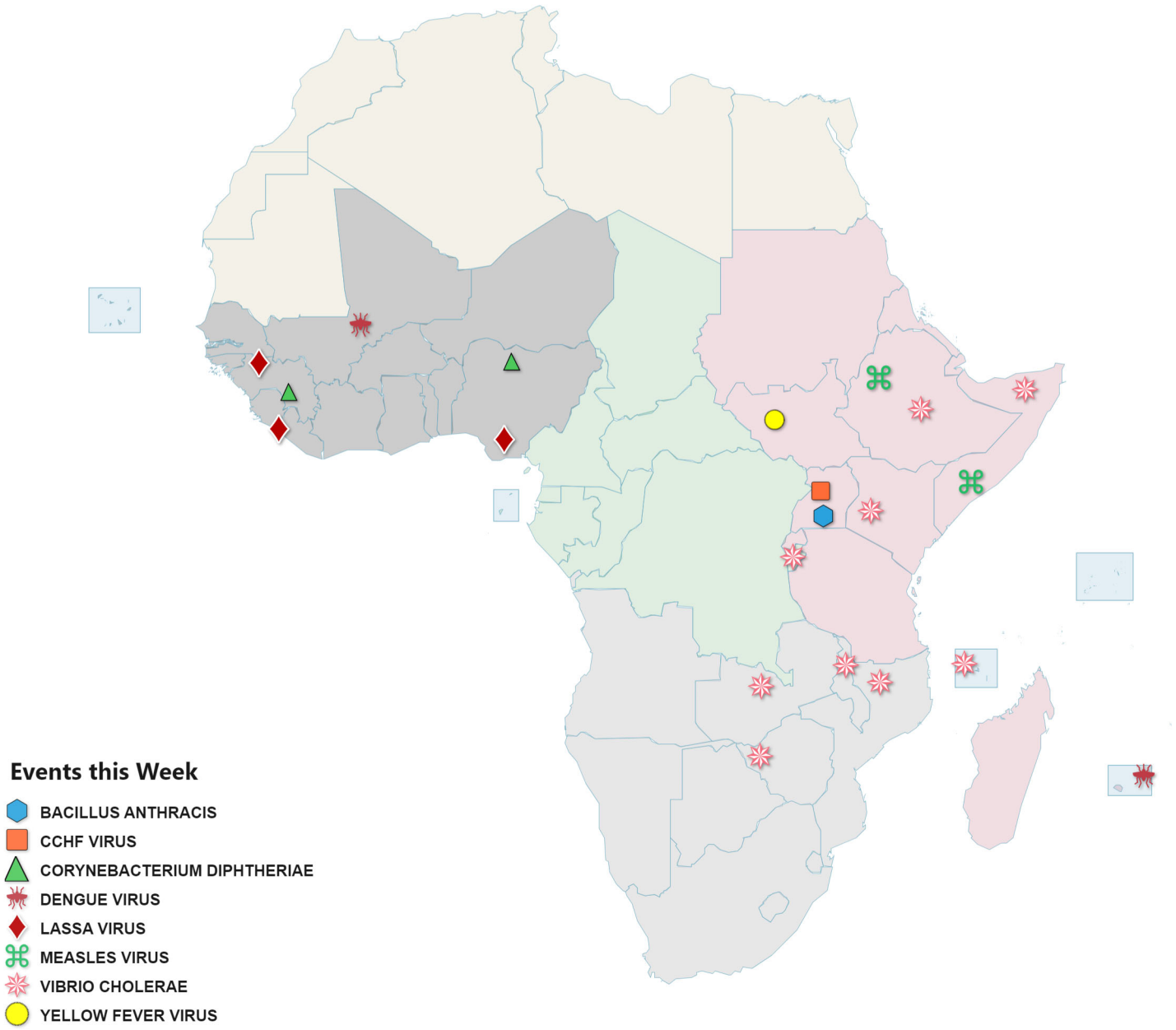
AfricaCDC
Centres for Disease Control and Prevention

Africa CDC Epidemic Intelligence Report

Date of Issue: 17 Feb 2024

Events reported in 2024	Events highlighted this week	New events since last issue
25	21	4



* ☐ represent AU Member States that are islands

Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the African Union.

