in Kasanga health area, and the base chiefs of the Boikene district to improve community perception and case management.
- An awareness session was held for parents and students who were contacts of a confirmed case at the Kisolekele Institute, Butsili health area.
- Continuing awareness sessions are being held in schools in all areas around EVD prevention and response.

SITUATION INTERPRETATION

The Ebola outbreak in the Democratic Republic of the Congo continues with moderate transmission intensity. Following recent episodes of violence, there has been an increase in the weekly number of cases, after many weeks of overall decline. The number of health zones reporting at least one confirmed case in the past 21 days has again risen and Katwa continues as the main hot spot of the outbreak. Contact follow-up and community reluctance to report suspicious deaths, with subsequent un-safe burials, continue to be a problem. However, there are still many areas where the outbreak has been controlled, showing that the public health measures implemented are working. Determined action is needed over the next six months, and although donors have been generous, there are still funding gaps, which need to be filled to ensure that this outbreak is brought to a swift conclusion.

EVENT DESCRIPTION

A meningitis outbreak in Togo has been ongoing since epidemiological week 4 (week commencing 21 January 2019) when cases were first reported. During week 9 2019 (week commencing 25 February 2019), the Kpendjal West district in the Savanes Region surpassed the epidemic threshold for meningitis with an attack rate (AR) of 18.7 per 100 000 population. On 27 March 2019, five new cases were reported with no associated deaths, bringing the cumulative total since the onset of the outbreak to 147 cases and 6 deaths (CFR 4.1%). The three health zones in Kpendjal-West district have all reported cases so far, with the majority of reported cases among persons aged 5 – 14 years, (AR 4.9) and male to female ratio of 1.21.

Cerebrospinal fluid (CSF) samples have been collected and tested using latex agglutination test, culture and PCR. Of the 110 samples analyzed since the beginning, the predominant pathogen is *Neisseria meningitidis* serogroup C observed on 17.4% of latex samples, and 10.0% on culture. Of the 68 samples analysed using PCR, 51.8% revealed *N. meningitidis* C.

