WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 45: 4 November – 10 November 2019

Data as reported by: 17:00; 10 November 2019

0 New event
66 Ongoing events
55 Outbreaks
11 Humanitarian crises

Legend
- Measles
- Monkeypox
- Lassa fever
- Cholera
- cVDPV2
- Anthrax
- Malaria
- Rubella
- Deaths

Humanitarian crisis
- Hepatitis E
- Yellow fever
- Dengue fever
- Ebola virus disease
- Chikungunya
- Leishmaniasis
- Plague
- Crimean-Congo haemorrhagic fever
- Countries reported in the document
- Non-WHO African Region
- WHO Member States with no reported events

Graded events †

3 Grade 3 events
15 Grade 2 events
2 Grade 1 events
2 Protracted 3 events
2 Protracted 2 events
2 Protracted 1 events

40 Ungraded events
This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 66 events in the region. This week’s main articles cover key new and ongoing events, including:

- Measles in the Democratic Republic of Congo
- Humanitarian crisis in South Sudan
- Ebola virus disease 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:**

- The torrential rains and flash floods complicating the humanitarian crisis in South Sudan have added to the complexity of response in this area, affecting around 3 million already vulnerable people. Destruction of health facilities, along with water and sanitation infrastructure, raise the very real possibility of water- and vector-borne disease outbreaks, as well as inadequate supplies of essential medication and interruption of routine vaccination activities. Food security, already at critically low levels, is further threatened. All basic infrastructure needs to be restored, with humanitarian partners and donor agencies working to support the national authorities in providing for the needs of affected communities.

- The Ebola virus disease outbreak in eastern Democratic Republic of the Congo, although showing a welcome decline in the number of new confirmed case weekly, continues to show substantive rates of transmission in Mandima Health Zone, in the Biakato mines area, with smaller clusters elsewhere. Ongoing chains of transmission appear to be related to difficulty with contact follow up, shown by sub-optimal contact tracing percentages and continuing detection of new cases among community deaths. These issues need to be addressed urgently in order to finally bring the outbreak to a close.
EVENT DESCRIPTION

Cases of measles continue to be reported across all 26 provinces of the Democratic Republic of the Congo, five months after the outbreak’s official declaration by the Ministry of Public Health in June 2019. After the last peak observed in case incidence in week 39 (week ending 27 September 2019), with more than 6,900 cases recorded, there has been a fluctuating trend from week 40 to week 43 of 2019. Since our last report on 15 September 2019 (Weekly Bulletin 37), 53,860 additional suspected cases and 1,164 additional deaths have been reported, with 42 more health zones declared in epidemic phase.

In week 43 (week ending 27 October 2019), 7,421 suspected cases and 146 deaths were reported, with 4,468 cases (60%) reported from five provinces, namely Mai-ndombe (1,377), Kwilu (1,194), South-Kivu (699), Kongo Central (696) and Ecuador (502). The highest case fatality ratios were recorded in Sankuru (16.7%), North-Ubangi (12.5%), Bas-Uele (4.6%), Haut-Lomami (4.4%), Tshuapa (3.9%) and Kasai Central (3.2%).

From 1 January to 27 October 2019, a cumulative total of 233,337 suspected measles cases with 4,723 deaths (CFR 2%) have been reported. A total of 230 (44%) out of 519 health zones across the 26 provinces of the country are in epidemic phase, with 16 health zones newly affected between week 40 and week 42 (week ending 20 October 2019), and no newly affected health zone in week 43. Cases continue to be reported from Ituri and North-Kivu provinces, concomitantly affected by the ongoing Ebola outbreak, with 9,809 cases (CFR 0.6%) and 4,777 cases (CFR 0.3%) reported respectively, between January and October 2019.

PUBLIC HEALTH ACTIONS

- The government continues to lead the management of the outbreak through the National Measles Coordination Committee.
- WHO continues to coordinate partners supporting the government, through organizing regular coordination meetings with all partners involved in the outbreak response.
- The follow-up measles vaccination campaign that started on 30 October 2019 in 7 provinces, namely, Lomami, Tanganyika, Sankuru, Kasai, Ituri, North-Ubangi and Tshopo is ongoing. Preliminary results of the post-campaign evaluation survey revealed that, of the targeted 4,493,694 children aged 6 to 59 months, 2,134,516 (47.5%) have been vaccinated.
- Alterations have been made to the planning of the upcoming campaigns with the campaign originally planned for February 2020 now being conducted in December 2019.
- Microplanning for the second follow-up campaign that will be conducted at the end of November 2019 is ongoing.

SITUATION INTERPRETATION

Although tremendous efforts are being made to mitigate the current outbreak of measles in the Democratic Republic of the Congo, there are still some challenges on the ground that are preventing the response from being fully effective. For instance, some affected health zones in the Eastern part of the country remain inaccessible due to armed conflicts and insecurity and available funds to conduct vaccination campaigns in all affected health zones are insufficient. There is an urgent need to address the challenges faced during the implementation of the response activities in order to control this outbreak of measles.
EVENT DESCRIPTION

In the past month (October 2019), South Sudan has experienced torrential rainfall, resulting in massive flash flooding that has affected 32 out of 80 counties, including large sections of Upper Nile, Equatoria and Bahr el Ghazal. Across these counties, close to one million people have been affected, including 760,000 women and children. Over 420,000 have been displaced from their homes. There have been 76 deaths, with 60 in Likuangole, eight in Gumuruk, five in Pochalla and three in Pibor, all in former Jonglei State. South Sudan’s normal rainy season starts in June with the annual flooding pattern experienced in some areas as early as July. The current rainfall is, however, unusual and the South Sudan meteorological department are predicting heavy rainfall until at least December.

These heavy rains have affected areas that were already facing massive humanitarian needs, with 3 million people in need of assistance before the flooding. Now, many communities have been cut off from health and nutrition services and rising water has destroyed homes. The flood affected counties were already experiencing malaria trends above the action threshold and the increase in vector breeding grounds as a result of flood waters is likely to result in an increase in the incidence of malaria in most affected areas. Population displacement is also likely to exacerbate an already low immunization coverage, potentially predisposing the population to outbreaks of vaccine-preventable diseases. Most of the flood affected areas are cholera hotspots and have limited access to safe water. Pit latrines have collapsed and most water sources are contaminated. Health facilities have been fully or partially destroyed and are running low on essential medicines.

