

Africa CDC Epidemic Intelligence Report

Date of Issue: 29 Mar 2024

Active Events

113

New Events reported
in 2024

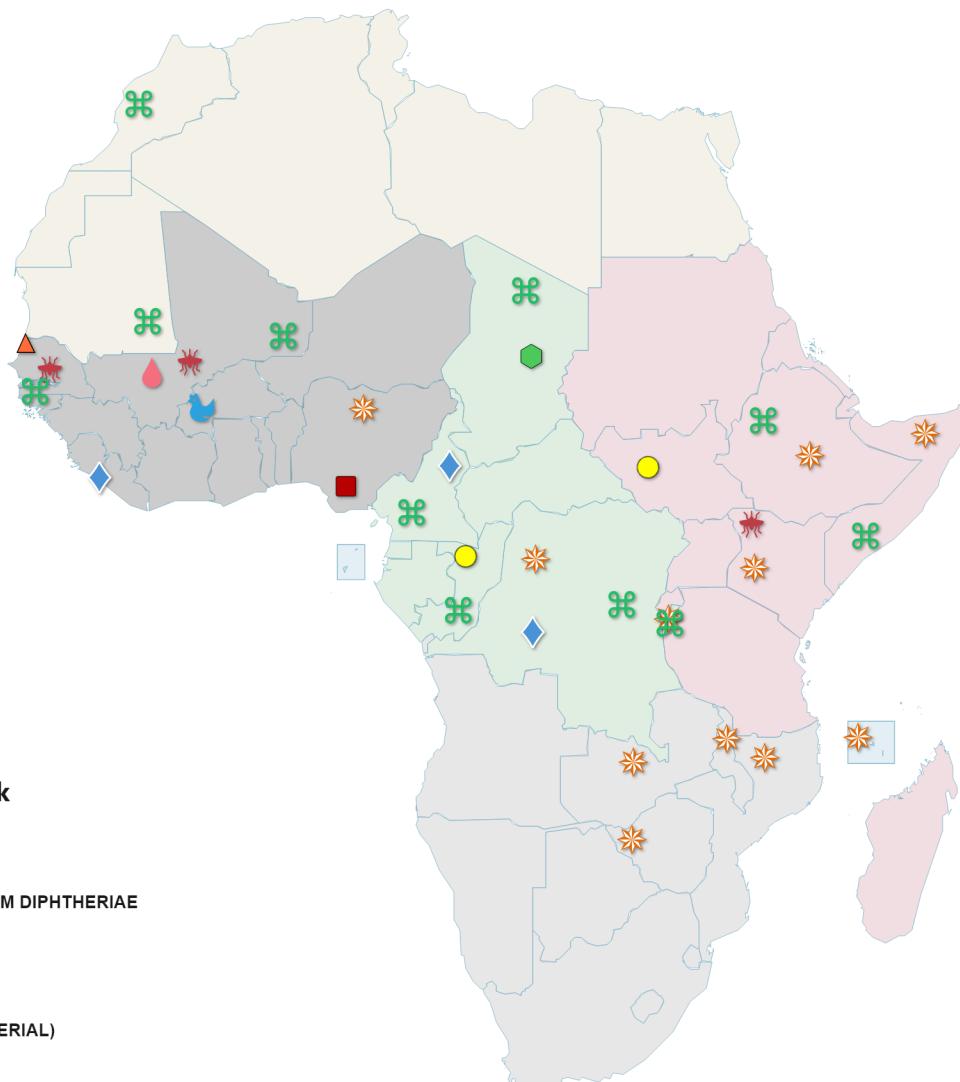
52

Events highlighted
this week

36

New events since
last issue

4



Events this Week

- AVIAN INFLUENZA
- CCHF VIRUS
- CORYNEBACTERIUM DIPHTHERIAE
- DENGUE VIRUS
- LASSA VIRUS
- MEASLES VIRUS
- MENINGITIS (BACTERIAL)
- MPOX VIRUS
- VIBRIO CHOLERAES
- YELLOW FEVER VIRUS

* 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)

Event Type	Very High (New)	High (New)	Moderate (New)
Human	0	14	21 (3)
Animal	0	1 (1)	0
Environment	0	0	0

Event Summary

New events since last issue

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected	Probable	Susceptible	Confirmed	Deaths
🐦 Avian Influenza	Burkina Faso	Low	High	🚫			641	581	441
⚠️ CCHF virus	Senegal	Moderate	N/A	👤	0	0		1	0
🐞 Dengue virus	Kenya	Moderate	N/A	👤	28	0		43	0
💎 Mpox virus	Liberia	Moderate	N/A	👤	0	0		2	0

