Africa CDC Epidemic Intelligence Report
Date of Issue: 3 Feb 2024

Events reported in 2024: 17
Events highlighted this week: 22
New events since last issue: 3

Events this Week
- CORYNEBACTERIUM DIPHTHERIAE
- DENGUE VIRUS
- LASA VIRUS
- MEASLES VIRUS
- POLIO VIRUS (VACCINE-DERIVED)
- RIFT VALLEY FEVER VIRUS
- VIBRIO CHOLERAE

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

Risk Level

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<tr>
<th>Event Type</th>
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<th>Moderate (New)</th>
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## Event Summary

### New events since last issue

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Human Event Updates

High Risk Events

Cholera in Africa

3,396 confirmed case(s), 22,726 suspected case(s)
663 deaths (CFR: 2.5%)

<table>
<thead>
<tr>
<th>Agent/Pathogen</th>
<th>First Occurred</th>
<th>First Reported</th>
<th>Country</th>
<th>Previous Report Update</th>
<th>GeoScope</th>
<th>Location</th>
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<td>12 MS</td>
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Source: Ministry of Health

Animal Risk Assessment: N/A

Update to Event:

Since the beginning of this year, a total of 26,122 cases (3,396 confirmed; 22,726 suspected) and 663 deaths [case fatality rate (CFR: 2.6%)] of cholera were reported from 12 African Union (AU) Member States (MS): Burundi (33 cases; 0 death), Comoros (6; 1), DRC (783; 13), Ethiopia (779; 12), Kenya (128; 0), Malawi (11; 0), Mozambique (2,563; 6), South Africa (2; 0), Somalia (1,406; 18), Tanzania (164; 1), Uganda (13; 0), Zambia (13,015; 488) and Zimbabwe (7,219, 124). This week, 5,310 new cases and 29 new deaths of cholera were reported from nine AU MS: Burundi, Comoros, Ethiopia, Kenya, Malawi, Mozambique, Somalia, Uganda, Zambia and Zimbabwe.

Burundi: Since the last update (19 January 2024), the Ministry of Health (MoH) reported 11 new confirmed cases and no new deaths of cholera from two districts: Bujumbura Centre (9 cases) and Bujumbura Nord (2). This is a 65% decrease in the number of new cases compared to the same period last year. Cumulatively, 1,266 cases (60 confirmed; 1,206 suspected) and 9 deaths (CFR: 0.7%) have been reported from 12 of 48 districts in Burundi this year. This is a protracted outbreak that started in January 2023.

Comoros: On 1 February 2024 the Director General of the Comoros Ministry of Health Solidarity, Social Protection and Gender Promotion through a press release announced an outbreak of cholera that started in a boat from neighboring Tanzania. A total of six confirmed cases and one death (CFR: 16.7%) have been reported among passengers.

Ethiopia: Since the last update, (26 January 2024) the Ethiopian Public Health Institute (EPhI) reported 239 new suspected cases and two new deaths (CFR: 0.8%) of cholera. Cumulatively, 779 suspected cases and 12 deaths (CFR: 1.5%) of cholera have been reported from the 11 regions in Ethiopia this year. This outbreak has been ongoing since August 2022.

Kenya: Since the last update (19 January 2024), the MoH reported 59 new cases (57 Confirmed; 2 suspected) and no new deaths of cholera from Lamu and Nairobi counties. Cumulatively, 128 cases (126 confirmed; 2 suspected) and no deaths of cholera have been reported from two of 47 counties in Kenya this year. The outbreak in Lamu started in November 2023.

Malawi: Since the last update (26 January 2024), the MoH reported four new confirmed cases and no new deaths of cholera from three districts. Cumulatively, 11 confirmed cases and no deaths have been reported from three of 29 districts this year. This is a 99% decrease in the number of new cases compared to the same period last year. Cumulatively 58 confirmed cases and five deaths of cholera have been reported since the start of the outbreak in November 2023.
Mozambique: Since the last update (26 January 2024), the MoH reported 631 new confirmed cases and no new deaths of cholera from seven of 10 provinces. This is a 44% decrease in the number of new cases compared to last week. Cumulatively, 2,563 confirmed cases and six deaths (CFR: 0.2%) of cholera have been reported from seven of 10 provinces this year. This current outbreak started in October 2023.

Somalia: Since the last update (26 January 2024), the MoH reported 426 new cases (12 confirmed; 414 suspected) and six new deaths (CFR: 1.4%) of cholera. Cumulatively, 1,406 cases (38 confirmed; 1,368 suspected) and 18 deaths (CFR: 1.3%) of cholera have been reported from 25 El Niño flood-affected districts. This is a protracted outbreak that started in 2022 in Afgoye, Baidoa, Merka, Kismayo and Jowhar regions and in 2017 in Banadir region.

