1. Introduction

The aim of this bulletin is to provide information on public health events including emergencies to Member States, public health and health emergency professionals, health development partners and the wider audience on the status of outbreaks and health emergencies in the WHO African region.

This issue focuses on yellow fever, cholera, the humanitarian crisis in Nigeria and South Sudan and Rift Valley fever in Niger.

During the period under review, there have been urban Yellow Fever (YF) outbreaks in Angola that have spread to neighboring DR Congo with cases exported to China and Kenya. Another outbreak of Yellow Fever was reported in Uganda, however it was not epidemiologically linked to the Angola or DR Congo outbreaks. The Uganda YF outbreak was rapidly and effectively contained highlighting the importance of preparedness as stipulated in the new regional strategy for health emergencies adopted during the recent Regional Committee in Addis Ababa.

Cholera outbreaks have been the most protracted public health events (PHEs) in the period under review. Seventeen (17) countries have been affected with DR Congo, Ethiopia, Tanzania, and Kenya recording the highest numbers of cases. Cholera in DR Congo is endemic yet outbreaks regularly occur. Outbreaks have also been reported in countries bordering DRC namely CAR and Congo.

Other major outbreaks that were reported during the period under review were: Polio in Nigeria, encephalitis in Angola and Rift Valley fever in Niger.

Moreover, protracted and escalated humanitarian crises in the Burundi, north eastern Nigeria and South Sudan have resulted in the displacement of thousands of people and major health consequences.

Finally, floods and drought related to El Nino have affected millions of people in Eastern and Southern Africa, including: Ethiopia, Zimbabwe, Malawi, Lesotho, South Africa, and Zambia. Consequently, food insecurity and severe acute malnutrition has significantly increased in the affected countries.
2. Overview of reported public health events in WHO African Region

Data and information on acute public health events that threaten public health security are reported to WHO by Member States through the implementation of the Integrated Diseases Surveillance and Response (IDSR) and the implementation of the International Health Regulations (IHR 2015). The data and information team at the regional office reviews, analyses, and records events into the Event Management System (EMS) and reports back to Member States on critical actions that should be taken to detect, verify, confirm, respond and monitor any public health event that may be of concern.

Between January and August 2016, a total of 62 PHEs were reported to the Regional Office compared. The top four public health events reported during the period under review were: Cholera, followed by meningitis, measles and Lassa Fever.

Figure 1. Geographic distribution of public health events by country, January - August 2016
3. Cholera outbreaks

Cholera remains a major public health issue in the region despite the adoption of evidence-based policies and strategies, enhancement of cross-border collaboration initiatives and implementation of a number of critical interventions by affected countries, with support from partners. This indicates the critical needs for cross-sectoral collaboration and establishment and implementation of comprehensive preparedness plan in line with all hazards approach. The number of reported cases and deaths attributable to cholera remains high. For instance, between January and August 2016, a total of 55,037 cholera cases including 864 deaths (CFR: 1.6%) were reported from 17 countries. During the same period last year, 29,904 cases and 453 deaths were reported, with a CFR of 1.5%.

The following four countries accounted for 75% of the cases: DR Congo (32%, with CFR: 2.6%), Ethiopia (28% with CFR: 0.6%), Tanzania (15%, with CFR: 0.8%), and Kenya (11% with CFR: 1.3%). The ongoing cholera outbreaks in DR Congo, Republic of Congo, Burundi and CAR call for an enhanced cross-border collaboration between these countries and a sub-regional multisectoral response.
WHO is closely working with development partners and NGOs to provide support to affected countries in their efforts to respond to ongoing cholera outbreaks.

To facilitate a sub-regional response to cholera outbreaks in Central African sub-region, a cross-border meeting was held on 12 to 13 September 2016 between CAR and DR Congo. The meeting resulted into sharing of information, data and best practices on the management of cholera cases, assessment of risks associated with the outbreak and better coordination of interventions. The meeting also highlighted the need for bringing together health and other sectors such as WASH at country level to address the issues of quality of water, hygiene and sanitation.

In Tanzania, WHO continues to provide technical assistance to the Ministry of Health, Community Development, Gender, Elderly and Children in enhancing coordination of response to cholera, effective use of cholera kits. In addition, planning and monitoring the response, water quality, community engagement, surveillance including laboratory have been supported. The organization also deployed over 50 experts from different disciplines to assist with augmenting the spread of the outbreak. This contributed to the significant reduction of number of cases and deaths in Tanzania: mainland from weekly average of 650 cases and deaths in March 2016 to weekly 26 cases and deaths in September 2016; and Zanzibar, from weekly average of 218 cases and deaths in April 2016 to weekly zero cases and deaths in September 2016.

Currently, WHO has deployed international experts to Burundi, DR Congo, Ethiopia and Tanzania to support response activities.
4. Yellow Fever in the African Region

Yellow fever is an acute viral haemorrhagic disease transmitted by infected mosquitoes. In 2016, two linked urban yellow fever (YF) outbreaks occurred in Angola and DR Congo, with wider international exportation from Angola to other countries, including China. Multiple exportations of cases suggests that YF poses a serious global threat calling for a massive international response.

