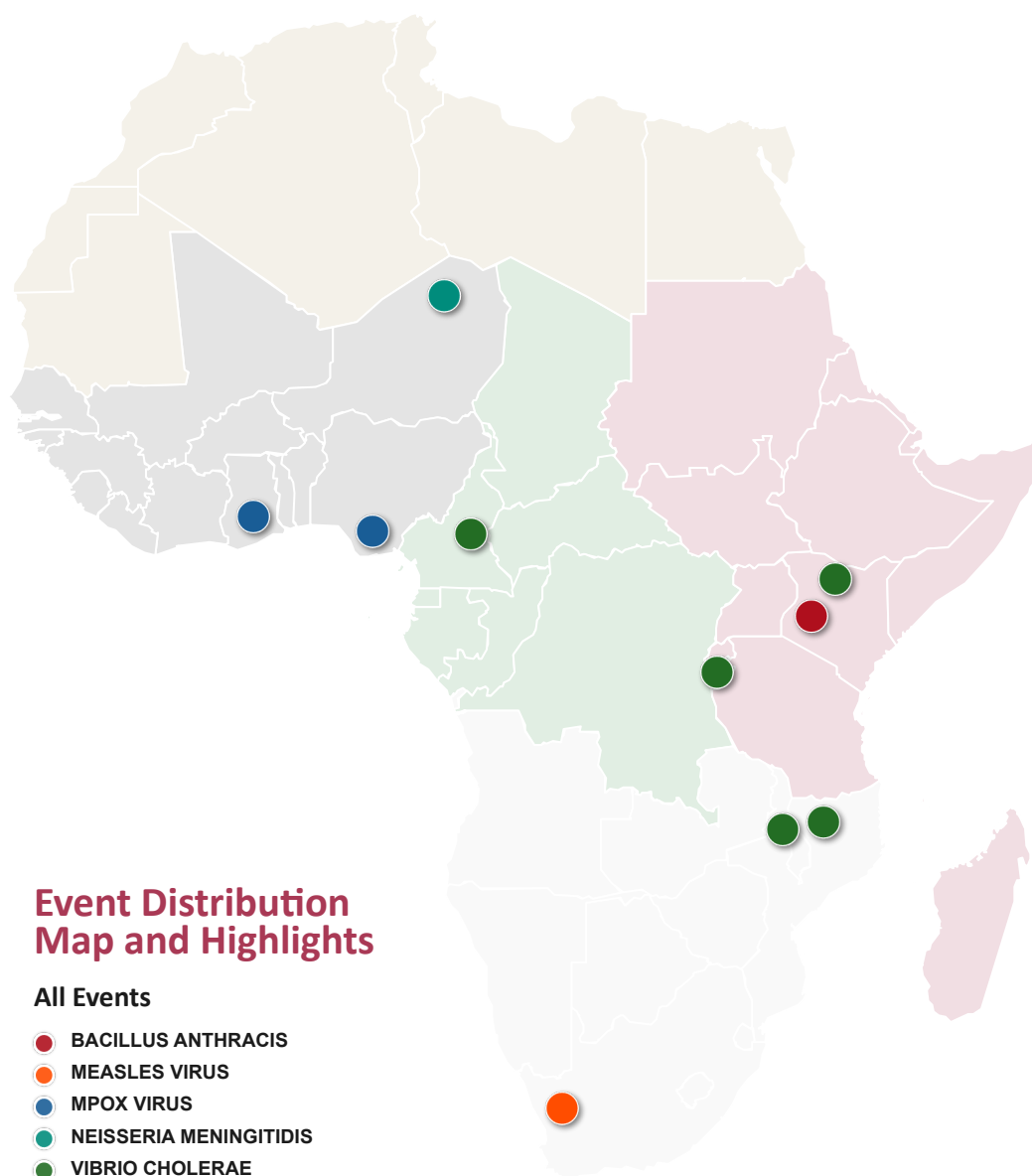


Africa CDC Weekly Event Based Surveillance Report

21-Jan-2023



High Risk Events

Bacterial Meningitis in Niger

104 confirmed case(s)
272 suspected case(s)
12 death(s) (**CFR: 11.5%**)

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

Description:

On 8 January 2022, the Ministry of Health (MoH) reported an outbreak of bacterial meningitis with 376 cases (104 confirmed cases; 272 suspected) and 12 deaths (case fatality ratio [CFR]: 12.5%) from six of the 11 health districts in Zinder region. Since the start of the outbreak in November 2022, 154 cerebrospinal fluid (CSF) samples were collected and analyzed by culture. Of these samples, 104 (94%) were confirmed as *Neisseria meningitidis*. The most affected age groups were 2 - 14 years old (64%) and males were more affected (53%).