Initial Reports

High Risk Events

CCHF in Uganda

1 confirmed human case(s)
4 probable human case(s)
0 human deaths (**CFR: 0%**)

Agent/Pathogen	**CCHF virus**	First Reported	**13-Feb-2024**	Previous Report Update	**13-Feb-2024**
First Occurred	**17-Jan-2024**	Country	**Uganda**	Location	**1 district**
Source	**Ministry of Health**	GeoScope	**LOW**	Human Risk Assessment	**HIGH**
Animal Risk Assessment	**HIGH**				

Description:

On 11 January 2024, the Uganda Ministry of Health (MoH) reported an outbreak of Crimean-Congo haemorrhagic fever (CCHF), in Kasagama sub-county, Lyantonde district, Uganda. The first confirmed case is a 45-year-old male butcher who presented to Lyantonde district hospital with high-grade fever and severe bleeding through the oral cavity. A blood sample sent to the Uganda Virus Research Institute tested positive for CCHF by polymerase chain reaction. Cumulatively, five cases (1 confirmed; 4 probable) and three deaths* among the probable cases were reported from one of 146 districts in Uganda.

CCHF is a zoonotic viral haemorrhagic fever that can spread through bites of infected ticks. It can also be transmitted from animals to humans through contact with blood, body fluids, or tissues of infected animals, mainly livestock such as cattle, sheep, goats, buffalo, and camels. The most common symptoms in humans are headache, joint pain, vomiting, a flushed face, a red throat, and petechiae (red spots) on the palate. The case fatality rate in hospitalized patients ranges from 9% to 50%. The last CCHF outbreak in Uganda occurred in October 2022, where three cases and two deaths were reported in Amuru district

Response by MS/partner/Africa CDC:

The MoH deployed a rapid response team to conduct epidemiological investigations and to institute outbreak response interventions including active case search and risk communication, community engagement and social mobilization. A total of 12 contacts have been listed and are under follow-up. In addition, animal samples were submitted to the National Animal Disease Diagnostics and Epidemiology Center laboratory for testing.

Moderate Risk Events

Lassa fever in Africa

331 confirmed human case(s)
1,677 suspected human case(s)
69 human deaths (**CFR: 20.8%**)

Agent/Pathogen	**Lassa virus**	First Reported	**1-Jan-2024**	Previous Report Update	**9-Feb-2024**
First Occurred	**1-Jan-2024**	Country	**Multiple Countries**	Location	**3 MS**
Source	**Ministry of Health**	GeoScope	**MODERATE**	Human Risk Assessment	**MODERATE**
Animal Risk Assessment	**N/A**				

Description:

Since the beginning of this year, 2,008 cases (331 confirmed; 1,677 suspected) and 69 deaths [case fatality rate (CFR: 20.8%)] of Lassa fever were reported from three AU MS: Guinea (2; 1), Liberia (11; 0) and Nigeria (1,995 cases; 69 deaths). This week, 511 new cases and 21 new deaths of Lassa fever were reported from Guinea, Liberia and Nigeria.

Guinea (initial report): On 12 February 2024, the MoH reported two confirmed cases and one death (CFR: 50%) of Lassa fever from two districts. The index case was a 27-year-old female from Central Dandou district who presented with cough, body weakness, nose and vaginal bleeding after childbirth at the Kissidougou health district. Blood samples collected from the index case, tested positive for Lassa fever virus. The patient was managed and stabilized. The second case was a 40-year-old male from Angola district who presented to the health care centre in N'Zerekore health district with headache, body weakness, vomiting, abdominal pain, and gastroenteritis. He was confirmed positive for Lassa fever and later died. Information on the type of test conducted and laboratory where the testing was performed were not provided. The last outbreak of Lassa fever in Guinea occurred in November 2023 with a total of eight confirmed cases and three deaths (CFR: 37.5%) reported.

Liberia (initial report): `On 14 February 2024, the MoH reported 11 new cases (1 confirmed; 10 suspected) and no new deaths of Lassa fever. The confirmed case was reported from Nimba county. This is a 75% decrease in the number of new cases and 50% decrease in the number of new deaths compared to the same period last year. This is a protracted outbreak that started in January 2022.

Nigeria: Since the last update (9 February 2024), the Nigeria Centre for Disease Control (NCDC) reported 498 new cases (70 confirmed; 428 suspected) and 20 new deaths (CFR: 28.6%) of Lassa fever from 10 of 36 states and the federal capital territory. This is a 29% decrease in the number of new cases and a 10% decrease in the number of new deaths compared to the same period in 2023. Cumulatively, 1,995 cases (328 confirmed; 1,667 suspected) and 68 deaths (CFR: 20.7%) of Lassa fever were reported from 20 of 36 states and the federal capital territory this year. Of the confirmed cases, 15 were healthcare workers.

