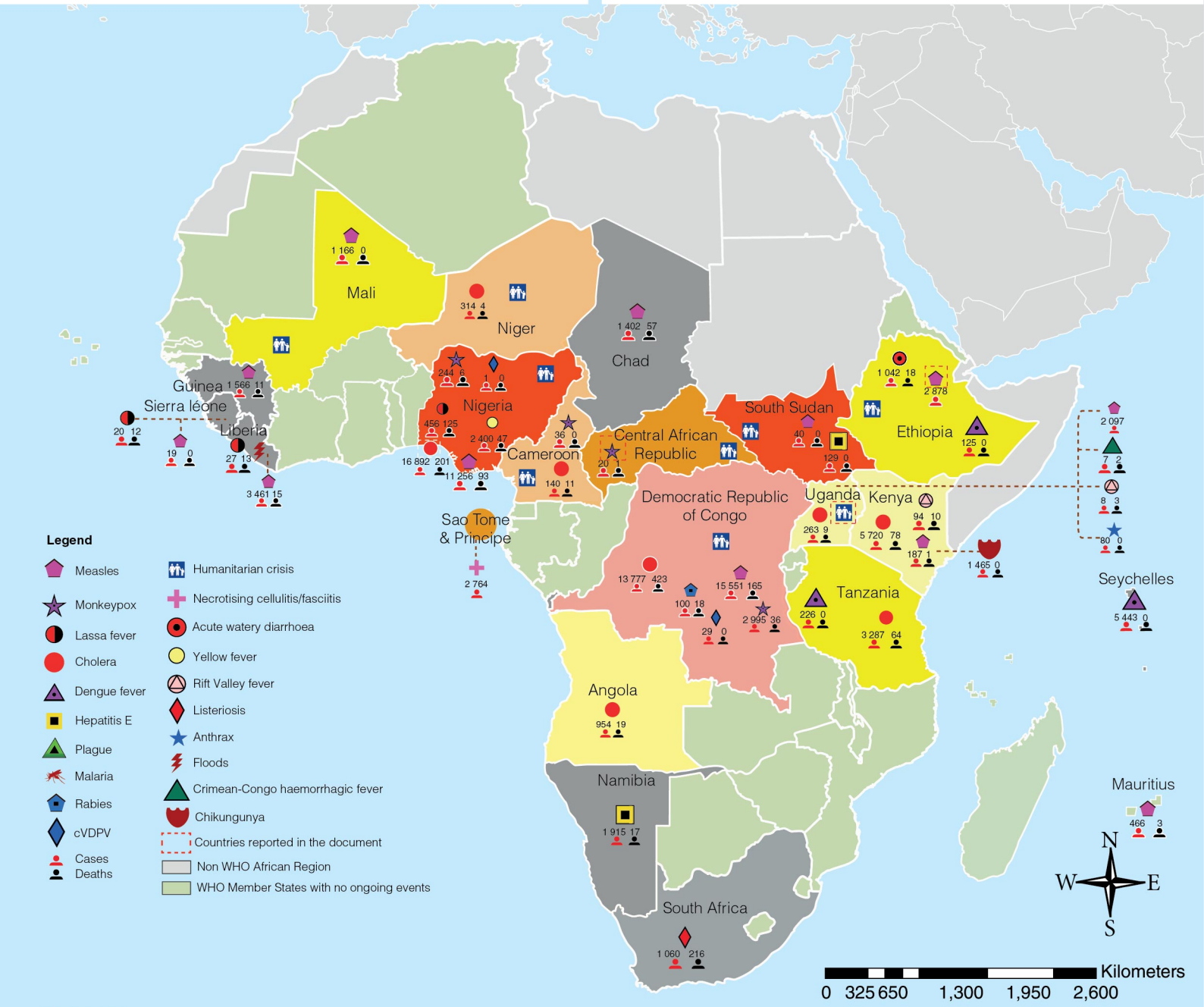
WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 30: 21 July - 27 July 2018
Data as reported by 17:00; 27 July 2018

World Health Organization
REGIONAL OFFICE FOR Africa
WHO Health Emergencies Programme

1	53	44	10
New event	Ongoing events	Outbreaks	Humanitarian crises



Graded events †

1 Grade 3 event	**3** Grade 2 events	**4** Grade 1 events	**36** Ungraded events
2 Protracted 3 events	**2** Protracted 2 events	**3** Protracted 1 events	

Overview

Contents

- This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 54 events in the region. This week's edition covers key new and ongoing events, including:

  - The declaration of the end of the Ebola virus disease in the Democratic Republic of the Congo
  - Focus on the outbreaks in Nakivale refugee camp in Uganda
  - Monkeypox outbreak in Central African Republic
  - Cholera outbreak in Nigeria
  - Measles outbreak in Ethiopia.

- 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 events that have recently been closed.

- **Major issues and challenges include:**

  - This week marked the end of the latest Ebola outbreak in the Democratic Republic of the Congo where the speed of the response ensuring the rapid containment of the outbreak has been widely commended. However, there are many other outbreaks ongoing in the country, including cholera and circulating vaccine-derived poliovirus (cVDPV). Dr Tedros, WHO Director-General, urged the Government and the international community to build on the positive momentum generated by the quick containment of the Ebola outbreak to address these.

  - The need for the development of long term strategies to prevent future outbreaks is demonstrated in both the cholera outbreak in Nigeria and the outbreak of Monkeypox in the Central African Republic (CAR). CAR has been reporting Monkeypox outbreaks annually since 2013 and Nigeria major cholera outbreaks since 1991. Without significant strengthening of multi-sector preparedness measures these outbreaks will continue to adversely impact the population.

Declaration of the end of the outbreak

Ebola virus disease | **Democratic Republic of the Congo** | 54 **Cases** | 33 **Deaths** | 61% **CFR**

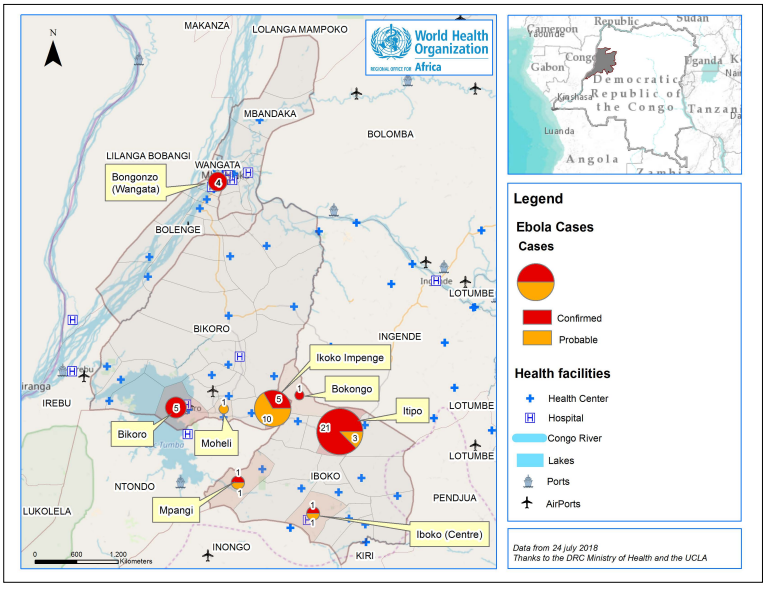
EVENT DESCRIPTION

On 24 July 2018, the Ministry of Health of the Democratic Republic of the Congo declared the end of the ninth outbreak of Ebola virus disease (EVD) in the country. The announcement comes 42 days (two maximum incubation periods) after blood samples from the last confirmed Ebola patient twice tested negative for the virus.

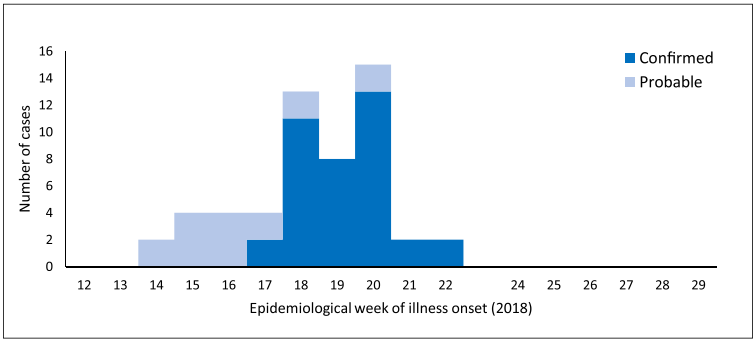
No new laboratory-confirmed EVD cases have been detected since the last case developed symptoms on 2 June 2018. From 20 through 21 July 2018, WHO supported a workshop to harmonize, reconcile and validate the wide range of data arising from the outbreak response. The workshop brought together teams responsible for coordination, surveillance, case management, laboratory investigations and vaccinations in Mbandaka, Bikoro, Itipo, Iboko and Kinshasa to share their findings, and resolve differences in data records. As a result of this exercise, changes to the number of confirmed and probable cases line listed, including deaths among these cases, were formalized. These changes only affected the reclassification of data records of past cases, who were otherwise known to field investigators and received full follow-up.

