



Update 151 FHP-Update 25 September 2024



News:

- WHO:** declared the [mpox outbreak a public health emergency of international concern on August 14, 2024](#), following the upsurge of mpox in the Democratic Republic of the Congo (DRC) and a growing number of countries in Africa. This PHEIC determination is the second in two years relating to mpox. Caused by an *Orthopoxvirus*, mpox was first detected in humans in 1970, in the DRC. The disease is considered endemic to countries in central and west Africa. In July 2022, the multi-country outbreak of mpox was declared a PHEIC as it spread rapidly via sexual contact across a range of countries where the virus had not been seen before. That PHEIC was declared over in May 2023 after there had been a sustained decline in global cases.
- ECDC:** On 15 August 2024, Sweden [reported the first imported case of mpox](#) due to MPXV clade Ib in EU/EEA countries.
- ECDC:** The [European Scientific Conference on Applied Infectious Disease Epidemiology, ECDC's annual scientific conference](#), will take place as a hybrid event, in Stockholm and online, from 20-22 November 2024. Registrations for online attendance remain open to all, and free of charge.
- WHO:** certified [Cabo Verde as malaria-free](#) in December 2023, adding the country to the official list of malaria-free countries and territories.
- WHO:** Since the beginning of 2024, a [cumulative total of 307 433 cholera cases](#) and 2326 deaths were reported from 26 countries across 5 WHO regions, as of 28 July 2024, with the Eastern Mediterranean Region recording the highest numbers, followed by the African Region, the South-East Asia Region, the Region of the Americas, and the European Region. No outbreaks were reported in the Western Pacific Region during this time. WHO continues to assess the risk at the **global level as very high** and the event remains classified as a **grade 3 emergency**.
- Palestinian Territory:** On 17-Aug-2024, the Palestinian Ministry of Health reported [the first confirmed human case of vaccine-derived poliomyelitis \(VDP\) in the Gaza-Strip](#), after a 25-year hiatus. Before this notable event, vaccine-derived poliovirus type-2 (cVDPV2) was detected in wastewater samples in Gaza, raising concerns about the potential spread in the region. The last human polio case in Gaza was confirmed 25 years ago, making this a significant public health concern.
- CDC:** issued a Health Alert Network (HAN) Health Advisory to notify healthcare providers, public health authorities, and the public about current [increases in human parvovirus B19 activity](#) in the United States. In the first quarter of 2024, public health authorities in 14 European countries observed unusually high numbers of cases of parvovirus B19. In the United States, there is no routine surveillance for parvovirus B19, and it is not a notifiable condition. Recently, CDC has received reports indicating increased parvovirus B19 activity in the United States.
- WHO:** published a [global framework](#) to help Member States comprehensively investigate the origins of new and re-emerging pathogens. While there are a number of tools available for investigating infectious disease outbreaks, this is the first unified, structured approach to investigating the origins of a novel pathogen. This framework aims to fill that gap by providing a comprehensive set of scientific investigations and studies.

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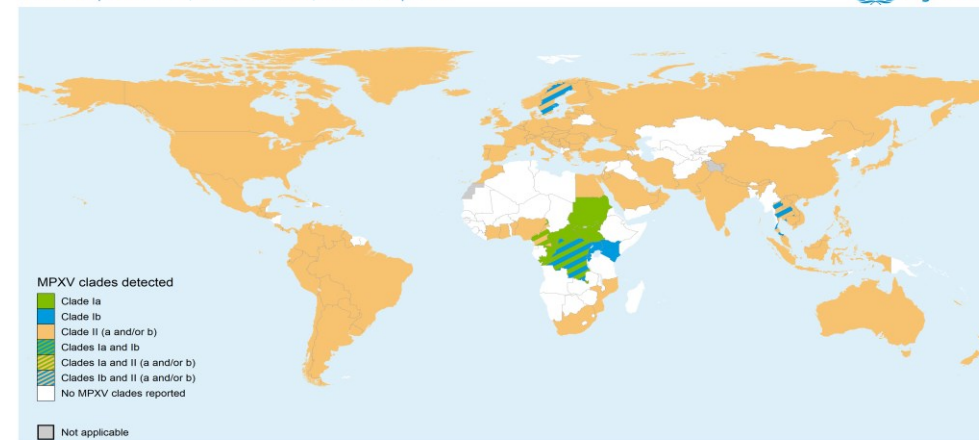
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MPXV clades detected globally

includes imported cases; from 1 Jan 2022, as of 01 Sep 2024

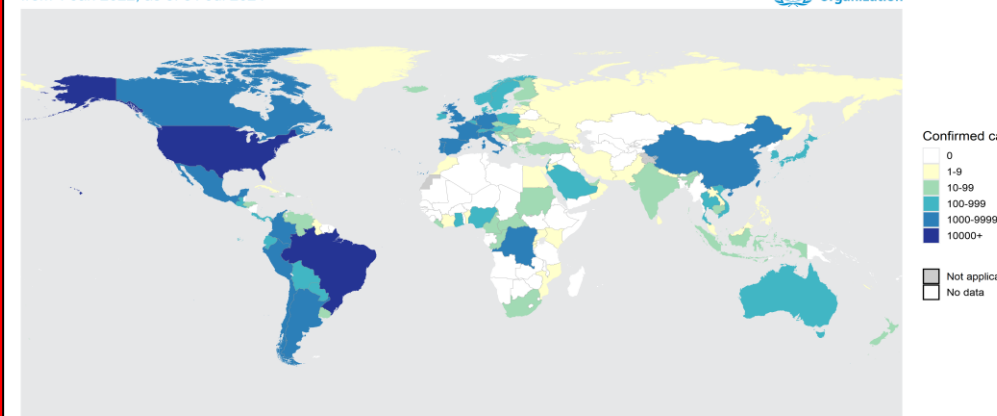


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Total mpox cases

from 1 Jan 2022, as of 31 Jul 2024



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Global public health intelligence report 2023 I

Detecting health threats early is a crucial aspect of addressing health emergencies. Early detection plays a vital role in the comprehensive strategy of the WHO towards emergency response. Public health intelligence encompasses the identification, confirmation, analysis, evaluation, interpretation, and dissemination of information for the purpose of raising awareness, taking action and spreading knowledge.

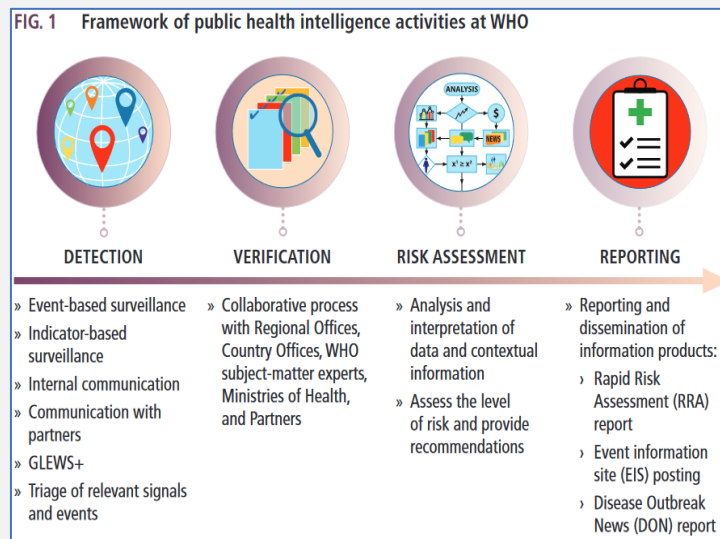
The focus of this report is on the public health intelligence activities carried out by WHO in 2023. It emphasizes the various activities such as detection, verification, risk assessment, and dissemination of information conducted by WHO public health intelligence teams worldwide.

Between 2004 and 2023, a total of 5910 events were reported, **averaging 296 events per year**. Notably, **half of these events** took place in both the **African Region (25%)** and the **Region of the Americas (22%)**.

Infectious diseases have consistently been the **most common hazard** type globally over the past two decades. Nevertheless, there has been a **rise in the number** of reported events caused by **natural disasters** in various WHO regions in recent years.

Overall, in 2023, 365 new events were recorded in Event Management System (EMS), these were either verified signals or events directly notified under the IHR (2005). Less than half of these events (43%), were initially reported by National International Health Regulations Focal Points (NFPs) or through official national government channels, which is lower when compared to the global estimate of the previous five years.