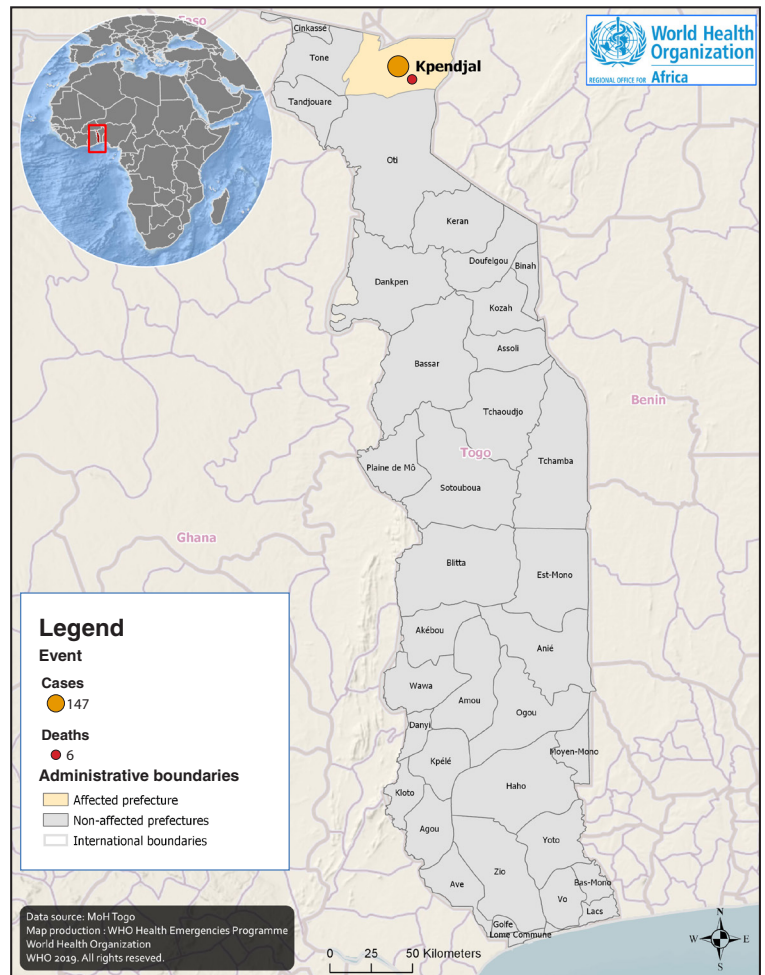
PUBLIC HEALTH ACTIONS

- The epidemic management technical team meets daily to enhance coordination of the response and a joint, multi-sectoral (One Health) technical team to augment the management of the epidemic has also been established.
- A vaccination campaign commenced in Kpendjal West district on 23 February 2019 resulting in the vaccination of 7 483 persons using ACW135 vaccines. The vaccination strategy was to vaccinate close contacts of reported cases.
- The outbreak case definition has been revised and disseminated to the various reporting health facilities. Active search of cases in the community is also ongoing.
- The transportation of CSF samples to the Regional Laboratory in Centre Hospitalier Régionale (CHR), Dapaong has been strengthened.
- Cases are being managed at various treatment points including Centre Médico-social (CMS) Naki-East, CMS Namoudjoga and CMS Tambonga for uncomplicated cases and CHR Dapaong and paediatric hospital Yendoubé for severe cases.
- Supportive supervisory visits are conducted to healthcare providers mainly for the case management of meningitis cases and lumbar puncture technique.
- Sensitization activities have continued in affected communities, focusing on early signs of meningitis and prompt presentation to health facilities for treatment. Also, involvement of community leaders in response activities for the epidemic has been intensified.

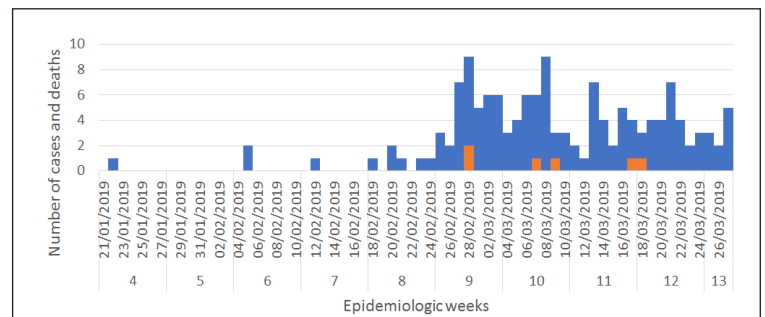
SITUATION INTERPRETATION

The meningitis outbreak in Togo is contained to three health zones of Kpendjal West district. The Government of Togo should be congratulated for the prompt vaccination campaign in response to the increase in reported cases, likely resulting in the downward trend being observed in the last three weeks. The country last reported a meningitis outbreak in 2017, which resulted in 496 cases and 34 deaths. To avoid this high morbidity and mortality this year response activities should be intensified under the coordination mechanisms that have been set up.

Geographical distribution of meningitis cases and deaths in Togo, 21 January – 27 March 2019.



Meningitis cases reported in Kpendjal West, Togo, 21 January – 27 March 2019.