Zambia: Since the last update (26 January 2024), the MoH reported 2,262 new suspected cases and 21 new deaths (CFR: 1.2%) of cholera were reported from 61 districts. This is a 33% decrease in the number of new cases compared to last week. Cumulatively, 1,3015 suspected cases and 488 deaths (CFR: 3.8%) of cholera have been reported from 70 of 116 districts in Zambia this year. This current outbreak started in October 2023.

Zimbabwe: Since the last update (26 January 2024), the MoH reported 1,678 new cases (61 confirmed; 1,617 suspected) and no new deaths of cholera from 60 districts. This is a 51% decrease in the number of new cases compared to last week. Cumulatively, 7,219 cases (634 confirmed; 6,585 suspected) and 124 deaths (CFR: 1.9%) of cholera have been reported from 60 of 64 districts this year. This is a protracted outbreak that started in February 2023.

Note: In 2023, a total of 238,582 cases (93,457 confirmed; 145,107 suspected) and 3,767 deaths (case fatality rate (CFR: 1.6%)) of cholera were reported from 19 African Union (AU) Member States (MS): Burundi (1,343 cases; 9 deaths), Cameroon (21,269; 508), Congo (724; 14), Democratic Republic of Congo (DRC) (40,497; 344), 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 (8,267; 224), South Sudan (1,471; 2), Tanzania (729; 18), Togo (1; 0), Uganda (78; 10), Zambia (3,757; 128) and Zimbabwe (15,137; 333).

Response by MS/partner/Africa CDC:

The ministries of health of the affected MS continue to conduct enhanced surveillance, case management, risk communication, targeted testing of all samples and water, sanitation and hygiene interventions in the affected areas. Zambia and Zimbabwe conducted oral cholera vaccination campaigns in hotspot areas.

Africa CDC continues to support the surveillance, risk communication, and infection control measures for MS in areas with active outbreaks.
Dengue fever in Africa

164 confirmed human case(s), 2,020 suspected human case(s)
0 human deaths (CFR: 0%)

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Update to Event:

Since the beginning of this year, 2,184 cases (164 confirmed; 2,020 suspected) and no deaths of dengue fever have been reported from four AU MS: Ethiopia (1,561 cases; 0 deaths), Mali (574; 0), Mauritius (40; 0) and Sao Tome and Principe (9; 0). This week, 129 new cases and no new deaths were reported from Ethiopia and Mali.

**Ethiopia:** Since the last update (26 January 2024), the Ethiopian Public Health Institute (EPHI) reported 50 new suspected cases and no new deaths of dengue. This is a 96% decrease in the number of new cases reported compared to last week. Cumulatively, 1,561 cases and no deaths of dengue fever have been reported from the Dire Dawa region this year. This is a protracted outbreak that started in April 2023.

**Mali:** Since the last update (26 January 2024), the MoH reported 79 new cases (11 confirmed; 68 suspected) and no new deaths of dengue fever from the Bamako region. This is a 38% decrease in the number of new cases reported compared to last week. Cumulatively, 574 cases (115 confirmed; 459 suspected) and no deaths of dengue fever have been reported from one of 10 regions in Mali this year. The outbreak started in September 2023. Two serotypes (VDEN- 1 and VDEN-3) have been confirmed as the cause of the outbreak.

**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 in 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:

**Ethiopia:** The EPHI activated the regional public health emergency operations centers (PHEOCs) to coordinate the response and continues to conduct enhanced surveillance and case management at designated treatment centers. In addition, vector control activities are ongoing in the affected regions.

**Mali:** The MoH continues to conduct active case search, case management, risk communication and vector control activities in the affected communities. Additionally, the MoH is enhancing surveillance at points of entry.
COVID-19 in Africa

12,369,593 confirmed human case(s)
257,612 human deaths (CFR: 2.1%)

Agent/Pathogen: SARS-CoV-2
First Occurred: 14-Feb-2020
Source: Ministry of Health
Animal Risk Assessment: N/A

First Reported: 21-Feb-2020
Country: Multiple Countries
GeoScope: VERY HIGH
Human Risk Assessment: MODERATE
Previous Report Update: 26-Jan-2024
Location: All 55 MS

Update to Event:

As of 6 p.m. East African Time (EAT) 1 February 2024, a total of 12,369,593 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 1 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 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 4 (22 - 28 January 2024), 154 new COVID-19 cases and no new deaths were reported from Burkina Faso, Eswatini, Malawi, Mali and Morocco, compared to the same period in 2023, 4,434 cases and 14 death were reported from 26 AU MSs. Over six thousand tests were conducted during the past week. Since February 2020, over 136 million COVID-19 tests have been conducted in Africa.

