Event Distribution
Map and Highlights

All Events
- LASSA VIRUS
- MEASLES VIRUS
- NEISSERIA MENINGITIDIS
- POLIO VIRUS (VACCINE-DERIVED)
- VIBRIO CHOLERAE
Human Event Updates

COVID-19 in Africa

12,293,341 confirmed case(s)
257,021 death(s) (CFR: 2.1%)

**Update to event:**
As of 6 p.m. East African Time (EAT) 25 April 2023, a total of 12,293,341 COVID-19 cases and 257,021 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 case fatality rates (CFR) higher than the global CFR. Fifty three MS have reported COVID-19 cases infected with the Alpha (50 MS), Beta (45), Delta (53), Gamma (5) and Omicron (51) variants of concern (VOC). Additionally, 32 MS have reported the presence of the Omicron BA.2 sub-variant, 12 Member States reported the Omicron sublineage (BF.7 or BA.5.2.1.7), ten MS reported the Omicron sublineage (XBB.1.5), and 2 Member States are now reporting the Omicron sublineage (XBB.1.16).

Fifty-four (98%) 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, and 430 million have been fully vaccinated. Eritrea is the only AU MS yet to start COVID-19 vaccination roll out.

For Epi week 16 (17 - 23 April 2023), 3,269 new COVID-19 cases were reported, which is a 98% increase in the number of new cases reported compared to the previous week (15). The Southern region accounted for 62% of the new COVID-19 cases reported this week, followed by the Northern (25%), Eastern (6%), Central (5%) and Western (2%) regions. Two AU Member States, Eswatini (13) and Tunisia (5) had the highest number of new daily COVID-19 cases per million population among all MS.

Last week, 24 new COVID-19 deaths were reported in Africa, which is 300% increase in new deaths reported compared to the previous week. The Northern region accounted for 78% of the new COVID-19 deaths reported this week, followed by the Central (22%). No deaths were reported in the Eastern, Southern and Western regions this week.

More than 25 thousand tests were conducted during the past week, reflecting a 73% decrease in the number of tests compared to the previous week. The weekly % test positivity has increased from 2% to 3% compared to the previous week. Since February 2020, over 131.9 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.
**Cholera in Africa**

**74,407** confirmed case(s)

**19,540** suspected case(s)

**1,955** death(s) (CFR: 2.1%)

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**Vibrio cholerae**

**Agent/Pathogen**

**06-Jan-2023**

First Reported by Africa CDC

**21-Apr-2023**

Previous Africa CDC Report:

**01-Jan-2023**

First Occurred

**Africa Combo**

Country

**15 MS**

Location

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**Ministry of Health**

Source

**MODERATE**

GeoScope

**HIGH**

Risk Assessment

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**Update to event:**

Since the beginning of this year, 93,949 cases (74,407 confirmed; 19,540 suspected) and 1,955 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 (2; 0), Kenya (5,531; 86), Malawi (42,188; 1,240), Mozambique (28,832; 129), Nigeria (1,336; 79), Somalia (4,016; 14), South Africa (11; 1), South Sudan (1,073; 2), Tanzania (82; 3), Zambia (400; 8) and Zimbabwe (555; 19). This week, 2,455 new cases and 72 new deaths of cholera were reported from six MS: Malawi, Mozambique, Nigeria, South Sudan, Zambia and Zimbabwe.

**Malawi:** Since the last update (21 April 2023), the MoH reported 290 new confirmed cases and 10 new deaths (CFR: 3.4%) of cholera from 20 districts. This is a 40% decrease in the number of new confirmed cases and a 150% increase in the number of new deaths compared to the last report. Cumulatively, 42,188 confirmed cases and 1,240 deaths (CFR: 2.9%) have been reported from all 29 districts in Malawi this year.

**Mozambique:** Since the last update (21 April 2023), the MoH reported 1,609 new confirmed cases and five new deaths (CFR: 0.3%) of cholera. This is a 3% increase in the number of new cases reported compared to the last report. Cumulatively, 28,832 confirmed cases and 129 deaths (CFR: 0.4%) have been reported from 10 of 11 provinces this year.

**Nigeria:** Since the last report (24 March 2023), the Nigeria Centre for Disease Control (NCDC) reported 414 new suspected cases and 47 new deaths (CFR:11.4%) of cholera. Cumulatively, 1,336 cases (102 confirmed; 1,234 suspected) and 79 deaths (CFR: 5.9%) have been reported from 12 of the 36 states and federal capital territory (FCT).

**Tanzania:** Since the last update (17 March 2023), the MoH reported 10 cases (4 confirmed; 6 suspected) and no new deaths of cholera. Cumulatively, 82 cases (14 confirmed; 68 suspected) and three deaths (CFR: 3.7%) have been reported from Katavi (34 cases; 0 deaths), Kigoma (7; 0), Rukwa (18; 0), Ruvuma (13; 3) and Dar es Salaam (10; 0) regions. Of the 10 new cases reported from Dar es Salaam, 70% are female, and 60% are between 15 - 44 years.

**Zambia:** Since the last update (21 April 2023), the Zambia National Public Health Institute (ZNPHI) reported 51 new cases (5 confirmed; 46 suspected) and no new deaths of cholera. Cumulatively, 400 cases (127 confirmed; 273 suspected) and eight deaths (CFR: 2.0%) have been reported from three of 10 provinces this year.

**Zimbabwe:** Since the last update (21 April 2023), the MoH reported 80 new cases (11 confirmed; 69 suspected) and 10 new deaths (CFR: 12.5%) of cholera. This is a 13% increase in the number of new cases and a 150% increase in the number of new deaths compared to the last report. Cumulatively, 555 cases (115 confirmed; 440 suspected) and 19 deaths (CFR: 3.4%) have been reported from nine of 10 provinces this year.

