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Introduction

In this issue, a general overview of outbreaks that occurred within the WHO African Region between January - September 2014 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 Early Warning System through the Event Management System (EMS)*, 52 public health events were reported to the Regional Office between January and September 2014 of which 94% (49 / 52) were due to infectious diseases; cholera being the most frequently reported infectious diseases (33%) followed by Dengue (11%), Ebola (11%) and Meningitis (11%). The distribution of these events is shown in figure 1 below.

*EMS is a WHO web-based application that supports the process of epidemic intelligence detection, verification, risk assessment and monitoring.
Overview of cholera outbreaks in the WHO African Region

From January - September 2014, a total of 74,127 cholera cases including 1,154 deaths (CFR: 1.6%) were reported from 17 out of 47 countries in the region. Four countries in the region namely Nigeria, Ghana, DR Congo and south Sudan accounted for 98% of total number of cases and 94% of deaths. The distribution of cholera cases and deaths is shown in figures 2 and 3.

During the period under review, the number of cases more than doubled, compared to cases reported in 2013, though the number of countries affected were less than that were reported in 2013. During the same period in 2013, a total of 30,916 cholera cases including 640 deaths were reported from 20 countries resulting in a CFR of 2.1%.

In response to the cholera outbreaks, WHO and partners continue to provide support to the respective Ministries of Health in the areas of coordination, surveillance, laboratory, case management, and social mobilization.

It is crucial that Member States refer to the WHO standard operating procedures for coordinating public health events preparedness and response to enhance preparedness, surveillance and response (http://www.afro.who.int)
Ongoing outbreaks

1. Ebola Virus Disease in West Africa

In the past seven months, the Ebola Virus Disease outbreak in West Africa has affected six countries namely Guinea, Liberia, Sierra Leone, Nigeria, Senegal and Mali. As of 27 October 2014, a cumulative total of 12,328 cases and 4,489 deaths was reported (table 1). 4% of the cases and 6% of the deaths were reported among healthcare workers (522 cases and 295 deaths).

Guinea, Liberia and Sierra Leone continue to report high numbers of cases and deaths. The outbreak is widely spread over large geographic areas with intense transmission (figures 4 and 5).

Mali reported its 1st case on 23 October from Kayes district, bordering Mauritania and Senegal. The index case is a 2 years old child who travelled with her grandmother from Conakry, Guinea to Kayes, Mali. 82 contacts have been identified and are under follow-up.

Nigeria reported 20 cases including 8 deaths and Senegal 1 case with 0 death. Senegal and Nigeria have declared an end of Ebola outbreak on 17 and 20 of October, 2014 respectively.

Fig 4. Geographic distribution of Ebola hemorrhagic fever cases in West Africa, 27 October 2014
The EVD outbreak in West Africa started in March in Guinea and spread to seven other countries (five in Africa, United States of America and Spain). In order to stop the transmission of EVD in the affected countries and prevent the spread within and outside the African Region, national authorities, with the support of WHO and other partners are taking necessary measures inline with the IHR (2005). These include: activation of the presidential, national, provincial and district emergency management committees to coordinate response; deployment of additional multi-disciplinary experts; provision of outbreak logistics support; capacity building of healthcare workers and community; and provision of financial support.

The Emerging and Dangerous Pathogens Laboratory Network (EDPLN) is working with the affected countries for timely confirmation of cases through deployment of mobile laboratories and strengthening the capacity of national laboratories. More treatment centres are being constructed to meet increasing needs.

Key challenges remain inadequate Infection prevention and Control Practices including unsafe burial and funeral practices, incomplete contact tracing and community resistance.

Continuous utilization of key reference documents such as Ebola SOP, guide on contact tracing and guide on Integrated Disease Surveillance and Response (IDSR) community surveillance is critical to appropriately implement best practices.
2. Ebola in DR Congo

On 24 August 2014, the Ministry of Health in Democratic Republic of Congo declared an outbreak of Ebola Virus Disease in Boende District of the Equator province but not related to the EVD in West Africa. As of 28 October 2014, the total number of cases stands at 66 cases (38 Confirmed, 28 probable) including 49 deaths (21 confirmed and 28 probable). A total of 1121 contacts have been listed and all completed 21 days of follow up.

