Africa Humanitarian Action

EPIDEMIOLOGY BULLETIN

WEEK 1_40

HAZARDS (EVENTS)
Monkey Pox Outbreak in Africa
Marburg Virus Outbreak in Rwanda
Cholera Outbreak in Africa
Measles Outbreak in Africa
Dengue Fever in Africa
Diphtheria in Africa
Lassa Fever in Africa
Polio Virus (Vaccine-Derived) in Africa
Floods in Africa

1. Monkey Pox Outbreak in Africa

Evolution of Monkey Pox outbreak from 1958-2024

- First Monkey Pox virus was isolated from a lesion in animal in Denmark: 1958.
- Monkey pox virus was identified as the causative agent of pox infection in Animal in 1959
- 1st Human case of mpox infection detected in DRC: in 1970.
- Human mpox spread to 72 countries in 2022.
- Since late 2022, WHO has recommended using the name "mpox" instead of monkeypox.
- WHO declared 1st time monkey pox as a PHEIC in 2022.
- Human mpox case spread to 110 countries in 2023
- Africa CDC declared mpox as a Public Health Emergency of Continental Security (PHECS) concern on 13 August 2024.

Global Epidemiology of Mpox as of Oct 16, 2024

- Since the beginning of this year (12 Jan, 2024), a total of 42,438 suspected human cases, 8,118 confirmed human cases, and 1,100 human deaths (CFR: 2.6%) have been reported from 18 Africa Union Member state.
- 5 mpox confirmed cases with no death reported from three countries in Asia (Pakistan 2, Thailand 1, and Philippines 1) and one country in Europe (Sweden 1)

No.	Region	Affected Countries (MS)	Suspected Cases	Confirmed Cases	Deaths	CFR
1	Africa	18	42,438	8,113	**1100**	3%
2	Asia	3	0	4	0	0%
3	Europe	1	0	1	0	0%
4	Americas	0	0	0	0	0%
5	Middle East	0	0	0	0	0%
6	Oceania and Antarctica	0	0	0	0	0%
Total		**22**	**42,438**	**8,118**	**1,100**	**3%**

Table: 1 Global distribution of Mpox as of 16th October 2024

Epidemiological Situation of Mpox by AU Region from 2022 to 2024

- Africa remains hardest hit continent with reporting a huge numbers of mpox cases and associated deaths since January, 2024.
- The Mpox cases, deaths and geographical spread has been consistently increasing for the last three consecutive years (2022-2024).
- As fig. 1 the number of reported mpox suspected cases were 8,376 in 2022, 14,954 in 2023 and 42,438 (and counting) in 2024 in Africa member state.
- The yearly trend shows that, the number of cases increased by 79% from 2022 to 2023 and by 380% from 2023 to 2024.

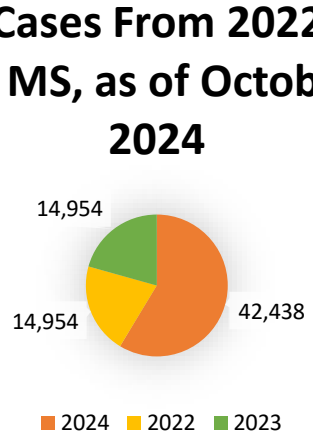


Fig. 1: Distribution of Mpox Case from 2022- 2024, AFRICA Union Member States (AU – MS).

Africa regional Updates of Mpox as of October 16, 2024

- Since 12th of January to 16 th of October 2024, about 42, 434 suspected, 8,113 confirmed and 1,100 associated deaths reported from all Africa Region.
- As fig. 2 showed below, the Central Africa Region accounts for 86.4% of all cases and 99.5% of all reported deaths.
- As of Epi week 40: about 3,051 new cases and 50 deaths with case fatality rate of 2% reported from all Africa MS.
- Zambia reported its' first mpox case on October (a Tanzanian driver who crossed to Zambia).
- Zimbabwe also reported new cases on 12 October (Two cases with travel history to Tanzania & South Africa).
- New cases recorded in two prisons in Uganda (no travel history outside Uganda).
- Kenya records first death due to mpox (46 years, male truck driver).
- Ghana notified second confirmed cases

Region	Suspected Cases	Confirmed Cases	Deaths	Affected MS
Central Africa	36,509	7,813	1,095	6
Eastern Africa	3,766	87	1	3
Western Africa	2,133	185	1	5
Southern Africa	26	26	3	3
Northern Africa	4	2	0	1
Total	42,438	8,113	1,100	18

Table 2: Regional distribution of Mpox cases and deaths, as of October 16, 2024

Progression of Mpox outbreak from Jan - Oct 16th, 2024

- As table 3 shows, devastating change has seen on the progression of Mpox outbreak in Africa, from January – April 2024 to January – October 16, 2024 in Africa Region.
- Number of notified mpox cases increased by 611% from 5,967 from January_ April to 42, 440-suspected cases as of October 16, 2024.
- Number of confirmed cases of mpox increased by over 11 folds from 708 reported confirmed cases from January-April to 8,115 confirmed cases as of October 16, 2024.
- Associated deaths of mpox also significantly increased by 230% or over 3 folds from 333 confirmed deaths from January - April, to 1,100 deaths as of October 16, 2024.

Progression of Mpox on Africa				
	Cases	Confirmed	Deaths	MS
Jan.-Apr. 2024	5,967	708	333	6
Jan.- Aug. 2024	23,622	5,116	617	13
Jan.- 15 Oct. 2024	42,440	8,115	1,100	18

Table 3: Progression of Mpox outbreak from Jan - October 16, 2024

Situation of Mpox Cases in Congested Setting, Oct 16, 2024

A. Mpox among Internally Displaced persons in North Kivu, DRC

- About 2.5 million IDPs in 13 sites in North Kivu, DRC.
- 333 confirmed cases and two deaths with cases fatality rate of 0.6% reported.
- Male constitutes 55% of them, and 20_40 year's olds are the most affected population groups reported from *North Kivu.*
- As cases disaggregated by rout of transmission, 33.7% of cases acquired through sexual contact, while, 57 cases identified amongst sex workers.

