



Update 14 FHP-Update 18 October 2023



News:

- **WHO:** announces the release of [ScreenTB](https://screening.tb.org) (screening.tb.org) - a [web-based tool](#) to help countries prioritize action for TB screening and prevention.
- **EMRO:** has made great strides in [strengthening public health intelligence capabilities](#) in recent years, thanks to joint efforts by WHO and the Region's countries and territories. A dedicated team of experts in the Regional Office for the Eastern Mediterranean works tirelessly 24/7 to gather public health intelligence from formal and informal sources. These sources include ministry of health websites, International Health Regulations national focal points, and online screening and social media platforms. This comprehensive approach aims to ensure that no potential public health event goes unnoticed.
- **WHO:** [strongly condemns Israel's repeated orders for the evacuation of 22 hospitals](#) treating more than 2000 inpatients in northern Gaza. The forced evacuation of patients and health workers will further worsen the current humanitarian and public health catastrophe.
- **WHO:** [works to strengthen mental health services in Libya](#) in the aftermath of Storm Daniel. WHO and the health authorities in eastern Libya are working to establish a range of mental health services, from basic psychological first aid to specialized psychiatric care. WHO has appealed to neighbouring countries for assistance to help mitigate the acute shortages of psychiatrists and psychologists in Libya. It also plans to train Libyan health workers, volunteers and emergency responders in psychological first aid and basic psychosocial support.
- **WHO:** announces the [elimination of lymphatic filariasis](#) as a public health problem in the Lao People's Democratic Republic.
- **European Commission, the European Investment Bank and the Bill & Melinda Gates Foundation:** announced a [new financing partnership to address critical global health opportunities](#): eradicating polio and ensuring that innovations in health are more accessible to the people who need them most.
- **FEWS NET:** warns that [El Niño will drive food aid needs even higher in the coming months](#). FEWS NET anticipates a total of 105-110 million people will need food assistance through at least early 2024, comprising a net increase in needs in Southern Africa and the Latin America and Caribbean (LAC) regions and a net decline in needs in East Africa.
- **WHO:** has [recommended a new vaccine, R21/Matrix-M, for the prevention of malaria in children](#). The R21/Matrix-M vaccine, developed by the University of Oxford, is only the second malaria vaccine to be recommended by the WHO. It is the first to meet the WHO's target of 75% efficacy. The Serum Institute in India has agreed to make 100 million doses, with production set to double the following year, and the price will be lower than the existing vaccine.
- **ECDC/WHO/EC:** are issuing a clear, urgent message: people who remain unprotected against both COVID-19 and seasonal influenza – especially the most vulnerable and at-risk – [should take up any offer for vaccination](#) to prevent or mitigate the impact of these co-circulating respiratory infections.

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Healthcare workers are vital in keeping healthcare systems functioning by staying healthy. Influenza season is coming soon. Get vaccinated!



Every autumn and winter, the number of people going to their doctors with flu-like symptoms increase.

Influenza season is coming soon. Get vaccinated!



COVID-19 Situation by WHO Region, as of 29 September

Global epidemiological situation overview; WHO as of 29 September 2023

Globally, the number of new cases decreased by 55% during the 28-day period of 28 August to 24 September 2023 as compared to the previous 28-day period, with over 685 000 new cases reported. The number of new deaths decreased by 34% as compared to the previous 28-day period, with over 1900 new fatalities reported. As of 24 September 2023, over 770 million confirmed cases and over 6 million deaths have been reported globally.

At the country level, the highest numbers of new 28-day cases were reported from the Republic of Korea (392 073 new cases; -70%), Italy (60 885 new cases; +84%), the United Kingdom (29 959 new cases; -5%), the Russian Federation (28 441 new cases; +132%), and Mexico (26 746 new cases; +3%). The highest numbers of new 28-day deaths were reported from Australia (734 new deaths; +263%), Italy (232 new deaths; +6%), the Republic of Korea (122 new deaths; -80%), Mexico (106 new deaths; -26%), and India (103 new deaths; +758%)

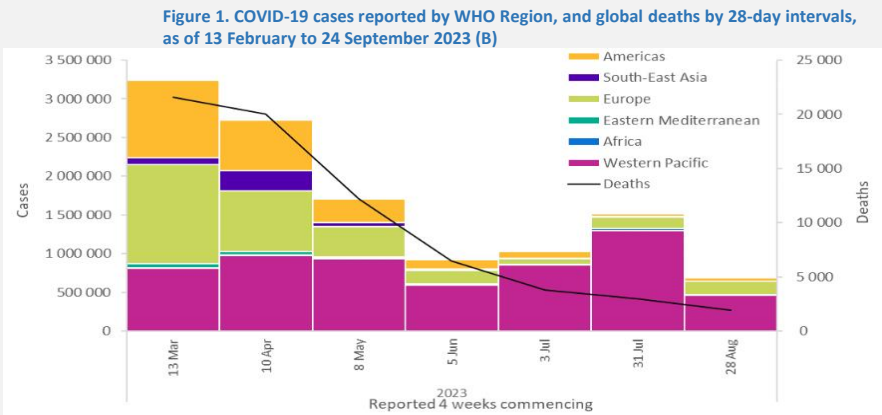
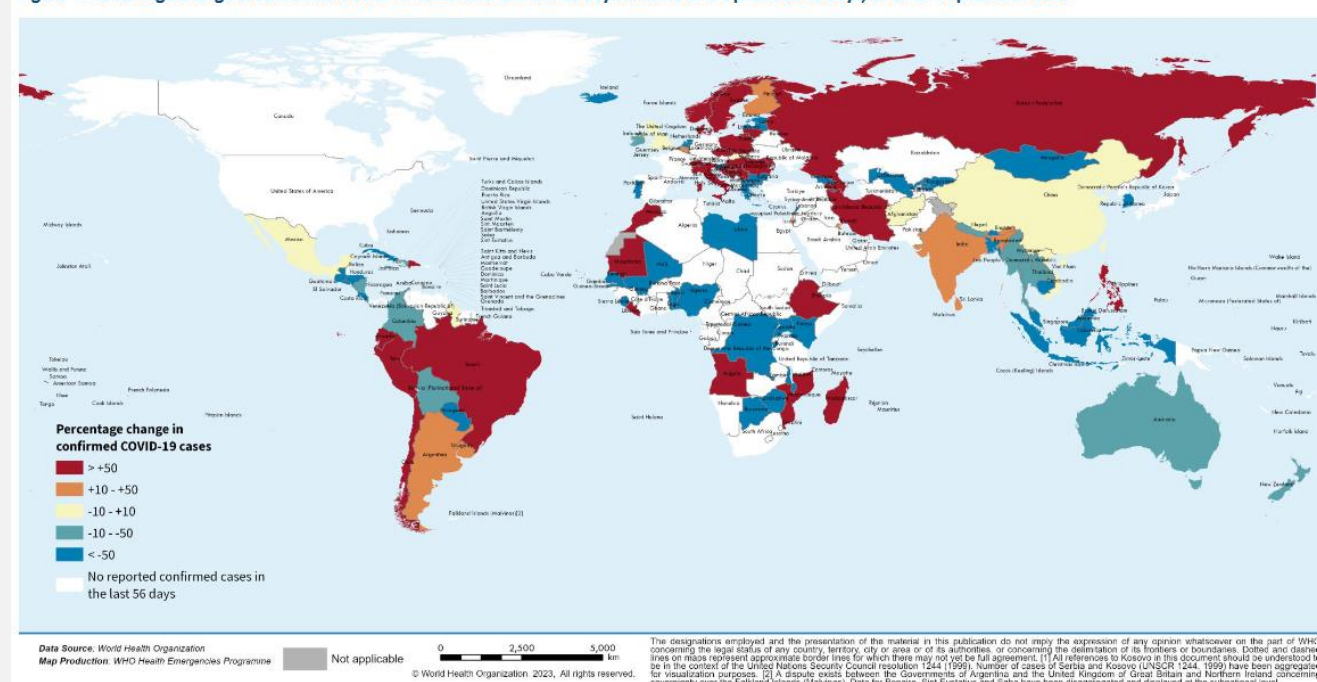


Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 13 February to 24 September 2023 (B)

Figure 4. Percentage change in confirmed COVID-19 cases over the last 28 days relative to the previous 28 days, as of 24 September 2023**

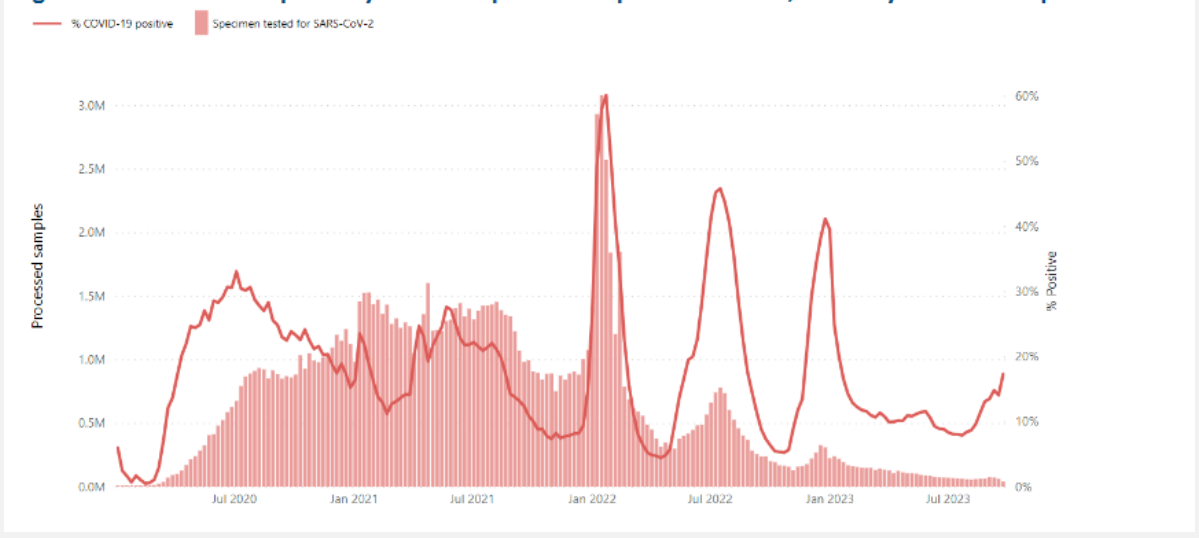


Hospitalizations and ICU admissions

Table 2. Number of new hospitalization admissions reported by WHO regions, 21 August to 17 September 2023 compared 24 July to 20 August 2023

| Region | Countries reported at least once in the past 28 days | | Countries reported consistently in the past and previous 28 days* | | |
|-----------------------|--|--------------------------------|---|--------------------------------|--|
| | Number of countries (percentage)** | Number of new hospitalizations | Number of countries (percentage)** | Number of new hospitalizations | Percent change in new hospitalizations |
| Africa | 16/50 (32%) | 4 | 1/50 (2%) | 0* | N/A |
| Americas | 14/56 (25%) | 84 138 | 10/56 (18%) | 84 024 | +52% |
| Eastern Mediterranean | 0/22 (<1%) | N/A*** | 0/22 (<1%) | N/A | N/A |
| Europe | 16/61 (26%) | 9524 | 13/61 (21%) | 9 213 | +16% |
| South-East Asia | 2/10 (20%) | 63 | 1/10 (10%) | 23 | -98% |
| Western Pacific | 2/35 (6%) | 2 270 | 1/35 (3%) | 511 | +35% |
| Global | 50/234 (21%) | 95 999 | 26/234 (11%) | 93 771 | +45% |

Figure 2. SARS-CoV-2 test positivity rates and specimens reported to FluNet; 5 January 2020 to 24 September 2023



Afghanistan Earthquake in Herat Province

As of 16 October

Source: [WHO](#)

Summary

- A powerful 6.3 magnitude earthquake that struck the western region of Afghanistan on 7 October 2023 caused widespread devastation in a country facing one of the world's largest humanitarian crises. Women, children and vulnerable populations are gravely affected by the disaster.
- Another 6.3 magnitude earthquake struck Herat at 5:11 am on 11 October, followed by at least three aftershocks.
- Around 19,250 people have been affected across six districts: Zindajan, Injil, Kushk/Rabat-e-Sangai, Gulran, Herat and Kohsan of Herat Province.

Overview:

The 6.3 magnitude earthquake on October 7, 2023, and another of the same magnitude on October 11, have shaken Herat province in the western part of Afghanistan. Numerous aftershocks persisted until October 14, leaving the local population in a persistent state of anxiety and fear.

Furthermore, on October 12, dust storms in Zindajan, Kohsan, and Kushk/Rabat-e-Sangai districts were reported, destroying tents used by the mobile health and nutrition teams (MHNTs). WHO and its Health Cluster have re-supplied tents to continue lifesaving services. The dust storm also damaged tents that serve as temporary shelter for survivors.

Nearly 60% of the displaced population are temporarily relocated in more than 100 tents and 10 rooms at the Gazergah Transit Centre (GTC) in Herat city. Approximately 250 individuals are in urgent need of essential food and non-food items.

A rapid satellite imagery analysis conducted by the Global Shelter Cluster indicates around 21,282 buildings have sustained damage as a consequence of the earthquake. It is anticipated that the extent of damage may increase as further analysis and assessments are conducted.

Health Facility Situation

- In the earthquake-affected districts, 21 primary health care facilities have been reported damaged in Herat City, and in seven districts: Guzura, Gulran, Zindajan, Ghoryan, Keshk, Karokh and Pashtoon Zarghoon. The damage affected the service delivery for an estimated 580,025 people.
- In addition, at least two hospitals, Herat Regional Hospital and Sakina Yakoubi Maternity Hospital, sustained minor damage to be assessed.

Disease Surveillance/Potential Diseases Outbreak Prevention & Response

- Considering the fragile condition among the affected population, WHO is working with the National Disease Surveillance Response (NDSR) team to enhance preparedness for potential communicable disease outbreaks such as measles, acute respiratory infections (ARI), tetanus, and acute watery diarrhea (AWD).
- NDSR and two WHO-supported surveillance support teams (SST) have been deployed to Zindajan district for active surveillance in affected villages since 9 October.
- By 13 October, a total of **279 ARI cases and 23 AWD cases** were reported. All the cases received required treatment and health education through MHNTs. Six people were tested for COVID-19 using Rapid Diagnostic Tests (RDTs) and they yielded negative results.
- A total of 150 cholera RDT and 500 COVID-19 RDT are available in Herat NDSR. In addition, 300 viral transport medium (VTM) of influenza was shipped from the central public health laboratory (CPHL) to the Herat NDSR.
- The Regional EPI Management Team distributed vaccines to all partner organizations involved in routine vaccination services to ensure continuity of immunization as part of the immunization program.

Water, Sanitation and Hygiene (WASH) Services

- The Regional Health Cluster Coordination Team collaborated with UNHCR and the WASH Cluster to ensure the provision of shelter and WASH facilities for the health teams deployed to the affected areas, as well as referral facilities.
- WASH Cluster provided 20 water tanks to the 20 health teams operating in the affected areas.

Gaps and Urgent Needs

- The prolonged displacement of people demands an increase in healthcare worker capacity, along with medicine, medical supplies, and equipment. Due to ongoing concerns linked to aftershocks, a shortage of healthcare workers has been reported.
- Assessments reveal damage to 21 primary healthcare facilities in addition to some major hospitals, with one completely non-functional and 20 partially damaged. Ongoing aftershocks pose a continuous threat to these structures. Urgent rehabilitation is needed based on the assessment.
- Displaced individuals, suffering from trauma, loss, depression, and post-traumatic stress, require critical mental health and psychosocial support.

