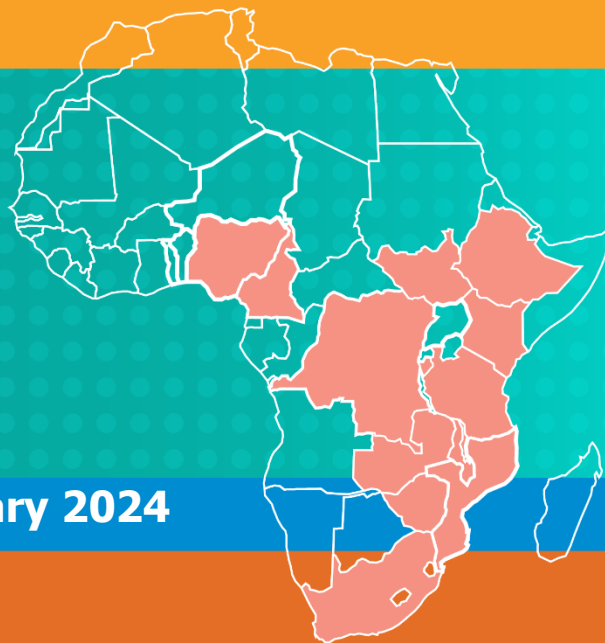


Cholera in the WHO African Region



Weekly Regional Cholera Bulletin: 15 January 2024

Data reported: as of 14 January 2024



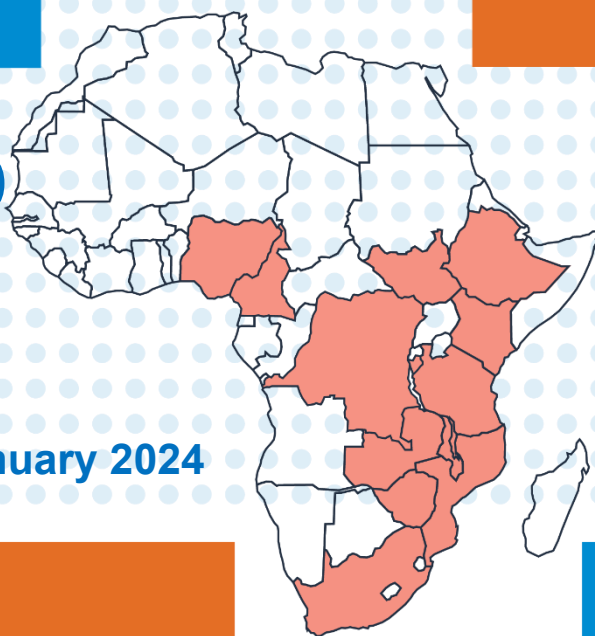
**World Health
Organization**

African Region

Cholera in the WHO African Region

Weekly Regional Cholera Bulletin: 15 January 2024

Data reported: as of 14 January 2024



Situation update

Regional Cholera Update

Grade 3

Cumulative Cases
 295 691

Cumulative Deaths
 5 421

CFR
1.8%

Overview

The cholera outbreak in the WHO African Region has affected 17 countries over the last two years. The two countries in crisis are Zambia and Zimbabwe with marked increase in cases. The southern region of the continent now in the rainy season with outbreaks now resurging. The increase in rainfall levels is now increasing floods in communities and landslides with increased for outbreaks in countries not reporting new confirmed cases. The seasonality of cholera outbreaks are issues for countries to consider and there is need to enhance preparedness and readiness, heighten surveillance and institute preventive and control measures in communities and around border crossings to prevent and mitigate cross border transmission.

In Epidemiologic week 02 of 2024, nine countries **Burundi, Cameroon, Ethiopia, Kenya, Mozambique, South Africa, United Republic of Tanzania, Zambia and Zimbabwe** reported a total of 5 981 new cases. Transmission is currently active in 13 countries with no recent report of new cases from Eswatini (last case reported April 18), Republic of the Congo (last case reported 26 July), South Sudan (last case reported May 16), and Uganda (last case reported 1 September 2023).

In 2024, the number of cholera cases and deaths reported to the WHO Regional Office for Africa (AFRO), as of 14 January was 11 415 and 355 deaths respectively with a case fatality ratio of 3.1%.

Since 1 January 2022, a cumulative total of 295 691 cholera cases has been reported including 5 421 deaths with a case fatality ratio (CFR) of 1.8% as of 14 January 2024 (Table 1). Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Nigeria account for 77.3% (228 712) of the cumulative cases and 70.6% (3 826) of all cumulative deaths reported.

Figure 1: Distribution of cholera cases and deaths in WHO African Region, 1 January 2022— 14 January 2024

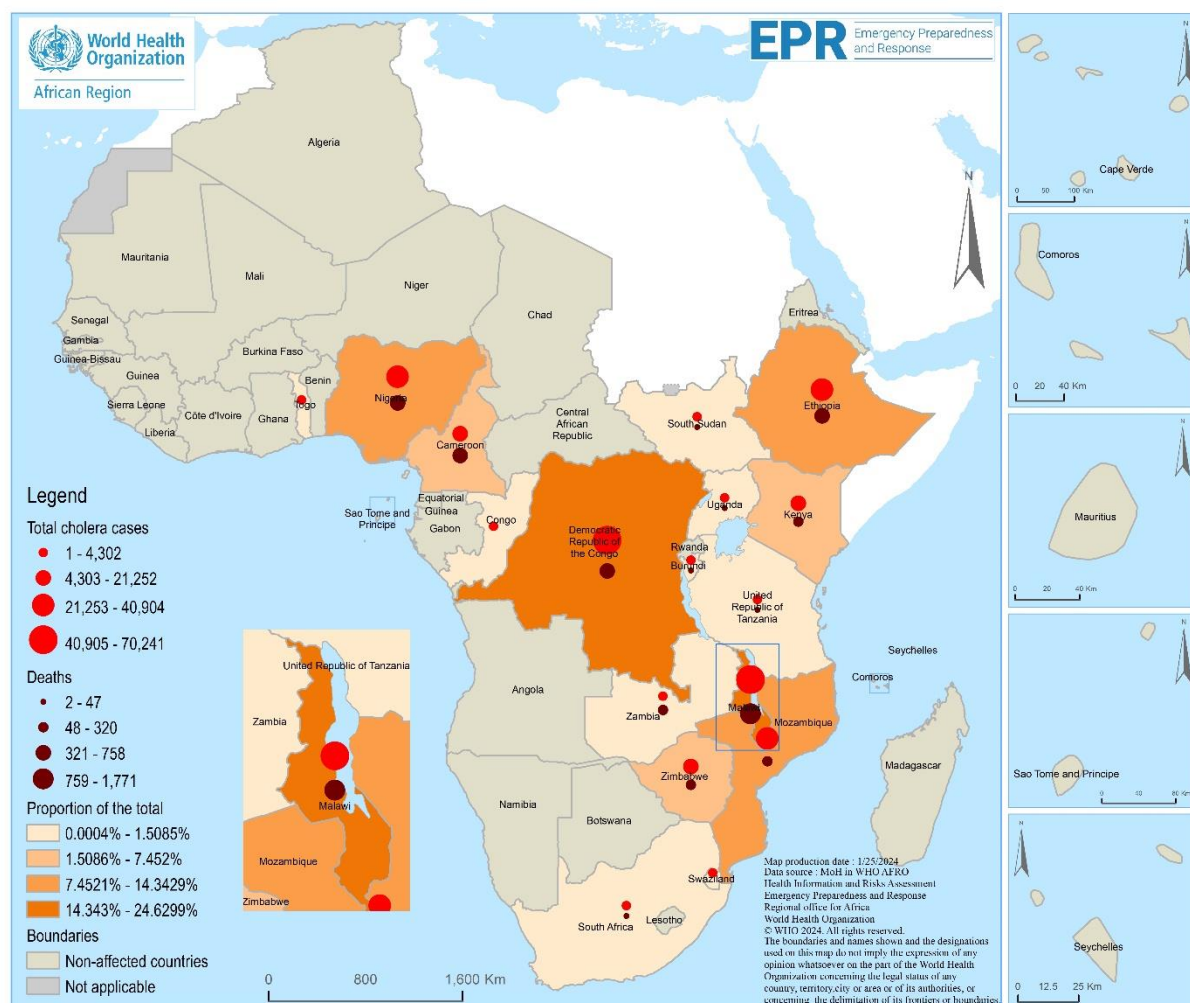
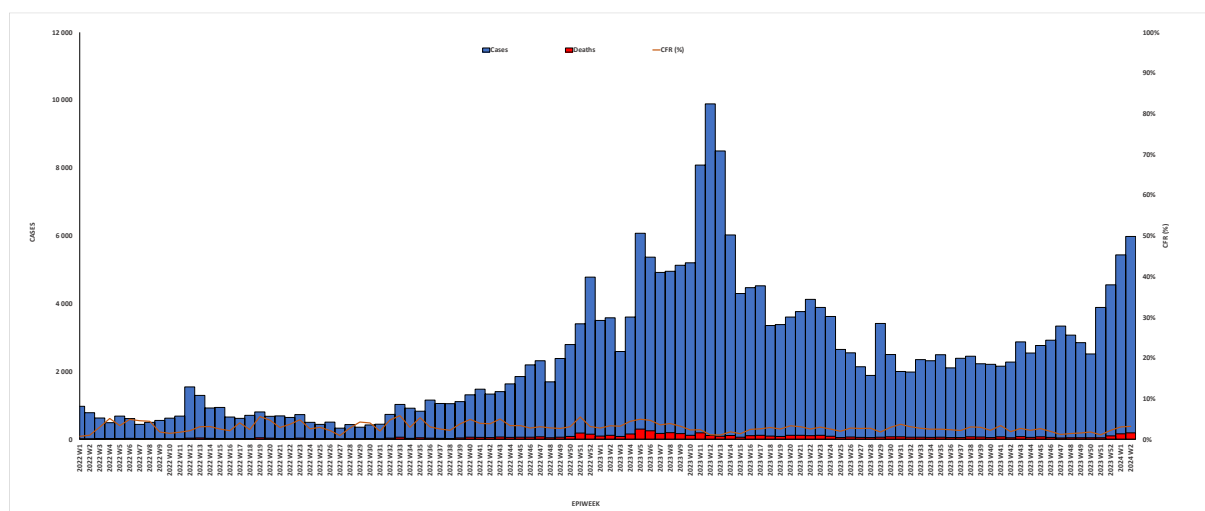


