Africa CDC Weekly Event Based Surveillance Report

09-Jul-2023

Event Distribution Map and Highlights

All Events
- CORYNEBACTERIUM DIPHTHERIUM
- DENGUE VIRUS
- MEASLES VIRUS
- RABIES VIRUS
- UNKNOWN AGENT
- VIBRIO CHOLERA
- YELLOW FEVER VIRUS
**Initial Reports**

**High Risk Events**

**Unknown agent in South Sudan**

**150** suspected case(s)  
**23** death(s) **(CFR: 15.3%)**

<table>
<thead>
<tr>
<th>Unknown agent</th>
<th>Agent/Pathogen</th>
<th>04-Jul-2023</th>
<th>First Reported by Africa CDC</th>
<th>Initial Report</th>
<th>Previous Africa CDC Report:</th>
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<tbody>
<tr>
<td>16-Jun-2023</td>
<td>First Occurred</td>
<td>South Sudan</td>
<td>Country</td>
<td>Longechuck, Upper Nile State</td>
<td>Location</td>
</tr>
<tr>
<td>Radio</td>
<td>Source</td>
<td>LOW</td>
<td>GeoScope</td>
<td>HIGH</td>
<td>Risk Assessment</td>
</tr>
</tbody>
</table>

**Description:**

On 3 July 2023, an outbreak of a suspected hemorrhagic fever was reported from Longechuk county, Upper Nile state, north eastern South Sudan. Suspected cases were first identified on 16 June 2023, during routine supportive supervision activities conducted by the Ministry of Health (MoH) in Dajo primary health care unit, northern Longechuk county. The cases presented with bloody diarrhoea, vomiting blood, general body weakness, cough, body rash, loss of appetite, red eyes and swollen faces. All 14 samples tested at the National Public Health Laboratory, Juba, were negative for Ebola virus disease, Marburg virus disease, yellow fever, Rift Valley fever, dengue fever and Crimean-Congo haemorrhagic fever.

As of 5 July 2023, a total of 150 suspected cases and 23 deaths (case fatality rate [CFR]: 15.3%) have been reported from Upper Nile state. Majority of the deaths (60%) occurred among children and these were reported from Pashimbi (43%) and Dajo (17%).

**Response:**

The MoH convened an urgent partner meeting to plan the response and deployed a rapid response team (RRT) to Upper Nile state to conduct further epidemiological investigations. In addition, the MoH plans to collect additional samples for further laboratory investigation.

The Africa CDC Epidemic Intelligence team held an emergency meeting with the South Sudan MoH to verify the reports and explore potential areas of support for the response.
Since epidemiological (Epi) week 15 (10 - 16 April 2023), the Ethiopian Public Health Institute (EPHI) has reported a total of 6,238 cases (64 confirmed; 6,174 suspected) and four deaths (CFR: 6.3%) of dengue fever from Afar region and Dire Dewa city administration. Majority (98%) of the cases are from Afar region.

Dengue is an arbovirus in the Filiviridae family, transmitted primarily by Aedes mosquitoes. Aedes mosquitoes are responsible for transmitting chikungunya, yellow fever, and Zika virus. There are four distinct, but closely related, serotypes of the virus (DENV-1, DENV-2, DENV-3, and DENV-4). The average CFR of dengue is less than 1%, but can be up to 15% if untreated. Recovery from infection is believed to confer lifelong immunity against a serotype. The last outbreak of dengue fever in Ethiopia occurred in 2019 where 1,251 cases and no deaths were reported from Afar region.

