



CONCEPT NOTE

**AFRICAN UNION PERMANENT REPRESENTATIVES' COMMITTEE (PRC)
BRIEFING ON THE OUTBREAKS OF COMMUNICABLE DISEASES OF 2016 IN
DIFFERENT PARTS OF AFRICA**

**16 August 2016
AUC Headquarters
Addis Ababa, Ethiopia**



I. BACKGROUND:

There is an increased recognition of the severe impact of epidemic diseases on socio-economic and political stability in Africa. The growing mobility of populations and commodities acts as a catalyst for the spread of diseases across borders. A Technical Report by World Health organization, May 2016, has listed out approximately 50 public health events of close to 15 epidemic-prone diseases in Africa that were reported to WHO between the period of January to May 2016. An increase of communicable disease outbreak, partially combined with the current El Nino 2015-2016, exacerbates health problems.

The recent outbreak of Ebola and its social-economic impact in the continent is an example of the effects of communicable disease as a humanitarian crisis. Other ongoing outbreaks in the continent such as yellow fever, cholera, chikungunya and unknown haemorrhagic fever continues to add a burden on humanitarian response.

African Union Commission and United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) wish to use the opportunity of the African Humanitarian Week (15-19 August 2016) to inform Member States and create awareness on communicable disease outbreaks in Africa as part of humanitarian crisis. We are organizing an information sharing event for Permanent Representative Council (PRC) to provide a situational awareness on what prevails in Africa Continent with regards to disease outbreak.

II. OBJECTIVES

The overall objective of the PRC briefing is to raise awareness about the spread of communicable diseases in Africa to inform decisions at the highest levels of the AU and its member states and; to mobilize support from a broad range of stakeholders for concrete actions that address the impacts of communicable diseases.

Specific objectives are:

- To provide a situational awareness on the recent epidemics of communicable diseases in Africa and public efforts at local, national and regional levels to prepare as well as to responding to the outbreaks.
- To communicate to the PRC and the Diplomatic Corp on anticipated communicable diseases public health threats for the coming 6 months.
- To mobilize support from a broad range of stakeholders to scale up current responses.

III. UPDATE OF COMMUNICABLE DISEASE EVENTS IN AFRICA – JANUARY TO JUNE 2016

Yellow Fever: The outbreak of Yellow Fever in Angola first confirmed in December 2015 has now spread to the Democratic Republic of Congo (DRC) as well as Kenya. Other



Africa countries who reported the epidemic includes Chad, Ethiopia, Ghana and Uganda. These are not necessarily linked to the case in Angola. By Mid-June almost 18 million doses of vaccine have been distributed to Angola, DRC and Uganda and WHO announced that the current outbreak is placing unprecedented demands on vaccine supply for emergency vaccination therefore have agreed to give one fifth of the dose as a short term solution. This fraction of dose will not qualify to the international standards of travel certificate usually requested at different ports of entry. However, it seems to be a safe and effective option for mass vaccination campaigns to control urban outbreaks in situations of acute vaccine shortage.

| Country | Yellow Fever Number of Cases/ Death as of June 2016 |
|-------------------------------------|--|
| Angola | 3,294 suspected cases were reported of which 861 were laboratory confirmed cases. Overall, 347 deaths confirmed cases have been reported in 16 of 18 provinces and 78 of 121 reporting districts |
| Chad | Chad has reported a sylvatic case of yellow fever that had symptom onset back on the 15 January 2016 |
| Democratic Republic of Congo | 1044 suspected (71 deaths) and 61 laboratory confirmed cases in 5 provinces including the capital Kinshasa |
| Republic of Congo | 2 suspected cases of yellow fever in Bouenza department |
| Ethiopia | 22 suspected yellow fever cases, including five deaths South Omo zone |
| Ghana | 4 suspected cases from two regions |
| São Tomé and Príncipe | São Tomé and Príncipe report 2 suspected yellow fever cases |
| Uganda | 68 cases |

WHO Situation Report on Yellow Fever, 16 June 2016



Zika linked Microcephaly cases reported in Cabo Verde: The WHO situational report on Zika released on 14 July 2016 reported 9 Zika linked microcephaly cases. From August 2015 more than 7,000 cases of Zika have been reported from Carbo Verde.

Ebola

The largest 2014 – 2015 Ebola outbreak in West Africa, a flare up of cases occurred on March 2016 in Guinea (10 Cases and 8 deaths) and Liberia (3 Cases and 1 Death).

Hemorrhagic Fever of unknown source: South Sudan reported Hemorrhagic fever syndromes in 51 suspects and 10 deaths as of May 2016. On 20 June 2016, the Ministry of Public Health reported suspected viral hemorrhagic fever cases in Kabo area in the western Ouham prefecture in Central Africa Republic.

Cholera/AWD: More than 75,000 cholera cases, including approximately 1,500 deaths were reported in 13 countries between January and June 2016. Three countries in eastern Africa region accounted for 87 per cent of the cases: Tanzania (28.5%, with CFR: 1.5%), Kenya (21.2%, with CFR¹: 1.5%) and DRC (16.0% with CFR: 1.4%).

Dengue fever: An outbreak of Dengue fever was also reported in Mandera Town on 25 May 2016. There is fear that the disease could spread to neighbouring sub-counties. In Ethiopia, close to 1,500 cases of dengue fever, have been reported in Dire Dawa town.

