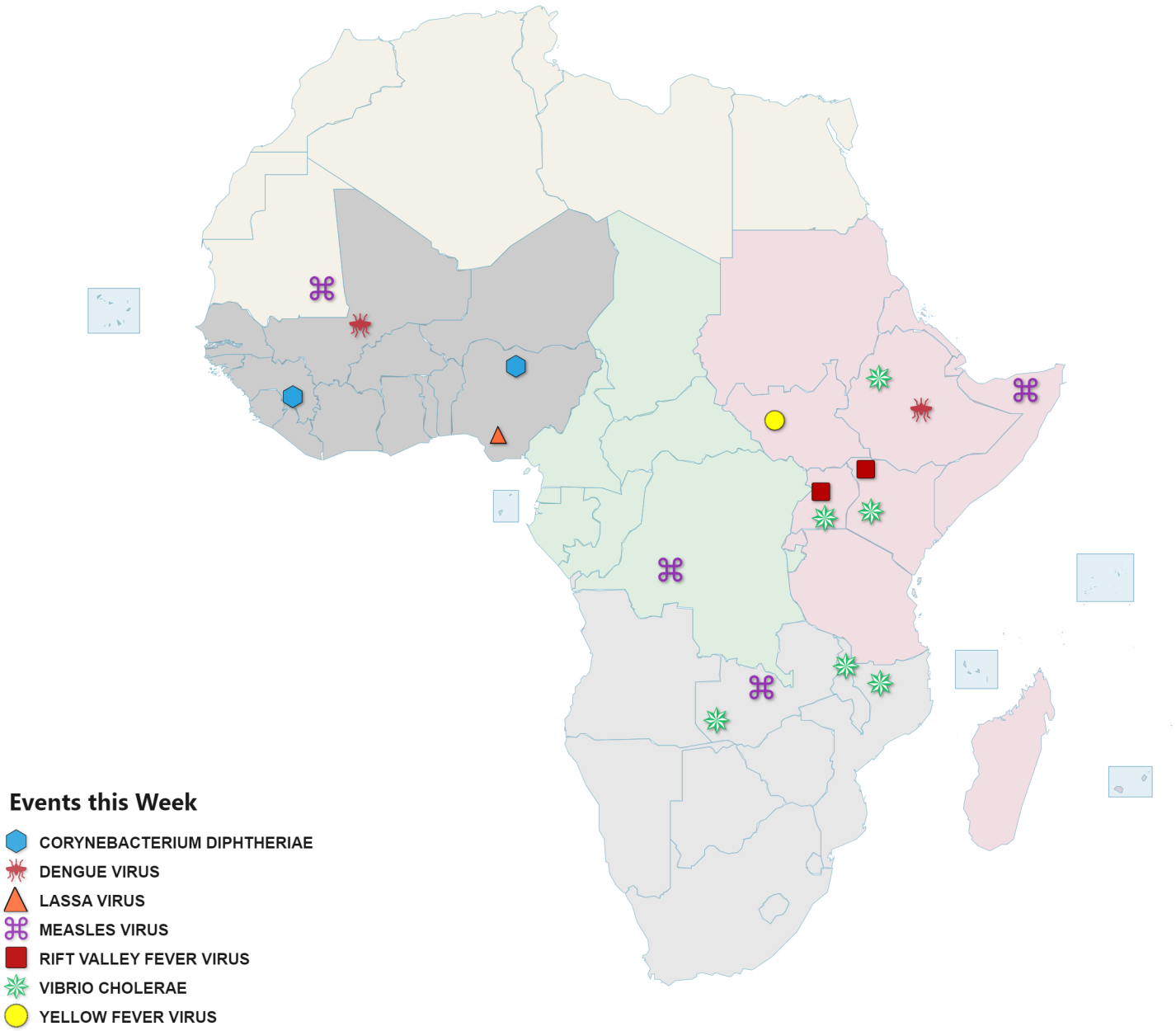
Africa CDC Epidemic Intelligence Report

Date of Issue: 29 Jan 2024

Events reported in 2024	Events highlighted this week	New events since last issue
13	18	3



* ☐ 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.

