



Update 141 FHP-Update 20 September 2023

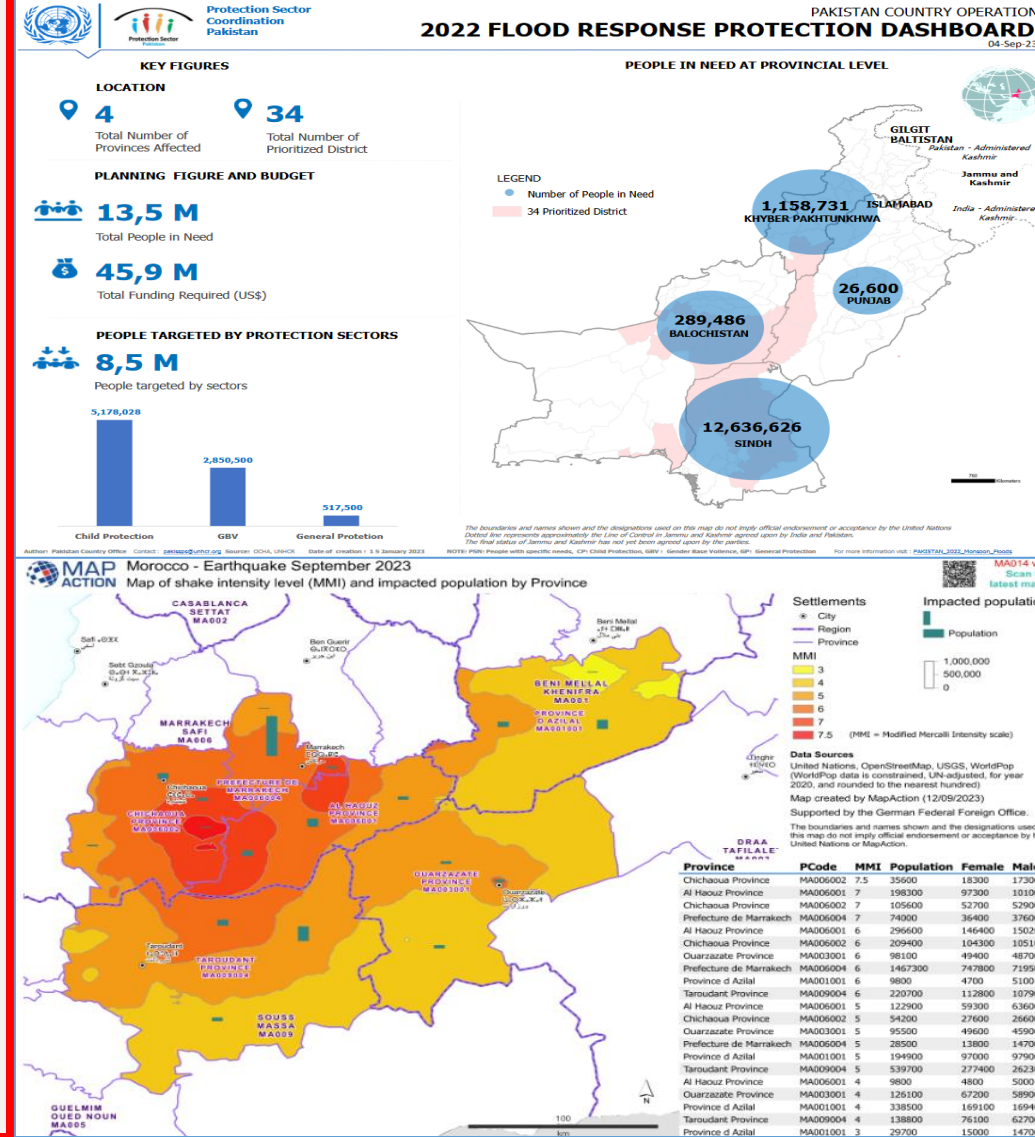


News:

- On Friday Sept.8th at 11:11pm, a magnitude 6.8 earthquake hit [central Morocco](#); killed nearly 3000 people and injured more than 5600 people. It is affecting up to 450,000 individuals. Subsequent internal displacement saw Marrakesh and Taroudant's populations surge.
- Storm Daniel has affected several countries in the [Mediterranean area](#) since the beginning of September 2023, including two EU countries - Bulgaria and Greece. Substantial damage has been caused in the affected areas. Heavy rains, flash flooding, and the subsequent collapse of two dams following Storm Daniel's landfall on September 10 and 11 have displaced more than 40,000 people across several districts in **northeastern Libya**, according to the UN. IDPs and affected populations require emergency food assistance, psychosocial support, shelter, and other types of assistance.
- WHO:** [Malaria diagnostics and treatment are lacking in Afghanistan](#). WHO is calling for regular supply of malaria medicines and needed consumables to the public health facilities. If the gap is unfilled, there is a high risk of severe malaria outbreaks in the country.
- WHO:** In response to [Rabies as a public health crisis](#), global organizations have united to develop a [strategic plan to eliminate human deaths from dog-mediated rabies by 2030](#). The primary objective of the NBW-R is to **improve coordination among the different sectors and disciplines** by increasing understanding and recognition of their contributions to rabies control and by facilitating an in-depth analysis of collaboration gaps in rabies prevention and control within the host countries.
- WHO/World Bank:** published the [2023 Universal Health Coverage \(UHC\) Global Monitoring Report](#), revealing an alarming stagnation in the progress towards providing people everywhere with quality, affordable, and accessible health care.
- Red Cross/WHO:** [Dead bodies from natural disasters and conflict do not generally pose health risks](#). This is because victims who have died from trauma, drowning or fire do not normally harbour organisms that cause disease with common precautions. The exceptions are when deaths occur from infectious diseases such as Ebola or Marburg diseases or cholera, or when the disaster occurred in an area endemic for these infectious diseases. But bodies should not be left in contact with drinking water sources as bodies may leak feces and contaminate water sources.
- ECDC:** publishes [epidemiological update on increased COVID-19 transmission](#), SARS-CoV-2 variants, and public health considerations for autumn 2023.
- ECDC:** The European Scientific Conference on Applied Infectious Disease Epidemiology is up for registration. This year's ESCAIDE will be held as a hybrid event, in Barcelona and online, from 22-24 November.
- ECDC:** As of 10 August 2023, ECDC classified all [XBB.1.5-like lineages with additional spike protein change F456L](#) as variants of interest (VOI). This includes lineages EG.5, FL.1.5.1, XBB.1.16.6 and FE.1, among others. The reason for this classification is the rapid increase in proportion of these lineages within the EU/EEA, together with a slight increase in epidemiological indicators. The reason ECDC is not singling out EG.5 within the group is that other 456L-lineages also exhibit elevated growth rates, and the likely source of the elevated growth rate is the F456L change itself.

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COVID-19 Situation by WHO Region, as of 27 August

Global epidemiological situation overview; WHO as of 27 August 2023

In the last 28-day period (31 July to 27 August 2023), over 1.4 million new COVID-19 cases and over 1800 deaths were reported to WHO, an increase of 38% and a decrease of 50%, respectively, compared to the previous 28 days. As of 27 August 2023, over 770 million confirmed cases and over 6.9 million deaths have been reported globally.

At the country level, the highest numbers of new cases reported within the 28-day period were from the Republic of Korea (1 296 710 new cases; +73%), Italy (26 998 new cases; +81%), the United Kingdom (26 264 new cases; +89%), Australia (20 628 new cases; -33%), and Singapore (20 432 new cases; -12%). The highest numbers of new 28-day deaths were reported from the Republic of Korea (596 new deaths; +199%), Italy (192 new deaths; +45%), the Russian Federation (158 new deaths; -37%), Australia (145 new deaths; -62%), and China (135 new deaths; +193%).

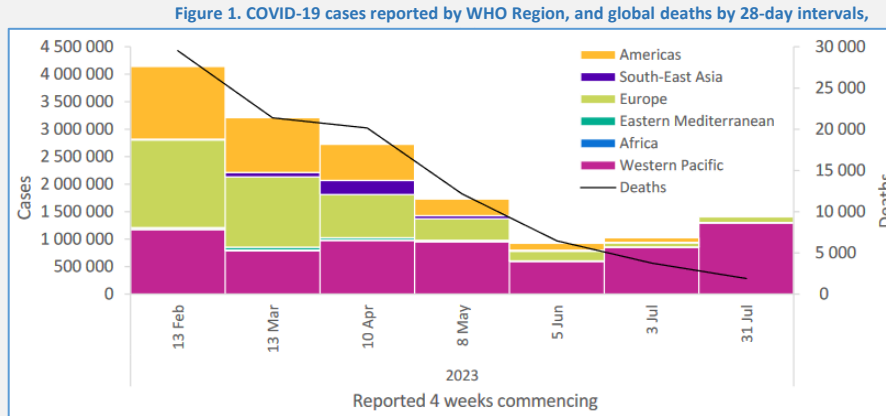
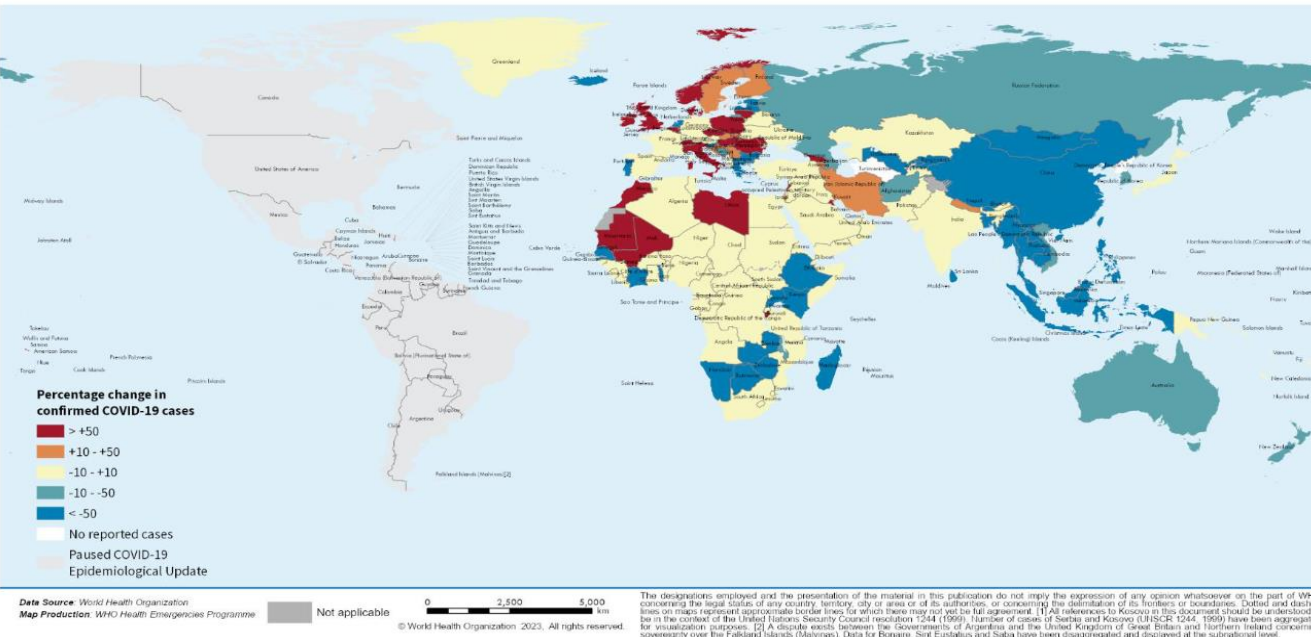