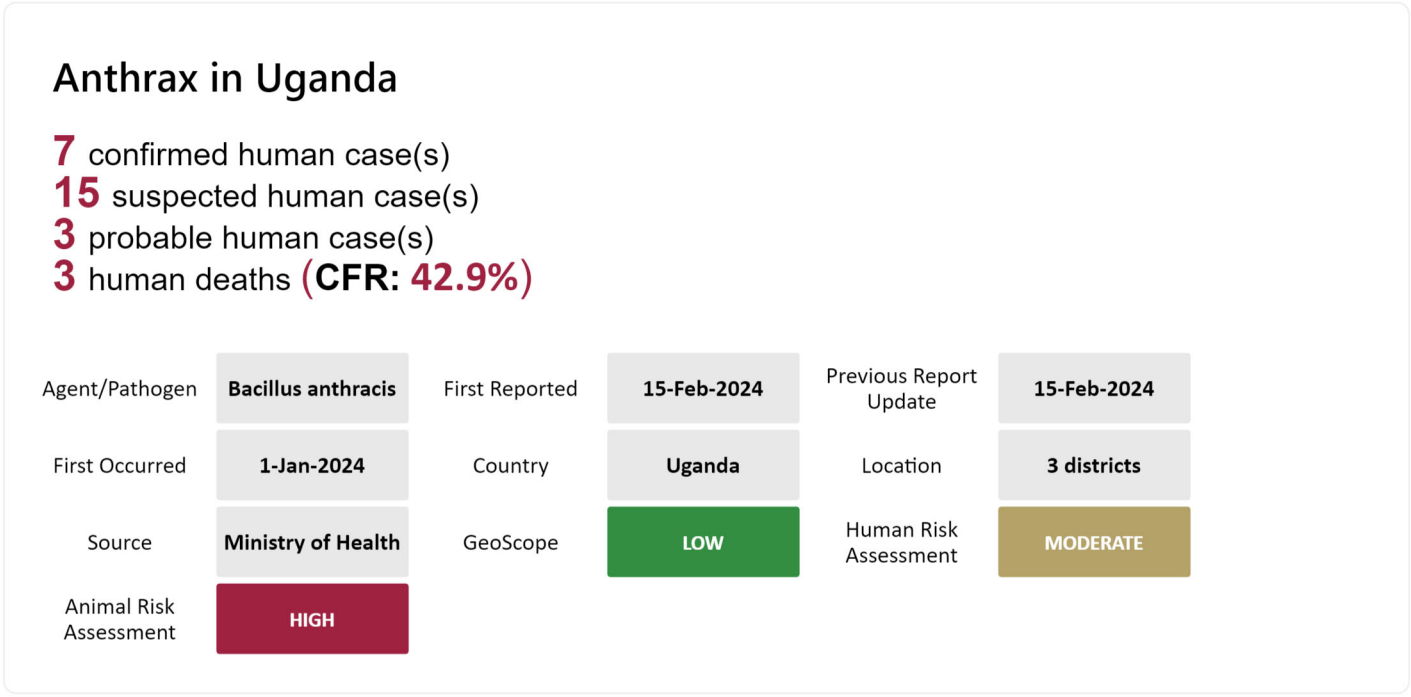
Lassa fever is a zoonotic, acute viral illness that is endemic in parts of West Africa, where the animal reservoir for the virus, the "multimammate rat" (Mastomys natalensis), is distributed. Transmission of Lassa virus to humans occurs most commonly through ingestion or inhalation of the virus in urine and droppings shed by Mastomys rodents. Nosocomial transmission can occur in health care settings where appropriate infection prevention and control is not in place. Common symptoms include fever, general malaise, headache, and signs of haemorrhage. About 1% of all Lassa virus infections result in death, although mortality in hospitalised patients may be higher (approximately 15-20%).

Note: In 2023, 10,557 cases (1,292 confirmed; 9265 suspected) and 227 deaths (CFR: 17.4%) of Lassa fever were reported from five AU MS: Ghana (27 cases; 1 death), Guinea (133; 3), Liberia (186; 5), Nigeria (10,425; 227) and Sierra Leone (6; 2).

Response by MS/partner/Africa CDC:

Guinea and Liberia: The Ministries of Health continue to conduct active case search and risk communication activities in the affected areas.