Events Highlighted this week

Agent/Syndrome	Country	Risk:Human	Risk:Animal	Type	Suspected (New)	Probable (New)	Confirmed (New)	Deaths (New)
Corynebacterium diphtheriae	Chad	Moderate	N/A		213 (9)	0 (0)	0 (0)	0 (0)
Dengue virus	Mali	High	N/A		1,980 (282)	0 (0)	410 (55)	1 (1)
	Mauritius	Moderate	N/A		0 (0)	0 (0)	5,187 (500)	4 (0)
	Senegal	Moderate	N/A		0 (0)	0 (0)	23 (1)	0 (0)
Lassa virus	Nigeria	Moderate	N/A		4,726 (325)	0 (0)	766 (35)	142 (4)
Measles virus	Burundi	Moderate	N/A		3,532 (527)	0 (0)	0 (0)	67 (5)
	Cameroon	High	N/A		599 (108)	0 (0)	153 (153)	104 (11)
	Chad	Moderate	N/A		2,648 (440)	0 (0)	64 (0)	4 (0)
	Congo Republic	Moderate	N/A		112 (34)	0 (0)	43 (0)	2 (0)
	Democratic Republic of the Congo	High	N/A		27,835 (5,550)	0 (0)	0 (0)	753 (50)
	Ethiopia	Moderate	N/A		11,666 (1,365)	0 (0)	0 (0)	87 (8)
	Mali	Moderate	N/A		123 (10)	0 (0)	195 (36)	0 (0)
	Mauritania	Moderate	N/A		1,206 (202)	0 (0)	200 (0)	4 (0)
	Morocco	Moderate	N/A		1,155 (0)	0 (0)	521 (221)	4 (2)
	Senegal	Moderate	Moderate		0 (0)	0 (0)	188 (38)	0 (0)
	Somalia	Moderate	N/A		3,761 (290)	0 (0)	180 (9)	9 (0)
Meningitis (Bacterial)	Mali	Moderate	N/A		117 (25)	0 (0)	31 (9)	0 (0)
Mpox virus	Cameroon	Moderate	N/A		12 (3)	0 (0)	2 (0)	1 (0)
	Democratic Republic of the Congo	High	Moderate		4,169 (593)	0 (0)	319 (0)	279 (15)
Vibrio cholerae	Burundi	High	N/A		107 (23)	0 (0)	0 (0)	0 (0)
	Comoros	High	N/A		0 (0)	0 (0)	419 (100)	12 (0)
	Democratic Republic of the Congo	High	N/A		9,301 (1,856)	0 (0)	398 (0)	195 (37)
	Ethiopia	High	N/A		7,460 (700)	0 (0)	0 (0)	54 (2)
	Kenya	High	N/A		2 (0)	0 (0)	184 (4)	1 (0)
	Malawi	High	N/A		0 (0)	0 (0)	216 (12)	5 (0)
	Mozambique	High	N/A		0 (0)	0 (0)	6,127 (349)	11 (0)
	Nigeria	Moderate	N/A		318 (149)	0 (0)	0 (0)	4 (2)
	Somalia	High	N/A		4,527 (540)	0 (0)	429 (33)	60 (6)
	Zambia	High	N/A		18,938 (1,261)	0 (0)	851 (0)	719 (7)
	Zimbabwe	High	N/A		27,372 (932)	0 (0)	2,811 (20)	564 (14)
Yellow fever virus	Congo Republic	Moderate	N/A		81 (17)	0 (0)	2 (0)	0 (0)
	South Sudan	Moderate	N/A		93 (9)	0 (0)	3 (0)	6 (0)

Initial Reports

Moderate Risk Events

CCHF virus in Senegal

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

Agent/Pathogen	CCHF virus	First Reported	28-Mar-2024	First Occurred	21-Mar-2024
Country	Senegal	Location	Dakar	Source	Ministry of Health
GeoScope	LOW	Human Risk Assessment	MODERATE	Animal Risk Assessment	N/A

Description:

On 22 March 2024, the Ministry of Health (MoH) reported one confirmed case and no deaths of Crimean Congo hemorrhagic fever (CCHF) from Dakar. The case was a 25-year-old male animal breeder from Ndoffanne district. He reported to the national hospital in Dakar with symptoms of high fever, skin rashes and he was also bleeding. Blood sample collected from the case tested positive for CCHF by polymerase chain reaction (PCR) at the Institut Pasteur de Dakar. The case has been managed and stabilized.

CCHF is a zoonotic viral hemorrhagic fever that can spread through bites of infected ticks. It can also be transmitted from animals to humans through contact with blood, body fluids, or tissues of infected animals, mainly livestock such as cattle, sheep, goats, buffalo, and camels. The most common symptoms in humans are headache, joint pain, vomiting, a flushed face, a red throat, and petechiae (red spots) on the palate. The case fatality rate in hospitalized patients ranges from 9% to 50%. The last reported outbreak of CCHF in Senegal was in 2023 with seven cases and two deaths (CFR: 29%) reported from six of the fifteen regions in Senegal.

Response by MS/partner/Africa CDC:

The MoH conducted outbreak investigations to establish the source of the outbreak. Additionally, the MoH has identified 11 contacts of the case who are being monitored.

Avian Influenza in Burkina Faso

581 animal case(s)

641 susceptible case(s)

441 animal deaths (**CFR: 75.9%**)

Agent/Pathogen	Avian Influenza	First Reported	27-Mar-2024	First Occurred	1-Mar-2024
Country	Burkina Faso	Location	Ouagadougou	Source	WOAH
GeoScope	MODERATE	Human Risk Assessment	LOW	Animal Risk Assessment	HIGH

Description:

On 13 March 2024, the Ministry of Agriculture (MoAg) reported an outbreak of highly pathogenic avian influenza (HPAI H5N1) among 641 domestic poultry birds in a commercial farm in Ouagadougou. Since the beginning of the outbreak on 1 March 2024, a total of 581 confirmed cases and 441 deaths [case fatality rate (CFR: 75.9%)] have been reported among the poultry birds. The confirmatory test was conducted using PCR at the National Veterinary Laboratory in Ouagadougou. In 2022, an outbreak of HPAI H5N1 affected 42 poultry breeding sites, with more than 32,000 birds and 1.3 million eggs destroyed across seven of the thirteen regions in Burkina Faso.