Crisis in Israel and the Palestinian Territories I

Update on Israel

Summary

- In the early morning of 7 October 2023, armed groups launched a multi-front (land, air, and sea) operation against Israel. The assault combined gunmen crossing into several Israeli towns targeting various Israeli military installations and nearby settlements with a heavy barrage of rockets fired from Gaza. Rockets have been fired from Gaza towards Israeli villages and cities surrounding and up to 170 km from the border, including the major cities of Jerusalem, Tel Aviv, and Beer-Sheba.
- On 13 October a rocket was fired to the Galilee (North of Israel). Ongoing rocket launches and fighting has taken place since the armed hostilities began.
- This marks the deadliest attack in Israel in decades, more than 1,300 Israeli and foreign nationals, including women, children, and the elderly, were killed in Israel by members of the armed groups. According to the Ministry of Health, at least 3,391 people have been injured.
- According to Israeli sources, between 100 and 150 Israelis, including soldiers and civilians, some of whom are women and children, as well as some foreign nationals, have been captured and forcibly taken into Gaza.
- The communities around Gaza have been evacuated.
- Hospitals in the north and the south of Israel have been transferred to facilities in the center to free bed capacity. Contingency plans in all the hospitals have been activated and wards moved to underground sheltered facilities.

Scope and Scale of Medical Actions by IFRC as of 15 October

- Helicopters made dozens of medical evacuations; evacuated dozens of civilians and soldiers who have been injured in the field and from hospitals in the south to the following hospitals: Sheba, Belinson, Ichilov, Shamir Medical Center (Assaf Harofeh), Hadasa, and Shaarei Zedek in Jerusalem.
- After receiving primary care in Barzilai Hospital and Soroka Medical Center in the south, dozens of ambulances, mobile intensive care units (MICUs) transferred injured in all stages of severity to different hospitals spread all across Israel.
- Blood services staff collected, tested and processed more than 13,000 blood units from civilians who came in and donated blood with the intent to supply blood to all the hospitals who will use it to treat the wounded.

Needs Identified by IFRC

- Thousands of people were and continue to be in need of first aid, immediate medical attention, including trauma management, psychosocial first aid, and transportation to hospitals.
- There is a need for a mass response in several incidents simultaneously along with the need to support hospitals across the country with blood components for treating casualties.
- All people who are living near the border areas are considered at risk, while other areas of the country are also at risk of rocket attacks and other forms of violence, leading to physical injuries.
- The need for psychosocial support is enormous, both in the immediate and long term.

Sideshows affected by the clash

Lebanon

- Lebanon's health system has been crippled as a result of an economic crisis, the Beirut port blast that occurred in August 2020, and the additional burden of the Syrian refugee crisis. There are severe shortages of specialized medical doctors and health workers, and medicines and medical equipment.
- Since violence escalated between Israel and the occupied Palestinian territory in October, there have also been reports of clashes on the border between Israel and south Lebanon, resulting in casualties among civilians. If these clashes escalate, more civilians will be at risk, and they will need immediate access to lifesaving medical care.
- In addition to prioritizing casualty management, significant attention must be directed towards ensuring the uninterrupted delivery of essential healthcare services and providing mental health and psychosocial support.
- WHO reiterates its plea for the protection of civilians, health workers and health infrastructure, and ultimately, for an end to hostilities and violence.

| PALESTINIAN CASUALTIES | ISRAELI CASUALTIES** |
|--|--|
| <p>Gaza*</p> <p>2,670 Fatalities</p> <p>9,600 Injuries</p> <p><small>According to the MoH in Gaza</small></p> | <p>1,300 Fatalities</p> <p>3,621 Injuries</p> <p><small>**According to Israel official sources</small></p> |
| <p>West Bank</p> <p>56 Fatalities</p> <p>1,173 Injuries</p> | |

Crisis in Israel and the Palestinian Territories II

Situation in the Gaza Strip, as of 15 October 2023

Source: [Reliefweb3](#), [Reliefweb4](#)

Summary

- Heavy Israeli **bombardments** on Gaza, from the air, sea and land, have **continued** almost uninterrupted. Over the past 24 hours (as of 22:00), there have been Palestinian 455 fatalities in Gaza and 856 injuries, according to the Palestinian Ministry of Health in Gaza.
- **Mass displacement** from the north to the south of the Gaza Strip has continued since Israel's evacuation order on Friday. By Saturday afternoon, nearly 600,000 internally displaced people (IDPs) were hosted in the central and southern parts of Gaza alone, in increasingly dire conditions; since then, this figure has raised significantly. Over one million people – almost half the total population of Gaza - have been displaced.
- Advocacy continues at the highest levels for humanitarian access for pre-positioned critical supplies to cross into Gaza through Rafah, including food, water, medical supplies, fuel and non-food items.
- Palestinian armed groups in Gaza continued firing rockets indiscriminately towards Israeli population centres, including at the Tel Aviv metropolitan area. No Israeli fatalities were reported during the past 24 hours (as of 21:00) in this context, but dozens were wounded.
- As of Sunday 15 October, Israel partially **resumed water supply** to the eastern Khan Younis area. Concerns about dehydration and **waterborne diseases remain high** given the collapse of water and sanitation services, including the shutdown of Gaza's last functioning seawater desalination plant on Sunday.
- For the fifth consecutive day, Gaza has had **no electricity, pushing vital services**, including health, water and sanitation to the brink of collapse, and worsening food insecurity.
- **Fuel reserves at all hospitals** across Gaza are expected to last for about additional **24 hours**. The shutdown of backup generators would place the lives of thousands of patients at risk.
- According to the health cluster, there are a **total of 3,500 hospital beds in Gaza**. Evacuation orders apply to 23 hospitals in Gaza and north Gaza, with capacity of 2,000 beds.
- In the West Bank, since Saturday afternoon, Israeli forces killed one Palestinian boy and another boy died from wounds sustained previously, bringing the fatality toll by Israeli forces since 7 October to 56 Palestinians, including 15 children. This number is the highest recorded number of Palestinians killed in a single one week since 2017. Most of those were killed on Friday, 13 October when Palestinian factions called for a day of protests.
- More than 1,100 have been injured, since Saturday 7 October.
- Since 7 October, WHO has documented 63 attacks against health in the West Bank, including obstruction to delivery of health care; physical violence towards health teams; detention of health staff and ambulances; and militarized search of health assets.

Damage on Essential Infrastructure

- Twenty-four health facilities have been damaged, including six hospitals. Three of the latter in northern Gaza (Beiti Hanoun, Hamad Rehabilitation, and Ad Dura) had to be evacuated. Twenty out of 23 governmental and NGO hospitals are partially operational and continue to treat an average of 1,000 injured patients per day, far exceeding their capacity.
- According to the Gaza Ministry of Public Works, as of 13 October, 7,000 housing units have been destroyed and 4,887 housing units have been damaged and rendered uninhabitable.
- As of 13 October, 144 educational facilities had been hit by airstrikes, including 20 UNRWA schools, of which two were used as emergency shelters for IDPs, and 165 Palestinian Authority (PA) schools, one of which was destroyed.
- Eleven mosques were targeted and destroyed, and seven churches and mosques were damaged.
- Water and sanitation facilities have also been severely damaged. As of 12 October, at least six water wells, three water pumping stations, one water reservoir, and one desalination plant serving over 1,100,000 people were damaged

WASH Services and Public Health Threats

- On Sunday, Israel renewed its water supply for one line servicing eastern Khan Younis The precise volume and impact of this supply is still unclear. On the other hand, the remaining seawater desalination plant servicing central and southern Gaza shutdown today due to lack of fuel.
- The main suppliers of clean drinking water are now private vendors, which operate small desalination and water purification plants, which are mostly run by solar energy. Some people have resorted to consuming brackish water extracted from agricultural wells. WASH cluster partners estimate that the average water consumption from all sources and for all needs dipped to just three litres per day per person, **deepening concerns about dehydration and the outbreak of waterborne diseases, including cholera**.
- On Sunday, Gaza's only remaining operational wastewater treatment plant (out of five), which relies on solar energy, was forced to shut down due to weather conditions. Consequently, additional amounts of untreated sewage have been discharged to the sea. Additionally, most of the 65 sewage pumping stations are not operational, increasing the risk of sewage flooding. In some areas, sewage and solid waste have been accumulating in the streets, posing health and environmental hazards.
- According to officials at the Gaza Power Plant, Israeli authorities have warned that the plant would be targeted if it attempted to resume operations. The Israeli Defense Minister indicated that electricity, fuel and water supply to Gaza would not be restored until the Israeli hostages are released.
- The blackout has affected food security by disrupting refrigeration, irrigation of crops, and crop incubation devices, thereby negatively impacting livelihoods (poultry, cattle, fish).

