

Africa CDC Epidemic Intelligence Report

Date of Issue: 5 May 2024





🔆 VIBRIO CHOLERAE

Event Type

 * \Box 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.

			Risk Level	
		Very High (New)	High (New)	Moderate (New)
2	Human	0	18 (1)	13 (1)
	Animal	0	0	1
	Environment	0	1 (1)	0

Event Summary



New events since last issue

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Т у ре	Suspected	Probable	Confirmed	Deaths
📤 Floods	Kenya	High	N/A	0	0	0	156,705	179
Hepatitis E virus	Chad	Mode	N/A	0	1,430	0	36	4
O Polio virus (vaccine-derived)	Somalia	High	N/A	0	0	0	2	0

Events Highlighted this week

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Туре	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
 Bacillus anthracis 	Uganda	Mode	Mode	Θ	60 (45)	4 (0)	12 (3)	3 (0)
Corynebacterium diphtheriae	Chad	Mode	N/A	Θ	360 (138)	0 (0)	0 (0)	17 (16)
	Guinea	High	N/A	Θ	4,831 (691)	0 (0)	44 (0)	105 (3)
	Nigeria	High	N/A	Θ	2,606 (0)	0 (0)	3,676 (640)	76 (8)
🜟 Dengue virus	Burkina Faso	High	N/A	Θ	17,098 (680)	5,097 (163)	0 (0)	39 (1)
	Mali	Mode	N/A	Θ	2,744 (6)	0 (0)	595 (15)	4 (0)
	Sudan	High	N/A	Θ	1,760 (180)	0 (0)	0 (0)	0 (0)
X Measles virus	Burkina Faso	Mode	N/A	Θ	8,468 (515)	0 (0)	362 (0)	41 (3)
	Burundi	Mode	N/A	Θ	6,856 (857)	0 (0)	0 (0)	96 (2)
	Mali	Mode	N/A	Θ	222 (0)	0 (0)	271 (19)	0 (0)
	Senegal	Mode	N/A	Θ	0 (0)	0 (0)	224 (4)	0 (0)
	Somalia	Mode	N/A	Θ	5,280 (304)	0 (0)	271 (21)	14 (1)
o Meningitis (Bacterial)	Mali	Mode	N/A	Θ	191 (19)	0 (0)	51 (8)	0 (0)
🔷 Mpox virus	Democratic Republic of the Congo	High	N/A	Θ	5,445 (480)	0 (0)	319 (0)	333 (11)
	Liberia	Mode	N/A	Θ	0 (0)	0 (0)	4 (2)	0 (0)
Polio virus (vaccine-derived)	Nigeria	Mode	N/A	Θ	0 (0)	0 (0)	10 (2)	0 (0)
	South Sudan	Mode	N/A	Θ	0 (0)	0 (0)	4 (3)	0 (0)
🔆 Vibrio cholerae	Burundi	High	N/A	Θ	163 (13)	0 (0)	0 (0)	0 (0)
	Comoros	High	N/A	Θ	0 (0)	0 (0)	3,950 (1,366)	82 (21)
	Democratic Republic of the Congo	High	N/A	Θ	13,157 (731)	0 (0)	398 (0)	285 (52)
	Ethiopia	High	N/A	Θ	12,974 (769)	0 (0)	0 (0)	97 (20)
	Malawi	High	N/A	Θ	0 (0)	0 (0)	268 (2)	5 (0)
	Mozambique	High	N/A	Θ	0 (0)	0 (0)	15,682 (114)	11 (1)
	Nigeria	Mode	N/A	Θ	559 (241)	0 (0)	0 (0)	7 (3)
	Somalia	High	N/A	Θ	8,078 (688)	0 (0)	603 (23)	87 (6)
	South Africa	High	N/A	Θ	138 (138)	0 (0)	12 (10)	0 (0)
	Sudan	High	N/A	Θ	2,408 (83)	0 (0)	0 (0)	0 (0)
	Tanzania	High	N/A	Θ	2,503 (657)	0 (0)	0 (0)	32 (0)
	Zambia	High	N/A	Θ	22,215 (146)	0 (0)	906 (55)	738 (9)
	Zimbabwe	High	N/A	Θ	28,273 (1)	0 (0)	34,092 (9)	701 (126)



Hepatitis E viral in Chad

36 confirmed human case(s), **1,430** suspected human case(s) **4** human deaths (**CFR: 0.27**%)

Agent/Pathogen	Hepatitis E virus	First Reported	3-May-2024	Previous Report Update	3-May-2024	First Occurred	28-Dec-2023
Country	Chad	Location	2 health districts	Source	Ministry of Health	GeoScope	LOW
Human Risk Assessment	MODERATE	Animal Risk Assessment	N/A				

