

# WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 1: 30 December 2019 - 5 January 2020  
Data as reported by: 17:00; 5 January 2020



World Health  
Organization

REGIONAL OFFICE FOR  
**Africa**  
WHO Health Emergencies Programme

**0**

New event

**67**

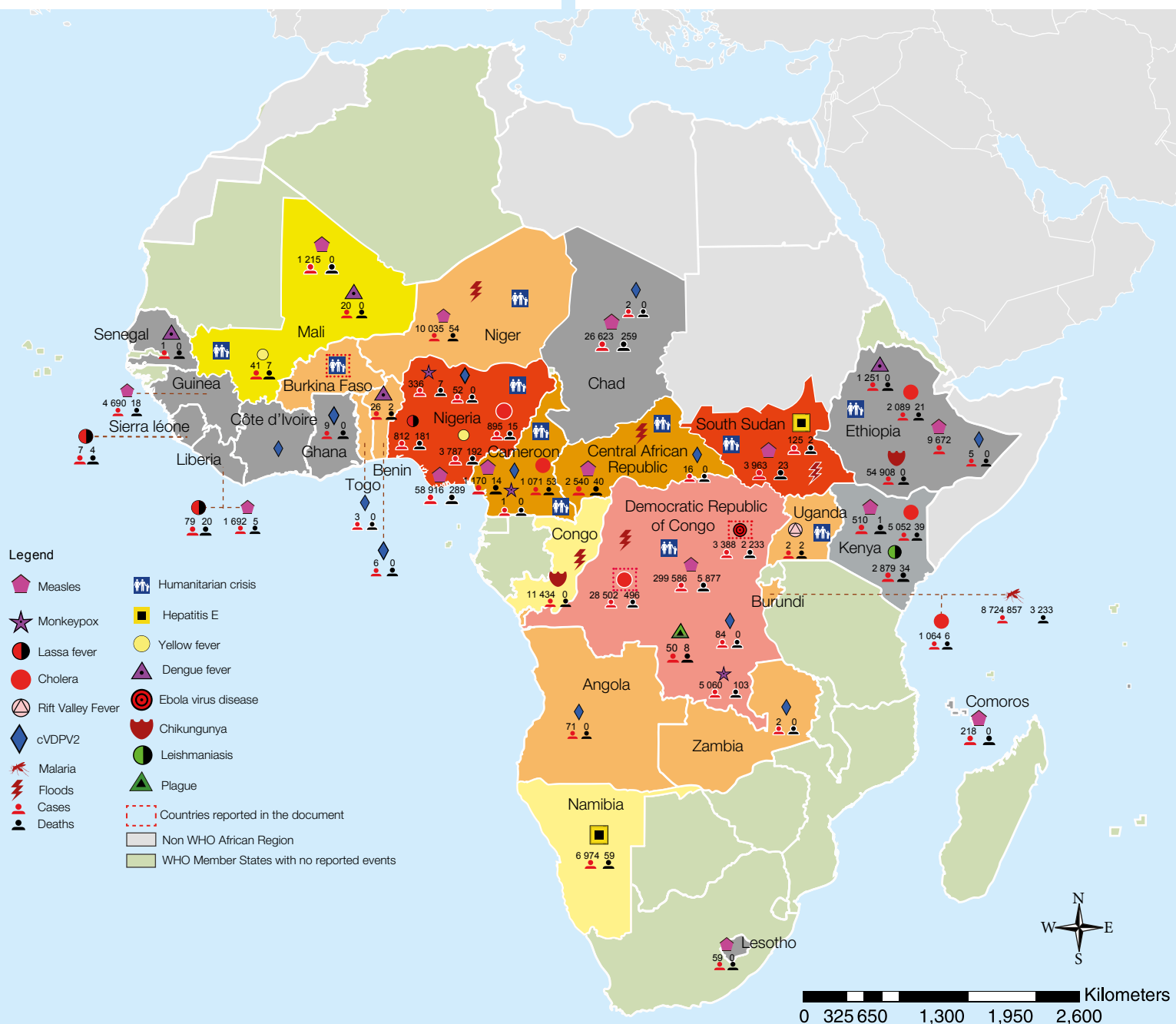
Ongoing events

**52**

Outbreaks

**15**

Humanitarian  
crises



# Overview

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This Weekly Bulletin focuses on public health emergencies occurring in the WHO African Region. The WHO Health Emergencies Programme is currently monitoring 67 events in the region. This week's main articles cover key ongoing events, including:

- [Ebola virus disease in Democratic Republic of the Congo](#)
- [Cholera 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:

- Despite the number of new confirmed EVD cases recorded in Democratic Republic of the Congo during the reporting week decreasing slightly the reinfection of cases in previous hotspots (Butembo, Katwa and Kalunguta) where the outbreak appeared to be under control is a concern. It is imperative to strengthen contact tracing, vaccination, early case investigations and isolation of cases to prevent new chains of transmission in these highly populated zones in order to prevent further transmission.
- The main propagating factors for the cholera outbreak in the Democratic Republic of Congo include insufficient potable water, and poor sanitary and hygiene facilities among populations in many of the affected communities. Insufficient community activities to fight cholera, especially in the cholera-endemic provinces of the east of the country (South Kivu, North Kivu, Haut Katanga, Haut Lomami and Tanganyika) are contributing to the persistence of the outbreak. In addition, insecurity in certain health zones, particularly in North Kivu, leads to poor access to populations and limits the response activities in some of the affected areas.



## EVENT DESCRIPTION

Cholera outbreaks continue to be reported in the Democratic Republic of the Congo with 23 of the 26 provinces of the country reporting cases in 2019. The most affected provinces are South Kivu, North Kivu, Tanganyika, Haut-Katanga and Haut-Lomami accounting for 74% of suspected cases reported in 2019.

During the last four weeks, the epidemic is concentrated in six provinces in the east of the country with 91% of suspected cases reported (2 285/2 514 cases). These include South Kivu (28%;  $n=697$  cases), North Kivu (20%;  $n=490$  cases), Tshopo (15%;  $n=367$  cases), Tanganyika (12%;  $n=297$  cases), Haut Lomami (9%;  $n=230$  cases) and Haut Katanga (8%;  $n=204$ ). The health zones of the littoral regions of lakes Kivu and Tanganyika are the most affected. The number of cases reported weekly have continued to fall since week 48 (week ending 1 December 2019) when approximately 714 suspected cases were reported.

