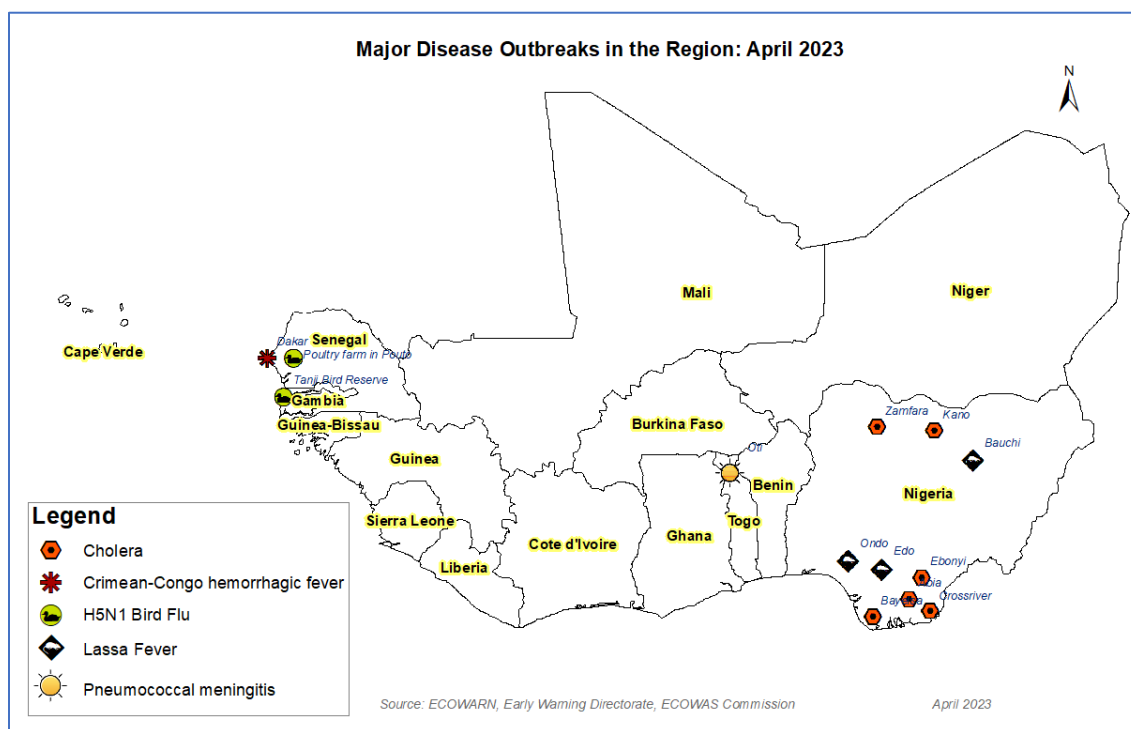




Health and Pandemic: Human Security Monthly Report – APRIL 2023

EXECUTIVE SUMMARY



During the reporting period, ECOWARN system data has shown an increase in new outbreaks in the ECOWAS region, case in point of Senegal, Gambia both hit at the same period with different but same origin (animal born diseases) the first one with easy transmission to human namely “Crimean-Congo hemorrhagic fever” either by tick bites or through contact with infected animal blood or tissues during and immediately after slaughter. Whilst Nigeria and Niger and Togo are responding to an ongoing outbreaks since the beginning of the this year and are considered seasonal and endemic to the 3 countries with low and moderate risk classification national and regionally, although for instance disease like Cholera can annually cause 3000 to 5000 total fatality in the whole ECOWAS region, as per World Health Organization.



MENINGITIS

Niger health authorities continue to respond to the meningitis outbreak that began in November 2022 in Dungass health district (HD) in the Zinder region. Cases continue to be reported and the outbreak has spread to additional HDs in the Zinder region. In week 13 alone, 67 new cases were reported including seven deaths. During this week, four surveillance areas of 100 000 inhabitants exceeded the epidemic threshold. In the early stages (late 2022 to early 2023) of this outbreak, *Neisseria meningitidis* serogroup C (NmC) was identified in most confirmed cases. From week 1-13 of 2023, a total of 831 suspected cases were reported including 41 deaths yielding a case fatality rate (CFR) of 4.9%. Cases were reported in eight of the 11 health districts in the Zinder region (which shares an international border with Jigawa State in Nigeria): Mirriah (309 cases, 13 deaths), Zinder ville (195 cases, 6 deaths), Magaria (134 cases, 13 deaths), Matamèye (109 cases, 8 deaths), Dungass (71 cases, 0 deaths), Takéïta (10 cases, 0 deaths), Gouré (2 cases, 0 deaths) and Tanout (1 case, 1 death). Males accounted for 58% of cases. The most affected age group is 5-14 years with 400 cases (48.1%), followed by 15 years and older with 245 cases (29.5%), 1-4 years with 151 cases (18.2%), and 0-11 months with 35 cases (4.2%).