EVENT DESCRIPTION

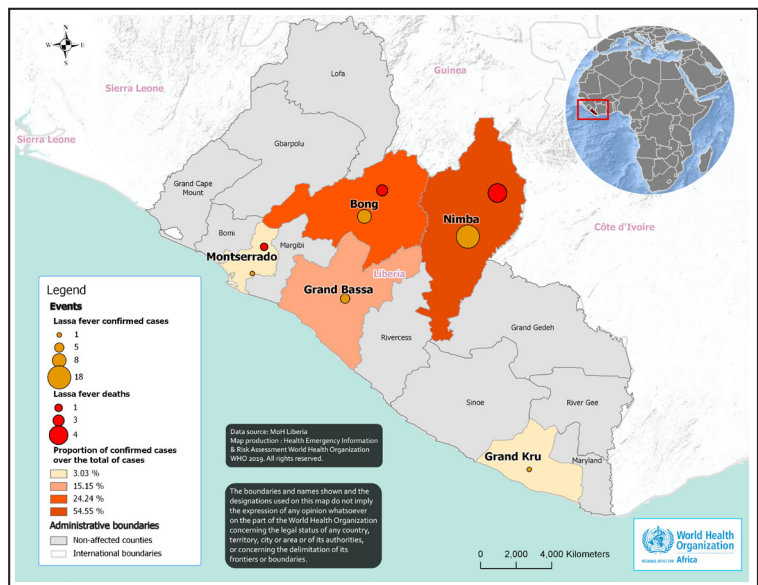
Liberia continues to experience cases of Lassa fever although there is a gradual decline in the overall trend. In week 12 (week ending 24 March 2019), a total of 16 cases including five deaths were confirmed retrospectively following the release of new test results by the National Public Health Reference Laboratory of Liberia (NPHRL). These cases were reported between weeks 5 and 12 from five counties across the country, namely; Nimba (seven cases with two deaths), Bong (six cases with two deaths), Grand Bassa (one case with zero deaths), Grand Kru (one case with zero deaths), and Montserrado (one case with one death) Counties. All deceased case-patients have been provided with a safe and dignified burial.

From 1 January to 24 March 2019, a cumulative total of 33 cases including eight deaths (case fatality ratio 24.3%) have been reported from seven counties across the country. Of these, 17 were confirmed by reverse transcriptase polymerase chain reaction (RT-PCR) in five counties, namely; Nimba (seven), Bong (six), Grand Bassa (two), Montserrado (one), and Grand Kru (one). The case fatality ratio (CFR) among confirmed cases is 29.4% (5/17). Males make up 58.8% (10/17) of confirmed cases. The age range among confirmed cases in 1 - 41 years old, with a median age of 20.5 years. Intensive clinical management including administration of ribavirin is taking place for three case-patients who are currently admitted in treatment units in Grand Bassa and Bong Counties. A total of 61 contacts have been identified and are being followed up in Grand Kru (9), Grand Bassa (11), and Montserrado (42) Counties.

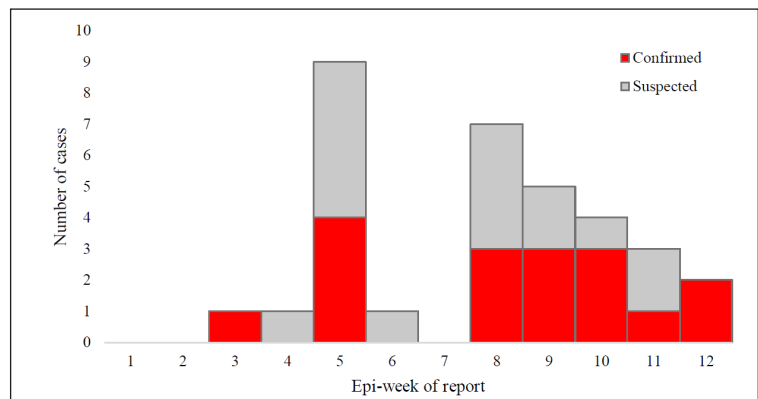
PUBLIC HEALTH ACTIONS

- The response to the outbreak is being led and coordinated at county level through the Incident Management System (IMS) with leadership from the Grand Bassa, Montserrado, Bong and Nimba County Health Officers (CHOs) with technical, logistical and financial support from the Ministry of Health, National Public Health Institute of Liberia (NPHIL), CDC and WHO field officers.
- Inter-county surveillance meetings have been planned by the county health teams.
- A team of experts is being deployed to support further epidemiological investigations and active case search (using outbreak case definitions and a patient screening tool), case investigation and contact tracing have been initiated and are ongoing in affected and neighbouring communities and health facilities in Grand Bassa and Nimba counties.
- The NPHRL has the capacity to test for Lassa fever and couriers are stationed at designated points across the country for sample transport.
- Health workers are being mentored in infection, prevention and control (IPC) measures by NPHIL and the MoH, with support from the Liberia WHO Country Office; an IPC risk assessment of health workers' exposed to confirmed cases in health facilities is planned, with ring health assessment; health workers are being sensitized and mentored on Lassa fever IPC prevention measures, including appropriate personal protective equipment while treating cases.
- Safe and dignified burial teams have been trained, with provision of psychosocial support.
- Community engagement activities are ongoing in affected areas, with rapid response teams visiting affected households and

