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Introduction

In this issue, a general overview of outbreaks that occurred within the WHO African Region between January - February 2014 is provided as well as a summary of ongoing outbreaks as reported by Member States.

Overview of reported outbreaks in WHO African Region

Based on data received from the Early Warning System through the Event Management System (EMS)*, 21 public health events were reported to the Regional Office between January and February 2014 of which 90% (19 / 21) were due to infectious diseases; cholera being the most frequently reported event. The distribution of these events is shown in figure 1 below.

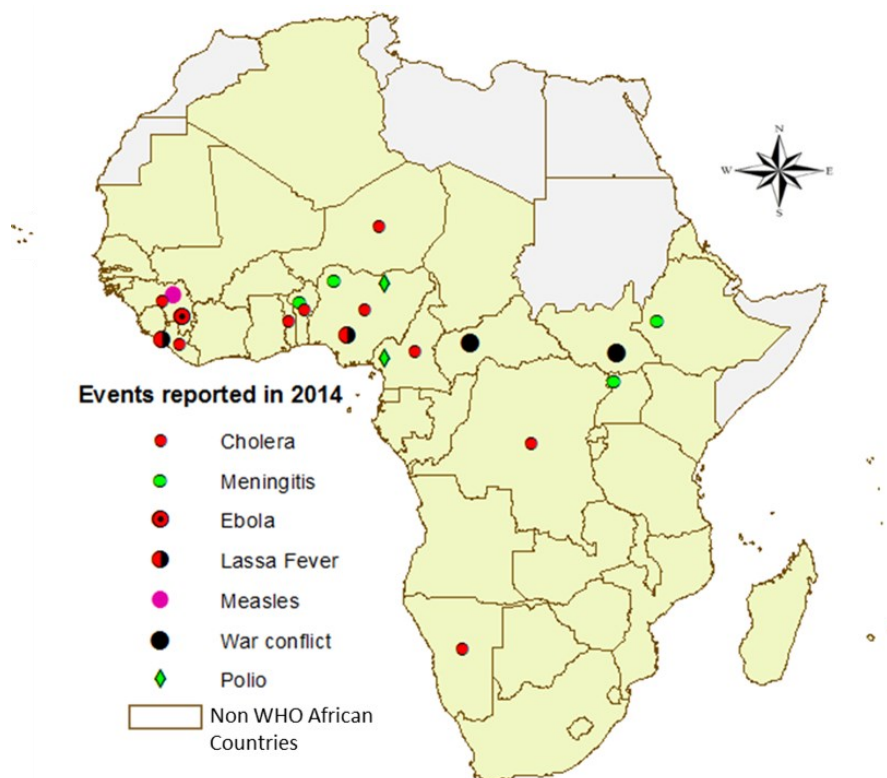
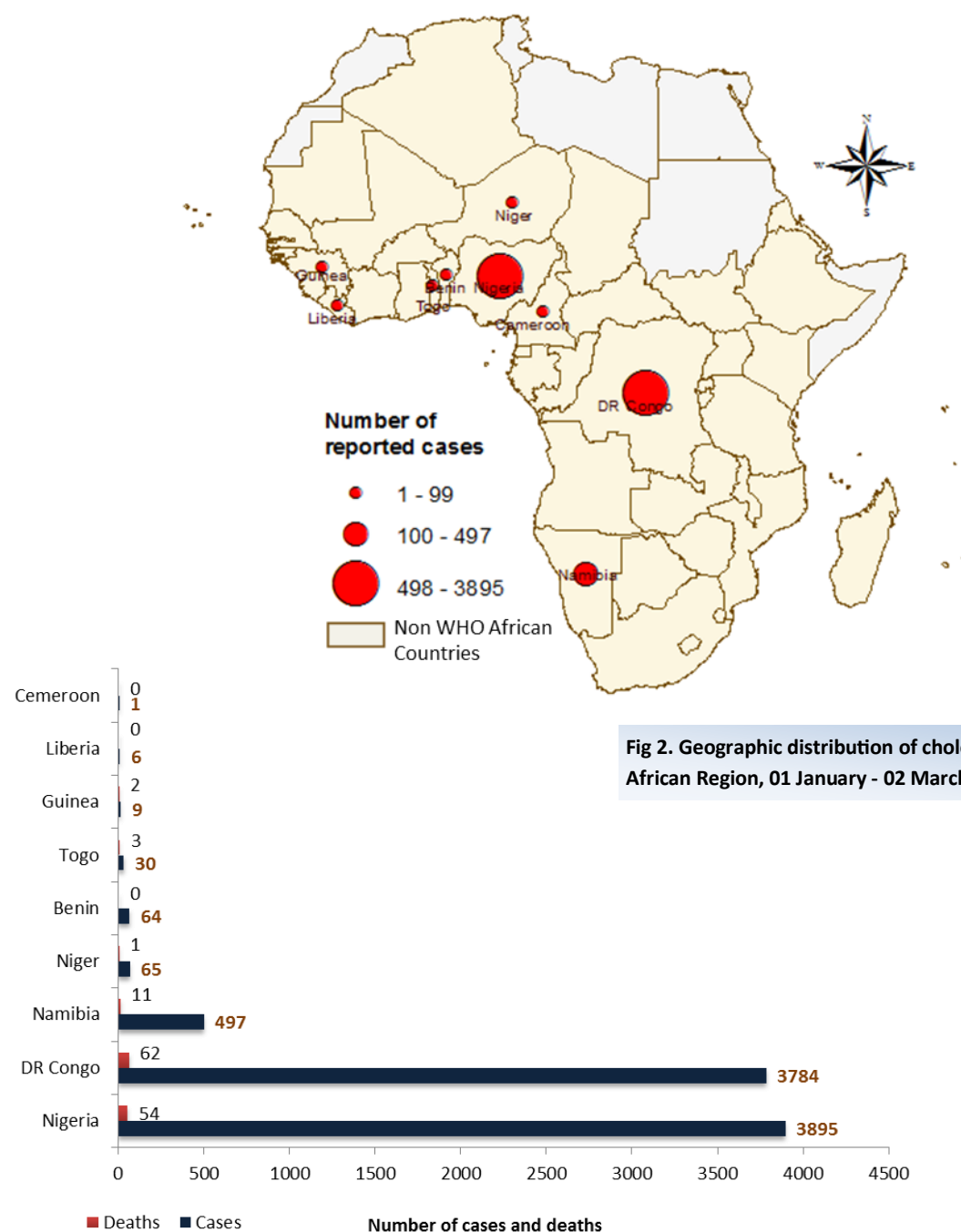


