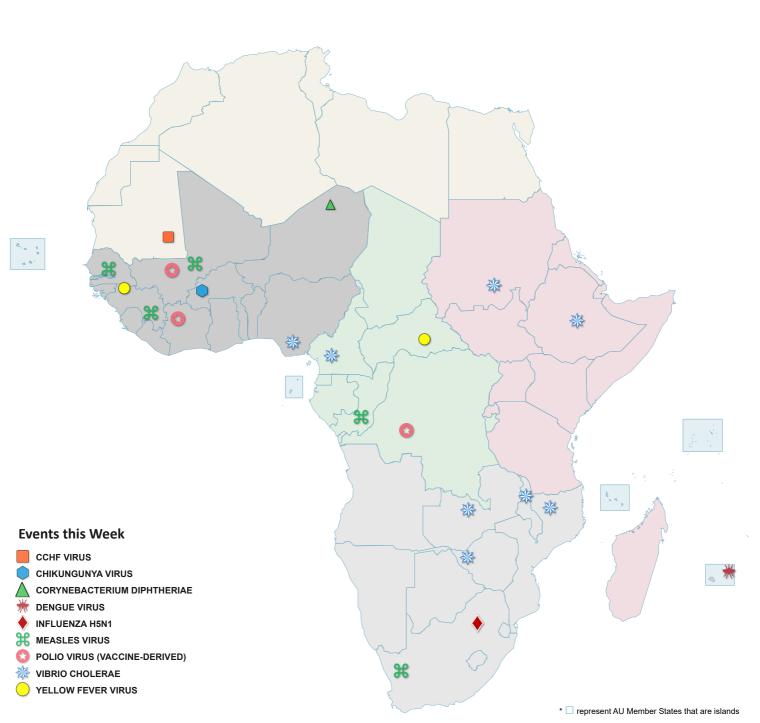




Africa CDC Epidemic Intelligence Report

EpiWeek: 22 - 30 Sep 2023



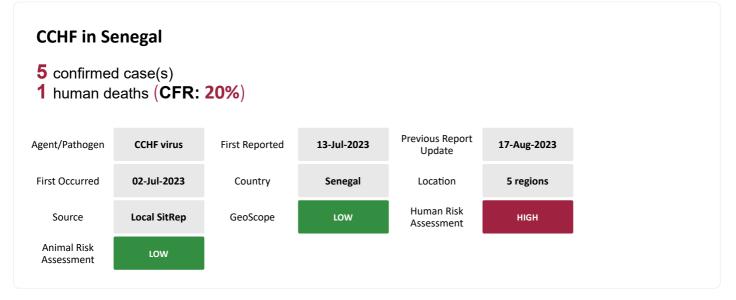
Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the African Union.

Human Event Updates





High Risk Events

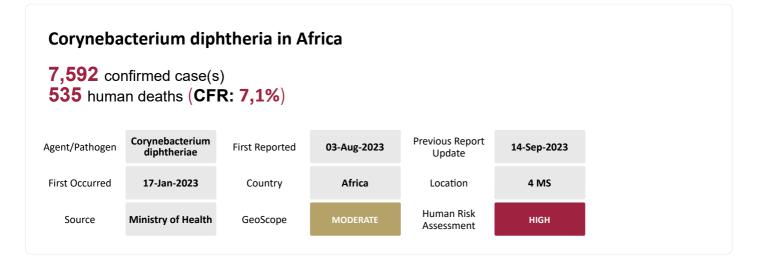


Update to Event:

Since the last update, the Ministry of Health (MoH) reported one new confirmed case and no new deaths of Crimean-Congo hemorrhagic fever (CCHF). Cumulatively, five confirmed cases and one death (Case Fatality Ratio (CFR): 20%) have been reported from five of 14 regions in Senegal: Dakar (1 case; 1 death), Gossas (1; 0), Fatick (1; 0) Louga (1; 0) and Yeumbeul (1; 0).

Response by MS/partner/Africa CDC:

The MoH constituted a multi-sectoral, multidisciplinary rapid response team (RRT) to support the response activities. Additionally, 42 contacts have been identified and are being followed up.



Since the beginning of this year, a total of 12,820 cases (7,592 confirmed; 5,228 suspected) and 535 deaths (CFR: 7.1%) of diphtheria have been reported in four African Union (AU) Member States (MS): Algeria: (80 cases, 10 deaths), Guinea (288; 52), Niger (865; 37) and Nigeria (11,587; 436).

