WEEKLY BULLETIN ON OUTBREAKS
AND OTHER EMERGENCIES

Week 4: 20 - 26 January 2020
Data as reported by: 17:00; 26 January 2020

3 New events
67 Ongoing events
55 Outbreaks
15 Humanitarian crises

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- Rift Valley Fever
- cVDPV2
- Malaria
- Floods
- Deaths
- Countries reported in the document
- Non WHO African Region
- WHO Member States with no reported events

Graded events †
- Grade 3 events
- Grade 2 events
- Grade 1 events
- Ungraded events

Protracted 3 events
Protracted 2 events
Protracted 1 events

Health Emergency Information and Risk Assessment
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 70 events in the region. This week’s main articles cover key new and ongoing events, including:

- Lassa fever in Nigeria
- Lassa fever in Sierra Leone
- Ebola virus disease in Democratic Republic of the Congo
- Humanitarian crisis in South Sudan
- 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:**

- The Lassa fever outbreak in Nigeria is still ongoing and a significant upsurge in the number of cases has been observed in the first three weeks of 2020. Although Lassa fever is known to be endemic in Nigeria and the epidemic season is anticipated from December to June, the current increase in new confirmed cases and deaths should be monitored closely and responded to appropriately in order to reduce morbidity and mortality.

- The deterioration of the security situation in Burkina Faso has resulted in an unprecedented humanitarian crisis. The number of internally displaced people has exponentially increased since the beginning of 2019, with over half a million displaced people reported by the end of 2019. National authorities and the international community should work together to mobilize additional funds to allow the scale up of response activities in all crisis affected regions.
EVENT DESCRIPTION

The Lassa fever outbreak in Nigeria is still ongoing. Since our last report in week 16 of 2019 (week ending 21 April 2019) sporadic cases have continued to be reported across 86 Local Government Areas (LGAs) in 23 states, resulting in a cumulative total of 793 confirmed cases reported between 1 January and 1 December 2019. A significant upsurge in the number of cases was noted in the first three weeks of 2020.

Between 1 and 19 January 2020, a cumulative total of 398 suspected cases was reported nationally. Among these, a total of 163 confirmed cases was identified from 32 LGAs in nine states, with the majority of confirmed cases reported from Edo (38%), Ondo (38%) and Ebonyi (11%) states. The overall case fatality ratio (CFR) among the 163 confirmed cases was 14.7%, which is considerably lower compared to the CFR for the same period in 2019 (23.4%). Half (n=81) of the 163 confirmed cases notified in 2020, were reported during week 3 (week ending 19 January) from 17 LGAs in Ondo, Edo, Delta, Taraba, Plateau and Bauchi states. The CFR among these 81 confirmed cases was 12.3%.

The outbreak has mainly affected individuals between the age of 11 and 40 years, and males and females have been equally affected. From the beginning of the year, as of week 3 of 2020, no healthcare worker infection has been reported.

An annual upsurge in the number of reported Lassa fever cases is a usual occurrence at this time of the season in Nigeria. Since 2018, an increase in the number of reported cases is typically observed between December and June, beyond which sporadic cases are reported throughout the remainder of the year. The main propagator of previous Lassa fever outbreaks in Nigeria is human contact with food or household items contaminated with the urine or faeces of Mastomys rodents.

PUBLIC HEALTH ACTIONS

- A National Lassa Fever Technical Working Group (NLF TWG) has been established to coordinate the response at national level. Emergency Operation Centres (EOCs) have also been activated in the three most affected states of Ondo, Edo and Ebonyi.
- Nigeria Centre for Disease Control (NCDC)-led rapid response teams have been deployed to Ondo and Ebonyi states to support outbreak response activities.
- Confirmed cases are being treated in the different treatment centres in the affected states with ribavirin and other supportive therapeutics. Guidelines for appropriate case management, safe and dignified burial and infection prevention and control (IPC) have been disseminated to the different states.
- Surveillance activities have been enhanced in the affected states with improved contact tracing and active case finding in affected LGAs. An updated tool for detailed case investigation has also been provided to investigation teams to ensure all relevant information is captured.
- An additional laboratory has been established in the Federal Medical Centre in Owo to test for Lassa fever. A total of five laboratories with capacity to test for the virus in serum samples is operational across the country.

TARGETED RISK COMMUNICATION ACTIVITIES

Targeted risk communication activities are ongoing in most affected states mainly through radio and social media messaging.

SITUATION INTERPRETATION

Lassa fever is known to be endemic in Nigeria as sporadic cases have been reported since 1969 when the disease was first identified in Borno state. The peak season is anticipated from December through June as has been typified by the ongoing outbreak. Response activities, under the leadership of the NCDC, have commenced in the most affected states albeit identifying challenges in all pillars of the response. The entire outbreak response team is encouraged to closely monitor the evolution of the outbreak in the coming weeks as early detection and prompt treatment of cases from affected communities is key to reducing morbidity and mortality. Furthermore, though no report of healthcare worker infection has been reported so far, frontline healthcare workers should be trained to consistently implement standard infection prevention and control measures when caring for patients to prevent nosocomial infections.
On 17 January 2020, the Ministry of Health and Sanitation of Sierra Leone notified WHO of a confirmed Lassa fever case in Kono district, which is bordering the Republic of Guinea to the east. The case-patient, an 8-year old girl from Kangama town, Kono district, presented to the Kangama Community Health Centre on 12 January 2020 with a fever of 38.1°C and vomiting. Following a positive Rapid Diagnostic Test for malaria on her initial visit, she was treated with antimalarial drugs and rehydrated. However, the disease eventually progressed in the subsequent days and she was referred from the Kangama community health Centre to the paediatric isolation ward at Kono district hospital on 14 January 2020 with high-grade fever and vaginal bleeding. The patient died shortly after her admission. A blood specimen collected on arrival at Kono district hospital was sent to the Lassa fever Kenema Reference Laboratory and tested positive for Lassa fever by reverse transcription polymerase chain reaction (RT-PCR).

Between 30 October 2019 and 17 January 2020, a total of nine suspected Lassa fever cases including five deaths was reported in three districts: Tonkolili (five cases with three deaths), Kenema (three cases with one death) and Kono (one case with one death). Of these nine suspected cases, five were laboratory confirmed for Lassa fever (three in Tonkolili and two in Kenema districts). Investigations established that there is no epidemiological link between the recently confirmed Lassa fever case in Kono district and the two clusters identified in Tonkolili and Kenema districts.