Geographical distribution of Lassa fever cases and deaths in Liberia, 1 January - 24 March 2019



Cases of Lassa fever by week of report, Liberia, 1 January – 24 March 2019 (n= 33)



families and providing information on environmental hygiene, as well as general hygiene campaigns within affected communities.

SITUATION INTERPRETATION

Lassa fever is endemic to parts of Liberia and between 2017, Grand Kru, Grand Bassa, Margibi, Bong and Nimba counties report sporadic cases of Lassa fever annually. Health workers continue to be trained in recognition and management of Lassa fever, however, staff attrition at facility level has resulted in gaps in IPC knowledge and in implementation of surveillance. Other challenges are delayed Lassa fever detection, inadequate logistical support for contact tracers and active case finders and limited IPC supplies including gloves at the isolation unit and other health facilities in Bong County. Authorities need to continue to implement proven public health measures, while at the same time addressing the infrastructure challenges that exist, to prevent these outbreaks becoming more widespread and to reduce the high case fatality ratio. On a broader scale, vector (multimammate rodent) control needs to be improved, with effective social mobilization and community engagement strategies that target this and environment management, particularly in endemic areas.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- The situation in the cyclone affected areas of Mozambique, Zimbabwe and Malawi remains dire. Nearly 2 million persons estimated to be affected with emergency access still challenging in some areas. Key immediate concerns remain including provision of emergency shelter, food assistance, clean water, and protection of children, women, the elderly and persons with disabilities. For the healthcare sector reports of suspected cholera cases demonstrates the vital need to enhance the early warning component of the surveillance system due to the increased risk of vector and mosquito borne epidemic prone diseases, this will enable early detection and subsequent response to cases. Additionally, trauma care, psychosocial counselling and treatment of common and chronic illnesses are being urgently addressed.
- After an overall decline, an increase in the weekly number of EVD cases is being seen over the last few weeks in the Democratic Republic of Congo. The episodes of violence together with community concerns and mistrust are hampering the response efforts to limit disease transmission. Proven response strategies including contact tracing, decontamination of homes of those affected, vaccination, safe and dignified burials and community engagement are all challenged by the security situation and community misbelief. Interventions have been successful, however, with health zones with previous high transmission of EVD now controlled. Increased funding and support from the international community are needed to ensure the outbreak is controlled in the next six months.

Proposed actions

- Effective Government coordination of the humanitarian activities in response to cyclone Idai is critical at this stage to ensure that appropriate short and medium-term actions are undertaken such as provision of water, food, non-food items, shelter and management of dead bodies. These, together with the longer-term needs will need to be sufficiently resourced through support from the international community.
- The government of the Democratic Republic of Congo, with the support of partners, need to continue effective community engagement through community dialogues and other community-based activities to ensure community ownership of all public health activities. This will be key in building trust with public health workers and the ongoing response to Ebola in the country.

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
Ongoing Events										
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	-	-	-	-	The humanitarian crisis in CAR remains volatile with security incidents reported in some areas of the country. Since 2 March 2019, fighters responding to the Democratic Front of the Central African People (FDPC) have blocked the main road leading from Garoua-Boulai, in Cameroon, to Bangui. Increased crime and tension between PK-5 traders and criminal gang elements are reported in the Bangui area.
Central African Republic	Hepatitis E	Ungraded	02-Oct-18	10-Sep-18	17/03/2019	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.

