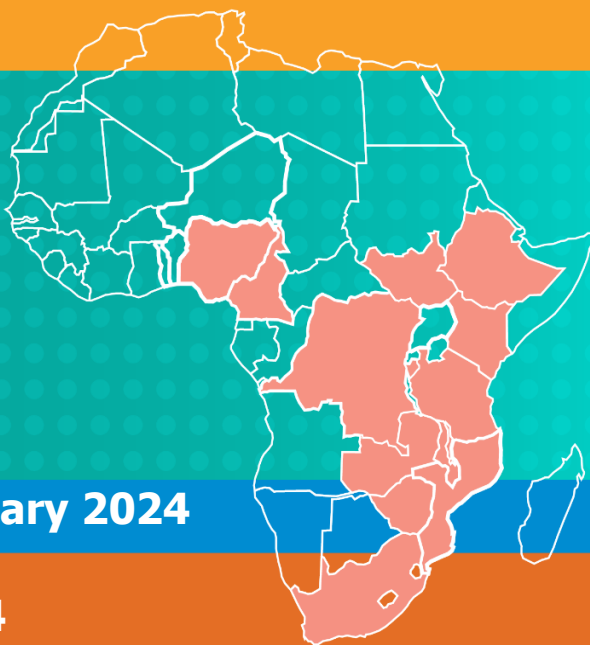


Cholera in the WHO African Region



Weekly Regional Cholera Bulletin: 22 January 2024

Data reported: as of 21 January 2024



**World Health
Organization**

African Region

Data reported: as of 21 January 2024

Regional Cholera Update

Cumulative Cases



303 121

Cumulative Deaths



5 614

CFR

1.9%

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 03 of 2024, six countries **Burundi, Ethiopia, Kenya, United Republic of Tanzania, Zambia and Zimbabwe** reported a total of 5 796 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 21 January was 17 614 and 526 deaths respectively with a case fatality ratio of 3.0%.

Since 1 January 2022, a cumulative total of 303 121 cholera cases has been reported including 5 614 deaths with a case fatality ratio (CFR) of 1.9% as of 21 January 2024 (Table 1). Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Nigeria account for 76.4% (231 646) of the cumulative cases and 69.5% (3 899) of all cumulative deaths reported.

Figure 1: Distribution of cholera cases and deaths in WHO African Region, 1 January 2022— 21 January 2024