More than 60% of flood-affected areas are currently classified as facing extreme levels of acute malnutrition. In August 2019 an estimated 6.35 million people (54% of the population) were reported as facing food crisis (IPC Phase 3) or worse, acute food insecurity. Of these, 1.7 million were in emergency (IPC Phase 4) and 10,000 people in catastrophe (IPC Phase 5).

PUBLIC HEALTH ACTIONS

WHO, the Health Cluster and other humanitarian partners have participated in multi-agency flood assessment and response missions in Unity: Mankien/Mayom, Jonglei: Ayod (Mogok, Gorwai and Jiech) and Jonglei Uror (Pieri, Pathai and Yuai).

WHO has requested urgent delivery of emergency health kits from the United Nations Humanitarian Response depot.

WHO has delivered emergency health kits and medical supplies to flood-affected area in Bor, Malakal, Bentiu, Kuajok and Rumbek, which can support emergency healthcare for 63,000 of the 240,000 targeted beneficiaries, as well as three Interagency Emergency Health Kits sufficient for 3,000 people for three months to Mogok PHCC, Jiec PHCC and Gorwai PHCC to secure availability of essential drugs.

A coordinated response scale-up is ongoing in priority locations, including the most recently flooded counties in Jonglei, Unity and Upper Nile, which includes delivery of multi-sector rapid response kits, food distribution, providing drugs in functional health centres and establishing mobile health clinics.

In areas where waters are receding, humanitarian organizations are repairing critical water, health, nutrition and educational infrastructure and working to restore food security and livelihoods.

SITUATION INTERPRETATION

Major flooding has affected millions of already vulnerable people who now have emerging health needs that require immediate response. Access to basic health services is constrained in flood affected populations, resulting in vulnerability to water- and vector-borne disease and impacting routine health provision such as immunization. Access to safe water sources is poor, with contamination from broken pit latrines exacerbating the situation, increasing the risk of cholera outbreaks. Food security, already at critically low levels, is further threatened. All basic infrastructure urgently needs to be restored, with humanitarian partners and donor agencies working to support the national authorities in providing for the needs of affected communities.
EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu, South Kivu and Ituri provinces in Democratic Republic of the Congo continues, with seven health zones and 18 health areas reporting confirmed cases in the past 21 days (20 October to 9 November 2019). Since our last report on 3 November 2019 (Weekly Bulletin 44), there have been 12 new confirmed cases and eight new deaths. The principle hot spots of the outbreak in the past 21 days are Mandima (37%; n=17 cases), Mabalako (37%; n=17 cases) and Beni (13%; n=6 cases). Three health zones, Mabalako, Beni and Mandima, have reported new confirmed cases in the past seven days.

As of 9 November 2019, a total of 3 287 EVD cases, including 3 169 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), Lohwa (6), Mambasa (78), Mandima (339), Nyakunde (2), Rwamara (8) and Tchomia (2) in Ituri Province; Alimbongo (5), Beni (665), Bena (18), Butembo (285), Goma (1), Kalunguta (193), Katwa (651), Kayna (28), Kyondo (25), Lubero (31), Mabalako (392), Mbangedjipa (18), Masereka (50), Musienene (84), Mutwanga (32), Nyiragongo (3), Oicha (62), Pinga (1) and Vuhovi (103) in North Kivu Province and Mwenga (6) in South Kivu Province.

As of 9 November 2019, a total of 2 193 deaths were recorded, including 2 073 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 65% (2 075/3 169). The cumulative number of health workers remains 163, which is 5% of the confirmed and probable cases to date.

Contact tracing is ongoing in nine health zones. A total of 6 137 contacts are under follow-up as of 9 November 2019, of which 5 267 have been seen in the past 24 hours, comprising 86% of the contacts. Alerts in the affected provinces continue to be raised and investigated. Of 3 832 alerts processed (of which 3 846 were new) in reporting health zones on 9 November 2019, 3 832 were investigated and 482 (13%) were validated as suspected cases.

PUBLIC HEALTH ACTIONS

- Surveillance activities continue, including case investigations, active case finding in health facilities and communities, and identification and listing of contacts around the latest confirmed cases. Cross-border collaboration continues, particularly with Uganda and Rwanda.
- As of 9 November 2019, a cumulative total of 249 855 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 116 million screenings to date. A total of 108/112 (96%) PoE/PoC transmitted reports as of 9 November 2019.
- There are continued community reintegration and psychosocial activities for patients discharged from ETCs, along with psychoeducation sessions to strengthen community engagement and collaboration in the response.

SITUATION INTERPRETATION

Substantive rates of transmission remain in Mandima Health Zone, with smaller clusters elsewhere, which require a concerted effort from all response teams and international partners to control. Movement of symptomatic cases still occurs, so it is critical that all areas of the response remain effective, engaged and fully resourced, with response activities continuing to be scaled and adapted to the evolving local context.
EVENT DESCRIPTION

The humanitarian crisis in Burkina Faso remains unabated and has worsened following increasing waves of armed attacks by non-state actors in recent weeks. Between 11 October and 6 November 2019, close to 24 different armed attacks have occurred mainly in the North-centre and Sahel regions leading to at least 132 deaths and several injured, many of whom are civilians. In one of the attacks on 6 November 2019, 38 people were killed with over 60 others injured, when a convoy carrying employees and suppliers of a company was ambushed in Boungou, East Region. In another attack on 11 October 2019, 16 people were killed with three others severely injured in a mosque in Salmossi, Sahel Region. This incident led to the imposition of a 45-day curfew in the Sahel Region. Since the beginning of 2019, a total of 222 armed attacks have been recorded, leading to the deaths of close to 900 people and an additional 167 injured. Most (71%) of the fatalities are among civilians. These attacks continue to lead to an increase in the mass displacement of the population and disruption in the provision of basic social services including healthcare. The Sahel, North-centre, East, North, and Boucle du Mouhoun regions remain the most affected.

