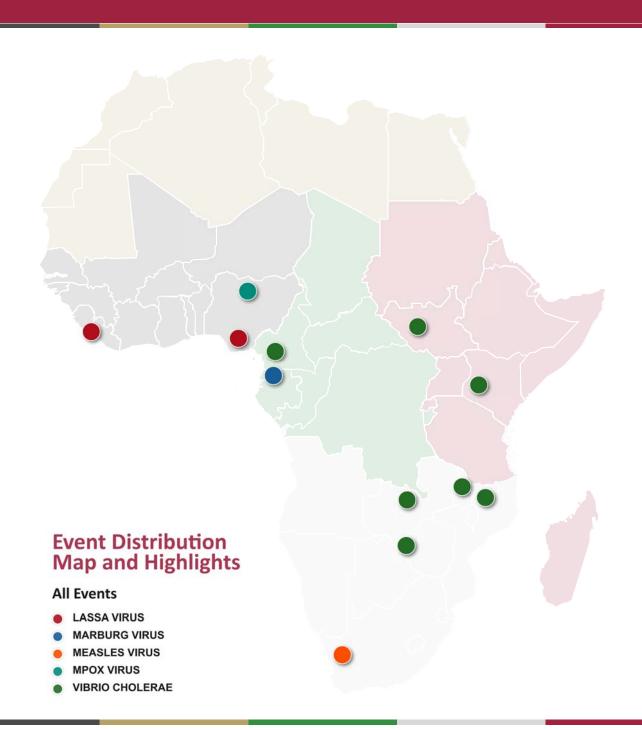




Africa CDC Weekly Event Based Surveillance Report

23-Apr-2023



Human Event Updates





High Risk Events

COVID-19 in Africa

12,292,108 confirmed case(s) **257,004** death(s) **(CFR: 2.1%)**

| SARS-CoV-2 | Agent/Pathogen | 21-Feb-2020 | First Reported by Africa CDC | 14-Apr-2023 | Previous Africa CDC Report: |
|-----------------------|----------------|--------------|---------------------------------|-------------|--------------------------------|
| 14-Feb-2020 | First Occurred | Africa Combo | Country | All 55 MS | Location |
| Ministry of Health | Source | VERY HIGH | GeoScope | HIGH | Risk Assessment |

Update to event:

As of 6 p.m. East African Time (EAT) 19 April 2023, a total of 12,292,108 COVID-19 cases and 257,004 deaths (case fatality ratio [CFR]: 2.1%) were reported by the 55 African Union (AU) Member States (MS). This represents 2% of all cases and 4% of all deaths reported globally. Forty-two (76%) AU MS are reporting CFR higher than the global CFR (1%). Fifty-three MS have reported COVID-19 cases infected with the Alpha (50 MS), Beta (45), Delta (52), Gamma (3) and Omicron (51) variants of concern (VOC). Additionally, 32 MS have reported the presence of the Omicron BA.2 sub-variant, 12 MS have reported the Omicron sublineage (BF.7 or BA.5.2.1.7) and nine MS reported the Omicron sublineage (XBB.1.5).

Fifty-four (98%) AU MS are currently providing COVID-19 vaccination to the general population. Cumulatively, 1.1 billion doses have been administered on the continent. Of these doses administered, 542.9 million people have been partially vaccinated, 428.3 million have been fully vaccinated. Eritrea is the only AU MS yet to start the COVID-19 vaccination rollout.

For Epi week 15 (10 - 16 April 2023), 1,653 new COVID-19 cases were reported, which is a 39% decrease in the number of new cases reported compared to the previous week (14). The Southern region accounted for 51% of the new COVID-19 cases reported this week, followed by the Northern (21%), Eastern (15%), Central (8%), and Western (5%) regions.

Last week, six new COVID-19 deaths were reported in Africa, which is a 40% decrease in new deaths reported compared to the previous week (10 deaths). The Northern accounted for 66% of the new COVID-19 deaths reported this week, followed by the Eastern (17%), and Southern (17%) regions. This week, no deaths were reported in the Central and Western regions.

More than 91 thousand tests were conducted during the past week, reflecting a 23% decrease in the number of tests compared to the previous week. The weekly % test positivity is 2%, similar to the previous week. Since February 2020, over 127.9 million COVID-19 tests have been conducted in Africa.

Response:

The emergency operations center (EOC) of the Africa Centres for Disease Control and Prevention (Africa CDC) has been activated for COVID-19 since 27 January 2020. For more information on Africa CDC's response efforts please refer to Africa CDC's website, Hotspot dashboard, PGI Dashboard, and Vaccination Dashboard.