Figure 2. Percentage change in confirmed COVID-19 cases over the last 28 days relative to the previous 28 days, as of 27 August 2023**



Hospitalizations and ICU admissions

Table 2. New hospitalizations and ICU admissions in the last 28 days (with percent change) by WHO Region, 24 July to 20 August 2023 compared to 26 June to 23 July 2023

Region	New hospitalizations from countries that reported consistently in the last two 28-day periods			New ICU admissions from countries that reported consistently in the last two 28-day periods		
	Number of countries* (percentage)	Number of new hospitalizations	Percent change	Number of countries* (percentage)	Number of new ICU admissions	Percent change
Africa	0/50 (<1%)	NA**	NA	0/50 (<1%)	NA	NA
Americas	3/56 (5%)	46 762	59%	2/56 (4%)	373	-37%
Eastern Mediterranean	0/22 (<1%)	NA	NA	0/22 (<1%)	NA	NA
European	10/61 (16%)	5 027	36%	10/61 (16%)	138	29%
South-East Asia	1/10 (10%)	987	33%	0/10 (<1%)	NA	NA
Western Pacific	1/35 (3%)	376	-28%	3/35 (9%)	82	-37%
Global	15/234 (6%)	53 152	55%	15/234 (6%)	593	-28%

* To be able to compare two periods, only the countries reported consistently in both the last and previous 28 days periods are included in the table
 ** NA represents not available

Global COVID-19 Vaccination recommendations

On 14 September 2023, the **European Medicines Agency (EMA)** [announced](#) that EMA's Committee for Medicinal Products for Human Use (CHMP) has **recommended** the authorisation of an updated **Spikevax vaccine** targeting the Omicron XBB.1.5 subvariant (Spikevax XBB.1.5). The vaccine is to be used **for adults and children from six months of age**. The European Commission had already [authorised](#) an **adapted Comirnaty vaccine**, which also targets the Omicron XBB.1.5, for **adults and children aged six months and over**.

On 12 September 2023, the **United States Centers for Disease Control and Prevention (US CDC)** [published](#) recommendations on the use of an updated COVID-19 vaccine for the autumn/winter virus season. According to the [press release](#), **US CDC recommends that everyone over the age of six months should receive an updated COVID-19 vaccine**. US CDC also stated that the updated COVID-19 vaccines from Pfizer-BioNTech and Moderna will be available later in the week. The US CDC press release followed a [news release](#) by the US Food and Drug Administration on 11 September stating that, following the authorisation of updated monovalent XBB.1.5 vaccines, the **previously used bivalent vaccines are no longer authorised**.

SARS-CoV-2 continues to circulate in the EU/EEA with varying intensity. The epidemiological picture in the EU/EEA over the past 12 months has been characterised by periodic waves of infection, approximately every two to three months, with an overall downward trend in the height of the associated peaks in reported cases, hospitalisations, ICU admissions and deaths during this period. The emergence of new variants of concern or population immunity waning over time may have an impact on the epidemiological situation in the future. For the most recent risk assessment, please visit [ECDC's dedicated webpage](#).

SARS-CoV-2 Variant Under Monitoring: BA.2.86



On 13-Aug-2023, a new highly mutated variant, BA.2.86 (sublineage of Omicron BA.2), nicknamed "Pirola" after a large asteroid that hangs out near Jupiter, was detected for the first time globally and was declared a variant under monitoring by the WHO on 17 August 2023. At this time, based on limited available information, this event deemed to be of low concern at the global level.

Early experimental data show that the variant is antigenically distinct from currently circulating variants and demonstrates substantial immune evasion properties relative to the BA.2 variant and XBB-infection/vaccination induced antibodies. However, the variant shows a reduction in infectivity over currently circulating lineages. Further data and research are needed to better assess whether, and/or to what degree, this variant or a sub-lineage may have an impact at a population level. Information indicating a growth advantage, the significance of evolutionary changes if it continues to spread, and epidemiological studies on intrinsic virulence will aid in improving understanding of potential impact. However, such information may not be available in a timely manner for pre-emptive policy changes or improved mitigation strategies to reduce impacts.

The emergence of this variant is a reminder that these highly divergent evolutionary jumps in the viral genome continue to occur, with the potential to cause increasing infections and re-infections, worsen acute and long-term population health impacts, and create disruption.

Based on sequences uploaded to the global [GISAID database](#), and detections in wastewater, the variant has been detected in 17 countries Israel, Denmark, Norway, Sweden, Portugal, Canada, France, Germany, Spain, the UK, the US, South Africa, Switzerland, Thailand, Australia, Japan and South Korea so far. However, limited and lagging genomic surveillance means it may well be circulating elsewhere too. No deaths have been reported to date.

WHO label	Lineage + additional mutations	Country first detected (community)	Spike mutations of interest	Year and month first detected	Impact on transmissibility	Impact on immunity	Impact on severity	Transmissibility in EU/EEA
Omicron	BA.2.86	n/a	I332V, D339H, R403K, V445H, G446S, N450D, L452W, N481K, 483del, E484K, F486P	n/a	No evidence	No evidence	No evidence	Detected (a)

Mutational changes in BA.2.86, compared to previous variants:

- 36 mutations in spike protein compared to XBB.1.5, the currently dominant variant globally which is also the variant targeted by upcoming new vaccines
- 34 mutations in spike protein compared to BA.2 (its parental lineage)
- 58 mutations in spike protein compared to ancestral Wuhan strain
- 30+ mutations in spike protein compared to EG.5.1, the variant currently gaining dominance in several parts of the world

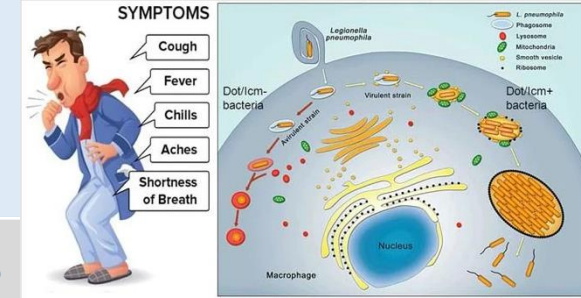
Countries where BA.2.86 has been detected via testing or wastewater sampling, as of 31-Aug-2023.

Country	Case or Wastewater samples	Date of earliest collected sample	Date of last reported detection
Denmark	10 cases and wastewater	24-Jul-2023	28-Aug-2023
United States of America	4 cases and wastewater	29-Jul-2023	31-Aug-2023
Sweden	4 cases	7-Aug-2023	29-Aug-2023
Portugal	2 cases	15-Aug-2023	28-Aug-2023
South Africa	2 cases	24-Jul-2023	22-Aug-2023
United Kingdom	2 cases	13-Aug-2023	31-Aug-2023
Israel	1 cases	31-Jul-2023	13-Aug-2023
Canada	1 case	N/A	29-Aug-2023
France	1 case	21-Aug-2023	31-Aug-2023
Germany	Wastewater	N/A	28-Aug-2023
Norway	Wastewater	N/A	30-Aug-2023
Spain	Wastewater	N/A	28-Aug-2023
Switzerland	Wastewater	5-Aug to 6-Aug	23-Aug-2023
Thailand	Wastewater	End of July to early August	23-Aug-2023

Reasons for Concern

1. This variant represents a substantial jump in its number of mutations. The total number of mutations in its spike protein compared to its parental lineage (34 mutations) is similar to the number of mutations in early Omicron (BA.1) compared to the ancestral Wuhan strain (30+ mutations).
2. There is a large number of new mutations in the spike protein, which is the protein targeted for the mRNA vaccines. Based on early estimates, the variant can escape antibodies induced by an XBB infection or vaccination, indicating that the upcoming XBB-targeted vaccines may not generate antibodies that are readily able to recognize and neutralize this variant.
3. There is a significant decrease in COVID-19 surveillance globally, including lack of availability of PCR testing and genomic sequencing in many locations. This indicates that the true prevalence of BA.2.86 is likely higher than reported, and makes it more challenging to understand its potential ability to outcompete other variants. For comparison – a total of 86,039 COVID-19 sequences from 71 countries were uploaded to GISAID in July 2023 (the month prior to detection of BA.2.86), which is approximately 10 times lower than November 2021, the month when Omicron was detected (823,388 total sequences from 136 countries) (Source: GISAID).
4. While the rate of growth cannot be established yet with certainty until a higher volume of cases are sequenced, the variant may also continue evolving towards a greater fitness advantage and become better able to outcompete circulating lineages (as has been seen with previous lineages (e.g., XBB.1.5 from XBB)).

Legionellosis - Poland



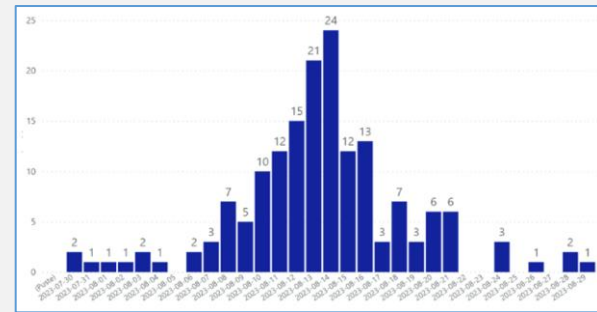
Situation at a glance

As of 11 September 2023, a total of 166 cases of legionellosis, including 23 deaths, have been reported from Poland. Legionellosis, more commonly known as Legionnaires' disease, is a pneumonia-like illness, caused by a bacterium, that varies in severity from mild to a severe illness and sometimes fatal form of pneumonia.

