

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 27: 1 - 7 July 2019
Data as reported by 17:00; 7 July 2019

1

New event

73

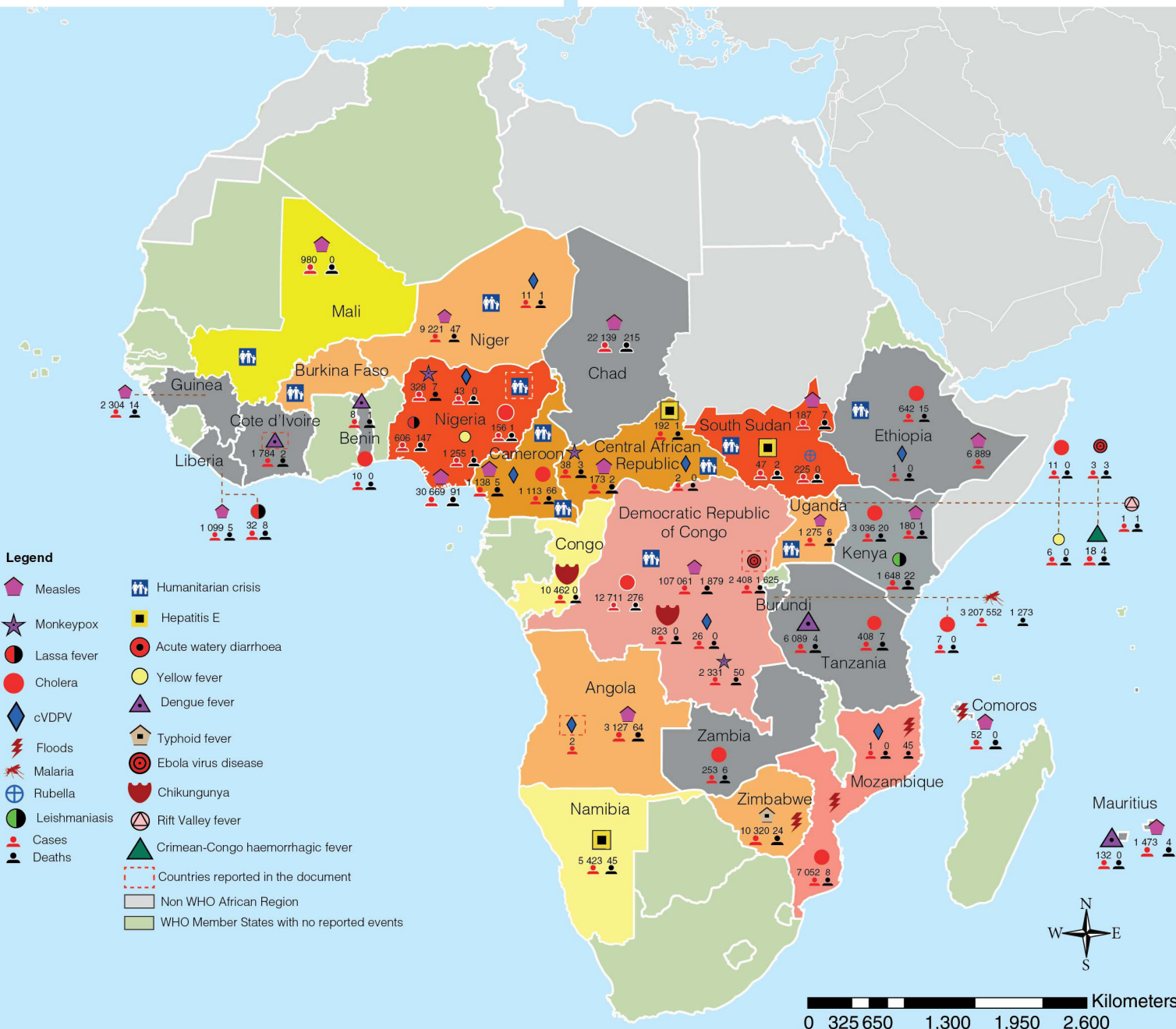
Ongoing events

59

Outbreaks

15

Humanitarian crises



Graded events †

4

Grade 3 events

11

Grade 2 events

3

Grade 1 events

2

Protracted 3 events

2

Protracted 2 events

2

Protracted 1 events

50

Ungraded events

Overview

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- 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 74 events in the region. This week's edition covers key new and ongoing events, including:

- [Circulating vaccine-derived poliovirus type 2 in Angola](#)
- [Ebola virus disease in Democratic Republic of the Congo](#)
- [Dengue fever in Côte d'Ivoire](#)
- [Humanitarian crisis in north-east Nigeria.](#)

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:

- A new case of genetically-distinct circulating vaccine-derived poliovirus type 2 (cVDPV2) has been confirmed in Cuvango district, Huila Province, central Angola. This is the second cVDPV2 outbreak in Angola in 2019, occurring over 1 000 kilometers away from the first event. The occurrence of this event (symbolic) and the increasing frequency of cVDPV2 emergence across the African Region is becoming a major public health issue, given the compromised sanitation situation, high population mobility and challenges faced by the national immunization programmes. While comprehensive responses are being undertaken, these events should serve to remind all countries in the African region of the importance of improving the quality of routine and supplementary immunization activities and maintain high levels of polio (and all other antigens) vaccination coverage to minimize the risk and consequences of poliovirus circulation.
- The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues, with persistent low transmission intensity. The weekly incidence showed some reduction in the number of new confirmed EVD cases this week, albeit with a fluctuating pattern. All efforts to step up and sustain ongoing response operations need to continue.

Ongoing events

Circulating vaccine-derived poliovirus type 2

Angola

2
Cases

0
Deaths

0%
CFR

EVENT DESCRIPTION

On 3 July 2019, the Global Polio Laboratory Network (GPLN) notified WHO of a new confirmed case of circulating vaccine-derived poliovirus type 2 (cVDPV2) in Cuvango district, Huila Province, central Angola. The virus isolated in stool specimens from a community contact was genetically linked to the VDPV2 isolated from an acute flaccid paralysis (AFP) case, indicating circulation. Although initially coming from Huila Province, the case-patient travelled to Huambo Province to seek care, where the case was detected.

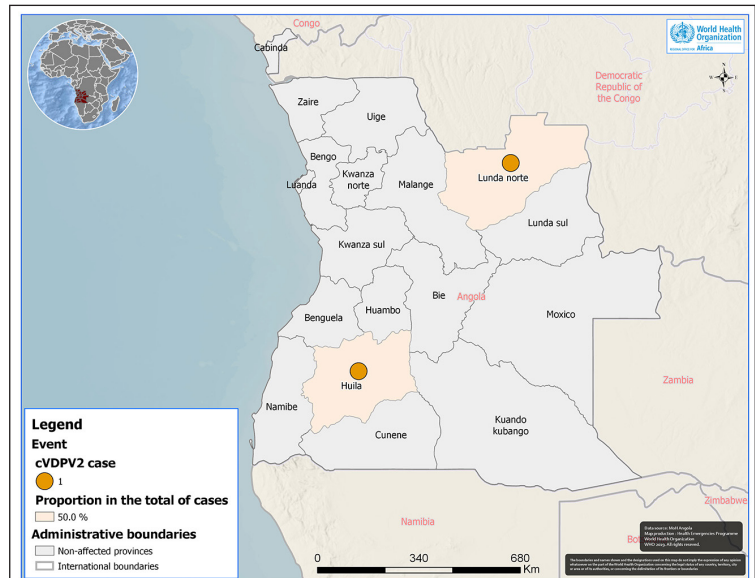
This is the second event of genetically-distinct cVDPV2 in Angola in 2019, with the first reported in week 23 (week ending 9 June 2019) in Lunda Norte Province, bordering the Democratic Republic of the Congo. The virus (in the first event), with 10 nucleotide changes from the Sabin 2 vaccine strain, was isolated from an AFP case that started developing paralysis on 22 March 2019. This event occurred in the aftermath of two genetically-distinct outbreaks of cVDPV2 in neighbouring Kasai Province, Democratic Republic of the Congo.

From 1 January to 30 June 2019, a total of 167 AFP cases have been reported across Angola. Of these, two genetically-distinct outbreaks of cVDPV2 have been detected in Luanda Norte and Huila provinces. No case of wild poliovirus has been reported in the country since 2011. The last case of wild poliovirus was a 14-month-old child from Uige Province, with onset of paralysis on 7 July 2011.