Mpox in Africa

194 confirmed case(s)

26 death(s) (CFR: 13.4%)

| Mpox virus | Agent/Pathogen | 17-Jan-2023 | First Reported by Africa CDC | 07-Apr-2023 | Previous Africa CDC Report: |
|-----------------------|----------------|--------------|---------------------------------|-------------|--------------------------------|
| 01-Jan-2023 | First Occurred | Africa Combo | Country | 5 MS | Location |
| Ministry of Health | Source | HIGH | GeoScope | HIGH | Risk Assessment |

Update to event:

Since the beginning of this year, 194 confirmed cases and 26 deaths (CFR: 13.4%) of mpox have been reported from five endemic AU MS: Central African Republic (CAR) (12 confirmed cases; 1 death), Democratic Republic of Congo (DRC) (98; 23), Ghana (8; 0), Liberia (6; 0) and Nigeria (70; 2). This week, four new confirmed cases and no new deaths of mpox were reported from Nigeria.

Nigeria: Since the last update (7 April 2023), the Nigeria Centre for Disease Control (NCDC) reported four new confirmed cases and no new death of mpox. This is a 60% decrease in the number of new confirmed cases reported compared to the last report. Cumulatively, 70 confirmed cases and two deaths (CFR: 2.9%) of mpox have been reported from seven of the 36 states and federal capital territory this year.

Note: In 2022, the continent reported 1,230 confirmed cases and 220 deaths (CFR: 18%) of mpox from eight endemic AU MS: Benin (3 cases; 0 deaths), Cameroon (18; 3), CAR (13; 3), Congo (5; 3), Democratic Republic of Congo (DRC) (319; 198), Ghana (116; 4), Liberia (4; 0), Nigeria (763; 7) and five non-endemic MS: Egypt (4; 0), Morocco (3; 0), Mozambique (1; 1), South Africa (5; 0) and Sudan (18; 1).

Response:

Nigeria: The NCDC through the multi-sectoral technical working group continues to coordinate the following response activities: surveillance, case management, risk communication and laboratory diagnosis in all the affected states.

Cholera in Africa

72,489 confirmed case(s) **19,005** suspected case(s) **1,883** death(s) (**CFR: 2.1%**)

| Vibrio cholerae | Agent/Pathogen | 06-Jan-2023 | First Reported by Africa CDC | 14-Apr-2023 | Previous Africa CDC Report: |
|-----------------------|----------------|--------------|---------------------------------|-------------|--------------------------------|
| 01-Jan-2023 | First Occurred | Africa Combo | Country | 15 MS | Location |
| Ministry of Health | Source | MODERATE | GeoScope | HIGH | Risk Assessment |

Update to event:

Since the beginning of this year, 91,494 cases (72,489 confirmed; 19,005 suspected) and 1,883 deaths (CFR: 2.1%) of cholera were reported from 15 AU MS: Burundi (120 cases; 1 death), Cameroon (1,938; 312), DRC (7,620; 50), Ethiopia (245; 11), Eswatini (1; 0), Kenya (5,531; 86), Malawi (41,898; 1,230), Mozambique (27,223; 124), Nigeria (922; 32), Somalia (4,016; 14), South Africa (11; 1), South Sudan (1,073; 2), Tanzania (72; 3), Zambia (349; 8) and Zimbabwe (475; 9). This week, 4,365 new cases and 324 new deaths of cholera were reported from seven MS: Cameroon, Kenya, Malawi, Mozambique, South Sudan, Zambia and Zimbabwe.

Cameroon: Since the last update (17 March 2023), the Ministry of Health (MoH) reported 1,650 new confirmed cases and 308 new deaths (CFR: 0.1%) of cholera from Centre and Littoral regions. Cumulatively, 1,938 cases (1,812 confirmed; 126 suspected) and 312 deaths (CFR: 0.1%) have been reported from four of 10 regions this year.

Kenya: Since the last update (14 April 2023), the MoH reported 253 new cases (117 confirmed; 136 suspected) and five new deaths (CFR: 1.9%) of cholera. This is a 4% decrease in the number of new cases compared to the last report. Cumulatively, 5,531 cases (1,122 confirmed; 4,409 suspected) and 86 deaths (CFR: 1.5%) were reported from 19 of 47 counties across the country this year. Since the start of the outbreak in October 2022, a total of 8,837 cases (2,223 confirmed; 6,614 suspected) and 142 deaths (CFR: 1.6%) were reported from 19 counties. Garissa, Mandera, and Nairobi counties account for 64% of the total cases reported to date.

Malawi: Since the last update (14 April 2023), the MoH reported 478 new confirmed cases and four new deaths (CFR: 0.8%) of cholera from 23 districts. This is an 11% decrease in the number of new confirmed cases and a 43% decrease in the number of new deaths compared to the last report. Cumulatively, 41,898 confirmed cases and 1,230 deaths (CFR: 2.9%) have been reported from all 29 districts in Malawi this year.