This observed **increase in confirmed cases, and associated hospitalizations and deaths** seen since mid-August, is unusual, considering that the number of cases is higher than the annual number reported in Poland since 2016.

Polish health authorities are coordinating cluster investigation activities, active case finding to identify additional cases, and public health activities to prevent transmission and limit the emergence of new cases, through preventive control measures.

Since 7 September, **no new cases** have been reported, although the **infection source has not yet been identified**. Investigations are still ongoing to find the source of the outbreak.



Number of confirmed Legionellosis cases reported in Rzeszow by Epidemic week

Description of the situation

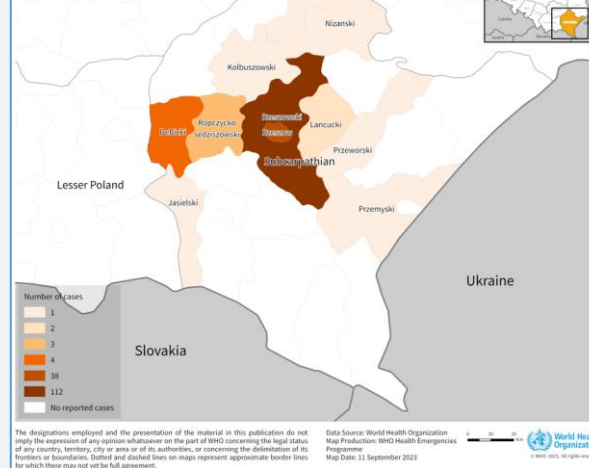
On 18 August 2023, public health authorities in Rzeszów, Poland, announced the detection of a cluster of 158 suspected community-acquired pneumonia cases, including 15 laboratory-confirmed cases of legionellosis among patients admitted to several hospitals in Rzeszów.

Between 18 August and 11 September 2023, a total of 166 laboratory-confirmed cases, all hospitalized, and 23 associated deaths (CFR of 14%) have been reported. Most cases, 67% (n=112), were recorded in the city of Rzeszów, 23% (n=38) of cases in Rzeszów county, and 10% (n=16) cases in other locations.

Preliminary results from an ongoing epidemiological investigation indicate that the first cases developed symptoms on 30 July, while most cases developed symptoms between 12-16 August. Adults between 60 and 90 years are the most affected age group. The most recently reported case has an onset date of 29 August. All 23 related deaths had underlying comorbidities and were between the ages of 53 and 98 (11 females and 12 males).

Source: [WHO](#)

Geographic distribution of confirmed Legionellosis cases in Poland between 18 August and 11 September 2023.



Public health response

- Inspections carried out in the period from August 18 to September 4, 2023.
- 238 facility inspections were carried out, 182 samples of hot and cold water were taken, and six decisions were issued requiring action to be taken to reduce the number of Legionella bacteria in domestic hot water. It was recommended, among others, to conduct a technical inspection of the installation, check the water temperature, and clean and disinfect the building.
- Currently completed testing of hot and cold water (54 samples) taken on August 18-23 and confirmed the presence of Legionella pneumophila in 12 hot water samples at high and medium levels.
- Among the positive ones, three studies concern public utility facilities, and the remaining ones discuss the apartments of people with confirmed Legionella pneumophila infection.
- Tests of cold water at the supply points to the network did not confirm the presence of bacteria of the Legionella genus.
- On 29/08 – 01/09/2023 control tests of the water after the disinfection of the water supply network in the city of Rzeszów and the surrounding area, carried out on August 26-27, 2023, were also carried out, which confirm the suitability of the water for consumption.

Epidemiological investigation.

- As part of the epidemiological investigation, environmental tests are carried out on hot and cold water, weather conditions, and existing refrigeration installations, the latter mainly in the city of Rzeszów, as well as failure rates are also taken into account, and implemented modernization of water supply networks.
- Epidemiological investigation also includes genetic testing of samples taken from people who are sick and in hospitals. The epidemiological study conducted at the outbreak in Rzeszów is a long-term process of collecting and analyzing all information obtained as part of interviews and research, including comparing genetic sequences of bacteria in individual locations.
- **Probably, the high level of legionella pneumophila occurrence in the water is correlated with extremely high temperatures, which occurred in the Podkarpackie voivodeship in July and August 2023 – global climate change.**

Military response

- Due to the risk of a possible epidemic threat, the Military Sanitary Inspection has taken intensified measures for epidemiological supervision.
- **There are no cases amongst POL and NATO troops.**
- Due to the occurrence of legionella infections in the territory of the Podkarpackie and Lubelskie Voivodships from places of dislocation of military units and stationing of NATO troops (Camp EAGLE and the Nowa Dęba Training Area) were collected by the Military Center for Preventive Medicine in Krakow, water samples. The laboratory performed tests in accordance with Polish legal regulations and defense standards:
[Directive \(EU\) 2020/2184 of the European Parliament and of the Council of 16 December 2020 on the quality of water intended for human consumption](#) (recast),
Microbiological: [PN-EN ISO 11731:2017-08 + Ap1:2019-12](#) and Legiolert test.
- **Tests excluded the presence of legionella bacteria in the water where NATO troops are located.**

While Legionella spp. bacteria are classified as Group 2 biological agents, meaning they are known to cause human disease but are unlikely to spread and an effective prophylaxis and/or treatment is available; they are not considered to be an effective biological weapon, and therefore, not a potential risk for use in bioterrorism.

Source: Department of the Polish Military Medical Service

Global Yellow Fever Update, 2022

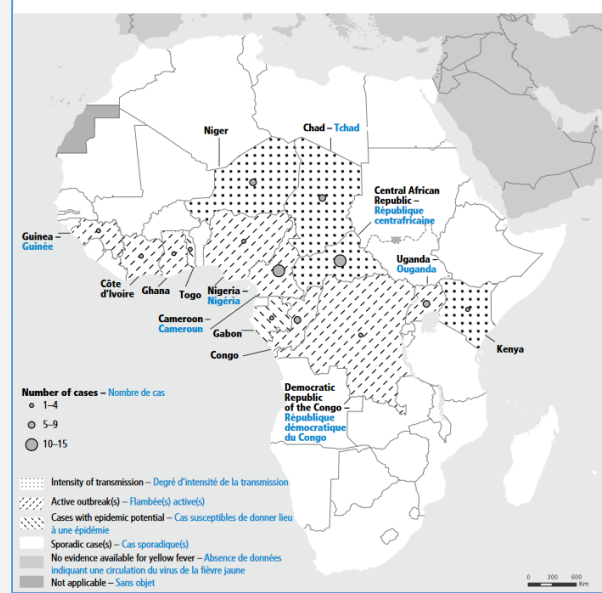
In 2022, cases of yellow fever (YF) were identified over a wide geographical area in Africa, covering 14 countries, and widespread virus circulation with occasional spill-over to humans continued in the Americas.

In the [African Region](#), the number of cases represents an increase from 2021, when 11 countries reported confirmed and probable cases. Resurgence of YF in Africa remains high, the highest in over 20 years, classified as a level-2 event in WHO's internal grading system for health emergencies between November 2021 and December 2022. In response to outbreaks, 8 reactive vaccination campaigns were conducted in 6 African countries, protecting an estimated 5 million people against YF for life.

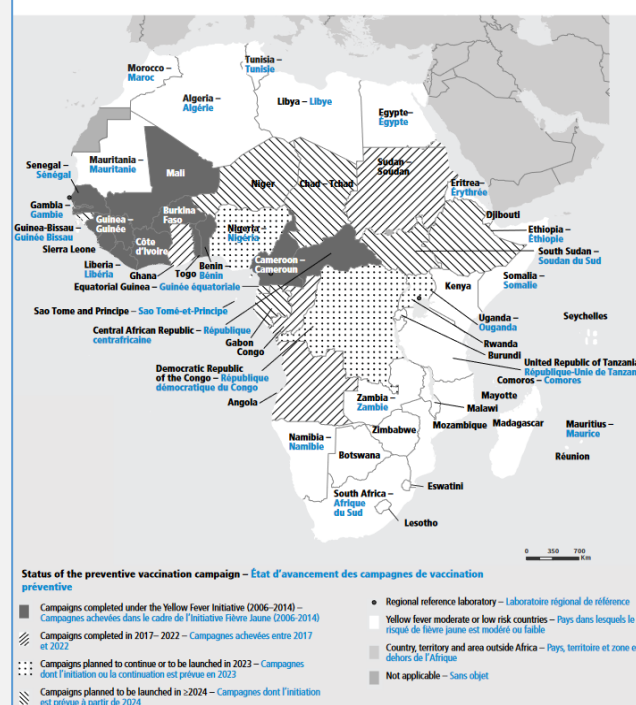
In Africa, one of the 4 outbreaks in 2022 was reported in a country with a history of YF preventive mass vaccination campaigns (PMVCs). Localized immunity gaps in high-risk countries present a continued risk of future outbreaks unless those gaps are closed. In 2022, cases and outbreaks continued to affect populations that had not been reached by immunization services, such as those living in areas with compromised security, migrant workers, nomadic populations, and zero-dose children and communities.

In the [Americas](#), YF cases were confirmed in Brazil (states of Minas Gerais, São Paulo, Paraná and Rio Grande do Sul), Peru (departments of Junín, Ucayali and Ayacucho) and the Plurinational State of Bolivia (La Paz department) between July 2022 and June 2023.

