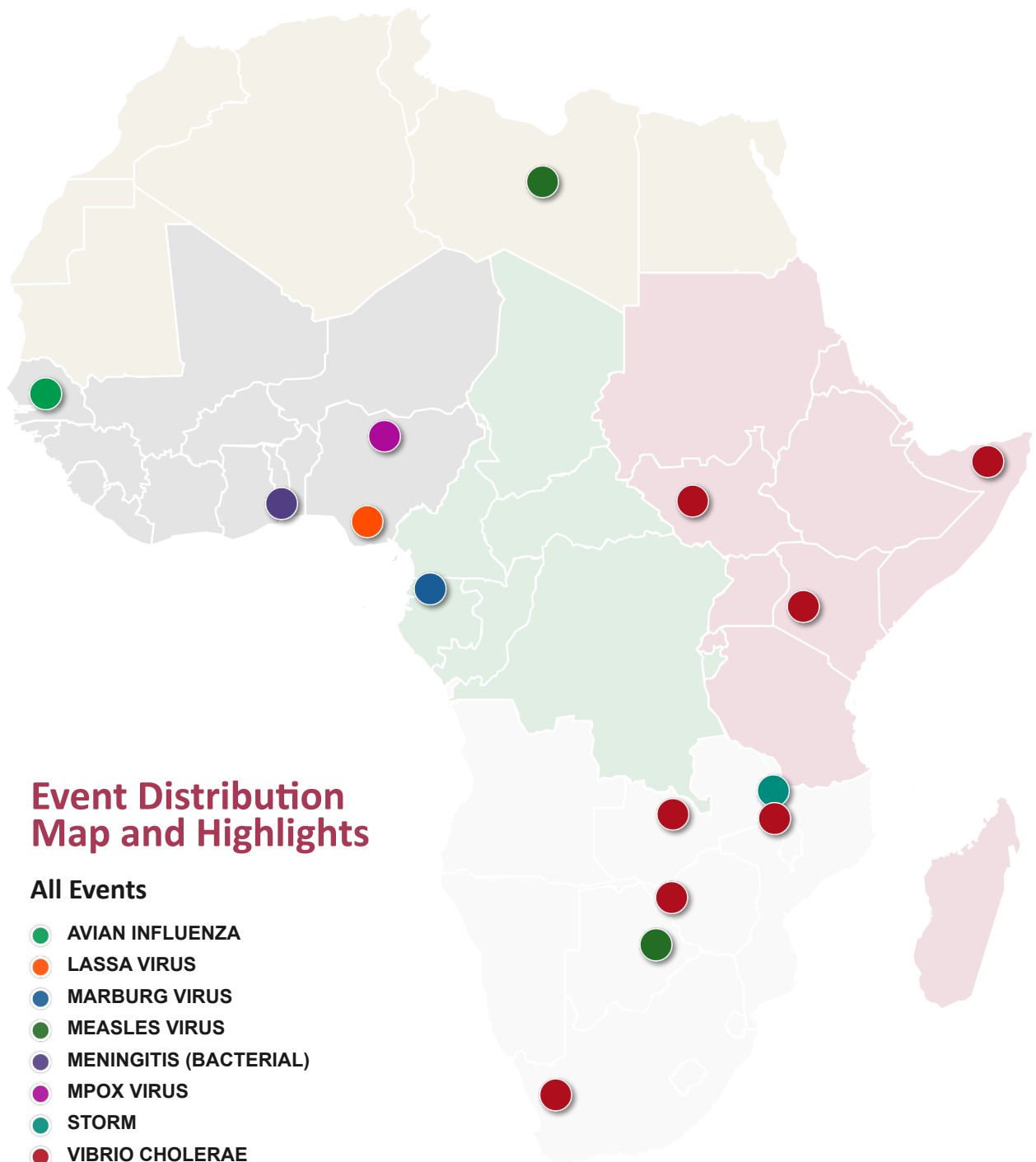


Africa CDC Weekly Event Based Surveillance Report

01-Apr-2023



High Risk Events

COVID-19 in Africa

12,283,986 confirmed case(s)
256,982 death(s) (**CFR: 2.1%**)