Nigeria: The NCDC activated the national Lassa fever multi-partner, multi-sectoral Emergency Operation Center (EOC) to coordinate the response activities at national and sub-national levels.



Description:

Since the beginning of this year, the Uganda MoH reported 25 new cases (7 confirmed; 3 probable; 15 suspected) and three new deaths among confirmed cases (CFR: 42.9%) of anthrax from three of 146 districts in Uganda: Kazo (22 cases; 3 deaths), Kyotera (1; 0) and Ibanda (2; 0). In addition, 177 suspected animal deaths of anthrax were reported from Kazo district. This is a protracted outbreak that started in July 2023.

Anthrax is a zoonotic bacterial infection and can spread to humans through inhalation, handling eating and drinking foods contaminated with bacterial spores. Clinical presentations may vary from cutaneous, inhalation, gastrointestinal and injection types of anthrax. The average CFR ranges from 20%-30% in cutaneous anthrax without antibiotic treatment and 25 - 75% for gastrointestinal anthrax, 80% or higher in inhalation anthrax.

Response by MS/partner/Africa CDC:

Human Event Updates

High Risk Events

Cholera in Africa

5,368 confirmed human case(s), **27,856** suspected human case(s)
750 human deaths (**CFR: 2.3%**)

Agent/Pathogen	**Vibrio cholerae**	First Reported	**1-Jan-2024**	Previous Report Update	**9-Feb-2024**
First Occurred	**1-Jan-2024**	Country	**Multiple Countries**	Location	**14 MS**
Source	**Ministry of Health**	GeoScope	**HIGH**	Human Risk Assessment	**HIGH**
Animal Risk Assessment	**N/A**				

Update to Event:

Since the beginning of this year, a total of 33,224 cases (5,368 confirmed; 27,856 suspected) and 750 deaths [case fatality rate (CFR: 2.3%)] of cholera were reported from 14 African Union (AU) Member States (MS): Burundi (44 cases; 0 deaths), Cameroon (138; 27), Comoros (53; 4), Democratic Republic of Congo (DRC) (783; 13), Ethiopia (1,152; 14), Kenya (162; 0), Malawi (87; 2), Mozambique (3,296; 6), Somalia (2,138; 19), South Africa (2; 0), Tanzania (164; 1), Uganda (14; 0), Zambia (15,646; 537) and Zimbabwe (9,545; 127). This week, 3,415 new cases and 31 new deaths of cholera were reported from nine AU MS: Burundi, Comoros, Ethiopia, Kenya Malawi, Mozambique, Somalia Zambia and Zimbabwe.

Burundi: Since the last update (9 February 2024), the MoH reported six new suspected cases and no new deaths of cholera from two districts: Cibitoke (1 case) and Bujumbura Nord (5). Cumulatively, 44 cases and no deaths of cholera were reported from 12 of 45 health districts in Burundi. This is a protracted outbreak that started in January 2023.

Comoros: Since the last update (9 February 2024), the MOH reported 37 new confirmed cases and two new deaths (CFR: 5.4%) of cholera from Ngazidja region. This is an over two-fold increase in the number of new cases compared the last update. Cumulatively, 53 confirmed cases (11 imported; 42 local) and four deaths (CFR: 7.5%) of cholera were reported from Ngazidja and Moheli regions. Ninety-eight percent (98%) of the cases were reported from Ngazidja region.

Ethiopia: Since the last update, (2 February 2024) the Ethiopian Public Health Institute (EPHI) reported 373 new suspected cases and two new deaths (CFR: 0.5%) of cholera from five regions. Cumulatively, 1,152 suspected cases and 14 deaths (CFR: 1.2%) were reported from five of 12 regions in Ethiopia. This is a protracted outbreak that started in August 2022.

Kenya: Since the last update (9 February 2024), the MoH reported 13 new confirmed cases and no new deaths of cholera from Lamu (7 cases) and Nairobi (6) counties. This is a 38.1% decrease in the number of new cases compared to the last update. Cumulatively, 162 cases (160 confirmed; 2 suspected) and no deaths of cholera were reported from two of 47 counties in Kenya. This is a protracted outbreak that started in October 2022.

Malawi: Since the last update (9 February 2024), the MoH reported 51 new confirmed cases and no new deaths of cholera from five districts. This is a 104% increase in the number of new cases compared to the last update. Cumulatively, 87 confirmed cases and two deaths (CFR: 2.3%) of cholera were reported from 12 of 29 districts in Malawi. This is a protracted outbreak that started in November 2023.