**Response:**

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

**Malawi:** The MoH with support from partners continues to strengthen response efforts across the country and launched an oral cholera vaccination (OCV) campaign from 24 - 28 April 2023 in 5 high burden districts. Additionally, the MoH is conducting genomic sequencing to guide response.

**Mozambique:** The MoH conducted oral cholera vaccination in the four high burden provinces of Manica, Sofala Tete and Zambezia and achieved a 100% vaccination coverage. In addition, the MoH submitted a request to the International Coordinating Group (ICG) on Vaccine Provision for OCV for reactive vaccination in other cholera hotspot districts.

**Nigeria:** The national multi-sectoral Cholera TWG at the NCDC continues to coordinate and monitor response across states through coordination, surveillance, case management, laboratory and risk communication.

**Tanzania:** The MoH and the regional health management teams deployed rapid response teams (RRTs) to conduct outbreak investigations. In addition, the RRTs continue to implement water sanitation and hygiene interventions in the affected communities.
Zambia: The MoH submitted a request to the International Coordinating Group (ICG) on Vaccine Provision 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 response.

Zimbabwe: MoH continues to sensitize health workers to increase their index of suspicion for cholera cases. In addition, MoH has pre-positioned commodities to cholera hotspots districts, reviewed and updated cholera and typhoid guidelines for use in the country.

Measles in Africa

1,551 confirmed case(s)
66,337 suspected case(s)
675 death(s) (CFR: 1.0%)

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Update to event:

Since the beginning of this year, 67,888 cases (1,518 confirmed; 66,337 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 (409; 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 40 cases and no new deaths were reported from Mauritania.

Mauritania: Since the last update (14 April 2023), the MoH reported 40 cases (33 confirmed, 7 suspected) and two new deaths (CFR: 5%) of measles from 10 provinces. This is a 75% decrease in the number of new cases reported compared to the last report. Cumulatively, 409 cases (174 confirmed; 235 suspected) and two deaths (CFR: 0.5%) of measles have been reported from 10 of the 13 regions in Mauritania. Of all confirmed cases, 35% were reported from the Hodh Echargui region and 79% were not vaccinated against measles.

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:

Mauritania: The MOH activated national EOC to coordinate the response and continues to conduct case investigations, enhanced surveillance and measles vaccination campaigns in the affected communities.
Lassa fever in Africa

928 confirmed case(s)
4,706 suspected case(s)
161 death(s) (CFR: 17.3%)

Update to event:
Since the beginning of this year, 5,634 cases (928 confirmed; 4,706 suspected) and 161 deaths (CFR: 17.3%) of Lassa fever were reported from five AU MS: Ghana (27 cases; 1 deaths), Guinea (3; 2), Liberia (19; 4), Nigeria (5,579; 152) and Sierra Leone (6; 2). This week, 155 new cases and one new death were reported from Nigeria.

Nigeria: Since the last update (21 April 2023), the NCDC reported 155 new cases (8 confirmed; 147 suspected) and one new death (CFR: 12.5%) of Lassa fever. This is a 65% and 67% decrease in the number of new cases deaths reported respectively, compared to the last report. Cumulatively, 5,579 cases (877 confirmed; 4,702 suspected) and 152 deaths (CFR: 17.3%) of Lassa fever have been reported from 26 of 36 states and the FCT. Healthcare workers account for 3.2% (28) of all confirmed cases reported this year.

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

Bacterial Meningitis in Niger

111 confirmed case(s)
448 suspected case(s)
30 death(s) (CFR: 5.4%)

Update to event:
Since the last update, the MoH reported 183 new cases (7 confirmed; 176 suspected) and 18 new deaths (CFR: 9.8%) of bacterial meningitis. The majority (94%) of the laboratory-confirmed cases are due to Neisseria meningitidis serogroup C (NmC). Cumulatively, 559 cases (111 confirmed; 448 suspected) and 30 deaths (CFR: 5.4%) have been reported from 11 health districts in Zinder region, Southern Niger.

Response:
The MoH conducted reactive vaccination campaigns with ACW trivalent meningococcal polysaccharide vaccine in all affected health districts. Additionally, risk communication and community engagement activities are ongoing in close collaboration with community leaders in the affected and neighbouring districts.
Polio (vacc) in Africa

45 confirmed case(s)
0 death(s) (CFR: 0%)

**Update to event:**
Since the beginning of 2023, the continent has reported 18 cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) from DRC (6), Madagascar (9), Mozambique (3) and 27 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) from 7 MS: Benin (2), Burundi (3), CAR (5), Chad (5), DRC (10), Nigeria (1) and Somalia (1). This week, six new cases of cVDPV1 have been reported from Madagascar and Mozambique.

**Madagascar:** Since the last update (10 March 2023), the MoH reported four new confirmed cases of circulating vaccine-derived poliovirus type 1 (cVDPV1). Cumulatively, nine confirmed cases have been reported from Analamanga (6), Androy (2) and Menabe (1) regions this year. There were 14 cases reported in 2022.

**Mozambique:** Since the last update (14 April 2023), the MoH reported two new confirmed cases of cVDPV1. Cumulatively, three confirmed cases have been reported from Zambezi this year. However, in 2022, the MoH reported 22 cases of cVDPV1 and four cases of cVDPV2.

**Response:**
**Madagascar:** The MoH continues to conduct enhanced surveillance across the country.

**Mozambique:** The MoH continues to conduct enhanced surveillance and polio vaccination campaigns in the 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.