Fig. 1. Geographic distribution of acute public health events in the WHO African Region, January - February 2014

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

Cholera

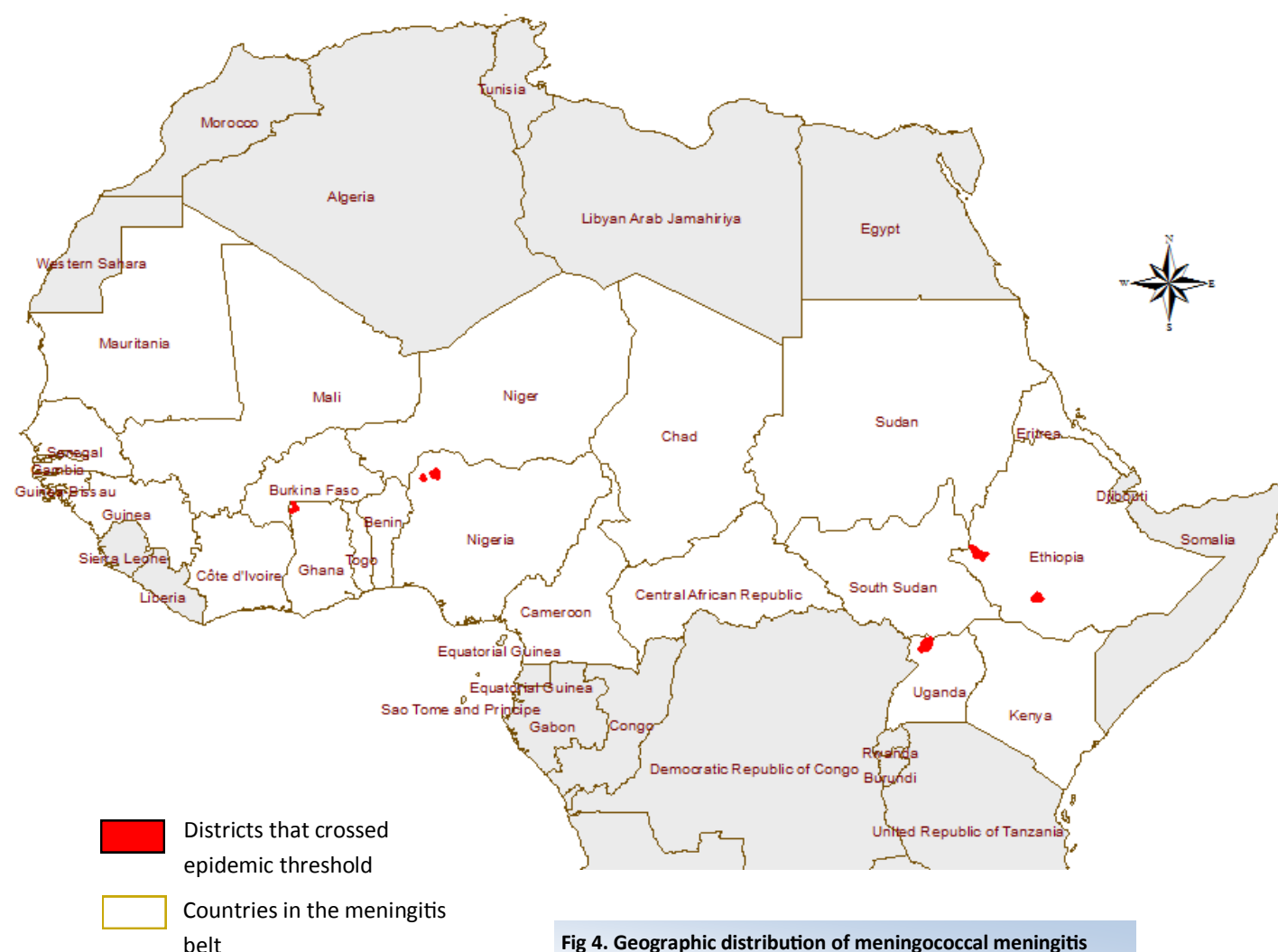
From 01 January - 02 March 2014, a total of 8 351 cholera cases including 133 deaths (CFR: 1.6%) were reported from 9 countries in the Region. Nigeria and DR Congo accounted for 92% (7 679 / 8 351) of cases and 87% (116 / 133) of deaths. The distribution of cholera cases and deaths is shown in figures 2 and 3.



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

Meningitis

From 01 January - 02 March 2014, a total of 4 592 meningococcal meningitis cases and 455 deaths (CFR: 10%) were reported from 18 countries in the Region. A total of seven districts from four countries (Ethiopia, Nigeria, Ghana and Uganda) crossed the epidemic threshold as shown in Figure 4.



In response to the meningitis outbreaks, WHO in collaboration with partners supported the Ministries of Health to enhance surveillance, to plan and conduct reactive vaccination campaigns, and to ensure that appropriate messages targeting the affected and at risk populations were disseminated.

Ongoing outbreaks

1. Ebola Hemorrhagic Fever in Guinea

The Ministry of Health (MoH) of Guinea has notified WHO of a rapidly evolving outbreak of Ebola haemorrhagic fever in forested areas south eastern Guinea. As of 24 March 2014, a total of 86 suspected cases including 59 deaths (case fatality ratio: 69%) had been