B. Prison Outbreak in Uganda

- Uganda reported mpox outbreaks in two prisons *(Nakasangola and Masindl)*
- Index case was transferred to *Nakasangola* from *Masondl* prison, where chicken pox outbreak was reported in June 2024.
- As 10th of October 2024, Cumulative of three confirmed and two probable cases with no death reported.
- Over 1,874 inmates with possible contact were traced.

Geographical coverage of Mpox outbreak, Oct 16, 2024

- As the number of cases and deaths of mpox increased, simultaneously, the geographical spread of Mpox also meaningfully increased.
- As fig. 3 showed that, the number of Africa union member state affected by an outbreak progressively increased by three-fold from 6 member state during early January, to 18 member state in mid-October, 2024.
- 6 member states in Central Africa, 5 member states in West Africa and 3 member states in both East and South Africa Regions were the most affected regions.
- Within member state, Democratic Republic of Congo continues to be the most affected country in 2024, all provinces found in DRC affected by deadly mpox outbreak.
- Following DRC, 6 of 7 regions (86%) in CAR, 40 of 49 health districts (82%) in Burundi, 6 of 10 Regions (60%) in Cameroon, 29 of 48 health districts (60%) in Cote d'Ivoire were the locations badly affected by mpox outbreaks (Active outbreak)

Gender vs. Age Category of Mpox cases as of Oct 16, 2024

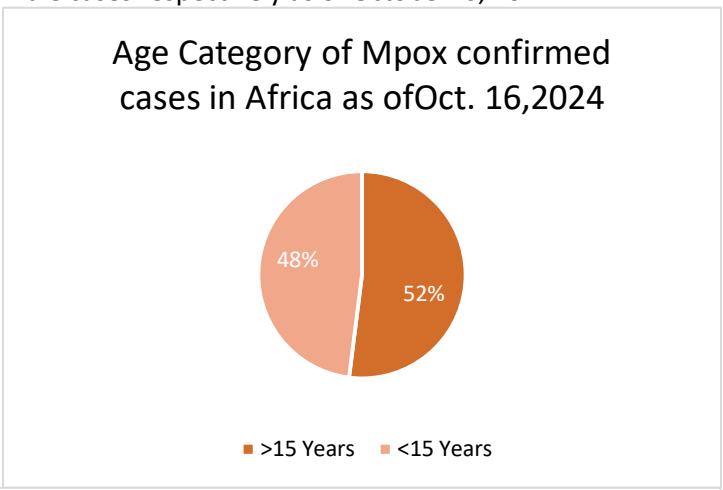
Age Category of Mpox Cases

- According to the data of surveillance system, children are proportionally affected population segments with high mortality and morbidity rates.
- Proportion of < 15 children affected by Mpox constitutes 48%
- The burden of mpox among children < 15 years in DRC, Burundi, Nigeria, Cote d'Ivoire and CAR remain high and account for 99% of confirmed cases as of October 16, 2024.
- Leave alone others, DRC represents 67% of suspected cases and 84% of the deaths of Children ≤ 15 years.
- As the trend showed that, Cameroon, Burundi, CAR and Côte d'Ivoire are playing the leading role following DRC, reporting 60%, 53%, 49.1%, and 42% of < 15years confirmed cases among Children respectively.
- This suggests that, direct transmission through family and community contact remains a major route of infection.

Gender Category of Mpox Cases, Oct 16, 2024

- According to the data of Africa epidemic intelligence report, male population found more affected as compared with female, where, Proportion of male group affected by current outbreak accounted to 63%.
- Among affected mpox cases in DRC North Kivu prison, male constitutes 55% of total reported cases.
- Countries known by reported Significant number of affected male population are, Cameroon, Côte d'Ivoire, Kenya and Burundi, they reported about 80%, 69%, 58% and 54.3% of

male cases respectively as of October16, 2024.



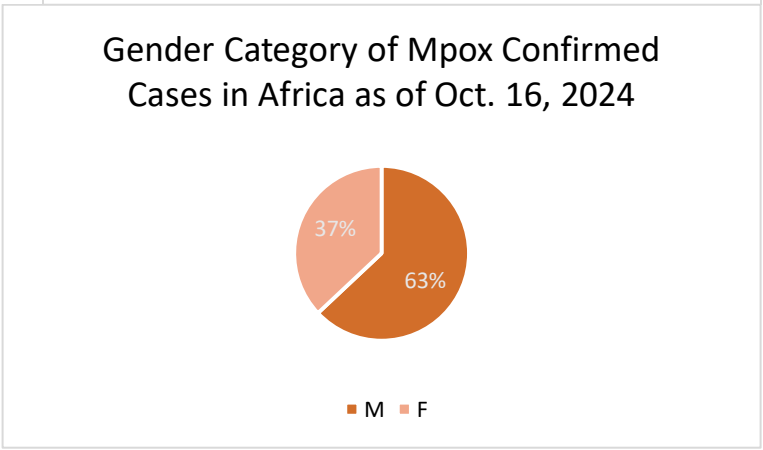


Fig. 2 & 3: Confirmed cases of Mpox by Age and Gender

Mpox cases and Deaths at 'LEARN' Project countries, October 16, 2024

- Between epidemiological weeks of 1_40, 2024
  - A total of, 6,259 confirmed cases and 973 deaths, with its' cases fatality rate 15.5% (CFR calculated deaths vs. confirmed cases) reported from three LEARN cohort I & II (Democratic Republic of Congo, Cameroon and Nigeria)
  - Nearly, all deaths and 98% of cases reported from DRC
  - No cases and deaths of mpox reported from Mali, Somalia and South Sudan countries.