Table 1: Cholera Cases and Deaths in WHO African Region, 1 January 2022 to 14 January 2024

Country	Cumulative cases	Cumulative deaths	CFR (%)	Cases in 2024 only	Deaths in 2024 only	CFR (%) 2024 only	Date outbreak started	Last update
Democratic Republic of	70 241	758	1.1	-	-	-	Jan-22	31-Dec-23
Malawi	59 126	1 771	3.0	-	-	-	Mar-22	07-Jan-24
Mozambique	42 026	166	0.4	1 222	5	0.4	Sep-22	14-Jan-24
Ethiopia	30 867	457	1.5	451	7	1.6	Aug-22	14-Jan-24
Nigeria	26 452	674	2.5	-	-	-	Jan-22	29-Oct-23
Cameroon	20 557	484	2.4	8	0	0	Jan-22	14-Jan-24
Zimbabwe	18 100	394	2.2	3 347	70	2.1	Feb-23	14-Jan-24
Kenya	12 264	205	1.7	67	0	0	Oct-22	14-Jan-24
Zambia	10 287	418	4.1	5 985	271	4.5	Jan-23	14-Jan-24
South Sudan	1 471	2	0.1	-	-	-	Feb-23	16-May-23
South Africa	1 390	47	3.4	2	0	0	Feb-23	14-Jan-24
Burundi	1 375	9	0.7	15	0	0	Jan-23	14-Jan-24
United Republic of Tanzania	1 388	26	1.9	318	2	0.6	Feb-23	14-Jan-24
Uganda	81	10	12.3	-	-	-	Jul-23	1-Sep-23
Republic of the Congo	63	0	0	-	-	-	Jul-23	26-Jul-23
The Kingdom of Eswatini	2	0	0	-	-	-	Mar-23	23-Jul-23
Togo	1	0	0	-	-	-	Dec-23	12-Dec-23
TOTAL	295 691	5 421	1.8	11 415	355	3.1		

Figure 2: Epi Curve of cholera cases and deaths in WHO African Region, 1 January 2022 – 14 January 2024



Country Specific updates

Zimbabwe

Grade 3

Cumulative Cases

18 100

Cumulative Deaths

394

CFR

2.2%

As of 14 January 2024, cumulative cholera cases reported from the ten provinces of the country were 18 100 with 394 deaths (CFR 2.4%). In week 02/2024 new cases increased by 27% from 1 472 new cases in week 01/2024 to 1 875 new cases. New deaths decreased by 6% from 36 in week 01/2024 to 34 in week 02/2024. The three provinces with the highest number of cumulative cases are Harare including Chitungwiza city (8 024), Manicaland (5 378), and Masvingo (2 059) which account for 85% (15 461 cases). The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province. As of 14 January 2024, fifty-five (55) districts have reported at least a case of cholera.

Figure 3: Epicurve of Cholera outbreak in Zimbabwe as of 14 January 2024

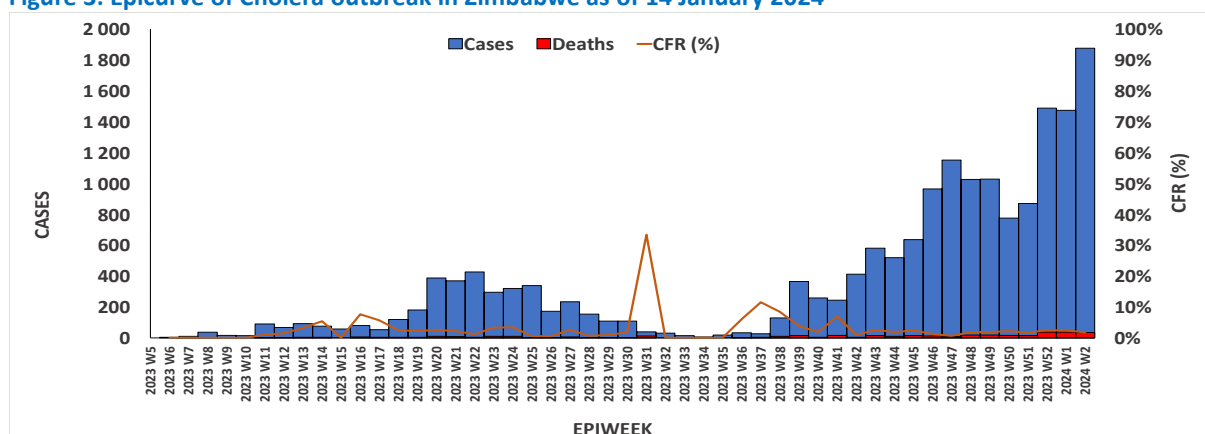
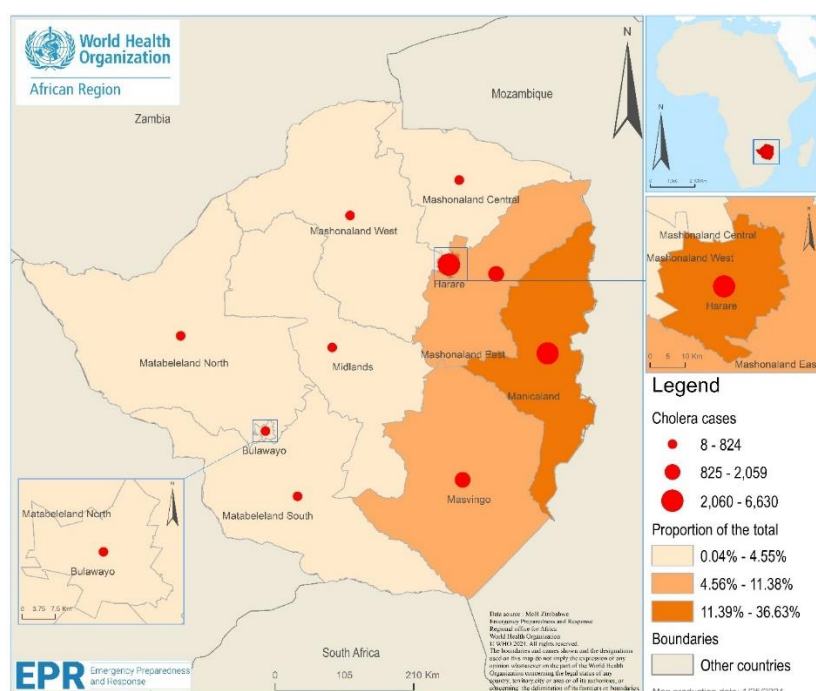


Figure 4: Map of Zimbabwe showing cholera affected provinces as of 14 January 2024



Public Health Actions

- One-day sensitization meeting was conducted in Harare by the Ministry of Health attended by more than 120 leaders from Zimbabwe Council of Churches, UDACIZA, Zimbabwe Catholic Bishops Conference, Islamic Community, Dare Vadzimu and ZINATHA to deliberate on their role in the prevention and control of cholera.
- Finalizing the cholera testing strategy was supported by the WHO country.
- Sensitized of cholera responders on preventing and responding to Sexual Exploitation and Harassment (PRSEAH).
- Engagement of 100 Interfaith leaders on cholera prevention, trained 240 community health promoters were trained in Chitungwiza and Harare by the RCCE team.
- Outreach to communities with over 10 000 people through various media outlets was conducted by the RCCE team.
- Transferring of cholera supplies to Natpharm with treatment medicine for around 400 cases (240 severe and 160 mild) and hardware equipment to set 60 beds in the CTC was done by the operations support and logistics team.
- The first batch of 892 286 doses of oral cholera vaccines are expected in the country by 22 Jan 2024.

