

WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 52: 23 - 29 December 2019

Data as reported by: 17:00; 29 December 2019

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New event

67

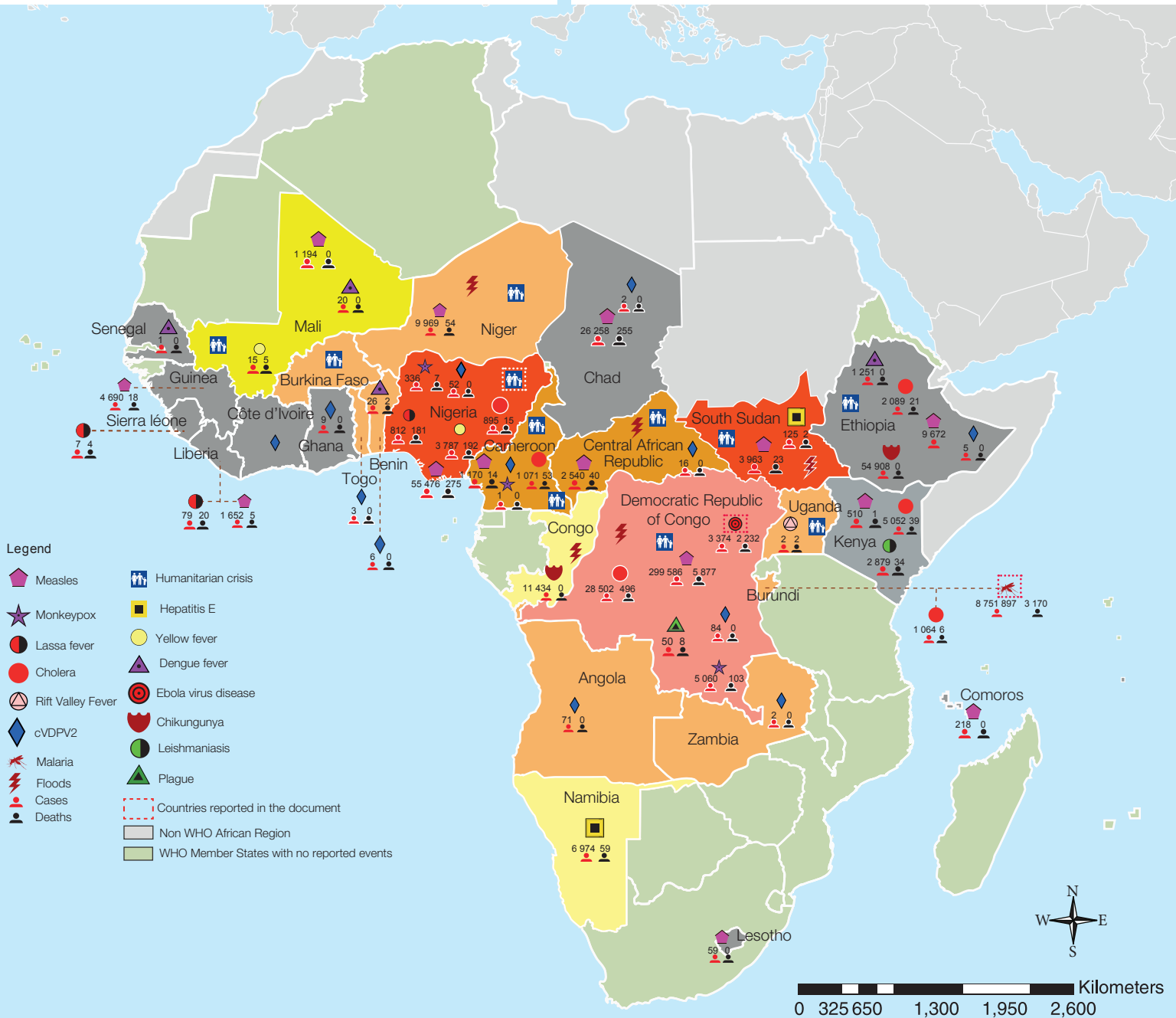
Ongoing events

52

Outbreaks

15

Humanitarian crises



Graded events †

3

Grade 3 events

14

Grade 2 events

1

Grade 1 events

2

Protracted 3 events

2

Protracted 2 events

3

Protracted 1 events

42

Ungraded events

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:

