WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 1: 30 December 2019 - 5 January 2020
Data as reported by: 17:00; 5 January 2020

0 New event
67 Ongoing events
52 Outbreaks
15 Humanitarian crises

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- Rift Valley Fever
- cVDPV2
- Malaria
- Floods
- Cases
- Deaths
- Humanitarian crisis
- Hepatitis E
- Yellow fever
- Dengue fever
- Ebola virus disease
- Chikungunya
- Leishmaniasis
- Plague

Countries reported in the document
Non WHO African Region
WHO Member States with no reported events

Grade events †

- Grade 1 events
- Grade 2 events
- Grade 3 events
- Protracted 1 events
- Protracted 2 events
- Protracted 3 events

42 Ungraded events
This Weekly Bulletin focuses on 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 main articles cover key ongoing events, including:

- Ebola virus disease in Democratic Republic of the Congo
- Cholera in Democratic Republic of the Congo
- Humanitarian crisis in Burkina Faso.

For each of these events, a brief description, followed by public health measures implemented and an interpretation of the situation is provided.

A table is provided at the end of the bulletin with information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have largely been controlled and thus closed.

**Major issues and challenges include:**

- Despite the number of new confirmed EVD cases recorded in Democratic Republic of the Congo during the reporting week decreasing slightly the reinfection of cases in previous hotspots (Butembo, Katwa and Kalunguta) where the outbreak appeared to be under control is a concern. It is imperative to strengthen contact tracing, vaccination, early case investigations and isolation of cases to prevent new chains of transmission in these highly populated zones in order to prevent further transmission.

- The main propagating factors for the cholera outbreak in the Democratic Republic of Congo include insufficient potable water, and poor sanitary and hygiene facilities among populations in many of the affected communities. Insufficient community activities to fight cholera, especially in the cholera-endemic provinces of the east of the country (South Kivu, North Kivu, Haut Katanga, Haut Lomami and Tanganyika) are contributing to the persistence of the outbreak. In addition, insecurity in certain health zones, particularly in North Kivu, leads to poor access to populations and limits the response activities in some of the affected areas.
EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu, South Kivu and Ituri provinces in Democratic Republic of the Congo continues, with six health zones and 11 health areas reporting confirmed cases in the past 21 days (15 December 2019 to 4 January 2020). Since our last report on 29 December 2019 (Weekly Bulletin 51), there have been 13 new confirmed cases and one new death. The principle hot spots of the outbreak in the past 21 days are Mabalako (55%; n=23 cases), Butembo (24%; n=10) and Kalunguta (12%; n=5). Four health zones and 10 health areas have had active cases in the past 21 days. Five health zones, Katwa, Kalunguta, Butembo, Mambasa and Mabalako, have reported new confirmed cases in the past seven days.

As of 4 January 2019, a total of 3 388 EVD cases, including 3 270 confirmed and 118 probable cases have been reported. To date, confirmed cases have been reported from 29 health zones: Ariwara (1), Bunia (4), Komanda (56), Lolwa (6), Mambasa (80), Mandima (347), Nyakunde (2), Rwampara (8) and Tchomia (2) in Ituri Province; Alimbongo (5), Beni (695), Bira (19), Butembo (295), Goma (1), Kalunguta (198), Katwa (653), Kayna (28), Kyondo (25), Lubero (31), Mabalako (452), Mangurejipa (18), Masereka (50), Musienene (84), Mutwanga (32), Nyiragongo (3), Oicha (65), Pinga (1) and Vuhovi (103) in North Kivu Province and Mwenga (6) in South Kivu Province.

As of 4 January 2020, a total of 2 233 deaths were recorded, including 2 114 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 65% (2 115/3 270). The cumulative number of health workers remains 169, which is 5% of the confirmed and probable cases to date.

Contact tracing is ongoing in seven health zones. A total of 4 133 contacts are under follow-up as of 4 January 2020, of which 3 495 (84.6%) have been seen in the past 24 hours. Alerts in the affected provinces continue to be raised and investigated. Of 4 633 alerts processed (of which 4 542 were new) in reporting health zones on 4 January 2020, 4 525 were investigated and 464 (10.3%) were validated as suspected cases.

PUBLIC HEALTH ACTIONS

- Response activities continue where possible.
- As of 1 January 2020, a cumulative total of 261 285 people have been vaccinated since the start of the outbreak in August 2018.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 136 million screenings to date. A total of 106/109 (97.2%) PoE/PoC transmitted reports as of 4 January 2020.
- Water, sanitation and hygiene (WASH) activities continue, with 17 health facilities evaluated in Mabalako and Butembo health zones, while 321 health workers were briefed in Oicha, Mabalako, Butembo and Mambasa.
- Community awareness and mobilization messages are being updated, revised and harmonized and have been pre-tested by the commission and will subsequently be shared in coordination and sub-coordination activities.