Challenges/Gaps

- Inadequate financial resources for the response.
- Limited human resources for effective response.
- Inadequate drugs and water purification supplies.
- Lack of consumables for water quality testing.
- Low utilization of CTCs in Harare i.e. Budiriro and Highfields.

- The first OCV campaign preparation meeting has been convened and vaccine microplanning completed.

Zambia

Grade 3

Cumulative Cases
10 287

Cumulative Deaths
418

CFR
4.1%

Cumulatively this year, as of 14 January 2024, there have been 10 287 reported cases and 418 deaths (CFR = 4.1%). In week 02/2024, new cases increased by 5% from 2 912 in the previous week to 3 064 new cases. New deaths increased by 24% from 121 deaths in the previous week to 150. Nine out of the 10 provinces are reporting cases. The total number of districts reporting case are 51.

The highest level of government response has been activated and coordinated by Disaster Management and Mitigation Unit (DMMU) under the office of the Vice President.

The most affected areas are all the sub-districts in Lusaka District (especially the peri-urban), fishing areas in Luangwa district, sewage compound in Chongwe district using water from the wells.

Figure 5: Epicurve of cholera cases and deaths in Zambia as of 14 January 2024

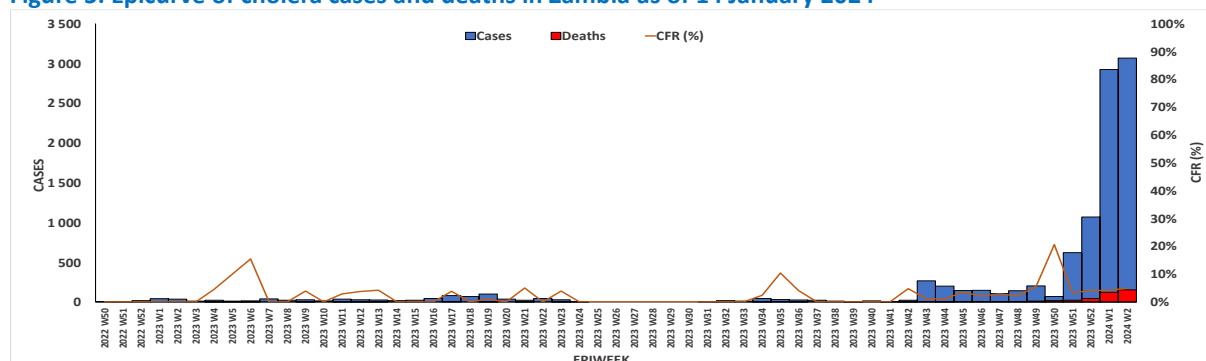
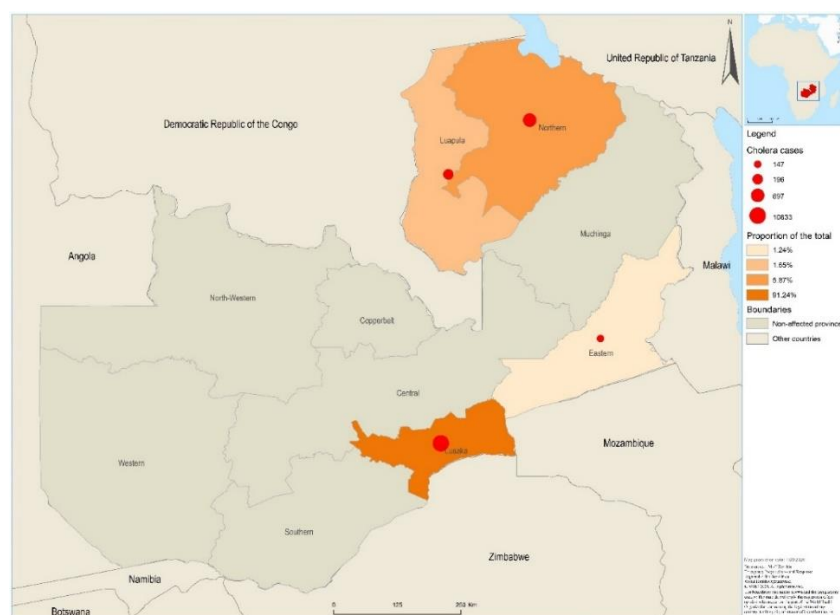


Figure 6: Map of cholera cases and deaths in Zambia as of 14 January 2024



Public Health Actions

- Visitation of the cholera treatment center at Hero's Stadium on 10th January 2024 was completed by His Excellency the Republican President Mr. Hakainde Hichilema.
- The Heroes CTC opened and currently has a bed capacity of 1000 patients plus 200 beds at LMUTH.
- Mobilization of more vehicles from 45 to 78 to support the cholera response was done by The Zambia Disaster Management and Mitigation Unit (DMMU). There were six additional vehicles from the UN Agencies.
- Shipment of the ICG-approved 1 400 000 doses set to arrive on 14 January 2024 with campaign to commence immediately.
- Training and deployment of 5 700 Community Based Volunteers (CBVs) with 2500 in Lusaka District, 800 in Chilanga, 800 in Chongwe, 800 in Luangwa and 800 in Kafue Districts was completed by the RCCE team.

Challenges/Gaps

- Poor sanitation coverage in the affected areas.
- Challenge of following cholera cases and implementation of cholera interventions across international borders in Luangwa which shares border with Zimbabwe and Petauke District which shares border with Mozambique.
- Rapid escalation of cases is a strain on the health care provision for other essential services.
- Inadequate CBVs to support ORPs in the community.

United Republic of
Tanzania

Grade 3

Cumulative Cases



1 388

Cumulative Deaths



26

CFR

1.9%

The cumulative number of cases from the country since 22 January 2023 to 14 January 2024 are 1 388 and 26 deaths with a CFR= 1.9%. In week 022024, new cases increased by 106% from 104 new cases in the previous week to 214 new cases. One new death were each reported in weeks 01 and 02 of 2024. This new outbreak began after the last confirmed case on 25 July 2023. Eight regions are currently with active outbreaks are Geita, Kagera, Mwanza, Ruvuma, Shinyanga, Simiyu, Singida and Tabora,. Out of the recent 390 cases, Simiyu region accounted for 213 cases (54%). On 29th November 2023, the Ministry of Health received the report of suspected cases of cholera from Kagera region.

Figure 7: Epicurve of cases and deaths in United Republic of Tanzania as of 14 January 2024