The situation of YF in DRC and Angola is presented here.

4.1 Angola

Yellow Fever in Angola started in December 2015. No new confirmed cases have been reported since 23 June 2016. The last confirmed cases were reported from Cunene and Cuanza provinces. A total of 4 100 cases and 373 deaths have been so far reported (CFR: 9.2). 83 577 samples were tested and 884 cases have been laboratory confirmed, with 121 deaths (CFR: 13.7%). All of the 18 provinces of Angola reported suspected cases and 16 districts confirmed cases.

Mass reactive vaccination campaigns have covered 13,182,198 out of 15,289,549 targeted population (86% coverage). A pre-emptive vaccination campaign was launched on 15 August 2016. Phase I of the campaign was completed and as of 5 September, 16,002,225 (65% of Angola’s population) has been vaccinated. This represents 95% of the target population. Vaccination campaigns have been completed in 73 municipalities.

The Ministry of Health is planning a Phase II vaccination campaign which will be conducted from 30 September to 09 October 2016 with a target population of 2,136,225 in 12 municipalities.

Phase II of the campaign is being prepared and will target more than three million people in 21 districts in 12 municipalities.

IP Dakar had been deployed to Luanda through AFR EDPLN to facilitate rapid confirmation of suspected cases. WHO deployed 123 persons to respond to the outbreak.

4.2 DR Congo

The YF epidemic in DRC started in March 2016. No new cases or death attributable to YF have been reported since July 12, 2016. As of 05 October 2016, a total of 4,188 suspected cases of yellow fever were reported country wide including 121 deaths. Of these 76 suspected cases and 16 deaths (CFR: 21%) were laboratory confirmed by IP Dakar including 16 deaths. Among the 76 laboratory confirmed cases, 57 acquired infection in Angola, 13 are autochthonous transmission and the remaining are sylvatic cases.

A reactive vaccination campaign launched on 26 May 2016, targeting 1 983 597 population, reached 2 111 629 people with coverage of 107%.

DR Congo conducted a pre-emptive vaccination campaign which was concluded on 5 September 2016. The campaign covered 47 health zones of which 32 are in Kinshasa and 15 along the border with Angola. Campaign results indicate that the administrative immunization coverage reached 103.1% in Kinshasa, 101% in Kasai Central, 98.3% in Kongo Central, 101% in Kasai, 101% in Kwango, and 100.8% in Lualaba. Independent monitoring assessed that vaccination coverage is 98.2% in Kinshasa.
4.3 Uganda

Uganda declared the end of their yellow fever outbreak on 6 September 2016. This outbreak was not linked to the outbreak in Angola and DRC.
5. Humanitarian crisis

5.1 Nigeria humanitarian crisis

The violent conflict in Nigeria’s north-east resulted in widespread displacement, violations of international humanitarian and human rights law, protection risks and a growing humanitarian crisis. 14.8 million people are affected across the 4 states (Adamawa, Borno, Gombe and Yobe) with more than 2.2 million internally displaced (10% in IDP camps and 90% in host communities) from their homes. About 7 million people require humanitarian assistance including food, water, sanitation, shelter and health services, and 3.7 million require assistance in health. There are 2.5 million malnourished children under 5 and pregnant and lactating women in need of assistance.

According to the weekly surveillance reports from IDP camps, Malaria, chest infections and watery diarrhea remained the leading causes of morbidity in the camps. During epidemiological week 38, a total of 6,528 consultations were recorded from 23 IDP camps: 42% of these are cases of malaria, 14% are chest infections and 9% are cases of diarrhea. The cumulative number of consultations recorded since week 1 in the 23 IDP camps in Borno state has reached 643,381. Malaria accounted for 33% of all the overall number of cases.

After more than two years without the detection of wild polio in Nigeria, the Government reported three laboratory confirmed wild poliovirus type one (WPV1) cases from Borno state in children between 2 and 5 years of age with date onset between July and August 2016.

From Week 01 to week 35 (starting 11 September 2016), a total of 3,838 suspected cases of measles have been reported from four conflict affected states in Nigeria (Borno, Yobe, Adamawa and Gombe state). Of these, 129 have been confirmed by laboratory.

Limited access to health facilities and evidence of destruction of health facilities in the newly liberated areas a challenge along with a lack of health personnel.

WHO in collaboration with partners endeavour to meet the health needs of the affected population. WHO and other health partners are supporting the government in strengthening coordination of resources and emergency response through national and state Emergency Operations Centers (EOC). An Early and Response System (EWARS) which will build upon the existing integrated disease surveillance and response (IDSR) is being rolled out in the affected area in order to improve early detection of disease outbreaks (56 sites report). 26 persons have been deployed to the field to support response operations.