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	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.
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.
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%).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Congo	Chikungunya	Ungraded	22-Jan-19	07-Jan-19	09-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).
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 Butembo Ebola treatment Centre. In Tanganyika province, UNPFA (the United Nations Population Fund) reports 1 127 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 persons. 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, and Nord-Kivu).
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	30-Mar-19	1 082	1 016	676	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.

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	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.
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	27-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	-	-	-	-	The country continues to experience waves of humanitarian emergencies with mass displacements of people in parts of the country due to ethnic clashes. Currently, 8.6 million people are targeted for humanitarian response according to the 2019 HNO conducted in January. Many of the IDPs are in conflict-affected areas of West Guji /Gedeo zones, East/West Wollega in Oromia and parts of Amhara.
Ethiopia	Acute watery diarrhoea (AWD)	Protracted 1	15-Nov-15	01-Jan-19	28-Jan-19	8	-	0	0.00%	Since the beginning of 2019, eight cases of AWD 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).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Ethiopia	Measles	Protracted 1	14-Jan-17	01-Jan-19	28-Jan-19	136	59	-	-	There 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.
Guinea	Measles	Ungraded	09-May-18	01-Jan-19	29-Mar-19	523	197	10	1.90%	During week 12 (week ending 24 March 2019), 54 new suspected cases were reported across the country. Cumulatively, 523 suspected cases, of which 243 have been confirmed were reported from week 1 to 12 in 2019. A total of 41 sub-prefectures across 24 health districts are in the epidemic phase.
Kenya	Cholera	Ungraded	21-Jan-19	02-Jan-19	24-Mar-19	890	44	4	0.40%	Since January 2019, cholera outbreaks have been reported in Narok, Kajiado, Nairobi, Garissa and Machakos Counties. Nairobi and Machakos are the latest counties to report confirmed cases of cholera.
Kenya	Dengue fever	Ungraded	30-Jan-19	15-Oct-18	24-Mar-19	660	286	0	0.00%	The outbreak in Mombasa County which has affected all the six sub-counties (Kisauni, Jomvu, Nyali, Likoni, Changamwe and Mvita) remains active. Total cases reported so far are 660 with 286 confirmed by PCR. However, these are likely grossly underestimated due to underreporting.
Kenya	Measles	Ungraded	03-Sep-18	28-Aug-18	25-Mar-19	418	41	5	1.20%	In the past week 15 new cases were reported. Wajir county has reported a total of 269 cases, Tana River county 131 cases and Kilifi county 7 cases. In total, 418 cases have been reported in 2019. Total deaths reported is 5 with a CFR of 1.2%
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	24-Mar-19	33	17	8	24.3%	Detailed update given above.
Liberia	Measles	Ungraded	24-Sep-17	01-Jan-19	24-Mar-19	590	65	5	0.80%	In week 12 (week ending 24 March 2019), 46 suspected cases were reported from 9 out of 15 counties across the country. Since the beginning of 2019, 590 cases have been reported across the country, of which 65 are laboratory-confirmed, 61 are epi-linked, and 236 are clinically confirmed. Belleh and Bokumu Districts, Gbarpolu County and Sanoyea District, Bong County currently in epidemic phase.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Madagascar	Measles	G2	26-Oct-18	03-Sep-18	24-Mar-19	117 075		752	-	From 3 September 2018 to 24 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					Detailed update given above.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	28-Mar-19	-	-	-	-	Dogon militias killed more than 160 civilians during an attack in Mopti region on 23 March 2019. This is the deadliest attack led against civilians in Mali since the beginning of the crisis in 2012. At least 2 000 people have been displaced since and acts of retaliations against the Dogon communities have already been registered, with six civilians killed between 25 and 26 March 2019.
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.
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/cyclone	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	27-Mar-19	2	2	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, Zambézia province), and two isolated from a community contact of the case reported on 10 and 17 December 2018. (source: GPEI)

