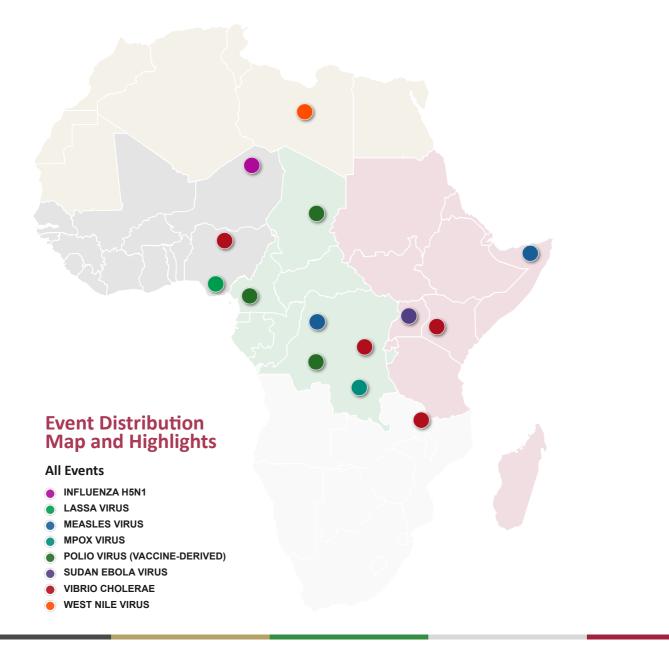


# Africa CDC Weekly Event Based Surveillance Report

06-Jan-2023



## **Human Event Updates**





**High Risk Events** 

## **COVID-19 in Africa**

## 12,218,742 confirmed case(s) 256,546 death(s) (CFR: 2.1%)

SARS-CoV-2	Agent/Pathogen	21-Feb-2020	First Reported by Africa CDC	30-Dec-2022	Previous Africa CDC Report:
14-Feb-2020	First Occurred	Africa Combo	Country	All 55 MS	Location
Ministry of	Source	VERY HIGH	GeoScope	HIGH	Risk
Health					Assessment

#### Update to event:

As of 6 p.m. East African Time (EAT) 5 January 2022, a total of 12,218,742 COVID-19 cases and 256,546 deaths (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 CFRs higher than the global CFR. 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 detected the Omicron BA.2 sub-variant.

Fifty-four (98%) MS are currently providing COVID-19 vaccination to the general population. Cumulatively, 868.6 million doses have been administered on the continent. Of these doses administered, 433.5 million people have been partially vaccinated, 391.2 million have been fully vaccinated, and 43.9 million have received a booster dose. Overall, 42%\* of the target population on the continent is fully vaccinated. Eritrea is the only AU MS yet to start COVID-19 vaccination roll out.

For Epi week 52 (26 December 2022 - 1 January 2023), 3,361 new COVID-19 cases were reported, which is a 56% decrease in the number of new cases reported compared to the previous week (51). The Southern region accounted for 49% of the new COVID-19 cases reported this week, followed by the Eastern (30%), Northern (14%), Central (6%) and Western (1%) regions. Botswana (32) had the highest number of new daily COVID-19 cases per million population among all MS.

Last week, 9 new COVID-19 deaths were reported in Africa, which is 86% increase in new deaths reported compared to the previous week. The Eastern region accounted for 56% of the new COVID-19 deaths this week. The remaining deaths were reported from the Northern (22%) and Southern (22%) regions past week. While no new deaths were reported from Central and Western regions past week.

More than 83 thousand tests were conducted during the past week, reflecting a 78% decrease in the number of tests compared to the previous week. The weekly % test positivity has increased from 2% to 4% compared to the previous week. Since February 2020, over 125.2 million COVID-19 tests have been conducted in Africa.

\* From 21 December 2022, the % fully vaccinated in Africa is now being calculated using the population 12 years old and above as the denominator for each country. The population was obtained from the latest UN population estimates and from the member states.

#### **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, <u>Hotspot dashboard</u>, <u>PGI Dashboard</u>, and <u>Vaccination Dashboard</u>.