WHO Concerns on Evacuation in Gaza

WHO joins the wider United Nations in appealing to Israel to immediately rescind orders for the evacuation of over 1 million people living north of Wadi Gaza. A mass evacuation would be disastrous—for patients, health workers and other civilians left behind or caught in the mass movement. As the United Nations agency responsible for public health, the WHO strongly condemns Israel's repeated orders for the evacuation especially of 22 hospitals treating more than 2000 inpatients in northern Gaza.

The **two Ministry of Health hospitals** in the **North of Gaza** that continue to be operational, have **greatly exceeded their combined 760-bed capacity with severe overcrowding**. Of the thousands of patients with injuries and other conditions receiving care in hospitals, there are hundreds that are severely wounded and over 100 who require critical care. These are the sickest of the sick. Many thousands more, also with wounds or other health needs, cannot access any kind of care.

Furthermore, the **four Ministry of Health hospitals** in the **south of Gaza** are already at or **beyond capacity**, and lack the critical care capacity and supplies needed to treat additional patients. The **lack of medical supplies** is already endangering patients and hampering health workers.

The situation has also gravely **disrupted the delivery of essential health services**, including obstetric care, management of noncommunicable diseases such as cancer and heart diseases, and treatment of common infections, as all health facilities are forced to prioritize lifesaving emergency care.

Access for emergency medical teams in the field is severely hampered by **infrastructure damage**. WHO has documented 34 attacks on health care in Gaza since last Saturday that have resulted in the death of 11 health workers on duty, 16 injuries, and damages to 19 health facilities and 20 ambulances.

With ongoing airstrikes and closed borders, civilians have no safe place to go. Almost half of the population of Gaza is under 18 years of age. With dwindling supplies of safe food, clean water, health services, and without adequate shelter, children and adults, including the elderly, will all be at **heightened risk of disease**.

The compressed timeframe, complex transport logistics, damaged roads, and, above all, lack of supportive care during transport all add to the difficulty of moving them. The forced evacuation of patients and health workers will further worsen the current humanitarian and public health catastrophe.

The lives of many critically ill and fragile patients hang in the balance: those in intensive care or who rely on life support; patients undergoing hemodialysis; newborns in incubators; women with complications of pregnancy, and others all face imminent deterioration of their condition or death if they are forced to move and are cut off from life-saving medical attention while being evacuated.

Hospital directors and health workers are now facing an agonizing choice: abandon critically ill patients amid a bombing campaign, put their own lives at risk while remaining on site to treat patients, or endanger their patients' lives while attempting to transport them to facilities that have no capacity to receive them. Overwhelmingly, caregivers have chosen to stay behind, and honor their oaths as health professionals to “do no harm,” rather than risk moving their critically ill patients during evacuations. Health workers should never have to make such impossible choices.

Additionally, tens of thousands of displaced people in northern Gaza are **seeking refuge** in open spaces in or around hospitals, treating them as havens from violence as well as to protect the facilities from potential attacks. Their lives, too, are at risk when health facilities are bombed.

There are **verified reports of deaths of health care workers and destruction of health facilities**, which denies civilians the basic human right of life-saving health care and is prohibited under International Humanitarian Law.

WHO has called for Israel to immediately reverse evacuation orders to hospitals in northern Gaza, and calls for the protection of health facilities, health workers, patients, and civilians. WHO also reiterates its calls for the immediate and safe delivery of medical supplies, fuel, clean water, food, and other humanitarian aid into Gaza through the **Rafah crossing**, where life-saving assistance – including WHO health supplies that arrived earlier this week – is currently awaiting entry.



SARS-CoV-2 variants BA.2.86 and EG.5



Overview

- EG.5 and its sublineages are gaining dominance in several parts of the world, due to their increased ability for immune escape compared to previous XBB lineages.
- Additionally, BA.2.86 is the first divergent variant detected since early Omicron in late 2021. Though its rate of growth does not appear to be increasing significantly so far, its potential impact remains to be determined.
- The most common symptoms of the new strain include a runny nose, headache, fatigue, sneezing, or a sore throat. Including, three more symptoms that have been commonly reported, according to the [New Scientist](#): **diarrhoea, eye irritation and rashes.**
- The new **XBB.1.5-targeted vaccines** appear to be **effective at producing neutralizing antibodies** against BA.2.86 as well as other circulating XBB sublineages, including EG.5, based on early study estimates.

Variant Under Monitoring: BA.2.86

Spread: As of 18-Sep-2023: Detected in 18 countries, only three of which have reported wastewater samples.

BA.2.86 is more geographically widespread than other variants that were first detected at the same time.

Mutation: A substantial number of mutations compared to previous lineages indicate BA.2.86 may have significant immune escape potential, possibly leading to increased rates of infection should it should it continue to grow in prevalence and/or gain further evolutionary fitness advantage.



Data source: BNO News

Transmissibility

Transmissibility is determined by a multitude of factors: the infectivity of a pathogen, the contagiousness of the infected individual, the susceptibility of the exposed individual, the contact patterns between the infected and exposed individuals, and the environmental stress exerted on the pathogen during transmission.² The following are observations and studies that can help inform the transmissibility of BA.2.86:

| | | |
|---|--|--|
| Higher reproductive number Based on minimal sequences in Denmark, early estimates indicate that BA.2.86 may have a reproductive number higher than XBB.1.5 and comparable to EG.5. ⁴ | Lower infectivity than other variants An early experimental study indicates that the infectivity (ability of the virus to infect cells) is reduced in comparison to XBB.1.5 and EG.5 (currently predominant variants globally). ² | Quick international spread Some of the sequences uploaded to GISAID from distinct locations are genomically similar, indicating that the variant may have been spreading quickly (low certainty). |
| Community transmission The variant has been detected in 18 countries so far, predominantly from individuals with no travel history, indicating community transmission is occurring in many locations. | Early estimates of growth advantage As of 18-Sep-2023, the growth advantage is estimated to be 65% (95% Confidence Interval: 46 – 84%), compared to other circulating variants. ⁶ | Early observations in vulnerable groups The variant may be highly transmissible among vulnerable populations in close contact settings, as observed in a care home outbreak in the UK, where BA.2.86 was confirmed among 22 of 33 affected residents. ⁷ |

Immune escape

Spike protein mutations

16 of the spike protein mutations are estimated to have immune escape properties.¹¹

Less immune evasive than others

Based on an early laboratory study, BA.2.86 was found to be less immune evasive than some other currently circulating XBB lineages.⁵

Vaccine effectiveness

Early estimates are available based on some initial studies.

Bivalent BA.4 / BA.5 booster

In an early laboratory study (n = 66), neutralizing antibody levels from the mRNA bivalent booster against BA.2.86 were comparable to antibody levels against other currently circulating variants (XBB.1.5, XBB.1.16, EG.5, EG.5.1, and FL.5.1) but lower than antibodies against the parental BA.2.¹²

XBB.1.5-targeted booster

In a subset of a study sample (n=20) where participants had either received a monovalent XBB.1.5-targeted vaccine or a bivalent (XBB.1.5 and BA.4/BA.5), the monovalent vaccine elicited neutralizing antibodies against BA.2.86.¹³

Variant of Interest: EG.5

Variant characteristics

| Parent lineage | Alias | Notable sublineages | Key spike protein mutations |
|----------------|-------------|---|--|
| XBB.1.9.2 | XBB.1.9.2.5 | <ul style="list-style-type: none"> EG.5.1 EG.5.1.1 HK.3 (EG.5.1.1.3) | <ul style="list-style-type: none"> F456L (FLip mutation) S486P Q52H (in EG.5.1) |

Implication

The F456L mutation is associated with an increase in immune evasion.¹⁵

Transmissibility

Growth advantage, as of 19-Sep-2023

Compared to other circulating variants, the growth advantage of EG.5 (and its sublineages) is estimated to be 29%.¹⁶

No change in the infectivity

Compared to earlier XBB variants, there were no significant changes found in infectivity of EG.5.¹⁷

Higher reproduction number

Compared to XBB.1.5, XBB.1.16, and XBB.1.9.2, EG.5.1 showed a higher reproduction number, indicating it had the evolutionary advantage to outcompete these variants.¹⁸

Disease Severity

No known changes

According to available reports, there have been no notable changes in disease severity due to this variant.¹⁹

Intrinsic severity

Assessing the intrinsic severity of new variants amid changes in population immunity from previous infections and vaccinations is challenging and requires sufficient data and epidemiologic modelling approaches. Currently, no such studies exist for EG.5.