Meningitis is a serious infection of the meninges, the membranes covering the brain and spinal cord. The disease can be caused by many different pathogens including bacteria, fungi, or viruses, but the highest global burden is seen with bacterial meningitis. Several different bacteria can cause meningitis, the most common are *Streptococcus pneumoniae*, *Haemophilus influenzae* and *Neisseria meningitidis* are the most frequent ones. Transmission between people is most commonly through respiratory droplets from infected persons. The most common symptoms are a stiff neck, high fever, sensitivity to light, confusion, headache and vomiting. The last outbreak of bacterial meningitis recorded in Niger was in March 2022 with 196 confirmed cases cases and 76 deaths (CFR: 38.8%) from Zinder region.

Response:

The MoH continues to conduct case management and risk communication activities in the affected health districts. Africa CDC will continue to monitor this event through the Western Regional Coordinating Centre (RCC).

Moderate Risk Events

Anthrax in Kenya

13 suspected case(s)
2 death(s) (**CFR: 15.4%**)

Bacillus anthracis	Agent/Pathogen	20-Jan-2023	First Reported by Africa CDC	Initial Report	Previous Africa CDC Report:
19-Dec-2022	First Occurred	Kenya	Country	2 Counties	Location
Ministry of Health	Source	LOW	GeoScope	MODERATE	Risk Assessment

Description:

On 17 January 2023, the Kenya MoH reported a suspected outbreak of anthrax in Kissi and Nakuru counties. The index case is a 41-year old male who presented at Nyacheki sub-county hospital on 19 December, with blister like skin lesions, localized swelling on the hands, fever, sweating and difficulty in breathing. He reported having participated in slaughtering and consumption of a sick cow. No samples were collected for laboratory confirmation. Concurrently, blood samples collected from one cow from the same sub-county tested positive for anthrax. Cumulatively, 13 suspected cases and two deaths were reported among persons who participated in the slaughtering and consumption of meat from the dead cows.

Anthrax is a zoonotic bacterial infection and can spread to humans through inhalation, handling eating and drinking foods contaminated with bacterial spores. Clinical presentations may vary from cutaneous, inhalation, gastrointestinal and injection types of anthrax. The average CFR ranges from 20% - 30% in cutaneous anthrax without antibiotic treatment and 25% - 75% for gastrointestinal anthrax, 80% or higher in inhalation anthrax. Anthrax outbreaks among both humans and animals are reported annually in multiple locations across Kenya.

Response:

The MoH in collaboration with the Ministry of Agriculture conducted risk communication and community sensitisation on health risk of slaughtering and consumption of animal carcasses.

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

Human Event Updates

High Risk Events

COVID-19 in Africa

12,234,059 confirmed case(s)
256,607 death(s) (**CFR: 2.1%**)

SARS-CoV-2	Agent/Pathogen	21-Feb-2020	First Reported by Africa CDC	13-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) 18 January 2022, a total of 12,234,059 COVID-19 cases and 256,607 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, 879.7 million doses have been administered on the continent. Of these doses administered, 440.7 million people have been partially vaccinated, 394.3 million have been fully vaccinated, and 44.7 million have received a booster dose. Eritrea is the only AU MS yet to start COVID-19 vaccination roll out.

For Epi week 2 (9 - 15 January 2023), 7,865 new COVID-19 cases were reported, which is a 56% increase in the number of new cases reported compared to the previous week (1). The Southern region accounted for 50% of the new COVID-19 cases reported this week, followed by the Northern (34%), Eastern (13%), Central (2%) and Western (1%) regions. Tunisia (29) had the highest number of new daily COVID-19 cases per million population among all MS.

Last week, 20 new COVID-19 deaths were reported in Africa, which is 43% decrease in new deaths reported compared to the previous week. The Southern region accounted for 55% of the new COVID-19 deaths this week. The remaining deaths were reported from the Eastern (25%), Northern (15%) and Western (5%) regions, while no new deaths were reported from the Central region in the past week.

More than 158 thousand tests were conducted during the past week, reflecting a 42% decrease in the number of tests compared to the previous week. The weekly % test positivity has increased from 2% to 5% compared to the previous week. Since February 2020, over 125.4 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](#).