Description:

On 28 February 2024, the Chad Ministry of Health (MoH) reported an outbreak of hepatitis E among refugee and host communities in two health districts in Quaddai province. Between 2 January to 15 February 2024, eight samples tested positive for hepatitis E by polymerase chain reaction, at the Institut Pasteur Dakar. As of 31 March 2024, a total of 1,466 cases (36 confirmed; 1,430 suspected) and four deaths [case fatality rate (CFR: 0.27%)] have been reported in five refugee camps and two refugee hosting sites, in Adré (1,331 cases; 4 deaths) and Hadjer-Hadid (115; 0) health districts. Twenty-five cases and two deaths were reported among pregnant women. In addition, 55% percent of the cases were males and children <4 years accounted for 31% of the total confirmed cases.

Hepatitis E is a liver disease caused by the *hepatitis E virus* (HEV) and typically presents as acute jaundice. In most people, HEV infection results in a self-limited, acute illness. However, acute infection can become chronic in rare cases, primarily in people who have received solidorgan transplants. HEV is typically transmitted by the fecal-oral route. Prevention includes good sanitation and the availability of clean drinking water. People living in crowded camps or temporary housing, including refugees and internally displaced persons, are at particularly high risk. HEV is endemic in Chad, particularly in the Tangile region, which last experienced an outbreak in 2022.

Response by MS/partner/Africa CDC:

The MoH organized coordination meetings at the district level and activated the incident management system. In addition, water, sanitation and hygiene, active case finding, and risk communication and community engagement activities are ongoing in the affected health districts.



High Risk Events

Cholera in Africa

15,819 confirmed human case(s), **75,140** suspected human case(s) **1,617** human deaths (CFR: 1.78%)

Agent/Pathogen	Vibrio cholerae	First Reported	1-Jan-2024	Previous Report Update	26-Apr-2024	First Occurred	1-Jan-2024
Country	Multiple Countries	Location	16 MS	Source	Ministry of Health	GeoScope	нісн
Human Risk Assessment	HIGH	Animal Risk Assessment	N/A				

Update to Event:

Since the beginning of this year, a total of 90,959 cases (15,819 confirmed; 75,140 suspected) and 1,617 deaths (CFR: 1.78%) of cholera have been reported from 16 African Union (AU) Member states (MS): Burundi (163 cases; 0 deaths), Cameroon (138; 27), Comoros (3,950; 82), Democratic Republic of Congo [DRC (13,555; 285)], Ethiopia (12,974; 97), Kenya (186; 1), Malawi (243; 3), Mozambique (7,371; 12), Nigeria (559; 7), Somalia (8,681; 87), South Africa (150; 1), Sudan (2,408; 0), Tanzania (2,503; 32), Uganda (33; 1), Zambia (19,848; 611) and Zimbabwe (18,197; 371). This week, 5,287 new cases and 105 new deaths of cholera were reported from 12 AU MS: Burundi, Comoros, DRC, Malawi, Mozambique, Nigeria, Somalia, South Africa, Sudan, Tanzania, Zambia and Zimbabwe.

Burundi: Since the last update (26 April 2024), the MoH reported 13 new suspected cases and no new deaths of cholera from Bujumbura Nord district. This is a 44% increase in the number of new cases compared to the last update. Cumulatively, 163 suspected cases and no deaths of cholera have been reported from 13 of 45 health districts in Burundi this year. This is a protracted outbreak that started in January 2023.

Comoros: Since the last update (26 April 2024), the Ministry of Health, Solidarity, Social Protection, and Gender Promotion reported 1,366 new confirmed cases and 21 new deaths (CFR: 1.5%) of cholera from three regions in Comoros. This is an 87% increase in the number of new cases reported compared to the last update. Cumulatively, 3,950 confirmed cases and 82 deaths (CFR: 2.1%) of cholera have been reported from Mwali, Ndzuwani and Ngazidja regions. Of the total deaths, 62% occurred in the community.

DRC*: Since the last update (19 April 2024), the MoH reported 731 suspected cases and 52 new deaths (CFR: 7.1%) of cholera from eight provinces: Equateur (8 cases; 0 deaths), Haut-Lomami (39; 0), Haut-Katanga (117; 3), Kasai (67; 45), Maindombe (8; 0), Nord-Kivu (417; 2), Sud-Kivu (59; 2) and Tanganyika (16; 0). Cumulatively, 13,555 cases (398 confirmed; 13,157 suspected) and 285 deaths (CFR: 2.1%) of cholera were reported from 12 of 26 provinces in DRC this year. This is a protracted outbreak that started in March 2022.

