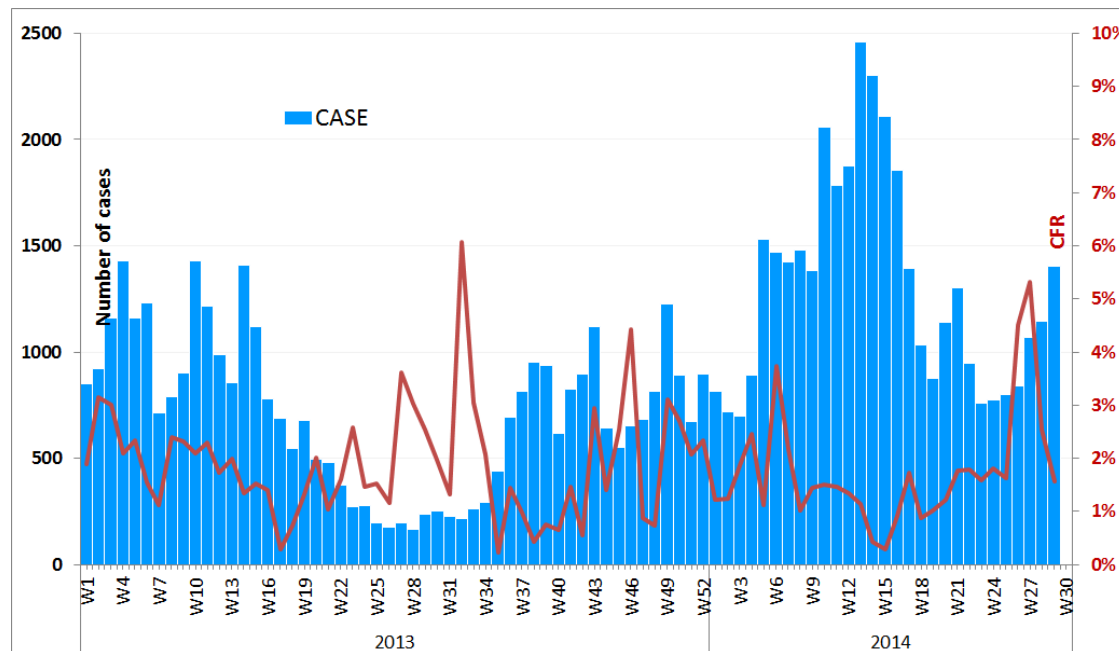


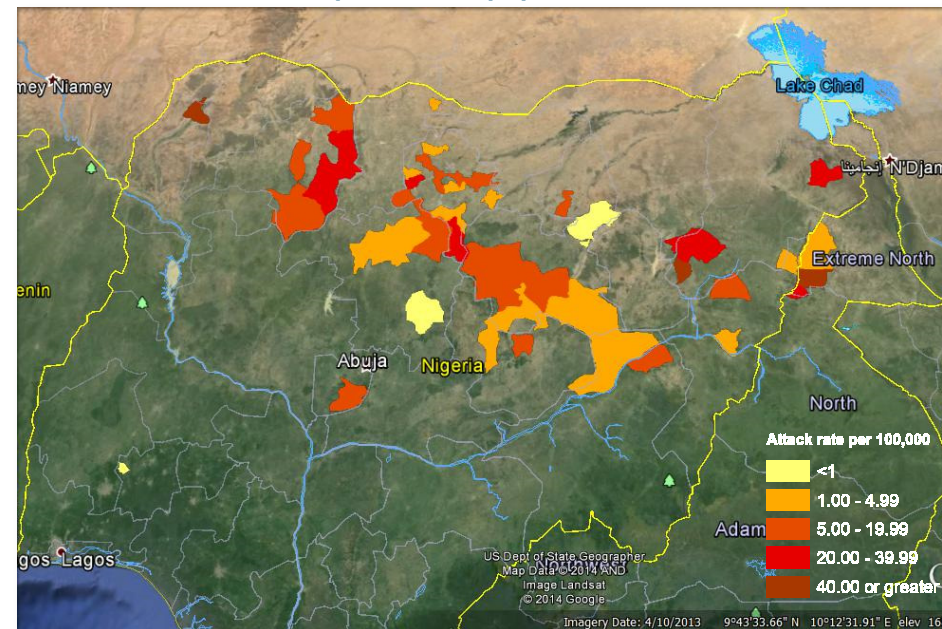
Cholera outbreak in the West and Central Africa: Regional Update, 2014 (WEEK 29)

