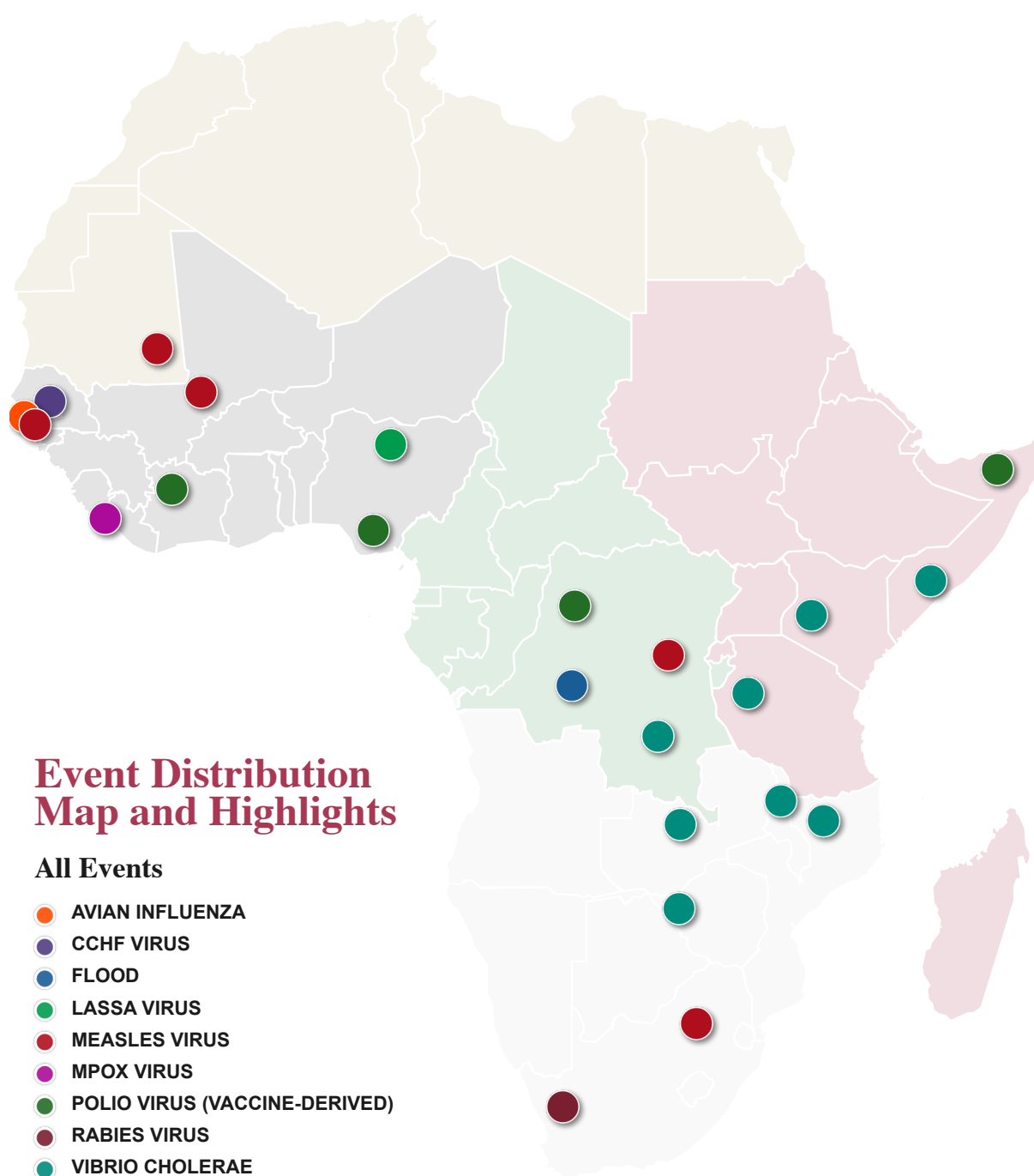


Africa CDC Weekly Event Based Surveillance Report

13-May-2023



High Risk Events

COVID-19 in Africa

12,295,935 confirmed case(s)
257,045 death(s) (**CFR: 2.1%**)

SARS-CoV-2	Agent/Pathogen	21-Feb-2020	First Reported by Africa CDC	05-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	HIGH	Risk Assessment

Update to event:

On 5 May 2023, the World Health Organization (WHO) declared the end to COVID-19 as a public health emergency of international concern. As of 6 p.m. East African Time (EAT) 10 May 2023, a total of 12,295,935 COVID-19 cases and 257,045 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-four (80%) 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 (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, 546.5 million people have been partially vaccinated, and 431.7 million have been fully vaccinated. Eritrea is the only AU MS yet to start COVID-19 vaccination roll out.

