

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 14: 1 – 7 April 2019

Data as reported by 17:00; 7 April 2019



World Health Organization

REGIONAL OFFICE FOR

Africa

WHO Health Emergencies Programme

0

New events

67

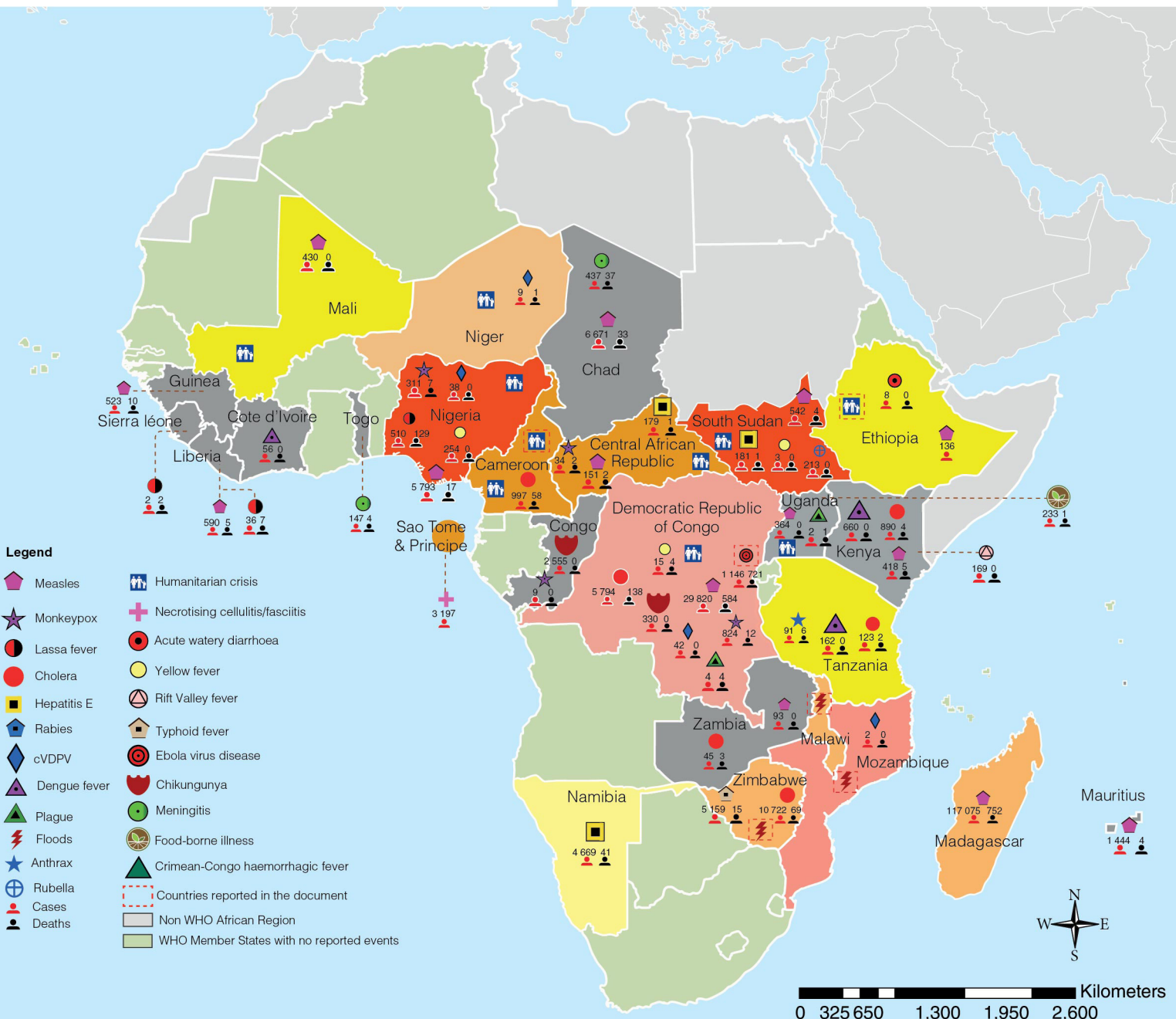
Ongoing events

54

Outbreaks

13

Humanitarian crises



Graded events †

4

Grade 3 events

10

Grade 2 events

2

Grade 1 events

42

Ungraded events

2

Protracted 3 events

3

Protracted 2 events

4

Protracted 1 events

Overview

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- This Weekly Bulletin focuses on selected acute public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 67 events in the region. This week's edition covers key new and ongoing events, including:
 - [Ebola virus disease outbreak in the Democratic Republic of the Congo](#)
 - [Cyclone Idai in Southern Africa \(Mozambique, Zimbabwe and Malawi\)](#)
 - [Humanitarian crisis in Cameroon](#)
 - [Humanitarian crisis 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 at the end of the bulletin gives detailed information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have been controlled and thus closed.
- **Major issues and challenges include:**
 - The impact of the destruction caused by cyclone Idai in Southern Africa is still unfolding as more areas become accessible by road. So far, the situation remains disastrous in most of the affected areas as the number of affected people by the cyclone and resulting disease outbreaks is growing. The resulting poor access to communication networks is limiting the surveillance of diseases as well as information outside the epicenter of the event. In addition to the provision of basic needs such as food, clean water and shelter, setting up of the early warning component of the surveillance system due to the increased risk of vector and mosquito borne epidemic prone diseases is crucial at this stage. This will enable the early detection of potential outbreaks and ensuing appropriate and timely response. Moreover, the restoration of healthcare services can provide urgently needed trauma care, psychosocial counselling, maternal and child health services and treatment of common and chronic illnesses.
 - The Ebola virus disease (EVD) outbreak in Democratic Republic of the Congo continues. During the reporting week, the late confirmation of another healthcare worker highlights the need to continue to strengthen infection and prevention control (IPC) measures as well as risk communication. Community engagement to address persisting community concerns and mistrust are of paramount importance to assist in the response efforts to limit disease transmission. Despite the insecurity, the response teams continue to be fully operational in all outbreak affected areas. Continued support from the international community is required to ensure the outbreak comes to an end.

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu and Ituri provinces, Democratic Republic of the Congo continues. Since the last report on 31 March 2019 (*Weekly Bulletin 13*), 64 new confirmed EVD cases have been reported, with an additional 45 deaths. Sixteen new confirmed cases were reported on 6 April 2019, including 11 in Katwa, three in Vuhovi, one in Beni and one in Mandima. Three health workers were among the newly confirmed cases in Katwa, of which one was a community death, bringing the number of health workers affected to 85 with 30 deaths.

As of 6 April 2019, a total of 1 146 EVD cases, including 1 080 confirmed and 66 probable cases have been reported. To date, confirmed cases have been reported from 21 health zones: Beni (245), Biena (6), Butembo (104), Kalunguta (49), Katwa (332), Kayna (8), Kyondo (16), Mabalako (91), Mangurujipa (5), Masereka (28), Musienene (8), Mutwanga (4), Oicha (40), Vuhovi (53) and Lubero (4) in North Kivu Province; and Bunia (1), Rwampara (1), Komanda (27), Mandima (55), Nyankunde (1), and Tchomia (2) in Ituri Province. As of 6 April 2019, the number of health areas reporting confirmed case in the last 21 days (17 March to 6 April 2019) is 13 out of 18.

A total of 721 deaths were recorded, including 655 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 61% (655/1 080). A health worker was among the community deaths notified in Musienene this week, bringing the total number of health workers affected to 82, with 29 deaths.

