

Country Name	Cases in 2015																		Trends on CFR 2015			Onset week, 2014	Total 2015			Cases in 2014		
	w1-10	w11-20	w21-30	w31	w32	w33	w34	w35	w36	w37	w38	w39	w40	w41	w42	w43	w44	w45	w46	W44	W45		W46	Cases	Deaths	CFR	Week 1-46	Total
Central African Republic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%		-	-	0.0%	-	-
Burkina Faso	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%		-	-	0.0%	-	-
Mauritania	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%		-	-	0.0%	-	-
Mali	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%		-	-	0.0%	-	-
Sierra Leone	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%		-	-	0.0%	-	-
Congo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%		-	-	0.0%	-	-
Guinea	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%		-	-	0.0%	2	2
Guinea Bissau	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%		-	-	0.0%	18	18
Chad	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%		-	-	0.0%	152	153
Liberia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%		-	-	0.0%	60	60
Benin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%		-	-	0.0%	826	874
Togo	50	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	Week 1	50	2	4.0%	252	329
Niger	51	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	Week 1	51	4	7.8%	1,749	2,059
Cote d'Ivoire	126	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	Week 1	126	2	1.6%	133	248
Cameroon	2	0	10	1	0	4	3	3	2	0	1	17	11	7	5	10	6	7	NA	0.0%	0.0%	NA	Week 8	89	5	5.6%	3,250	3,356
Ghana	358	230	68	9	0	0	0	8	6	2	2	1	1	0	0	2	0	0	0	0.0%	0.0%	0.0%	Week 1	687	10	1.5%	27,824	28,944
DR Congo	2,194	1,751	1,547	132	197	270	221	173	540	910	1,219	1,259	965	600	303	206	305	197	238	0.0%	0.0%	0.0%	Week 1	15,227	219	1.4%	17,263	19,305
Nigeria **	1,828	237	1,075	71	118	73	137	59	155	482	223	58	223	162	204	51	16	2	0	0.0%	0.0%	0.0%	Week 1	5,172	184	3.6%	36,797	36,996
Lake Chad River Basin*	1,881	237	1,085	72	118	77	140	62	157	482	224	73	234	169	209	61	22	9	-					5,312	193	3.6%	40,948	41,563
Congo River Basin*	4,194	1,751	1,547	132	197	270	221	173	540	910	1,219	1,259	965	600	303	206	305	197	238					15,227	219	1.4%	17,263	19,305
Guinea Gulf Basin*	534	230	68	9	-	-	-	8	6	2	2	1	1	-	-	2	-	-	-					863	14	1.6%	29,115	30,475
WCAR	6,609	2,218	2,700	213	315	347	361	243	703	1,394	1,445	1,333	1,200	769	512	269	327	206	238					21,402	426	2.0%	87,326	91,343

(**) Incomplete data for Nigeria W45 and W46, still in consolidation process.