PUBLIC HEALTH ACTIONS

- WHO and partners in the Global Polio Eradication Initiative (GPEI) are supporting the Ministry of Health of Angola to undertake detailed epidemiological and virologic investigations to identify the source of the viruses, its link to monovalent oral polio vaccine type 2 (mOPV2) used in proximal areas, as well as any potential local spread associated with it.
- A risk assessment exercise of the new outbreak is being planned, based on epidemiological and virologic investigations. Initial risk assessment conducted for the outbreak in Luanda Norte Province considered the province at high risk for possible poliovirus reintroduction or re-emergence, given cross-border population movements with the Democratic Republic of the Congo, subnational immunity and surveillance gaps.
- Enhanced surveillance for polio is being strengthened, including active search for AFP cases, as well as environmental surveillance, to identified potential cases of wild and vaccine-derived polioviruses.
- A preventive emergency outbreak response vaccination campaign was held from 21 to 23 June 2019 across five health zones in Luanda Norte Province, during which 115 240 doses of mOPV2 were administered to children below five years of age. The campaign was synchronized with Kasai and Kasai Central provinces in the Democratic Republic of the Congo, where 1 141 100 doses of mOPV2 were administered to children below five years of age across 17 health zones.

Geographical distribution of confirmed cVDPV2 cases in Angola, 1 January - 7 June 2019.



- A second round of the campaign is expected to be held in the second week of July 2019 in Luanda Norte Province while plans are underway for an emergency preventive vaccination campaign in Huila Province.
- Field investigation of all cases detected are being routinely carried out and subnational immunity levels analysed to inform planning of programme interventions and response strategies.
- Routine immunization services as well as outreach activities are being strengthened to ensure high polio vaccination coverage across the country.
- Local communities are being continuously engaged and sensitized to utilize immunization services and ensure early reporting of AFP cases.

SITUATION INTERPRETATION

Cases of circulating vaccine-derived poliovirus continue to occur in the African Region, with Angola being the latest country to report a new case. The identification of cases in geographically contiguous areas of Angola and Democratic Republic of the Congo highlights the risk of cVDPV2 emergence and spread across borders, given the high population mobility, inadequate sanitation and low immunization coverage in many countries. Two to three rounds of high-quality immunization campaigns are critical to prevent a significant outbreak of paralytic poliovirus, regardless of the origin. Notwithstanding, countries are advised to maintain high levels of routine polio vaccination coverage to minimize the risk and consequences of any poliovirus circulation.

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces in Democratic Republic of the Congo continues with persistent transmission. Since the last report on 30 June 2019 (*Weekly Bulletin 26*), 83 new confirmed EVD cases have been reported, with an additional 62 deaths. A new health zone, Ariwara, has reported a confirmed case, in a person who had travelled from Beni, while three new confirmed cases, one each in Beni, Butembo and Katwa, are thought to be nosocomial (healthcare related) transmissions.

As of 6 July 2019, a total of 2 408 EVD cases, including 2 314 confirmed and 94 probable cases have been reported. In the last 21 days (16 June-6 July 2019), 20 health zones have reported at least one confirmed case, with a new confirmed case reported in Ariwara Health Zone. To date, confirmed cases have been reported from 23 health zones: Alimbongo (3), Ariwara (1), Beni (415), Biena (15), Butembo (254), Kalunguta (125), Katwa (607), Kayna (8), Kyondo (22), Lubero (28), Mabalako (338), Manguredjipa (18), Masereka (47), Musienene (71), Mutwanga (10), Oicha (42) and Vuhovi (89) in North Kivu Province; and Bunia (4), Komanda (31), Rwampara (8), Mandima (175), Nyankunde (1), and Tchomia (2) in Ituri Province.

A total of 1 625 deaths were recorded, including 1 531 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 66% (1 531/2 314). A new health worker, a laboratory worker, was among the new confirmed cases in Beni, bringing the cumulative number of health workers affected to 128, accounting for 5% of the total confirmed and probable cases.

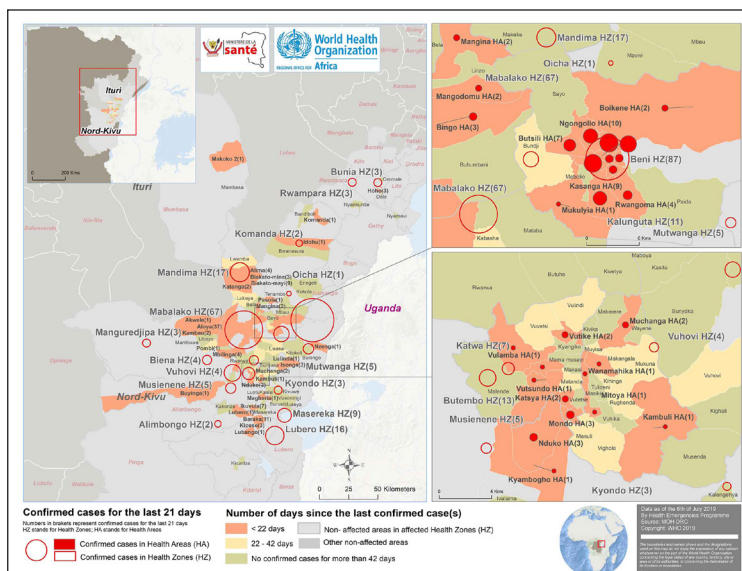
Mabalako and Beni are the main active areas in the outbreak, with 33% (87/263) and 25% (67/263) of new confirmed cases in the past 21 days, respectively. Eight health zones, Beni, Manguredjipa, Butembo, Lubero, Vuhovia, Masereka and Mandima have reported new confirmed cases in the past three days and remain points of attention.

Contact tracing is ongoing in 21 health zones. A total of 19 227 contacts were recorded as of 6 July 2019, of which 17 120 have been seen in the past 24 hours (89%; varies between 58-100% among reporting zones). Alerts in the two affected provinces continue to be raised and investigated. Of 1 564 alerts processed (of which 1 451 were new) in reporting health zones on 6 July 2019, 1 494 were investigated and 323 (22%) were validated as suspected cases.

PUBLIC HEALTH ACTIONS

- A strengthened coordination mechanism has been established in Butembo. Surveillance activities continue, including case investigations, active case finding in health facilities and communities, and identification and listing of contacts around the latest confirmed cases. Collaboration between health authorities in the Democratic Republic of the Congo and Uganda continues around monitoring displaced contacts.
- As of 6 July 2019, a cumulative total of 154 037 people has been vaccinated since the start of the outbreak in August 2018.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 72 million screenings to date. A total of 85/85 (94%) PoE/PoC were operational as of 6 July 2019.
- There are continued community reintegration and psychosocial activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response.
- Teams of psychologists and psychosocial assistants are working to resolve the reluctance of a confirmed case from Biena Health Zone, reported on 30 June 2019, to seek healthcare, and who is hiding in the fields around her village.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May 2018 to 6 July 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



- Safe and dignified burial teams are facing geographical difficulties in accessing Lelesi and Mitume villages (40 km from Biaktao Mayi), where two confirmed cases died on 1 and 2 July 2019.
- Water, sanitation and hygiene (WASH) activities continue with health facilities and contaminated households decontaminated in Mabalako, Beni, Butembo, Katwa, Mutwanga, Mandima and Kalunguta health zones.
- Infection, prevention and control activities have started in Ariwara Health Zone, including evaluation of the IPC capabilities of three health facilities, briefing of health workers on specimen collection and preservation, preparation of an isolation room and the start of formation of 59 core IPC focal points on the Aloya, Mabalako and Ngazi axes.
- Community awareness and mobilization messages are being updated, revised and harmonized and have been pre-tested by the commission and will subsequently be shared in coordination and sub-coordination activities.
- An exchange session was held with local Hoho, Dele and Lengabo health area leaders on their role in engaging local communities and working with response teams, along with demonstration of some response activities to address community concerns; in Katwa, an educational session was held with young leaders in the Vuhika health area to encourage involvement in managing community incidents in their areas; the Deputy Mayor of Beni has committed to supporting community engagement for response activities after a dialogue session with grassroots leaders.