- [Malaria in Burundi](#)
- [Ebola virus disease in Democratic Republic of the Congo](#)
- [Humanitarian crisis in Nigeria.](#)

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:

- Malaria continues to remain a concern in Burundi. Since the beginning of the year, the country has faced an increase in the total number of malaria cases compared to the number recorded in the past five years. As deaths from malaria continue to be recorded, early and proper case management in addition to prevention strategies need to be instituted.
- The protracted humanitarian crisis in Northeast Nigeria continues into its tenth year, with over seven million people in need of humanitarian assistance. The region remains destabilized due to the dynamic security challenges and hampered humanitarian access to the population, resulting in large population movements, both internally and across borders. Outbreaks of epidemic-prone diseases such as cholera continue to affect the region as access to clean and safe water is limited. The low number of partners conducting WASH activities, inadequate supply of aqua tabs and reports of resistance to water chlorination in some affected communities and in the state, pose a continues challenge to the outbreak response.

EVENT DESCRIPTION

Since the beginning of the year, Burundi has been experiencing an increase in numbers of malaria cases and deaths, compared to those reported in the last five years.

Since our last report on 27 October 2019 (Weekly bulletin 43), a total of 1 338 759 additional cases with 479 deaths have been reported. During week 50 (week ending 15 December 2019), 172 186 malaria cases including 57 deaths were reported, with an incidence rate estimated at 819.9 per 1 000 population at risk nationally. There was a 25% increase in the number of cases reported in week 50 of 2019, compared to the same period in 2018 where 137 932 cases were registered. In week 50 of 2019, 29 out of the 46 health districts of Burundi were in epidemic phase, compared to 23 health districts in week 49 of 2019.

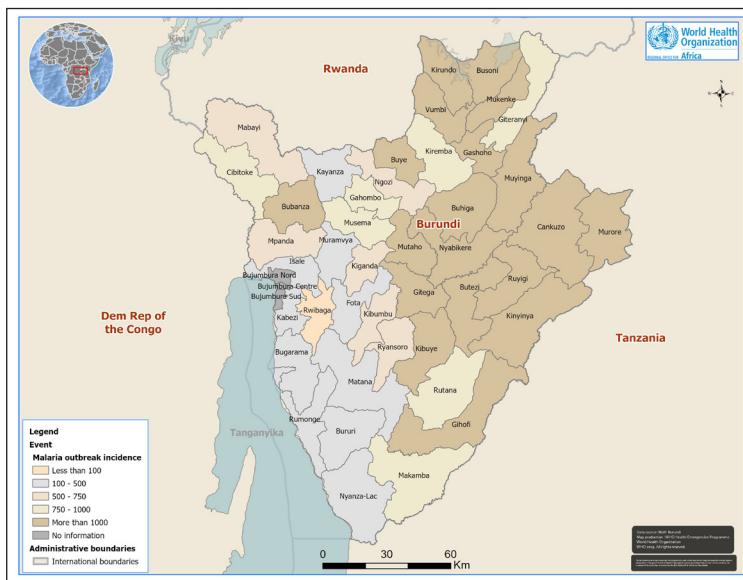
From 1 January to 15 December 2019, a cumulative total of 8 571 897 malaria cases including 3 170 deaths (case fatality ratio 0.04%) have been reported across the country. This represents a 93% increase in the number of malaria cases compared to the same period in 2018 where 4 438 671 cases were reported.

Although malaria trends have significantly exceeded expected levels in many health districts of Burundi, the highest malaria incidence rates have been observed in 19 districts located in the eastern part of the country. These districts are Bubanza, Buhiga, Busoni, Butezi, Buye, Cankuzo, Gashoho, Gihofi, Gitega, Kibuye, Kinyinyina, Kirundo, Mukenke, Murore, Mutaho, Muyinga, Nyabikere, Ruyigi and Vumbi.

