



Update 149 FHP-Update 17 July 2024



News:

- SAGE:** During the [extraordinary meeting of the Strategic Advisory Group of Experts on Immunization on Ebola vaccination in May 2024](#) the SAGE recommended that countries at risk of EVD (i.e. countries with a history of EBOV outbreaks or in their neighbouring areas) should evaluate the transmission risk on the basis of outbreak epidemiology and available local evidence and should identify in each country priority areas and target populations for preventive vaccination. Given the available data on risks, SAGE does not recommend widespread vaccination of the general population.
- US CDC:** [updated the 2024-2025 COVID-19 vaccine recommendation](#): everyone ages 6 months and older receive an updated 2024-2025 COVID-19 vaccine when these vaccines are available later this year. The 2024-2025 vaccine is formulated to protect against currently circulating variants of COVID-19 and will protect people from the potentially serious outcomes of COVID-19 illness this fall and winter.
- ECDC:** The Paris 2024 Olympic and Paralympic Games will take place from 26 July to 11 August 2024 and from 28 August to September 2024, respectively. Around 15 000 athletes are expected, 20 countries will be represented, and the event will involve up to 50 000 volunteers. A total of 11.3 million visitors are projected to attend the Olympics and 3.8 million the Paralympics. [ECDC will monitor this mass gathering event](#) through epidemic intelligence activities between 15 July and 13 September 2024, in collaboration with Santé Publique France, and will include weekly updates in the Communicable Disease Threats Report (CDTR). On 14 June 2024, ECDC [published a document](#) with considerations for public health authorities in the EU/EEA on mass gatherings and infectious disease
- ECDC:** According to the [latest ECDC Annual Epidemiological Report \(AER\)](#) issued in June 2024, 3 650 tick-borne encephalitis (TBE) cases were reported in 20 EU/EEA countries in 2022. Most cases occurred between June and November, with July having the highest number of reported cases.
- ECDC:** [launched a protocol for a genomic survey of carbapenem-resistant *Acinetobacter baumannii* \(CRAB\) across hospitals](#) from EU/EEA countries, Western Balkan countries and Türkiye at the beginning of July 2024. The protocol describes actions for hospitals and clinical microbiology laboratories to conduct a survey that aims to map the occurrence, geographic distribution and resistance characteristics of CRAB isolates, it also aims to help countries enhance their capacities for detecting and controlling infections caused by CRAB.
- WHO:** has prequalified the first hepatitis C virus (HCV) self-test which can provide a critical support in expanding access to testing and diagnosis, accelerating global efforts to eliminate hepatitis C. The product, called OraQuick HCV self-test, manufactured by OraSure Technologies, is an extension of the pre-qualified, OraQuick® HCV Rapid Antibody Test which was initially prequalified by WHO in 2017 for professional use. The self-test version, specifically designed for use by lay users, provides individuals with a single kit containing the components that are needed to perform the self-test.

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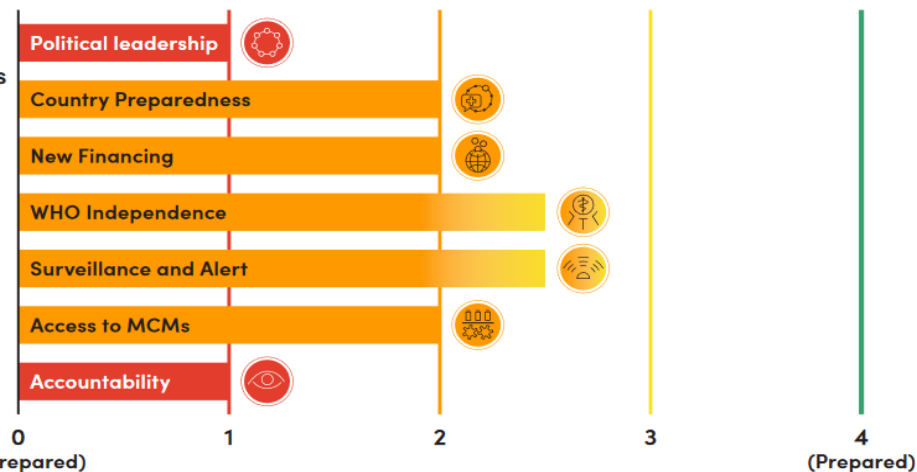
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2024: The world is not ready for a new pandemic threat

Required package of reforms



Extreme heat caused more emergency department visits in 2023*

Health departments, prevent heat-related illnesses (HRI):



Track heat forecasts



Monitor HRI trends among groups sensitive to heat



Prepare and inform communities about cooling stations



Promote home energy assistance programs



Humanitarian crisis overview - Ukraine

Background

Since the conflict between Russia and Ukraine escalated into a war in February 2022, thousands of people have been killed, injured, or maimed, including hundreds of children (>30.000 civilian casualties, including >10.000 killed and >19.000 injured). The war has forced millions to flee and nearly 4 million people – including nearly 1 million children – are still internally displaced across Ukraine, while over 6 million live as refugees abroad.

Recently attacked areas

Kyiv/Kharkiv have faced multiple attacks in May/2024 – living conditions have become increasingly uncomfortable - many areas still lack electricity, with power being restored only periodically. Additionally, in some buildings, access to water remains scarce. In July/2024, Dnipro city, Donetsk region and Kherson were also impacted by attacks. In June at least 146 civilians were killed and 672 injured. While lower than May, the overall casualty number is the second highest in 2024. (Source: [Rescue](#), [UN](#))

Humanitarian crisis situation

In 2023, nearly 11 million people received life-saving and life-sustaining assistance, and over 14.6 million people – about 40% of the Ukrainian population – need humanitarian assistance in 2024. Needs are more acute in the east and the south, close to the front-line. Civilians there struggle every day to have adequate access to water, food, health, housing, protection and other essential services and supplies. In 2024 more than 5 million people received humanitarian assistance so far. (Source: [UNOCHA](#))

Humanitarian response situation as of May/2024

- As of the end of May 2024, humanitarian assistance in Ukraine reached 5.2 million people. In May alone, 800.000 people received at least one form of aid;
- Humanitarian organizations provided water, sanitation and hygiene assistance to 3.9 million people, mainly through water system maintenance and emergency water supply;
- ~ 2.7 million people received food assistance and farming-stimulating inputs;
- ~ 1.2 million people received health-care assistance;
- Shelter-related emergency support was provided to almost 1 million people;
- ~ 750,000 people received general protection assistance;
- ~ 700,000 children were provided with protection services, including mental health and psychosocial support;
- Humanitarians also continued activities aimed at preventing gender-based violence and supporting survivors;
- In the five months of 2024, humanitarian assistance provided aid to nearly 30.000 people in the most-affected front-line areas of Donetsk, Kharkiv, Kherson and Zaporizka oblasts. (Source: [ReliefWeb](#))

Challenges on health care infrastructure

Over 1.500 attacks on medical facilities and 2,500 attacks on schools and other infrastructure have been recorded in blatant violations of international humanitarian law. According to a report released by the UKR Healthcare Centre, 80% of the health care infrastructure in Mariupol was destroyed. Four out of five general hospitals were destroyed. In February, a hospital in Donetsk region, including its maternity ward, was damaged in an attack. (Sources: [DP](#), [Rescue2](#))

Impact on public health

The deterioration in health-care infrastructure contributed to the spread of infectious diseases. However exact data of infected cases are not available, a high number of cases can be assumed due to poor hygiene conditions and a lack of infection control.

- In Mariupol city, officials imposed a quarantine over fears of cholera and dysentery;
- Ukrainian prisoners of war have contracted diseases including Hepatitis A and tuberculosis (HAV outbreak was reported in Nov/2023 in Ternopil and Vinnytsia regions);
- Outbreak of polio and measles remain at high risk (polio outbreak between 2021-2023).
- COVID-19 transmission remained high, with only 38 per cent of Ukrainians fully vaccinated against the disease;
- Since the beginning of the war, cases of rubella, shigellosis (diarrhoeal diseases), meningitis, whooping cough also increased significantly, and besides, routine childhood vaccination coverage decreased.

Recently, vaccination efforts have been strengthened in Ukraine, particularly in remote and hard-to-reach areas, with 59 buses donated by WHO to the Ministry of Health of Ukraine as part of a collaborative effort to leave no one behind. The country is facing problems with vaccine uptake for all preventable diseases, especially in regions near the frontline. Ukrainian authorities have no access to populations in occupied territories and with information strictly controlled by occupying authorities, it is difficult to gauge the level of access to routine immunisation services. (Sources: [CFR](#), [WHO](#), [EurekAlert](#), [Lancet](#))

Key steps to improve the health system in 2024

- Strengthen surveillance (including case investigation), information management and public health intelligence;
- Support outbreak detection, investigation, and response capacity;
- Provide life-saving medicines, medical supplies and equipment;
- Deliver technical support to critical infectious diseases, non-communicable conditions, and life-saving maternal and reproductive health interventions in humanitarian settings;
- Support mental health and psychosocial interventions for war-affected and/or at-risk populations including frontline health workforce;
- Provide help to laboratory and surveillance systems in affected areas;
- Strengthening all-hazard preparedness by reinforcing EMS capabilities and expertise in managing CBRN incidents.

Humanitarian crisis overview – Gaza Strip and West Bank

Background

Since the war in Gaza Strip started on 7/Oct/2023, a spike in violence in the West Bank – including East Jerusalem – has resulted in the deaths of over 500 Palestinians in West Bank and 38.000 Palestinians in Gaza Strip, including children as of June/2024. Thousands of people have been injured.

480 attacks on health care in the West Bank has been documented as of middle June. The attacks affected 54 health facilities, 20 mobile clinics and 319 ambulances. 59% of the attacks on health infrastructures and ambulances occurred in the cities of Tulkarem, Jenin and Nablus – which caused obstruction of health workers and patients access to health facilities.

Approximately 64% of the 36 pre-existing hospitals are not functioning currently in Gaza. Damage of health facilities and ambulance services severely affected people (especially vulnerable groups) exposed to increased morbidity and mortality. (Source: [WHO](#))

Recent news

The number of families (~250.000 people) fleeing from Khan Younis (south of Gaza Strip) has increased as they comply with relocation orders. As of the latest order from Israeli Security Forces, all citizens in Gaza city are urged to move to Al-Mawasi in Deir al-Balah. Hospitals are have not been evacuated yet.