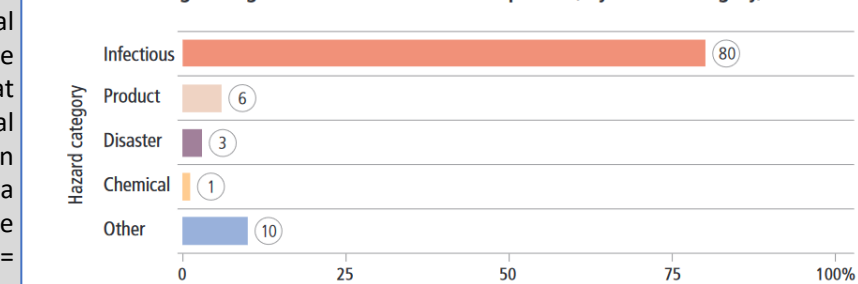
All events recorded in EMS were risk assessed and, additionally, 52 more detailed Rapid Risk Assessment (RRA) reports were produced and disseminated in 2023. Furthermore, to disseminate information to alert Member States and the wider public health community about public health events more than 125 Event Information Site for IHR National Focal Points (EIS) bulletins or announcements and 68 Disease Outbreak News (DON) reports were published in 2023. In addition, WHO regions produced regular region-specific risk assessments, bulletins and situation reports.



Detection

In 2023, 1470 signals of potential public health threats were detected by dedicated teams at WHO headquarters and all regional offices except for the Western Pacific Regional Office. This is a marked decrease compared to the signals reported in 2022 (n = 6855).

FIG. 2 Percentage of signals detected at WHO headquarters, by hazard category, 2023



Verification of signals

Detected signals are triangulated and triaged by PHI analysts, a group of epidemiologists with multidisciplinary backgrounds. In 2023, 422 requests for verification were sent by WHO regional and country offices. This is an increase of 20% compared to 2022 and larger than the previous highest number of requests sent, in 2020. The number of requests for verification sent differed between WHO regions. This is in part due to regional differences in the underlying health threats that occur and partly due to procedural and information management practices.

Risk Assessment

Following early detection of an event a rapid assessment is critical to prevent public health events from becoming emergencies and to inform decision-making for an effective response. Within WHO the most important assessments for guiding initial emergency response are the RRAs conducted for acute public health events, and the Public Health Situation Analysis (PHSA) conducted to determine the immediate needs of a population following sudden onset emergencies or deterioration of humanitarian crises.

In 2023, PHSAs were conducted and/or updated for major emergencies, including the war in Ukraine; the refugee crisis resulting from the Ukraine war; the complex emergency in Syria; the drought and food insecurity crisis in the Horn of Africa; the complex emergency in the Sahel region; floods in Pakistan; intercommunal violence in Sudan; a tropical storm in Malawi; and floods in Madagascar.

Between 2019 and 2023, 262 RRA reports were published, including 52 for 2023. The majority of RRA reports published were related to **acute public health events in the African Region (49%, 128/262)**, followed by the Eastern Mediterranean Region (15%, 38/262) and by the **South-East Asia Region (10%, 27/262)**.

10% (26/262) of RRA reports addressing global acute public health events, while 1% (3/262) were related to multi-regional events. The majority (83%, 218/262) of RRA reports concerned acute public health events in a single country. The remaining RRA reports were for global (10%, 26/262), multi-regional (1%, 3/262) or regional (6%, 15/262) acute public health events.

Global public health intelligence report 2023 II

Risk Assessment

During the 2019–2023 period, **99%** (259/262) of the RRAs performed were related to an **infectious hazard**. The remaining **1%** (3/262) involved acute public health events for **environmental contamination** (n = 1) and the risk of a biological hazard from a seized laboratory (n = 2). The **five most common diseases** or conditions for which RRA reports were published between 2019 and 2023 were **cholera** (16%, 42/262), **measles** (10%, 25/262), **COVID-19** (9%, 24/262), **Ebola virus disease** (9%, 23/262) and **dengue fever** (7%, 19/262). These five diseases resulted in 51% (133/262) of all RRA reports produced in this time period.

The majority of the RRA reports for public health events in a **single country** were rated as **high (55%) or very high (20%)** at the national level and low to moderate on global level. For **regional and multi-regional** RRA reports, more than 50% were assessed as having a **high or very high** regional risk and, similarly, 76% of **global RRA** reports were **high or very high** at the global level.

Reporting

Between 2019 and 2023, there were **539 EIS bulletins** published, ranging from 103 to 149 per year. In the same five-year time period, 487 EIS announcements were published, of which 52 announcements were in 2023 alone.

Most EIS bulletins published were about acute public health events in the **Western Pacific Region (26%)**, which was closely followed by bulletins for events in the **African Region (24%) (Region of the Americas 17%, Eastern Mediterranean Region 16%, European Region 13% and South-East Asia Region 4%)**.

Nearly all published EIS bulletins during the five-year time period, except for two, pertained to **infectious hazards**, of which there were **49 different disease or conditions**. The **five most common** infectious diseases for which an EIS bulletin was published were **influenza** due to identified **avian or animal influenza virus** (29%), **COVID-19** (17%), **polio** (8%), **Middle-East respiratory syndrome (MERS)** (7%), **dengue fever** (5%), and **cholera** (5%). More than **two-thirds** (70%, 377/539) of all EIS bulletins published in the five-year period related to one of these top five infectious diseases.

Diseases for which EIS bulletins were published differed by WHO region. For the **African Region, yellow fever and cholera** were the main diseases. For the **Region of the Americas** and the **European Region**, it was **COVID-19**. In the **South-East Asia Region**, the main diseases were **COVID-19 and dengue fever**, while for the **Western Pacific Region**, human cases of influenza due to identified **avian or animal influenza virus** dominated the EIS bulletins. Finally, **MERS** was the predominant topic for EIS bulletins in the **Eastern Mediterranean Region**.

Between 2019 and 2023, **373 DON reports** were published. In subsequent years, **situation reports** were often produced for **certain large-scale multi-country public health events**, rather than regular DON reports, including for COVID-19, mpox and cholera.

The majority of DON reports were related to **acute public health events** in the **African Region** (50%), followed by the **Eastern Mediterranean Region** (16%), the **European Region** (10%) and the **Region of the Americas** (9%), the **South-East Asia Region** (5%) and the **Western Pacific Region** (5%).

4% of DON reports were for **global acute public health events** while **1%** were for **multi-regional events**, which affected two WHO regions simultaneously.

All DON reports published during the five-year time period were for **infectious hazards**. There were **nearly 50 different infectious disease agents or hazards** for which a DON report was published. The **five most common** diseases were **Ebola virus disease** (25%), **MERS** (10%), **poliomyelitis** (8%), **yellow fever** (6%) and **dengue fever** (6%).

Key disease trend in the WHO African Region

In 2023, a total of 112 substantiated acute public health events were verified and reported across 37 Member States in the WHO African Region. Senegal and Uganda reported the highest number of events (8 each), followed by Ethiopia, Guinea and Mauritania (6 each). **The most prevalent acute public health event reported was dengue fever (13 cases), followed by cholera (12 cases) and floods (9 cases)**.

The African Region is strongly affected by arboviruses, including **yellow fever, dengue fever, chikungunya, O'nyong nyong, Rift Valley fever and Zika virus disease**.

Key disease trend in the WHO Region of the Americas

During 2023 there have been challenges, a notable increase in **dengue fever** surpassing previous epidemic years, increases in **chikungunya**, the emergence of **autochthonous cases of malaria** in areas where cases were not previously registered, **cholera** outbreak in Hispaniola, and outbreaks of **avian influenza A(H5N1)** affecting birds and mammals, with isolated cases identified in humans.

Key disease trend in the WHO Eastern Mediterranean Region

In 2023, **cholera outbreaks** in several countries, including Afghanistan, Somalia, Sudan and Yemen driven by floods, heavy rains or droughts in many of these countries have been reported. This environmental phenomenon has also resulted in an increase in the trend of **vector-borne diseases**, especially dengue. Other **vaccine-preventable disease outbreaks** were also reported across some of the Region's countries, including **measles and diphtheria**, underscoring the need to **fill the gap in vaccination coverage** in those countries.

Key disease trend in the WHO European Region

In 2023, a significant portion of the public health events were related to the **humanitarian crises** due to conflicts (e.g. the war in Ukraine and related-refugee crisis, and Israel and the occupied Palestinian territories conflict), as well as **natural disasters** (e.g. the Türkiye–Syria earthquake). There have been reports of **emerging and re-emerging** diseases among refugees and displaced populations, in particular **vaccine preventable diseases** such as **diphtheria, pertussis and measles**. An increased detections of **highly pathogenic avian influenza H5** among wild birds, poultry and mammals (including fur farmed animals and cats), as well as among humans was reported. **Vector-borne diseases** were also reported in an increased frequency including an **expanded geographical spread of autochthonous cases**.