The number of internally displaced people (IDPs) increased by nearly 70% from 289,591 on 27 September 2019 to 486,360 on 8 October 2019 in the 13 regions of Burkina Faso according to the Office for the Coordination of Humanitarian Affairs (OCHA). Since the beginning of July 2019, there has been an overall 120% increase in the number of IDPs. The North-Centre (55.6%) and Sahel (33.1%) account for the regions with the two highest percentages of IDPs. The government estimates that the number of IDPs will reach 650,000 by December 2019.

Provision of health services has also been disrupted as a result of escalation in armed attacks. The number of health facilities shut down as a result of insecurity have increased to 91 as of 28 October 2019, according to the Ministry of Health of Burkina Faso thus leaving 1,162,980 people without access to healthcare services. The Sahel (40%) and North-centre (17%) regions have the highest percentage of health facilities currently closed with 61% of the population in the Sahel region without access to healthcare services. An additional 79 health facilities in the affected regions are operating but sub-optimally due to health workers fleeing the insecurity. The crisis faced by the health system is further compounded with ongoing strike action by health workers across the country since 2 June 2019. This has not only impeded delivery of services but also epidemiological surveillance as only 2.4% of expected weekly health facilities reports are being sent to the national level since week 22 (week ending 2 June 2019).

The rates of morbidity and mortality from common infectious diseases remain very high. Over 900 suspected cases of dengue fever were reported in week 44 (week ending 3 November 2019) across the country. Since the beginning of 2019, a cumulative total of 5,352 suspected cases with 24 deaths have been reported across the country. The conflict-stricken areas are among the regions affected by the dengue fever outbreak. Despite underreporting, cases of sexual and gender-based violence (GBV) have also been recorded in the conflict-affected areas. Nine cases of GBV were recorded by UNFPA in October 2019. In the previous month, 15 GBV cases including three cases of rape were recorded. A total of 154 GBV cases including seven cases of rape were recorded in the Sahel and North-centre regions in the first six months of 2019.

PUBLIC HEALTH ACTIONS

- OCHA continues to coordinate the overall humanitarian response. The health response to the humanitarian crisis is being coordinated by the incident management team with the involvement of the Ministry of Health, WHO, UNICEF, UNFPA, ALIMA, and other partners at the Emergency Response Operations Center (CORUS).
- WHO continues to support the provision of care and other public health activities for internally displaced persons and host communities with the engagement of partners to mobilize support. A meeting was held with the African Development Bank on 23 October 2019 for the mobilization of much-needed resources for health response to the humanitarian crisis.
- On 10 October 2019, the Permanent Mission of the Italian Government to International Organizations in Geneva, officially announced to WHO, a grant of 300,000 euros to meet the critical health needs of Burkin Faso and support WHO in carrying out vaccination campaigns against meningitis and measles.
- With support from WHO, two training events on incident management systems (IMS) have been conducted by the Emergency Response Operations Centre of the Ministry of Health (CORUS). The first event, a training of trainers (ToT), was held from 14 to 18 October 2019, and involved 29 participants from the regional directorates of health, regional hospitals, and national level. The second event took place from 21 to 25 October 2019, for 24 participants from government and partner institutions in the Sahel Region.
- A catch-up immunization campaign for internally displaced children was held from 8 to 14 October 2019. A total of 746 children less than five years old were vaccinated.
- A preventive mass meningitis vaccination campaign is being planned for internally displaced persons and host communities. A total of 338,400 doses of meningococcal ACW vaccines approved by the International Coordination Group on supply of vaccines (ICG) have arrived in Ouagadougou, Burkina Faso.
- Mobile clinics operated by ALIMA with support from WHO are being set-up in the North-centre region. Plans are also underway to expand to the Sahel region.

SITUATION INTERPRETATION

Burkina Faso is one of the countries most affected by the ongoing armed attacks by non-state actors across the Sahel region. Recent increases in armed attacks continue to worsen the humanitarian situation. The growing population displacement is worrisome as resources available are grossly inadequate to cater to the humanitarian needs of those affected. Strong partner coordination and robust resource mobilization is required to support the government in its efforts to respond to the rapidly evolving humanitarian crisis. There is also a need to address the root-cause of the crisis across the Sahel region to prevent further escalation.
Major issues and challenges

- Torrential rains and flash flooding are complicating the ongoing humanitarian crisis in South Sudan, affecting around 3 million already vulnerable people. The major challenges are destruction of health facilities, affecting essential medicine supplies, and destroyed water and sanitation infrastructure, raising the risk of water- and vector-borne disease outbreaks.

- While the overall number of new confirmed cases of Ebola virus disease in the Democratic Republic of the Congo is declining each week, local hotspots of transmission remain, with smaller clusters elsewhere. Contact tracing remains sub-optimal as does case identification, shown by the new confirmed cases among community deaths.

Proposed actions

- Response scale-up needs to continue, in order to reach those still threatened by flood waters, while national authorities and humanitarian and health cluster partners in South Sudan need to restore all basic infrastructure where possible in areas where flood waters are receding.

- Contact tracing and case identification needs to be intensified in the areas where hotspots of Ebola virus disease transmission remain, in order to prevent the current spread into other areas. These issues need to be addressed urgently in order to finally bring this protracted outbreak to a close.
In week 26 (week ending 30 June 2019), nine suspected measles cases were reported. From week 1 to 26 of 2019, a cumulative total of 3 127 suspected cases including 64 deaths were reported from 18 provinces across Angola. Lunda Sul and Moxico provinces have reported 73% and 17% of cases respectively. A total of 85 laboratory-confirmed cases have been reported since week 1 of 2019.

Seven cases of cVDPV2 were reported this week from Luanda (4), Malange (1), Huambo (1), and Moxico (1) provinces. The onsets of paralysis were between 2 August and 17 September 2019. There is now a total of 36 cVDPV2 cases from seven outbreaks reported in 2019. One cVDPV2 positive environmental sample was reported in Cazenga, Luanda province. The sample was collected on 10 September 2019.