The closure of the Rafah border crossing has worsened people's ability to survive. Reduced number of commercial trucks that are passing through now at Kerem Shalom (crossing point) also worsened the situation. Thousands of trucks containing shelter and other essential aid (incl. Medical supplies) remain stuck in El Arish crossing, Ismailiya and Al Areesh in Egypt, and at the Kerem Shalom crossing point.

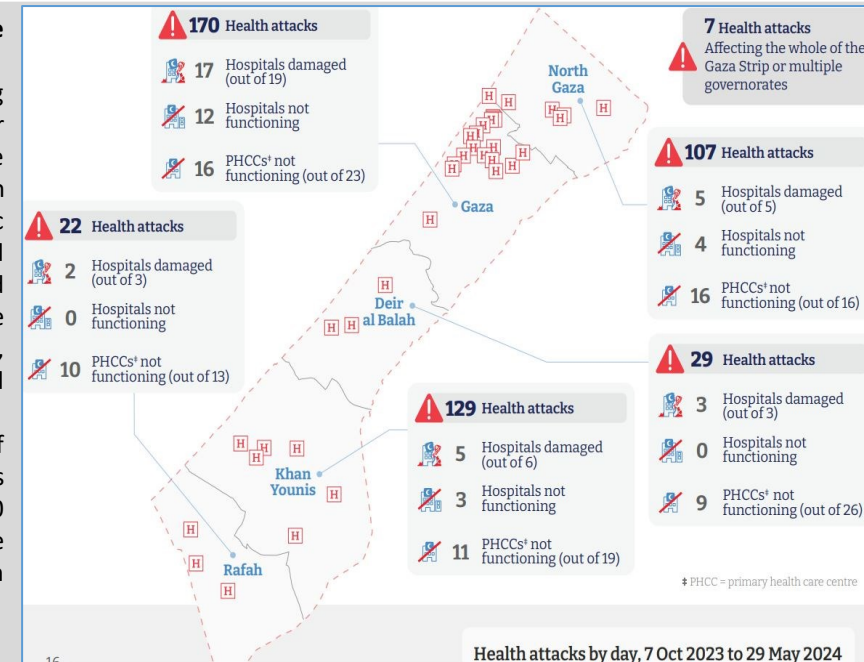
Three mass casualty incidents took place on 13-14/July. Israeli forces hit Al Mawasi area, it resulted killing of 90 people and injury of 300. Tents, food kitchen and water point were also destroyed in the attack. Further 37 people were killed in attack at Ash Shati' Refugee Camp and the UNRWA Abu Oreiban school. (Source: [ReliefWeb](#), [ReliefWeb2](#), [ReliefWeb3](#))

Crisis overview

- As a result of lack of basic and domestic hygiene in **Gaza**, diarrhea cases (including Acute Watery Diarrhea; >527,000 cases so far), Hepatitis A infections, upper respiratory infections (>923,000 acute respirator infections so far) and skin diseases (incl. scabies, lice, skin rashes), chickenpox are rising;
- Drinking water sources have been closed or intermittently operated – two out of three water pipelines coming from Israel to Gaza are partially operational as of 1/July. People have lack of access to clean water. In April/2024, median water availability was 3 liters per person per day;
- Wastewater treatment system also operating only partially. Sanitation and solid waste management is extremely limited, sewage overflow is reported from many areas;
- Famine is imminent/occurs in the northern governorates; half population of Gaza is facing hunger/acute food insecurity, threatening severe increase of malnutrition;
- Health care facilities of **West Bank** are suffering with significant stockouts of medicines due to financial difficulties;
- ~18.000 children are estimated to be malnourished due to lack of essential nutrition supplies;
- Due to restrictions of movement to Palestinians across West Bank, access to services including medical treatments are drastically decreased. Access to essential medicines is also worsened;
- Population on both sides (incl. vulnerable groups, children, hostages, and those fighting on the front line) are suffering from mental health issues and trauma caused by the war situation. (Source: [OCHA](#), [CVI](#))

Measures taken to mitigate the crisis

- Provision of potable drinking water, and waste water management are one of the most urgent issues. In June/2023, about 112.000 cubic metres of water were produced per day for safe drinking and domestic purposes across the Gaza Strip. Since 30/June, 66.200 m³ of water produced per day;
- The collection and transfer of solid waste to temporary sites continued, although ~340,000 tons of accumulated solid waste and two landfills remain inaccessible;



- The Nasser Medical Complex in Khan Younis is functional with a 450-bed capacity. In total, 139 health service posts, including 98 medical points and 41 primary healthcare centres are operating now. There are 17 partially operational hospitals across the Gaza Strip. Eight field hospitals, four of which are only partially functional, are operational in Deir al-Balah, Khan Younis, and Rafah;
- WHO conducted a mission to Gaza city to provide 19,000 litres of fuel to Al Ahli and Sahaba hospitals, as well as medicines and supplies to these hospitals and partners operating at primary healthcare centres and medical points;
- Approximately 73 metric tons of Lipid-Based Nutrient Supplements for the prevention of malnutrition have been provided by World Food Programme;
- Over 1.500 hygiene kits has been provided by refugee council and civilian partners;
- Humanitarian partners supports bakeries and kitchens to deliver food and cooked meal in Deir Al Balah, Gaza city, Jabalya and Khan Younis;
- A few Shelter Cluster partners have been able to intermittently bring in tents and other non-food items into Gaza;
- Protection teams provide emergency assistance, children protection, case management, and legal counselling to decrease the protection risk. (Sources: [OCHA2](#), [OHC](#), [ReliefWeb4](#), [ReliefWeb5](#))

Climate change impacts in Europe

Climate change means more extreme weather events are occurring around the world.

In 2023, we saw storms such as [Cyclone Gabrielle in New Zealand](#) causing utter devastation, [winter heatwaves in Europe](#) – and last year around two-thirds of [Pakistan was affected by widespread flash floods](#).

Europe is unprepared for growing climate risks. In the face of rapidly escalating climate threats, the European Union finds itself at a critical point in time, where the urgency of action meets the necessity for comprehensive preparedness. The recently published (January 2024) [European Climate Risk Assessment \(EUCRA\)](#) report offers a sobering analysis of the challenges ahead for the region. It identifies 36 significant climate risks, ranging from [heatwaves](#) to [floods](#), and emphasizes the pressing need for immediate action across various sectors.

What is physical climate risk

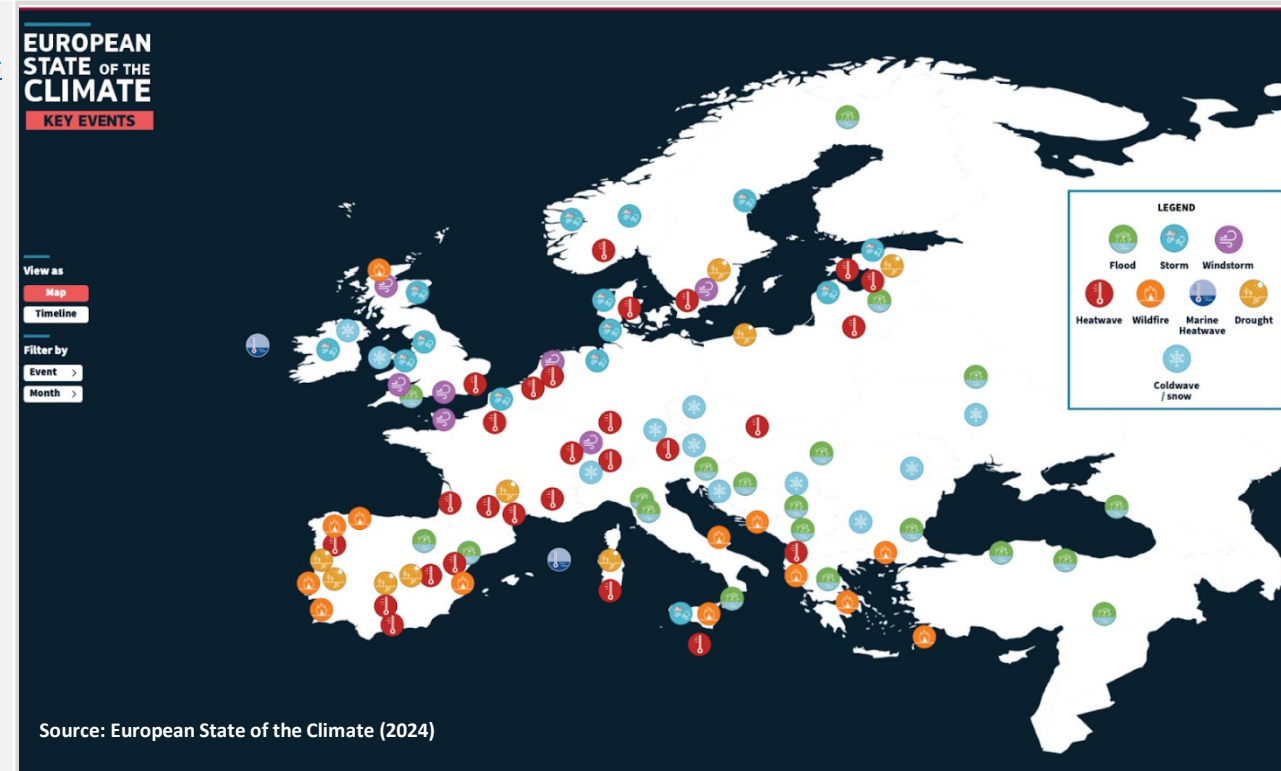
Physical climate risk describes the potential for physical damage and disruption to people, property and productivity as result of the increased exposure to climate hazards driven by climate change, such as damage to property and infrastructure due to extreme weather events such as [floods](#), [droughts](#), and [wildfires](#). Physical climate risks can be driven by climate shocks, extreme weather or climate events such as hurricanes, or heatwaves. These are often short-lived but can be devastatingly impactful. They are also driven by longer-term climate stresses, such as changing sea levels or a steady rise in average temperatures.