Vaccine Effectiveness

XBB.1.5-targeted booster

In a subset of a study sample (n=20) where participants received the XBB.1.5-targeted vaccine, the vaccine elicited neutralizing antibodies against EG.5 that were similar in quantity to those against XBB.1.5.¹⁴

Impact of variants on upcoming respiratory season

- The upcoming fall COVID-19 waves may be driven by a combination of circulating XBB lineages, including EG.5* and FL.1.5.1*, based on current trends in some countries in the northern hemisphere that are observing an increase in cases (e.g., Canada, United Kingdom, United States).
- The XBB.1.5-targeted vaccine that has recently been approved in several countries appears to be effective against circulating lineages, including EG.5, as well as the divergent BA.2.86.
- BA.2.86 has not gained a significant foothold in any part of the world based on sequencing data, though it has spread to several locations, and continues to expand its geographic spread. However, there is evidence that the variant is continuing to evolve as it spreads, and a sublineage with increased fitness may emerge and cause a new wave of an unpredictable magnitude.
- If BA.2.86 does not have a growth advantage over currently circulating variants, it may not outcompete circulating lineages and the burden of COVID-19 hospitalizations in an upcoming wave may be similar (high uncertainty) in magnitude to the fall/winter of 2022 in many regions of the northern hemisphere.¹

References: 1, 2, 6, 7, 9, 10, 11, 14, 16, 19

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Other Infectious Disease Outbreaks – Asia

Nipah Virus Infection - India

From the 12 to 15 September 2023, the Ministry of Health and Family Welfare, Government of India, reported six laboratory-confirmed Nipah virus cases, including two deaths, in Kozhikode district, Kerala. Aside from the first case, whose source of infection is unknown, the other cases were family and hospital contacts of the first case.

As of 27 September 2023, 1288 contacts of the confirmed cases were traced, including high-risk contacts and healthcare workers, who are under quarantine and monitoring for 21 days.

Since 12 September, 387 samples have been tested, of which six cases were positive for Nipah virus infection, and all remaining samples tested negative.

Since 15 September, no new cases have been detected. This is the sixth outbreak of Nipah virus in India since 2001.

As of 29-Sep-2023, all four hospitalized patients have recovered and no new cases or deaths have been reported.

All state districts have ended business and institution restrictions, with schools reopening for in-person learning.

Background of Nipah virus infection

Nipah virus infection is an **emerging bat-borne zoonotic disease** transmitted to humans through infected animals (such as bats and pigs) or **food contaminated** with saliva, urine, and excreta of infected animals. It can also be transmitted directly from person to person through close contact with an infected person (although this represents a less common transmission route).

Nipah virus infection in humans causes a range of clinical presentations including **acute respiratory infection and fatal encephalitis**. The **case-fatality rates** in outbreaks across Bangladesh, India, Malaysia, and Singapore typically range from **40% to 100%**. As of now, there are **no available effective therapies or vaccines** for this disease.

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

Highly Pathogenic Avian Influenza H5N1 – Cambodia

On 10-Oct-2023, the Ministry of Health Cambodia reported two unrelated confirmed human deaths of avian influenza strain H5N1. They were confirmed to be the 2.3.2.1c clade based on genetic sequencing by the Pasteur Institute in Phnom Penh.

The cases were reported from Kamchay Mear district (Prey Veng province): 1 case, 1 death and, Romeas Hek district, (Svay Rieng province): 1 case, 1 death. The listed locations are neighbouring districts within 30km of each other in southeastern Cambodia.

The first case was a 2-year-old female confirmed 09-Oct-2023 in the Chhmar Lot village, South Stong commune. The individual had possible poultry exposure given the discovery of dead chickens in their residence upon investigation. The second case was a 50-year-old male confirmed 07-Oct-2023 in the Mrak Teap village. The patient had domestic poultry exposure in his home; however, the source of infection has not been confirmed. A mortality event affecting at least 50 poultry was reported within the village. This included the patients residence, where dead poulties were shared amongst the village.

Prior outbreak: An outbreak of avian influenza H5N1 (clade 2.3.2.1c) was previously reported in February 2023 in the Prey Veng province with two confirmed cases. Viruses similar to the 2.3.2.1c clade have been circulating in the region in bird populations since 2014.

Source: [NewsMedia](#), [NewsMedia](#), [Ministry of Health](#), [MoH](#), [WHO](#)

Dengue – Bangladesh

Bangladesh is experiencing its most severe dengue outbreak in the last few decades. Health officials have highlighted that the healthcare system is strained as the population moves from rural areas to major city hubs seeking medical care. Deaths due to dengue this year have been greater than the combined death numbers in the past 23 years since 2000. The overall number of cases is unknown. The number of hospitalizations is 206,288 with 1,006 deaths.

In comparison, in 2019 over 100,000 confirmed cases and 179 deaths were reported in the country as the most severe outbreak in the past several years. Last year, over 62,000 cases and 280 deaths were documented. The death toll of the current outbreak is already over three times what it was in 2022, and the number of hospitalized cases is two times higher compared to 2019.

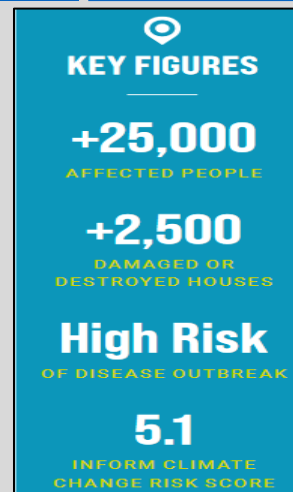
According to a statement of the Institute of Epidemiology, Disease Control and Research in June of 2023, the circulating strains of the virus are the DENV-2 and DENV-3 variants. These two serotypes have the highest rates of infections and death among the dengue serotypes.

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

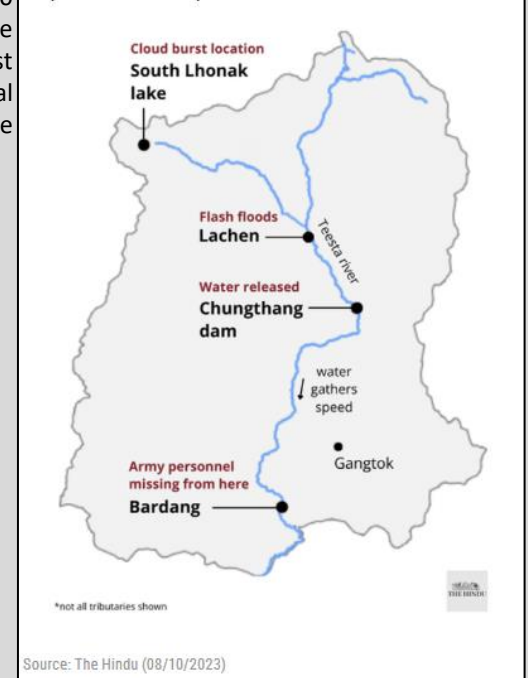
Flash Food – India

Flash floods have killed at least 14 people – with more than 100 others still missing – in Northeastern India. Authorities in the state of Sikkim say that heavy rainfall caused a glacial lake to burst last Wednesday, leading to the flash floods. Experts say rising global temperatures, including the record heat in India recently, are leading to more glacial melting.