Mpox Cases and Deaths at 'LEARN' Project Countries		
List of Countries	Confirmed Cases	Deaths
DRC	6,169	972
Nigeria	84	0
Cameroon	6	2
Mali	0	0
Somalia	0	0
South Sudan	0	0

Table 4: Mpox cases & Deaths at 'LEARN' Project Countries, October16, 2024

Updates of Emergency use of vaccine (launched by WHO)

- Additional temporary recommendations from the Emergency committee meeting from August 14, 2024, Vaccination considered as Post Exposure Prophylaxis (PEP) for contact of cases and as Pre-Exposure Prophylaxis (PrEP) for certain high-risk groups.
- Based on the risks level of member state, Africa CDC supporting the resource mobilization and shipment of vaccine since early October.
- Targeted high-risk populations for vaccinations were, female sex workers, contacts of cases (sexual contacts), children, truck drivers, cross-border traders and health care workers
- DRC, Nigeria, Rwanda and CAR have their vaccination plan
- South Africa has draft of Vaccination plan, while, Cote d'Ivoire in development of Vaccination plan.
- DRC and Rwanda received their emergency vaccine and campaign launched since October 4,2024

Vaccination status in Rwanda, Oct 16, 2024

- Targeted high-risk districts: ***Rusizi, Rubavu, Musanze,Gassabo, Nyarugenge and Kicukiro.***
- About 500 people have been vaccinated as of Oct 12, 2024.
- However, the Vaccination paused from 12-16 October 2024 due to ongoing Marburg outbreak, the campaign resumed as of October 17, 2024 (including 2nd dose administration).

Vaccination status in DRC, Oct 16, 2024

- Targeted high-risk district DRC: Sud Kivu, Nord Kivu, & Tshopo
- Vaccination campaign began on October 4, 2024,
- Campaign launched in ***south kivu and Sudu kivu*** provinces on October 5 and 6,2024
- The vaccination coverage at provinces level, (Sud Kivu 63%, Nord Kivu 72%, and Tshopo 91%)
- About 20,897 people vaccinated (vaccination coverage 31%).
- Among vaccinated people, women constitute 40% (n= 8,435).
- Vaccination coverage amongst risk groups 9,670 (41%) of Contacts vaccinated, followed by frontline workers 5,581 (27%), Sex workers 2,970 (14%) and others 2,587 (12%) vaccinated.

Key challenges

- Low public risk perception
- Cross border transmission
- Significant gaps in surveillance and testing capacity in DRC, CAR, and Liberia remained low.
- Poor Active searching and Contract tracing
- High malnutrition rates (DRC), complicated the response
- Multiple outbreak (cholera, measles, Dengue fever, etc.)
- Poor Water, Sanitation and Hygiene practices/condition (DRC prisons)

- Extreme limitation of Infection Prevention and Control facilities, including handwashing station and case isolation (Challenge (Uganda prison)
- Reaching high –risk population (Mpox Vaccination).
- Vaccination of children (since it is not licensed for children).

Response by MS/partner/Africa CDC

- Coordinating the response
- Active case finding and daily verification of alert ongoing
- Enhance surveillance to track the spread of mpox epidemics
- Active case finding and daily verification of alert ongoing
- Member state continue to intensify surveillance system,
- Risk communication, and community engagement activities
- One Health approach implemented to improve disease control and management capacities
- On 8th October 2024, Africa CDC issued a statement urging countries to refrain from implementing travel restrictions in response to the current mpox and Marburg outbreak, which is consistent with International Health Regulations.

2. Marburg virus Outbreak in Rwanda, Oct 16, 2024

Epidemiological Situation of Marburg virus

(As of 16 October 2024)

- Marburg Virus Disease (MVD) is a rare, severe, highly infectious and often fatal disease caused by the Marburg virus.
- Historically, Rwanda reported the first-ever Marburg virus disease outbreak.
- On Sept 27, 2024, Rwanda's MoH announced the first-ever outbreak of Marburg Virus Disease in the country, after detecting the infection in health facilities.
- By Sept 28, 2024, health officials had initiated scaled up their response, with 26 cases and 8 deaths.
- As of Oct 16, 2024, Rwanda has recorded 62 confirmed cases and 15 deaths with cases fatality rate of 25%.
- Health Care Workers account for > 80 percent of MVD.
- Infected cases spread across seven of 30 districts of the country.
- Since the announcement of the outbreak, all new confirmed cases and their contacts have been with in the hospital cluster in Kigali.
- All the 700 contacts of the cases under the follow up until they complete their 21-days, however, there was no information on which the type of contacts (Whether they are close family members or community contacts or health care workers.
- About 38 individuals are recovered (recovered, considered patients must test negative twice with testes spaced 72 hours apart).
- Nine patients are at isolation and treatment center.
- The vast majority of the cases reported from the three districts within **Kigali.**
- The information of index case yet not known and under investigation, there for no data was found back to Oct 27, 2024.
- October 2 and 7 are the date found high peak cases reported.