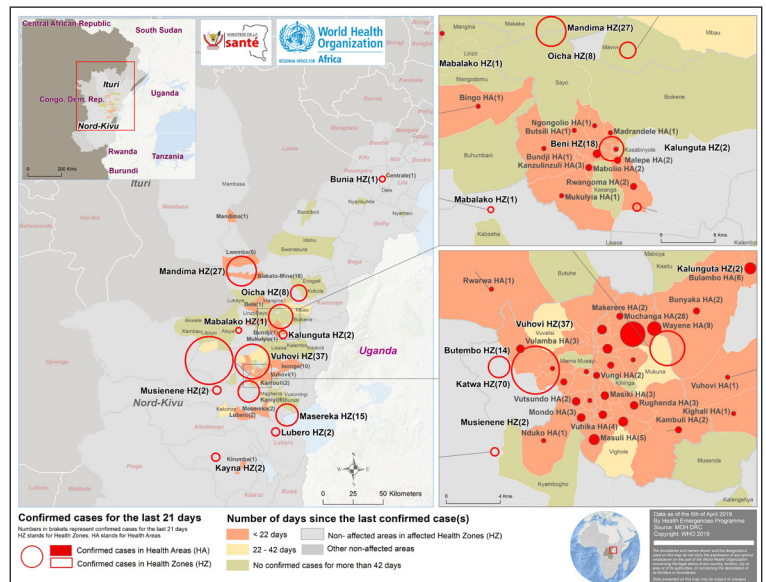
Katwa is still the main focus of the outbreak, reporting 35% (70/199) of all confirmed cases in the past 21 days. Vuhovi and Mandima registered respectively 19% and 14% of all confirmed cases in the last 21 days. Eight health zones which include Katwa, Beni, Vuhovi, Mandima, Butembo, Oicha, Kalunguta and Mabalako and have all reported new confirmed cases in the last three days.

Contact tracing is ongoing in 15 health zones, with 7 099 contacts recorded on 6 April 2019, of which 5 824 have been seen in the past 24 hours (82%). Of 1 125 alerts processed (of which 971 were new) in reporting health zones, 929 were investigated, with 22 out of 26 health zones reporting alerts able to process 100% of these. Of the 929 alerts investigated, 282 (30%) were validated as suspected cases, including 63 deaths.

PUBLIC HEALTH ACTIONS

- Surveillance activities continue, including case investigations, active case finding in health facilities and communities, and identification and listing of contacts around the latest confirmed cases. Collaboration between health authorities in the Democratic Republic of the Congo and Uganda continues around monitoring displaced contacts.
- A working session attended by a delegation sent by the Head of State and the Butembo subcommittee was extended to include the chairs of the response pillars, to reinforce response strategies in the different health zones.
- As of 6 April 2019, a cumulative total of 96 133 people has been vaccinated since the start of the outbreak. There is continuation of ring vaccination in Beni, Katwa, Butembo, Mandima, Bunia, Vuhovi and Lubero health zones around confirmed cases, and in Goma for front-line providers.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 48 million screenings to date. A total of 76/80 (94%) PoE/PoC were operational as of 6 April 2019.
- PoC/PoE monitoring is ongoing, with providers at the Grande Barrière briefed on the importance of screening and handwashing.
- There are continued community reintegration activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response.

Geographical distribution of confirmed and probable Ebola virus disease cases reported from 1 May 2018 to 7 April 2019, North Kivu and Ituri provinces, Democratic Republic of the Congo.



- Community resistance around a confirmed case in Muchanga health area was successfully resolved with the patient now in the ETC in Butembo, and his family listed for contact monitoring, and prepared for vaccination and household decontamination.
- Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) activities continue where possible, with 11 health facilities out of 13, as well as five out of 10 households who have housed confirmed cases, decontaminated in Beni, Butembo, Katwa and Mandima.
- The training of 54 psychosocial assistants in Masereka has started.
- Community awareness and mobilization sessions continue, with a meeting of 160 members of local civil society committees to assess and clarify concerns raised during feedback from forums; a harmonization meeting with all partners involved in the Muchanga health area on the issue of community incidents, and capacity building of school principals, parent's committees and youth leaders in health areas in Mutendero, Isongo, Bunyaka and Vuhovi.

SITUATION INTERPRETATION

The continuing transmission of Ebola virus disease, with eight health zones reporting new confirmed cases in the past three days of particular concern, as is the continued infection of healthcare workers. The number of new confirmed cases continues to rise and the geographical spread of these new cases makes contact tracing and line-listing difficult. At the same time, proven and innovative public health measures continue to control the outbreak in some areas. All authorities and partners remain committed to closing the outbreak. Donors are encouraged to close the current funding gaps and to fully support response activities.

EVENT DESCRIPTION

The effects of tropical cyclone Idai and its associated flooding continue to be felt across Mozambique, Zimbabwe, and Malawi.

In Mozambique, the official death toll has risen to 602 people as of 6 April 2019, an increase of 80 in one day, with more than 1 641 people injured, and an estimated 1.85 million people are in need of humanitarian assistance and protection. This figure is expected to rise as areas that were previously cut off become accessible by road and the full extent of the damage is known. A total of 62 153 houses have been completely destroyed, 34 130 partially destroyed and 15 784 flooded. This has left more than 131 000 people displaced in 136 sites across Sofala (109 199), Manica (14 047), and Zambezia (5 235). People in Zambezia are starting to return home, decreasing the numbers of displacement sites from 13 to three. Humanitarian partners estimate that more than half the affected people are children and the Mozambique government has registered more than 4 400 vulnerable people at the accommodation sites. More than 715 000 hectares of crops have been destroyed, raising concerns over food security, since this is the main annual harvest season for the central region of Mozambique.

The situation in Mozambique is complicated by a rising incidence of water- and vector-borne diseases in affected districts. On 27 March 2019, the Ministry of Health declared a cholera outbreak in Beira. As of 6 April, a cumulative total of 2 424 cases and two deaths have been reported in Beira, Dondo and Nhamatanda. Health partners have also reported malaria in many affected areas. An estimated 74 650 of the women affected by the cyclone are pregnant, with more than 43 000 in flooded areas expected to give birth in the next six months, who need access to functional facilities and care.

In Zimbabwe high winds and heavy rain particularly affected Chimanimani, Chipinge, Buhera, Nyanga, Makoni, Mutare Rural, Mutasa and parts of Mutare Urban district, causing flash flooding and landslides, with subsequent destruction of property and livelihoods and deaths. As of 5 April 2019 a total of 3 014 patients have been treated at eight health facilities in affected areas, with 140 pregnant women of more than 36 weeks gestation identified for airlifting from their areas, of whom 16 have so far been airlifted. Most of those requiring medical attention are females over five years of age.

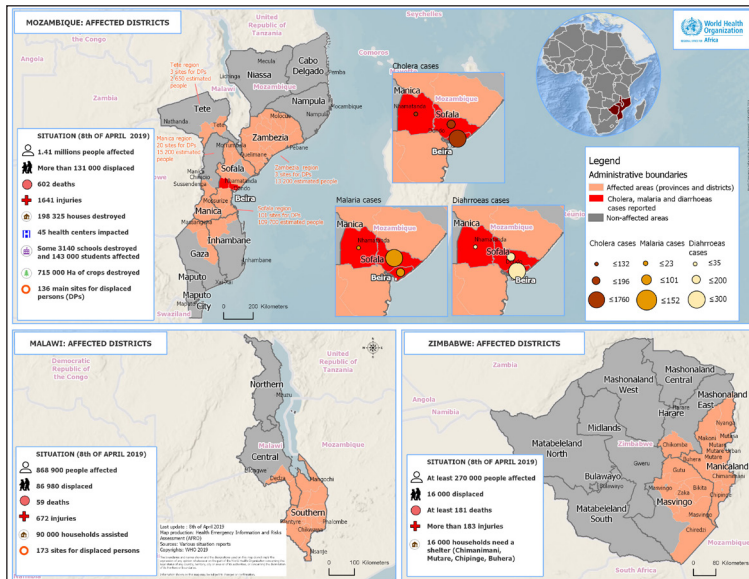
Although the numbers of people with diarrhoeal disease in the affected areas of Zimbabwe is no greater than normal for this time of the year, Chimanimani and Chipinge are regarded as potential cholera hotspots. Malaria threshold levels in Mutsvanga and Rusitu health facilities are above alert threshold, while Chayamiti is at the action threshold in Chimanimani district. In Chipinge district, Musani clinic and St Peters Checheche Mission Hospital are above alert threshold.

