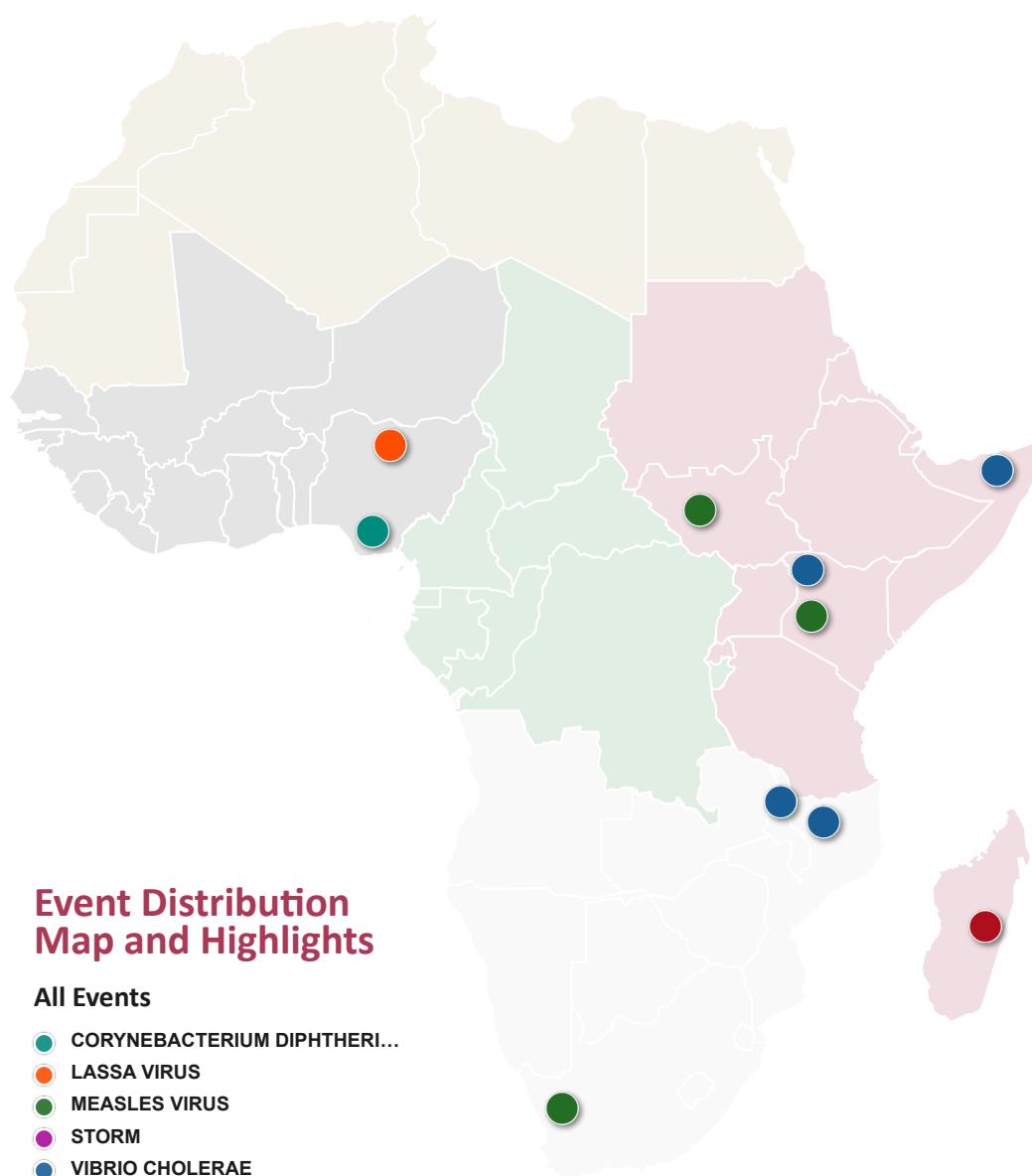


Africa CDC Weekly Event Based Surveillance Report

27-Jan-2023



High Risk Events

Lassa fever in Nigeria

105 confirmed case(s)
369 suspected case(s)
7 death(s) (**CFR: 6.7%**)

Lassa virus	Agent/Pathogen	24-Jan-2023	First Reported by Africa CDC	Initial Report	Previous Africa CDC Report:
09-Jan-2023	First Occurred	Nigeria	Country	10 states	Location
Nigerian CDC	Source	HIGH	GeoScope	HIGH	Risk Assessment