Understanding the risks

Europe is warming [twice as fast as the global average](#). Yet, [existing and planned adaptation measures fall short in mitigating the remaining risks](#), particularly as temperatures surpass the 1.5°C threshold of global warming. While some short-term benefits are anticipated in the north, risk disparities across Europe are expected to continue widening, with southern regions facing a heightened risk. Europe faces four key risks: increased mortality and health issues for both humans and ecosystems due to rising temperatures, declines in agricultural outputs resulting from the combined impact of heatwaves and droughts, growing challenges related to water scarcity affecting multiple sectors, and amplified impacts of floods on communities, economics and infrastructure.

Southern Europe a climate risk hotspot

Southern Europe, low-lying coastal areas, and the EU's outermost regions are hotspots for multiple climate risks. Southern Europe faces escalating impacts from heatwaves and droughts, affecting agriculture, outdoor work, tourism, and fire risks, with rural areas and ecosystems particularly vulnerable. Last year, [Greece](#), [Spain](#), and [Italy](#) were engulfed by wildfires, [amounting to €4.1 billion in damages to the region](#). The EUCRA report has rated wildfires as a “critical risk,” and has rated the urgency of action as “urgent action needed.”



Low-lying coastal regions like the Netherlands, including densely-populated cities like Amsterdam, [confront threats of flooding](#), erosion, and saltwater intrusion exacerbated by rising sea levels.

Climate change impacts in Europe

Local economies reliant on tourism, agriculture, fisheries, and forestry, such as the Alps, Mediterranean islands, and northern coastal areas, are especially susceptible to climatic shifts. Regions marked by high unemployment, poverty, emigration, and aging populations, predominantly in central-eastern and parts of southern Europe, exhibit limited capacity to adapt to climate change impacts. Urban areas, with their dense populations, face heightened risks from heatwaves, extreme precipitation, and urban heat island effects, exacerbated by soil sealing and insufficient green and blue spaces, elevating flood risks, particularly during cloudbursts.



Way's to Prevent the Next Pandemic I

In May 2021, the Independent Panel for Pandemic Preparedness and Response presented a comprehensive package of evidence-based recommendations to the World Health Assembly (WHA). The aim was to make COVID-19 the last pandemic of such devastation. In May 2023 the Panel issued a road map for a world protected from pandemic threats. This map included six major steps for better preparedness and response:

- I. *International rules: pandemic agreement and revised International Health Regulations*
- II. *Independent monitoring*
- III. *An operational ecosystem for equitable access to medical countermeasures*
- IV. *Sufficient financing for preparedness and response*
- V. *An independent, well-functioning and authoritative WHO*
- VI. *Sustained political momentum: a high-level political council for pandemic threats*

The recommendation of the panel after the assessment were bold, cohesive reforms. Since then, despite much discussion and debate, and some progress, a lack of political leadership and a fraught and fractious multilateral system have hindered full implementation of these recommendations. The panels latest report evaluates the status of pandemic preparedness and response reforms:

Highest-level political leadership – Grade: CODE RED

During the height of the pandemic, Heads of States led their national responses, and some engaged key cabinet members across ministries to harness a multisectoral response. Later, on the world stage, leaders eventually came together in a series of U.S.-initiated high-level summits to address the transnational issues of COVID-19, both in terms of health and the economy. The call for a pandemic treaty was spearheaded by a group of 27 leaders from all regions, led in particular by the European Union in collaboration with WHO. cross-regional leadership are needed today. Yet most of the work so far to set a new path forward through a pandemic agreement has been left to the technical teams within Ministries of Health and health organisations.

The way forward: 1. Establish a group of champion leaders who make pandemic preparedness and response a priority. 2. Incorporate pandemic preparedness and response within the Emergency Platform at the Summit of the Future. 3. Ensure regular engagement within the pandemic agreement Conference of the Parties (COP) by Heads of State and Government.

Strengthening country preparedness – Grade: CODE ORANGE

The COVID-19 pandemic exposed cracks, and in some cases gulfs, in country-level pandemic preparedness. The wait-and-see approach by many to the PHEIC and the absence of multisectoral, cross-government planning, surge plans, rapidly deployable human resources and stockpiles, and pre-positioning of essential supplies were evident in almost all countries. This set off global competition for personal protective equipment, oxygen, and other supplies, favouring countries that could organise fastest and pay the most.

There were also positive lessons. Countries that had learned from previous outbreaks and had well-defined plans took timely action through whole-of government and whole-of-society approaches, were led by scientific guidance, and engaged meaningfully with communities.

The way forward: 1. Track and transparently document country preparedness plans and actual implementation.

2. Validate new whole-of-society preparedness metrics. 3. Rapidly move from pilot to scale with a robust peer-review mechanism. 4. Mainstream disinformation management into pandemic preparedness including prioritising establishment of a global mechanism. 5. Ensure community engagement in health emergency governance.

New international financing for global public goods – Grade: CODE ORANGE

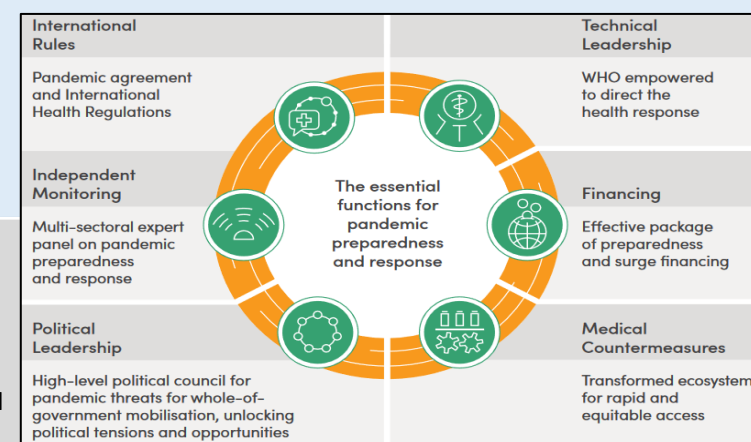
COVID-19 provided a costly lesson on the consequences of failing to invest in pandemic preparedness and response. Given the current limited fiscal space in many countries, a pandemic in the very near future would be catastrophic. Now is the window of opportunity to apply the lessons of the past four years, to protect citizens today and generations to come, but it will be realised only with the highest levels of political support for smart and sustainable PPR financing.

The way forward: 1. Avoid further fracturing and fragmenting of the PPR funding landscape. 2. Finance pandemic preparedness and response as a global public good. 3. Transform The Pandemic Fund into an International Pandemic Preparedness and Surge finance modality. 4. Maximise the opportunity of an independent finance coordinating mechanism established under the amended IHR.

Strengthening WHO's independence, authority, and financing – Grade: CODE ORANGE to YELLOW

WHO is the only international health organisation with the authority and expertise to guide the world through public health emergencies and pandemics. It has an essential role sharing outbreak information and assessing risk and providing the normative and technical guidance and assistance required for countries to prepare for and respond to outbreaks and ideally stop them from becoming pandemics. In recent years, through its Health Emergencies Programme, the WHO has increasingly performed more of an operational function with a growing focus on procuring and delivering goods—a role more commonly associated with humanitarian organisations, nongovernmental organisations, and local governments. Now Member States are asking WHO to do more, including to establish a global supply chain and logistics network. But many other actors can undertake this operational role and deliver supplies and ambulances, but no other organisation can perform WHO's essential normative and technical role.

The way forward: 1. Focus WHO's role and functions on normative and technical work including also in emergency situations. 2. Consider splitting WHO into two organisations, with a new operational World Health Emergencies Programme. 3. Introduce a single term of office of seven years for the next Director-General and Regional Directors. 4. Continue the work to reform the financing of the organisation and move towards a combination of fully unearmarked assessed and voluntary resources, while also improving accountability and transparent ways of reporting.





Way's to Prevent the Next Pandemic II

Source: [The Independent Panel of Pandemic Preparedness and Response](#)

A new international system for surveillance, validation, and alert - **Grade: CODE ORANGE to YELLOW**

Sensitive surveillance for infectious disease and structures to report events can make the difference between a limited outbreak and a pandemic. Surveillance reporting also extends beyond people—to animals to detect potential spillover events, and beyond, to economic and political spheres, particularly if countries perceive reporting an outbreak as antithetical to their economic interests.

Critical to sensitive surveillance are national systems and protocols that ensure health events in a community that may be of international concern can be alerted up through to the country's leaders and rapidly to WHO in keeping with obligations under the IHR. The WHO in turn must have the authority to rapidly assess risk and alert the world to new threats, and countries must respond to alerts with the immediate attention required.

The way forward: 1. For Member States and WHO commit to report outbreaks from today according to the amended IHR and WHO should be allowed to immediately investigate suspected outbreaks with pandemic potential. 2. Member States and WHO to invest now in implementation of the amended International Health Regulations. 3. WHO to further develop a communications strategy so that leaders, cabinet ministers, the public, and other stakeholders better understand what a PHEIC and a pandemic emergency mean and what actions must be taken by government. 4. Invest now in bottom-up surveillance based on a One Health approach.

Innovation and equitable access to medical countermeasures - **Grade: CODE ORANGE**

The COVID-19 pandemic demonstrated that investment in science could produce effective tests, vaccines, and treatments for a new pandemic disease in record time. The success was possible through collaborative global research and development (R&D) efforts between many public and private players that could build on existing knowledge and state-of-the-art technologies, the shared viral sequence, clinical trial infrastructure and people's willingness to participate in trials, and massive public financing. One of the biggest failures during the pandemic was our collective inability to ensure timely and equitable access to medical countermeasures including oxygen and personal protective equipment, especially to protect health care workers in LMICs. Thirty years ago, the HIV/AIDS pandemic put a global spotlight on the devastating consequences of highly unequal access to lifesaving health technologies. While a range of initiatives has since been set up to address such inequities, the continued challenges of availability and access to MCM for COVID-19, Ebola, mpox, and cholera emphasise a need for more transformative change in the way we govern, finance, and conduct MCM R&D and manufacturing.