Mozambique: Since the last update (14 April 2023), the MoH reported 1,563 new confirmed cases and five new deaths (CFR: 0.3%) of cholera. This is a 64% decrease in the number of new cases and an 8% increase in the number of new deaths compared to the last report. Cumulatively, 27,223 confirmed cases and 124 deaths (CFR: 0.5%) have been reported from 10 of 11 provinces this year.

South Sudan: Since the last update (14 April 2023), the MoH reported 332 new cases (5 confirmed; 327 suspected) and no new deaths of cholera. This is a 150% increase in the number of new cases reported compared to the last report. Cumulatively, 1,073 cases (24 confirmed; 1,049 suspected) and two deaths (CFR: 0.2%) have been reported this year from Malakal county, Upper Nile state. Children under four years account for 85% of the total cases.

Zambia: Since the last update (14 April 2023), the Zambia National Public Health Institute (ZNPHI) reported 18 new suspected cases and no new deaths of cholera. Cumulatively, 349 cases (122 confirmed; 227 suspected) and eight deaths (CFR: 2.3%) have been reported from three of 10 provinces this year.

Zimbabwe: Since the last update (14 April 2023), the MoH reported 71 new cases (28 confirmed; 43 suspected) and two new deaths (CFR: 2.8%) of cholera. This is an 18% increase in the number of new cases compared to the last report. Cumulatively, 475 cases (104 confirmed; 371 suspected) and nine deaths (CFR: 1.9%) have been reported from six of 10 provinces this year.

Response:

Cameroon: The MoH continues to strengthen surveillance activities in affected regions.

Kenya: The MoH continues to conduct enhanced surveillance, case management, and risk communication in the affected counties.

Malawi: The MoH with support from partners continues to strengthen response efforts across the country. Additionally, MoH is conducting genomic sequencing to guide the response.

Mozambique: The MoH conducted oral cholera vaccination (OCV) in the four high-burden provinces: Manica, Sofala, Tete, and Zambezia in which 100% vaccination coverage was achieved. In addition, MoH submitted a request for OCV for reactive vaccination in other cholera hotspot districts.

South Sudan: The MoH deployed a multi-sectoral national rapid response team to conduct active case search, case management, water quality monitoring, and risk communication in the affected county.

Zambia: The ZNPHI submitted a request for more than 10 million doses of OCV for reactive vaccination. ZNPHI continues to coordinate response activities. Additionally, ZNPHI is conducting genomic sequencing to guide the response.

Zimbabwe: The MoH continues to sensitize health workers to increase their index of suspicion for cholera detection. In addition, MoH has pre-positioned commodities to cholera hotspot districts, reviewed and updated cholera and guidelines.

Measles in Africa

1,518 confirmed case(s) **66,330** suspected case(s) **676** death(s) **(CFR: 1.0%)**

| Measles virus | Agent/Pathogen | 06-Jan-2023 | First Reported by Africa CDC | 14-Apr-2023 | Previous Africa CDC Report: |
|-----------------------|----------------|--------------|---------------------------------|-------------|--------------------------------|
| 01-Jan-2023 | First Occurred | Africa Combo | Country | 16 MS | Location |
| Ministry of Health | Source | MODERATE | GeoScope | HIGH | Risk Assessment |

Update to event:

Since the beginning of this year, 67,848 cases (1,518 confirmed; 66,330 suspected) and 675 deaths (CFR: 1.0%) of measles were reported from 16 AU MS: Botswana (13 cases; 0), Cameroon (463; 3), CAR (467; 0), Chad (1,303; 2), Congo (7; 0), DRC (60,546; 649), Ethiopia (907; 0), Ghana (212; 0), Kenya (9; 1), Libya (391; 2), Mauritania (369; 2), Senegal (147; 0), South Africa (566: 0), South Sudan (1,862; 14), Uganda (258; 1) and Zambia (328; 1). This week, a total of 20 cases and no new deaths were reported from South Africa.

South Africa: Since the last update (14 April 2023), the National Institute for Communicable Diseases (NICD) of South Africa reported 20 new confirmed cases and no new deaths of measles. This is a 57% decrease in the number of new confirmed cases compared to the last report. Cumulatively, 566 confirmed cases and no deaths have been reported from all nine provinces this year.

Note: In 2022, 264,345 cases (34,491 confirmed; 229,854 suspected) and 2,860 deaths (CFR: 8%) of measles were reported from 24 MS in four AU regions: Cameroon (3,502 cases; 21 deaths), Central African Republic (CAR) (1,447; 3), Chad (2,956; 11), Congo (6,873; 132), Democratic Republic of Congo (DRC) (146,359; 1,846), Ethiopia (9,857; 102), Guinea (23,601; 33), Kenya (406; 2), Liberia (16,130; 86), Mali (2,745; 1), Mozambique (45; 0), Namibia (23; 0), Niger (19,524; 32), Nigeria (1,162; 0), Senegal (373; 1), Sierra Leone (814; 0), Somalia (16,624; 0), South Africa (365; 0), South Sudan (3,942; 38), Sudan (1,188; 13), Tanzania (223; 0), Togo (1,272; 0), Zambia (23; 3), Zambia (23; 3) and Zimbabwe (6,444; 698).