Response:

The EPHI activated the regional emergency operations centers (EOCs) to coordinate the response and continues to conduct enhanced surveillance and case management at designated treatment centers. In addition, vector control activities are ongoing in the affected regions.
Human Event Updates

High Risk Events

Cholera in Africa

81,523 confirmed case(s)
60,896 suspected case(s)
2,543 death(s) (CFR: 1.8%)

Vibrio cholerae
Agent/Pathogen
06-Jan-2023
First Reported by Africa CDC
01-Jan-2023
First Occurred
Africa Combo
Country
Ministry of Health
Source
MODERATE
GeoScope
HIGH
Risk Assessment

Update to event:

Since the beginning of this year, 142,419 cases (81,523 confirmed; 60,896 suspected) and 2,543 deaths (CFR: 1.8%) of cholera were reported from 15 AU MS: Burundi (536 cases; 9 deaths), Cameroon (3,761; 460), DRC (23,513; 138), Eswatini (2; 0), Ethiopia (11,459; 152), Kenya (8,388; 138), Malawi (42,842; 1,256), Mozambique (33,156; 141), Nigeria (1,629; 79), Somalia (10,446; 29), South Africa (1,073; 47), South Sudan (1,471; 2), Tanzania (87; 3), Zambia (757; 14) and Zimbabwe (3,299; 75).

This week, 531 new cases and 14 new deaths of cholera were reported from six AU MS: Ethiopia, Kenya, Malawi, Mozambique, South Africa and Zimbabwe.

Ethiopia: Since the last update (30 June 2023), the EPHI reported 71 new suspected cases and no new deaths of cholera. This is a 94% decrease in the number of new cases compared to the last report. Cumulatively, 11,459 (26 confirmed; 11,433 suspected) and 152 deaths (CFR: 1.3%) have been reported from Ethiopia. The outbreak is active in four of 14 regions in Ethiopia.

Kenya: Since the last update (30 June 2023), the Ministry of Health (MoH) reported 120 new confirmed cases and seven new deaths (CFR: 5.8%) of cholera. This is a 20% increase in the number of new cases reported compared to the last report. Cumulatively, 8,388 cases (1,816 confirmed; 6,572 suspected) and 138 deaths (CFR: 1.6%) were reported from 25 of the 47 counties in Kenya. Garissa, Mandera and Nairobi counties account for 62% of the total cases and 48% of the total deaths reported to date. Thirty-three percent of the cases are children below 10 years.

Malawi: Since the last update (30 June 2023), the MoH reported 21 new confirmed cases and three new deaths (CFR: 14%) of cholera from eight districts. Cumulatively, 42,842 confirmed cases and 1,256 deaths (CFR: 2.9%) have been reported from all 29 districts in Malawi this year.

Mozambique: Since the last update (30 June 2023), the MoH reported 110 new confirmed cases and no new deaths of cholera. This is a 57% decrease in the number of new confirmed cases compared to the last report. Cumulatively, 33,156 confirmed cases and 141 deaths (CFR: 0.4%) have been reported from 10 of 11 provinces this year.

South Africa: Since the last update (30 June 2023), the Department of Health reported 28 new cases (1 confirmed; 27 suspected) and four new deaths (CFR: 14.3%) of cholera. Cumulatively, 1,073 cases (198 confirmed; 875 suspected) and 47 deaths (CFR: 4.4%) have been reported from 5 of the 9 provinces this year.

Zimbabwe: Since the last update (30 June 2023), the MoH reported 181 new cases (8 confirmed; 173 suspected) and no new deaths of cholera. This is a 44% decrease in the number of new confirmed cases compared to the last report. Cumulatively, 3,299 cases (788 confirmed; 2,511 suspected) and 75 deaths (CFR: 2.3%) have been reported in all 10 provinces this year.

Response:

Ethiopia: The EPHI continues to conduct enhanced surveillance, case management at 83 cholera treatment centers, and water, sanitation and hygiene interventions in the affected regions.

Kenya: The MoH continues to conduct enhanced surveillance, case management, risk communication, sanitation and hygiene interventions in the affected counties.
Mozambique: The MoH continues to conduct enhanced surveillance, case management, risk communication, sanitation and hygiene interventions in the affected provinces.

South Africa: The Department of Health continues to advocate for awareness and vigilance in affected communities through health education and targeted case finding activities.

Zimbabwe: The MoH continues to sensitize health workers in the health facilities and communities to increase their index of suspicion for cholera cases and enhance risk communication through local radio stations. In addition, the cholera task force technical working group continues to coordinate the response activities.