Furthermore, as of 23 January, 82 people were reported to have died of Lassa fever in Nigeria which spread to 10 states.

Other communicable diseases reported in 2016 include:

Meningitis: Between 01 January and 04 May 2016, more than 1100 cases and 87 deaths of *Meningococcal Meningitis C* were reported in Niger. In Togo about 219 cases and 12 deaths were reported by February 2016. In February 2016, Meningitis in Ghana has taken the lives of more than 90 people out of the 456 cases reported.

Measles outbreaks: Measles Outbreak is still a challenge in parts of Ethiopia, Kenya and South Sudan. As of 31 May 2016, 4,395 measles cases have been reported in Ethiopia, including 3,597 confirmed cases. In Kenya, 162 confirmed cases were reported on 12 April 2016. As of 19 June 2016, South Sudan has reported more than 1500 cases of which 88 were laboratory-confirmed cases.

¹ Case Fatality Rate



IV. ANTICIPATED HEALTH THREAT IN AFRICA - JULY TO DECEMBER 2016

Yellow fever: Three African countries [Angola, Democratic Republic of Congo (DRC), and Uganda] have on-going outbreak of Yellow Fever (YF) with local transmission. Kenya and the People's Republic of China have confirmed YF cases linked to the current outbreak in Angola which highlights the risk of international exportation of cases through non-immunized travellers.

Commented [A1]: To review whether to use spread or exportation of cases

While YF is endemic in 31 African countries (in part, due to widespread presence of the vector mosquitoes), a containment policy is not well established from a public health standpoint. In between the period of January to June 2016, global stockpile was depleted twice before been replenished again. All these factors increase the risk of the disease spread among at risk countries.

Zika virus disease: On 1 February 2016, Zika virus infection with the related clusters of microcephaly cases and other neurological disorders were declared by WHO to constitute a Public Health Emergency of International Concern (PHEIC). As of 30 June 2016, 61 countries and territories have reported local transmission of mosquito borne Zika virus. In Africa two countries, Cabo verde and Guinea-Bissau reported local transmission of mosquito borne Zika Virus Disease.

High burden of competent mosquitoes, favourable ecology and high mobile population makes Africa vulnerable for importation and local transmission. The imminent Rio de Janeiro Olympic event in August and September 2016 increases the risk of importation and local transmission of Zika virus across Africa.

Ebola: Despite the recent WHO declaration of end of the largest Ebola epidemic in West African countries Guinea and Liberia saw new cases of the virus in March 2016. New studies have found that Ebola virus can persist in the semen of survivors for up to nine months after their recovery. There are chances that new cases can emerge hence the need to continue active surveillance and monitoring of survivors.

Cholera and other diarrheal diseases: Cholera is currently affecting more than eleven countries in Africa (Highest burden: Tanzania, DRC and Kenya). Although these outbreaks are not proven to be related most of the affected areas are neighbouring countries. The potential for international spread of cholera outbreaks and other diarrhoeal diseases exists given the high and free mobility between the countries as well as favourable environmental factors.

Zoonotic diseases: The increased interaction between people, animals (wild and domestic) and animal products is unprecedented. This is largely due to the ever-increasing proximity between forest and urban environments due to human incursion into previously remote habitats and the ease of traversing large distances rapidly due to improved transportation industry. Increased reports of diseases such as Rift valley fever, Rabies, Brucellosis and Anthrax may be expected. These pathogens represent a serious



concern for medical and veterinary arena, as well as in biosafety and biosecurity sector in Africa.

Epidemic prone respiratory viruses' diseases: Mass gathering like Hajj in next September constitutes a major risk factor with the risk of acquiring influenza infection and other respiratory infections such as Middle East Respiratory Syndrome-Corona Virus and importation to Africa. On the other hand, avian influenza is still on-going and cases are still reported from countries like Egypt and Nigeria among animal populations.

V. ORGANIZATION OF THE PRC BRIEFING

The PRC briefing will be convened by UNOCHA, the Department of Social Affairs of African Union Commission, the Africa Centres for Disease Control and Prevention (Africa CDC) and the Department of Political Affairs. Technical inputs and briefings will be provided by experts from the World Health Organization and the AU Department of Social Affairs including Africa CDC on the current spread of Communicable diseases in East and Southern Africa with updated information on Yellow Fever, Measles outbreaks, Cholera, Dengue fever etc.

VI. PARTICIPANTS

Participants are expected to include:

- The Members of the AU's Specialized Technical Committee on Population and Drug Control
- Representatives of Humanitarian Organizations in Addis Ababa (under the umbrella of the Emergency Preparedness and Response Sub-cluster)
- Diplomatic missions accredited to the African Union
- African Union Commission
- Africa CDC
- The Media



VII. TIME AND VENUE

- **Medium Conference Hall of the AUC Headquarters in Addis Ababa, on 16 August 2016, from 10:00 AM – 12 PM**

V1. FOR MORE INFORMATION

African Union Commission: Department of Social Affairs (DSA): Dr Djoudalbaye Benjamin, Email: BenjaminD@africa-union.org, ZulaA@africa-union.org

UNOCHA: Ms. Ledet Teka- National Reporting Officer- OCHA African Union Liaison Office tekal@un.org , Rahell@africa-union.org Tel: +251-9111-517318



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Source: WHO Health map