SARS-CoV-2	Agent/Pathogen	21-Feb-2020	First Reported by Africa CDC	24-Mar-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) 30 March 2023, a total of 12,283,986 COVID-19 cases and 256,982 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. Forty-two (76%) 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, 1.1 billion doses have been administered on the continent. Of these doses administered, 540.6 million people have been partially vaccinated, 421.1 million have been fully vaccinated, and 89 million have received a booster dose. Eritrea is the only AU MS yet to start the COVID-19 vaccination rollout.

For Epi week 12 (20 - 26 March 2023), 4,344 new COVID-19 cases were reported, which is a 27% decrease in the number of new cases reported compared to the previous week (11). The Southern region accounted for 66% of the new COVID-19 cases reported this week, followed by the Northern (20%), Eastern (6%), Western (4%), and Central (4%) regions. Comoros (5) had the highest number of new daily COVID-19 cases per million population among all MS.

Last week, 21 new COVID-19 deaths were reported in Africa, which is a 600% increase in new deaths reported compared to the previous week (3 deaths). The Northern accounted for all the new COVID-19 deaths reported this week. This week, no deaths were reported in the Central, Eastern, Southern, and Western regions.

More than 35 thousand tests were conducted during the past week, reflecting a 17% decrease in the number of tests compared to the previous week. The weekly % test positivity decreased by 12% compared with the previous week (14%). Since February 2020, over 126 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

174 confirmed case(s)
24 death(s) (**CFR: 13.8%**)

Mpox virus	Agent/Pathogen	17-Jan-2023	First Reported by Africa CDC	24-Mar-2023	Previous Africa CDC Report:
01-Jan-2023	First Occurred	Africa Combo	Country	4 MS	Location
Ministry of Health	Source	HIGH	GeoScope	HIGH	Risk Assessment

Update to event:

Since the beginning of this year, 174 confirmed cases and 24 deaths (CFR: 13.8%) of mpox have been reported from four endemic AU MS: Democratic Republic of Congo [(DRC) (98 confirmed cases; 23 deaths)], Ghana (7; 0), Liberia (3; 0) and Nigeria (66; 1). This week, seven new confirmed cases and no new deaths of mpox were reported from Nigeria.

Nigeria: Since the last update (24 March 2023), the Nigeria Centre for Disease Control (NCDC) reported seven new confirmed cases and no new deaths of mpox. Cumulatively, 66 cases and one death (CFR: 1.5%) of mpox have been reported.

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:

Nigeria: The NCDC through the multi-sectoral technical working group continues to coordinate the following response activities: surveillance, case management, risk communication and laboratory diagnosis in all the affected states.

Cholera in Africa

61,088 confirmed case(s)
16,246 suspected case(s)
1,491 death(s) (**CFR: 1.9%**)

Vibrio cholerae	Agent/Pathogen	06-Jan-2023	First Reported by Africa CDC	24-Mar-2023	Previous Africa CDC Report:
01-Jan-2023	First Occurred	Africa Combo	Country	14 MS	Location
Ministry of Health	Source	MODERATE	GeoScope	HIGH	Risk Assessment

Update to event:

Since the beginning of this year, 77,334 cases (61,088 confirmed; 16,246 suspected) and 1,491 deaths (CFR: 2.7%) of cholera were reported from 14 AU MS: Burundi (118 cases; 1 death), Cameroon (162; 4), DRC (7,620; 50), Ethiopia (245; 11), Kenya (4,264; 65), Malawi (40,120; 1,205), Mozambique (19,706; 94), Nigeria (922; 32), Somalia (3,014; 14), South Africa (10; 1), South Sudan (511; 2), Tanzania (72; 3), Zambia (289; 7) and Zimbabwe (281; 2). This week, 10,199 new cases and 55 new deaths of cholera were reported from eight AU MS: Kenya, Malawi, Mozambique, Somalia, South Africa, South Sudan, Zambia and Zimbabwe.