reported. The cases have been reported in Guekedou, Macenta, Nzerekore and Kissidougou districts. Four health care workers are among the victims. Reports of suspected cases in border areas of Liberia and Sierra Leone are being investigated.

Thirteen of the cases have tested positive for Ebola virus by PCR (six by CIRI in Lyon, France, and seven by Institut Pasteur Dakar, Senegal), confirming the first Ebola haemorrhagic fever outbreak in Guinea. Preliminary results from sequencing of a part of the L gene done by CIRI Lyon has showed strong homology with Zaire Ebolavirus. Two of the three cases which were being investigated in Conakry turned negative for Ebola virus.

The Ministry of Health (MoH) together with WHO and other partners have initiated measures to control the outbreak and prevent further spread. The MoH has activated the national, provincial and district emergency management committees to coordinate response.

WHO and other partners are mobilizing and deploying additional experts to provide support to the Ministry. The necessary supplies and logistics required for supportive management of patients and all aspects of outbreak control are also being mobilized.

The Emerging and Dangerous Pathogens Laboratory Network (EDPLN) is working with the Guinean VHF Laboratory in Donka, the Institut Pasteur in Lyon, the Institut Pasteur in Dakar, and the Kenema Lassa fever laboratory in Sierra Leone to make available appropriate Filovirus diagnostic capacity in Guinea and Sierra Leone.