## **Measles in Africa**

## **33,774** confirmed case(s) **247,157** suspected case(s) **3,087** death(s) (CFR: 9.1%)

Measles virus	Agent/Pathogen	04-Feb-2022	First Reported by Africa CDC	30-Dec-2022	Previous Africa CDC Report:
01-Feb-2022	First Occurred	Africa Combo	Country	24 MS	Location
Ministry of Health	Source	MODERATE	GeoScope	HIGH	Risk Assessment

#### Update to event:

Since the beginning of 2022, 280,931 cases (33,774 confirmed; 247,157 suspected) and 3,087 deaths (case fatality rate [CFR: 9.1%]) of measles were reported from 24 MS in four AU regions: Cameroon (3,222 cases; 18 deaths), Central African Republic (CAR) (1,477; 3), Chad (2,956; 11), Congo (6,873; 132), Democratic Republic of Congo (DRC) (163,761; 1,922), Ethiopia (9,857; 102), Guinea (23,601; 33), Kenya (392; 2), Liberia (16,130; 85), 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 (16,088; 0), South Africa (297; 0), South Sudan (2,471; 31), Sudan (1,188; 13), Tanzania (223; 0), Togo (1,272; 0), Zambia (23; 3) and Zimbabwe (6,444; 698). Currently 17 MS are reporting active outbreaks: Cameroon, CAR, Chad, Congo, DRC, Ethiopia, Kenya, Liberia, Mali, Niger, Sierra Leone, Guinea, Senegal, Somalia, South Sudan, South Africa and Tanzania. This week, 30,519 new cases and 340 new deaths of measles were reported from DRC (30,050 cases; 340 deaths) and Somalia (469; 0).

**DRC:** Since the last report (18 November 2022), the Ministry of Health (MoH) reported 30,050 suspected and 340 new deaths (CFR: 0.3%) of measles. This is a 30% and 14.7% decrease in the number of new confirmed cases and deaths reported compared to the last report. Cumulatively, 163,761 cases (5,919 confirmed; 157,842 suspected) and 1,922 deaths (CFR: 1.2%) of measles have been reported.

**Somalia:** Since the last update (9 December 2022), the MoH reported 469 new cases (55 confirmed; 414 suspected) and no deaths of measles. This is a 66% decrease in the number of new cases reported compared to the last report. Cumulatively, 16,088 cases (628 confirmed; 15,460 suspected) and no deaths of measles were reported from Somalia. Children under five years account for 77% of the total cases. Majority of the cases were reported from the Southwest (7,451), Banadir (5,941) Puntland (4,267) and Jubaland (3,681) regions. The current outbreak is linked to sub-optimal measles vaccination coverage in the affected regions.

#### **Response:**

DRC: The MoH has finalized the national measles epidemic preparedness and response plan 2023-2024.

Somalia: The MoH with support from partners continues to conduct enhanced surveillance, case management and vaccination in high risk regions.

Africa CDC continues to monitor these event through the Regional Coordinating Centres (RCCs).

### Lassa fever in Africa

## **1,155** confirmed case(s) **8,328** suspected case(s) **223** death(s) **(CFR: 19.3%)**

Lassa virus	Agent/Pathogen	19-Jan-2022	First Reported by Africa CDC	23-Dec-2022	Previous Africa CDC Report:
01-Jan-2022	First Occurred	Africa Combo	Country	7 MS	Location
Ministry of Health	Source	MODERATE	GeoScope	HIGH	Risk Assessment

#### Update to event:

Since the beginning of 2022, 9,483 cases (1,155 confirmed; 8,328 suspected) and 223 deaths (CFR: 2.7%) of Lassa fever were reported from seven Member States (MSs) in the Southern and Western regions: Guinea (54 cases; 2 death), Liberia (223; 24), Mali (1; 0), Nigeria (9,183; 184), Sierra Leone (20; 11), South Africa (1; 1), and Togo (1; 1). Currently three AU MS are reporting active cases: Guinea, Liberia and Nigeria. This week, 164 new cases and one new death were reported from Nigeria.