Public health actions

The technical committee established in the Zinder region continues to coordinate the response to the outbreak. Active case finding at the community level and in health facilities for early detection of new cases continues.

CHOLERA

The Nigeria Centre for Disease Control has announced a total of 1,336 suspected cases of cholera, including 79 deaths, so far in 2023. In its latest cholera situation epidemiological report Nigeria Center for Disease Controle revealed that 12 states across 43 local government areas reported the suspected cases, with a case fatality ratio of 5.9 per cent.



The 12 states reporting cases in the country are Abia, Bauchi, Bayelsa, Cross River, Ebonyi, Kano, Katsina, Niger, Ondo, Osun, Sokoto, and Zamfara. Of the suspected cases since the beginning of the year, age groups 15-24 and >45 years are the most affected age groups for males and females respectively. Of all suspected cases, 53 per cent are males and 47 per cent are females.

“Six states – Cross River (647 cases), Ebonyi (97 cases), Abia (72 cases), Niger (38 cases), and Zamfara (28 cases) account for 96 per cent of all cumulative cases. “Fifteen LGAs across nine states Ebonyi (4), Cross River (3), Ondo (2), Bayelsa (1), Abia (1), Katsina (1), Sokoto (1) Niger (1) and Zamfara (1), reported more than 5 cases each this year.”

The NCDC continues its training on cholera surveillance, hotspot mapping, state-level preparedness and response plans.

H5N1 BIRD FLU

A highly pathogenic was detected on a wild bird reserve in Gambia, less than one week after neighbouring Senegal reported an outbreak of the disease on a poultry farm. Samples were collected from Gambia's Tanji Bird Reserve, around 20 kilometres from the capital Banjul, following reports of unusual deaths among wild birds. The samples were sent to a laboratory in Dakar and tested positive for High Pathogenicity Avian influenza (HPAI) type H5N1. Avian influenza, commonly called bird flu, has been spreading around the world in the past year, killing more than 200 million birds, sending egg prices rocketing and raising concern among governments about human transmission.

The similar outbreak has occurred on March 18 on a farm in the village of Potou near the town of Louga, not far from the Langue de Barbarie National Park, where an outbreak of HPAI type H5N1 bird flu was found on March 10. The same disease was first detected on March 8 in samples taken from migratory royal and sandwich tern birds around the Pink Lake, and Yoff Island near the capital Dakar, according to Senegalese authorities. The outbreak on the poultry farm in Potou killed 500 birds, while the remaining animals in the



11,400-strong flock were culled. Over 1,700 wild bird deaths have also been recorded in Senegal.

CRIMEAN-CONGO HEMORRHAGIC FEVER

The Ministry of Health of Senegal has reported a confirmed case of Crimean-Congo hemorrhagic fever on 21 April 2023 in a 35-year-old male patient. He is a butcher residing in Fadia city, Guédiawaye district, Dakar region.

The date of onset of symptoms was 10 April with fever and flu-like syndrome. Samples were collected on 20 April for suspected viral hemorrhagic fever after he developed a hemorrhagic syndrome and thrombocytopenia. He died on 22 April. Public health measures are being taken. Crimean-Congo hemorrhagic fever is a widespread disease caused by a tick-borne virus (*Nairovirus*) of the *Bunyaviridae* family. The CCHF virus causes severe viral hemorrhagic fever outbreaks, with a case fatality rate of 10–40%.

Animals become infected by the bite of infected ticks and the virus remains in their bloodstream for about one week after infection, allowing the tick-animal-tick cycle to continue when another tick bites. Although a number of tick genera are capable of becoming infected with CCHF virus, ticks of the genus *Hyalomma* are the principal vector. The CCHF virus is transmitted to people either by tick bites or through contact with infected animal blood or tissues during and immediately after slaughter. The majority of cases have occurred in people involved in the livestock industry, such as agricultural workers, slaughterhouse workers and veterinarians. Human-to-human transmission is possible.

The virus is widespread in some countries of Africa and Asia, in the Balkans, the Middle East and in the south of the European part of Russia.