Between 10 May and 17 October 2019, a total of 19 suspected cases of dengue fever, including two deaths, were reported from Atlantique, Littoral, Ouémé and Couffo Departments. Cumulatively, eleven cases from Atlantique Department (4 cases), Littoral Department (4 cases) and Ouémé Department (3 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 18%).

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

From 1 June to 5 November 2019, a total of 1 064 cases with six deaths (CFR 0.6%) were reported from eleven health districts. The most affected health districts are 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 is 5 to 50 years representing more than 70% of cases. Males and females are equally affected with a male to female ratio of 1.

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). In week 43 (week ending 27 October 2019), 150 083 cases including 66 deaths have been reported. There is a 54 % increase in the number of cases reported in week 43 of 2019 compared to the same period in 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. Since the beginning of September 2019, there have been 23 attacks, including pure criminal activity, with 22 deaths and 17 injuries reported. Population displacement is ongoing, with spontaneous arrival of Nigerian refugees in the Minawao Camp, Mokolo Health District. As of 13 September 2019, the camp population was 59 456, mainly Nigerian refugees, with 356 new arrivals monthly, severely straining the camp infrastructure. Recently, the Nigerian government started repatriation of refugees, with around 400 people repatriated.

The humanitarian situation in the Northwest and Southwest (NW & SW) of Cameroon continues to deteriorate with serious protection incidents reported. Humanitarian access to persons in need continues to be a challenge with armed groups often blocking access as well as threatening humanitarian personnel. This unrest continues to affect access to basic services including healthcare, education, shelter, food security and WASH. As of 27 September 2019, the total number of internally displaced persons is estimated at 437 000 persons and the population in need of humanitarian assistance is estimated at 594 000 persons. An estimated 39 000 people have fled to the Littoral and Western regions, and 20 291 people (of which 80% women and children) have crossed into neighbouring Nigeria.

The cholera outbreak in Cameroon is improving in the North and Far North region. As of 10 October 2019, 667 cases and 32 deaths were recorded (CFR 4.8%) in North and Far North region. To date, 9 out of 15 health districts are affected in the North (Bibem, Figui, Garoua I, Garoua II, Gashiga, Golombe, Ngg, Pitao, Tcholliré) and 6 out of 30 health districts (Kaél, Kar Hay, Moutourwa, Guidiguis, Maroua 1 et Maroua 2) in the Far North.

A measles outbreak is ongoing in Cameroon. Since the beginning of 2019, a total of 1 170 suspected cases have been reported. Of these, 269 were confirmed as IgM-positive. The outbreak is currently affecting 33 districts, namely, Kossi, Mada, Goufey, Makary, Kofata, Koza, Ngaoundéré rural, Banqé, Guider, Fiquli, Ngg, Mora, Maroua 3, Vélé, Pitao, Maroua 1, Bourha, Toubo, Mogodé, Bibémi, Garoua 1, Garoua 2, Lagdo, Tcholliré, Guidiguis, Moutourwa, Mokolo, Cité verte, Djungolo, Nkolongolo, Limbé, Garoua Bouli, Ngaoundéré Urbain.
A case of monkeypox was confirmed in Ekondo–Titi health district in the South West region of Cameroon on the 16 of September 2019. All supportive measures for case management were put in place and community- based surveillance has been stepped up in this area.

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.

Civil unrest and food insecurity in most parts of the country including major cities are continuing to cause a complex humanitarian situation. The city of Bira has been relatively calm after the last clashes between the armed groups on 14 September 2019. The latest assessment according to MINUSCA reported 38 killed and 17 wounded in this latest wave of violence, bringing the total of deaths to 62 and injuries to 36 since the beginning of the violence. OCHA estimates the total of 23 000 IDPs in Biraos since the beginning of the crisis.

<table>
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<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>
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In week 38 (week ending 22 September 2019), 36 new suspected measles cases were reported from Kaga Bandoro sub-prefecture (28 cases) and Bangango health district (8 cases). This is an increase in the reported number of cases since week 37 (week ending 15 September 2019). Since the January 2019, a total of 1 841 measles cases and 14 death have been reported in four districts: Batafango, Yakaga, Nana-Grizi and Paoua. The outbreaks have been controlled in Paoua and Yakaga.

One case of cVDPV2 was reported this week from Berberati in RS2 province. The onset of paralysis was on 31 August 2019. There are 14 reported cases in 2019 from six different outbreaks of cVDPV2 in 2019. One cVDPV2 positive environmental sample was reported in Bangui, RS7 province. The sample was collected on 16 August 2019.

In week 41 (week ending 13 October 2019), 166 suspected cases were reported. 16 districts were in the epidemic phase in week 41. Since the beginning of the year, a total of 25 077 suspected cases and 242 deaths (CFR 1.0%) have been reported with Am Timan, N’Djamena East, N’Djamena South, Bangor, Moundou, Bousso and N’Djamena Centre districts all exceeding 1 000 suspected cases. Among the 1 716 cases investigated, 178 were IgM-positive, 81% were not vaccinated, and 47% were aged between 1 and 4 years old.

As of 23 October 2019, a total of 144 suspected cases with zero deaths have been reported from health facilities in Grande Comore Island. Of these, 58 cases have been confirmed (39 laboratory-confirmed and 19 by epidemiological link). IgM-positive cases were reported in five districts of Grande Comore, namely, Moroni (28), Mtsamouri (6), Mbeni (3), Ochili (1) and Mitsoudjé (1). The 19 epi-linked cases are from Moroni district.

In week 39 (from 23 to 29 September), a total of 9 chikungunya new cases were reported across the country against 56 cases in week 38 and 15 cases in week 37. The hotspots are the departments of Plateaux and Bouenza, accounting for 64% and 14% of cases reported from week 37 to week 39 respectively. Since the beginning of the outbreak, a total of 11 434 cases have been reported in 44 out of the 52 health districts of the country. The affected areas include densely populated zones such as Brazzaville and Pointe-Noire.