Ethiopia: Since the last update (26 April 2024), the Ethiopian Public Health Institute (EPHI) reported 769 new suspected cases and 20 new deaths (CFR: 2.6%) of cholera from eight regions. Cumulatively, 12,974 suspected cases and 97 deaths (CFR: 0.7%) of cholera have been reported from eight of twelve regions in Ethiopia this year. This is a protracted outbreak that started in August 2022.

Malawi: Since the last update (26 April 2024), the MoH reported two new confirmed cases and no new deaths of cholera from six districts. This is an 80% decrease in the number of new cases reported compared to the last update. Cumulatively, 243 confirmed cases and three deaths (CFR: 1.2%) of cholera have been reported from 14 of 29 districts in Malawi this year. This is a protracted outbreak that started in November 2023.

Mozambique: Since the last update (26 April 2024), the MoH reported 114 new confirmed cases and one new death (CFR: 0.9%) of cholera from eight provinces. This is a 43% decrease in the number of new cases compared to the last update. Cumulatively, 7,371 confirmed cases and 12 deaths (CFR: 0.16.%) of cholera have been reported from eight of ten provinces in Mozambique this year. This is a protracted outbreak that started in October 2023.

Nigeria: Since the last update (29 March 2024), the Nigeria Center for Disease Control (NCDC) reported 241 new suspected cases and three new deaths (CFR: 1.2%) of cholera from three states. This is a 71% and an 87% decrease in the number of suspected cases and deaths respectively compared to the same period last year. Cumulatively, 559 suspected cases and seven deaths (CFR: 1.3%) of cholera have been reported from 18 of 36 states and the federal capital territory. Bayelsa state accounted for 64% of all the cases reported and 51% of the total cases were females. This is a protracted outbreak that started in April 2021.

Somalia: Since the last update (26 April 2024), the MoH reported 711 new cases (23 confirmed; 688 suspected) and six new deaths (CFR: 0.8%) of cholera from six states. This is a 3% decrease in the number of new cases compared to the last update. Cumulatively, 8,681 cases (603 confirmed; 8,078 suspected) and 87 deaths (CFR: 1.0%) of cholera have been reported from six of seven states in Somalia this year. Of the total cases, 58% were children <5 years. This is a protracted outbreak that started in 2022 and 2017 in the Banadir region.

South Africa*: Since the last update (19 January 2024), the National Department of Health reported 148 new cases (10 confirmed; 138 suspected) and no new deaths of cholera from Gauteng and Limpopo provinces. Cumulatively, 150 cases (12 confirmed; 138 suspected) and one death (CFR: 0.7%) of cholera have been reported from two of nine provinces of South Africa this year.

Sudan: Since the last update (26 April 2024), the MoH reported 83 new suspected cases and no new deaths of cholera from 12 states. Cumulatively, 2,408 suspected cases and no deaths of cholera have been reported from 12 states this year. This is a protracted outbreak that started in July 2023. The outbreak is occurring amid a sustained complex humanitarian crisis.

Tanzania*: Since the last update (22 March 2024), the MoH reported 657 new suspected cases and no new deaths of cholera from eight regions. Cumulatively, 2,503 suspected cases and 32 deaths (CFR: 1.3%) of cholera have been reported from 18 of 31 regions in Tanzania this year. This is a protracted outbreak that started in September 2023.

Zambia: Since the last update (26 April 2024), the Zambia National Public Health Institute reported 55 new suspected cases and no new deaths of cholera from four provinces. This is a 5% decrease in the number of new cases compared to the last update. Cumulatively, 19,848 cases (1,432 confirmed; 18,416 suspected) and 611 deaths (CFR: 3.1%) of cholera have been reported from all the 10 provinces in Zambia this year. Of the total cases reported, 33% were children <15 years. This is a protracted outbreak that started in October 2023.

Zimbabwe: Since the last update (26 April 2024), the MoH reported 393 new cases (4 confirmed; 331 suspected) and two new deaths (CFR: 0.5%) of cholera from 13 districts. This is a 55% decrease in the number of new cases compared to the last update. Cumulatively, 18,197 cases (2,189 confirmed; 16,008 suspected) and 371 deaths (CFR: 2.0%) of cholera have been reported from 61 of 64 districts in Zimbabwe this year. This is a protracted outbreak that started in February 2023.

Note: In 2023, a total of 241,317 cases (93,475 confirmed; 147,842 suspected) and 3,827 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 (3,863; 128), Somalia (18,304; 46), South Africa (1,074; 47), Sudan (9,000; 245), South Sudan (1471; 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 in the affected MS continue to strengthen surveillance, case management and to implement water, hygiene and sanitation interventions in the affected areas.