As of 24 July 2018, there have been a total of 54 Ebola virus disease cases (38 confirmed and 16 probable), with illness onset between 5 April and 2 June 2018 (Figure 1). Of these cases, 33 died (overall case fatality ratio: 61%), including 17 deaths among confirmed cases. Cases were reported from three health zones (Figure 2): Bikoro (n=21; 10 confirmed, 11 probable), Iboko (n=29; 24 confirmed, 5 probable), and Wangata (n=4; all confirmed). Seven cases were healthcare workers, of whom two died.

Geographical distribution of confirmed, probable and suspected Ebola virus disease cases, Democratic Republic of the Congo, 5 April – 24 July 2018



Confirmed and probable Ebola virus disease cases by date of illness onset, Democratic Republic of the Congo, 5 April – 24 July 2018 (n=54)



PUBLIC HEALTH ACTIONS

- A workshop was held from 20-21 July 2018 in Kinshasa during which surveillance, coordination, case management, laboratory testing and vaccination teams, along with heads of the affected zones from Equateur Province (Mbandaka, Bikoro, Itipo and Iboko) met, with the support of WHO, to harmonize and validated data from the EVD response in the light of the declaration of the end of the outbreak.
- Meetings were held with all partners to discuss effective implementation of stabilization and consolidation activities and a security meeting was held with the provincial ministers of the Interior and Justice on strengthening security in Bikoro because of increasing insecurity in the region, along with a coordination meeting with all the health zone Commissions in the Bikoro Region.
- Under the Consolidation and Stabilization Plan enhanced surveillance capacity will be maintained and further strengthened to rapidly detect and respond to potential new cases of Ebola virus disease, including for points of entry and the locations of areas where travellers congregate and interact with the local population, and in neighbouring provinces and countries. As of 21 July 2018, 850 alert cases were investigated across the country, and 11 278 households have been visited (79% of the total) in the 10 zones of the Bikoro Health Zone.
- A capacity building session with local epidemiologists on active EVD research was held in Bikoro Health Zone, with support from WHO.
- Further training of community action committee members on EVD surveillance is taking place in Lyembe Moko Health Zone.
- Between 21 May 2018 and 26 June 2018, a total of 3 481 people were vaccinated. Those identified for vaccination were front-line health professionals, people who were potentially exposed to confirmed EVD cases (contacts) and contacts of these contacts.
- IPC training was carried out from 16-18 July 2018, reaching 40 nurses and one doctor from the 10 areas of the Bikoro Health Zone and preparation for IPC training continues in the different health zones.
- The ETCs in Bikoro, Iboko and Mbandaka are operational although no further patients have been admitted as of the reporting date.
- A clinic for EVD survivors has been established in Bikoro, operated by the Ministry of Health, INRB and MSF.

SITUATION INTERPRETATION

The 24 July 2018 marked the end of the ninth outbreak of EVD in the Democratic Republic of the Congo. The leadership of the Ministry of Health together with the hard work of all those involved, including the response of donors, was key in bringing this outbreak to a rapid conclusion, thereby minimising its public health impact.

As part of the next phase of the Ebola virus disease response, WHO will support the Government to undertake an After-Action Review with partners and donors, to review lessons learned and to determine how best to leverage resources and knowledge from the first two phases of the response to strengthen health systems and national resilience under a National Action Plan for Heath Security.

There are many other outbreaks ongoing in the Democratic Republic of the Congo, including cholera and circulating vaccine-derived poliovirus (cVDPV). Dr Tedros, WHO Director-General, urged the Government and the international community to build on the positive momentum generated by the quick containment of the Ebola outbreak to address these.

Go to overview

Go to map of the outbreaks

Ongoing events

Rift Valley fever, Crimean-Congo haemorrhagic fever

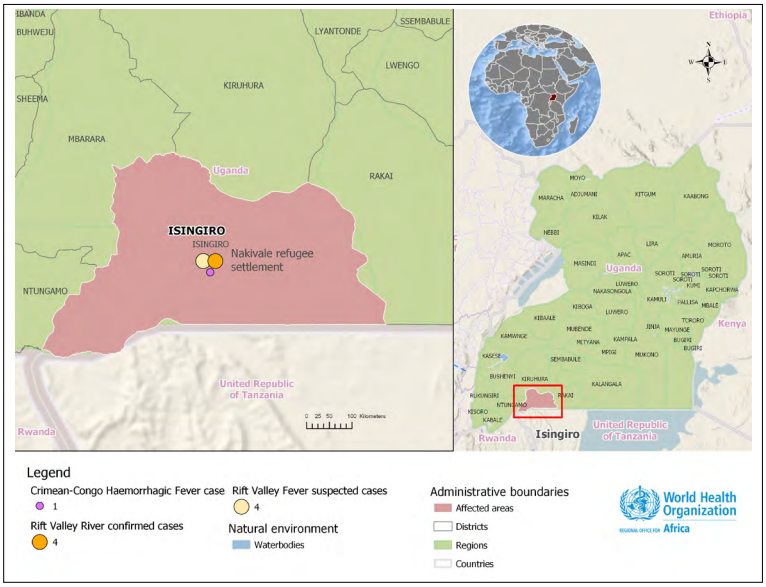
Nakivale Refugee Settlement, Isingiro District, Uganda

EVENT DESCRIPTION

The Nakivale Refugee Settlement, Isingiro District, is suffering twin outbreaks of Rift Valley fever (RVF) and Crimean-Congo haemorrhagic fever (CCHF). The settlement is in Isingiro District in the south of the country, bordering Tanzania. RVF cases have also occurred in Mbarara and Kasese districts. Isingiro District is host to 113 444 registered refugees, 106 592 of whom live in Nakivale Refugee Settlement. Uganda hosts a total of 1 470 981 refugees and asylum seekers.

On 13 July 2018, a case of CCHF was confirmed by the Uganda Virus Research Institute (UVRI) in a 30-year-old female, originally from Rwanda and Democratic Republic of the Congo, living in Katojo Camp in Nakivale Refugee Settlement. She presented with a four-day history of fever and a bleeding diathesis on 7 July 2018. By 17 July 2018 the husband of the index case had tested positive for CCHF. No deaths have been reported and both cases are in isolation in Mbarara Regional Referral Hospital. A total of 42 contacts were listed on 17 July 2018, all household and close community contacts to both confirmed cases.

Geographical distribution of Rift Valley fever and crimean-Congo haemorrhagic fever cases in Uganda, 20 June - 13 July 2018



On 28 June 2018, the Uganda Ministry of Health notified WHO of two laboratory confirmed cases of RVF, following positive reverse transcription polymerase chain reaction (RT-PCR) results from UVRI. Both samples were taken on 23 June 2018 from patients originating from Isingiro and Kasese districts. Both patients died in hospitals in Mbarara and Kasese. The case patient was a 35-year-old Rwandan refugee from Nakivale Refugee Settlement, working as a herdsman in Kabele Village, Isingiro District, admitted with signs and symptoms suggestive of a viral haemorrhagic fever (VHF), who was immediately referred to Mbarara Regional Referral Hospital and isolated. He died on 30 June 2018 and a safe burial was conducted by the VHF team. A total of 55 animal and 25 human samples have been collected from the farm where he was working and from Isingiro abattoir to assess the extent of RVF.

Two weeks before this case, another 25-year-old male who was grazing his animals on the same land reportedly died, after showing similar signs and symptoms. Both case patients had a history of skinning and eating animals that had died of unknown causes. The animal was one of 12 head of cattle that had died on the same farm in June 2018, shared by seven people.

A 47-year-old butcher from Kanyatsi Village, Kasese District fell ill on 20 June 2018, with a high fever and headache and was found dead by family members on 21 June 2018. A nasal swab sent to UVRI the same day tested positive for RVF.

As of 9 July 2018, there were eight reported cases of RVF, four suspected and four laboratory confirmed, from Isingiro (4), Ibanda (3) and Kasese (1). Of the four laboratory confirmed cases, two were from Isingiro, one from Ibanda and one from Kasese. There were two deaths among the four confirmed cases, one in Kasese and one in Isingiro (case fatality ratio 50%). Two confirmed cases have recovered and been discharged from hospital. One new suspected case originating from the Democratic Republic of the Congo was reported as of 9 July 2018. As of 17 July 2018, samples have been collected from 125 animals – 95 cattle, 27 goats and three sheep.