WHO with support of MOH has conducted a rapid health facility assessment in Borno State, aimed at providing a rapid understanding of the capacity of health services to meet minimum needs and prioritization of interventions.

WHO has already deployed 3 emergency health kits (IEHK) and 10 IDDK are being shipped. So far, 1698 950 people have been vaccinated against polio and 83, 494 for measles.
6. South Sudan humanitarian crisis

Thousands more civilians in South Sudan were forced to flee their homes due to fighting that broke out in August 2016. The overall security situation in the country remains volatile and unpredictable. While it was generally calm in Juba, armed conflict was reported in Upper Nile, Jonglei, Unity, Western Equatoria, and Central Equatoria States. In all, about 60,000 people fled South Sudan as refugees to neighboring countries during August, including nearly 50,000 to Uganda. In total, there are 1.6 million displaced people and 829,565 refugees.

The situation is undermining the health of the people and exasperating disease outbreaks. The number of malaria cases continues to rise across the country with high numbers of cases reported in West Lakes, Eastern Lakes, Gok, Aweil, Aweil East, Lol, Gogrial, Tonj, and Twic states.

Cholera was confirmed in Juba on 21 July 2016 in the aftermath of the recent escalation of violence in Juba where clashes between the military and opposition forces resulted in hundreds of people dead and thousands displaced. Cholera outbreaks have now been confirmed in five states (Jubek, Terekeka, Jonglei, Imatong, and Eastern Lakes). As of 19 September 2016, a total of 2,119 cholera cases, including 31 deaths had been reported from five states namely Juba, Terekeka, Jonglei, Eastern Lakes and Imatong.

A total of 1,628 cases of suspected measles cases including at least 19 deaths (CFR 1.17%) have been reported since the beginning of 2016. Kalaazar cases are on the increase in endemic areas in East Nile, Western Bieh, and Eastern Bieh states.

In a conflict setting, WHO and partners are responding to multiple outbreaks including cholera, malaria, measles, suspected hemorrhagic fever, and kala-azar.

WHO has established early warning alert and response system (EWARS) to promote early detection of disease outbreaks among populations of humanitarian concern. WHO continues to support the national public health laboratory to test samples of cholera, measles and other priority diseases, to enable a fast response that will ultimately save lives. WHO has trained rapid response teams to investigate and respond to the outbreaks. WHO has prepositioned outbreak investigation and response kits for malaria, cholera, kala-azar, medical complications of acute malnutrition, suspected hemorrhagic fevers and meningitis at its state hubs in Juba, Bor, Rumbek, Wau, Aweil, Bentiu, Malakal, Torit, and Yambio.

WHO is working with partners to respond to the cholera outbreak, including treating approximately 1,700 cholera patients and sending health promoters to visit around 88,000 households with prevention messages and items such as water purification tablets, oral rehydration solution and soap. Additionally, WHO has participated in an extensive health promotion campaign which has reached over 2 million people countrywide with cholera prevention messages through radio talk shows, radio spots and interviews on 17 radio stations.

7. Rift Valley Fever in Niger

The Ministry of Health of Niger notified the World Health Organization (WHO) of an outbreak of Rift Valley Fever (RVF) on 30 August 2016. The first suspected cases were reported from Tchintabaraden health district in Tahoua region on 2 August, 2016. On 31 August 2016, an outbreak investigation team composed of the Ministry of Health and WHO staff were deployed in the field to carry-out an initial investigation and support the implementation of immediate response measures. The samples collected were sent to Institute Pasteur Dakar on 9 September 2016 and were positive for Rift Valley Fever.

As of 09 October 2016, a total of 101 human cases including 28 deaths (CFR: 26.6%) were reported from Tchintabaraden health district in Tahoua region. Most of the cases are male (66%), farmers or animal breeders. Cases and deaths attributed to RVF are also being reported in animals. A total of six animal samples have tested positive for RVF as at 26 September 2016.

The risk associated with this outbreak is high given its potential for spread to neighboring countries, limited local laboratory capacity to detect and confirm RVF cases, prevailing security situation in the sub-region and movement of the animal and human population. Nomadic stockbreeders from Niger and neighboring countries are gathering in the areas called In-gall with their herds to celebrate Cure Salée (a yearly festival of the nomads that marks end of the rainy season). It takes place in the last week of September. Around 2 million cattle and even more small ruminant are currently reported to be present in the area. Following the end of the rainy season, nomadic animal population will move to other Southern Sub-Saharan countries and irrigation system along the Niger River where pastures will still be available.

In line with the International Health Regulations, WHO supported the Ministry of Health in carrying out the initial outbreak investigation which led to the collection of human and animal samples, confirmation of the outbreak and notification by the Ministry of Health of RVF. WHO also deployed a team of experts in the field to support the Ministry of Health in enhancing the coordination and response to the outbreak.

Given the zoonotic nature of the outbreak, WHO is closely working with FAO and other partners to support response measures in line with the One Health Approach. Further information on response operations will be made available as soon as it becomes available.
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