Map 1 Distribution of confirmed yellow fever cases and outbreaks by country, Africa, 2022
Carte 1 Distribution des cas confirmés de fièvre jaune et flambées par pays, Afrique, 2022



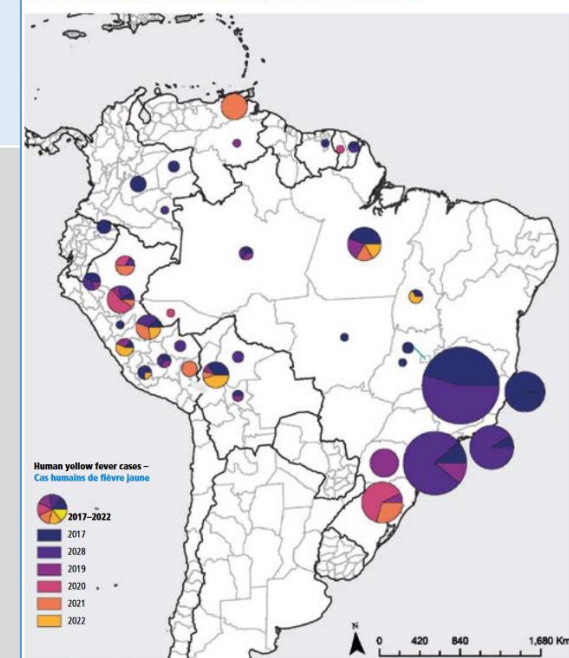
Map 3 Yellow fever preventive mass vaccination campaigns in Africa, as of 31 December 2022
Carte 3 Campagnes de vaccination préventive de masse contre la fièvre jaune en Afrique, au 31 décembre 2022



EYE dashboard for countries in Africa at high risk for yellow fever (YF)

Country – Pays	Application – Demande		Implementation – Mise en œuvre		PMVC and RCV status – Situation de la CVPM et de la CVR
	Routine vaccination – Vaccination systématique	PMVC- CVPM	Routine vaccination introduction – Introduction de la vaccination systématique	Routine vaccination coverage* – Couverture de la vaccination systématique*	
Vaccination activities completed in 2022 – Activités de vaccination réalisées en 2022					
Chad – Tchad	NA – SO	Initiated in 2022, approved in 2023 – Initiée en 2022, approuvée en 2023	1985	42% (↓)	RCVs in January and July 2022; PMVC to be launched in 2024 – CVR en janvier et juillet 2022; CVPM devant être lancée en 2024
Kenya	NA – SO	NA – SO	2001 (subnational) – 2001 (infranationale)	4% (↓)	RCV in 2022 – CVR en 2022
Niger	NA – SO	Initiated in 2022, approved in 2023 – Initiée en 2022, approuvée en 2023	2005	80% (↓)	RCV in 2022; PMVC to be launched in 2024 – CVR en 2022; CVPM devant être lancée en 2024
Nigeria – Nigéria	NA – SO	2020	2004	59% (↓)	Phase 6 and 2 states from phase 5 – Phase 6 et 2 États en phase 5
Republic of Congo – République du Congo	NA – SO	2020	2004	61% (↓)	Nationwide PMVC, single phase – CVPM au niveau national, phase unique
Uganda – Ouganda	2020	2020	October 2022 – Octobre 2022	NA – SO*	Multi-year PMVC launched in 2023 – CVPM pluriannuelle lancée en 2023
Vaccination activities launched or under way in 2023 – Activités de vaccination lancées ou en cours en 2023					
DRC – RDC	NA – SO	2018	2004	55% (↓)	Revised phases 3 and 4 – Phases révisées 3 et 4
Nigeria – Nigéria	NA – SO	2020	2004	59% (↓)	Phase 7 – Phase 7
Sudan – Soudan	2019	Catch-up 2020 – Rattrapage 2020	2021	Pending – En attente	Catch-up activities (10 states in 2023) – En Activités de rattrapage (10 États en 2023)
Uganda – Ouganda	2020	2020	2022	NA – SO*	Multi-year PMVC launched in 2023 – CVPM pluriannuelle lancée en 2023
Vaccination activities from 2024 onwards – Activités de vaccination à partir de 2024 et au-delà					
Chad – Tchad	NA – SO	2023	1985	42% (↓)	2024 launch of multi-year PMVC – Lancement en 2024 de la CVPM pluriannuelle
DRC – RDC	NA – SO	2018	2004	55% (↓)	Continuation of multi-year PMVC – Poursuite de la CVPM pluriannuelle
Equatorial Guinea – Guinée équatoriale	NA – SO	Non-Gavi eligible – Non éligible pour Gavi	2008	53% (↓)	PMVC, single phase – CVPM L phase unique
Ethiopia – Éthiopie	Pending – En attente	Pending – En attente	2022 target updated to 2024 – Objectif 2022 reposé à 2024	NA – SO	2025 target for PMVC to be confirmed – Objectif 2025 pour la CVPM devant être confirmé
Vaccination activities from 2024 onwards – Activités de vaccination à partir de 2024 et au-delà					
Gabon	NA – SO	Non-Gavi eligible – Non éligible pour Gavi	2003	64% (↑)	PMVC, single phase. Target date from 2025 – CVPM, phase unique. Date cible à partir de 2025
Guinea-Bissau – Guinée-Bissau	NA – SO	Pending – En attente	2008	71% (↑)	PMVC, single phase – CVPM, phase unique
Kenya	NA – SO	NA – SO	2001 (subnational) – 2001 (infranationale)	4% (↓)	Target for 10 scale-up to be confirmed – L'objectif d'extension de vaccination systématique reste à confirmer
Niger	NA – SO	2023	2005	80% (↓)	2024 launch of multi-year PMVC – Lancement en 2024 de la CVPM pluriannuelle
Nigeria – Nigéria	NA – SO	2020	2004	59% (↓)	Continuation of multi-year PMVC – Poursuite de la CVPM pluriannuelle
South Sudan – Soudan du Sud	Pending – En attente	Pending – En attente	2022 target to be updated – Objectif 2022 à reposer	NA – SO	Target for PMVC to be confirmed – Objectif pour la CVPM restant à confirmer
Uganda – Ouganda	2020	2020	2022	NA – SO	Continuation of multi-year PMVC – Poursuite de la CVPM pluriannuelle

Map 2 Distribution of confirmed human cases of yellow fever in the Americas, 2017–2022
Carte 2 Distribution des cas humains confirmés de fièvre jaune dans les Amériques, 2017–2022



Source: WHO

Afghanistan Emergency Situation Report on Public health

(Reporting Period: August 2023)

Summary of outbreaks

1,053
COVID-19
confirmed cases

39,155
Acute Watery Diarrhea
AWD (2023)

1,708
Measles (2023)

213
Dengue fever (2023)

176
CCHF (2023)

Summary

- WHO, along with 54 other Health Cluster partners, reached approximately 1.5 million people across Afghanistan with humanitarian health services through 979 health facilities in 333 districts of all 34 provinces.
- There were 319,068 people reached by WHO in 226 health facilities in underserved and hard-to-reach areas of 29 provinces through seven implementing partners. The services reached 33,324 children with immunizations; 1,383 deliveries; 10,453 antenatal care; 6,212 postnatal care and 17,942 mental health counselling.
- A total of 5,963 cases of severe acute malnutrition with medical complications (2,862 girls and 3,101 boys) were admitted and treated in 130 WHO-supported Inpatient Department for Severe Acute Malnutrition (IPD-SAM) centers in the country

Monthly summary of infectious disease outbreaks in Afghanistan August 2023

Indicators	AWD	CCHF	COVID-19	Measles	Dengue
Monthly new cases (% change compared to July)	39,155 (↑40.5)	176 (↓45.2)	1,053 (↑3.3)	1,708 (↓6.2)	213 (↑79.0)

Key figures (monthly)

396,501
People received emergency
healthcare service (PHC &
Hospitals)

13,045
people received trauma care
services (IPD+OPD)

67,947 KG
medical and non-medical
supplies provided

590
health workers trained

114
surveillance support teams
deployed to outbreak areas¹

COVID-19

- During the last month, the number of confirmed COVID-19 cases showed stabilization with eight associated deaths (CFR 0.8%).
- During August 2023, a total of 12,435 tests have been conducted in public laboratories, which is lower by 20.7% compared to July 2023. The test positivity decreased from 9.7% in July 2023 to 8.5% in August 2023.
- During the reporting period, around 165,000 individuals have been vaccinated, and the proportion of those who received at least one dose slightly increased to reach 42.6%.

Measles

- During the reporting period, the number of suspected measles cases was 1,708 which represents a decrease by 6.2% compared to July 2023, with a total of 11 associated deaths (CFR of 0.6%).

Dengue fever

- During the reporting period, 213 new suspected cases were reported which shows a 79.0% increase in the number of suspected cases compared to July 2023. No new associated deaths were reported during the last month.
- During August 2023, most of the new suspected dengue fever cases were reported from Nangarhar province, with very few cases reported from Laghman and Kunar.

Supplies

- 17 oral **ribavirin doses** sent to Balkh Infectious Disease Hospital (IDH)
- 715 sets of **personal protective equipment (PPE)** and 4,000 **hand sanitizers** were provided to all national disease surveillance response (NDSR) sites in 34 provinces
- 1,000 AWD with **dehydration Rapid Diagnostic Tests (RDTs)** and 1,000 Cary Blair have been sent to Kandahar, Nangarhar, Kabul, Mazar and Kunduz sub-office

Water, sanitation and hygiene (WASH)

WHO is actively involved in **improving WASH services in 105 healthcare** facilities across 11 provinces. This support involves rehabilitating and constructing solar-based 105 safe water sources, sanitation services, hygiene and waste management. Almost 80% activities have been completed. WHO is also supporting **water quality surveillance** in healthcare facilities and responding to water-borne disease alerts or outbreaks. WHO's WASH team has conducted water quality testing in 12 healthcare facilities, revealing microbiological contamination in 30% of the samples. The results have been shared with hospital administrations, and necessary measures have been implemented or recommended to minimize the risk of contamination.

Source: [Reliefweb](#)

Infectious hazard preparedness and surveillance

Acute Watery Diarrhea (AWD) with dehydration

- During the last month, a total of 39,155 AWD cases with dehydration were reported, which shows an increase of 40.5% when compared to July 2023, with a total of 21 associated deaths (CFR of 0.05%).
- Cumulatively, since the beginning of 2023, there were 152,198 cases of AWD with dehydration were reported, of which 57.3% were children below five years and 49.8% were females.

Crimean–Congo Hemorrhagic Fever (CCHF)

- During the reporting period, the number of suspected CCHF cases showed 45.2% decrease (176 suspected cases in August compared to 321 in July), with 15 new associated deaths.
- Cumulatively, since January 2023, a total of 992 suspected CCHF cases have been reported: 311 (31.4%) are females and 991 (99.9%) were above five years of age.
- The CCHF-associated deaths were reported from 14 provinces, more than half were reported from two provinces; Kabul (46.0%) and Balkh (14.0%).
- Totally, 879 samples of suspected CCHF cases were tested since the beginning of 2023, of which 300 samples were positive (positivity = 34.1%).

Libya Flood

Detailed overview

- Heavy rains, flash flooding, and the subsequent collapse of two dams following Storm Daniel's landfall on September 10 and 11 have displaced more than 40,000 people across several districts in northeastern Libya, according to the UN. IDPs and affected populations require emergency food assistance, psychosocial support, shelter, and other types of assistance.
- Critical sanitation infrastructure, water services, and health facilities in affected areas suffered widespread damage due to the floods, resulting in urgent health, water, and sanitation needs among vulnerable groups.
- The worst-affected areas are the cities Derna and Sousa, with the neighboring towns of Al Bayada and Al Makhaili.
- Libya is entering its rainy season, increasing the risk of outbreaks of diseases.