| Country Name | Cases 2014 | | | | | | | | | | | | | | | | | Trends on CFR 2014 | | | Onset week, 2014 | Total 2014 | | | Cases in 2013 | |
|--------------------------|------------|-------|--------|-------|-------|-------|-----|-------|-------|-----|-----|-----|-----|-----|-------|-------|-------|--------------------|------|------|------------------|------------|--------|-------|---------------|--------|
| | w1-5 | w6-10 | w11-15 | w16 | w17 | w18 | w19 | w20 | w21 | w22 | w23 | w24 | w25 | w26 | w27 | w28 | w29 | W27 | W28 | W29 | | Cases | Deaths | CFR | Week1-29 | 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% | - | - |
| 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% | - | - |
| 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% | - | - |
| 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% | - | 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% | 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% | 365 | 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% | 1,013 | 1,013 |
| Guinea | 0 | 2 | 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% | 115 | 319 |
| Togo | 0 | 26 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% | 0.0% | week 6 | 30 | 3 | 10.0% | - | 165 |
| Cote d'Ivoire | 0 | 3 | 4 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0% | 0.0% | 0.0% | week 7 | 8 | - | 0.0% | 42 | 58 |
| Ghana | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 11 | 13 | NA | NA | 0.0% | NA | NA | week 29 | 27 | - | 0.0% | 27 | 27 |
| Benin | 54 | 44 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 81 | 85 | 35 | 8.6% | 0.0% | 0.0% | week 2 | 316 | 7 | 2.2% | - | 528 |
| Guinea Bissau | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 5 | 3 | 1 | 2 | NA | NA | 0.0% | NA | NA | week 3 | 18 | 3 | 16.7% | 729 | 979 |
| Cameroon | 3 | 5 | 15 | 5 | 3 | 3 | 19 | 11 | 16 | 35 | 25 | 61 | 67 | 206 | 261 | 207 | 242 | 5.4% | 3.4% | 1.7% | week 2 | 1,184 | 52 | 4.4% | 15 | 29 |
| Liberia | 22 | 17 | 15 | 0 | 0 | 2 | 2 | 1 | NA | 1 | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | week 1 | 60 | - | 0.0% | 108 | 159 |
| Niger | 13 | 80 | 29 | 1 | 2 | 0 | 0 | 0 | 1 | 17 | 41 | 9 | 1 | 0 | 39 | 18 | 16 | 5.1% | 0.0% | 0.0% | week 1 | 267 | 10 | 3.7% | 418 | 592 |
| Nigeria | 2111 | 5265 | 8390 | 1500 | 1155 | 773 | 613 | 840 | 1040 | 620 | 525 | 434 | 445 | 426 | 489 | 696 | 882 | 6.7% | 3.2% | 1.9% | week 1 | 26,204 | 404 | 1.5% | 167 | 6,600 |
| DR Congo | 2450 | 2369 | 2051 | 347 | 232 | 253 | 242 | 289 | 246 | 275 | 163 | 266 | 283 | 198 | 185 | 139 | 229 | 0.5% | 0.0% | 0.4% | week 1 | 10,217 | 137 | 1.3% | 18,712 | 26,440 |
| Lake Chad River Basin* | 2,127 | 5,350 | 8,434 | 1,506 | 1,160 | 776 | 632 | 851 | 1,057 | 672 | 591 | 504 | 513 | 632 | 789 | 921 | 1,140 | | | | | 27,655 | 466 | 1.7% | 608 | 7,215 |
| Congo River Basin* | 2,450 | 2,369 | 2,051 | 347 | 232 | 253 | 242 | 289 | 246 | 275 | 163 | 266 | 283 | 198 | 185 | 139 | 229 | | | | | 10,217 | 137 | 1.3% | 19,725 | 27,453 |
| Mano River Basin* | 22 | 22 | 19 | - | - | 2 | 3 | 1 | - | 1 | - | - | 3 | 11 | 13 | - | - | | | | | 62 | - | 0.0% | 657 | 935 |
| WCAR | 4,656 | 7,811 | 10,525 | 1,853 | 1,392 | 1,031 | 877 | 1,141 | 1,303 | 948 | 758 | 775 | 802 | 842 | 1,070 | 1,145 | 1,404 | | | | | 38,333 | 616 | 1.6% | 21,735 | 37,305 |

WCA trends in cholera cases, 2013 and 2014



Focus on affected areas in Nigeria and Far North Cameroon, Attack rate per 100,000 population, weeks 27-29.



COMMENTS

Nigeria : L'épidémie transfrontalière de choléra qui sévit au Nigeria repart à la hausse en cette saison des pluies avec 882 cas rapportés à la semaine 29 : 556 cas dans l'état de Kano et 109 à Borno.

Nigeria: The ongoing cross-border cholera outbreak in Nigeria has been aggravated again during the rainy season with 882 reported cases in week 29: 556 cases in the state of Kano and 109 in Borno.

