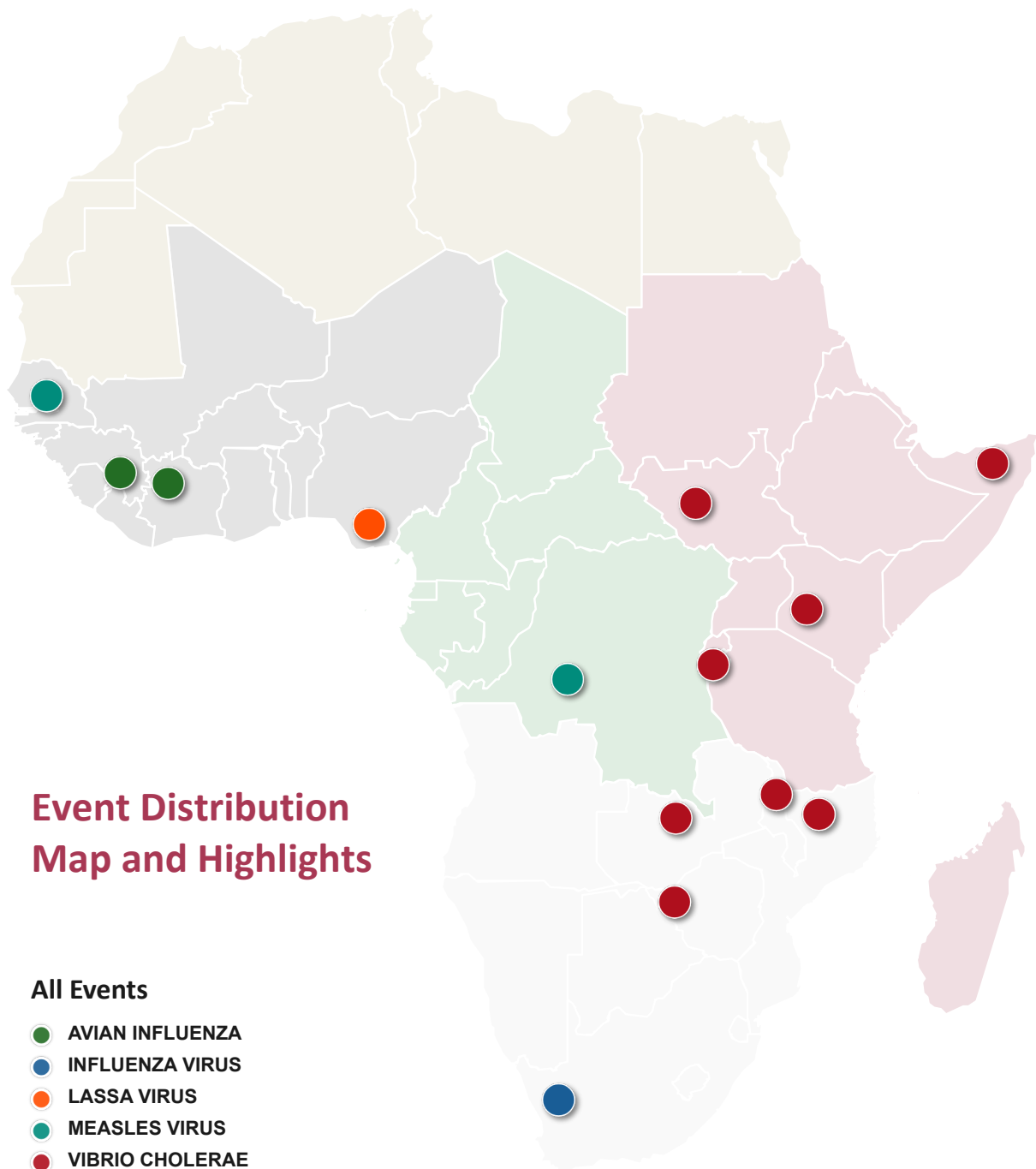


Africa CDC Weekly Event Based Surveillance Report

11-Jun-2023



Moderate Risk Events

Influenza in South Africa

272 confirmed case(s)