Mozambique: Since the last update (9 February 2024), the MoH reported 450 new confirmed cases and no new deaths of cholera from seven of 10 provinces. This is a 59% increase in the number of new confirmed cases compared to the last update. Cumulatively, 3,296 confirmed cases and six deaths (CFR: 0.2%) of cholera were reported from seven of 10 provinces in Mozambique. This outbreak started in October 2023.

Somalia: Since the last update (9 February 2024), the MoH reported 346 new cases (42 confirmed; 304 suspected) and no new deaths of cholera from three regions in Somalia. This is an 83% increase in the number of new cases compared to the same period last year. Cumulatively, 2,138 cases (275 confirmed; 1,863 suspected) and 19 deaths (CFR: 0.9%) of cholera were reported from three of seven states in Somalia. This is a protracted outbreak that started in 2022 and in 2017 in Banadir region.

Zambia: Since the last update (9 February 2024), the Zambia National Public Health Institute reported 866 new cases (10 confirmed; 856 suspected) and 24 new deaths (CFR: 2.8%) of cholera from 61 districts. This is a 50% decrease in the number of new cases compared to the same period last year. Cumulatively, 15,646 (851 confirmed; 14,795 suspected) and 537 deaths (CFR: 3.4%) of cholera were reported from 70 of 116 districts in Zambia.

Zimbabwe: Since the last update (9 February 2024), the MoH reported 1,273 new cases (139 confirmed; 1,134 suspected) and three new deaths (CFR: 0.2%) of cholera from 61 districts. This is a 20% decrease in the number of new cases compared to the last update. Cumulatively, 9,545 cases (827 confirmed; 8,718 suspected) and 127 deaths (CFR: 1.3%) were reported from 61 of 64 districts in Zimbabwe. This is a protracted outbreak that started in February 2023.

Note: In 2023, a total of 240,314 cases (93,475 confirmed; 146,839 suspected) and 3,756 deaths (CFR: 1.6%) of cholera were reported from 19 AU MS: Burundi (1,396 cases; 9 deaths), Cameroon (21,269; 508), Congo (724; 14), DRC (41,351; 352), Eswatini (2; 0), Ethiopia (29,869; 426), Kenya (8,937; 148), Malawi (43,015; 1,262), Mozambique (41,248; 164), Nigeria (2,860; 84), Somalia (18,304; 46), South Africa (1,074; 47), Sudan (9000; 245), South Sudan (1,471; 2), Tanzania (821; 18), Togo (1; 0), Uganda (78; 10), Zambia (3,757; 88) and Zimbabwe (15,137; 333).

Response by MS/partner/Africa CDC:

Africa CDC continues to support surveillance, risk communication, and infection control pillars of affected MS with focus on areas with active outbreaks.

Dengue fever in Africa

1,283 confirmed human case(s), **2,310** suspected human case(s)
2 human deaths (**CFR: 0.1%**)

Agent/Pathogen	**Dengue virus**	First Reported	**12-Jan-2024**	Previous Report Update	**9-Feb-2024**
First Occurred	**1-Jan-2024**	Country	**Multiple Countries**	Location	**4 MS**
Source	**Ministry of Health**	GeoScope	**HIGH**	Human Risk Assessment	**HIGH**
Animal Risk Assessment	**N/A**				

Update to Event:

Since the beginning of this year, a total of 3,593 cases (1,283 confirmed; 2,310 suspected) and two deaths (0.06%) of dengue have been reported from four AU MS: Ethiopia (1,561 cases; 0 deaths), Mali (925; 0), Mauritius (1,098; 2) and Sao Tome and Principe (9; 0). This week, 903 new cases and no new deaths of dengue fever were reported from Mali and Mauritius.

Mali: Since the last update (9 February 2024), the MoH reported 303 new cases (54 confirmed; 249 suspected) and no new deaths of dengue fever from the Bamako and Kayes regions. Cumulatively, 925 cases (176 confirmed; 749 suspected) and no deaths of dengue fever were reported from eight of 10 regions in Mali this year. Two serotypes (VDEN- 1 and VDEN-3) were detected among confirmed cases. This is a protracted outbreak that started in September 2023.