Dengue fever in Africa

7,454 confirmed human case(s), **5,097** probable human case(s), **24,351** suspected human case(s) **50** human deaths (CFR: 0.14%)

Agent/Pathogen	Dengue virus	First Reported	12-Jan-2024	Previous Report Update	26-Apr-2024	First Occurred	1-Jan-2024
Country	Multiple Countries	Location	10 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 36,902 cases (7,454 confirmed; 5,097 probable; 24,351 suspected) and 50 deaths (CFR: 0.14%) of dengue fever have been reported from 10 AU MS: Burkina Faso (22,195 cases; 39 deaths), Cameroon (1; 0), Chad (983; 0), Ethiopia (1,725; 2), Kenya (88; 0), Mali (3,339; 4), Mauritius (6,779; 5), Sao Tome and Principe (9; 0), Senegal (23; 0) and Sudan (1,760; 0). This week, 1,044 new cases and one new death of dengue fever were reported from Burkina Faso, Mali and Sudan.

Burkina Faso: Since the last update (26 April 2024), the MoH reported 843 new cases (680 suspected, 163 probable), and one new death (CFR: 0.1%), of dengue fever from all 13 regions in Burkina Faso. This is a 4% increase in the number of new cases compared to the last update. Cumulatively, 22,195 cases (17,098 suspected; 5,097 probable) and 39 deaths (CFR: 0.2%) of dengue fever have been reported from the 13 regions of Burkina Faso this year. Two regions: Center (3,323 cases; 14 deaths), and Haut Bassins (2,720; 9) accounted for 72% of all the cases and 61% of all deaths reported. This is a protracted outbreak that started in September 2023.

Mali: Since the last update (26 April 2024), the MoH reported 21 new cases (15 confirmed; 6 suspected) and no new deaths of dengue fever from Bamako region. This is a 72% decrease in the number of new cases reported compared to the last update. Cumulatively, 3,339 cases (595 confirmed; 2,744 suspected) and four deaths (CFR: 0.1%) of dengue fever have been reported from nine of the ten regions in Mali. Bamako region remains the epicentre of the epidemic and accounted for 37% of all reported cases. Two serotypes (VDEN- 1 and VDEN-3) were detected among confirmed cases. This is a protracted outbreak that started in August 2023.

Sudan: Since the last update (26 April 2024), the MoH reported 180 new suspected cases and no new deaths of dengue fever from 12 states. Cumulatively, 1,760 suspected cases and no deaths of dengue fever have been reported from 12 states this year. This is a protracted outbreak that started in July 2023. The outbreak is occurring amid a sustained complex humanitarian crisis.

Note: In 2023, a total of 280,218 cases (21,999 confirmed; 70,433 probable; 187,786 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), **Cote 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:

The ministries of health of the affected MS continue to conduct enhanced surveillance, case management, vector control and risk communication activities in the affected areas.



Measles in Africa

5,865 confirmed human case(s), **93,705** suspected human case(s) **1,346** human deaths (CFR: 1.35%)

Agent/Pathogen	Measles virus	First Reported	1-Jan-2024	Previous Report Update	26-Apr-2024	First Occurred	1-Jan-2024
Country	Multiple Countries	Location	21 MS	Source	Ministry of Health	GeoScope	нісн
Human Risk Assessment	MODERATE	Animal Risk Assessment	N/A				

Update to Event:

Since the beginning of this year, a total of 99,570 cases (5,865 confirmed; 93,705 suspected) and 1,346 deaths (CFR: 1.35%) of measles have been reported from 21 AU MS: Burkina Faso (8,830 cases; 41 deaths), Burundi (6,856; 96), Chad (4,035; 11), Cameroon (874; 104), Central African Republic [CAR (1,080; 3)], Congo (178; 2), DRC (37,304; 909), Ethiopia (18,353; 132), Gabon (106; 0), Kenya (1,079; 11), Liberia (716; 0), Malawi (303; 0), Mali (493; 0), Mauritania (2,092; 4), Morocco (4,661; 9), Nigeria (2,739; 2), Senegal (224; 0), Somalia (5,551; 14), Togo (335; 1), Uganda (806; 7) and Zambia (2,955; 0). This week, 3,240 new cases and seven new deaths of measles were reported from nine AU MS: Burkina Faso, Burundi, Liberia, Mali, Mauritania, Morocco, Senegal, Somalia and Zambia.