Since the peak in week 25 (week ending on 23 June 2019), there has been a gradual decline in the weekly number of cases. As of 24 September 2019, a total of 2 201 suspected cases including two deaths attributed to dengue fever have been reported. Of these, 162 cases have been confirmed with DENV 1 (125 samples) and DENV 2 (38 samples) as the main circulating serotypes. Forty-five out of 86 districts across the 16 health regions have reported at least one case. Cocody Bingerville District in Abidjan remains the epicentre of the outbreak.
### Health Emergency Information and Risk Assessment

#### Democratic Republic of the Congo

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<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>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>20-Oct-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The Democratic Republic of the Congo continues to experience a complex humanitarian crisis involving armed conflicts and inter-community tension resulting in large number of people in need of humanitarian assistance. Populations movement due to armed clashes continue to be reported in North-Kivu, Ituri and South-Kivu provinces. In Ituri, an estimated 227,000 internally displaced persons (IDPs) are living in 87 sites and 315 families have been repatriated from Uganda. 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, clashes between armed groups, led to population displacement with an estimated 263,252 IDPs in Itombwe, Fizi, Nundu and Minembwe. In Kasai central, at least 790 people who were expelled from Angola (including 129 women and 73 children) were registered in Kamako between 6 and 12 October.

#### Democratic Republic of the Congo

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<th>CFR</th>
</tr>
</thead>
<tbody>
<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>20-Oct-19</td>
<td>23,815</td>
<td>-</td>
<td>430</td>
<td>1.80%</td>
</tr>
</tbody>
</table>

During week 42 (week ending 20 October 2019), a total of 635 suspected cases of cholera and 18 deaths (CFR 2.8%) were notified from 55 health zones in 10 provinces. The endemic provinces of North-Kivu, South-Kivu, Haut-Lomami and Tanganika account for 88.8% of cases reported during week 42. Between week 1 and week 42 of 2019, a total of 23,815 cases including 430 deaths (CFR 1.8%) have been notified from 21 out of 26 provinces. Compared to the same period in 2018 (week 1-42), there is a 0.5% decrease in the number of reported cases and a 46% decrease in the number of deaths.

#### Detailed update given above.

#### Democratic Republic of the Congo

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<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Ebola virus disease</td>
<td>Grade 3</td>
<td>31-Jul-18</td>
<td>1-May-15</td>
<td>9-Nov-19</td>
<td>3,287</td>
<td>3,169</td>
<td>219</td>
<td>66.80%</td>
</tr>
</tbody>
</table>

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#### Democratic Republic of the Congo

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<tr>
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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Measles</td>
<td>Grade 2</td>
<td>10-Jan-17</td>
<td>1-Jan-19</td>
<td>9-Nov-19</td>
<td>233,337</td>
<td>6,304</td>
<td>4,723</td>
<td>2.00%</td>
</tr>
</tbody>
</table>

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#### Democratic Republic of the Congo

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<tr>
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<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Monkeypox</td>
<td>Ungraded</td>
<td>n/a</td>
<td>1-Jan-19</td>
<td>13-Oct-19</td>
<td>4,374</td>
<td>87</td>
<td>-</td>
<td>2.00%</td>
</tr>
</tbody>
</table>

Since the beginning of 2019, a cumulative total of 437 monkeypox cases, including 87 deaths (CFR 1.8%) were reported from 111 health zones in 16 provinces. In week 41 (week ending 13 October 2019), 144 cases and nine deaths were reported nationally.

#### Democratic Republic of the Congo

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</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Plague</td>
<td>Ungraded</td>
<td>12-Mar-19</td>
<td>28-Feb-19</td>
<td>6-Oct-19</td>
<td>31</td>
<td>-</td>
<td>8</td>
<td>25.80%</td>
</tr>
</tbody>
</table>

Since the beginning of the year, a total of 31 cases of bubonic plague including eight deaths have been reported in the province of Ituri. The first five cases were reported during week 15 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.

#### Democratic Republic of the Congo

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<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Democratic Republic of the Congo</td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>15-Feb-18</td>
<td>1-Jan-18</td>
<td>8-Nov-19</td>
<td>63</td>
<td>63</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Six new cases of cVDPV2 were reported this week from Sakuru (3), Kwili (2), and Haut Lamomi (1) provinces. There are 43 cVDPV2 cases in 2019 reported from Sakuru (19), Haut Lamomi (11), Kasai (8), Kwili (2), Haut Katanga (1), Tshuapa (1), and Kasai Oriental (1) provinces. There were 20 cases of cVDPV2 reported in 2018.

#### Ethiopia

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<tr>
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<th>CFR</th>
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</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>Humanitarian crisis</td>
<td>Ungraded</td>
<td>15-Nov-15</td>
<td>n/a</td>
<td>30-Sep-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The complex and protracted humanitarian emergency in Ethiopia continues, complicated by incidents of inter-communal clashes and adverse climatic conditions. Flooding was reported in Dolo Ado woreda of Liban zone, affecting 9,374 households in 12 kebeles, leading to acute displacement of persons in addition to destruction of livestock, crops and property. 1,683 suspected cases of cholera have been reported since April 2019. The outbreak is active in Oromia, Somali, SNPP, Amhara and Afar regions

#### Ethiopia

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</tr>
</thead>
<tbody>
<tr>
<td>Chikungunya</td>
<td></td>
<td>Ungraded</td>
<td>25-Jul-19</td>
<td>27-May-19</td>
<td>20-Oct-19</td>
<td>51,957</td>
<td>16</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Chikungunya cases have reported from Ethiopia since week 31 (week ending 30 July 2019). In week 42 (week ending 20 October 2019), 237 new suspected cases were reported from nine urban Kebeles in Dire Dawa City Administration. There has been a declining trend observed since the peak of the outbreak in week 36 (week ending 8 September 2019).