During week 51 (week ending 22 December 2019), 595 cases and nine deaths (case fatality ratio 1.5%) were reported from 40 health zones in 11 provinces of the country. Six provinces (South Kivu, Haut Katanga, North Kivu, Tanganyika and Haut Lomami) reported 88% (602/687) of the total suspected cases.

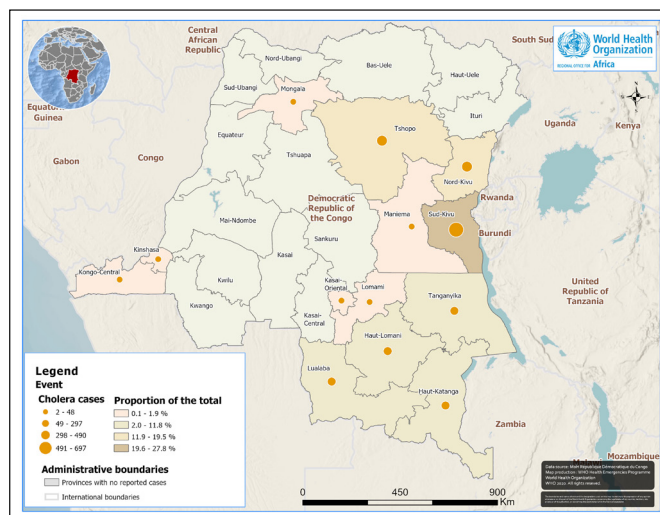
From 1 January to 22 December 2019, a cumulative total of 29 230 suspected cases with 511 deaths (case fatality ratio 1.8%) have been reported from 179 health zones across 23 provinces in the country. The epidemic curves for 2018 and 2019 are almost superimposed, contrasting with the big cholera epidemic that the country experienced in 2017.

The province of Tshopo initially notified suspected cases of cholera starting in epidemiological week 46 (week ending 17 November 2019). As of week 51, a cumulative total of 111 suspected cases have been reported. The results of the rapid diagnostic tests for cholera (RDTs) carried out in the field, as well as the first samples tested at the national reference laboratory (INRB) are negative for *Vibrio cholerae*. Other samples are being analyzed at the reference laboratory to confirm the nature of the epidemic in this province.

## PUBLIC HEALTH ACTIONS

- In the epidemic health zones, response activities are implemented by the National Cholera Elimination Programme (PNECHOL) with the support of WHO and other partners. A joint response plan covering the period from September to December 2019 was developed and implemented in the main outbreak provinces (South Kivu, North Kivu, Tanganyika and Kasai Oriental).
- WHO continues to provide support to response teams at provincial health zones through the deployment of experts for case investigation, management of health information, the operation of water chlorination points and household disinfection.
- Cholera treatment centres and treatment units (CTC/UTC) have been constructed and rehabilitated to provide free case management as well as supplies for case management, including laboratory confirmation. Health partners including MSF and AIDES continue to provide case management services for patients in the different CTC/UTC.

Geographic distribution of cholera cases in Democratic Republic of the Congo, 25 November - 22 December 2019.



- Four cholera vaccination campaigns have been organized in the provinces of Kasai Oriental, Kasai, Sankuru, Lomami and North Kivu since December 2018, based on the three-year cholera vaccination plan drawn up by the MSP with the WHO support. These campaigns made it possible to vaccinate 2 070 972 people aged 1 year and over. An oral cholera vaccine (OCV) campaign is being planned to be conducted in 17 health areas in North Kivu.
- Community engagement activities are also ongoing in the affected communities including dialogue with influential community figures and dissemination of messages focused on preventive and control strategies and risks associated with the spread of cholera.

## SITUATION INTERPRETATION

The Democratic Republic of Congo continues to face multiple outbreaks of diseases with epidemic potential. The epidemiological profile during 2019 is marked by the presence of epidemics of cholera, Ebola virus disease, measles, poliomyelitis, monkeypox and bubonic plague. The cholera outbreak continues to propagate in almost all provinces of the country with most of the cases being reported from five provinces in the region of Lake Tanganyika. Response activities are reported to be insufficient to interrupt the spread in many areas as coordination at subnational level and sharing of accurate health information continues to be a challenge. The inability to conduct OCV campaigns and WASH interventions in many high-risk health zones in North Kivu also contributes to the unabated spread of the outbreak.



## EVENT DESCRIPTION

The security situation in Burkina Faso remains volatile, mainly affecting five regions, notably the Sahel, Centre-North, the North, the East and Boucle du Mouhoun. The humanitarian space is shrinking in Foubé (Centre-North Region), Déou and Arbinda (Sahel Region) and medical evacuations and supplies for health facilities are becoming increasingly difficult. In the last two weeks (as of 26 December 2019) 10 attacks have been recorded and more than 100 people, mainly civilians, have been killed by armed groups. The latest armed attack in Arbinda in the Soum/Sahel Region occurred on 24 December 2019, targeting civilians with 35 deaths, including 33 women and seven members of the security forces.

As of 9 December 2019, figures from the Office for the Coordination of Humanitarian Affairs (OCHA) show 560 033 internally displaced persons (IDPs) registered in 13 regions of the country, displaced by insecurity. This is a 15% increase compared to the 486 360 IDPs recorded on 8 October 2019. These figures are likely to be revised upwards as a result of the large population displacement that occurred towards the end of 2019. In the past two weeks, new IDP influxes have been registered in Pensa, Centre-North, with 7 171 IDPs from Yalgado and Guedma in the same region, following the killing of 20 people between the 13 and 15 December 2019 in Fada, East Region. There are also more than 10 000 new IDPs in Foubé, Centre-North and 13 000 IDPs from Arbinda, Sahel Region.

The health system is heavily impacted by the security situation, with attacks targeting health workers and health infrastructure with assassination of health workers, kidnapping, medicine theft, destruction or theft of ambulances and threats to health workers. As a result many health workers have left their posts, particularly in Djibo, Barsalogho and more recently in Gorom Gorom. As of 9 December 2019, 95 health facilities (8.3% of health facilities) in six affected regions and 135 others (11.8%) have reduced their services, resulting in no immunization strategies or night cover. A total of 1.19 million people are deprived of healthcare as a result.

Outbreaks of epidemic-prone diseases further complicate the situation, with outbreaks of meningitis (*Neisseria meningitidis* C) recorded in two districts earlier in 2019 in the East and Sahel regions. The risk of cholera remains high in the context of population displacement and inadequate shelter and poor hygiene. However, malaria remains the main cause of mortality. In week 50 (week ending 14 December 2019) there were 189 suspected cases of dengue fever, with no deaths, of which 119 probable cases were reported in the five most affected regions. Nationally, the total number of dengue cases reported from weeks 1 to 50 of 2019 was 7 980 cases, including 4 966 probable cases and 12 deaths (case fatality ratio 0.15%).