Liberia and Nigeria are currently experiencing Lassa fever outbreaks as well, with no links to the transmission chains in Sierra Leone.

PUBLIC HEALTH ACTIONS

- On 17 January 2020, the Director of Health Security and Emergencies at the Ministry of Health and Sanitation of Sierra Leone convened a meeting with partners to formally release information on the recently reported Lassa fever confirmed case in Kono district.
- A safe burial was conducted on 15 January 2020, under the supervision of the Kono District Health Management Team, to prevent exposure of the case family members and the community to the Lassa fever virus.
- Surveillance has been enhanced in Kono district, including active case search, identification and follow-up of contacts. A total of 32 contacts have been identified and are being monitored for a duration of 21 days.

SITUATION INTERPRETATION

Lassa fever is endemic in many West African countries. The current outbreaks in Sierra Leone, Nigeria, and Liberia highlight the need to step up Lassa fever prevention and control measures in West African countries, including improving sensitization to Lassa fever, community hygiene and routine universal precautions in healthcare settings. Strengthening cross-border surveillance and collaboration among West African countries are also paramount, given the high population movement between these countries.
**EVENT DESCRIPTION**

The Ebola virus disease (EVD) outbreak in North Kivu, South Kivu and Ituri provinces in Democratic Republic of the Congo continues, with four health zones and seven health areas reporting 28 new confirmed cases in the past 21 days (5 to 25 January 2020). Since our last report on 19 January 2020 ([Weekly Bulletin 3]), there have been five new confirmed cases and three new deaths. The principle hot spots of the outbreak in the past 21 days are Beni (54%; \(n=15\)), Mabalako (36%; \(n=10\)) and Butembo (12%; \(n=4\)). One health zone, Beni, has reported new confirmed cases in the past seven days.

As of 25 January 2019, a total of 3 417 EVD cases, including 3 298 confirmed and 119 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 (82), Mandima (347), Nyakunde (2), Rwamara (8) and Tchomia (2) in Ituri Province; Alimbongo (5), Beni (710), Biena (19), Butembo (295), Goma (1), Kalunguta (198), Katwa (653), Kayna (28), Kyondo (25), Lubero (31), Mabalako (462), Mangurendjipa (18), Masereka (50), Musiene (85), Mutwanga (32), Nyiragongo (3), Oicha (65), Pinga (1) and Vuhovi (103) in North Kivu Province and Mwenga (6) in South Kivu Province.

As of 25 January 2020, a total of 2 240 deaths were recorded, including 2 121 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 64% (2 121/3 298). As of 25 January 2020, the total number of health workers affected has risen to 172, still representing 5% of confirmed and probable cases.

Contact tracing is ongoing in five health zones. A total of 2 112 contacts are under follow-up as of 25 January 2020, of which 2 017 (95.5%) have been seen in the past 24 hours. Alerts in the affected provinces continue to be raised and investigated. Of 5 572 alerts processed (of which 5 471 were new) in reporting health zones on 25 January 2020, 5 439 were investigated and 494 (9.1%) were validated as suspected cases.

**PUBLIC HEALTH ACTIONS**

- Response and surveillance activities continue in all affected areas. However, there was an attack on response teams in Masereka during the reporting period, and the security situation in Bunia is precarious.
- Military personnel have been deployed to Munze, a town a few kilometres away from Mangina, to counter militia incursions that could disrupt response activities in the area.
- As of 25 January 2020, a cumulative total of 275 485 people has been vaccinated since the start of the outbreak in August 2018.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 144 million screenings to date. A total of 105/109 (96.3%) PoE/PoC transmitted reports as of 22 January 2020.

**SITUATION INTERPRETATION**

New confirmed cases continue to be reported in Beni and Mabalako and Butembo in North Kivu Province. Enhanced surveillance performance has helped ensure faster isolation of sick individuals, which in turn decreases the likelihood of infection in the community. Continued access and heightened vigilance is required to sustain these gains in case investigation and contact tracing activities.

- Water, sanitation and hygiene (WASH) activities continue, with 392 healthworkers briefed in Beni, Oicha. Butembo and Mambasa and there was formative assessment of 553 hand-washing points in the same health zones.
- 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.
- A mass campaign “let’s all vaccinate against EVD” was launched in Aloya, Mabalako Health Zone and Mambasa. In addition, the commission continued with community dialogue to persuade the community to be vaccinated and to persuade traditional healers and health structures to collaborate in the transfer of suspected cases to the Ebola treatment and transit centres in Aloya, Beni and Biakato.
**EVENT DESCRIPTION**

The ongoing humanitarian crisis in South Sudan is characterized by continuing insecurity, complicated by the worst seasonal floods seen in many years in the final quarter of 2019, affecting close to 1 million people. At the start of 2020 South Sudan has an estimated 7.5 million people in need of humanitarian assistance, 1.49 internally displaced persons (IDPs), 190,000 of whom live in Protection of Civilian (POC) sites, and 2.22 million South Sudanese refugees in other countries. Returns continue and the number of people in Malakal POC reduced by 1,200 and, as of 9 January 2020, a total of 898 refugees (275 households) returned to Greater Unity State.

In terms of food security, 4.54 million people are severely food insecure with 860,000 severely malnourished children, 597,000 severely malnourished women and 57 stabilization centres.

Incidents of insecurity continue, with sporadic gunfire reported in Lainya County, former Central Equatoria, reported in the first two weeks of 2020, causing residents to flee. In addition, several thousand people have fled as a result of recent fighting in Malwot, Upper Nile, and intercommunal clashes took place in the vicinity of Wangkai in Mayom County. Overall, armed robbery, ambush, violence against humanitarian personnel and other incidents have negatively affected humanitarian access and delayed humanitarian operations across the country.

The areas most affected by flooding are Jonglei, Upper Nile, Unity, Warrap, Northern Bahr el Ghazal, Eastern Equatoria and parts of Central Equatoria. A state of emergency was declared in 27 counties on 29 October 2019. As of 19 January 2020 flood waters have been receding in all affected counties, although not all areas are yet accessible by road. There have been no reports of suspected cholera in the flood-affected locations to date. Some flood displaced people who were camped in Pibor town have started to return to their homes. The aftermath of the floods has led to an increase in water-borne diseases such as acute watery diarrhoea and vector-borne diseases such as malaria.