SITUATION INTERPRETATION

New confirmed cases continue to be reported in Mabalako, Butembo and Kalunguta in North Kivu Province and in Mambasa in Ituri Province. The new confirmed cases in Mambasa are of concern, since there had been no new confirmed cases in Ituri Province for 66 days. Resistance to response activities continues, particularly in North Kivu Province. However, there are continued efforts to engage with the community and to upscale response activities in affected regions in order to bring the outbreak to a close.

On 4 January 2020 a community dialogue was held with young people from Beni citizen’s movements, during which they renewed their commitment to combating community resistance. Similarly, a dialogue was organized with community representatives to lift resistance to response in new outbreaks of EVD in Mondo and Katsya in Butembo Health Zone, and at the same time 38 householders in this zone were sensitized around response activities to the last reported confirmed case.
**EVENT DESCRIPTION**

Cholera outbreaks continue to be reported in the Democratic Republic of the Congo with 23 of the 26 provinces of the country reporting cases in 2019. The most affected provinces are South Kivu, North Kivu, Tanganyika, Haut-Katanga and Haut-Lomami accounting for 74% of suspected cases reported in 2019.

During the last four weeks, the epidemic is concentrated in six provinces in the east of the country with 91% of suspected cases reported (2,285/2,514 cases). These include South Kivu (28%; n=697 cases), North Kivu (20%; n=490 cases), Tshopo (15%; n=367 cases), Tanganyika (12%; n=297 cases), Haut Lomami (9%; n=230 cases) and Haut Katanga (8%; n=204). The health zones of the littoral regions of lakes Kivu and Tanganyika are the most affected. The number of cases reported weekly have continued to fall since week 48 (week ending 1 December 2019) when approximately 714 suspected cases were reported.

During week 51 (week ending 22 December 2019), 595 cases and nine deaths (case fatality ratio 1.5%) were reported from 40 health zones in 11 provinces of the country. Six provinces (South Kivu, Haut Katanga, North Kivu, Tanganyika and Haut Lomami) reported 88% (602/687) of the total suspected cases.

From 1 January to 22 December 2019, a cumulative total of 29,230 suspected cases with 511 deaths (case fatality ratio 1.8%) have been reported from 179 health zones across 23 provinces in the country. The epidemic curves for 2018 and 2019 are almost superimposed, contrasting with the big cholera epidemic that the country experienced in 2017.

The province of Tshopo initially notified suspected cases of cholera starting in epidemiological week 46 (week ending 17 November 2019). As of week 51, a cumulative total of 111 suspected cases have been reported. The results of the rapid diagnostic tests for cholera (RDTs) carried out in the field, as well as the first samples tested at the national reference laboratory (INRB) are negative for Vibrio cholerae. Other samples are being analyzed at the reference laboratory to confirm the nature of the epidemic in this province.

**PUBLIC HEALTH ACTIONS**

- In the epidemic health zones, response activities are implemented by the National Cholera Elimination Programme (PNECHOL) with the support of WHO and other partners. A joint response plan covering the period from September to December 2019 was developed and implemented in the main outbreak provinces (South Kivu, North Kivu, Tanganyika and Kasai Oriental).
- WHO continues to provide support to response teams at provincial health zones through the deployment of experts for case investigation, management of health information, the operation of water chlorination points and household disinfection.
- Cholera treatment centres and treatment units (CTC/UTC) have been constructed and rehabilitated to provide free case management as well as supplies for case management, including laboratory confirmation. Health partners including MSF and AIDES continue to provide case management services for patients in the different CTC/UTC.

**SITUATION INTERPRETATION**

The Democratic Republic of Congo continues to face multiple outbreaks of diseases with epidemic potential. The epidemiological profile during 2019 is marked by the presence of epidemics of cholera, Ebola virus disease, measles, poliomyelitis, monkeypox and bubonic plague. The cholera outbreak continues to propagate in almost all provinces of the country with most of the cases being reported from five provinces in the region of Lake Tanganyika. Response activities are reported to be insufficient to interrupt the spread in many areas as coordination at subnational level and sharing of accurate health information continues to be a challenge. The inability to conduct OCV campaigns and WASH interventions in many high-risk health zones in North Kivu also contributes to the unabated spread of the outbreak.
Event Description

The security situation in Burkina Faso remains volatile, mainly affecting five regions, notably the Sahel, Centre-North, the North, the East and Boucle du Mouhoun. The humanitarian space is shrinking in Foubé (Centre-North Region), Déou and Arinda (Sahel Region) and medical evacuations and supplies for health facilities are becoming increasingly difficult. In the last two weeks (as of 26 December 2019) 10 attacks have been recorded and more than 100 people, mainly civilians, have been killed by armed groups. The latest armed attack in Arinda in the Soum/Sahel Region occurred on 24 December 2019, targeting civilians with 35 deaths, including 33 women and seven members of the security forces.

As of 9 December 2019, figures from the Office for the Coordination of Humanitarian Affairs (OCHA) show 580,033 internally displaced persons (IDPs) registered in 13 regions of the country, displaced by insecurity. This is a 15% increase compared to the 486,360 IDPs recorded on 8 October 2019. These figures are likely to be revised upwards as a result of the large population displacement that occurred towards the end of 2019. In the past two weeks, new IDP influxes have been registered in Pensa, Centre-North, with 7,171 IDPs from Yalgado and Guedma in the same region, following the killing of 20 people between the 13 and 15 December 2019 in Fada, East Region. There are also more than 10,000 new IDPs in Foubé, Centre-North and 13,000 IDPs from Arinda, Sahel Region.

