Current Infectious Disease Outbreaks for NYC Providers
(The first and last items are in each section are, in our opinion, the most and least likely, respectively, to present in New York City)

New York City

*Measles* – As of October 17, a total of 6 measles cases have been confirmed this month in Orthodox Jewish children in Williamsburg, Brooklyn. Ages have ranged from 11 months to 4 years; 5 were unvaccinated. There have been a significant number of people exposed, including in healthcare settings.

The index case was exposed during a trip to Israel, which is in the midst of a large measles outbreak. Seven other residents of New York State outside of New York City also have been diagnosed with measles; 5 traveled to Israel. Thousands of people in Europe have been diagnosed with measles in 2018. All European countries have reported measles cases. Especially hard-hit countries have been Ukraine, Serbia, Georgia, Greece, Romania, Italy, France, Slovakia, Russia and the United Kingdom.

[New York City Department of Health and Mental Hygiene. Recent Press Releases](https://www1.dohhm.nyc.gov/press/)

[New York City Department of Health and Mental Hygiene. Health Alert Network](https://www1.dohhm.nyc.gov/healthalert/)

West Nile Virus – As of October 18, more than 1,000 mosquito pool samples from over 90 locations have tested positive for West Nile virus (WNV). Most have been in Queens, followed by Staten Island, Bronx, Brooklyn, and Manhattan. That said, there has been a significant reduction in the number of positive mosquito pool samples over the past two weeks. To date in 2018, a total of 35 cases of infection have been diagnosed, including 6 and 29 cases of West Nile fever and West Nile neuroinvasive disease, respectively. Two blood donors also were found to be infected with West Nile virus.

[New York City Department of Health and Mental Hygiene. Provider Webpage: West Nile virus reports, results, and summaries (2018 positive results summary)](https://www1.dohhm.nyc.gov/wnv/)

*Legionnaires’ Disease* – A Legionnaires’ disease cluster is being investigated in the Lower Washington Heights area of Manhattan. As of October 19, there have been 29 cases reported, including one death. All cooling towers in the area have been assessed and remediated, as warranted.

[New York City Health Department Public Website](https://www1.dohhm.nyc.gov/healthalert/)

United States

Hepatitis A (Multistate) – A sustained outbreak of hepatitis A has persisted in multiple states. Initially, the outbreak was centered in California, Michigan, and Utah, but in recent months transmission has occurred largely in Kentucky and West Virginia, with each reporting approximately 50 new cases per week and where the epidemic trend has continued to worsen. Massachusetts, Tennessee, and western Pennsylvania also are now noting increases in hepatitis A. The main risk factors continue to be homelessness and intravenous drug use. Occasional spillover into other populations via infected food handlers also has been reported.

[ProMED updates](https://www.promedmail.org/)

*Salmonella Newport (Multistate)* – Ground beef from an Arizona supplier (JBS Tolleson, Inc.) has been linked to a salmonellosis outbreak, and the company has recalled more than 6 million pounds of
meat products. As of October 4, a total of 57 people with *Salmonella* Newport infections, with isolates having the same PFGE pattern, have been identified. Sixteen states have reported cases, and especially from Arizona and Colorado. There have been 14 hospitalizations and no deaths.

**CDC Food Safety Alert: Outbreak of *Salmonella* Infections Linked to Ground Beef**

**Murine Typhus (California)** – An outbreak of murine, or endemic, typhus was reported by Los Angeles County. As of October 12, a total of 57 confirmed cases have been identified in Pasadena, Long Beach, and downtown Los Angeles, with the latter occurring largely in persons who are homeless.

**ProMED updates**

*Salmonella Enteritidis (Multistate)* – As of October 2, a total of 38 cases of salmonellosis, including 10 hospitalizations, have been linked to consumption of large, cage-free eggs produced by Gravel Ridge Farms. Cases have been reported by 7 states (Tennessee, Alabama, Kentucky, Ohio, Iowa, Colorado, and Montana) Illness onset has ranged from June 17 to August 16.

The outbreak strain has been identified in environmental samples and in eggs produced by Gravel Ridge Farms. Eggs were delivered to groceries in Tennessee, Alabama, and Georgia. Gravel Ridge Farms has recalled the suspected lots of eggs.