Active measles outbreaks have been continuing in Abyei, Mayom, Melut, Aweil South, Aweil East, Tonj North, Juba, Wau, Aweil West, Gogrial West, Gogrial East, Renk, Tonj South, Jur River, Pibor, Yambio, Ikotos, Maban, Magwi, Tonj East and Budi) and four POC sites (Juba, Bentiu, Malakal and Wau) since the beginning of 2019, in spite of reactive vaccination campaigns conducted in 2019. In the first two weeks of 2020, up to 15 January 2020, 55 measles cases were line listed, with 11 community deaths (case fatality ratio 20%) in Jebel Boma, Pibor, where a mass measles vaccination campaign is scheduled to start on 7 March 2020.

During week 50 of 2019 (week ending 14 December 2019) acute watery diarrhoea, malaria, measles, and bloody diarrhoea were the most frequently reported infectious disease alerts reported through the Early Warning and Reporting System (EWARS).

**PUBLIC HEALTH ACTIONS**

- WHO, with partners, participated in multi-agency flood assessment and response missions in the affected areas of Unity, Mankien/ Mayom, Jonglei and Jonglei Uror.

**SITUATION INTERPRETATION**

In the face of the ongoing insecurity and massive flooding, the already vulnerable population of South Sudan continues to experience extreme hardship and outbreaks of infectious disease. Challenges include limited resources to cover all affected counties, weak coordination mechanisms at sub-national level, and inadequate human resources for health at sub-national levels. Compounding these challenges is a gap of US$ 20 million in the funding required to address these challenges and meet the needs of these affected populations. While the WHO Country Office in South Sudan is highly appreciative of the support already provided by development and health partners, further resource mobilization is required to realize the goals of protecting the population from health emergencies and to provide universal healthcare. National and international authorities and donors need to act urgently to cover these gaps.
EVENT DESCRIPTION

The humanitarian crisis in Burkina Faso is deteriorating quickly and severely as a result of insecurity caused by armed groups. This situation continues to drive massive population displacements and hinder humanitarian access as well as access to basic health and social services to the affected population.

The security situation remains volatile, mainly in the Sahel, Centre-North, North, East and Boucle du Mouhoun regions. During the course of January 2020, at least 10 security incidents have already been recorded, the deadliest of them on 20 January 2020, in the commune of Barsalogho, Centre-North, where 36 people were killed and three others were severely injured. In 2019, over 618 security incidents that resulted in the death of 1,746 people, were recorded in 13 regions of the country, with the Sahel accounting for the majority (38.8%) of the security incidents, followed by the East (15.3%) and North Centre (13.5%) regions. Overall the number of security incidents reported in 2019 doubled compared to 2018, when 329 security incidents were recorded. In addition, a total of at least 281 injured persons were recorded in 2019. These security incidents continue to result in permanent displacement of populations towards more secure areas. Between late January and early December 2019, the number of displaced people increased dramatically from 87,000 to 560,033 people as of 9 December 2019, according to OCHA statistics. The majority of the displaced are women (29.6%) and children (53.5%).

The security situation continues to hinder access to basic health and social services for the population in affected areas. Humanitarian access has been significantly reduced in certain areas, such as Deou and Arbinda in the Sahel region and Foubé, Pensa, Dablo, in the Center-North region. In addition, the health system is severely disrupted in areas of insecurity. As of 13 January 2020, According to the report of the Ministry of Health, 8.3% (n=98) of the health facilities located in the six regions affected by insecurity are closed, thus depriving more than 1.2 million people of health care, and 11.8% (n=125) have reduced their services to a minimum, following insecurity.

In addition to the insecurity, Burkina Faso faces public health threats due to diseases with epidemic potential. The risk of measles and meningitis is high since their epidemic season has begun (January to April). In addition, the risk of cholera remains high in this context of population displacement and minimal shelter and inadequate hygiene conditions. The country continues to report high mortality linked to malaria cases.

Malnutrition thresholds are alarming in the areas hosting IDPs, mainly in Barsalogho, Djobo, Matalaou, Arbinda, Titao. The SMART survey carried out at the end of 2019 reports a prevalence of global acute malnutrition (GAM) in children aged 6 to 59 months that exceeds the alert threshold (>10%) in the areas of Arbinda (12.7%), Matalaou (11.7%) and Titao (11.2%); and the critical threshold (>15%) in IDP reception sites in Barsalogho (19.7%), and the municipalities of Barsalogho (17.2%) and Djibo (16.9%). In pregnant and / or breastfeeding women the prevalence of GAM exceeds the alert threshold in the municipalities of Kaya (13.9%), Matalaou (14.7%) and on the Barsalogho site (15.3%).

PUBLIC HEALTH ACTIONS

1. On 9 January 2020, the Ministry of Health officially activated the Center for Health Emergency and Response Operations (EOC) for the coordination of the health response to the humanitarian crisis in six regions facing insecurity in Burkina Faso. In addition, seven clusters, including the Health Cluster, were officially activated on 11 December 2019.
2. WHO and partners in the health sector continue to provide support aiming at strengthening the provision of healthcare and other public health actions for IDPs and host communities in the five most affected regions.
3. WHO in collaboration with ALIMA NGO, is supporting the Ministry of Health to strengthen healthcare provision through multidisciplinary mobile clinics in Barsalogho, Centre-North region, since 1 September 2019. This support focuses on the maintenance of the functioning of four health facilities.
4. WHO is supporting the establishment and implementation of the Health Resource Availability Mapping System (HeRAMS) in the five most affected regions.

SITUATION INTERPRETATION

The deterioration of the security situation, with an increasing number of armed group attacks mainly in Sahel, Centre-North, North, East and Boucle du Mouhoun regions, has resulted in a deepening and unprecedented humanitarian crisis in Burkina Faso, forcing nearly half a million of people from their homes. Insecurity and the presence of armed groups has severely restrained humanitarian access, especially in Sahel, North, and East regions. The increase in armed group attacks targeting health system infrastructure, especially in the Sahel region is very concerning. There is a need to strengthen coordination and mobilization of partners to support the government for a more appropriate response in addition to the activation of seven clusters (Shelters, Water Hygiene and Sanitation, Education, Nutrition, Protection, Health and Food Security) made effective on 11 December 2019. Furthermore, the government and international community should mobilize additional funds to allow the scale up of response activities in all crisis-affected regions. The growing health threats due to the persistence of endemic epidemics, especially with the current entry into the epidemic seasons of meningitis and measles, should remind authorities to strengthen preparedness and surveillance activities in crisis-affected areas.
Summary of major issues, challenges and proposed actions

Major issues and challenges

The Lassa fever outbreak in Nigeria is still ongoing. The upsurge in the number of cases reported in the first three weeks of 2020, is not unexpected considering that the country has entered its Lassa fever epidemic season. However, the current increase in the number of new confirmed cases and deaths remains a public health threat and burden for the country.