Fig 5. Geographic distribution of Ebola hemorrhagic fever cases in Guinea, 24 March 2014

2. Lassa Fever in Nigeria

Nigeria continues to experience an outbreak of Lassa Fever in different parts of the country. From 01 January -16 March 2014, a total of 208 cases including 17 deaths (CFR: 8.2%) were reported from 19 LGAs within nine states as shown in figures 6 and 7. Eighty three percent (173/208) of the cases were reported from Edo state.

A total of 27 cases were laboratory confirmed.

During the whole of 2012 and 2013, a total of 1 723 suspected cases including 112 deaths (CFR 6.5%) and 1 195 cases including 39 deaths (CFR=3.3%) were reported respectively.

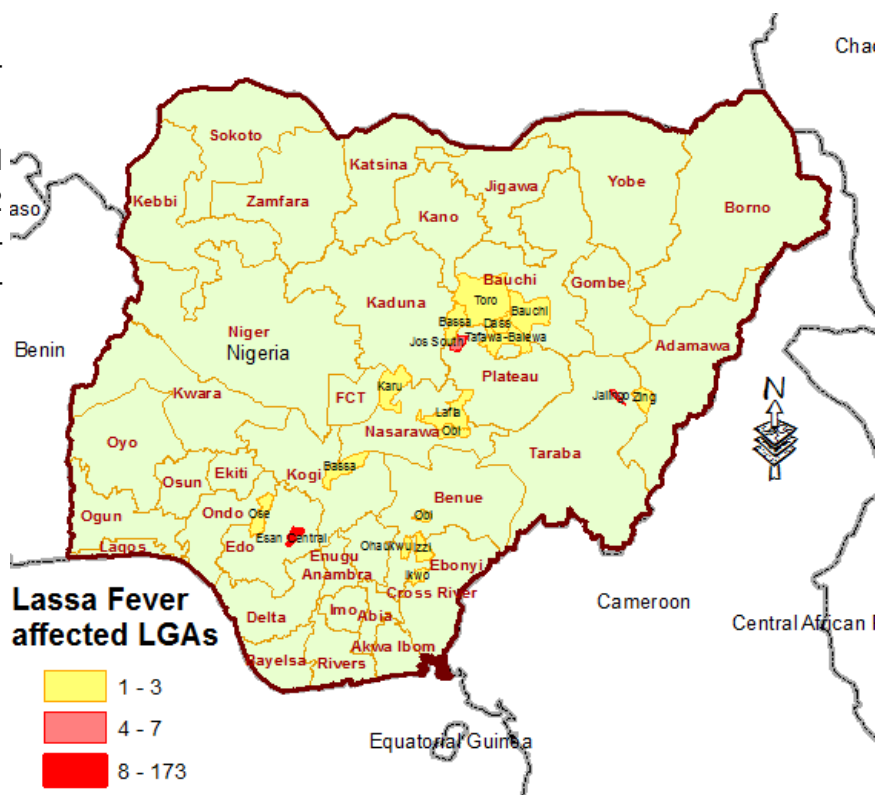


Fig 6. Geographic distribution of Lassa Fever cases in Nigeria, 01 January - 11 March 2014

