



**FAMSA**  
**COVID-19 TWG**

---

# MONTHLY BULLETIN

# AUG UST



# Table of Contents

S

03.

Introduction

H

04.

Executive Members

Z

05.

Message from the TWG President

W

06.

Situation Report in Africa

H

07.

Outbreaks and Emergencies

Z

O

10.

Relevant News

C

13.

References

# FAMSA COVID TWG

Following the COVID-19 pandemic that has overburdened health systems and governments across the world. Besides, in the last decade African countries have suffered from several outbreaks such as Ebola, yellow fever, and monkey pox but there is prediction of future pandemics. Hence, the Federation of African Medical Students' Associations (FAMSA) COVID-19 Technical Working Group (TWG) was developed about three years ago to support the response to COVID-19 and now, other emerging diseases in Africa. The TWG on COVID-19 is separate from the executive council to increase inclusion and participation of FAMSA members in execution of projects.

## Objective of the TWG

To be a group of medical students that is at the forefront in the response against COVID-19 and other emerging infections or outbreaks across Africa.

## Roles of the TWG

- Share facts about COVID-19 to dispel myths and misconceptions about the pandemic.
- Carry out online campaigns on COVID-19 and other emerging infections or outbreaks.
- Keep abreast with the latest research and provide sound technical advice on COVID-19 and disease outbreaks
- Lead medical students from across the continent in carrying out research on COVID-19 by developing standard operating procedures and guidelines.
- Share information on how medical students from across the continent are contributing towards the response to COVID-19 and vaccination against the virus.
- Acknowledge the efforts of various workforces from across the continent in the fight against COVID-19.
- Highlight challenges faced by African countries and potentially provide innovative solutions
- Work with FAMSA executive council to involve medical students from across Africa in the fight against COVID-19.

## THE TWG TEAM



**PATRICK BIZIYAREMYE**  
CHAIRPERSON



**PASCHAL BAHATI**  
VICE CHAIRPERSON



**DANIEL ESANJU**  
SECRETARY



**DIMEJI OLAWUYI**  
PROGRAM OFFICER



**MARY SATHELA**  
MEDIA OFFICER



**CHIJOKE MGBEOBUKWA**  
GRAPHICS OFFICER



**OYETUNJI ABDULBASIT**  
ARABIC AFRICA REPRESENTATIVE



As the Chairperson of the COVID-19 and Other Emerging Diseases Technical Working Group, I write you with a profound sense of responsibility and determination. Our continent has faced unprecedented challenges in recent times, and the COVID-19 pandemic has been a stark reminder of the importance of collective action and solidarity. Today, I wish to share a message of hope, unity, and resilience.

As of today, the COVID-19 pandemic is no more a Global Health Emergency. The COVID-19 pandemic, however, left a mark that will not be forgotten in history. The COVID-19 pandemic demonstrated the interconnectedness of our world, underscoring that no nation or region is immune to the threats posed by infectious diseases. As the cradle of humanity, Africa has a unique role to play in shaping global responses to health crises. It is important to note that COVID-19, although no more a global emergency, is still present and potent. It is, therefore, crucial that we, as a continent, unite and continue to work together with a shared purpose to address the immediate and long-term impacts of COVID-19 and prepare for any future outbreaks.

I acknowledge the tremendous efforts made by frontline healthcare workers and essential personnel who have bravely confronted this pandemic head-on. Their dedication, selflessness, and sacrifices have saved countless lives and inspired hope in the face of adversity. However, in the pursuit of collective action towards the fight against infections in Africa, it is also pertinent that we, African medical students, also make certain contributions to augment the roles of our dear frontline health workers by leveraging online awareness campaigns, research and other innovative ways to make contributions in this fight.

The COVID-19 pandemic has revealed vulnerabilities in our healthcare systems, it has also presented an opportunity for transformative change. We must seize this moment to strengthen our healthcare infrastructure, invest in research and development, and promote innovation in diagnostics,

treatments, and vaccines. By prioritizing health security and universal health coverage, we can build a resilient Africa that is better prepared to face future health challenges.

Inclusivity and equity must be at the core of our response efforts. We must leave no one behind, ensuring that marginalized communities and vulnerable populations have access to essential health services. Furthermore, equitable distribution of vaccines, treatments, and resources is imperative to curb the spread of infectious diseases and foster a sense of fairness and unity across the continent.

