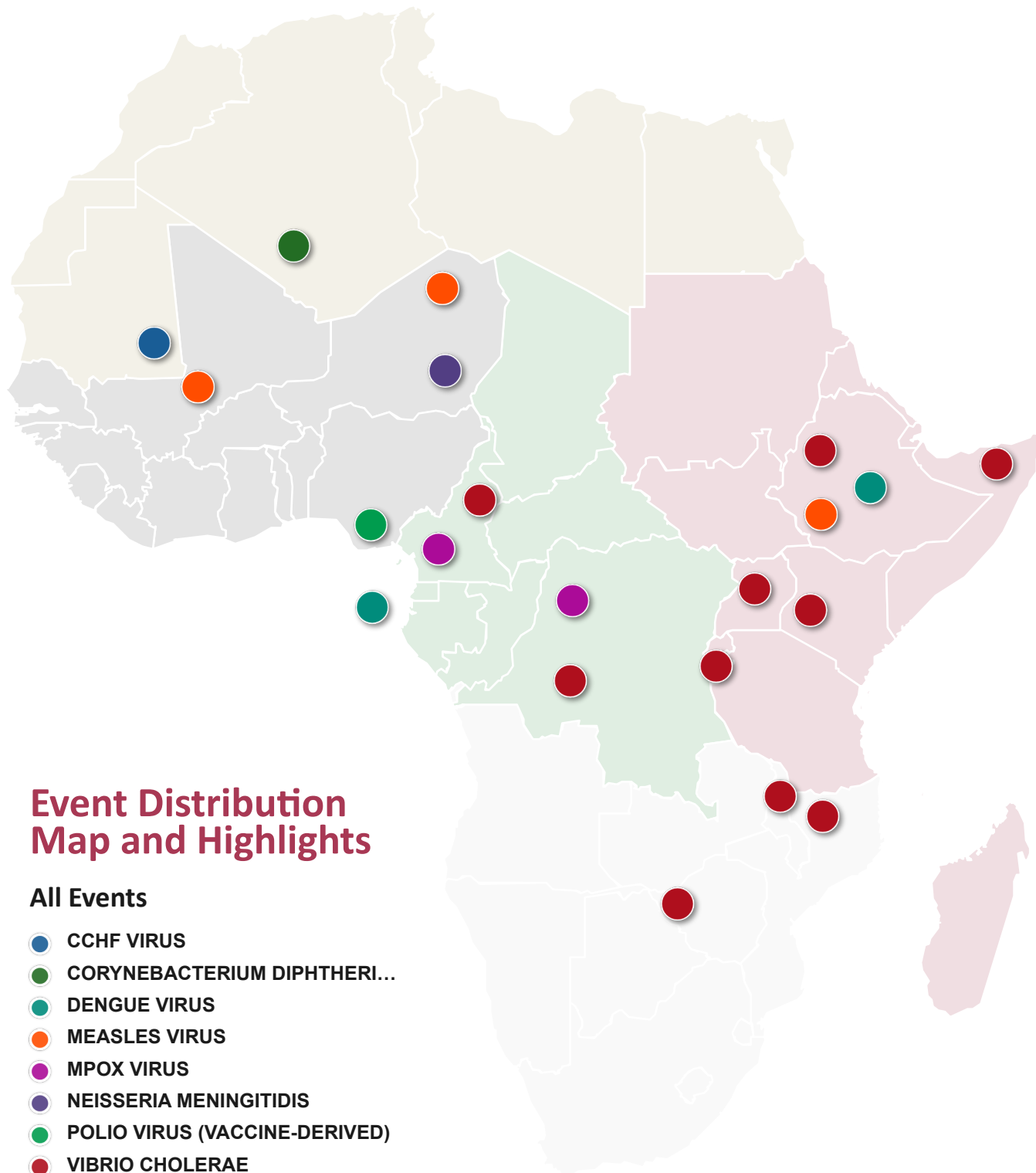


Africa CDC Weekly Event Based Surveillance Report

06-Aug-2023



High Risk Events

CCHF in Mauritania

1 confirmed case(s)
1 death(s) (**CFR: 100.0%**)

CCHF virus	Agent/Pathogen	03-Aug-2023	First Reported by Africa CDC	Initial Report	Previous Africa CDC Report:
27-Jul-2023	First Occurred	Mauritania	Country	Nouakchout	Location
Ministry of Health	Source	LOW	GeoScope	HIGH	Risk Assessment

Description:

On 3 August 2023, the Ministry of Health (MoH), Mauritania reported a confirmed fatal case of Crimean-Congo haemorrhagic fever (CCHF). The confirmed case was a 58-year-old male resident in North, who presented to Cabinet Ihsan health facility with fever on 17 July 2023. Following non-responsiveness to treatment, he was transferred to Dakar, Senegal where he was hospitalized at the National Hospital Center of Pikine for treatment. On 24 July 2023, blood samples sent to the Pasteur Institute in Dakar tested positive for CCHF virus by polymerase chain reaction (PCR). On 26 July, The case died and repatriated to Mauritania on 28 July. Outcome of investigations revealed that, the case had a history of contact with infected camels in Moughataa.