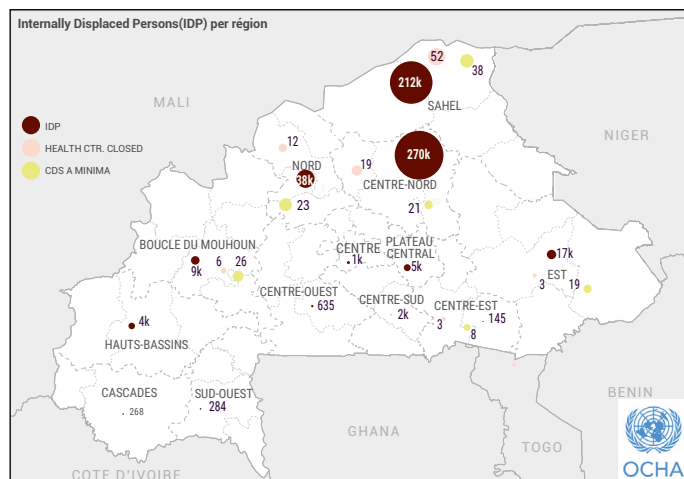
Malnutrition remains a major problem, with the SMART 2019 survey reporting a prevalence of global acute malnutrition (GAM) in children aged 6-59 months exceeding the alert threshold (>10%) for Arbinda (12.7%), Matiacoali (11.7%) and Titao (11.2%) and the critical threshold (>15%) in IDP reception sites in Barsalogho (19.7%) and the communes of Barsalogho (17.2%) and Djibo (16.9%). Among pregnant and breastfeeding women the prevalences of GAM exceed the alert threshold in the communities of Kaya (13.9%), Matiacoali (14.7%) and the Barsalogho site (15.3%).

There is poor immunization coverage of children in insecure areas and insufficient stocks of meningitis and measles vaccines for catch-up vaccination of IDP children. Women and girls are at increased risk of rape and other types of sexual assault and gender-based violence, along with the psychological trauma related to loss of life, livelihoods and property. There is also the risk of treatment interruption for chronic diseases, including HIV/AIDS and tuberculosis.

## PUBLIC HEALTH ACTIONS

- WHO provided technical and financial support for the development and validation of the Sahel Health Region's response plan for health emergencies in 2020; continuation of the coordination of the humanitarian response of health partners, organization of bimonthly meetings, participation in the needs analysis and planning process of the humanitarian response for the year 2020, with coordination of the development and submission of projects

Map of Internally Displaced Persons in Burkina Faso, as of 9 December 2019



on HPC planne d until January 2020.

- Multidisciplinary mobile clinics continued to operate in Barsalogho, Centre-North, in collaboration with ALIMA, with financial contributions from WHO.
- WHO continues to provide support for monitoring attacks on the health system through the Surveillance System of Attacks on Healthcare (SSA).
- There is preparation for the training on the management of the large influx of victims and on the management of security incidents with the Health Security Interface Mission from Afro Headquarters.
- There is continued support for the two WHO consultants in the field, facilitation of coordination a regional level (Dori and Kaya), support from joint mission in the field, monitoring IDP care, support for incident reporting and support for monitoring and identification of priority needs for health response.
- WHO is supporting the Ministry of Health (MOH) by covering the operational costs of preventive measles immunization campaigns for children aged 6 months to 14 years in Barsalogho and Kaya (North-Centre), Djibo, Gorom Gorom and Dori (Sahel) and reactive meningitis vaccination campaigns in Sebba (Sahel).
- WHO also provided emergency health kits for the management of chronic conditions, SAM kits for the management of severe acute malnutrition with complications and trauma kits.
- WHO has also supported training on first-line management of survivors of gender-based violence for health workers in the regions most affected by insecurity.
- Health partners continue to mobilize human resource, donate medicines and equipment, and establish medical posts (ICRC, MSF, MDM, ALIMA, LVIA, ACF and UNFPA).

## SITUATION INTERPRETATION

The situation in Burkina Faso continues to be of grave concern, with ongoing insecurity resulting in large population movements, loss of health facilities and inadequate access by humanitarian partners. Challenges include lack of capacity for mass casualty management in affected areas and inadequate management of severe acute malnutrition in the most affected areas. While the insecurity and potentially lethal attacks on civilians and humanitarian responders continue, there will be little relief for the affected populations. WHO and partners are responding well to the situation, but require support from the broader donor community, particularly for the 2020 humanitarian response plan, while local and national authorities need to address the underlying drivers of the insecurity.

# Summary of major issues, challenges and proposed actions

## Major issues and challenges

- The resurgence of cases in previous hotspots (Butembo, Katwa and Kalunguta) where the outbreak was previously controlled is a major concern. Contact tracing, vaccination, early case investigations and isolation of cases need to be pursued diligently to prevent new chains of transmission in these highly populated zones from which the outbreak can spread.
- Inadequate water, sanitation and hygiene facilities continue to be the main factors in the continuing spread of cholera in Democratic Republic of the Congo. This, coupled with insufficient community activities, particularly in the cholera-endemic eastern provinces, is contributing to persistence of the outbreak. Insecurity in health zones, particularly in North Kivu, is another aggravating factor, limiting response.

## Proposed actions

- The Government of the Democratic Republic of the Congo, in collaboration with partners, need to continue the response efforts to control the EVD outbreak in all affected provinces. Firming up of surveillance at point of entry (PoE) is particularly important to prevent the resurgence of EVD in places that had previously controlled the outbreak. Continued IPC measures in all healthcare facilities together with the early referral of suspected EVD cases to ETU/ETC for isolation and treatment can contribute in the speedy control of the outbreak.
- In order to control the current cholera outbreaks in the Democratic Republic of the Congo, there is an urgent need to mobilize sufficient resources to fully implement the cholera response plan. At the same time, strengthening of water, sanitation and hygiene (WASH) interventions and community engagement activities can prevent recurrent cholera outbreaks, especially in the eastern provinces which are cholera-endemic (South Kivu, North Kivu, Haut-Lomami, Haut Katanga and Tanganyika).