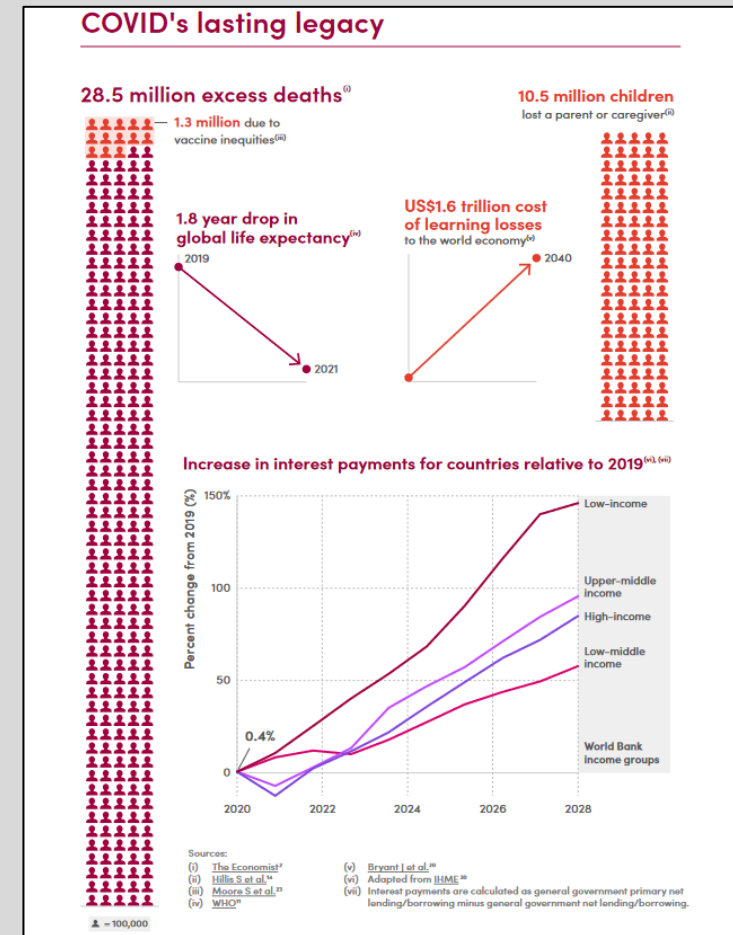
The way forward: 1. Treat MCMs for outbreaks and pandemics as global health commons. 2. Establish regional R&D hubs to decentralise innovative capabilities. 3. Fit-for-purpose financing for an end-to-end R&D and manufacturing ecosystem for people's health. 4. Invest in diagnostic and treatment R&D and manufacturing preparedness.

Accountability – **Grade: CODE RED**

An effective system of pandemic preparedness and response must ensure that countries are accountable to one another for their commitments, and for of mutual assurance. COVID-19 revealed the gaps and shortcomings of the International Health Regulations. Many countries did not follow WHO's temporary recommendations under IHR and did not explain why. The pandemic also exposed a lack of accountability for areas IHR did cover, such as state commitments on core capacities for national preparedness.

The way forward:

1. Revise and simplify monitoring and reporting mechanisms.
2. Create an independent monitoring body to monitor the state of pandemic preparedness on a global, regional, and country basis.
3. Should a pandemic agreement be adopted, and a COP be mandated, the COP must create an implementation and compliance mechanism to monitor compliance with the agreement commitments.
4. Consolidate and strengthen the Implementation Committee of the IHR to include compliance.
5. Establish a multisectoral civil society engagement mechanism now to prepare for the 2026 high-level meeting.



Multi-country outbreak of cholera

WHO Monthly External Situation Report n. 15, published 19 June 2024



Source: [WHO](#), ECDC

Multi-country outbreak of cholera, External situation report #15 - 19 June 2024 (data of 26 May 2024)

In May 2024 (epidemiological weeks 18 to 21), a total of 46 364 new cholera cases were reported from 19 countries, territories, and areas across four WHO regions, showing a 58% increase from the previous month. The Eastern Mediterranean Region registered the highest number of cases, followed by the African Region, the European Region, and the South-East Asia Region. During this period, 185 cholera-related deaths were reported globally, representing a 37% decrease from the previous month. Cases and deaths reported over this period in 2024 are 23% lower and 30% lower, respectively than those reported over the same period last year. For the latest data, please refer to WHO's Global Cholera and Acute Watery Diarrhoea (AWD) Dashboard

The global stockpile of Oral Cholera Vaccines (OCV) was depleted until early March but exceeded the emergency target of 5 million doses in early June for the first time in 2024. As of 10 June 2024, the stockpile has 6.2 million doses. However, demand for the vaccine continues to outpace supply. Since January 2023, 92 million OCV doses were requested by 16 countries, nearly double the 49 million doses produced during this period. Preventive vaccination campaigns remain suspended to prioritize doses for outbreak response.

The dynamics of cholera outbreaks are increasingly complex due to factors that transcend national boundaries, such as population mobility, natural disasters, and climate change. Inadequate disease surveillance at border areas and limited awareness in cholera-affected communities are also contributing factors. To address these challenges, countries must prioritize cross-border collaboration by establishing real-time data sharing mechanisms, harmonizing surveillance systems, pooling resources, and implementing joint preparedness and response interventions.

WHO classified the global resurgence of cholera as a grade 3 emergency in January 2023, the highest internal level for emergencies in WHO. Based on the number of outbreaks and their geographic expansion, alongside the shortage of vaccines and other resources, WHO continues to assess the **risk at the global level as very high** and the event remains **classified as a grade 3 emergency**.

Reported epidemics of cholera and acute watery diarrhoea (AWD), 1 January 2024 to 26 May 2024

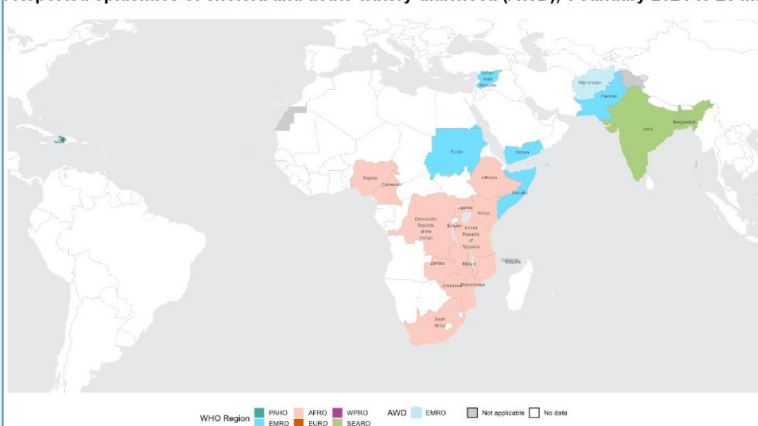


Table 1. Cholera cases and deaths reported from WHO regions, as of 26 May 2024*

WHO Region	Country, area, territory	1 January to 26 May 2024				Last 28 days				
		Cases	Deaths	Cases per 100 000	CFR (%)	Cases	Deaths	CFR (%)	Monthly cases % change	Monthly deaths % change
African Region	Burundi	494	1	4	0.2	298	1	0.3	243	
	Cameroon [§]	49	0	0	0					
	Comoros	7 335	121	892	1.6	4 091	54	1.3	59	8
	Democratic Republic of the Congo	16 539	295	14	1.8	2 545	18	0.7	-14	-77
	Ethiopia	16 163	124	22	0.8	3 355	28	0.8	22	4
	Kenya	372	3	1	0.8	59	1	1.7	136	0
	Malawi	246	1	1	0.4	9	0	0	-72	
	Mozambique	7 762	16	27	0.2	462	3	0.6	-52	200
	Nigeria	882	16	0	1.8	27	2	7.4	-55	-33
	South Africa [§]	11	0	0	0					
	Uganda [§]	32	1	0	3.1					
	United Republic of Tanzania	3 032	48	5	1.6	391	10	2.6	-35	0
	Zambia	20 113	637	103	3.2	114	1	0.9	-83	-93
	Zimbabwe	19 759	395	130	2	1 153	12	1	-54	-80
Eastern Mediterranean Region	Afghanistan**	46 758	25	143	0.1	13 451	9	0.1	54	200
	Pakistan***	18 318	0	8	0	13 075	0	0	809	
	Somalia	13 079	120	80	0.9	3 062	18	0.6	-3	-36
	Sudan	2 368	63	6	2.7	33	1	3	-47	
	Syrian Arab Republic	10 127	0	46	0	307	0	0	777	
	Yemen [†]	7 353	48	22	0.7	3 851	26	0.7	47	53
European Region	Mayotte	105	1		1.0	79	1	1.3	204	
Region of the Americas	Haiti [§]	2 672	13	23	0.5					
South-East Asia Region	Bangladesh	8	0	1	0	2	0	0	-33	
	India ^{§#}	1 320	4	0	0.3					

Avian flu: increased vigilance recommended

Avian influenza viruses continue to circulate, albeit at low levels, among wild bird populations across the European Union and the European Economic Area (EU/EEA). Transmission to humans can occur when avian influenza is circulating in animals, especially when people are directly exposed without wearing appropriate levels of protective equipment, with an estimated low-to moderate risks for individuals exposed. During the summer months, seasonal influenza virus activity tends to be very limited, resulting in few cases of seasonal influenza infection and even fewer cases of hospitalisation and severe disease.

In the **United States**, transmission of highly pathogenic avian influenza HPAI A(H5N1) viruses has recently been observed in **dairy cattle and four cases of human avian influenza** have been reported among farm workers exposed to cattle since April 2024.

Whilst transmission from infected animals to humans remains a **rare event**, avian influenza viruses can spill over to wild, farm and domestic animals, leading to infection and outbreaks in poultry, and occasionally in mammals.

While currently **no infection** with the avian influenza A(H5N1) virus **in humans** has been recorded in the **EU/EEA**, ECDC advises on the importance of continuing to **raise awareness** among healthcare professionals, both at primary and secondary care level, regarding the possibility of encountering human cases of infection.

It is important to note that currently the **risk** of zoonotic avian influenza, i.e. human infections, for the EU/EEA remains **low** for the **general population** and **low-to-moderate** for **occupationally** or otherwise exposed individuals.