Burkina Faso is experiencing a dramatic and unprecedented humanitarian crisis driven by widespread violence resulting from armed groups attacks, the frequency of which has doubled between 2018 and 2019. In addition to the worsening insecurity context, the country remains vulnerable to infectious disease epidemics, especially with the current entry into the epidemic seasons of meningitis and measles outbreaks.

Proposed actions

WHO should work closely with partners and national authorities in order to reinforce early detection and case management in affected communities in order to reduce morbidity and mortality associated with the disease. There is also a need to strengthen infection prevention and control measures in healthcare centers in order to prevent nosocomial infections. Finally, it is essential to strengthen cross-border surveillance in order to reduce the risk of spread of this Lassa fever outbreak to neighbouring countries.

Burkina Faso’s unprecedented humanitarian crisis calls for stronger international support including additional human and financial resources to support relief efforts and address the growing needs of the affected population. There is also a need to strengthen national preparedness to respond to epidemics and other public health emergencies in the context of a complex humanitarian crisis.
## All events currently being monitored by WHO AFRO

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<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>
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### An outbreak of cholera is ongoing in Malawi, Blantyre district.

Since the notification of the first case on 9 January 2020 till 24 January 2020, a total of 3 confirmed cases with zero deaths was reported from Limbe health facility. Blantyre is the largest commercial city in Malawi, and is in the southern part of the country. Response activities are ongoing in the affected district and active surveillance was enhanced in all districts of the country.

### As of 24 January 2020 a total of 34 suspected measles cases with no deaths were reported.

Among these suspected cases, nine were laboratory confirmed. The confirmed cases were reported in two districts on Praslin island, 6 from Grand Anse Praslin and 3 from Baie Saint Anne Praslin. None of the cases had a history of recent travel and all received only one dose of measles vaccine.

### On 23 January 2019, the Ministry of Health confirmed an outbreak of yellow fever in Moyo District in West Nile region and Buliisa District in Hoima region.

In Moyo District, there are two confirmed cases, both are males aged 18 and 21 years. The two cases were dealing with cutting and trading timber between Uganda and South Sudan. On 2 January 2020, the two cases travelled from South Sudan to Moyo. Upon arrival, they got ill and on 3 January 2020, they were admitted at Logobo Health Centre, in Moyo District. They were later referred to Moyo General Hospital with symptoms of fever, vomiting, diarrhoea, fatigue, headache, abdominal and joint pain, confusion and unexplained bleeding. Unfortunately, they later died in the isolation ward of Moyo General Hospital. Blood samples were withdrawn and sent for testing at the Uganda Virus Research Institute (UVRI). Results from UVRI confirmed yellow fever infection. In Buliisa, there are also two confirmed cases. A 37-year old male and his 38-year old wife. The husband was a cattle farmer trading in milk between Uganda and the Democratic Republic of Congo (DRC). On 31 October 2019, he visited Buliisa Hospital with a headache, vomiting, and abdominal pain. Unfortunately, he later died in the isolation ward of Buliisa Hospital. His wife who was followed up with investigations, samples were collected from 7 of his contacts, including his wife. On 22 January 2020, the wife tested positive for yellow fever virus. The other 6 samples tested negative. She is alive and well.

### Twelve new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week from Benguela (4), Mexico (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, 14 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%).

### On 6 January 2019, the Ministry of Health of Benin notified WHO of an outbreak of meningitis in Banikoara Commune, Alibori Department, Northern Benin. The current outbreak reportedly began in week 50 (week ending 15 December 2019) when a cluster of four case-patients with signs and symptoms suggestive of meningitis were reported from Banikoara Commune. Of these, three were subsequently confirmed as having bacterial meningitis infection. In the following week, an additional 13 cases were reported from the same area, thus exceeding the epidemic threshold for the disease. From 9 December 2019 to 22 January 2020, a cumulative total of 83 cases with 13 deaths (case fatality ratio 16%) have been reported Banikoara Commune. Of these, 16 cases with six deaths have been confirmed for bacterial meningitis infection.

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

### Since week 48 of 2018 (week ending 2 December 2018), there has been a progressive increase in the number of malaria cases reported across the 46 districts of Burundi, with the epidemic threshold surpassed in week 18 of 2019 (week ending 5 May 2019). From 1 January to 29 December 2019, a cumulative total of 8 892 300 cases and 3 294 deaths (CFR 0.04%) were reported. There is an 88% increase in the number of cases and a 62% increase in the number of deaths reported in 2019 compared to 2018.
Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by Boko Haram group, with significant population displacement. In November 2019, 27 attacks of Boko Haram members have been registered and led to 5 missed people, 31 injuries and 11 deaths. This situation is hindering humanitarian access and limiting operations and has resulted in suspension of activities beyond Fotokol and Makary in Logone and Chari division. The Minawo camp continue to host Nigerian refugees, as of 31 September 2019, the total camp population was about 59 977 Nigerian refugees. The number of out-of-camp refugees has also grown to 46 784.

The humanitarian situation in the Northwest and Southwest (NW & SW) of Cameroon continues to deteriorate with rising tensions between separatists and military forces. Between 9 and 15 December 2019, an estimated 5 475 people (782 households) were forced to flee their villages following a series of military operations and community clashes throughout the North West region. Military operations in the Momo, Mezam, Boyo, Ngo-Ketunjia, Donga Mantung and Bui Divisions have led to the displacement of 2 775 people, while community clashes in the Boyo division has led 2 700 people to flee their homes. This unrest continues to affect access to basic services including healthcare, education, shelter, food security and WASH.

The cholera outbreak continues to improve in the 3 affected regions of Cameroon (North, Far North and South West). Since, the beginning of the year 2020, cholera cases are reported only from the 2 districts of the South West (Bakassi and Ekondo Titi). No new cases of Cholera were reported in North and Far North regions since epidemiological weeks 51 and 48 respectively. From January 2019 to date, a total of 1 307 cases of cholera, with 55 deaths were reported from the three affected regions and the majority of those cases (57%) were reported from the North region.