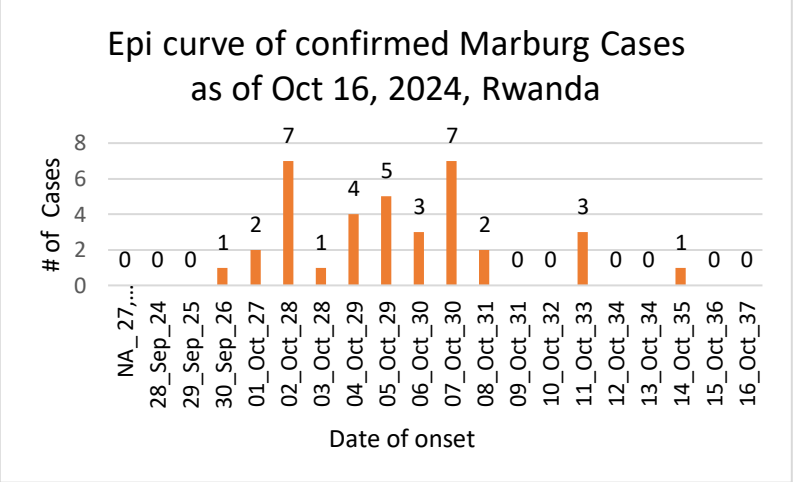


Fig. 4: Epi Curve of Confirmed Marburg cases in Rwanda, Oct 16, 2024

Viral Diagnosis of Marburg (Testing Capacities) Oct. 16, 2024

- Over 5000 test kit for Marburg test supplied from Africa CDC including neighboring countries
- Reverse transcriptase polymerase chain reaction (RT_ PCR) is the methods employed for confirmation of Marburg etiology in the country.
- Communication onboard with Japan for RDT test kit to address all risk groups a quick as possible.
- As of Oct 16, 2024, cumulative number of tests conducted was 4,215, of these, 61 cases reported as Marburg confirmed cases, which brought the national test positivity rate to 1.47%.
- However, initial testing capacity of the country considered as effective, average daily testing capacity remained at 249 tests.
- High number of tested conducted as high as (433) on 05_Oct)
- Daily number of tests conducted ranged between 111 to 433.

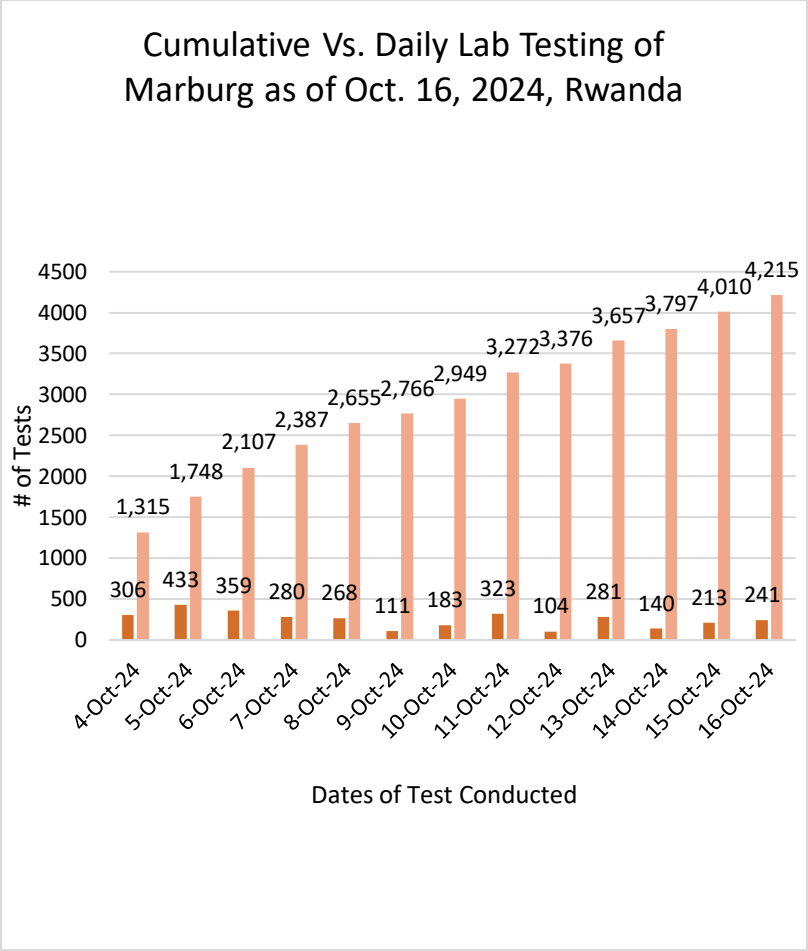


Fig. 5: Cumulative Vs. Daily Laboratory Testing of Marburg as of Oct 16, 2024 Rwanda

Marburg Vaccination Update as of Oct. 16, 2024

- Since there is no specific treatment available, there is only an emergency vaccine for frontline workers available.
- Rwanda has secured Marburg Vaccine from Sabin vaccine institute (SVI).
- Kicks off Vaccination Campaign as death Toll increases to 13 in the country.
- First batch of targeted 700 Marburg vaccines arrived on OCT 5, 2024, and commenced on October 07, 2024, for frontline responders ensuring their readiness and safety.
- Additional 1,000 dose of vaccine received from SVI on 12,2024, the Vaccine are primarily aimed for health care workers, and those in high –risk setting, which will be used to continue protecting those at the highest risk.
- Of received 1,700 dose vaccines, about 856 (50%) of doses have already been administered to frontline workers and emergency responders as of October 16, 2024.

Epidemiological Situation (As of Oct. 16, 2024)

- Cumulative Tests: 4,215
- Confirmed Cases: 62
- Deaths: 15 (CFR: 25%)
- Isolation & RxC: 9
- Contact Traced: +700
- Recovered: 38
- HCW affected: 80%
- Vaccination began: Oct. 7
- Vaccine dose administration: 856

Africa CDC, Weekly special brief on Mpox and Marburg, Oct 16, 2024 (https://www.youtube.com/watch?v=AnoQQOS-ci0)

- WHO has classified this outbreak as a Grade 3 event, underscoring its complexity and the need for a coordinated, large-scale response(https://www.who.int/emergencies/grading)

Risk Assessment Level
Very High Risk at the national level,
High Risk at the regional level, and
Low risk at the global levels

Marburg in Rwanda
Level 4 - Avoid All Travel
Level 3 - Reconsider Nonessential Travel
Level 2 - Practice Enhanced Precautions
Level 1 - Practice Usual Precautions

Ongoing Public Health Response, Oct 16, 2024

- National-level coordination meetings with the ministry of health and partners
- Regional Public Health Emergency Committees were activated
- Outbreak response coordination mechanisms have been activated
- A health alert has been sent to all Regions, health facilities and teaching hospitals
- Case definitions, including community case definitions and fact sheets for MVD have been distributed to all health facilities
- Contact tracing and active case search in communities and health facilities are ongoing.
- Clinician sensitization on going on case detection, management, and infection prevention.
- WHO is also working to enhance cross-border measures with neighboring countries to prevent further spread
- MoH, together with Africa CDC, activated PHEOC
- Deployed RRT to conduct enhanced surveillance, case management, risk communication, and community engagement in the affected districts
- MoH of Rwanda, kick started exit screening at Point of Entry (PoE) to limit the risk of international spread.