This week, 507 new cases and four new deaths of diphtheria were reported from Guinea, Niger and Nigeria.

Guinea: Since the last update (8 September 2023), the MoH reported 114 new suspected cases and no new deaths of diphtheria from Siguiri district in Kankan region. Cumulatively, 288 cases (14 confirmed; 274 suspected) and 52 deaths (CFR: 18.1%) have been reported from all the four districts in Kankan region: Kankan (12 cases; 11 deaths), Kouroussa (3; 2), Mandian (13; 0) and Siguiri (260; 39). Children between 1-4 years account for more than half (51.3%) of the cases. The national routine immunization coverage for the third dose of pentavalent vaccine (which includes diphtheria vaccine) was 47% in 2022. This low coverage in the region, in a context of large population movements due to mining, drives the outbreak.

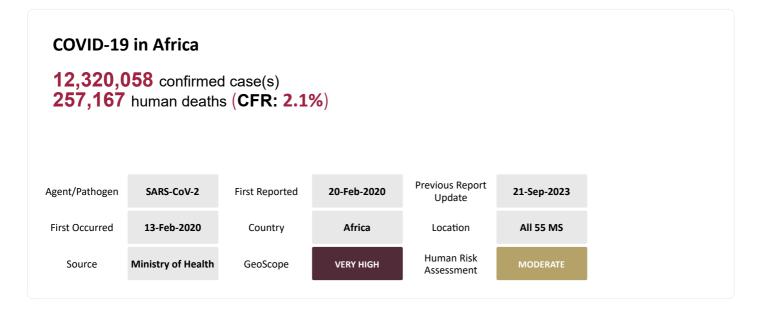
Niger: Since the last update (1 September 2023), the MoH reported 70 new cases (3 confirmed; 67 suspected) and two new deaths (CFR: 2.9%) of diphtheria. Cumulatively, 865 cases (360 confirmed; 505 suspected) and 37 deaths (CFR: 4.3%) have been reported from 14 of 49 districts in Niger. Persons aged between 1-29 years account for 91% of all cases reported. Thirty-eight percent of the total cases were vaccinated against diphtheria.

Nigeria: Since the last update (15 September 2023), the Nigeria Centres for Disease Control and Prevention (NCDC) reported 323 new suspected cases and two new deaths (CFR: 0.6%) of diphtheria. Cumulatively, 11,587 cases (7,202 confirmed; 4,385 suspected) and 436 deaths (CFR: 3.8%) have been reported from 31 of 36 states of Nigeria. There has been a 41.5% average increase in the number of new cases reported over the last four weeks. More than 71% of all cases were children between 1-14 years; 21% of whom were fully vaccinated.

Response by MS/partner/Africa CDC:

The Ministries of Health (MoHs) continue to enhance surveillance, case management and risk communication in affected districts. Additionally, the MoHs continues the roll out of diphtheria vaccines in affected districts.

Africa CDC is organizing a diphtheria case management and infection prevention and control (IPC) training of trainers from 9 - 13 October 2023, in collaboration with the NCDC and Médecins Sans Frontières (MSF).



As 28 September 2023, a total of 12,320,058 COVID-19 cases and 257,167 deaths (CFR: 2.1%) have been reported by the 55 African Union Member States MS (first mention). 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 (45), Delta (53), Gamma (5) and Omicron (51) variants of concern (VOC). Additionally, 32 MS have reported the presence of the Omicron BA.2 subvariant, 17 Member States reported the Omicron sub lineage (XBB.1.5), 12 MS reported the Omicron sub lineage (BF.7 or BA.5.2.1.7), and 2 Member States have reported the Omicron sub lineage (XBB.1.16). Another sub-variant of Omicron (B.1.1.529) called EG.5 has been detected and reported in Africa, Americas, Asia, Europe and Oceania. As of 28 September 2023, nine Member States (Cape Verde, Central African Republic, Egypt, Kenya, Mauritius, Morocco, South Africa, Tunisia and Uganda) have reported the presence of this new variant of interest (VOI). Following an initial risk assessment conducted by the World Health Organization (WHO), the public health risk associated with EG.5 is currently rated as low on a global level, similar to the risk of XBB.1.16 and other VOIs. Fifty-four (98%) 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, 570.5 million people have been partially vaccinated, and 453.8 million have been fully vaccinated. Eritrea is the only AU MS yet to start COVID-19 vaccination roll out.

