International Health Surveillance Division (IHS)

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Health Information Update

Source: WHO, Event Information Site for IHR National Focal

Event Updates: **13 September 2019 to 18 September 2019**

Event Updated	Country	Hazard	Disease	Event Description	IHR Assessment
2019-09-18	**United Republic of Tanzania (the)**	**Infectious**	**Acute Hemorrhagic Fever Syndrome**	**On 10 September 2019, WHO sent an IHR verification request under the International Health Regulations (IHR) to the United Republic of Tanzania regarding unofficial reports of presumptive positive case of Ebola virus disease (EVD) in the country. On 14 September, the IHR National focal point (NFP) of the United Republic of Tanzania informed WHO that no case of EVD had been confirmed.** According to the information provided by the Ministry of Health in a press release, two suspected cases were identified and both tested negative for EVD at a national laboratory (RT-PCR). No potential differential diagnosis was provided. The Ministry of Health said that there were no contacts being monitored or additional suspected cases of EVD in the United Republic of Tanzania. WHO advises against the application of any restrictions of travel or trade to the United Republic of Tanzania in relation to the above situation, based on the currently available information.	**None/Not Applicable**
2019-09-18	**Philippines (the)**	**Infectious**	**Detection of VDPV1 in environmental sample**	**In the Philippines, since 1 July 2019, vaccine-derived poliovirus type 1 (VPDV 1) have been detected in a number of environmental samples and are currently being further investigated. VDPV1 was isolated from environmental samples in Manila, collected on 1 July, 22 July, 13 August, and 27 August with 32 to 36 nucleotide changes from Sabin virus 1. The environmental surveillance**	**Public Health Risk**

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				site is in the city of Manila with a catchment population of over 600,000. The collection started in April 2017 with a frequency of once a month. Prior to detection of VDPV1 in July 2019 and VDPV2 detection on 13th August 2019, the site was positive for non-polio enteroviruses as well as for Sabin viruses type 1 and 3. With enhanced environmental surveillance since 1 July 2019, sample collection has increased to biweekly. ***The risk for emergence of VDPV in the Philippines is high*** due to limited population immunity (coverage of bOPV and IPV was 66% and 41% respectively in 2018) and suboptimal AFP surveillance. However, WHO currently assesses ***the risk of international spread from the Philippines as low.*** WHO does not recommend any restriction on travel and/or trade to the Philippines based on the information available for the current polio event.	
2019-09-13	**Nigeria**	**Infectious**	**Yellow Fever**	The current outbreak of yellow fever in Ebonyi State, located in the south-eastern part of Nigeria was not anticipated. **Since May 2019, the state has reported cases with fever and jaundice. On 16 July 2019, the Ebonyi State Ministry of Health received information about suspected yellow fever cases in Ndingele ward, Izzi LGA. Following investigation, as of 30 August 2019, 84 suspected cases were reported across nine LGAs within Ebonyi state including 26 deaths. Most of the suspected cases, 66 cases are from Izzi LGA. In addition there are 7 RT-PCR positive cases from Izzi LGA, tested for yellow fever (3 from the National Reference Laboratory, Abuja and 4 from IP Dakar).** Izzi LGA is located in	**Public Health Risk**

				the north-eastern part of the state, bordered with Cross river state in the east, and Benue State in the north. It is a rural LGA with farming as the main occupation of the people. Since 15 September 2017, when the Nigeria Centre for Disease Control (NCDC) notified WHO through IHR (2005) of a confirmed yellow fever case in Kwara State, Nigeria has been responding to successive outbreaks of yellow fever. From 1 January to 31 July 2019, 1 905 suspected yellow fever cases have been reported in 506 LGA's from 36 states and the Federal Capital Territory (FCT) of Nigeria. Samples were collected for 1 877 suspected cases of which 52 were presumptive positive and 28 inconclusive tested by Nigerian laboratories and Institut Pasteur Dakar (IPD). Among the eighty (52 presumptive positive and 28 inconclusive) according to the samples sent to IPD for confirmatory testing, eighteen were confirmed positive for yellow fever by RT-PCR. These cases were from eight states; Edo (7), Ebonyi (3), Kebbi (2), Ondo (2), Anambra (1), Imo (1), Osun (1) and Sokoto (1).) Twenty-four deaths have been recorded from Adamawa (1), Edo (1) and Ebonyi (22). ***The current overall risk is low at the global level.*** WHO does not recommend any restrictions on travel or trade to Nigeria on the basis of the information available on this outbreak.	

*A **public health risk** is something that is (or is likely to be) hazardous to human **health** or could contribute to a disease or an infectious condition in humans.

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