Since its emergence, avian influenza viruses have become enzootic in some countries, infecting wild birds and continues to cause outbreaks in poultry and sporadic human infections across a wide geographic area. These viruses occur naturally among wild aquatic birds worldwide and can infect domestic poultry and other bird and animal species. Wild aquatic birds are considered reservoirs (hosts) for avian influenza. Susceptible birds become infected when they have contact with the virus as it is shed by infected birds and also through contact with surfaces that are contaminated with virus from infected birds. There are two types: Low Pathogenic Avian Influenza (LPAI) and Highly Pathogenic Avian Influenza (HPAI)

LPAI; Low pathogenic avian influenza viruses causes the disease with either no signs or mild disease in chickens/poultry. In poultry, some low-pathogenic viruses can mutate into highly pathogenic avian influenza viruses.

HPAI; Highly pathogenic avian influenza viruses cause severe disease and high mortality in infected poultry. Only some avian influenza A(H5) and A(H7) viruses are classified as HPAI A viruses with mortality up to 90% to 100% in chickens, often within 48 hours. Both HPAI and LPAI viruses can spread rapidly through poultry flocks and can cause mild to severe illness in infected humans. There are genetic and antigenic differences between the influenza A virus subtypes that typically infect only birds and those that can infect birds and people. Depopulation (culling), and quarantine of exposed birds as well as improved surveillance are the most preferred control measures during outbreaks. The best means of protection for humans is to avoid sources of exposure to HPAI.

Response by MS/partner/Africa CDC:

The MoAg coordinated the culling of 200 susceptible poultry birds in the farm to prevent further spread of the disease.

Human Event Updates

High Risk Events

Cholera in Africa

9,702 confirmed human case(s), **55,794** suspected human case(s)
1,222 human deaths (CFR: **1.87%**)

Agent/Pathogen	Vibrio cholerae	First Reported	1-Jan-2024	Previous Report Update	22-Mar-2024
First Occurred	1-Jan-2024	Country	Multiple Countries	Location	15 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 65,496 cases (9,702 confirmed; 55,794 suspected) and 1,222 deaths (CFR: 1.87%) of cholera have been from 15 Africa Union (AU) Member States (MS): Burundi (107 cases; 0 deaths), Cameroon (138; 27), Comoros (419; 12), Democratic Republic of Congo [DRC (9,699; 195)], Ethiopia (7,460; 54), Kenya(186; 1), Malawi (216; 3), Mozambique (6,127; 11), Nigeria (318; 4), Somalia (4,956; 60), South Africa (2; 0), Tanzania (1,846; 32), Uganda (38; 1), Zambia (18,938; 591) and Zimbabwe (15,046; 231). This week, 5,128 new cases and 68 new deaths of cholera were reported from 11 AU MS: Burundi, Comoros, DRC, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, Somalia, Zambia and Zimbabwe.

Burundi: Since the last update (22 March 2024), the MoH reported 23 new suspected cases and no new deaths of cholera from Bujumbura Nord district. This is a 109% increase in the number of new cholera cases compared to the last update. Cumulatively, 107 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 (22 March 2024), the MoH reported 100 new confirmed cases and no new deaths of cholera from three regions in Comoros. This is a 24% decrease in the number of new cases compared to the last update. Cumulatively, 419 confirmed cases (11 imported; 408 local) and 12 deaths (CFR: 2.9%) of cholera have been reported from Mwali, Ndzuwani and Ngazidja regions. Of the total cases, 54% were reported from Ngazidja region and 36% from Ndzuwani region.

DRC: Since the last update (15 March 2024), the MoH reported 1,856 suspected cases and 37 new deaths (CFR: 1.9%) of cholera from five provinces: Haut-Katanga (241 cases; 14 deaths), Haut-Lomami (156; 18), Nord-Kivu (1,225; 5), Sud-Kivu (186; 0) and Tanganyika (48; 0). Cumulatively, 9,699 cases (398 confirmed; 9,301 suspected) and 195 deaths (CFR: 2.0%) of cholera have been 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 (22 March 2024), the Ethiopian Public Health Institute (EPHI) reported 700 new suspected cases and two new deaths (CFR: 0.3%) of cholera from eight regions. Cumulatively, 7,460 suspected cases and 54 deaths (CFR: 0.7%) have been reported from eight of twelve regions in Ethiopia this year. This is a protracted outbreak that started in August 2022.

Kenya: Since the last update (22 March 2024), the MoH reported four new confirmed cases and no new deaths of cholera from Lamu county. This is a 56% decrease in the number of new cases compared to the last update. Cumulatively, 186 cases (184 confirmed; 2 suspected) and one death (CFR: 0.5%) of cholera have been reported from two of 47 counties in Kenya this year. This is a protracted outbreak that started in October 2022.