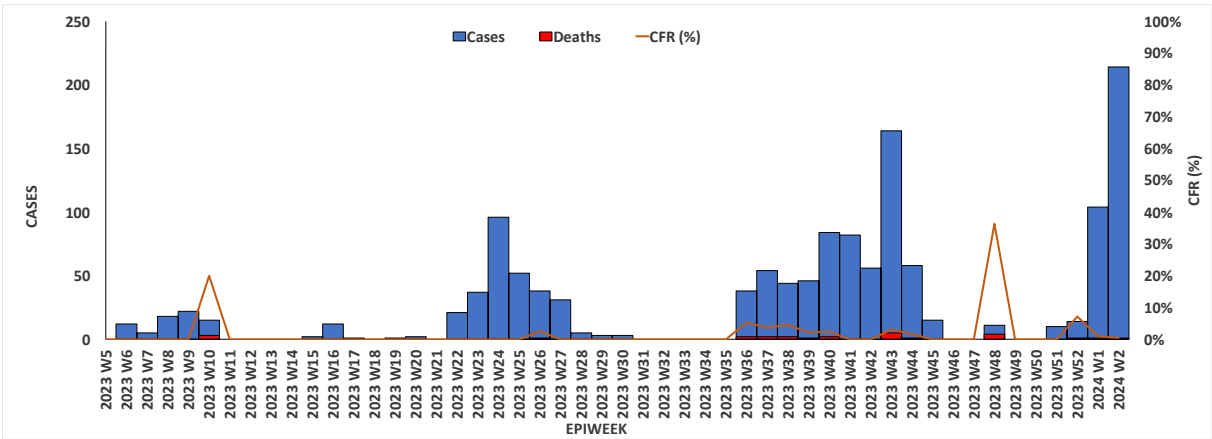
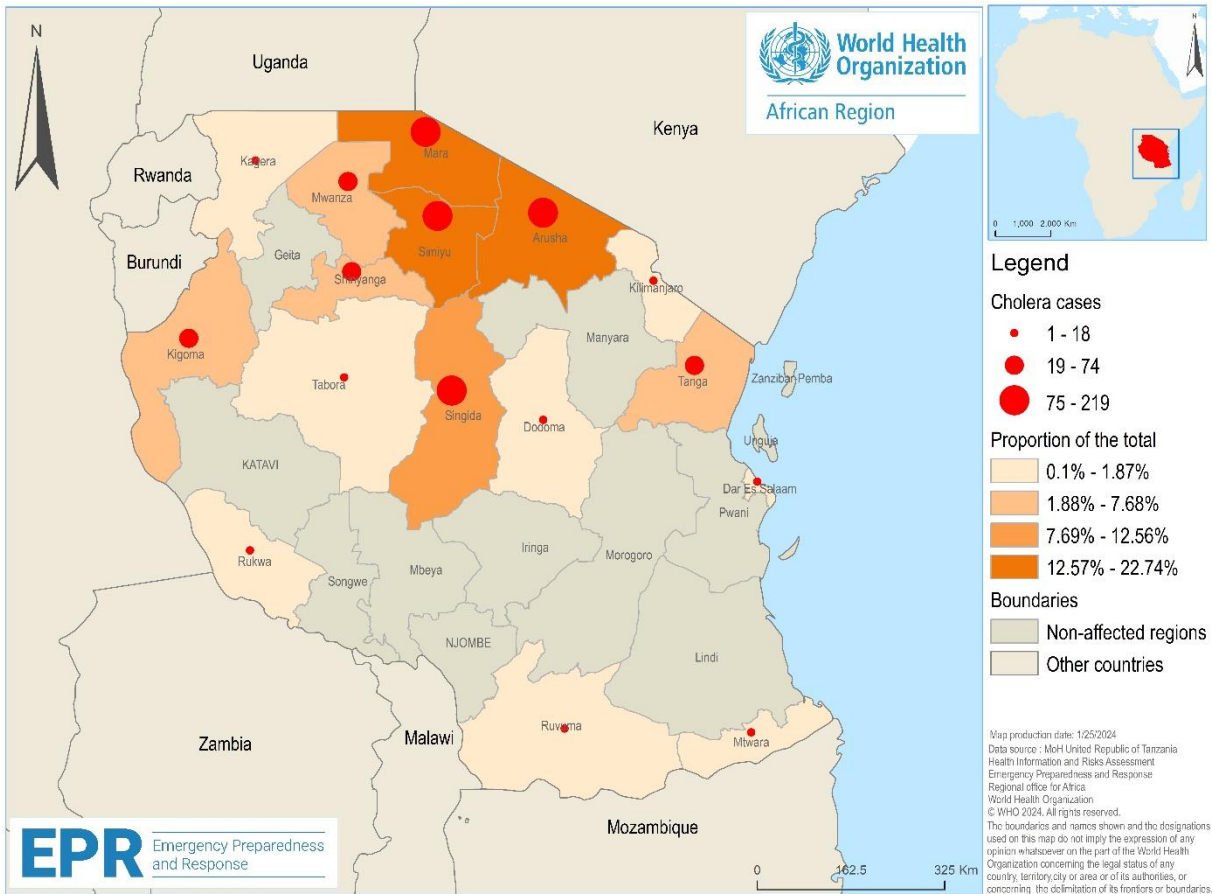


Figure 8: Map of cases and deaths in United Republic of Tanzania as of 14 January 2024



Public Health Actions

- Daily incidence management meetings were conducted, chaired by incident manager at regional level, with attendance of heads of pillars and members.
- On the job training for six health workers from health care facility near the CTC in Shinyanga region was conducted by the case management team.
- Health education session through six radio stations was conducted by the RCCE team.
- Treatment of eight wells in Kagongwa ward at Kahama MC, Shiganya region and decontaminated 115 households and four health care facilities by the water sanitation and hygiene (WASH) team.
- Provision of psychosocial support to 11 cases in Geita region by the Mental Health and Psychosocial Support (MPSS).

Challenges/Gaps

- Inadequate fund to support the response interventions.
- Shortage of rapid test kits for cholera.
- Inadequate IEC materials for Health education
- Majority of inspected households had no improved toilets and a segment of household had no toilet.
- Lack of hand washing facilities in households and public facilities.
- Lack of water quality monitoring equipment at region and council level.

Burundi

Grade 3

Cumulative Cases



1 375

Cumulative Deaths



9

CFR

0.7%

As of 14 January 2024, a cumulative total of 1 375 cases and nine deaths (CFR 0.7%) were reported from Burundi. In week 02/2024 new cases decreased by 75% from 12 new cases in the previous week to three new cases. There has been no death reported since week 24.

A rapid health risk assessment mission to Nyamitanga/DS Cibitoke (displaced persons/floods) was conducted. The incident management team plan to obtain approval and dissemination of the response plan for the current cholera epidemic (November 2023-April 2024) from health authorities.

Burundi has reported cholera cases since 8 December 2022, and the outbreak was officially declared on 1 January 2023.

Figure 9: Epicurve of cases and deaths in Burundi as of 14 January 2024

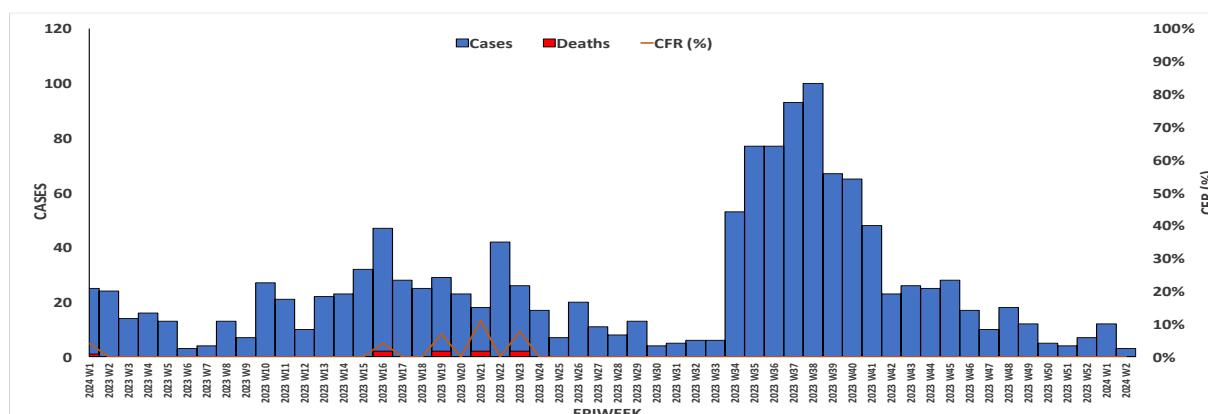
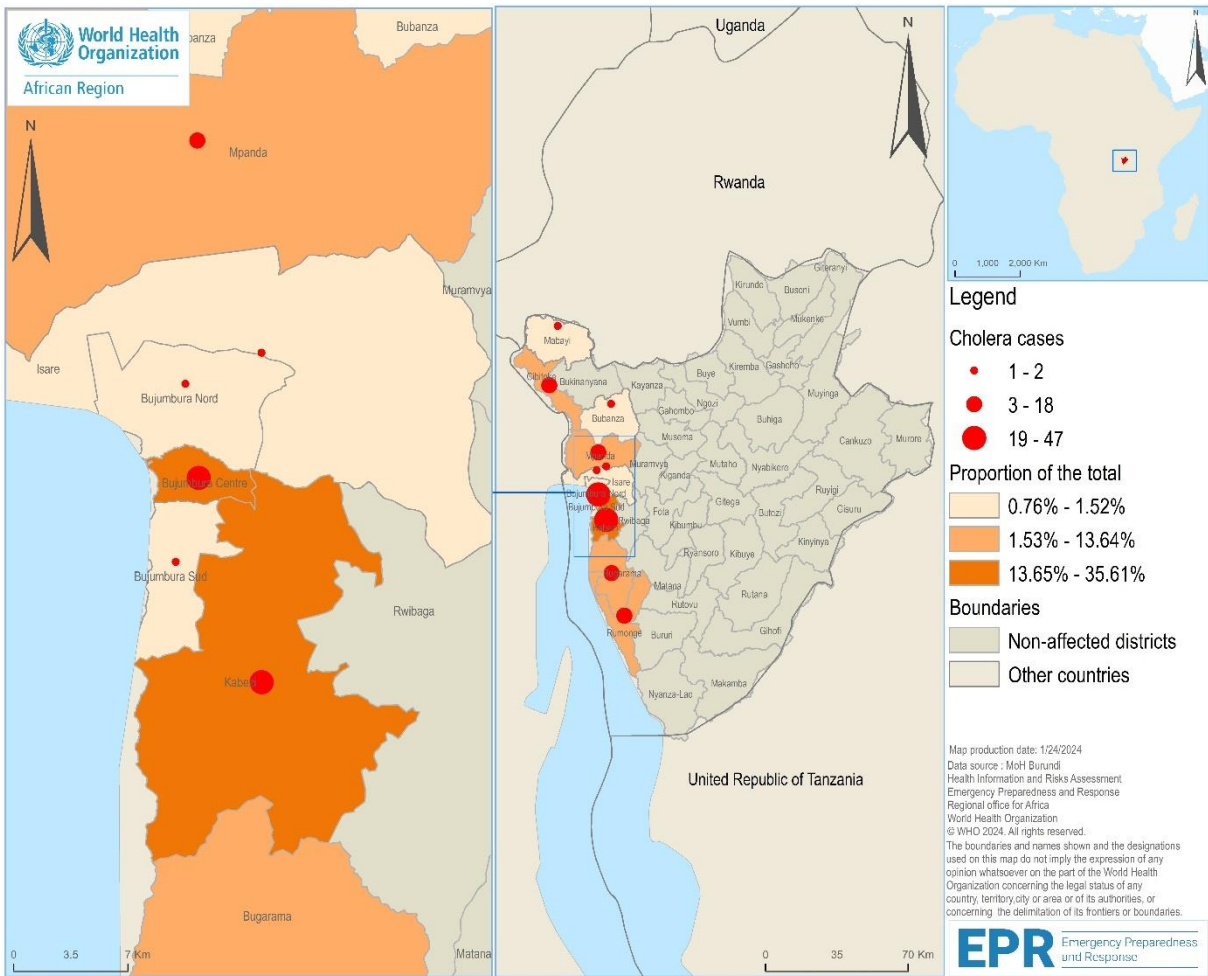