Les grandes évidences sur le cholera en Afrique de l'Ouest et Centrale :

- 1) Les reprises épidémiques semblent plus relever d'un phénomène de métastabilité entretenu par les mouvements de populations, que d'une réelle endémicité quand bien même supportée par les milieux aquatiques comme des « caisses de résonances » ;
- 2) Les épidémies les plus explosives apparaissent comme rebondissant en saison des pluies après l'apparition de cas de choléra souvent sous-estimés à l'intersaison en saison sèche, ou en persistance de l'année civile précédente ;
- 3) Les populations affectées en premiers lieux appartiennent souvent à des groupes sociaux bien spécifiques, demeurées hautement vulnérables au cholera dans des espaces transfrontaliers, maritimes ou lacustres ;
- 4) Le niveau de surveillance dans les portes d'entrées aux reprises épidémiques reste décisif, avec sites sentinelles et systèmes d'alertes précoces, tout comme la rapidité du pilotage intersectoriel d'une réponse non générique basée sur l'analyse de la dynamique des contextes de transmission ;
- 5) Les contextes de transmission du choléra peuvent être catégorisés : a) par l'eau de boisson ; b) lors des rassemblements de population ; c) au sein de groupes sociaux-professionnels spécifiques ; d) en intra-domiciliaire ; e) au sein des structures de prises en charge ; f) durant les funérailles ;
- 6) La capitalisation des données au niveau régional aide à améliorer la lutte contre le choléra, par la compréhension des dynamiques épidémiques et par les leçons tirées en matière de prévention et réduction des risques, préparation et réponse au choléra (voir stratégie régionale « bouclier et coup de poing contre le choléra).

Key proven facts on cholera in West and Central Africa:

- 1) Epidemic resumptions are more likely related to a 'meta-stability' phenomena fostered by movements of population rather than related to genuine cholera endemism, yet supported by aquatic environments acting as « echo chambers»;
- 2) The most explosive outbreaks appear as starting up again during the rainy season, following frequently under-estimated cholera cases off-peak during the dry season or persisting from the previous civil year;
- 3) Firstly affected populations are often part of specific population groups (e.g same livelihood), highly vulnerable to cholera in cross-border areas, lake dwelling or seashore;
- 4) Level of surveillance at the entry points of epidemic resumptions remains a key element, with sentinel sites and early warning systems, as well as the speed of the cross- sectoral steering of a non-generic response based on the analysis of cholera transmission contexts dynamics;
- 5) Cholera transmission contexts can be categorized as follow: a) water for drinking purpose; b) population gatherings; c) within specific socioprofessional groups; d) inside households; e) inside cases management health care structures ; f) during funerals;
- 6) Learning at regional level helps to improve the fighting against cholera, through understanding of out-breaks dynamics and through lessons learnt from prevention and risk reduction, preparedness and response to cholera (see the regional "shield and sword" strategy against cholera).

COMMENTS

Evidências cruciais na Região África Ocidental e Central:

- 1) Retomadas epidêmicas parecem estar mais ligadas à um fenômeno de meta-estabilidade mantido pelo movimento de pessoas, do que à um verdadeiro endemismo, contudo apoiado pelo ambiente aquático como ressonâncias fundos »;
- 2) As epidemias mais explosivas parecem estar se recuperando durante a estação chuvosa, após o surto de casos de cólera, muitas vezes subestimados na altura vista comom não crítica durante a estação seca, ou entéao em persistência do ano civil anterior;
- 3) As populações afetadas em primeiro lugar muitas vezes pertencem à grupos sociais bem específicos (tal praticando mesma actividade profissional), mantidas altamente vulneráveis à cólera em áreas frontaleiras, maritimas ou beira-lago;
- 4) O nível de vigilância nas portas de entrada à retomadas epidêmicas permanece decisivo, com postos sentinelas e sistemas de alerta precoce, bem como a velocidade da direcção inter-sectorial duma resposta não-genérica baseada na análise da dinâmica dos contextos de transmissão;
- 5) Os contextos de transmissão da cólera podem ser categorizados assim : a) água de beber, b) nos lugares de concentração de pessoas tal encontros/eventos sociais c) dentro de grupos socio-profissionais específicos, d) em intra-domiciliario e) dentro das estruturas de saúde/gestão de casos de cólera f) durante os funerais;
- 6) A capitalização dos dados a nível regional ajuda à melhorar a luta contra a cólera, através da compreensão das dinâmicas epidêmicas e através das lições aprendidas para a prevenção, preparação, resposta e redução de riscos à cólera (ver a estratégia regional "escudo e espada" contra a cólera).