STREPTOCOCCUS PNEUMONIAE MENINGITIS

From 19 December 2022 to 2 April 2023, Togo registered a total of 141 suspected cases of meningitis with 12 deaths (CFR 8.5%) have been reported from Oti Sud district, corresponding to an attack rate of 112 per 100 000 population. with almost half of the cases

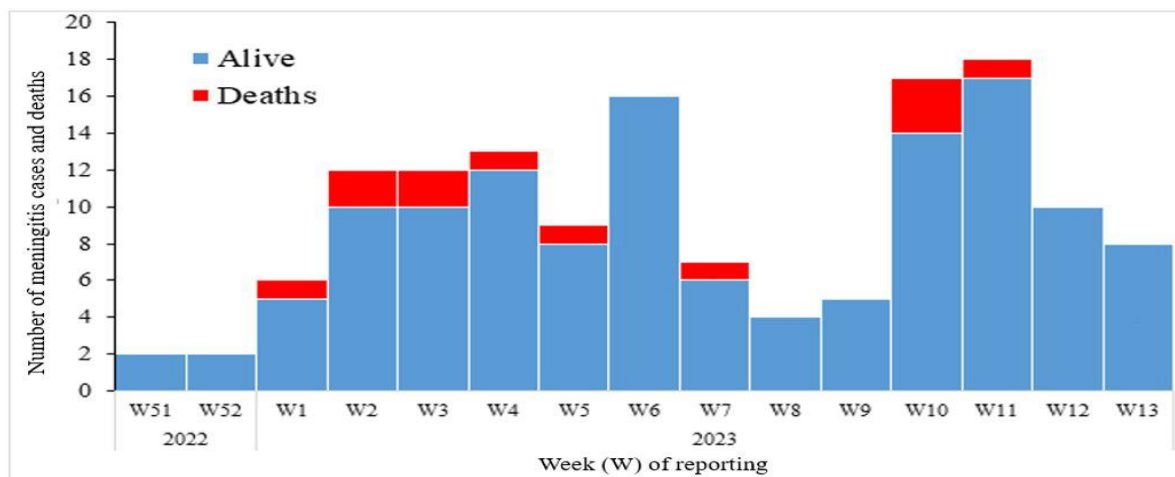


affecting children and young adults between 10 and 19 years of age. Overall, 22 samples have been confirmed as *Streptococcus pneumoniae*.

Togo is located in the African meningitis belt, with seasonal outbreaks recurring every year. However, the current outbreak is concerning due to different concomitant factors, including the security crisis in the Sahel which causes population movements, and suboptimal surveillance capacity. This is also the country's first time dealing with a pneumococcal meningitis outbreak.

Public health actions

An incident management system has been established to coordinate the outbreak response activities, and WHO is supporting the shipment of antibiotics (ceftriaxone) to improve case management.



A total of 118 cerebrospinal fluid (CSF) samples were collected from suspected cases, of which 22 were confirmed by polymerase chain reaction (PCR) and culture for *Streptococcus pneumoniae* at the national reference laboratory (81 samples were negative and the results for 15 samples are pending).

The most affected age group is 10–19 years (47%; n = 66), followed by the ≥30-year age group with 20% (n = 28) of cases, and the 20-29 year age group with 15% (n = 22) of cases.



There is no difference in the case distribution by gender, with 71 (53%) cases reported among males.

Pneumococci are transmitted by direct contact with respiratory secretions from patients and healthy carriers. Serious pneumococcal infections include pneumonia, meningitis and febrile bacteraemia; otitis media, sinusitis and bronchitis are more common but less serious manifestations. The incubation period is 2 to 10 days.

Public health actions

- An incident management system has been established to coordinate the outbreak response activities, and coordination meetings are held weekly.
- The national outbreak response plan has been developed and validated.
- Under the leadership of WHO, cross-border meetings are ongoing with Benin and Ghana to share information about outbreak response activities and strengthen preparedness and readiness.
- Health facility managers, community health workers, community relay agents (social workers) and community leaders are being trained on meningitis.
- Among others...

RECOMMENDATION

Member States with endemic and or with seasonal diseases outbreaks are suggested to undertake following measures for short and long term eradication:

- ✚ Develop a consistent prevention strategy and action plan for outbreak prevention, Control and eradication by developing new affordable vaccines, achieving high immunization coverage;
- ✚ Develop or purchase Diagnosis equipment and drugs for treatment through rapid confirmation of cases and optimal patient management;
- ✚ Intensify epidemiological surveillance system to guide prevention and control;
- ✚ Management of those affected through early case detection and improved access to management of complications;



- ✚ Pro-active risk communication and community engagement activities in close collaboration with administrators and community leaders in the affected districts, and;
- ✚ Activate or establish multi-sectoral and collaborative health coordination mechanisms according to the "One Health" approach;