3. Vibro_Cholera outbreak in Africa (Oct. 16, 2024)

- Cholera is a diarrheal disease caused by infection of the intestine with the gram-negative bacteria Vibrio cholera, either type O1 or O139
- Both children and adults can be infected and it is one of the key indicators of social development
- Since Dec. 31, 2023, countries in the Africa being encountered with protracted cholera outbreak.
- Between epidemiological weeks 1 - 40, 170,315 cases (24,470 confirmed; 15 probable; 145,830 suspected) and 2,946 deaths (CFR: 1.73%) of cholera have been reported from 19 of 55 Africa Union Member state.

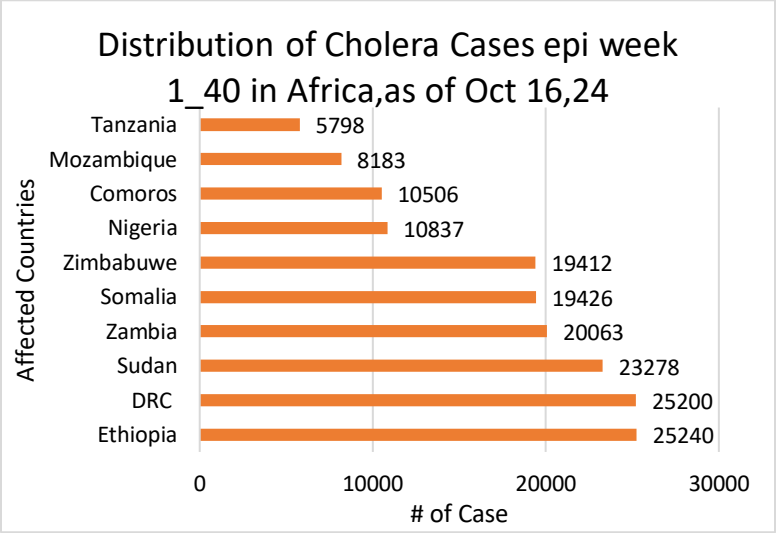


Fig. 6: Cholera cases in Africa as of 16 October 2024

- As shown on fig. 7, the most affected countries reporting the high numbers of cholera cases are Ethiopia (15%), DRC (15%), Sudan (14%), Zambia (12%), Somalia (11%), Nigeria (6%) and Comoros (6%) respectively.

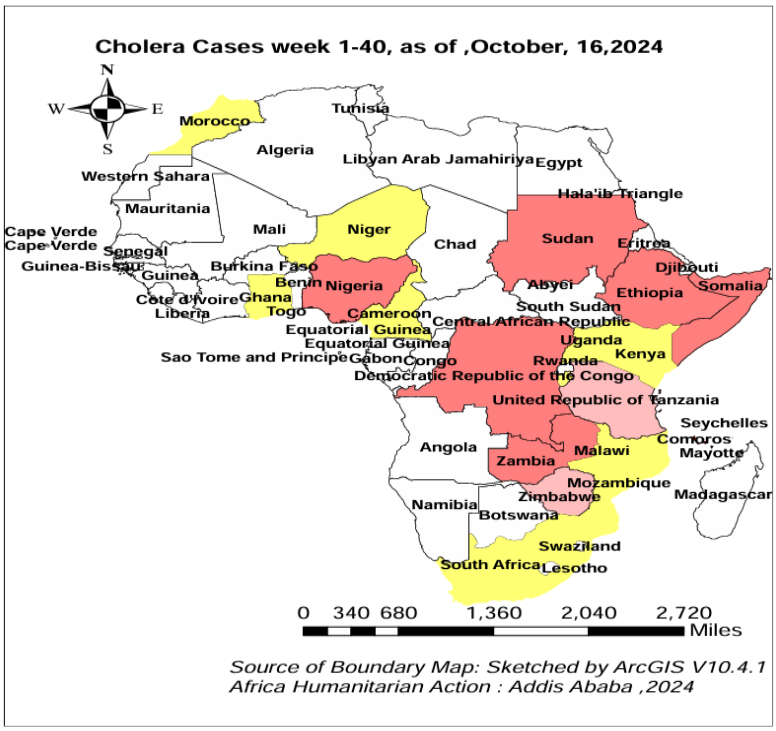


Fig. 7: Spot Map of Cholera cases in Africa as of 16 Oct 2024

- According to the data of Africa CDC weekly epidemic intelligence report (https://africacdc.org/download/africa-cdc-weekly-event-based-surveillance-report-october-2024/), among 2,946 total deaths reported in a continent for the last 40 week, Zambia, accounts more than 21% of all deaths, followed by, Sudan, Zimbabwe, Nigeria and DRC reporting 19%, 13%, 12%, and 12% of deaths respectively.