SITUATION INTERPRETATION

New EVD cases continue to occur in North Kivu and Ituri provinces, with continued fluctuating transmission intensity, with the main hotspots varying from week to week, and continuing to increase in areas with previously relatively low transmission rates. The continued transmission is of grave concern and requires strong and novel outbreak control interventions to be sustained in all affected areas simultaneously, especially case investigation and contact tracing, along with continuing engagement with communities on the importance of early reporting of signs and symptoms of the disease and early attendance at healthcare facilities. All community mobilization activities, focused on enlisting local populations as partners in the response must continue, as well as other proven public health measures.

EVENT DESCRIPTION

The city of Abidjan has been experiencing an outbreak of dengue fever since January 2019, with the epicenter being Cocody-Bingerville health district. The event was initially detected on 15 February 2019 when the Institute Pasteur of Côte d'Ivoire (IPI) confirmed five cases with dengue virus infections. However, sporadic suspected cases have been occurring since the beginning of January 2019. There has been a gradual increase in the disease trend since then, attaining a peak in week 25 (week ending 23 June 2019) when over 280 suspected cases were reported.

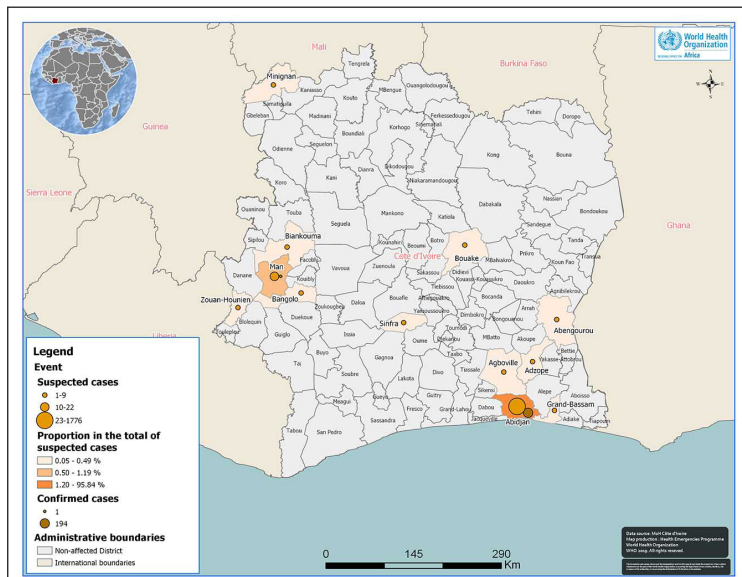
Between 1 January and 25 June 2019, a total of 1 853 suspected dengue fever cases were reported, including two deaths (case fatality ratio 0.1%). Thirty-eight out of 86 districts located in 15 health regions have reported at least one suspected case, with Abidjan accounting for 96% (1 776) of all reported suspected cases.

Of the total cases reported, 195 have been laboratory confirmed by polymerase chain reaction, of which 48% (93) isolated dengue virus serotype 1 (DENV-1) and 26 (13%) were DENV-3. Cocody-Bingerville and Abobo East districts in Abidjan accounted for 59% (115) and 23% (44) of the total confirmed cases, respectively. Among the total samples collected, 547 tested negative and test results for 1 111 samples are still pending due to stock-out of laboratory reagents. To date, no case of dengue haemorrhagic fever has been registered among the confirmed cases.

PUBLIC HEALTH ACTIONS

- ▶ A rapid response team was deployed to conduct further investigations into the outbreak, assess the level of risk and support local response, including enhanced surveillance with active case search in the affected areas and investigation of all suspected cases, as well as entomological surveys. Technical guidelines and case definitions are being disseminated to regional and departmental directorates.
- ▶ The Emergency Operation Center (COUSP) was activated on 25 February 2019 and weekly coordination meetings are being held to track the progress of the outbreak response.
- ▶ Healthcare workers are being trained on the proper case management for dengue fever in Abidjan health district and the suburbs.
- ▶ Entomological surveys have been conducted and vector control activities (fogging and larvicide) are ongoing in the affected districts.
- ▶ Populations are being sensitized on preventive measures against dengue fever through mass media (television, print media and radio).

Geographical distribution of dengue fever cases in Côte d'Ivoire, 1 January - 25 June 2019



SITUATION INTERPRETATION

An outbreak of dengue fever has been ongoing in Côte d'Ivoire since January 2019, with the upscale urban districts of Abidjan city being the most affected. The country experienced a similar dengue fever outbreak in 2017, with the same city suburbs of Abidjan being the epicenter and with a similar pattern of circulating dengue virus serotypes. Lessons learnt from responses to the previous outbreak need to be used to curb the current upsurge in incidence cases.

The national authorities and partners need to mobilize additional resources to address some of the critical deficiencies in the response operations, including stock-outs of laboratory reagents and insecticides. In addition, various prevention measures such as improving community participation and mobilization for sustained vector control need to be improved, along with strengthening active surveillance and case management.

EVENT DESCRIPTION

The humanitarian crisis in north-east Nigeria, now in its tenth year, continues with continued insurgency and widespread displacement of populations. On 16 June 2019, there was a bomb attack in Konduga Local Government Area (LGA), less than 40 km from Maiduguri, the capital of Borno State, killing at least 30 civilians and injuring more than 40 others. The attack targeted football fans in a public sports hall and involved a humanitarian community volunteer. This led to widespread condemnation, notably by the UN Humanitarian Coordinator in Nigeria.

Following the ongoing military operations around Damboa LGA, the Nigerian Army is relocating displaced families from newly liberated communities to Damboa town. As of 7 June 2019, 2 236 families, comprising 10 358 persons, were temporarily settled in the government secondary school, and most are still to obtain appropriate shelter. The population of Damboa now stands at 149 082, with more than half being internally displaced persons (IDPs) and nearly all in need of humanitarian assistance.

Disease outbreaks continue to occur. Adamawa State has been experiencing a cholera outbreak since 15 May 2019. As of 5 July 2019, a total 213 suspected cholera cases and three deaths (case fatality ratio 1.4%) have been reported in three LGAs: Yola North (113 cases, 2 deaths), Girei (93 cases, 1 death) and Yola South (7 cases). Of 67 stool specimens collected, 61 tested positive for *Vibrio cholerae* by culture and 38 tested positive by cholera rapid diagnostic testing kit.

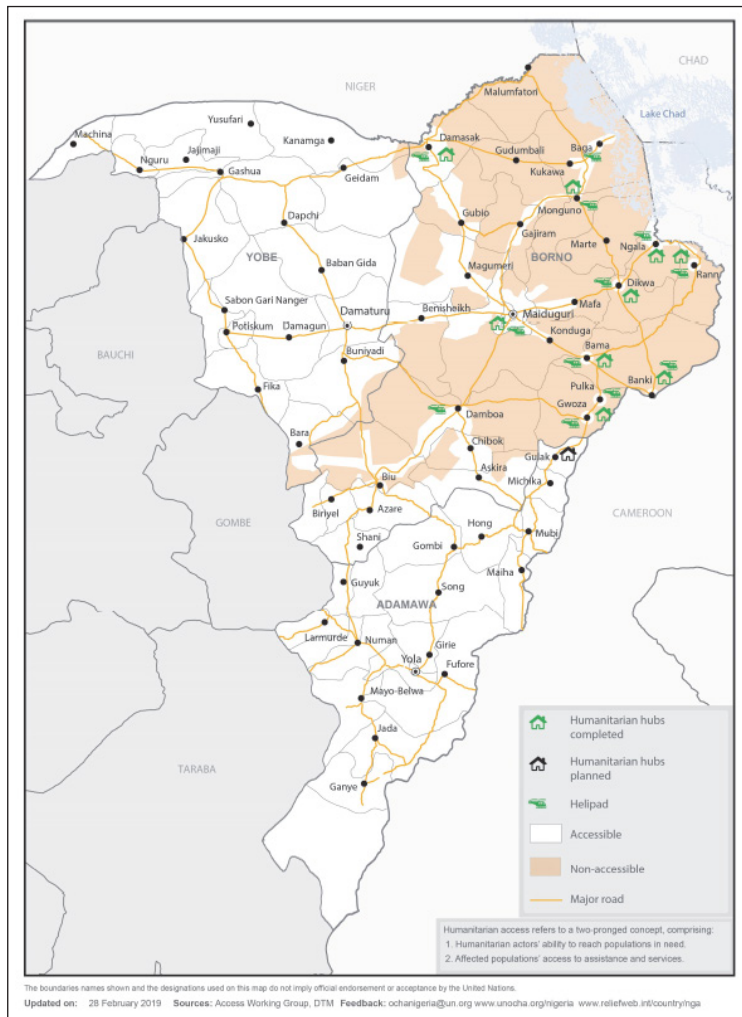
The measles outbreak in Borno State is still ongoing, although with a steady declining trend since week 18 (week ending 5 May 2019). By week 22 (week ending 2 June 2019), 17 885 suspected measles cases had been reported, with 85 associated deaths (case fatality ratio 0.5%). Of 284 samples analyzed, 165 tested measles IgM positive. The majority of cases were reported from Maiduguri Municipal Council (MMC), Bama, Jere, Konduga, Monguno, Magumeri and Damboa LGAs. Twenty-one out of the 27 LGAs in the state have reported at least one measles IgM positive case.