CCHF is a zoonotic viral hemorrhagic fever that can spread through bites of infected ticks. It can also be transmitted from animals to humans through contact with blood, body fluids, or tissues of infected animals, mainly livestock such as cattle, sheep, goats, buffalo, and camels. The most common symptoms in humans are fever, headache, joint pain, vomiting, and signs of hemorrhage. The case fatality rate (CFR) in hospitalized patients ranges from 9% to 50%. CCHF is endemic in Mauritania; the last outbreak occurred in August 2022.

Response by MS/Partners:

A Joint mission composed of MoH/Ministry of Agriculture and World Health Organization was launched to investigate the outbreak. Cumulatively, 108 contacts of the confirmed index case have been listed. The MoH continues to enhance surveillance, active case search and community sensitization.

Moderate Risk Events

Diphtheria in Algeria

16 confirmed case(s)
64 suspected case(s)
0 death(s) (**CFR: 0.0%**)

Corynebacterium diphtheriae	Agent/Pathogen	03-Aug-2023	First Reported by Africa CDC	Initial Report	Previous Africa CDC Report:
02-Aug-2023	First Occurred	Algeria	Country	Tamanrasset City	Location
EIOS	Source	LOW	GeoScope	MODERATE	Risk Assessment

Description:

On the 2nd of August 2023, the Algeria Ministry of Health (MoH), reported 80 Diphtheria cases (64 suspected and 16 confirmed) with no deaths in the southern city of Tamanrasset. Most cases were foreigners who were not vaccinated against Diphtheria from neighboring countries residing in Tamanrasset (at the border areas with the countries of Sahel).

Diphtheria is a bacterial infection caused by *Corynebacterium diphtheriae*, a toxin producing bacteria. Person to person transmission is usually through respiratory droplets (respiratory form) and contact with infected sores and ulcers on the skin (cutaneous form). Symptoms for the respiratory form include weakness, sore throat, fever, swollen lymph nodes, difficulty in breathing, and death in more severe cases. The overall case-fatality rate for the respiratory form of diphtheria is between 5%–10%, with higher death rates (up to 20%) among persons younger than 5 or older than 40 years of age. Laboratory diagnosis is made via bacterial culture, Elek test or polymerase chain reaction (PCR). Treatment includes antibiotic therapy. Vaccines are available to protect against infection and typically given in four doses as part of routine immunization programs. The last outbreak of Diphtheria in Algeria occurred in August 2022.

Response by MS/Partners:

The MoH deployed a rapid response team (RRT) to the affected area to conduct case management, risk communication and vaccination of the affected community. According to media reports, a crisis response unit has been set up and over 10000 foreigners have been vaccinated against Diphtheria.

High Risk Events

Cholera in Africa

83,594 confirmed case(s)
87,335 suspected case(s)
2,680 death(s) (**CFR: 1.6%**)

Vibrio cholerae	Agent/Pathogen	06-Jan-2023	First Reported by Africa CDC	28-Jul-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, 170,929 cases (83,594 confirmed; 87,335 suspected) and 2,680 deaths (CFR: 1.6%) of cholera were reported from 16 AU MS: Burundi (600 cases; 9 deaths), Cameroon (19,572; 468), DRC (28,685; 203), Eswa ni (2; 0), Ethiopia (15,496; 185), Kenya (8,613; 140), Malawi (42,878; 1,260), Mozambique (33,544; 141), Nigeria (2,052; 79), Somalia (11,704; 30), South Africa (1,07; 47), South Sudan (1,471; 2), Tanzania (87; 3), Uganda (38; 7), Zambia (757; 14) and Zimbabwe (3,804; 82). This week, 6,959 new cases and 97 new deaths of cholera were reported from 10 AU MS: Burundi, Cameroon, DRC, Ethiopia, Kenya, Malawi, Mozambique, Somalia, Uganda and Zimbabwe.