For Epi week 38 (18 - 24 September), 378 new COVID-19 cases were reported. The Northern region accounted for 54% of the new COVID-19 cases reported this week, followed by the Central region (45%). No cases were reported in the Eastern and Southern regions. Last week, no new COVID-19 deaths were reported in Africa. More than 4,500 new tests were conducted during the past week. The weekly % test positivity increased from 7% to 8% compared to the previous week. Since February 2020, over 134 million COVID-19 tests have been conducted in Africa.

Response by MS/partner/Africa CDC:

The emergency operations center (EOC) of the Africa Centres for Disease Control and Prevention (Africa CDC) has been activated for COVID-19 since 27 January 2020. For more information on Africa CDC's response efforts please refer to Africa CDC's website, <u>Hotspot dashboard</u>, <u>PGI Dashboard</u>, <u>Vaccination Dashboard</u> and <u>the Africa CDC COVID-19 brief</u>.

Cholera in Africa 85,541 confirmed case(s) 106,609 suspected case(s) 2,990 human deaths (CFR: 1.6%) **Previous Report** 21-Sep-2023 Agent/Pathogen Vibrio cholerae **First Reported** 05-Jan-2023 Update **First Occurred** 31-Dec-2022 Country Africa Location 17 MS Human Risk Source **Ministry of Health** GeoScope Assessment

Update to Event:

Since the beginning of this year, 191,885 cases (85,541 confirmed; 106,609 suspected) and 2,990 deaths (CFR: 1.6%) of cholera were reported from 17 AU MS: Burundi (1,038 cases; 9 deaths), Cameroon (20,672; 487), Congo (93; 9), Democratic Republic of Congo (DRC) (36,084; 303), eSwatini (2; 0), Ethiopia (23,652; 299), Kenya (8,801; 145), Malawi (42,920; 1,260), Mozambique (34,667; 144), Nigeria (2,860; 84), Somalia (13,243; 33), South Africa (1,074; 47), South Sudan (1,471; 2), Sudan (265; 18), Tanzania (87; 3), Uganda (78; 10), Zambia (917; 19) and Zimbabwe (4,226; 118).

This week, 1,402 new cases and 41 new deaths of cholera were reported from eight AU MS: Burundi, Cameroon, Ethiopia, Malawi, Mozambique, Nigeria, Sudan, Zambia and Zimbabwe.

Burundi: Since the last update (15 September 2023), the MoH reported 221 new suspected cases and no new deaths of cholera. Cumulatively, 1,038 cases (52 confirmed; 986 suspected) and nine deaths (CFR: 0.8%) have been reported from 12 of 114 districts in Burundi.

Cameroon: Since the last update (15 September 2023), the MoH reported 308 new cases (4 new confirmed; 304 suspected) and four new deaths of cholera. Cumulatively 20,672 cases (1,993 confirmed; 18,679 suspected) and 487 deaths (CFR: 2.4%) of cholera have been reported from Cameroon. The outbreak is active in 17 health districts in three of 10 regions in Cameroon.

Ethiopia: Since the last update (22 September 2023), the Ethiopia Public Health Institute (EPHI) reported 237 new suspected cases and four new deaths (CFR: 1.7%) of cholera. Cumulatively, 23,652 cases (26 confirmed; 23,626 suspected) and 299 deaths (CFR: 1.2%) have been reported. The outbreak is active in nine of the 11 regions in Ethiopia. Oromia and South Ethiopia region accounts for 68% of the cases.

Malawi: Since the last update (22 September 2023), the MoH reported 10 new confirmed cases and no deaths of cholera from two districts: Blantyre and Nsanje. One of the two cases was imported from Mozambique. Cumulatively, 42,920 confirmed cases and 1,260 deaths (CFR: 2.9%) have been reported from all 29 districts in Malawi.

Mozambique: Since the last update (22 September 2023), the MoH reported 89 new confirmed cases and no new deaths of cholera. Cumulatively, 34,667 confirmed cases and 144 deaths (CFR: 0.4%) have been reported from 10 of the 11 provinces in Mozambique.