Description:

Since the beginning of 2023, the Nigeria Center for Disease Control (NCDC) reported new 474 cases (105 confirmed; 369 suspected) and seven deaths [case fatality rate (CFR): 6.7%] of Lassa fever from 10 states. This is a 9% increase in the number of new cases and % in the number of new deaths compared to the same period in 2022 where 561 cases (96 confirmed; 465 suspected) and 11 deaths (CFR: 11.5 %) of Lassa fever were reported. Nigeria has been reporting sustained outbreaks of Lassa fever since 2016, with 9,269 cases (1,067 confirmed; 8,202 suspected) and 189 deaths (CFR: 17.7%) reported cumulatively in 2022 alone.

Lassa fever is a zoonotic, acute viral illness that is endemic in parts of West Africa, where the animal reservoir for the virus, the "multimammate rat" (*Mastomys natalensis*), is distributed. Transmission of Lassa virus to humans occurs most commonly through ingestion or inhalation of the virus in urine and droppings shed by *Mastomys* rodents. Nosocomial transmission can occur in health care settings where appropriate infection prevention and control is not in place. Common symptoms include fever, general malaise, headache, and signs of haemorrhage. About 1% of all Lassa virus infections result in death, although mortality in hospitalised patients may be higher (approximately 15-20%).

Response:

National Lassa fever multi-partner, multi-sectoral technical working group continues to coordinate the response activities at all level.

Africa Centres for Disease Control, and Prevention (Africa CDC) continues to monitor the event through the Western Regional Coordinating Centre (RCC).

Diphtheria in Nigeria

123 confirmed case(s)
38 death(s) (**CFR: 30.9%**)

<i>Corynebacterium diphtheriae</i>	Agent/Pathogen	25-Jan-2023	First Reported by Africa CDC	Initial Report	Previous Africa CDC Report:
08-Dec-2022	First Occurred	Nigeria	Country	4 states	Location
Nigerian CDC	Source	HIGH	GeoScope	HIGH	Risk Assessment

Description:

On 24 January 2023, the NCDC reported an outbreak of diphtheria with 123 confirmed cases and 38 deaths (CFR: 30.9%). The cases were reported from four states: Kano (100 confirmed cases; 32 deaths), Lagos (5; 3), Osun (1; 0), and Yobe (17; 3) states. The cases were confirmed via bacterial culture at the Aminu Kano Teaching Hospital and the Lagos University Teaching Hospital. The most affected age groups were 2 - 4 year olds (29%) and 5 - 9 year olds (42%). Poor vaccination coverage nationally, especially in Kano state, has been identified as a risk factor for this outbreak.

Diphtheria is a bacterial infection caused by *Corynebacterium diphtheriae*, a toxin producing bacteria. Diphtheria manifests in two forms: respiratory (most commonly seen) and cutaneous. 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 breathing, and death in more severe cases. The toxin produced by the bacteria destroys healthy respiratory tissues forming a thick gray coating on the throat, tonsils and nose making it difficult to breathe and swallow. The toxin can also affect the heart, nervous system, and kidneys if infection is systemic. 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 five or older than 40 years of age. Laboratory diagnosis is made via bacterial culture, Elek test or polymerase chain reaction (PCR). Treatment includes anti-toxins and antibiotic therapy. Vaccines are available to protect against infection and typically given in four doses as part of routine immunization programs.

Response:

The NCDC published a public health advisory freely accessible on its website to educate Nigerians on risk factors to reduce the risk of transmission. In addition, treatment of confirmed diphtheria cases with appropriate anti-toxins and antibiotics is ongoing in the affected states.

High Risk Events

COVID-19 in Africa

12,400,254 confirmed case(s)
256,662 death(s) (**CFR: 2.1%**)

SARS-CoV-2	Agent/Pathogen	21-Feb-2020	First Reported by Africa CDC	20-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) 24 January 2022, a total of 12,400,254 COVID-19 cases and 256,662 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, two MS reported the Omicron sublineage (XBB.1.5) and 11 Member States are now reporting the Omicron sublineage (BF.7 or BA.5.2.1.7).

Fifty-four (98%) MS are currently providing COVID-19 vaccination to the general population. Cumulatively, 879.9 million doses have been administered on the continent. Of these doses administered, 440.7 million people have been partially vaccinated, 394.4 million have been fully vaccinated, and 44.8 million have received a booster dose. Eritrea is the only AU MS yet to start COVID-19 vaccination roll out.