Malaria remains the leading cause of morbidity, while severe acute malnutrition is the leading cause of mortality. In week 25 (week ending 23 June 2019), a total of 6 321 suspected and 4 387 confirmed malaria cases were reported, accounting for 31% of all consultations.

PUBLIC HEALTH ACTIONS

- Cholera response activities have been scaled up in Adamawa State, with significant improvement in water, sanitation and hygiene (WASH) conditions. Household and latrine disinfection, chlorination of water at point of collection, distribution of water purification kits and water quality testing have been intensified in the affected communities.
- Oral polio vaccination of children less than five years is ongoing in the IDP camp in Damboa. Other services being offered include treatment of common illnesses (like malaria, diarrhoea and measles), mental health and psychosocial support and screening for malnutrition.
- The Borno State government conducted a second round of measles reactive vaccination campaign in 13 of 27 LGAs from 13 and 17 May 2019, with the support of WHO. The total target population was 827 944 children between the ages of 6 months and 6 years, 800 666 of whom were vaccinated (coverage 96.7%).
- WHO-supported hard-to-reach (H2R) teams continue to provide basic essential services in LGAs in the three most affected north-east states of Adamawa, Borno and Yobe, including treating minor ailments, antenatal care services and malaria chemoprophylaxis.

Humanitarian snapshot in North-east Nigeria, as of 28 February 2019.



- The H2R teams screened a total of 17 253 children for malnutrition using MUAC. Of this number, 169 (1.0%) children had moderate acute malnutrition and their caregivers were counselled on proper nutrition, while 93 (0.5%) of them had the severe acute malnutrition.

SITUATION INTERPRETATION

The humanitarian crisis in north-east Nigeria remains volatile, with continued attacks in many parts of the region causing mass population displacement. The intensified military operations have led to recapture of several communities, with many people who were previously trapped being freed and relocated to camps in relatively safer areas, as recently seen in Damboa LGA. However, living conditions in many of these camps are suboptimal, with limited access to water and sanitation. Furthermore, the prolonged entrapment of the IDPs restricts their access to proper nutrition and basic healthcare services. Collectively, these factors predisposed the IDPs to multiple communicable diseases, typified by the ongoing cholera and measles outbreaks and a high burden of malaria. There is an urgent need to scale up provision of aid assistance, including health and nutrition services, WASH, shelter and protection, to the whole vulnerable population in north-east Nigeria, with a special focus to those newly displaced.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- ▶ This week, Angola reported a new case of genetically-distinct cVDPV2, coming immediately after four cases were reported in Democratic Republic of the Congo the previous week. This is the second cVDPV2 outbreak in Angola in 2019, occurring over 1 000 kilometers away from the first event. Several other countries in the African Region have reported circulating vaccine-derived poliovirus, including Ethiopia, Cameroon, Mozambique, Niger, and Nigeria. While the African Region slowly comes closer to eliminating wild poliovirus, the emergence of the vaccine-derived poliovirus is of grave concern. The primary reason for this phenomenon is low population immunity due to low immunization coverage. Several other vaccine-preventable diseases are facing similar consequences. These events should serve to remind all countries in the region of the importance of routine immunization and calls for immediate actions to revitalize the performance of the immunization programmes.
- ▶ The EVD outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo is persisting with low levels of transmission. The resurgence of new cases in areas with previously low transmission is concerning, as well as the emergence of a case in a new health zone. This situation requires strong outbreak control interventions to be sustained in all the affected areas simultaneously. All efforts to step up and sustain ongoing response operations need to continue.

Proposed actions

- ▶ All countries in the African Region need to improve the performance of their immunization programmes and main high immunization coverage for all antigens, including polio, as well as stepping up disease surveillance.
- ▶ The national authorities and partners in Democratic Republic of the Congo need to re-double and sustain the current response efforts to the EVD outbreak.

All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
New Events										
Benin	Cholera	Ungraded	05-Jul-19	03-Jul-19	06-Jul-19	10	4	0	0.00%	From 3 to 6 July 2019, a total of 10 suspected cholera cases with no death have been reported from two communes of Atlantique Department, namely, Zè and and Sô-Ava communes. Of the 10 suspected cases, four cases were confirmed by culture. The outbreak occurs in areas with poor sanitary conditions (open defecation, limited access to drinking water). Active case search, case management, community sensitization and distribution of water purification tablets in the community are ongoing in the affected areas.
Ongoing Events										
Angola	Measles	Ungraded	04-May-19	01-Jan-19	30-Jun-19	3 127	85	64	2.00%	In week 26 (week ending on 30 June 2019), 9 suspected cases were reported. From week 1 to week 26 of 2019, a cumulative total of 3 127 suspected (investigated) cases including 64 deaths have been reported from 18 provinces of Angola. Lunda Sul and Moxico provinces have reported 73% and 17% of cases respectively. A total of 85 laboratory confirmed cases have been reported since week 1 of 2019.
Angola	Poliomyelitis(VDPV2)	G2	08-May-19	05-Apr-19	26-Jun-19	1	1	-	-	Detailed update given above.
Benin	Dengue fever	Ungraded	13-May-19	07-May-19	30-Jun-19	8	3	1	12.50%	Between 7 May and 30 June 2019, a total of eight suspected cases of dengue fever, including three confirmed dengue fever cases of which one fatal case of dengue haemorrhagic fever, have been reported from two communes of Benin, namely, Cotonou and Abomey-Calavi.
Burkina Faso	Humanitarian crisis	G2	01-Jan-19	01-Jan-19	28-Jun-19	-	-	-	-	Since 2015, the security situation initially in the regions of the Sahel and later in the East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement leading to a total of 170 000 internally displaced persons registered as of 6 June 2019, of which more than half were registered since the beginning of 2019.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Burundi	Cholera	Ungraded	05-Jun-19	04-Jun-19	06-Jun-19	7	4	0	0.00%	On 5 June 2019, WHO has been notified by the Ministry of Public Health and the Fight against AIDS of Burundi of a cholera outbreak in Bujumbura Mairie province (Bujumbura-South health district) and Cibitoke province (Cibitoke health district). As of 6 June 2019, a total of 7 cases with no death were reported and admitted in Prince Regent Charles hospital (5) and Rugombo (2) Cholera Treatment Centers in Bujumbura Mairie and Cibitoke provinces respectively. A total of four of the seven samples collected tested positive for Vibrio Cholerae Ogawa at the National Institute of Public Health reference laboratory on 5 June 2019. One of the four confirmed cases is a burundese driver from Gitega city living in Uvira, Democratic Republic of the Congo. Investigations are ongoing.
Burundi	Malaria	Ungraded		01-Jan-19	26-May-19	3207 552		1 273	0.00%	Since week 48 of 2018 (week ending 2 December 2018), there has been a progressive increase in the number of malaria cases reported across the 46 districts of Burundi, with the epidemic threshold reached or exceeded in week 18 (week ending 5 May 2019). In week 21 (week ending 26 May 2019), 182 751 cases including 66 deaths have been reported from 39/46 districts. From week 1 (week ending 5 January 2019) to week 21 of 2019, a cumulative total of 3 207 552 cases and 1 273 deaths (CFR 0.04%) have been reported. There is a 102% increase in the number of cases reported in week 21 of 2019 compared to week 21 of 2018, and a 52.7% increase in the number of cases reported from week 1 to week 21 of 2019 compared to the same period in 2018.
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	30-May-19	-	-	-	-	Cameroon continues to face a humanitarian crisis in the Far North region linked to the terrorist attacks by Boko Haram group with significant displacement of the traumatized population. The Minawao refugees camp in the Mokolo Health District, continues to host Nigerian refugees and it has reached a total population of 58 625 as of 24 May 2019. According to the latest report of the International Organization for Migration (IOM), the displaced population is estimated at 423 835 individuals.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Cameroon	Humanitarian crisis (NW & SW)	G2	01-Oct-16	27-Jun-18	03-Jul-19	-	-	-	-	The Northwest and Southwest regions' crisis which started in 2016 still remains a concern. Sporadic armed attacks between alleged separatist groups and the military continue to be reported. Insecurity has forced more than 530 000 people to flee their homes. Attacks on health facilities have been reported in many locations. This unrest continues to affect access to amenities including healthcare services.
Cameroon	Cholera	G1	24-May-18	18-May-18	01-Jul-19	1 113	97	66	5.90%	The cholera outbreak that was declared on 14 July 2018 is ongoing in the North region of Cameroon. Since January 2019 only the North region continues to report new cases of cholera. From 24 June to 1 July 2019, the North region reported 43 new-suspected cases. The Centre, Littoral and Far North regions have not reported new cases since January 2019.
Cameroon	Measles	Ungraded	02-Apr-19	01-Jan-19	12-May-19	1 138	168	5	0%	During epidemiological week 19 (ending on 12 May 2019), 41 suspected cases were reported. A decline in the weekly number of cases has been noted. Since the beginning of 2019, a total of 1 138 suspected cases of which 168 were confirmed as IgM-positive have been reported. The outbreak is currently affecting twenty-four districts, namely Kousseri, Mada, Goulfey, Makary, Kolofata, Koza, Ngaoundéré rural, Bangué, Guider, Figuil, Ngong, Mora, Maroua 3, Vélé, Pitoa, Maroua 1, Bourha, Touboro, Mogodé, Bibémi, Garoua 1, Garoua 2, Lagdo and Tcholliré.
Cameroon	Poliomyelitis(cVDPV2)	G2	23-May-19	23-May-19	26-Jun-19	-	-	-	-	On 23 May 2019, WHO received notification through the Global Polio Laboratory Network (GPLN) of the detection of circulating vaccine-derived poliovirus type 2 (cVDPV2) from an environmental sample collected on 20 April 2019 in the Northern province of Cameroon which borders Borno state in Nigeria and Chad. There are no associated cases of paralysis detected so far.
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	25-Jun-19	-	-	-	-	Insecurity in most parts of the Central African Republic including major cities leading to a complex humanitarian situation remains of concern. According to the latest Integrated Phase Classification (IPC) for CAR, more than 1.8 million people are currently facing severe food insecurity (IPC 3+), which corresponds to approximately 40% of the total population. Food insecurity has worsened since the onset of the annual lean season in May and is particularly prevalent among displaced persons in eastern regions of the country.