Source: [Reliefweb](#), [NewsMedia](#), [The New Humanitarian](#), [NewsMedia](#)



Map of flood development in Sikkim state as at 8 October



Other Infectious Disease Outbreaks - Americas



Dengue Fever – Mexico

In 2023, up to EW 35, there were 86,398 dengue cases reported, of which 14,972 (17.3%) were laboratory confirmed and 445 (0.51%) were classified as severe dengue. The cases reported up to EW 35 of 2023 triple those reported in the same period of 2022 and double the average of the last 5 years (Figure 5). During the same period, there were 30 deaths reported (CFR: 0.035%).

All four dengue virus serotypes (DENV1, DENV2, DENV3, and DENV4) are present but in 2023 the serotypes DENV1, DENV2, and DENV3 co-circulate simultaneously.

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

Eliminating Onchocerciasis – Americas

The Onchocerciasis Elimination Program for the Americas (OEPA)² was created at the end of 1993 following a resolution of the Directing Council of the Pan American Health Organization in 1991 to eliminate onchocerciasis from the Americas. Targeted countries are the 6 endemic countries: Brazil, Colombia, Ecuador, Guatemala, Mexico, and Venezuela (the Bolivarian Republic of). The regional initiative has been successful, as WHO has since verified the elimination of onchocerciasis transmission in 4 countries: Colombia (2013), Ecuador (2014), Mexico (2015) and Guatemala (2016). The Ministry of the Popular Power for Health of Venezuela announced the elimination of transmission of the parasite in 2 of the 3 transmission zones (foci) in that country: the Northcentral focus in 2014 and the Northeast focus in 2017. The 538 517 inhabitants of these formerly endemic areas represent a 93% reduction in the original regional at-risk population for onchocerciasis. The remaining 7% (38 045 individuals) reside in the Yanomami focus area (YFA), a Brazil–Venezuela cross-border transmission zone named for the nomadic indigenous people who live there.

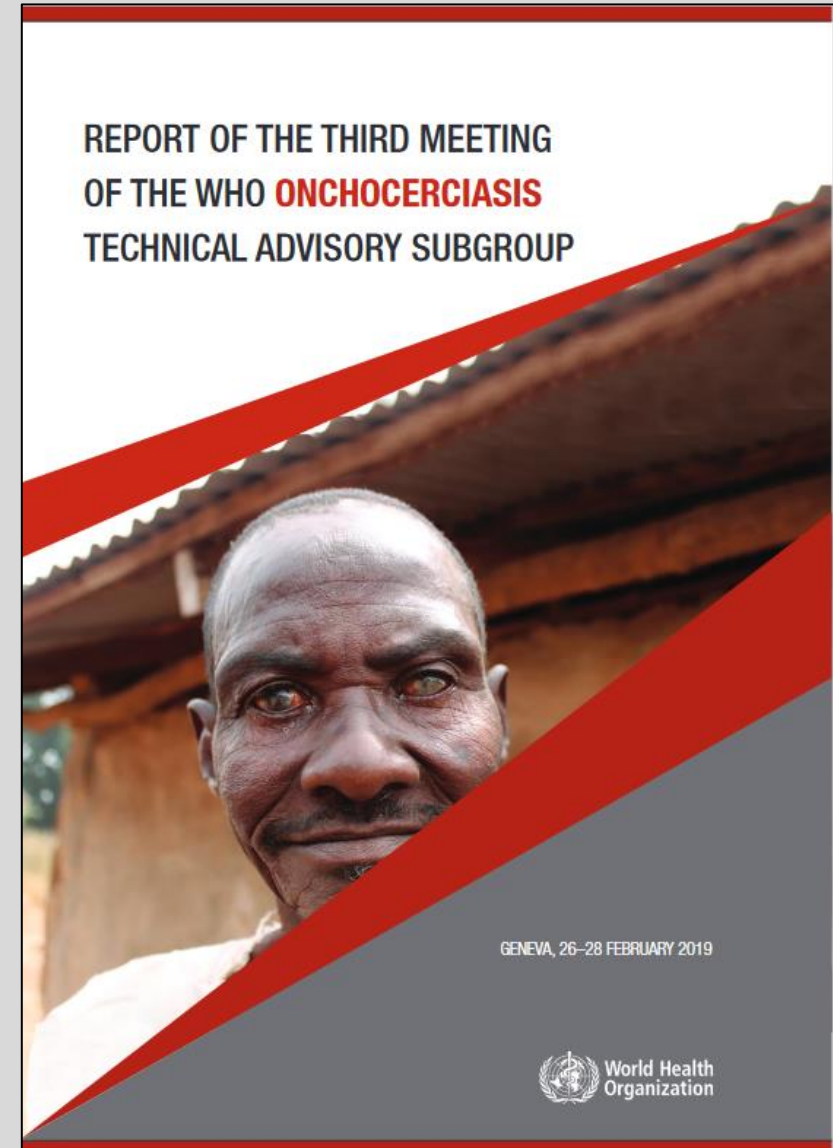
Source: [WHO](#)

Malaria – United States

A new autochthonous (locally-acquired) malaria case has been confirmed in the United States. This new case was confirmed in a press release on 04-October-2023 by the Arkansas Department of Health (ADH) in the Saline County and is due to *Plasmodium vivax*. This marks the first locally-acquired malaria case in the state of Arkansas after at least 50 to 60 years. The individual has no history of travel outside of the U.S. However, there has been no disclosure if the individual has travelled to other U.S. states with recent locally-acquired confirmed malaria cases. The official release has also highlighted that there have been five additional malaria cases in the state among individuals with recent history of travel outside the U.S. (unspecified locations).

In 2023 in total 10 locally-acquired cases, no death have been reported for the US. All individuals have been treated and recovered. Cases were reported from: Sarasota County, Florida state (10-July-2023): seven cases, Cameron County, along the southern border of Mexico, Texas (23-June-2023): one case, National Capital Region, Maryland (18-August-2023): one case and Saline County, southwest of Little Rock, 2.5 hours away from Memphis, Arkansas (04-October-2023): one case.

Source: [Arkansas Department of Health](#)



Other Infectious Disease Outbreaks - Europe

Zika Virus – France/Comoros

On 5 October 2023 Public health authorities in France have reported a case of Zika virus in a person who had recently returned from the Comoros. The patient arrived in Bordeaux from the Comoros on 25 August 2023 and attended a hospital emergency department on 12 September 2023. It is believed that the patient became infected in the Comoros.

Source: [ProMed](#)

Tularemia - Germany

As of 20 SEP, the Robert Koch Institut has reported 42 tularemia cases during 2023, in 10 of the country's 16 states: Baden-Württemberg (14 cases), Bavaria (8), Rhineland-Palatinate (5), North Rhine-Westphalia and Saxony-Anhalt (both 3), Brandenburg, Lower Saxony, Saxony, and Schleswig-Holstein (both 2), and Mecklenburg-Vorpommern (1). As of 31 AUG, the German Ministry of Agriculture has detected at least 17 infected or dead animals from numerous locations in Baden-Württemberg State, including the southwestern cities of Freiburg and Karlsruhe, as well as the southwestern districts of Böblingen, Bodenseekreis, Breisgau-Hochschwarzwald, Emmendingen, Esslingen, Konstanz, Neckar-Odenwaldkreis, Rastatt, Ravensburg, Rottweil, and Sigmaringen.

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

Hepatitis A - Slovakia

On 6 October 2023, the public health authorities in Slovakia reported a large ongoing outbreak of viral hepatitis A, with most cases reported in the Kosice district. Although the Kosice district is the most affected area, cases have also been reported in the Presov, Michalovce, Vranov, and Toplou districts. As of 5 October 2023, 1 017 cases have been reported since January 2023.

Most clusters involved human-to-human transmission among children living in poor hygienic conditions. The area's residents have been offered hepatitis A vaccination.

The **risk of further cases** among susceptible children living in sub-optimal sanitation conditions is considered **moderate** due to a high probability of infection and low impact of such infection.