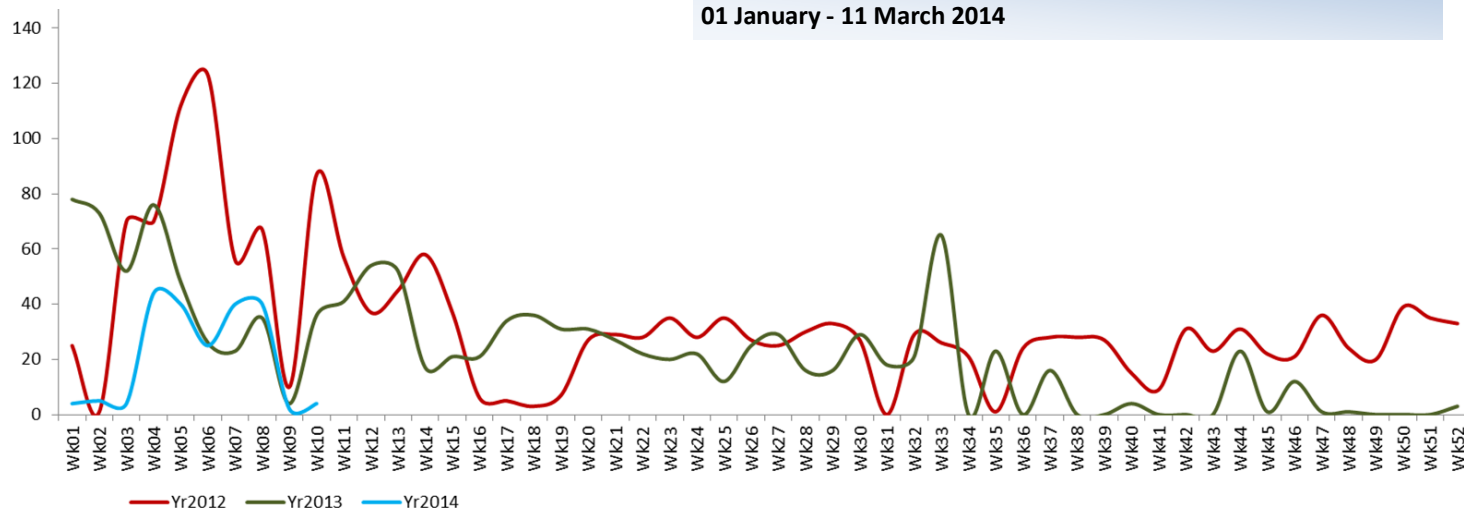
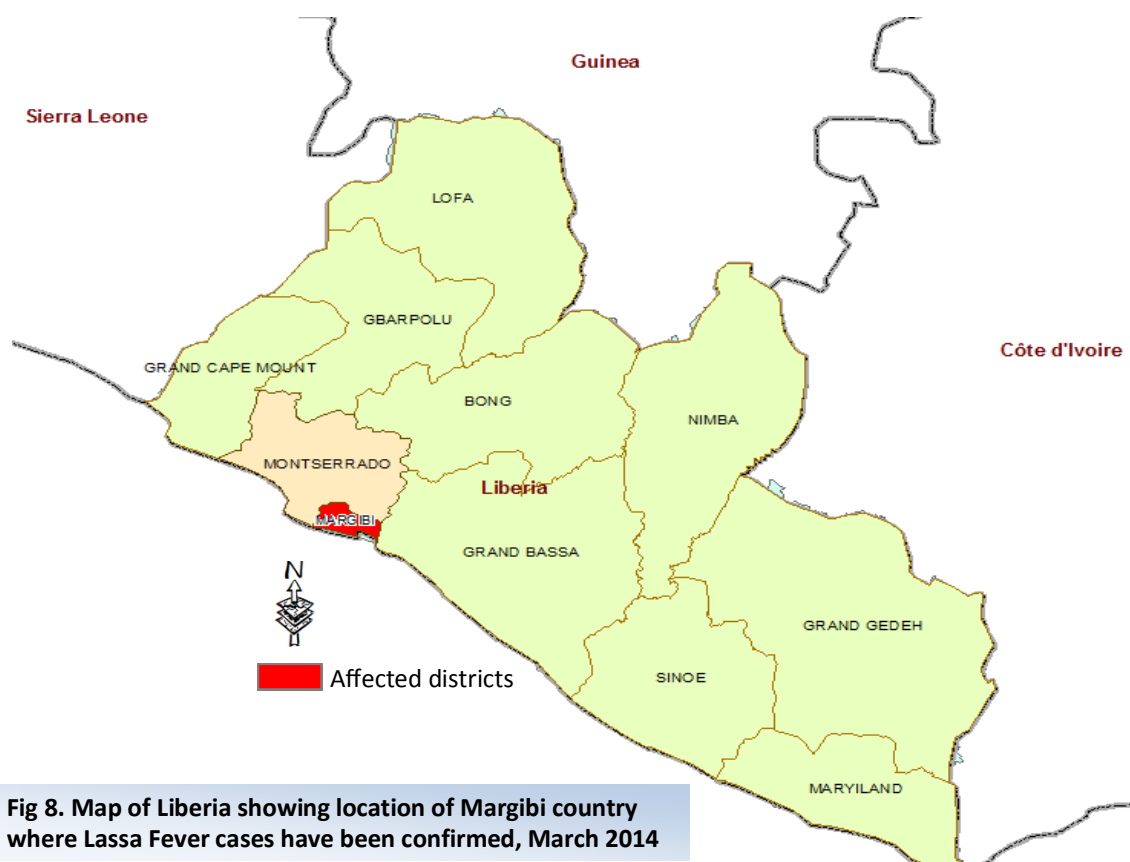


Fig 7. Weekly trends of Lassa Fever cases and deaths , Nigeria, 2012, 2013, and 2014

The Federal and State governments with support from WHO and other partners are responding to the outbreak by reinforcing active surveillance and public enlightenment; and sensitizing clinicians on case management protocol and Standard precautions, among others.