**CDC Food Safety Alert: Outbreak of *Salmonella* Infections Linked to Gravel Ridge Farms Shell Eggs**

**Salmonella Infantis (Multistate)** – As of October 17, a total of 92 cases of multi-drug resistant *Salmonella* Infantis infections, including 21 hospitalizations and no deaths, have been linked by pulsed-field gel electrophoresis to a still unknown common exposure. Cases have been reported by 29 states. Patients have reported handling a variety of raw chicken products.

**CDC Investigation Notice: Outbreak of Multi-drug Resistant *Salmonella* Infections Linked to Raw Chicken Products**

**Acute Flaccid Myelitis (Multistate)** – From August through September, CDC received information from 22 states about cases of suspected acute flaccid myelitis (AFM). As of October 17, 127 patients were under investigation and 62 had confirmed AFM. The average age is approximately 4 years old, and 90% of cases are in children who are 18 years old or younger. Enterovirus D68 and A71 have been implicated in a number of the cases.

**Transcript for CDC Telebriefing: Update on Acute Flaccid Myelitis (AFM) in the U.S. 17 October 2018**

**ProMED updates**

**Listeria (Multistate)** – On October 3, Johnston County Hams, Inc. (Smithfield, North Carolina) recalled ham products that might be contaminated with *Listeria*. As of October 3, there have been four cases of listeriosis, including two hospitalizations and one death, linked to this outbreak. Cases are residents of Virginia (3) and North Carolina (1).

**CDC Food Safety Alert: Outbreak of *Listeria* Infections Linked to Del Ham**

Edited October 19, 2018

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Central America, South America and Caribbean

Dengue (Multistate) – As of October 18, the Pan American Health Organization (PAHO) has reported more than 392,000 suspected and confirmed dengue cases in the Americas in 2018. More than half of the cases have been in Brazil. Paraguay, Colombia, and Peru, and to a less extent, Bolivia, Ecuador, Venezuela, and Argentina have reported dengue in South America. In Mexico and Central America, most cases have been reported in Mexico and Nicaragua. El Salvador, Guatemala, Honduras, and Panama have reported considerably fewer cases. In the Caribbean, dengue has been seen mostly in Grenada, French Guiana, and Jamaica, though the reporting has been incomplete.

Pan American Health Organization: Reported Cases of Dengue Fever in the Americas

Chikungunya (Multistate) – As of September 9, Brazil and Paraguay have reported 50,356 and 1,162 respective chikungunya cases in 2018. In Brazil, most cases have occurred in the Sudeste, Rio de Janeiro, Centro-Oeste, Mato Grosso, and Minas Gerais Provinces. In Paraguay, Central, Amambay, Guaira, and Paraguari Departments have reported the most cases. To a much lesser extent, chikungunya also have been documented in Bolivia, Colombia, Costa Rica, El Salvador, Nicaragua, and Mexico.

European Center for Disease Prevention and Control: Communicable Disease Threats Report (Week 34, 19 August – 25 August 2018)

Malaria (Dominican Republic) – At least 63 cases of autochthonous malaria (P. vivax) were reported during a 4-week period recently in Santo Domingo. P. vivax was likely introduced by Haitian migrants. In 2018, a total of 294 cases of malaria have been documented in the Dominican Republic.

ProMED updates

Cholera (Haiti and Dominican Republic) – As of September 8, Haiti has reported 3,111 cholera cases and 37 deaths (1.2 %) in 2018. The incidence rate for 2018 is the lowest since the outbreak began in 2010. Most cases have been reported from the following Departments: Artibonite, Nord Est, Centre, and Ouest.

For comparison, a total of 113 cases of cholera have been reported in the Dominican Republic in 2018, as of September 22.