In Malawi, a total of 15 districts and two cities were affected. As of 7 April 2019, a total of 868 900 people are known to be affected, with 731 880 people in need, 86 980 of whom displaced. There are 173 camps and 90 000 households assisted. Although flood waters have receded about 70% of the affected population are still in camps.

PUBLIC HEALTH ACTIONS

- Operations in response to the humanitarian situation are ongoing in the affected countries under the leadership of the respective governments.
- Food security in Mozambique is being addressed with deliveries of dry food, agricultural support to farmers, as well as deliveries of non-food items.
- In Mozambique, 20 organizations are providing direct health services to affected health facilities, and the cholera task force meets daily, combined with other communicable disease updates, with case management provided in cholera treatment centres and transit points within hospitals.
- Cholera and other communicable disease health promotion and education activities are ongoing in affected communities, with active case reporting, supported by partners.
- Water, sanitation and hygiene (WASH) needs are being assessed, with concerns around numbers of latrines and water supply and quality.

Geographical location of the impact of tropical cyclone Idai in Southern Africa, 7 April 2019



- An oral cholera vaccination campaign was launched on 4 April 2019, with training of trainers and supervisors conducted and completed in Beira.
- In Zimbabwe, 23 environmental health officers have been deployed to Chimanimani District, water quality monitoring is ongoing, with water treatment chemicals being distributed, temporary latrines set up and seven ONFI kits distributed in Nyahode.
- Cholera interventions in Zimbabwe are planned in form of community level health and hygiene promotion and risk communication, as well as an oral cholera vaccine (OVC) campaign through a partnership between UNICEF and the Apostolic Women Empowerment Trust. Simultaneously, a measles, mumps and rubella vaccination campaign targeting children aged 9 months to 15 years will take place to maximise the public health impact of both vaccines. The OVC campaign, which will start on 15 April 2019, will target the two most affected areas, but Chimanimani as a priority because of particularly poor WASH infrastructure in the area. Overall the OVC campaign will target close to 500 000 people (139 935 in Chimanimani District and 335 395 in Chipinge District, 12 493 in the refugee camp).
- Social mobilization activities are being conducted in affected areas, with IEC materials distributed.
- In Malawi, the government, through the Department of Disaster Management Affairs (DoDMA) launched a Flood Response Plan on 28 March 2019, to support response and recovery interventions around Coordination, Food Security, Agriculture, Nutrition, Protection, WASH, Education, Health, Shelter and Camp Management and Early Recovery. There are 90 partners in the country involved in response.
- Coordination and cluster meetings are being held at national and regional level, with regional meetings held in Blantyre, chaired by the DoDMA and supported by WFP.

SITUATION INTERPRETATION

The effects of cyclone Idai, and the subsequent inland tropical depression, are major and likely to be felt for many months yet. The numbers of displaced people, the lack of adequate health facilities, crop destruction, and overall infrastructure disruption will be an enormous burden on already strained resources in the countries affected. The upsurge in cholera in Mozambique is of particular concern, given the circumstances under which authorities and partners are having to respond to it, and similar outbreaks are likely in Zimbabwe and Malawi. International partners and, in particular donors, need to continue to respond with urgency to prevent an even greater humanitarian disaster.

EVENT DESCRIPTION

Cameroon continues to face a humanitarian crisis in the Far Northern region linked to the Boko Haram group terrorist attacks since 2013, with significant displacement of the traumatized population. The Minawao camp is registering a high number of refugees from Nigeria weekly and has now exceeded its capacity to host these refugees as the current population is more than 57 000 people. Several attacks targeting public infrastructures, such as schools and health facilities continue to be recorded at the border between Cameroon and Nigeria. In addition to the insecurity, the Far North region is currently facing a measles outbreak in five districts (Goulfey, Kousseri, Koza, Mada, and Makary) and is facing the risk of a cholera resurgence.

The number of people affected by the humanitarian crises continues to increase. According to the latest reports of the IOM and UNHCR, the displaced population is estimated at 347 649 individuals, including 245 725 internally displaced persons (IDPs) and 101 924 refugees (both in camp and out of camp) in the Far North region.

Simultaneously to the Far North crisis, the crises in the Northwest and Southwest regions which started in 2016 remains a concern. Sporadic armed attacks between alleged separatist groups, the military and communities continue to be reported. Compulsory lockdowns are imposed on Mondays when the capital cities in the two regions (Buea and Bamenda) are declared as a 'ghost-town' with complete restriction of movement. Attacks on health facilities have been reported resulting in the death of healthcare workers. This situation has resulted in the destruction of several health facilities and several others have closed, which is negatively impacting access to healthcare. In the beginning of March 2019, Kumba District Hospital, one of the largest hospitals in the South West Region, was burned by armed gangs, resulting in the death of five people. A few days ago, the Muyuka District Hospital was also burned by non-state armed groups. The surveillance system remains a concern in both these regions as there has been a very low reporting rate below 12% in week 11 (week ending 17 March 2019).

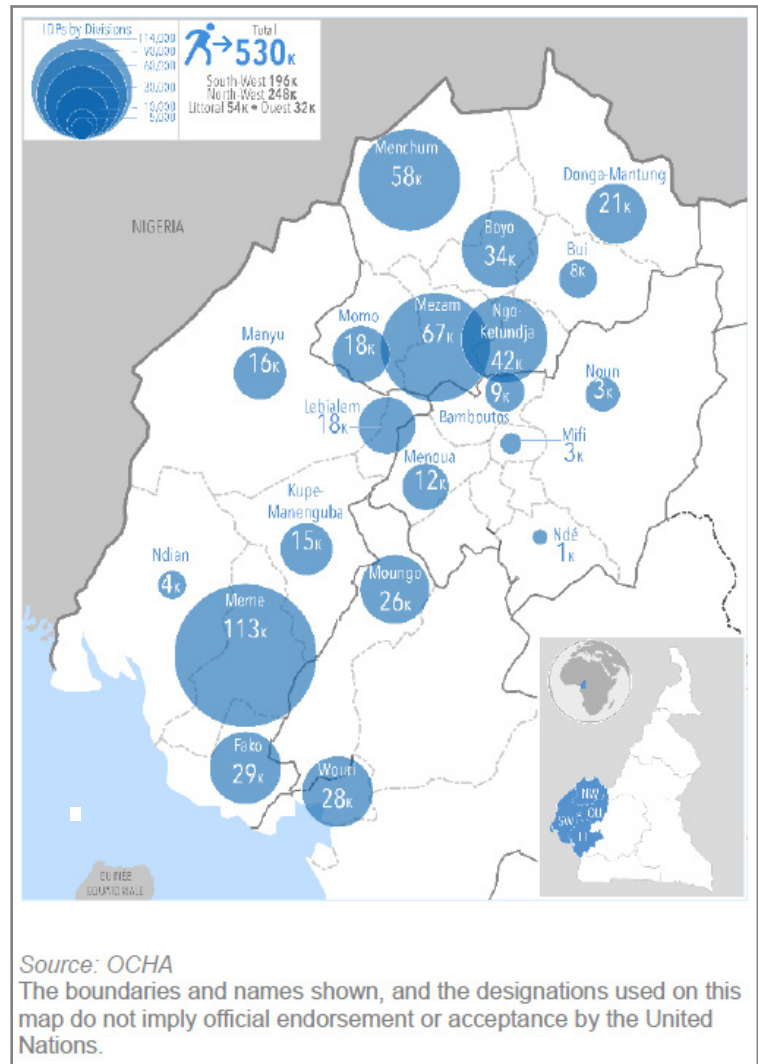
In the North West and South West, as of February 2019, an estimated 444 213 persons were internally displaced.