Malawi: Since the last update (15 March 2024), the MoH reported 12 new confirmed cases and no new deaths of cholera from five districts. This is a 99% decrease in the number of new cases compared to the same period last year. Cumulatively, 216 confirmed cases and three deaths (CFR: 1.4%) of cholera have been reported from 13 of 29 districts in Malawi this year.

Mozambique: Since the last update (22 March 2024), the MoH reported 349 new confirmed cases and no new deaths of cholera from seven provinces. This is an 96% decrease in the number of new cases compared to the same period last year. Cumulatively, 6,127 confirmed cases and 11 deaths (CFR: 0.2%) of cholera have been reported from seven of 10 provinces in Mozambique this year.

Nigeria: Since the last update (23 February 2024), the Nigeria Centers for Disease Control (NCDC) reported 149 new suspected cases and two new deaths (CFR: 1.3%) of cholera from Ogun and Osun states. This is a 78% decrease in the number of new suspected cases and a 91% decrease in the number of new deaths compared to the same period last year. Cumulatively, 318 suspected cases and four deaths (CFR: 1.3%) of cholera have been reported from 15 of 36 states and the federal capital territory. Bayelsa state accounts for 53% of all the cases reported.

Somalia: Since the last update (15 March 2024), the MoH reported 573 new cases (33 confirmed; 540 suspected) and six new deaths (CFR: 1.0%) of cholera from five states in Somalia. This is a 2.2% decrease in the number of new cases compared to the last update. Cumulatively, 4,956 cases (429 confirmed; 4,527 suspected) and 60 deaths (CFR: 1.2%) of cholera have been reported from five of seven states in Somalia this year. Of the total cases, 59% were children <5 years. This is a protracted outbreak that started in 2022 and 2017 in the Banadir region.

Zambia: Since the last update (22 March 2024), the Zambia National Public Health Institute reported 410 new suspected cases and seven new deaths (CFR: 1.7%) of cholera from 61 districts. This is a 5% increase in the number of new cases compared to the last report. Cumulatively, 18,938 cases (851 confirmed; 18,087 suspected) and 591 deaths (CFR: 3.1%) of cholera have been reported from 70 of 116 districts in Zambia. Of the cases, 33% were children < 15 years and 57% of the cases and 60% of the deaths were males.

Zimbabwe: Since the last update (22 March 2024), the MoH reported 952 new cases (20 confirmed; 932 suspected) and 14 new deaths (CFR: 1.5%) of cholera from 62 districts. This is a 4% decrease in the number of new cases compared to the last update. Cumulatively, 15,046 cases (1,052 confirmed; 13,994 suspected) and 231 deaths (CFR: 1.5%) 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 ,1 37 cases (93,475 confirmed ; 147,662 suspected) and 3,800 deaths (CFR:1 .6%) of cholera were reported from 19 AU MS: Burundi (1 ,396 cases; 9 deaths), Cameroon (21,269; 508), Congo (724; 1 4), 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;1 28), Somalia (18,304; 46), South Africa (1,074; 47), Sudan (9000; 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, sanitation and hygiene interventions in the affected areas.

Dengue fever in Africa

5,675 confirmed human case(s), **4,714** suspected human case(s)
7 human deaths (CFR: **0.07%**)

Agent/Pathogen	Dengue virus	First Reported	12-Jan-2024	Previous Report Update	22-Mar-2024
First Occurred	1-Jan-2024	Country	Multiple Countries	Location	8 MS
Source	Ministry of Health	GeoScope	HIGH	Human Risk Assessment	HIGH
Animal Risk Assessment	MODERATE				

Update to Event:

Since the beginning of this year, a total of 10,389 cases (5,675 confirmed; 4,714 suspected) and seven deaths (CFR: 0.07%) of dengue fever have been reported from eight AU MS: Cameroon (1 case; 0 deaths), Chad (983; 0), Kenya (71; 0), Ethiopia (1,725; 2), Mali (2,390; 1), Mauritius (5,187; 4), Sao Tome and Principe (9; 0) and Senegal (23; 0). This week, 909 new cases and one new death from dengue fever were reported from four AU MS: Kenya, Mali, Mauritius and Senegal.

Kenya (initial report): Since the beginning of this year, the MoH reported 71 cases (43 confirmed; 28 suspected) and no deaths of dengue fever from Dagahaley refugee camp, Garissa county. The last outbreak of dengue fever in Kenya was reported in 2022, with 2,359 cases and two deaths (CFR: 0.08%) from Mandera and Mombasa counties.

Mali: Since the last update (22 March 2024), the MoH reported 337 new cases (55 confirmed; 282 suspected) and one new death (CFR: 0.3%) of dengue fever from Bamako (328 cases; 1 death), Koulikoro (8; 0) and Sikasso (1; 0) regions. This is a 134% increase in the number of new cases reported compared to the last update. Cumulatively, 2,390 cases (410 confirmed; 1,980 suspected) and one death (CFR: 0.04%) of dengue fever have been reported from nine of ten regions in Mali this year. Two serotypes (VDEN-1 and VDEN-3) were detected among confirmed cases. This is a protracted outbreak that started in September 2023.

Mauritius: Since the last update (22 March 2024), the MoH reported 500 new confirmed cases and no new deaths of dengue fever from two islands: Mauritius (321 cases) and Rodrigues (179). Cumulatively, 5,187 confirmed cases and four deaths (CFR: 0.07%) of dengue fever have been reported from Mauritius (3,632 local; 10 imported cases; 4 deaths) and Rodrigues (1,541; 4; 0) Islands in Mauritius. This is a protracted outbreak that started in June 2023.