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

Influenza virus	Agent/Pathogen	08-Jun-2023	First Reported by Africa CDC	Initial Report	Previous Africa CDC Report:
28-May-2023	First Occurred	South Africa	Country	Six provinces	Location
National PHI	Source	LOW	GeoScope	MODERATE	Risk Assessment

Description:

On 5 June 2023, the National Institute of Communicable Disease (NICD), reported 272 cases and no death of influenza-like illnesses (ILI) from the pneumonia surveillance programme in six provinces: Eastern Cape, Gauteng, Kwazulu Natal, Mpumalanga, North West and Western Cape. where sentinel surveillance is being conducted. This observation was made following an increase in ILI that surpassed the seasonal threshold. The most detected subtype and lineage were influenza A (H3N2) (146 cases), influenza A (H1N1)pdm09 (116), influenza B Victoria (3) and others (7).

Influenza, also known as flu is an infection of the nose, throat and lungs, which are part of the respiratory system. Influenza A (H3N2), A (H1N1) pdm09, and influenza B are common seasonal influenza strains in humans. The clinical course of infection and management of this strain is similar to other influenza strains. The common symptoms include fever, aching muscles, chills and sweats, headache, dry, persistent cough, shortness of breath, tiredness and weakness, runny or stuffy nose or sore throat. The majority of people with influenza present with mild illness, but it can also cause severe illness and death especially in high risk groups such as pregnant women, immunocompromised patients, the elderly and children less than two years old. Influenza is endemic in South Africa, and commonly occurs between March to April every year.

Response:

The NICD advised the population to take the influenza vaccination before and during the influenza season (March to April) especially the high risk groups. Additionally, the NICD has advised clinicians to include influenza as a possible diagnosis when managing patients with respiratory illness.

High Risk Events

Cholera in Africa

79,272 confirmed case(s)
31,301 suspected case(s)
2,131 death(s) (**CFR: 1.9%**)

Vibrio cholerae	Agent/Pathogen	06-Jan-2023	First Reported by Africa CDC	02-Jun-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, 110,573 cases (79,272 confirmed; 31,301 suspected) and 2,131 deaths (Case Fatality Ratio (CFR): 1.9%) of cholera were reported from 15 AU MS: Burundi (491 cases; 7 deaths), Cameroon (1,938; 312), Democratic Republic of Congo (DRC) (10,031; 75), Ethiopia (245; 11), Eswatini (2; 0), Kenya (7,683; 126), Malawi (42,735; 1,253), Mozambique (32,000; 141), Nigeria (1,336; 79), Somalia (9,391; 28), South Africa (201; 29), South Sudan (1,471; 2), Tanzania (87; 3), Zambia (730; 13) and Zimbabwe (2,232; 52). This week, 1,411 new cases and 15 new deaths of cholera were reported from seven AU MS: Burundi, Kenya, Malawi, Mozambique, Somalia, South Sudan and Zimbabwe.

Burundi: Since the last update (2 June 2023), the MoH reported 39 new suspected cases and no new deaths of cholera. Cumulatively, 491 cases (47 confirmed; 444 suspected) and seven deaths (CFR: 1.4%) have been reported from Burundi.

Kenya: Since the last update (26 May 2023), the Ministry of Health (MoH) reported 224 new cases (63 confirmed; 161 suspected) and four new deaths (CFR: 1.8%) of cholera. This is a 52% decrease in the number of new cases reported compared to the last report. Cumulatively, 7,683 cases (1,539 confirmed; 6,144 suspected) and 126 deaths (CFR: 1.6%) were reported from 19 of 47 counties across the country. Garissa, Mandera and Nairobi counties account for 62% of the total cases and 49% of the total deaths reported to date.

Malawi: Since the last update (2 June 2023), the MoH reported one new confirmed case and no new death of cholera from Nsanje district. Cumulatively, 42,735 confirmed cases and 1,761 deaths (CFR: 4.1%) have been reported from all 29 districts in Malawi this year.