# All events currently being monitored by WHO AFRO

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
<b>Ongoing Events</b>									
Angola	Poliomyelitis (cVDPV2)	Grade 2	8-May-19	5-Apr-19	11-Dec-19	71	71	0	0.00%
Twelve new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week from Benguela (4), Moxico (2), Cuanza Sul (1), Bie (1), Luanda (1), Bengo (1), Uige (1) and Huambo (1) provinces. The onsets of paralysis were between 10 September and 18 October 2019. There are 71 cVDPV2 cases from seven outbreaks reported in 2019. Two cVDPV2 positive environmental samples were reported from Luanda and Benguela provinces. The samples were collected on 25 October 2019.									
Benin	Dengue fever	Ungraded	13-May-19	10-May-19	29-Nov-19	26	14	2	7.70%
Between 10 May and 29 November 2019, a total of 26 suspected cases of dengue fever, including two deaths, were reported from Atlantique, Littoral, Ouémé and Couffo Departments. Cumulatively, fourteen cases from Atlantique Department (4 cases), Littoral Department (4 cases) and Ouémé Department (6 cases) were confirmed by serology and PCR at the Benin National VHF Laboratory. Two deaths, one of which occurred in a dengue haemorrhagic fever case, were notified among the confirmed cases (CFR 14%).									
Benin	Poliomyelitis (cVDPV2)	Grade 2	8-Aug-19	8-Aug-19	11-Dec-19	6	6	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are six cVDPV2 cases in 2019 linked to the Jigawa outbreak in Nigeria.									
Burkina Faso	Humanitarian crisis	Grade 2	1-Jan-19	1-Jan-19	24-Nov-19	-	-	-	-
Detailed update given above.									
Burundi	Cholera	Ungraded	5-Jun-19	1-Jun-19	5-Nov-19	1 064	288	6	0.60%
From 1 June to 5 November 2019, a total of 1 064 cases with six deaths (CFR 0.6%) were reported from 11 health districts. The most affected health districts 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 <i>Vibrio cholerae</i> 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.									
Burundi	Malaria	Grade 2		1-Jan-19	22-Dec-19	8 724 857		3 233	0.00%
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 51 (week ending 22 December 2019), 152 960 cases including 63 deaths have been reported. There is a 90% increase in the number of cases reported in week 51 of 2019 compared to the same period in 2018.									
Cameroon	Humanitarian crisis (Far North, North, Adamawa & East)	Protracted 2	31-Dec-13	27-Jun-17	5-Dec-19	-	-	-	-
Cameroon continues to face a humanitarian crisis in the Far North Region linked to the terrorist attacks by Boko Haram group, with significant population displacement. In November 2019, 27 attacks of Boko Haram members have been registered and led to 5 missed people, 31 injuries and 11 deaths. This situation is hindering humanitarian access and limiting operations and has resulted in suspension of activities beyond Fotokol and Makary in Logone and Chari division. The Minawo camp continue to host Nigerian refugees, as of 31 September 2019, the total camp population was about 59 977 Nigerian refugees. The number of out-of-camp refugees has also grown to 46 784 refugees.									
Cameroon	Humanitarian crisis (NW & SW)	Grade 2	1-Oct-16	27-Jun-18	5-Dec-19	-	-	-	-
Two months after the Grand National Dialogue, the humanitarian situation in the Northwest and Southwest (NW & SW) of Cameroon continues to deteriorate with rising tensions between separatists and military forces. On 1 December 2019, a commercial plane landing in NW was shot at by the separatist Ambazonia Governing Council (AGC) and one day prior, on 30 November, an aid worker was abducted and killed by an armed group. This unrest continues to affect access to basic services including healthcare, education, shelter, food security and WASH. As of 30 October 2019, the total number of internally displaced persons is estimated at 536 107 persons.									
Cameroon	Cholera	Ungraded	1-Mar-19	1-Mar-19	5-Dec-19	1 071	110	53	4.90%
The cholera outbreak in Cameroon is ongoing in the North, Far North and South West regions. In week 49 (week ending 5 December 2019), 29 cases of suspected cholera and 0 death were reported in the South west region( Bakassi health district). The far north and North regions did not report any suspected cholera case in week 49. As of 05 December 2019, 1071 cases and 53 deaths were recorded (CFR 4.9%).									
Cameroon	Measles	Ungraded	2-Apr-19	1-Jan-19	17-Nov-19	1 170	382	14	0%
A measles outbreak is ongoing in Cameroon. Since the beginning of 2019, a total of 1 170 suspected cases have been reported. Of these, 382 were confirmed as IgM-positive. The outbreak is currently affecting 43 districts, namely, Kousséri, Mada, Gouffey, Makary, Kolofata, Koza, Ngaoundéré rural, Bangué, Guider, Fighil, Ngong , Mora, Maroua 3, Vélé, Pitoa, Maroua 1, Bourha, Touboro, Mogodé, Bibémi, Garoua 1, Garoua 2, Lagdo, Tcholliré, Guidiguis, Moutourwa, Mokolo, Cité verte, Djoungolo, Nkolindongo, Limbé, Garoua Boulai, Ngaoundéré Urbain, Ekondo Titi, Gazawa, Meiganga, New Bell, Deido, Bertoua, Biyem assi, Cité des palmiers, Logbaba, and Nylon district.									
Cameroon	Monkeypox	Ungraded	27-Sep-19	18-Sep-19	27-Sep-19	1	0	0	0.00%
A case of monkeypox was confirmed in Ekondo-Titi health district in the South West region of Cameroon on the 18 of September 2019. All supportive measures for case management were put in place and community based surveillance has been stepped up in this area.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Cameroon	Poliomyelitis (cVDPV2)	Grade 2	23-May-19	23-May-19	11-Dec-19	-	-	-	-
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.									
Central African Republic	Flood	Ungraded	1-Oct-19	1-Oct-19	30-Dec-19	-	-	-	-
The Central Africa Republic (CAR) has been hit by torrential rain since October 2019 which has caused significant damage. A total of 83 309 people was affected by the flood, including 15 331 in Bangui and Bimbo and 67 978 people outside Bangui. Currently, the situation is improving and the internally displaced persons are returning to their places of origin. According to the latest estimates from OCHA as of 9 December 2019, the number of IDPs due to flooding decreased from 100 000 to 83 000 persons. The response activities are ongoing in flood-affected places.									
Central African Republic	Humanitarian crisis	Protracted 2	11-Dec-13	11-Dec-13	12-Nov-19	-	-	-	-
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 Birao 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 Birao since the beginning of the crisis.									
Central African Republic	Measles	Ungraded	15-Mar-19	11-Feb-19	22-Dec-19	2 540	98	40	1.60%
As of week 51 (week ending 22 December 2019), a total of 2 540 measles cases including 98 confirmed cases and 40 deaths have been reported in five districts: Batangafo-Kabo, Bocaranga-Koui, Nana-Gribizi, Paoua and Vakaga. The outbreaks have been controlled in Paoua and Vakaga.									
Central African Republic	Poliomyelitis (cVDPV2)	Grade 2	24-May-19	24-May-19	18-Dec-19	16	16	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 16 reported cases from six different outbreaks of cVDPV2 in 2019.									
Chad	Measles	Ungraded	24-May-18	1-Jan-19	29-Dec-19	26 623	296	259	1.00%
In week 52 (week ending 29 December 2019), 168 suspected cases were reported. 22 districts were in the epidemic phase in week 52. Since the beginning of the year, a total of 26 623 suspected cases and 259 deaths (CFR 1.0%) have been reported with Am Timan, N'Djamena East, N'Djamena South, Bongor, Moundou, Bousso and N'Djamena Centre districts all exceeding 1 000 suspected cases. Among the 1 895 cases investigated, 296 were IgM-positive, 79% were not vaccinated, and 47% were aged between 1 and 4 years old.									
Chad	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	9-Sep-19	18-Dec-19	2	2	0	0.00%
One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week bringing the total of reported cases in 2019 to two. The onset of paralysis of the second case was on 6 October 2019. This is the second cVDPV2 case in the country.									
Comoros	Measles	Ungraded	26-May-19	20-May-19	22-Dec-19	218	59	0	0.00%
As of 22 December 2019, a total of 218 suspected cases with zero deaths have been reported from health facilities in Grande Comore Island. Of these, 59 cases have been confirmed (40 laboratory-confirmed and 19 by epidemiological link). IgM-positive cases were reported in five districts of Grande Comore, namely, Moroni (28), Mitsamiouli (6), Mbeni (3), Mitsoudjé (2), and Oichili (1). The 19 epi-linked cases are from Moroni district.									
Congo	Floods	Ungraded	22-Nov-19	3-Oct-19	4-Nov-19	-	-	-	-
Since 3 October 2019, heavy rains resulted in floods in the northern part of the Republic of Congo, mainly affecting four departments, namely, Likouala, Cuvette, Plateaux and Sangha. As a result of the floods, homes and public infrastructure (schools, health centres, water points, latrines, etc.) have been destroyed leaving the affected population in precarious living conditions and with limited access to health care. Furthermore, the floods have caused significant damage to the agricultural and farming sectors thus posing a threat to food security. As of 26 November 2019, a total of 112 175 people have been affected with 60 000 (53%) in Likouala department, followed by Cuvette (33 933; 30%), Plateaux (16 100; 14%) and Sangha (2142; 2%) departments. Some of the displaced people have moved towards the Democratic Republic of the Congo. The Congolese government has declared a state of emergency in the affected areas.									
Congo	Chikungunya	Grade 1	22-Jan-19	7-Jan-19	29-Sep-19	11 434	148	0	0.00%
In week 39 (from 23 to 29 September 2019), a total of 9 new chikungunya 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.									
Côte d'Ivoire	Poliomyelitis (cVDPV2)	Ungraded	29-Oct-19	29-Oct-19	18-Dec-19	-	-	-	-
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. So far, the only cVDPV2 isolated was from an environmental sample collected on 24 September 2019 in Abidjan. The isolated cVDPV2 is linked to a virus detected in Niger in 2018 that belongs to the Jigawa emergence group, which has previously also been detected in Cameroon, Chad, Niger, Benin, Ghana, and Togo.									



Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Democratic Republic of the Congo	Flood	Ungraded	17-Nov-19	28-Oct-19	17-Nov-19	-	-	-	-
Since week 43, the Lomami River, the Tshopo rivers and other tributaries of the Congo River are experiencing a rise in water levels as a result of heavy rains. In Tshopo province an estimated 424 health areas (including 504 Villages) pertaining to 11 out of 23 health zones of the province were affected by major floods, while the remaining health zones were affected by minor floods. As of week 46, significant infrastructural damages were observed in health zones located downstream of the Congo River including: damage to fields (400), water sources (161), schools (15), toilets (990) and residential houses (4990). Approximately 123 491 people are homeless and lack basic necessities. An increased incidence of simple diarrhoea cases was observed in affected health areas. Therefore the risk of spread of cholera outbreaks cannot be excluded.									
Democratic Republic of the Congo	Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	18-Nov-19	-	-	-	-
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 Kassai 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 2019.									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-19	8-Dec-19	28 502	-	496	1.70%
Detailed update given above.									
Democratic Republic of the Congo	Ebola virus disease	Grade 3	31-Jul-18	11-May-18	4-Jan-19	3 388	3 270	2 233	66.00%
Detailed update given above.									
Democratic Republic of the Congo	Measles	Grade 2	10-Jan-17	1-Jan-19	15-Dec-19	299 586	6 304	5 877	2.00%
In week 50 (week ending 15 December 2019), 8 855 measles cases including 122 deaths (CFR 1.4%) were reported across the country, with one newly affected health zone. During this week, most cases were reported from the provinces of Ecuador (1 279), Mai Ndombe (1 060), Tshuapa (1 060), Kongo Central (740), and Bas-Uele (708). Since the beginning of 2019, 299 586 measles cases including 5 877 deaths (CFR 2.0%) have been recorded. In total, 248 (47%) of the 519 health zones across the 26 provinces of the country have reported a confirmed measles outbreak. A total of 2 586 cases were laboratory confirmed (IgM+).									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-19	8-Dec-19	5 060	-	103	2.00%
Since the beginning of 2019, a cumulative total of 5 060 monkeypox cases, including 103 deaths (CFR 2%) were reported from 18 provinces. In week 49 (week ending 8 December 2019), 56 cases and one death were reported nationally.									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	28-Feb-19	17-Nov-19	50	-	8	16.00%
Since the beginning of the year, a total of 50 cases of bubonic plague including eight deaths have been reported in the province of Ituri. Twelve new cases were reported in week 46. The first five cases were reported during week 10 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	Poliomyelitis (cVDPV2)	Grade 2	15-Feb-18	1-Jan-18	27-Dec-19	84	84	0	0.00%
No new cases of cVDPV2 were reported this week. There are 64 cVDPV2 cases in 2019 reported from Sakuru (21), Haut Lomami (18), Kasai (8), Kwilu (8), Kwango (5), Haut Katanga (2), Tshuapa (1), and Kongo Central (1) provinces. There were 20 cases of cVDPV2 reported in 2018.									
Ethiopia	Chikungunya	Ungraded	25-Jul-19	27-May-19	8-Dec-19	54 908	29	0	0.00%
Chikungunya cases have reported from Ethiopia since week 31 (week ending 30 July 2019). As of 8 December 2019, 54 908 suspected cases were reported from Dire Dawa City Administrative City (51 957), Araf (2 782) and Somali (169) regions.									
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	8-Dec-19	2 089	60	21	1.00%
In week 48 (week ending 1 December 2019), 82 new suspected cases were reported in Afar and Oromia regions. As of 1 December 2019, a total of 2 089 suspected cases including 21 deaths have been reported from eight regions with Oromia (835 cases), Afar (329), Somali (293), Amhara (191 cases), and Addis Ababa city (157 cases) reporting the majority of cases. A total of 57 cases have been laboratory confirmed.									
Ethiopia	Dengue	Ungraded	3-Nov-19	9-Sep-19	8-Dec-19	1 251	6	0	0.00%
Between week 37 and week 49 in 2019, a total of 1 251 suspected cases and 6 confirmed cases of dengue fever were reported from Afar region. The peak of the outbreak was observed in week 38 when more than 300 suspected cases were reported.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Ethiopia	Measles	Ungraded	14-Jan-17	1-Jan-19	8-Dec-19	9 672	795	-	-
As of week 49 (week ending 8 December 2019), the measles outbreak is still ongoing with a total of 9 672 suspected measles cases reported from Oromia (5 820), Somali (2 416), Amhara (703) and Afar (548) regions. Children aged less than five years are the most affected accounting for 50.14% of the total cases followed by age group 15-44 years (25.43%). Seventy percent of the reported measles cases were not previously vaccinated.									
Ethiopia	Poliomyelitis (cVDPV2)	Ungraded	24-Jun-19	20-May-19	18-Dec-19	5	5	0	0.00%
No new cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) were reported this week. The onsets of paralysis of the last case was on 9 September 2019. A total of five cVDPV2 cases have been reported in Ethiopia in 2019, with four linked to the outbreak in neighbouring Somalia and the fifth case is part of a newly reported Ethiopian outbreak this week.									
Ghana	Poliomyelitis (cVDPV2)	Grade 2	9-Jul-19	8-Jul-19	18-Dec-19	9	9	0	0.00%
Two new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) cases were reported in the past week. There are eleven cVDPV2 cases in 2019 linked to the Jigawa outbreak in Nigeria.									
Guinea	Measles	Ungraded	9-May-18	1-Jan-19	3-Nov-19	4 690	1 091	18	0.30%
During week 44 (week ending 3 November 2019), 127 suspected cases of measles were reported. From week 1 to 44 (1 January – 3 November 2019), a total of 4 690 suspected cases including 18 deaths (CFR 0.4%) have been reported. Of the 4 690 suspected cases, 1 773 were sampled, of which 1 091 tested positive for measles by serology. Three localities in three health districts are in the epidemic phase, namely, Wanindara in Ratoma health district, Dounet in Mamou health district and Soumpoura in Tougue health district.									