Key disease trend in the WHO South-East Asia Region

Dengue fever continues to pose a high burden in the Region. **Nipah virus disease** outbreaks occurred in Bangladesh and in Kerala State, India. **Vaccine-preventable diseases** occurred, including events due to **vaccine-derived polio virus type 2, measles and diphtheria**. Events of acute **watery diarrhoea, associated with cholera**, were reported in both Bangladesh and India. The Region is also **prone to natural hazards** — in particular, cyclone Mocha (Myanmar) and an earthquake in western Nepal that caused major damage in 2023.

Key disease trend in the WHO Western Pacific Region

In 2023, human infections with **avian influenza A** including H5N1, H3N8, H5N6 and H9N2 were reported. The Philippines experienced a **cholera outbreak**. **Dengue fever** remains **endemic** in several countries in the Region in **Australia, Cambodia, China, Lao People's Democratic Republic, Malaysia, Philippines, Singapore and Viet Nam**.

Situation update on Mpox worldwide

Period	AFRO countries affected since	AFRO countries with active transmission	AFRO Suspected cases	AFRO Suspected deaths	AFRO confirmed cases since	AFRO confirmed deaths since
2022-2024	17				8 109	57 (CFR:0.7%)
Since 01/01/2024	14	12	25 216	674	5 732	35 (CFR:0.6%)
Change since the last update on 25 August 2024						
Week 35	+1	+1	+1 695	30	+ 376 (+1.0%)	+3

In collaboration between WHO HQ, AFRO, and EMRO, an online portal has been created where maps and epidemiological data can be found: https://worldhealthorg.shinyapps.io/mpx_global/.

On 14 August 2024, the WHO Director-General determined that the upsurge of mpox in the Democratic Republic of the Congo and a growing number of countries in Africa constitutes a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations (2005) (IHR), the highest level of alarm under the IHR.

The clade Ib MPXV outbreak, which began in September 2023 in the Democratic Republic of the Congo, is having an increasing number of cases in the country and also expanding to neighbouring countries. Burundi, Kenya, Rwanda and Uganda have each reported their first mpox cases. Several of these cases have travel links to eastern parts of the Democratic Republic of the Congo and each of these countries has identified clade Ib monkeypox virus (MPXV).

Based on available epidemiological data, this clade has been spreading rapidly among adults through close physical contact, including sexual contact identified within networks of sex workers and their clients. As the virus spreads further, the affected groups are changing, with the virus also taking hold within households and other settings. Additionally, **Cote d'Ivoire** is reporting cases of clade II mpox for the **first time** since the start of the multi-country outbreak in 2022.

Since 1 January 2022, cases of mpox have been reported to WHO from **121 Member States across all 6 WHO regions**. As of 31 July 2024, a total of **103 048 laboratory confirmed cases** and **186 probable cases**, including **229 deaths**, have been reported to WHO.

As of July 2024, the number of monthly reported new cases has **increased by 11.3%**, compared to the previous month. The majority of cases reported in the past month were notified from the African Region (54.3%) and the Region of the Americas (23.1%).

The **10 most affected countries globally** since 1 January 2022 are: United States of America (n = 33 556), Brazil (n = 11 841), Spain (n = 8 104), Democratic Republic of the Congo (n = 4 395), France (n = 4 283), Colombia (n = 4 256), Mexico (n = 4 132), The United Kingdom (n = 4 018), Peru (n = 3 939), and Germany (n = 3 886). Together, these countries account for 80.0% of the cases reported globally.

In the most recent month of reporting, **36 countries** have reported cases, **22**, of which reported an increase in monthly case counts.

Imported Clade I cases outside of the African continent have been reported by **Sweden** (15 August; one person) and **Thailand** (22 August; one person). No secondary transmission has been reported.

In the past month, **5 countries** reported their first case. Countries which reported their first case in the past 5 month are: **Burundi, Côte d'Ivoire, Kenya, Rwanda, Uganda**.

The spread of cases in the Democratic Republic of the Congo is attributed to **two distinct outbreaks** - spread of MPXV clade Ia in **Equateur** and **endemic provinces** of the country, and the emergence of a new MPXV clade (clade Ib) in the provinces of **North and South Kivu**.

In the past six months, the number of cases reported monthly has **declined substantially** from the global peak of 29,873 cases observed in August 2022. In the past six months (01 Feb 2024 - 31 Jul 2024):

- On average, at the global level, **1 165 cases** have been observed **monthly**
- The **most affected region** was the **African Region**, where 3 081 cases and 29 deaths have been reported. This is followed by the **Region of the Americas** (2 236 cases, 0 deaths), and the **European Region** (837 cases, 2 deaths)

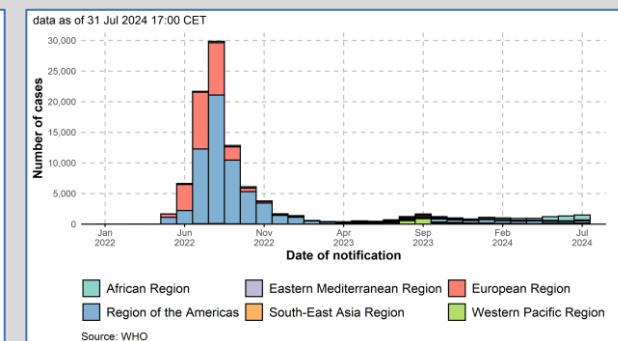
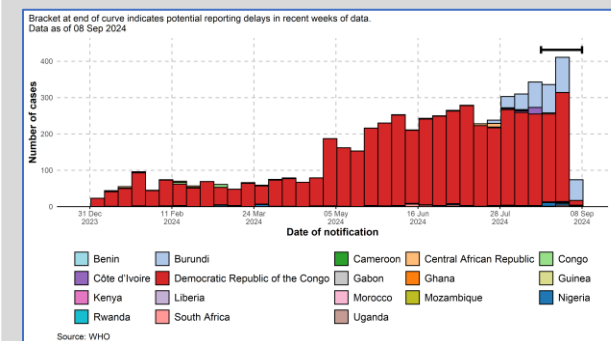
Vaccination

While vaccination against smallpox was shown in the past to be cross-protective against mpox, any immunity from smallpox vaccination will only be present in persons over the age of 42 to 50 years or older, since natural exposure to smallpox and smallpox vaccination programmes ended in 1980 after smallpox eradication. None of the four newly affected countries has access to mpox vaccines or antivirals.

Risk Assessment

The current expansion of mpox in the African continent is **unprecedented**. At least four countries have identified cases for the first time and others, such as Côte d'Ivoire, are reporting re-emerging outbreaks. The modes of transmission in these countries are not fully described yet and are likely to include exclusive human-to-human transmission. WHO conducted the latest global mpox risk assessment in August 2024. Based on the available information, the risk was assessed as:

- In **eastern Democratic Republic of the Congo** and **neighbouring countries**, the overall risk is assessed as **high**.
- In areas of the **Democratic Republic of the Congo** where mpox is **endemic**, mpox risk is assessed as **high**.
- In **Nigeria** and **other countries of West, Central and East Africa** where mpox is **endemic**, mpox risk is assessed as **moderate**.
- In **all other countries in Africa and around the world**, the risk is assessed as **moderate**.



Updated joint FAO/WHO/WOAH assessment of recent influenza A(H5N1) virus events in animals and people

Assessment based on data as of 18 July 2024, as of 14 August 2024

Key points

Over the past few years, there have been increased detections of A(H5N1) viruses in non-avian species globally including wild and domestic (companion and farmed) terrestrial and marine mammals, with recent cases in livestock in the United States of America (USA). The majority of A(H5N1) viruses characterized genetically since 2020 belong to the haemagglutinin (HA) H5 clade 2.3.4.4b, with some regional exceptions. Since the beginning of 2021, 35 detections of A(H5N1) virus in humans have been reported to WHO, along with five cases of A(H5) virus detection in persons exposed to A(H5N1) infected animals.

Assessment of current public health risk posed by influenza A(H5N1) viruses

1. What is the global public health risk of additional human cases of infection with avian influenza A(H5N1) viruses?

Despite the high number of A(H5N1) clade 2.3.4.4b outbreaks and detections in animals, and human exposures to the virus at the human-animal-environment interface, relatively few human infections have been reported to date. Of the 35 human cases of A(H5N1) detections reported since the beginning of 2021 and five human cases of A(H5) in 2024, 36 were infections in people exposed to A(H5N1) viruses through direct or indirect contact with infected birds, or contaminated environments. Thus far, among these cases, there has been no reported human-to-human transmission.

