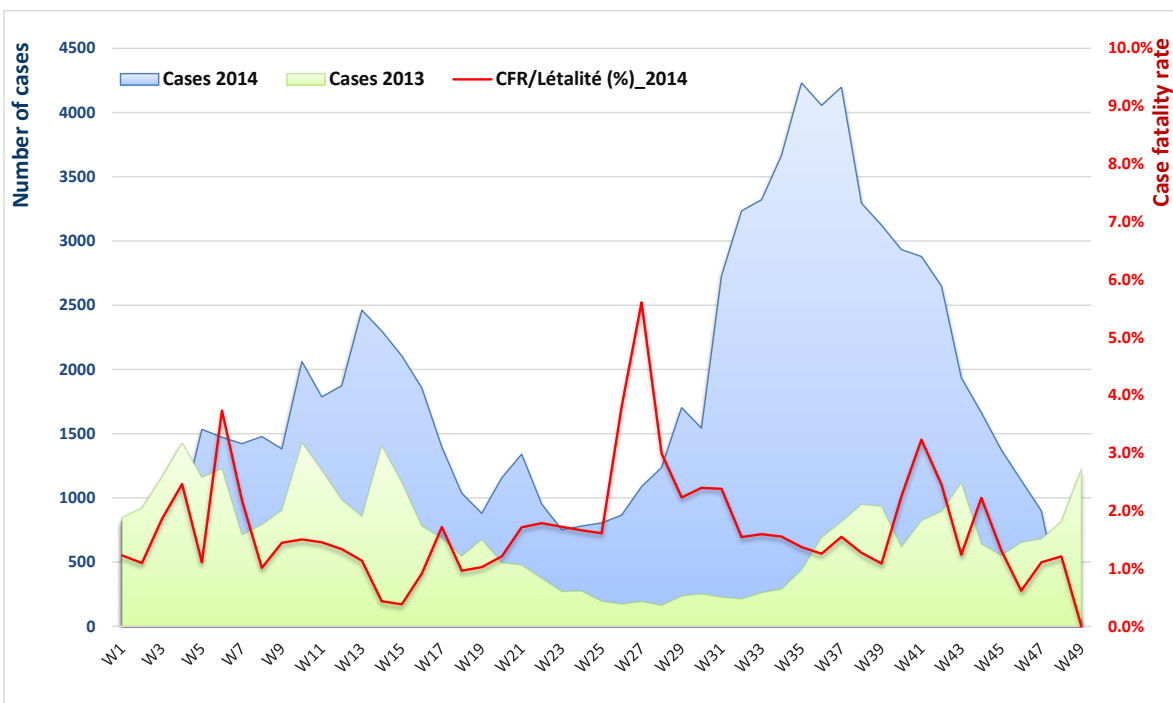
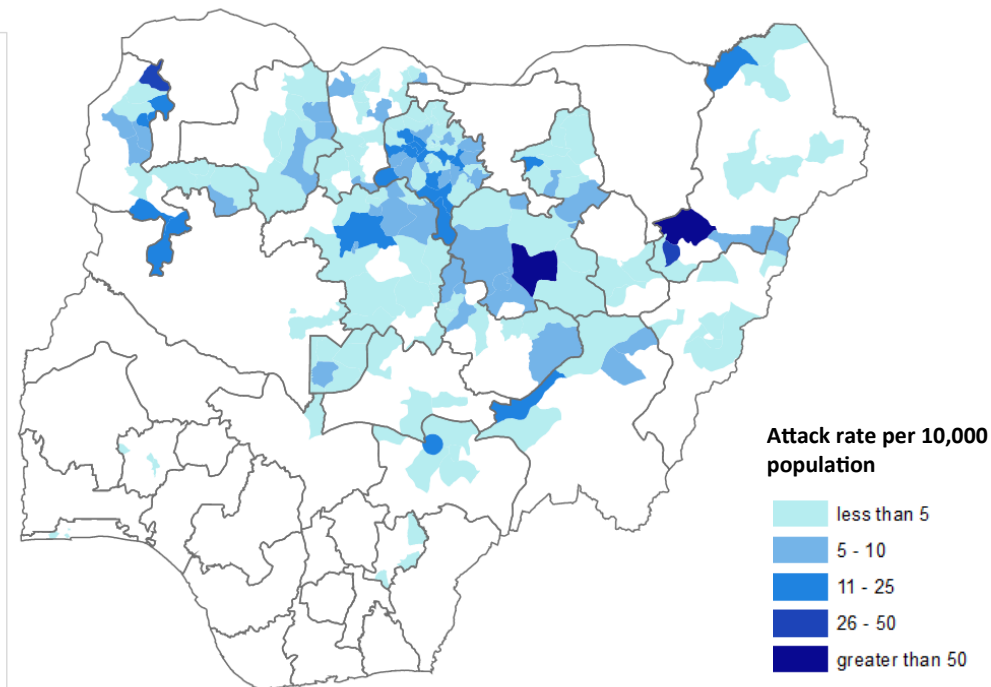