Figure 10: Map of Burundi showing cholera affected areas from October 2022 to 14 January 2024



As of week 02/2024, new cases decreased by 40% from five cases in the previous week to three. No new deaths were reported in weeks 01 and 02 in 2024. Cumulatively, from 1 January 2022 to 14 January 2024, Cameroon has reported 20 557 cases with 484 deaths (CFR = 2.4%).

Figure 11: Epicurve of cholera cases in Cameroon from October 2021 to 14 January 2024

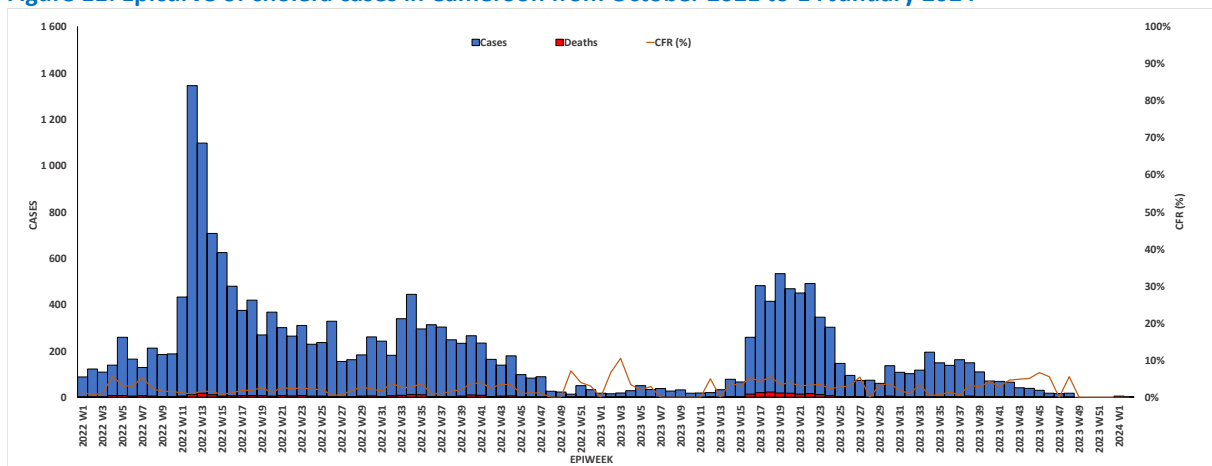
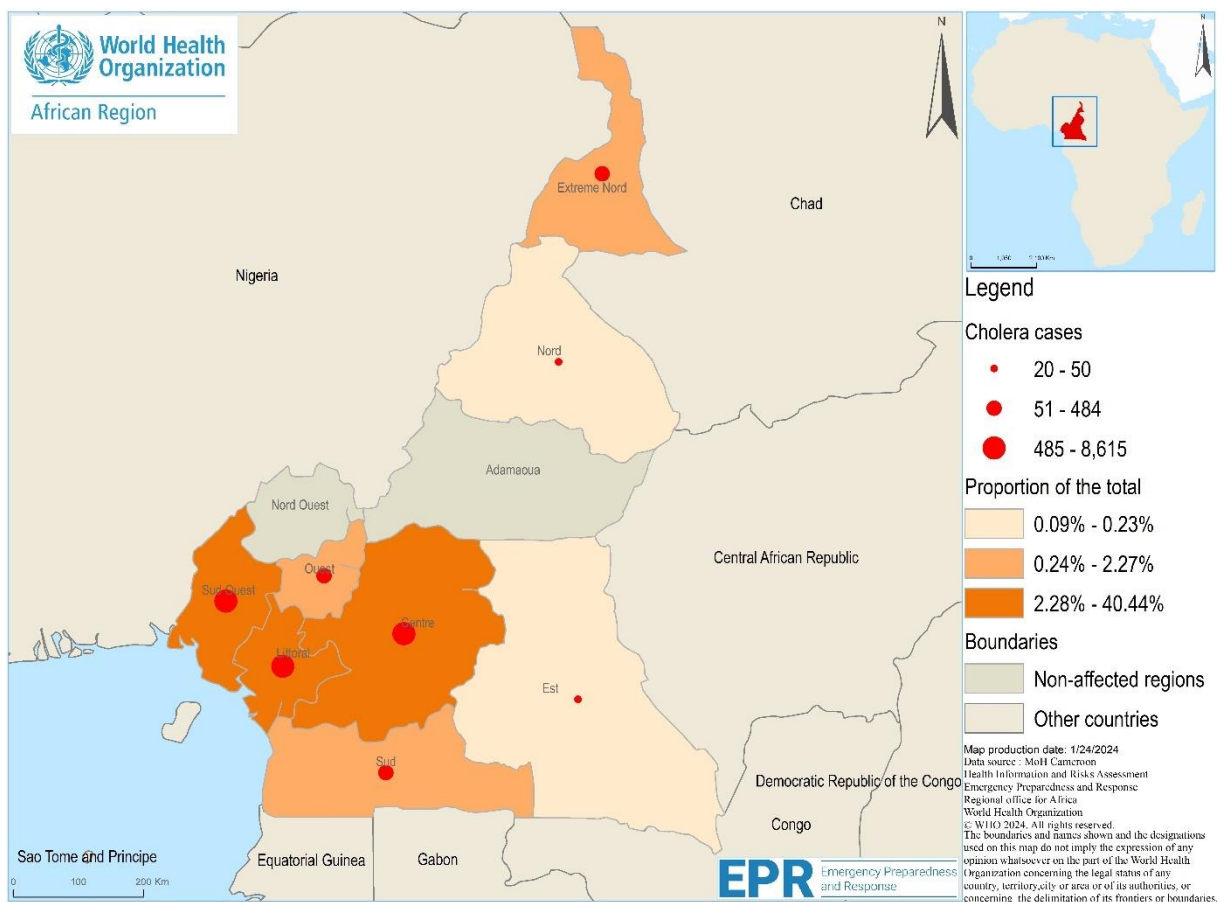


Figure 12: Map of cholera cases in Cameroon from October 2021 to 14 January 2024





30 867



457

1.5%

As of 14 January 2024, Ethiopia reported a cumulative case total of 30 867 with 457 deaths (CFR = 1.5%). As of week 02/2024, new cases decreased by 50% from 300 to 151. In week 02, new deaths increased by 33% from three deaths to four.