#### Ethiopia

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</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>14-May-19</td>
<td>12-May-19</td>
<td>19-Oct-19</td>
<td>1,747</td>
<td>54</td>
<td>11</td>
<td>0.60%</td>
</tr>
</tbody>
</table>

In week 42 (week ending 20 October 2019), 39 new suspected cases were reported in Oromia. The number of suspected cases being reported has been on the decline over the last two weeks. As of 13 October 2019, a total of 1,747 suspected cases including 11 deaths have been reported from eight regions with Oromia (718 cases), Amhara (202 cases), Somali (168) and Addis Ababa city (157 cases) reporting the majority of cases. A total of 54 cases have been laboratory confirmed.

#### Ethiopia

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<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>20-Oct-19</td>
<td>8,514</td>
<td>59</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

As of week 42 (week ending 20 October 2019), the measles outbreak is still ongoing with a total of 8,541 suspected measles cases reported from Oromia (4,923), Somali (2,340), Amhara (703) and Afar (548) regions. Children aged less than five years are the most affected accounting for 50.4% of the total cases followed by age group 15-44 years (25.3%). Seventy-three percent of the reported measles cases were not previously vaccinated.
### Health Emergency Information and Risk Assessment

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<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethiopia</strong></td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Ungraded</td>
<td>24-Jun-19</td>
<td>20-May-19</td>
<td>6-Nov-19</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Ghana</strong></td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Ungraded</td>
<td>9-Jul-19</td>
<td>8-Jul-19</td>
<td>6-Nov-19</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Guinea</strong></td>
<td>Cholera</td>
<td>Ungraded</td>
<td>9-May-18</td>
<td>1-Jan-19</td>
<td>11-Aug-19</td>
<td>4 573</td>
<td>969</td>
<td>13</td>
<td>0.30%</td>
</tr>
<tr>
<td><strong>Kenya</strong></td>
<td>Leishmaniasis</td>
<td>Ungraded</td>
<td>31-Mar-19</td>
<td>1-Jan-19</td>
<td>28-Oct-19</td>
<td>2 757</td>
<td>1 164</td>
<td>34</td>
<td>1.20%</td>
</tr>
<tr>
<td><strong>Lesotho</strong></td>
<td>Measles</td>
<td>Ungraded</td>
<td>26-Oct-19</td>
<td>25-Oct-19</td>
<td>25-Oct-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Liberia</strong></td>
<td>Lassa fever</td>
<td>Ungraded</td>
<td>23-Jan-19</td>
<td>1-Jan-19</td>
<td>3-Nov-19</td>
<td>65</td>
<td>35</td>
<td>11</td>
<td>16.90%</td>
</tr>
<tr>
<td><strong>Liberia</strong></td>
<td>Measles</td>
<td>Ungraded</td>
<td>24-Sep-17</td>
<td>1-Jan-19</td>
<td>3-Nov-19</td>
<td>1 505</td>
<td>228</td>
<td>5</td>
<td>0.30%</td>
</tr>
<tr>
<td><strong>Mali</strong></td>
<td>Humanitarian crisis</td>
<td>Protracted</td>
<td>n/a</td>
<td>n/a</td>
<td>30-Oct-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Mozambique</strong></td>
<td>Poliomyelitis (cVDPV2)</td>
<td>Grade 2</td>
<td>7-Dec-18</td>
<td>7-Dec-18</td>
<td>6-Nov-19</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Namibia</strong></td>
<td>Crimean-Congo haemorrhagic fever (CCHF)</td>
<td>Ungraded</td>
<td>13-Sep-19</td>
<td>1-Sep-19</td>
<td>19-Sep-19</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0.00%</td>
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</tr>
<tr>
<td><strong>Namibia</strong></td>
<td>Hepatitis E</td>
<td>Grade 1</td>
<td>18-Dec-17</td>
<td>8-Sep-17</td>
<td>20-Oct-19</td>
<td>6 604</td>
<td>1 608</td>
<td>56</td>
<td>0.80%</td>
</tr>
</tbody>
</table>

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are three cVDPV2 cases reported in Ethiopia in 2019, all linked to the outbreak in neighbouring Somalia.

Two cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week, one each from Tamale Metropolitan and Central Gonja in the Northern province. The onsets of paralysis were 24 September and 4 October 2019. There are five cVDPV2 cases in 2019 linked to the Jigawa outbreak in Nigeria.

During week 32 (week ending on 11 August 2019), 63 suspected cases of measles were reported. From week 1 to 32 (1 January – 11 August 2019), a total of 4 573 suspected cases including 13 deaths (CFR 0.3%) have been reported. Of the 4 573 suspected cases, 1 595 were sampled, of which 969 tested positive for measles by serology. Five localities in three health districts are in the epidemic phase, namely, Tombolia centre, Yimbayah école, and Matoto centre in Matoto Health District, Waniindara in Ratoma Health District and Maneah in Coyah Health District.

In week 43 (week ending 27 October 2019), 42 new suspected cases were reported from Nairobi (26 cases), Wajir (6 cases), Turkana (6 cases), Garissa (4 cases). Since January 2019, twelve of the 47 Counties of Kenya reported choler a cases, namely: Embu, Garissa, Kajiado, Kisumu, Machakos, Makueni, Mombasa, Nairobi, Narok, Turkana and Wajir Counties. The outbreak remains active in four counties: Garissa, Madera, Makueni, Nairobi and Wajir.

In week 43 (week ending 27 October 2019), 1 new case was reported. Since the beginning of the outbreak, suspected and confirmed cases of leishmaniasis have been reported from Madera, Marsabit, Wajir and Garissa counties.

During week 44 (week ending 3 November 2019), five new suspected cases were reported across the country, of which one tested positive. From 1 January - 3 November 2019, a total of 130 suspected cases have been reported across the country. Of samples tested from 100 of the suspected cases at the National Public Health Reference Laboratory of Liberia, 35 were confirmed by RT-PCR and 65 were discarded due to negative test results. The case fatality ratio among confirmed cases is 31.4% (11/35).