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	Hepatitis E	Ungraded	02-Oct-18	10-Sep-18	30-Jun-19	192	147	1	0.50%	Two new cases has been confirmed in epidemiological week 26 (week ending on 30 June 2019). As of 30 June 2019, a total of 192 cases of acute jaundice syndrome, of which 147 were confirmed for viral hepatitis E, have been recorded from Bocaranga-Koui and Ngaoundaye. In total, the Ngaoundaye health district reported 7 cases of viral hepatitis E including 6 confirmed cases and 1 probable case since the beginning of the epidemic and the last case was reported in week 7.
Central African Republic	Measles	Ungraded	15-Mar-19	11-Feb-19	16-Jun-19	173	19	2	1.20%	There is a decreasing trend in the number of reported measles cases since week 19 of 2019 (week ending on 12 May 2019). A total of 5 new suspected cases of measles were notified from Paoua district in epidemiological week 21 (week ending on 26 May 2019). From epidemiological week 5 to 21 (28 January – 26 May 2019), a total of 173 suspected measles cases, of which 19 were confirmed have been reported from Paoua, Batangafo and Vakaga districts. About 80% of cases are under 5 years of age with a high proportion of male.
Central African Republic	Monkey-pox	Ungraded	20-Mar-18	02-Mar-18	02-Jun-19	38	25	3	7.90%	Four suspected cases including one death were reported in Haute-Kotto prefecture in week 22 (week ending on 2 June 2019). As of 2 June 2019, a total of 38 suspected cases including 3 deaths (CFR 7.9%) were reported from Mbaiki, Bangassou, Bambari, Bossembele and Haute-Kotto districts. Twenty-five cases have been laboratory confirmed.
Central African Republic	Polio-myelitis (VDPV2)	G2	24-May-19	24-May-19	09-Jun-19	2	2	0	0.00%	Two cases of cVDPV2 not genetically linked have been confirmed on 29 May and 31 May respectively. The first case, a 3-year-old female, developed acute flaccid paralysis on 2 May 2019. She was found in an IDP camp in Bambari district, Health region 4. Twelve contacts were registered. A total of 21 samples were collected of which 6 out of 17 were positive for poliovirus type 2 and four are pending results. The second case was reported from Bimbo district, Health region 1 with date of paralysis onset on 6 May 2019. Samples from the 17 contacts were collected and are pending results. Preparations for supplementary polio immunization activities are ongoing, round 0 is planned from 16 to 19 June 2019.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Chad	Measles	Ungraded	24-May-18	01-Jan-19	03-Jul-19	22 139	121	215	1.00%	In week 26 (week ending 30 June 2019), 555 suspected cases with four associated deaths were reported. 43 districts were in the epidemic phase, nine less affected districts compared to week 25 of 2019. Since the beginning of the year, a total of 22 139 suspected cases and 215 deaths (CFR 1%) have been reported with Am Timan, N'Djamena East, N'Djamena South, Bongor, Moundou, Bousso and N'Djamena Centre districts all exceeding 1 000 suspected cases. Among the 1 638 cases investigated and tested, 121 were IgM positive, 82% were not vaccinated, and 47% were aged between 1 and 4 years old.
Comoros	Cyclone Kenneth	Ungraded	23-Apr-19	24-Apr-19	10-May-19	-	-	-	-	The Union of Comoros faced a tropical cyclone – Kenneth- which landed on 24 April 2019, at 21:00 (GMT+3) in northern Ngazidja Island. The cyclone resulted in fallen trees and destruction of houses resulting in deaths and making many homeless, including children. Some small fishing boats were pushed against the landing stages, causing their destruction. As of 10 May 2019, 19 372 persons were internally displaced, 182 injured and 7 had died.
Comoros	Measles	Ungraded	26-May-19	20-May-19	16-Jun-19	52	22	0	-	An outbreak was confirmed in week 21 of 2019 (week ending 26 May 2019) when five measles IgM-positive cases were reported in a week from two districts of the Grande Comore island, namely Moroni (3) and Mitsamiouli (2). From week 21 to week 24 (week ending 16 June 2019), a total of 52 suspected cases including 22 confirmed (11 confirmed by epidemiological link and 11 confirmed by serology) with no death were reported from Grande Comore Island. More than 80% of cases are aged between 6 months and 14 years. About 78% of cases are unvaccinated or have unknown immunization status. From week 1 to week 24 of 2019, a cumulative total of 90 suspected measles cases including 26 confirmed (16 confirmed by serology and 10 confirmed by epidemiological link) have been reported from Grand Comore (88 cases) and Anjouan (2 cases). The two suspected cases of Anjouan were tested negative for measles by serology. Four samples (throat) were sent to UVRI in Uganda for further virus typing. Results are pending.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Congo	Chikungunya	G1	22-Jan-19	07-Jan-19	09-Jun-19	10 462	61	0	0.00%	Since January 2019, an outbreak of chikungunya has affected nine of the twelve departments of the Republic of Congo, namely, Kouilou, Bouenza, Pointe Noire, Plateaux, Pool, Brazzaville, Niari, Lekoumou, and Cuvette. In week 23 (week endin 9 June 2019), 382 new cases were reported. From 7 January to 9 June 2019, a total of 10 462 suspected cases, of which 61 were confirmed have been reported from 33 out of the 52 districts of the Republic of Congo. No death has been reported to date. Entomological investigation showed the presence of the vector, <i>Aedes albopictus</i> .
Côte d'Ivoire	Dengue fever	Ungraded	15-Feb-19	01-Jan-19	25-Jun-19	1 784	188	2	0.10%	Detailed update given above.
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	26-May-19	-	-	-	-	The Democratic Republic of the Congo continues to experience a complex humanitarian crisis involving armed conflicts and inter-community tension exacerbating the numbers of those in need of humanitarian assistance. Populations movements due to armed clashes have been reported in North-Kivu, Ituri, and South-Kivu. In Tanganyika, clashes between interethnic militia have led to closing of health centres in eight health areas in Kalemie and Nyunzu.
Democratic Republic of the Congo	Chikungunya	Ungraded	08-Feb-19	30-Sep-18	17-Apr-19	823	254	0	0.00%	From 1 January to 17 April 2019, a total of 823 suspected cases, of which 254 were confirmed by RT-PCR have been reported. Among them, 108 were male and 146 were female. Majority of cases were reported from Kinshasa and the Central Congo province which is bordering the Republic of the Congo. In Kinshasa, ten health zones have reported confirmed cases, while in Central Congo province, confirmed cases have reported from six health zones.
Democratic Republic of the Congo	Cholera	G3	16-Jan-15	01-Jan-19	16-Jun-19	12 711	-	276	2.20%	During week 24 (week ending 16 June 2019), a total of 431 suspected cases of cholera including 4 deaths (CFR 1%) have been notified from 16 provinces. Since the beginning of 2019, a total of 12 711 cases including 276 deaths (CFR 2.2%) have been notified from 20 out of 26 provinces. The endemic provinces in the East (Haut-Katanga, Haut-Lomami, Nord-Kivu, Sud-Kivu and Tanganyika) have reported 90% of the cumulative cases and 85% of the cumulative deaths.
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	6-Jul-19	2 408	2 314	1 625	68%	Detailed update given above.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	01-Jan-19	16-Jun-19	107 061	782	1 879	1.80%	In week 24 (week ending 16 June 2019), 3 258 measles cases including 64 deaths have been reported. In total, 103 health zones across the country have reported confirmed measles outbreaks. Since the beginning of 2019, 107 061 measles cases including 1 879 deaths (CFR 1.75%) have been recorded. Sixty-four percent of the cases have been notified from Tshopo, Lualaba, Kasai and Haut-Lomami provinces.
Democratic Republic of the Congo	Monkey-pox	Ungraded	n/a	01-Jan-19	16-Jun-19	2 331	-	50	2.10%	Since the beginning of 2019, a cumulative total of 2 331 monkeypox cases, including 50 deaths (CFR 2.1%) were reported. In week 24, 94 cases including 4 deaths were reported nationally.
Democratic Republic of the Congo	Polio-myelitis (cVDPV2)	G2	15-Feb-18	n/a	03-Jul-19	26	26	0	0.00%	One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported this week in the Democratic Republic of the Congo (DR Congo). So far, six cVDPV case has been reported in DRC in 2019. The total number of cVDPV2 cases reported in 2018 is 20. DRC is currently affected by six separate cVDPV2 outbreaks, in the provinces of Haut Katanga; Mongala; Haut Lomami/Tanganika/Haut Katanga/Ituri, Sankuru and Kasai (2).