Country Name	Cases 2014																		Trends on CFR 2014			Onset week, 2014	Total 2014			Cases in 2013	
	w1-10	w11-20	w21-30	w31-35	w36	w37	w38	w39	w40	w41	w42	w43	w44	w45	w46	w47	w48	w49	W47	W48	W49		Cases	Deaths	CFR	Week1-49	Total
Central African Republic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%		-	-	0.0%	-	-
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%	-	-
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%	1	1
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%	23	23
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%	372	372
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%	1,013	1,013
Guinea	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	week 7	2	-	0.0%	297	319
Guinea Bissau	3	0	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	week 3	18	3	16.7%	979	979
Cote d'Ivoire	3	7	1	0	0	0	0	0	24	3	7	6	14	12	NA	NA	NA	NA	NA	NA	NA	week 7	77	11	14.3%	58	58
Chad	0	0	0	28	0	0	0	7	61	19	20	3	5	7	2	0	0	1	0.0%	0.0%	0.0%	week 33	153	2	1.3%	-	2
Togo	30	8	2	28	22	21	8	0	15	15	16	17	13	3	17	27	6	16	0.0%	0.0%	0.0%	week 6	264	8	3.0%	165	165
Liberia	39	20	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	week 1	59	-	0.0%	147	159
Benin	98	18	205	18	5	7	0	18	66	76	27	13	115	108	53	36	11	1	0.0%	0.0%	0.0%	week 2	875	14	1.6%	524	528
Niger	96	37	152	83	151	251	237	230	121	154	111	36	17	46	27	31	2	0	0.0%	0.0%	0.0%	week 1	1,782	63	3.5%	584	592
Ghana	102	0	862	10792	2647	2488	1877	1965	1557	1254	1456	1009	661	426	414	318	104	NA	0.0%	1.9%	NA	week 1	27,932	211	0.8%	27	27
Cameroon	8	56	1393	608	56	55	61	57	42	135	178	133	256	150	60	72	14	10	0.0%	0.0%	0.0%	week 2	3,344	178	5.3%	29	29
DR Congo	4819	3414	2161	1375	559	628	614	495	532	432	494	429	347	465	499	367	NA	NA	1.9%	NA	NA	week 1	17,630	233	1.3%	25,033	26,440
Nigeria	7376	13291	6281	4248	615	746	497	350	516	792	339	289	236	156	64	50	28	35	6.0%	0.0%	0.0%	week 1	35,909	753	2.1%	5,591	6,600
Lake Chad River Basin*	7,480	13,384	7,826	4,967	822	1,052	795	644	740	1,100	648	461	514	359	153	153	44	46					41,188	994	2.4%	6,198	7,215
Congo River Basin*	4,819	3,414	2,161	1,375	559	628	614	495	532	432	494	429	347	465	499	367	-	-					17,630	233	1.3%	26,046	27,453
Guinea Golf Basin*	277	53	1,085	10,838	2,674	2,516	1,885	1,983	1,662	1,348	1,506	1,045	803	549	484	381	121	17					29,227	-	0.0%	901	935
WCAR	12,576	16,851	11,072	17,180	4,055	4,196	3,294	3,122	2,934	2,880	2,648	1,935	1,664	1,373	1,136	901	165	63					88,045	1,476	1.7%	34,843	37,307