WHO was notified of an outbreak of monkeypox on 14 January 2020 by the Ministry of Public Health in Cameroon following the confirmation of the monkeypox case by the Institut Pasteur laboratory on 08 January 2020. The index case is a 13 months old child from Tomba1 village, health area of Ayos Urbain, Ayos Health district, centre region, who consulted at Arche de Noé health centre on 20 December 2019 with signs compatible with smallpox. The child was referred to the Regional Hospital annex of Ayos, then to Chantal Biya hospital on 24 and 26 December 2019 respectively. The child died on 2 January 2020. The second confirmed case is the mother of the dead child.

WHO notified of an outbreak of monkeypox on 14 January 2020 by the Ministry of Public Health in Cameroon following the confirmation of the monkeypox case by the Institut Pasteur laboratory on 08 January 2020. The index case is a 13 months old child from Tomba1 village, health area of Ayos Urbain, Ayos Health district, centre region, who consulted at Arche de Noé health centre on 20 December 2019 with signs compatible with smallpox. The child was referred to the Regional Hospital annex of Ayos, then to Chantal Biya hospital on 24 and 26 December 2019 respectively. The child died on 2 January 2020. The second confirmed case is the mother of the dead child.

The Central Africa 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. As of 24 December 2019, there were 77 275 people displaced by the floods, with 5 299 displaced in Bangui.

Civil unrest and food insecurity in most parts of the country including major cities are continuing to cause a complex humanitarian situation. The security situation remains tense in Vakaga Health District after clashes between rival armed groups in Ambadok and Bihera in the week of 16-22 December 2019. Ten wounded were treated at Birao Hospital, with one requiring evacuation to Bambari Hospital by the International Red Cross. Other wounded are reportedly still in the bush. As of 24 December 2019, there are an estimated 2.5 million people affected, with more than 600 000 internally displaced persons (IDPs) and 601 994 Central African refugees in neighbouring countries.

### Table: Humanitarian Events in Cameroon

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</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>Cameroon</td>
<td>Humanitarian crisis (Far North, North, Adamawa &amp; East)</td>
<td>Protracted 2</td>
<td>31-Dec-13</td>
<td>27-Jun-17</td>
<td>5-Dec-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis (NW &amp; SW)</td>
<td>Grade 2</td>
<td>1-Oct-16</td>
<td>27-Jun-18</td>
<td>20-Dec-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>1-Mar-19</td>
<td>1-Mar-19</td>
<td>9-Jan-20</td>
<td>1 307</td>
<td>169</td>
<td>55</td>
<td>4.20%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Measles</td>
<td>Ungraded</td>
<td>2-Apr-19</td>
<td>1-Jan-19</td>
<td>17-Nov-19</td>
<td>1 170</td>
<td>382</td>
<td>14</td>
<td>0%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>14-Jan-20</td>
<td>8-Jan-20</td>
<td>17-Jan-20</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>50.00%</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>23-May-19</td>
<td>23-May-19</td>
<td>22-Jan-20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Humanitarian crisis</td>
<td>Protracted 2</td>
<td>11-Dec-13</td>
<td>11-Dec-13</td>
<td>24-Dec-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Flood</td>
<td>Ungraded</td>
<td>1-Oct-19</td>
<td>1-Oct-19</td>
<td>30-Dec-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Humanitarian crisis</td>
<td>Protracted 2</td>
<td>11-Dec-13</td>
<td>11-Dec-13</td>
<td>24-Dec-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Measles</td>
<td>Ungraded</td>
<td>15-Mar-19</td>
<td>11-Feb-19</td>
<td>29-Dec-19</td>
<td>2 904</td>
<td>98</td>
<td>49</td>
<td>1.70%</td>
</tr>
</tbody>
</table>

As of week 52 (week ending on 29 December 2019), a total of 2 904 measles cases including 98 confirmed cases and 49 deaths have been reported in five districts: Alindao-Mingala, Bambari, Batangafo-Kabo, Bocaranga-Koui, Nana-Gribizi, Ngoundaye, Paoua and Vakaga. The outbreaks have been controlled in Paoua and Vakanga.
### Côte d'Ivoire Poliomyelitis

790 people who were expelled from Angola (including 129 women and 73 children) were registered in Kamako between 6 and 12 October 2019.

In North-Kivu, more than 100,000 IDPs have been registered in Kamango health zone in Beni territory and Mweso health zone in Masisi territory. In South Kivu, 11,600 cases have been reported in 44 out of the 52 health districts in 10 out of 12 departments. The departments of Bouenza (3102 cases), Kouilou (2844 cases) and Niari (2589) were the most affected by the outbreak accounting for 74% of cases reported since the beginning of the outbreak.

In week 52 (from 23 to 29 December 2019), a total of 10 new chikungunya cases were reported across the country against 14 cases in week 51. The cases reported in week 52 came from four departments namely: Kouilou (4), Lekoumou (4), Bouenza (1) and Plateaux (1). Since the beginning of the outbreak, a total of 16,100 cases have been reported in 44 out of the 52 health districts in 10 out of 12 departments. The departments of Bouenza (3102 cases), Kouilou (2844 cases) and Niari (2589) were the most affected by the outbreak accounting for 74% of cases reported since the beginning of the outbreak.

### Democratic Republic of the Congo

On 16 January 2015, a total of 30,304 cases including 514 deaths (CFR 1.7%) have been notified from 23 out of 26 provinces in the country. The endemic provinces of North-Kivu, South-Kivu, Tanganyika, Tshopo, Haut-Lomami and Haut-Katanga account for 90% of cases reported during week 52. Between week 1 and week 52 of 2019, a total of 30,304 cases including 514 deaths (CFR 1.7%) have been notified from 23 out of 26 provinces. Compared to the same period in 2018 (week 1-52), there is a 1.3% decrease in the number of reported cases and a 47% decrease in the number of deaths.