Nigeria: Since the last update (22 September 2023), the MoH reported 62 new suspected cases and three deaths (CFR: 4.8%) of cholera from four states: Adamawa (1 case; 0 death), Bauchi (2;0), Bayelsa (2;1) and Zamfara (57; 2) reported cases. Cumulatively, 2,860 cases (102 confirmed; 2,758 suspected) and 84 deaths (CFR 2.9%) have been reported from 25 of the 36 states in Nigeria.

Sudan (new event): On 26 September 2023, the Sudan MoH reported an outbreak of cholera in Gedaref state, eastern Sudan. The initial suspected cases were reported from Khater village, Gedaref state. As of 25 September, 265 cases (4 confirmed; 261 suspected) and 18 deaths (CFR: 6.8%) have been reported from one of 18 states in Sudan. Additional epidemiological investigations are ongoing in Khartoum and South Kordofan states where suspected cases have been reported. This outbreak is occurring amid an ongoing humanitarian crisis, with over 80% of the health facilities in the country out of service. The most recent cholera outbreak reported in Sudan occurred in 2019, where 346 cases and 11 deaths were reported from Blue Nile, Sennar and Khartoum states.

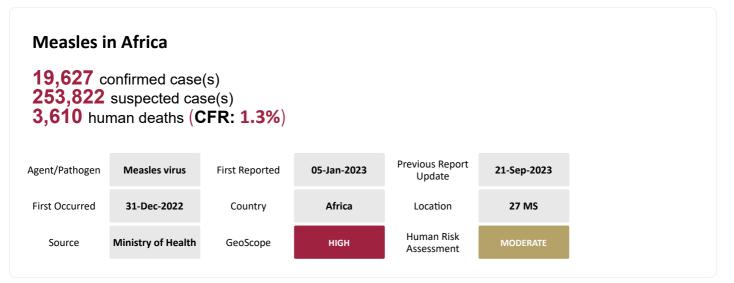
Zambia: Since the last update (22 September 2023), the Zambia National Public Health Institute (ZNPHI) reported six new suspected cases and no new deaths of cholera. Cumulatively, 917 cases (359 confirmed; 558 suspected) and 19 deaths (CFR: 2.0%) have been reported from nine of 116 districts in Zambia. The outbreak is active in Nsama district.

Zimbabwe: Since the last update (22 September 2023), the MoH reported 204 new cases (24 confirmed; 180 suspected) and eight new deaths (CFR: 3.9%) of cholera. Cumulatively, 4,226 cases (918 confirmed; 3,308 suspected) and 118 deaths (CFR: 2.8%) have been reported from 41 of 59 districts.

Response by MS/partner/Africa CDC:

The MoH of affected Member States continues to conduct enhanced surveillance, case management, risk communication, WASH interventions and enhanced targeted testing of all samples in the affected districts.

Africa CDC rapid response team continues to support the Republic of Malawi to enhance surveillance, risk communication, and infection prevention and control in districts where the outbreak is currently ongoing. Additionally, Africa CDC is supporting the Republic of Malawi to conduct the zonal cholera after action review meetings in zones where the end of cholera was declared.



Update to Event:

Since the beginning of this year, 273,449 (19,627 confirmed; 253,822 suspected) and 3,610 deaths (CFR: 1.3%) of measles were reported from 27 AU MS: Angola (6,203 cases; 53 deaths), Botswana (13 cases; 0 death), Burkina Faso (1,548; 2), Burundi (319; 0), Cameroon (8,503; 64), Central African Republic (CAR) (2,873; 0), Chad (8,915; 7), Congo (520; 4), DRC (190,598; 3,187), Ethiopia (15,674, 124), Gabon (2,714; 0), Gambia (208; 0), Ghana (212; 0), Guinea (1,004; 4), Kenya (9; 1), Libya (391; 2), Liberia (7,856; 16), Mali (1,567; 0), Mauritania (565; 4), Mozambique (1,342; 0), Niger (1,690; 0), Senegal (4,451; 0), Somalia (9,154; 0), South Africa (812; 0), South Sudan (5,722; 140), Uganda (258; 1) and Zambia (328;1).

This week, 1,823 new cases and three new deaths were reported from six MS: Congo, Guinea, Mali, Senegal, Somalia and South Africa.

Congo: Since the last update (14 July 2023), the MoH reported 232 suspected cases and three new deaths of measles from four health districts. Cumulatively, 520 suspected cases and four deaths (CFR: 0.8%) of measles have been reported from six of 26 provinces in Congo.