In week 44 (week ending on 3 November 2019), 29 suspected cases were reported from 9 out of 15 counties across the country. Since the beginning of 2019, 1 505 cases have been reported across the country, of which 228 are laboratory-confirmed, 82 are epi-linked, and 779 are clinically confirmed.

The onsets of paralysis were 24 September and 4 October 2019. There are five cVDPV2 cases in 2019 linked to the Jigawa outbreak in Nigeria.

In week 44 (week ending on 3 November 2019), 5 new suspected cases were reported across the country, of which one tested positive. From 1 January – 3 November 2019, a total of 125 suspected cases have been reported across the country. Of samples tested from 100 of the suspected cases at the National Public Health Reference Laboratory of Liberia, 35 were confirmed by RT-PCR and 65 were discarded due to negative test results. The case fatality ratio among confirmed cases is 31.4% (11/35).

As of week 44 (week ending on 3 November 2019), 1 156 suspected cases of measles have been reported from 49 districts in the country. Of these, 336 were confirmed IgM-positive.

In week 44 (week ending on 3 November 2019), 5 new suspected cases were reported across the country, of which one tested positive. From 1 January – 3 November 2019, a total of 125 suspected cases have been reported across the country. Of samples tested from 100 of the suspected cases at the National Public Health Reference Laboratory of Liberia, 35 were confirmed by RT-PCR and 65 were discarded due to negative test results. The case fatality ratio among confirmed cases is 31.4% (11/35).

The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. A significant humanitarian funding gap continues to remain as only 49% of the required funding is available. As of 30 October 2019, the biggest threat is associated with food security where there exists a 79.7 million dollar gap.

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The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. A significant humanitarian funding gap continues to remain as only 49% of the required funding is available. As of 30 October 2019, the biggest threat is associated with food security where there exists a 79.7 million dollar gap.

As of week 44 (week ending on 3 November 2019), 1 156 suspected cases of measles have been reported from 49 districts in the country. Of these, 336 were confirmed IgM-positive.

In weeks 41 and 42 (week ending 20 October 2019), 70 cases were reported from eleven regions of Namibia with the majority (36 cases) from Khomas region. There was an increase in the number of cases reported in the last two weeks compared to weeks 39 and 40. As of 20 October 2019, a cumulative total of 1 608 laboratory-confirmed, 4 141 epidemiologically linked, and 855 suspected have been reported countrywide. A cumulative number of 56 deaths have been reported nationally (CFR 0.8%), of which 24 (43%) 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, Ohangvena, Omaheke, Hardap, Karas, Otjozondjupa, and Kunene regions.
The security situation continues to worsen in Niger following Boko Haram attacks in the region. A total of 70,000 people is displaced in Tillaberi, Maradi and Tahoua and more than 150 civilians were killed following the upsurge of armed attacks in 2019. As of 12 September 2019, the security and humanitarian situations remain worrying in areas bordering Burkina Faso, Mali and Nigeria, where Tillaberi, Tahoua, Diffa and Maradi regions are targets of armed groups operating on both sides of the border, as well as of reprisals by jihadists after G5 Sahel operations. In weeks 36 and 37 (week ending 14 September 2019) Tillaberi and Maradi have been particularly badly affected, with attacks on humanitarian vehicles near Tillaberi. In Maradi, more than 35,000 refugees from Sokoto, Zamfara and Katsina states have arrived. 70% of whom are under the age of 18 and more than 50% are women.

During week 33 (week ending 18 August 2019), 6 suspected measles cases have been reported from the country. Maradi (3,543 cases including 8 deaths) and Tahoua (1,845 including 24 deaths) region reported the most cases, followed by Zinder (1,360 including 10 deaths), Niamey (1,269 with 1 death), Tillaberi (633 including 3 deaths), Agadez (490 including 3 death), Diffa (299 with no deaths) and Dosso (298 cases including 4 deaths). Since the peak of the outbreak in week 12, the case incidence has been on a continuous decline.

No new cVDPV2 was reported in this week. Since the beginning of 2019 there has been one case reported from Bosso health district, Diffa region on 3 June 2019. A total of ten cVDPV2 cases were reported in 2018 in Niger, which were genetically linked to a cVDPV2 case in Jigawa and Katsina states, Nigeria.

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.

Three new cases of cholera were reported in Adamawa State between 25 and 31 October 2019 from Girei (2) and Yola North (1). From 15 May to 31 October 2019, a cumulative total of 808 cases with four deaths have been reported from four LGAs: Yola North (494 cases with two deaths), Girei (196 cases with one death), Yola South (117 cases with one death), and Song (1 case with zero deaths). Of 440 stool specimens collected and analysed at the state specialist hospital, 189 cultured Vibrio cholerae as the causative agent.

Between epi weeks 35 - 39 (week ending 30 September 2019), a total of 1,544 suspected cases of measles were reported from 36 states including 3 deaths (CFR 0.2%). Katsina (309), Borno (219), Kano (309), Yobe (91), Ekiti (65), Lagos (65) and Sokoto (65) account for 59% of all the cases reported in the time period. Between epi weeks 10 - 14 (week ending 20 October 2019), a cumulative total of 55,476 suspected cases have been recorded from 754 LGAs in 36 states and FCT with 257 deaths (CFR 0.5%). Of the 10,236 samples tested, 2,150 were IgM positive for measles.

No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 18 cVDPV2 cases reported in 2019. There were 34 cVDPV2 cases in 2018.

In week 42 (week ending 20 October 2019), 118 suspected cases of yellow fever with zero deaths were reported from 64 Local Government Areas in 24 states and the Federal Capital Territory. Five of the suspected cases were laboratory-confirmed. From 1 January to 20 October 2019, 2,988 suspected cases with 87 deaths have been reported across the country. Eighty-six were laboratory-confirmed.

A case of dengue fever from Koaalack, in the center of the country, with symptom onset on 15 August 2019 was confirmed by PCR at Institut Pasteur Dakar on 13 September 2019.