Response:

South Africa: The provincial health departments continue to strengthen routine measles vaccination for children aged 6 months to <15 years in all affected provinces.

Lassa fever in Africa

920 confirmed case(s) **4,559** suspected case(s)

160 death(s) (CFR: 17.4%)

| Lassa virus | Agent/Pathogen | 27-Jan-2023 | First Reported by Africa CDC | 14-Apr-2023 | Previous Africa CDC Report: |
|-----------------------|----------------|--------------|---------------------------------|-------------|--------------------------------|
| 02-Jan-2023 | First Occurred | Africa Combo | Country | 5 MS | Location |
| Ministry of Health | Source | MODERATE | GeoScope | HIGH | Risk Assessment |

Update to event:

Since the beginning of this year, 5,479 cases (920 confirmed; 4,559 suspected) and 160 deaths (CFR: 17.4%) of Lassa fever were reported from five AU MS: Ghana (27 cases; 1 deaths), Guinea (3; 2), Liberia (19; 4), Nigeria (5,424; 151) and Sierra Leone (6; 2). This week, 240 new cases and three new deaths were reported from Nigeria.

Nigeria: Since the last update (14 April 2023), the NCDC reported 240 new cases (23 confirmed; 217 suspected) and three new deaths (CFR: 13%) of Lassa fever. This is a 5% and 25% decrease in the number of new cases and deaths respectively compared to the last report. Cumulatively, 5,424 cases (869 confirmed; 4,555 suspected) and 151 deaths (CFR: 17.4%) of Lassa fever have been reported from 26 of 36 states and the federal capital territory. Healthcare workers account for 3.2% (28) of all confirmed cases reported this year.

Response:

Nigeria: The NCDC activated a Lassa fever multi-partner, multi-sectoral EOC to coordinate all response activities: surveillance, case management, risk communication and laboratory diagnosis at all levels.

Marburg in Africa

25 confirmed case(s)

23 probable cases(s)

37 death(s) (CFR: 77.1%)

| Marburg virus | Agent/Pathogen | 14-Feb-2023 | First Reported by Africa CDC | 14-Apr-2023 | Previous Africa CDC Report: |
|-----------------------|----------------|--------------|---------------------------------|-------------|--------------------------------|
| 07-Feb-2023 | First Occurred | Africa Combo | Country | 2 MS | Location |
| Ministry of Health | Source | LOW | GeoScope | HIGH | Risk Assessment |

Update to event:

Since the beginning of this year, 48 cases (25 confirmed; 23 probable) and 37 deaths (CFR: 77.1%) of Marburg were reported from two AU MS: Equatorial Guinea (39; 31) and Tanzania (9; 6). This week, four new cases and no new deaths were reported in Equatorial Guinea, while no new cases have been reported from Tanzania

Equatorial Guinea: Since the last update (14 April 2023), the MoH reported one new confirmed, three new probable cases and no new death of Marburg. Cumulatively, 39 cases (16 confirmed cases; 23 probable), 31 deaths (CFR: 79.4%) and three recoveries have been reported from four provinces namely Centre Sud, Kie Ntem, Littoral and Wele-Nzas. Five healthcare workers have been affected, of whom two have died. Of all the confirmed cases reported, 57% are females and 46% are between 30 - 44 years.

Response:

Equatorial Guinea: The MoH with support from partners established a multi-sectoral command center in the affected province. Since the beginning of the outbreak, a total of 1,427 contacts have been listed. In addition, active case search, contact tracing, case management, infection prevention and control, risk communication, and social mobilization activities are ongoing in affected communities.

Footnotes:

- * Cases in this report include confirmed, probable and suspected cases
- * Case fatality rates are calculated using confirmed cases and deaths only, except for the following:
- Bacterial meningitis, cholera and measles where CFR is calculated using all cases and deaths
- Marburg in Equatorial Guinea where CFR is calculated using confirmed, probable cases and deaths
- * The GeoScope level is determined by where the event is currently occurring on the continent. Low: event is limited to sub-national areas within one MS; Moderate: Event is affecting multiple countries within an AU region, or have been imported from/exported to 1-2 countries from another global region; High: Event is affecting several multinational AU regions, or have been imported from/exported to >2 countries from another global region; Very high: Event is considered a pandemic, affecting multiple continents or worldwide. The risk level is determined by evaluating the following criteria: morbidity and mortality of the disease, probability to spread within and to the other MSs, and availability of effective treatments, vaccines, or other control measures. An event risk level can be classified as low, moderate, high and very high depending on how they score on the above criteria.