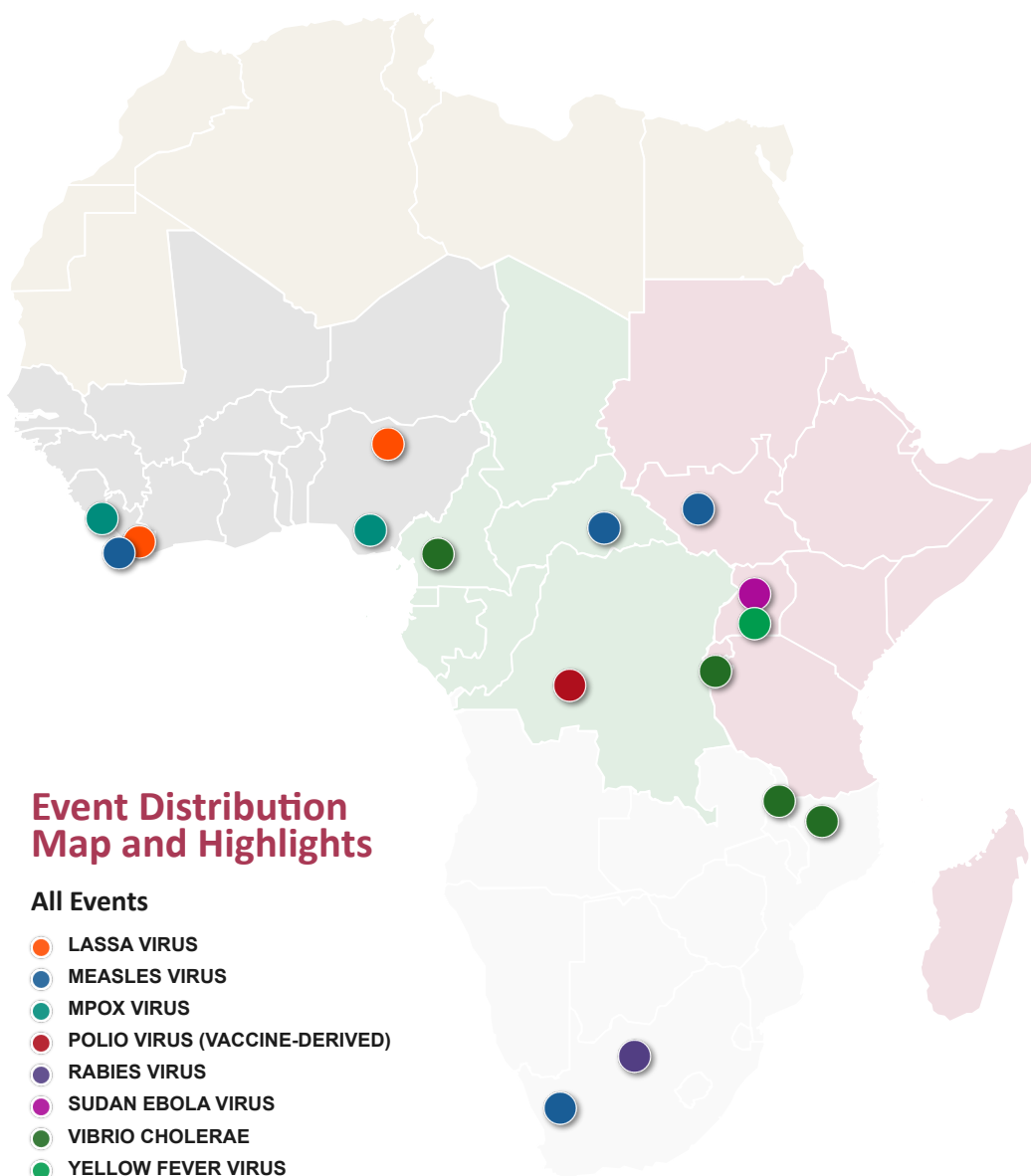


Africa CDC Weekly Event Based Surveillance Report

13-Jan-2023



High Risk Events

COVID-19 in Africa

12,224,320 confirmed case(s)
256,576 death(s) (**CFR: 2.1%**)

SARS-CoV-2	Agent/Pathogen	21-Feb-2020	First Reported by Africa CDC	06-Jan-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) 11 January 2022, a total of 12,224,320 COVID-19 cases and 256,576 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-three (78%) 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 (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, 874.4 million doses have been administered on the continent. Of these doses administered, 438.5 million people have been partially vaccinated, 392 million have been fully vaccinated, and 43.9 million have received a booster dose. Eritrea is the only AU MS yet to start COVID-19 vaccination roll out.