PUBLIC HEALTH ACTIONS

- The Burundese Ministry of Public Health and the Fight Against AIDS continues to respond to the outbreak with the support of WHO and partners.
- A national long-lasting insecticidal nets (LLINs) distribution campaign has been conducted from 16 to 20 December 2019, with more than 6 million LLINs distributed.
- Risk communication and community mobilization interventions are ongoing to raise awareness and sensitize communities regarding malaria prevention and control measures, especially on the use of LLINs.
- The clinical guideline for mobile clinics has been finalized with the technical support of WHO.
- Procurement of antimalarial drugs, namely artemether-lumefantrine, which will be used in replacement of

Incidence of malaria in 2019 by districts in Burundi.



artesunate-amodiaquine, is ongoing. A total of 301 780 doses are already available in country, and the training of trainers on the new malaria treatment protocol is ongoing.

SITUATION INTERPRETATION

Transmission of malaria infection continues in Burundi despite ongoing control interventions. This is an indication that interruption of the transmission requires scale-up of high-impact and targeted interventions, including distribution of insecticide-treated bed nets and indoor residual spraying, along with risk communication interventions and set up of mobile clinics in all affected areas. Continuous mobilization of funds for operations remains critical as well, to ensure continuity of the response operations and containment of the outbreak.

EVENT DESCRIPTION

The Ebola virus disease (EVD) outbreak in North Kivu, South Kivu and Ituri provinces in Democratic Republic of the Congo continues, with six health zones and 11 health areas reporting confirmed cases in the past 21 days (8-28 December 2019). Since our last report on 22 December 2019 (*Weekly Bulletin 51*), there have been 16 new confirmed cases and eight new deaths. The principle hot spot of the outbreak in the past 21 days is Mabalako (78%; n=42 cases). Three health zones, Kalunguta, Butembo and Mabalako, have reported new confirmed cases in the past seven days.

As of 28 December 2019, a total of 3 374 EVD cases, including 3 256 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), Lolwa (6), Mambasa (78), Mandima (347), Nyakunde (2), Rwampara (8) and Tchomia (2) in Ituri Province; Alimbongo (5), Beni (695), Biena (19), Butembo (288), Goma (1), Kalunguta (198), Katwa (651), Kayna (28), Kyondo (25), Lubero (31), Mabalako (449), Manguredjipa (18), Masereka (50), Musienene (84), Mutwanga (32), Nyiragongo (3), Oicha (65), Pinga (1) and Vuhovi (103) in North Kivu Province and Mwenga (6) in South Kivu Province.

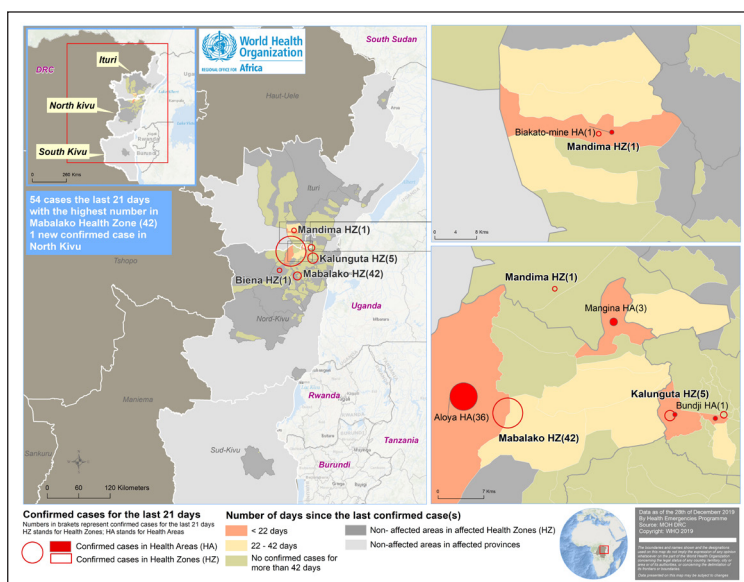
As of 28 December 2019, a total of 2 232 deaths were recorded, including 2 114 among confirmed cases, resulting in a case fatality ratio among confirmed cases of 65% (2 114/3 256). The cumulative number of health workers remains 169, which is 5% of the confirmed and probable cases to date.