**Nigeria:** Since the last report (23 December 2022), the Nigeria Centre for Disease Control (NCDC) reported 164 new cases (17 confirmed; 147 suspected) and one new death (CFR: 1%) of Lassa fever. This is a 26% increase in the number of new confirmed cases and a 50% decrease in the number of new deaths reported compared to the last report. Cumulatively, 9,183 cases (1,055 confirmed; 8,128 suspected) and 184 deaths (CFR: 2%) of Lassa fever were reported from 26 states.

#### **Response:**

Nigeria: The national Lassa fever multi-partner, multi-sectoral technical working group continues to coordinate the response activities at all levels.

Africa CDC continues to monitor this event through the RCCs.

## **Mpox in Africa**

## **1,262** confirmed case(s) **226** death(s) **(CFR: 17.9%)**

Mpox virus	Agent/Pathogen	01-Jan-2022	First Reported by Africa CDC	30-Dec-2022	Previous Africa CDC Report:
01-Jan-2022	First Occurred	Africa Combo	Country	13 MS	Location
Ministry of Health	Source	HIGH	GeoScope	HIGH	Risk Assessment

#### Update to event:

Since the beginning of 2022, the continent has reported 1,262 confirmed cases and 226 deaths (CFR: 17.9%) of mpox from eight endemic Africa Union (AU) Member States (MS): Benin (3 confirmed cases; 0 confirmed deaths), Cameroon (18; 3), CAR (13; 3), Congo (5; 3), Democratic Republic of Congo (DRC) (319; 204), Ghana (116; 4), Liberia (4; 0), Nigeria (753; 7) and five non-endemic MS: Egypt (4; 0), Morocco (3; 0), Mozambique (1; 1), South Africa (5; 0) and Sudan (18; 1). Five MS have not reported mpox cases in the last three months: Benin, Congo, Morocco, Sierra Leone and South Africa. This week, 42 new confirmed cases and six new deaths of mpox were reported from DRC.

**DRC:** Since the last report (23 December 2022), the MoH reported 42 new cases and six new deaths (CFR: 14.3%) of mpox. There is no percentage change in the number of new cases reported and 40% decrease in the number of new deaths compared to the last report. Cumulatively, 319 confirmed cases and 204 deaths (CFR:63.9%) were reported from 23 of the 26 provinces.

#### **Response:**

DRC: The MoH continues to conduct refresher trainings on case management for healthcare workers at all levels.

Africa CDC continues to monitor this event through the RCCs.

## **Cholera in Africa**

## **22,858** confirmed case(s) **76,100** suspected case(s) **1,972** death(s) (CFR: 8.6%)

Vibrio cholerae	Agent/Pathogen	01-Jan-2022	First Reported by Africa CDC	30-Dec-2022	Previous Africa CDC Report:
01-Jan-2022	First Occurred	Africa Combo	Country	14 MS	Location
Ministry of Health	Source	MODERATE	GeoScope	HIGH	Risk Assessment

#### Update to event:

Since the beginning of 2022, the continent reported 98,958 cases (22,858 confirmed; 76,100 suspected) and 1,972 deaths (CFR: 8.6%) of cholera from 14 MS: Burkina Faso (1 case; 0 death), Burundi (12;0), Cameroon (15,018; 298), DRC (17,959; 286), Ethiopia (1,341; 24), Kenya (2,959; 55), Malawi (19,141; 643), Mozambique (3,429; 15), Niger (106; 1), Nigeria (23,563; 583), Somalia (14,276; 79), South Sudan (424; 1), Tanzania (360; 7), Zambia (21; 0) and Zimbabwe (1; 0). Currently 10 MS are reporting active outbreaks: Cameroon, DRC, Ethiopia, Kenya, Malawi, Nigeria, Niger, Somalia, South Sudan and Tanzania. This week, 11,214 new cases and 299 new deaths of cholera were reported from Burundi (12;0), Kenya (347 cases; 7 deaths), Malawi (3,055; 135) and Nigeria (4,822; 117).

**Burundi:** On 1st January 2023, the MoH declared a cholera outbreak following a confirmation of 12 cases with no deaths from North and Center health districts of the Bujumbura city. The confirmatory test and the serotypes are currently unknown. The last cholera outbreak was reported from 1 June 2019 to 5 November 2019, involving 1,064 cases and six deaths (CFR: 0.6%) from 11 health districts in Bujumbura rural province, Cibitoke Cibitoke province.