For Epi week 1 (2 - 8 January 2023), 4,951 new COVID-19 cases were reported, which is a 47% increase in the number of new cases reported compared to the previous week (52). The Southern region accounted for 61% of the new COVID-19 cases reported this week, followed by the Eastern (23%), Northern (8%), Central (6%) and Western (2%) regions. Botswana (9) had the highest number of new daily COVID-19 cases per million population among all MS.

Last week, 22 new COVID-19 deaths were reported in Africa, which is 144% increase in new deaths reported compared to the previous week. The Southern region accounted for 72% of the new COVID-19 deaths this week. The remaining deaths were reported from the Central (14%) and Northern (14%) regions, while no new deaths were reported from the Eastern and Western regions in the past week.

More than 257 thousand tests were conducted during the past week, reflecting a 208% increase in the number of tests compared to the previous week. This increase is due to reporting of a backlog of tests conducted in South Africa and Mauritania. The weekly % test positivity has decreased from 4% to 2% compared to the previous week. Since February 2020, over 125.3 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, the weekly COVID-19 [Outbreak brief](#), [Hotspot dashboard](#), [PGI Dashboard](#), and [Vaccination Dashboard](#).

Measles in Africa

35,124 confirmed case(s)
247,736 suspected case(s)
3,130 death(s) (**CFR: 8.9%**)

Measles virus	Agent/Pathogen	04-Feb-2022	First Reported by Africa CDC	06-Jan-2023	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, 282,807 cases (35,071 confirmed; 247,736 suspected) and 3,130 deaths (CFR: 8.9%) of measles were reported from 24 MS in four AU regions: Cameroon (3,222 cases; 18 deaths), Central African Republic (CAR) (1,461; 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 (16,958; 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 (16,088; 0), South Africa (371; 0), South Sudan (2,745; 31), Sudan (1,188; 13), Tanzania (223; 0), Togo (1,272; 0), Zambia (762; 45) and Zimbabwe (6,444; 698). Currently, 18 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, 1,876 new cases and 43 new deaths and no new deaths of measles were reported from CAR (14 cases; 0 deaths), Liberia (828; 1), South Africa (74; 0), South Sudan (274; 0) and Zambia (739; 42).

CAR: Since the last report (30 December 2022), the Ministry of Health (MoH) reported 14 new cases (3 confirmed; 11 suspected) and no new deaths of measles. There is no change in the number of new cases reported compared to the previous report. Cumulatively, 1,461 cases (148 confirmed; 1,313 suspected) and three deaths (CFR: 0.2%) of measles were reported in ten health districts of CAR.

Liberia: Since the last report (16 December 2022), the MoH reported 828 new cases (395 confirmed; 433 suspected) and one new death (CFR: 0.3%) of measles. This is a 4.8% decrease in the number of new confirmed cases and 80% decrease in the number of new deaths compared to the last report. Cumulatively, 16,958 cases (8,187 confirmed; 8,771 suspected) and 86 deaths (CFR: 1.0%) of measles were reported from 15 counties in Liberia.

South Africa: Since the last report (30 December 2022), the National Institute for Communicable Diseases (NICD) reported 74 new confirmed cases and no new deaths of measles from five provinces: Free State (5), Gauteng (1), Limpopo (12) and Mpumalanga (7), Northern Cape (1), North West (47) and Western Cape (1). This is a 70% decrease in the number of new confirmed cases compared to the last report. Ninety-five percent of the cases are children above one year. Cumulatively, 371 confirmed cases and no deaths of measles were reported from nine provinces: Eastern Cape (1), Free State (12), Gauteng (16), KwaZulu Natal (5), Limpopo (140), Mpumalanga (75), Northern Cape (4), North West (114) and Western Cape (4) since the beginning of the year.

South Sudan: Since the last report (16 December 2022), the MoH reported 274 new cases (139 confirmed; 135 suspected) and no new deaths of measles. This is a 63% decrease in the number of new cases and a 100% decrease in the number of new deaths compared to the last report. Cumulatively, 2,745 cases (299 confirmed; 2,446 suspected) and 31 deaths (CFR: 1.2%) were reported from all counties in South Sudan. Seventy-one percent of the cases are children under five years of age. This outbreak is linked to low immunization coverage in the country, for which the administrative vaccination coverage stands at 69%. A joint immunization coverage conducted by World Health Organization and United Nations International Children's Emergency Fund estimated the immunization coverage at 49%, which is below the recommended 95% coverage.

