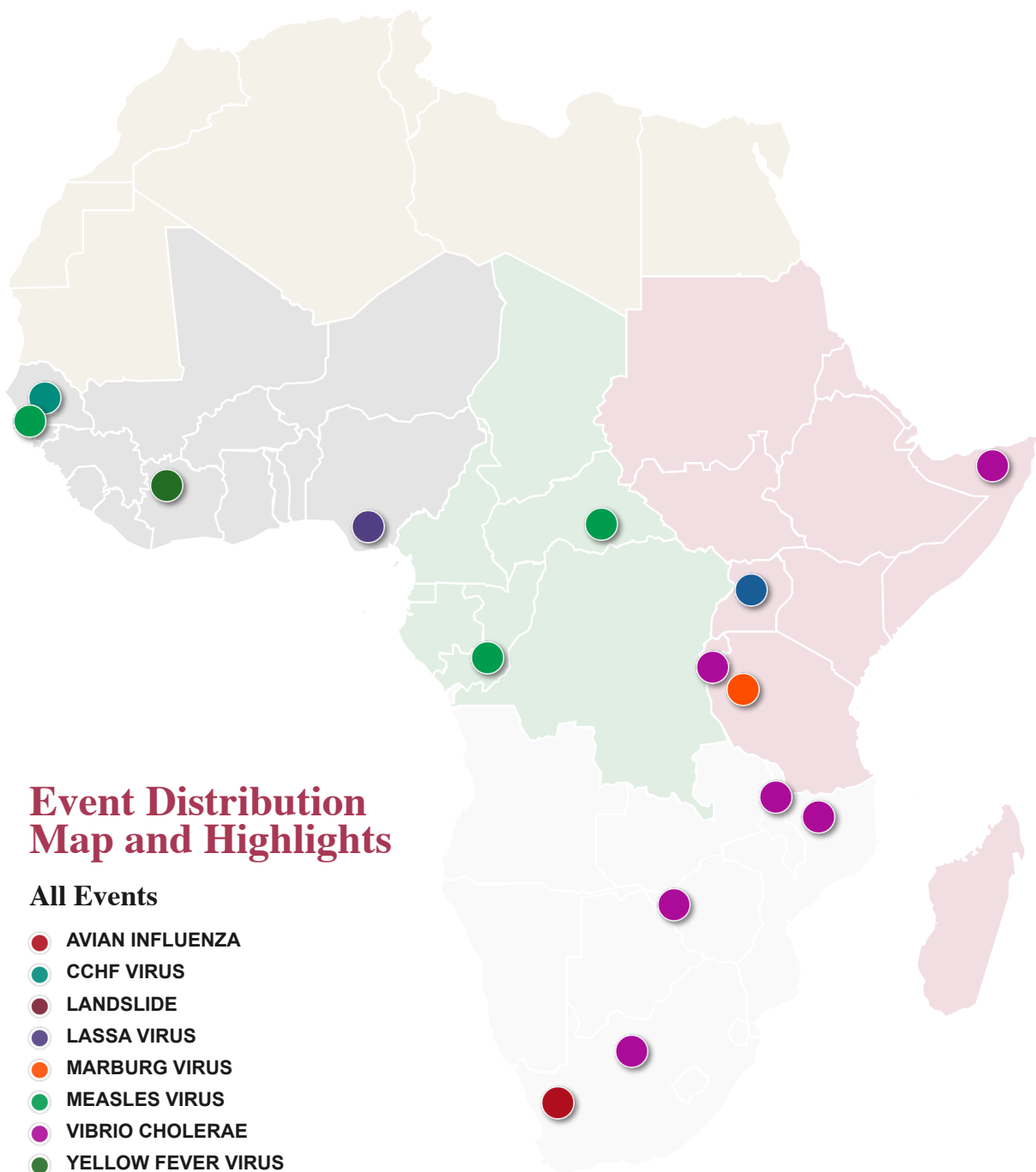


Africa CDC Weekly Event Based Surveillance Report

04-Jun-2023



High Risk Events

Yellow fever in Côte d'Ivoire

1 confirmed case(s)

0 death(s) (**CFR: 0.0%**)

Yellow fever virus	Agent/Pathogen	30-May-2023	First Reported by Africa CDC	Initial Report	Previous Africa CDC Report:
21-May-2023	First Occurred	Côte d'Ivoire	Country	Abidjan	Location
WHO	Source	MODERATE	GeoScope	HIGH	Risk Assessment

Description:

On 21 May 2023, the Ministry of Health (MoH) of Cote d'Ivoire reported an outbreak of yellow fever. The country has reported one confirmed case with no death in Abijan. The case is a 35-year-old male from Cocody-Bengerville sub-prefectures in Abidjan region who presented with fever, jaundice, and fatigue symptoms. A confirmatory test was conducted at the Institut Pasteur in Dakar using polymerase chain reaction. The yellow fever vaccination status of the case wasn't disclosed.