Current virologic and epidemiologic information indicate that these viruses remain avian influenza viruses **without established adaptations to mammalian hosts** and have **not acquired the capacity for sustained transmission between humans**.

Based on currently available information, FAO-WHO-WOAH assesses the **global public health risk of influenza A(H5N1) viruses as low**. However, while the risk of infection to the general public is low, among **persons with exposure** to infected birds or mammals or contaminated environments, the risk of infection can range from **low to moderate**, depending on nature of the exposure, the duration of exposure, the consistent and appropriate use of personal protective equipment.

1. What is the likelihood of human-to-human transmission of avian influenza A(H5N1) viruses?

There has been no reported human-to-human transmission of A(H5N1) viruses since 2007, although there may be gaps in investigations. In 2007 and the years prior, small clusters of A(H5) virus infections in humans were reported, including some involving health care workers, where limited human-to-human transmission could have occurred; however, sustained human-to-human transmission was not reported. The A(H5N1) viruses currently detected in mammals, including in human cases, largely retain genomic and biological characteristics of avian influenza viruses and remain well-adapted to spread among birds. Except for in-host obtained amino acid mutations in polymerase proteins, there is still limited evidence for adaptation to mammals and humans even when transmission in mammals has been suspected.

No changes in receptor binding tropism have been consistently observed that would increase binding to receptors in the human upper respiratory tract which would increase transmission to and among people. Therefore, human-to-human transmission of the currently circulating A(H5N1) viruses is considered unlikely without further genetic changes in the virus.

Recommended actions

- increase surveillance efforts for the early detection of A(H5) influenza viruses in domestic and wild birds;
- include infection with an A(H5) influenza virus as a differential diagnosis, in non-avian species, including cattle and other livestock and farmed domestic and wild animal populations, with high risk of exposure to A(H5) viruses;
- report promptly HPAI events in all animal species, including unusual hosts, to WOAH and other international organizations such as FAO;
- share genetic sequences of avian influenza viruses and associated metadata in publicly available databases;
- prevent the introduction and spread of the disease in animals by implementing biosecurity in livestock holdings/premises and along the value chain; and
- employ good production and hygiene practices when handling animal products and protect persons in contact with suspected/infected animals.

Additional sets of recommendations related to avian influenza viruses with zoonotic potential can be found in:

- [WOAH Statement on High Pathogenicity Avian Influenza in Cattle](#), 8 June 2024.
- [FAO recommendations for Global Avian Influenza Viruses with Zoonotic Potential](#).
- FAO EMPRES Watch entitled '[A\(H5N1\) influenza in dairy cattle in the United States of America](#)'.

Summary

At the present time, based on available information, FAO-WHO-WOAH assess the global public health **risk** of influenza A(H5N1) viruses to be **low**, while the risk of infection for **occupationally exposed** persons is **low to moderate** depending on the risk mitigation measures in place. Transmission between animals continues to occur and, to date, a limited number of human infections have been reported. Although additional human infections associated with exposure to infected animals or contaminated environments are likely to continue to occur, the **overall public health impact of such infections at a global level is minor**.

A systematic review of chlamydia, gonorrhoea, trichomoniasis, and syphilis prevalence in Europe

The ECDC systematic review aimed to identify and collate prevalence estimates for the European general population and populations of special interest for the four curable STIs: chlamydia (etiological agent *Chlamydia trachomatis*), gonorrhoea (etiological agent *Neisseria gonorrhoeae*), trichomoniasis (etiological agent *Trichomonas vaginalis*), and syphilis (etiological agent *Treponema pallidum subspecies pallidum*).

Background

Sexually transmissible infections (STIs) represent some of the most prevalent infections globally, with an estimated 375 million new infections with one of the curable STIs each year. About 300 000 new diagnoses of bacterial STIs are reported annually by the EU/EEA Member States to The European Surveillance System, the main source of epidemiological data for the region. Variations in STI surveillance system characteristics and coverage, together with differences in screening policies and testing practices, hinder the routine surveillance data from providing an accurate picture of STI epidemiology. To better describe the STI epidemiology, to adequately inform primary or secondary prevention efforts, and to provide data for monitoring progress towards the elimination of STIs as a public health threat in Europe requires supplementary epidemiological information, such as prevalence estimates.

Results

CT current burden in the EU is estimated to be 2.76% among women, and 2.64% among men. With the lowest prevalence for women reported in Belgium (1.29%), and the highest in the Netherlands (5.60%). And for men the lowest prevalence reported in Slovenia (0.40%) and the highest in Belgium (2.25%). For MSM population the prevalence of CT is estimated to be 9.72% in MSM visiting STI clinics, 6.08% in MSM living with HIV, 9.57% in MSM on PrEP and 15.35% in MSM engaging in 'high-risk' sexual behaviour. Among female sex workers, pooled CT prevalence is estimated to be 5.50% and 6.04% among male and transgender sex workers.

NG prevalence is estimated to be 0.24% among women with the lowest prevalence reported in Slovenia (0.00%) and the highest in the UK (0.10%), and 0.10% among men with the highest prevalence in the UK (0.10%). The prevalence of NG is estimated to be 10.46% in MSM visiting STI clinics, 4.74% in MSM living with HIV, 8.99% in MSM on PrEP and 14.37% in MSM engaging in 'high-risk' sexual behaviour. Among female sex workers, pooled NG prevalence is estimated to be 2.22% and 6.36% among male and transgender sex workers.

TV prevalence is estimated to be 0.69% among women with the lowest prevalence reported in the Netherlands (0.40%) and the highest in Austria (0.74%), and 0.00% among men. The prevalence of TV is estimated to be 0.10% in MSM visiting STI clinics, 0.94% in MSM living with HIV and 1.54% in MSM

engaging in 'high-risk' sexual behaviour. Among female sex workers, pooled TV prevalence is estimated to be 8.97%.

TP prevalence is estimated to be 0.14% among women in antenatal care, and no estimates are available for men in the general population. The prevalence of TP is estimated to be 6.53 in MSM visiting STI clinics, 14.36% in MSM living with HIV, 6.48% in MSM on PrEP and 5.21% in MSM engaging in 'high-risk' sexual behaviour. Among female sex workers, pooled TP prevalence is estimated to be 1.75% and 22.09% among male and transgender sex workers. TP prevalence among female sex workers who inject drugs was found to be 7.80%.

Public Health Actions Recommended

Strengthen capacity to describe STI epidemiology:

- conduct prevalence studies representative of the general population, by employing probability-based sampling where prevalence estimates are missing, or routine surveillance is not comprehensive, or does not offer data of acceptable quality;
- consider/collect estimates for proxy populations that may be available from specific settings (such as antenatal care programmes, routine check-ups/screenings for other conditions, or military recruits) for a more feasible and less resource-intensive alternative to representative probability-based sampling studies.

Implement evidence-based STI prevention and control measures:

- use prevalence estimates in combination with other epidemiology data to inform national prevention policies targeting the population groups most affected by STI epidemics, such as young people, specific sub-groups of MSM and sex workers.

Conclusion

The ECDC review provides evidence-based prevalence estimates for CT, NG, TV and TP for the general population and some populations of special interest that will be useful for policy action to limit the spread of curable STIs in the European region. However, efficient infection prevention and control policies would require the availability of relatively recent prevalence estimates from most of the countries in the region and the current evidence base is insufficient. Moreover, many of the studies that are available have a considerable risk of bias, further limiting the certainty of the available evidence. Key populations, such as sex workers and PWID, are very poorly studied. Studies on MSM are more numerous but were almost exclusively conducted in STI clinics and are therefore of limited value for estimating the true STI prevalence in the general MSM population. The significant gaps in both the quantity and the quality of the evidence on the prevalence of curable STIs in the European region identified in this review should be addressed in future high-quality studies.

Global Yellow Fever Update, 2023

Source: [WHO](#)

In 2023, the African Region experienced yellow fever (YF) outbreaks in 3 countries (of which 2 experienced varied levels of transmission intensity), cases with epidemic potential in 3 countries, and sporadic cases in 8 countries. Large and disruptive outbreaks¹ were reported in Cameroon and the Central African Republic (CAR).

African Region

Throughout the year, from epidemiological week (EW) 1 to EW 52, there were **99 confirmed and probable cases of yellow fever**, including **8 deaths** (case fatality rate of 9,3%), across **15 countries**: [Cameroon](#), [Central African Republic](#), [Chad](#), [Côte d'Ivoire](#), [Democratic Republic of the Congo \(DRC\)](#), [Equatorial Guinea](#), [Gabon](#), [Guinea](#), [Niger](#), [Nigeria](#), [Republic of Congo](#), [Senegal](#), [South Sudan](#), [Togo](#), [Uganda](#).