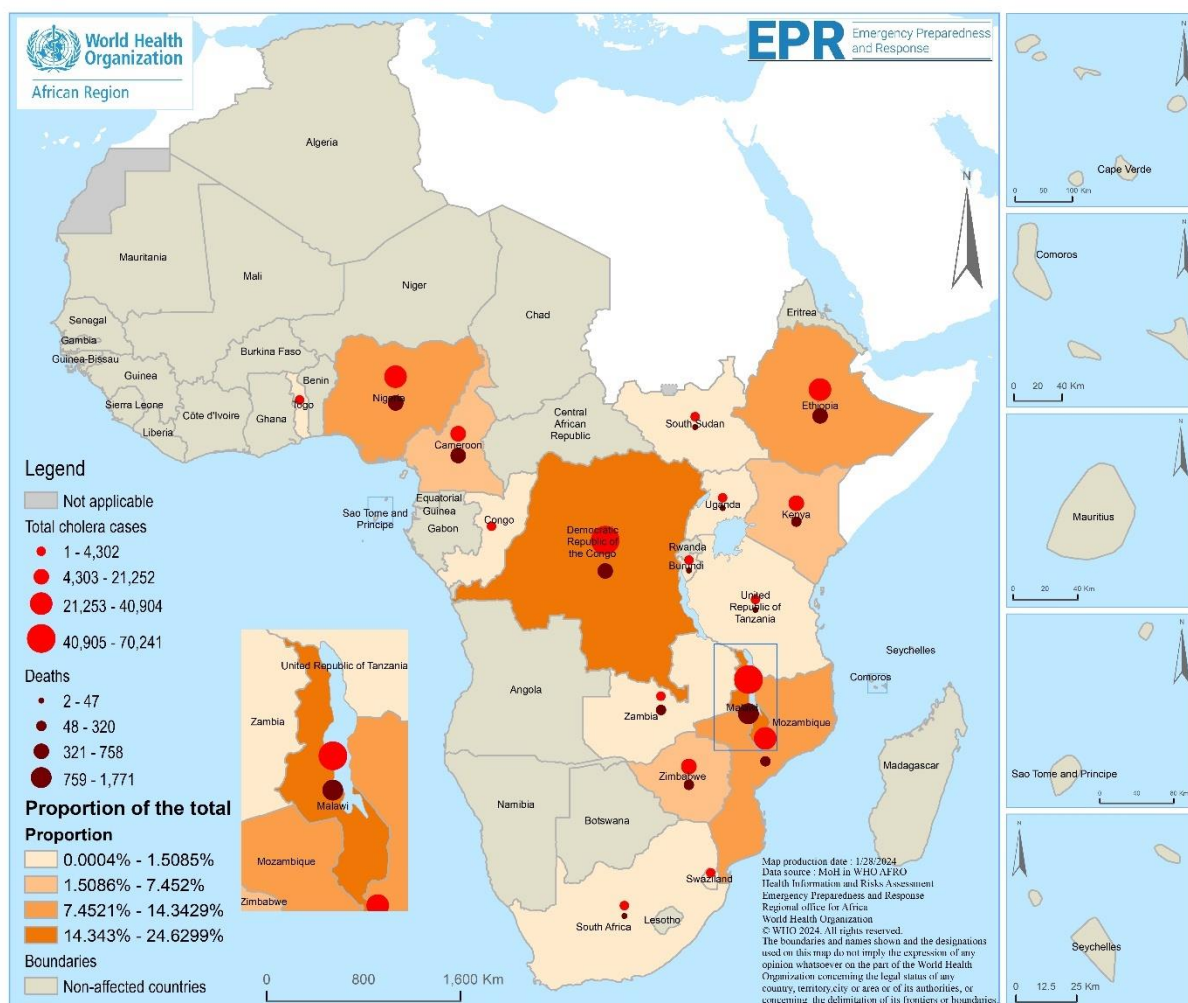
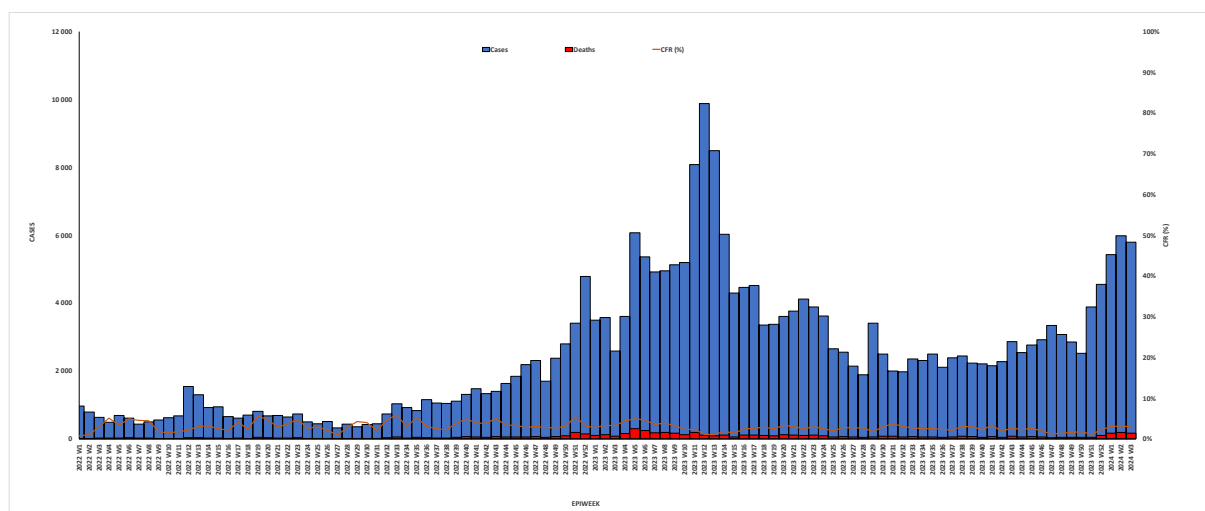