Pan American Health Organization: Epidemiological Update, Cholera (11 October 2018)
European Center for Disease Prevention and Control: Communicable Disease Threats Report (Week 38, 16 September – 22 September 2018)
Pan American Health Organization: Epidemiological Update, Cholera (6 August 2018)

*Hantavirus (Panama and Bolivia) – Four new cases of hantavirus infection were reported in Los Santos province. As of October 16, Los Santos public health authorities have announced a total of 77 cases in 2018 in Tonosi, Las Tabias, Pocri, Los Santos, and Pedasi. Choclo hantavirus is endemic in Los Santos and adjoining provinces.

In Bolivia, 28 suspected cases of hantavirus infections, some with hantavirus pulmonary syndrome, including 9 confirmed, have been reported by public health authorities in the Tarija department. In the Yungas region of the La Paz department, 13 military personnel have been diagnosed with suspected
hantavirus. Hantavirus infections have also been reported by the Cochabamba and Santa Cruz departments in 2018. The specific hantavirus causing these infections has not been determined.

**ProMED updates**

**Cholera (Chile)** – Since June, 31 persons from 3 distinct regions have been diagnosed with cholera. Most cases are located in the Santiago metropolitan area. Other cases occurred in Valparaiso and the northern Atacama region. Health authorities have not yet determined the cause of the outbreak.

**ProMED updates**

**Diphtheria (Colombia, Haiti and Venezuela)** – Diphtheria has been reported in three countries in the Americas in 2018. In Colombia, there have been a total of 8 confirmed cases, four of whom were Venezuelan nationals. All occurred in unvaccinated people living in areas near to the Venezuelan border. In Venezuela and as of August 11, a total of 660 suspected cases, including 81 deaths (12.3%) have been identified in 2018, most of which have been confirmed. A total of 281 cases, including 70 confirmed and 22 (7.8%) deaths, have been reported in Haiti in 2018.

**Pan American Health Organization: Epidemiological Update, Diphtheria (21 September 2018)**
**Pan American Health Organization: Epidemiological Update, Diphtheria (29 August 2018)**

**Europe**

**West Nile virus (Multistate)** – The European West Nile virus (WNV) season earlier than usual in 2018 with higher case numbers than previously reported during this intense transmission period. As of October 11, a total of 1,884 human cases, including 154 (8.2%) deaths, have been reported in EU (Italy, Greece, Hungary, Romania, France, Austria, Slovenia, Bulgaria, Croatia, and the Czech Republic) and neighboring countries (Serbia, Israel, and Kosovo). From September 28 – October 11, a total of 135 cases were reported in EU countries and 78 in neighboring countries. Greece, Italy, Hungary, Romania, France, Austria, and now Germany (for the first time) also have reported 235 equine outbreaks in 2018.

**European Center for Disease Prevention and Control: Communicable Disease Threats Report (Week 41, 7 October – 13 October 2018)**
**European Center for Disease Prevention and Control: Communicable Disease Threats Report (Week 40, 30 September – 6 October 2018)**

**Measles (Multistate)** – Between September 2017 and August 2018, >40,000 measles cases have been reported throughout WHO’s European Region. Particularly affected countries have been Ukraine, Serbia, Georgia, Greece, Romania, Italy, France, Slovakia, Russia and the United Kingdom. Incidence appears to be decreasing from a peak earlier in the year.

**World Health Organization. Immunization, Vaccines and Biologics: Measles and Rubella Surveillance Date, 17 September 2018**
**European Center for Disease Prevention and Control: Communicable Disease Threats Report (Week 41, 7 October – 13 October 2018)**

**Tick-borne Encephalitis (Switzerland and Czech Republic)** – In 2018, a record of 322 cases of tick-borne encephalitis (TBE) have been reported in Switzerland, where cases of this disease have
increased progressively since 2000. Cases have been reported in the Zurich area, the northeastern region of the country, and in the cantons of Bern, St. Gallen, and Aargau. This disease also is endemic in some parts of Austria and Germany.

By the end of July, a total of 38 cases of tick-borne encephalitis have been reported in South Moravia, Czech Republic.

ProMED updates

*Autochthonous Dengue (Spain) – On October 9, the Ministry of Health reported two confirmed autochthonous dengue cases in the same family. Exposures may have occurred in the coastal areas of Murcia or Cádiz. Illness onsets were in late August.