For Epi week 18 (4 - 10 May 2023), 1,441 new COVID-19 cases were reported, which is an 11% increase in the number of new cases reported compared to the previous week (17). The Northern region accounted for 54% of the new COVID-19 cases reported this week, followed by the Central (19%), Southern (15%), Western (11%) and Eastern (1%) regions. Cabo Verde (14) had the highest number of new daily COVID-19 cases per million population among all MS.

Last week, 11 new COVID-19 deaths were reported in Africa, which is 15% decrease in new deaths reported compared to the previous week. The Northern region accounted for 46% of the new COVID-19 deaths reported this week, followed by the Southern (36%) and Central (18%). No deaths were reported in the Eastern and Western regions this week.

More than 41 thousand tests were conducted during the past week, reflecting a 51% increase in the number of tests compared to the previous week. The weekly % test positivity decreased from 5% to 3% compared to the previous week. Since February 2020, over 126.4 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

197 confirmed case(s)

26 death(s) (CFR: **13.2%**)

Mpox virus	Agent/Pathogen	17-Jan-2023	First Reported by Africa CDC	05-May-2023	Previous Africa CDC Report:
01-Jan-2023	First Occurred	Africa Combo	Country	5 MS	Location
Ministry of Health	Source	HIGH	GeoScope	HIGH	Risk Assessment

Update to event:

On 10 May 2023, WHO declared the end to mpox as a public health emergency of international concern. Since the beginning of this year, 197 confirmed cases and 26 deaths (CFR: 13.2%) of mpox have been reported from five endemic AU MS: Central African Republic (CAR) (12 confirmed cases; 1 death), Democratic Republic of Congo (DRC) (98; 23), Ghana (8; 0), Liberia (7; 0) and Nigeria (72; 2). This week, one new confirmed case and no new deaths of mpox were reported from Liberia.

Liberia: Since the last update (7 April 2023), the National Public Health Institute of Liberia (NPHIL) reported one new confirmed case and no new deaths of mpox. Cumulatively, seven confirmed cases and no deaths of monkeypox have been reported from five of the 15 counties; Grand Cape Mount (2 confirmed cases), Gbarpolu (1), Nimba (1), Rivercess (2) and Sinoe (1).

Note: In 2022, the continent reported 1,231 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), DRC (319; 198), Ghana (116; 4), Liberia (5; 0), Nigeria (763; 7) and five non-endemic MS: Egypt (4; 0), Morocco (3; 0), Mozambique (1; 1), South Africa (5; 0) and Sudan (18; 1).

Response:

Liberia: The NPHIL continues to conduct active case search and risk communication in all the affected counties.

Cholera in Africa

76,527 confirmed case(s)

25,987 suspected case(s)

2,023 death(s) (CFR: 2.0%)

Vibrio cholerae	Agent/Pathogen	06-Jan-2023	First Reported by Africa CDC	05-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, 102,514 cases (76,527 confirmed; 25,987 suspected) and 2,023 deaths (CFR: 2.0%) of cholera were reported from 15 AU MS: Burundi (288 cases; 1 death), Cameroon (1,938; 312), DRC (10,031; 75), Ethiopia (245; 11), Eswatini (2; 0), Kenya (6,842; 107), Malawi (42,530; 1,248), Mozambique (30,232; 131), Nigeria (1,336; 79), Somalia (6,305; 19), South Africa (11; 1), South Sudan (1,073; 2), Tanzania (87; 3), Zambia (552; 11) and Zimbabwe (1,042; 23). This week, 6,778 new cases and 41 new deaths of cholera were reported from nine MS: Burundi, DRC, Kenya, Malawi, Mozambique, Somalia, Tanzania, Zambia and Zimbabwe.

Burundi: Since the last update (7 April 2023), the MoH reported 168 new suspected cases and no new deaths of cholera from seven districts. Cumulatively, 288 cases (47 confirmed; 241 suspected) and 1 death (CFR: 0.3%) have been reported from 10 of 49 districts in Burundi this year.