PUBLIC HEALTH ACTIONS

- A rapid response team (RRT) was deployed by the Ministry of Health, supported by WHO, to establish outbreak response. The team comprised members with expertise on case management, epidemiology and surveillance, risk communication, laboratory testing and veterinary medicine.
- WHO is participating in the National Task Force and providing technical guidance at national level. A district task force, chaired by the RDC, is coordinating the response at district level.
- Case management is being provided at the isolation facility at Mbarara Regional Referral Hospital, and health workers are being instructed by clinicians deployed as part of the RRT. Affected districts are being prepared to manage cases at source. All suspected cases are being investigated promptly according to protocol, which includes laboratory sampling and dissemination of results.
- WHO had prepositioned personal protective equipment (PPE) for VHF management in 2016, which is now being used in initiation of infection, prevention and control (IPC) measures. Supplies for supportive treatment have been mobilized by Mbarara Regional Referral Hospital.
- Surveillance teams have initiated field investigation and active case search in Isingiro and Ibanda districts and are developing a line list and case definition to support effective case identification and referral.
- Social mobilization and community engagement is being initiated by the risk communication team and some information, education and communication materials have been produced.

SITUATION INTERPRETATION

Uganda lies between countries that have frequent outbreaks of RVF and in which CCHF is endemic – Kenya, Somalia, Tanzania and Sudan. A recent Food and Agriculture Organization risk analysis identified Uganda as at very high risk of amplification in some districts of the cattle corridor, which covers 52 districts cutting across the central part of the country from the south west in Ankole-Kigezi to the northeastern region in Karamoja. The RVF virus has been isolated frequently in domestic animals in all affected areas. In addition, the practice of eating 'Sanga meat', meat harvested from sick animals, in some districts heightens the risk of zoonotic transmission of both VHFs. At present, there is inadequate community engagement and social mobilization around the risks posed by these practices. Most of the 52 districts in the cattle corridor lack such engagment.

Challenges around inadequate surveillance, poor case identification, point source tracing of contacts with possible contaminated animals and active case search further hamper prevention and response efforts, increasing the risk of further transmission and geographical spread of both diseases. A strong One Health response is needed, which encompasses both animal health management and surveillance by the Ministry of Agriculture, Animal Husbandry and Fisheries and is not limited to the inclusion of veterinarians in a RRT team after the event. A comprehensive multi-sector response to these twin threats is needed.

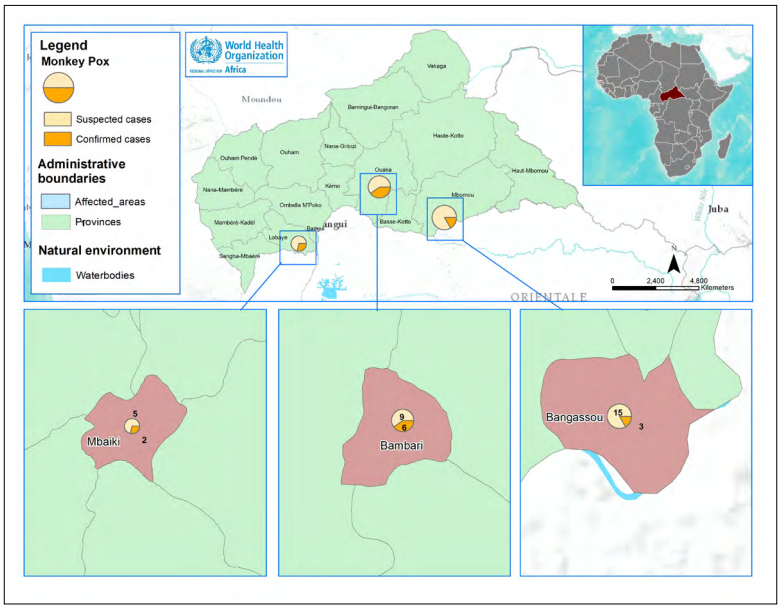
EVENT DESCRIPTION

Since 2013, the Central African Republic has been experiencing at least one monkeypox outbreak every year, especially in its eastern region. Since the beginning of 2018, outbreaks have been reported in three health districts, namely Bambari in the centre, Bangassou in the eastern part of the country and more recently Mbaïki in the south-west.

In Bambari district the outbreak was declared on 17 March 2018 in the Ippy sub-district after the index case developed symptoms on 2 March 2018. From week 9 (week ending 4 March 2018) to week 11 (week ending 18 March 2018), a total of nine suspected cases with no deaths, were reported from Ippy sub-district. Of the seven samples tested, six were laboratory confirmed for monkeypox by reverse transcription polymerase chain reaction (RT-PCR) at Institut Pasteur de Bangui.

On 5 April 2018, the Ministry of Health was informed of a suspected case in Bangassou District, close to Bambari District where the index case was reported. The index case is a merchant who developed symptoms on 29 March 2018 in Dembia village, sub-district Rafai, who was hospitalized in Bangassou district hospital. From 5 April 2018 to week 20 (week ending 20 May 2018), 15 suspected cases including one death (case fatality ratio 6.7%) were reported in Bangassou. Three cases were confirmed by RT-PCR from the 11 samples tested. The death was of a 33-year-old woman who died in a health facility three days after she developed a rash. Since 16 May 2018, no cases have been reported from Bambari and Bangassou districts.

Geographical distribution of cholera cases in Central African Republic, 4 March - 30 June 2018



In week 26 (week ending 1 July 2018), a 27-year-old female developed symptoms in Bangandou sub-district, Mbaïki district, and test results released on 30 June 2018 were positive for orthopoxvirus by RT-PCR. No epidemiological link has been established with cases from Bambari and Bangassou. Since 30 June 2018, a total of five suspected cases with no deaths have been reported from Bangandou. Among the five cases, two tested positive for monkeypox (RT-PCR).

Cumulatively, 29 cases of monkeypox with one death (case fatality ratio 3.4%) have been reported since 2 March 2018 in the Central African Republic. Eleven cases have been laboratory confirmed out of 23 samples tested. Among the confirmed cases, 63% (n=7) are female and 45% (5) are aged between 20 and 30 years. Two confirmed cases are age five and below.

PUBLIC HEALTH ACTIONS

- Active surveillance has been strengthened in the country, especially in Mbaïki health district, including case investigation of suspected cases and contact tracing.
- Capacity for case management and infection prevention and control measures have been enhanced at health facility level.
- Awareness campaigns have been conducted in the villages where the cases originated.
- Free healthcare has been provided to monkeypox patients in health facilities across the country.

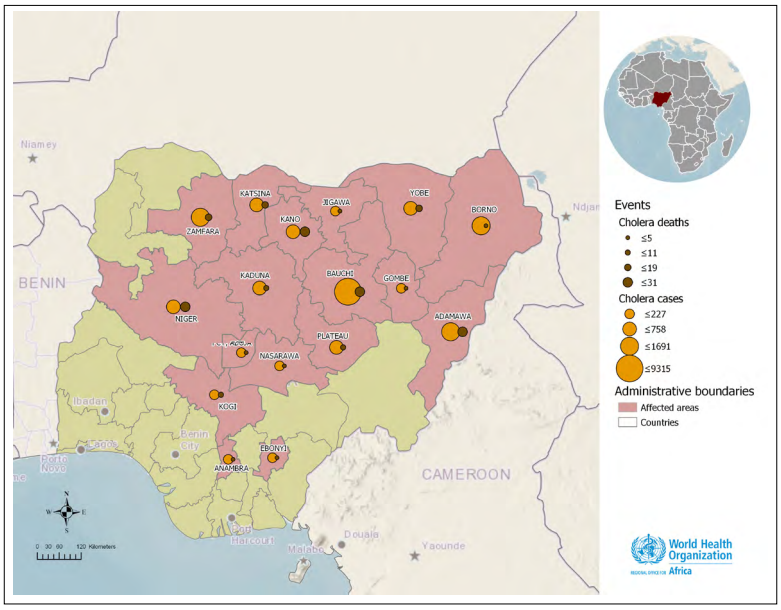
SITUATION INTERPRETATION

Despite the poor security situation across the country delaying case investigation in Bambari and Bangassou, all cases have been investigated in these areas, with 75% tested for monkeypox, and contacts being followed-up. This shows the extent of the efforts made by the national health authorities and partners to control the outbreak. However, the recurrence of monkeypox outbreaks in the country since 2013 and the emergence of a new cluster of cases in Bangandou, Mbaïki district in June 2018 where cases have been notified almost every year since 2013, underscore the need to continue raising awareness of the disease among the local population and strengthen preparedness measures at the national level. Inclusion of the animal health division in the response activities is also key in the containment of the outbreak, given the close contact of the affected populations with wildlife.