Kenya	Cholera	Ungraded	21-Jan-19	2-Jan-19	22-Dec-19	5 052	258	39	0.80%
In week 51 (week ending 22 December 2019), 91 new suspected cases were reported from, Garissa (51 cases), Turkana (35 cases) Mandera (3 cases) and Kirinyaga (2 cases). Turkana county is experiencing the third wave of the outbreak this year. Since January 2019, twelve of the 47 Counties of Kenya reported cholera cases, namely: Embu, Garissa, Kajiado, Kisumu, Machakos, Makueni, Mandera, Mombasa, Nairobi, Narok, Turkana and Wajir Counties. The outbreak remains active in four counties: Garissa, Mandera, Turkana and Kirinyaga.									
Kenya	Leishmaniasis	Ungraded	31-Mar-19	1-Jan-19	15-Dec-19	2 879	1 665	34	1.20%
In week 50 (week ending 16 December 2019), 56 new cases were reported. Since the beginning of the outbreak, suspected and confirmed cases of leishmaniasis have been reported from Mandera, Marsabit, Wajir and Garissa counties.									
Kenya	Measles	Ungraded	6-May-19	20-Mar-19	15-Dec-19	510	17	1	0.20%
A new outbreak of measles has been reported from Pokot North sub county, Alale location. A total of 75 cases with 7 confirmed have been reported. The last measles cases were reported in Kajiado County, Kajiado West Sub-County on 8 September 2019 (425 suspected cases, 4 confirmed and 1 death). Additionally, 10 cases including 6 laboratory-confirmed cases were reported from Garissa County in Dadaab Sub-County in May 2019.									
Lesotho	Measles	Ungraded	26-Oct-19	25-Oct-19	16-Nov-19	59	4	0	0.00%
The measles outbreak in Lesotho is ongoing in Qacha's Nek district. As of 15 November, a total of 59 suspected cases have been reported, 4 of which are laboratory confirmed. No associated deaths have been reported. The coverage of measles vaccine in the affected area is 65%. The outbreak has affected more females with a M:F ratio of 1:2									
Liberia	Lassa fever	Ungraded	23-Jan-19	1-Jan-19	8-Dec-19	79	45	20	25.30%
During week 47 (week ending 8 December 2019), one new confirmed case of Lassa fever was reported. From 1 January - 8 December 2019, a total of 187 suspected cases have been reported across the country. Of samples tested from 153 of the suspected cases at the National Public Health Reference Laboratory of Liberia, 45 were confirmed by RT-PCR and 108 were discarded due to negative test results. The case fatality ratio among confirmed cases is 21% (15/45).									
Liberia	Measles	Ungraded	24-Sep-17	1-Jan-19	22-Dec-19	1 692	267	5	0.30%
In week 51 (week ending on 22 December 2019), 15 suspected cases were reported from 7 out of 15 counties across the country. Since the beginning of 2019, 1 692 cases have been reported across the country, of which 267 are laboratory-confirmed, 109 are epi-linked, and 827 are clinically confirmed.									
Mali	Humanitarian crisis	Protracted 1	n/a	n/a	7-Dec-19	-	-	-	-
The security situation continues to worsen as violence spreads from the north to the more populated central regions of the country. The number of internally displaced persons is increasing and it was estimated at 199 385 in October 2019. This increase is associated with repeated violence in Mopti, Gao, Menaka and zones in the neighborhood of Burkina Faso border. The country is also facing infectious diseases outbreaks which include yellow fever, measles, and dengue. Cases of malnutrition continue to be reported at the country level. In week 48, a total of 5 206 cases of acute malnutrition were reported.									
Mali	Dengue	Ungraded		1-Jan-19	7-Dec-19	20	9	0	0.00%
Cases of dengue continue to be reported in Communes IV (2 cases), V (3 cases) and VI (4 cases) of Bamako district. From Week 1 to week 48, a total of nine out of 16 samples tested positive. The last confirmed case was notified in week 47. Outbreak responses measures are being implemented in affected communes.									
Mali	Measles	Ungraded	20-Feb-18	1-Jan-19	29-Dec-19	1 215	360	0	0.00%
As of week 52 (week ending on 29 December 2019), 1 215 suspected cases of measles have been reported from three regions in the country. Of these, 360 were confirmed IgM-positive.									
Mali	Yellow fever	Ungraded	3-Dec-19	3-Nov-19	22-Dec-19	41	5	7	17.10%
As of 22 December 2019, a total of 41 cases have been reported including 33 suspected cases, 3 probable cases and 5 confirmed from two regions: Sikasso and Koulikoro. Five deaths have been reported including 2 among confirmed cases.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
Namibia	Hepatitis E	Protracted 1	18-Dec-17	8-Sep-17	15-Dec-19	6 974	1 704	59	0.80%
In weeks 49 and 50 (week ending 15 December 2019), 51 cases were reported from five regions of Namibia with the majority (35 cases) from Khomas region. There was a decrease in the number of cases reported in weeks 49 and 50 compared to weeks 47 and 48. As of 15 December 2019, a cumulative total of 1 704 laboratory-confirmed, 4 319 epidemiologically-linked, and 951 suspected have been reported countrywide. A cumulative number of 59 deaths have been reported nationally (CFR 0.8%), of which 24 (41%) 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, Ohangwena, Omaheke, Hardap, Karas, Otjozondjupa, and Kunene regions.									
Niger	Flood	Ungraded	1-Jun-19	1-Jun-19	20-Dec-19	-	-	-	-%
Niger was affected by heavy rains followed by floods since June to September 2019. A total of 211 366 people were affected, including 57 people who died and 16 375 houses collapsed during that period. A second wave of flood was reported since October in the Diffa and Tahoua regions. In Diffa region, following an exceptional flood from Komadougou Yobé river around 45 594 people were affected according to the Ministry of Humanitarian Action and Management of Catastrophe (AH / GC). The most affected municipalities are those of Diffa, Gueskerou and Chétimari. In Tahoua, heavy rainfall in the commune of Bombaye affected 249 households. There is an urgent need of basic health and social services such as shelters, food and non-food items, and WASH assistance.									