In recently updated surveillance guidance for the summer period, ECDC recommends **lowering the threshold** for testing for avian influenza in humans, including using a risk-based approach for exposed asymptomatic individuals. We also recommend **testing for influenza all cases hospitalised** due to symptoms compatible with avian influenza and to further investigate those influenza A-positive samples that are negative for seasonal influenza virus. Biosafety and personal protective measures in place at occupational and recreational sites with an increased risk of avian influenza remain crucial to minimise the risk of spillover events to humans. These protective measures should be complied with to the greatest extent possible.

Furthermore, ECDC has strengthened its support to EU countries on laboratory activities on zoonotic avian influenza, including support on laboratory preparedness to detect and characterise zoonotic influenza viruses. ECDC also offers EU centralised testing and further characterisation for human specimens known or suspected to contain an avian influenza virus.

Ideally, all influenza positive specimens from sentinel sources should be **typed and subtyped**, augmented by year-round surveillance of influenza and other respiratory viruses. Sentinel surveillance systems are important for the monitoring of respiratory viruses in the EU/EEA, but these systems are not designed and are not sufficiently sensitive to identify a newly emerging virus such as avian influenza in the general population early enough for the purpose of implementing control measures in a timely way.

Update on the development of the Lyme disease vaccine candidate - VLA15 -

Lyme disease is the most common vector-borne disease in the Northern Hemisphere. It is caused by Borrelia bacteria transmitted to humans by infected Ixodes ticks. According to the U.S. CDC, approximately 476,000 Americans are diagnosed and treated for Lyme disease each year with at least a further 130,000 cases in Europe.

VLA15 is the most advanced Lyme disease vaccine candidate currently in clinical development.

Summary

- VLA15 is a **multivalent recombinant protein vaccine** that targets **six serotypes** of Borrelia representing the most common pathogenic strains found in the United States and Europe.
- To date, **two Phase II clinical trials** have been conducted in adults to find the correct dosage of the vaccine and the optimal vaccination schedule for VLA15. These two studies and a third Phase II study in children form the basis for the ongoing Phase III study, which is relevant for approval.
- Data from the **Phase 2** studies continue to demonstrate **strong immunogenicity** in adults as well as in children, with acceptable safety and tolerability profiles in both study populations. The results of two Phase 2 clinical trials of VLA15, were published in the peer-reviewed medical journal, [The Lancet Infectious Diseases](#).
- **Two different vaccination schedules were tested** in the Phase II trials. Valneva has opted for a **three-vaccine regimen as the primary vaccination**. It remains to be seen whether a booster will be needed
- In September 2023, Valneva and Pfizer reported positive paediatric and adolescent immunogenicity and safety data for VLA15, when **given as a booster**.
- The placebo-controlled **Phase 3** study, Vaccine Against Lyme for Outdoor Recreationists (VALOR) (NCT05477524), investigates the **efficacy, safety and immunogenicity** of VLA15 in participants 5 years of age and older. 9,437 participants were enrolled at sites across the U.S., Europe and Canada in areas where Lyme disease is endemic.
- The antibodies induced by the vaccination are directed against the so-called **surface protein A (OspA)**, which the borrelia in the tick carry on their surface. When the tick sucks, it absorbs the antibodies, which then enter the tick's stomach. The Borrelia bacteria are located in its gastrointestinal tract. The antibodies attack and kill the borrelia or at least inactivate them. This means that Borrelia bacteria cannot be transmitted in practice.
- Valneva and Pfizer entered into a collaboration agreement in April 2020 to co-develop VLA15, with updates to the terms in June 2022.
- Subject to positive Phase 3 data, Pfizer aims to submit a Biologic License Application to the Food and Drug Administration and Marketing Authorization Application to the European Medicines Agency in **2026**.
- The VLA15 program was granted Fast Track designation by the U.S. Food and Drug Administration (FDA) in July 2017.

Tick-borne encephalitis - Annual Epidemiological Report for 2022

The report is based on data for 2022 retrieved from The European Surveillance System (TESSy) on 18 January 2024

For 2022, 20 EU/EEA countries reported 3 650 cases of tick-borne encephalitis (TBE), 3 516 (96.3%) of which were confirmed. The EU/EEA notification rate for 2022 was 0.81 per 100 000 population, which is a 14% increase compared to the results from 2021. Cases were more frequently reported among men (male-to-female ratio: 1.5:1) and most cases were reported in the age group 45–64 years. TBE presented a seasonal pattern. For 2022, 90% of confirmed cases in EU/EEA occurred between June and November, with July having the highest number of reported cases (n=800).

A major proportion of those infected with TBEV remain asymptomatic. Among those who develop symptoms, the disease can present in a varied range of severity, from mild non-specific fever like symptoms to severe neurological symptoms. The clinical manifestation usually follows a biphasic course, with symptoms such as fever, fatigue, headache, myalgia, and nausea during the first phase followed by neurological symptoms such as meningitis and encephalitis in the second phase. Long-term neurological sequelae have also been observed. In the absence of specific antiviral treatment against TBEV, symptomatic and supportive treatment remains the mainstay. A vaccine to prevent TBE is available and is a very effective means of prevention.

Discussion

The reporting year 2022 marked an increase in the number of cases compared with the preceding year. Similar to the previous four years, the highest notification rate was reported by Lithuania. Latvia, which has consistently reported a high rate of cases (ranging between 5.2 and 11.7 per 100 000 population from 2018 to 2021, with an average of 8.5 per 100 000 population), did not provide data in 2022, which may have contributed to a decrease in the overall notification rate of EU/EEA.

The incidence of TBE is influenced by several factors, including the abundance of ticks and human population behaviours. The abundance of ticks is driven by the prevailing environmental conditions such as weather and climate conditions and the availability of host reservoirs. Increased outdoor recreational activities and low levels of vaccination can lead to an increased incidence of TBE. The overall coverage of and compliance with TBE vaccination has been found to be **low in Europe** and in most countries where TBE is considered to be endemic, with significant variability among countries.

Figure 1. Confirmed tick-borne encephalitis cases per 100 000 population by country, EU/EEA, 2022

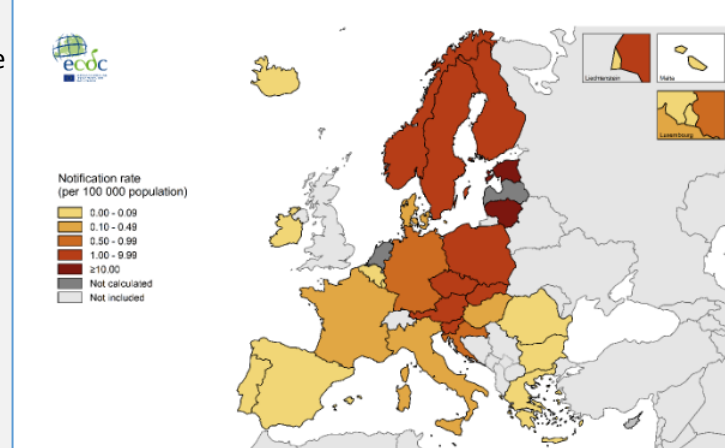


Table 1. Number of confirmed tick-borne encephalitis cases and rates per 100 000 population by country and year, EU/EEA, 2018–2022

Country	2018		2019		2020		2021		2022		
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	ASR
Austria	171	1.9	106	1.2	250	2.8	135	1.5	206	2.3	2.2
Belgium	3	0.0	4	0.0	7	0.1	2	0.0	2	0.0	0.0
Bulgaria	0	0.0	1	0.0	2	0.0	1	0.0	0	0.0	0.0
Croatia	22	0.5	13	0.3	14	0.3	4	0.1	23	0.6	0.6
Cyprus	NDR	NRC	NDR	NRC	NDR	NRC	NDR	NRC	NDR	NRC	NRC
Czechia	714	6.7	771	7.2	850	7.9	593	5.7	709	6.7	6.7
Denmark	4	0.1	5	0.1	5	0.1	7	0.1	5	0.1	0.1
Estonia	85	6.4	82	6.2	70	5.3	82	6.2	140	10.5	10.1
Finland	79	1.4	69	1.3	91	1.6	160	2.9	124	2.2	2.1
France	25	0.0	4	0.0	46	0.1	28	0.0	37	0.1	0.1
Germany	582	0.7	444	0.5	716	0.9	421	0.5	554	0.7	0.6
Greece	2	0.0	0	0.0	0	0.0	4	0.0	1	0.0	0.0
Hungary	30	0.3	17	0.2	18	0.2	6	0.1	29	0.3	0.3
Iceland	NDR	NRC	NDR	NRC	NDR	NRC	NDR	NRC	0	0.0	0.0
Ireland	0	0.0	1	0.0	0	0.0	0	0.0	0	0.0	0.0
Italy	39	0.1	37	0.1	55	0.1	18	0.0	104	0.2	0.2
Latvia	100	5.2	175	9.1	149	7.8	222	11.7	NDR	NRC	NRC
Liechtenstein	NDR	NRC	NDR	NRC	NDR	NRC	0	0.0	0	0.0	0.0
Lithuania	384	13.7	711	25.4	679	24.3	365	13.1	377	13.4	12.9
Luxembourg	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0
Malta	NDR	NRC	NDR	NRC	NDR	NRC	NDR	NRC	0	0.0	0.0
Netherlands	6	NRC	3	NRC	5	NRC	3	NRC	5	NRC	NRC
Norway	26	0.5	35	0.7	41	0.8	71	1.3	84	1.5	1.5
Poland	148	0.4	197	0.5	114	0.3	181	0.5	367	1.0	1.0
Portugal	NDR	NRC	NDR	NRC	0	0.0	0	0.0	1	0.0	0.0
Romania	4	0.0	0	0.0	0	0.0	1	0.0	0	0.0	0.0
Slovakia	154	2.8	162	3.0	185	3.4	72	1.3	158	2.9	2.9
Slovenia	153	7.4	111	5.3	187	8.9	62	2.9	125	5.9	5.6
Spain	0	0.0	1	0.0	0	0.0	1	0.0	0	0.0	0.0
Sweden	359	3.5	355	3.5	267	2.6	533	5.1	465	4.4	4.4
EU/EEA (30 countries)	3 090	0.7	3 304	0.8	3 751	0.9	2 972	0.7	3 516	0.8	0.8
United Kingdom	2	0.0	2	0.0	NDR	NRC	NA	NA	NA	NA	NA
EU/EEA (31 countries)	3 092	0.6	3 306	0.7	3 751	0.9	NA	NA	NA	NA	NA

Other Infectious Disease Outbreaks and disasters – Asia/Oceania



Dengue - India

On 08-Jul-2024, news media raised concerns over increasing dengue virus infections in India, specifically in the southern state of Karnataka. According to the National Center for Vector Borne Disease Control, India has reported up to 19,447 cases (preliminary data). The state of Karnataka has reported over 7,000 cases as of 08-Jul-2024, with the capital city Bengaluru contributing more than a third of the cases. Reported cases in the state are almost four times greater than cases over a similar reporting period last year. Other largely affected states include Kerala, Tamil Nadu, and Maharashtra. News media has also highlighted increasing activity in Delhi as well. Concurrently, health authorities have detected probable and confirmed Zika virus infections in Karnataka and the neighboring state of Maharashtra.