Burkina Faso: Since the last update (26 April 2024), the MoH reported 515 new suspected cases and three new deaths (CFR: 0.6%) of measles from four regions. This is 8% decrease in the number of new cases reported compared to the last update. Cumulatively, 8,830 cases (362 confirmed; 8,468 suspected) and 41 deaths (CFR: 0.5%) of measles have been reported from all 13 regions in Burkina Faso. Of the total cases, males and children <5 years accounted for 51% and 66% respectively. Of the confirmed cases, 6% had been vaccinated against measles virus. In 2022, the national measles vaccination coverage among children <5 years in Burkina Faso was 96%.

Burundi: Since the last update (26 April 2024), the MoH reported 857 new suspected cases and two new deaths (CFR: 0.2%) of measles from 11 districts. This is a 49% increase in the number of new cases reported compared to the last update. Cumulatively, 6,856 suspected cases and 96 deaths (CFR: 1.4%) of measles have been reported from 20 of 49 districts in Burundi. In 2023, the national measles vaccination coverage among children <2 years in Burundi was 81%.

Liberia*: Since the last update (12 April 2024), the MoH reported 375 new cases (55 confirmed; 320 suspected) and no new deaths of measles from 10 counties. Cumulatively, 716 cases (92 confirmed; 624 suspected) and no deaths of measles were reported from 11 of 15 counties in Liberia this year. Of the reported cases, only 14% were fully vaccinated against measles. This is a protracted outbreak that started in December 2021. In 2023, the national measles vaccination coverage among children <2 years in Liberia was 58%.

Mali: Since the last update (26 April 2024), the MoH reported 19 new confirmed cases and no new deaths of measles from five districts. This is a 12% increase in the number of new confirmed cases compared to the last update. Cumulatively, 493 cases (245 confirmed; 248 suspected) and no deaths of measles have been reported from 21 of 75 districts in Mali this year. In 2023, the national measles vaccination coverage among children <5 years in Mali was 68%. This is a protracted outbreak that started in July 2023.

Mauritania: Since the last update (26 April 2024), the MoH reported 119 new suspected cases and no new deaths of measles from eight districts. This is a 55% decrease in the number of new cases compared to the last update. Cumulatively, 2,092 cases (259 confirmed; 1,833 suspected) and four deaths (CFR: 0.2%) of measles have been reported from 48 of 63 districts in Mauritania this year. Children <5 years were mostly affected with an attack rate of 30/100,000 population. Sixty-five percent of children between 9 and 59 months were not vaccinated against measles virus. This is a protracted outbreak that started in December 2022. In 2021, the national measles vaccination coverage among children <5 years in Mauritania was 89%.

Morocco: Since the last update (26 April 2024), the MoH reported 580 new cases (167 confirmed; 413 suspected) and one new death (CFR: 0.2%) of measles from the Souss Massa region. This is a 47% decrease in the number of new cases compared to the last update. Cumulatively, 4,661 cases (1,526 confirmed; 3,135 suspected) and nine deaths (CFR: 0.2%) of measles have been reported from Souss Massa region this year. This is a protracted outbreak that started in October 2023. In 2021, the national measles vaccination coverage among children <1 year in Morocco was 99%.

Senegal: Since the last update (26 April 2024), the MoH reported four new confirmed cases and no new deaths of measles. This is a 42% decrease in the number of new cases compared to the last update. Cumulatively, 224 confirmed cases and no deaths of measles have been reported from 33 of 45 districts in Senegal. Of the confirmed cases, 51% were males and 40% were children between 5 and 15 years of age. Seventy-three percent of the confirmed cases were not vaccinated against measles virus. In 2022, the national measles vaccination coverage among children <5 years in Senegal was 66%.

Somalia: Since the last update (26 April 2024), the MoH reported 325 new cases (21 confirmed; 304 suspected) and one new death (CFR: 0.3%) of measles from six states in Somalia. This is a 3% decrease in the number of new cases compared to the last update. Cumulatively, 5,551cases (271 confirmed; 5,280 suspected) and 14 deaths (CFR: 0.3%) of measles have been reported from all the seven states in Somalia this year. Of the total cases reported, 70% were children <5 years. This is a protracted outbreak that started in March 2023. In 2023, the national measles vaccination coverage among children <2 years in Somalia was 23%.

Zambia: Since the last update (12 April 2024), the MoH reported 446 new cases (418 confirmed; 28 suspected) and no new deaths measles from 13 districts. Cumulatively, 2,955 cases (506 confirmed; 2,449 suspected) and no deaths of measles have been reported from all the 10 provinces. Children <5 years account for 34% of total measles cases with 84% having unknown vaccination status. The national measles vaccination status for 2023 is 80%.

Note: In 2023, a total of 638,942 cases (21,751 confirmed; 617,191 suspected) and 6,453 deaths (CFR: 1.0%) 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), 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 supplementary immunization activities in the affected areas.