Communication and public awareness are potent tools in the battle against pandemics. As leaders, influencers, and communicators, we have a responsibility to disseminate accurate information and combat misinformation. Empowering communities with knowledge and instilling trust in science can help dispel myths, reduce fear, and encourage compliance with public health measures.

In addition to tackling immediate health threats, we must also address the broader socio-economic impacts of the pandemic. COVID-19 has exacerbated existing inequalities, affecting livelihoods, education, and mental health. We must work collaboratively to implement comprehensive recovery plans that prioritize social protection, job creation, and investments in education and technology.

As we look to the future, let us draw inspiration from the resilience and resourcefulness of our people throughout history. African communities have faced and overcome numerous challenges, and together, we will overcome the reverberations of this pandemic. Let our response be a testament to the strength of our unity and the power of collective action.

In conclusion, as a Federation of Africa Medical Students' Association (FAMSA) body, I call upon each one of you to stand united in our commitment to combat COVID-19 and other outbreaks in Africa. Let us forge ahead with determination, empathy, and innovation, knowing that our actions today will shape the health and well-being of future generations. Together, we can create a healthier, more prosperous Africa that thrives in the face of adversity.

Thank you for your unwavering support and dedication to this crucial mission.

Sincerely,  
**Patrick Biziyaremye**  
 FAMSA COVID-19 TWG Chairperson 2022/2023

# MONTHLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

03 JULY TO 30 JULY

**6**

New Events

**139**

Ongoing Events

**120**

Outbreaks

**20**

Humanitarian Crises

## NEW EVENTS (Extracted from [Weekly Bulletin on Outbreaks and Other Emergencies](#))

Country	Event	Date Notified to WCO	Total Cases	Cases Confirmed	Deaths	CFR
<b>Kenya</b>	<b>Poliomyelitis</b>	<b>6-Jul-23</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0.0%</b>
Two cases of acute flaccid paralysis from the Hagadera refugee camp in Garissa County, Kenya, have been confirmed as circulating vaccine-derived poliovirus type 2 (cVDPV2) at the Kenya Medical Research Institute (KEMRI). The first case is a 2-Year-old male child who had received three doses of oral poliovirus vaccine (OPV) and developed paralysis on 26 May, with stool samples collected on 1 and 2 June. The second case is a 31-month-old girl vaccinated with three doses of OPV who developed paralysis on 27 May and had stool samples collected on 2 and 3 June. Investigations are ongoing, and control measures are being implemented.						
<b>Cote d'Ivoire</b>	<b>Dengue Fever</b>	<b>10-Jul-23</b>	<b>107</b>	<b>22</b>	<b>0</b>	<b>0.0%</b>
On 16 July 2023, the Ministry of Health of Cote d'Ivoire officially notified WHO about an outbreak of Dengue fever in four districts: Cocody-Bingerville, Treichville-Marcory, Yopougon Ouest, and Soubre. Of 107 cases reported between 19 to 25 June 2023, 22 were confirmed for dengue fever infection by RT-PCR. No fatalities have been reported so far. Cocody-Bingerville is the most affected, accounting for 95% of the cases.						
<b>Mauritius</b>	<b>Dengue Fever</b>	<b>10-Jul-23</b>	<b>147</b>		<b>0</b>	<b>0.0%</b>
Mauritius has been experiencing an outbreak of dengue fever since early June. As of 7 July 2023, 147 suspected cases have been reported, including 96 on Mauritius Island and 51 on Rodrigues Island.						
<b>Congo</b>	<b>Cholera</b>	<b>14-Jul-23</b>	<b>1365</b>	<b>26</b>	<b>12</b>	<b>0.9%</b>
On 14 July 2023, the Ministry of Health of Congo notified WHO regarding a gastroenteritis outbreak of unknown origin in Dolisie City, Niari Department. From 30 June to 16 July 2023, a total of 1 365 cases with 12 deaths have been reported (CFR 0.9%). Of 78 samples analyzed at the National Public Health Laboratory, 15 were positive for cholera and 34 for shigellosis. An outbreak of cholera has been declared by the Ministry of Health.						
<b>South Sudan</b>	<b>Unknown Diseases</b>	<b>17-Jul-23</b>	<b>359</b>	<b>0</b>	<b>19</b>	<b>5.3%</b>
On 16 June 2023, an alert of deaths of an unknown disease was raised by health partners conducting supportive supervision in Darjo, Longechuk County, Upper Nile State in South Sudan. Cases reportedly presented with vomiting blood, bloody diarrhoea, sore throat, red eyes, running nose, blurry vision, cough, and itching. As of 18 July 2023, a total of 359 cases with 19 deaths (CFR 5.3%) have been reported. Of 45 samples collected from the case patients, 13 have been tested for viral hemorrhagic fevers (VHFs), malaria, measles, and shigellosis, while the rest are being processed. All tested samples are negative for VHFs, 10 are positive for malaria, and six for measles and shigellosis, respectively. Further analysis and investigation are ongoing.						
<b>Tanzania</b>	<b>Poliomyelitis</b>	<b>19-Jul-23</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0.0%</b>
Tanzania has reported its first case of cVDPV2 since 2000, in a 22-month-old female child with acute flaccid paralysis. The case is from Rukwa region, Southwestern Tanzania.						
<b>Uganda</b>	<b>Cholera</b>	<b>25-Jul-23</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>0.0%</b>
An outbreak of cholera was officially confirmed on 25 July 2023 in Sigulu Island, Namayingo District, Eastern Uganda. Out of four suspected cases reported from the area, three were confirmed by culture for <i>Vibrio cholerae</i> infection.						