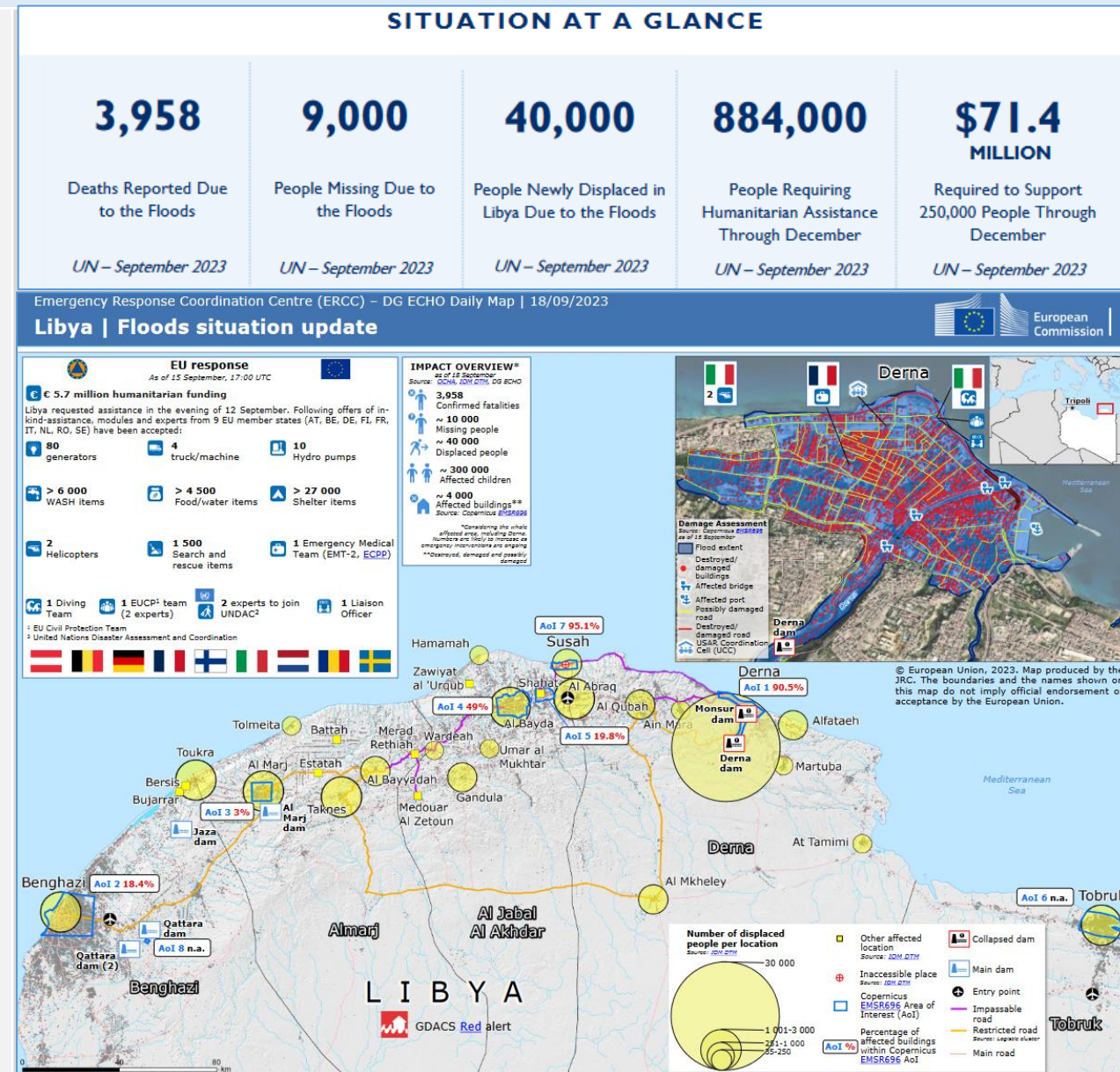
On September 10, a powerful "medicane" dubbed Storm Daniel made landfall in Libya, bringing strong winds and such heavy rainfall to northeastern areas of the country that two dams upstream of the coastal city of Derna collapsed the next day. The breach and resulting floodwaters had catastrophic consequences for the city's people and infrastructure.

Estimates of the number of deaths range from about 4,000 to double or triple that amount, with about 9,000 missing and 46,000 people displaced. The city of Derna has been most affected, with at least 3,283 buried so far, according to a government spokesperson. These figures are expected to increase as clean-up operations are underway and with stagnant water receding.

Schools have become temporary shelters for internally displaced people, and they are in urgent need of non-food items (NFIs), such as hygiene kits. Because healthcare infrastructure has been significantly affected, immediate emergency medical assistance and body bags for burials are needed. In addition, threat of further rain and flooding will exacerbate the outbreak of waterborne disease in an already strained environment. Therefore, access to clean water, working sanitation facilities, and hygiene promotion is critically required.

In Derna, there are four functional primary healthcare centers and one working hospital, where medical supplies, equipment and medication, as well as medical personnel, are needed. Due to the shock and grief of victims of the flood, mental health and psychosocial support (MPHSS) is required for survivors grappling with immense emotional trauma. Immediate food assistance also is required, as the storm has severely disrupted local supply chains.

Source: [Reliefweb1](#), [Reliefweb2](#)



Morocco Earthquake

Source: [Reliefweb1](#), [Reliefweb2](#)

Detailed overview

- On Friday Sept.8th at 11:11pm, a magnitude 6.8 earthquake hit central Morocco; killed nearly 3000 people and injured more than 5600 people. It is affecting up to 450,000 individuals. Subsequent internal displacement saw Marrakesh and Taroudant's populations surge.
- Currently, the number of trauma patients is limited. However, because of the limited access to medical care, especially in the mountainous region, patients with chronic diseases are having more difficulties obtaining necessary medical attention.
- Accessibility improved in key areas like Ighil post-earthquake, although comprehensive data on road blockages and detailed casualty numbers at the village level remain gaps in the current information.

Priority geographical areas:

Al Haouz Province: Douar El Darb, Moulay Brahim, Saniyat Yaakoub, Tinkest of Qiyadet Weryen, Ijoukak, Amizmiz.

Taroudant Province: Tizi Natast village.

Marrakech-Safi Region: Taoungast village, Imlil village, Tamgounssi hamlet.

Chichaoua Province: Adassil town, Anebdou, Targua, Tikht village.

Azilal Province: Affected regions in rural mountainous areas.

Priority affected groups:

Population displaced, especially women, boys, girls, unaccompanied minors, elderly and people with disabilities.

Priority needs:

Immediate attention is directed towards rescue efforts and clearing debris. Essential necessities such as **water, food, and shelter** are urgently needed for the victims. While **healthcare, sanitation, and mental health support** are widely required, there is a pressing demand for **non-food items** like blankets and warm clothing.

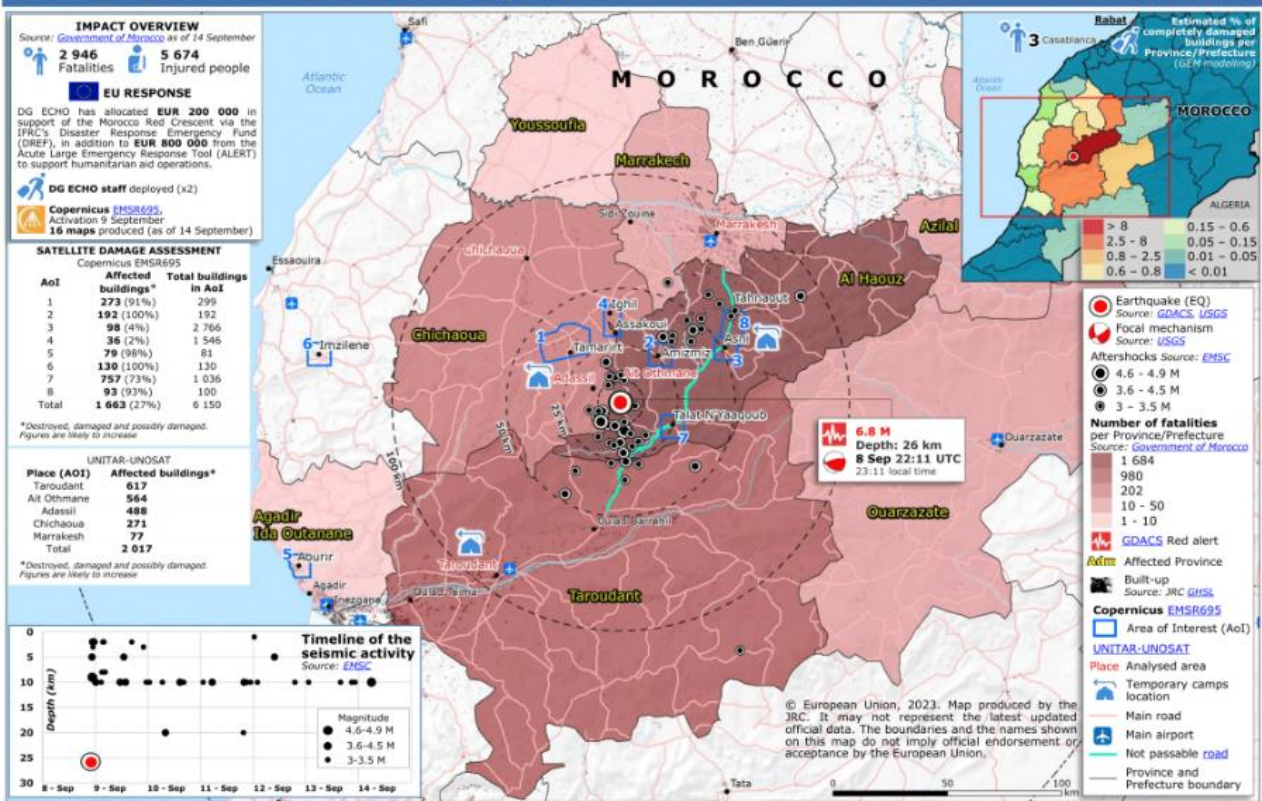
Health: The earthquake severely impacted health infrastructures, especially in Al-Haouz and Marrakech, with many victims needing urgent care. Unsatisfactory burial conditions in remote villages raise disease outbreak concerns. Marrakech's outdoor treatments highlight the urgent need for logistical support, while PTSD emerges as a significant mental health issue.

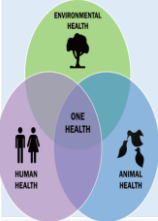
WASH: The earthquake disrupted water networks, intensifying potable water shortages, especially in Al-Haouz and rural areas. The challenges are amplified with potential contamination risks. Urgent needs include clean water, sanitation facilities, hygiene kits, and infant care essentials, alongside tools like flashlights for power outages.