European Center for Disease Prevention and Control: Communicable Disease Threats Report (Week 41, 7 October – 13 October 2018)

Arabian Peninsula and Mideast

**MERS-CoV (Saudi Arabia) – The Ministry of Health (MOH) surveillance statistics site was recently revised and is again available to the public. Over a two-week period, and as of October 18, three new MERS cases were reported (Riyadh, Taif). Incidence remains low.


ProMED updates

**Cholera (Yemen) – Following the recent fighting in the port city of Al Hudaydah, there has been an increase in the number of cholera cases. During the week ending September 23, a total of 15,201 cases of suspected cholera were reported. In total, as of September 23, a total of 1,207,596 suspected cholera cases have been reported, including 2,510 (0.21%) deaths. Currently, the directorates with the highest attack rates have been Amran, Al Hudaydah, Dhamar, Sana’a, and Amanat Al Asimah.

The recent fighting in Al Hudaydah City has worsened the ongoing humanitarian crisis that has displaced 2 million people and has likely interfered with health authorities’ capacities to assess current disease incidences. Many health facilities in the Al Hudaydah Directorate have needed to close down. Electricity, water supply pipes, and sanitation have been disrupted, and there is increased scarcity of basic commodities. Humanitarian response agencies are working to repair critical infrastructure.

World Health Organization. Regional Office for the Eastern Mediterranean. Outbreak update: Cholera in Yemen, 11 October 2018


ProMED updates


**Diphtheria (Yemen) – As of July 15, there have been 1,904 suspected diphtheria cases, including 98 deaths (5.1%), reported from 20 governorates since August. Children <5 years old account for ~20% of cases and ~40% of deaths. Public health authorities completed a large vaccination campaign targeting children aged 6 weeks to 15 years in 11 governorates. Since then, there have been no further reports. As above, the current humanitarian crisis likely has interfered with public health assessments by government authorities and humanitarian response agencies.
Asia

**Dengue (Multistate)** – Dengue is endemic throughout Asia. This year, Indian Ocean nations such as The Maldives and Réunion have been especially hard-hit. Tens of thousands of dengue cases have been reported by Thailand, Malaysia, Vietnam, and Sri Lanka. To a lesser extent, dengue has been reported in the Seychelles, Pakistan (Karachi and Rawalpindi areas), India (Bhubaneswar, Pune, Bilai, Himachal Pradesh, Madhya Pradesh, Kerala, Goa, Hyderabad, Andhra Pradesh, and Rajasthan), Bangladesh, Laos, Cambodia, Myanmar, Singapore, Philippines (Baybay, West Visayas, Cavite, Itbayat, Iloilo, Visyas, Ilocos Norte, Batanes, and Zamboanga City), and Taiwan.

**Chikungunya (Multistate)** – In 2018 and as of July 22, a total of 16,027 cases of chikungunya have been reported in India. Most have occurred in the following states: Karnataka, Gujarat, Maharashtra, and Rajasthan. As of September 13, Thailand has reported 342 cases from 9 provinces (especially Satun).

**Leptospirosis (Thailand)** – In 2018 as of September 13, a total of 1,822 leptospirosis case were reported throughout Thailand, including 21 (1.2%) deaths. Highest incidence rates have been in the following provinces: Srisaket, Pangnga, Yala, Loei, and Ranong.

**Malaria (Vietnam)** – As of June 30, a total of 973 cases of malaria have been reported in Binh Phuoc, a southern province in Vietnam. The total represents a 66% increase from last year. Drug-resistant *P. falciparum* is endemic in three provinces: Binh Phuoc, Gia Lai, and Ninh Thuan.
Multidrug-resistant typhoid fever (Pakistan) – A strain of extensively drug-resistant (XDR) typhoid fever continues to be reported in Pakistan and in persons who traveled there. The strain was initially characterized in Hyderabad in November 2016 and then spread to Karachi and other districts. It is resistant to ampicillin, chloramphenicol, trimethoprim-sulfamethoxazole, ciprofloxacin, and ceftriaxone and is susceptible to azithromycin and carbapenems. CDC has issued a Level 2 Alert for all travelers to Pakistan, recommending vaccination with the oral or injectable vaccine prior to travel and being careful to practice safe eating and drinking when in Pakistan.