The health system is heavily impacted by the security situation, with attacks targeting health workers and health infrastructure with assassination of health workers, kidnapping, medicine theft, destruction or theft of ambulances and threats to health workers. As a result many health workers have left their posts, particularly in Djibo, Barsalogho and more recently in Gorom Gorom. As of 9 December 2019, 95 health facilities (83% of health facilities) in six affected regions and 135 others (11.8%) have reduced their services, resulting in no immunization strategies or night cover. A total of 1.19 million people are deprived of healthcare as a result.

Outbreaks of epidemic-prone diseases further complicate the situation, with outbreaks of meningitis (Neisseria meningitidis C) recorded in two districts earlier in 2019 in the East and Sahel regions. The risk of cholera remains high in the context of population displacement and inadequate shelter and poor hygiene. However, malaria remains the main cause of mortality. In week 50 (week ending 14 December 2019) there were 189 suspected cases of dengue fever, with no deaths, of which 119 probable cases were reported in the five most affected regions. Nationally, the total number of dengue cases reported from weeks 1 to 50 of 2019 was 7,980 cases, including 4,966 probable cases and 12 deaths (case fatality rate 0.15%).

Malnutrition remains a major problem, with the SMART 2019 survey reporting a prevalence of global acute malnutrition (GAM) in children aged 6-59 months exceeding the alert threshold (>10%) for Arinda (12.7%), Maticoacli (11.7%) and Tita (11.2%) and the critical threshold (>15%) in IDP reception sites in Barsalogho (17.2%) and Djibo (16.9%). Among pregnant and breastfeeding women the prevalences of GAM exceed the alert threshold in the communities of Kaya (13.9%), Maticoacli (14.7%) and the Barsalogho site (15.3%).

There is poor immunization coverage of children in insecure areas and insufficient stocks of meningitis and measles vaccines for catch-up vaccination of IDP children. Women and girls are at increased risk of rape and other types of sexual assault and gender-based violence, along with the psychological trauma related to loss of life, livelihoods and property. There is also the risk of treatment interruption for chronic diseases, including HIV/AIDS and tuberculosis.

Public Health Actions

- WHO provided technical and financial support for the development and validation of the Sahel Health Region’s response plan for health emergencies in 2020; continuation of the coordination of the humanitarian response of health partners, organization of bimonthly meetings, participation in the needs analysis and planning process of the humanitarian response for the year 2020, with coordination of the development and submission of projects on HPC plan until January 2020.
- Multidisciplinary mobile clinics continued to operate in Barsalogho, Centre-North, in collaboration with ALIMA, with financial contributions from WHO.
- WHO continues to provide support for monitoring attacks on the health system through the Surveillance System of Attacks on Healthcare (SSA).
- There is preparation for the training on the management of the large influx of victims and on the management of security incidents with the Health Security Interface Mission from Afro Headquarters.
- There is continued support for the two WHO consultants in the field, facilitation of coordination a regional level (Dori and Kaya), support from joint mission in the field, monitoring IDP care, support for incident reporting and support for monitoring and identification of priority needs for health response.
- WHO is supporting the Ministry of Health (MOH) by covering the operational costs of preventive measles immunization campaigns for children aged 6 months to 14 years in Barsalogho and Kaya (North-Centre), Djibo, Gorom Gorom and Dori (Sahel) and reactive meningitis vaccination campaigns in Sebba (Sahel).
- WHO also provided emergency health kits for the management of chronic conditions, SAM kits for the management of severe acute malnutrition with complications and trauma kits.
- WHO has also supported training on first-line management of survivors of gender-based violence for health workers in the regions most affected by insecurity.
- Health partners continue to mobilize human resource, donate medicines and equipment, and establish medical posts (ICRC, MSF, MDM, ALIMA, LVIA, ACF and UNFPA).

Situation Interpretation

The situation in Burkina Faso continues to be of grave concern, with ongoing insecurity resulting in large population movements, loss of health facilities and inadequate access by humanitarian partners. Challenges include lack of capacity for mass casualty management in affected areas and inadequate management of severe acute malnutrition in the most affected areas. While the insecurity and potentially lethal attacks on civilians and humanitarian responders continue, there will be little relief for the affected populations. WHO and partners are responding well to the situation, but require support from the broader donor community, particularly for the 2020 humanitarian response plan, while local and national authorities need to address the underlying drivers of the insecurity.
Summary of major issues, challenges and proposed actions

Major issues and challenges

- The resurgence of cases in previous hotspots (Butembo, Katwa and Kalunguta) where the outbreak was previously controlled is a major concern. Contact tracing, vaccination, early case investigations and isolation of cases need to be pursued diligently to prevent new chains of transmission in these highly populated zones from which the outbreak can spread.