Mpox in Africa

59 confirmed case(s)
23 death(s) (**CFR: 39%**)

Mpox virus	Agent/Pathogen	17-Jan-2023	First Reported by Africa CDC	13-Jan-2023	Previous Africa CDC Report:
01-Jan-2023	First Occurred	Africa Combo	Country	13 MS	Location
Ministry of Health	Source	HIGH	GeoScope	HIGH	Risk Assessment

Update to event:

Since the beginning of 2023, the continent reported 59 confirmed cases and 23 deaths (CFR: 39%) of mpox from four endemic AU MS: Democratic Republic of Congo (DRC) (42 confirmed cases; 23 deaths), Ghana (5; 0), Liberia (2;0) and Nigeria (10; 0). This week, 12 new confirmed cases and no new deaths of mpox were reported from Ghana (5 cases; 0 deaths) and Nigeria (7; 0).

Ghana: Since the last report (30 December 2022), Ghana Health Services (GHS) reported five new confirmed cases with no new deaths of mpox. This is a 44% decrease in the number of confirmed cases compared to the last report. Cumulatively, five cases and no deaths of mpox were reported in 2023. However, a total of 116 confirmed and four deaths (CFR: 3.4%) were reported in 2022.

Nigeria: Since the last update (13 January 2023), the Nigeria Center for Disease Control (NCDC) reported seven new confirmed cases and no new deaths of mpox. This is a 133% increase in the number of new confirmed cases reported compared to the last report. Cumulatively, 10 cases and no deaths of mpox were reported in 2023. However, a total of 753 confirmed and seven deaths (CFR: 0.9%) were reported in 2022.

NOTE: In 2022, the continent reported 1,220 confirmed cases and 220 deaths (CFR: 18%) of mpox from eight endemic AU MS: Benin (3 cases; 0 deaths), Cameroon (18; 3), CAR (13; 3), Congo (5; 3), Democratic Republic of Congo (DRC) (319; 198), 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).

Response:

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

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

Cholera in Africa

12,117 confirmed case(s)
4,136 suspected case(s)
487 death(s) (**CFR: 4%**)

Vibrio cholerae	Agent/Pathogen	06-Jan-2023	First Reported by Africa CDC	13-Jan-2023	Previous Africa CDC Report:
01-Jan-2023	First Occurred	Africa Combo	Country	6 MS	Location
Ministry of Health	Source	MODERATE	GeoScope	HIGH	Risk Assessment

Update to event:

In Africa, eight MS are currently reporting active outbreaks of cholera: Burundi, Cameroon, DRC, Ethiopia, Kenya, Malawi, Mozambique, and Somalia. Since the beginning of 2023, 16,253 cases (12,117 confirmed; 4,136 suspected) and 450 deaths (CFR: 4%) of cholera have been reported from six MS: Burundi (94 cases; 1 death), Cameroon (139; 3), DRC (1,218; 5), Kenya (980; 15), Malawi (12,046; 408), and Mozambique (1,776; 18). This week, 6,382 new cases and 163 new deaths of cholera were reported from Burundi (31 cases; 0 deaths), Cameroon (41; 0), Kenya (633; 10), Malawi (4,915; 143) and Mozambique (762; 10).

Burundi: Since the last report (13 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 last report. Cumulatively, 94 cases (21 confirmed; 73 suspected) and one death (CFR: 4.8%) were reported from three provinces; Bujumbura Mairie (26 cases; 0 deaths), Cibitoke (21; 0) and Bujumbura (16; 1) in 2023.

Cameroon: Since the last report (16 December 2022), the MoH reported 41 new suspected cases and no new deaths of cholera. This is a 58% decrease in the number of new cases reported compared to the last report. Cumulatively, 139 cases (13 confirmed; 126 suspected) and four deaths (CFR: 30.7%) were reported in 2023. However, 15,003 cases (1,792 confirmed; 13,211 suspected) and 298 deaths (CFR: 16.6%) were reported from eight regions in 2022. The outbreak is currently active in the Centre, Extreme-Nord, Littoral and Ouest regions.

Kenya: Since the last report (1 January 2023), 633 new cases (33 confirmed; 600 suspected) and 10 new deaths (CFR: 1.5%) of cholera were reported from Kenya. This is a 82% decrease in the number of new cases compared to the last report. Cumulatively, 3,939 cases (142 confirmed; 3,797 suspected) and 70 deaths (CFR: 1.7%) were reported from 14 counties. The majority of the cases were reported from Garissa (1,777 cases; 11 deaths), Nairobi (578; 29), Tana River (529; 11), Kiambu (344; 5), Machakos (267; 3) and Wajir (200; 4) counties.

Malawi: Since the last report (13 January 2023), the MoH reported 4,915 new confirmed cases and 143 new deaths (CFR: 2.9%) of cholera. This is a 5% increase in the number of new confirmed cases and a 3% 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, Rumpfi, Salima, Thyolo and Zomba. Cumulatively, 12,046 confirmed cases and 408 deaths (CFR: 3.4%) were reported in 2023. However, a total of 16,086 confirmed cases and 508 deaths (CFR: 3.2%) were reported from 29 districts in 2022.