Between week 1 to week 40 of 2019, a total of 3,477 suspected cases of measles which 163 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.
# Health Emergency Information and Risk Assessment

## Ungraded

<table>
<thead>
<tr>
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<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>Tanzanian, United Republic of</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dengue fever</td>
<td>Ungraded</td>
<td>31-Jan-19</td>
<td>1-Aug-18</td>
<td>20-Oct-19</td>
<td>6 917</td>
<td>6 917</td>
<td>13</td>
<td>0.20%</td>
</tr>
</tbody>
</table>

In week 42 (week ending on 20 October 2019), no new dengue cases were reported. The total confirmed cases reported since the beginning of the outbreak was 6 917 cases including 13 deaths. Since the beginning of the outbreak, 11 Regions have been affected: Arusha, Dar es Salaam, Dodoma, Kagera, Kilimanjaro, Lindi, Morogoro, Pwani, Ruvuma, Singida and Tanga.

| Togo                               | Grade 2 | 18-Oct-19          | 13-Sep-19 | 6-Nov-19 | 1 | 1 | 0 | 0.00% |

No new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. One case has been reported so far this year from East_Mono in Plateaux province. The onset of paralysis was 13 September 2019. This is the first cVDPV2 case in the country and is linked to Jigawa outbreak in Nigeria.

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

Between 1 and 30 September 2019, a total of 6 700 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo (5 044), South Sudan (900) and Burundi (756). Uganda hosted 1 347 360 asylum seekers as of 30 September 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 (28.5%) and Burundi (3.3%). Most are women within the age group 18 - 59 years.

| Uganda                             | Measles | Ungraded | 8-Aug-17 | 1-Jan-19 | 24-Sep-19 | 1 584 | 795 | 5 | 0.30% |

Since the beginning of 2019, 1 584 cases have been reported across the country, of which 529 are laboratory-confirmed, 204 are epi-linked, and 62 are clinically confirmed.

| Zambia                             | Cholera | Ungraded | 3-Oct-19 | 26-Sep-19 | 6-Oct-19 | 6 | 2 | 0 | 0.00% |

On 2 October 2019, WHO was notified of a new outbreak of cholera in Zambia. The index case, a 43-years old male fisherman from Ndole village (Nsumbu district) had symptoms onset on 26 September 2019 and was admitted to Nsumbu Rural Health Centre on the same day. His stool samples tested positive for cholera on Rapid Diagnostic Test (RDT). Three additional patients from the same village were later admitted at Nsumbu Health Center and all tested positive for cholera on RDT. Two out of three samples sent to Mporokoso Hospital for further analysis, tested positive for Vibrio cholerae 01 Inaba on 1 October 2019. As of 2 October 2019, a total six cases with zero deaths had been reported. This is the third outbreak of cholera in Nsumu district in 2019.

| Zambia                             | Polioviruses (cVDPV2) | Grade 2 | 17-Oct-19 | 16-Jul-19 | 6-Nov-19 | 1 | 1 | 0 | 0.00% |

No new case of cVDPV2 was reported this week. One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported so far this year from Chiengi in Luapula province. The onset of paralysis was 16 July 2019.

## Closed Events

<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>Benin</td>
<td>Cholera</td>
<td>Ungraded</td>
<td>5-Jul-19</td>
<td>3-Jul-19</td>
<td>30-Sep-19</td>
<td>45</td>
<td>19</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

From 3 July to 30 September 2019, a total of 45 suspected cholera cases with zero deaths have been reported from Atlantique and Littoral Departments of Benin. Of the 45 suspected cases, 19 cultured Vibrio cholerae serotype O1 at the National Public Health Laboratory. Confirmed cases are from four communes, namely, Zè (3), Sô-Ava (2) and Abomey-Calavi (2) in Atlantique Department and Colonou (12) in Littoral Department. No more suspected case has been reported since week 34 (week ending 25 August 2019).

| Democratic Republic of the Congo | Chikungunya                   | Ungraded | 8-Feb-19          | 30-Sep-18 | 12-May-19 | 1 181 | 426 | 0 | 0.00% |

From week 49 of 2018 to week 19 of 2019 (week ending 12 May 2019), a total of 1 181 suspected cases of chikungunya were reported from 25 health zones of Kinshasa and 8 health zones of Kongo provinces. Around 65% of cases have been reported from Gombe, Mont Gafula, 1, Mont Gafula 2, Massa and Matadi health zones. A total of 778 samples collected among the 1 181 cases were tested at the National Institute of Biomedical Research in Kinshasa. Of the 778 samples tested, 426 (54.7%) were confirmed by RT-PCR. Females are more affected than males with a male to female sex ratio of 0.5.

| Senegal            | Crimean-Congo haemorrhagic fever (CCHF) | Ungraded | 13-Sep-19 | 6-Sep-19 | 13-Sep-19 | 1 | 1 | 0 | 0.00% |

No new case has been reported since 13 September 2019, when one case of Crimean-Congo haemorrhagic fever was confirmed by PCR at Institut Pasteur Dakar from Bokidiawé Site, Matam Region, Northern Senegal on the border with Mauritania.

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: http://www.who.int/hac/about/erf/en/.

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
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Correspondence on this publication may be directed to:
Dr Benido Impouma
Programme Area Manager, Health Information & Risk Assessment
WHO Health Emergencies Programme
WHO Regional Office for Africa
P O Box. 06 Cité du Djoué, Brazzaville, Congo
Email: afrooutbreak@who.int

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Contributors
P. Otim (South Sudan)
M.C. Kambire Diarra (Burkina Faso)
R. Nansseu (Democratic Republic of the Congo)
N. Ndayimirije (Democratic Republic of the Congo).

Graphic design
A. Moussongo

Editorial Team
B. Impouma
C. Okot
E. Hamblion
B. Farham
G. Williams
Z. Kassamali
P. Ndumbi
J. Kimenyi
E. Kibangou
O. Ogundiran
T. Lee

Production Team
A. Bukhari
T. Mlanda
R. Ngom
F. Moussana

Editorial Advisory Group
Z. Yoti, Regional Emergency Director ai
B. Impouma
Y. Ali Ahmed
M. Yao
M. Djingarey

Data sources
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Health Emergency Information and Risk Assessment