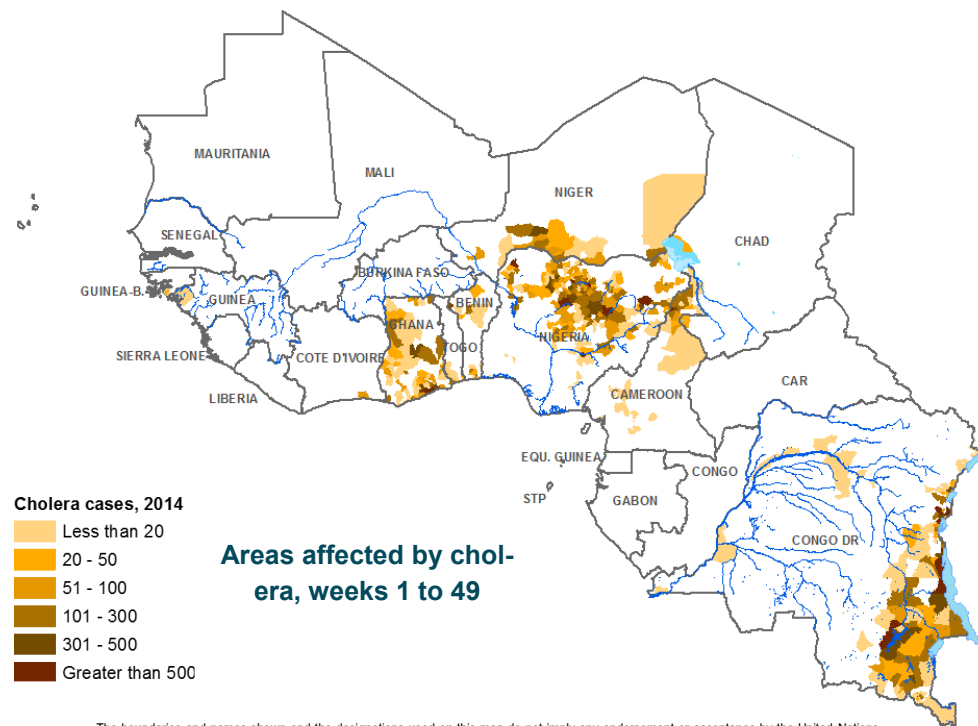
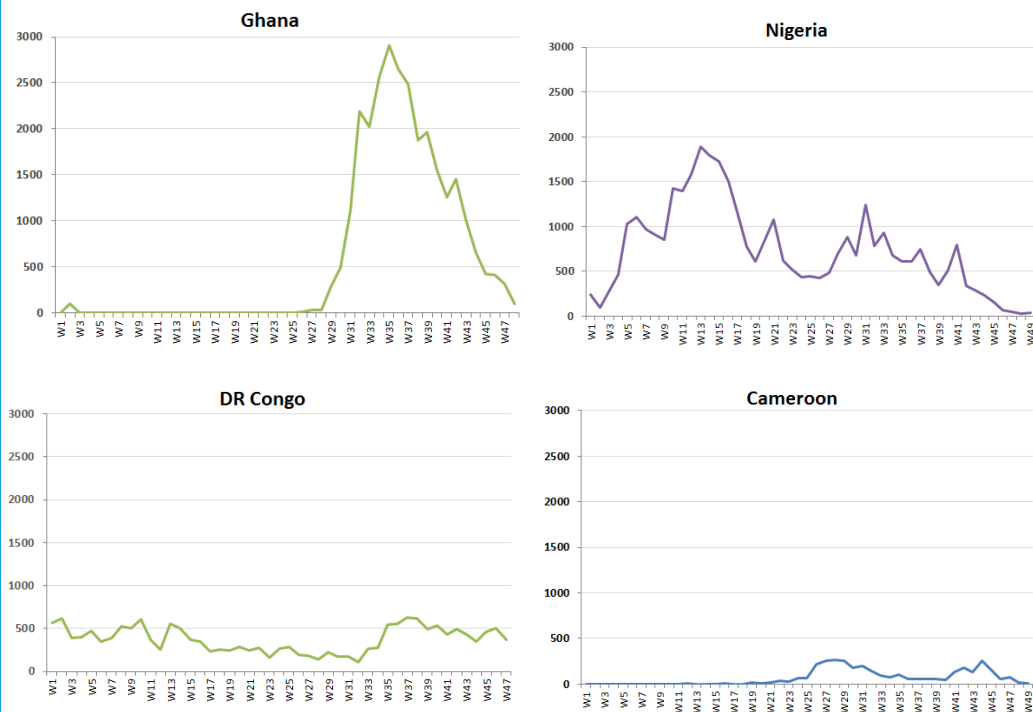
WCA trends in cholera cases, 2013 and 2014