PUBLIC HEALTH ACTIONS

- Coordination of the humanitarian actors intervening in Cameroon continues through the sectoral coordination model with the health sectors being co-lead by the Ministry of Public Health and WHO.
- Humanitarian clusters that were activated on 12 September 2018 remain active with WHO leading the health cluster in both the North West and South West regions.
- WHO has activated its incident management system in the North West and Southwest region.
- WHO is supporting the Ministry of Public Health to strengthen surveillance and reporting for priority epidemic-prone diseases in the Far Northern region and is supporting community-based surveillance in the South West region.
- WHO and Caritas are working together to improve access to the affected population to basic health care services (trauma, mental health) in the South West and North West regions.
- The government and its partners are providing emergency immunization against poliomyelitis, measles and rubella as well as the pre-positioning of drugs and other emergency kits in affected health areas in the Far North region.
- In the Far North region, the government is undertaking advocacy for support to response activities as well as the intensification of WASH activities.
- The Ministry of Public Health and WHO are advocating for the participation of partners in preparation for a large scale oral cholera vaccine campaign in the Far Northern region. These actions are also extended to measles and polio.

[Go to overview](#) ◀

Humanitarian Snapshot of North-West and South-West in Cameroon, as of 28 February 2019



SITUATION INTERPRETATION

The Cameroonian population continues to face humanitarian crises in the Far North as well as the South-West and North-West regions. The deterioration of the socio-economic and security environment, the decline in food security and access to basic social services is particularly affecting the Far North Region, where more than one million people are affected. The population in all the affected regions are experiencing challenges to access health care services since the majority of health facilities have been destroyed and some health workers abducted.

Measures should be put in place to address the security situation, reinforce the disease surveillance system, and the insufficient number of staff to support the humanitarian response. In the Far North region, recognized measures to prevent cholera outbreaks including oral cholera vaccination should be anticipated and measles vaccination coverage should reach all affected districts. On top of that, mental health activities need to be scaled up to reach all affected population.

▶ [Go to map of the outbreaks](#)

EVENT DESCRIPTION

The humanitarian crisis in Ethiopia continues, with cyclical waves of humanitarian emergencies, resulting from ethnic clashes leading to mass population displacement, loss of animals, crops and livelihoods, as well as injuries and deaths. As of 26 March 2019, a rapidly evolving situation involving internally displaced persons (IDPs) was reported, with a field team reporting a surge of IDPs returning from their areas of origin, to which they had been returned by government at the end of 2018, caused by conflict in the area. The areas most affected are Gedeo Zone in Southern Nations, Nationalities and People's Region (SNNPR), and West Guji Zone in Oromia Region. The numbers of IDPs have increased daily, with official government estimates of 675 737 for Gedeo alone, with 319 822 reported from West Guji, giving a total of 995 559, as of 31 March 2019. Across the whole country, the numbers of IDPs is estimated at 2.7 million, with the largest IDP populations currently located in Gedeo and West Guji zones in Somali region.

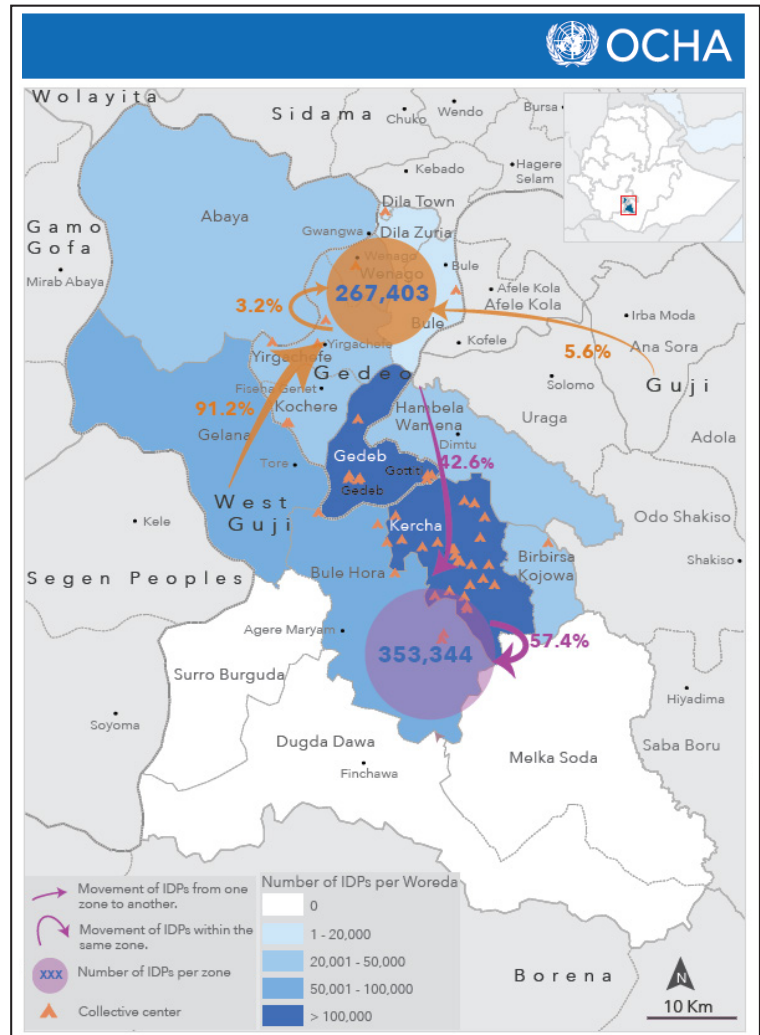
There are multiple disease outbreaks, with the major burden of disease among IDPs, with the commonest health conditions among under-fives including diarrhoeal disease, conjunctivitis, intestinal parasites, scabies, pneumonia, malnutrition and acute febrile illness in Gedeo. In West Guji, the commonest health conditions are pneumonia, non-bloody diarrhoea, malaria, diarrhoea with dehydration and acute respiratory tract infections. Shelter, food, water, sanitation and health services which were inadequate are now overstretched following the recent influx of IDPs. Although currently there are no reports of cholera in the country, an outbreak of the disease is of particular concern, as poor access to safe and sufficient water supply in addition to deplorable sanitary conditions in the affected regions makes displaced populations vulnerable to outbreaks of cholera and other water-borne diseases.

Malnutrition continues to be a problem among IDPs. As of 31 March 2019, the proxy global acute malnutrition (GAM) rate among children under-five in the three woredas hosting IDPs (Gebeb, Kochere and Yirgachefe) was 33%, while the proxy moderate acute malnutrition (MAM) and proxy severe acute malnutrition (SAM) rates were 27% and 4.9% respectively. The rate of acute malnutrition among pregnant and lactating women was 54%. Among the children with SAM, 25% had medical complications, mainly diarrhoea. Admissions for malnutrition have increased by 116% between 11 and 31 March 2019, with very high numbers of admissions in Kercha and Bule Hora hospital stabilization centres.

PUBLIC HEALTH ACTIONS

- Government, WHO and other partners are coordinating humanitarian responses. On 26 March 2019, the Government and humanitarian partners revitalized the Dilla Emergency Operations Center (EOC) to better coordinate the IDP response efforts in the area with coordination meetings holding twice weekly.
- WHO has deployed a team of 16 national technical officers and three international staff on the ground, conducting rapid needs assessments in all accessible IDP across the country.
- Disease surveillance is being strengthened with focus on early identification and prompt reporting of epidemic prone diseases in the various localities hosting the IDPs. Plans are underway to develop a cholera prevention and control plan as well as to assess the need for oral cholera vaccine (OCV) campaigns among IDPs across the country.
- Preventive vaccination campaigns against measles and meningitis are being planned among the newly displaced persons in order to prevent any potential outbreaks.
- WHO has sent, 115 basic, 7 renewable and 7 supplementary Interagency Emergency Health (IEH) kits to the affected areas in West Guji and Gedeo, in addition to 5 complete SAM kits.