Figure 13: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 14 January 2024

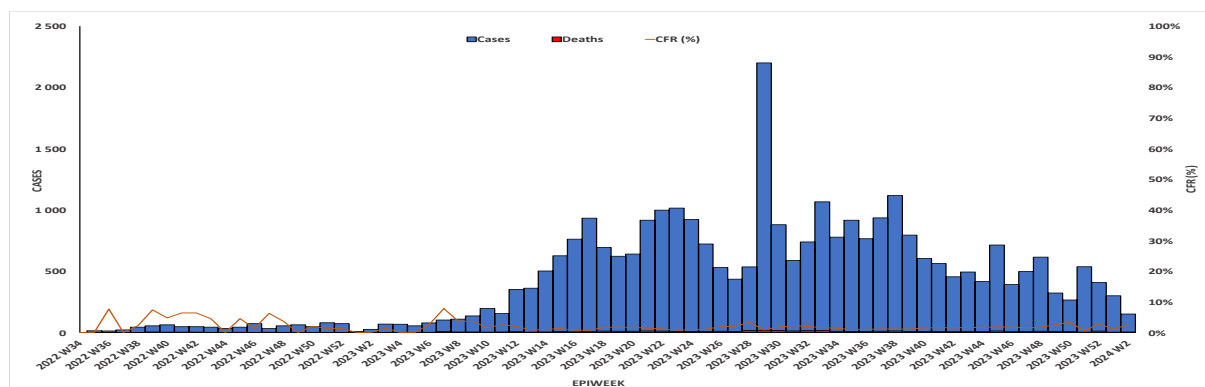
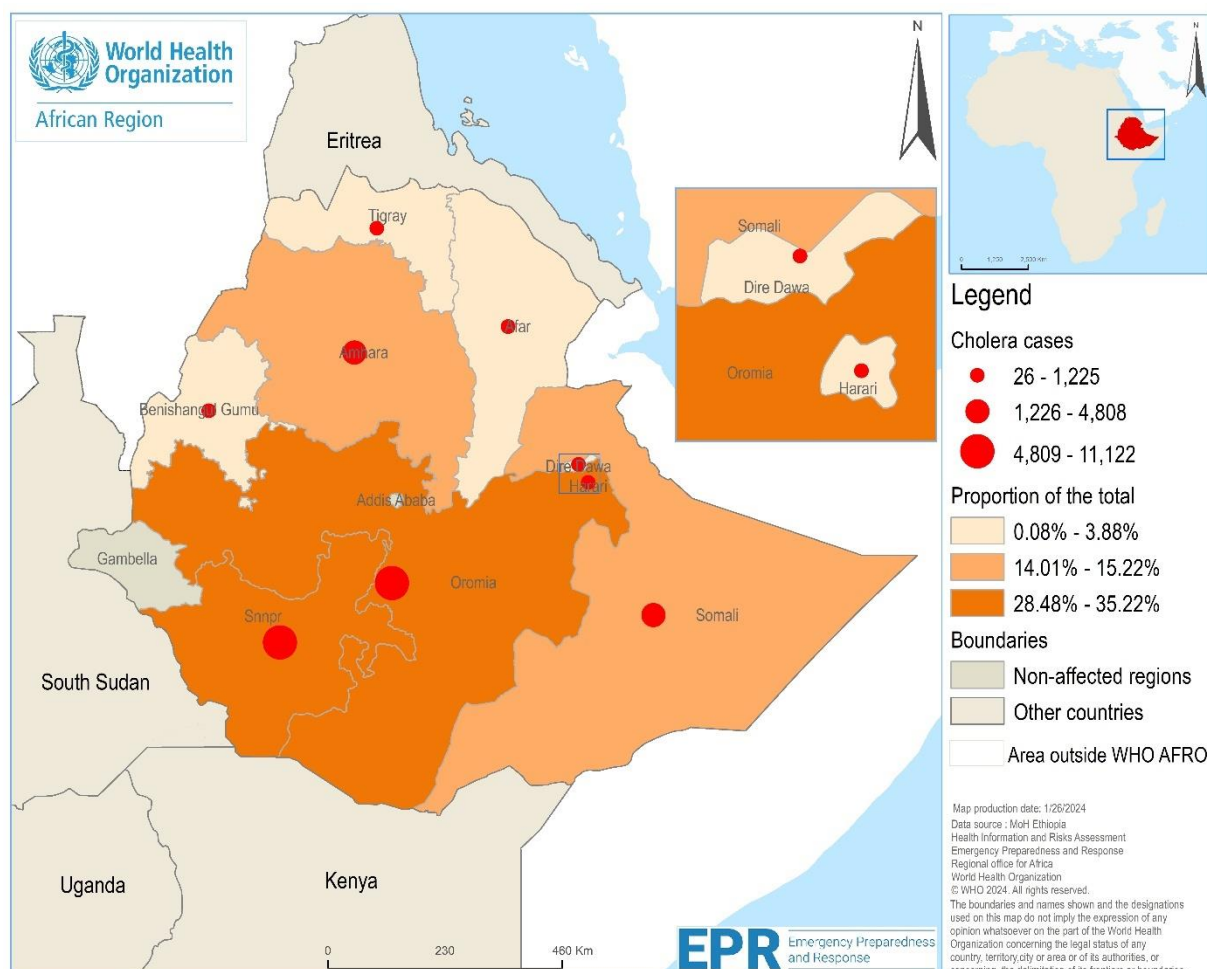


Figure 14: Map of Cholera outbreak in Ethiopia from October 2022 to 14 January 2024



Kenya

Grade 3

Cumulative Cases



12 264

Cumulative Deaths



205

CFR

1.7%

As of 14 January 2024, a cumulative total of 12 264 cases were reported since the onset of the outbreak with 205 deaths (CFR=1.7%). In week 02/2024, new cases decreased by 9% from 35 to 32 while there was no reported death in week 01 and 02 of 2024. The first wave that began in Oct of 2022 was controlled with last case reported on 19 September 2023 (epi week 38 of 2023). The active counties are Tana River and Lamu. The Ministry of Health, counties and the partners are implementing critical outbreak response interventions in the affected communities.

Figure 15: Epi Curve for cholera outbreak in Kenya, October 2022 – 14 January 2024

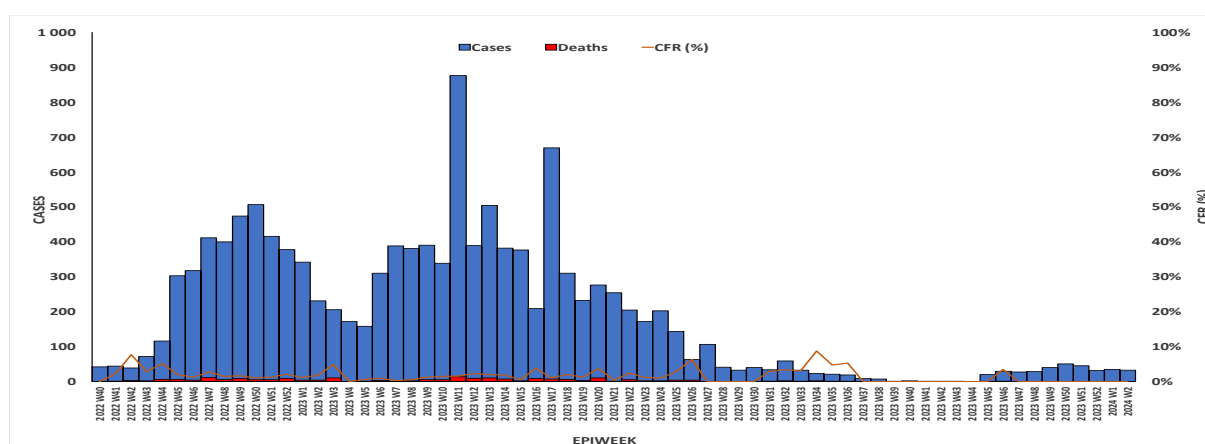
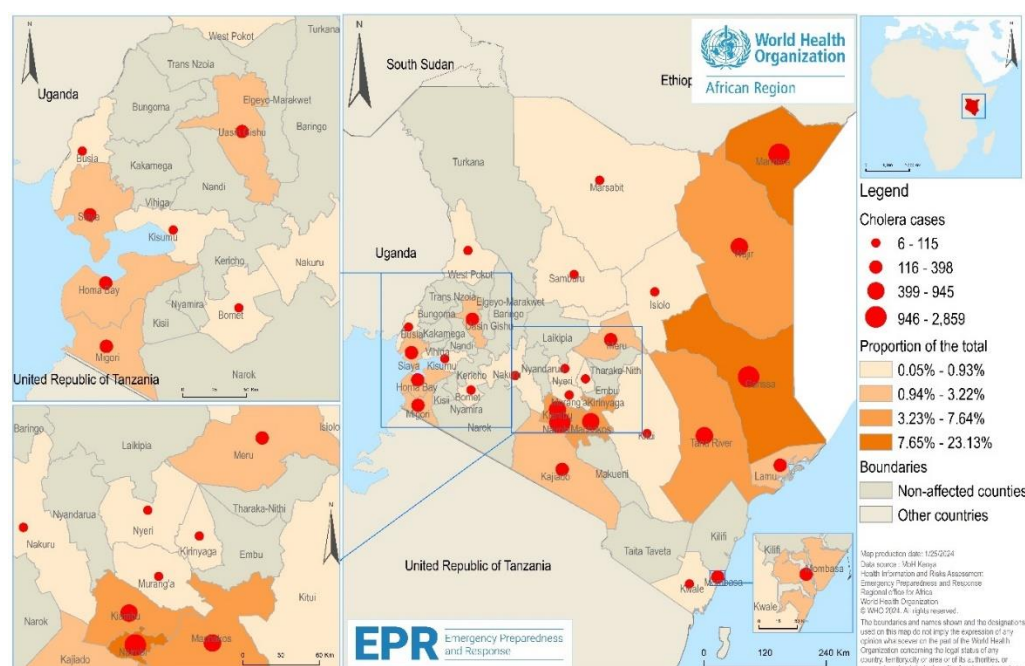