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
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 security situation in Diffa continues to worsen following Boko Haram attacks in that region. Boko Haram led several attacks on villages in Diffa region on 23 March, leading to the death of at least 20 civilians. Another attack conducted on 26 March by the same militias group registered 12 deaths. During the events, houses were burnt down and livestock animals were killed. 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	27-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. (source: GPEI)
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	24-Mar-19	510	495	129	25.30%	In Week 12 (week ending 24 March 2019), 15 new confirmed cases including five deaths (CFR 33.3%) were reported from six states - Edo (4 cases with 2 deaths), Ondo (3 cases with 2 deaths), Bauchi (3 cases with one death), Plateau (2 cases), Taraba (2 cases), and Ebonyi (1 case). This represents a second consecutive week of decline in the number of confirmed cases reported. Seventy-four (74) Local Government Areas (LGAs) across 21 states have reported at least one confirmed case in 2019. A total of 1 567 contacts are currently under follow-up across 20 states.

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	22-Mar-19	5 793	124	17	0.30%	An increased number of cases has been reported across five states (Borno, Katsina, Yobe, Bauchi & Adamawa) in recent weeks. In week 11, there were 5 793 reported cases of measles including 17 deaths (CFR 0.29%) in Borno state. 220 samples have so far been collected, 178 tested and 124 (73%) IgM positive.
Nigeria	Monkey-pox	Ungraded	26-Sep-17	24-Sep-17	30-Jan-19	311	132	7	2.30%	In January 2019, six new suspected cases were reported from six states. Three were confirmed in two states (Rivers - 1 and Bayelsa - 2). Since September 2017, 26 states have reported suspected cases with 17 having reported a confirmed case. Rivers State is the most affected. The South-South region of the country has the highest burden of monkey-pox.
Nigeria	Polio-myelitis (cVDPV2)	Ungraded	01-Jun-18	01-Jan-18	27-Mar-19	38	38	0	0.00%	Two cases of circulating vaccine-derived poliovirus type 2 have been reported this week in Konduga LGA, Borno State and Baruten LGA, Kwara State with onset of paralysis reported on 14 February and 20 February 2019 respectively. There are now four cVDPV2 cases reported in 2019 so far. 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.

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	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.
South Sudan	Measles	Ungraded	24-Nov-18	24-Nov-18	20-Mar-19	542	28	4	0.70%	Two (2) new measles outbreaks have been confirmed in the country in week 10, 2019. An outbreak was confirmed in Aweil South County following laboratory confirmation of four (4) suspected measles samples. The second outbreak was declared in Melut County after three (3) suspected measles samples tested positive for measles IgM antibodies.
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	25-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. The Ministry of Health with support from the World Health Organization (WHO) and partners launched a reactive yellow fever (YF) vaccination campaign in Sakure, Nzara County Gbudue State to vaccinate 19 578 individuals aged 9 months to 65 years against YF.
Tanzania, United Republic of	Anthrax	Ungraded	28-Feb-19	18-Feb-19	24-Mar-19	91	3	6	6.60%	No new cases were reported in week 12 (week ending 24 March 2019). The cumulative number of cases reported is 91 with 6 associated deaths. The last case was reported on 3 March 2019 in Moshi DC in Kilimanjaro Region.
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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
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	27-Mar-19	147		4	2.72%	Detailed update given above.
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	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.
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.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Uganda	Plague (pneumonic)	Ungraded	05-Mar-19	27-Feb-19	08-Mar-19	2	0	1	50.00%	On 5 March 2019, WHO was informed of two suspected pneumonic plague cases including one death from Paryma village, Warr sub-county, Zombo district. 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	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 Chauishi 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.
Zambia	Measles (suspected)	Ungraded	03-Mar-19	04-Dec-19	03-Mar-19	93	0	0	0.00%	A total of 93 suspected cases have been reported from Chibali zone, Lavushimanda district in Muchinga Province, Zambia. Of these, 50% are below five years old, 47% between five to 15 years of age, and 3% above 15 years old. All of the suspected cases were reportedly not previously vaccinated against measles. Although clinical signs and symptoms point to measles, it has not been possible to confirm the 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.
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).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Closed Events										
Burundi	Cholera	Ungraded	28-Dec-18	25-Dec-18	03-Mars-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.
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.

†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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