Senegal: Since the last update (22 March 2024), the MoH reported one new confirmed case and no new deaths of dengue fever from Dakar region. This is a 67% decrease in the number of new cases reported compared to the last report. Cumulatively, 23 confirmed cases and no deaths of dengue fever have been reported from five of 15 regions in Senegal: Dakar (15), Louga (4), Matam (1), Saint Louis (2) and Thies (1). Of the confirmed cases, persons 15-35 years accounted for 52% and males accounted for 61%.

Note: In 2023, a total of 280,411 cases (21,999 confirmed; 70,433 probable; 187,979 suspected) and 808 deaths (CFR: 0.3%) of dengue fever were reported 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), Côte d'Ivoire (3,895; 27), Egypt (578; 0), Ethiopia (21,469; 17), Ghana (18; 0), Guinea (6; 1); Mali (6,177; 34), Mauritius (265; 0), Niger (148; 0), Nigeria (84; 0), Sao Tome and Principe (1,227; 11), Senegal (254; 0), Sudan (1,664; 7) and Togo (8; 0).

Response by MS/partner/Africa CDC:

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.

Human Event Updates

Moderate Risk Events

COVID-19 in Africa

12,381,836 confirmed human case(s)
259,265 human deaths (**CFR: 2.09%**)

Agent/Pathogen	SARS-CoV-2	First Reported	21-Feb-2020	Previous Report Update	22-Mar-2024
First Occurred	14-Feb-2020	Country	Multiple Countries	Location	All 55 MS
Source	Ministry of Health	GeoScope	VERY HIGH	Human Risk Assessment	MODERATE
Animal Risk Assessment	N/A				

Update to Event:

As of 6 p.m. East African Time (EAT) 28 March 2024, a total of 12,381,836 COVID-19 cases and 259,265 deaths (CFR: 2.09%) have been reported by the 55 AU MS. This represents 2% of all cases and 4% of all deaths reported globally. Fifty-three MS have reported COVID-19 cases infected with the Alpha (50 MS), Beta (46), Delta (53), Gamma (5) and Omicron (53) variants of concern (VOC). Additionally, 19 MS reported the Omicron sub lineage (BA.2.75), 17 MS reported the Omicron sub lineage (XBB.1.5), 13 MS reported the Omicron sub lineage (XBB.1.16), 12 MS reported the Omicron sub lineage (BF.7 or BA.5.2.1.7), nine MS reported the Omicron sub lineage EG.5, seven MS reported the Omicron sub lineage (BA.2.86) and 14 AU MS reported the presence and circulation of the JN.1 variant. Fifty-four AU MS are currently providing COVID-19 vaccination to the general population. Cumulatively, 1.1 billion doses have been administered on the continent. Of these doses administered, 570.7 million people have been partially vaccinated, and 478.7 million have been fully vaccinated. Eritrea is the only AU MS yet to start COVID-19 vaccination roll out.

For Epi week 12 (18-24 March 2024), 25 new COVID-19 cases and no new deaths were reported from three AU MS: Guinea (23), Liberia (1) and Mali (1). A total of 1,207 tests were conducted during the past week. Since February 2020, over 138 million COVID-19 tests have been conducted in Africa.

The Kenya Ministry of Health issued a press release on a surge in respiratory illnesses across Kenya, with an observed peak during the February-March period. Assuring the public, the Ministry stated that robust surveillance measures are in place to monitor the situation closely, including monitoring pathogens with high potential to cause epidemic flu, such as SARS-CoV-2. Increased cases of influenza have been reported but not increased cases of SARS-CoV-2. The public is advised to take preventive measures to protect themselves and others and possibly get vaccinated against influenza.

Response by MS/partner/Africa CDC:

The Public Health Emergency Operation Center (PHEOC) of the Africa CDC was activated for COVID-19 since 27 January 2020. For more information on Africa CDC's response efforts please refer to Africa CDC's website.

Measles in Africa

3,788 confirmed human case(s), **59,758** suspected human case(s)
1,056 human deaths (CFR: **1.66%**)

Agent/Pathogen	Measles virus	First Reported	1-Jan-2024	Previous Report Update	22-Mar-2024
First Occurred	1-Jan-2024	Country	Multiple Countries	Location	19 MS
Source	Ministry of Health	GeoScope	HIGH	Human Risk Assessment	MODERATE
Animal Risk Assessment	N/A				

Update to Event:

Since the beginning of this year, a total of 63,546 case (3,788 confirmed; 59,758 suspected) and 1,056 deaths (CFR: 1.66%) of measles have been reported from 19 AU MS: Burkina Faso (3,817 cases; 12 deaths), Burundi (3,532; 67), Chad (2,712; 4), Cameroon (752; 104), Central African Republic (888; 3), Congo (155; 2), DRC (27,835; 753), Ethiopia (11,666; 87), Gabon (106; 0), Kenya(157; 2), Liberia (271; 0), Mali (318; 0) Mauritania (1406; 4), Morocco (1,676; 4), Nigeria (2739; 2), Senegal (188; 0), Somalia (3,941; 9), Uganda (725; 3) and Zambia (470; 0). This week, 8,830 new cases and 77 new deaths of measles were reported from 11 AU MS: Burundi, Cameroon, Chad, Congo, DRC, Ethiopia, Mali, Mauritania, Morocco, Senegal and Somalia.