Burundi: Since the last update the MoH reported 64 new cases (2 confirmed; 62 suspected) and no new deaths of cholera. These two new cases come from the following districts: Isare (one case in Gatumba- Warubondo 3eme avenue) and Bujumbura Nord (one case in Kinama- Buterere II 2eme Avenue). Cumulatively, 600 cases (51 confirmed; 549 suspected) and nine deaths (CFR: 1.5%) have been reported from Burundi. Of the cases reported, 50% were female. Patients under 5 years of age were the most affected, followed by those aged 11 to 20, with respective rates of 22.2% and 20.7%.

Cameroon: Since last report (26 July 2023), the MoH reported 83 new suspected cases and five new deaths of cholera. Cumulatively 19,572 cases (1,890 confirmed; 17,682 suspected) and 468 deaths (CFR: 2.4%) of cholera have been reported from Cameroon. The outbreak is active in 19 Health Districts in four regions (Centre, Littoral, Sud and West).

DRC: Since the last update (7 July 2023), the MoH reported 3,393 new cases and 24 new deaths (CFR: 0.7%) of cholera from seven provinces. Cumulatively, 28,685 (1,779 confirmed; 26,906 suspected cases) and 203 deaths (CFR: 0.7%) have been reported from 14 of 26 provinces in DRC this year.

Ethiopia: Since the last update (28 July 2023), the Ethiopia Public Health Institute (EPHI) reported 661 new suspected cases and 13 new deaths of cholera. Cumulatively, 15,496 (26 confirmed; 15,470 suspected) and 185 deaths (CFR: 1.2%) have been reported from Ethiopia. The outbreak is active in five of 14 regions in Ethiopia (Amhara, Oromia, Sidama, SNPP and Somali).

Kenya: Since the last update (28 July 2023), the MoH reported 47 new cases (8 confirmed; 39 suspected) and no new deaths of cholera. Cumulatively, 8,613 cases (1,824 confirmed; 6,789 suspected) and 140 deaths (CFR: 1.6%) were reported from 26 of the 47 counties in Kenya. Currently, the outbreak is active in three of the 26 counties (Mandera, Nairobi and Wajir). Thirty-three percent of the total cases are children below 10 years.

Malawi: Since the last update (28 July 2023), the MoH reported 28 new confirmed cases and two new deaths (CFR: 12.5%) of cholera, this is a 600% increase compared to last week. Cumulatively, 42,890 confirmed cases and 1,260 deaths (CFR: 2.9%) have been reported from all 29 districts in Malawi this year. The outbreak is active in two districts (Chikwawa and Mangochi) of the 29 health districts.

Mozambique: Since the last update (28 July 2023), the MoH reported 127 new confirmed cases and no new deaths of cholera. Cumulatively, 33,588 confirmed cases and 141 deaths (CFR: 0.4%) were reported from 10 of the 11 provinces this year. The outbreak is active in all the eleven provinces.

Somalia: Since the last update (28 July 2023), the Somali MoH reported 235 new cases (8 confirmed and 227 suspected) and no new deaths of cholera. This is a 56% decrease in the number of new cases compared to the last report. Cumulatively, 11,704 cases (46 confirmed and 11,658 suspected) and 30 deaths (CFR: 0.3%) were reported from 28 of 74 drought-affected districts in the country. Of the 11,704 cases, 54% are children under five years. All reported cases did not receive oral cholera vaccine that was administered in the cholera-risk districts. This outbreak has been uninterrupted in the drought-affected districts since 2022 and in the Banadir region since 2017. The main drivers of this outbreak include limited access to safe water and proper sanitation.

Uganda: Since the last update (28 July 2023), the Uganda MoH reported 13 new suspected cases and no deaths of cholera from Kayunga and Namayingo Districts. This is a 48% decrease compared to last week. Cumulatively, 38 cases (6 confirmed and 32 suspected) and seven deaths (CFR: 18%) of cholera have been reported from two districts: Kayunga (2 confirmed; 23 suspected) and Namayingo (4; 9). All the seven deaths were reported from Kayunga District, where three occurred in the community.

Zimbabwe: Since the last update (28 July 2023), the Zimbabwe MoH reported 33 new cases (5 confirmed; 28 suspected) and two new deaths (CFR: 6.0%) of cholera. This is a 77% decrease in the number of new cases compared to the last report. Cumulatively, 3,804 cases (847 confirmed; 2,957 suspected) and 82 deaths (CFR: 2.2%) have been reported in all 10 provinces this year. The outbreak is active in 41 districts in all the ten provinces

Response by MS/Partners:

The MoH of affected Member States continues to conduct enhanced surveillance, case management, risk communication, WASH interventions and enhanced targeted testing of all samples in the affected districts.