Ethiopia	Humanitarian crisis	Ungraded	15-Nov-15	n/a	09-Jun-19	-	-	-	-	The humanitarian crisis in Ethiopia continues with growing and cyclical waves of humanitarian emergencies. There are about two million internally displaced living in 1 200 temporary sites in 300 woderas. The cholera outbreak is ongoing with 501 suspected and 19 confirmed cases being reported.
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	30-Jun-19	642	20	15	2.30%	A total of 688 suspected and 23 confirmed with associated 15 deaths have been reported in Ethiopia as of June 23, 2019 from 5 regions of Afar (12), Amhara (202), Oromia (326), Somali (33), Tigray (17) regions and two administrative cities of Addis Ababa city (97) and Dire Dawa (1). The main affected sub-cities of Addis Ababa are Kality and Addis Katema which account for more than 50% of the cases reported in Addis Ababa. Of these cases, 23 were confirmed by culture and typing results from one cultured specimen showed <i>V. cholerae</i> 01 Ogawa. The main identified risk factors is said to be the contaminated water sources.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Ethiopia	Measles	Ungraded	14-Jan-17	01-Jan-19	30-Jun-19	6 889	59	-	-	As of week 26, 2019 (week ending 30 June 2019), the measles outbreak is ongoing in Oromia, Amhara and Somali regions. A total of 6 889 measles cases from Oromia, Amhara and Somali regions. All the age groups are affected, however the most affected age groups are under 5 (49.7%) and 15-44 (26.3%). Seventy-two (72%) of the reported measles cases have not had a single dose of the measles vaccine. This is an indication of very low vaccination coverage and a lot needs to be done to improve vaccination coverage so as to protect the general population against measles outbreaks.
Ethiopia	Poliomyelitis(VDPV2)	Ungraded	24-Jun-19	20-May-19	21-Jun-19	1	1	0	0.00%	One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported from Doolo/Warder, Somali State, Ethiopia with onset on 20 May 2019. This is the first case of cVDPV2 reported from Ethiopia in 2019. In 2018, Ethiopia reported zero cases.
Guinea	Measles	Ungraded	09-May-18	01-Jan-19	09-Jun-19	2 304	712	14	0.60%	During week 23 (week ending on 9 June 2019), 115 suspected cases of measles were reported. From week 1 to 123 (1 January - 9 June 2019), a total of 2 304 suspected cases have been reported. Of these, 1 201 cases were sampled, of which 712 tested positive for measles. Sixteen areas are in the epidemic phase including urban areas of Coyah, Dixinn, Dubréka, Labé, Matoto, Ratoma as well as the sub-prefectures of Manéah (health district of Coyah), Maferinya (Forécariah), Kégnéko (Mamou) Kamsar and Sangaredi (Boké), Lelouma (CU and Sagalé), Telimele (CU). A total of 14 deaths has been recorded since the beginning of 2019.
Kenya	Cholera	Ungraded	21-Jan-19	02-Jan-19	23-Jun-19	3 036	129	20	0.70%	Since January 2019, nine of the 47 Counties of Kenya reported cholera cases, namely: Kajiado, Nairobi, Garissa, Machakos, Mandera, Embu, Narok, Wajir, and Mombasa Counties. The outbreak remains active in five Counties: Nairobi, Garissa, Kajiado, Wajir and Mombasa. From January to 23 June 2019, a total of 3036 cases including 20 deaths (CFR 0.7%) have been reported, of which 129 cases have been laboratory-confirmed.
Kenya	Leishmaniasis	Ungraded	31-Mar-19	01-Jan-19	23-Jun-19	1 648	321	22	1.30%	From week 1 to week 24 in 2019, a total of 1 564 cases of Leishmaniasis have been reported from Marsabit and Wajir counties. The last peak was observed in week 20 (week ending 19 May 2019). Marsabit county has reported 1387 suspected cases with 15 deaths (CFR 1.2%), of which 294 tested positive by the rapid diagnostic test (RDT). Wajir county has reported 261 suspected cases with 7 deaths (CFR 2.7%), of which 27 tested positive by RDT.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Kenya	Measles	Ungraded	06-May-19	20-Mar-19	23-Jun-19	180	10	1	0.60%	Measles outbreak has been reported in Garissa and Kajiado counties. As of 23 June 2019, ten cases have been reported from Garissa County in Dadaab Sub-County. Six of these cases have been laboratory confirmed. In Kajiado County, Kajiado West Sub-County has been affected with 170 cases reported of which ten were laboratory-confirmed. One death has been reported in both counties.
Liberia	Lassa fever	Ungraded	23-Jan-19	01-Jan-19	23-Jun-19	32	22	8	25.00%	Of 71 suspected cases reported year-to-date, 22 have tested positive by RT-PCR, 39 discarded due to negative test results, and ten are pending test results. A total of eight deaths (case fatality ratio 36.4%) have been reported among confirmed cases.
Liberia	Measles	Ungraded	24-Sep-17	01-Jan-19	30-Jun-19	1 099	103	5	0.50%	In week 26 (week ending on 30 June 2019), 25 suspected cases were reported from 11 out of 15 counties across the country. Since the beginning of 2019, 1 099 cases have been reported across the country, of which 103 are laboratory-confirmed, 79 are epi-linked, and 624 were clinically confirmed.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	02-Jul-19	-	-	-	-	The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The presence and activities of armed groups not included in the 2015 agreement continues to influence the security situation. Clashes between Dogon (pastoralist farmers) and Fulani (nomadic herders) communities over land and access to water points have also increased in central and northern regions. On 30 June 2019, armed men attacked three predominantly Fulani villages in Mopti region.
Mali	Measles	Ungraded	20-Feb-18	01-Jan-19	30-Jun-19	980	261	0	0.00%	As of week 26 (week ending on 30 June 2019), 980 suspected cases of measles have been reported from 20 health districts, 13 of which have passed epidemic thresholds. 261 (27.1%) suspected cases tested IgM positive.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Mauritius	Dengue fever	Ungraded	26-Feb-19	26-Feb-19	21-Jun-19	132	132	0	0.00%	The dengue fever outbreak is ongoing in Mauritius. From 26 February 2019 to 21 June 2019, a total of 132 cases including 9 imported cases have been reported. The district of Port Louis recorded the highest number of locally transmitted cases of dengue (115) followed by Plaines Wilhems (5), Pamplemousses (2) and Savanne (1). A peak was observed in week 17 (22-28 April 2019) when 30 indigenous cases were confirmed, followed by a decreasing trend in case incidence. Two circulating serotypes have been identified. The serotype 1 has been found in most confirmed cases and the serotype 2 has been found in five imported cases from Reunion and two locally transmitted cases.
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	21-Jun-19	1 473	1 473	4	0.30%	During week 21 (week ending on 26 May 2019), zero new confirmed cases were reported across the country. From 21 March 2018 to 5 May 2019, a total of 1 471 laboratory-confirmed cases were reported. Among 17 throat swab analyzed, the genotype D8 was detected in 13 samples. Zero cases have been reported in the last 3 consecutive weeks. The most affected districts are Port Louis and Black River.
Mozambique	Cholera	Ungraded	27-Mar-19	27-Mar-19	25-Jun-19	7 052	-	8	0.10%	The cholera outbreak continues to improve in provinces that were affected by the cyclones (Kenneth and Idai) in 2019. As of 19 June 2019, 284 cases and no deaths were reported in Cabo Delgado province, with Pemba being the most affected and a total of 6 768 suspected cases and 8 deaths were reported in Sofala, with Beira being the most affected district. Sofala province has not reported cases of Cholera for the last eighteen days.
Mozambique	Cyclone Kenneth	Ungraded	25-Apr-19	25-Apr-19	19-Jun-19			45		On 25 April, Cyclone Kenneth reached the Mozambican coast on the extreme north of the province of Cabo Delgado, hitting Ibo, Quissanga and Macomia districts in the category 3 of Tropical Cyclone. The health sector was affected, with a total of 19 health facilities suffering varying degrees of damage. Access to the affected districts is still conditioned due to the destruction of roads, the telecommunications networks and the interruption of electricity.
Mozambique	Flood/cyclone Idai	G3	15-Mar-19	15-Mar-19	19-Jun-19	-	-	-	-	Humanitarian partners continue supporting the affected population shifting gradually from emergency to early recovery interventions. The number of displaced people seeking shelter in accommodation centres in Sofala has decreased. As of 17 June 2019, there were three accommodation centres remaining in Sofala. Health services provision remains challenging for communities living in remote and hard-to-reach areas. Weekly number of malaria cases are declining in affected areas in Sofala province.