DRC: Since the last update (24 March 2023), the MoH reported 2,411 new suspected cases and 25 new deaths (CFR: 1.0%) of cholera from seven provinces. Cumulatively, 10,031 suspected cases and 75 deaths (CFR: 0.7%) have been reported from 14 of 26 provinces in DRC this year.

Kenya: Since the last report (5 May 2023), the MoH reported 561 new cases (46 confirmed; 515 suspected) and 10 new deaths (CFR: 1.8%) of cholera. This is a 25% decrease in the number of new cases and a 9% decrease in the number of new deaths compared to the last report. Cumulatively, 6,842 cases (1,297 confirmed; 5,545 suspected) and 107 deaths (CFR: 1.6%) were reported from 19 of 47 counties across the country. Since the start of the outbreak in October 2022, a total of 10,148 cases (2,458 confirmed; 7,690 suspected) and 163 deaths (CFR: 1.6%) have been reported from 19 counties. Garissa, Mandera and Nairobi counties account for 64% of the total cases and 53% of the total deaths reported to date.

Malawi: Since the last update (5 May 2023), the MoH reported 177 new confirmed cases and one new death (CFR: 0.6%) of cholera from 19 districts. This is a 7% increase in the number of new confirmed cases and an 88% decrease in the number of new deaths compared to the last report. Cumulatively, 42,530 confirmed cases and 1,248 deaths (CFR: 2.9%) have been reported from all 29 districts in Malawi this year.

Mozambique: Since the last update (5 May 2023), the MoH reported 702 new confirmed cases and no new deaths of cholera. Cumulatively, 30,232 confirmed cases and 131 deaths (CFR: 0.4%) have been reported from 10 of 11 provinces this year.

Somalia: Since the last report (14 April 2023), the MoH reported 2,289* new cases (9 confirmed; 2,280 suspected) and two new deaths (CFR: 0.1%) of cholera. Cumulatively, 6,305 cases (22 confirmed; 6,283 suspected) and 19 deaths (CFR: 0.3%) were reported from 28 drought affected regions in the country. Majority (77%) of the deaths occurred in children under five years. This outbreak has been uninterrupted in 28 drought affected districts since 2022 and in Banadir region since 2017.

Tanzania: Since the last update (28 April 2023), the MoH reported five new suspected cases and no new deaths of cholera. Cumulatively, 87 cases (14 confirmed; 73 suspected) and three deaths (CFR: 3.4%) have been reported from Katavi (34 cases; 0 deaths), Kigoma (7; 0), Rukwa (18; 0), Ruvuma (13; 3) and Dar Es Salaam (15; 0) regions.

Zambia: Since the last update (5 May 2023), the Zambia National Public Health Institute (ZNPPI) reported 57 new cases (24 confirmed; 33 suspected) and no new deaths of cholera. Cumulatively, 583 cases (192 confirmed; 391 suspected) and 11 deaths (CFR: 1.9%) have been reported from eight of 116 districts this year.

Zimbabwe: Since the last update (5 May 2023), the MoH reported 408 new cases (109 confirmed; 299 suspected) and three new deaths (CFR: 1.0%) from cholera. Cumulatively, 1,042 cases (242 confirmed; 800 suspected) and 23 deaths (CFR: 2.2%) 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.

DRC: The MoH continues to conduct community sensitization, chlorination, disinfection of water sources and installation of latrines and hand washing points in affected provinces.

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

Malawi: The MoH continues to intensify response sample testing on all suspected cases.

Mozambique: The MoH conducted oral cholera vaccination in the four high burden provinces of Manica, Sofala, Tete and Zambezia and achieved a 100% vaccination coverage.

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, which is the current epi-centre of the outbreak.

Tanzania: The MoH and the regional health management teams deployed rapid response teams (RRTs) to conduct outbreak investigations. In addition, the RRTs continue to implement water sanitation and hygiene interventions in the affected communities.

Zambia: ZNPHI continues to coordinate response activities. Additionally, ZNPHI is conducting genomic sequencing to guide the response.

Zimbabwe: The MoH continues to sensitize health workers to increase their index of suspicion for cholera cases. In addition, the MoH has pre-positioned commodities to cholera hotspots districts, reviewed and updated cholera and typhoid guidelines for use in the country.