Cumulative attack rate, weeks 1-49, Nigeria



Trends in cholera cases for selected countries, West and Central Africa, 2014



PUBLICATIONS

Glucose - but Not Rice-Based Oral Rehydration Therapy Enhances the Production of Virulence Determinants in the Human Pathogen *Vibrio cholerae*

Cholera research has so far mainly focused on the causative agent, the bacterium *Vibrio cholerae*, or on disease treatment, but rarely were results from both fields interconnected. Indeed, the treatment of this severe diarrheal disease is mostly accomplished by oral rehydration therapy (ORT). ORT aims at rehydrating patients through the provision of water and oral rehydration salts; the latter being composed of electrolytes as well as glucose as a carbon source. Although glucose-based ORS is commonly used to treat diarrheal diseases and is recommended by the WHO, field studies on cholera indicated that rice-based ORT performs better than glucose-based ORT. Here, we investigated the impact that glucose, starch, or other carbon sources exert on *V. cholerae*. We demonstrated that glucose leads to an increased expression of the major virulence genes in the pathogen and, accordingly, to an enhanced production of cholera toxin during *in vitro* experimentation. Because the cholera toxin is primarily responsible for the severe symptoms that are associated with the disease, our study highlights the negative effects of glucose-based ORT. Next, we used a spatially explicit epidemiological model to demonstrate that the better performing rice-based ORS could have a significant impact on epidemic progression based on the recent outbreak of cholera in Haiti.

<http://www.plosntds.org/article/info%3Adoi%2F10.1371%2Fjournal.pntd.0003347>

Using Mobile Health (mHealth) and Geospatial Mapping Technology in a Mass Campaign for Reactive Oral Cholera Vaccination in Rural Haiti

Author summary: The World Health Organization (WHO) recently endorsed the creation of a global oral cholera vaccine (OCV) stockpile as part of an integrated, strategic framework to address the re-emerging threat that cholera causes worldwide. In conjunction, the WHO also called for continued monitoring and evaluation around the use of OCV in different settings. In response to the cholera epidemic in Haiti that began in October 2010, Partners In Health, an implementing partner of Haiti's Ministry of Health, vaccinated 50,000 Haitians in two rural communities in the Artibonite Valley in 2012. In this paper, the authors describe the use of mobile health (mHealth) technology for data collection and geospatial mapping to document this rural OCV campaign, focusing on the utility, benefits, and challenges of mHealth in a reactive campaign in the midst of the ongoing epidemic.

<http://www.plosntds.org/article/info%3Adoi%2F10.1371%2Fjournal.pntd.0003050>

<http://www.unicef.org/cholera>

Source: WHO situation of outbreaks in Western AFRICA, UNICEF CO reports and sitreps, West and Central Africa Cholera Platform.