Niger	Humanitarian crisis	Protracted 1	1-Feb-15	1-Feb-15	18-Dec-19	-	-	-	-
The security situation continues to worsen in bordering areas of Burkina fasso, Mali and Nigeria following Boko Haram and Jihadistes attacks in the region. The number of displaced people is increasing in Tilaberi, Maradi, Diffa. Since September 2019, more than 40 000 Nigerian refugees have crossed the border seeking safety in west Niger and the Burkina Faso border area has seen increasing attacks by jihadist armed groups against the local population and authorities, leading to states of emergency declared in several departments. This security situation is hampering the humanitarian access and affecting the access to basic health and social services. A total of 46 health posts and 4 health centers have closed due to insecurity.									
Niger	Measles	Ungraded	10-May-19	1-Jan-19	2-Dec-19	10 035	-	54	0.50%
As of week 49 (week ending 2 December 2019), 10 035 suspected measles cases have been reported from eight regions the country. The cases have been reported Maradi (3 578 cases including 8 deaths), Tahoua (1 926 including 25 deaths), Zinder (1 422 including 10 deaths), Niamey (1 271 with 1 death), Tilaberi (635 including 3 deaths), Agadez (566 including 3 death), Diffa (313 with no deaths) and Dosso (324 cases including 4 deaths). Since the peak of the outbreak in week 12, the case incidence has been on a continuous decline.									
Nigeria	Humanitarian crisis	Protracted 3	10-Oct-16	n/a	15-Dec-19	-	-	-	-
The humanitarian crisis in the North-eastern part of Nigeria persists with continued population displacement from security compromised areas characterized by overcrowded population in many camps in the region. Due to shrinking humanitarian space health partners are facing challenges in delivery of timely and urgent life-saving assistance as access challenges are impacting movement of mobile medical teams, ambulances, immunization staff and medical cargo in many locations across Borno state. The cholera outbreak in Adamawa state is ongoing, though the number of cases being reported is showing a downward trend.									
Nigeria	Cholera	Ungraded	19-Jun-19	15-May-19	9-Dec-19	895	207	15	1.70%
Three new cases of cholera were reported in Adamawa State from 27 November to 6 December 2019 from Yola North (2) and Yola South (1) Local Government Areas. From 15 May to 6 December 2019, a cumulative total of 839 suspected cases with four deaths have been reported from four LGAs: Yola North (513 cases with two deaths), Girei (200 cases with one death), Yola South (125 cases with one death), and Song (1 case with zero deaths). Of 539 stool specimens collected and analysed at the state specialist hospital, 206 cultured <i>Vibrio cholerae</i> as the causative agent. An outbreak of cholera has also been reported in Andoni Local Government Area, Rivers State. From 27 November to 9 December 2019, a total of 56 cases with 11 deaths were reported from 15 communities in Andoni LGA.									
Nigeria	Lassa fever	Ungraded	24-Mar-15	1-Jan-19	1-Dec-19	812	793	181	22.30%
During week 48 (week ending 1 December 2019), eight new confirmed cases with two deaths were reported from Ondo (6 cases with two deaths), and Edo (2 cases with zero deaths) states. Eighty-six Local Government Areas (LGAs) across 23 states have reported at least one confirmed case since the beginning of 2019. Nineteen (19) health care workers across 10 states have been infected since the beginning of 2019. A total of 347 contacts are currently being followed.									
Nigeria	Measles	Ungraded	25-Sep-17	1-Jan-19	30-Nov-19	58 916	2 767	289	0.50%
Between epi weeks 44 - 48 (week ending 30 November 2019), a total of 2 064 suspected cases of measles were reported from 36 states including 7 deaths (CFR 0.3%). Katsina (342), Borno (248), Kaduna (237, Yobe (216), Sokoto (142), Kano (106) and Adamawa (83) account for 67% of all the cases reported in the time period. Between epi week 1 and 48, a total of 58 916 suspected cases have been recorded from 759 LGAs in 36 states and FCT with 289 deaths (CFR 0.5%). Of the 12 467 samples tested, 2 767 were IgM positive for measles.									
Nigeria	Monkeypox	Ungraded	26-Sep-17	24-Sep-17	30-Nov-19	336	181	7	2.10%
The country continues to report monkeypox cases since September 2019. Eight new cases were reported in the month of November from five states with no associated deaths. Only one suspected case was confirmed in Oyo state. A total of 106 suspected cases have been reported so far in 2019, 44 of which were confirmed in nine states.									
Nigeria	Polioyelitis (cVDPV2)	Grade 2	1-Jun-18	1-Jan-18	18-Dec-19	52	52	0	0.00%
No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There are 18 cVDPV2 cases reported in 2019 and 34 cVDPV2 cases in 2018.									
Nigeria	Yellow fever	Ungraded	14-Sep-17	1-Jan-19	16-Nov-19	3 787	129	192	5.10%
From 1 January 2019 to 16 November 2019, a total of 3787 suspected yellow fever cases have been reported from 604 out of 774 LGAs across all the 36 states and the Federal capital territory. Of the samples taken, 166 have tested positive for yellow fever IgM in Nigerian network laboratories. Also, 129 samples from 18 states were confirmed positive using real time polymerase chain reaction (RT-PCR). There have been 192 deaths among suspected cases (CFR 5.1%) and 20 deaths among confirmed cases (CFR 15.5%). Four states Katsina, Bauchi, Edo and Ebonyi accounting for 62% of all the confirmed cases in 2019.									
Sierra Leone	Lassa fever	Ungraded	22-Nov-19	30-Oct-19	6-Dec-19	7	5	4	57.10%
No new confirmed cases have been reported since 24 November 2019 from Tonkolili district. From 30 October to 6 December, a total of five cases (three confirmed and two probable) with three deaths have been reported in Tonkolili district. Of the total 71 contacts identified, 38 have completed 21 days of monitoring while 33 are still being followed. In a separate cluster, two-laboratory confirmed cases with one death were reported from Kenema district from 27 to 28 November 2019. A total of 119 contacts of these cases are being followed.									