### Table: Countries with poliovirus type 2 (cVDPV2) circulation

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</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>Central African Republic</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>24-May-19</td>
<td>24-May-19</td>
<td>22-Jan-20</td>
<td>16</td>
<td>16</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Chad</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-May-19</td>
<td>1-Jan-19</td>
<td>19-Jan-20</td>
<td>26</td>
<td>623</td>
<td>296</td>
<td>259</td>
</tr>
<tr>
<td>Chad</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>18-Oct-19</td>
<td>9-Sep-19</td>
<td>22-Jan-20</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Comoros</td>
<td>Measles</td>
<td>Ungraded</td>
<td>26-May-19</td>
<td>20-May-19</td>
<td>22-Dec-19</td>
<td>0</td>
<td>218</td>
<td>59</td>
<td>0</td>
</tr>
<tr>
<td>Congo</td>
<td>Floods</td>
<td>Ungraded</td>
<td>22-Nov-19</td>
<td>3-Oct-19</td>
<td>10-Dec-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Congo</td>
<td>Chikungunya</td>
<td>Grade 1</td>
<td>22-Jan-19</td>
<td>7-Jan-19</td>
<td>29-Dec-19</td>
<td>0</td>
<td>11</td>
<td>600</td>
<td>148</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Ungraded</td>
<td>29-Oct-19</td>
<td>29-Oct-19</td>
<td>22-Jan-20</td>
<td>0</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Flood</td>
<td>Ungraded</td>
<td>17-Nov-19</td>
<td>28-Oct-19</td>
<td>8-Dec-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Humanitarian crisis</td>
<td>Grade 3</td>
<td>20-Dec-16</td>
<td>17-Apr-17</td>
<td>18-Nov-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Cholera</td>
<td>Grade 3</td>
<td>16-Jan-15</td>
<td>1-Jan-19</td>
<td>29-Dec-19</td>
<td>30</td>
<td>304</td>
<td>0</td>
<td>514</td>
</tr>
</tbody>
</table>

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.
In week 2 (week ending 12 January 2020), 4,301 measles cases including 50 deaths (CFR 1.1%) were reported across the country. There was a slight decrease in the number of new cases reported in week 2 compared to week 1 of 2020. Since the beginning of 2019, 319,930 measles cases including 6,148 deaths (CFR 1.9%) have been recorded in 26 provinces. In total, 253 (49%) of the 519 health zones have reported a confirmed measles outbreak. The outbreak is currently active in the western provinces of the country, more precisely in the Mbindonde, Tshuapa, Ecuador, Luabala and Kwilu. A total of 2,717 cases were laboratory confirmed (IgM+), 72% of which were children under five years old.

Since the beginning of 2019 as of week 52 of 2020, a cumulative total of 5,288 monkeypox cases, including 107 deaths (CFR 2%) were reported from 133 health zones in 19 provinces. In the past 4 weeks most cases were reported from the provinces of Sankuru (82), Bas-Uele (51), Equateur (28) and Tshuapa (26). A decreasing trend in the number of cases has been noted since week 46.

**Country** | **Event** | **Grade** | **Date notified to WCO** | **Start of reporting period** | **End of reporting period** | **Total cases** | **Cases Confirmed** | **Deaths** | **CFR**
---|---|---|---|---|---|---|---|---|---
Democratic Republic of the Congo | Ebola virus disease | Grade 3 | 31-Jul-18 | 11-May-18 | 25-Jan-19 | 3,417 | 3,298 | 2,240 | 66.00%
Democratic Republic of the Congo | Measles | Grade 2 | 10-Jan-17 | 1-Jan-20 | 12-Jan-20 | 8,459 | - | 103 | 1.20%
Democratic Republic of the Congo | Monkeypox | Ungraded | n/a | 1-Jan-19 | 29-Dec-19 | 5,288 | - | 107 | 2.00%
Democratic Republic of the Congo | Poliomyelitis (cVDPV2) | Grade 2 | 15-Feb-18 | 1-Jan-18 | 22-Jan-20 | 84 | 84 | 0 | 0.00%
Ethiopia | Chikungunya | Ungraded | 25-Jul-19 | 27-May-19 | 8-Dec-19 | 54,908 | 29 | 0 | 0.00%
Ethiopia | Cholera | Ungraded | 14-May-19 | 12-May-19 | 20-Jan-20 | 2,089 | 60 | 21 | 1.00%
Ethiopia | Dengue | Ungraded | 3-Nov-19 | 9-Sep-19 | 6-Dec-19 | 1,251 | 6 | 0 | 0.00%
Ethiopia | Measles | Ungraded | 14-Jan-17 | 1-Jan-19 | 20-Jan-20 | 9,672 | 795 | - | -
Ghana | Poliomyelitis (cVDPV2) | Grade 2 | 9-Jul-19 | 8-Jul-19 | 22-Jan-20 | 9 | 9 | 0 | 0.00%
Guinea | Measles | Ungraded | 9-May-18 | 1-Jan-19 | 3-Nov-19 | 4,690 | 1,091 | 18 | 0.30%

**Detailed update given above.**

**In week 48 (week ending 1 December 2019), 82 new suspected cases were reported in Afar and Oromia regions. As of 1 December 2019, a total of 2,089 suspected cases have been reported in the country. A decreasing trend in the number of cases has been noted since week 46.**

**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 20 cases of cVDPV2 reported in 2018.**

**No new cases of cVDPV2 were reported this week. The onset 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.**

**Two new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) cases were reported in the past week. There were 11 cVDPV2 cases in 2019 linked to the Jigawa outbreak in Nigeria.**

**The number of new cases reported in week 2 compared to week 1 of 2020. Since the beginning of 2019, 319,930 measles cases including 6,148 deaths (CFR 1.9%) have been recorded in 26 provinces. In total, 253 (49%) of the 519 health zones have reported a confirmed measles outbreak. The outbreak is currently active in the western provinces of the country, more precisely in the Mbindonde, Tshuapa, Ecuador, Luabala and Kwilu. A total of 2,717 cases were laboratory confirmed (IgM+), 72% of which were children under five years old.**

**Since the beginning of 2019 as of week 52 of 2020, a cumulative total of 5,288 monkeypox cases, including 107 deaths (CFR 2%) were reported from 133 health zones in 19 provinces. In the past 4 weeks most cases were reported from the provinces of Sankuru (82), Bas-Uele (51), Equateur (28) and Tshuapa (26). A decreasing trend in the number of cases has been noted since week 46.**

**No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The onset 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.**

**Two new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) cases were reported in the past week. There were 11 cVDPV2 cases in 2019 linked to the Jigawa outbreak in Nigeria.**

**During week 44 (week ending 3 November 2019), 127 suspected cases of measles were reported. From week 1 to 44 (1 January – 3 November 2019), a total of 4,690 suspected cases including 18 deaths (CFR 0.4%) have been reported. Of the 4,690 suspected cases, 1,773 were sampled, of which 1,091 tested positive for measles by serology. Three localities in three health districts are in the epidemic phase, namely, Wanindara in Ratoma health district, Doumet in Mamou health district and Soumpoura in Tougue health district.**
In week 3 (week ending 19 January 2020), 4 new cases were reported. Since the beginning of the outbreak, suspected and confirmed cases of leishmaniasis have been reported from Mandra, Marsabit, Wajir and Garissa counties.