The transmission patterns in 2023 highlight the **ongoing risk** due to **sylvatic transmission, spillover**, and amplification into susceptible populations and those with occupational risk factors.

This situation also highlights the continued risk associated with the **resurgence of YF outbreaks** in countries with history of PMVC under the Yellow Fever Initiative, where routine immunization could not sustain the gains from the campaigns and/or where vulnerable, migrant and hard-to-reach populations were missed by the campaigns.

Region of the Americas

In 2023, there were **40 confirmed cases** of YF in the Americas, resulting in **24 deaths** (case fatality rate (CFR) of 60%). The cases were reported in [Bolivia](#), [Brazil](#), [Colombia](#) and [Peru](#). Most cases had a history of exposure to **wild or forested areas** due to work or leisure activities. The occupational and recreational exposure to the YF virus constitutes a real risk for susceptible individuals of contracting the disease and potentially spreading it internationally.

In Brazil, **9 events involving dead non-human primates** were confirmed.

Routine vaccination

Overall, YF vaccine coverage **improved marginally** in 37 high-risk countries in Africa, Latin America and the Caribbean, from a **global average coverage of 58% in 2022 to 62% in 2023**.

In [25 African countries](#) (pending WHO and UNICEF estimates of national immunization coverage for [Ethiopia](#), [Mauritania](#), [São Tome and Príncipe](#) and [South Sudan](#)), the overall **coverage rose from 57% in 2022 to 62% in 2023**.

In [the Americas](#) a **slow but sustained increase** in vaccination coverage against YF was observed in most countries. In 2023, **6 countries had coverage rates < 80%** in 1-year-old children in routine immunization: [Argentina](#), [Bolivarian Republic of Venezuela](#), [Panama](#), [Peru](#) and [the Plurinational State of Bolivia](#). Coverage in [Guyana](#), [Suriname](#) and [Trinidad and Tobago](#) **remained stable at >90%**. Since the upgrade of the recommendation on coverage in 2019, [Brazil](#) has shown a progressive **increase, with 70% coverage** of YF vaccination. Paraguay and Ecuador surpassed the **80% threshold**.

West Nile Virus Transmission Season in Europe, 2024

Source: [ECDC](#)

The expected seasonal increase of locally acquired West Nile virus (WNV) infections in Europe was observed as of July this year, indicating that the transmission season is well under way.

In 2024 and as of 05 September 2024, 15 countries in Europe reported 69 locally acquired human cases of WNV infection. Cases were reported by Greece (31), Italy (30), Romania (18), Albania (12), Hungary (10), Serbia (12), Spain (5), Austria (5), France (3), Croatia (2), Germany (2), Kosovo (2), Türkiye (2), Bulgaria (1) and North Macedonia (1). Eight deaths were reported by Greece (5), Italy (2) and Spain (1).

At the European level, the total number of cases reported so far this year is within the expected range, even though the number of cases in Greece and Spain are higher than in previous years. Clinical and severity indicators are also similar to previous years. All regions affected this year were either previously affected or had neighbouring regions that have reported cases.

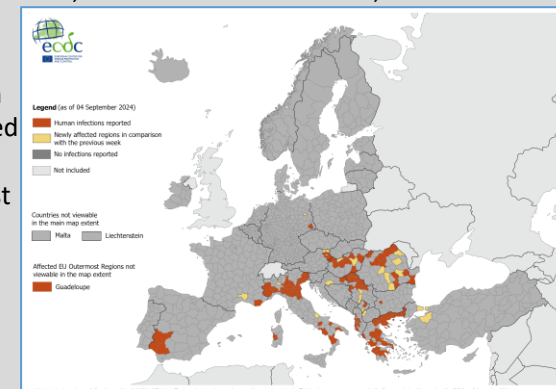
Given the favourable weather conditions for WNV transmission in Europe, additional human cases are expected in the coming weeks and months.

In 2024 Thesprotia in Greece and Barletta-Andria-Trani in Italy reported cases for the first time ever.

Based on the available data, 59% of the cases this year were in individuals over 65 years old, which is close to the previous decade's average of 54% for the same period. Hospitalisation rates were consistent, with 91% of cases hospitalised this year compared to 94% in the past decade. The case fatality this year was 13% so far, which is comparable to the 11% observed in the previous decade. All deaths reported this year occurred in individuals over 65, similar to previous years where most fatalities were also among older adults. Neurological manifestations were reported in 75% of cases this year, up from 65% in the previous decade. The completeness of data for these variables varied across different years.

Additionally, travel-associated WNV cases were recorded. Countries outside the EU/EEA associated with travel cases include Albania, India, Kenya, Morocco, Oman, Tunisia, the United Arab Emirates, and the United States.

From the veterinary perspective, 8 WNV outbreaks among equids and 10 outbreaks among birds have been reported in Europe in 2024. Outbreaks among equids have been reported by Spain (6), France (1) and Italy (1). Outbreaks among birds have been reported by Italy (8) and Germany (2). The earliest and latest date of start of an outbreak among birds and/or equids were respectively on 2 April 2024 and 26 July 2024.

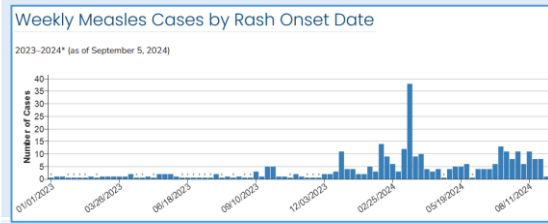


Distribution of locally acquired human West Nile virus infections in 2024 till 5 September 2024



Measles Outbreak in United States of America, 2024

Source: [CDC](#), [OregonHealth](#), [HealthAlert](#)

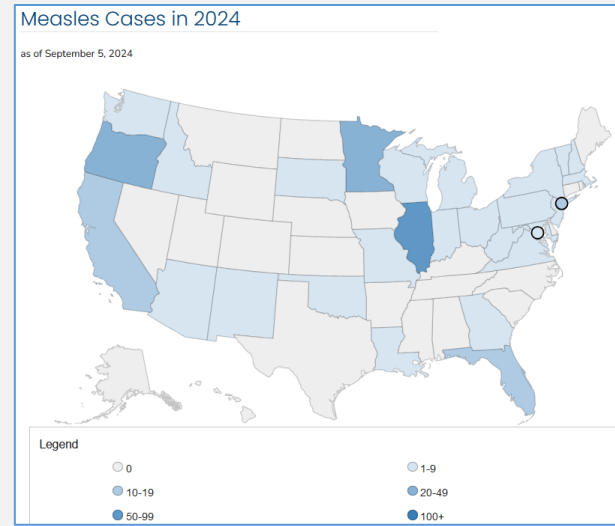
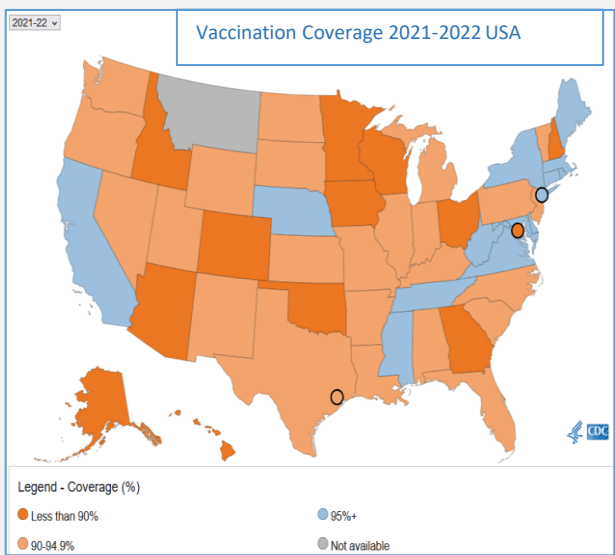


On 05-Sep-2024, Oregon health officials reported the **largest measles outbreak in the state since the virus was declared eliminated** from the US in 2000. The outbreak, driven by high rates of vaccine exemptions, has resulted in 31 confirmed cases, all involving unvaccinated individuals. The sustained transmission began in mid-June 2024 and cases have now surpassed the previous state record of 28 cases set in 2019. The outbreak is **centred in Clackamas, Marion, and Multnomah counties**, which are located in the **northwestern** part of the state.