- Inadequate water, sanitation and hygiene facilities continue to be the main factors in the continuing spread of cholera in Democratic Republic of the Congo. This, coupled with insufficient community activities, particularly in the cholera-endemic eastern provinces, is contributing to persistence of the outbreak. Insecurity in health zones, particularly in North Kivu, is another aggravating factor, limiting response.

Proposed actions

- The Government of the Democratic Republic of the Congo, in collaboration with partners, need to continue the response efforts to control the EVD outbreak in all affected provinces. Firming up of surveillance at point of entry (PoE) is particularly important to prevent the resurgence of EVD in places that had previously controlled the outbreak. Continued IPC measures in all healthcare facilities together with the early referral of suspected EVD cases to ETU/ETC for isolation and treatment can contribute in the speedy control of the outbreak.

- In order to control the current cholera outbreaks in the Democratic Republic of the Congo, there is an urgent need to mobilize sufficient resources to fully implement the cholera response plan. At the same time, strengthening of water, sanitation and hygiene (WASH) interventions and community engagement activities can prevent recurrent cholera outbreaks, especially in the eastern provinces which are cholera-endemic (South Kivu, North Kivu, Haut-Lomami, Haut Katanga and Tanganyika).
Twelve new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week from Benguela (4), Moxico (2), Cuanza Sul (1), Bie (1), Luanda (1), Bengo (1), Uige (1) and Huambo (1) provinces. The onsets of paralysis were between 10 September and 18 October 2019. There are 71 cVDPV2 cases from seven outbreaks reported in 2019. Two cVDPV2 positive environmental samples were reported from Luanda and Benguela provinces. The samples were collected on 25 October 2019.

Between 10 May and 29 November 2019, a total of 26 suspected cases of dengue fever, including two deaths, were reported from Atlantique, Littoral, Ouémé and Couffo departments. Cumulatively, fourteen cases from Atlantique Department (4 cases), Littoral Department (4 cases) and Ouémé Department (6 cases) were confirmed by serology and PCR at the Benin National VHF Laboratory. Two deaths, one of which occurred in a dengue haemorrhagic fever case, were notified among the confirmed cases (CFR 14%).

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No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are six cVDPV2 cases in 2019 linked to the Jigawa outbreak in Nigeria.

Ten new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week from Benguela (4), Moxico (2), Cuanza Sul (1), Bie (1), Luanda (1), Bengo (1), Uige (1) and Huambo (1) provinces. The onsets of paralysis were between 10 September and 18 October 2019. There are 71 cVDPV2 cases from seven outbreaks reported in 2019. Two cVDPV2 positive environmental samples were reported from Luanda and Benguela provinces. The samples were collected on 25 October 2019.

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No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are six cVDPV2 cases in 2019 linked to the Jigawa outbreak in Nigeria.
No case of cVDPV2 was reported in the past week. On 23 May 2019, WHO received notification through the Global Polio Laboratory Network (GPLN) of the detection of circulating vaccine-derived poliovirus type 2 (cVDPV2) from an environmental sample collected on 20 April 2019 in the Northern Province of Cameroon which borders Borno State in Nigeria and Chad. There are no associated cases of paralysis detected so far.

Central African Republic

The Central African Republic (CAR) has been hit by torrential rain since October 2019 which has caused significant damage. A total of 83 309 people was affected by the flood, including 15 331 in Bangui and Bimbo and 67 978 people outside Bangui. Currently, the situation is improving and the internally displaced persons are returning to their places of origin. According to the latest estimates from OCHA as of 9 December 2019, the number of IDPs due to flooding decreased from 100 000 to 83 000 persons. The response activities are ongoing in flood-affected places.

As of week 51 (week ending 22 December 2019), a total of 2 540 measles cases including 98 confirmed cases and 40 deaths have been reported in five districts: Batangafo-Kabo, Bocaranga-Koui, Nana-Gribizi, Paoua and Vakaga. The outbreaks have been controlled in Paoua and Vakaga.

One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week bringing the total of reported cases in 2019 to two. The onset of paralysis of the second case was on 6 October 2019. This is the second cVDPV2 case in the country.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 16 reported cases from six different outbreaks of cVDPV2 in 2019.

Chad

As of week 51 (week ending 22 December 2019), a total of 2 540 measles cases including 98 confirmed cases and 40 deaths have been reported in five districts: Batangafo-Kabo, Bocaranga-Koui, Nana-Gribizi, Paoua and Vakaga. The outbreaks have been controlled in Paoua and Vakaga.