Zambia: Since the last report (16 June 2022), the MoH reported 739 new confirmed cases and 42 new deaths (CFR: 5.6%) of measles. This is a 4,033% increase in the number of new confirmed cases and a 1,300% increase in the number of new deaths compared to the last report. The increase in percentage change is due to the batch reporting. Cumulatively, 762 confirmed cases and 45 deaths (CFR: 5.9%) of measles were reported from three provinces: Lusaka, North Western and Southern province.

Response:

CAR: The MoH continues to strengthen surveillance activities.

Liberia: The National Public Health Institute and the MoH conducted community engagement and health education activities in affected counties.

South Africa: The provincial health departments continue to conduct vaccination campaigns.

South Sudan: The MoH activated the emergency operations center to coordinate the outbreak response. In addition, the MoH continues to conduct active case search, case management and nutrition integration, sample collection and reactive vaccination campaigns in the affected states.

Zambia: The Zambia National Public Health Institute continues to provide leadership and partner collaboration on the response. In addition active surveillance is ongoing in all the affected districts.

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

Lassa fever in Africa

1,173 confirmed case(s)
8,449 suspected case(s)
228 death(s) (**CFR: 19.4%**)

Lassa virus	Agent/Pathogen	19-Jan-2022	First Reported by Africa CDC	06-Jan-2023	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, 9,622 cases (1,173 confirmed; 8,449 suspected) and 228 deaths (CFR: 19.4%) of Lassa fever were reported from seven Member States (MSs) in the Southern and Western regions: Guinea (54 cases; 2 death), Liberia (276; 24), Mali (1; 0), Nigeria (9,269; 189), Sierra Leone (20; 11), South Africa (1; 1), and Togo (1; 1). This week, 139 new cases and five new deaths were reported from Liberia (53 cases; 0 deaths) and Nigeria (86; 5).

Liberia: Since the last report (23 December 2022), the National Public Health Institute of Liberia (NPHIL) reported 53 new cases (6 confirmed; 47 suspected) and no new deaths of Lassa fever. This is a 60% decrease in the number of new confirmed cases and no change in the number of new deaths compared to the last report. Cumulatively 276 cases (73 confirmed; 203 suspected) and 24 deaths (CFR: 32.9%) of Lassa fever were reported.

Nigeria: Since the last report (6 January 2022), the Nigeria Centre for Disease Control (NCDC) reported 86 new cases (12 confirmed; 74 suspected) and five new deaths (CFR: 41.7%) of Lassa fever. This is a 29% decrease in the number of new confirmed cases and a 400% decrease in the number of new deaths reported compared to the last report. Cumulatively, 9,269 cases (1,067 confirmed; 8,202 suspected) and 189 deaths (CFR: 17.7%) of Lassa fever were reported from 26 states.

Response:

Liberia: NPHIL continues to conduct risk communication and community engagement in affected and surrounding communities.

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 these events through the RCCs.

Mpox in Africa

1,267 confirmed case(s)
226 death(s) (**CFR: 17.8%**)

Mpox virus	Agent/Pathogen	01-Jan-2022	First Reported by Africa CDC	06-Jan-2023	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 1,267 confirmed cases and 226 deaths (CFR: 17.8%) of mpox from eight endemic AU MSs: 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 (6; 0), Nigeria (756; 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, five new confirmed cases and no new deaths of mpox were reported from Liberia (2 cases; 0 deaths) and Nigeria (3; 0).

Liberia: Since the last update (4 November 2022), the MoH reported two new confirmed cases and no new deaths of mpox. This is a 100% increase in the number of new confirmed cases reported compared to the last update. Cumulatively, six confirmed cases and no deaths of mpox were reported from four counties: Grand Bassa, Montserrado, Maryland and Bomi.

Nigeria: Since the last update, (23 December 2022), the NCDC reported three new confirmed cases and no new deaths of mpox. This is a 94% decrease in the number of new confirmed cases reported compared to the last update. Cumulatively, 756 confirmed cases and seven deaths (CFR: 1.0%) of mpox were reported from 36 states and the federal capital.

Response:

Liberia: The MoH continues to strengthen surveillance at all levels.

Nigeria: NCDC continues to strengthen surveillance at national and sub-national levels.

Africa CDC continues to monitor these events through the RCCs.