Event Type	Risk Level: Very High (New)	High (New)	Moderate (New)
Human	0	11 (1)	7 (2)
Animal	0	0	0
Environment	0	0	0

Event Summary

New events since last issue

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected	Confirmed	Deaths
Rift Valley Fever virus	Kenya	Moderate	Low			1	
	Uganda	Moderate	Low			1	1
Vibrio cholerae	Uganda	High	none		9	4	

Events Highlighted this week

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected (New)	Confirmed (New)	Deaths (New)
Corynebacterium diphtheriae	Guinea	High	none		2,945 (308)	39	94 (3)
	Nigeria	High	none		138 (59)	717 (309)	1
Dengue virus	Ethiopia	Moderate	none		23,145 (1,216)	272	17
	Mali	High	none		391 (79)	104 (48)	
Lassa virus	Nigeria	Moderate	none		486 (296)	134 (81)	21 (15)
Measles virus	Democratic Republic of the Congo	High	none		257,337 (2,364)	1,764	4,900 (45)
	Mauritania	Moderate	none		57 (57)	130 (76)	1 (1)
	Somalia	Moderate	none		12,558 (324)	84	
	Zambia	High	none		7,862 (1,352)	861 (104)	45 (42)
Vibrio cholerae	Ethiopia	High	none		540 (163)		10 (6)
	Kenya	High	none		9,321	3,097 (19)	206
	Malawi	High	none			59,101 (4)	1,770 (1)
	Mozambique	High	none			42,882 (426)	169
	Zambia	High	none		10,887 (3,495)	438	432 (122)
Yellow fever virus	South Sudan	Moderate	none		29 (10)	1	5

Initial Reports

Moderate Risk Events

Rift Valley fever in Uganda

1 confirmed human case(s)
1 human deaths (**CFR: 100%**)

Agent/Pathogen	**Rift Valley Fever virus**	First Reported	**24-Jan-2024**	Previous Report Update	**24-Jan-2024**
First Occurred	**7-Jan-2024**	Country	**Uganda**	Location	**1 district**
Source	**Ministry of Health**	GeoScope	**MODERATE**	Human Risk Assessment	**MODERATE**
Animal Risk Assessment	**LOW**				

Description:

On 22 January 2024, the Ministry of Health (MoH) reported a confirmed case of Rift valley fever (RVF) in Nakaseke district, central Uganda. The index case is a 45-year-old male butcher with a history of direct contact with dead animals. He presented with fever, headache, loss of appetite, muscle pain, weakness, joint pain, confusion and nose bleeding, at the Nakaseke district hospital. A blood sample collected from the case tested positive for RVF by polymerase chain reaction (PCR) at the Uganda Virus Research Institute. The patient died on 14 January 2024. A concurrent RVF outbreak has been reported in northern Kenya. However, there is no evidence of the two outbreaks being epi-linked.

Rift Valley fever is a zoonotic virus that causes acute viral haemorrhagic fever with an average case fatality rate of 1%. The RVF virus can be transmitted to humans through contact with blood, body fluids, or tissues of infected animals, mainly livestock such as cattle, sheep, goats, buffalo, and camels. It can also be transmitted through bites from infected mosquitoes and rarely, from other biting insects. There is currently no treatment available for humans, but outbreaks of RVF can be prevented by vaccinating at-risk human and animal populations. Since 2016, multiple outbreaks of RVF have been reported in Uganda. In 2023, 20 cases and four deaths (CFR: 20%) were reported from Mbarara district, south-western Uganda.

Response by MS/partner/Africa CDC:

The MoH deployed a rapid response team to conduct epidemiological investigations and to institute active surveillance in the affected areas.