- Oregon has one of the **highest vaccine exemption rates** in the country, with nearly 9% of kindergarteners exempt from vaccinations, primarily due to non-medical reasons.
- The exemption rate has risen significantly since 2000, when only 1% of Oregon kindergarteners had vaccine exemptions.
- The highly contagious nature of measles is facilitating sustained transmission, with most cases recorded in children who were not vaccinated.
- The Oregon Health Authority is actively tracing cases and exposure sites, particularly in areas with high concentrations of unvaccinated individuals.
- Oregon's **rising exemption rates are creating vulnerabilities**, making it difficult to achieve the **95% vaccination coverage** needed to **prevent outbreaks**.

Additional Information:

- So far this year, the US has confirmed at least 247 measles cases as of September 5, 2024.
- Measles cases were reported by 29 jurisdictions: Arizona, California, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Hampshire, New Jersey, New Mexico, New York City, New York State, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, Vermont, Virginia, Washington, Wisconsin, and West Virginia.
- Of the total cases, 40% have been among children under the age of five, while 30% have been among children and teens between the ages of five and 19.
- There have been 13 outbreaks (defined as 3 or more related cases) reported in 2024, and 70% of cases (173 of 247) are outbreak-associated. For comparison, 4 outbreaks were reported during 2023 and 49% of cases (29 of 59) were outbreak-associated.
- 87% were either unvaccinated or had an unknown vaccination status.
- 43% have required hospitalization.
- While Oregon's current outbreak has broken its state records, the largest outbreak corresponds to Illinois state, where a total of 67 cases were reported amid spread at a Chicago-area migrant shelter this year.
- This year's reported cases is already well ahead of the total for 2023, which reached just 59 cases but is still significantly lower than the 1,274 cases seen in 2019 when the US nearly lost its elimination status.



MMR Vaccine Coverage

Vaccination coverage among U.S. kindergartners has decreased from 95.2% during the 2019–2020 school year to 93.1% in the 2022–2023 school year, leaving approximately 250,000 kindergartners at risk each year over the last three years. To dive into vaccine coverage data for MMR, visit VaxView.

At local levels, vaccine coverage rates may vary considerably, and pockets of unvaccinated people can exist in states with high vaccination coverage. When measles gets into communities of unvaccinated people in the United States, outbreaks can occur.

U.S. Hospitalizations in 2024

43%

43% of cases hospitalized (105 of 247) for isolation or for management of measles complications.

Percent of Age Group Hospitalized

Under 5 years: **55%** (56 of 102)
 5-19 years: **28%** (21 of 74)
 20+ years: **39%** (28 of 71)

U.S. Cases in 2024

Total cases

247

Age

Under 5 years: **102 (41%)**
 5-19 years: **74 (30%)**
 20+ years: **71 (29%)**

Vaccination Status

Unvaccinated or Unknown: **87%**
 One MMR dose: **8%**
 Two MMR doses: **4%**

Other Infectious Disease Outbreaks and disasters – Asia/Oceania



Acute encephalitis syndrome (AES) due to Chandipura virus - India

Between early June and 15 August 2024, the Ministry of Health and Family Welfare of the Government of India reported 245 cases of AES including 82 deaths (CFR 33%). Of these, 64 are confirmed cases of *Chandipura* virus (CHPV) infection. CHPV is endemic in India, with previous outbreaks occurring regularly. However, the current outbreak is the largest in the past 20 years. To date, no human-to-human transmission has been reported.

CHPV is a member of the *Rhabdoviridae* family and is known to cause sporadic cases and outbreaks of AES in western, central and southern parts of India, especially during the monsoon season. It is transmitted by vectors such as sandflies, mosquitoes and ticks and there is no specific treatment or vaccine available.

WHO recommends vector control, and protection against bites of sandflies, mosquitos, and ticks, to prevent further spread of CHPV.

WHO assessed the risk as **moderate** at the **national level** based on above consideration.

Source: [WHO](#)

Avian Influenza A(H5N1) - Cambodia

On 20 August 2024, the World Health Organization (WHO) was notified by the country's International Health Regulations (IHR) National Focal Point (NFP) of a laboratory-confirmed case of human infection with avian influenza A(H5N1) virus (clade 2.3.2.1c) in a 15-year-old child from Prey Veng Province in the Kingdom of Cambodia. According to early investigations, there were reports of dead poultry in the village about five days before the patient's onset of illness. The patient's family was given some of these chickens for consumption and the girl was exposed to the chicken while preparing food. All close contacts are being monitored and are asymptomatic. Test results for samples collected from chickens and ducks from the village are pending.

This case is one of 10 human cases of influenza A(H5N1) infection reported in Cambodia in 2024. From 2003 to the present, 72 cases of human infection with influenza A(H5N1), including 43 deaths (case fatality ratio [CFR] of 59.7%), have been reported in the country.

Based on currently available information, WHO assesses the current risk to the **general population** posed by this virus as **low**.

Source: [WHO](#)

Influenza A(H1N1) variant virus - Viet Nam

On 19 August 2024, the Viet Nam National Focal Point (NFP) for International Health Regulations (IHR) notified the World Health Organization (WHO) of a laboratory-confirmed human case of infection with swine-origin influenza A(H1N1) variant (v) virus, in the province of Son La, a northern mountainous province in Viet Nam bordering the Lao People's Democratic Republic. The patient was a 70-year-old female with underlying medical conditions. This is the first-ever reported human infection caused by influenza A(H1N1)v virus in Viet Nam. There have been no disease outbreaks among livestock, including pigs, around the case's residence in Son La. The source of exposure to the virus is currently unknown.

Based on the currently available information, WHO assesses the current risk to the **general population** posed by this virus as **low**.

WHO continues to stress the importance of [global surveillance](#) to detect virological, epidemiological and clinical changes associated with circulating influenza viruses that may affect human (or animal) health, and [timely virus sharing](#) for risk assessment.

Source: [WHO](#)

Wetland Virus Infection – China, Mongolia

On 04-Sep-2024, a case report published in the New England Journal of Medicine described the identification of a **previously unknown orthonairovirus, named Wetland virus** (WELV), in a man bitten by a tick in Inner Mongolia, China, in 2019. Further surveillance was conducted to assess the prevalence of WELV in hospitalized patients with fever and tick bites. The index patient is a 61-year-old man who developed fever, dizziness, and organ dysfunction. He was hospitalized in June 2019 five days after a tick bite. WELV infections have been documented in 17 patients from four areas in China, with symptoms including fever, headache, muscle pain, petechiae, and neurologic issues. Antibody testing of recovered patients revealed significant immune responses, indicating previous infection. Field investigations confirmed the presence of WELV RNA in five species of ticks, sheep, horses, pigs, and rodents from multiple regions in China, suggesting its potential presence across a wider geographic area.

Source: [nejm](#), [umn](#)

Avian Influenza – India

On 27-Aug-2024, news media reported a **human case of avian influenza** that remains under investigation in the eastern state of Odisha, India. Still limited information for this event is available. A recent outbreak of highly pathogenic avian influenza A(H5N1) in poultry was confirmed in the Puri district following a mass die-off of chickens on a local farm in Pipili.

Source: [NewsMedia](#)

Cholera – Myanmar

According to the ministerial authorities for health, a total of 2,261 hospitalized cases of acute watery diarrhea (AWD) and 161 hospitalized cases of AWD with severe dehydration were reported from 44 townships of Yangon region as of 8 August 2024. Among them, 15 cases have died, but cause of deaths is unknown. Cholera infection is confirmed in some of those AWD cases. Additionally, starting from mid-June, AWD cases increased in Sittwe in Rakhine State, with a notable surge of the cases, including those with severe dehydration, in late July. Cholera infection is confirmed in some of those AWD cases.

Source: [WHO SEAR](#)

Flood – Bangladesh

Recent flash floods in Bangladesh, triggered by heavy rainfall and upstream water flows from India, have had a devastating impact on communities across 11 districts in the eastern regions of the country. Among them, Feni, Noakhali, Lakshmipur and Cumilla are most severely affected districts. According to the NDRCC daily report on 3 September, some 5.02 million people in the northeastern and southeastern regions have been affected and more than 0.58 million families are in communities cut off by the flooding. A reported 285,996 people are displaced in 3,612 evacuation shelters. From 21 August to 03 September, there were a total of 26,367 cases of illness and injuries were recorded by the National Health Emergency Operations Centre and Control Room of Directorate General of Health Services (DGHS). This included 5,430 cases of diarrhea (21%). A total of related 71 deaths has been reported, with 39 of them (55%) due to drowning.