Guinea: Since the last update (8 September 2023), the MoH reported four new suspected cases and no new deaths of measles. Cumulatively, 1,004 cases (5 confirmed; 999 suspected) and four deaths (CFR: 0.4%) of measles have been reported from all the eight regions in Guinea.

Mali: Since the last update (22 September 2023), the MoH reported seven new cases (3 confirmed; 4 suspected) and no new deaths of measles. Cumulatively, 1,567 cases (357 confirmed; 1,210 suspected) and no deaths of measles have been reported from five of the nine regions in Mali.

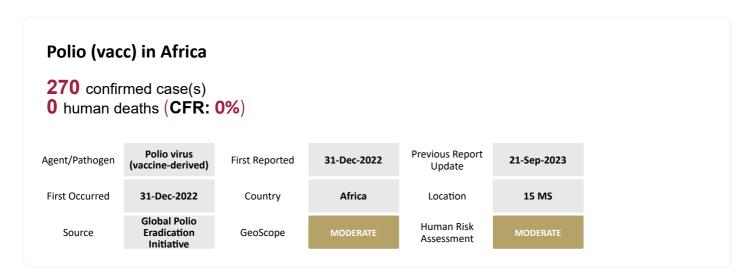
Senegal: Since the last update (8 September 2023), the MoH reported 1,376 new cases (458 confirmed; 918 suspected) and no new deaths of measles. Cumulatively, 4,451 cases (1,352 confirmed; 3,099 suspected) and no deaths of measles have been reported from 41 of the 50 districts in Senegal.

Somalia: Since the last update (22 September 2023), the MoH reported 192 new suspected cases of measles. Cumulatively, 9,154 cases (84 confirmed; 9,070 suspected) and no deaths of measles have been reported from Somalia. The most affected regions include Banadir (2,701), Bay (1,871) and Lower Juba (1,310). Seventy-three percent (73%) of the total cases were children under five years.

South Africa: Since the last update (22 September 2023), the National Institute for Communicable Diseases (NICD) reported 12 new confirmed cases and no new deaths of measles from three provinces. Cumulatively, 812 confirmed cases and no deaths have been reported from all the nine provinces in South Africa.

Response by MS/partner/Africa CDC:

The MoH continues to strengthen measles surveillance and case management in all the affected areas.



Update to Event:

Since the beginning of 2023, the continent has reported 76 cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) from DRC (56 cases), Madagascar (17), Mozambique (3) and 194 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) from 13 MS: Benin (3 cases), Burkina Faso (1), Burundi (3), CAR (10), Chad (29), Côte d'ivoire (3), DRC (90), Guinea (5), Kenya (8), Mali (8), Niger (1), Nigeria (27), Tanzania (2), Somalia (3) and Zambia (1).

This week, six new cases of cVDPV1 and 11 new cases of cVDPV2 with no new deaths were reported from Côte d'ivoire, DRC, Madagascar and Mali.

Côte d'ivoire: Since the last report (19 June 2023), the MoH reported one cVDPV2 case from the Tchologo region. Cumulatively, three confirmed cases and no deaths of cVDPV2 were reported in Côte d'ivoire.

DRC: Since the last update (8 September 2023), the MoH reported two new cVDPV1 cases and eight new cVDPV2 cases. Cumulatively, 56 cVDPV1 cases, 90 cVDPV2 cases and no deaths have been reported from DRC.

Madagascar: Since the last update (30 June 2023), the MoH reported four new confirmed cases of circulating vaccine-derived poliovirus type 1 (cVDPV1). Cumulatively, 17 confirmed cases have been reported from Analamanga (8), Androy (2), Antasinana (1), Boeni (1), Haute Matsiatra (1), Ihorombe (1), Menabe (1), Sofia (1) and Sud Ouest (1) regions. A total of 16 confirmed cases of cVDPVI were reported in 2022.

Mali: Since the last report (9 August 2023), the MoH reported two new cVDPV2 cases from Gao region. Cumulatively, eight confirmed cases and no deaths of cVDPV2 were reported in Mali.

Response by MS/partner/Africa CDC:

The MoHs continue to strengthen acute flaccid paralysis surveillance and mass vaccination campaigns in the affected MS.