Mpox in Africa

364 confirmed human case(s), **5,571** suspected human case(s) **334** human deaths (CFR: 5.63%)

Agent/Pathogen	Mpox virus	First Reported	12-Jan-2024	Previous Report Update	26-Apr-2024	First Occurred	1-Jan-2024
Country	Multiple Countries	Location	5 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 5,935 cases (364 confirmed; 5,571 suspected) and 334 deaths (CFR: 5.63%) of mpox have been reported from five AU MS: Cameroon (14 cases; 1 death), CAR (93; 0), Congo (60; 0), DRC (5,764; 333) and Libera (4; 0). This week, 482 new cases and 11 new deaths of mpox were reported from DRC and Liberia.

DRC: Since the last report (26 April 2024), the MoH reported 480 new suspected cases and 11 new deaths (CFR: 2.3%) of mpox from 10 provinces. This is a 202% increase in the number of new cases compared to the last update. Cumulatively, 5,764 cases (319 confirmed; 5,445 suspected) and 333 deaths (CFR: 5.8%) of mpox have been reported from 23 of 26 provinces in DRC. Children <15 years accounted for 68% of the cases and 85% of the deaths. Of the confirmed cases, 73% were males. The clade 1 mpox strain was isolated from the confirmed cases.

Liberia: Since the last update (29 March 2024), the MoH reported two new confirmed cases and no new deaths of mpox from Grand Kru county. Cumulatively, four confirmed cases and no deaths of mpox have been reported from two counties in Liberia this year: Grand Kru (2) and Nimba (2).

Note: In 2023, a total of 14,838 cases (1,665 confirmed; 13,173 suspected) and 738 confirmed deaths (CFR: 5.0%) of mpox were reported from seven AU MS: Cameroon (140 cases; 1 death), CAR (67; 2), Congo (95; 5), DRC (14,434; 728), Ghana (11; 0), Liberia (11; 0) and Nigeria (80; 2).

Response by MS/partner/Africa CDC:

DRC: The MoH continues to intensify surveillance, active case search, risk communication and community engagement activities in the affected regions.

Liberia: The MoH in collaboration with the National Public Health Institute and partners continue to provide technical support to the affected counties to improve early case detection.

Diphtheria in Africa

4,429 confirmed human case(s) **5,164** suspected human case(s)

136 human deaths (CFR: 3.07%)

Agent/Pathogen	Corynebacterium diphtheriae	First Reported	20-Jan-2023	Previous Report Update	26-Apr-2024	First Occurred	1-Jan-2024
Country	Multiple Countries	Location	5 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 9,593 cases (4.429 confirmed; 5,164 suspected) and 136 deaths (CFR: 3.07%) of diphtheria have been reported from five AU MS: Chad (360 cases; 17 death), Gabon (6; 0), Guinea (2,199; 14), Niger (746; 29) and Nigeria (6,282; 76). This week, 1,469 new cases and 27 new deaths of diphtheria were reported from Chad, Guinea and Nigeria.

Chad*: Since the last update (6 April 2023), the MoH reported 138 new suspected cases and 16 new deaths of diphtheria from eight districts. Cumulatively, 360 suspected cases and 17 deaths of diphtheria have been reported from Chad this year. This is a protracted outbreak that started in August 2023. In 2019, the DPT1 vaccination coverage was 90%.

Guinea: Since the last update (22 March 2024), the MoH reported 691 suspected and three new deaths of diphtheria from Kankan and Siguiri regions. Cumulatively, 2,199 cases (5 confirmed; 2,194 suspected) and 14 deaths of diphtheria were reported from four of eight regions in 2024. Of the total cases, persons 15 years and above accounted for 43% while 66% were females. All the cases have not been fully vaccinated against diphtheria. This is a protracted outbreak that started in July 2023 with a total of 4,875 cases and 105 deaths.

Nigeria: Since the last update (29 March 2024), NCDC reported 640 new confirmed and eight new deaths (CFR: 1.3%) of diphtheria. Cumulatively, 6,282 cases (3,676 confirmed; 2,606 suspected) and 76 deaths (CFR: 2.0%) of diphtheria have been reported from 12 of 36 states and the federal capital territory this year. Of the total cases, females accounted for 60%. Twenty-five percent of the cases were fully vaccinated against diphtheria. This is a protracted outbreak that started in December 2022. In 2023, the national Penta3 vaccination coverage among children <1 year in Nigeria was 84%.

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:

The MoH of the affected MS continues to coordinate diphtheria surveillance and response activities in affected communities.