Humanitarian Snapshot of Gedeo and West Guji Displacement in Ethiopia, as of March 2019



SITUATION INTERPRETATION

Humanitarian emergencies are likely to continue in Ethiopia in the face of the current situation given the multiple factors hindering an effective response. These include: inadequate human resources; an already stretched and overwhelmed health system; limited humanitarian access as a result of insecurity in some areas; very low water, sanitation and hygiene coverage in IDP sites and host communities; and lack of adequate funding to maintain response activities. There is need to scale up interventions by WHO and other partners to in order to save lives and reduce morbidity and ensure human dignity.

Summary of major issues, challenges and proposed actions

Major issues and challenges

- ▶ The actual impact of the destruction caused by cyclone Idai in Southern Africa is still unfolding as more areas become accessible by road. So far, the situation still remains disastrous in most of the affected areas as the number of people affected by the cyclone and resulting disease outbreaks is growing. The resulting poor access to communication networks is limiting the surveillance of diseases as well as sharing of information outside of the epicenter of the event. In addition to the provision of basic needs such as food, clean water and shelter, setting up of the early warning component of the surveillance system due to the increased risk of vector and mosquito borne epidemic prone diseases is crucial at this stage. This will enable the early detection of potential outbreaks and ensuring appropriate and timely response. Moreover, the restoration of healthcare services can provide the urgently needed trauma care, psychosocial counselling, maternal and child health services and treatment of common and chronic illnesses.
- ▶ The Ebola virus disease (EVD) outbreak in Democratic Republic of the Congo continues. During the reporting week, the late confirmation of another healthcare worker highlights the need to continue to strengthen infection and prevention control (IPC) measures as well as risk communication. Community engagement to address persisting community concerns and mistrust are of paramount importance to assist in the response efforts to limit disease transmission. Despite the insecurity, the response teams continue to be fully operational in all outbreak affected areas. Continued support from the international community is required to ensure the outbreak comes to an end.

Proposed actions

- ▶ Strategic and coordinated response to cyclone Idai by the respective Governments and the Inter-Cluster Coordination Group is critical to ensure all the appropriate plans are carried out including the provision of basic needs and restoration of the broken infrastructures. The collective support from the local and international community in terms of both human resources, as well as funding, can ensure the appropriate humanitarian assistance is provided to the affected populations.
- ▶ The national authorities and partners in the Democratic Republic of the Congo need to continue assessing the response and use the lessons learned in the past eight months in the response to outbreaks from areas that have effectively controlled the outbreak. Furthermore, strengthening community ownership of the public health response activities through effective community engagement is key in controlling this 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
Ongoing Events										
Cameroon (Far North, North, Adamawa & East)	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	3-Mar-19	-	-	-	-	Detailed update given above.
Cameroon (NW&SW)	Humanitarian crisis (NW & SW)	G2	1-Oct-16	27-Jun-18	2-Mar-19	-	-	-	-	Detailed update given above.
Cameroon	Cholera	G1	24-May-18	18-May-18	23-Jan-19	997	81	58	5.8%	The cholera outbreak situation in Cameroon continues to improve. From 1 to 23 January 2019, five new cases were reported in the north region. The Central and Littoral Regions have not reported new cases since 27 August and 11 October 2018, respectively. The outbreak has affected four out of 10 regions in Cameroon, these include North, Far North, Central and Littoral regions.
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	31-Mar-19	-	-	-	-	The humanitarian crisis in CAR remains volatile with security incidents reported in some areas of the country. From 25 to 26 March 2019, three humanitarian actors stopped their interventions in Butangafo axis in order to advocate for the reinforcement of protection on that axis. First health and nutrition interventions on the Alindao-Mingala axis have been launched by a humanitarian partner after more than 3 years without health interventions.
Central African Republic	Hepatitis E	Ungraded	2-Oct-18	10-Sep-18	17-Mar-19	179	140	1	0.6%	Five new suspected cases of hepatitis E were reported in week 13 (Week ending on 1 April 2019) in Bocaranga. No new cases reported in Ngaoundaye since 15 February 2019. From 10 September 2018 to 31 March 2019, a total of 179 cases of acute jaundice syndrome including 140 confirmed for viral hepatitis E have been reported. The age group between 5 to 45 years old is most affected.
Central African Republic	Measles	Ungraded	15-Mar-19	11-Feb-19	31-Mar-19	151	19	2	1.3%	The measles outbreak is ongoing in three health districts (Paoua, Batangafo and Vakaga) in CAR. From epidemiological week 5 to week 13, A total of 151 suspected measles cases, including 19 confirmed, were notified in Paoua (83 cases), Batangafo(5cases), and Vakaga(63 cases and 1 death). About 80 % of cases are under 5 years of age with a high proportion of male. Several of the cases are returnees from the outskirts of the city of Goree (Chad) in March 2019 following the opening of the borders.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Central African Republic	Monkey-pox	Ungraded	20-Mar-18	2-Mar-18	3-Mar-19	34	25	2	5.9%	Three cases, including one confirmed, were reported in Ippy in week 9 (week ending 3 March 2019). Since 2 October 2018, clusters of cases have been identified across three health districts, namely; Mbai-ki district with nine cases including eight confirmed, Bangassou district with five cases including three confirmed, and Bossembele district with four cases including three confirmed. One death was reported in Bossembele.
Chad	Measles	Ungraded	24-May-18	1-Jan-19	17-Mar-19	6 671	0	33	0.5%	During week 11 (week ending 17 March 2019) 861 suspected cases with five deaths were reported across the country. This is a slight decrease compared to the previous week when 924 suspected cases were reported. As of week 11, 2019, 6 671 suspected measles cases including 33 deaths have been reported from 103 out of 126 (82%) districts in the country. Due to lack of laboratory reagents, confirmation tests have not been conducted since the beginning of 2019. The overall trend remains very high since week 5 when a dramatic increase in confirmed cases was noted.
Chad	Meningitis	Ungraded	20-Mar-19	1-Jan-19	17-Mar-19	437	0	37	8.5%	In Mandoul Region, the district of Goundi has returned to epidemic phase with an AR of 12.8 and the district of Bedjondo reached the alert threshold with an AR of 5.7. In the Moyen-Chari Region the districts of Kyabe with an AR of 5.9 and Korbol with an AR of 4.5 reached the alert threshold.
Congo	Chikungunya	Ungraded	22-Jan-19	7-Jan-19	9-Mar-19	2 555	17	0	0.0%	An outbreak of chikungunya affecting six departments (Kouilou, Bouenza, Pointe Noire, Plateaux, Pool and Brazaville) is on ongoing in the Republic of Congo. From 7 January to 9 March 2019, a total of 2 555 suspected cases including 17 confirmed were reported. Entomological investigation showed the presence of the vector, <i>Aedes albopictus</i> .
Congo	Monkey-pox	Ungraded	11-Mar-19	9-Mar-19	16-Mar-19	9	2	0	0.0%	The Republic of Congo is reporting cases of monkey pox since February 2019. Two samples from Makontipoko village in Gambona district tested in the INRB-Kinshasa turned positive for monkey pox (PCR OPX).