There are significant shortages of medical supplies, including medicines, vaccines, and equipment needed for emergency care and disease prevention. The health facilities and services of these areas is greatly impacted. Sadar hospitals, Upazila Health Complexes and Community Clinics are submerged in some sub-districts. Furthermore, health facilities are struggling with a large number of patients seeking emergency care, including those with waterborne diseases and injuries related to the floods

Source: [WHO SEAR](#)

Other Infectious Disease Outbreaks - Americas



Oropouche virus disease (OROV) - United States

On 04-Sep-2024, federal, state, and local public health officials confirmed the first OROV infection in Jefferson County, Kentucky in a resident who recently returned from Cuba.

The infected individual is a Louisville resident who experienced fever, headache, and joint pain shortly after their return. The patient is recovering without complications. The virus has **not** shown any **evidence of sustained transmission in the U.S.**, as **all confirmed cases have been related to travel**, particularly to Cuba.

Additional Information

- To date, over 30 cases of OROV have been confirmed in the U.S. in 2024 (most in Florida), all linked to travelers returning from Cuba.
- Outside of the US, exported cases of OROV have been reported in Spain, Italy and Germany
- An unprecedented rise in disease activity has been reported in 2024, with over 11,000 cases globally, including locally acquired infections in Bolivia, Brazil, Colombia, Cuba, the Dominican Republic, and Peru.
- Disease surveillance in endemic countries is limited due to the mild clinical presentation, its similarities with other arboviruses such as dengue and the need for specific testing to confirm a case.

Source: [LouisvilleKy.gov](https://www.louisvilleky.gov)

Highly Pathogenic Avian Influenza A H5N1 - United States (update)

On 22-Aug-2024, the Missouri Department of Health and Senior Services (DHSS), with confirmation from the US Centers for Disease Control and Prevention (CDC), reported the first human case of avian influenza A (H5), pending subtype (H5Nx) in the state. This case marks the 15th human case of avian influenza in the U.S. since 2022.

As of 06-Sep-2024, HPAI A(H5N1) was reported in **14 states with over 197** affected livestock herds. However, only four states continue to report detections in the last 30 days. Since the last assessment on 23-Aug-2024, **one newly affected state** (California) has been identified.

Source: [MissouriHealthDep.](https://www.missourihealthdep.com), [USDA](https://www.usda.gov)

Eastern Equine Encephalitis - United States

On 27-Aug-2024, the New Hampshire Department of Health and Human Services confirmed the **first human death due to eastern equine encephalitis (EEE) in New Hampshire**, United States since 2014. This is the first reported death in the country for 2024.

Between 30-Jul and 17-Aug, mosquito samples from the following counties have tested positive for EEE virus: Kingston, Newton, Danville, Fremont, and Kensington. On 28-Jul, a sample from a horse in Kensington tested positive for EEE virus. Of note, Hampstead county borders on Kingston and Danville counties. All affected counties are located in the southeastern region of the state which borders on the state of Massachusetts. **Infections US:** Massachusetts (One human, one horse, and 69 mosquito positive samples) and Vermont (One human and 47 mosquito positive samples), New Jersey (1 human case) and Wisconsin (1 human case).

At-risk areas: Atlantic and Gulf Coast states and the Great Lakes region are primarily affected. The risk of infection is highest from late summer to fall during mosquito season.

Source: [DHHS](https://www.dhhs.nh.gov), [DHHS2](https://www.dhhs2.nh.gov)

Rabies - Canada

On 06-Sep-2024, the Brant County Health Unit confirmed a human case of rabies in a resident of Brantford-Brant. While the suspected exposure occurred in the Gowganda area of the Timiskaming region, bats throughout Ontario are known carriers of the rabies virus. The affected individual is currently hospitalized (clinical status unknown), and family members and close contacts are being assessed and offered post-exposure prophylaxis (PEP) as a precautionary measure. There has **never been a confirmed case of rabies** in a Brantford-Brant resident, and Ontario's last domestic case of human rabies occurred in 1967.

Source: [NewsMedia](https://www.newsmedia.ca)

Powassan virus - Canada

On 06-Sep-2024, the Canadian Medical Association Journal reported a case of Powassan virus infection in a nine-year-old boy who became severely ill after a camping trip in northern Ontario in July. After intensive care and treatment for encephalitis, he was discharged and two months after, he had a full neurologic recovery. Powassan virus is a tick-borne flavivirus, first identified in Ontario in 1958, and is rare but potentially deadly. The virus is primarily transmitted to humans via infected ticks, which can pass on the virus within 15 minutes of attachment. Ticks become infected after feeding on infected animals such as deer, groundhogs, and rodents. While Powassan virus cases are rare, most occur between April and November. There have been only 21 confirmed cases in Canada since 2017, with possible underreporting due to a lack of clinical recognition. Approximately 50% of those infected experience long-term effects such as headaches and cognitive difficulties.

Source: [CMAJ](https://www.cmaajournal.com)

Oropouche virus disease (OROV) - Region of the Americas

In 2024, the number of reported OROV disease has increased in the WHO Region of the Americas, including in areas with no previously recognized history of OROV disease. Additionally, some countries have identified fatal infections and potential vertical transmission. As of 20 July 2024, a total of 8078 confirmed Oropouche cases, including two deaths, have been reported in the Region of the Americas, across five countries: Bolivia, Brazil, Colombia, Cuba, and Peru. Brazil has also reported one fetal death and one miscarriage in the state of Pernambuco, as well as four cases of newborns with microcephaly possibly related to OROV infection.

OROV has been historically transmitted in the Amazon region. However, possible reasons for the spread beyond its historical range include climate change, deforestation and unplanned urbanization which have facilitated its spread to non-Amazonian states in Brazil and to countries where, until now, there have been no reported cases, including Bolivia and Cuba.

Based on available information, WHO assesses the **overall public health risk** posed by this virus to be high at the regional level and **low at the global level**.

Source: [WHO](https://www.who.int)

Other Infectious Disease Outbreaks - Africa



Buruli Ulcer – Nigeria

News media sources report rising rates of Buruli Ulcer in Benue State, located in the north-central region of Nigeria.

According to news media, cases are increasing due to insufficient public awareness and misconceptions about the disease, coupled with a lack of available antibiotic medications. Health officials report that of the over 350 cases reported in July 2024, only 80 patients are receiving treatment due to the shortage of necessary antibiotics. Earlier in the year, health officials stated that cases under investigation had been identified in 11 of Benue's 23 local government areas.

According to the WHO, Buruli Ulcer remains endemic in Nigeria. In 2023, 482 cases were reported, although data on confirmed cases of the disease remain unavailable. The source of infection is the bacterium *Mycobacterium ulcerans*, which requires early treatment to prevent potential long-term disability. Source: [NewsMedia](#), [WHO](#)

Mpox – Guinea

On 03-Sep-2024, news media reported on the first ever laboratory-confirmed mpox case in Guinea. Limited information was provided for this case. The affected individual is a seven-year-old female from a rural community in Macenta near the south-eastern border, surrounding which is a forested region. Macenta is approximately 24 km away from the Liberian border where cases continue to be reported in 2024. Source: [NewsMedia](#), [Ministry of Health](#)

Lassa Fever – Nigeria

Since August 30 2024 217 new cases (11 confirmed, 206 suspected) and three new deaths (CFR: 23%) of Lassa fever were reported from three states. This is a 17% decrease in the number of new cases compared to the last update. Cumulatively, 8,955 cases (982 confirmed; 7,973 suspected) and 169 deaths (CFR: 17.1%) of Lassa fever have been reported from 28 of 36 states and the federal capital territory this year. Source: [African CDC](#)

Cholera – Tanzania

A cholera outbreak has been ongoing in the United Republic of Tanzania since September 2023. From 1 January to 5 August 2024, a total of 3 920 cases and 66 deaths (CFR 1.7%) were reported from 21 regions, namely, Mara, Kigoma, Kagera, Singida, Simiyu, Shinyanga, Tabora, Ruvuma, Mwanza, Geita, Rukwa, Dodoma, Manyara, Morogoro, Katavi, Pwani, Mtwara, Tanga, Lindi, Dar es Salaam and Songwe. As of 5 August 2024, the outbreak had been declared over in more than half (12) of the affected regions, including Mtwara, Katavi, Pwani, Geita, Dodoma, Kagera, Ruvuma, Tanga, Rukwa, Shinyanga, Singida and Dar es Salaam. Songwe region which had not reported cases since the beginning of the outbreak, has started reporting cases in recent weeks.