Mauritius: Since the last update (9 February 2024), the MoH reported 600 new confirmed cases and no new deaths of dengue from two islands: Mauritius (332 local; 6 imported cases) and Rodrigues (261 local; 1 imported). Cumulatively, 1,098 confirmed cases and two deaths (CFR: 0.2%) of dengue fever were reported from Mauritius (830 local; 6 imported cases) and Rodrigues (261; 1) islands in Mauritius.

Note: In 2023, a total of 280,411 cases (21,999 confirmed; 70,433 probable; 187,979 suspected) and 808 deaths (CFR: 0.3%) of dengue fever were reported from 18 AU MS: Angola (3 cases; 0 deaths), Benin (6; 1), Burkina Faso (242,425; 709); Cabo Verde (410; 0), Chad (1,581; 1), Côte d'Ivoire (3,895; 27), Egypt (578; 0), Ethiopia (21,469; 17), Ghana (18; 0), Guinea (6; 1); Mali (6,177; 34), Mauritius (265; 0), Niger (148; 0), Nigeria (84; 0), Sao Tome and Principe (1,227; 11), Senegal (254; 0), Sudan (1,664; 7) and Togo (8; 0).

Response by MS/partner/Africa CDC:

Mali: The MoH continues to conduct enhanced surveillance, case management, vector control and risk communication activities in the affected areas.

Mauritius: The MoH distributed treatment guidelines to all health facilities and continues to conduct enhanced surveillance, vector control and risk communication activities.

Human Event Updates

Moderate Risk Events

COVID-19 in Africa

12,381,187 confirmed human case(s)
257,612 human deaths (**CFR: 2.1%**)

Agent/Pathogen	**SARS-CoV-2**	First Reported	**21-Feb-2020**	Previous Report Update	**9-Feb-2024**
First Occurred	**14-Feb-2020**	Country	**Multiple Countries**	Location	**All 55 MS**
Source	**Ministry of Health**	GeoScope	**VERY HIGH**	Human Risk Assessment	**MODERATE**
Animal Risk Assessment	**N/A**				

Update to Event:

As of 6 p.m. East African Time (EAT) 15 February 2024, a total of 12,370,959 COVID-19 cases and 257,612 deaths (CFR: 2.1%) have been reported by the 55 AU MS. This represents 2% of all cases and 4% of all deaths reported globally. Fifty-three MS have reported COVID-19 cases infected with the Alpha (50 MS), Beta (46), Delta (53), Gamma (5) and Omicron (53) variants of concern (VOC). Additionally, 32 MS have reported the presence of the Omicron BA.2 sub-variant,19 MS reported the Omicron sub lineage (BA.2.75), 17 MS reported the Omicron sub lineage (XBB.1.5), 13 MS have reported the Omicron sub lineage (XBB.1.16), 12 MS reported the Omicron sub lineage (BF.7 or BA.5.2.1.7), nine MS have reported the Omicron sub lineage EG.5 and five MS have reported the Omicron sub lineage (BA.2.86). On 21 November 2023, the World Health Organization classified BA.2.86 and its sub lineages (including JN.1) as a variant of interest (VOI). Up to date, there is no concrete evidence that JN.1 presents an increased risk to public health relative to other currently circulating variants. As of 15 February 2024, 11 AU MS: Algeria, Botswana, Egypt, Guinea, Kenya, Mauritius, Republic of Congo, Senegal, South Africa, Tunisia and Zambia have reported the presence and circulation of the JN.1 variant.

Fifty-four AU MS are currently providing COVID-19 vaccination to the general population. Cumulatively, 1.1 billion doses have been administered on the continent. Of these doses administered, 570.7 million people have been partially vaccinated, and 446.9 million have been fully vaccinated. Eritrea is the only AU MS yet to start COVID-19 vaccination roll out.

For Epi week 6 (5 -11 February 2024) 201 new COVID-19 cases and no new deaths were reported from three AU MS: Eswatini (1), Morocco (192) and Namibia (8). A total of 4,446 tests were conducted during the past week from three AU MS: Eswatini, Morocco and Namibia. Since February 2020, over 136 million COVID-19 tests have been conducted in Africa.

Response by MS/partner/Africa CDC:

The Public Health Emergency Operation Center (PHEOC) of the Africa CDC was activated for COVID-19 since 27 January 2020. For more information on Africa CDC's response efforts please refer to Africa CDC's website.