Source: [NewsMedia](#)

Highly Pathogenic Avian Influenza A H5N1 - Cambodia

On 08-Jul-2024, the Ministry of Health reported another confirmed case of highly pathogenic avian influenza H5N1 in Takeo province, in southern Cambodia. Including this case, there are now seven confirmed cases in the country this year.

The affected individual is a five-year-old female from Po village, Kirivong district. The patient is a cousin of the three-year old boy who was the sixth confirmed case (alert sent out 06-Jul-2024). Both children live in the same household. The initial media report did not provide details on the case's symptoms or current condition. The child has a known exposure history to dead poultry via contact and consumption. Ten days prior, dead chickens were found in both the village and at the patient's home. An investigation into the source and any additional cases is currently underway. Anti-viral medications (oseltamivir) have been distributed to close contacts; however, the number of individuals was not mentioned.

Of the seven confirmed cases in 2024, six have been reported in children (with one death) and one adult. All affected individuals had suspected recent contact with sick or deceased poultry before symptom onset.

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

Acute Water Diarrhea – Myanmar

On 7 July, according to an official press release published by the Ministry of Health of the Republic of the Union of Myanmar, cases of acute watery diarrhea were reported in the Yangon region since early June 2024. Since late June, severe diarrhea cases have been admitted to hospitals in some townships in the eastern district of Yangon, including Thaketa Township. No deaths have been reported.

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

Cholera - Bangladesh (Cox's Bazar)

From 23 June to 6 July 2024, 33 Rapid Diagnostic Test (RDT)-positive acute watery diarrhoea (AWD) cases/suspected cholera cases were detected and reported in Cox's Bazar, of which 20 were culture-positive for cholera. No confirmed cholera fatalities have been reported since the upsurge began in epidemiological week 26. Majority of culture-confirmed cholera cases have been reported from Rohingya Refugee Camps, while a few cases are from the surrounding host Bangladesh population.

Source: [Union Health Ministry](#), [WHO](#)

Dengue – Hong Kong

On 18-Jun-2024, the Hong Kong Centre for Health Protection (CHP) announced the investigation of a probable case of locally acquired dengue in the northwestern town of Tin Shui Wai, Hong Kong.

CHP provided an update on 19-Jun-2024, reporting that this case is not linked to any previously identified cases in Hong Kong. Laboratory testing has shown the patient's household contacts are negative for dengue virus. Dengue screening in the affected area has included over 2,600 residents from over 1,000 households in Tin Shui Wai, and no suspected cases have been identified. The patient worked at the Hong Kong International Airport and recalled a history of mosquito bites during travel between her residence and workplace.

This marks the second locally acquired dengue infection in Hong Kong in 2024; the first was reported on 25-Apr-2024 in Siu Sai Wan, located in the southeast of Hong Kong. The last locally acquired dengue infection was reported on 15-Apr-2020.

Source: include multiple press release reports from the official Hong [Kong Centre for Health Protection and other official sources](#)

Zika – India

There are concerns over a growing multi-state outbreak of Zika virus (ZIKV) infection in India. This year cases have been reported from the states of Karnataka, Kerala, and at least across three districts in Maharashtra; however, it is highly plausible that the actual number of cases is higher and that there are other affected states that remain unknown as there is no official public tracker. Additionally, the centralized laboratory is reportedly overwhelmed with a large backlog of samples for testing. • T

he first case was reported on 20-Jun-2024. Since then, and as of 13-Jul-2024, 25 cases have been laboratory-confirmed. Most of the cases (21) have been reported from Pune district. However, local media reports state over 20,000 individuals require ZIKV screening, and that there are already over 200 samples awaiting ZIKV testing.

A larger outbreak of ZIKV infection is likely going undetected not only in the state of Maharashtra but in many other Indian states given the centralized location for clinical testing and extremely limited capacity for ZIKV infections testing in a country of 1.4 billion people.

Source: [NewsMedia1](#), [NewsMedia2](#), [NewsMedia3](#)

Chandipura Vesiculovirus Infection (CHPV) – India

Cases and associated deaths of CHPV (an emerging pathogen) have been reported in Sabarkantha district, in Gujarat state, along the western coast of India and in the state of Rajasthan. On 14-July-2024, a local media report indicated that four children had died, and two others were undergoing treatment in Gujarat's Sabarkantha district for suspected infection with the CHPV. Blood samples from all six affected children have been sent to the National Institute of Virology (NIV) in Pune to confirm the presence of CHPV; results will be released as soon as possible. There is limited information about symptom onset and description; however, official information indicates that of the four children who passed away, one was from Sabarkantha district and two were from the neighbouring Aravalli district. The fourth was from Rajasthan. The two children being treated at the hospital are also from Rajasthan.

CHPV garnered global attention as an encephalitis-causing virus (neurotropic pathogen) with high mortality rates (50-60%) in children within 24 hours of commencement of symptoms during the 2003-2004 outbreaks in central India.

Source: [NewsMedia1](#), [NewsMedia2](#), [NewsMedia3](#)

Other Infectious Disease Outbreaks - Americas



Highly Pathogenic Avian Influenza A H5N1 in United States – Follow up -

On 14-Jul-2024, the Colorado Department of Public Health and Environment (CDPHE), the Colorado Department of Agriculture (CDA), and the US CDC identified four human cases of avian influenza H5 infection associated with the multi-state outbreak of the virus in dairy cattle. All cases were in farm workers who were involved in the depopulation of poultry at a poultry facility experiencing an outbreak of HPAI H5N1 virus.

These workers reported symptoms after being exposed to H5N1 virus-infected poultry. All workers who tested positive reported mild illness. The workers reported conjunctivitis and eye tearing, as well as more typical flu symptoms of fever, chills, coughing and sore throat/runny nose. Additional cases may be reported and subsequently confirmed as monitoring and testing is ongoing.

It is considered safe to consume pasteurized milk and properly handled and cooked dairy, beef, and poultry products in the United States. The proper handling and cooking of these products kill avian flu viruses.

The CDA has implemented an Emergency Rule requiring the mandatory testing of lactating dairy cattle moving across state lines.

The CDC recommends the public to avoid contact with sick or dead animals. If necessary, use recommended PPE, including an N95 respirator, eye protection, and gloves, and wash your hands thoroughly afterward.

Given current information, CDC believes that **the risk to the public** from this outbreak remains **low**. These cases again underscore the risk of exposure to infected animals. There are no unexpected increases in flu activity otherwise in Colorado, or in other states affected by H5 bird flu outbreaks in cows and poultry.

Update on the situation in dairy cattle including a summary of detections and recent research:

As of 03-Jul-2024, HPAI A(H5N1) was reported in 12 states with over 145 affected herds. Colorado state reports the largest number of affected herds. States reporting new detections in the last 30 days include Colorado (+26), Iowa (+11), Idaho (+7), Minnesota (+4), Texas (+3), and Michigan (+2). Colorado, Iowa, and Minnesota have also reported HPAI outbreaks among commercial poultry flocks in the last 30 days.

Recent Research:

Pathogenicity and transmissibility of bovine H5N1 influenza virus - Eisfeld, A. J. et al.

The early access manuscript published in Nature assessed pathogenicity and transmission of HPAI A(H5N1) virus isolated from the milk of an infected dairy cow in New Mexico in both mice and ferret models.

Source: Information includes data from official sources from [CDC](#), [WOAH](#), [USDA](#), [APHIS](#), [local state resources](#), and [scientific literature](#).

Oropouche – Brazil

The Ministry of Health in Brazil released an epidemiological bulletin in early July 2024 highlighting the rise in cases of Oropouche virus (OROV) with over 7,300 reported infections since the beginning of the year.

Most cases have been concentrated in the northern states of Amazonas and Rondônia, with over 3,500 and 1,700 cases, respectively. Other states have reported cases including Bahia, Acre, Espírito Santo, Pará, Rio de Janeiro, Piauí, Roraima, Santa Catarina, Amapá, and Maranhão. Cases recorded in Ceará, Paraná, and Mato Grosso do Sul are believed to have been acquired in Bolivia. Bahia reported the first death linked to the disease: a 24-year-old woman from Valença. A second death, involving a 21-year-old patient from Camamu,

is currently under investigation.

Source: [Brazilian Ministry of Health](#) and [media sources](#).

Dengue - United States – Follow up -

Media outlets have reported that nearly 200 cases of dengue have been recorded in the states of New York and New Jersey as of July 2024, according to the Centers for Disease Control and Prevention (CDC).

However, according to the CDC, out of all the cases in the continental U.S., only nine have been acquired locally, all in Florida, which is known for experiencing sporadic locally acquired cases. This suggests that there is no local dengue transmission in New York and New Jersey and that the cases were acquired outside these states.

To date, over 2,500 dengue cases have been reported nationwide, which is approximately five times higher than the number of cases recorded at the same time last year. Most of these cases are in Puerto Rico, with over 1,700 reported, prompting the U.S. territory to declare a public health emergency in March. While New York and New Jersey have reported 143 and 41 cases respectively.