Yellow fever is an acute viral haemorrhagic disease caused by the yellow fever virus and is transmitted through the bite of infected Aedes mosquitoes. Symptoms include headache, jaundice, muscle pain, nausea, vomiting, and fatigue. The overall case fatality ratio (CFR) ranges between 3% to 7.5%. As of August 2022, vaccination coverage for yellow fever in the country was 65%. The last outbreak occurred in 2022 with eight confirmed cases and no deaths.

Response:

The MoH continues to conduct active case search and risk communication in the affected region.

High Risk Events

Cholera in Africa

78,699 confirmed case(s)
30,463 suspected case(s)
2,116 death(s) (**CFR: 1.9%**)

Vibrio cholerae	Agent/Pathogen	06-Jan-2023	First Reported by Africa CDC	26-May-2023	Previous Africa CDC Report:
01-Jan-2023	First Occurred	Africa Combo	Country	15 MS	Location
Ministry of Health	Source	MODERATE	GeoScope	HIGH	Risk Assessment

Update to event:

Since the beginning of this year, 109,162 cases (78,699 confirmed; 30,463 suspected) and 2,116 deaths (CFR: 1.9%) of cholera were reported from 15 AU MS: Burundi (452 cases; 7 death), Cameroon (1,938; 312), DRC (10,031; 75), Ethiopia (245; 11), Eswatini (2; 0), Kenya (7,459; 122), Malawi (42,734; 1,253), Mozambique (31,592; 139), Nigeria (1,336; 79), Somalia (8,987; 27), South Africa (201; 29), South Sudan (1,455; 2), Tanzania (87; 3), Zambia (730; 13) and Zimbabwe (1,913; 44).

This week, 1,733 new cases and 41 new deaths of cholera were reported from six AU MS: Burundi, Malawi, Mozambique, Somalia, South Africa, and Zimbabwe.

Burundi: Since the last update (7 April 2023), the MoH reported 164 new Suspected cases and six new deaths (CFR: 3.7%) of cholera from eight of 43 districts. Cumulatively, 452 cases (47 confirmed; 405 suspected) and seven deaths (CFR: 1.5%) have been reported from eight of 43 districts in Burundi this year.

Malawi: Since the last update (26 May 2023), the MoH reported 35 new confirmed cases and one new death (CFR: 2.9%) of cholera from 12 of 29 districts. This is a 54% decrease in the number of new confirmed cases compared to the last report. Cumulatively, 42,734 confirmed cases and 1,253 deaths (CFR: 2.9%) have been reported from all 29 districts in Malawi this year.

Mozambique: Since the last update (26 May 2023), the MoH reported 470 new confirmed cases and five new deaths (CFR: 1.0%) of cholera. This is a 14% decrease in the number of new confirmed cases compared to the last report. Cumulatively, 31,592 confirmed cases and 139 deaths (CFR: 0.4%) have been reported from 10 of 11 provinces in Mozambique this year.

Somalia: Since the last report (26 May 2023), the MoH reported 484 new suspected cases and one new death (CFR: 0.2%) of cholera. This is a 119% decrease in the number of new cases compared to the last report. Cumulatively, 8,987 cases (25 confirmed; 8,962 suspected) and 27 deaths (CFR: 0.3%) were reported from 28 districts in seven of the 18 regions in the country. Majority (55%) of the cases are children under five years. This outbreak has been uninterrupted in the 28 drought-affected districts since 2022 and in Banadir region since 2017.

South Africa: Since the last update (26 May 2023), the MoH reported 56 new confirmed cases with 21 deaths (CFR: 38%) of cholera. This is a 56% decrease in the number of new cases compared to the last report. Cumulatively, 201 cases (114 confirmed; 77 suspected) and 29 deaths (CFR: 31%) have been reported this year from Free State and Gauteng provinces.

Zambia: Since the last update (26 May 2023), the Zambia National Institute of Public Health (ZNPHI) reported 42 new cases (31 confirmed; 11 suspected cases with no new deaths of cholera. This is a 7% decrease in the number of new cases compared to the last report. Cumulatively, 730 cases (294 confirmed; 436 suspected) and 13 deaths (CFR: 17.8%) have been reported from three of ten provinces in Zambia.