CDC Traveler’s Health: Extensively Drug-Resistant Typhoid Fever in Pakistan

ProMED updates (20 Jul 2018)

Japanese Encephalitis (India) – More cases of Japanese Encephalitis (JE) and acute encephalitis syndrome have been reported in the northeast India. In addition to the district of Dibrugarh (Assam), an increase in cases have been noted in the states of Bihar and Uttar Pradesh, which border Nepal. JE commonly occurs during the monsoon season in this region of India and can be prevented with vaccination. JE also has been confirmed in more central Madhya Pradesh. A recent publication indicated that most acute encephalitis cases in this region are due to scrub typhus, which is caused by mites infected with Orientia tsutsugamushi, an intracellular organism in the Rickettsiaceae family.

ProMED updates

Crimean-Congo hemorrhagic fever (Pakistan) – The tenth death in 2018 from Crimean-Congo hemorrhagic fever (CCHF) has been confirmed in Karachi. The number of CCHF cases increased after the Eid al-Adha/Eid al-Kabir/Festival of Sacrifice on August 10, during which animals are slaughtered.

ProMED updates

Avian influenza (China) – A 22-year-old man from Guangdong (formally Canton, close to Hong Kong and Macau) is in serious condition following infection from avian influenza H5N6, which also was reported in poultry this week in the Guizhou region, northwest of Guangdong. This is the 21st human case reported since 2014 and serves as a reminder to consider avian influenza infection in travelers from China with recent exposure to live poultry.

Australia and the Pacific

Dengue (Multistate) – As of August 28, 492 dengue cases have been reported in Australia in 2018. As of August 3, a total of 1,792 dengue cases occurred on the island of New Caledonia in 2018. Dengue outbreaks also are taking place Wallis and Futuna, Tahiti, Bora Bora, Ralatea, Moorea, Rangiroa, Tahaa, American Samoa, Samoa, Kiribati, Fiji and Toga.

European Center for Disease Prevention and Control: Communicable Disease Threats Report (Week 31, 19 August – 25 August 2018)

Africa

Cholera (Nigeria) – Outbreaks have been reported in recent weeks in regions distant from Northeast Nigeria, the epicenter of the epidemic. As of September 9, a total of 27,927 suspected cases have
been reported, including 1,306 in the week ending September 9, and 517 deaths (1.9%). The recently affected states are Zamfara, Kaduna, Kano, Katsina, Borno, Adamawa, Ebonyi, and Sokoto. The northeastern region has suffered through instability and large-scale displacement of people fleeing violence by Boko Haram.

**Cholera (Zimbabwe)** – On September 6, a new cholera outbreak was declared in Harare city. The outbreak has continued to accelerate. As of October 12, a total of 9,116 cases, including 228 confirmed, have been reported. Fifty-four (0.59%) have died. A total of 1,968 cases were reported in the previous reporting week (Week before that: 1,275). Ninety-seven percent of the cases have been in Harare Province, and especially in Harare’s densely populated urban suburbs, though 5 other provinces also are affected (Manicaland, Mashonaland East, Mashonaland Central, Mashonaland South, Midlands, and Masvingo). Sanitation services and the water supply infrastructure in Harare are in an ongoing state of deterioration, leading frequently to contamination. (Note: There is a concurrent typhoid fever outbreak also reported here.)

**Cholera (Democratic Republic of Congo)** – In 2018 and as of September 23, there have been a total of 21,112 suspected cases of cholera reported in the DRC, including 724 cases in the last reporting week; 691 have died (3.3%). Most recently, cholera has been confirmed in from the following provinces: South Kivu, East Kivu, Katanga, Sankuru, Tanganyika, Mai-Ndombe, Ituri, Kongo Central, Kasai, and Kasai Oriental.

**Chikungunya (Sudan)** – There have been multiple media reports of chikungunya outbreaks in the state of Kassala, which borders Eritrea and in Jebeit, a town near Port Sudan on the Red Sea. Some details have been inconsistent with chikungunya, such as hemorrhagic features and a higher than expected number of deaths. It is possible that there are multiple outbreaks occurring simultaneously (e.g.,
dengue). With that caveat, the Kassala state government has announced that more than 13,000 cases have occurred as of October 10.