Food Security and Livelihoods: The earthquake disrupted the food supply chain, causing distribution delays, increased demand, and heightened transport costs. Particularly in places like Taoungast village, families have lost livelihoods, increasing their dependency on aid. Unequal aid distribution, especially in Ouarzazate, risks tensions. Needs include stabilizing food distribution, restoring livelihoods, ensuring balanced aid, and prioritizing cash-based interventions for flexibility.

Crisis Impact Overview					
TBD	101,000 ¹	380,000 - 450,000	2,946	5,674	50,000/2,017 ²
People in need	People Internally displaced <small>(Crisis Ready 13/09/2023)</small>	People affected <small>(GEM ECHO_DCHA 14/09/2023) (ODACE 13/09/2023)</small>	Deaths <small>(GEM ECHO_DCHA 14/09/2023)</small>	Injured <small>(GEM ECHO_DCHA 14/09/2023)</small>	Houses damaged <small>(GEM 14/09/2023 / ECHO 14/09/2023)</small>

Emergency Response Coordination Centre (ERCC) – DG ECHO Daily Map | 14/09/2023
Morocco | 6.8 M Earthquake of 8 September



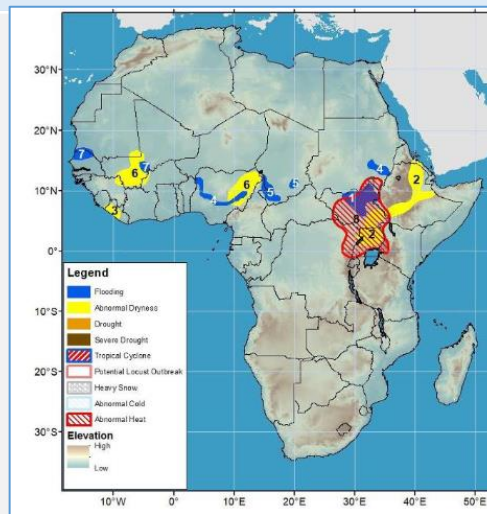


Global Weather Hazards Summary September 1-7, 2023

Abnormal heat in parts of East Africa

Africa Weather Hazards

1. Flooding persists in the Sudd wetlands in northern South Sudan.
2. Below-average rainfall since May has led to abnormal dryness in eastern South Sudan, Uganda, and much of Ethiopia.
3. Liberia continues to be abnormally dry.
4. Flooding continues along the Niger and Benue rivers in Nigeria and the Blue Nile in eastern Sudan due to torrential, above-average rainfall.
5. Heavy rainfall during the past several weeks has caused flooding in Chad.
6. Below-average rainfall since June has led to abnormal dryness in southern Mali, southeastern Mauritania, and northeastern Nigeria.
7. Recent heavy rainfall has caused rivers to rise in central Mali and northern Senegal.
8. Portions of southeastern South Sudan, Uganda, and northeastern DRC are expected to see above-average maximum temperatures for the upcoming week.

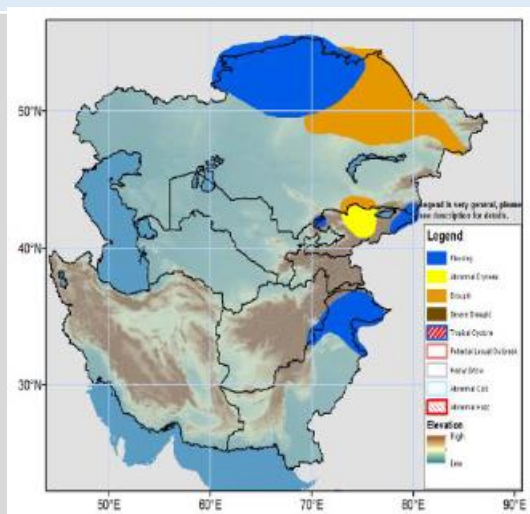


Abnormal dryness in parts of East Africa and the West African Sahel

1. Flood conditions persist in the Sudd wetlands in northern South Sudan.
2. Below-average rainfall since May has led to abnormal dryness in eastern South Sudan, Uganda, and southwestern Ethiopia.
3. Much of Liberia is abnormally dry due to suppressed rainfall since May.
4. Torrential, above-average rainfall has caused continuing floods along the Niger and Benue rivers in Nigeria and the Blue Nile in Eastern Sudan.
5. Heavy rainfall during the past several weeks has caused flooding in Chad.
6. Below-average rainfall since June has led to abnormal dryness in southern Mali, northeastern Nigeria, and northeastern Ethiopia, which is forecasted to continue.
7. Heavy rainfall in already saturated areas may cause flooding in Guinea and Sierra Leone. Flooding is likely ongoing in northern Ghana after recent rainfall.
8. Portions of Chad, southwestern Niger, northwestern Nigeria, and southeastern South Sudan Uganda are expected to be abnormally hot, with high chances of exceeding 90th percentile values for at least three consecutive days.

Central Asia Overview

1. Maximum temperatures were above average across northeastern and eastern Karaganda regions of Kazakhstan, western-central Pakistan, and southeastern Afghanistan.
2. Maximum temperatures were below average in western Kazakhstan, Aktobe and Kostanay provinces of Kazakhstan, central Kyrgyzstan, central and eastern Tajikistan, and northeastern Afghanistan.
3. Heavy rainfall triggered flash floods in several districts in Tajikistan.

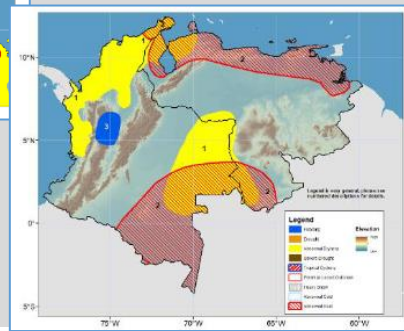


Yemen Overview

1. Mean surface temperatures were warmer than normal in western Yemen and near average elsewhere.
2. Southern Yemen received above-average rainfall
3. Rainfall will likely be slightly below average in the south.

Central and South America Overview

1. Heavy rainfall likely in central Guatemala.
2. Dry conditions continue in central Haiti.
3. Abnormal heat expected in northern Hispaniola.
4. Colombia has experienced rainfall deficits and irregular rainfall over the La Guajira department since the beginning of the year while above-average rainfall conditions were observed in localized areas in southwestern Colombia



Source: [Reliefweb](#), [Reliefweb2](#)

Other Infectious Disease Outbreaks



Philippines, M6.3 Earthquake in Cagayan (Region II), Volcanic eruption, Tornado

On 12 September 2023, at 7:03 PM, a Mw 6.3 Earthquake occurred at Dalupiri Island (Calayan) (Cagayan) with a depth of focus of 20 km with expected damage and aftershocks. Intensities were reported across Cagayan and Ilocos Region. 43 families/174 persons from 3 barangays were affected. 5 persons were injured. A total of 3 houses were damaged (1 totally and 2 partially). A total of 42 schools were damaged in Cagayan Province with an estimated cost of Php44,650,000.00. (Ongoing validation)

Additionally as of 11 September 2023, at 8AM, Alert Level 3 is maintained over Mayon Volcano, which means that it is currently in a relatively high level of unrest and hazardous eruption within weeks or even days could still be possible. The Mayon Volcano Network recorded seventeen (17) volcanic earthquakes, two hundred thirty-nine (239) rockfall events, and two (2) pyroclastic density current or PDC events. The lava flows have maintained their advances to approximately 3.4 kilometers in Bonga (southeastern), 2.8 kilometers in Mi-isi (south), and 1.1 kilometers in Basud (eastern) gullies. A total of 9,876 families or 38,396 persons are affected in 26 barangays in Albay.

On 01 September 2023 at around 9:45 PM, a tornado was experienced in Brgy. Pogo, Alaminos City, Pangasinan. One (1) family or two (2) persons were affected .

Source: [Reliefweb](#)

Brazil: Floods

Intense weather is causing casualties and damage across southern Brazil. Since 4 September, an extratropical cyclone, bringing heavy rainfall, strong winds and hailstorms, has been severely affecting the states of Santa Catarina and Rio Grande do Sul. According to the latest assessment from the Civil Defence in Rio Grande do Sul, the severe weather has affected at least 340,928 people across 93 municipalities, leaving 46 people dead, 46 people missing and 924 injured. Some 3,130 people have been rescued, while 20,498 residents have been displaced and a further 4,794 have been left homeless. In certain areas, river levels have surged to 17 metres above average, obstructing access from the capital city of Porto Alegre and the state's northern regions. This has complicated both the delivery of aid and the assessment of damages. In the state of Rio Grande do Sul, millions have been exposed to the impact of the cyclone and thousands directly impacted with damages to their homes. Entire communities are isolated and people have been waiting to be rescued. Both states are currently responding with their own resources and capacities. While the volumes of rain that have occurred in the first days of September have already exceeded the historical average in most parts of Rio Grande do Sul, the state's Civil Defence and Secretariat of the Environment and Infrastructure (SEMA) have warned of continued severe weather from Monday 11 September through Friday 15 September. Meteorologists explain that the conditions of El Niño are influencing normal meteorological systems, bringing cold fronts, low pressure and extratropical cyclones that lead to greater frequency and intensity of rainfall.

Source: [Reliefweb](#)

Kyrgyzstan: Floods and Mudslides

On 7 August 2023, around 17:00 hours local time, mudflows occurred in the villages of Ken-Suu, Bayzak, Taldy-Suu, Korumdu, and Koochu in the Tup district of the Issyk-Kul region due to short-term rains. The Ministry of Emergency Situations (MoES) and local authorities formed a joint commission to have a thorough and transparent assessment of damages. According to the MoES and local authorities, 200 households were directly impacted by the disaster, however, preliminarily, 60% of the total population (13,000 people) of the five affected villages are in need of assistance of various degrees.

Source: [Reliefweb](#)

Nipha– India

As of 15-Sep-2023, two additional cases (one a health-careworker) attributed to Nipah virus (NiV) have been confirmed in Kozhikode district, located in the southwestern Indian state of Kerala. Numerous containment strategies have been implemented in the affected areas, while the outbreak source of infection is still under investigation.