Source: [ECDC](#)

Mass gathering monitoring – Rugby World Cup 2023, France

ECDC is monitoring infectious disease events possibly associated with the Rugby World Cup in 2023. The Rugby World Cup 2023 (RWC) is taking place in France from 8 September to 28 October 2023, with matches played in nine venues across 10 host cities. In total, 20 teams are participating, including teams from four EU/EEA countries, and there will be 48 matches.

Weekly monitoring update

On 10 October 2023, the Auvergne-Rhône-Alpes Regional Health Agency reported 13 additional cases of measles detected in the past week. Overall, 44 persons have been diagnosed with measles, including one hospitalisation, between 19 September and 10 October 2023. Although no cross-border measles transmission events have been reported related to this outbreak to date, ECDC does not yet have the full information to assess the risk of spread into the larger community of attendants to the sporting events.

No new cross-border public health events related to the RWC have been detected between 7 and 13 October 2023.

Source: [ECDC](#)

Measles – Multi-country (World) – Monitoring European outbreaks

In August 2023, 38 confirmed cases of measles were reported by 12 countries. Between January and August 2023, 721 cases of measles were reported in The European Surveillance System (TESSy) by 19 countries. Some 595 new measles cases have been detected by epidemic intelligence in 10 EU/EEA countries, including reports on new or ongoing outbreaks reported in Austria, Germany, France, and Romania. Measles transmission is currently low in the EU/EEA. Relevant updates for outside the EU/EEA are available for Switzerland, Ukraine, and the WHO Regions EUROPE, AFRO, PAHO, and SDEARO (no update for WHO regions EMRO and WPRO).

Source: [ECDC](#)

Monthly diphtheria epidemiological monitoring in the EU/EEA - 2023

Since the beginning of 2023, and as of 10 October, 92 cases of diphtheria have been reported in the EU/EEA through The European Surveillance System (TESSy). Cases have been reported in Germany (57), the Netherlands (13), Belgium (6), Czechia (6), Latvia (3), Slovenia (3), Norway (1), Slovakia (1), Spain (1), and Sweden (1). This represents 18 additional cases since the previous update on 10 September.

Among the 92 cases reported, 12 presented with respiratory disease, 78 with cutaneous disease, and two with respiratory and cutaneous disease. Two of the cases died, one in Belgium and one in Latvia. Since September 2022, and as of 10 October 2023, there have been 279 cases of diphtheria including 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.

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](#)

West Nile virus One Health seasonal surveillance – Europe 2023

Since last week's update, and as of 11 October 2023, European Union (EU) and European Economic Area (EEA) countries reported 33 human cases of West Nile virus (WNV) infection and three deaths related to WNV infections. Cases were reported by Romania (13), Italy (12, of which 1 with unknown place of infection), Greece (4), Spain (3), and Hungary (1). Deaths were reported by Greece (1), Romania (1) and Spain (1). Three human cases of WNV infection were reported from EU-neighbouring countries (all three by Serbia). No deaths related to WNV infections were reported by EU-neighbouring countries.

During the current transmission season, within the reporting countries, autochthonous human cases of WNV infection were reported from 128 different NUTS 3 or GAUL 1 regions, of which the following regions reported autochthonous human cases of WNV infection for the first time ever: Gironde, Charente-Maritime, Alpes-Maritimes, Charente and Haute-Corse in France, Sömmerda in Germany, Kastoria and Ioannina in Greece, Imperia, Taranto, Lecce, Cosenza and Bari in Italy, Gorj in Romania, and Huelva, Valencia/València, Barcelona, Cáceres, and Toledo in Spain.

Since the beginning of the 2023 transmission season, 93 outbreaks among equids and 209 outbreaks among birds have been reported by EU/EEA countries.

Source: [ECDC](#)

Other Infectious Disease Outbreaks - Africa

Source: [WHO](#)

Suspected triple outbreak of typhoid fever, shigellosis and cholera - Congo

The Ministry of Health and Population (Ministère de la Santé et de la Population - MSP) of the Republic of the Congo, declared on 17 July 2023 a suspected triple outbreak of gastroenteritis, with typhoid fever, shigellosis, and cholera as probable causes.

Since the first case was reported on 28 June 2023, and as of 29 August 2023, a total of 2389 suspected cases have been reported, including 52 deaths (overall Case Fatality Rate (CFR) 2.2%).

Laboratory analyses performed by the National Public Health Laboratory, identified 83 cases of Shigella, 22 of Salmonella Typhi (S. Typhi) and 21 cases of Vibrio cholerae with toxigenicity testing of the strain not performed.

WHO Risk Assessment:

WHO assesses the risk posed by this triple outbreak as **high at the national level, moderate at the regional level and low at the global level.**

Source: [WHO](#)

Dengue – Chad –Update-

On 15 August 2023, a dengue outbreak was declared by the Ministry of Public Health and Prevention in Chad. As of 1 October, there have been **1 342 suspected cases, including 41 confirmed cases** reported across eight health districts in four provinces. Among the confirmed cases, one death was reported. Abéché health district in Ouaddaï province, is the current epicentre of the outbreak. The dengue serotype responsible for this outbreak remains unknown.

The age group most affected by this outbreak are those between 15 to 34 years old, representing 27% of the reported confirmed cases.

WHO Risk Assessment

This is the first dengue outbreak reported in Chad, and the country has limited surveillance, clinical and laboratory capabilities. Given the favorable environmental conditions for mosquito spread, an ongoing humanitarian crisis due to a massive influx of refugees and returnees from Sudan and limited response capacities, WHO assesses the risk posed by this outbreak as **high at the national level, moderate at regional level, and low at global level.**

Source: [WHO](#)

Dengue – Mali

On 9 September 2023, the University Clinical Research Center (UCRC) in Mali reported a case of dengue in a 44-year-old woman living in Bacodjicoroni Golf, in Bamako's commune V health district. In week 38 (18-24 September), 164 suspected cases were reported, including 12 confirmed cases and 0 deaths. As of 24 September, 229 suspected cases, including 24 confirmed by PCR, and no deaths have been reported from 11 districts in five regions. Bamako region had the highest number of cases (209 cases, 91.3%) reported from all six communes (districts). The last reported cases of dengue fever in Mali were recorded in 2020, with two cases in the Kayes (1) and Koulikoro (1) regions. The current response is challenged by a shortage of fumigation supplies, sampling kits, and rapid diagnostic tests. Furthermore, the affected regions are characterized with substantial population mobility which could contribute to the spread of the disease.

Source: [WHO](#)

Dengue – Burkina Faso

The dengue outbreak in Burkina Faso remains a significant and persistent public health challenge since January 2023. The number of reported cases has witnessed a surge of cases from a mere six cases in Epidemiological Week 29 (ending July 22, 2023) to a staggering 708 cases by Epidemiological Week 36 (week ending September 9).

The latest figures from September 19, 2023, alone, indicate 221 new suspected cases, including 42 probable cases, and 8 deaths reported. Most of the new cases were reported from Do district.

From the beginning of the outbreak in January to September 19, 2023, a total of 6 703 suspected cases have been documented, with 2 494 probable cases and 48 fatalities. The Dengue outbreak in Burkina Faso is confined to the eight districts of the Hauts-Bassins region in the Western part of the country.

Cholera - Ethiopia

The ongoing Cholera outbreak which started in Harena Buluk Woredas of Oromia region, in South Eastern Ethiopia is among the longest outbreaks the country has ever experienced. The outbreak, which started in one region in August 2022 and was subsequently confirmed by laboratory tests on 9 September 2022, later spread to other areas since March 2023. It has been a growing concern which its peak observed in late July 2023.

As of now, the outbreak has reached 42 districts in Southern Nations, Nationalities and Peoples and has resulted in over 4 000 cases. The Oromia and Southern Ethiopia regions have been the most affected, with 36.4% and 31.6% of all cases respectively, followed by Amhara region (13.8%), Somali region (5.8%) and Sidama region (5.6%).