Mozambique: Since the last update (2 June 2023), the MoH reported 408 new confirmed cases and two new deaths (CFR: 0.5%) of cholera. This is a 13% decrease in the number of new confirmed cases compared to the last report. Cumulatively, 32,000 confirmed cases and 141 deaths (CFR: 0.4%) have been reported from 10 of 11 provinces this year.

Somalia: Since the last update (2 June 2023), the MoH reported 404 new suspected cases and one new death (CFR: 0.2%) of cholera. This is a 16% decrease in the number of new cases compared to the last report. Cumulatively, 9,391 cases (25 confirmed; 9,366 suspected) and 28 deaths (CFR: 0.3%) were reported from 32 drought-affected districts in the country. Of the 9,391 cases, 5,211 (55%) were children under five years. This outbreak has been uninterrupted in the drought-affected districts since 2022 and in the Banadir region since 2017.

South Sudan: Since the last report (25 May 2023), the MoH reported 16 new suspected cases and no new deaths of cholera. Cumulatively, 1,471 cases (24 confirmed; 1,447 suspected) and two deaths (CFR: 0.1%) have been reported. Children aged 1-4 years account for 49% of the total cases and 52% of the total cases are males. The outbreak is localized in Malakal county, Upper Nile state.

Zimbabwe: Since the last update (2 June 2023), the MoH reported 319 new cases (101 confirmed; 218 suspected) and eight new deaths (CFR: 2.5%) from cholera. This is a 34% decrease in the number of new confirmed cases compared to the last report. Cumulatively, 2,232 cases (554 confirmed; 1,678 suspected) and 52 deaths (CFR: 2.3%) have been reported in all the 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.

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

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

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 activities around water, sanitation and hygiene (WASH), as well as risk communication and community sensitization in the drought affected Districts, focusing on Jubaland State, the current epicentre of the outbreak.

South Sudan: The MoH continues to conduct active case search, case management, water quality monitoring and risk communication in the affected county.

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.

Measles in Africa

2,679 confirmed case(s)
130,204 suspected case(s)
1,675 death(s) (**CFR: 1.3%**)

Measles virus	Agent/Pathogen	06-Jan-2023	First Reported by Africa CDC	02-Jun-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, 132,883 cases (2,679 confirmed; 130,204 suspected) and 1,675 deaths (CFR: 1.3%) of measles were reported from 18 AU MS: Botswana (13 cases; 0), Burundi (132; 0), Cameroon (1,985; 3), Central African Republic (CAR) (1,287; 0), Chad (1,303; 2), Congo (18; 0), DRC (122,110; 1,646), Ethiopia (907; 0), Ghana (212; 0), Kenya (9; 1), Libya (391; 2), Mali (94; 0), Mauritania (538; 4), Senegal (380; 0), South Africa (675; 0), South Sudan (2,001; 14), Uganda (258; 1) and Zambia (328; 1). This week, a total of 37,561 new cases and 622 new deaths have been reported from DRC and Senegal.

DRC: Since the last update (12 May 2023), the MoH reported 37,552 new suspected cases and 621 deaths (CFR: 1.7%) of measles. This increase in new cases and deaths reported were due to batch reporting. Cumulatively, 122,110 suspected cases and 1,646 deaths (1.3%) have been reported from 419 health zones in the country's 26 provinces.

Senegal: Since the last update (2 June 2023), the MoH, Senegal reported nine new confirmed cases and no deaths of measles. Cumulatively, 380 confirmed cases and no deaths of measles were reported from 33 of the 71 health districts. Among the reporting districts, 15 health districts have crossed the epidemic threshold. Touba district accounts for 67% of the reported confirmed cases. Additionally, children between 5 -15 years account for 46% of all cases and 87% of all the cases were unvaccinated against measles.

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:

DRC: The Ministry of Health continues to intensify measles surveillance to detect new cases in all 26 provinces in the country.