Contact tracing is ongoing in eight health zones. A total of 4 534 contacts are under follow-up as of 28 December 2019, of which 3 970 (87.6%) have been seen in the past 24 hours. Alerts in the affected provinces continue to be raised and investigated. Of 4 650 alerts processed (of which 4 582 were new) in reporting health zones on 28 December 2019, 4 578 were investigated and 447 (9.8%) were validated as suspected cases.

PUBLIC HEALTH ACTIONS

- Response activities continue where possible. A triage station in Pakanza health area, Oicha Health Zone was destroyed on the night of 24-25 December 2019; insecurity persists in the Biakato Mines area, with threats to burn the mine health centre and the Biakato subcoordination offices by 1 January 2020.
- There is persistent community resistance to vaccination, with resultant low vaccination rates.
- As of 28 December 2019, a cumulative total of 259 852 people have been vaccinated since the start of the outbreak in August 2018 with the rVSV-ZEBOV-GP Ebola vaccine.
- Point of Entry/Point of Control (PoE/PoC) screening continues, with over 133 million screenings to date. A total of 104/109 (95.4%) PoE/PoC transmitted reports as of 28 December 2019.

Geographical distribution of confirmed Ebola virus disease cases reported from 8 to 28 December 2019, North Kivu, South Kivu and Ituri provinces, Democratic Republic of the Congo



- Water, sanitation and hygiene (WASH) activities continue, with IPC/WASH kits donated to 30 health facilities in Mabalako, Beni, Oicha and Butembo.
- Community awareness and mobilization messages are being updated, revised and harmonized and have been pre-tested by the commission and will subsequently be shared in coordination and sub-coordination activities.
- On 28 December 2019 the communication commission promoted dialogue and exchanges with 15 village chiefs in the Nyakunde Health Zone to promote the advantages of transferring patients to Ebola treatment centres and engaged with authorities to discuss community reluctance to participate in response measures.

SITUATION INTERPRETATION

New confirmed cases continue to be reported, particularly in Mabalako health zone, while disruption to response activities continues. Response activities have been upscaled wherever possible to try to break this resurgence in transmission.

EVENT DESCRIPTION

The humanitarian crisis in Northeast Nigeria remains critical with over 1.9 million internally displaced persons (IDPs) spread across the region in many informal camps and host communities, who remain in need of humanitarian assistance. According to a recent health need overview (HNO), population access to basic humanitarian assistance further reduced in 2019 due to the shrinking humanitarian space. This has largely confined many humanitarian actors to providing aid only in major cities and towns. A total of six Local Government areas (LGAs) are currently out of reach for humanitarian actors, leading to thousands being cut off from much needed assistance. Restricted road access due to recent torrential rains and incessant armed attacks on military and civilians have also contributed to this hampered humanitarian response in many parts of the region. The military action of the Multi-National Joint Task Force comprising the armies of the Lake Chad countries of Nigeria, Niger and Cameroon has been sustained in recent months with the aim of reducing the presence of Boko Haram in the region.