Zimbabwe: Since the last update (26 May 2023), the MoH reported 482 new cases (91 confirmed; 391 suspected) and seven new deaths (CFR: 1.5%) from cholera. This is a 25% increase in the number of new confirmed cases compared to the last report. Cumulatively, 1,913 cases (453 confirmed; 1,460 suspected) and 44 deaths (CFR: 2.3%) have been reported from nine of 10 provinces this year.

Response:

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

Malawi: The MoH continues to intensify response efforts in all affected districts.

Mozambique: The MoH continues to intensify response efforts in all affected provinces.

Somalia: The MoH continues to conduct active case search, sample collection, and case management at the 12 designated cholera treatment centers in the affected regions. In addition, the MoH with support from partners has scaled up implementation of cholera response interventions in the drought-affected districts, focusing on Jubaland State, the current epicenter of the outbreak.

South Africa: The minister of health issued a press statement about the status of cholera in South Africa. Outbreak investigations are ongoing in Free State and Gauteng provinces to determine the extent of the outbreak and possible sources of exposure. The provincial, district and municipality response teams continue to conduct awareness activities in affected communities.

Zambia: ZNPHI has developed a six months contingency plan to enhance surveillance across the whole country with specific focus on high risk districts and cross border communities.

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

Africa CDC continues to provide technical support in surveillance, laboratory and infection prevention and control in affected districts in Malawi.

Measles in Africa

2,670 confirmed case(s)
92,410 suspected case(s)
1,053 death(s) (**CFR: 1.1%**)

Measles virus	Agent/Pathogen	06-Jan-2023	First Reported by Africa CDC	26-May-2023	Previous Africa CDC Report:
01-Jan-2023	First Occurred	Africa Combo	Country	18 MS	Location
Ministry of Health	Source	MODERATE	GeoScope	HIGH	Risk Assessment

Update to event:

Since the beginning of this year, 95,080 cases (2,670 confirmed; 92,410 suspected) and 1,053 deaths (CFR: 1.1%) of measles were reported from 18 AU MS: Burundi (132:0), Botswana (13 cases; 0), Cameroon (1,985; 3), CAR (1,287; 0), Chad (1,303; 2), Congo (18; 0), DRC (84,558; 1,025), Ethiopia (907; 0), Ghana (212; 0), Kenya (9; 1), Libya (391; 2), Mali (94; 0), Mauritania (538; 4), Senegal (371; 0), South Africa (675; 0), South Sudan (2,001; 14), Uganda (258; 1) and Zambia (328; 1).

This week, a total of 630 new cases and no new death have been reported from five AU MS: CAR, Congo, Mauritania, Senegal and South Africa.

CAR: Since the last report (19 May 2023), the MoH reported 591 suspected cases and no new deaths of measles. This is a 75% increase in the number of new cases compared to the last report. Cumulatively, 1,287 cases (548 confirmed; 739 suspected) and no deaths of measles were reported from all seven regions in CAR.

Congo: Since the last report (3 March 2023), the MoH reported 11 suspected cases and no new deaths of measles. Cumulatively, 18 suspected cases and no deaths of measles were reported from eight of 32 health districts in Congo.

Mauritania: Since the last update (26 May 2023), the MoH reported three suspected cases and no new death of measles from Adar, Tagant and Trarza regions. Cumulatively, 538 cases (203 confirmed; 335 suspected) and four deaths (CFR: 0.7%) of measles have been reported from 11 of the 13 regions in Mauritania. Of all cases reported, 70% were reported in children under 15 years and 57% of children under 5 years were not vaccinated against measles-

Senegal: Since the last report (26 May 2023), the Senegal MoH reported five new confirmed cases and no deaths of measles. Cumulatively, 371 confirmed cases and no deaths of measles were reported from 31 of the 71 health districts. Among the reporting districts, 15 health districts have crossed the epidemic threshold for measles. Touba district accounts for 67% (250) of the reported confirmed cases. Additionally, children 5 - 15-year-olds account for 46% of all cases and 87% of all the cases were unvaccinated against measles.

South Africa: Since the last update (26 May 2023), the National Institute for Communicable Diseases (NICD) reported 20 new confirmed cases and no new deaths of measles from four provinces: Gauteng (3), Limpopo (15), Mpumalanga (1) and Western Cape (1). This is the same number of new confirmed cases compared to the last report. Cumulatively, 675 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%).

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 (406; 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 (365; 0), South Sudan (3,942; 38), Sudan (1,188; 13), Tanzania (223; 0), Togo (1,272; 0), Zambia (23; 3), Zambia (23; 3) and Zimbabwe (6,444; 698).

Response:

CAR: The MoH continues to intensify surveillance in the affected regions.