Measles in Africa

261 confirmed human case(s), **5,436** suspected human case(s)
108 human deaths (**CFR: 1.9%**)

Agent/Pathogen	**Measles virus**	First Reported	**1-Jan-2024**	Previous Report Update	**9-Feb-2024**
First Occurred	**1-Jan-2024**	Country	**Multiple Countries**	Location	**10 MS**
Source	**Ministry of Health**	GeoScope	**HIGH**	Human Risk Assessment	**MODERATE**
Animal Risk Assessment	**N/A**				

Update to Event:

Since the beginning of this year, a total of 5,697 cases (261 confirmed; 5,436 suspected) and 108 deaths (CFR: 1.9%) of measles have been reported from 10 AU MS: Burundi (346 cases; 6 deaths). Cameroon (216; 57), Congo (16; 0), DRC (2,364; 45), Ethiopia (147; 0), Gabon (13; 0), Mauritania (380; 0), Somalia (1,662; 0), Uganda (83; 0), Zambia (470; 0). This week, 489 new cases and no new deaths of measles were reported from two AU MS: Ethiopia and Somalia

Ethiopia: Since the last update (2 February 2024), the EPHI reported 74 new suspected cases and no new deaths of measles across the 66 woredas reporting active outbreaks. Cumulatively, 147 suspected cases and no deaths of measles were reported from 66 of 1,085 woredas in Ethiopia. This is a protracted outbreak that started in August 2021. In 2021, the national measles immunization coverage for children <5years was in Ethiopia was 54%.

Somalia: Since the last update (9 February 2024), the MoH reported 415 new cases (27 confirmed; 388 suspected) and no new deaths of measles from all regions across the country. Sixty-eight percent of the new measles cases were from Banadir (69 cases), Galgaduud (46), Gedo (145) and Lower Shabelle (22) regions. Sixty-five percent of the cases were children under five years. Cumulatively, 1,662 cases (54 confirmed; 1,608 suspected) and no deaths of measles have been reported from all the seven regions across Somalia. In 2021, the national measles vaccination coverage among children <5years in Somalia was 79%.

Note: In 2023, a total of 431,150 (21,757 confirmed; 409,393 suspected) and 6,453 deaths (CFR: 1.5%) of measles were reported from 28 AU MS: Angola (6,203 cases; 53 deaths), Botswana (13; 0), Burkina Faso (1,701; 2), Burundi (1,150; 0), Cameroon (9,207; 75), Central African Republic (CAR) (2,873: 0), Chad (9,932; 8), Congo (631: 5), DRC (313,732 ; 5,855), Ethiopia (31,103; 242), Gabon (3,112; 0), Gambia (208; 0), Ghana (212; 0), Guinea (1,011; 2), Kenya (1,551; 24), Libya (391; 2), Liberia (8,501; 9), Malawi (32; 0), Mali (1,580; 0), Mauritania (924; 8), Mozambique (1,342; 0), Niger (1,690; 0), Senegal (4,534; 0), Somalia (12,642; 0), South Africa (967; 0), South Sudan (7,470; 166), Uganda (409; 1) and Zambia (8,029; 1).

Response by MS/partner/Africa CDC:

The ministries of health in the affected MS continue to strengthen measles surveillance, case management and supplemental immunization activities in the affected areas.

Yellow fever in Africa

2 confirmed human case(s), **89** suspected human case(s)
6 human deaths (**CFR: 6.6%**)

Agent/Pathogen	**Yellow fever virus**	First Reported	**1-Jan-2024**	Previous Report Update	**9-Feb-2024**
First Occurred	**1-Jan-2024**	Country	**Multiple Countries**	Location	**3 MS**
Source	**Ministry of Health**	GeoScope	**MODERATE**	Human Risk Assessment	**MODERATE**
Animal Risk Assessment	**N/A**				

Update to Event:

Since the beginning of this year, a total of 91 cases (2 confirmed; 89 suspected) and six deaths (CFR: 6.6%) of yellow fever have been reported from three AU MS: Congo (22; 0), Gabon (5; 0) and South Sudan (64; 6). This week, 14 new cases and no new deaths of yellow fever were reported from South Sudan.

South Sudan: Since the last update (9 February 2024), the MoH reported 14 new cases (1 confirmed; 13 suspected) and no new deaths of yellow fever from five counties in Western Equatoria state: Anzara (2 cases), Ezo (2), Ibba (1), Tambura (3) and Yambio (6). Cumulatively, 64 cases (3 confirmed; 61 suspected) and six deaths (CFR: 9.4 %) of yellow fever have been reported from six counties in Western Equatoria state in South Sudan: Yambio (33 cases; 2 deaths), Tambura (12; 1), Anzara (9; 3), Ibba (4; 0), Ezo (5; 0) and Maridi (1; 0).