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Côte d'Ivoire	Dengue Fever	Ungraded	15-Feb-19	1-Jan-19	15-Mar-19	56	11	0	0.0%	The Institute Pasteur of Ivory Coast confirmed 5 positive cases of dengue fever on the 15 February 2019. As of 15 March 2019, a total of 56 suspected cases and 11 confirmed cases have been reported in nine over hundred and one districts. The Cocody -bingerville health district have reported the majority of the suspected and confirmed cases. Three cases of dengue serotype 3 and 5 cases of Dengue serotype 1 have been isolated during this outbreak. The age group between 15 to 44 years old is more affected (55%) and the sex ratio (Female/Male) is 1.5.
Democratic Republic of the Congo	Humanitarian crisis	G3	20-Dec-16	17-Apr-17	17-Mar-19	-	-	-	-	The humanitarian situation remains complex in the Democratic Republic of Congo. Attacks by unidentified assailants in North Kivu led to the suspension of MSF (Médecins Sans Frontières) activities in Butembo Ebola treatment Centre. In Tanganyika province, UNPFA (the United Nations Population Fund) reports 1 127 cases of sexual violence based on gender recorded in 2018. Rape represents 42% of cases, although forced marriage of children also has a high incidence. More than half of the victims are internally displaced person. In Kasai, there is a relative return of calm after the inter-communal tension from 24 to 26 February 2019 which disrupted humanitarian interventions. Ituri Province, Djugu Territory, 6 035 returnees need assistance. There were 834 houses, 3 schools, 3 health posts and 4 churches were burned during the violence of March 2018.
Democratic Republic of the Congo	Chikungunya	Ungraded	8-Feb-19	30-Sep-18	24-Feb-19	330	48	0	0.0%	During week 8 of 2019 (week ending 24 February 2019), 17 suspected cases of chikungunya were reported in the province of Kinshasa with 12 cases in Binza Ozone Health Zone, two cases in the Police Health Zone and three cases in the health zone of Mount Ngafula 2.
Democratic Republic of the Congo	Cholera	G3	16-Jan-15	1-Jan-19	3-Mar-19	5 794	-	138	2.4%	During week 9 (week ending 3 March 2019), 548 suspected cases of cholera including 14 deaths were reported. The majority of new cases (95%) and all deaths were reported from cholera endemic zones (Haut-Katanga, Haut-Lomami, Tanganyika, Sud-Kivu, and Nord-Kivu).
Democratic Republic of the Congo	Ebola virus disease	G3	31-Jul-18	11-May-18	6-Apr-19	1 146	1 080	721	63%	Detailed update given above.
Democratic Republic of the Congo	Measles	Ungraded	10-Jan-17	1-Jan-19	3-Mar-19	29 820	0	584	2.0%	During week 9 (week ending 3 March 2019), 2 750 cases of measles were recorded including 77 deaths (CFR 2.8%) and more cases are reported from Tshopo, Kwango, Haut-Uélé, Kasai oriental and Maniema.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Democratic Republic of Congo	Monkey-pox	Ungraded	n/a	1-Jan-19	3-Mar-19	824	-	12	1.5%	In week 9 (week ending 3 March 2019), 90 new suspected cases including two deaths were reported. The cases of monkeypox have been confirmed in the Provincial Health Divisions of Ecuador, North Ubangi, and South Ubangi.
Democratic Republic of Congo	Plague (pneumonic)	Ungraded	12-Mar-19	28-Feb-19	12-Feb-19	4	-	4	100.0%	On 12 March 2019, the Ministry of Health of the Democratic Republic of Congo reported four deceased suspected cases of plague identified retrospectively in the same family from Atungkulei Village, Mahagi District, Ituri Province. The cases were identified following an alert received from the Uganda Ministry of Health on 8 March 2019 of two probable cases of pneumonic plague in Zombo District, located in the West Nile sub-region, at the border with the Democratic Republic of the Congo. The cases in the Democratic Republic of Congo are epidemiologically linked to those in Uganda.
Democratic Republic of Congo	Polio-myelitis (cVDPV2)	G2	15-Feb-18	n/a	27-Mar-19	42	42	0	0.0%	No cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week in the Democratic Republic of the Congo (DRC). The total number of cVDPV2 cases reported was 22 and 20 in 2017 and 2018 respectively. The most recent cVDPV2 AFP case was reported from Mufunga-Sampwe district in Haut-Katanga province with onset of paralysis on 7 October 2018. DRC is affected by four separate cVDPV2 outbreaks, in the provinces of Haut Katanga; Mongala, Maniema and Haut Lomami/Tanganika/Haut Katanga/Ituri.
Democratic Republic of Congo	Yellow fever	Ungraded	23-Jun-18	1-Jul-18	1-Dec-18	15	12	4	26.7%	Fifteen cases of yellow fever have been confirmed at the National Reference Laboratory (INRB) since the beginning of 2018. Of these, twelve cases were confirmed by IP Dakar from Tshuapa, Lualaba, Bas Uele, North Kivu province and Kinshasa Region.
Ethiopia	Humanitarian crisis	G2	15-Nov-15	n/a	7-Mar-19	-	-	-	-	Detailed update given above.
Ethiopia	Acute watery diarrhoea (AWD)	Protracted 1	15-Nov-15	1-Jan-19	28-Jan-19	8	-	0	0.0%	Since the beginning of 2019, eight cases of AWD have been reported from the Afar Region. In 2018, 3 357 suspected cases were reported from four regions: Afar, Oromia, Somali, and Tigray and one city administration (Dire Dawa).
Ethiopia	Measles	Protracted 1	14-Jan-17	1-Jan-19	28-Jan-19	136	59	-	-	There have been a total of 136 suspected measles cases reported in the country. Of these, 41 were confirmed by laboratory while 11 were epi-linked and seven were clinically compatible. Of the 1 598 cumulative confirmed cases reported in 2018, 496 were lab-confirmed, 994 were epi-linked and 108 were clinically compatible.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Guinea	Measles	Ungraded	9-May-18	1-Jan-19	29-Mar-19	523	197	10	1.9%	During week 12 (week ending 24 March 2019), 54 new suspected cases were reported across the country. Cumulatively, 523 suspected cases, of which 243 have been confirmed were reported from week 1 to 12 in 2019. A total of 41 sub-prefectures across 24 health districts are in the epidemic phase.
Kenya	Dengue fever	Ungraded	30-Jan-19	15-Oct-18	24-Mar-19	660	286	0	0.0%	The outbreak in Mombasa County which has affected all the six sub-counties (Kisauni, Jomvu, Nyali, Likoni, Changamwe and Mvita) remains active. Total cases reported so far are 660 with 286 confirmed by PCR. However, these are likely grossly underestimated due to underreporting.
Kenya	Cholera	Ungraded	21-Jan-19	2-Jan-19	24-Mar-19	890	44	4	0.4%	Since January 2019, cholera outbreak has been reported in Narok, Kajiado, Nairobi, Garissa and Machakos Counties. Nairobi and Machakos are the latest counties to report confirmed cases of cholera.
Kenya	Measles	Ungraded	3-Sep-18	28-Aug-18	25-Mar-19	418	41	5	1.2%	In the past week 15 new cases were reported. Wajir county has reported a total of 269 cases, Tana River county 131 cases and Kilifi county 7 cases. In total, 418 cases have been reported in 2019. Total deaths reported is 5 with a CFR of 1.2%
Kenya	Rift Valley fever (RVF)	Ungraded	1-Feb-19	18-Jan-19	4-Mar-19	169	16	0	0.0%	A total of 169 human cases have been reported from Murang'a (22) and Nyandarua (147) Counties. The outbreak in Murang'a County has been brought under control while Nyandarua remains active.
Liberia	Lassa fever	Ungraded	23-Jan-19	1-Jan-19	23-Mar-19	36	16	7	19.4%	A total of 14 suspected cases reported between week 5 and 10 have been confirmed following the release of laboratory results on 20 March 2019 by the National Public Health Reference Laboratory. The cases are from Bong (6), Nimba (5), Grand Bassa (1), Grand Kru (1) and Montserrado (1) Counties. Cumulatively, 16 cases including four deaths have been confirmed since the beginning of 2019 out of 68 cases suspected of the disease. Twenty other cases remain suspected. There are currently 61 contacts under follow-up in three counties.
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-19	24-Mar-19	590	65	5	0.8%	In week 12 (week ending 24 March 2019), 46 suspected cases were reported from 9 out of 15 counties across the country. Since the beginning of 2019, 590 cases have been reported across the country, of which 65 are laboratory-confirmed, 61 are epi-linked, and 236 are clinically confirmed. Belleh and Bokumu Districts, Gbarpolu County and Sanoyea District, Bong County currently in epidemic phase.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Madagascar	Measles	G2	26-Oct-18	3-Sep-18	24-Mar-19	117 075	0	752	-	From 3 September 2018 to 24 March 2019, 117 075 cases have been reported. There were 638 reported deaths in health facilities and 567 community deaths including 114 measles-related deaths and 453 non-measles related death assessed by community workers. One hundred five (105) out of 114 districts in all the 22 regions are in the epidemic phase.
Malawi	Flood	G2	9-Mar-19	5-Mar-19	29-Mar-19	0	0	0	0.0%	Detailed update given above.
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	28-Mar-19	-	-	-	-	Dogon militias killed more than 160 civilians during an attack in Mopti region on 23 March 2019. This is the deadliest attack led against civilians in Mali since the beginning of the crisis in 2012. At least 2 000 people have been displaced since and acts of retaliations against the Dogon communities have already been registered, with six civilians killed between 25 and 26 March 2019.
Mali	Measles	Ungraded	20-Feb-18	1-Jan-19	17-Mar-19	430	225	0	0.0%	In week 11, 2019 (week ending 17 March 2019), 89 suspected measles cases were reported, of which eight were confirmed in multiple health districts: Kalaban Coro (2), Kolokani (2), Ouélessébougou (2), Commune IV (1) and VI (1) of the District of Bamako.
Mauritius	Measles	Ungraded	23-May-18	19-Mar-18	10-Feb-19	1 444	1 444	4	0.3%	During week 6 (week ending 10 February 2019), four new confirmed cases were reported across the country. From 19 March 2018 to 10 February 2019, a total of 1 444 laboratory-confirmed cases were reported. Of 17 throat swabs analyzed, the genotype D8 was detected in 13 samples. The trend is decreasing since the peak in week 24 of 2018. The most affected districts are Port Louis and Black River.
Mozambique	Flood/cyclone	G3	15-Mar-19	15-Mar-19	30-Mar-19	-	-	-	-	Detailed update given above.
Mozambique	Polio-myelitis (cVDPV2)	G2	7-Dec-18	7-Dec-18	27-Mar-19	2	2	0	0.0%	No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week. One circulating vaccine-derived poliovirus type 2 (cVDPV2) isolate was detected, from an acute flaccid paralysis (AFP) case (with onset of paralysis on 21 October 2018, in a six-year old girl with no history of vaccination, from Molumbo district, Zambézia province), and two isolated from a community contact of the case reported on 10 and 17 December 2018. (source: GPEI)