Kenya: Since the last report (24 March 2023), the MoH reported 50 new cases (24 confirmed; 26 suspected) and five new deaths (CFR: 10%) of cholera. This is a 95% decrease in the number of new cases and a 76% decrease in the number of new deaths compared to the last report. Cumulatively, 4,264 cases (893 confirmed; 3,371 suspected) and 65 deaths (CFR: 1.5%) were reported from 17 counties. The outbreak is active in 10 counties.

Malawi: Since the last report (24 March 2023), the MoH reported 1,004 new confirmed cases and 31 new deaths (CFR: 2.4 %) of cholera from 25 districts. This is an 18% and 23% decrease in the number of new confirmed cases and new deaths respectively compared to the last report. Cumulatively, 40,120 confirmed cases and 1,205 deaths (CFR: 3.1%) have been reported.

Mozambique: Since the last report (24 March 2023), the MoH reported 7,783 new confirmed cases and 14 new deaths (CFR: 0.2%) of cholera. This is a 156% increase in the number of new cases and a 46% decrease in the number of new deaths compared to the last report. Cumulatively, 19,706 confirmed cases and 94 deaths (CFR: 0.5%) have been reported from 36 districts.

Somalia: Since the last report (17 March 2023), the MoH reported 1,169 new cases (7 confirmed; 1,162 suspected) and 10 new deaths of cholera. This is a 117% increase in the number of new cases and a 233% increase in the number of new deaths reported compared to the last report. Cumulatively, 3,014 cases (13 confirmed; 3,001 suspected) and 14 deaths (CFR: 0.4%) were reported from 26 drought affected regions in the country. This is a protracted outbreak that started in 2022 for the 26 drought affected districts and in Banadir region since 2017. The outbreak is linked to lack of access to safe water in the drought affected districts. Fifty-six percent of the cases are children under five years of age.

South Africa: Since the last report (3 March 2023), the National Institute of Communicable Diseases (NICD) reported four confirmed cases with no new deaths of cholera. This is a 33% increase in the number of new confirmed cases compared to the last report. Cumulatively, 10 confirmed cases with one death (CFR: 11%) have been reported from Gauteng province.

South Sudan: Since the last report (24 March 2023), the MoH reported 87 new cases (2 confirmed; 85 suspected) and one new death (CFR: 1.1%). This is a 64% decrease in the number of new cases compared to the last report. Cumulatively, 511 cases (15 confirmed; 496 suspected) and two deaths (CFR: 0.4%) have been reported. Children under four years account for 87% of the total cases. The outbreak is localized in Malakal county, Upper Nile state.

Zambia: Since the last report (17 March 2023), the MoH reported six suspected new cases and no new deaths of cholera. This is an 84% decrease in the number of new cases compared to the last report. Cumulatively, 289 cases (103 confirmed; 186 suspected) and seven deaths (CFR: 2.5%) have been reported from three provinces.

Zimbabwe: Since the last report (24 March 2023), the MoH reported 96 new cases (11 confirmed; 85 suspected) and one new death (CFR: 1.0%) of cholera. This is a 19% decrease in the number of new cases compared to the last report. Cumulatively, 281 cases (35 confirmed; 246 suspected) and two deaths (CFR: 0.7%) have been reported from six provinces.

Response:

Kenya: The MoH deployed a rapid response team (RRT) to intensify enhanced surveillance in the affected counties.

Malawi: The MoH with support from partners continues to strengthen response efforts across the country.

Mozambique: The MoH is conducting oral cholera vaccination (OCV) in eight high burden districts.

Somalia: The MoH continues to conduct enhanced surveillance and case management at the 11 designated cholera treatment centers.

South Africa: The NICD continues to enhance cholera response activities.

South Sudan: The MoH continues to conduct active case search, case management and risk communication in the affected county. On 16 March 2023, the MoH started an OCV campaign targeting 53,000 persons one year and above in Malakal town and Malakal protection site (POC). As of 25 March 2023, 75% of this population had been reached.