Rift Valley Fever in Kenya

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

Agent/Pathogen	**Rift Valley Fever virus**	First Occurred	**9-Jan-2024**	Country	**Kenya**
Location	**Marsabit County**	Source	**National PHI**	GeoScope	**MODERATE**
Human Risk Assessment	**MODERATE**	Animal Risk Assessment	**LOW**		

Description:

On 24 January 2024, the MOH reported a case of Rift Valley fever (RVF) in Marsabit county, northern Kenya. The case is a 38-year-old female who presented with febrile illness and general body weakness at Marsabit Central Referral Hospital. A blood sample collected from the case tested positive for RVF by PCR at the Kenya Medical Research Institute. The last outbreak of RVF in Kenya occurred in 2021, with 32 cases and 11 deaths (CFR: 34%) were reported from Garissa and Isiolo counties.

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 support further case detection in the human and animal population.

Diphtheria in Africa

717 confirmed human case(s)
446 suspected human case(s)
4 human deaths (**CFR: 0.6%**)

Agent/Pathogen	**Corynebacterium diphtheriae**	First Reported	**20-Jan-2023**	Previous Report Update	**19-Jan-2024**
First Occurred	**14-Dec-2022**	Country	**Multiple Countries**	Location	**2 MS**
Source	**Ministry of Health**	GeoScope	**LOW**	Human Risk Assessment	**MODERATE**

Description:

Since the beginning of the year, a total of 1,163 cases (717 confirmed; 446 suspected) and four deaths (CFR: 0.6%) of diphtheria have been reported in two AU MS: Guinea (308 cases; 3 deaths), and Nigeria (855; 1). This week, 676 cases and three deaths were reported from Guinea and Nigeria.

Guinea: Since the beginning of the year, the MoH reported 308 new suspected and three new deaths of diphtheria (CFR: 0.9%) from two of the eight regions. This is a protracted outbreak which started in July 2023 with a total of 2,984 cases (39 confirmed; 2,945 suspected) and 94 deaths (CFR: 3.1%) reported since the start of the outbreak . Of the total cases, the most affected age group is 15- years and above accounting for 31%, while females account for 66%. Additionally, none of the reported cases have been fully vaccinated against diphtheria.

Nigeria: Since the last update, the Nigeria Centre for Disease Control (NCDC) reported 368 new cases (309 confirmed; 59 suspected) and no new death of diphtheria. Cumulatively, 855 cases (717 confirmed; 138 suspected) and one death of diphtheria (CFR: 0.1%) were reported from six of the 36 states and the federal capital territory. This is a protracted outbreak which started in December 2022 with a total of 14,835 confirmed cases and 620 deaths (CFR: 4.3%) reported since the start of the outbreak. Of the total cases, females account for 59% and only 25% of all reported cases are fully vaccinated against diphtheria.

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 (TWG) continues to coordinate and monitor diphtheria surveillance and response activities in the country.

Human Event Updates

High Risk Events

Cholera in Africa

2,616 confirmed human case(s), **18,171** suspected human case(s)
622 human deaths (**CFR: 3%**)

Agent/Pathogen	**Vibrio cholerae**	First Reported	**1-Jan-2024**	Previous Report Update	**19-Jan-2024**
First Occurred	**1-Jan-2024**	Country	**Multiple Countries**	Location	**12 MS**
Source	**Ministry of Health**	GeoScope	**HIGH**	Human Risk Assessment	**HIGH**

Update to Event:

Since the beginning of this year, a total of 20,787 cases (2,616 confirmed; 18,171 suspected) and 622 deaths [case fatality rate (CFR: 3.0 %)] of cholera were reported from 12 African Union (AU) Member States (MS): Burundi (1 case; 0 death), Democratic Republic of Congo (DRC) (783; 13), Ethiopia (540; 10), Kenya (69; 0), Malawi (9; 0), Mozambique (1,932; 5), Somalia (980; 12), South Africa (2; 0), Uganda (13; 0), Tanzania (164; 1), Zambia (10,753; 457) and Zimbabwe (5,541; 124). This week, 6,445 new cases and 146 new deaths of cholera were reported from DRC, Malawi, Mozambique, Somalia, Uganda, Zambia and Zimbabwe.