Measles in Africa

8,790 confirmed case(s)
166,336 suspected case(s)
1,970 death(s) (CFR: 1.1%)

Update to event:

Since the beginning of this year, 175,126 cases (8,790 confirmed; 166,336 suspected) and 1,970 deaths (CFR: 1.1%) of measles were reported from 21 AU MS: Botswana (13 cases; 0 deaths), Burundi (263:0), Cameroon (4,671; 3), CAR (1,656; 0), Chad (1,890; 3), Congo (275; 1), DRC (135,151; 1,814), Ethiopia (12,079; 118), Ghana (212; 0), Kenya (9; 1), Libya (391; 2), Liberia (7,352;8), Mali (94; 0), Mauritania (565; 4), Niger (423; 0), Senegal (410; 0), Somalia (6,359; 0), South Africa (726: 0), South Sudan (2,001; 14), Uganda (258; 1) and Zambia (328; 1).

This week, a total of 10,848 new cases and no new deaths have been reported from seven MS: Burundi, Cameroon, Congo, Ethiopia, Liberia, Somalia and South Africa.

Burundi: Since the last report (30 June 2023), the MoH reported 79 suspected cases and no new deaths of measles from four districts. Cumulatively, 263 cases (20 confirmed; 243 suspected) and no deaths of measles have been reported from six provinces of 18 provinces in Burundi.

Cameroon: Since the last report, (9 June 2023), the MoH reported 2,686 new cases (383 confirmed; 2,303 suspected) and no new death of measles. This is a 77% increase in the number of new cases reported compared to the last report. Cumulatively, 4,671 cases (756 confirmed; 2,303 suspected) and three deaths of measles have been reported from Cameroon. The outbreak is active in 84 Health Districts (HD) in 10 regions.

Congo: Since the last report (30 June 2023), the MoH reported nine suspected cases and no new deaths of measles from five health districts. Cumulatively, 275 suspected cases and no deaths of measles have been reported from six of 26 provinces in Congo.

Ethiopia: Since the last report, (30 June 2023), the EPHI reported 197 new suspected cases and no new deaths of measles. This is a 53% decrease in the number of new cases compared to the last report. Cumulatively, 12,079 suspected cases and 118 deaths (CFR: 1.0%) have been reported from Ethiopia. The outbreak is active in all regions of the country. However, 89% of the cases are from four regions (Somali, Oromia, Amhara and SNNP).

Liberia: On 30 June 2023, the MoH reported 7,352 (3,613 confirmed; 3739 suspected) cases and no new death of measles from the country. Of the 15 counties that have reported these cases since the beginning of the year, are currently experiencing an outbreak. Of all the reported cases, only 2% have received vaccination against measles.

Somalia: Since the last report (23 June 2023), the Somalia MoH reported 515 new cases (20 confirmed; 495 suspected) and no new deaths of measles. Cumulatively, 6,359 cases (47 confirmed; 6,312 suspected) and no death of measles have been reported from Somalia. Seventy-three percent of the cases are children under five years.

South Africa: Since the last update (30 June 2023), the National Institute for Communicable Diseases (NICD) reported 10 new confirmed cases and no new deaths of measles from three provinces: Eastern Cape, Gauteng and Limpopo. This is a 48% decrease in the number of new confirmed cases compared to the last report. Cumulatively, 726 confirmed cases and no deaths have been reported from all nine provinces this year. The most affected age groups are 5 - 9 years (43%), 1 - 4 years (24%) and 10 -14 years (20%).
Response:

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

**Cameroon:** The MoH continues to conduct enhanced surveillance, the integration of nutritional screening, and case management. In addition, the Ministry of Health is continuing the nationwide vaccination campaign, with 7 health districts having exceeded the 100% target for vaccination since May 2023.

**Congo:** The MoH continues to conduct enhanced surveillance and case management in affected districts.

**Ethiopia:** The MoH continues to conduct enhanced surveillance, the integration of nutritional screening, and case management.

**Liberia:** The MoH is conducting active case search and health education on prevention and control of measles in all the affected counties.