Response by MS/partner/Africa CDC:

The 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.
Polio (vacc) in Africa

488 confirmed human case(s)  
0 human deaths (CFR: 0%)

<table>
<thead>
<tr>
<th>Agent/Pathogen</th>
<th>Polio virus (vaccine-derived)</th>
<th>First Reported</th>
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<th>GeoScope</th>
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Update to Event:

In 2023, the continent reported 130 cases of circulating vaccine-derived poliovirus type 1 (cVPDV1) from DRC (105 cases), Madagascar (24), Mozambique (4) and 341 cases of circulating vaccine-derived poliovirus type 2 (cVPDV2) from 19 MS: Benin (3 cases), Burkina Faso (1), Burundi (3), CAR (14), Chad (53), Côte d'Ivoire (6), DRC (118), Guinea (42), Kenya (14), Mali (11), Mauritania (1), Mozambique (1), Niger (2), Nigeria (74), Tanzania (3), Somalia (5), South Sudan (2), Zambia (1) and Zimbabwe (1). This week, four new cases of cVPDV1 were reported from DRC and 21 new cases of cVPDV2 were reported from Chad, Guinea, Kenya Nigeria and Zimbabwe. All new cases reported this week were detected in 2023.

**Chad:** Since the last update (19 January 2024), the MoH reported two new case of cVPDV2 from Logone Oriental region. Cumulatively, 53 of cVPDV2 with no deaths were reported from Chad in 2023.

**DRC:** Since the last update (26 January 2024), the MoH reported four new case of cVPDV1 from Tanganyika province. Cumulatively, 105 cases of cVPDV1 and 118 cases of cVPDV2 with no deaths were reported from DRC in 2023.

**Guinea:** Since the last update (19 January 2024), the MoH reported eight new case of cVPDV2 from Faranah (1 case), Kankan (5), Kindia (1) and Nzerekore (1) regions. Cumulatively, 42 of cVPDV2 with no deaths were reported from Guinea in 2023.

**Kenya:** Since the last update (08 September 2023), the MoH reported six new cases of cVPDV2 in Dadaab refugee camp in Garissa county North Eastern region. Cumulatively, 14 cVPDV2 cases no have been reported from five of 47 counties in 2023.

**Nigeria:** Since the last update (19 January 2024), the NCDC reported four new case of cVPDV2 from Kastina (1 case), Kebbi (1), Sokoto (2) districts. Cumulatively, 74 of cVPDV2 with no deaths were reported from Nigeria in 2023.

**Zimbabwe:** (Initial report) This week, the MoH reported one new case of cVPDV2 from Mashonaland West. This is the first case of cVPDV2 reported by the country in 2023.

**Response by MS/partner/Africa CDC:**

The ministries of health in the affected MS continue to strengthen acute flaccid paralysis surveillance and routine immunization.
Measles in Africa

178 confirmed human case(s), 4,273 suspected human case(s)
51 human deaths (CFR: 1.1%)

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<th>Agent/Pathogen</th>
<th>Measles virus</th>
<th>First Reported</th>
<th>Country</th>
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Update to Event:

Since the beginning of this year, 4,451 cases (178 confirmed; 4,273 suspected) and 51 deaths of measles were reported from Seven AU MS: Burundi (346 cases; 6 deaths), DRC (2,364; 45), Ethiopia (73; 0), Mauritania (187; 0), Somalia (928; 0), Uganda (83; 0), Zambia (470; 0). This week, 689 cases and five new deaths were reported from three AU MS: Burundi, Ethiopia, Somalia and Uganda.

**Burundi:** Since the last update (26 January 2024), the MoH reported 205 suspected cases and five deaths (CFR: 1.7%) of measles from 11 districts. This is a 96% increase in the number of cases reported compared to the same period in 2023. Six of 48 districts: Bagarama, Busoni, Kirundo, Mukanke, Vumbi, and Kiremba accounted for 88.7% of all cases reported.

**Ethiopia:** Since the last update (19 January 2024), the EPHI reported 69 new suspected cases and no new deaths of measles. Cumulatively, 73 cases and no deaths of measles have been reported from 71 Woredas in Ethiopia. This outbreak has been ongoing since August 2021.

**Somalia:** Since the last update (26 January 2024), the MoH reported 332 new suspected cases and no new deaths of measles. Cumulatively, 928 suspected cases have been reported from 10 of 18 administrative regions in Somalia. The most affected regions include Banadir (230 cases), Gedo (131) and Lower Shabelle (116). Sixty-eight percent of the cases are children under five years.

**Uganda (initial report):** On 28 January 2024, the MoH reported an outbreak of measles with 83 cases (6 confirmed; 77 suspected) and no deaths from Kyenjojo district, western Uganda. The cases were confirmed by Immunoglobulin M assay at the Uganda Virology Research Institute Laboratory. The last outbreak of measles occurred involving 406 cases and one death (CFR:0.4%) from Kyenjojo and Kinyandongo districts.