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No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. So far, the only cVDPV2 isolated was from an environmental sample collected on 24 May 2019 in Abidjan. The isolated cVDPV2 is linked to a virus detected in Niger in 2018 that belongs to the Jigawa emergence group, which has previously also been detected in Cameroon, Chad, Niger, Benin, Ghana, and Togo.
Health Emergency Information and Risk Assessment

Administrative City (51 957), Araf (2 782) and Somali (169) regions. Chikungunya cases have reported from Ethiopia since week 31 (week ending 30 July 2019). As of 8 December 2019, 54 908 suspected cases were reported from Dire Dawa City. Katanga (2), Tshuapa (1), and Kongo Central (1) provinces. There were 20 cases of cVDPV2 reported in 2018. No new cases of cVDPV2 were reported this week. There are 64 cVDPV2 cases in 2019 reported from Sakuru (21), Haut Lomami (18), Kasai (8), Kwilu (8), Kwango (5), Haut Katanga (2), Tshuapa (1), and Kongo Central (1) provinces. There were 29 cases of cVDPV2 reported in 2018.

Since week 43, the Lomami River, the Tshopo rivers and other tributaries of the Congo River are experiencing a rise in water levels as a result of heavy rains. In Tshopo province an estimated 424 health areas (including 504 Villages) pertaining to 11 out of 23 health zones of the province were affected by major floods, while the remaining health zones were affected by minor floods. As of week 46, significant infrastructural damages were observed in health zones located downstream of the Congo River including: damage to fields (400), water sources (161), schools (15), toilets (990) and residential houses (4990). Approximately 123 491 people are homeless and lack basic necessities. An increased incidence of simple diarrhoea cases was observed in affected health areas. Therefore the risk of spread of cholera outbreaks cannot be excluded.

Since the beginning of 2019, a cumulative total of 5 060 monkeypox cases, including 103 deaths (CFR 2%) were reported from 18 provinces. In week 49 (week ending 8 December 2019), 5 cases and one death were reported nationally. Since the beginning of the year, a total of 50 cases of bubonic plague including eight deaths have been reported in the province of Ituri. Twelve new cases were reported in week 46. The first five cases were reported during week 10 in the Aungba endemic health zone. Two other cases were reported during week 13 (Aru health zone) and 14 (Aungba health zone). The latest cluster of cases was reported between week 39 (7 cases and 3 deaths) and 40 (14 cases) were reported from Aru health zone in Ituri Province.

Since the beginning of 2019, 299 586 measles cases including 5 877 deaths (CFR 2.0%) have been recorded. In total, 248 (47%) of the 519 health zones across the 26 provinces of the country have reported a confirmed measles outbreak. A total of 2 586 cases were laboratory confirmed (IgM+).

In week 50 (week ending 15 December 2019), 8 855 measles cases including 122 deaths (CFR 1.4%) were reported across the country, with one newly affected health zone. During this week, most cases were reported from the provinces of Ecuador (1 279), Mai Ndombe (1 060), Tshuapa (1 060), Kongo Central (740), and Bas-Uele (708). Since the beginning of 2019, 299 586 measles cases including 5 877 deaths (CFR 2.0%) have been recorded. In total, 248 (47%) of the 519 health zones across the 26 provinces of the country have reported a confirmed measles outbreak. A total of 2 586 cases were laboratory confirmed (IgM+).

Detailed update given above.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
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<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>1-Jan-19</td>
<td>28 502</td>
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<td>Grade 3</td>
<td>31-Jul-18</td>
<td>11-May-18</td>
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<td>3 270</td>
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<td>1-Jan-19</td>
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<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>15-Feb-18</td>
<td>1-Jan-18</td>
<td>84</td>
<td>84</td>
<td>0</td>
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</table>

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Since week 31 (week ending 30 July 2019), 54 908 suspected cases were reported from Dire Dawa City Administrative City (51 957), Araf (2 782) and Somali (169) regions.

Since week 49 (week ending 8 December 2019), 56 cases and one death were reported nationally.

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Since week 31 (week ending 30 July 2019), 54 908 suspected cases were reported from Dire Dawa City Administrative City (51 957), Araf (2 782) and Somali (169) regions.

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Since the beginning of 2019, a cumulative total of 5 060 monkeypox cases, including 103 deaths (CFR 2%) were reported from 18 provinces. In week 49 (week ending 8 December 2019), 56 cases and one death were reported nationally.

Since the beginning of the year, a total of 50 cases of bubonic plague including eight deaths have been reported in the province of Ituri. Twelve new cases were reported in week 46. The first five cases were reported during week 10 in the Aungba endemic health zone. Two other cases were reported during week 13 (Aru health zone) and 14 (Aungba health zone). The latest cluster of cases was reported between week 39 (7 cases and 3 deaths) and 40 (14 cases) were reported from Aru health zone in Ituri Province.

No new cases of cVDPV2 were reported this week. There are 64 cVDPV2 cases in 2019 reported from Sakuru (21), Haut Lomami (18), Kasai (8), Kwilu (8), Kwango (5), Haut Katanga (2), Tshuapa (1), and Kongo Central (1) provinces. There were 29 cases of cVDPV2 reported in 2018.
As of week 49 (week ending 8 December 2019), the measles outbreak is still ongoing with a total of 9,672 suspected measles cases reported from Oromia (5,820), Somali (2,416), Amhara (703) and Afar (548) regions. Children aged less than five years are the most affected accounting for 50.14% of the total cases followed by age group 15-44 years (25.43%). Seventy percent of the reported measles cases were not previously vaccinated.