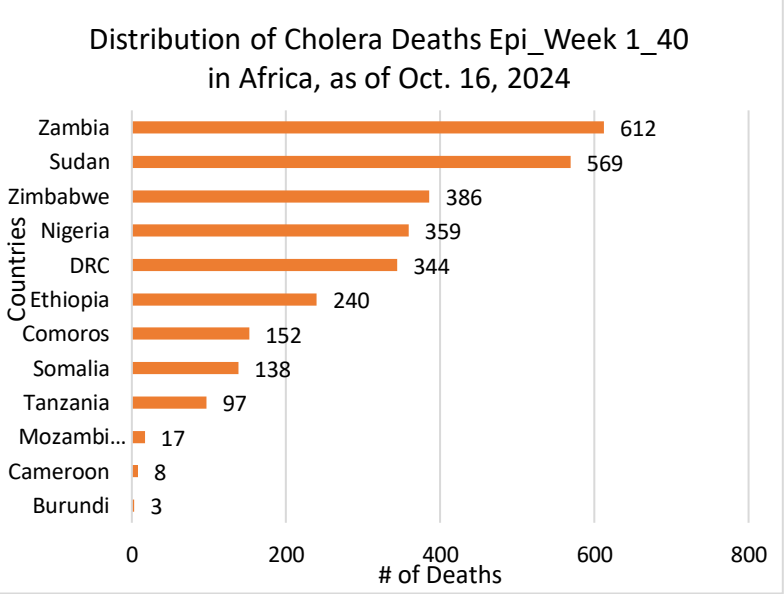


Fig. 8: Cholera Deaths in Africa as of 16 Oct. 2024

- Cholera cases reported with in a continent in the current year is lower than as compared with that of reported 241,317 cases (93,475 confirmed; 147,842 suspected) and 3,827 deaths (CFR: 1.6%) during 2023.

- In epidemiological week 40, 4,131 new cases and 74 new deaths of cholera cases reported from four-member state were Comoros, Ethiopia, Somalia, and Sudan.

Cholera cases and Deaths at 'LEARN' Project Countries Between epidemiological week 1-40, 2024

- A total of 55,988 cholera cases and 849 deaths with cases fatality rate 2% reported from four of six LEARN cohort countries.
- Of reported cases and deaths, DRC reported (25,200 cases, and 344 deaths), followed by, Somalia reported (19,426 cases and 138 deaths), Nigeria reported (10,837 cases and 359 deaths) and Cameroon reported (525 cases and 8 deaths) respectively.
- Fortunately, there was no cases and deaths reported from Mali and South Sudan for the last 1_40 epidemiological weeks, 2024.

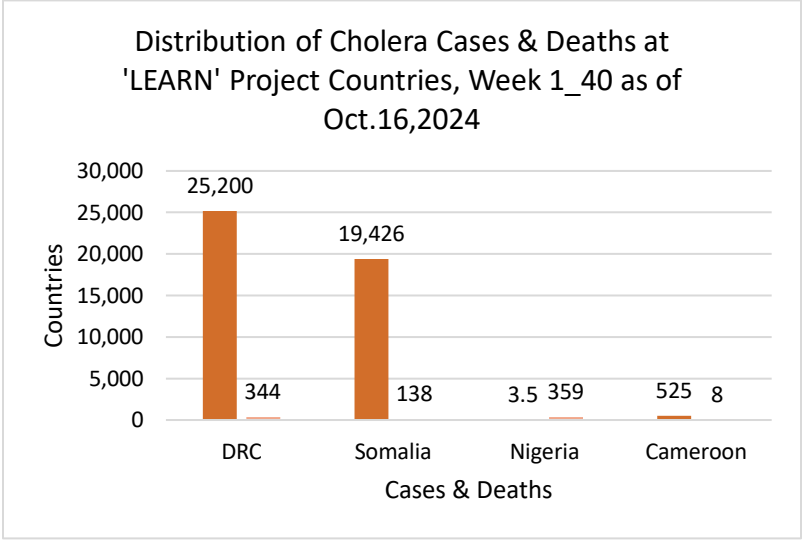


Fig. 9: Cholera cases Vs. Deaths in LEARN Countries, Oct 16, 2024

Response by MS/partner/Africa CDC

- Enhanced active case – search ad early detection
- Affected Member state continue to strengthen surveillance and case management.
- Implement water, hygiene, and sanitation interventions in the affected areas.

4. Measles Outbreak in Africa, Oct 16, 2024

- Measles is an acute and highly infectious disease caused by measles virus.
- The outbreaks of measles continued as common public health problems in many developing countries, particularly in Africa.
- From epidemiological weeks 1_40, 2024, a total of 218,575 measles cases and 2,978 deaths with cases fatality rate (CFR: 1.36%) of measles have been reported from 28 Africa Union Member State.
- Among cases reported from 28/55 (51%) of member state, there was disparities of distribution of cases, as low as 76 confirmed cases reported from Sierra Leone, while, as high cases as 85,103 reported from DRC.
- Number of reported cases ranged between 67-85, 103 cases, while the mean of cases was 7,806.
- Mostly measles outbreak concentrated in the AFRO region, the dozens of cases (39%) reported from DRC, while Ethiopia, Burundi, Morocco and Nigeria, they each reported over (13%), (7%), (6%), and (5%) of the reported cases respectively.
- In the last 1_ 40 weeks, in 2024, about 2,978 measles associated deaths has been reported in the continent.
- Among deaths reported, DRC constitute over 69% of deaths, while, Ethiopia, Côte d'Ivoire, Burundi and Morocco ranked 2nd _5th reporting 7%, 6% 5%, and 2% respectively.
- Number of measles cases reported in the current wee decreased by 317 Cases as compared with the previous week (N: 218,258).