SITUATION REPORT

## OFFICIAL STATEMENT FOLLOWING THE FIRST REPORTED CONFIRMED CASE OF DIPHTHERIA IN FCT ABUJA, NIGERIA

06 July 2023 | Abuja - Official Statement following the first reported confirmed case of Diphtheria in FCT Abuja

The Nigeria Centre for Disease Control and Prevention (NCDC) has reported a diphtheria outbreak in various states across the country since December 2022. In June 2023, a four-year-old child in the Federal Capital Territory (FCT), Abuja, succumbed to the disease. As of June 30th, 2023, there have been a total of 798 confirmed diphtheria cases in 33 Local Government Areas (LGAs) across eight states, with the majority of cases (782) recorded in Kano. Other affected states include Lagos, Yobe, Katsina, Cross River, Kaduna, and Osun. The outbreak has mainly affected children aged 2 to 14 years, accounting for 71.7% of all confirmed cases. The overall fatality rate among confirmed cases is 10%, with a total of 80 deaths recorded.

Despite the availability of a safe and effective vaccine, a significant proportion (82%) of the confirmed diphtheria cases were among unvaccinated individuals, including the recent case in FCT. The outbreak is attributed to historical sub-optimal vaccination coverage, as less than half (41.7%) of children under 15 years old are fully protected against diphtheria according to a national survey on diphtheria immunity.

In response to the outbreak, the NCDC is collaborating with the FCT Health and Human Services Department to implement control measures and prevent further spread of the disease. The public is urged to be vigilant and seek prompt medical attention for individuals displaying symptoms of diphtheria. Early diagnosis and effective treatment are crucial for a positive outcome, and healthcare workers are advised to immediately report suspected cases to LGA disease surveillance officers.

[\(NCDC, 2023\)](#)



## LESSONS LEARNT FROM THE MARBURG VIRUS DISEASE (MVD) OUTBREAK IN TANZANIA

### Emergency Response and Preparedness

In March 2023, an outbreak of an unidentified illness in Bukoba district, Kagera region, Tanzania, was confirmed to be Marburg virus disease (MVD). The Africa Centers for Disease Control and Prevention (Africa CDC) responded swiftly, providing life-saving supplies and deploying a rapid response team to contain the outbreak and prevent its spread to neighboring countries. The outbreak resulted in nine confirmed cases and six deaths but was successfully contained within the Kagera region.

On June 2, 2023, Tanzania's Health Minister, Umyu Mwalimu, officially declared the end of the MVD outbreak after 42 days with no new confirmed cases. The achievement was attributed to strong political leadership, including President Dr. Samia Suluhu Hassan, Prime Minister Hon. Kassim Majaliwa, and the Health Minister, along with effective coordination among health partners, including Africa CDC.

The successful containment of the Marburg virus disease (MVD) outbreak in Tanzania was achieved through strong political leadership, building partnerships with multiple stakeholders, leveraging existing programs, regular meetings and coordination, onsite supervisory visits, a multi-sectoral approach, motivated health workforce, and emphasizing openness and transparency. The collaboration between government agencies, international organizations, and community leaders enhanced intervention effectiveness. Utilizing established frameworks expedited response efforts, while regular meetings and supervisory visits ensured timely adjustments.

The comprehensive approach addressed various dimensions of the outbreak. A committed health workforce played a vital role. Openness and transparency fostered trust, promoting a collaborative response. These best practices can strengthen future outbreak responses and enhance public health emergency management. By implementing these best practices, future outbreak responses can be strengthened, and the capacity to manage public health emergencies can be enhanced.