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Namibia	Hepatitis E	G1	18-Dec-17	8-Sep-17	24-Feb-19	4 669	751	41	0.9%	In weeks 7 and 8 (from 11 - 24 February 2019), 112 suspected cases with zero deaths were reported from nine regions across the country with the majority (50) reported from Khomas Region. This is a slight increase compared to the previous two weeks when a total of 109 suspected cases were reported. Of the cumulative 4 669 cases, 261 (5.6%) are among pregnant and post-partum women. A total of 18 deaths have been reported among maternal cases. Khomas Region remains the most affected region, reporting 68% of HEV cases country-wide, followed by Erongo 21.8%.
Niger	Humanitarian crisis	Protracted 1	1-Feb-15	1-Feb-15	4-Apr-19	-	-	-	-	The security situation in Diffa continues to worsen following Boko Haram attacks in that region. A total of 15 000 people from the villages of Gueskérou and Chétimari were newly displaced in Diffa region due to the increasing number of attacks against civilians by Boko Haram. In March alone, 20 attacks were registered leading to the death of at least 90 civilians. Humanitarian needs in the affected area include shelter, food, health and protection
Niger	Circulating vaccine-derived polio virus type 2 (cVDPV2)	G2	8-Jul-18	8-Jul-18	27-Mar-19	9	9	1	11.1%	No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported in the past week. The most recent cVDPV2 isolated in the country was in Magaria district, Zinder region with an onset of paralysis on 5 December 2018. A total of nine cVDPV2 cases were reported in 2018 in Niger, which are genetically linked to a cVDPV2 case in Jigawa and Katsina states, Nigeria. (source: GPEI)
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	10-Mar-19	-	-	-	-	Overcrowded population in camps remains a serious challenge characterizing the humanitarian crisis in north-east Nigeria, following the continued population displacement from security-compromised areas. A vaccination campaign was conducted in February to respond to the increased number of cases of measles reported over the recent months.
Nigeria	Lassa fever	G2	24-Mar-15	1-Jan-19	24-Mar-19	510	495	129	25.3%	In Week 12 (week ending 24 March 2019), 15 new confirmed cases including five deaths (CFR 33.3%) were reported from six states - Edo(4 cases with 2 deaths), Ondo(3 cases with 2 deaths), Bauchi(3 cases with one death), Plateau(2 cases), Taraba(2 cases), and Ebonyi(1 case). This represents a second consecutive week of decline in the number of confirmed cases reported. Seventy-four (74) Local Government Areas (LGAs) across 21 states have reported at least one confirmed case in 2019. A total of 1 567 contacts are currently under follow-up across 20 states.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-19	22-Mar-19	5 793	124	17	0.3%	An increased number of cases has been reported across five states (Borno, Katsina, Yobe, Bauchi & Adamawa) in recent weeks. In week 11, there were 5,793 reported cases of measles including 17 deaths (CFR 0.29%) in Borno state. 220 samples have so far been collected, 178 tested and 124 (73%) IgM positive.
Nigeria	Monkey-pox	Ungraded	26-Sep-17	24-Sep-17	30-Jan-19	311	132	7	2.3%	In January 2019, six new suspected cases were reported from six states. Three were confirmed in two states (Rivers - 1 and Bayelsa - 2). Since September 2017, 26 states have reported suspected cases with 17 having reported a confirmed case. Rivers State is the most affected. The South-South region of the country has the highest burden of monkey-pox.
Nigeria	Polio-myelitis (cVDPV2)	Ungraded	1-Jun-18	1-Jan-18	27-Mar-19	38	38	0	0.0%	Two cases of circulating vaccine-derived poliovirus type 2 have been reported this week in Konduga LGA, Borno State and Baruten LGA, Kwara State with onset of paralysis reported on 14 February and 20 February 2019 respectively. There are now four cVDPV2 cases reported in 2019 so far. The total number of cVDPV2 cases in 2018 remains 34.
Nigeria	Yellow fever	Ungraded	14-Sep-17	1-Jan-19	17-Feb-19	254	0	0	0.0%	In week 7 (week ending on 17 February 2019), 103 suspected cases were reported including three new presumptive positive cases from Edo and Ondo State. Two new confirmed and one inconclusive case were reported on 15 February 2019 from IP Dakar, these were from samples collected in 2018. Yellow fever outbreak in Edo State has been declared over after a reactive vaccination campaign was carried out in 13 LGA. Reported cases have been decreasing gradually since week 2 in 2019.
São Tomé and Príncipe	Necrotising cellulitis/fasciitis	Protracted 2	10-Jan-17	25-Sep-16	4-Mar-19	3 197	-	0	0.0%	As of week 9, 2019 (week ending 3 March 2019), five new cases were notified from three districts: Agua Grande (1), Me-zochi (4), and Lemba (2). The national attack rate as of week 9, 2019 is 16.2 per 1 000 population.
Sierra Leone	Lassa fever	Ungraded	6-Mar-19	15-Feb-19	14-Mar-19	2	2	2	100.0%	Another case, an 8-year-old male resident of Yorgoima, Dodo chiefdom, Kenema District, who reportedly died on 20 February 2019, has been confirmed for Lassa virus infection. This is the second confirmed case reported from Kenema District, an area known to be endemic for Lassa fever, in 2019. Eight contacts including four healthcare workers were listed and monitored.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	17-Mar-19	-	-	-	-	The humanitarian crisis is ongoing in South Sudan with an improvement in the security situation. The intensity of conflict has reduced recently, and clashes contained in certain regions. Maiwut and Lonochuk counties reported a substantial number of returnees recently. Access to the population affected by the humanitarian crisis remains challenging. Around 1.5 million people continue to live in areas facing high levels of access constraints.
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	10-Mar-19	181	18	1	0.6%	Twenty-two cases have been reported in 2019. Males and females are equally affected. The age group between 1 to 4 years old is the most affected. Use of unsafe drinking water is likely the source of infection.
South Sudan	Measles	Ungraded	24-Nov-18	24-Nov-18	31-Mar-19	542	28	4	0.7%	A new measles outbreak has been confirmed in Tonj North County in Warrap. All the five (5) blood samples that were received tested positive for measles IgM. Most of the cases are children < 5 years of age with mean ages of 4.2 years (SD=1.3 years) who reside in Akop Payam.
South Sudan	Rubella	Ungraded	27-Oct-18	27-Oct-18	10-Feb-19	213	52	0	0.0%	In 2019, 213 suspected cases of rubella including zero deaths have been reported from Malakal PoC and Aweil Center.
South Sudan	Yellow fever	Ungraded	29-Nov-18	18-Nov-18	25-Mar-19	3	3	0	0.0%	No new cases have been reported in the past two months. One case has been reported since the beginning of the year. The Ministry of Health with support from the World Health Organization (WHO) and partners launched a reactive yellow fever (YF) vaccination campaign in Sakure, Nzara County Gbudue State to vaccinate 19 578 individuals aged 9 months to 65 years against YF.
Tanzania	Anthrax	Ungraded	28-Feb-19	18-Feb-19	24-Mar-19	91	3	6	6.6%	No new cases were reported in week 12 (week ending 24 March 2019). The cumulative number of cases reported is 91 with 6 associated deaths. The last case was reported on 3 March 2019 in Moshi DC in Kilimanjaro Region.
Tanzania	Cholera	Ungraded	7-Feb-19	26-Jan-19	17-Mar-19	123	3	2	1.6%	During week 11 (week ending 17 March 2019), 23 new cases with zero deaths were reported from Korogwe TC (16 cases, zero deaths), Korogwe DC (5 cases, zero deaths) and Handeni DC (2 cases, zero deaths) in Tanga Region. This is an increase in the number of cases compared to the previous week when nine cases were reported. Seven out of 195 districts in the country have reported at least a case in the current outbreak.
Tanzania	Dengue fever	Ungraded	31-Jan-19	1-Aug-18	17-Mar-19	162	27	0	0.0%	In the week ending 17 March 2019, no new cases of Dengue fever were reported in the country. The last cases were reported in the week ending 10 March 2019 in both Dar es salaam and Tanga Region.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Togo	Meningitis, unspecified	Ungraded	12-Mar-19	1-Jan-19	27-Mar-19	147	0	4	2.7%	Five new cases of meningitis were reported in week 12 (week ending 24 March 2019). In total, 147 cases have been reported from the three health zones in Kpendija-West health district (northern Togo). Laboratory investigation confirmed <i>Neissera meningitidis</i> C in 10% on cases.
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	28-Feb-19	-	-	-	-	During the month of February 2019, 4 568 new refugees and asylum-seekers were registered from the Democratic Republic of Congo and 4 635 from South Sudan. The influx of refugees has strained Uganda's public services, creating tensions between refugees and host communities. Malnutrition (High SAM and GAM rates) among refugees is of particular concern.
Uganda	Food-borne illness	Ungraded	18-Mar-19	12-Feb-19	18-Mar-19	233	0	1	0.4%	Two districts, Amudat (97 cases with one death) and Napak (154 cases), have been affected by a suspected food-borne illness outbreak. The outbreak is linked to a UN World Food Program (WFP)'s recent distribution of fortified blended food (Super Cereal) to several health facilities in the affected districts as part of a nutrition program for pregnant and lactating mothers as well as under-five children. The recipients reportedly made and ate meals on return to their homes after which several people started presenting with symptoms of mental disorders, hallucinations, irritability with fever and abdominal pain by the next day. Test results from food and biological samples sent to laboratories in Uganda, Kenya, and South Africa are pending.
Uganda	Measles	Ungraded	8-Aug-17	1-Jan-19	5-Mar-19	364	201	0	0.0%	Between 1 January to 5 March 2019, 228 suspected cases, of which 201 have been confirmed (epidemiologically-linked and laboratory confirmed) were reported in multiple districts. No death is reported among confirmed cases. From January to December 2018, a total of 3 652 suspected cases including 892 confirmed (epidemiological-linked and laboratory confirmed) were reported across the country. One death was reported among the confirmed cases. Fifty-three districts in the country have reported measles outbreaks.