Africa CDC response: Africa CDC supported Malawi in case management and infection prevention and control and capacity building among health care workers.

Measles in Africa

2,001 confirmed case(s)

90,422 suspected case(s)

1,052 death(s) (CFR: 1.1%)

Measles virus	Agent/Pathogen	06-Jan-2023	First Reported by Africa CDC	05-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, 92,423 cases (2,001 confirmed; 90,422 suspected) and 1,052 deaths (CFR: 1.1%) of measles were reported from 18 AU MS: Burundi (132:0), Botswana (13 cases; 0), Cameroon (463; 3), CAR (467; 0), Chad (1,303; 2), Congo (7; 0), DRC (84,558; 1,025), Ethiopia (907; 0), Ghana (212; 0), Kenya (9; 1), Libya (391; 2), Mali (94; 0), Mauritania (456; 3), Senegal (352; 0), South Africa (611; 0), South Sudan (1,862; 14), Uganda (258; 1) and Zambia (328; 1). This week, a total of 24,570 cases and 376 new deaths were reported from Burundi, DRC, Mali, Mauritania, and Senegal.

Burundi (Initial report): On 23 April 2023, the MoH reported 132 cases (20 confirmed, 112 suspected) and no new death of measles from 27 districts this year. The last outbreak of measles reported in Burundi occurred in 2022.

DRC: Since the last update (14 April 2023), the MoH reported 24,012 suspected cases and 376 new deaths (CFR: 1.6%) of measles from all 26 provinces. Cumulatively, 84,558 suspected cases and 1,025 deaths (CFR: 1.2%) of measles have been reported from all 26 provinces in DRC.

Mali (Initial report): On 30 April 2023, the MoH reported 94 confirmed cases and no deaths of measles. The cases were reported from 13 of the 75 health districts in the country. The last outbreak of measles from Mali was reported in 2022 with 728 confirmed cases and one death (CFR: 0.1%) from multiple locations.

Mauritania: Since the last update (5 May 2023), the MoH reported 27 cases (4 confirmed, 23 suspected) and no new death of measles from 11 provinces. This is a 35% increase in the number of new cases compared to the last report. Cumulatively, 456 cases (186 confirmed; 270 suspected) and three deaths (CFR: 0.7%) of measles have been reported from 11 of the 13 regions in Mauritania. Of all confirmed cases reported, 33% were reported from the Hodh Echargui region and 80% were not vaccinated against measles virus.

Senegal: Since the last report (24 February 2023), the Senegal MoH reported 299 new confirmed cases and no deaths of measles. Cumulatively, 352 confirmed cases and no deaths of measles were reported from 30 health districts. Touba district accounts for 68% (239) of the reported confirmed cases. Additionally, 86% of the cases were unvaccinated against measles.

South Africa: Since the last update (5 May 2023), the National Institute for Communicable Diseases (NICD) reported 39 new confirmed cases and no new deaths of measles. This is an 83% decrease in the number of new confirmed cases compared to the last report. Cumulatively, 611 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%). The measles strain detected in Limpopo and North West provinces is genotype D8 which is similar to the strain in Zimbabwe of 2022.

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 MoH continues to strengthen surveillance activities in affected provinces.

Mali: The MoH continues to intensify surveillance in the affected districts.

Mauritania: The MoH activated the 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 plans to conduct vaccination activities 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

969 confirmed case(s)

5,088 suspected case(s)

165 death(s) (**CFR: 17%**)

Lassa virus	Agent/Pathogen	27-Jan-2023	First Reported by Africa CDC	05-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, 6,057 cases (969 confirmed; 5,088 suspected) and 165 deaths (CFR: 17%) of Lassa fever were reported from five AU MS: Ghana (27 cases; 1 death), Guinea (3; 2), Liberia (19; 4), Nigeria (6,002; 156) and Sierra Leone (6; 2). This week, 197 new cases and two new deaths were reported from Nigeria.

Guinea: On 3 May 2023, the Guinea MoH announced an end of the Lassa fever outbreak reported in the country. This is in line with the WHO recommended mandatory 42-day post-surveillance countdown period from when the last case was discharged. The last confirmed case died on 22 March 2023 and no new confirmed cases have been recorded. Cumulatively, three confirmed cases and two deaths (CFR: 67%) were reported from Gueckedou (2 confirmed cases; 1 death) and Nzérékoré(1; 1) districts.