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

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Niger	Measles	Ungraded	10-May-19	01-Jan-19	23-Jun-19	9 221		47	0.50%	During the week 25 (week ending on 23 June 2019), 204 suspected measles cases with 1 deaths have been reported from the country. This brings the cumulative total of 2019 to 9 221 suspected cases including 47 deaths (CFR 0.5%). Maradi (3274 cases including 6 deaths) and Tahoua (1 724 including 22 deaths) region reported the most number of cases, followed by Zinder (1252 including 7 deaths), Niamey (1182 with 1 death), Tilaberi (478 including 3 deaths), Agadez (379 including 2 deaths), Diffa (260 with no death) and Dosso (286 cases including 3 deaths). In 2019, significantly more cases have been reported than the previous two years. However, after the peak in week 14 (week ending on 7 April 2019), reported case numbers have been decreasing, which is similar to the same trend observed in past two years, corresponding to the early phase of the end of high transmission season.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	31-May-19	-	-	-	-	Detailed update given above.
Nigeria	Cholera	Ungraded	19-Jun-19	15-May-19	28-Jun-19	156	16	1	0.60%	Thirty-one new cases were reported from 24 to 28 June 2019 the three affected Local Government Areas (LGAs) in Adamawa State namely; Yola North (9 cases), Girei (20 cases), and Yola South (2 cases). No deaths were reported. From 15 May to 28 June 2019, a cumulative total of 156 cases with one death (CFR 0.6%) have been reported from three LGAs with the caseload distributed as follows: Yola North (74 cases with one death), Girei (79 cases with zero deaths), and Yola South (three cases with zero deaths).
Nigeria	Lassa fever	Ungraded	24-Mar-15	01-Jan-19	16-Jun-19	606	591	147	24.30%	In reporting week 24 (week ending on 16 June 2019), four new confirmed cases were reported from Edo (2) and Ondo (2) with one new death from Ondo state. Eighty-three Local Government Areas (LGAs) across 22 states have reported at least one confirmed case since the beginning of 2019. No new health worker infection was reported in week 24. A total of 473 contacts are currently being follow-up. Three patients are in admission at treatment sites across the country. The emergency phase of the outbreak was been declared over.

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

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	09-Jun-19	-	-	-	-	The humanitarian situation has been largely calm but unpredictable in most of the states. In the former greater Warrap state, Jonglei and Lakes resumption of cattle raids has resulted in increased tension and displacements (approximately 9000 households in Twic). In Yei and the surrounding areas, the security situation remains fragile. The start of the rainy season has increased the risk of flooding in the flood prone areas like Jonglei and Greater Northern Bar el Ghazal, so far in Aweil town flush flooding has already displaced approximately 3 000 households.
South Sudan	Hepatitis E	Ungraded	-	03-Jan-18	09-Jun-19	47	13	2	4.30%	The current outbreak in Benitu PoC continues. In week 23 (week ending 9 June 2019), no new suspected cases of hepatitis E was reported from Benitu PoC. To date, in 2019, total 47 cases including 18 PCR-confirmed cases and two deaths have been reported. Use of unsafe drinking water is a likely source of infection.
South Sudan	Measles	Ungraded	24-Nov-18	24-Nov-18	09-Jun-19	1 187	72	7	0.60%	A new outbreak has been declared in Renk County, Upper Nile Hub, following laboratory confirmation of 3 out of 5 measles samples. Since January 2019, Measles outbreaks were confirmed in 13 counties namely Juba, Pibor, Gogrial West, Aweil South, Melut, Tonj North, Gogrial East, Gogrial West, Aweil West and Aweil East, Renk, Longochuk, and Jur River, and four Protection of Civilian (PoC) sites (Juba, Bentiu, Malakal and Wau).
South Sudan	Rubella	Ungraded	27-Oct-18	27-Oct-18	14-May-19	225	52	0	0.00%	Between 8-14 May 2019, no new cases of rubella from current outbreak areas have been reported. Since 25 October 2018 until 21 April 2019, there are a total of 225 suspected rubella including 41 confirmed rubella cases have been reported from Malakal (178 cases including 41 lab confirmed cases), Aweil (35 cases), Bor South (4 cases), Gogrial west (5 cases) and Yirol east (3 cases).
Tanzania, United Republic of	Cholera	Ungraded	07-Feb-19	26-Jan-19	30-Jun-19	408	14	7	1.70%	During week 26, sixteen new cholera cases and one death was reported from Dar es Salaam and Tanga Region. In the past four weeks, Dar es Salaam Region has reported 85 (93.4%) of 91 cases and Tanga Region reported 6 cases. Sixteen out of 195 districts in the country have reported at least one cholera case this year.