Source: [CDC](#)

Avian Influenza A(H5N2) – Mexico – update -

In their update, Mexican authorities informed WHO that a national group of experts determined on 6 June that the patient died due to complications related to his co-morbidities and that genetic analysis performed by the national authorities identified that this virus has a 99% similarity with the strain obtained during 2024 in birds in Texcoco State of Mexico. Based on available information, WHO's risk assessment is unchanged: the current risk to the **general population** posed by this virus is **low**. The risk assessment will be reviewed should further epidemiological or virological information become available.

Source: [WHO](#)

Hurricane Beryl – Caribbean

Hurricane Beryl caused widespread devastation across the Caribbean from July 1-4, 2024, notably impacting Grenada, Saint Vincent and the Grenadines, and Jamaica. Beryl caused widespread devastation in Grenada, severely impacting the islands of Carriacou and Petit Martinique, where 70% and 97% of buildings were damaged or destroyed, respectively. Saint Vincent and the Grenadines also experienced widespread infrastructural damage, with 90% of housing damaged or destroyed across Union Island, Canouan Island, and Mayreau. Additionally, Beryl has severely impacted Jamaica, with estimates indicating around 30% of its population being affected, especially in the southern parishes. In Barbados, the storm significantly impacted coastal infrastructure and the Bridgetown Cruise Passenger Terminal and the Bridgetown Port were heavily damaged.

The aftermath of the hurricane has created critical needs for electricity, emergency shelter, food, clean water, sanitation, and health services, with logistical difficulties complicating aid delivery in the affected areas. The damage to infrastructure also poses challenges to rescue and relief operations.

Source: [Reliefweb](#)

Other Infectious Disease Outbreaks - Africa



Humanitarian Crisis – Democratic Republic of the Congo (DRC)

The humanitarian situation in the DRC remains complex. It continues to escalate with the report of new waves of armed violence and natural disasters, mainly in the eastern part of the country. The eastern provinces, particularly North Kivu, South Kivu, and Ituri are experiencing severe insecurity due to ongoing clashes between armed groups such as the Movement of 23 March (M23), the Allied Democratic Forces, and the Government military forces. This situation has exacerbated the internal population displacement crisis. Furthermore, since the beginning of the year, the province of Tanganyika has been facing natural disasters due to unprecedented floods. The situation is getting worse as the province continues to record heavy rainfall. All these humanitarian situations are ongoing in a concerning epidemiological country profile dominated by cholera, measles, and Mpox outbreaks. Since the beginning of the year, more than 20,000 cases of cholera have been recorded, most of them in North Kivu. More than 65,000 cases of measles and 1,523 deaths have been reported. 3,073 cases of meningitis (including 251 deaths) have also been reported in the Great Lakes country. A recent mpox outbreak driven by a new clade sub-lineage of mpox Clade Ib, with more than 11,000 cases including 445 deaths have been recorded. There is a high fatality rate (4%), with children particularly affected by this epidemic.

Source: [WHO Africa](#)

Mpox – Democratic Republic of the Congo (DRC)

In December 2022, the DRC declared a national outbreak of mpox and an incident management system has been in place since February 2023, based on the increasing number of reported cases. Since September 2023, an outbreak of mpox in South Kivu province has continued to spread within the province and recently to neighbouring North Kivu, driven by sexual contact transmission. A new variant of clade I MPXV has been described in South Kivu. It carries predominantly APOBEC3-type mutations, indicating adaptation of the virus due to circulation among humans. It was estimated to have emerged around mid-September 2023, and its human-to-human transmission has been ongoing since then. This is the first documented sustained community transmission of the virus in the country. It is not known if this variant is more transmissible or leads to more severe disease than other clade I MPXV strains. Additionally, it carries gene deletions that affect diagnostics in the DRC.

Based on the situation, WHO assesses that the risk associated with mpox in the DRC remains high.

Source: [WHO](#)

Acute Flaccid Myelitis – Democratic Republic of the Congo (DRC)

Local media reports are raising concerns over an uptick of cases of acute flaccid myelitis (AFM) in Lubumbashi, the second-largest city in the DRC, in the country's southeastern most part, along the border with Zambia.

Haut-Katanga province (where the city of Lubumbashi is located) has reported at least 172 cases of acute flaccid paralysis since the beginning of 2024. All samples have been sent to the National Institute for Biomedical Research (INRB) and have tested negative for poliovirus. However, it is unknown if there are any additional laboratory investigations ongoing.

Currently, all 27 health zones in the province have reported at least one case of AFM. The first AFM case was recorded in January 2024 in Rwashi health zone in Lubumbashi, which now has 46 cases. Mufunga and Kenya health zones have each reported 11 cases. The majority of cases are among children aged 0-5 years, although a few cases are among children over 10 years old. No deaths have been reported to date.

The DRC is classified by the International Health Regulations as a country with circulating vaccine-derived poliovirus type-1 (cVDPV1) with the potential risk of international spread and cVDPV2, with evidence of local transmission.

Source: [NewsMedia](#), no official report related to this matter has been found which is of concern.

Acute flaccid paralysis (AFP); Poliomyelitis (cVDPV2) – Angola

In June 2024, Angola confirmed a new case of polio in Alto Zambeze District, Moxico province, bordering the Democratic Republic of Congo (DRC). This brings the total to 10 confirmed cases across Luanda, Huambo, Lunda Norte, and Moxico provinces. Among these cases, four were found in children under five years old, while six were detected in the environment. The last patient had no recent travel history outside the country, and genetic analysis indicates no linkage to any known circulating viruses in Angola. The patient has no vaccination history.

Source: [WHO Africa](#)

Cholera - Kenya

An estimated 315 people have been killed, 188 injured, and 38 missing, while more than 293,200 people (58,641 families) have been displaced and nearly 306,520 (61,304 families) have been affected by heavy rains and floods between 1 March and 18 June 2024. The heavy rain was leading to floods, flash floods, and landslides across 43 affected counties. Tana River, Siaya and Lamu Counties are among the most affected areas by the floods. The adverse effects of these weather events have been significant, with over 316,038 people displaced and more than 284 displacement camps formed countrywide. The floods have damaged infrastructure, affected 64 health facilities, and cut off communities, hindering access to essential health services. Sanitation facilities have been compromised, and sources of clean water have been contaminated, increasing the risk of waterborne diseases. The Ministry of Health reports that 18 health facilities were inaccessible (destroyed or submerged) in six counties. As of 18 June, 79 cholera cases were reported in three counties, including Tana River (60), Lamu (18) and Siaya (1). The cholera cases in Tana River and Siaya counties have been contained while 18 cholera cases are still active in Lamu County.

Source: [WHO Africa](#), [Reliefweb](#)

Cholera - Tanzania

Since 5 September 2023, The United Republic of Tanzania has been contending with a cholera outbreak, which has been reported in 20 regions in Tanzania Mainland, with a total of 3 823 cases and 68 deaths (CFR 1.8%). As of 9 June 2024, eight regions, including Simiyu, Katavi, Kagera, Shinyanga, Ruvuma, Tanga, Singida, and Dodoma, were still active and displayed a cumulative total of 1 249 cases with 23 deaths (CFR 1.8%).

The United Republic of Tanzania achieved control of the outbreak in more than half of the cholera-affected regions. However, fatalities continue to be reported in active regions. Identifying and addressing risk factors contributing to the spread of the epidemic in other regions, such as the displacement of fishing communities in Kagera, is essential to containment efforts. Travelers are being screened for health issues at points of entry, and water quality testing is being performed at three points of entry and in regions bordering cholera-affected countries. A multidisciplinary team comprising members from the Ministry of Health, WHO, and partner organisations at both national and subnational levels was deployed to conduct extensive epidemiological investigations, active case searches, and community mobilisation efforts in the affected areas. Surveillance activities are being conducted to investigate and monitor diarrhoea cases in all affected regions. Case management of suspects is ongoing and facilitated by establishing a diarrhoea treatment centre in Tanga.

Source: [WHO Africa](#)

Malaria – Ethiopia

The Malaria outbreak in ETH is still ongoing and has been on an increasing trend since epidemiologic week 17. In week 23, there were 177 561 new cases and 38 reported deaths with 88.1% completeness of reporting. A total of 170 969 (96.3%) were confirmed cases, of which 63.7% were due to *Plasmodium falciparum*, and 33.2% were due to *Plasmodium vivax*. There was a 16.5% increase in the incidence of new cases in epidemiological week 2 compared to the previous week.

Since the onset of the year, there has been a total of 2 321 931 cases of malaria and 409 related deaths in ETH. Cases have been reported from 14 regions, with Oromia region being the epicentre, reporting majority of cases (40.0%) 69 203 cases. Amhara region follows with 43 635 (24.6%) and then the SWEPRS region with (10.8%) 19 150 cases. All regions except the Harari region have reported cases exceeding the malaria action threshold. Notably, the number of malaria cases reported has increased by twofold compared to week 23 of the previous year.

Source: [WHO Africa](#)

Dengue – Ghana

As of 14-Jul-2024, nine cases of dengue have been confirmed in various districts of the Eastern region of Ghana, prompting Ghana Health Services to issue an outbreak alert with the aim to strengthen dengue surveillance and awareness of preventative measures. Throughout 2023, a total of 18 suspected and nine probable/confirmed cases of dengue were reported in Ghana.

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

Other Infectious Disease Outbreaks - Africa

Cholera - Burundi

Burundi declared a cholera outbreak in January 2023, and to date, cases have been reported from 12 health districts: Cibitoke, Bujumbura North, Bujumbura South, Bujumbura Center, Isare, Kabezi, Rwibaga, Mpanda, Bubanza, Mabayi, Rumonge, and Bugarama.