A new outbreak of measles has been reported from Pokot North sub county, Alale location. A total of 124 cases with 5 confirmed have been reported. The last cases were reported in Kajado County, Kajado 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 Gacha’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.

The protracted Lassa fever outbreak in Liberia continues to evolve. Between 1 to 24 January 2020, a total of 21 confirmed cases including 7 deaths (CFR-33.3%) have been reported. Of samples tested from 27 of the suspected cases at the National Public Health Reference Laboratory of Liberia, 21 were confirmed by RT-PCR and 6 were discarded due to negative test results. A total of 299 contacts from six counties are under follow up.

In week 51 (week ending on 22 December 2019), 15 suspected cases were reported from 7 out of 15 counties across the country. Since the beginning of 2019, 1 692 cases have been reported across the country, of which 267 are laboratory-confirmed, 109 are epi-linked, and 827 are clinically confirmed.

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 violence in Mopti, Gao, Menaka and Timbuktu.

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 violence in Mopti, Gao, Menaka and Timbuktu.

Catastrophe (AH / GC). The most affected municipalities are those of Diffa, Gueskerou and Chétimari. In Tahoua, heavy rainfall in the commune of Bombaye affected an exceptional flood from Komadougou Yobé river around 45 594 people were affected according to the Ministry of Humanitarian Action and Management of Social Services. A total of 46 health posts and 4 health centres have closed due to insecurity.

In week 3 (week ending 19 December 2019), 22 new suspected cases were reported from Wajir (42 cases), Garissa (31 cases) and Turkana (20 cases). Since 1 January 2020, cholera outbreaks have been reported in three counties namely: Garissa, Wajir and Turkana. Cumulatively, a total of 61 cases with no deaths have been reported. The outbreak in all the three counties is a continuous wave from 2019. The transmission is active in all the affected counties.

In week 1 (week ending 7 January 2020), 4 new cases were reported. Since the beginning of the outbreak, suspected and confirmed cases of leishmaniasis have been reported from Mandra, Marsabit, Wajir and Garissa counties.

In week 2 (week ending 14 January 2020), 4 new cases were reported. Since the beginning of the outbreak, suspected and confirmed cases of leishmaniasis have been reported from Mandra, Marsabit, Wajir and Garissa counties.

The security situation continues to worsen in bordering areas of Burkina Faso, Mali and Nigeria following Boko Haram and Jihadists attacks in the region. The number of displaced people is increasing in Tillaberi, 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 centres have closed due to insecurity.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</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>Kenya</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>21-Jan-19</td>
<td>1-Jan-20</td>
<td>19-Jan-20</td>
<td>5 150</td>
<td>264</td>
<td>39</td>
<td>0.80%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Leishmaniasis</td>
<td>Ungraded</td>
<td>31-Mar-19</td>
<td>1-Jan-19</td>
<td>19-Jan-20</td>
<td>2 892</td>
<td>1 222</td>
<td>34</td>
<td>1.20%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Measles</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>20-Mar-19</td>
<td>15-Dec-19</td>
<td>559</td>
<td>15</td>
<td>1</td>
<td>0.20%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>23-Jan-19</td>
<td>1-Jan-20</td>
<td>24-Jan-20</td>
<td>21</td>
<td>21</td>
<td>7</td>
<td>33.30%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Sep-17</td>
<td>1-Jan-19</td>
<td>19-Jan-20</td>
<td>1 692</td>
<td>267</td>
<td>5</td>
<td>0.30%</td>
</tr>
<tr>
<td>Mali</td>
<td>Humanitarian crisis</td>
<td>Protracted 1</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>0.00%</td>
<td></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>
<tr>
<td>Namibia</td>
<td>Hepatitis E</td>
<td>Protracted 1</td>
<td>18-Dec-17</td>
<td>8-Sep-17</td>
<td>29-Dec-19</td>
<td>7 063</td>
<td>1 731</td>
<td>59</td>
<td>0.80%</td>
</tr>
<tr>
<td>Niger</td>
<td>Flood</td>
<td>Ungraded</td>
<td>1-Jun-19</td>
<td>1-Jun-19</td>
<td>20-Dec-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-%</td>
</tr>
<tr>
<td>Niger</td>
<td>Humanitarian crisis</td>
<td>Protracted 1</td>
<td>1-Feb-15</td>
<td>1-Feb-15</td>
<td>18-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 Jihadists attacks in the region. The number of displaced people is increasing in Tillaberi, 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 centres have closed due to insecurity.

<table>
<thead>
<tr>
<th>Country</th>
<th>Event</th>
<th>Grade</th>
<th>Date notified to WCO</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>Kenya</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>21-Jan-19</td>
<td>1-Jan-20</td>
<td>19-Jan-20</td>
<td>5 150</td>
<td>264</td>
<td>39</td>
<td>0.80%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Leishmaniasis</td>
<td>Ungraded</td>
<td>31-Mar-19</td>
<td>1-Jan-19</td>
<td>19-Jan-20</td>
<td>2 892</td>
<td>1 222</td>
<td>34</td>
<td>1.20%</td>
</tr>
<tr>
<td>Kenya</td>
<td>Measles</td>
<td>Ungraded</td>
<td>6-May-19</td>
<td>20-Mar-19</td>
<td>15-Dec-19</td>
<td>559</td>
<td>15</td>
<td>1</td>
<td>0.20%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>23-Jan-19</td>
<td>1-Jan-20</td>
<td>24-Jan-20</td>
<td>21</td>
<td>21</td>
<td>7</td>
<td>33.30%</td>
</tr>
<tr>
<td>Liberia</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Sep-17</td>
<td>1-Jan-19</td>
<td>19-Jan-20</td>
<td>1 692</td>
<td>267</td>
<td>5</td>
<td>0.30%</td>
</tr>
<tr>
<td>Mali</td>
<td>Humanitarian crisis</td>
<td>Protracted 1</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>0.00%</td>
<td></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>
<tr>
<td>Namibia</td>
<td>Hepatitis E</td>
<td>Protracted 1</td>
<td>18-Dec-17</td>
<td>8-Sep-17</td>
<td>29-Dec-19</td>
<td>7 063</td>
<td>1 731</td>
<td>59</td>
<td>0.80%</td>
</tr>
<tr>
<td>Niger</td>
<td>Flood</td>
<td>Ungraded</td>
<td>1-Jun-19</td>
<td>1-Jun-19</td>
<td>20-Dec-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-%</td>
</tr>
<tr>
<td>Niger</td>
<td>Humanitarian crisis</td>
<td>Protracted 1</td>
<td>1-Feb-15</td>
<td>1-Feb-15</td>
<td>18-Dec-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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The security situation continues to worsen in bordering areas of Burkina Faso, Mali and Nigeria following Boko Haram and Jihadists attacks in the region. The number of displaced people is increasing in Tillaberi, 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 centres have closed due to insecurity.
### Nigeria