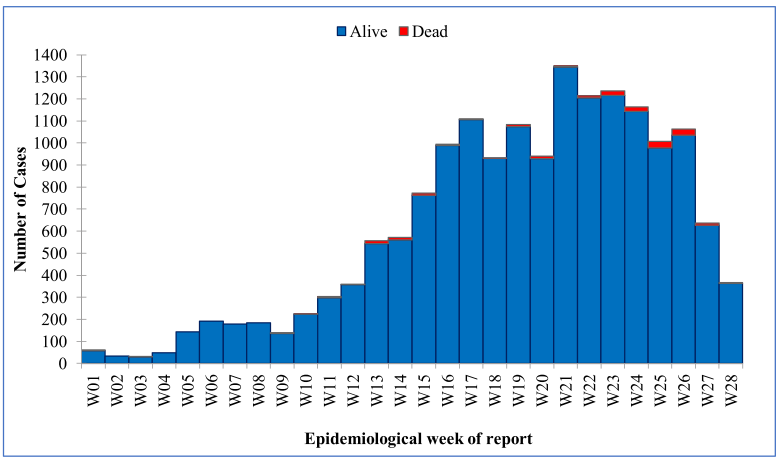
EVENT DESCRIPTION

The outbreak of cholera in Nigeria has remained persistent since the beginning of 2018. In epi-week 28 (week ending 15 July 2018), 367 new suspected cases with four deaths (case fatality ratio 1.1%) were reported from six states – Adamawa (42), Bauchi (56), Katsina (68), Niger (14), Plateau (11), and Zamfara (176). Samples collected from 12 of the cases tested positive by rapid diagnostic test (RDT). None of the samples have been cultured. As of 18 July 2018, a total of 16 892 suspected cases with 201 deaths (case fatality ratio 1.2%) have been reported from 17 states (Adamawa, Anambra, Bauchi, Borno, FCT, Gombe, Jigawa, Ebonyi, Kaduna, Kano, Katsina, Kogi, Nasarawa, Niger, Plateau, Yobe, and Zamfara) since the beginning of 2018. Samples from 268 cases have tested positive for *Vibrio cholerae* by culture. There is, however, an overall declining trend since the peak of the outbreak in epi-week 21 (week ending 27 May 2018) when 1 345 cases were reported. With no new cases reported in the last four weeks in Anambra, Nasarawa, Borno, and Yobe States the outbreak is considered to be under control in these states. The decrease in the number of cases has also been reported from Adamawa State, which has been one of the epi-centres of this outbreak. This is contributing to the overall declining trend across the country except in Zamfara and Katsina States where the number of cases reported is still high. There are a nearly equal proportion of males to females affected and 72.9% of cases are above five years of age.

Geographical distribution of cholera cases in Nigeria, 27 May - 18 July 2018



Cholera cases by week of report, Federal Republic of Nigeria, 1 January – 18 July 2018



PUBLIC HEALTH ACTIONS

- Nigeria Center for Disease Control (NCDC) is coordinating the response to the outbreak at the national level through the Emergency Operations Center (EOC) with support from the National Primary Health Care Development Agency (NPHCDA), Federal Ministry of Water Resources (FMWR), WHO, UNICEF, MSF, AFENET, University of Maryland, Baltimore (UMB) and US-CDC. Coordination at the State level is done through the EOCs in affected states with the involvement of partners and local stakeholders.
- A stakeholder's meeting on mid to long term interventions aimed at cholera control in Nigeria was concluded on 19 July 2018 with a consensus on prioritization of cholera hotspots.
- Active case search with the daily update of the line list is ongoing in affected states.
- Cases are being treated at designated health facilities with cholera treatment centres (CTC) with support from MSF. A new 20-bed capacity cholera treatment unit has been opened in Plateau State (Jos North) with support from MSF.
- The first round of oral cholera vaccination (OCV) targeting 378 815 people in 21 wards has been completed in Adamawa State, which has been one of the epi-centres of the outbreak.
- Water, sanitation and hygiene (WASH) interventions are ongoing in affected states.
- Risk communication and community engagement activities are ongoing with messaging in both national and local languages being aired on radio in the affected states. Information, education and communication materials are also being printed for onward distribution to states.

SITUATION INTERPRETATION

Cholera is not new to Nigeria since the first recorded cases in a village near Lagos, on 26 December 1970 leading to a significant epidemic comprising 22 931 cases and 2 945 deaths with a case fatality ratio of 12.8% during 1971. Since then, annually, Nigeria has reported cases of cholera although the number of cases reported between 1972 to 1990 was low. Major outbreaks have been reported since 1991. The northern states have been most affected over the last 40 years, with multiple large cholera outbreaks with high case fatality ratios. High-risk areas, particularly in the north, are mostly located along corridors where outbreaks spread from and to neighbouring countries, mainly Niger, Chad and Cameroon, highlighting the importance of activities to strengthen cross-border collaboration.

The current outbreak has demonstrated a similar pattern with the most affected states being in the North and epidemiologically linked cross-border cases being reported in neighbouring Niger and Cameroon. Inadequate sanitary facilities, safe drinking water, and personal hygiene practices in the affected communities are the risk factors driving the current outbreak as in the past.

The downward trend seen in recent weeks is as a result of considerable improvement in response capacities. The conduct of OCV campaigns in some of the affected states may also be contributing to this downward trend. In spite of this, there is disparity in response capacities among states and WASH interventions are consistently only partially implemented. There is, however, a need for implementation of mid- to long-term strategies to control cholera in the country. The focus should include early detection and treatment of cases with emphasis on engaging communities. Improving access to clean water, sanitation, and hygiene facilities, as well as strengthening cross-border coordination with neighbouring countries to prevent cross-border transmission of the disease should also be prioritized.

EVENT DESCRIPTION

The measles outbreak which started in Ethiopia at the beginning of 2018 continues.

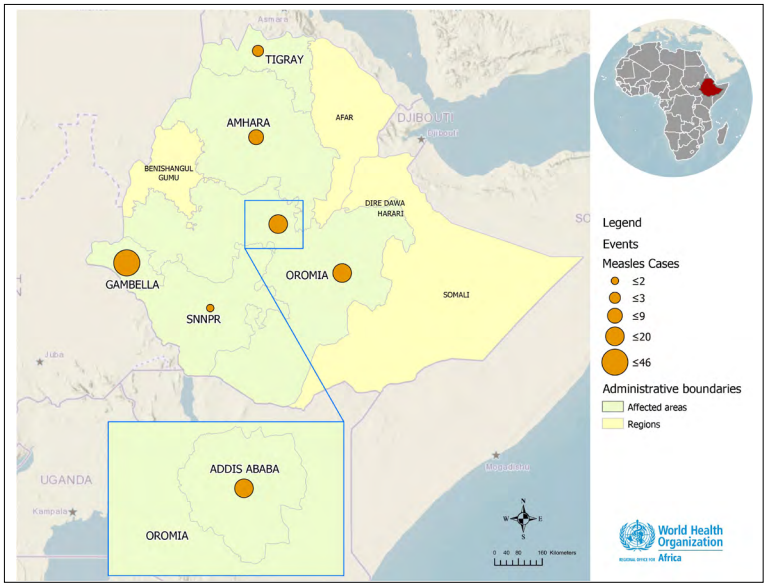
During week 29 (week ending 22 July 2018), 98 new cases were reported from Addis Ababa (20), Amhara (9), Gambella (46), Oromia (18), SNNPR (2) and Tigray (3) regions. In Dimma woreda (Gambella region) the number of cases has been increasing, with 48 cases reported between weeks 26 to 28. Meanwhile, the outbreak in Sayint woreda (Amhara region) appears to be slowing down with no new cases reported since week 25 (week ending 24 June 2018).

Between week 1 and week 29 of 2018, a total of 2 878 suspected measles cases with no deaths, have been reported across the country, including 794 (28%) confirmed cases (119 were laboratory-confirmed, 624 were epidemiologically-linked and 51 were clinically compatible cases).

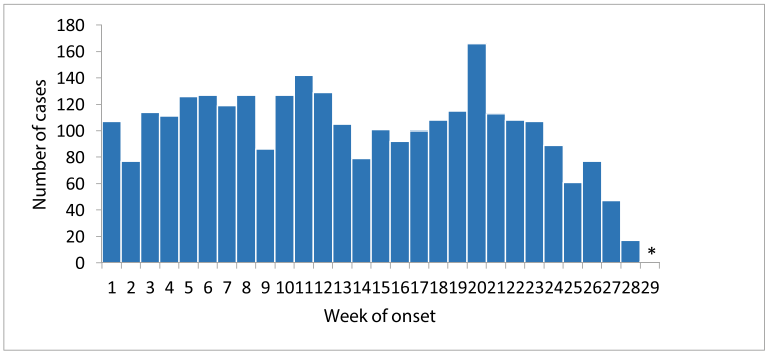
In 2018, a total of 20 laboratory confirmed measles outbreaks have been reported in Amhara (5), Gambella (1), SNNPR (1), Somali (12) and Tigray (1) regions. In week 29 there were four active outbreaks across three regions (Amhara, Gambella and Tigray). Two of these were new outbreaks, which had been retrospectively reported from Jille Timuga woreda in Amhara region (4 cases) and Asgede Tsimbila woreda in Tigray region (7 cases). The index cases in these two outbreaks occurred on 11 and 28 June 2018, respectively.