**ProMED updates**


**Cholera (Tanzania)** – As of October 3, a total of 4,098 suspected cholera cases have been reported in 2018, including 50 confirmed and 78 deaths (1.9%). There continues to be a decline in the epidemic trend, with 96 cases reported in the week ending September 29, compared with 150 cases the previous week. Most recent cases have occurred in the Arusha region (Ngorongoro district), which is located in northeast near Kenya, the Simanjiro district in the Manyara region, and in the Rukwa region. To date, the island of Zanzibar has been spared.

**World Health Organization, Unicef. Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa; Regional Update for 2018 – as of 3 October 2018**

**World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 37 (15 September – 21 September 2018)**


**Typhoid fever (Zimbabwe)** – On August 7, WHO was informed about a typhoid fever outbreak in the Mkoba neighborhood of Gweru City, which is in the centrally-located Midlands Province. As of September 10, identified total of 1,983 suspected typhoid fever cases have been identified since early July, including 16 confirmed and 8 deaths (0.4%). There has been a gradual decline in daily incidence. The outbreak has been attributed to ruptured sewer lines and subsequent contamination of borehole water supplies. Gweru is described as a gateway city between the capital city, Harare, and Bulawayo, the second largest city, so there is concern that this may spread to these densely-populated locations.

**World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 37 (8 September – 14 September 2018)**

**World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 33 (18 August – 24 August 2018)**

**World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 33 (11 August – 17 August 2018)**

**Cholera (Niger)** – On July 13, the Ministry of Public Health announced a cluster of cholera cases in the southern Niger Maradi region that borders Nigeria. The outbreak has rapidly expanded since then. As of October 10, a total of 3,747 suspected cases have been reported, including 74 deaths (2%), and 344 cases in this last two reporting weeks. The outbreak now involves people from 7 health districts – Madarounfa, Malbaza, Maradi, Keita, Madaoua, Birni Konni, and Guidan Roumdji. Fifty-eight percent of the cases are 15 years old and above.

**World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 41 (6 October – 12 October 2018)**

**World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 39 (22 September – 28 September 2018)**

**World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 38 (15 September – 21 September 2018)**
**Cholera (Ethiopia)** – As of August 26, Ethiopia has reported 2,337 cases of acute watery diarrhea cases and 18 deaths (0.8%), in 2018. Recently, most cases have been reported in the Afar, Somali, and Tigray regions and in Dire Dawa City.

*World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 38 (15 September – 21 September 2018)*

*World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 35 (25 August – 31 August 2018)*

*World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 33 (11 August – 17 August 2018)*

**Cholera (Cameroon)** – Since May 2018 and as of October 12, a total of 470 cases of cholera have been reported in northern Cameroon close to Nigeria and in the central and littoral regions, including 45 confirmed cases and 34 deaths (7.5%). Active transmission appears now to be limited largely to the North Region.

*World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 41 (6 October – 12 October 2018)*

*World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 39 (22 September – 28 September 2018)*

*World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 38 (15 September – 21 September 2018)*

**Cholera (Somalia)** – Since December 2017 and as of October 3, there have been 6,423 cases of suspected cholera reported, including 29 cases from September 24 – September 30, and 41 deaths (0.6%). Incidence has continued to decrease steadily over the past three months. Most of the recent cases have occurred in Lower Juba region near the Kenya border, and in Banadir region.

*World Health Organization, Outbreak update: Cholera in Somalia, 11 October 2018*

*World Health Organization, Unicef. Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa; Regional Update for 2018 – as of 3 October 2018*

*World Health Organization, Unicef. Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa; Regional Update for 2018 – as of 15 September 2018*

**Hepatitis E (Central African Republic)** – On October 2, health authorities in the Central African Republic reported an outbreak of hepatitis E in the Bocaranga-Kouï Health District, which is in the northwest part of the country. As of September 16, a total of 31 suspect cases have been reported, including 29 confirmed and one death (3%) in a pregnant woman. The outbreak is occurring in an insecure part of the country with large numbers of displaced people.