Zambia: ZNPHI continues to coordinate the response to the cholera outbreak in the country. In addition, ZNPHI continues to intensify partner engagement, collaboration and resource mobilization.

Zimbabwe: The MoH Continues to strengthen cholera response activities.

Africa CDC Response

Africa CDC is supporting community sensitization, case management and supported capacity building on laboratory sample management.

Measles in Africa

1,495 confirmed case(s)
51,791 suspected case(s)
539 death(s) (**CFR: 1.0%**)

Measles virus	Agent/Pathogen	06-Jan-2023	First Reported by Africa CDC	24-Mar-2023	Previous Africa CDC Report:
01-Jan-2023	First Occurred	Africa Combo	Country	16 MS	Location
Ministry of Health	Source	MODERATE	GeoScope	HIGH	Risk Assessment

Update to event:

Since the beginning of this year, 53,286 cases (1,495 confirmed; 51,791 suspected) and 539 deaths (CFR: 1.0%) of measles were reported from 16 AU MS: Botswana (13 cases; 0), Cameroon (445; 3), CAR (461; 0), Chad (1,303; 2), Congo (7; 0), DRC (46,996; 523), Ethiopia (907; 0), Ghana (212; 0), Kenya (9; 1), Libya (391; 0), Mauritania (128; 0), Senegal (53; 0), South Africa (479; 0), South Sudan (1,296; 8), Uganda (258; 1) and Zambia (328; 1). This week, a total of 122 cases and no new deaths were reported from two MS: Botswana and Libya.

Botswana: On 28 March 2023, the MoH declared an outbreak of measles following confirmation of 13 cases with no deaths from six districts. It is not clear whether there is an epidemiological link with cases reported in South Africa. However, Botswana has low measles vaccination coverage of about 60% which is below the recommended target of 95% for herd immunity. Botswana last reported a measles outbreak in 2010 with 1,048 cases and no deaths from multiple locations.

Libya: Since the last report (10 March 2023), the National Centre for Disease Control (NCDC) reported 109 new cases (82 confirmed; 27 suspected) and no new deaths of measles. There is a 62% decrease in the number of new cases compared to the previous report. Cumulatively, 391 cases (93 confirmed; 298 suspected) and no deaths have been reported from Sabha and Bani Waleed cities.

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) and Zimbabwe (6,444; 698).

Response:

Botswana: The MoH has deployed rapid response teams to conduct case investigations, case management and contact tracing in the affected districts.

Libya: The NCDC has activated EOC and continues to conduct vaccination efforts. To date, a total 1,901 children aged 1-6 years have been vaccinated.

Lassa fever in Africa

823 confirmed case(s)
3,830 suspected case(s)
148 death(s) (**CFR: 18%**)

Lassa virus	Agent/Pathogen	27-Jan-2023	First Reported by Africa CDC	24-Mar-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, 4,653 cases (823 confirmed; 3,830 suspected) and 148 deaths (CFR: 18%) of Lassa fever were reported from five AU MS: Ghana [27 cases; 1 death(s)], Guinea (2; 1), Liberia (8; 2), Nigeria (4,610; 142) and Sierra Leone (6; 2). This week, seven new cases and no new deaths were reported from Nigeria.

Nigeria: Since the last report (17 March 2023), NCDC reported 662 new cases (108 confirmed; 554 suspected) and 33 new deaths (CFR: 30.5%) of Lassa fever. One healthcare worker was among the new confirmed cases. This is a 730% increase in the number of new cases compared to the last report. The increase was due to batch reporting for the past two weeks. Cumulatively, 4,610 cases (784 confirmed; 3,826 suspected) and 142 deaths (CFR: 18.1%) of Lassa fever have been reported from 23 states in Nigeria. Healthcare workers account for 3.1% (24) of all confirmed cases reported this year.