The last confirmed case was reported on 04 October 2014.

The 1st EVD outbreak was reported from DR Congo in the year 1976 and this is the 7th EVD outbreak so far reported by the country.

The Ministry of Health (MoH) together with WHO and other partners are taking measures to control the outbreak and prevent further spread. Among the key actions taken in the affected area include: enhancement of coordination through activation of national and district coordination taskforce; active surveillance; case management including safe burial; laboratory diagnosis through Emerging and Dangerous Pathogen Laboratory Network (EDPLN); Water Sanitation Hygiene (WASH); logistical support; risk communication; and psychosocial support.
3. Marburg in Uganda

On 5 October 2014, the Ministry of Health of Uganda notified WHO of Marburg outbreak in Kampala. The index case is a 30-year-old radiologist who was working at Mengo Hospital in Kampala. He fell ill on 11 September 2014 and consulted a health care facility in Mpigi district on 18 September. He presented with vomiting blood, epistaxis, abdominal pain and diarrhoea. His condition worsened and was transferred to the Mengo hospital in Kampala on 23 September 2014 (5 days after the onset). The patient’s condition did not improve, and based on the suspicion of viral haemorrhagic; a blood sample was taken on 28 September and sent to Uganda Virus Research Institute (UVRI) in Entebbe. The case deteriorated and died the same day.

Blood samples were subsequently laboratory confirmation for Marburg virus disease by UVRI on 30 September 2014. As of now, a total of 197 contacts have been identified and all completed 21 days follow-up.

No new Marburg confirmed case have been reported since detection of the index case.

The Ministry of Health with support from WHO and partners is strengthening surveillance, Laboratory, social mobilization and provided logistics and medical supplies. WHO deployed international experts and provided funds to support investigation and response activities.
4. Cholera in Nigeria

Nigeria is experiencing an outbreak of cholera since May 2013. As of 12 October 2014, a total number of 40 608 suspected cases including 898 deaths (CFR 1.95%) has been reported. An upsurge was observed since epidemiological week 4 (starting 20 January) of 2014. During the year under review (2014), 34 008 including 664 deaths (CFR 1.95%) were reported from 166 LGAs in 19 out of 37 states (51%).

WHO continues to provide technical support to the Ministry of Health and local government areas (LGAs) health authorities in all affected areas to reinforce surveillance and response, sensitize clinicians on case management and infection control, and help to disseminate key messages on preventive measures to the community.
5. Cholera in Ghana

On 28 August 2014, the Ministry of Health (MOH) in Ghana notified WHO of an outbreak of cholera that started on June 2014. The index case was a 10 years old girl. As of 19 October 2014, a total of 23,622 cases including 190 deaths have been recorded (CFR: 0.8%). The disease has affected all the 10 regions of Ghana, Greater Accra being the most affected with 75% of cases and 60% of deaths reported from this region. The outbreak was laboratory confirmed on 6 June 2014.

The Ministry of Health, WHO and partners have developed strategies to control this outbreak. Treatment centers had been set-up and health workers are managing cases according to the national guidelines. Drugs and materials have been dispatched to the affected regions; USAID provided Aqua-Tab tablets to enhance safe water access.

WHO AFRO provided technical support to the country on risk assessment including strategy for caring out a mass cholera vaccination.

![Geographic distribution of cholera cases in Ghana, 19 October, 2014](image1)

![Trends of cholera cases in Ghana, as of 19 October 2014](image2)
6. Cholera in Cote d’Ivoire

On 22 October 2014, Cote d’Ivoire notified WHO of a cholera outbreak which started on the epi-week 41 (starting 06 October 2014). As of 22 October 2014, 12 cases including 03 deaths (CFR: 25%) were reported from Boulay, in Yopougon East and Vridi3 (Zimbabwe), in Koumassi-Port Bouet Vridi districts, all in the Abidjan area. Two samples tested positive for Cholera (one sample from each affected district).

The Ministry of Health with the support from WHO and other partners continues to implement cholera prevention and control measures. These include regular meetings of the Epidemic Management Committees at provincial and national levels; active surveillance; increased public health awareness and continued advocacy for resource mobilization.
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