*World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 40 (29 September – 5 October 2018)*

**Dengue (Senegal)** – The Senegalese Ministry of Health informed WHO on September 27 about an outbreak of dengue fever. As of October 2, a total 24 confirmed cases have been identified. There have been no deaths. The most affected areas are Ndiaye-Ndiaye and Peulgha-Poukham. The last dengue outbreak in Senegal was in late 2017.

*World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 40 (29 September – 5 October 2018)*
*Monkeypox (Central African Republic) – On October 1, health authorities in the Central African Republic reported an outbreak of monkeypox in Mbaiki Health District, which is in the southwestern part of the country. Since March 2018, a total of 33 cases, including 14 confirmed and one (3%) death have been reported, and four suspected cases, including 3 confirmed, since September 22.

World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 40 (29 September – 5 October 2018)

Lassa fever (Nigeria) – As of October 14, there have been a total of 2,706 suspected cases this year, of which 536 and 16 are confirmed and probable cases, respectively, and 2,153 tested negative (not a case). In the week ending October 14, there were 13 new confirmed cases reported. One-hundred and thirty-seven (25.6%) of confirmed cases have died, and there have been 40 suspect cases in healthcare workers. In the past two weeks, confirmed cases were reported in the following states: Edo, Ondo, Ebonyi, Delta, Kogi, Imo, and Bauchi. While Lassa fever is endemic to Nigeria, this outbreak is the largest reported.

Nigeria Centre for Disease Control: Disease Situation Reports

Yellow fever (Nigeria) – A yellow fever outbreak has persisted in Nigeria since September 2017. As of October 7, at total of 3,162 suspect cases, including 125 and 47 presumptive and confirmed cases, respectively; 54 have died. Only three suspect cases were reported in the past week. Eleven states have had confirmed cases (Kogi, Kwara, Zamfara, Kebbi, Edo, Kano, Nasawara, Katsina, Niger, Rivers, and Ekiti). Yellow fever vaccination campaigns have been completed in 6 states.

Nigeria Centre for Disease Control: Disease Situation Reports

Yellow fever (Congo Republic) – On August 28, the Ministry of Health announced that a suspected case of yellow fever had been confirmed in the southwestern department of Pointe Noire, which borders an Angolan enclave. More than 200 suspected cases have been reported in 2018 in 5 southwestern health districts. More than 1,000,000 people are expected to be vaccinated in a mass campaign that started on September 26.

ProMED updates

Lassa fever (Liberia) – As of September 23, a total of 29 suspect cases, including 20 confirmed and 13 deaths (26.5 %), have been reported by Liberian authorities in 2018. Most cases have occurred in the following counties: Nimba, Bong, and Grand Bassa. Most recently, cases have only been reported in Nimba County.

World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 40 (29 September – 5 October 2018)

World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 38 (15 September – 21 September 2018)

World Health Organization, Regional Office for Africa: Weekly Bulletin on Outbreaks and Other Emergencies, Week 33 (11 August – 17 August 2018)

Monkeypox (Democratic Republic of Congo) – As of September 23, there have been a total of 2,894 suspected cases of monkeypox reported in 2018, including 62 deaths (2.1%). (Note that this represents a significant reduction from the cases reported previously.) Sankuru Province has the highest number of cases; however, 14 provinces have reported cases.
Monkeypox (Nigeria) – An increase in monkeypox cases has occurred recently in Nigeria. In 2018, a total of 76 monkeypox cases have been reported, including 37 confirmed, one probable, and two deaths (2.6%). The states of Rivers, Bayelsa, and Cross River have reported the highest number of cases. Public health authorities in Nigeria and the UK are collaborating on contact tracing activities related to two cases imported to the UK from Nigeria. Between September 2017, when the outbreak started, and September 15, 2018, a total of 269 suspected cases, including 113 confirmed and 7 deaths (2.6%), have been reported from 26 states. The greatest number of cases have occurred in the South South Region of Nigeria.