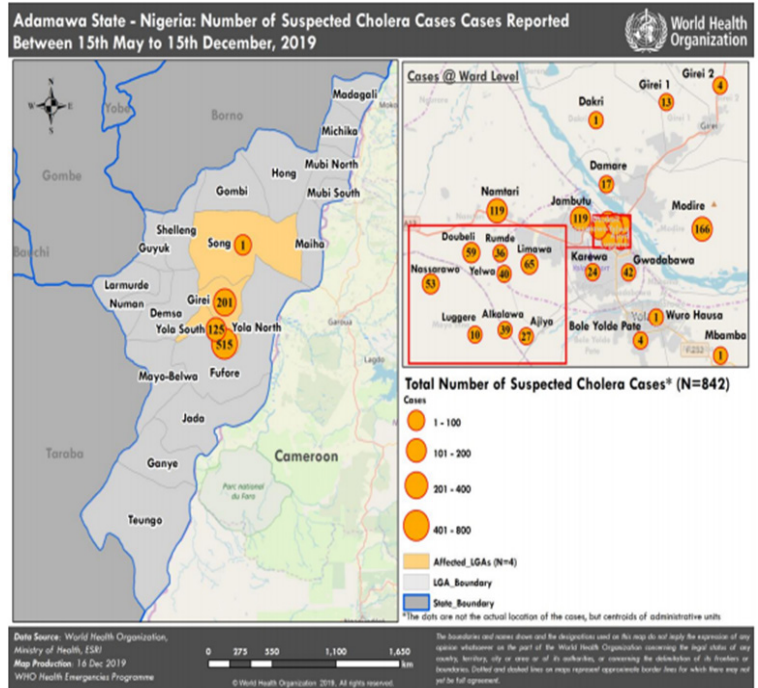
The risk of infectious disease outbreaks remains significant in the region. The major driving factors identified in the current cholera outbreak in Adamawa state are limited availability of potable drinking water and insufficient sanitary facilities coupled with overcrowding. Suspected cholera cases have continued to be reported for over six months since the declaration of the outbreak on 18 June 2019 by Adamawa State Ministry of Health. As of 15 December 2019, 842 suspected cases with 4 associated deaths (case fatality ratio 0.48%) have been reported from Yola North, Song, Girei and Yola South LGAs. No cases have been reported from Song LGA since week 27 (week ending 7 July 2019). Of the 539 stool samples tested for *Vibrio cholerae*, 319 were positive using rapid diagnostic test (RDT) kits while 206 were culture positive for the organism.

Malaria remains the leading cause of morbidity and mortality in Northeast Nigeria. As of week 50 (week ending 15 December 2019), malaria accounted for 37% of all cases reported and 31% of all reported deaths in 2019. During the same reporting period, 227 of 274 reporting health facilities submitted weekly reports accounting for the timeliness and completeness of reporting of 81% (target 80%). Forty indicator-based alerts were generated and 95% of them were verified with none requiring any immediate public health response.

PUBLIC HEALTH ACTIONS

- Outbreak response activities are ongoing in Adamawa state coordinated under the leadership of the state government.
- WHO supported hard-to-reach teams continue to provide emergency health services to affected populations including vaccination, treatment of common illnesses and screening for malnutrition.
- In November 2019, 335 specialized mental health referral sessions were offered to beneficiaries referred for specialized mental health services in Adamawa and Borno States.
- Multiple health sector partners continue to provide health care services in primary and secondary healthcare facilities in affected areas across the three states.

Geographic distribution of suspected cholera cases reported from 15 May - 15 December 2019, Adamawa State, Nigeria



SITUATION INTERPRETATION

The humanitarian crisis in northeast Nigeria continues to be characterized by mass population movement of persons to relatively secure areas in IDP camps and host communities. The recent analysis of the HNO highlights the continued threat to IDPs as the humanitarian space continues to contract affecting several thousand people. Furthermore, the threat for communicable disease outbreaks remains high. As the amount of rainfall experienced in the region continues to increase, the immediate risk of vector- and water borne diseases is potentiated. Also, the seasonal peaks for measles and meningitis are expected in the coming weeks. Thus, efforts to control vector populations should be intensified in addition to instituting preventive measures for measles and meningitis (including prepositioning of vaccines).

Summary of major issues, challenges and proposed actions

Major issues and challenges

- Malaria continues to remain a concern in Burundi. Since the beginning of the year, the country has faced an increase in the total number of malaria cases compared to the number recorded in the past five years. As deaths from malaria continue to be recorded, early and proper case management in addition to prevention strategies need to be instituted.
- The prolonged humanitarian crisis in Northeast Nigeria continues to precipitate population movements and results in a high number of IDPs in the country. Outbreaks of epidemic-prone diseases such as cholera, measles and meningitis remain a threat in the region as overcrowding in IDP camps, poor access to health care, poor sanitation as well as clean and safe water is limited.