**DRC:** Since the last report (18 November 2022), the MoH reported 3,478 new suspected cases and 42 new deaths (CFR: 1.8%) of cholera. This is a 108% increase in the number of new confirmed cases and 27% increase in the number of new deaths compared to the previous report. Cumulatively, 17,959 cases (1,356 confirmed; 16,603 suspected) and 286 deaths (CFR: 1.6%) of cholera were reported in DRC.

**Kenya:** Since the last report (30 December 2022), the MoH reported 347 new cases (4 confirmed; 343 suspected) and five new deaths (CFR: 1.4%) of cholera. This is a 32% decrease in the number of new cases reported compared to the last report. Cumulatively, 3,306 cases (109 confirmed; 3,197 suspected) and 60 deaths (CFR: 1.8%) were reported from 12 counties. The majority of the cases were reported from Garissa (1,588 cases; 9 deaths), Nairobi (555; 29), Kiambu (318; 5), Machakos (261; 2) and Tana River (246; 8) counties.

Malawi: Since the last report (30 December 2022), the MoH reported 3,055 new confirmed cases and 135 new deaths (CFR: 4.3%) of cholera. This is a 25% increase in the number of new confirmed cases and a 30% increase in the number of new deaths compared to the last report. In the last 14 days, cholera cases were reported from 27 districts: Balaka, Blantyre, Nkhata Bay, Chikwawa, Chiradzulu, Chitipa, Dedza, Dowa, Likoma, Lilongwe, Karonga, Machinga, Mangochi, Mchinji, Mulanje, Mwanza, Mzimba North, Neno, Nkhotakota, Nsanje, Ntcheu, Ntchisi, Phalombe, Rumphi, Salima, Thyolo and Zomba. Cumulatively, 19,141 confirmed cases and 643 deaths (CFR: 3.4%) were reported from 29 districts.

**Nigeria:** Since the last report (2 December 2022), NCDC reported 4,822 new suspected and 117 new deaths (CFR: 2.4%) of cholera. This is a 48% decrease in the number of new cases and 44% decrease in the number of new deaths reported compared to the last report. Cumulatively, 23,563 cases (13 confirmed; 23,550 suspected) and 583 deaths (CFR: 2.5%) of cholera were reported from 30 states and the federal capital territory.

#### **Response:**

Burundi: The MoH continues to conduct disinfection, distribution of water and aquatabs and sensitization of the population against cholera.

DRC: The MoH, with support from partners is conducting the implementation of the 5-year strategic response plan.

Kenya: The MoH deployed a rapid response team to conduct enhanced surveillance and case management in the affected counties. In addition, the MoH has planned a reactive vaccination campaign.

**Malawi:** The MoH continues to conduct oral cholera vaccination campaigns in the most affected districts, and with support from partners continues to revise the national response plan to strengthen response efforts. In addition, Blantyre City Council has issued a temporary closure of Blantyre market and bus depot. The Ministry of Education has closed schools in Blantyre and Lilongwe cities to curb the spread of cholera.

Nigeria: A national multi-sectoral cholera techincal working group continues to monitor response plan implementation across states in the country.

Africa CDC continues to monitor the event through the Western RCC. Africa CDC continues to monitor this event through the RCCs. Additionally, Africa CDC has reached out to Burundi for more information on the confirmatory test used and the cholera serotype in circulation.

### Polio (vacc) in Africa

## 425 confirmed case(s) 0 death(s) (CFR: 0%)

Polio virus (vaccine-	Agent/Pathogen	18-Feb-2022	First Reported by Africa CDC	02-Dec-2022	Previous Africa CDC Report:
18-Feb-2022	First Occurred	Africa Combo	Country	16 MS	Location
Global Polio Eradication	Source	MODERATE	GeoScope	MODERATE	Risk Assessment

#### Update to event:

Since the beginning of 2022, the continent has reported 86 cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) from four MS: DRC (51), Madagascar (13), Malawi (3) and Mozambique (19) and 339 cases of type 2 (cVDPV2) from 14 MS: Algeria (1), Benin (10), Burkina Faso (3), Cameroon (1), CAR (4), Chad (25), DRC (221), Eritrea (1), Ethiopia (1), Ghana (3), Mozambique (4), Nigeria (44), Niger (14), Somalia (4), Sudan (1) and Togo (2). Three MS have not reported polio cases in the last three months: Algeria, Burkina Faso and Eritrea. This week, 19 new cases of cVDPV2 were reported from Cameroon (1 case), CAR (1), Chad (3) and DRC (14).