For Epi week 3 (16 - 22 January 2023), 5,323 new COVID-19 cases were reported, which is a 35% decrease in the number of new cases reported compared to the previous week (2). The Southern region accounted for 94% of the new COVID-19 cases reported this week, followed by the Northern (3%), Eastern (1%), Central (1%) and Western (1%) regions. Zambia (14) had the highest number of new daily COVID-19 cases per million population among all MS.

Last week, 29 new COVID-19 deaths were reported in Africa, which is 45% increase in new deaths reported compared to the previous week. The Southern region accounted for 97% of the new COVID-19 deaths this week. The remaining deaths were reported from the Northern (3%), while no new deaths were reported from the Central, Eastern and Western regions in the past week.

More than 40 thousand tests were conducted during the past week, reflecting a 75% decrease in the number of tests compared to the previous week. The weekly % test positivity has increased from 5% to 13% compared to the previous week. Since February 2020, over 125.5 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

15,941 confirmed case(s)

5,562 suspected case(s)

594 death(s) (CFR: 3.7%)

Vibrio cholerae	Agent/Pathogen	06-Jan-2023	First Reported by Africa CDC	20-Jan-2023	Previous Africa CDC Report:
01-Jan-2023	First Occurred	Africa Combo	Country	8 MS	Location
Ministry of Health	Source	MODERATE	GeoScope	HIGH	Risk Assessment

Update to event:

Since the beginning of 2023, 21,503 cases (15,941 confirmed; 5,562 suspected) and 594 deaths (CFR: 2.76%) of cholera were reported from eight MS: Burundi (94 cases; 1 death), Cameroon (139; 3), DRC (1,218; 5), Kenya (1,336; 27), Malawi (15,746; 537), Mozambique (2,256; 19), Somalia (703; 1) and Zambia (11; 1). This week, 5,250 new cases and 144 new deaths of cholera were reported from Kenya (356; 12), Malawi (3,700; 129), Mozambique (480; 1), Somalia (703; 1) and Zambia (11; 1).

Kenya: Since the last report (20 January 2023), 356 new cases (117 confirmed; 239 suspected) and 12 new deaths (CFR: 3.3%) of cholera were reported. This is a 44% decrease in the number of new cases compared to the last report. Cumulatively, 4,295 cases (259 confirmed; 4,036 suspected) and 82 deaths (CFR: 1.9%) were reported from 14 counties. The highest attack rates were reported from Garissa (223/100,000 population) and Tana River (208/100,000 population) counties.

Malawi: Since the last report (13 January 2023), the MoH reported 3,700 new confirmed cases and 129 new deaths (CFR: 3.4%) of cholera. This is a 25% decrease in the number of new confirmed cases and a 10% decrease in the number of new deaths compared to the last report. In the last 14 days, cholera cases were reported from 28 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, Rumphu, Salima, Thyolo and Zomba. Cumulatively, 15,746 confirmed cases and 537 deaths (CFR: 3.4%) were reported in 2023.

Mozambique: Since the last report (23 January 2023), the MoH reported 480 new cases and one new death (CFR: 0.2%) of cholera. It is unclear whether the reported cases are confirmed or suspected. We have reported these new cases as suspected cases until we get clarity. This is a 37% decrease in the number of new cases compared to the last report. Cumulatively, 2,256 cases and 19 deaths (CFR: 0.8%) were reported from nine districts.

Somalia: Since January 2023, the MoH reported 703 cases (3 confirmed; 700 suspected) and one death (CFR: 1.4%) of cholera from five regions; Bakool (51 cases; 0 deaths), Banadir (176; 1), Hirshabelle (35; 0), Jubaland (283; 0) and South West (158; 0). Fifty-six percent of the cases are children under five years of age.

Zambia: On 26 January 2023, the MoH reported 11 cases (4 confirmed; 7 suspected) and one death due to cholera from Vumbi district, Eastern province. Cases were confirmed by culture as *Vibrio cholerae* Ogawa O1 serotype. One of the confirmed cholera cases has a history of recent travel to Mozambique where there is an ongoing cholera outbreak.

Response:

Kenya: The MoH deployed a rapid response team (RRT) to conduct enhanced surveillance in the affected counties. Additionally, the MoH opened cholera treatment centers in all the affected sub-counties. The MoH has planned a reactive oral cholera vaccination campaign in selected sub-counties of Nairobi and Garissa counties.