Mozambique: Since the last report (13 January 2023), the MoH reported 762 new cases and 8 new deaths (CFR: 1.9%) 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 48% increase in the number of new cases and a 25% increase in the number of new deaths compared to the last report. Cumulatively, 1,776 cases and 18 deaths (CFR: 1.1%) were reported from three provinces: Niassa, Sofala and Tete in 2023. However, a total of 3,429 cases and 15 deaths (CFR: 0.4 %) were reported in 2022.

Note: In 2022, the continent reported 96,077 cases (19,772 confirmed; 76,305 suspected) and 1,867 deaths (CFR: 9%) of cholera from 13 MS: Burkina Faso (1 case; 0 death), Cameroon (15,003; 298), DRC (18,507; 296), Ethiopia (1,341; 24), Kenya (2,959; 55), Malawi (16,086; 508), 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).

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.

Kenya: The MoH deployed a rapid response team (RRT) 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 issued the guidelines for re-opening schools in Blantyre and Lilongwe cities to curb the spread of cholera.

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 and will continue to monitor these additional events through the RCCs.

Measles in Africa

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

Measles virus	Agent/Pathogen	06-Jan-2023	First Reported by Africa CDC	13-Jan-2023	Previous Africa CDC Report:
01-Jan-2023	First Occurred	Africa Combo	Country	1 MS	Location
Ministry of Health	Source	MODERATE	GeoScope	HIGH	Risk Assessment

Update to event:

In Africa, 11 MS are currently reporting active outbreaks: Cameroon, CAR, Chad, DRC, Ethiopia, Kenya, Liberia, Somalia, South Sudan, South Africa and Zambia. Since the beginning of 2023 and as of this week, 33 confirmed cases and no new deaths of measles were reported from South Africa.

South Africa: Since the last report (13 January 2023), the National Institute for Communicable Diseases reported 26 new confirmed cases and no new deaths of measles from six provinces: Free State (3), Gauteng (2), Limpopo (5) Mpumalanga (4), North West (11) and Western Cape (1). In 2023, a total of 33 cases and no deaths were reported from six provinces: Free State (3), Gauteng (2), Limpopo (8), Mpumalanga (4), North West (15) and Western Cape (1). Since the beginning of the outbreak in 2022, a total of 397 confirmed cases and no deaths of measles were reported from nine provinces: Eastern Cape, Free State, Gauteng, KwaZulu Natal, Limpopo, Mpumalanga, Northern Cape, North West and Western Cape.

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 (392; 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 (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).

Response:

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

Anthrax in Kenya

1 confirmed case(s)
1 death(s) **(CFR: 100%)**

Bacillus anthracis	Agent/Pathogen	19-Jan-2023	First Reported by Africa CDC	Initial Report	Previous Africa CDC Report
15-Dec-2022	First Occurred	Kenya	Country	2 Counties	Location
Ministry of Agriculture	Source	LOW	GeoScope	MODERATE	Human Risk Assessment
HIGH	Animal Risk Assessment				

Update to event:

On 17 January 2023, the Kenya Ministry of Agriculture (MoAg) reported a confirmed outbreak of anthrax in Kisii and Tharaka Nithi counties. This outbreak was detected following reports of sudden cattle deaths between 15 December 2022 and 8 January 2023. On 4 January 2023, a blood sample collected from one of the carcasses tested positive for anthrax at the Kisii Veterinary Laboratories. The confirmatory test was not specified. Cumulatively, six cases (1 confirmed; 5 suspected) all resulting in death were reported from Kisii (5 cases) and Tharaka Nithi (1) counties. In addition, 13 suspected cases and two associated deaths were reported among persons who participated in the slaughtering and consumption of meat from the affected cattle.

Anthrax is a zoonotic bacterial infection and can spread to humans through inhalation, handling eating and drinking foods contaminated with bacterial spores. Clinical presentations may vary from cutaneous, inhalation, gastrointestinal and injection types of anthrax. The average CFR ranges from 20% - 30% in cutaneous anthrax without antibiotic treatment and 25% - 75% for gastrointestinal anthrax, 80% or higher in inhalation anthrax. Anthrax outbreaks among both humans and animals are reported annually in multiple locations across Kenya.

Response:

The MoAg in collaboration with the MoH deployed a rapid response team to conduct active case search for suspected human cases and community sensitisation on the risk of consuming un-inspected meat. On 9 January, the veterinary services department initiated ring vaccination of livestock in the affected area. Similarly, the MoAg plans to conduct a mass livestock vaccination campaign in the affected counties, from February to May 2023.

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

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.