Measles in Africa

15,849 confirmed case(s)
180,008 suspected case(s)
2,089 death(s) **(CFR: 1.1%)**

Measles virus	Agent/Pathogen	06-Jan-2023	First Reported by Africa CDC	28-Jul-2023	Previous Africa CDC Report:
01-Jan-2023	First Occurred	Africa Combo	Country	23 MS	Location
Ministry of Health	Source	MODERATE	GeoScope	HIGH	Risk Assessment

Update to event:

Since the beginning of this year, 195,857 (15,849 confirm; 180,008 suspected) and 2,089 deaths (CFR: 1.1%) of measles were reported from 23 AU MS: Angola (6,020 cases; 52 deaths), Botswana (13 cases; 0 deaths), Burundi (263; 0), Cameroon (8,503; 64), CAR (1,656; 0), Chad (8,017; 6), Congo (288; 1), DRC (135,151; 1,814), Ethiopia (13,192; 121), Gabon (12, 0) Ghana (212; 0), Kenya (9; 1), Libya (391; 2), Liberia (15,612; 8), Mali (1,330; 0), Mauritania (565; 4), Niger (1,650; 0), Senegal (410; 0), Somalia (7,033; 0), South Africa (749; 0), South Sudan (2,001; 14), Uganda (258; 1) and Zambia (328; 1). This week, a total of 6,834 new cases and 52 new deaths were reported from four MS: Angola, Ethiopia, Mali and Niger.

Angola: On 30 July 2023, the MoH reported a cumulative 6,020 confirmed and 52 deaths of measles. The cases were reported from 18 provinces, and 152 Municipalities in the country, since the beginning of 2023. The last case of measles from Angola was reported in 2022 with 1,017 cases (there were 645 children under the age of five years) and 9 deaths from multiple locations.

Ethiopia: Since the last update, (28 July 2023), the EPHI reported 96 new suspected cases and no new deaths of measles from 32 Woredas in eight regions (Addis Ababa City Administration, Amhara, B/Gumuz, Harari, Oromia, SNNP, Somali and Tigray). This is a 39% decrease compared to last week. Cumulatively, 13,192 suspected cases and 121 deaths (CFR: 0.9%) have been reported from Ethiopia. Of the total cases, 90% were detected from four regions (Somali, Oromia, Amhara and SNNP) and 47% were children <5 years, of which 54% were unvaccinated for measles. Since 17 July 2023, the measles outbreak has been controlled in 17 Woredas of Amhara, Oromia, SNNP, Somali and Tigray regions.

Mali: Since the last update (14 July 2023), the MoH reported 12 new confirmed cases and no new deaths of measles from the country. Cumulatively, 1,330 cases (305 confirmed; 1,025 suspected) and no deaths of measles were reported from five of the nine regions.

Niger: Since the last update (14 July 2023), the MoH reported 706 new (135 confirmed; 571 suspected) cases and no new deaths of measles from the country. Cumulatively, 1,650 cases (477 confirmed; 1,173 suspected) and no deaths of measles were reported from 61 districts in all the eight regions.

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 by MS/Partners:

Angola: The MoH continues to intensify surveillance in the affected districts.

Ethiopia: The MoH has intensified routine immunization activities and continues to conduct enhanced surveillance, the integration of vitamin A supplement and nutritional screening, and case management.

Mali: The MoH continues to strengthen measles surveillance in all the affected districts.

Niger: The MoH has intensified immunization activities, active case search and awareness and health education on prevention and control of measles in all the affected counties.

Neisseria Meningitis in Niger

325 confirmed case(s)
1,860 suspected case(s)
129 death(s) **(CFR: 5.9%)**

Neisseria meningitidis	Agent/Pathogen	18-Jan-2023	First Reported by Africa CDC	28-Apr-2023	Previous Africa CDC Report:
01-Nov-2022	First Occurred	Niger	Country	Zinder region	Location
WHO	Source	LOW	GeoScope	HIGH	Risk Assessment

Update to event:

Since the last update, the MoH reported 1,626 new cases (214 confirmed; 1,412 suspected) and 99 new deaths (CFR: 9.8%) of bacterial meningitis. Cumulatively, 2,185 cases (325 confirmed; 1,860 suspected) and 129 deaths (CFR: 5.4%) have been reported from 11 health districts in Zinder region, Southern Niger. Laboratory confirmation was made by the isolation of *Neisseria meningitidis serotype C* from samples collected from symptomatic cases.

Response by MS/Partners:

The MoH conducted reactive vaccination campaigns with 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 neighboring districts.