**Cameroon:** On 27 December 2022, the Global Polio Eradication Initiative reported a confirmed case of cVDPV2 in Extreme Nord. This is the first case reported in 2022. Three cVDPV2 cases were in 2021.

**CAR:** Since the last update, (11 October 2022), the MoH reported one case of cVPDV2 from the Region Sanitaire 6. This is a 67% decrease in the number of new cases reported compared to the last report. Cumulatively, four cases of cVDPV2 reported in 2022.

**Chad:** Since the last update (9 December 2022), three new confirmed cases of cVDPV2 were reported from three regions. This is a 25% decrease in the number of new cases reported compared to the last report. Cumulatively, 25 confirmed cases of cVDPV2 were reported in six regions: Batha (1 case), Chari Baguirmi (2), Guéra (1), Hadjer Lamis (2), Logone Oriental (1), Mayo Kebbi (5), N'djamena (9), and Salamat (2), Tandjile (1) and Wadi Fira (1).

**DRC:** Since the last report (16 December 2022), the MoH reported 14 new cases of cVDPV1 (2 cases) and cVDP2 (12) from Haut Lomami (5), Haut Katanga (1) and Tanganyika (8) provinces. This is a 26% increase in the number of new cases reported compared to the last report. Cumulatively, 51 cVDPV1 cases were reported from two provinces and 221 cases of cVDPV2 were reported in nine provinces.

#### **Response:**

Cameroon: The MoH continues to conduct enhanced surveillance.

CAR: Africa CDC has reached out to the MS for additional information on response actions.

Chad: The MoH continues to enhance polio surveillance activities.

DRC: The MoH continues to intensify response activities to both cVDPV1 and cVDPV2.

Africa CDC continues to monitor this event through the RCCs.

## Sudan Ebola in Uganda

## **142** confirmed case(s) **55** death(s) **(CFR: 38.7%)**

Sudan Ebola virus	Agent/Pathogen	30-Sep-2022	First Reported by Africa CDC	30-Dec-2022	Previous Africa CDC Report:
17-Sep-2022	First Occurred	Uganda	Country	9 districts	Location
Ministry of Health	Source	LOW	GeoScope	MODERATE	Risk Assessment

#### Update to event:

Since the last report, no new confirmed cases or deaths of Sudan virus disease (SVD) were reported from Uganda. The last confirmed case was reported on 27 November 2022; this makes 39 days since the last reported confirmed case. Cumulatively, 142 confirmed cases and 55 confirmed deaths (CFR: 38.7%) were reported from nine health districts: Bunyangabu (1 cases; 0 deaths), Jinja (1; 1), Kagadi (1; 1), Kampala (18; 2), Kassanda (49; 21), Kyegegwa (4; 1), Masaka (1; 1), Mubende (64; 28), and Wakiso (3; 0). Cumulatively, 87 recoveries have been registered. Healthcare workers (HCWs) account for 13.3% (19) of the cases and 12.7% (7) of all deaths (CFR: 36.8%).

In addition, 22 probable deaths were reported and are not included in the total count. These include 21 probable deaths that occurred in Mubende (19) and Kassanda (2) districts prior to the declaration of the outbreak. An additional probable death was identified from Kassanda district on 8 October 2022 and is also not included in the total case and death count.

#### **Response:**

The MoH continues to coordinate all response activities including: evacuation of suspect cases, sample collection, mapping population movements, case management and safe and dignified burials. All contacts have completed the mandatory 21 days of follow-up. The MoH continues to plan for de-escalation of the response in all affected districts.