Surveillance data as of 15-Sep-2023

- Laboratory-confirmed: 6 human cases (including 2 deaths and 4 active cases)
- Case fatality ratio: 33%
- Contact tracing: 1,080 contacts have been identified, including 297 high risk contacts

Additional context

During the NiV outbreak in 2018, bats in Janaki Forest (~5km away from the index case's community), tested positive for NiV. Central health teams and epidemiological teams including individuals from the National Institute of Virology in Pune, Forest Department and the Animal Welfare Department are conducting investigations of the index cases residence, farmland and nearby Janaki Forest. Findings are pending, however, the confirmation of NiV in the swab sample from the index case provides important information in determining the outbreak source of infection.

What is Nipha

Nipah virus (NiV) is a zoonotic virus, meaning that it can spread between animals and people. Fruit bats, also called flying foxes, are the animal reservoir for NiV in nature. Nipah virus is also known to cause illness in pigs and people. Infection with NiV is associated with encephalitis (swelling of the brain) and can cause mild to severe illness and even death. Outbreaks occur almost annually in parts of Asia, primarily Bangladesh and India.

Nipah virus (NiV) can spread to people from:

- Direct contact with infected animals, such as bats or pigs, or their body fluids (such as blood, urine or saliva)
- Consuming food products that have been contaminated by body fluids of infected animals (such as palm sap or fruit contaminated by an infected bat)
- Close contact with a person infected with NiV or their body fluids (including nasal or respiratory droplets, urine, or blood)

Source: [Bluedot](#), [NewsMedia](#), [CDC](#)

Unknown Febrile Illness – India

News media reported an unknown febrile illness outbreak with at least four reported fatalities since 6-Sep-2023, in Tikuria village (Satna district), Madhya Pradesh, India. Limited information involving the outbreak is specified.

Epidemiological information:

Affected Ages: The ages range from two to 90 years of age. Five of the six known hospitalized cases and one of the deaths were children under the age of nine.

Symptoms: Some individuals reported symptoms of fever, diarrhea, and vomiting. It is unclear whether all affected individuals experienced these symptoms. According to news media, the hospitalized patients reported minor symptoms.

Prior outbreak: A diarrheal outbreak due to a contaminated water source was reported a week ago (30-Aug-2023) in a bordering district (Rewa district). While the causative agent was not specified, they reported at least 60 affected individuals and three deaths.

Latest known measures:

- Health authorities have been sent to the village to investigate the underlying cause of the outbreak and assist with medical evaluations of the residents.
- Five hand pumps in the village have been sealed due to concerns of contamination, and testing is underway.

Source: [Bluedot](#), [NewsMedia](#), [MediaNews2](#)

Other Infectious Disease Outbreaks



Measles – Chile

On 12 August 2023, the IHR National Focal Point of Chile notified WHO of a confirmed case of measles in the Metropolitan Region. The case had history of travel to Georgia, where measles is endemic, and Armenia, where measles has been eliminated, and returning to Chile via Qatar and Brazil. To date no further cases related to this importation have been detected.

This is the first measles case reported in Chile since 2020. As soon as the case was notified, the local and national authorities implemented control measures, including case isolation and an epidemiological investigation to identify the exposed contacts and refer them for vaccination, and reinforced surveillance activities in the public and private health network.

Measles is a highly contagious acute viral disease but can be prevented by immunization. Chile interrupted local transmission of measles in 1993. Imported cases are expected, and the susceptibility of contacts determines the spread of the disease.

In Chile, the current vaccination scheme considers the administration of two doses of measles, mumps and rubella (MMR) vaccine: the first dose at 12 months of life and the second dose at 36 months of age. Official measles immunization coverage in Chile with the first dose for MMR vaccine was 93.9% in 2022 and was 52.9% as of epidemiological week 26 of 2023, being below the percentage of sustained homogeneous coverage of at least 95% recommended by the WHO. According to WHO/UNICEF National Immunization Coverage (WEUNIC) estimates, Chile's vaccination coverage with two doses of measles-containing vaccine (MCV2) was less than 60% over the past two years. In addition, within this national coverage, there are subnational variations (rural and peripheral urban areas) which could include pockets of unvaccinated people in all age groups.

Source: [WHO](#)

Meningococcal Disease – United States

On 30-Aug-2023, the Virginia Department of Health (VDH) confirmed a statewide outbreak of meningococcal disease after trends exceeded three times the expected number of cases during this time period. Twenty-seven cases including five associated deaths of meningococcal disease have been confirmed in eastern, central, and southwest Virginia since June 2022. The following health districts have had at least one outbreak-associated case: Alleghany, Hampton, Henrico, Norfolk, Peninsula, Pittsylvania/Danville, Portsmouth, Roanoke, Southside, Virginia Beach, Western Tidewater.

Additional context:

Detection: The first case was detected in June 2022, and the outbreak was declared in eastern Virginia in September 2022, where the majority of the cases are still being reported.

Genome characterization: The identified serotype of *Neisseria meningitidis* (the causative bacteria for meningococcal disease) that has occasioned this outbreak is the serotype Y. The strain associated with this outbreak is known to be widely circulating in the United States. The strain is not resistant to ciprofloxacin and penicillin, which was characteristic of the strain previously detected in Maryland and northern Virginia in 2020.

Risk Factors: To date, VDH has not identified a common risk factor among the cases, however health authorities have highlighted that cases are connected by asymptomatic community transmission given genome sequencing results indicating the links among all affected.

Epidemiology: The majority of cases are Black or African American. Most cases are adults between 30-40 years old.

Immunization records: Twenty-six cases have no history of vaccination for *Neisseria meningitidis* type Y.

Source: [Bluedot](#), [NewsMedia](#); [Virginia Department of Health](#)

Middle East respiratory syndrome coronavirus (MERS-CoV) - Saudi Arabia

From 13 September 2022 to 12 August 2023, three laboratory-confirmed cases of Middle East respiratory syndrome coronavirus (MERS-CoV), including two deaths, were reported to WHO by the Ministry of Health of the Kingdom of Saudi Arabia (KSA). Close contacts for the three cases were followed up by the Ministry of Health, and no secondary cases were identified. The notification of these cases reiterates the need for global awareness of MERS-CoV as the disease continues to pose a threat in countries where MERS-CoV is circulating in dromedary camels, including those in the Middle East.

All three cases were non-health-care workers, who presented with fever, cough, and shortness of breath, and had comorbidities. Of the three cases, two had a history of contact with dromedary camels and all three cases had a history of consumption of raw camel milk in the 14 days prior to the onset of symptoms. All three cases were male, and aged 42, 83, and 85 years respectively.

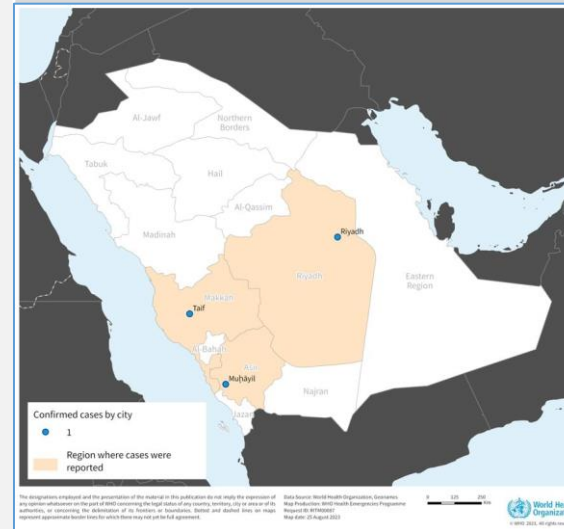
WHO advice

From 13 September 2012 to 12 August 2023, the total number of laboratory-confirmed MERS-CoV infection cases reported globally to WHO was 2605, with 937 (CFR 36%) associated deaths. The majority of these cases occurred in countries in the Arabian Peninsula, including 2196 cases with 856 related deaths (CFR 39%) in KSA. There has been one large outbreak outside of the Middle East, in the Republic of Korea, in May 2015, during which 186 laboratory-confirmed cases (185 in the Republic of Korea and 1 in China) and 38 deaths were reported. The index case in that outbreak had a travel history to the Middle East. Based on the current situation and available information, WHO re-emphasizes the importance of strong surveillance by all Member States for acute respiratory infections, including MERS-CoV, and to carefully review and investigate any unusual patterns.

Source: [WHO](#)

Case number	1	2	3
Date of reporting to WHO (yyyy/mm/dd)	2022/11/29	2022/12/11	2023/03/06
Reporting country	Kingdom of Saudi Arabia	Kingdom of Saudi Arabia	Kingdom of Saudi Arabia
Region of residence	Taif City, Makkah	Riyadh City, Riyadh	Mahayel city, Asser
Age	42	83	85
Sex	M	M	M
Health care worker	Non- health care worker	Non- health care worker	Non- health care worker
Comorbidities	Bronchial asthma	Diabetes mellitus, benign prostatic hyperplasia	Diabetes mellitus, hypertension
Exposure to camels	Not known	Yes	Yes
Camel milk consumption	Yes	Yes	Yes
Date of symptom onset	2022/11/02	2022/12/01	2023/01/05
Date of first hospitalization	2022/11/16	2022/12/06	2023/01/10
Date of laboratory confirmation	2022/11/28	2022/12/11	2023/01/12
Status	Died on 2022/12/18	Survived	Died on 2023/01/26

MERS-CoV cases reported by KSA between 13 September 2022 and 12 August 2023



Geographical distribution of MERS-CoV cases between 13 September 2022 and 12 August by city and region, KSA (n=3).

Other Infectious Disease Outbreaks

Influenza A (H1N1) variant virus - the Netherlands

On 2 September 2023, the Ministry of Health, Welfare and Sport of the Netherlands notified the World Health Organization (WHO) of a laboratory-confirmed human case of infection with a swine-origin influenza A(H1N1) variant (v) virus in the province of North Brabant, Netherlands. This is the first human infection caused by influenza A(H1N1)v virus reported in the Netherlands in 2023.

This case was picked up as part of routine surveillance of respiratory illnesses. Based on the available information, there is no clear indication of the source of infection, and no direct contact with pigs was reported. As of 7 September, there were no symptomatic contacts of this case and no further detections have been reported in routine surveillance. All five close contacts were followed for 10 days- the maximum incubation period and none developed symptoms. Thus, there was no evidence of person-to-person transmission and the case is considered as a sporadic human case of influenza A(H1N1)v.

The likelihood of **community-level spread** among humans and/or **international disease spread** through humans is considered as **low**.

Source: [WHO](#)

Tularemia - Sweden

The Public Health Agency of Sweden, or Folkhälsomyndigheten reports 208 cases of tularemia from 14 regions so far this year. This is significantly more compared to a normal year.