DRC: Since the last update (12 January 2024), the MoH reported 783 new suspected cases and 13 new deaths (CFR: 1.6%) of cholera from nine provinces: Equateur (1 case; 0 death), Haut Katanga (51; 7), Haut Lomani (103; 2), Kinshasa (1; 0), Lualaba (33; 1), Nord Kivu (465; 2), Sud Kivu (114; 1), Tanganyika (14; 0) and Tshopo (1; 0). North Kivu is the most affected province. This is a 56% decrease in the number of cases reported compared to the same period in 2023. This is a protracted outbreak that started in March 2022 in the context of a humanitarian crisis.

Ethiopia: Since the last update, (19 January 2024) the Ethiopian Public Health Institute (EPHI) reported 163 new suspected cases and six deaths (CFR: 3.6%) of cholera. Cumulatively, 540 suspected cases and 10 deaths (CFR: 1.8%) have been reported from the 11 regions in Ethiopia. This outbreak has been ongoing since August 2022.

Malawi: Since the last update (12 January 2024), the MoH reported four new confirmed cases and no new deaths of cholera from Kalonga district. Cumulatively, nine confirmed cases and no deaths have been reported from four of 29 districts this year. This is a 99% decrease in the number of new cases compared to the same period last year. This current outbreak started in November 2023.

Mozambique: Since the last update (19 January 2024), the MoH reported 426 new confirmed cases and no new deaths of cholera from seven of 10 provinces. This is a 71% increase in the number of new cases compared to the last week. Cumulatively, 1,827 confirmed cases and five deaths (CFR: 0.4%) have been reported from seven of 10 provinces. This outbreak started in October 2023.

Somalia: Since the last update (19 January 2024), the MoH reported 474 new cases (22 confirmed; 452 suspected) and 10 new deaths (CFR: 2%) of Cholera**.** Cumulatively, 980 cases (26 confirmed; 954 suspected) and 12 deaths of cholera have been reported from 11 of 19 regions in Somalia. This is a protracted outbreak that started in 2022 and in 2017 in Banadir region.

Uganda (initial report): On 25 January 2024, The MoH reported an outbreak of cholera in Adjumani district, northern Uganda. The initial cases were identified at Elegu point of entry, among a group of refugees arriving from Khartoum, Sudan. They presented with vomiting and acute watery diarrhoea at a private clinic in Elegu town council. Four of five stool samples submitted to the Uganda National Health Laboratory Services tested positive for cholera by PCR. Cumulatively, 13 cases (4 confirmed; 9 suspected) and no deaths of cholera have been reported from one of 146 districts in Uganda.

Zambia: Since the last update (19 January 2024), the Zambia National Public Health Institute (ZNPHI) -reported 2,634 new suspected cases and 83 new deaths (CFR: 3.1%) from 58 districts. This is a 0.7% decrease in the number of new cases and a 16% decrease in the number of new deaths compared to last week. Cumulatively, 10,753 confirmed cases and 457 deaths (CFR: 4.2%) have been reported from 60 of 116 districts this year.

Zimbabwe: Since the last update (19 January 2024), the MoH reported 1,080 new cases (75 confirmed; 1,005 suspected) and 124 new deaths (CFR: 11%) of cholera from 57 districts. This is a 26% increase in the number of new cases and a 23% decrease in the number of new deaths compared to last week. Cumulatively, 4,778 cases (509 confirmed; 4,269 suspected) and 108 deaths (CFR: 2.0%) have been reported from 57 of 64 districts this year. This is a protracted outbreak that started in February 2023.