**South Africa:** The provincial health departments continue to conduct measles supplementary immunization activities in all of the affected provinces, targeting children aged 6 months to 15 years. The NICD continues to strengthen surveillance and laboratory testing of cases in all provinces.

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**Rabies in South Africa**

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

<table>
<thead>
<tr>
<th>Rabies virus</th>
<th>Agent/Pathogen</th>
<th>11-Apr-2023</th>
<th>First Reported by Africa CDC</th>
<th>12-May-2023</th>
<th>Previous Africa CDC Report:</th>
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<tr>
<td>Rabies virus</td>
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<td>17-Feb-2023</td>
<td>First Occurred</td>
<td>South Africa</td>
<td>Country</td>
<td>3 provinces</td>
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<td>Source</td>
<td>LOW GeoScope</td>
<td>HIGH Risk Assessment</td>
<td></td>
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</table>

**Update to event:**

Since last update (8 May 2023), the South Africa National Institute for Communicable Diseases (NICD) reported one confirmed case and one death of rabies from Eastern Cape province. The case was confirmed by real-time polymerase chain reaction at the NICD. Cumulatively, six confirmed cases and six deaths (CFR: 100%) have been reported from three of 10 provinces in South Africa: Eastern Cape (3 cases; 3 deaths), KwaZulu Natal (2; 2) and Limpopo (1; 1) provinces this year.

**Response:**

The provincial veterinary department continues to conduct rabies vaccination for dogs and cats.
COVID-19 in Africa

12,308,913 confirmed case(s)
257,112 death(s) (CFR: 2.1%)

Update to event:

As of 6 p.m. East African Time (EAT) 6 July 2023, a total of 12,308,913 COVID-19 cases and 257,112 deaths (case fatality ratio [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. Fifty-three 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 sub-variant, 17 Member States reported the Omicron sublineage (XBB.1.5), 12 MS 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 million people have been partially vaccinated, and 444.8 million have been fully vaccinated. Eritrea is the only AU MS yet to start COVID-19 vaccination roll out.

For Epi week 26 (26 - 2 July 2023), 1,653 new COVID-19 cases were reported, which is a 35% decrease in the number of new cases reported compared to the previous week (25). The Southern region accounted for 73% of the new COVID-19 cases reported this week, followed by the Central (13%), Eastern (9%), Western (3%) and Northern (2%) regions. Zambia (8) had the highest number of new daily COVID-19 cases per million population among all MS.

Last week, two new COVID-19 deaths were reported in Africa. These deaths were reported from the Southern (2) region. No deaths were reported in the Central, Eastern, Northern and Western regions last week.

More than 25 thousand tests were conducted during the past week, reflecting a 39% decrease in the number of tests compared to the previous week. The weekly % test positivity decreased from 7% to 6% compared to the previous week. Since February 2020, over 127.7 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, Vaccination Dashboard and the Africa CDC COVID-19 brief https://au.int/sites/default/files/documents/42763-doc-AfricaCDC_COVIDBrief_5May23_EN.pdf

Yellow fever in Central African Republic

200 suspected case(s)
4 death(s) (CFR: 2.0%)
**Update to event:**

Since the last report, the MoH reported 16 new suspected cases and no new death of yellow fever from all seven regions of the country. Cumulatively, 200 suspected cases and four deaths (CFR: 2.0%) of yellow fever have been reported in all seven regions.

**Response:**

The MoH deployed a multidisciplinary team to investigate the outbreak in the affected regions.

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**Diphtheria in Nigeria**

<table>
<thead>
<tr>
<th><strong>Corynebacterium diphtheriae</strong></th>
<th>Agent/Pathogen</th>
<th>25-Jan-2023</th>
<th>First Reported by Africa CDC</th>
<th>22-Apr-2023</th>
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<td>22-Jun-2023</td>
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<td>GeoScope</td>
<td>MODERATE</td>
<td>Risk Assessment</td>
</tr>
</tbody>
</table>

**Update to event:**

Since the last report, the Nigeria Centre for Disease Control (NCDC) reported an outbreak of diphtheria with nine cases (1 confirmed; 8 suspected) and one death (CFR: 100%) reported from the federal capital territory, Abuja. Samples collected from the 8 suspected cases were tested at the national reference laboratory, Gaduwa, with only one sample confirmed as positive for diphtheria. The confirmed case was a four-year-old male residing in Dei-Dei district, Abuja.