No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The onsets of paralysis of the last case was on 9 September 2019. A total of five cVDPV2 cases have been reported in Ethiopia in 2019, with four linked to the outbreak in neighbouring Somalia and the fifth case is part of a newly reported Ethiopian outbreak this week.

As of week 52 (week ending on 29 December 2019), 1,215 suspected cases of measles have been reported from three regions in the country. Of these, 360 were confirmed IgM-positive. Outbreak responses measures are being implemented in affected communes.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>14-Jan-17</td>
<td>1-Jan-19</td>
<td>8-Dec-19</td>
<td>9,672</td>
<td>795</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Ungraded</td>
<td>24-Jun-19</td>
<td>20-May-19</td>
<td>18-Dec-19</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Ghana</td>
<td>Measles</td>
<td>Ungraded</td>
<td>9-May-18</td>
<td>1-Jan-19</td>
<td>3-Nov-19</td>
<td>4,690</td>
<td>1,091</td>
<td>18</td>
<td>0.30%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>21-Jan-19</td>
<td>2-Jan-19</td>
<td>22-Dec-19</td>
<td>5,052</td>
<td>258</td>
<td>39</td>
<td>0.80%</td>
</tr>
<tr>
<td>Lesotho</td>
<td>Measles</td>
<td>Ungraded</td>
<td>26-Oct-19</td>
<td>25-Oct-19</td>
<td>16-Nov-19</td>
<td>59</td>
<td>4</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>23-Jan-19</td>
<td>1-Jan-19</td>
<td>8-Dec-19</td>
<td>79</td>
<td>45</td>
<td>20</td>
<td>25.30%</td>
</tr>
<tr>
<td>Mali</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>n/a</td>
<td>n/a</td>
<td>7-Dec-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mali</td>
<td>Dengue</td>
<td>Ungraded</td>
<td>1-Jan-19</td>
<td>7-Dec-19</td>
<td>20</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mali</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>3-Dec-19</td>
<td>3-Nov-19</td>
<td>22-Dec-19</td>
<td>41</td>
<td>5</td>
<td>7</td>
<td>17.10%</td>
</tr>
</tbody>
</table>

Two new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) cases were reported in the past week. There are eleven cVDPV2 cases in 2019 linked to the Jigawa outbreak in Nigeria.

A new outbreak of measles has been reported from Pokot North sub county, Alale location. A total of 75 cases with 7 confirmed have been reported. The last measles cases were reported in Kajiado County, Kajiado West Sub-County on 8 September 2019 (425 suspected cases, 4 confirmed and 1 death). Additionally, 10 cases including 6 laboratory-confirmed cases were reported from Garissa County in Dadaab Sub-County in May 2019.

The measles outbreak in Lesotho is ongoing in Qacha’s Nek district. As of 15 November, a total of 59 suspected cases have been reported, 4 of which are laboratory confirmed. No associated deaths have been reported. The coverage of measles vaccine in the affected area is 65%. The outbreak has affected more females with a M:F ratio of 1:2.

No new associated deaths have been reported. The coverage of measles vaccine in the affected area is 65%. The outbreak has affected more females with a M:F ratio of 1:2.

The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The number of internally displaced persons is increasing and it was estimated at 199,385 in October 2019. This increase is associated with repeated violences in Mopti, Gao, Menaka and zones in the neighborhood of Burkina Faso border. The country is also facing infectious diseases outbreaks which include yellow fever, measles, and dengue. Cases of malnutrition continue to be reported at the country level. In week 48, a total of 5,206 cases of acute malnutrition were reported.
In weeks 49 and 50 (week ending 15 December 2019), 51 cases were reported from five regions of Namibia with the majority (35 cases) from Khomas region. There was a decrease in the number of cases reported in weeks 49 and 50 compared to weeks 47 and 48. As of 15 December 2019, a cumulative total of 1,704 laboratory-confirmed, 4,319 epidemiologically-linked, and 951 suspected have been reported countrywide. A cumulative number of 59 deaths have been reported nationally (CFR 0.8%), of which 24 (41%) occurred in pregnant or post-partum women. Cases have been reported from 12 out of 14 regions of Namibia, namely, Khomas, Omusati, Erongo, Oshana, Oshikoto, Kavango, Ohangwena, Omaheke, Hardap, Karas, Otjozondjupa, and Kunene regions.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Namibia</td>
<td>Hepatitis E</td>
<td>Protracted</td>
<td>18-Dec-17</td>
<td>8-Sep-17</td>
<td>15-Dec-19</td>
<td>6 974</td>
<td>1 704</td>
<td>59</td>
<td>0.80%</td>
</tr>
</tbody>
</table>