**Note:** In 2023, a total of 375,908 (21,757 confirmed; 354,151 suspected) and 5,446 deaths (CFR: 1.4%) of measles were reported from 28 AU MS: Angola (6,203 cases; 53 deaths), Botswana (13; 0), Burkina Faso (1,701; 2), Burundi (1,496; 6), Cameroon (8,504; 64), Central African Republic (CAR) (2,873; 0), Chad (9,932; 8), Congo (695; 5), DRC (313,732; 5,855), Ethiopia (31,103; 242), Gabon (3,108; 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:**

ummulatiThe ministries of health in the affected MS continue to strengthen measles surveillance, case management and conduct supplemental immunization activities in the affected areas.
Lassa virus in Nigeria

211 confirmed human case(s)
892 suspected human case(s)
43 human deaths (CFR: 20.4%)

Agent/Pathogen: Lassa virus
First Occurred: 7-Jan-2024
Source: Nigerian CDC
Animal Risk Assessment: N/A
First Reported: 19-Jan-2024
Country: Nigeria
GeoScope: LOW
Previous Report Update: 26-Jan-2024
Location: 17 states
Human Risk Assessment: MODERATE

Update to Event:

Since the last update, the Nigeria Centre for Disease Control (NCDC) reported 483 new cases (77 confirmed; 406 suspected) and 22 new deaths (CFR: 29%) of Lassa fever from 13 of 36 states and the federal capital territory. This is a 32% decrease in the number of cases and a 27% decrease in the number of deaths compared to the same period in 2023. However, there is a 28% increase in the number of new cases and a 47% increase in the number of new deaths reported compared to last week. Cumulatively, 1,103 cases (211 confirmed; 892 suspected) and 43 deaths (CFR: 20.4%) of Lassa fever have been reported from 17 of 36 states and the federal capital territory this year. Of the confirmed cases, 12 were healthcare workers. Lassa fever is endemic in Nigeria with peak periods between December and April which coincides with the dry season.

Response by MS/partner/Africa CDC:

The NCDC activated a level 2 national Lassa fever multi-partner, multi-sectoral EOC to coordinate the response activities at all levels.
Rift Valley Fever in Kenya

1 confirmed human case(s)
0 human deaths (CFR: 0%)
12 animal case(s)
0 animal deaths (CFR: 0%)

Update to Event:

Since the last update, the MoH reported 12 new confirmed cases with no new deaths of Rift Valley fever in animals from Marsabit county. Cumulatively, 13 confirmed cases (12 animal cases; 1 human case) with no deaths of Rift Valley fever have been reported from Marsabit county.

Response by MS/partner/Africa CDC:

The MoH activated the regional PHEOC to coordinate the one health response and deployed a multi-sectoral rapid response team to conduct epidemiological investigations. In addition, the MoH initiated enhanced syndromic surveillance to detect cases in the human and animal populations.
Diphtheria in Africa

904 confirmed human case(s)
669 suspected human case(s)
4 human deaths (CFR: 0.4%)

<table>
<thead>
<tr>
<th>Agent/Pathogen</th>
<th>First Reported</th>
<th>Country</th>
<th>Previous Report Update</th>
<th>Location</th>
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Update to Event:

Since the beginning of the year, a total of 1,573 cases (904 confirmed; 669 suspected) and four deaths (CFR: 0.6%) of diphtheria have been reported in two AU MS: Guinea (484 cases; 3 deaths), and Nigeria (1089; 1). This week, 410 new cases and no new deaths were reported from Guinea and Nigeria.

Guinea: Since the last update (26 January 2024), the MoH reported 176 new suspected and no new deaths of diphtheria from Sigui region. This is a 43% decrease in the number of new cases reported compared to last week. Cumulatively, 484 suspected cases and three deaths (CFR: 0.6%) of diphtheria have been reported from two of the eight regions. This is a protracted outbreak which started in July 2023. Persons >15 years accounted for 31% and females accounted for 66% of all cases reported. Additionally, none of the reported cases had been fully vaccinated against diphtheria.

Nigeria: Since the last update (26 January 2024), the Nigeria Centre for Disease Control (NCDC) reported 234 new cases (187 confirmed; 47 suspected) and one death of diphtheria (CR: 0.1%) were reported from eight of the 36 states and the federal capital territory. This is a protracted outbreak which started in December 2022. Of the total cases, females account for 59% and only 25% of all reported cases were fully vaccinated against diphtheria.

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

Response by MS/partner/Africa CDC:

Guinea: The MoH continues to strengthen community surveillance to detect more cases and enhanced contact tracing in the affected areas.

Nigeria: The diphtheria technical working group continues to coordinate and monitor diphtheria surveillance and response activities in the country.
- Cases in this report include confirmed, probable and suspected cases

- Case fatality rates 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.