European Centre for Disease Prevention and Control: Communicable Disease Threats Report (Week 37, 9 September – 15 September 2018)

Plague (Madagascar) – The annual plague season has started in Madagascar, where an extensive urban bubonic/pneumonic outbreak persisted in 2017. As of October 10, a total of 58 suspected cases have been reported, including 7 confirmed, multiple pneumonic plague cases, and 5 deaths (8.6%). Most cases have occurred in the central highlands region where plague is endemic. Annual epidemics have been recorded since the 1980s.

Monkeypox (Central African Republic) – Since March 2 and as of October 9, a total of 45 cases of monkeypox have been reported in the Central African Republic, including 3 confirmed and one death (2.9%). The cases have occurred in the south of the country in Mbai, Bambari, and Bangassou health districts which are near the Democratic Republic of Congo. Outbreaks of monkeypox have occurred in the Central African Republic annually since 2013.

Ebola (Democratic Republic of Congo) – Since July, an Ebola virus disease (EVD) outbreak has been active in North Kivu and Ituri Provinces (northeastern DRC), approximately 1,500 miles from the recently ended EVD outbreak and close to Rwanda and Uganda. As of October 17, a total of 220 cases,
including 185 confirmed, 35 probable, and 34 suspected, have been reported. One-hundred forty-two (64.5%) have died. Thirty-three newly confirmed cases were reported during the week ending October 14. Twenty cases, including 18 confirmed, were in healthcare workers, three of whom died. Of the 207 cases whose age and sex are known, 111 (54%) are women, and the most affected age group is 15 – 44 years old (60%). Since October 1, a disproportionate number of cases from Beni have been in children <16 years old, including 9 infants.

The outbreak epicenters continue to be in the Mabalako and Beni Health Zones, though cases have been confirmed in 7 other health zones in North Kivu and two in Ituri Province, close to Uganda. Since September, 70% of cases have been in the Beni Health Zone, and ongoing community transmission has been occurring in Beni for weeks. Of concern, cases have presented without links to known cases. Several recent cases have been reported from Butembo, a city of more than 1 million people which also is close to the Ugandan border.

This densely populated region continues to suffer through a large-scale humanitarian crisis, with >1 million internally displaced people caused by persistent military activity by armed groups fighting each other or government forces. Attacks against unarmed civilians, including ethnic cleansing, has led to a continuous exodus of Congolese to neighboring countries. Challenges for public health responders have included community distrust and resistance and attacks by militias, which have hampered surveillance, contact tracing, and vaccination activities.

As of October 15, a total of >4,700 contacts were being followed, of which 1,040 (22%) could not be seen; almost all were from Beni. Since vaccination began on August 8 and as of October 17, a total of 17,976 people have been vaccinated.

WHO considers the risk at the national and regional levels to be very high, though low globally. On October 17, WHO decided that the current situation does not constitute of public health emergency of international concern.

Publications:

World Health Organization, Regional Office for Africa: Ebola Virus Disease. External Report 10 (9 October 2018)
ProMED update

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Figure 1. Confirmed and probable Ebola virus disease cases by week of illness onset, data as of 15 October 2018 (n=210)*

*Case counts in recent weeks may be incomplete due to reporting delays.

Removed from last week’s list:

Respiratory Disease in Travelers to Saudi Arabia
Psittacosis (Multistate)
Legionnaire’s disease (Italy)
Monkeypox (United Kingdom ex Nigeria)
Leptospirosis (Israel)
Leptospirosis (Philippines)
Diphtheria (Bangladesh)
Rat hepatitis E infection (Hong Kong)
Cholera (Angola)
Cholera (Algeria)
Cholera (Malawi)

**New outbreaks since last week’s list:**

*Measles (NYC)*  
*Legionnaires’ Disease (NYC)*  
*Salmonella Newport (Multistate)*  
*Murine Typhus (California)*  
*Salmonella Infantis (Multistate)*  
*Acute Flaccid Myelitis (Multistate)*  
*Listeria (Multistate)*  
*Hantavirus (Panama and Bolivia)*  
*Measles (Multistate)*  
*Autochthonous Dengue (Spain)*  
*Hepatitis E (Central African Republic)*  
*Dengue (Senegal)*  
*Monkeypox (Central African Republic)*