[\(Africa CDC, 2023\)](#)

## ELEVATED CHOLERA ACTIVITY REPORTED NATIONWIDE IN ETHIOPIA

The current outbreak is among the longest ever in Ethiopia, with the first case recorded in August 2022

As of June 20, 2023, a cholera outbreak has affected several regions in Ethiopia, including Oromia, Somali, Southern Nations, Nationalities, and Peoples' (SNNP), and Sidama. There have been 11,407 reported cases, with 22% of them being children under five, and 156 associated deaths. The Cumulative Case Fatality Rate (CFR) is 1.36%, higher than the global threshold of 1%. The outbreak has spread to 79 woredas (administrative areas) in the affected regions, and internally displaced persons (IDP) sites have reported 241 cases. Most of the reported deaths are among children aged 0 to 14 years.

The outbreak has been spreading rapidly, and more than 95% of the cases have not received any doses of Oral Cholera Vaccination (OCV). Over 7.7 million people remain at high-risk in the affected areas due to limited OCV doses and inadequate water, sanitation, and hygiene (WASH) services.

This is the longest and most widespread cholera outbreak in Ethiopia. The number of cases is lower compared to previous outbreaks in 2015 and 2017, but the current outbreak is more significant due to its spread to densely populated areas. Different regions have been affected, with the highest fatality rate reported in Guji Zone.

The response efforts have faced challenges in terms of preparedness and access to health facilities, particularly in drought-affected areas. The situation is critical in regions like Somali and SNNP, where overcrowded IDP and refugee sites have contributed to the higher fatality rates.

In addition to the affected regions, there are concerns about cholera preparedness in Tigray Region, where low preparedness levels have been identified. Implementing preparedness actions remains essential to prevent new outbreaks triggered by congestion and upcoming rainy seasons.

[\(OCHA, 2023\)](#)

## COVID-19 IS NO LONGER A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN. DOES THIS MEAN THE PANDEMIC IS OVER?

The WHO has lifted “PHEIC” status for COVID-19, but insists the disease continues to pose a global threat.

On May 5, 2023, the World Health Organization (WHO) officially declared that COVID-19 would no longer be categorized as a Public Health Emergency of International Concern (PHEIC). This decision came after 1,221 days since the WHO first became aware of a cluster of pneumonia cases of unknown origin in Wuhan, China. While the world is no longer in crisis mode, it's important to note that COVID-19 remains a global health threat.

A PHEIC is the highest level of global alert that the WHO can issue, triggering a coordinated international response with legally binding measures and recommendations. Unlike a pandemic, which refers to the global spread of a pathogen, the WHO declares a PHEIC when an emergency has serious implications for health beyond national borders.

During the announcement, Dr. Tedros Adhanom Ghebreyesus, WHO Director-General, emphasized that COVID-19 continues to claim lives and cause post-infection health issues. The decision reflects the progress made in the past year due to improved vaccination, diagnostics, and treatment. Dr. Tedros urged countries not to lower their guard and to continue managing COVID-19 alongside other infectious diseases, as new variants could lead to further outbreaks.

Dr. Seth Berkley, CEO of Gavi, emphasized the need to protect vulnerable populations and ensure equitable vaccine access. He called for applying the lessons learned during the pandemic to reach more people with life-saving vaccines and prepare for future health crises. As the world transitions to the next phase, maintaining strong healthcare systems and prioritizing public health protection remain essential.

[\(GAVI, 2023\)](#)

## CHILDHOOD IMMUNIZATION BEGINS RECOVERY AFTER COVID-19 BACKSLIDE

New WHO and UNICEF data show promising signs of immunization services rebounding in some countries, but, particularly in low-income countries, coverage still falls short of pre-pandemic levels putting children at grave risk from disease outbreaks.

In 2022, global immunization efforts improved, reaching 4 million more children compared to the previous year. However, 20.5 million children still missed out on routine vaccines, showing progress but higher than pre-pandemic levels. Measles vaccination lagged behind other vaccines, putting an additional 35.2 million children at risk.

Recovery was uneven among countries, with well-resourced nations improving more than low-income countries, particularly in measles vaccination. Of the 73 countries with significant immunization declines during the pandemic, only 15 recovered, 24 are on the path to recovery, and 34 still face stagnation or declines.