Yellow fever in Africa									
 406 confirmed case(s) 2,634 suspected case(s) 29 human deaths (CFR: 1%) 									
Agent/Pathogen	Yellow fever virus	First Reported	05-Jan-2023	Previous Report Update	31-Aug-2023				
First Occurred	31-Dec-2022	Country	Africa	Location	7 MS				
Source	Ministry of Health	GeoScope	MODERATE	Human Risk Assessment	MODERATE				

Since the beginning of 2023, a total of 3,040 cases (406 confirmed; 2,634 suspected) and 29 deaths (CFR: 1.0%) of yellow fever have been reported in seven AU MS: Cameroon (43 cases; 3 deaths), CAR (326; 5), Congo (598; 0), Gabon (64; 0), Guinea (178; 4), Nigeria (1,819; 21) and Uganda (12; 0).

This week, 178 new cases and four new deaths of yellow fever were reported from Guinea.

Guinea (new event): On 21 September, the MoH reported 178 cases (45 confirmed; 133 suspected) and four deaths (CFR: 2.2%) of yellow fever from Dabola district, Faranah region. The outbreak was confirmed after 45 blood samples tested positive for yellow fever by reverse transcription-polymerase chain reaction (RT-PCR) at the National Institute of Public Heath, Conakry. The confirmed cases presented with symptoms of fever, jaundice and fatigue. The last outbreak of yellow fever in Guinea was in December 2020, with 48 suspected cases and 14 deaths reported from three regions: Boké, Kankan and Kindia.

Yellow fever is an acute viral hemorrhagic disease caused by the yellow fever virus and is transmitted through the bite of infected Aedes mosquitoes. Symptoms include headache, jaundice, muscle pain, nausea, vomiting, and fatigue. The overall CFR can range between 3% to 7.5%.

Response by MS/partner/Africa CDC:

Guinea: The MoH conducted a health education and vector control campaign in three health districts.

Dengue fever in Africa									
 3,185 confirmed case(s) 28,574 suspected case(s) 95 human deaths (CFR: 0.3%) 									
Agent/Pathogen	Dengue virus	First Reported	25-Jul-2023	Previous Report Update	21-Sep-2023				
First Occurred	31-Dec-2022	Country	Africa	Location	12 MS				
Source	Ministry of Health	GeoScope	LOW	Human Risk Assessment	MODERATE				

Since the beginning of this year, a total of 31,759 cases (3,185 confirmed; 28,574 suspected) and 95 deaths (CFR: 0.3%) of dengue fever have been reported in 12 AU MS Angola (3 cases; no deaths), Burkina Faso (16,492; 71), Chad (960; 1), Côte d'Ivoire (107; 0), Egypt (578; 0), Ethiopia (10,156; 4), Guinea (6; 1), Mali (253; 0), Mauritius (261; 0), Sao Tome and Principe (1,227; 11), Senegal (52; 0) and Sudan (1,664; 7

This week, 5,146 new cases and 18 new deaths of dengue fever were reported from five AU Member States: Burkina Faso, Ethiopia, Mali, Mauritius and Senegal.

Burkina Faso: Since the last update (22 September 2023), the MoH reported 4,957 suspected cases and 18 deaths (CFR: 0.3%) of dengue fever. Cumulatively, 16,492 cases (158 confirmed; 16,334 suspected) and 71 deaths (CFR: 0.4%) of dengue were reported from all 13 regions.

Ethiopia: Since the last update (22 September 2023), EPHI reported nine new suspected cases and no new deaths of dengue fever. Cumulatively, 10,156 cases (127 confirmed; 10,029 suspected) and four deaths (CFR: 0.03%) have been reported from four of the 11 regions in Ethiopia. The majority (88%) of the cases were reported from Afar region.

Mali: Since the last update (22 September 2023), the MoH reported 176 new cases (12 confirmed; 164 suspected) and no deaths of dengue fever. Cumulatively, 253 cases (24 confirmed; 229 suspected) and no deaths of dengue fever have been reported in nine of seventy-five districts in Mali. Two serotypes were isolated from 18 positive specimens: VDEN-1 (7 cases) and VDEN-3 (11 cases).

Mauritius: Since the last update (22 September 2023), the MoH reported one new confirmed case and no new deaths of dengue fever. Cumulatively, 261 confirmed cases (249 local; 12 imported) and no deaths have been reported from the two islands: Mauritius (190 local; 12 imported cases) and Rodrigues (59; 0).