Rift Valley fever – Uganda

Rift Valley fever (RVF) outbreaks in humans have mainly been reported from the Western and Central regions of Uganda, mainly within the cattle corridor districts, since the beginning of 2023. From week 1 to week 36 (ending 10 September 2023), a total of 181 suspected cases of RVF including 53 confirmed and 13 deaths (CFR 7.2%) were reported from eight districts; Kabale, Rubanda, Mbarara and Mbarara city, Isingiro, Bushenyi, Nakaseke, Kazo and Kakumiro districts.

Between 25 August and 10 September 2023, three RVF cases (two confirmed and one probable) and two deaths (CFR 66.7%) were reported from Kakumiro district. The common features observed among the three cases are that they all are all animal handlers and presented with similar symptoms, including fever, headache, abdominal and joint pain, as well as intense fatigue.

Source: [WHO](#)

Rift Valley fever – Uganda

The cholera outbreak in Burundi that started in mid- December 2022 continues. In epidemiological week 40 (ending 1 October 2023), eight new cases and zero deaths were reported in three health districts over ten affected districts, namely Isare (n=5), Cibitoke (n=2) and Kabezi (n=1). No new death has been reported since 10 June 2023.

From the beginning of this outbreak until 1 October 2023, a total of 1 082 cases, including nine deaths (CFR 0.8%) and 1 038 recovered, have been reported from 10 health districts across the country. Bujumbura Mairie and Bujumbura Rural districts are particularly recognised as cholera hotspots. These areas encompass the capital city of Burundi, Bujumbura, and its surrounding regions. The high prevalence of overcrowded informal settlements, insufficient sanitation infrastructure, and poor hygiene practices contribute significantly to the transmission of cholera, representing well-established drivers and risk factors for the disease.

Source: [WHO](#)

Other Infectious Disease Outbreaks – Africa/Eastern Mediterranean Region

Source: [WHO](#)

Measles – Africa

CMR: From week 1 through week 32, 2023 (ending 13 Aug), 5 863 measles cases have been reported in Cameroon, including 419 IgM+. At least 30 related deaths (CFR 0.5%) have been reported in 2023.

CAF: Since the beginning of 2023 to 2 July, the Ministry of Health and Population has recorded 1 736 confirmed measles cases, including 129 laboratory-confirmed cases, 874 epidemiologically linked cases and one death. The measles outbreak is ongoing in 12 (34%) out of 35 health districts.

TCD: As of Week 31 of 2023 (ending 6 August), 8 489 suspected cases and four measles-related deaths (CFR 0.1%) have been reported from 143 out of 150 districts in Chad. A total of 820 samples tested IgM positive for measles and 178 tested IgM+ for rubella.

COD: Measles outbreak is still ongoing in the Democratic Republic of the Congo (DRC) affecting several provinces. As of 3 September 2023 (week 35) , a total of 234 825 suspected cases with 4 415 measles-related deaths (CFR 1.9%) have been reported.

KEN: The outbreak has been continuous since 2022, affecting 13 counties in 2023. Cumulatively, 1 244 cases, with 180 confirmed cases and 22 deaths (CFR 1.8%) have been reported as of 10 September 2023.

LIB: Since the measles outbreak started on 13 December 2021, there have been 12 885 suspected cases, 12 213 confirmed cases, and 95 deaths with CFR 0.7% in 15 affected Counties as of week 38 of 2023. Montserrado County has recorded the highest number of deaths (69).

MLI: From the beginning of the year through 2 July 2023, 634 suspected measles cases were tested in Mali, and 276 were laboratory confirmed.

MRT: Since the beginning of 2023, measles cases have been reported in the three wilayas of Nouakchott and in eight other wilayas in the country. As of 11 June 2023, the country has reported 508 suspected measles cases (224 confirmed, including 133 laboratory-confirmed cases and 91 epidemiologically linked cases). Four deaths, including two community deaths, have been reported among the confirmed cases.

NIG: As of epidemiological week 33, 2023 (ending 20 August) , 1 743 suspected measles cases were reported, of which 934 were investigated across 65 districts in the eight regions. Of these cases, 56% (n=517) were laboratory-confirmed. Additionally, 90% (n=65) of the districts reported at least one suspected case, and 35 (49%) health districts have reached the epidemic threshold since the beginning of the year.

SEN: There were no new cases reported in epidemiological week 30, 2023. From epidemic week 1 to 29 of 2023 (ending 22 July 2023), 445 confirmed cases of measles with no deaths were reported from 13 regions in Senegal, with the most affected regions being Diourbel (294 cases), Kédougou (27 cases), and Tambacounda (24 cases). Of the 197 children aged 9 months to 5 years with confirmed measles, 168 (85%) were not vaccinated against measles.

ZAF: From 8 October 2022 to 18 September 2023, a total of 1 171 laboratory-confirmed cases were reported from eight provinces with declared measles outbreaks in Limpopo (523 cases), Mpumalanga (115 cases), North West (221 cases), Gauteng (206 cases), KwaZulu-Natal (39), Free State (33 cases), Western Cape (18), and Northern Cape (7).

SSD: he ongoing measles outbreak in South Sudan is a continuation of the measles outbreak that was officially declared by Health authorities on 23 February 2022. In 2023, from epi-week 1 to week 33 (ending 20 August), a total of 5 774 suspected cases, 436 lab-confirmed and 142 related deaths (CFR 2.5%) have been reported.

ZMB: A measles outbreak continues to evolve in Lusaka, North-western and Southern provinces affecting several districts. Cumulatively, the provinces have recorded 3 715 measles cases and 31 deaths as of 12 August 2023.

Source: [WHO](#)

Malaria – Ethiopia

Since January of this year, Ethiopia has experienced a significant malaria outbreak, with reports from various regions. Four of these regions have reported incidence rates exceeding 2 000 cases per 100 000 population. Cumulatively, from 1 January through 10 September, a total of 2 235 311 cases have been reported in Ethiopia. Excluding September, the average number of cases reported monthly is 271 117 cases.

Hepatitis E – South Sudan

The current outbreak in the Bentiu IDP camp is ongoing. In 2023, 326 cases of AJS have been reported, of which 28 tested positive for HEV by RDT. As of 27 August 2023, a total of 4 253 cases of acute jaundice syndrome (AJS) including 27 deaths (CFR 0.7%) have been reported since January 2019.

Yellow fever – Central African Republic and Uganda

CAF: There is an ongoing yellow fever outbreak in the Central African Republic (CAR). This year from week 1 through week 33 (ending 20 August) , five confirmed cases of yellow fever were recorded including four new confirmed cases following the classification conducted on 7 July 2023 , these new confirmed cases are from the following districts : Sangha-Mbaéré (1), Berbérati (1) and Bambari (2)

UGA: From 1 January 2022 to 24 April 2023, a total of 1 178 suspected cases have been reported (984 during 2022, and 194 during 2023). Four cases have been confirmed from the following districts Kasese (1), Buikwe (2), and Buvuma (1) classified by having positive results through Plaque Reduction Neutralization Tests (PRNT) and no record of yellow fever vaccination. The last cases was reported in February 2023. The National Yellow Fever vaccination campaign phase I has been completed and the second phase is scheduled for October 2023.

Polio – Pakistan

Pakistan reports third polio case of 2023. The Pakistan Polio Laboratory at the National Institute of Health notified on Tuesday that a child has been paralyzed by wild poliovirus type 1 (WPV1) in Bannu. The affected child is an 18-months-old girl from Ghaura Baka Khel union council of Bannu, who had onset of paralysis on September 13. In 2023, three children have been paralyzed by polio in Pakistan, while 20 cases were reported from Pakistan in 2022 after an outbreak in southern KP.

Source: [ReliefWeb](#)

Crimean-Congo Hemorrhagic Fever (CCHF) – Iraq

The Ministry of Health provided an update on the total number of hemorrhagic fever cases and deaths since the beginning of 2023 and their geographical distribution throughout Iraq. The latest official statistics from the Public Health Department at the National Center for Communicable Disease Control included recording 545 confirmed cases of hemorrhagic fever since the beginning of the current year 2023, including 70 deaths so far.

Dhi Qar Governorate, for the 2nd year in a row, continues to lead the number of infections and deaths, as it recorded 132 confirmed cases, including 13 deaths.

Source: [ProMed](#)