Note: In 2023, a total of 2,951 cases (156 confirmed; 2,795 suspected) and 45 deaths (CFR: 1.5%) of yellow fever were reported from eight AU MS: Cameroon (59 cases; 6 deaths), CAR (349; 6), Congo (389; 2), Gabon (128; 0), Guinea (178; 4), Nigeria (1,819; 21), South Sudan (17; 0) and Uganda (12; 0).

Response by MS/partner/Africa CDC:

The ministries of health of the affected MS continue to implement vector control and community engagement activities in the affected areas.

Diphtheria in Africa

1,761 confirmed human case(s)
1,498 suspected human case(s)
30 human deaths (**CFR: 1.7%**)

Agent/Pathogen	**Corynebacterium diphtheriae**	First Reported	**20-Jan-2023**	Previous Report Update	**9-Feb-2024**
First Occurred	**14-Dec-2022**	Country	**Multiple Countries**	Location	**3 MS**
Source	**Ministry of Health**	GeoScope	**LOW**	Human Risk Assessment	**MODERATE**
Animal Risk Assessment	**N/A**				

Update to Event:

Since the beginning of this year, a total of 3,259 cases (1,761 confirmed; 1,498 suspected) and 30 deaths (CFR: 1.7%) of diphtheria have been reported from three AU MS: Chad (98 cases; 0 deaths), Guinea (918; 8), and Nigeria (2,243; 22). This week, 736 new cases and 11 new deaths were reported from two AU MS: Guinea and Nigeria.

Guinea: Since the last update (9 February 2024), the MoH reported 183 new suspected cases and five new deaths (CFR: 2.0%) of diphtheria from Siguiri region. This is a 27% decrease in the number of new cases reported compared to the last report. Cumulatively, 918 suspected cases and eight deaths (CFR: 0.4%) of diphtheria have been reported from two of eight regions in Guinea. Persons 15 years and above accounted for 31% of all cases and females accounted for 66% of all cases. None of the cases had been fully vaccinated against diphtheria. This is a protracted outbreak that started in July 2023.

Nigeria: Since the last update (9 February 2024), the NCDC reported 553 new cases (364 confirmed; 189 suspected) and six new deaths (CFR: 1.1%) of diphtheria. This is an 8% decrease in the number of new cases and 60% decrease in the number of new deaths reported compared to the last report. Cumulatively, 2,243 cases (1,761 confirmed; 482 suspected) and 22 deaths (CR: 1.0%) of diphtheria have been reported from 12 of 36 states and the federal capital territory. Of the total cases, females account for 59% and only 25% of all cases were fully vaccinated against diphtheria. This is a protracted outbreak that started in December 2022.

Note: In 2023, a total of 27,346 cases (13,879 confirmed; 13,467 suspected) and 797 deaths (CFR: 5.7%) of diphtheria were reported from six AU MS: Algeria (80 cases, 10 deaths), Guinea (2,676; 91), Mauritania (20; 6), Niger (2,198; 91), Nigeria (22,359; 578) and South Africa (13; 1).

Response by MS/partner/Africa CDC:

Guinea: The Africa CDC Western Regional Coordinating Centre has engaged the Guinea MoH to explore areas of support.

Nigeria: The diphtheria technical working Group (TWG) continues to coordinate and monitor diphtheria surveillance and response activities in the country.

Footnotes

*CFR for CCHF is calculated using confirmed cases ONLY

-Cases in this report include confirmed, probable and suspected cases.

-CFR are calculated using confirmed cases and deaths only, except for bacterial meningitis, cholera, measles, dengue and yellow fever where CFR is calculated using all cases and deaths.

-The GeoScope level is determined by where the event is currently occurring on the continent. Low: event is limited to sub-national areas within one MS; Moderate: Event is affecting multiple countries within an AU region, or have been imported from/exported to 1-2 countries from another global region; High: Event is affecting several multinational AU regions, or have been imported from/exported to >2 countries from another global region; Very High: Event is considered a pandemic, affecting multiple continents or worldwide. The risk level is determined by evaluating the following criteria: morbidity and mortality of the disease, probability to spread within and to the other MSs, and availability of effective treatments, vaccines, or other control measures. An event risk level can be classified as low, moderate, high and very high depending on how they score on the above criteria.