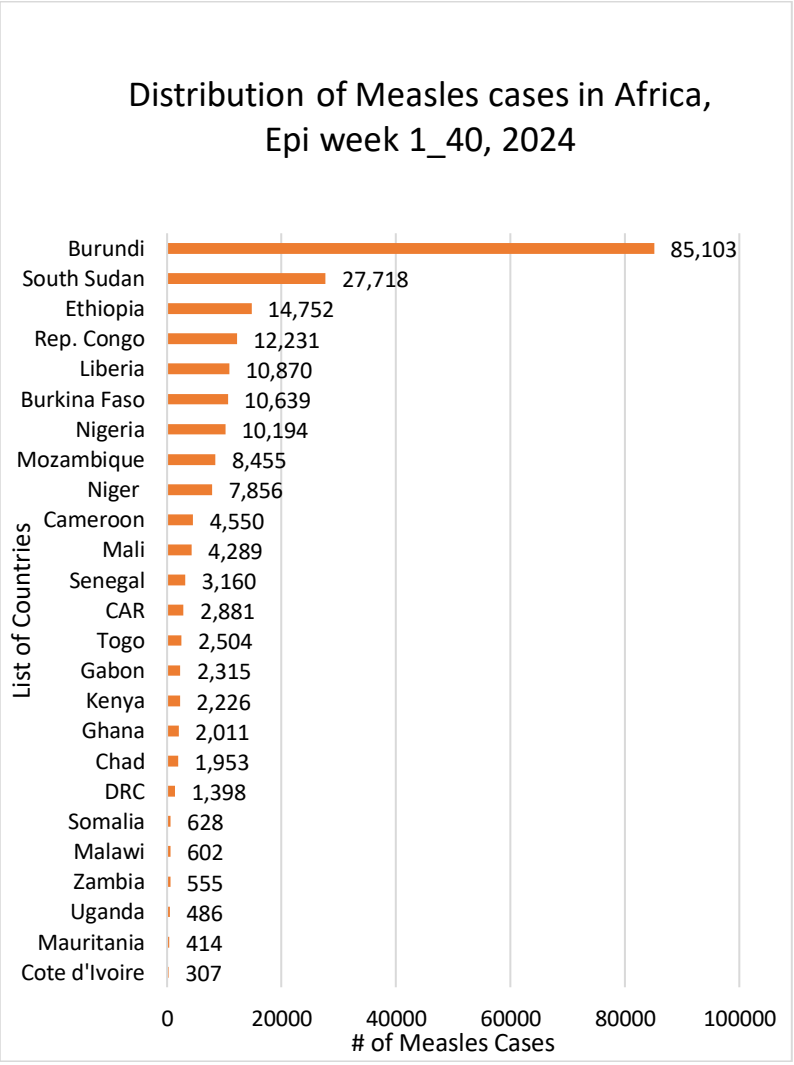


Fig. 10: Measles cases in Africa Epi week 1_40, 2024

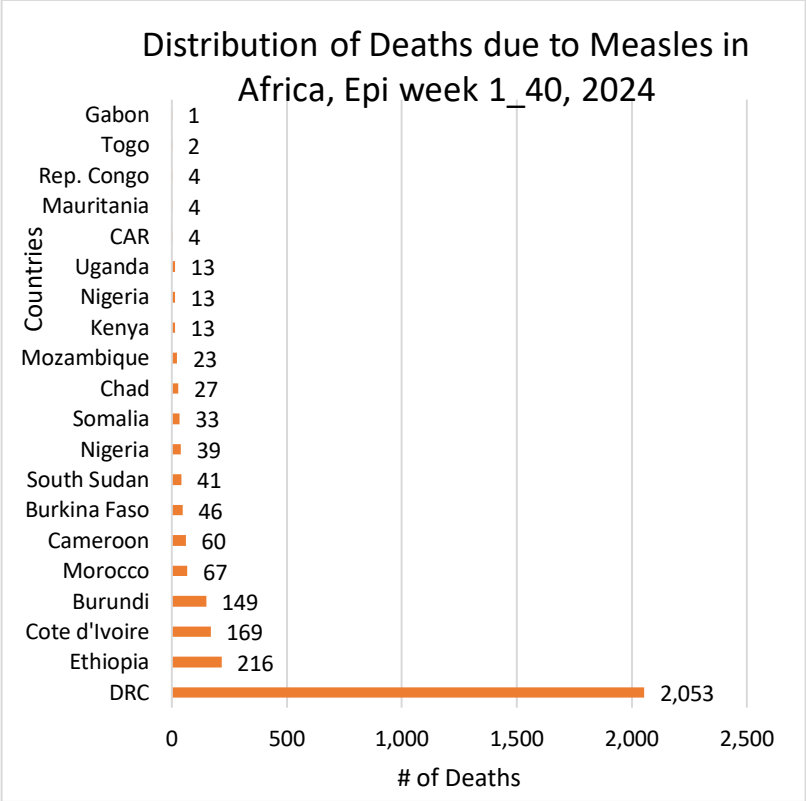


Fig. 11: Measles Deaths in Africa Epi week 1_40, 2024

Measles cases and Deaths at 'LEARN' Project Countries

- From epidemiological week 1_40, 2024, a total of 112,244 measles cases and 2,226 measles associated deaths with cases fatality rate of 2% reported from all six LEARN cohort countries
- (Cohort I, II).
- Of reported cases and deaths in a continent, LEAR countries constitute about 51% of cases and 75% of all reported deaths.
- Among LEARN Project countries, DRC took the leading position, reporting over 76% of cases and 92% of deaths of the cohort, followed by, Somalia, Nigeria, South Sudan, Cameroon and Mali ranked 2_5, reporting 10,194 cases, 10,870 case, 3,160 cases, 2,315 cases and 602 cases respectively.
- Countries those performed low vaccination coverages during week 1-40, 2024 were Cameroon (56%), Chad (33%), Ethiopia (54%), Gabon (60%) and Liberia (58%)

Public Health Response

- MoH in the affected member state continue to strengthen
- Intensify measles surveillance
- Improve case management
- Supplementary immunization activities
- Social and community mobilization
- Resource mobilization

5. Dengue Fever in Africa, Oct 16, 2024

Dengue fever (break-bone fever) is a viral infection that spreads from mosquitoes to people.

Between epidemiological weeks 1_40, 2024, a total of 88,780 cases and 95 deaths (CFR: 0.11%) reported from 15 Africa union member state.

Over 70% of cases reported from Burkina Faso, while, Mauritius, Mali, and Ethiopia followed reporting 10%, 7%, and 3% of case respectively.

The number of cases and deaths reported in this year significantly decreased as compared with reported last year 2023.

As compared with the last year, reported cases decreased by 68% from 280,218 in 2023 to 88,780 in 2024, while, deaths decreased by 88%, from 808 in 2023 to 95 deaths in 2024.

Among LEARN Cohort countries, Mali reported over 6,215 dengue fever cases and 7 associated deaths with its cases fatality rate of 0.11%.