As of 23 June 2024, there were nine active cholera cases, five new cases recorded during epidemiological week 25 (ending 23 June 2024), and four ongoing cases. The new cases originated from three health districts: three reported from Isare, one from Bujumbura North, and one from Bujumbura South. Since the beginning of the epidemic (epidemiological week 48 in 2022) up to 23 June 2024, a cumulative total of 1 954 cholera cases have been reported across 12 health districts, with 11 deaths recorded, resulting in a case fatality rate of 0.6% (CFR 0.6%). The majority of cases were reported from Isare health district (708 cases, 36.2%), followed by Bujumbura North (582 cases, 29.8%), Cibitoke (275 cases, 14.1%), and Bujumbura Center (172 cases, 8.8%).

Source: [WHO](#)

Unknown illness – Nigeria

On 10-Jul-2024, news media reported an outbreak of unknown cause currently under investigation in the Northeastern state of Gombe, Nigeria. Approximately 200 individuals have been hospitalized and 11 deaths have been reported. There is currently limited information available about the outbreak.

The scope of diagnostic testing and conditions being considered is unclear. News media mentions that symptoms present differently among the affected individuals, but details of the symptom distribution are not specified. It is unclear whether the current outbreak might be related to previously reported outbreaks of unknown cause. Recently preliminary findings suggested heavy metal poisoning (unconfirmed) in the outbreak under investigation in the distant states of Sokoto and Zamfara, Northwestern Nigeria.

Source: [NewsMedia](#) (Sources include a limited number of news media reports. Sources also mention that there has not been any official communication from the NCDC.)

M-pox – South Africa

As of 09-Jul-2024, the International Health Regulations (IHR) National Focal Point (NFP) of the Republic of South Africa have reported 20 mpox cases and three related deaths in 2024. These are the first mpox cases reported in South Africa since 2022 when five cases, and no deaths, were reported, all of which reported recent international travel. From 08-May-2024 to 02-Jul-2024) there have been 20 confirmed cases, 3 deaths of which 18 required hospitalization.

Genomic sequencing conducted for five confirmed cases identified sub-clade IIb monkeypox virus (MPXV), the clade linked to the multi-country mpox outbreak ongoing since 2022.

The case-fatality ratio (CFR) in South Africa in 2024 is 15%, which is extremely high compared to the CFR for the ongoing multi-country outbreak recorded since 2022 (0.02%) and the CFR for clade II MPXC previously estimated prior to 2022 for West Africa (3.6%).

Source: Sources include official releases from the [country's department of health](#) and the [WHO](#).

Measles - Kenya

The measles outbreak in Kenya has been ongoing since 17 December 2023. As of 11 June 2024, 1 536 cases were reported, including 199 confirmed cases and 11 deaths, resulting in a case-fatality rate (CFR) of 0.7%. This outbreak has been reported across (21.3%), 10 of the 47 counties in Kenya, with nine flood-affected counties actively reporting cases. Six sub-counties in three counties have active outbreaks: Dadaab, Fati, and Garissa Township in Garissa County, Loima and Turkana West in Turkana County, and Wajir South in Wajir County. Of the 11 deaths, 10 occurred in Turkana County (CFR 1.7%) and one in Garissa County (CFR 0.1%).

Source: [WHO Africa](#)

Humanitarian crisis - Cameroon

Cameroon is currently experiencing a significant humanitarian crisis characterized by widespread population displacement resulting from conflicts and climate-related shocks. The country is grappling with multiple crises, including conflict-related displacements in its northern, eastern and southern-west parts. The reported climate events in the country are related to episodes of flooding and landslides, which affect thousands of people and damage homes, crops, and livelihoods. Furthermore, reduced rainfall, water scarcity, and soil depletion, which affect the livelihoods of farmers, herders, and fishermen, are also reported.

The Adamawa, North and East regions host 94.0% of 353 000 refugees from the Central African Republic (CAR). Access to livelihoods, food, WASH services, and education remains limited for them and host communities. The number of refugees continues to exert significant pressure on natural resources and basic social services in the host areas, which often creates conflicts between the refugees and host populations over the use of scarce resources, including land.

According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), climate scenarios for Cameroon predict warming in all regions by 2050, with significant and widespread temperature increases in the northern regions. While the country's northern regions are exposed to extreme temperatures and flooding episodes, rising temperatures in the southern regions could lead to more severe episodes of heavy rainfall and flooding or landslides. Deforestation and the construction of new settlements in vulnerable areas lead to loss of life, displacement, and increased vulnerability.

Source: [WHO](#)

Summary of new poliovirus this week, as of 10 July 2024

- Afghanistan: three WPV1 cases
- Pakistan: eight WPV1 positive environmental samples
- Angola: two cVDPV2 cases and one positive environmental sample
- Chad: one cVDPV2 case
- DR Congo: one cVDPV1 case and two cVDPV2 cases
- Guinea: one cVDPV2 case
- Mozambique: one cVDPV1 case
- Niger: one cVDPV2-positive environmental sample
- Senegal: two cVDPV2-positive environmental samples
- Yemen: six cVDPV2 cases and four positive environmental samples
- Zimbabwe: one cVDPV2-positive environmental sample

Source: [Polio Global Eradication Initiative](#)

Ethiopia – Malaria

Since the beginning of this year, Ethiopia is experiencing new malaria outbreak. During epi-week 23, there was 110.8 % increment observed in the number of cases compared to similar epi-week in 2023. As of 9 June (epi-week 23), a total of 177 561 cases , 409 deaths are reported. About 96.3 % (170 969) of total cases reported were confirmed with proportion of *Plasmodium Falciparum* with 63.1% and *Plasmodium Vivax* with 33.2 %.

Source: [WHO](#)

Hepatitis E- Burkina Faso

From 4 January to 1 June 2024, a total of 93 suspected cases of hepatitis E were reported from the Kaya health district of the North central region. Eight out of 63 samples tested positive for hepatitis E by PCR. The median age of the cases is 22 and women represent 47.39% of the cases. Fourty-six (48.46%) of the 93 suspected cases are internally displaced persons. No case reported among pregnant women.

Source: [WHO Africa](#)

Other Infectious Disease Outbreaks – Middle East/Europe



African swine fever – Germany

In Hesse, DEU, a wild boar tested positive for African Swine Fever (ASF) for the first time on June 15, 2024. The animal was found south of Rüsselsheim near a country road. On July 8, the Ministry of Agriculture also announced that ASF had been detected for the first time in a domestic pig herd in Hesse. According to the ministry, a protection zone with a radius of three kilometers and a monitoring zone with a radius of ten kilometers will now be set up around the plant.

Sources: [Ministry for Agriculture](#), [NewsMedia](#)

Imported Oropouche human infections – Italy and Spain

Italy has reported three confirmed cases of Oropouche virus disease in travellers returning from Cuba. In addition, Spain has reported three confirmed cases imported from Cuba.

The **risk of infection** for EU/EEA citizens travelling to Cuba or the Americas is **low**, provided that they follow the instructions of public health authorities on the use of personal protective measures against midge and mosquito bites. The **likelihood of secondary transmission** of Oropouche virus **within continental Europe** is considered **very low** due to the absence of known competent vectors commonly found in the Americas.

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

Dengue – France

On 8 July, France reported an autochthonous case of dengue to ECDC and to the public. The case had onset of symptoms on 17 June and the place of infection was in the region of Occitania. The case was reported and confirmed by the French National Reference laboratory for arboviruses. Two possible places of infection in the region of Occitania are being investigated.

This is the first autochthonous dengue case reported in Europe in 2024. This case is early in the season, but not unusual (in 2022, a case was reported with the earliest date of onset of the symptoms on 12 June). In 2023, France reported nine outbreaks involving a total of 45 cases of autochthonous human dengue virus infections.

Source: [ECDC](#)

West Nile Fever – Spain, Italy and Greece

Since the beginning of 2024, and as of 10 July 2024, human cases of West Nile virus infection have been reported to The European Surveillance System by three EU/EEA countries: Spain, Italy and Greece. The first case from EU/EEA countries in 2024 was reported in April 2024 in Seville, **Spain** and the patient had developed symptoms in March 2024. The second case was reported in June 2024 in Modena, **Italy**. On 5 July 2024, **Greece** reported that one West Nile virus case had been detected in the region of Larissa, with symptom onset at the end of June 2024.

Source: [ECDC](#)

West Nile - Israel

Since the beginning of this year and up to 08-July-2024, Israel is experiencing a 400% increase in West Nile fever (WNf) cases compared to the same period in 2023.

According to data from the Israel Ministry of Health, there have been at least 175 cases and 11 associated deaths. The case fatality rate stands at 6.28%. Most cases have been found in Tel Aviv and nearby cities such as Petah Tikva and Kiryat One, all within 80 km of the Gaza border. Official data indicates that the largest documented WNf outbreak in Israel was in 2000 when 439 cases were confirmed, with 29 deaths. Since then, cases have significantly declined.

Israel typically reports around 50 WNf cases annually, mostly during the summer. For context, there were two cases with one associated death in 2022, while there were 17 cases and no deaths in 2020.

Officials have highlighted that contributing factors to recent trends may be linked to global rising temperatures and climate change, and due to Israel's ongoing conflict with Gaza.

Source: [Ministry of Health](#)

Zika - Pakistan

The first historical Zika virus outbreak infections have been confirmed in Pakistan, based on retrospective research findings. Recent scientific research has highlighted that the cause of annual clusters of unknown febrile illness reported in the city of Karachi, in the province of Sindh (southern Pakistan) since 2021 is confirmed to have been caused by Zika virus.

Source: [NewsMedia](#)

Zika - Pakistan

On 8-Jul-2024, multiple media sources reported a nation-wide cholera epidemic in Houthi-controlled areas in Hodeidah Governorate (western Yemen). According to the article, multiple hospitals in the city of Hodeidah and its countryside, which are under the control of the Houthi militia, are crowded with patients suffering from acute watery diarrhea and cholera, resulting in a notable rise in deaths linked to the illness. Hodeidah is among the hardest-hit Yemeni governorates due to its collapsed health system and the misuse of medical aid by the Houthi. A significant increase in cholera-related deaths reported; the majority affecting children. More than 20 cholera-related deaths recorded in the past week, with highest fatalities in Bajil District. UN estimates foresee over a quarter-million cholera cases nationwide by next Sept-2024.

Source: [NewsMedia](#)

Cholera - Yemen

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Source: [Reliefweb](#), [reliefweb2](#)