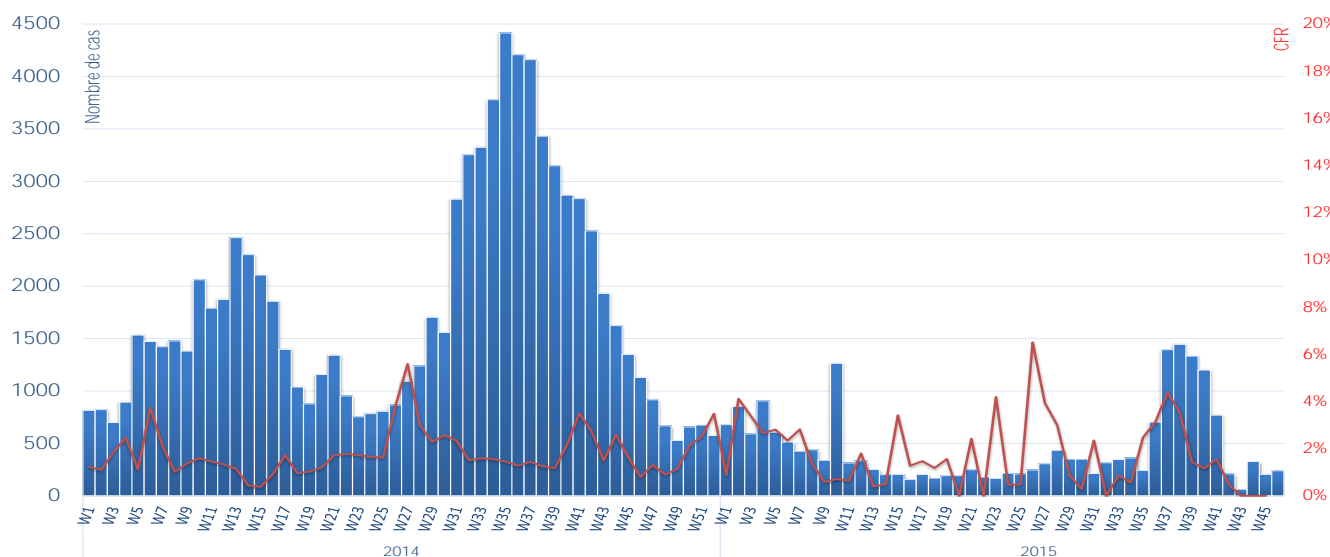
End of the cholera epidemic in Ghana

Ghana announced in their last report the end of the cholera epidemic after 3 weeks without new reported case. During week 44, the three (3) suspected cholera cases reported from Lower Manya-Krobo district, Eastern region, were investigated and found to be non-cholera cases. Stool samples obtained from the suspected cases tested negative for *Vibrio cholerae* by culturing at the National Public Health Reference Laboratory. Active case search conducted in the said community identified no cases. Therefore, to date, the entire country has reported zero case of cholera in the last three weeks which clearly states the end of cholera epidemic in Ghana. Nevertheless, there is still critical need to continue with cholera prevention and control activities, particularly WASH, social mobilization and public education, and enhanced surveillance. In addition, more investment should now be directed towards cholera preparedness activities.

Large outbreak persisting in Maniema region and Fizi district in South Kivu, DRC

Responsible for nearly 82% of reported cases, the outbreak in several districts of the Maniema region and Fizi district in south Kivu remains of great concern. Investigations are ongoing in Maniema in order to focus cholera response activities. In

Cholera cases and CFR trends in WCA, 2014 and 2015 (Week 46)



Sources : Country sitreps, WHO reports, , UNICEF CO reports and sitreps, West and Central Africa Cholera Platform.
Data is retrospectively updated when new information comes in

Maintaining high vigilance and prevention activities in the four countries of the Lake Chad Basin (Nigeria, Cameroon, Niger and Chad).

Tuesday, November 24th, a cholera case has been diagnosed and confirmed at the Hospital of Maradi, Niger. The Medical Chief of Maradi District confirmed that it was a woman who recently stayed in Nigeria. To date, the woman has been treated, and it seems reasonable to expect that this remains an isolated case according to authorities. The investigation is still ongoing and results shall be shared locally shortly.

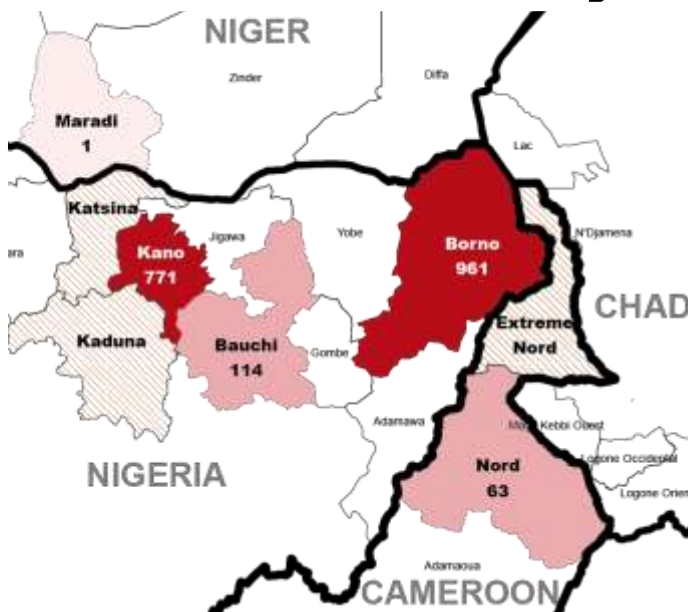
This case highlights that it remains critical to increase vigilance in bordering areas such as Maradi, Zinder and Diffa in Niger and Mayo Kebbi East and Mayo Kebbi West in Chad and to ensure the implementation and maintaining cholera prevention activities. These activities should target especially the cross-border markets, the formal and informal trade between these regions and people who regularly migrate through these routes.