Most cases of the disease are reported from the regions of Västerbotten (89 cases), Gävleborg (29 cases), Dalarna (23 cases) and Norrbotten (14 cases). Of the disease cases, 60% are men and 40% are women. The average age is 55 years and the age range is 3-91 years.

As the number of disease cases is usually at its highest in September, the outbreak is expected to grow further in the coming weeks. The spread is usually limited to specific risk areas, which has so far been the case this year as well.

Source: [OutbreakNewsToday](#)

Anthrax - Romania

On 21.08.2023, Three human cases of cutaneous anthrax were reported in Târgu Mureş county. All cases participated in the slaughtering of infected cattle and meat cutting in a local town. The meat was consumed locally and not sold on. No new cases have been detected among an additional group of 20 people who are known to have been in contact with the infected meat.

Although there is a **low risk** of infection for the **population of the affected area**, there is **no risk** to the **EU/EEA** in relation to this outbreak.

Source: [OutbreakNewsToday](#), [ECDC](#)

Anthrax - Russia

On 07-Sep-2023, Russian news media reported that two new human anthrax outbreaks have been identified in the Bogucharskiy district, Voronezh Oblast, located in the east-central region of the country. This follows the identification of anthrax outbreaks in Paninskiy district, Voronezh Oblast on 20-Aug-2023 and Voronezh city on 22-Aug-2023.

Surveillance data as of 08-Sep-2023: *Laboratory-confirmed*: 6 human cases; *Suspected*: 2 human cases

Additional context

- Official investigations found that the confirmed case from the Paninskiy district did not vaccinate their calf against anthrax, proceeded to slaughter it and sold it to individuals without proper veterinary documentation.
- As an unknown number of sellers and resellers were involved in the movement of the affected meat products within the Voronezh Oblast, quarantine measures were decreed in order to contain the outbreaks and carry out epidemiological investigations.

- Quarantine restrictions include: restricted movement of unauthorized individuals into the districts; prohibited importation/exportation and slaughter of susceptible animals and animal products; prohibition of fairs, exhibitions, and/or other events which include the holding of multiple animals.
- Investigations are ongoing to determine the source of infection, however, officials acknowledge that vaccination is only mandated in large-scale farms and call on small-farm owners (such as those implicated in the current outbreaks) to vaccinate their livestock.

Source: [MediaNews](#)

Diphtheria – EU

- Since the beginning of 2023 and as of 12 September, 74 cases of diphtheria have been reported in the EU/EEA through The European Surveillance System (TESSy). Cases have been reported in Germany (44), the Netherlands (10), Belgium (6), Czechia (5), Latvia (3), Slovenia (3), Norway (1), Slovakia (1), and Sweden (1). This represents 17 additional cases since the previous update on 8 August.
- Among the 74 cases reported, nine presented with respiratory disease, 63 with cutaneous disease and two with respiratory and cutaneous disease.
- Two of the cases died, one in Belgium and one in Latvia.
- One additional EU/EEA country (Slovenia) has reported three cases of diphtheria in 2023, since the previous update in August.
- Since September 2022 and as of 12 September 2023, there have been 256 cases of diphtheria and three deaths in the EU/EEA reported to TESSy.
- ECDC has no data indicating instances of community transmission or clusters of *Corynebacterium (C.) diphtheriae* as a result of the increased number of sporadic cases observed since the second half of 2022.
- Clinicians should continue to be aware of the clinical features of diphtheria and ensure timely diagnosis and treatment of cases according to existing clinical guidelines.
- An unusually broad predicted resistance of *C. diphtheriae* isolates to common oral and parenteral antibiotics has been reported. As a precautionary measure, ECDC recommends that antimicrobial susceptibility testing is performed on all *C. diphtheriae* isolates.

Source: [ECDC](#)

Avian influenza in fur farms – Finland

- As of 13 September 2023, the Finnish Food Authority ordered the euthanasia of all foxes and raccoon dogs in farms with confirmed avian influenza A(H5N1) virus.
- Sequencing analyses of avian influenza virus isolated from fur farms suggest a possible spread from birds (gulls) to mammals, and also potentially between mammals at affected fur farms.
- Since 13 July 2023 and as of 13 September 2023, the avian influenza A(H5N1) virus has been detected in 26 fur farms in Ostrobothnia region, Finland.
- To date, **no human cases** have been detected among farm workers and their close contacts.
- The introduction of avian influenza into fur farms is not unexpected. Similar events have been observed in the past. Transmission between foxes and other infected mammals and humans has not been observed so far. It is crucial to identify infected mammals and exposed people. According to the [Finnish Institute for Health and Welfare \(THL\)](#), those exposed should be monitored for 10 to 14 days and tested if symptoms occur.
- ECDC assesses the current **risk of infection** for the **general population as low** and the risk of infection for people who are **occupationally or otherwise exposed** to avian influenza-infected animals as **low-to-moderate**.

Source: [ECDC](#)

Other Infectious Disease Outbreaks

Diphtheria - Nigeria

A large outbreak of diphtheria has been worsening in Nigeria since March 2022. On 20-Jan-2023, the country's Center for Disease Control (NCDC) declared a national outbreak of the disease.

From 30 June to 31 August 2023, a total of 5898 suspected cases were reported from 59 Local Government Areas (LGAs) in 11 states (Bauchi State, Borno State, Enugu State, Federal Capital Territory, Kaduna State, Kano State, Katsina State, Lagos State, Osun State, Sokoto State, Yobe State, Zamfara State). In week 34 (ending 27 August 2023), 234 suspected cases have been reported from 20 LGAs in five states, with one Lab confirmed case from the 22 samples collected. Eighteen of these cases were epidemiologically linked and 141 were classified as clinically compatible.

Nigeria is one of several countries currently experiencing large increases in diphtheria cases in West Africa, complicated by a global shortage of the antitoxin used to treat people with the disease.

WHO's most recent [risk assessment](#) of the diphtheria outbreak in Nigeria has maintained the risk as **high at the national level, and low at the regional and global levels**.

[Public health measures](#) such as vaccination response, enhanced surveillance for early case detection, case management and risk communication coordinated by the Nigeria Centre for Disease Control (NCDC), in collaboration with WHO and other partners, are being implemented in response to the outbreak. To date, three vaccination campaigns have been conducted in Kano State, with another response scheduled for 25-Sep-2023. Approximately 2.4 million children have been vaccinated in four states to date. In collaboration with Doctors Without Borders/Médecins Sans Frontières (MSF), Nigerian officials have conducted the first of two rounds of a preventive diphtheria vaccination campaign in Kantché and Amsoudou health areas in early September, vaccinating nearly 48,500 people. A second round of vaccinations in these areas will take place in early October.

Additional context:

- The first wave of the outbreak was recorded between May 2022 and March 2023, with 1,064 reported cases and 389 confirmed. During this period, 62 deaths were recorded (CFR=15.9%). Of the confirmed cases, 15% (60 cases) were fully vaccinated with a diphtheria toxin-contained vaccine.
- Between May and September of this year, more than 6,000 confirmed cases were recorded. Approximately 4,000 suspected cases were reported in August alone, with more than 75% of those recorded in Kano State.
- This outbreak has been the largest reported since 1989 when more than 5,000 people were infected.

Source: [WHO](#), [Bluedot](#)

Diphtheria - Guinea

Suspected case of diphtheria have been reported in Kankan region of Guinea since 4 July 2023. Laboratory confirmation was obtained on 20 July. During week 34 (ending 27 August), 18 suspected cases, including seven deaths, were reported from two Districts; Siguiri (17 cases) and Mandina (1 case).

From the beginning of the outbreak on 4 July to 27 August, a total of 117 suspected cases were reported, including seven confirmed cases. In total, 37 deaths have been reported, including all confirmed cases.

Siguiri District is the most affected with 100 cases (85.5%). The other Districts reporting cases are Kankan (8 cases), Mandiana (7 cases) and Kouroussa (2 cases). Only the Kérouané District in the Kankan region did not report any cases.

According to WHO and UNICEF estimates of national immunization coverage, routine immunization coverage for the third dose of pentavalent vaccine (which includes diphtheria vaccine) was 47% in Guinea in 2022, and even lower in the Kankan region according to a recent survey. This low coverage, combined with other factors, could facilitate the spread of the outbreak.

Source: [WHO](#)

Cholera - Uganda

On 26 July 2023, the Ministry of Health (MoH) Uganda officially declared a Cholera outbreak in Kayunga and Namayingo districts following confirmation of vibrio cholerae in six stool samples at the Central Public Health Laboratories in Kampala.

As of 27 August, a total of 78 cases of cholera cases, including 39 confirmed cases, 39 suspected and probable cases have been reported in the two affected Districts. A total of 10 deaths (case fatality ratio 17%) have been reported, six of which were among confirmed cases. Most of the cases have been reported from Kayunga (n=58 cases (74.4%); (33 confirmed, 25 suspected or probable) as compared to Namayingo (n=20 cases; 6 confirmed, 14 suspected). All the seven deaths have been reported from Kayunga, three of which occurred in the community.

Uganda has experienced several cholera outbreaks over the years following the rainy seasons. The flooding coupled with poor water sanitation and hygiene services remain plausible factors for cholera spread in the country.

Source: [WHO](#)

Lassa fever - Nigeria

The Nigeria Centre for Disease Control and Prevention (NCDC) reported six additional confirmed Lassa fever cases during the week ending September 3, bringing the total confirmed cases since the beginning of the year to 1,059 (150 confirmed cases more than the same period in 2022). The latest cases were reported from Ondo and Edo states.

The death toll among confirmed cases remains at 181 with a case fatality rate of 17.1 percent.

In total for 2023, 28 States have recorded at least one confirmed case across 112 Local Government Areas (LGAs). Seventy-five (75%) of all confirmed Lassa fever cases were reported from these three states (Ondo, Edo, and Bauchi) while 25% were reported from 25 states with confirmed Lassa fever cases. Of the 75% confirmed cases, Ondo reported 35%, Edo 29%, and Bauchi 11%.

Source: [OutbreakNewsToday](#)



Dengue fever - Sudan

El Gedaref in eastern Sudan is witnessing an increase in dengue fever infections, with 70 confirmed cases and two deaths reported last week alone. The El Gedaref state government announced the start of a house-to-house campaign to combat the spread of the infection.

Health sources told Radio Dabanga that dengue fever* cases are spreading in nearly all homes in El Gedaref city, in addition to the displaced people in shelter centres. Infections are typically accompanied by widespread cases of malaria and diarrhoea. The spread of dengue fever and the lack of food is gradually worsening the dire humanitarian and health crises faced by displaced people.

Source: [Reliefweb](#)