Burundi: Since the last update (22 March 2024), the MoH reported 527 suspected cases and five deaths (CFR: 0.9%) of measles from 11 districts. This is an 8% decrease in the number of new cases compared to the last update. Cumulatively, 3,532 suspected cases and 67 deaths (CFR: 1.9%) of measles have been reported from 20 of 49 districts in Burundi this year. In 2022, the national measles vaccination coverage among children <5 years in Burundi was 71%.

Cameroon: Since the last update (22 March 2024), the MoH reported 108 new suspected cases and 11 deaths (CFR: 10.2%) of measles have been reported from seven districts. This is a 170% increase in the number of new cases compared to the last update. Cumulatively, 752 cases (153 confirmed; 599 suspected) and 104 deaths (CFR: 13.8%) of measles have been reported from Cameroon. The outbreak is active in seven health districts in three regions.

Chad: Since the last update (22 March 2024), the MoH reported 440 new suspected cases and one death (CFR: 0.2%) of measles. This is a 3.1 % decrease in the number of new cases compared to the last update. Cumulatively, 2,712 cases (64 confirmed; 2,648 suspected) and four deaths (CFR: 0.1%) of measles have been reported from six of 23 provinces in Chad this year. This is a protracted outbreak that started in January 2023. In 2022, the national measles vaccination coverage among children <1 year in Chad was 33%.

Congo: Since the last update (22 March 2024), the MoH reported 34 new suspected cases and no new deaths of measles from three health departments (Brazzaville, Cuvette and Likouala). This is a 5-fold increase in the number of new cases compared to the last update. Cumulatively, 155 cases (43 confirmed; 112 suspected) and two deaths (CFR: 1.3%) of measles have been reported from six of twelve departments in Congo this year. This is a protracted outbreak that started in April 2022.

DRC: Since the last update (15 March 2024), the MoH reported 5,550 suspected cases and 50 deaths (CFR: 0.9%) of measles from 24 provinces. Cumulatively, 27,835 suspected cases and 753 deaths (CFR: 2.7%) of measles have been reported from all the 26 provinces across. This is a protracted outbreak started in January 2023. In 2018, the national measles vaccination coverage among children < 5 years in DRC was 57%.

Ethiopia: Since the last update (22 March 2024), the EPHI reported 1,365 new suspected cases and eight new deaths (CFR: 0.6%) of measles across the 85 woredas reporting active outbreaks. Cumulatively, 11,666 suspected cases and 87 deaths (CFR: 0.7%) of measles have been reported from 79 of 1,085 woredas in Ethiopia this year. In 2021, the national measles vaccination coverage for children < 5 years in Ethiopia was 54%. This is a protracted outbreak that started in August 2021.

Mali: Since the last update (22 March 2024), the MoH reported 46 new cases (36 confirmed; 10 suspected) and no new deaths of measles from 11 districts. Cumulatively, 318 cases (169 confirmed; 149 suspected) and no deaths of measles have been reported from 20 of 75 districts in Mali this year. In 2022, the national measles vaccination coverage among children < 5 years in Mali was 99%. This is a protracted outbreak that started in July 2023.

Mauritania: Since the last update (22 March 2024), the MoH reported 202 new suspected cases and no new deaths of measles from 25 districts. This is a 359% increase in the number of new cases compared to the last update. Cumulatively, 1,406 cases (200 confirmed; 1,206 suspected) and four deaths (CFR: 0.3%) of measles have been reported from 41 of 63 districts in Mauritania this year. Sixty-two percent (62%) and 61% of the confirmed cases were children < 15 years and 61% of children < 5 years were not vaccinated against measles virus. In 2021, the national measles vaccination coverage among children < 5 years in Mauritania was 89%. This is a protracted outbreak that started in December 2022.

Morocco: Since the last update (22 March 2024), the MoH reported 221 new confirmed cases and two new deaths (CFR: 0.9%) of measles from Souss Massa region in Morocco. This is a 52% decrease in the number of new cases compared to the last update. Cumulatively, 1,676 cases (521 confirmed; 1,155 suspected) and four deaths (CFR: 0.9%) of measles have been reported from Souss Massa region in Morocco this year. In 2021, the national measles vaccination coverage among children < 1 year in Morocco was 99%. This is a protracted outbreak that started in October 2022.

Senegal: Since the last update (22 March 2024), the MoH reported 38 new confirmed cases and no new deaths of measles from four districts in Senegal. This is an 8-fold increase in cases number of new cases compared to the last update. Cumulatively, 188 confirmed cases and no deaths of measles have been reported from 29 of 45 districts in Senegal this year. Of the confirmed cases, 51% were females and 73% 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 (22 March 2024), the MoH reported 299 new cases (9 confirmed; 290 suspected) and no new deaths of measles from six states in Somalia. This is a 20% decrease in the number of new cases compared to the last update. Fifty-one percent (51%) of cases were from Banadir (48), Gado (31), Galgaduud (38) and Karkaar (35) regions. Of the cases, 64% were children < 5 years. Cumulatively, 3,941 cases (180 confirmed; 3,761 suspected) and nine deaths (CFR: 0.2%) of measles have been reported from all the seven states in Somalia this year. In 2021, the national measles vaccination coverage among children < 5 years in Somalia was 79%.