Gavi, the Vaccine Alliance, supported lower-income countries, with DTP3 vaccine coverage reaching 81% in 2022, mainly in lower-middle-income countries. Low-income countries still need to increase coverage to rebuild vulnerable health systems. HPV vaccination coverage exceeded pre-pandemic levels, but overall coverage remains below the target.

'The Big Catch-Up' initiative urges restoring immunization services, reaching missed children, and strengthening vaccine confidence through community engagement and primary healthcare.

Governments are urged to increase financing, develop policies for children born during the pandemic, strengthen primary healthcare, and address systemic challenges to reach marginalized children. Sustained engagement with communities and healthcare providers is vital for successful immunization efforts.

[\(WHO, 2023\)](#)

## LEPROSY, SCABIES AND YAWS - TOGO'S NEGLECTED TROPICAL SKIN DISEASES NEED ATTENTION

Neglected tropical diseases of the skin are stigmatised, and may affect an individual's quality of life

Neglected tropical diseases are a group of 20 diseases mainly found in tropical regions and strongly linked to poverty. This group includes skin diseases like scabies, leprosy, and yaws. They are caused by various agents such as bacteria, viruses, mosquitoes, or mites and have a significant global impact, affecting over one billion people, especially in lower-income regions.

In Africa, these skin diseases are particularly prevalent, with a substantial at-risk population requiring intervention for lymphatic filariasis and onchocerciasis (river blindness). Children are more susceptible than adults to these diseases, and risk factors include poverty, overcrowding, malnutrition, and humidity.

Neglected tropical skin diseases carry social stigma and can negatively impact an individual's quality of life and psychological well-being. Diagnosis can be challenging, and access to dermatologists is often limited in areas where these diseases are common.

A study conducted in Togo, West Africa, focused on neglected tropical diseases. The study assessed the burden of these diseases in Togo and found a high prevalence of various skin infections, with children being more affected than adults.

The study highlighted the social impact of these diseases, with patients experiencing stigma and missing school or work. The researchers recommended integrating skin management into public educational programs to encourage early reporting and treatment. They advocated for free treatment and drugs to reduce the burden of these diseases and emphasized the importance of health promotion and education.

[\(GAVI, 2023\)](#)

## SOURCES

WHO Regional Office for Africa, Weekly Bulletin on Outbreaks and Other Emergencies: Week 27, 28 & 29. Available from: <https://www.afro.who.int/health-topics/disease-outbreaks/outbreaks-and-other-emergencies-updates>

Nigeria Centre for Disease Control and Prevention, Official Statement following the first reported confirmed case of Diphtheria in FCT Abuja. Available from: <https://ncdc.gov.ng/news/489/official-statement-following-the-first-reported-confirmed-case-of-diphtheria-in-fct-abuja?>

Africa Centre for Disease Control and Prevention, Lessons Learnt from the Marburg Virus Disease (MVD) Outbreak in Tanzania. Available from: <https://africacdc.org/news-item/lessons-learnt-from-the-marburg-virus-disease-mvd-outbreak-in-tanzania/>

United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Ethiopia: Cholera Outbreak. Available from: <https://reliefweb.int/report/ethiopia/ethiopia-cholera-outbreak-flash-update-8-20-june-2023>

GAVI: The Vaccine Alliance, COVID-19 is no longer a Public Health Emergency of International Concern. Does this mean the pandemic is over? Available from: <https://www.gavi.org/vaccineswork/covid-19-no-longer-public-health-emergency-international-concern-does-mean-pandemic>

World Health Organization (WHO), Childhood immunization begins recovery after COVID-19 backslide. Available from: <https://www.who.int/news/item/18-07-2023-childhood-immunization-begins-recovery-after-covid-19-backslide>

GAVI: The Vaccine Alliance, Leprosy, scabies and yaws - Togo's neglected tropical skin diseases need attention. Available from: <https://www.gavi.org/vaccineswork/leprosy-scabies-and-yaws-togos-neglected-tropical-skin-diseases-need-attention>



## **FAMSA COVID-19 TWG**

*This publication has been prepared through the efforts of the Federation of African Medical Students' Associations COVID-19 Technical Working Group (FAMSA COVID-19 TWG)*

## CONTACT

For any enquiries

FAMSA Permanent Headquarters,  
c/o Office of the Provost,  
College of Medicine,  
University of Ibadan,  
University College Hospital,  
Ibadan – Nigeria

+234 706 101 6356

[www.famsanet.org](http://www.famsanet.org)  
[covid19twg@famsanet.org](mailto:covid19twg@famsanet.org)  
[@official\\_famsa](#)