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR	Comments
Uganda	Plague (pneumonic)	Ungraded	5-Mar-19	27-Feb-19	8-Mar-19	2	0	1	50.0%	On 5 March 2019, WHO was informed of two suspected pneumonic plague cases including one death from Paryma village, Warr sub-county, Zombo district. The cases are linked to three deaths with similar symptoms in Atungkulei village, Mahagi district, Ituri province in the Democratic Republic of Congo. The second case tested positive for pneumonic plague by RDT.
Zambia	Cholera	Ungraded	22-Mar-19	16-Mar-19	22-Mar-19	45	6	3	6.7%	A cholera outbreak in Nsama district, Northern Province, Zambia was notified to WHO by the MOH on 22 March 2019. The index case, a 9-year-old child from Chauishi village, developed signs and symptoms on 16 March 2019. From 16 – 22 March 2019, a total of 45 cases with three deaths were reported, of which six have been laboratory confirmed.
Zambia	Measles (suspected)	Ungraded	3-Mar-19	4-Dec-19	3-Mar-19	93	0	0	0.0%	A total of 93 suspected cases have been reported from Chibali zone, Lavushimanda district in Muchinga Province, Zambia. Of these, 50% are below five years old, 47% between five to fifteen years of age, and 3% above 15 years old. All of the suspected cases were reportedly not previously vaccinated against measles. Although clinical signs and symptoms point to measles, it has not been possible to confirm the aetiological agent of the disease by laboratory testing as the country did not have measles reagents.
Zimbabwe	Floods/land slides	G2	15-Mar-19	15-Mar-19	29-Mar-19	-	-	-	-	Detailed update given above.
Zimbabwe	Cholera	G2	6-Sep-18	6-Sep-18	23-Feb-19	10 722	312	69	0.6%	The end of this outbreak is anticipated soon as there have been very few sporadic cases reported from Mt. Darwin and Murehwa districts in the past weeks. No new case has been reported from Harare, the epicentre of the outbreak, since 26 December 2018.
Zimbabwe	Typhoid fever	Ungraded	-	1-Oct-17	19-Dec-18	5 159	262	15	0.3%	There has been a resurgence of typhoid fever in Harare, the capital city of Zimbabwe, since mid-September 2018. The increase started in week 37 (week ending 16 September 2018) when 61 suspected cases were reported, compared to 10 cases (which lies within normal range) in week 36. The weekly incidence eventually peaked in week 41 (week ending 14 October 2018), with 130 cases and has since been declining gradually. There were 34 suspected cases reported in week 49 (week ending 9 December 2018).

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: <http://www.who.int/hac/about/erf/en/>.
Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.

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