Figure 16: Map for cholera outbreak in Kenya, October 2022 – 14 January 2024



Malawi

Grade 3

Cumulative Cases
59 126

Cumulative Deaths
1 771

CFR
3.0%

A cumulative total of 59 126 cases have been reported since the onset of the outbreak from all the 29 districts of the country as of 7 January 2024. In week 01/2024, there was 50% decrease in new cases from four in week 52/2023 to two new cases. No new deaths were reported in weeks 52/2023 and 01/2024. The cumulative number of deaths is now 1 771 with a case fatality ratio of 3.0%.

The 2023/2024 cholera season began on 01 November 2023 and the reporting has been adjusted to reflect the number of cholera cases reported in the current cholera season by the government.

Figure 17: Epi Curve for cholera outbreak in Malawi, 3 March 2022 – 07 January 2024

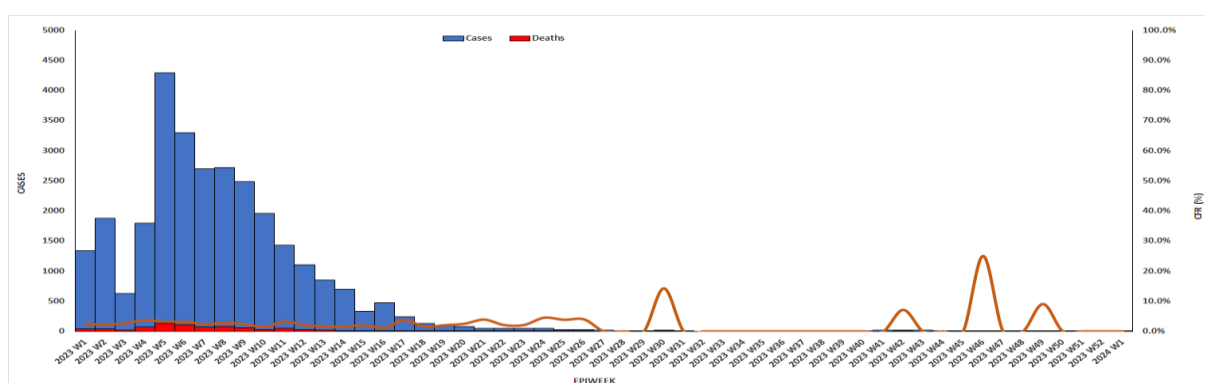
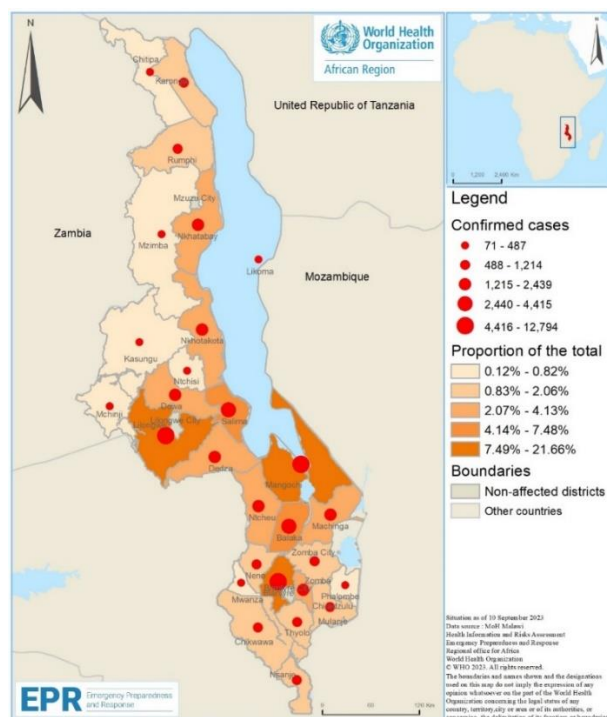


Figure 18: Map for cholera outbreak in Malawi, 3 March 2022 – 17 December 2023





The country had reported a cumulative total of 42 026 cases, with 166 deaths (CFR 0.4%) as of 14 January 2024. In week 02/2024, new cases increased by 9% from 585 new cases in the previous week to 637 new cases. New deaths decreased by 75% from four in week 01 to one in the current epi week. The response has been marred with insecurity with some community members attacking health workers and community leaders. The government is responding to the situation and partners have put up measure to ensure the safety of responders.

The Ministry of Health decided to restart the counting of cholera cases starting on 1st October 2023, which corresponds with the beginning of the rainy season. Thus, starting from week 47, data from the MOH consider two periods: 1st cholera outbreak from 14 September 2022 until 30 September 2023; and 2nd cholera outbreak from 1st October 2023-ongoing.

Figure 19: Epicurve of cholera outbreak in Mozambique as of 14 January 2024

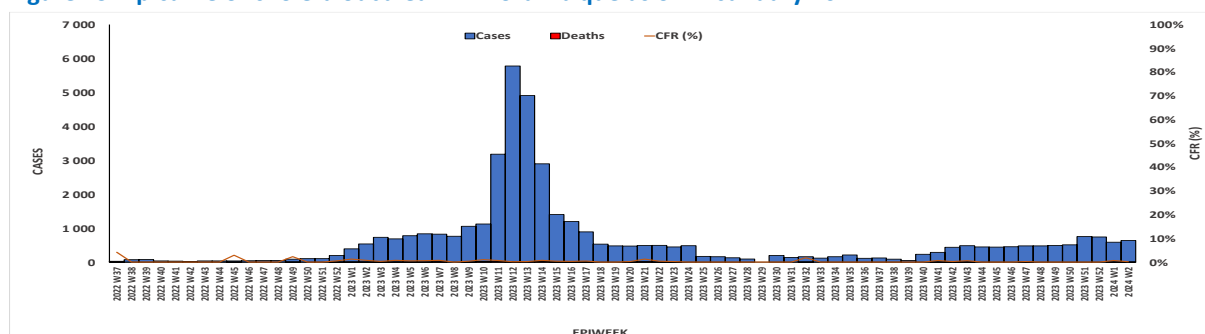
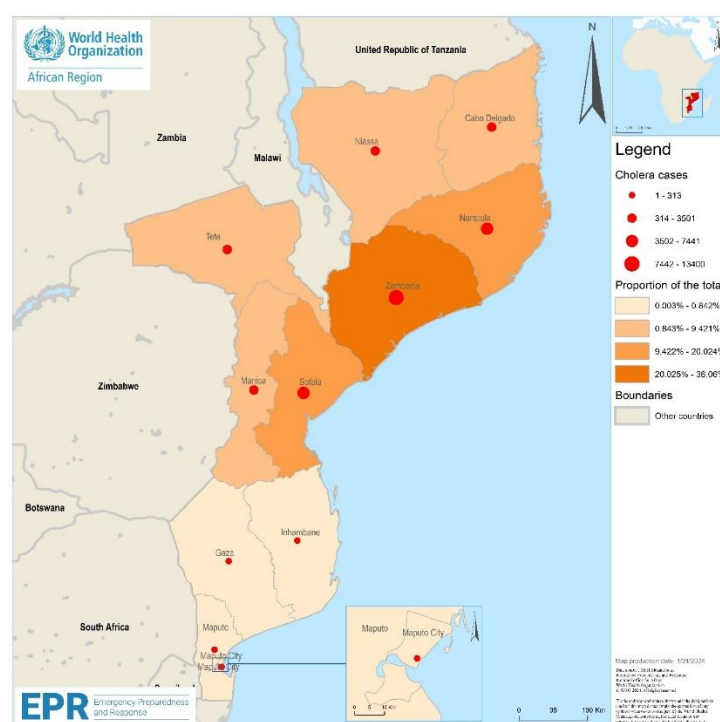