Niger was affected by heavy rains followed by floods since June to September 2019. A total of 211 366 people were affected, including 57 people who died and 16 375 houses collapsed during that period. A second wave of flood was reported since October in the Diffa and Tahoua regions. In Diffa region, following an exceptional flood from Komadouyoye river around 45 594 people were affected according to the Ministry of Humanitarian Action and Management of Catastrophy (AH / GC). The most affected municipalities are those of Diffa, Gueskerou and Chétimari. In Tahoua, heavy rainfall in the commune of Bombaye affected 249 households. There is an urgent need of basic health and social services such as shelters, food and non-food items, and WASH assistance.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niger</td>
<td>Flood</td>
<td>Ungraded</td>
<td>1-Jan-19</td>
<td>1-Jan-19</td>
<td>20-Dec-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The security situation continues to worsen in bordering areas of Burkina faso, Mali and Nigeria following Boko Haram and Dijihadistes attacks in the region. The number of displaced people is increasing in Tilaberi, Maradi, Diffa. Since September 2019, more than 40 000 Nigerian refugees have crossed the border seeking safety in west Niger and the Burkina Faso border area has seen increasing attacks by jihadist armed groups against the local population and authorities, leading to states of emergency declared in several departments. This security situation is hampering the humanitarian access and affecting the access to basic health and social services. A total of 46 health posts and 4 health centers have closed due to insecurity.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
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<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niger</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>1-18-Dec-19</td>
<td>1-18-Dec-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security compromised areas characterized by overcrowded population in many camps in the region. Due to shrinking humanitarian space health partners are facing challenges in delivery of timely and urgent life-saving assistance as access challenges are impacting movement of mobile medical teams, ambulances, immunization staff and medical cargo in many locations across Borno state. The cholera outbreak in Adamawa state is ongoing, though the number of cases being reported is showing a downward trend.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Measles</td>
<td>Ungraded</td>
<td>10-May-19</td>
<td>1-Jan-19</td>
<td>2-Dec-19</td>
<td>10 035</td>
<td>-</td>
<td>54</td>
<td>0.50%</td>
</tr>
</tbody>
</table>

As of week 49 (week ending 2 December 2019), 10,035 suspected measles cases have been reported from eight regions the country. The cases have been reported Maradi (3 578 cases including 8 deaths), Tahoua (1 926 including 25 deaths), Zinder (1 422 including 10 deaths), Niamey (1 271 with 1 death), Tilaberi (635 including 3 deaths), Agadez (566 including 3 death), Diffa (313 with no deaths) and Dosso (324 cases including 4 deaths). Since the peak of the outbreak in week 12, the case incidence has been on a continuous decline.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>10-Oct-16</td>
<td>n/a</td>
<td>15-Dec-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The country continues to report monkeypox cases since September 2019. Eight new cases were reported in the month of November from five states with no associated deaths. Only one suspected case was confirmed in Oyo state. A total of 106 suspected cases have been reported so far in 2019, 44 of which were confirmed in nine states.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>26-Sep-17</td>
<td>24-Sep-17</td>
<td>30-Nov-19</td>
<td>336</td>
<td>181</td>
<td>7</td>
<td>2.10%</td>
</tr>
</tbody>
</table>

Between epi weeks 44-48 (week ending 30 November 2019), a total of 2,064 suspected cases of measles were reported from 36 states including 7 deaths (CFR 0.3%). Katsina (342), Borno (248), Kaduna (237, Yobe (216), Sokoto (142), Kano (106) and Adamawa (83) account for 67% of all the cases reported in the time period. Between epi week 1 and 48, a total of 58,916 suspected cases have been reported from 759 LGAs in 36 states and FCT with 289 deaths (CFR 0.5%). Of the 12,467 samples tested, 2,767 were IgM positive for measles.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>24-Mar-15</td>
<td>1-Jan-19</td>
<td>1-Dec-19</td>
<td>812</td>
<td>793</td>
<td>181</td>
<td>22.30%</td>
</tr>
</tbody>
</table>

Between epi weeks 44-48 (week ending 30 November 2019), a total of 2,064 suspected cases of measles were reported from 36 states including 7 deaths (CFR 0.3%). Katsina (342), Borno (248), Kaduna (237, Yobe (216), Sokoto (142), Kano (106) and Adamawa (83) account for 67% of all the cases reported in the time period. Between epi week 1 and 48, a total of 58,916 suspected cases have been reported from 759 LGAs in 36 states and FCT with 289 deaths (CFR 0.5%). Of the 12,467 samples tested, 2,767 were IgM positive for measles.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>1-Jan-19</td>
<td>2-Jan-19</td>
<td>18-Dec-19</td>
<td>52</td>
<td>52</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

From 1 January 2019 to 16 November 2019, a total of 5787 suspected yellow fever cases have been reported from 604 out of 774 LGAs across all the 36 states and the Federal capital territory. Of the samples taken, 166 have tested positive for yellow fever IgM in Nigerian network laboratories. Also, 129 samples from 18 states were confirmed positive using real time polymerase chain reaction (RT-PCR). There have been 192 deaths among suspected cases (CFR 5.1%) and 20 deaths among confirmed cases (CFR 15.5%). Four states Katsina, Bauchi, Edo and Ebonyi accounting for 62% of all the confirmed cases in 2019.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>Yellow fever</td>
<td>Ungraded</td>
<td>14-Sep-17</td>
<td>1-Jan-19</td>
<td>16-Nov-19</td>
<td>3 787</td>
<td>129</td>
<td>192</td>
<td>5.10%</td>
</tr>
</tbody>
</table>