Hepatitis E – South Sudan

SSD is facing a severe hepatitis E outbreak, aggravated by inadequate access to clean water and poor sanitation. The large-scale internal displacement of at-risk populations to areas affected by Hepatitis outbreaks has contributed to shifting transmission dynamics. Food insecurity has further exacerbated the situation, putting additional strain on the country's fragile healthcare system. Efforts to control the outbreak focus on improving water and sanitation conditions and raising awareness about prevention. However, limited resources and ongoing conflict hamper effective response and management. With cases reported in areas bordering Sudan and South Sudan, it is crucial to gear efforts towards cross border transmission.

Drought and Food insecurity - Zimbabwe

The 2023-2024 El Niño event has caused a severe drought in Zimbabwe, leading to significant crop failures and livestock losses. With widespread food insecurity expected to impact 7.6 million people between January and March 2025, immediate humanitarian aid is crucial. The effects of the drought have extended beyond agriculture. Zimbabwe's livestock sector is also severely affected due to poor pasture quality and a lack of drinking water, which is expected to worsen from June to October 2024.

Long-term strategies should focus on climate-resilient agriculture, better water management, and safeguarding vulnerable populations, especially women and children, to mitigate future crises and enhance overall resilience.

Landslides – Uganda

The previously reported landslide at the Kiteezi landfill in Kampala, Uganda, triggered by torrential rain, was confirmed by WCO. There have been 35 reported deaths, with 33 identified and two still unclaimed. Rescue efforts continue as 28 people remain missing, and 328 individuals have been displaced across 5 Local Government Areas. The displaced population includes 120 adult females, 62 adult males, and 146 minors. Homes, shops, and public facilities were buried under garbage due to the heavy rainfall.

Floods – Mali

Mali experienced heavy rainfall between 22 July and 26 July 2024, leading to significant flooding, particularly in Bla City, in Ségou region in the central part of the Country. The floods cumulatively affected 7 077 households comprising 47 374 people. The government of Mali called for a state of emergency on 24 August 2024. The affected areas reported the collapse of over 1 587 houses, damage to public and private buildings, and the destruction of essential infrastructure such as wells and latrines, thus increasing the risk of a new cholera outbreak and other waterborne diseases. The damage to food stores and grain reserves also raises concerns about food security for the affected populations.

Cholera - the Union of Comoros

The cholera outbreak, declared on 2 February 2024 on Ngazidja Island in the Union of Comoros, shows a downward trend after more than six months of response. Three islands were affected (Ngazidja island, Ndzuwani and Mwali islands). As of 18 August 2024, 10 342 suspected cases were recorded. Of these, 1 100 (10.6%) cases were confirmed through Rapid Diagnostic Tests, while epidemiological links clinically confirmed 9 242. The outbreak has resulted in 149 deaths, with a case fatality rate (CFR) of 1.4%.

Concerted efforts by the Ministry of Health and their implementing partners have successfully controlled the outbreak. Public health efforts include enhanced surveillance, water distribution, and hygiene campaigns. The response to the outbreak has included a significant vaccination effort. Overall vaccination coverage is 58.0%. Even when no new cases have been reported since late July, continued surveillance is needed.

Cholera - Togo

A new cholera outbreak was reported in Togo during Week 31 (ending 3 August 2024). Togo has reported eleven suspected cholera cases, five confirmed cases, and one death, resulting in a case fatality rate (CFR) of 9.0%. The geographic distribution shows that all cases were concentrated in Adakpamé area, within the Golfe 1 district of Grand Lomé.

Other Infectious Disease Outbreaks – Middle East/Europe



Mpox – Sweden

On 15 August 2024, the World Health Organization was notified of a laboratory-confirmed case of mpox with clade Ib monkeypox virus (MPXV) by the International Health Regulations (IHR) National Focal Point (NFP) of Sweden. The patient reported travel to an outbreak-affected country in the African Region. While there has been recent international spread of clade Ib MPXV from the Democratic Republic of the Congo to its neighbouring countries, this is the first case of clade Ib reported outside of the African Region.

The only identified close contact is being monitored and the **risk of within-country spread** has been assessed by Swedish authorities as **very low**.

WHO strongly advises that countries continue to follow the WHO Director-General's Standing Recommendations issued in August 2023, particularly concerning epidemiological surveillance of mpox and the strengthening of laboratory diagnostic capacities.

Sources: [WHO](#)

Crimean-Congo Hemorrhagic Fever (CCHF) – Portugal

On 11-Jul-2024, a case of Crimean-Congo hemorrhagic fever (CCHF) was identified in the Bragança region of Portugal. The case is an 80-year-old man with no recent travel history. The patient developed symptoms on 11-Jul-2024 after engaging in agricultural activities. He was then admitted to the Bragança Hospital with unspecified symptoms and subsequently passed away. No additional cases of CCHF have been identified in the region, and no person-to-person transmission has been reported.

The Directorate General of Health (DGS) has confirmed that this is an **isolated case, with no risk of further transmission**.

Entomological investigations are ongoing, focusing on tick populations in the Bragança area, particularly those associated with deer, goats, and wild pigs. To date, the virus responsible for CCHF has **not been detected in ticks** monitored by the REVIVE insect surveillance network in Portugal.

Source: [DGS](#)

Pertussis – France

Similar to other countries, France is experiencing a rise in pertussis cases (also known as whooping cough). While the increase in cases is due to multiple factors, researchers at the Pasteur Institute have recently found **mutations in *Bordetella pertussis*** (the causative bacteria of pertussis).

According to data from the National Reference Centre (CNR) for pertussis, there have been at least 15,000 pertussis cases in 2024 so far. This is a steep rise from 495 in 2023, 67 in 2022, and 34 in 2021, according to CNR. In April 2024, the French national health agency, Santé Publique France (SPF), warned about 15 pertussis case clusters, mostly in community settings (nursery schools, primary schools, day nurseries, and nursery homes) but also in family settings. The most recent report from SPF, on 29-Jul-2024, highlighted a pertussis test positivity rate of 22%. The number of monthly tests has also increased 35-fold between January 2024 and June 2024. Consultations for pertussis increased 75-fold between March 2024 and June 2024. The number of emergency room visits increased 15-fold. The number of hospitalizations has increased six-fold between March 2024 and July 2024. Since the beginning of this year, 199 infants under one year of age have been hospitalized, compared to only 41 for the whole of 2023.

Source: [IJM](#)

West Nile Virus – Jordan

The **first historical West Nile virus (WNV)** case was laboratory-confirmed in Jordan on 30-July-2024.

- There is limited available information, but local media reports indicate that the affected individual is a six-year-old girl in stable condition who has since recovered.
- The affected child was first admitted to Mafraq Governmental Hospital with a high fever and was later transferred to the Founding King Hospital.
- Blood samples were processed at the central laboratories of the Ministry of Health.
- The case was detected through the local Ministry of Health's fever surveillance programme in selected areas, defined as geographically representative regions in the country.
- Seroprevalence studies show that WNV is found in many countries in the EMR including Jordan, Palestine, Lebanon, Qatar, and Yemen (Jordan 8.61%).
- Israel has been recently affected by a large outbreak of WNV, which has resulted in over 700 cases including 51 associated fatalities.
- Jordan, a middle-income country in the EMR, is located along major migratory routes for birds travelling across Asia, Africa, and Europe.

Source: [NewsMedia](#), [PubMed](#)

Vaccine-derived Poliomyelitis - Palestinian Territory

On 17-Aug-2024, the Palestinian Ministry of Health reported the first confirmed human case of vaccine-derived poliomyelitis (VDP) in the Gaza-Strip, after a 25-year hiatus. Before this notable event, vaccine-derived poliovirus type-2 (cVDPV2) was detected in wastewater samples in Gaza, raising concerns about the potential spread in the region.

The confirmed case is a 10-month-old unvaccinated child from Deir al-Balah, in central Gaza. The child displayed symptoms compatible with acute flaccid paralysis and was admitted to a local hospital. Laboratory samples were sent to Amman, Jordan, and the Ministry of Health confirmed the underlying cause of the paralysis is VDP. Strain information is still pending.

The last human polio case in Gaza was confirmed 25 years ago, making this a significant public health concern.

The UN, along with WHO and UNICEF, initiated a two-stage seven-day vaccination campaign across Gaza utilizing the novel oral polio vaccine type 2 (nOPV2), aiming to immunize over 640,000 children under the age of 10. The first 187 000 children under ten years of age were vaccinated in central Gaza with novel oral polio vaccine during the first phase of a two-round polio vaccination campaign, conducted between 1–3 September 2024. The campaign moved to southern areas of the Gaza Strip on September 5.

Source: [UN](#), [UN2](#), [PolioEradication](#), [WHO](#)