Ghana: On 4 May 2023, the Ghana Health Services (GHS) announced an end to the Lassa fever outbreak reported in the country following a 42-day post-surveillance countdown period from when the last case was discharged. The last confirmed case was discharged on 10 March 2023 and no new confirmed cases have been recorded. Cumulatively, 27 confirmed cases and one death (CFR: 3.7%) were reported from Greater Accra.

Nigeria: Since the last update (5 May 2023), the Nigeria Center for Disease Control (NCDC) reported 197 new cases (21 confirmed; 176 suspected) and two new deaths (CFR: 9.5%) of Lassa fever. This is a 13% decrease in the number of new cases compared to the last report. Cumulatively, 6,002 cases (918 confirmed; 5,084 suspected) and 156 deaths (CFR: 17%) of Lassa fever have been reported from 28 of 36 states and the federal capital territory this year. Healthcare workers account for 3.1% (28) of all confirmed cases reported.

Response:

Guinea: The MoH continues to strengthen surveillance systems and risk communication for Lassa fever.

Ghana: The GHS continues to conduct active case search and risk communication in the affected region.

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.

CCHF in Senegal

1 confirmed case(s)

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

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, no new case of Crimean Congo hemorrhagic fever (CCHF) has been reported from Senegal. As of 8 May 2023, all 87 contacts identified have completed their 15 days follow-up. Cumulatively, one confirmed case and one death (CFR: 100%) was reported from Dakar region.

Additionally, 73 domestic animals in the affected area were evaluated and 123 ticks belonging to five different species isolated. Among the isolated ticks, 27% belong to the genus Hyalomma, the main vector of the CCHF virus in Senegal.

Response:

The MoH continues to strengthen surveillance and response activities through the emergency operation centre. Additional samples (64) tested were negative for CCHF. Also, the isolated ticks responsible for CCHF in Senegal are undergoing virological and serological analyses.

Rabies in South Africa

5 confirmed case(s)

5 death(s) (CFR: **100.0%**)

Rabies virus	Agent/Pathogen	11-Apr-2023	First Reported by Africa CDC	14-Apr-2023	Previous Africa CDC Report:
17-Feb-2023	First Occurred	South Africa	Country	Vhembe District of	Location
South Africa NICD	Source	LOW	GeoScope	HIGH	Risk Assessment

Update to event:

Since last update (14 April 2023), the South Africa NICD reported three cases of rabies from Eastern Cape (2 cases; 2 deaths) and KwaZulu Natal (1; 1) provinces. Cumulatively, five cases and five deaths (CFR: 100%) have been reported from Eastern Cape (2 cases; 2 deaths), KwaZulu Natal (2; 2) and Limpopo (1; 1) provinces this year.

Response:

The provincial veterinary department is enhancing rabies vaccination for dogs and cats. The cases received medical attention and rabies post exposure prophylaxis was initiated.

Polio (vacc) in Africa

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

Polio virus (vaccine-01-Jan-2023)	Agent/Pathogen	01-Jan-2023	First Reported by Africa CDC	05-May-2023	Previous Africa CDC Report:
01-Jan-2023	First Occurred	Africa Combo	Country	10 MS	Location
Global Polio Eradication	Source	MODERATE	GeoScope	MODERATE	Risk Assessment

Update to event:

Since the beginning of 2023, the continent has reported 21 cases of circulating vaccine-derived poliovirus type 1 (cVDPV1) from DRC (9), Madagascar (9), Mozambique (3) and 44 cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) from 8 MS: Benin (2), Burundi (3), CAR (5), Chad (6), Côte d'Ivoire (1), DRC (21), Nigeria (4) and Somalia (2). This week, 12 new cases of cVDPV2 were reported from Chad, Côte d'Ivoire, DRC, Nigeria and Somalia.

Chad: Since the last update (14 April 2023), the MoH reported one new confirmed case of cVDPV2 from Tandjile region. This is a 50% increase in the number of new cases compared to the previous report. Cumulatively, six confirmed cases and no deaths of cVDPV2 were reported from Batha, Logone Oriental and Tandjile regions.

Côte d'Ivoire: The MoH reported one new confirmed case of cVDPV2 from Bounkani region. This is the first case of cVDPV2 reported from Cote d'Ivoire in the past three years. The last case of cVDPV2 was in 2020 with 62 cases and no deaths reported from multiple locations.