In cholera-affected areas in Nigeria and Cameroon, it is essential that response activities are focused, based on the results of epidemiological surveys. For instance, in Cameroon, the analysis of the transmission context highlighted clear contamination routes, such as the water sources used (one particular well and consumption of untreated surface water) and hygiene behaviors in the household. Response activities tailored by partners in the affected health areas (Adoumri to Bibemi and Douroum in Guider) focused on intra domiciliary disinfection, the provision of disinfecting, hygiene and water treatment products for households living in affected communities.



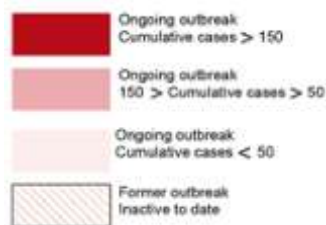
HEALTH DISTRICTS WITH CURRENT OUTBREAK

Accumulated cases as of S15 to S48



Local communication campaigns were also held on what hygienic measures to prevent cholera, or how to treat water at the household level with simple and affordable techniques.

In addition, the suspected well was temporarily closed. This work, diligently conducted, contributed to the reduction of the epidemic spread in these areas and by the end of week 47, no new case had been registered in Bibemi nor Guider (Cameroon North Region).



Lessons learned and best practices in running Oral Cholera Vaccine campaigns

UNICEF runs a project called "Piloting the use of Oral Cholera Vaccine (OCV) in emergency settings through an integrated strategy." This project began in November 2013 and is funded by the Bill and Melinda Gates Foundation. It will end on 31 December 2015. This project aims to integrate OCV to surveillance, Water Sanitation and Hygiene (WASH) and Information Education and Communication (IEC) in the fight against cholera. This project covers Cameroon, Chad, DRC, Sierra Leone and Niger. The implementing partners of the project are International Medical Corps (IMC) and International Rescue Committee (IRC). As part of this project, a regional workshop on cholera vaccine was held from 10 to 12 November in Lomé. It was organized by the IMC and IRC with UNICEF support. The workshop objectives were to: 1) describe the process of integration of cholera vaccine in national cholera elimination and response plan 2) share lessons learned and good practices for the integration of OCV campaigns in national cholera elimination and response plan. All countries in the region currently affected by cholera were represented. The partners presented the lessons learned from emergency OCV campaigns they conducted in Cameroon and South Sudan. They also shared experiences on their attempts to conduct the campaign in their country (Chad, DRC). Other partners such as Niger which is at the stage of introduction of OCV in its National Plan for Elimination of Cholera describe his experience with this process.



OMS/Alt Ngehi

The main lessons learned from the experiences of the partners are:

- While vaccines are distributed free by GAVI (Global Alliance for Vaccine and Immunization), operational costs are not covered by GAVI. This remains a bottleneck in the integration of the OCV into the national plan of many countries;
- Stakeholders must be well imbued with the campaign from the planning through the implementation (especially the entity responsible for vaccination in the country). EPI of a country almost cancelled a campaign because he wasn't involved in it;
- A third round (catching round) for a campaign is sometimes necessary because a lot of people are reluctant to take the vaccine in the first round. They look at their neighbors to be vaccinated first and if all goes well they will come in the second round. But the vaccine is effective after two doses;
- Ensure the involvement of community leaders in the outreach and communication activities to avoid them spreading rumors on the vaccine. It is particularly necessary in the countryside;
- Since there are only two million doses produced per year, the vaccines are valuable resources. There are strict eligibility criteria and the application process to get the vaccine is tedious. Many countries fail to complete the lengthy administrative procedures on time to respond to an outbreak;
- The vaccine tastes horrible and children tend to spit it out. The vaccine is much more accepted by children if immediately after the vaccination they are given a candy to mask the taste;
- The vaccine has few side effects (less than 1% of vaccinated people have had side effects). The management of these side effects should be budgeted to be able to offer the proper care to people experiencing them.

Information on OCV are available at:
http://www.who.int/cholera/vaccines/ocv_stockpile_2013/en