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 issued the guideline for opening schools in Blantyre and Lilongwe cities to curb the spread of cholera. Africa CDC continues to monitor these events through the RCCs.

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

Somalia: The MoH continues to conduct case management at the 10 designated cholera treatment centers.

Zambia: The Zambia National Public Health Institute (ZNPHI) has activated district public health emergency operations centers and incident management systems. In addition, ZNPHI has supported the district to intensify enhanced surveillance activities, risk communication and stakeholder engagement. The provincial health department has deployed a team to support district responses.

Africa CDC continues to monitor these events through the RCCs.

Measles in Africa

91 confirmed case(s)
531 suspected case(s)
8 death(s) (**CFR: 8.8%**)

Measles virus	Agent/Pathogen	06-Jan-2023	First Reported by Africa CDC	20-Jan-2023	Previous Africa CDC Report:
01-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 2023, 3,563 cases (133 confirmed; 3,430 suspected) and 43 deaths were reported from five MS: Cameroon (74 cases; 0 deaths), DRC (3,379; 42), Kenya (9; 1), South Sudan (45; 0), South Africa (56; 0). This week, a total of 151 cases and one death were reported from four MS: Cameroon (74; 0), Kenya (9; 1), South Africa (23; 0), South Sudan (45; 0).

Cameroon: Since the beginning of 2023, MoH has reported 74 new confirmed cases with no deaths of measles. Majority of the cases (58%) are children between nine to 59 months. In addition, 55% of children between nine to 59 months are unvaccinated.

Kenya: Since the last update (8 December 2022), 23 new confirmed cases and one new death of measles were reported, from Kenya. This is a 1,050% increase in the number of new cases compared to the last report. Cumulatively, 415 cases (102 confirmed; 313 suspected), and three deaths (CFR: 0.7%) were reported from seven counties in Kenya. Forty percent of the cases are from Mandera county.

South Africa: Since the last report (20 January 2023), the National Institute for Communicable Diseases reported 23 new confirmed cases and no new deaths of measles. This is a 11% decrease in the number of new confirmed cases compared to the previous report. In 2023, a total of 56 confirmed cases and no deaths were reported from six provinces: Free State, Gauteng, Limpopo, Mpumalanga, North West and Western Cape.

South Sudan: Since the last report (12 January 2023), the MoH reported 548 new cases (17 confirmed; 531 suspected) and seven new deaths (CFR: 1.2%) of measles. This is an 83% decrease in the number of new cases compared to the last report. Cumulatively, 45 suspected cases and no new deaths of measles were reported from all counties in South Sudan.

Response:

Cameroon: The MoH continues to intensify routine vaccination.

Kenya: The MoH continues to conduct enhanced surveillance and active case search in the affected counties. On 8 December 2022, the MoH launched a measles supplementary immunization campaign in the affected counties.

South Africa: The provincial health departments continue to conduct vaccination campaigns. Africa CDC continues to monitor these events through the Southern Africa RCC.

South Sudan: On 18 January 2023, the MoH started a reactive vaccination campaign in Cueibet, Yirol East and Yirol West counties, in Lakes state. In addition, the MoH continues to strengthen routine immunization through mobile outreaches, provide supportive case management and to conduct enhanced surveillance across the country.

Africa CDC continues to monitor these events through the RCCs.

Other Event Updates



Storm in Madagascar

7,240 total persons displaced
3 death(s)

Storm	Agent/Pathogen	25-Jan-2023	First Reported by Africa CDC	Initial Report	Previous Africa CDC Report
19-Jan-2023	First Occurred	Madagascar	Country	Northern & Central	Location
UN Agency	Source	LOW	GeoScope	MODERATE	Human Risk Assessment

Update to event:

On 19 January 2023, the National Bureau of Risk and Disaster Management (BNGRC) reported three deaths and 7,240 displaced persons in central and northern Madagascar due to tropical storm Cheneso. In addition, nearly 4,000 homes, 85 classrooms and several roads were destroyed leading to disruption of basic services in the affected regions.

Tropical storms, also referred to as tropical cyclones, are intense circular winds which originate over warm tropical oceans and are often characterized by torrential rains and strong winds. They are a major hazard for coastal areas in tropical and sub-tropical areas.

Response:

The BNGRC with support from partners continues to provide basic needs to the displaced persons.

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.

*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