Note: In 2023, a total of 638,942 cases (21,751 confirmed; 617,191 suspected) and 6,453 deaths (CFR: 1.5%) 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), Central African Republic (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 supplemental immunisation activities in the affected areas.

Yellow fever in Africa

13 confirmed human case(s), **5** probable human case(s), **234** suspected human case(s)
6 human deaths (CFR: **2.38%**)

Agent/Pathogen	Yellow fever virus	First Reported	1-Jan-2024	Previous Report Update	22-Mar-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 252 cases (13 confirmed; 5 probable; 234 suspected) and six deaths (CFR: 2.38%) of yellow fever have been reported from five AU MS: CAR (11; 0), Cameroon (8; 0), Congo (83; 0), Gabon (28; 0) and South Sudan (96; 6). This week, 33 new cases and no new deaths of yellow fever were reported from Congo and South Sudan.

Congo: Since the last update (22 March 2024), the MoH reported 24 new suspected cases and no deaths of yellow fever from five departments: Brazzaville (2), Cuvette (2), Lekoumou (3), Niari (3) and Pointe-Noire (14). Cumulatively, 107 cases (2 confirmed; 105 suspected) and no deaths of yellow fever have been reported from six of twelve departments in Congo this year.

South Sudan: Since the last update (22 March 2024), the MoH reported nine new suspected cases and no new deaths of yellow fever from four counties in Western Equatoria state: Ezo (1), Tambura (1), Maridi (3) and Yambio (4). Cumulatively, 96 cases (3 confirmed; 93 suspected) and six deaths (CFR: 6.3%) of yellow fever have been reported from six counties in Western Equatoria state in South Sudan: Ezo (8), Ibba (4), Maridi (4), Nzara (11), Tambura (23), and Yambio (46). Of the total cases, 10% are children < 5 years.

Note: In 2023, a total of 2,951 cases (156 confirmed; 2,795 suspected) and 45 deaths (CFR: 1.3%) of yellow fever were reported from eight AU MS: Cameroon (59 cases; 6 deaths), CAR (349; 6), Congo (389; 2), Gabon (128; 0), Guinea (178; 4), Nigeria (1,819; 21), South Sudan (17; 0) and Uganda (12; 0).

Response by MS/partner/Africa CDC:

The Ministries of Health of the affected MS continue to implement vector control and community engagement activities in the affected areas

Mpox in Africa

342 confirmed human case(s), **4,252** suspected human case(s)
280 human deaths (**CFR: 6.09%**)

Agent/Pathogen	Mpox virus	First Reported	12-Jan-2024	Previous Report Update	22-Mar-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 4,594 cases (342 confirmed; 4,252 suspected) and 280 deaths (CFR: 6.09%) of mpox have been reported from five AU MS: Cameroon (14 cases; 1 death), CAR (47; 0), Congo (43; 0), DRC (4,488; 279) and Liberia (2; 0). This week, 598 new cases and 15 new deaths of mpox were reported from Cameroon, DRC and Liberia.

Cameroon: Since the last report (15 March 2024), the MoH reported three new suspected cases and no new deaths of mpox from two regions: Littoral (1) and Sud-Ouest (2). Cumulatively, 14 cases (2 confirmed and 12 suspected cases) and one death (CFR: 7.1%) of mpox have been reported from five (Centre, Littoral. Nord, Nord-Ouest and Sud-Ouest) of the ten regions in Cameroon.

DRC: Since the last report (22 March 2024), the MoH reported 593 new suspected cases and 15 new deaths (CFR: 2.5%) of mpox from 18 provinces. This is a 36% increase in the number of new cases compared to the last update. Cumulatively, 4,488 cases (319 confirmed; 4,169 suspected) and 279 deaths (CFR: 6.7%) of mpox have been reported from 23 of the 26 provinces in DRC. Children <15 years accounted for 70% the total cases and 88% of the total deaths.

Liberia (Initial report): On 20 March 2024, the MoH reported two confirmed cases and no deaths of mpox from Nimba county. Laboratory samples (including blood, scabs and exudates from skin lesions) collected from the patients tested positive for mpox by PCR at the Liberia National Reference Laboratory. In 2023, 21 confirmed cases and no deaths of mpox were reported from eight of the fifteen counties in Liberia.

Note: In 2023, a total of 14,837 cases (1,664 confirmed; 13,173 suspected) and 738 confirmed deaths (CFR: 0.6%) 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 (79; 2).

Response by MS/partner/Africa CDC:

The Ministries of Health continue to intensify surveillance, active case search, risk communication and community engagement activities in the affected districts.

Liberia: The national public health institute in collaboration with the MoH partners continue to provide technical support to the affected county.