As of October 16, 2024, there was no cases and deaths due to Dengue fever reported from DRC, Nigeria, Cameroon, South Sudan and Somalia

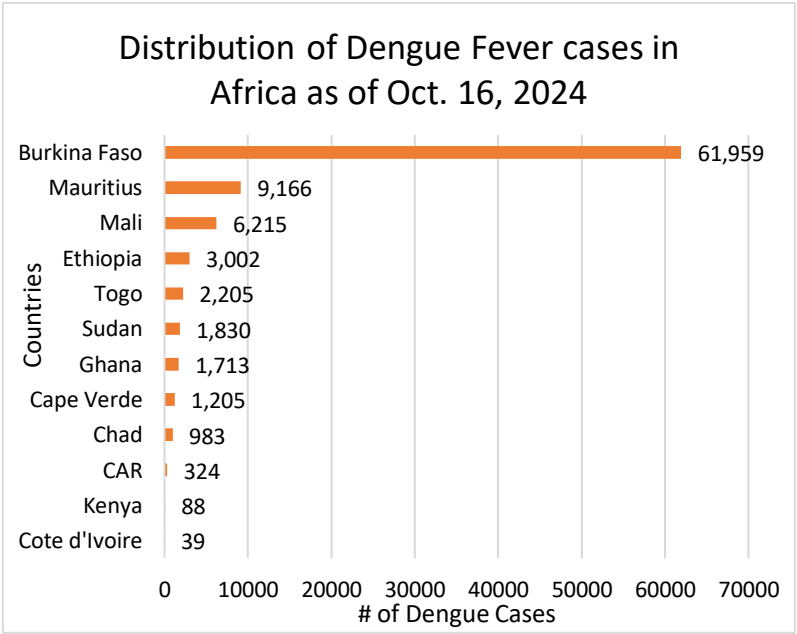


Fig. 12: Distribution of Dengue cases as of Oct 16, 2024

6. Diphtheria in Africa, Oct 16, 2024

- Between 1_40 epidemiological week, a total of 17,309 and 412 deaths of diphtheria with cases fatality rate of 4.79% reported from five Africa union member state.
- Among cases and deaths reported, Nigeria constitutes 71% of cases and 76% of all reported deaths.
- Guinea, Chad and Niger ranked 2nd _ 4th, reporting 2,869, 1,307 and 746 diphtheria cases respectively.

- The number of reported cases decreased from 27,346 in 2023 to 17,309 2024 and deaths decreased from 794 in 2023 to 412 in 2024.

Public Health Response

- Conducted enhanced surveillance (Nigeria)
- Cases management
- Laborite testing
- Risk communication and Community Engagement (RCCE)

7. Polio Virus (Vaccine -Derived) in Africa, Oct 16, 2024

- From epidemiological weeks 1_40, 2024, Six confirmed cases with no deaths of circulating vaccine derived poliovirus type 1 (cVDPV 1) have been reported from DRC (5 cases) and Mozambique (1 Case).
- Additionally, 126 confirmed cases and no death of circulating vaccine derived poliovirus type 2 (cVDPV 2) reported from 13 Africa Union member state.
- The trend showed that the number of reported confirmed cases of cVDPV1 significantly decreased from 133 (2023) to 6(Six) in 2024, and confirmed cVDPV 2 decreased from 378 in 2023 to 26 in 2024.

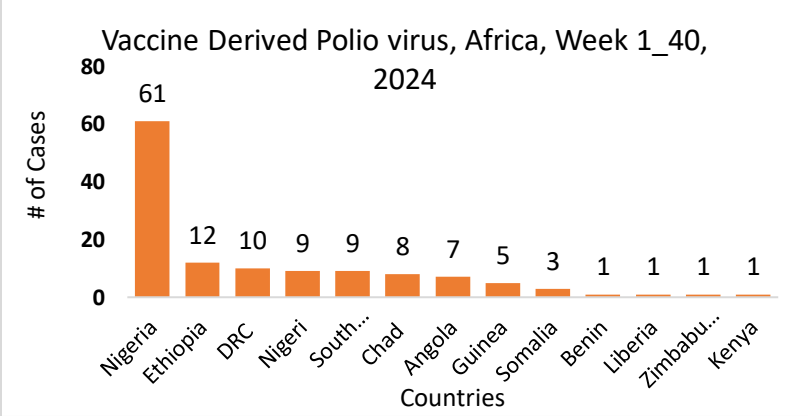


Fig. 13: Vaccine _Derived polio virus Cases as of Oct 16, 2024

Public Health Response

- Strengthen acute flaccid paralysis (AFP) surveillance system.
- Strengthen polio supplemental vaccination campaign.

8. Lassa fever in Africa, Oct 16, 2024

- Between epidemiological weeks 1_40, 2024, a total of 9,654 cases and 184 deaths with cases fatality rate of 17.34% reported from three Africa union member state (Nigeria, Guinea, and Liberia and).
- Nigeria is the most affected country reporting about 98% of cases and 93% of all reported deaths in Africa union member state.

Public Health Response

- National Lassa fever multi- partner, multi- sectoral EOC activated to coordinate response activities at all level.

9. Floods in Africa (Environmental Event) Oct 16, 2024

- Flood is one of the major natural hazards, which causes significant damages to lives and livelihoods in parts of the region.

- Between epidemiological week 1_40, 2024, flood has impacted over 2,875, 639 people and 1,320 deaths due to flood have been reported from 20 Africa Union member states.

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Your comments will help improve our bulletin!

1. Marburg in Rwanda - Level 3, Turned from WHO (https://www.who.int/emergencies/grading)

2. Statement against Travel Restrictions in Response to Mpox and Marburg Virus Outbreaks (https://africacdc.org/news-item/statement-against-travel-restrictions-inresponse-to-mpox-and-marburg-virus-outbreaks/)

3. MARBURG Virus Information (https://rbc.gov.rw/marburg/)