3. Lassa Fever in Liberia

The Ministry of Health (MOH) of Liberia has notified WHO of an outbreak of Lassa fever in a UN Mission in Liberia Kakata camp, Margibi County. A total of 14 cases including one death were reported from 27 February to 10 March 2014. Eleven of the cases had been reported among UN Mission in Liberia (UNMIL) Kakata camp peace keepers, 2 among UNMIL civil/UNPOL in the camp, while one case is from the neighboring community which is related to cases in the camp. All the 14 cases have been laboratory confirmed to be due to Lassa fever. Although Lassa fever is endemic in Liberia and occurring as sporadic cases in Bong, Nimba and Lofa counties, this is the first time a case has been reported in Margibi County which is close to Montserrado County where the national capital city, Monrovia is located.



The MOH with support from WHO has instituted measures to control the outbreak and prevent further spread by enhancing surveillance, environmental management, and strengthening case management. WHO is also closely monitoring and facilitating exchange of information with Nigeria and other countries in the Region.

4. Cholera in DR Congo

From 01 January - 09 March 2014, a total of 4 916 cases with 100 deaths (CFR: 2%) were reported from 7 provinces out of 11 (Figure 9 and 10); with Katanga and Sud-Kivu provinces being the most affected.

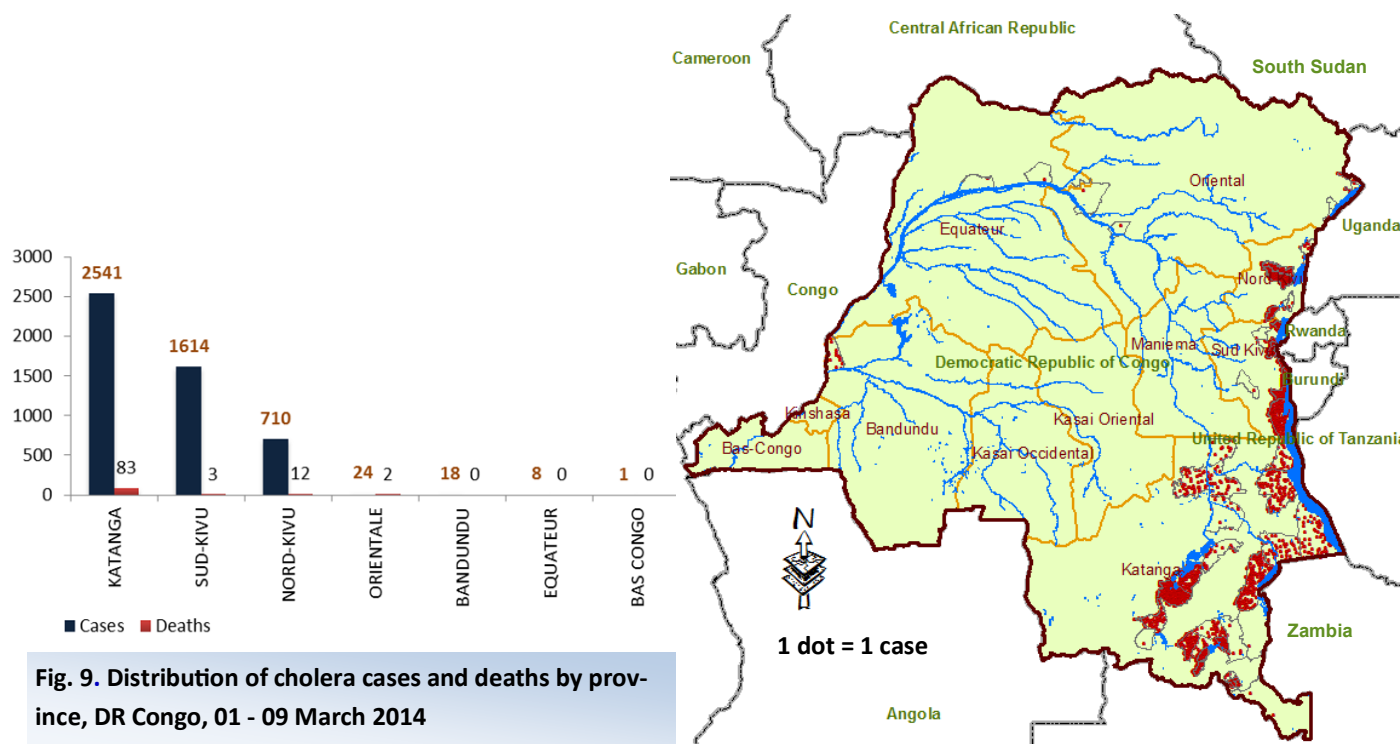


Fig. 9. Distribution of cholera cases and deaths by province, DR Congo, 01 - 09 March 2014

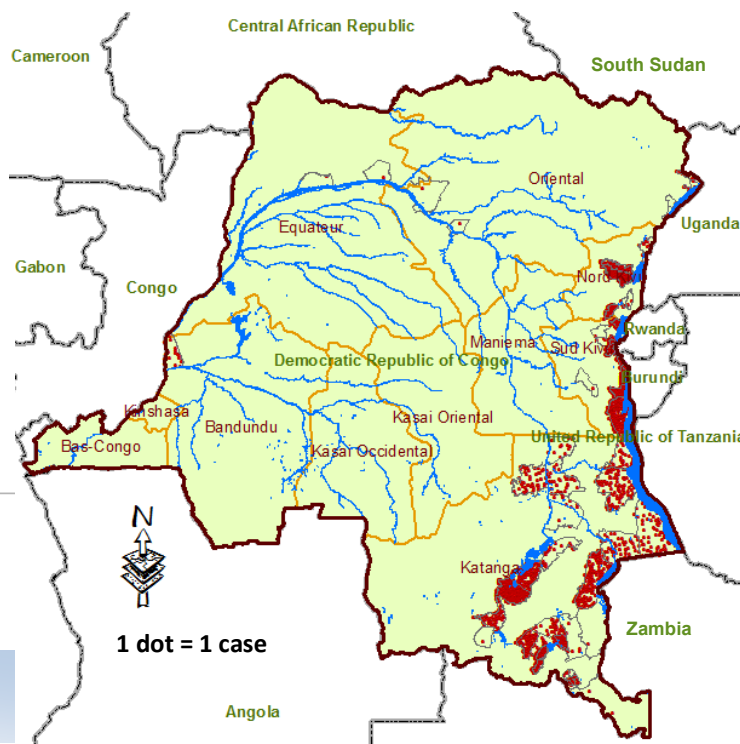


Fig. 10. Geographic distribution of cholera cases in DR Congo, 01 January - 09 March 2014

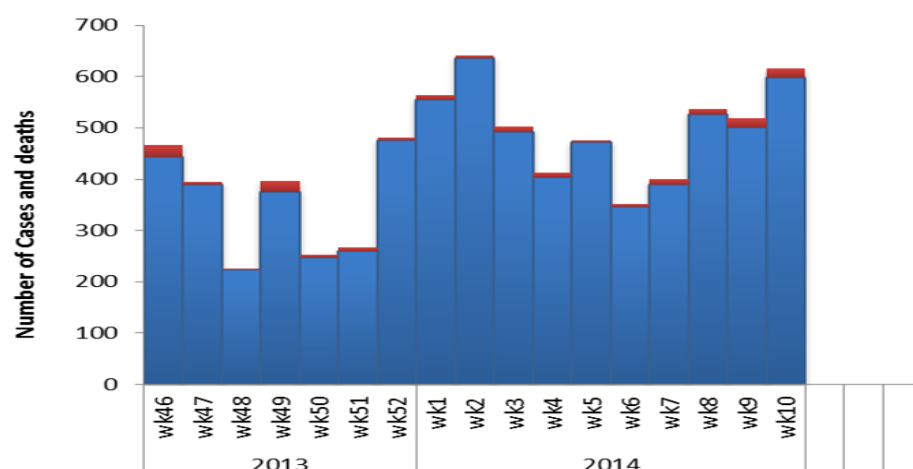


Fig. 11. Distribution of cholera cases and deaths by week of reporting, week 46 2013 - week 10, 2014

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

5. Cholera in Nigeria

The cholera outbreak which was ongoing in Nigeria in 2013 continued on an upward trend in 2014. From 01 January - 09 March 2014, a total of 6 149 suspected cholera cases including 67 deaths (CFR 1%) were reported from 40 LGAs in 12 states. During the same period in 2013, a total of 2 suspected cases including 0 death (CFR: 0%) had been reported.