Since the start of the outbreak in December 2022, 3,179 (799 confirmed; 2,380 suspected) cases and 81 (CFR:10.1%) deaths have been reported from 33 local government areas in eight of the 36 states including the federal capital territory. Of the 799 confirmed cases, 431 (54%) were unvaccinated against diphtheria, and 72% were reported in children between 2 - 14 year old. Females account for 56% of the confirmed cases.

**Response:**

The NCDC continues to provide technical support to the states reporting outbreaks of diphtheria.

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**Dengue fever in São Tomé and Príncipe**

<table>
<thead>
<tr>
<th>Dengue virus</th>
<th>Agent/Pathogen</th>
<th>01-Jun-2023</th>
<th>First Reported by Africa CDC</th>
<th>23-Jun-2023</th>
<th>Previous Africa CDC Report:</th>
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<tr>
<td>03-Apr-2022</td>
<td>First Occurred</td>
<td>São Tomé and Príncipe</td>
<td>Country</td>
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<td>Local SitRep</td>
<td>Source</td>
<td>LOW</td>
<td>GeoScope</td>
<td>MODERATE</td>
<td>Risk Assessment</td>
</tr>
</tbody>
</table>

**Update to event:**

Since the last report, the MoH reported one new confirmed case and no new death of dengue fever from Agua Grande district in São Tomé and Principe (STP). Cumulatively, 1,223 confirmed cases and no death of dengue fever have been reported in all seven districts of STP.

**Response:**

The MoH in collaboration with partners has developed a response strategy and is conducting outbreak investigations, risk communication and community sensitization in all affected districts.
H5N1 in Africa

**2,534,404** confirmed case(s)

**653,781** death(s) (CFR: **25.8%**)

**Update to event:**

Since the beginning of this year, 17 outbreaks resulting in 2,534,404 cases and 653,781 deaths (CFR: 25.8%) of highly pathogenic avian influenza (HPAI) H5N1 in poultry were reported from seven AU MS: Côte d’Ivoire (2 outbreaks; 43,000 cases; 15,826 deaths), Guinea (1; 752; 745), Gambia (3; 7,569; 7,569), Nigeria (3; 2,381,959; 528,567), Senegal (1; 1,713; 1,713), South Africa (6; 97,911; 97,911) and Togo (1; 1,500; 1,450). This week, one new outbreak with 1,500 new cases and 1,450 new deaths were reported among domestic birds in Togo.

**Togo:** On 4 July 2023, the Ministry of Agriculture (MoAg) reported an outbreak of HPAI H5N1 with 1,500 cases and 1,450 deaths (CFR: 97%) among domestic poultry birds in Lome. The cases were confirmed at the central veterinary laboratory in Lome using real-time polymerase chain reaction.

**Response:**

**Togo:** The MoAg conducted disinfection of the infected premises, instituted movement control of poultry and poultry products and culled the remaining 50 infected birds.

Anthrax in Ghana

**86** confirmed case(s)

**86** death(s) (CFR: **100%**)

**Update to event:**

On 28 June 2023, the MoAg, Ghana reported 86 confirmed cases of animal anthrax from five districts in the Upper East Region. As of 30 June 2023, 86 animal deaths including 45 cattle, 39 goats, one sheep and one pig were reported. A confirmatory test was conducted at the Pong Tamale Veterinary Laboratory where blood samples taken from the animals tested positive for animal anthrax.

**Response:**

On 6 June 2023, the MoAg commenced mass vaccination of animals in all districts to prevent further spread of the outbreak in animals. Additionally, a total of 16,800 livestock have been vaccinated so far.
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 deaths
  - Marburg in Equatorial Guinea where CFR is calculated using confirmed, probable cases and deaths
* 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.