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<tr>
<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>Measles</td>
<td>Ungraded</td>
<td>10-May-19</td>
<td>1-Jan-19</td>
<td>29-Dec-19</td>
<td>10 207</td>
<td>-</td>
<td>55</td>
<td>0.50%</td>
</tr>
</tbody>
</table>

As of week 52 (week ending 29 December 2019), 10 207 suspected measles cases have been reported from eight regions in the country. The cases have been reported Maradi (3 581 cases including 8 deaths), Tahoua (1 932 including 29 deaths), Zinder (1 574 including 11 deaths), N'amey (1 271 with 1 death), Tillaberi (636 including 3 deaths), Agadez (575 including 3 death), Diffa (314 with no deaths) and Dosso (324 cases including 4 deaths). During week 52, three cases and no death were reported from Tahoua (1) and Zinder (2). No health district crossed the epidemic threshold during week 52.

Since the peak of the outbreak in week 12, and following a vaccination campaign in mid-September 2019, the case incidence has been on a continuous decline.

#### Detailed update given above.

**Nigeria**

- **Humanitarian crisis**
  - Protracted 3
  - 10-Oct-16
  - n/a
  - 31-Dec-19
  - -
  - -
  - -
  - -

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.

#### Nigeria

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<thead>
<tr>
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<th>Grade</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>Ungraded</td>
<td>19-Jun-19</td>
<td>15-May-19</td>
<td>15-Dec-19</td>
<td>895</td>
<td>207</td>
<td>15</td>
<td>1.70%</td>
</tr>
</tbody>
</table>

Three new cases of cholera were reported in Adamawa State from 27 November to 6 December 2019 from Yola North (2) and Yola South (1) Local Government Areas. From 15 May to 6 December 2019, a cumulative total of 839 suspected cases with four deaths have been reported from four LGAs: Yola North (513 cases with two deaths), Girei (200 cases with one death), Yola South (125 cases with one death), and Song (1 case with zero deaths). Of 539 stool specimens collected and analysed at the state specialist hospital, 206 cultured *Vibrio cholerae* as the causative agent. An outbreak of cholera has also been reported in Andoni Local Government Area, Rivers State.

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 0.50%). Of the 12 467 samples tested, 2 767 were IgM positive for measles.

#### Detailed update given above.

**Nigeria**

| Lassa fever | Ungraded | 24-Mar-15 | 1-Jan-19 | 19-Jan-20 | 812 | 793 | 181 | 22.30% |

The current outbreak in Bentiu POC continues. In week 52 (week ending 29 December 2019), three new suspected cases of Hepatitis E were reported. As of reporting date, a total of 125 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).
†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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<th>Start of reporting period</th>
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<th>Total cases</th>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Sudan</td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Nov-19</td>
<td>1-Jan-19</td>
<td>29-Dec-19</td>
<td>4 414</td>
<td>215</td>
<td>23</td>
<td>0.50%</td>
</tr>
</tbody>
</table>

Between week 1 to week 52 of 2019, a total of 4 414 suspected cases of measles which 215 laboratory-confirmed and 23 deaths (CFR 0.6%) have been reported. The outbreak has affected 24 counties (Pibor; Abyei; Mayom; Gogrial West; Aweil South; Melut; Gogrial East; Juba; Tonj North; Aweil West; Aweil East; Renk; Wau; Tonj North; Jur River; Yambio, Budi, Ikotos, Maban and Aweil East, Ikotos, Tonj East, Magwi and Bomaand) and 4 Protection of Civilians Sites (Juba, Bentiu, Malakal and Wau).

| Togo | Poliomyelitis (cVDPV2) | Grade 2 | 18-Oct-19 | 13-Sep-19 | 22-Jan-20 | 3 | 3 | 0 | 0.00% |

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 Jigawa outbreak in Nigeria.

| Uganda | Humanitarian crisis - refugee | Ungraded | 20-Jul-17 | n/a | 30-Nov-19 | - | - | - | - |

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.

| Uganda | Rift valley fever | Ungraded | 28-Nov-19 | 15-Nov-19 | 19-Dec-19 | 2 | 2 | 2 | 100.00% |

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, Butungama sub-county in Ntoroko district, Uganda. Following the presentation of haemorrhagic symptoms on 5 December 2019, a viral haemorrhagic disease 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.

| Zambia | Poliomyelitis (cVDPV2) | Grade 2 | 17-Oct-19 | 16-Jul-19 | 18-Dec-19 | 2 | 2 | 0 | 0.00% |

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.

| Burundi | Cholera | Ungraded | 5-Jun-19 | 1-Jun-19 | 1-Nov-19 | 1 064 | 288 | 6 | 0.60% |

The Ministry of Public Health and the Fight against AIDS declared the end of the cholera outbreak in Burundi on 17 January 2020. From 1 June to 5 November 2019, a total of 1 064 cases with six deaths (CFR 0.6%) were reported from 11 health districts. The most affected health districts were Bujumbura North (328 cases), Bujumbura Centre (144 cases) and Bujumbura South (125 cases) in Bujumbura Mairie, Isale (155 cases) in Bujumbura rural province, Cibitoke (194 cases) in Cibitoke province. Of 383 samples tested, 288 (75%) were positive for *Vibrio cholerae* Ogawa. The most affected age-group was 5 to 50 years representing more than 70% of cases. Males and females were equally affected with a male to female ratio of 1.

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