COVID-19 in Africa

12,314,145 confirmed case(s)
257,161 death(s) (**CFR: 2.1%**)

SARS-CoV-2	Agent/Pathogen	21-Feb-2020	First Reported by Africa CDC	28-Jul-2023	Previous Africa CDC Report:
14-Feb-2020	First Occurred	Africa Combo	Country	All 55 MS	Location
Ministry of Health	Source	VERY HIGH	GeoScope	MODERATE	Risk Assessment

Update to event:

As of 6 p.m. East African Time (EAT) on July 31, 2023, a total of 12,314,145 COVID-19 cases and 257,161 deaths (CFR: 2.1%) have been 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 have regional CFRs higher than the global CFR. Five 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 subvariant, 17 Member States have reported the Omicron sublineage (XBB.1.5), 12 MS have reported the Omicron sublineage (BF.7 or BA.5.2.1.7), and 2 Member States have reported 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, 567.6 million people have been partially vaccinated, and 446 million have been fully vaccinated. Eritrea is the only AU MS yet to start COVID-19 vaccination roll out.

For Epi week 30 (24 June - 23 July 2023), 155 new COVID-19 cases were reported, which is a 21% decrease in the number of new cases reported compared to the previous week (29). The Southern region accounted for 74% of the new COVID-19 cases reported this week, followed by the Northern (18%), Central (6%), Western (1%) and no case reported in Eastern region.

Last week, only 2 new COVID-19 deaths were reported by Southern region in Africa. More than 14 thousand tests were conducted during the past week. The weekly % test positivity decreased from 5% to 1% compared to the previous week. Since February 2020, over 127.7 million COVID-19 tests have been conducted in Africa. More than 14,666 tests were conducted during the past four weeks. Since February 2020, over 133.6 million COVID-19 tests have been conducted in Africa.

Response by Africa CDC:

The EOC of the 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](#), [Vaccination Dashboard](#)

Dengue fever in Africa

2,959 confirmed case(s)
10,267 suspected case(s)
22 death(s) (**CFR: 0.7%**)

Dengue virus	Agent/Pathogen	26-Jul-2023	First Reported by Africa CDC	28-Jul-2023	Previous Africa CDC Report:
02-Jan-2023	First Occurred	Africa Combo	Country	8 MS	Location
Other	Source	LOW	GeoScope	MODERATE	Risk Assessment

Update to event:

Since January 2023, a total of 13,226 cases (2,959 confirmed; 10,267 suspected) and 22 deaths (CFR: 0.7%) of dengue fever have been reported in seven African Union Member States (MS): Angola (3 cases; 0 deaths), Côte d'Ivoire (107 ; 0), Egypt (200; 0), Ethiopia (9,768; 4), Mauritius (222; 0), Sao Tome and Principe (1,223; 11), Senegal (42; 0) and Sudan (1,664 ; 7). This week, 2,860 new cases and 11 new deaths of dengue fever were reported from Ethiopia, Mauritius and Sao Tome and Principe.

Ethiopia: Since the last update (14 July 2023), the Ethiopian Public Health Institute (EPHI) reported 2857 new cases (28 confirmed; 2829 suspected) and no new deaths of dengue fever. Cumulatively, 9,768 cases (92 confirmed; 9,676 suspected) and four deaths (CFR: 4.3%) have been reported from seven Woredas of Afar region and five villages in Dire Dewa city administration. Majority (92%) of the cases were reported from Afar region.

Mauritius: Since the last update (28 July 2023), the Ministry of Health and Wellness, Communicable Disease Control Unit of Mauritius reported three new confirmed cases and no new deaths of dengue fever from the island of Mauritius. Cumulatively, 222 confirmed cases and no deaths have been reported from two islands: Mauritius (164 cases) and Rodrigues (58). Currently, there are no active cases of dengue fever in both islands.

Sao Tome and Principe: Since the last report (7 May 2023), the MoH reported 11 new deaths of dengue fever from Agua Grande district in Sao Tome and Principe (STP). Cumulatively, 1,223 confirmed cases and 11 deaths (CFR:0.9%) of dengue fever have been reported from all seven districts of Sao Tome and Principe (STP).

Response by MS/Partners:

Ethiopia: The EPHI activated the regional emergency operations centers (EOC) to coordinate the response and continues to conduct enhanced surveillance, risk communication and case management at designated treatment centers. In addition, vector control activities are ongoing in the affected regions.

Mauritius: The Ministry of Health and Wellness has implemented a number of public health measures to mitigate the outbreak, including enhanced surveillance, strengthened laboratory capacity, vector control measures and daily monitoring. A multi-sectoral committee on dengue fever has also been constituted.

Sao Tome and Principe: The MoH deployed a rapid response team to conduct outbreak investigation, active case search and risk communication.

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 death

* 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.