Children under five years and children aged 5-14 years are the most affected age groups, accounting for 30% and 47% of cases, respectively. Suspected measles cases have been reported from all regions, with Addis Ababa accounting for 28% of reported cases, followed by Somali (20%), Oromia (18%), Amhara (14%) and SNNPR (13%). The vaccination coverage remains sub-optimal and varies across regions, with 32% of cases reported from Somali region having received zero measles-containing vaccine (MCV) doses compared to 4% in Addis Ababa.

Geographical distribution of measles cases in Ethiopia, week 25 - week 29, 2018



Number of measles cases in Ethiopia by week of onset, week 1 to 29 2018



** The numbers reported in the article are by week of reporting. The epicurve displays the number of cases by week of onset, hence the absence of cases in week 29*

PUBLIC HEALTH ACTIONS

- WHO is working in close collaboration with partners to support the federal Ministry of Health (FMoH) in responding to the ongoing measles outbreaks in Amhara, Gambella and Tigray regions.
- Active surveillance is being reinforced in affected regions, including case investigation and active case search in communities.
- Treatment guidelines have been distributed to the health facilities in the affected areas in order to reinforce case management.
- The FMoH is planning a mini measles vaccination campaign in the affected areas.

SITUATION INTERPRETATION

Ethiopia continues to experience a serious humanitarian crisis. Currently, there are approximately 1.8 million internally displaced persons (IDPs) in the country, mainly in Somali and Oromia regions, due to conflict and drought. Access to health services is suboptimal due to limited healthcare facilities, limited staff, and inadequate medical supplies at available public facilities. Disruption of health services including routine immunization campaigns predisposes the population to outbreaks of vaccine-preventable diseases such as measles. Insufficient human and financial resources have hindered the country's capacity to detect and respond to measles outbreaks in a timely and appropriate manner. Overcrowded settings, high population mobility, limited vaccination activities and inadequate infection, prevention and control measures have also contributed to the protracted measles outbreaks across the country.

Go to overview
Go to map of the outbreaks

Summary of major issues challenges, and proposed actions

Issues and challenges

- This week marked the end of the latest Ebola outbreak in the Democratic Republic of Congo where the speed of the response ensuring the rapid containment of the outbreak has been widely commended. However, there are many other outbreaks ongoing in the country which should not be neglected, including cholera, measles, monkeypox, rabies and circulating vaccine-derived poliovirus (cVDPV). In addition, there is an ongoing humanitarian crisis where hundreds of thousands of persons are in need of humanitarian assistance.
- We report this week on two ongoing outbreaks, which are annual occurrences in their respective countries, monkeypox in the Central African Republic and cholera in Nigeria. The need for the development of long term strategies to prevent future outbreaks is key. Central African Republic has been reporting monkeypox outbreaks annually since 2013, and Nigeria major cholera outbreaks since 1991.

Proposed actions

- Dr Tedros, WHO Director-General, urged the Government and the international community to build on the positive momentum generated by the quick containment of the Ebola outbreak to address the other major public health problems in the country. Without the assistance of international technical support and aid, these events will not be brought to the same rapid conclusion as the Ebola outbreak, leading to further illness and suffering of the population.
- The ongoing threat to public health security of outbreaks which recur on an annual basis will continue until adequate preparedness measures are established. Member State prioritisation of the strengthening of national capacities for epidemic preparedness and response within the context of the IHR (2005) is key. Without significant strengthening of multi-sector preparedness measures these outbreaks will continue to adversely impact the populations in which they occur.

All events currently being monitored by WHO AFRO

Country	Event	Grade†	WHO notified	Start of reporting period	End of reporting period	Total cases	Confirmed cases	Deaths	CFR	Comments
New events										
Liberia	Floods	Ungraded	14-Jul-18	14-Jul-18	25-Jul-18	-	-	-	-	Liberia is experiencing very heavy rainfall that has resulted in flooding in 6 districts across 3 counties (Margibi, Montserrado and Grand Bassa) affecting an estimated 50 000 people (44% women and 18% children) with one death in a 4-year-old child. The flood which started on 11 July 2018, has led to destruction of approximately 300 hectares of food crops, 582 homes severely damaged, unspecified numbers of livestock washed away, 2 bridges destroyed, 1 school affected with scholastic materials washed away, and water supply systems interrupted forcing the people to look for alternative and unsafe water sources, thus increasing the risk for water-borne diseases.
Ongoing events										
Angola	Cholera	G1	2-Jan-18	21-Dec-17	9-Jul-18	954	12	19	2.0%	On 21 December 2018, two suspected cholera cases were reported from Uíge district, Uíge province. Both of these cases had a history of travel to Kimpangu (DRC). From 21 December 2017 to 18 May 2018, a total of 895 cases were reported from two districts in Uíge province. The neighboring province of Luanda started reporting cases on 22 May 2018. From 22 May to 9 July 2018, 59 cases with 6 deaths (CFR 10.2%) have been reported from 8 districts in Luanda Province. Seven cases have been confirmed for *Vibrio cholerae*. The most affected is Talatona having reported a total of 25 cases with 4 deaths (CFR 16%).

Cameroon	Humanitarian crisis	G2	31-Dec-13	27-Jun-17	30-May-18	-	-	-	-	According to UNICEF's Humanitarian situation report on Cameroon as of May 2018, 160 000 Internally Displaced Persons (IDPs) in Meme and Manyu divisions in the South West, and Boyo, Momo, and Ngo-Ketunjia divisions in the North West are in need of assistance. In East region, there has been a reported influx of refugees from the Central African Republic fleeing the armed conflict in Bangui and along the borders. The general situation in the Far North has reportedly improved with decrease incidence of terrorist attacks and suicide bombings attributed to Boko Haram. However, returnees have been confronted with significant destruction in these areas due to previous attacks.
Cameroon	Cholera	Ungraded	24-May-18	18-May-18	26-Jul-18	140	11	11	7.9%	The cholera outbreak started in Mayo Oulo zone on the border with Nigeria in week ending on 20 May 2018. As of 26 July 2018, a total of 140 cases with 11 deaths (CFR 7.9%) have been reported from the North (70), Centre (39) and Littoral (31) regions. Eight cases from the North (8) and Centre (3) regions have been confirmed for *Vibrio cholerae* by culture.
Cameroon	Monkeypox	Ungraded	16-May-18	30-Apr-18	13-Jun-18	36	1	0	0.0%	On 30 April 2018, two suspected cases of monkeypox were reported to the Directorate of Control of Epidemic and Pandemic Diseases (DLMEP) by the Njikwa Health District in the North-west Region of Cameroon. On 14 May 2018, one of the suspected cases tested positive for monkeypox virus by PCR. On 15 May 2018, the incident managment system was set up at the National Emergency Operations Center. An investigative mission to the North-west and South-west from 1 - 8 June 2018, found 21 new suspected cases without active lesions. As of 13 June 2018, a total of 36 suspected cases have been reported from these regions.
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	15-Jul-18	-	-	-	-	The security situation remains tense and precarious in many places across the country. Humanitarian operations in many areas have been suspended due to increasing violence against aid workers. In Bombo nearly 1 300 displaced people reportedly moved to Amada-Gaza and the surrounding areas following clashes between an armed group and the MINUSCA force in Bombo on 13 July 2018. In Mbrés-Bakala axis more than 730 people forced to move due to ongoing clashes between armed groups.

Central African Republic	Monkeypox	Ungraded	20-Mar-18	2-Mar-18	30-Jun-18	20	9	1	0.0%	Detailed update given above.
Chad	Measles	Ungraded	24-May-18	1-Jan-18	8-Jul-18	1 402	92	57	4.1%	During week 27, 118 cases with 8 deaths were reported compared with 91 cases and 0 deaths last week. Between week 1 and week 27 of 2018, a total of 1 402 suspected cases with 57 deaths (CFR 4.1%) have been reported. The cases have been reported from 97 out of 117 health districts in the country. As of 13 July 2018, 92 cases have been laboratory confirmed, 376 confirmed by epidemiological link, and 23 clinically compatible. As of reporting date, 12 districts have had confirmed ongoing measles outbreak, these include: Bokoro, Gama, Amdam, Goz Beida, Haraze Mangueigne, Abeche, Arada, Ati, Mongo, Rig Rig, Tissi and Bardai.
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	15-Jul-18	-	-	-	-	The country continues to experience a complex humanitarian crisis involving armed conflicts and inter-community tension exacerbating the numbers of those in need of humanitarian assistance. In North-Kivu, population movements due to armed clashes have been reported. About 47 000 IDPs are facing hygiene and sanitation issues and risk of malnutrition. In South-Kivu, clashes between interethnic militia in Bijombo highlands (Uvira territory) have spread to Fizi territory leading to about 76 000 IDPs and closure of 19 health centres. In central Kasai, severe malnutrition in children under 5 has been reported in four health zones namely Bilomba, Lubondaie, Luiza and Ndekesha.
Democratic Republic of the Congo	Cholera		16-Jan-15	1-Jan-18	8-Jul-18	13 777	0	423	3.1%	The cholera outbreak continues with a total of 515 cases with 24 deaths (CFR: 4.7%) reported during week 27. The cases have been reported from 13 out of 26 provinces. There is an increasing number of cases in Kinshasa province from the islands of Gombe and Nsele, located on the outskirts of the city of Kinshasa.The provinces of Kasai Oriental, South Kivu, Kongo central, Sankuru and Tanganyika reported 71% of the suspected cases. From week 1 to 27 of 2018, a total of 13 777 cases of cholera including 423 deaths (CFR: 3 %) were reported.

Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	1-Jan-18	1-Jul-18	15 551	276	165	1.1%	From 2018 week 1 to week 26 (ending 1 July 2018), 15 551 cases with 165 deaths (CFR 1.1%) have been reported of which a total of 1 395 suspected cases have been investigated. Of these cases, 276 cases have been laboratory-confirmed. During week 26, four provinces notified 83% of all suspected cases and 75.8% of deaths, namely, Tshopo, Maniema, South-Ubangi and high Katanga. Twenty-six health zones have had confirmed epidemics since week 1 of 2018.
Democratic Republic of Congo	Monkeypox	Ungraded	n/a	1-Jan-18	8-Jul-18	2 995	-	36	1.2%	From week 1 to week 27 in 2018, there have been 2 995 suspected cases of monkey pox including 36 deaths (CFR:1.2%). Suspected cases have been detected in 14 provinces. Sankuru Province has had an exceptionally high number of suspected cases this year.
Democratic Republic of the Congo	Polio-myelitis (cVDPV2)	G2	15-Feb-18	n/a	20-Jul-18	29	29	0	0.0%	The latest case of cVDPV2 was reported from Kambove, Haut Katanga Province from an AFP case with onset of paralysis on 14 May 2018. As of 20 July 2018, a total of 29 cases with onset in 2017 (22 cases) and 2018 (7 cases) have been confirmed since February 2017. Six provinces have been affected, namely Haut-Lomami (9 cases), Maniema (2 cases), Tanganyika (14 cases), Haut Katanga (2 case), Mongala (1 case), and Ituri (1 case). A public health emergency was officially declared by the Ministry of Health on 13 February 2018 when samples from 21 cases of acute flaccid paralysis were confirmed retrospectively for vDPV2.
Democratic Republic of Congo	Rabies	Ungraded	19-Feb-18	1-Jan-18	24-Jun-18	100	0	18	18.0%	This outbreak began towards the end of October 2017 in Kibua health district, North Kivu province. A total of 100 suspected cases with 18 deaths (CFR-18%) have been reported from week 1 to 25 in 2018. No confirmation-test have been done.

Ethiopia	Humanitarian crisis	Protracted 1	15-Nov-15	n/a	1-Jul-18	-	-	-	-	The continued inter-tribal conflict in Oromia and SNNP Regions has resulted in the displacement of nearly one million people. At present, a total of 2 million IDPs (in about 950 sites) are in Ethiopia, mainly in Somali, Oromia and SNNP regions due to conflict and drought, that represent a significant increase as compared with 2017 same period, when around 720 000 IDPs were reported due mainly to drought. The health system is overwhelmed with both man-made (conflicts) and natural disaster (floods and other burdens of El Niño and La Niña) crisis. The situation is compounded with ongoing outbreaks of acute watery diarrhoea, measles, dengue fever, and high levels of malnutrition.
Ethiopia	Acute watery diarrhoea (AWD)		15-Nov-15	1-Jan-18	1-Jul-18	1 042	-	18	1.7%	This has been an ongoing outbreak since the beginning of 2017. In most parts of the country, the situation has stabilized, however, Afar region is experiencing an increase in cases which began since week 18. In week 26, 49 cases were reported, all of which are from Afar region. From week 1 to 26 in 2018, a total of 1 042 cases with 18 deaths (CFR 1.7%) has been reported from the following regions: Somali (151 cases), Afar (811 cases with 18 deaths), Tigray (63 cases), and Dire Dawa City Administration (17 cases). Between January and December 2017, a cumulative total of 48 814 cases and 880 deaths (CFR 1.8%) were reported from 9 regions.
Ethiopia	Measles		14-Jan-17	1-Jan-18	22-Jul-18	2 878	119	-	-	Detailed update given above.
Ethiopia	Dengue fever	Ungraded	18-Jun-18	19-Jan-18	1-Jul-18	125	52	-	-	An outbreak of Dengue fever which started on 8 June 2018 involving 52 cases in the flood affected Gode Zone of Somali Region has been confirmed by laboratory testing. Eighteen cases were reported in week 26 in Somali Region, this brings the total to 125 cases since 19 January.
Guinea	Measles	Ungraded	9-May-18	1-Jan-18	16-Jun-18	1 566	399	11	0.7%	A new measles outbreak was detected in epidemiological week 8 in 2018. Measles has been reported in all parts of the country since the beginning of the year. The most affected zones include Kankan, Conakry and Faraneh. Out of 760 samples tested, 399 samples tested IGM positive (53%). Out of the positive cases, 61% were not vaccinated for measles despite vaccination campaign efforts in 2017 following a large epidemic.

Kenya	Chikun-gunya	Ungraded	mid-De-cember 2017	mid-De-cember 2017	24-Jun-18	1 465	50	0	0.0%	The outbreak is still ongoing in Mombasa since December 2017. A total of 1 465 chikungunya cases with 50 being laboratory confirmed. The outbreak has affected 6 Sub Counties; Mvita (297 cases), Changamwe (499 cases), Jomvu (176 cases), Likoni (250 cases), Kisauni (153 cases) and Nyali (61cases).
Kenya	Cholera	G1	6-Mar-17	1-Jan-18	23-Jul-18	5 720	319	78	1.4%	The outbreak has been ongoing since December 2014. As of 23 July 2018, a total of 5 720 cases with 78 deaths have been reported since the 1 January 2018. Since week 23, the number of cases reported has decreased. During this outbreak 19 out of 47 counties in Kenya were affected. Currently, the outbreak is active in three counties: Garissa, Turkana and Mombasa counties. Garissa (1 566 cases and 18 deaths, CFR 1.1%) located the border with Somalia is the most affected county and it hosts the Daadab refugee camp.
Kenya	Measles	Ungraded	19-Feb-18	19-Feb-18	23-Jul-18	187	16	1	0.5%	The outbreak is located in 2 counties, namely Wajir and Mandera Counties. As of 7 May 2018, Wajir County has reported 39 cases with 7 confirmed cases; Mandera has reported 102 cases with 4 confirmed cases and one death. Date of onset of the index case in Wajir County was on 15 December 2017. The index case was traced to Kajaja 2 village from where the outbreak spread to 7 other villages: Ducey (18 cases), ICF (2), Godade (3), Kajaja (1), Konton (2), Kurtun (1) and Qarsa (12). As of 23 July 2018, Mandera County has reported a second wave of measles from Takaba sub county. A total of 46 cases with 5 confirmed have been reported.
Kenya	Rift Valley fever (RVF)	G1	6-Jun-18	11-May-18	23-Jul-18	94	20	10	10.6%	Following the initial confirmation of RVF by PCR on 7 June, a total of 94 cases have been reported including 10 deaths (CFR 11%) from 3 counties in Kenya. Twenty samples submitted to the KEMRI tested positive by PCR for RVF. Wajir has reported 82 cases and 6 deaths, Marsabit reported 11 cases and 3 deaths and Siaya country reported 1 case and 1 death. The Eldas sub-county in Wajir has reported the highest number of cases (79) since the 11 May 2018. The last case was reported on 25 June 2018.

Liberia	Lassa fever	Ungraded	14-Nov-17	1-Jan-18	27-Jun-18	27	20	13	48.1%	Sporadic cases of Lassa fever have been reported since the beginning of the year. From 1 January to 27 June 2018, 130 suspected cases have been reported. As of 27 June 2018, only Nimba County remains in active outbreak phase with 2 new confirmed cases reported on 27 June 2018, while Bong, Margibi and Grand Bassa Counties have exited the outbreak phase. Test results by RT-PCR for 123 suspected cases showed 20 positive and 103 negative. Seven specimens were not tested due to poor quality. Thirteen deaths have been reported among 20 confirmed cases (CFR 65%). Cumulatively, 27 confirmed and suspected cases (negative cases removed) have been reported with 13 deaths (CFR 48.1%). A total of 25 contacts are currently being monitored in Nimba county. All previous contacts 128 have completed 21 days follow up.
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-18	15-Jul-18	3 461	179	15	0.4%	There has been a sharp decline in the number of suspected cases since the peak in week 14 when approximately 230 suspected cases were reported. During the week ending on 15 July 2018, 46 new suspected cases were reported from 12 out of 15 counties. This is a slight increase compared to the previous week when 31 suspected cases were reported. From week 1 to week 28 of 2018, 3 461 suspected cases have been reported including 15 deaths (CFR 0.4%). Cases are epidemiologically classified as follows: 179 (5%) laboratory confirmed, 2 118 (61%) epi-linked, 432 (12%) clinically compatible, 152 (4%) discarded, and 581 (17%) pending.