Senegal: Since the last update (8 September 2023), the MoH reported three new confirmed cases and no new deaths of dengue fever. Cumulatively, 52 confirmed cases and no deaths of dengue fever were reported from eight of the 14 regions in Senegal.

Response by MS/partner/Africa CDC:

The MoH of affected Member States continue to conduct enhanced surveillance, case management, risk communication and vector control measures in the affected regions

Chikungunya in Africa

299 confirmed case(s)

234 suspected case(s)

0 human deaths (CFR: 0%)



Update to Event:

Since the beginning of this year, 533 cases (299 confirmed; 234 suspected) and no deaths of chikungunya were reported from two AU MS: Burkina Faso (323 cases; 0 deaths) and Senegal (210; 0).

This week, 142 new cases and no new deaths of chikungunya were reported from Burkina Faso and Senegal.

Burkina Faso (new event): On 6 September 2023, the MoH reported 89 confirmed cases and no deaths of chikungunya in Pouytenga, Centre-Est region. The index case was a 30-year-old female, living in sector 2 at Pouytenga without any history of travel to any Member State experiencing an outbreak of chikungunya. The outbreak was confirmed by RT-PCR at the National Viral Haemorrhagic Fever Reference Laboratory (MURAZ), Ouagadougou. The index case presented with fever, headache and joint pain. Cumulatively, 323 cases (89 confirmed; 234 suspected) and no deaths were reported from Pouytenga in Burkina Faso.

Senegal: Since the last update (8 September 2023), the MoH reported 53 new confirmed cases and no new deaths of chikungunya from Tambacounda region. Cumulatively, 210 confirmed cases and no deaths of chikungunya have been reported from six of 14 regions in Senegal. The outbreak is active in Kedougou and Tambacounda regions. Persons between the ages of 15-35 years and 5-14 years account for 48% and 29% of all cases reported respectively.

Chikungunya is a mosquito-borne viral disease endemic to countries in Africa and South America caused by the Chikungunya virus. The most commonly reported symptoms are muscle pain, joint swelling, headache, nausea, fatigue and rash. Severe or fatal cases of chikungunya are rare, and are usually associated with the existence of co-infections. Chikungunya can be identified using nucleic acid/genomic amplification techniques or viral isolation during the first week of illness. Serological diagnosis can be performed by detection of specific IgM antibodies in serum specimen from day 4–5 after the onset of illness. Due to difficulties in notification and diagnosis, the number of people infected with chikungunya is underestimated. There is currently no licensed vaccine or specific treatment for Chikungunya.

Response by MS/partner/Africa CDC:

Burkina Faso: The MoH and partners have deployed rapid response teams to conduct active search, risk communication and vector control measures in the affected district.

Senegal: The MoH has deployed a multidisciplinary national team to the affected regions to support the response.

Animal Event Updates





Moderate Risk Events

H5N1 in Africa

2,534,902 animal case(s) 95,752 animals susceptible 654,214 animal deaths (CFR: 25.8%)



Update to Event:

Since the beginning of this year, 50 outbreaks resulting in 2,534,902 cases and 654,214 deaths (CFR: 25.8%) of highly pathogenic avian influenza (HPAI) H5N1 in poultry were reported from seven AU MS: Côte d'Ivoire (2 outbreaks; 43,000 cases; 15,826 deaths), Guinea (1; 752; 745), Gambia (3; 7,569; 7,569), Nigeria (3; 2,381,959; 528,567), Senegal (1; 1,713; 1,713), South Africa (39; 98,409; 98,344) and Togo (1; 1,500; 1,450). This week, one new outbreak with 498 new cases and 433 new deaths were reported among domestic birds in South Africa.

South Africa: Since the last update (23 June 2023), South Africa reported one new outbreak with 494 confirmed cases and 433 new deaths (CFR: 88%) of highly pathogenic avian influenza (HPAI) in domestic birds in Western Cape province. Additionally, four new cases with no new deaths of HPAI among non-poultry were reported from Western Cape province. Cumulatively, 39 outbreaks with 98,409 cases and 98344 deaths of HPAI H5N1 have been reported from Western Cape province.

Response by MS/partner/Africa CDC:

South Africa: The provincial veterinary authorities are culling and disposing off sick birds in the affected farms.

Footnotes:

- * Cases in this report include confirmed, probable and suspected cases
- * Case fatality rates are calculated using confirmed cases and deaths only, except for the following:
- Bacterial meningitis, cholera and measles 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.