Proposed actions

- As malaria is a vector borne disease, a multisectoral approach is essential for the effective control of the outbreak. The Ministry of Health together with the support of technical and financial partners need to continue to implement both traditional and novel interventions to control the situation. The implementation of malaria treatment guidelines, training of healthcare workers in case management, availability of antimalarial drugs and the mobilization of additional funds for the implementation of mobile clinics in hard to reach areas can help reduce unnecessary deaths in malaria patients.
- Together the national and the international community should collaborate in finding long term solutions to the precarious situation in Northeast Nigeria. The availability of additional sources of funding can help strengthen the development of the affected region as well as aid in raising the wellbeing of its people. Furthermore, the recurring cholera outbreaks in the context of long standing humanitarian crisis calls for the coordination of the Health Sector response. A platform can be created to enable all the relevant stakeholders to work in partnership in both the prevention as well as to ensure swift response to outbreaks when they occur. There is also a need for continuous mobilization of the population in the affected areas with key messages on the prevention of the occurrence of water- and vector-borne diseases.

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
Ongoing Events									
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	-	-	-	-
Since 2015, the security situation initially in the regions of the Sahel and later in the East of Burkina Faso has gradually deteriorated as a result of attacks by armed groups. This has resulted in mass displacement leading to a total of 486 360 internally displaced persons registered as of 8 October 2019 in all 13 regions in the country. The regions of North, Boucle du Mouhoun, East and Centre are the most affected. Health services are severely affected and as of 27 September 2019, Ministry of Health figures show that 69 health facilities in six regions have closed as a result of insecurity; 28% in the Sahel Region and 12% in North Central Region. Morbidity due to epidemic-prone diseases remains high									
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	15-Dec-19	8 751 897		3 170	0.04%
Detailed update given above.									
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, Figuil, Ngong , Mora, Maroua 3, Vélé, Pitoa, Maroua 1, Bourha, Touboro, Mogodé, Bibémi, Garoua 1, Garoua 2, Lagdo, Tcholliré, Guidiguis, Moutourwa, Mokolo, Cité verte, Djoungolo, Nkolndongo, 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%

Country	Event	Grade	Date notified to WHO	Start of reporting period	End of reporting period	Total cases	Cases Confirmed	Deaths	CFR
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.									
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	15-Dec-19	26 258	296	255	1.00%
In week 50 (week ending 15 December 2019), 214 suspected cases were reported. 22 districts were in the epidemic phase in week 50. Since the beginning of the year, a total of 26 258 suspected cases and 255 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 healthcare. 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	-	-	-	-
<p>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.</p>									
Democratic Republic of the Congo	Humanitarian crisis	Grade 3	20-Dec-16	17-Apr-17	18-Nov-19	-	-	-	-
<p>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 2019.</p>									
Democratic Republic of the Congo	Cholera	Grade 3	16-Jan-15	1-Jan-19	8-Dec-19	28 502	-	496	1.70%
<p>During week 49 (week ending 8 December 2019), a total of 619 suspected cases of cholera and 9 deaths (CFR 1.5%) were notified from 60 health zones in 13 provinces. The endemic provinces of North-Kivu, South-Kivu, Haut-Lomami, Haut-Katanga, Tshopo and Tanganyika account for 90% of cases reported during week 49. Between week 1 and week 49 of 2019, a total of 28 502 cases including 496 deaths (CFR 1.7%) have been notified from 23 out of 26 provinces. Compared to the same period in 2018 (week 1-49), there is a 2.8 % decrease in the number of reported cases and a 48% decrease in the number of deaths.</p>									
Democratic Republic of the Congo	Ebola virus disease	Grade 3	31-Jul-18	11-May-18	28-Dec-19	3 374	3 256	2 232	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%
<p>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+).</p>									
Democratic Republic of the Congo	Monkeypox	Ungraded	n/a	1-Jan-19	8-Dec-19	5 060	-	103	2.00%
<p>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.</p>									
Democratic Republic of the Congo	Plague	Ungraded	12-Mar-19	28-Feb-19	17-Nov-19	50	-	8	16.00%
<p>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.</p>									
Democratic Republic of the Congo	Poliomyelitis (cVDPV2)	Grade 2	15-Feb-18	1-Jan-18	27-Dec-19	84	84	0	0.00%
<p>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.</p>									
Ethiopia	Chikungunya	Ungraded	25-Jul-19	27-May-19	8-Dec-19	54 908	29	0	0.00%
<p>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.</p>									
Ethiopia	Cholera	Ungraded	14-May-19	12-May-19	8-Dec-19	2 089	60	21	1.00%
<p>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.</p>									
Ethiopia	Dengue	Ungraded	3-Nov-19	9-Sep-19	8-Dec-19	1 251	6	0	0.00%
<p>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.</p>									