In 2023, a total of 240,314 cases (93,475 confirmed; 146,839 suspected) and 3,756 deaths [case fatality rate (CFR: 1.6%)] of cholera were reported from 19 African Union (AU) Member States (MSs): Burundi (1,396 cases; 9 deaths), Cameroon (21,269; 508), Congo (724; 14), Democratic Republic of Congo (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 (9,000; 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:

The Ministries of Health of the affected MSs continue to conduct enhanced surveillance, case management, risk communication, water, hygiene and sanitation interventions in the affected areas.

A very high level Africa CDC delegation was in Zambia on to assess the ongoing cholera outbreak and to discuss areas of immediate intervention and to interrupt the spread of the disease.

Dengue fever in Africa

153 confirmed human case(s), **1,902** suspected human case(s)
0 human deaths (**CFR: 0%**)

Agent/Pathogen	**Dengue virus**	First Reported	**19-Jan-2024**	Previous Report Update	**19-Jan-2024**
First Occurred	**1-Jan-2024**	Country	**Multiple Countries**	Location	**4 MS**
Source	**Ministry of Health**	GeoScope	**HIGH**	Human Risk Assessment	**HIGH**

Update to Event:

Since the beginning of this year, 2,055 cases (153 confirmed; 1,902 suspected) and no deaths of dengue were reported from four AU MS: Ethiopia (1,511 cases; 0 deaths), Mali (495; 0), Mauritius (40; 0) and Sao Tome and Principe (9; 0). This week, 1,343 new cases and no new deaths were reported from Ethiopia and Mali.

Ethiopia: Since the last update (19 January 2024), the EPHI reported 1,216 new suspected cases and no new deaths of Dengue. Cumulatively, 1,511 suspected cases and no new deaths of dengue have been reported from Dire Dawa region. This is a protracted outbreak that started in April 2023.

Mali: Since the last update (19 January 2024), the MoH reported 127 new cases (48 confirmed; 79 suspected) and no new deaths of dengue fever from Bamako region. There is a 24 % decrease in the number of cases reported compared to last week. Cumulatively, 495 cases (104 confirmed; 391 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.

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.

Human Event Updates

Moderate Risk Events

COVID-19 in Africa

12,369,481 confirmed human case(s)
257,612 human deaths (**CFR: 2.1%**)

Agent/Pathogen	**SARS-CoV-2**	First Reported	**21-Feb-2020**	Previous Report Update	**19-Jan-2024**
First Occurred	**14-Feb-2020**	Country	**Multiple Countries**	Location	**All 55 MS**
Source	**Ministry of Health**	GeoScope	**VERY HIGH**	Human Risk Assessment	**MODERATE**

Update to Event:

As of 6 p.m. East African Time (EAT) 25 January 2024, a total of 12,369,481 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 25 January 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 3 (15 - 21 January 2024), 254 new COVID-19 cases and no new deaths were reported from Malawi and Morocco, compared to the same period in 2023, 8,164 cases and 60 deaths were reported from 25 AU MSs. Over three 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.

Yellow fever in South Sudan

1 confirmed human case(s), **29** suspected human case(s)
5 human deaths (**CFR: 16.7%**)

Agent/Pathogen	**Yellow fever virus**	First Reported	**5-Jan-2024**	Previous Report Update	**19-Jan-2024**
First Occurred	**7-Dec-2023**	Country	**South Sudan**	Location	**1 state**
Source	**Ministry of Health**	GeoScope	**LOW**	Human Risk Assessment	**MODERATE**

Update to Event:

Since the last update, the MoH reported 10 new suspected cases and no new deaths of yellow fever from Western Equatoria state. Cumulatively, 30 cases (1 confirmed; 29 suspected) and five deaths* (CFR: 16.7%) have been reported from five counties in Western Equatoria state; Yambio (15 cases), Tambura (7), Nzara (5), Ibba (2) and Ezo (1) counties.

