Introduction

In this issue, a general overview of outbreaks that occurred within the WHO African Region between January and July 2013 is provided as well as a summary of ongoing outbreaks as reported by Member States.

Overview of reported outbreaks in WHO African Region

Based on data received from the Event Management System (EMS)*, 49 public health events were reported to the Regional Office between January and July 2013 of which 90% (44 / 49) were due to infectious diseases; with cholera being the most frequently reported event. The distribution of these events is shown in figure 1.

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*EMS is a WHO web-based application that supports the process of epidemic intelligence detection, verification, risk assessment and monitoring.
Cholera remains a major public health problem in the WHO African Region. Between 01 January and 12 August 2013, a total of 28,230 cholera cases including 563 deaths were reported from 19 countries resulting in a CFR of 2%.

The most affected country during the current period under review is DR Congo which accounted for 68.5% (19,349 / 28,230) of cases followed by Angola (9%) and Mozambique (7%). The distribution of cholera cases and deaths is shown in figures 2 and 3. During the same period in 2012, DR Congo accounted for 53% of the cases reported in the WHO African Region.

In order to reduce morbidity and mortality associated with cholera in the above countries, preventive and control measures are being implemented by national authorities with support from WHO and other partners in accordance with the resolution AFR/RC57/R1 on "resurgence of cholera in the WHO African Region: current situation and way forward". These measures include among others reactivation of epidemic management committee, enhancement of surveillance and response to cholera, strengthening of laboratory capacities for early detection, risk assessment, public health awareness, WASH activities and resource mobilization.
Polio

As of 26th August 2013, the African region reported 57 wild poliovirus type 1 (WPV1) cases from Nigeria (43 cases), Kenya (13 cases) and Ethiopia (1 case) compared to 88 cases reported during the same period last year. The date of onset of the latest case is on 23 July 2013 in Nigeria from Borno (Jere LGA). The situation of polio in Nigeria, Ethiopia and Kenya is as follows:

**Nigeria**: almost half of the cases occurred in security compromised states of Borno and Yobe, and other cases are genetically linked to these states.

**Ethiopia**: The current Horn of Africa outbreak of wild poliovirus type 1 has now spread to Ethiopia. A WPV1 case has been confirmed in an 18-month old child from Somali region (Geladi district of Warder zone) with onset of paralysis on 10 July 2013. The case is genetically related to the Somalia viruses.

**Kenya**: 13 wild poliovirus type 1 (WPV1) cases have now been confirmed, all from north eastern province (Dadaab, Fafi and Hulugho districts). The latest case in Kenya has date of onset of the paralysis on 11 July 2013.

To achieve the strategic objectives developed during the WHO inter-regional consultation between AFRO and EMRO, intensified outbreak response activities continued in the Horn of Africa. Several large scale SIAs involving Somalia, Kenya and Ethiopia (refugees camps included) were conducted. Additional rounds will be implemented from August to December 2013 with the engagement of national authorities and local leaders to interrupt the transmission. Surveillance activities are being enhanced in all countries and in refugee’s camps and across the borders.
Ongoing outbreaks

1. Cholera in DRC

Between 01 January and 26 August 2013, a total of 19,810 cases with 359 deaths (CFR: 1.8%) were reported from 10 provinces out of 11 (Figure 5 and 6); with Katanga province being the most affected. A decline in the reported number of cases were observed since the epidemiological week 23 (4 June 2013).

The Ministry of Health with support from WHO and other partners is implementing series of preventive and control measures. These include regular meetings of the Epidemic Management Committees at both provincial and national levels; regular reporting of cases and deaths; increased public health awareness and continued advocacy for resource mobilization.
2. Cholera in Angola

Angola continues to experience outbreak of Cholera. As of 26 August 2013 (epidemiological week 34), a total of 2,482 cases including 86 deaths (CFR: 3.4%) were reported from 9 of the 17 provinces.

Preventive and control measures are being implemented in all affected districts. National authorities are releasing on a weekly basis an epidemiological bulletin summarizing the situation of cholera.
3. Crimean-Congo Hemorrhagic Fever (CCHF) in Uganda

The Ministry of Health in Uganda notified WHO of a Crimean-Congo Hemorrhagic Fever (CCHF) outbreak which was confirmed on 15th August, 2013 in the districts of Agago and Wakiso. As of 27 August 2013, 4 cases (three confirmed cases and one probable including one death) were reported from Agago and 2 confirmed cases including 1 death from Wakiso district. In summary, a total of 6 cases including 2 deaths (CFR: 33%) reported from the Country.

The Index case is a 68 year old man with onset of illness on 8th August 2013 in Agago district. He presented with fever, headache, abdominal pain, conjunctival injection, jaundice, bleeding from the nose, and hematemesis. He had participated in slaughtering a cow with 3 other people prior to the onset of his illness. One of his colleagues experienced similar illness and died in Kalongo hospital on 10th August 2013 (considered as probable case - no laboratory tests performed).

The Ministry of Health with support from WHO and other partners is implementing the following preventive and control measures: daily meeting of the multi-sectoral National Task force; deployment of a team of animal and human health experts to support outbreak investigation and response in accordance with the One Health Approach. Further investigations are ongoing to establish the possible sources of infection since there is no epidemiological link with cases in Agago district.
4. Lassa Fever in Nigeria

Lassa Fever cases and deaths continue to be reported from Nigeria. Between 01 January and 12 August 2013, a total of 1,046 cases with 32 deaths (CFR: 3.0%) were reported from 12 states as shown in Figures 11 and 15. Eighty five per cent (85%) of the cases were reported from Edo state.

A total of 152 cases were laboratory confirmed. One of the confirmed cases from Benue state was a medical doctor who died within 48 hours of admission.

In 2012, during the same period under review, a total of 1,229 suspected Lassa fever cases including 103 deaths (CFR: 8%) were reported from 23 States. Of these suspected cases, 162 cases were laboratory confirmed.

The Federal and State governments with support from WHO and other partners are responding to the outbreak by reinforcing active surveillance, contact tracing, case management, clinician sensitization and public enlightenment.