Mali	Humanitarian crisis	Protracted 1	n/a	n/a	20-Jul-18	-	-	-	-	The complex humanitarian crisis exacerbated by the political-security crisis and intercommunity conflicts continues in Mali. More than four million people (nearly a quarter of the population) are affected by the humanitarian crisis, including 61 404 who are internally displaced and nearly 140 000 who are refugees in neighbouring countries such as Niger, Mauritania and Burkina Faso (data from CMP report, 7 June 2018). The health system is still weak, while the health need is increasing. The departure of health system personnel and incidents targeting health infrastructure, personnel and health equipment are worsening the existing health system. There are 1.7 million people in need of health assistance in the face of inadequate numbers of healthcares workers (3.1 per 10 000 people, compared to the WHO recommended 17 per 10 000).
Mali	Measles	Ungraded	20-Feb-18	1-Jan-18	15-Jul-18	1 166	285	0	0.0%	From Week 1 to Week 28 of 2018, a total of 1 166 suspected cases have been reported. In week 28, seventeen blood samples have been tested, and 4 of them were positive.The overall trend is decreasing in number of confirmed cases. The cumulative blood samples from 865 suspected cases have been tested of which 285 were confirmed (IgM-positive) at the National Reference Laboratory (INRSP). Five hundred and eighty tested negative. The affected health districts are Maciana, Bougouni, Kati, Koutiala, Kokolani, Kolondieba, Ouélessebougou, Sikasso, Douentza, Macina,Tombouctou, Dioila, Taoudenit and Kalabancoro.
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	15-Jul-18	466	466	3	0.6%	As of 15 July 2018, 466 confirmed cases of measles have been reported including 3 deaths (CFR: 0.7%). All cases have been confirmed by the virology laboratory of Candos (IgM antibodies). The onset of symptoms of the first cases was in week 12. The reported measles cases have increased since week 18 up to a peak in week 24, following that there has been a gradual decline in the number of cases. The three deaths were in women between the ages of 28 and 31 years. The most affected districts are Point Louis (172 cases) and Plaines Wilhems (98 cases) which accounts for 43% of all confirmed cases.

Namibia	Hepatitis E	Ungraded	18-Dec-17	8-Sep-17	5-Jul-18	1 915	178	17	0.9%	The outbreak was first reported in Windhoek informal settlements in September 2017 and it continues to spread to other regions, leading to more cases. From week 36 in 2017 2017) to 5 July 2018, 1 915 cases with 17 deaths (CFR 0.9%) were reported in Khomas (1 694), Omusati (103), Erongo (93) and 7 other regions of Namibia (25). A total of 178 cases have been laboratory confirmed for genotype 2 HEV and 8 maternal deaths (probable and confirmed cases) have been notified. Over 90% of cases reported in other regions are epidemiologically linked to HEV cases in Windhoek.
Niger	Humanitarian crisis	G2	1-Feb-15	1-Feb-15	11-Jun-18	-	-	-	-	According to OCHA Weekly Humanitarian report for 5 – 11 June 2018, humanitarian missions to the south-eastern Diffa region have been suspended following a suicide attack in the regional capital Diffa on 4 June. At least six civilians were killed and 36 injured in three separate suicide blasts. A security assessment is to be conducted before the resumption of humanitarian missions. The region had seen a decline in attacks since the beginning of a military operation by the Multinational Joint Task Force in April.
Niger	Cholera	Ungraded	13-Jul-18	13-Jul-18	24-Jul-18	314	3	4	1.3%	An outbreak of cholera has been confirmed in Maradi Region on the border with Nigeria. Since 4 July 2018, a total of 314 cases with four deaths (CFR 1.3%) has been reported from Madarounfa district, Maradi Region. Three cases have been confirmed for *Vibrio cholerae* O1 inaba. Thirty-one of the cases are reportedly from the Nigerian side of the border.
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	5-May-18	-	-	-	-	The security situation in north-east Nigeria remains volatile, with frequent incidents of suicide bomb attacks and indiscriminate armed attacks on civilian and other targets. Internal displacement continues across north-east Nigeria, especially in Borno, Adamawa and Yobe states, partly fuelled by deteriorating living conditions and the ongoing conflict. The number of IDPs across the 6 states in northeast Nigeria increased to over 1.88 million in April 2018, from 1.78 in February 2018. In addition, there are over 1.4 million returnees in the area.
Nigeria	Cholera	G1	7-Jun-17	1-Jan-18	18-Jul-18	16 892	268	201	1.2%	Detailed update given above.

Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-18	8-Jul-18	456	446	125	27.4%	The outbreak is continuing with less than 10 cases reported each week. In week 27, seven new confirmed cases and 3 deaths were reported. From 1 January to 8 July 2018, a total of 2 115 suspected cases have been reported from 21 states. Currently only 4 states, Edo, Ondo, Taraba and Plateau still remain active. Of the suspected cases, 446 were confirmed positive, 10 are probable, 1 652 negative (not a case). Thirty-nine health care workers have been affected since the onset of the outbreak in 7 states with ten deaths. A total of 5 713 contacts have been identified from the 21 affected states. From week 49 of 2016 to week 51 of 2017, a total of 1 022 cases including 127 deaths were reported.
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-18	8-Jul-18	11 256	13	93	0.8%	In week 27 (week ending 8 July 2018), 226 suspected cases of measles were reported from 27 States. Since the beginning of the year, a total of 11 987 suspected measles cases with 13 laboratory confirmed cases and 94 deaths (CFR 0.8%) were reported from 36 States compared with 14 319 suspected cases with 96 laboratory confirmed cases and 81 deaths (CFR 0.6%) from 37 States during the same period in 2017.
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	30-Apr-18	244	101	6	2.5%	Suspected cases are geographically spread across 25 states and the Federal Capital Territory (FCT). One hundred one (101) laboratory-confirmed and 3 probable cases have been reported from 15 states/territories (Akwa Ibom, Abia, Anambra, Bayelsa, Cross River, Delta, Edo, Ekiti, Enugu, Lagos, Imo, Nasarawa, Oyo, Rivers, and FCT).
Nigeria	Polio-myelitis (cVDPV2)	Ungraded	1-Jun-18	1-Jan-18	27-May-18	1	1	0	0.0%	One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been confirmed in Nigeria this week, occurring in Kaugama district, Jigawa state, with onset on 15 April 2018.
Nigeria	Yellow fever	Ungraded	14-Sep-17	7-Sep-17	15-Jul-18	2 400	47	47	2.0%	From the onset of this outbreak on 12 September 2017, a total of 2 400 suspected yellow fever cases including 47 deaths have been reported as at week 28 (week ending on 15 July 2018), from all Nigerian states in 504 LGAs. One new in-country presumptive positive case was report from Maitama District Hospital in Abuja in the reporting week and the last case confirmed by IP Dakar was on 6 June 2018. A total of 47 samples that were laboratory confirmed at IP Dakar.

São Tomé and Principé	Necrotising cellulitis/ fasciitis	Protracted 2	10-Jan-17	25-Sep-16	15-Jul-18	2 764	0	0	0.0%	From week 40 in 2016 to week 28 in 2018, a total of 2 764 cases have been notified. In week 28, 17 cases were notified, 2 more than the previous week. Six out of seven districts reported cases during week 28, namely, Mé-zochi (10), Cantagalo (2), Agua grande (1), Lobata (1), Lemba (2), and Principe (1), comparable to three out of seven districts in week 27. The attack rate of necrotising cellulitis in Sao Tome and Príncipe is 14 cases per 1 000 inhabitants
Seychelles	Dengue fever	Ungraded	20-Jul-17	18-Dec-15	8-Jul-18	5 443	1 429	-	-	As of week 27, a total of 5 443 suspected cases have been reported from 2 of the 3 main islands, Mahé and Praslin. No case has been reported from La Digue during week 27. A fluctuating trend has been observed for the past 4 weeks. For week 27, forty-one suspected cases were reported. Thirty-nine samples were tested for dengue of which 33 were negative and 6 were probable. The last case was confirmed in week 26 (ending 1 July 2018). No recent serotyping results and so far for this epidemic DENV1, DENV2 and DENV3 have been detected.
Sierra Leone	Lassa fever	Ungraded	8-Jun-18	1-Jan-18	1-Jul-18	20	20	12	60.0%	A total of 20 confirmed Lassa fever cases with 12 deaths have been reported since the beginning of the year, amounting to a case fatality rate (CFR) of 60 %. The cases have been reported from two districts, 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.
Sierra Leone	Measles	Ungraded	14-Jun-18	4-Jun-18	14-Jun-18	19	19	-	0.0%	Koinadugu district on the border with Guinea has reported a total of 19 confirmed cases in two chiefdoms, Sulima (14 cases) and Mongo (5 cases) from 11 - 14 June 2018. These cases are reportedly from unvaccinated children in neighboring Guinea who have travelled with their parents to access services in nearby health facilities close to the border.