Response:

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

Marburg in Equatorial Guinea

14 confirmed case(s)
20 probable cases(s)
29 death(s) (**CFR: 85.3%**)

Marburg virus	Agent/Pathogen	14-Feb-2023	First Reported by Africa CDC	24-Mar-2023	Previous Africa CDC Report:
07-Feb-2023	First Occurred	Equatorial Guinea	Country	4 Provinces	Location
Ministry of Health	Source	LOW	GeoScope	HIGH	Risk Assessment

Update to event:

Since the last report, five new confirmed cases, and no new deaths of Marburg Virus Disease were reported. This is a 38% decrease in the number of confirmed cases reported compared to the last report. Cumulatively, 34 cases (14 confirmed, 20 probable) and 29 deaths (CFR: 85.3%) have been reported from four provinces: Centre Sud (2 confirmed cases), Kie Ntem (3), Littoral (8) and Wale-Nzas (1). Of the total confirmed cases reported 57% are female and 46% are between 30 and 44 years old.

Response:

The MoH in collaboration with partners is conducting contact tracing, case management, infection prevention and control, risk communication, and social mobilization activities in affected communities. To date, a total of 916 contacts have been listed for follow-up and 58% (535) are being m

Polio (vacc) in Africa

25 confirmed case(s)

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

Polio virus (vaccine-01-Jan-2023)	Agent/Pathogen	01-Jan-2023	First Reported by Africa CDC	24-Mar-2023	Previous Africa CDC Report:
01-Jan-2023	First Occurred	Africa Combo	Country	8 MS	Location
Global Polio Eradication	Source	MODERATE	GeoScope	MODERATE	Risk Assessment

Update to event:

Since the beginning of 2023, the continent has reported five cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) from Madagascar and 20 cases of type 2 (cVDPV2) from seven MS: Benin, Burundi, CAR, Chad, DRC, Nigeria and Somalia. This week, 15 new cases of cVDPV2 were reported from CAR (5), Chad (3) and DRC (7).

CAR: On 29 March 2023, the MoH reported five confirmed cases and no death of cVDVP2 from Sanitaire region. These were the first confirmed cases of cVDVP2 reported in 2023. In 2022, one cVDVP2 case was reported.

Chad: On 29 March 2023, the MoH reported two confirmed cases and no death of cVDVP2 from Batha and Logone Oriental regions. These were the first confirmed cases of cVDVP2 reported in 2023. In 2022, a total of 27 cVDVP2 cases were reported.

DRC: On 29 March 2023, the MoH reported seven confirmed cases and no death of cVDVP2 from the eastern part of the country. These were the first confirmed cases of cVDVP2 reported in 2023. In 2022, a total of 339 cVDVP2 cases were reported.

Response:

CAR: The MoH continues to conduct enhanced surveillance across the country.

Chad: The MoH continues to conduct enhanced surveillance in the affected communities.

DRC: The MoH in collaboration with partners, plans to conduct a mass vaccination campaign in affected provinces.

Bacterial Meningitis in Togo

17 confirmed case(s)

123 suspected case(s)

12 death(s) (**CFR: 8.6%**)

Meningitis (Bacterial)	Agent/Pathogen	14-Mar-2023	First Reported by Africa CDC	17-Mar-2023	Previous Africa CDC Report:
12-Feb-2023	First Occurred	Togo	Country	Savana region	Location
WHO	Source	LOW	GeoScope	MODERATE	Risk Assessment

Update to event:

Since the last report, the Togo MoH reported 58 new cases (7 confirmed; 51 suspected) and five new deaths (CFR: 8.6%) of bacterial meningitis. This is a 29% decrease in the number of new cases and 29% decrease in the number of new deaths compared to the previous report. Cumulatively 140 cases (17 confirmed; 123 suspected) and 12 deaths (CFR: 8.6%) were reported from Oti Sud district, Savanes region in the northern part of Senegal. Young adolescents between the age of 10 and 14 years, accounted for 31% of the total cases reported.

Response:

The MoH continues to conduct active case search in health facilities and communities in affected districts. Additionally, healthcare workers were trained on meningitis case management.