Congo: The MoH continues to conduct enhanced surveillance, nutritional screening, and case management Mauritania: The MOH activated a national EOC to coordinate the response and continues to conduct case investigations, enhanced surveillance, and measles vaccination campaigns in the affected communities.

Senegal: The MoH in collaboration with partners continues to strengthen case finding, case management and risk communication in the most affected districts.

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

Lassa fever in Africa

995 confirmed case(s)
5,597 suspected case(s)
171 death(s) (**CFR: 17.2%**)

Lassa virus	Agent/Pathogen	27-Jan-2023	First Reported by Africa CDC	19-May-2023	Previous Africa CDC Report:
02-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 this year, 6,592 cases (995 confirmed; 5,597 suspected) and 171 deaths (CFR: 17%) of Lassa fever were reported from five AU MS: Ghana (27 cases; 1 death), Guinea (3; 2), Liberia (19; 4), Nigeria (6,537; 162) and Sierra Leone (6; 2). This week, 390 new cases and four new deaths were reported from Nigeria.

Nigeria: Since the last update (19 May 2023), the Nigeria Centre for Disease Control (NCDC) reported 390 new cases (11 confirmed; 375 suspected) and four new deaths (CFR: 36%) of Lassa fever. One new healthcare worker was among the new confirmed cases. Cumulatively, 6,537 cases (944 confirmed; 5,593 suspected) and 162 deaths (CFR: 17.2%) of Lassa fever have been reported from 28 of 36 states and the federal capital territory. Healthcare workers account for 3% (29) of all confirmed cases reported this year.

Response:

Nigeria: A national Lassa fever multi-partner, multi-sectoral EOC was activated in NCDC to coordinate all response activities: surveillance, case management, risk communication and laboratory diagnosis at all levels.

Marburg in Africa

26 confirmed case(s)
23 probable cases(s)
38 death(s) (**CFR: 77.6%**)

Marburg virus	Agent/Pathogen	14-Feb-2023	First Reported by Africa CDC	28-Apr-2023	Previous Africa CDC Report:
07-Feb-2023	First Occurred	Africa Combo	Country	2 MS	Location
Ministry of Health	Source	LOW	GeoScope	HIGH	Risk Assessment

Update to event:

Since the beginning of this year, 49 cases (26 confirmed; 23 probable) and 38 deaths (CFR: 77.6%) of Marburg were reported from two AU MS: Equatorial Guinea (40; 32) and Tanzania (9; 6). This week, no new cases and no new deaths were reported from Equatorial Guinea and Tanzania.

Tanzania: On 2 June 2023, the MoH declared the end of the Marburg Virus Disease (MVD) outbreak in Kagera region, north western Tanzania. This outbreak was first declared on 21 March 2023, following confirmation of a case of MVD in Bukoba district. Cumulatively, nine confirmed cases and six deaths (CFR: 67%) were reported. The median age of the cases was 35 years, ranging from 1 - 59 years and 67% of the cases were males. Two cases and one death were confirmed among healthcare workers. This was the first outbreak of Marburg reported in Tanzania.

Response:

The MoH conducted enhanced surveillance, contact follow-up, case management and risk communication and community engagement in the affected region. A total of 212 contacts were listed, of whom 178 (84%) completed 21-days of follow-up. In addition, three recoveries were registered in this outbreak.

CCHF in Senegal

2 confirmed case(s)
1 death(s) (**CFR: 50%**)

CCHF virus	Agent/Pathogen	03-May-2023	First Reported by Africa CDC	05-May-2023	Previous Africa CDC Report:
20-Apr-2023	First Occurred	Senegal	Country	Dakar region	Location
Local SitRep	Source	LOW	GeoScope	HIGH	Risk Assessment

Update to event:

Since the last update, the Senegal MoH reported one new confirmed case and no deaths of Crimean Congo hemorrhagic fever (CCHF) from Linguère district of Louga region. The case was a 45-year-old male who presented to the military hospital in the district with fever, malaise and later developed haemorrhagic symptoms. Confirmatory test was conducted at Institut Pasteur using polymerase chain reaction. This is the second case of CCHF reported from Senegal in 2023. The first confirmed case was reported from Guediawaye district, Dakar region on 21 April 2023. No epidemiological linkage has been established between the two cases. Cumulatively, two confirmed cases and one death (CFR: 50%): Dakar (1 confirmed case; 1 death) and Louga (1; 0) of CCHF have been reported in the country.

Response:

The MoH has activated the CCHF incidence management system and continues to coordinate all response activities.