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

Lassa fever in Africa

1,002 confirmed case(s)
5,735 suspected case(s)
172 death(s) (**CFR: 17.2%**)

Lassa virus	Agent/Pathogen	27-Jan-2023	First Reported by Africa CDC	02-Jun-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, 6,737 cases (1,002 confirmed; 5,735 suspected) and 172 deaths (CFR:17.2%) of Lassa fever were reported from five AU MS: Ghana (27 cases; 1 death), Guinea (3; 2), Liberia (19; 4), Nigeria (6,682; 163) and Sierra Leone (6; 2). This week, 145 new cases and one new death were reported from Nigeria.

Nigeria: Since the last update (19 May 2023), the Nigeria Centre for Disease Control (NCDC) reported 145 new cases (7 confirmed; 138 suspected) and one new death (CFR: 14.3%) of Lassa fever. This is a 63% decrease in the number of new cases compared to the previous report. Cumulatively, 6,682 cases (951 confirmed; 5,731 suspected) and 163 deaths (CFR: 17.1%) of Lassa fever have been reported from 28 of the 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 emergency operations center (EOC) was activated in the NCDC to coordinate all response activities: surveillance, case management, risk communication and laboratory diagnosis at all levels.

COVID-19 in Africa

12,302,435 confirmed case(s)
257,095 death(s) (**CFR: 2.1%**)

SARS-CoV-2	Agent/Pathogen	21-Feb-2020	First Reported by Africa CDC	02-Jun-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) 8 June 2023, a total of 12,302,435 COVID-19 cases and 257,095 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 22 (29 May - 4 June 2023), 523 new COVID-19 cases were reported, which is a 112% increase in the number of new cases reported compared to the previous week (21). The Southern region accounted for 51% of the new COVID-19 cases reported this week, followed by the Northern (22%), Central (21%), Western (4%), Eastern (2%) and regions. Eswatini (11) had the highest number of daily new COVID-19 cases per million population among all MS.

Last week, 12 new COVID-19 deaths were reported in Africa, with the Northern region accounting for 67% of the new COVID-19 deaths reported this week, while the Southern accounted for 33%. No deaths were reported in the Central, Eastern and Western regions this week.

More than 25 thousand tests were conducted during the past week. The weekly % test positivity decreased from 9% to 6% compared to the previous week. Since February 2020, over 127 million COVID-19 tests have been conducted in Africa.

Response:

The 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](#).

H5N1 in Africa

2,529,579 confirmed case(s)
648,995 death(s) (**CFR: 25.7%**)

Influenza H5N1	Agent/Pathogen	04-May-2023	First Reported by Africa CDC	02-Jun-2023	Previous Africa CDC Report
01-May-2023	First Occurred	Africa Combo	Country	6 MS	Location
OIE	Source	LOW	GeoScope	MODERATE	Human Risk Assessment
HIGH	Animal Risk Assessment				

Update to event:

Since the beginning of this year, 16 outbreaks resulting in 2,529,579 cases and 648,995 deaths (CFR: 25.7%) of highly pathogenic avian influenza (HPAI) H5N1 in poultry were reported from six 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; 536; 536) and South Africa (6; 95,763; 95,752). This week, three new outbreaks with 43,752 new cases and 16,571 new deaths were reported among domestic and wild birds in Cote'd'Ivoire and Guinea.

Côte d'Ivoire: On 30 May 2023, the Ministry of Agriculture (MoAg) reported two outbreaks of HPAI (H5N1) from Abidjan with 43,000 cases and 15,826 deaths among domestic poultry birds following the introduction of new infected birds into the flock.

Guinea: On 30 May 2023, the MoAg reported an outbreak of HPAI (H5N1) with 752 cases and 745 deaths among different species of wild birds from one of the 18 important bird landing Areas (IBA).

Response:

Côte d'Ivoire: The MoAg has instituted strict movement control measures around the affected farm. Additionally, 27,174 of the sick birds were culled to prevent further spread of the disease.

Guinea: The MoAg has instituted several control measures which include: strengthening of the surveillance system, movement control, and official carcass disposal. Additional seven sick wild birds were detected and culled to prevent further spread of the disease.

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.