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 onset 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	8-Dec-19	1 652	252	5	0.30%
In week 49 (week ending on 8 December 2019), 23 suspected cases were reported from 7 out of 15 counties across the country. Since the beginning of 2019, 1 652 cases have been reported across the country, of which 252 are laboratory-confirmed, 109 are epi-linked, and 815 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 internal displaced persons is increasing and it was estimated at 199 385 in October 2019. This increase is associated with repeated violences in Mopti, Gao, Menaka and zones in the neighborhood of Burkina Fasso 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	15-Dec-19	1 194	349	0	0.00%
As of week 50 (week ending on 15 December 2019), 1 201 suspected cases of measles have been reported from 49 districts in the country. Of these, 349 were confirmed IgM-positive.									
Mali	Yellow fever	Ungraded	3-Dec-19	3-Nov-19	15-Dec-19	15	3	5	33.30%
As of 15 December 2019, a total of 15 cases have been reported including 12 suspected cases and 3 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, Oshana, 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	19-Nov-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	19-Nov-19	9 969	-	54	0.50%
As of week 45 (week ending 10 November 2019), 9 969 suspected measles cases have been reported from eight regions the country. The cases have been reported Maradi (3 571 cases including 8 deaths), Tahoua (1 909 including 25 deaths), Zinder (1 399 including 10 deaths), Niamey (1 271 with 1 death), Tilaberi (635 including 3 deaths), Agadez (519 including 3 death), Diffa (311 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	-	-	-	-
Detailed update given above.									
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 Vibrio cholerae 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 healthcare 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-Sep-19	55 476	2 150	275	0.50%
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 week 1 and 39, a 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.									
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	Poliomyelitis (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	-	-	-	-
<p>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 there is a slight reduction in the level of flood waters. The roads are still not passable and response relies on helicopters and boats.</p>									
South Sudan	Humanitarian crisis	Protracted 3	15-Aug-16	n/a	30-Oct-19	-	-	-	-
<p>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).</p>									
South Sudan	Hepatitis E	Ungraded	-	3-Jan-18	1-Dec-19	125	41	2	1.60%
<p>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).</p>									
South Sudan	Measles	Ungraded	24-Nov-18	1-Jan-19	1-Dec-19	3 963	169	23	0.60%
<p>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.</p>									
Togo	Poliomyelitis (cVDPV2)	Grade 2	18-Oct-19	13-Sep-19	18-Dec-19	3	3	0	0.00%
<p>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.</p>									
Uganda	Humanitarian crisis - refugee	Ungraded	20-Jul-17	n/a	31-Oct-19	-	-	-	-
<p>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 (28.5%) and Burundi (3.3%). Most are women within the age group 18 - 59 years.</p>									
Uganda	Rift valley fever	Ungraded	28-Nov-19	15-Nov-19	19-Dec-19	2	2	2	100.00%
<p>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 Ntorroko district, Uganda. Following the presentation of haemorrhagic symptoms on 5 December 2019, a viral haemorrhagic disease was suspected and the case was isolated in an ETC for treatment. A sample was collected and sent to UVRl 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.</p>									
Zambia	Poliomyelitis (cVDPV2)	Grade 2	17-Oct-19	16-Jul-19	18-Dec-19	2	2	0	0.00%
<p>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.</p>									
Closed Events									
Mozambique	Poliomyelitis (cVDPV2)	Grade 2	7-Dec-18	7-Dec-18	18-Dec-19	1	1	0	0.00%
<p>No case of circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreak has been reported this week. There was one case reported in 2018.</p>									
Niger	Poliomyelitis (cVDPV2)	Grade 2	8-Jul-18	8-Jul-18	18-Dec-19	11	11	1	9.10%
<p>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.</p>									

†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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