COVID-19 in Africa

12,300,204 confirmed case(s)
257,089 death(s) (**CFR: 2.1%**)

SARS-CoV-2	Agent/Pathogen	21-Feb-2020	First Reported by Africa CDC	26-May-2023	Previous Africa CDC Report:
14-Feb-2020	First Occurred	Africa Combo	Country	All 55 MS	Location
Ministry of Health	Source	VERY HIGH	GeoScope	MODERATE	Risk Assessment

Update to event:

As of 6 p.m. East African Time (EAT) 1 June 2023, a total of 12,300,204 COVID-19 cases and 257,089 deaths (CFR: 2.1%) were reported by the 55 AU 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 are now reporting 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, 548.7 million people have been partially vaccinated, and 432.9 million have been fully vaccinated. Eritrea is the only AU MS yet to start COVID-19 vaccination roll out.

For Epi week 21 (22 - 28 May 2023), 523 new COVID-19 cases were reported, which is a 57% decrease in the number of new cases reported compared to the previous week (20). The Central region accounted for 41% of the new COVID-19 cases reported this week, followed by the Northern (38%), southern (14%), Eastern (4%), Western (3%) and regions. Sudan (6) had the highest number of new daily COVID-19 cases per million population among all MS.

Last week, three new COVID-19 deaths were reported in Africa, with the Northern region accounting for 63% of the new COVID-19 deaths reported this week, followed by the Central (33%), Northern (33%) and Southern (33%). No deaths were reported in the Eastern and Western regions this week.

More than 7 thousand tests were conducted during the past week, reflecting a 78% decrease in the number of test compared to the previous week. The weekly % test positivity increased from 4% to 7% compared to the previous week. Since February 2020, over 165.6 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.

H5N1 in Africa

2,485,816 confirmed case(s)
632,424 death(s) (**CFR: 25.4%**)

Influenza H5N1	Agent/Pathogen	04-May-2023	First Reported by Africa CDC	26-May-2023	Previous Africa CDC Report
01-May-2023	First Occurred	Africa Combo	Country	4 MS	Location
OIE	Source	LOW	GeoScope	MODERATE	Human Risk Assessment
HIGH	Animal Risk Assessment				

Update to event:

Since the beginning of this year, 13 outbreaks resulting in 2,485,816 cases and 632,424 deaths (CFR: 25.4%) of highly pathogenic avian influenza (HPAI) H5N1 in poultry were reported from four AU MS: Gambia (3 outbreaks; 7,569 cases; 7,569 deaths), Nigeria (3; 2,381,959; 528,567), Senegal (1; 536; 536) and South Africa (6; 95,763; 95,752).

This week, two new outbreaks among domestic and wild birds have been reported in South Africa.

South Africa: Since last update (5 May 2023), South Africa reported two new outbreaks of highly pathogenic avian influenza (HPAI) H5N1 in domestic and wild birds. Among poultry, one outbreak with 55,748 cases and 55,748 deaths (CFR: 100%) of poultry have been reported from Western Cape province, while among wild birds, one outbreak with 12 cases and one death (CFR: 8.3%) have been reported among Egyptian goose, kelp gull, swift tern and common tern. Cumulatively, 95,763 cases and 95,752 deaths (CFR: 99%) have been reported from Gauteng and Western Cape provinces.

Response:

The provincial veterinary authorities are culling and disposing off sick birds in affected firms.

Landslide in Uganda

350 total persons displaced
5 death(s)

Landslide	Agent/Pathogen	01-Jun-2023	First Reported by Africa CDC	Initial Report	Previous Africa CDC Report
25-May-2023	First Occurred	Uganda	Country	Bulambuli district	Location
Ministry of Health	Source	LOW	GeoScope	MODERATE	Human Risk Assessment

Update to event:

On 27 May 2023, the Mbale Regional Emergency Operations Center (MREOC) reported the occurrence of landslides following heavy rainfall in Bulambuli district, Eastern Uganda. A total of five deaths and 350 displaced persons have been reported. In addition, the landslide has led to the destruction of roads blocking access to four health facilities.

Landslides are a type of mass wasting, which denotes any down-slope movement of soil and rocks under the direct influence of gravity and are often associated with a high number of mortalities, injuries and destruction of property and basic infrastructure. Bulambuli district last reported occurrence of landslides in 2021, with one death, five injuries and 93 displaced persons.

Response:

A multi-sectoral team from the MREOC conducted a risk assessment to establish the extent of the damage to the basic community services, including health facilities, schools and roads. In addition, the MREOC team continues to conduct community engagement and sensitisation activities in the affected district.

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.

* The new cases of cholera reported in Somalia are likely due to batch reporting.