Avian Flu in Senegal

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

Avian Influenza	Agent/Pathogen	30-Mar-2023	First Reported by Africa CDC	Initial Report	Previous Africa CDC Report
05-Mar-2023	First Occurred	Senegal	Country	Dakar	Location
OIE	Source	LOW	GeoScope	LOW	Human Risk Assessment
MODERATE	Animal Risk Assessment				

Update to event:

On 21 March 2023, the Ministry of Agriculture (MoAg) reported an outbreak of highly pathogenic avian influenza (HPAI) H5N1 in Dakar. The cases were confirmed among wild sea birds with 518 fatal cases (CFR: 100%). Confirmatory test was conducted at the National Laboratory of Veterinary Research in Dakar using polymerase chain reaction.

Since its emergence in 1997, HPAI A(H5) viruses have become enzootic in some countries, infecting wild birds and continue to cause outbreaks in poultry and sporadic human infections across a wide geographic area. These viruses occur naturally among wild aquatic birds worldwide and can infect domestic poultry and other bird and animal species. Wild aquatic birds are considered reservoirs (hosts) for avian influenza. Susceptible birds become infected when they have contact with the virus as it is shed by infected birds and also through contact with surfaces that are contaminated with virus from infected birds. There are two types: **Low Pathogenic Avian Influenza (LPAI)**; Low pathogenic avian influenza viruses cause either no signs of disease or mild disease in chickens/poultry. In poultry, some low-pathogenic viruses can mutate into highly pathogenic avian influenza viruses and the **Highly Pathogenic Avian Influenza (HPAI)**; Highly pathogenic avian influenza viruses cause severe disease and high mortality in infected poultry. Only some avian influenza A(H5) and A(H7) viruses are classified as HPAI A viruses with mortality up to 90% to 100% in chickens, often within 48 hours. Both HPAI and LPAI viruses can spread rapidly through poultry flocks and can cause mild to severe illness in infected humans. There are genetic and antigenic differences between the influenza A virus subtypes that typically infect only birds and those that can infect birds and people. Depopulation (culling), and quarantine of exposed birds as well as improved surveillance are the most preferred control measures during outbreaks. The best means of protection for humans is to avoid sources of exposure to HPAI. The Last outbreak of HPAI H5N1 in Senegal was reported in February 2022 with 59,705 cases and 59,580 deaths (CFR: 99.7%) among the great white pelicans from Djoudj National Bird Park in Gueumbeul Wildlife Reserve, Saint Louis region.

Response:

The MoAg instituted movement control to prevent spread of the disease into domestic birds.

Other Event Updates



Storm in Africa

614,471 total persons displaced
538 death(s)

Storm	Agent/Pathogen	03-Mar-2023	First Reported by Africa CDC	24-Mar-2023	Previous Africa CDC Report
21-Feb-2023	First Occurred	Africa Combo	Country	3 MS	Location
UN Agency	Source	MODERATE	GeoScope	MODERATE	Human Risk Assessment

Update to event:

Since 21 February 2023, the passage of cyclone Freddy has displaced 614,471 people and caused 538 deaths in three Member States: Madagascar (40,800 displaced; 17 deaths), Malawi (563,771; 511) and Mozambique (9,900; 10). This week, 1,353 displaced persons and no deaths were reported from Malawi.

Malawi: Since the last report (24 March 2023), the Department of Disaster Management Affairs (DoDMA) reported 1,356 displaced persons and no new deaths, 381 new injuries due to tropical cyclone Freddy. Cumulatively, 563,771 displaced persons, 511 deaths, 1,713 injuries and 532 missing persons have been reported from 14 districts in the southern region of the country.

Response:

Malawi: The DoDMA with support from the Office for the Coordination of Humanitarian Affairs and other partners established 574 camps to provide shelter for displaced families. The injured persons are currently receiving treatment at Queen Elizabeth Central Hospital.

Africa CDC support: Africa CDC deployed technical experts to Blantyre and Mangochi districts to support response interventions including assessment of camps as well as coordination of response activities.

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. Africa CDC inadvertently reported 128,544,176 COVID-19 tests in the last brief. Correct value now listed