Bacterial Meningitis in Mali

31 confirmed human case(s), **117** suspected human case(s)

0 human deaths (**CFR: 0%**)

Agent/Pathogen	Meningitis (Bacterial)	First Reported	19-Jan-2024	Previous Report Update	22-Mar-2024
First Occurred	1-Jan-2024	Country	Mali	Location	5 regions
Source	Ministry of Health	GeoScope	LOW	Human Risk Assessment	MODERATE
Animal Risk Assessment	N/A				

Update to Event:

Since the last update, the MoH reported 34 new cases (9 confirmed; 25 suspected) and no new deaths of bacterial meningitis from four districts. This is a 10% increase in the number of new cases reported compared to the last update. Cumulatively, 148 cases (31 confirmed; 117 suspected) and no deaths of bacterial meningitis have been reported from 11 of the 75 districts in Mali this year. The bacteria: *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Neisseria meningitidis* type C, *Neisseria meningitidis* type X and *Neisseria meningitidis* type W135, were isolated from the confirmed cases.

Response by MS/partner/Africa CDC:

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.

Diphtheria in Africa

3,453 confirmed human case(s)

4,180 suspected human case(s)

93 human deaths (**CFR: 2.69%**)

Agent/Pathogen	Corynebacterium diphtheriae	First Reported	20-Jan-2023	Previous Report Update	22-Mar-2024
First Occurred	14-Dec-2022	Country	Multiple Countries	Location	5 MS
Source	Ministry of Health	GeoScope	LOW	Human Risk Assessment	MODERATE
Animal Risk Assessment	N/A				

Update to Event:

Since the beginning of this year, a total of 7,633 cases (3,453 confirmed; 4,180 suspected) and 93 deaths (CFR: 2.69%) of diphtheria have been reported from five AU MS: Chad (213 cases; 0 deaths), Gabon (6; 0), Guinea (1,508; 11), Niger (746; 29) and Nigeria (5,160; 53). This week, 350 new cases and five new deaths of diphtheria were reported from Chad and Nigeria.

Chad: Since the last update (15 March 2023), the MoH reported nine new suspected cases and no new deaths of diphtheria from three districts: Alifa (3 cases), Ati (5), and Haraze-Djombo (1). Cumulatively, 213 suspected cases and no deaths of diphtheria have been reported from Chad this year. This is a protracted outbreak that started in August 2023.

Nigeria: Since the last update (22 March 2024), the NCDC reported 350 new cases (239 confirmed; 111 suspected) and five new deaths (CFR: 2.1%) of diphtheria. Cumulatively, 5,160 cases (2,700 confirmed; 2,460 suspected) and 53 deaths (CFR: 1.9%) of diphtheria have been reported from 13 of 36 states and the federal capital territory this year. Of the total cases reported, females accounted for 59%. Twenty-five percent of all reported cases were fully vaccinated against diphtheria. This is a protracted outbreak that started in December 2022. In 2022, the national diphtheria vaccination coverage among children < 5 years in Nigeria was 91%.

Note: In 2023, a total of 27,346 cases (13,879 confirmed; 13,467 suspected) and 797 deaths (CFR: 5.7%) of diphtheria have been reported 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 ministries of health of the affected MS continues to coordinate diphtheria surveillance and response activities in affected communities

Lassa fever in Africa

771 confirmed human case(s)
4,781 suspected human case(s)
144 human deaths (**CFR: 18.68%**)

Agent/Pathogen	Lassa virus	First Reported	1-Jan-2024	Previous Report Update	22-Mar-2024
First Occurred	1-Jan-2024	Country	Multiple Countries	Location	3 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, 5,552 cases (771 confirmed; 4,781 suspected) and 144 deaths (CFR: 18.68%) of Lassa fever have been reported from three AU MS: Guinea (27 cases; 2 deaths), Liberia (33; 0) and Nigeria (5,132; 138). This week, 360 new cases and four new deaths of Lassa fever were reported from Nigeria.

Nigeria: Since the last update (22 March 2024), the NCDC reported 360 new cases (35 confirmed; 325 suspected) and four new deaths (CFR: 11.4%) of Lassa fever from eight of thirty-six states and the federal capital territory. This is a 37% increase in the number of new cases and a 39% decrease in the number of deaths reported compared to the same period last year. Cumulatively, 5,492 cases (766 confirmed; 4,726 suspected) and 142 deaths (CFR: 18.5%) of Lassa fever have been reported from 27 of 36 states and the federal capital territory this year. Of the confirmed cases, 38 were healthcare workers.

Note: In 2023, a total of 10,353 cases (1,266 confirmed; 9087 suspected) and 221 deaths (CFR: 17.4%) of Lassa fever were reported from five AU MS: Ghana (27 cases; 1 death), Guinea (133; 3), Liberia (186; 5), Nigeria (10,001; 210) and Sierra Leone (6; 2).

Response by MS/partner/Africa CDC:

Nigeria: The NCDC activated the national Lassa fever multi-partner, multi-sectoral EOC to level-2 to coordinate the response activities at national and sub-national levels.

- 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, mpox, dengue and yellow fever where CFR is calculated using all cases and deaths.
- The GeoScope level is determined by where the event is currently occurring on the continent. Low: event is limited to sub-national areas within one MS; Moderate: Event is affecting multiple countries within an AU region or have been imported from/exported to 1-2 countries from another global region; High: Event is affecting several multinational AU regions, or have been imported from/exported to >2 countries from another global region; Very High: Event is considered a pandemic, affecting multiple continents or worldwide. The risk level is determined by evaluating the following criteria: morbidity and mortality of the disease, probability to spread within and to the other MSSs, 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.