Cholera in Africa

26,937 confirmed case(s)
77,245 suspected case(s)
2,114 death(s) (**CFR: 7.8%**)

Vibrio cholerae	Agent/Pathogen	01-Jan-2022	First Reported by Africa CDC	06-Jan-2023	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 104,182 cases (26,937 confirmed; 77,245 suspected) and 2,114 deaths (CFR: 7.9%) of cholera from 14 MS: Burkina Faso (1 case; 0 death), Burundi (63; 1), Cameroon (15,010; 301), DRC (17,959; 286), Ethiopia (1,341; 24), Kenya (2,959; 55), Malawi (23,217; 773), Mozambique (4429; 23), 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, 4,225 new cases and 134 new deaths of cholera were reported from Burundi (51 cases; 1 deaths), Cameroon (98; 3), Malawi (4,076; 130) and Mozambique (1,014; 8)

Burundi: Since the last update (6 January 2023), the MoH reported 51 new cases (5 confirmed; 46 suspected) and one new death (CFR: 1.9%) of cholera. This is a 325% increase in the number of new cases compared to the previous report. Cumulatively, 63 cases (17 confirmed; 46 suspected) and one death (CFR: 1.5%) were reported from three provinces; Bujumbura Mairie (26 cases; 0 deaths), Cibitoke (21; 0) and Bujumbura (16; 1).

Cameroon: Since the last report (16 December 2022), the MoH reported 98 new cases (13 confirmed; 85 suspected) and three new deaths (CFR: 23.1%) of cholera. This is a 92% decrease in the number of new cases reported compared to the last report. Cumulatively, 15,101 cases (1,805 confirmed; 13,296 suspected) and 301 deaths (CFR: 16.7%) were reported from eight regions. The outbreak is active in the Centre, Extreme-Nord, Littoral and Ouest regions.

Malawi: Since the last report (6 January 2023), the MoH reported 4,076 new confirmed cases and 130 new deaths (CFR: 4.3%) of cholera. This is a 6% decrease in the number of new confirmed cases and a 35% decrease 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, Nkhatakota, Nsanje, Ntcheu, Ntchisi, Phalombe, Rumphi, Salima, Thyolo and Zomba. Cumulatively, 23,217 confirmed cases and 773 deaths (CFR: 3.3%) were reported from 29 districts..

Mozambique: Since the last report (26 August 2022), the MoH reported 1,014 new cases and eight new deaths (CFR: 0.7%) of cholera. It is unclear whether the reported cases are confirmed or suspected; we have classified them as suspected until we gain clarity on confirmation status. This is an 81% increase in the number of new cases. The increase in percentage change is due to the batch reporting. Cumulatively, 4,443 cases and 23 deaths (CFR: 0.5%) were reported from three provinces: Niassa, Sofala and Tete.

Response:

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

Cameroon: The MoH continues to strengthen surveillance activities in high-risk regions.

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 issued a press statement on opening of schools in Blantyre and Lilongwe cities following the fulfilment of recommendations on setting up of water and sanitation interventions in schools.

Mozambique: The provincial health departments continue to distribute safe water using water tank trucks. In addition the MoH continues to intensify surveillance for diarrheal diseases and health education. Africa CDC has reached out to the focal points in Mozambique for additional information on reported cholera cases.

Africa CDC continues to monitor these events through the RCCs.

Rabies in South Africa

13 confirmed case(s)

6 probable cases(s)

19 death(s) (**CFR: 100.0%**)

Rabies virus	Agent/Pathogen	03-Feb-2022	First Reported by Africa CDC	08-Jul-2022	Previous Africa CDC Report:
15-Jan-2022	First Occurred	South Africa	Country	3 provinces	Location
South Africa NICD	Source	LOW	GeoScope	HIGH	Risk Assessment

Update to event:

Since last report (9 September 2022), NICD reported four cases (3 confirmed; 1 probable) and four deaths (CFR: 100%) of human rabies. This is a 33% increase in the number of new cases compared to last report. The new cases were reported from Eastern Cape (2 confirmed; 0 probable; 2 deaths), Kwa Zulu Natal (0; 1; 1) and Limpopo (1; 0; 1) provinces in December 2022. Cumulatively, 19 cases (13 confirmed; 6 probable) and 18 deaths (CFR: 100%) were reported from three provinces: Eastern Cape (7 confirmed; 5 probable; 12 deaths), KwaZulu-Natal (2; 1; 3) and Limpopo (4; 0; 4) were reported in 2022.

Response:

The Limpopo and KwaZulu-Natal provinces continue to enhance the implementation of the rabies elimination strategy.

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

Polio (vacc) in Africa

456 confirmed case(s)
0 death(s) (**CFR: 0%**)

Polio virus (vaccine-)	Agent/Pathogen	18-Feb-2022	First Reported by Africa CDC	06-Jan-2023	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 103 cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) from four MS: DRC (68), Madagascar (13), Malawi (3) and Mozambique (19) and 353 cases of type 2 (cVDPV2) from 14 MS: Algeria (1), Benin (10), Burkina Faso (3), Cameroon (1), CAR (4), Chad (25), DRC (236), 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, 32 new cases of cVDPV1 and cVDPV2 were reported from DRC.