South Africa	Listeriosis	Ungraded	6-Dec-17	1-Jan-17	26-Jul-18	1 060	1 060	216	20.4%	This outbreak has been ongoing since the beginning of 2017. As of 26 July 2018, 1 060 cases have been reported in total. Around 79% of cases are reported from three provinces; Gauteng (58%, 614/1 060), Western Cape (13%, 136/1 060 and KwaZulu-Natal (8%, 83/1 060). The number of reported cases per week has decreased since the implicated products were recalled on 4 March 2018 with a total of 87 cases reported since 5 March 2018.
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	8-Jul-18	-	-	-	-	The humanitarian situation in South Sudan remains volatile and unpredictable since the beginning of the crisis 4 years ago. The latest round of peace talks took place in Khartoum and a permanent ceasefire agreement signed. However, despite this, it is apparent that the fighting leading to loss of lives has continued unabated. The economic crisis with hyperinflation, food insecurity, and continued fighting has put lives of millions South Sudanese at risk. As of 8 july 2018, there are approximately 2.5 million refugees as a result of this crisis and 1.74 million IDPs.
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	15-Jul-18	129	16	-	-	The outbreak of hepatitis E continues with one new RDT-positive case reported in week 28. As of 15 July 2018, 129 suspect cases have been reported in 2018. Of the total suspect cases, 16 cases have been confirmed by PCR (15 in Bentiu PoC and 1 in Old Fangak). At least 45% of the cases are 1-9 years of age; and 66% being male.
South Sudan	Measles	Ungraded	10-Jun-18	13-May-18	15-Jul-18	40	3	0	0.0%	As of 15 July 2018, a cumulative of 40 measles cases with no deaths have been line listed since week 19. Most cases are from Akuach village (2 km from Rumbek hospital) in Biir Payam. This is where the index cluster originated. Nearly 70% of the cases are under 5 years. Routine measles coverage for first quarter of 2018 for the county was 19%.

Tanzania	Cholera	Protracted 1	20-Aug-15	1-Jan-18	22-Jul-18	3 287	50	64	1.9%	During week 29, 104 new cases and one death were reported from Ngorongoro DC (94 cases), Monduli DC (2 cases) and Londingo DC (1 case) in Arusha region; Sumbawanga DC (7 cases and 1 death) in Rukwa region. As of week 29, a total of 3 287 cases with 64 deaths (CFR: 2%) were reported from Tanzania Mainland, no case was reported from Zanzibar (the last case was reported on 11 July 2017). Cholera cases in 2018 increased and nearly doubled during the period of January – July 2018 (3 287 cases), when compared to the same period in 2017 (1 549 cases). From January to May 2018, 50 specimen that were tested at the National Lab were positive for *Vibrio cholerae*.
Tanzania	Dengue fever	Ungraded	19-Mar-18	1-Dec-17	22-Jun-18	226	37	-	-	Dengue fever has been reported from Dar es Salaam since January 2018. As of 22 June 2018, a total of 226 cases with no death have been reported. The Tanzania National Health Laboratory and Quality Assurance and Training Centre (NHLQATC) has so far received a total of 92 samples of suspected dengue cases, of which 37 samples have tested positive for dengue fever and the circulating serotype is dengue type III.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	21-Jun-18	-	-	-	-	Uganda continued to receive new refugees precipitated by increased tensions mainly in the neighboring DRC and South Sudan. Despite responding to one of the largest refugee emergencies in Africa, humanitarian funding have remained low especially to the health sector. Current refugee caseload stands at almost 1.5 million refugees and asylum seekers from South Sudan, DRC, Burundi, Somalia and others countries. Daily arrival stands at approximately 250 – 500 per day. A total of 376 081 refugees and asylum seekers were received in 2017.
Uganda	Anthrax	Ungraded	-	12-Apr-18	19-Jun-18	80	4	-	-	Three districts in Uganda are affected by anthrax. As of 19 June 2018, a cumulative total of 80 suspected cases have been reported from Arua (10), Kween (48) and Kiruhura (22). One case has been confirmed in Arua district by PCR. The event was initially detected on 9 February 2018 in Arua district when a cluster of 3 case-patients presented to a local health facility with skin lesions, mainly localized to the forearms. Of the 3 blood samples collected from the case-patients 1 tested positive for *Bacillus anthracis* by PCR at UVRI on 5 April 2018.

Uganda	Cholera	Ungraded	7-May-18	29-Apr-18	24-Jul-18	263	45	9	3.4%	As of 24 July 2018, a total of 263 cases including 9 deaths was reported from 4 different districts in Uganda. These districts include Kampala (92 cases and 1 death), Kween (83 cases and 4 deaths), Mbale (46 cases and 3 deaths) and Bulambuli (42 cases and 1 death). All outbreaks have been confirmed by culture, a total of 45 samples from all the affected districts have tested positive for *Vibrio cholerae*. Other cholera outbreaks in the country that have been recorded this year include: Amudat, Kyegegwa, Kagadi, Mbale, Tororo and Hoima.
Uganda	Crime-an-Congo haemorrhagic fever (CCHF)	Ungraded	24-May-18	-	17-Jul-18	7	3	2	28.6%	On 23 May 2018, a 35 years old male suspected of having a viral haemorrhagic fever died at Mubende RR Hospital in Uganda. A sample was collected and sent to UVRI. On 24 May 2018, results confirming CCHF by PCR. As of 18 June 2018, there was a total of 5 cases (1 confirmed and 4 suspected) and 2 deaths (CFR 40%). Three of the suspected cases were identified from the same household as the confirmed case in Nkooko sub county. Samples taken from the suspected cases were negative for CCHF. As of 17 July 2018, 2 new CCHF cases were confirmed from Mbarara RRH. The cases are a couple from Nakivale Refugee settlement from Isingiro district. Contact tracing is ongoing in the district and 42 out of 57 contacts were under follow up on day of report.
Uganda	Measles	Ungraded	8-Aug-17	1-Jan-17	24-Jul-18	2 097	568	-	-	As of 24 July 2018, a total of 2 097 cases have been reported of which 568 cases have been confirmed either by epidemiological link or laboratory since the beginning of the year. 199 cases were laboratory confirmed by IgM. Fourty-two districts in the country have confirmed a measles outbreak. Kampala and Wakiso were the index districts to report an outbreak, these are both metropolitan and business districts. The number of reported suspected and confirmed cases has decreased gradually since May 2018.

Uganda	Rift Valley fever (RVF)	Ungraded	29-Jun-18	20-Jun-18	17-Jul-18	8	6	3	42.9%	An RVF outbreak was confirmation on 28 June 2018. As of 17 July 2018, 8 cases, (6 confirmed and 2 suspected) including 3 deaths (CFR- 42%) were reported from in west and central Uganda. Six confirmed cases were reported from 5 different districts (1 Kasese, 2 Isingiro, 1- Ibanda, 1- Mbarara and 1- Sembabule district). One suspected case-identified on arrival at Mbarara RRH ran away from Isolation ward before any further assessment was done, the second is waiting for results (in Isolation ward). All cases were confirmed by PCR at UVRI.
Recently closed events										
Democratic Republic of the Congo	Ebola virus disease	G3	7-May-18	4-Apr-18	25-Jul-18	54	38	33	61.1%	Detailed update given above.
Malawi	Cholera	Ungraded	13-Jun-18	8-Jun-18	27-Jul-18	9	4	2	22.2%	As of 27 June 2018, a total of 9 cases including 2 deaths (both died at health facility) have been reported from Salima district, in the Central Region Province. The outbreak started on 8 June 2018 in Khombedza Health Centre catchment area, a rural area which was not targeted in the previous oral cholera vaccine campaign because it was considered a relatively low risk area. The three affected villages where the cases came from, draw water from rivers. Unsafe water has therefore been identified as the risk factor. There is borehole in this community but the borehole water very salty and people do not use it for drinking, cooking food, or bathing. Four stool specimens were collected and all tested positive on culture for Vibro cholerae. The cholera serotype 01 was isolated. No new cases have been reported for the last four consecutive weeks.
South Sudan	Rift Valley fever (RVF)	Ungraded	28-Dec-17	7-Dec-17	22-Jul-18	10	6	3	30.0%	No new suspect RVF case reported from Yirol East in week 29. As of 22 July 2018, a total of 10 cases of Rift Valley fever have been reported from Yirol East of the Eastern Lakes State, including six confirmed human cases (one IgG and IgM positive and five IgG only positive), three cases who died and were classified as probable cases with epidemiological links to 3 confirmed cases, 48 were classified as non-cases following negative laboratory results for RVF and other VHFs. A total of three cases have died, including the three initial cases (CFR 30%). The last confirmed case was reported in week 13 and the last suspected case was in week 27.

†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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Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.