Figure 20: Map of cholera outbreak in Mozambique as of 14 January 2024



Democratic Republic of the Congo

Grade 3

Cumulative Cases



70 241

Cumulative Deaths



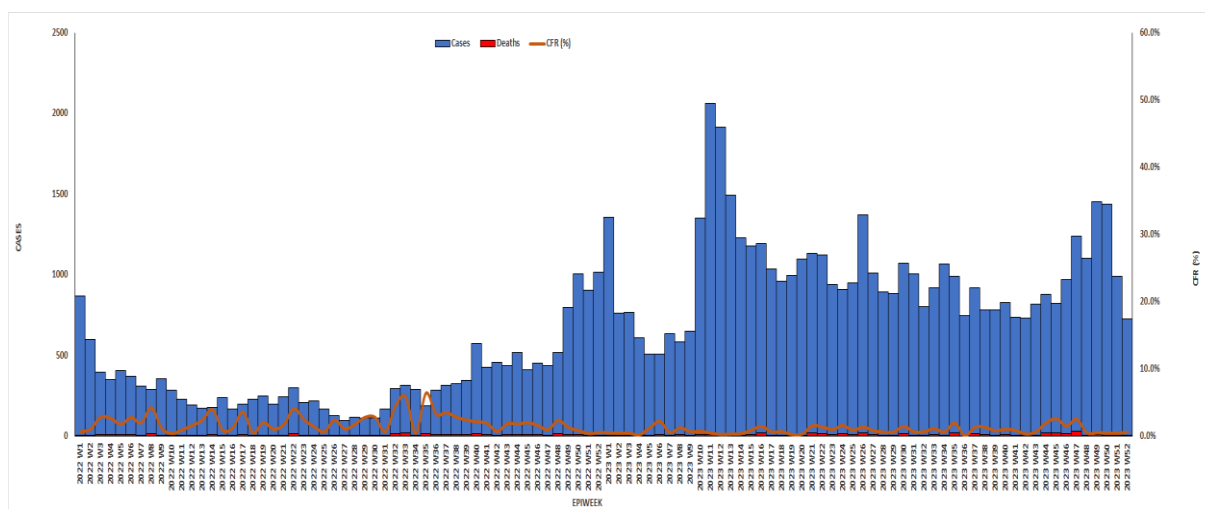
758

CFR

1.1%

As of 31 December 2023, the country had reported 70 241 cumulative cases, with 758 deaths (CFR = 1.1%) across 12 affected provinces. In week 52, new cases decreased by 27% from 988 new cases in week 51 to 723 new cases. New deaths increased by 20% in week 52 from five in week 51 to six.

Figure 21: Epicurve of cases and deaths in Democratic Republic of the Congo as of 31 December 2023



South Africa

Grade 3

Cumulative Cases



1 390

Cumulative Deaths



47

CFR

3.4%

As of 14 January 2024, South Africa reported a total of 1 390 suspected cases, with 47 deaths (CFR=3.4%). The last outbreak was contained in July 2023. Last week, two imported cases from Zimbabwe were reported (in Limpopo). Response and readiness interventions are being scaled up. No new deaths have been reported in 2024.

Nigeria

Grade 3

Cumulative Cases



26 452

Cumulative Deaths



674

CFR

2.5%

The cholera outbreak in the country has been ongoing since January 2022. As of 29 October 2023, there was a cumulative total of 26 452 with 674 deaths (CFR = 2.5%).

Togo

Grade 3

Cumulative Cases



01

Cumulative Deaths



0

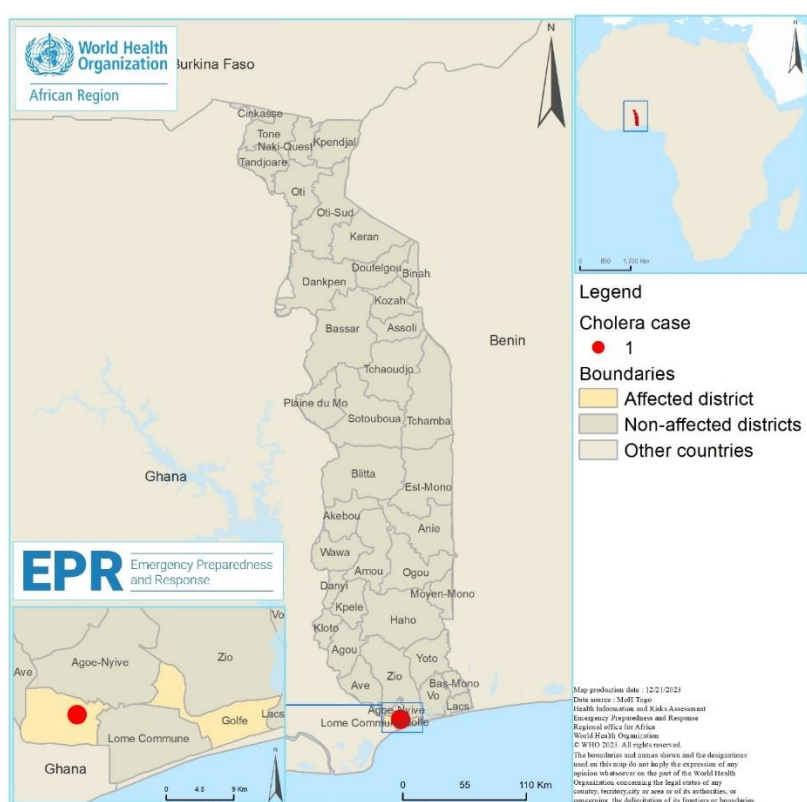
CFR

0%

On 09 December 2023, the Gulf district management team was alerted by the SIMR officer from the CMS ADAKPAME to the suspicion of cholera in a person presenting with diarrhoea, vomiting, abdominal pain and dehydration. This was confirmed on 11 December by the INH laboratory, with culture identification of vibrio cholerae ogawa, and an investigation was carried out on the same date. A sample was taken during the investigation and found to be positive by the rapid cholera test.

The investigation revealed that the exposure factor was the consumption of untreated borehole water.

Figure 22: Map of cases and deaths in Togo as of 12 December 2023



Uganda

Grade 3

Cumulative Cases



81

Cumulative Deaths



10

CFR

12.3%

There have been no new cases reported since week 35. As of 1 September 2023, Uganda had reported a cumulative total of 81 suspected cases and 10 deaths (CFR=12.3%).

On 27 July 2023, the Ministry of Health had confirmed Cholera outbreak in Namayingo and Kayunga districts.

Conclusion

The cholera outbreaks in the African Region have occurred in the context of **natural disasters such as flooding** (Mozambique, Malawi), **drought** (Kenya and Ethiopia), **conflict** (Cameroon, Democratic Republic of the Congo, Nigeria, Ethiopia) and **multiple disease outbreaks** including Mpox, wild polio, measles, COVID-19, etc. Many countries have **limited** and strained resources, **shortage** of medical commodities, including cholera kits and Oral Cholera Vaccine (OCV). **Poor** sanitation and unreliable water supplies with increased **cross-border movements** continue to serve as driving factors for the outbreak across the region. The new year 2024 poses another challenge with El nino and the cyclone season commencing.

WHO ACTIVITIES

Readiness:

- 22 countries prioritized for cholera readiness.
- Collection of data using the updated web-based cholera readiness assessment tool is ongoing.
- A tracking tool for monitoring framework for the implementation of the global strategy for cholera prevention and control, 2018-2030 across the countries has been developed and rolled out.
- The identification of Priority Areas for Multisectoral Interventions (PAMIs/Hotspots) was conducted in Malawi, supported by WHO.
- Development and mid-term review of National Cholera Plan for South Sudan and Zambia respectively is ongoing, supported by WHO.
- Cholera readiness for countries particularly those approaching the cholera season in Southern Africa is ongoing, supported by WHO.
- Comprehensive assessment of the implementation of the Regional Framework for the implementation of the global strategy for cholera prevention and control, 2018-2030 was conducted.

Response:

- Coordination and provision of technical guidance by the Cholera Incident Management Support Team of the WHO AFRO through tele-conference meetings with all AFRO countries (Zambia, Burundi) in response.
- Tracking, monitoring and sharing information with South Africa Ministry of Health and key stakeholders on cholera outbreaks in Africa region (including Zimbabwe, Mozambique and Zambia) is ongoing.
- Technical and financial support to countries for cholera response interventions is ongoing.
- Cross-border collaborations on cholera surveillance has been strengthened.
- Deployment of staff to countries as requested by countries is ongoing (currently to Zambia)
- Provision of essential medical supplies and cholera kits to all countries in outbreak is ongoing.
- Response and technical inputs on training across all response pillars has been strengthened.
- Technical support to countries on vaccination strategies for reactive OCV campaigns is ongoing (Zambia).



World Health
Organization

African Region

**For additional information, please
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Photo: WHO Ethiopia Cholera Response Surge Team, demonstrating household water treatment chemicals use for local communities in Lagahida #Somali region

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