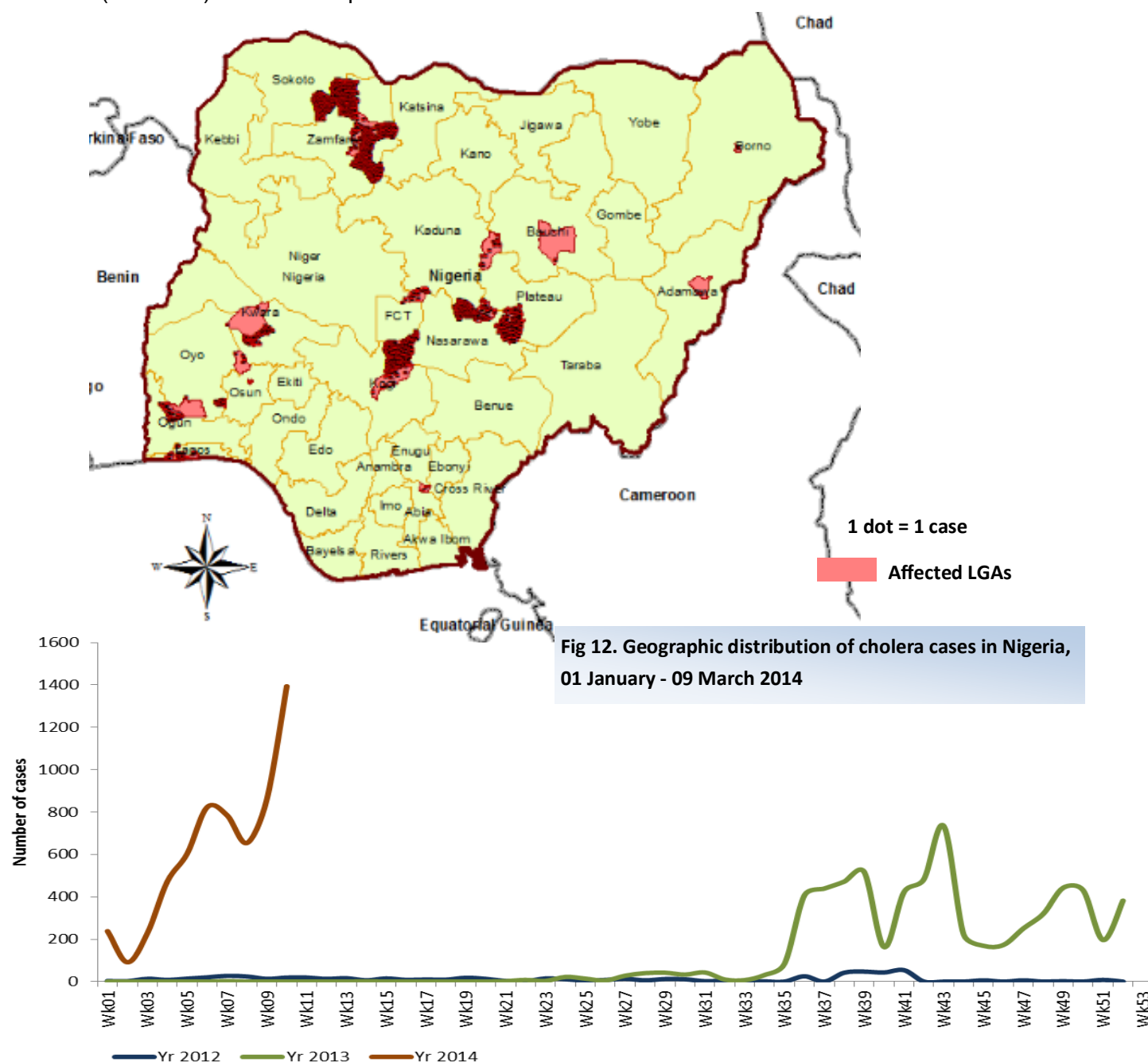


Fig 13. Trends of cholera cases in Nigeria in 2012, 2013 and 2014

WHO continues to provide technical support to the MOH and LGA health authorities in all affected areas to reinforce surveillance and response, sensitize clinicians on case management and infection control, and help to disseminate key messages for community health education on preventive measures.



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