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
South Sudan	Flood	Ungraded	28-Oct-19	29-Oct-19	15-Dec-19	-	-	-	-
On 29 October 2019, the president of South Sudan declared a state of emergency in 27 counties following the extreme destruction of livelihoods of nearly one million people due to the worst seasonal flooding in many years. Over 620 000 people needed immediate humanitarian assistance. The flood water in some locations have destroyed homes, displaced families, crops, rendered basic services and markets non-functional, particularly in Jonglei, Upper Nile, Unity, Warrap, Northern Bahr el Ghazal, Eastern Equatoria and parts of Central Equatoria. In the last two weeks there have been light showers but with no associated flash flooding. In Pibor and other locations that were worst affected the is a slight reduction in the level of flood waters. The roads are still not passable and response relies on helicopters and boats.									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	30-Oct-19	-	-	-	-
The humanitarian situation has been largely calm but unpredictable in most of the states. The number of internally displaced people (IDPs) in South Sudan was estimated at 1.47 million. Malnutrition continues to be a problem in the country as more than 6.35 million people are reported to be severely food insecure in South Sudan. Communicable disease burden remains high with ten counties reporting malaria cases above their epidemic thresholds and measles cases being reported from 16 counties (Abyei, Mayom, Melut, Aweil South, Aweil East, Tonj North, Juba, Wau, Aweil West, Gogrial West, Gogrial East, Renk, Tonj South, Jur River, Pibor and Yambio) and four protections of civilian (PoC) sites (Juba, Bentiu, Malakal and Wau).									
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	1-Dec-19	125	41	2	1.60%
The current outbreak in Bentiu POC continues. In week 48 (week ending 1 December 2019), three new suspected cases of Hepatitis E were reported. As of reporting date, a total of 113 cases and two deaths have been recorded from Bentiu PoC and a total of 12 suspected cases including 4 confirmed cases in Lankein. The last cases in Lankein were reported in week 25 (week ending on 23 June 2019).									
South Sudan	Measles	Ungraded	24-Nov-18	1-Jan-19	1-Dec-19	3 963	169	23	0.60%
Between week 1 to week 48 of 2019, a total of 3 963 suspected cases of measles which 169 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.									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	18-Dec-19	3	3	0	0.00%
One case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported from Plateaux province this week. There are four cVDPV2 cases in 2019 in the country linked to Jigawa outbreak in Nigeria.									
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	30-Nov-19	-	-	-	-
Between 1 and 31 October 2019, a total of 6 623 new refugee arrivals crossed into Uganda from the Democratic Republic of the Congo (4 016), South Sudan (2 167) and Burundi (440). Uganda hosted 1 362 269 asylum seekers as of 31 October 2019, with 95% living in settlements in 11 of Uganda's 128 districts and in Kampala. The majority of refugees are from South Sudan (62.9%), the Democratic Republic of the Congo (28.8%) and Burundi (3.5). Most are women within the age group 18 - 59 years.									
Uganda	Rift valley fever	Ungraded	28-Nov-19	15-Nov-19	19-Dec-19	2	2	2	100.00%
On 5 December a second confirmed case of Rift Valley fever was reported from Ntoroko district, Uganda. This was a 25-year-old male from the Democratic Republic of Congo who was living and working in Kimara Village, Butungama sub-county in Ntoroko district, Uganda. Following the presentation of haemorrhagic symptoms on 5 December 2019, a viral haemorrhagic diseases was suspected and the case was isolated in an ETC for treatment. A sample was collected and sent to UVRI on the same day and the case-patient later died on 6 December 2019. A safe and dignified burial was conducted on 17 December 2019. As of 19 December 2019, a total of 2 cases and 2 deaths have been reported from Ntoroko and Obongi Districts.									
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-19	16-Jul-19	18-Dec-19	2	2	0	0.00%
One new case of circulating vaccine-derived poliovirus type 2 (cVDPV2) has been reported this week. The onset of paralysis for the new case was on 13 November 2019 from Kalabo District, Western Province. There is a total of two cVDPV2 cases in 2019.									

†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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