Polio virus (vaccine-derived) in Africa

20 confirm	 20 confirmed human case(s) 0 human deaths (CFR: 0%) 											
U human d	leaths (CFR:	U%)										
Agent/Pathogen	Polio virus (vaccine-derived)	First Reported	23-Feb-2024	Previous Report Update	19-Apr-2024	First Occurred	1-Jan-2024					
Country	Multiple Countries	Location	7 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, one confirmed case and no deaths of circulating vaccine-derived poliovirus type 1 (cVDPV1) was reported from DRC and 19 confirmed cases and no deaths of circulating vaccine-derived poliovirus type 2 (cVDPV2) have been reported from six AU MS: Chad (1 case), Kenya (1), Nigeria (10), Somalia (2), South Sudan (4) and Zimbabwe (1). This week, no new confirmed cases of cVDPV1 and seven new confirmed case of cVDPV2 were reported from three MS: Nigeria, Somalia, South Sudan.

Nigeria: Since the last update (19 April 2024), the MoH reported two new confirmed cases cVDPV2 from Kano and Katsina states. Cumulatively, 10 of cases of cVDPV2 have been reported from five of the thirty-six states and the federal capital territory: Kaduna (1 case), Kano (2), Katsina (2), Kebbi (1) and Sokoto (4) states. In 2023, the national oral polio vaccination (OPV3) coverage among children <1 year in Nigeria was 84%.

Somalia (initial report): Since the beginning of this year, the MoH has reported two confirmed cases of cVDV2 in one State. In 2023, the national oral polio vaccination (OPV3) coverage among children <1 year in Somalia was 89%.

South Sudan: Since the last update (5 April 2024), the Global Polio Eradication Initiative reported three confirmed cases of cVDPV2 from three states; Jonglei (1 case), Upper Nile (1) and Western Equatoria (1). Cumulatively, four cases of cVDPV2 have been reported from three of thirty-two states: Jonglei (1 case), Upper Nile (2) and Western Equatoria (1). In 2023, the national oral polio vaccination (OPV3) coverage among children <1 year in South Sudan was 112%.

Poliomyelitis (polio) is a highly infectious viral disease that largely affects children under 5-years of age. The virus is transmitted by person-toperson through fecal-oral route or by a common vehicle (e.g. contaminated water or food) and multiplies in the intestine, from where it can invade the nervous system and cause paralysis. Its Incubation period is within 7-14 days and case/fatality rate within 2% to 10%. Symptoms include Sore throat, headache, vomiting and myalgia followed by flaccid paralysis. Paralysis is typically asymmetrical, and most often involves the lower extremities. Over 90% to 95% of poliomyelitis infections are asymptomatic and 4% to 8% experience minor symptoms while 1% to 2% develop paralysis. Poliomyelitis is diagnosed by viral culture (pharynx, stool), serology and nucleic acid amplification techniques.

Note: In 2023, a total of 133 confirmed cases of circulating vaccine-derived polio virus were reported from three AU MS: DRC (106 cases), Madagascar (24) and Mozambique (4) and 377 cases of cVDPV2 were reported from 19 AU MS: Benin (3), Burkina Faso (2), Burundi (3), Central African Republic [CAR(14)], Chad (55), Côte d Ivoire (6), DRC (117), Guinea (46), Kenya (14), Mali (11), Mauritania (1), Mozambique (1) Niger (2), Nigeria (87), Tanzania (3), Somalia (8), South Sudan (3), Zambia (1) and Zimbabwe (1).

Response by MS/partner/Africa CDC:

The ministries of health of the affected MS continue to strengthen acute flaccid paralysis surveillance and polio supplemental vaccination campaigns in the affected areas.

Bacterial Meningitis in Africa

332 confirmed human case(s), **3,212** suspected human case(s) **265** human deaths (CFR: 7.48%)

Agent/Pathogen	Meningitis (Bacterial)	First Reported	19-Jan-2024	Previous Report Update	19-Apr-2024	First Occurred	17-Jan-2024
Country	Multiple Countries	Location	2 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 3,544 cases (332 confirmed; 3,212 suspected) and 265 deaths (CFR: 7.48%) of bacterial meningitis have been reported from two AU MS: Mali (242 cases; 0 deaths) and Nigeria (3,302; 265). This week, 27 new cases and no new deaths of bacterial meningitis were reported from Mali.