Response by MS/partner/Africa CDC:

The MoH with support from partners activated the PHEOC and deployed a rapid response team to conduct outbreak investigation, active case search, case management, risk communication and community engagement. In addition, a request for vaccines was sent to the International Coordinating Group. An approval for the provision of 410,596 vaccine doses for the affected counties was received.

Measles in Africa

172 confirmed human case(s), **3,449** suspected human case(s)
45 human deaths (**CFR: 1.2%**)

Agent/Pathogen	**Measles virus**	First Reported	**1-Jan-2024**	Previous Report Update	**19-Jan-2024**
First Occurred	**1-Jan-2024**	Country	**Multiple Countries**	Location	**5 MS**
Source	**Ministry of Health**	GeoScope	**HIGH**	Human Risk Assessment	**MODERATE**

Update to Event:

Since the beginning of this year, 3,621 cases (172 confirmed; 3,449 suspected) and 45 deaths (CFR: 1.2%) of measles were reported from five AU MS: DRC (2,364 cases; 45 deaths), Ethiopia (4; 0), Mauritania (187; 0), Somalia (596; 0), Zambia (470; 0). This week, 3,563 new cases and no new deaths were reported from DRC, Mauritania, Somalia, Zambia.

DRC: Since the beginning of this year, the MoH reported 2,364 suspected cases and 45 deaths (CFR: 2%) of measles from twenty-five provinces. This is a 43% decrease in the number of cases reported compared to the same period in 2023. This is a protracted outbreak that started in January 2023.

Mauritania: Since the last update (12 January 2024), the MoH reported 133 new cases (76 confirmed; 57 suspected) and no new deaths of measles. Cumulatively, 187 cases (130 confirmed; 57 suspected) have been reported from 10 of 63 districts this year. This is a protracted outbreak that started in March 2023.

Somalia: Since the beginning of this year, the MoH reported 596 new suspected cases and no new deaths of measles. Of the total reported cases, 68% are children under 5 years. Three regions; Banadir, Lower Shabelle and Gedo account for 47% of all cases reported.

Zambia: Since the beginning of this year, the ZNPHI reported 470 cases (42 confirmed: 428 suspected) and no new deaths of measles from all the ten provinces. This is a protracted outbreak started in January 2023.

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 (1,150; 0), 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:

The 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

134 confirmed human case(s)
486 suspected human case(s)
21 human deaths (**CFR: 15.7%**)

Agent/Pathogen	**Lassa virus**	First Reported	**19-Jan-2024**	Previous Report Update	**19-Jan-2024**
First Occurred	**7-Jan-2024**	Country	**Nigeria**	Location	**13 states**
Source	**Nigerian CDC**	GeoScope	**LOW**	Human Risk Assessment	**MODERATE**

Update to Event:

Since the last update, the NCDC reported 377 new cases (81 confirmed; 296 suspected) and 15 new deaths (CFR: 18.5%) of Lassa fever from 10 of 36 states and the federal capital territory. This is a 77% decrease in the number of cases and a 31% increase in the number of deaths compared to the same period in 2023. Additionally, there is a 55% increase in the number of cases and a 150% increase in the number of deaths reported compared to last week. Cumulatively, 620 cases (134 confirmed; 486 suspected) and 21 deaths (CFR: 15.7%) of Lassa fever have been reported from 13 of 36 states and the federal capital territory since the beginning of 2024. Of the confirmed cases, 12 were healthcare workers. Lassa fever is endemic in Nigeria with peak periods between December and April which the coincides with the dry season.

Response by MS/partner/Africa CDC:

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

Footnotes

*One yellow fever death in South Sudan removed because they did not meet the revised case definition.

-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.

References

Country	Risk Assessment	Enhance Surveillance	EOC Activation	Vaccination	Vector Control	Multisectoral Coordination	Capacity Building
	☑	☐	☐	☑			
	☐	☐	☑	☑			