No new confirmed cases have been reported since 24 November 2019 from Tonkolili district. From 30 October to 6 December, a total of five cases (confirmed and two probable) with three deaths have been reported in Tonkolili district. Of the total 71 contacts identified, 38 have completed 21 days of monitoring while 33 are still being followed. In a separate cluster, two-laboratory confirmed cases with one death were reported from Kenema district from 27 to 28 November 2019. A total of 119 contacts of these cases are being followed.
<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WHO</th>
<th>Start of reporting period</th>
<th>End of reporting period</th>
<th>Total cases</th>
<th>Cases Confirmed</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Sudan</td>
<td>Flood</td>
<td>Ungraded</td>
<td>28-Oct-19</td>
<td>29-Oct-19</td>
<td>15-Dec-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>Humanitarian crisis</td>
<td>Protracted 3</td>
<td>15-Aug-16</td>
<td>30-Oct-19</td>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>Hepatitis E</td>
<td>Ungraded</td>
<td>3-Jan-18</td>
<td>1-Dec-19</td>
<td></td>
<td>125</td>
<td>41</td>
<td>2</td>
<td>1.60%</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Nov-18</td>
<td>1-Jan-19</td>
<td>1-Dec-19</td>
<td>3 963</td>
<td>169</td>
<td>23</td>
<td>0.60%</td>
</tr>
</tbody>
</table>

On 29 October 2019, the president of South Sudan declared a state of emergency in 27 counties following the extreme destruction of livelihoods of nearly one million people due to the worst seasonal flooding in many years. Over 620,000 people needed immediate humanitarian assistance. The flood water in some locations have destroyed homes, displaced families, crops, rendered basic services and markets non-functional, particularly in Jonglei, Upper Nile, Unity, Warrap, Northern Bahr el Ghazal, Eastern Equatoria and parts of Central Equatoria. In the last two weeks there have been light showers but with no associated flash flooding. In Pibor and other locations that were worst affected the is a slight reduction in the level of flood waters. The roads are still not passable and response relies on helicopters and boats.

The humanitarian situation has been largely calm but unpredictable in most of the states. The number of internally displaced people (IDPs) in South Sudan was estimated at 1.47 million. Malnutrition continues to be a problem in the country as more than 6.35 million people are reported to be severely food insecure in South Sudan. Communicable disease burden remains high with ten counties reporting malaria cases above their epidemic thresholds and measles cases being reported from 16 counties (Abyei, Mayom, Melut, Awiel South, Aweil East, Tonj North, Juba, Wau, Aweil West, Gogrial West, Gogrial East, Renk, Tonj South, Jur River, Pibor and Yambio) and four protections of civilian (PoC) sites (Juba, Bentiu, Malakal and Wau).

The current outbreak in Bentiu PoC continues. In week 48 (week ending 1 December 2019), three new suspected cases of Hepatitis E were reported. As of reporting date, a total of 113 cases and two deaths have been recorded from Bentiu PoC and a total of 12 suspected cases including 4 confirmed cases in Lankein. The last cases in Lankein were reported in week 25 (week ending on 23 June 2019).

Between week 1 to week 48 of 2019, a total of 3,963 suspected cases of measles which 169 laboratory-confirmed and 23 deaths (CFR 0.6%) have been reported. The outbreak has affected 16 counties and 4 Protection of Civilians Sites PoCs (Juba, Bentiu, Malakal and Wau). Measles cases continue to rise in 2019 with an average of 75 cases reported per week compared to 12 cases reported at the same period in 2018.

One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported from Plateaux province this week. There are four cVDPV2 cases in 2019 in the country linked to Igawa outbreak in Nigeria.

Between 1 and 31 October 2019, a total of 6,623 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo (4,016), South Sudan (2,167) and Burundi (440). Uganda hosted 1,362,269 asylum seekers as of 31 October 2019, with 95% living in settlements in 11 of Uganda’s 128 districts and in Kampala. The majority of refugees are from South Sudan (62.9%), the Democratic Republic of the Congo (28.8%) and Burundi (3.5). Most are women within the age group 18 - 59 years.

On 5 December a second confirmed case of Rift Valley fever was reported from Ntoroko district, Uganda. This was a 25-year-old male from the Democratic Republic of Congo who was living and working in Kimara Village, Bultangara sub-county in Ntoroko district, Uganda. Following the presentation of haemorrhagic symptoms on 5 December 2019, a viral haemorrhagic diseases was suspected and the case was isolated in an ETC for treatment. A sample was collected and sent to UVRI on the same day and the case-patient later died on 6 December 2019. A safe and dignified burial was conducted on 17 December 2019. As of 19 December 2019, a total of 2 cases and 2 deaths have been reported from Ntoroko and Obongi Districts.

One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week. The onset of paralysis for the new case was on 13 November 2019 from Kalabo District, Western Province. There is a total of two cVDPV2 cases in 2019.

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/](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
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