Mali: Since the last update (19 April 2024), the MoH reported 27 new cases (8 confirmed; 19 suspected) and no new deaths of bacterial meningitis from two districts. This is a 36% decrease in the number of new cases compared to the last update. Cumulatively, 242 cases (51 confirmed; 191 suspected) and no deaths of bacterial meningitis have been reported from 14 of the 75 districts in Mali. The bacteria: *Streptococcus pneumoniae* (23 cases), *Haemophilus influenzae* (12), *Neisseria meningitidis type C* (7), *Neisseria meningitidis type X* (2) and *Neisseria meningitidis type W135* (7) were isolated from the confirmed cases. In 2023, the national meningitis vaccination coverage among children less than 5 years in Mali was 94%.

Response by MS/partner/Africa CDC:

Mali: The MoH continues to conduct active case search, community engagement and sensitization in affected regions. Additionally, the MoH has activated epidemic management committees at all levels.

Human and Non-Human Event Updates



Moderate Risk Events

Anthrax	in Africa							
 12 confirmed human case(s) 67 suspected human case(s) 4 probable human case(s) 3 human deaths (CFR: 25%) 								
Agent/Pathogen	Bacillus anthracis	First Reported	16-Feb-2024	Previous Report Update	16-Feb-2024	First Occurred	1-Jan-2024	
Country	Multiple Countries	Location	2 MS	Source	Ministry of Health	GeoScope	MODERATE	
Human Risk Assessment	MODERATE	Animal Risk Assessment	MODERATE					

Update to Event:

Since the beginning of this year, a total of 83 human cases (12 confirmed; 4 probable; 67 suspected) and three deaths among confirmed cases (CFR: 25%) of anthrax have been reported from two AU MS: Kenya (7 cases; 0 deaths) and Uganda (76 cases; 3 deaths). Confirmed outbreaks of anthrax in animals were concurrently reported from these MS. This week, 48 new human cases and no new deaths of anthrax were reported from Uganda.

Uganda: Since the last update (1 March 2024), the MoH reported 48 new cases (3 confirmed; 45 suspected) and no new deaths of anthrax from Amudat district. Cumulatively, 76 cases (12 confirmed; 4 probable; 60 suspected) and three deaths among confirmed cases (CFR: 25%) of anthrax have been reported from five of 146 districts in Uganda: Amudat (48 cases; 0 deaths), Bukedea (3; 0), Ibanda (2; 0); Kazo (22; 3) and Kyotera (1; 0). In addition, 188 suspected animal deaths of anthrax were reported from Bukedea and Kazo district.

Response by MS/partner/Africa CDC:

Uganda: The MoH deployed a multi-sectoral rapid response team to Amudat district to conduct epidemiological investigations and to coordinate the response. In addition, the MoH continues to conduct risk communication and community engagement activities in the affected areas.



Moderate Risk Events

Floods in Africa



Update to Event:

Since the beginning of this year, 167,233 displaced persons and 462 deaths due to floods have been reported from six AU MS: Congo (0 displaced persons; 19 deaths), DRC (0; 221), Kenya (156,705; 179), Madagascar (9,528; 10), Mauritius (1,000; 2) and South Africa (0; 31). This week, 156,705 displaced persons and 179 deaths have been reported from Kenya.

Kenya (initial report): Since the start of the long rainy season, in early March, a total of 179 deaths and over 156,705 displaced persons due to floods have been reported in 34 of 47 counties in Kenya. According to the Kenya Meteorological Department forecasts, heavy rainfall will continue in most parts of the country especially Central, Coast, Eastern, Lower, Northeastern and Western regions. The floods pose a risk for potential resurgence of cholera outbreaks in the country, with no new cases reported since late March. In addition, the floods may also exacerbate the dengue fever situation.

A flash flood is a rapid flooding of low-lying areas. It may be caused by heavy rains associated with a severe thunderstorm, hurricane, or tropical storm. Flash floods are a significant hazard with potential to cause fatalities and displacement of people. Flash floods can also deposit large quantities of sediments on floodplains.

Response by MS/partner/Africa CDC:

Kenya: The MoH activated the public health emergency operations centre and constituted an incident management system to coordinate response interventions. The MoH also kickstarted enhanced surveillance for diarrheal diseases and acute febrile illnesses, distribution of treated mosquito nets, distribution of food and non-food items and risk communication and community engagement activities in the affected counties. In addition, the Government of Kenya continues to conduct multi-sectoral coordination of response interventions through the office of the Deputy President. The Ministry of Education extended the opening of schools indefinitely, following a countrywide readiness assessment of basic education learning institutions.

Footnotes

*Cholera cases reported from DRC, Tanzania and South Africa, measles cases from Liberia, and diphtheria cases from Chad were batch reports.

-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: the event is limited to subnational areas within one MS; Moderate: The event is affecting multiple countries within an AU region or has been imported from/exported to 1-2 countries from another global region; High: The 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 of 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 or very high depending on how they score on the above criteria.