DRC: Since the last update (5 May 2023), the MoH reported six new confirmed cVDPV2 cases and no deaths from Haut Lomami, Kasai Oriental, Ituri Sud-Kivu and Tanganyika provinces. This is a 25% increase in the number of new cases compared to the previous report. Cumulatively, nine cases of cVDPV1 and 21 cases of cVDPV2 have been reported from DRC this year.

Nigeria: Since the last update (3 March 2023), the MoH reported three new confirmed cases and no new deaths of cVDPV2 were reported.–Cumulatively, four confirmed cases and no deaths of cVDPV2 were reported from two states in Nigeria; Sokoto (1) and Zamfara (3).

Somalia: Since the last update (10 March 2023) the MoH reported one confirmed case and no death of cVDPV2 from Somalia. Cumulatively, two confirmed cases and no deaths of cVDPV2 have been reported from Somalia this year.

Response:

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

Côte d'Ivoire: The MoH continues to improve surveillance and risk communication in affected regions.

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

Nigeria: The MoH is conducting outbreak response by conducting polio vaccination in four northern states (Kebbi, Katsina, Sokoto and Zamfara) from 11 - 18 May 2023.

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

H5N1 in Africa

48,108 confirmed case(s)
48,108 death(s) (**CFR: 100%**)

Influenza H5N1	Agent/Pathogen	04-May-2023	First Reported by Africa CDC	05-May-2023	Previous Africa CDC Report
01-May-2023	First Occurred	Africa Combo	Country	2 MS	Location
OIE	Source	LOW	GeoScope	MODERATE	Human Risk Assessment
HIGH	Animal Risk Assessment				

Update to event:

Since the beginning of this year, eight outbreaks resulting in 48,108 cases and 48,108 deaths (CFR: 100%) of highly pathogenic avian influenza (HPAI) H5N1 in poultry were reported from three AU MS: Gambia (3 outbreaks; 7,569 cases; 7,569 deaths), Senegal (1; 536; 536) and South Africa (4; 40,003; 40,003). This week, a total of 7,569 cases and 7,569 deaths have been reported among wild birds from the Gambia.

Gambia: On 3 May 2023, the Ministry of Agriculture (MoAg) reported 3 outbreaks of HPAI (H5N1) with 7,404 die-offs among 19 different species of wild birds. Additionally, 165 sick wild birds were also detected and culled to prevent further spread of the disease. Cumulatively, 7,569 cases (CFR:100%) were reported from 16 bird landing sites located in all the five regions of Gambia.

Response:

Gambia: A multi-stakeholder coordination committee at the MoAg is reviewing the HPAI national action plan for effective response.

Flood in Democratic Republic of the Congo

422 death(s)

Flood	Agent/Pathogen	12-May-2023	First Reported by Africa CDC	Initial Report	Previous Africa CDC Report
02-May-2023	First Occurred	DR Congo	Country	South-Kivu Province	Location
Ministry of Health	Source	LOW	GeoScope	MODERATE	Human Risk Assessment

Update to event:

On 3 May 2023, the Government of the Democratic Republic of the Congo (DRC) reported the occurrence of floods caused by heavy rainfall which occurred on 2 May 2023. The floods affected nine territories in South-Kivu province in the Eastern DRC. As of 10 May 2023, 422 deaths, 150 injuries, and 72 hospitalizations have been reported from this province. Additionally, over 4,500 households flooded and 1,200 houses were destroyed, leaving over 5,000 persons missing. The floods also caused extensive damage to properties including three primary schools and one secondary school. The South Kivu province is one of the provinces reporting a cholera outbreak since the beginning of this year.

A flash flood is a rapid flooding of low-lying areas, that may be caused by heavy rain associated with a severe thunderstorm, hurricane, or tropical storm. Flash floods are a significant hazard with the potential to cause fatalities and displacement of people. Flash floods can also deposit large quantities of sediments on floodplains.

Response:

The Government of DRC declared a National Day of mourning on 8 May. The Government has deployed a team including national ministers to support disaster management and cholera surveillance in flood-affected areas. Additionally, the government in collaboration with partners is distributing water sanitation and hygiene kits, including intimate hygiene and non-food item kits, to affected households. Furthermore, the Government is conducting visits to the affected communities to evaluate the damage and related needs.

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.