DRC: Since the last report (6 January 2023), the MoH reported 32 new case of cVDPV1 (17 cases) and cVDP2 (15) from Haut Lomami (22), Haut Katanga (3) and Tanganyika (4), Lualaba (2) and Tsopo (1) provinces. This is a 129% increase in the number of new cases compared to the last report. Cumulatively, 68 cVDPV1 cases were reported from three provinces and 236 cases of cVDPV2 were reported from nine provinces.

Response:

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

Africa CDC continues to monitor these events through the RCCs.

Yellow fever in Africa

82 confirmed case(s)
2,751 suspected case(s)
259 probable cases(s)
15 death(s) (**CFR: 18.3%**)

Yellow fever virus	Agent/Pathogen	01-Jan-2022	First Reported by Africa CDC	23-Dec-2022	Previous Africa CDC Report:
01-Jan-2022	First Occurred	Africa Combo	Country	8 MS	Location
Ministry of Health	Source	MODERATE	GeoScope	MODERATE	Risk Assessment

Update to event:

Since the beginning of 2022, the continent reported 3,092 cases (82 confirmed; 259 probable; 2,751 suspected) and 15 deaths (CFR: 18.3%) of yellow fever from eight MS: Burkina Faso (1 confirmed; 0 probable; 0 suspected; 1 death), Cameroon (29; 0; 1,589; 0), CAR (11; 0; 257; 0), Ghana (14; 158; 358; 0), Kenya (3; 0; 138; 11), Niger (4; 6; 2; 1), Nigeria (11; 99; 403; 2), Sierra Leone (1; 0; 0; 0) and Uganda (8; 0; 0; 0). This week, two new confirmed cases and no deaths were reported from Uganda.

Uganda: Since the last report, (12 August 2022), the MoH reported two new confirmed cases and no deaths of yellow fever from Masaka and Wakiso districts, central Uganda. This is a 67% increase in the number of new cases reported compared to the last report. Cumulatively, eight confirmed cases and no deaths were reported from Bundibugyo (1), Masaka (2), and Wakiso (5) districts.

Response:

Uganda: The MoH activated the national and the district task forces to coordinate the outbreak response. Additionally, an investigation team has been deployed to conduct epidemiological investigations and risk communication in the affected districts.

Africa CDC continues to monitor these events 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	06-Jan-2023	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:

On 11 January 2023, the Uganda MoH declared the end of the Sudan Ebola virus disease (SVD) outbreak. This outbreak was declared on 20 September 2022, following confirmation of a case of SVD in Mubende district. The index case was a 24-year-old male who developed high-grade fever, convulsions, blood-stained vomitus, diarrhoea, loss of appetite and pain while swallowing on 11 September 2022. On 17 September, blood samples were collected and on 19 September, Uganda Virus Research Institute (UVRI) confirmed SVD by polymerase chain reaction. The patient died on 19 September 2022 and was buried following a safe and dignified burial protocol. Further investigations revealed that the onset of the outbreak likely dates back to the month of July 2022. The last confirmed case was reported on 27 November 2022.

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; 281), and Wakiso (3; 0) (see table 1). No new recoveries were reported since the last brief. Cumulatively, 87 recoveries have been registered. Healthcare workers accounted for 13% (19) of the cases and 13% (7) of all deaths (CFR: 37%).

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:

On 10 January, the MoH held an accountability forum for the SVD response to track resources mobilised and to highlight the achievements, as a result of the resources provided to the response. In addition, following the end of outbreak declaration, the MoH identified eight priority interventions, including; research in vaccines, therapeutics and diagnostics, strengthening infection prevention and control in public and private health facilities, SVD training and capacity building within the East African region, comprehensive support to the SVD survivor program, especially, the reintegration of the survivors into the communities, establishment of a multidisciplinary emergency clinical team to support the entire country during outbreaks, support implementation of recovery plan to ensure better coordination and integration of lessons learnt to existing plans or networks and strengthening laboratory capacity, especially mobile laboratories.

Africa CDC has identified four priority areas of support for the post-outbreak and recovery phase. These include; enhanced surveillance by supporting the establishment of EBS in priority districts under the guidance of MoH, strengthen biosafety and biosecurity in priority areas identified by the MoH, IPC support for sustainable healthcare system strengthening and to support the ecological study and documentation of the outbreak.

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.