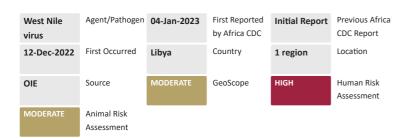
Africa CDC continues to engage fully in the coordination of the SVD response in Uganda and actively participates in the coordination meetings at all levels. In addition, Africa CDC trained 64 healthcare workers and 178 community leaders on community and facility-based mortality surveillance in Mityana, Kassanda and Mubende districts. For more information on the Africa CDC response efforts, please refer to the weekly SVD brief.

## **Animal Event Updates**



## West Nile in Libya

# 2 confirmed case(s) 0 death(s) (CFR: %)



#### Update to event:

On 2 January 2023, the Libyan Ministry of Agriculture (MoAg) declared an outbreak of West Nile virus (WNV) following the confirmation of two cases with no deaths among horses from Jifara province. The 'qqqqqqqqq' ` outbreak was confirmed by enzyme-linked immunosorbent assay for the detection of immunoglobulin M at the National Veterinary Laboratory of Libya.

WNV is a mosquito-borne zoonosis belonging to the genus Flavivirus in the Flaviviridae family. It is transmitted through the bite of infected mosquitoes. Birds are the primary hosts of WNV, thus the virus is maintained in the environment within a "bird-mosquito-bird" transmission cycle. WNV can affect birds, humans and horses causing inapparent infection, mild febrile illness, meningitis, encephalitis, or death. About 80% of cases in humans present with mild or no symptoms and about 20% of cases develop a fever, headache, vomiting, or a rash while 1% progress to severe forms of the disease with symptoms such as meningitis-with associated neck stiffness, confusion, or seizures. Since 2010, sporadic human meningoencephalitis cases have been reported in different regions of Tunisia almost every year. The last outbreak of WNV in animals occured in 2018 in Sousse gorvernorate where seven asymptomatic cases were reported. This is first reported case of WNV in Libya.

#### **Response:**

The MoH and MoAg continue to enhance surveillance of WNV in human and animals. Additionally, the Ministry of Environment conducted vector control activities.

Africa CDC continues to monitor this event through the Northern RCC.

## H5N1 in Africa

## **4,317,820** confirmed case(s) **1,564,067** death(s) (CFR: 36.2%)



#### Update to event:

Since the beginning of 2022, 36 outbreaks, 4,317,820 cases and 1,564,067 deaths (CFR: 36.2%) of highly pathogenic avian influenza (HPAI) H5N1 have been reported in poultry and wild birds from 13 MS: Algeria (1 outbreak; 37,500 cases; 35,800 deaths), Burkina Faso (1; 500,000 ; 500,000), Cameroon (4; 12,493; 12,493), Cote d'Ivoire (2; 43,000; 15,826), Gabon (1; 17,498; 17,498), Ghana (5; 60,379; 9,650), Guinea (1; 1,117,085; 72,700), Mali (1; 340,000; 340,000), Namibia (2; 9,583; 5,589), Niger (2; 9,430; 8,870), Nigeria (2; 2,063,187; 438,856), Senegal (3; 59,838; 59,703), Togo (1; 1,801; 1,801) and South Africa (10; 46,026; 45,281). Currently three MS are reporting active outbreak: Algeria, Niger, and South Africa. This week, Niger reported 1,580 new cases and 1,500 new deaths of H5N1 in domestic birds.

**Niger:** Since the last report (30 December 2022), the Niger Veterinary services reported 1,580 new confirmed cases and 1,500 new deaths (CFR: 95%) of HPAI H5N1. This is a 68% decrease in the number of new confirmed cases and a 66% decrease in the number of new deaths compared to the last report. Cumulatively, 9,430 confirmed cases and 8,870 deaths (CFR: 94.1%) of HPAI have been reported in the country.

### **Response:**

Niger: The Niger Veterinary Services continues to strengthen surveillance activities within and around the affected area.

Africa CDC continues to monitor these event though the RCCs.

Footnotes:

\* Case fatality rates (CFR) are calculated using confirmed cases and deaths only. We recognize that this may inadvertently elevate the CFR for some diseases where alternate methods are recommended. \* Cases in this report include confirmed, probable and suspected cases.