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	30-Jun-19	6 089	6 089	4	0.10%	Tanzania continue to report dengue fever cases. As of week 26 (week ending on 30 June 2019), 227 new dengue cases were reported from Dar es Salaam (244 cases), Tanga (29 case), Lindi (3 cases) and Ruvuma (1 case). Additionally, 1 356 cases were reported from Muhimbili National Hospital as a backlog from January 2019. The total confirmed cases reported since the beginning of the outbreak was 6 089 cases including four deaths.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	24-Jun-19	-	-	-	-	Inter-ethnic violence between the Hema and Lendu communities in north-eastern parts of the Democratic Republic of Congo (DRC) is reported to have displaced more than 300 000 since early June. The situation in Ituri Province has deteriorated since mid June, resulting in large displacement in Djugu, Mahagi and Irumu. Inter-ethnic attacks between the two communities had already led to widespread displacement in late 2017 and early 2018, but the situation had calmed.
Uganda	Cholera	Ungraded	27-Jun-19	23-Jun-19	26-Jun-19	11	3	0	0.00%	An outbreak of cholera was declared by the Ministry of Health of Uganda on 24 June 2019 in Bududa district on the border with Kenya. From 23 - 26 June 2019, a total of 11 cases with zero deaths have been reported. Of five stool specimen tested, three cultured <i>Vibrio cholerae</i> . Three case-patients are currently in admission undergoing clinical care. The outbreak is occurring in the aftermath of landslides caused by heavy rains which hit the district in the previous week.
Uganda	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	17-Apr-19	24-May-18	14-May-19	18	14	4	22.20%	A new confirmed case of Crimean-Congo haemorrhagic fever (CCHF) has been reported from Uganda. The case-patient is a 10-year-old male resident of in Kikube district. He was admitted to Rweyawawa health centre with a history of fever, diarrhoea, vomiting, fatigue and sore throat. Two days later, he started passing blood in his stool and bleeding from his mouth and nose. Laboratory testing of blood samples tested positive for CCHF on PCR
Uganda	Ebola virus disease	G2	11-Jun-19	09-Jun-19	28-Jun-19	3	3	3	100.00%	No new confirmed case of Ebola virus disease has been reported since the death of the third confirmed case on 13 June 2019. A total of 97 contacts have been listed and are under follow-up. Ring vaccination commenced on 14 June 2019. A total of 1 275 people have been vaccinated to date. These include 78 contacts, 747 contacts of contacts and 450 frontline health workers.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Uganda	Measles	Ungraded	08-Aug-17	01-Jan-19	02-Jul-19	1 275	604	6	0.50%	Between 24 April 2019 and 7 May 2019, 144 new additional suspected cases of measles have been reported, among which 81 were confirmed either by laboratory test results or via epidemiological link. Two additional deaths were reported among confirmed cases, which brings the total deceased to six for this year. In total, 1 041 cases including 525 confirmed (329 lab-confirmed and 196 epi-link confirmed) have been reported in 2019 as of 7 May. Among confirmed cases, all except for one case were from rural areas of Uganda, and 56% (293) were unvaccinated. Children under age 5 accounted for 64% (334) of all confirmed cases.
Uganda	Rift valley fever	Ungraded	03-Jun-19	30-May-19	03-Jun-19	1	1	1	100.00%	A suspected human case of Rift Valley fever (RVF) was reported from Kasese district in western Uganda on 31 May 2019. The case-patient is a 45-year-old farmer who presented to Bwera hospital on 31 May 2019 with headache, fever (38.7°C), joint and abdominal pains, fatigue, vomiting blood and passing bloody stools that started on 30 May 2019. The patient died just after admission to the hospital. Samples collected on 31 May 2019 were tested for Ebola, Marburg, CCHF and RVF by PCR at UVRI. The results came back positive for RVF on 2 June 2019. Surveillance has been enhanced in the affected area for detection of human and animal cases.
Uganda	Yellow fever	Ungraded	08-May-19	01-Mar-19	26-May-19	6	2	0	0.00%	On 8 May 2019, WHO received results of two confirmed yellow fever cases who tested positive by IgM and PRNT from Masaka and Koboko. Both cases presented with symptoms of fever, malaise and joint pain since the beginning of March 2019. One case had bleeding symptoms with no jaundice. An investigation in the affected district found four additional suspected cases from Masaka district, results are still pending.
Zambia	Cholera	Ungraded	14-May-19	03-Apr-19	07-Jun-19	253	31	6	2.40%	On 14 May 2019, Zambia notified to WHO an outbreak of cholera in Mpulungu district, Northern province. The index case was a three-year-old girl from Kapembwa Health Post (HP) who tested positive for cholera by the Rapid Diagnostic Test (RDT) on 3 April 2019. As of 22 May 2019, 253 suspected cholera cases with six deaths (CFR 2.4%), of which 31 cases have been confirmed were reported from four catchment areas; namely Kapembwa HP, Mpulungu HC, Kabyolwe HP and Isoko RHC.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Zimbabwe	Floods/land slides	G2	15-Mar-19	15-Mar-19	12-Jun-19	-	-	-	-	The tropical cyclone Idai hit 3 provinces neighbouring Mozambique namely Manicaland, Masvingo and Mashonaland East, on 15 March 2019. The Government has reported that around 270 000 people are affected by the floods and cyclone, and 299 deaths, with 186 injuries have occurred. Sixty-one percent (181) of deaths and 98% (183) of people injured were reported from Chimanimani and Chipinge districts in Manicaland province. The second round of OCV campaign ended on 1 June 2019, where a total of 398 684 people were (86.9%) vaccinated in Chimanimani and Chipinge district.
Zimbabwe	Typhoid fever	Ungraded	-	01-Oct-17	28-Apr-19	10 320	427	24	0.20%	During week 17 (week ending on 28 April 2019), 54 new suspected typhoid cases and no deaths have been reported. The reported cases were from North Western (21), West South West (14), Harare Central Hospital (1), South Western (8), Parirenyatwa Group of Hospitals (7) and Mpilo Central Hospital (2) respectively. The cumulative figures for typhoid fever in 2019 are 5 161 suspected cases, among which 165 were confirmed and nine died (CFR 0.17%).
Closed Events										
Guinea	Anthrax	Ungraded	17-May-19	02-May-19	15-May-19	5	1	1	20.00%	Five cases including one death were reported out of 52 people who were exposed to a dead animal with a history compatible with the case definition of anthrax. The cases are found in a single family in Koumbia prefecture, in the Labe region. The first symptoms appeared between 5 and 12 days after the date of handling or consumption of the meat. The predominant signs and symptoms are fever (100%), blackish crusts (60%) and oedema (40%). The age group 9 years and below (60%) was the most affected with a male predominance (80%). Of the total cases reported, one case was confirmed by PCR at the National Institute of Public Health in Conakry.
Sierra Leone	Lassa fever	Ungraded	08-Jun-18	01-Jan-18	19-Aug-18	20	20	12	60.00%	From week 1 to week 23 (week ending 10 June 2018), a total of 20 confirmed Lassa fever cases with 12 deaths (CFR 60%) were reported from two districts, namely Bo (two cases with two deaths) and Kenema (18 cases with 10 deaths). The last confirmed case was reported during week 23 from Kenema district, involving a 32 year old female who died while in admission at Kenema Government Hospital. No new Lassa fever case has been confirmed since 5 June 2018.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
South Africa	Crimean-Congo haemorrhagic fever (CCHF)	Ungraded	13-May-19	01-Jan-19	15-May-19	3		0	0.00%	Three cases of Crimean-Congo haemorrhagic fever (CCHF) have been confirmed in the country this year. First case was a veterinarian from the Free State province. Second is a 58-year-old man from Kimberly, Northern Cape province. He was bitten by ticks and developed onset a day after. CCHF was confirmed on March 2019 by National Institute for Communicable Diseases (NICD). The most recent case is a 54-year-old man in North West. He was admitted to the Klerksorp hospital with history of visiting the farm on 26 April 2019, and symptoms of headache, redness on skin and fever. Blood sample was collected on 1 May 2019, and he was transferred to ICU on 3 May 2019. NICD later confirmed CCHF.

†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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