Table 1: Cholera Cases and Deaths in WHO African Region, 1 January 2022 to 21 January 2024

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	71 023	766	1.1	-	-	-	Jan-22	31-Dec-23
Malawi	59 125	1 771	3.0	-	-	-	Mar-22	07-Jan-24
Mozambique	42 395	166	0.4	1 222	5	0.4	Sep-22	14-Jan-24
Ethiopia	31 581	471	1.5	452	7	1.5	Aug-22	16-Jan-24
Nigeria	27 522	725	2.6	-	-	-	Jan-22	31-Dec-23
Cameroon	20 601	484	2.3	8	0	0	Jan-22	14-Jan-24
Zimbabwe	19 649	430	2.2	5 249	105	2.0	Feb-23	21-Jan-24
Zambia	12 813	498	3.9	10 088	405	4.0	Jan-23	19-Jan-24
Kenya	12 432	206	1.7	72	0	0	Oct-22	17-Jan-24
South Sudan	1 471	2	0.1	-	-	-	Feb-23	16-May-23
Burundi	1 403	9	0.6	23	0	0	Jan-23	21-Jan-24
South Africa	1 391	47	3.4	2	0	0	Feb-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	303 121	5 614	1.9	17 614	526	3.0		

Figure 2: Epi Curve of cholera cases and deaths in WHO African Region, 1 January 2022 – 21 January 2024



Country Specific updates

Zimbabwe

Grade 3

Cumulative Cases



19 649

Cumulative Deaths



430

CFR

2.2%

As of 21 January 2024, cumulative cholera cases reported from the ten provinces of the country were 19 649 with 430 deaths (CFR 2.2%). In week 03/2024 new cases decreased by 20.1% from 1 875 new cases in week 02/2024 to 1 499 new cases. New deaths increased by 2.9% from 34 in week 02/2024 to 35 in week 03/2024. The three provinces with the highest number of cumulative cases are Harare including Chitungwiza city (8 568), Manicaland (5 590), and Masvingo (2 283) which account for 83.7% (16 441 cases). The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province. As of 21 January 2024, sixty-two (62) districts have reported at least a case of cholera.

Figure 3: Epicurve of Cholera outbreak in Zimbabwe as of 21 January 2024

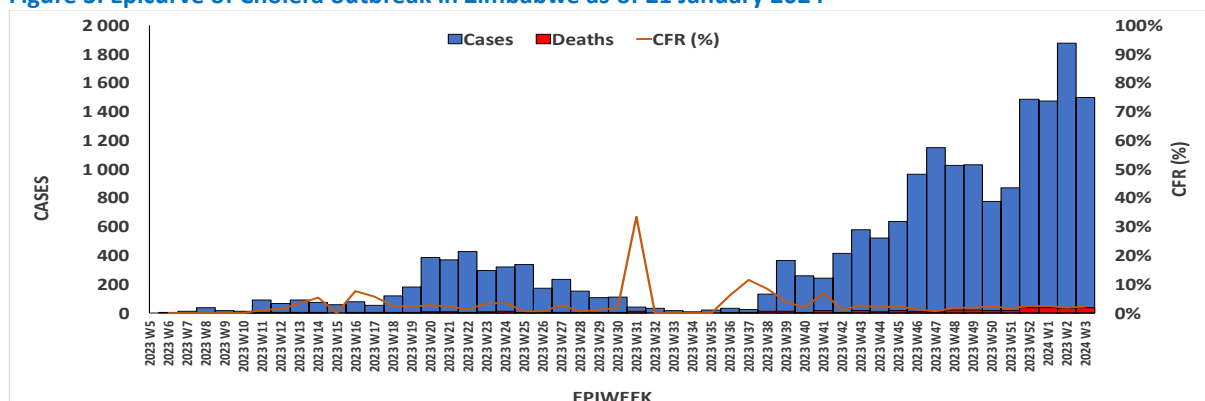
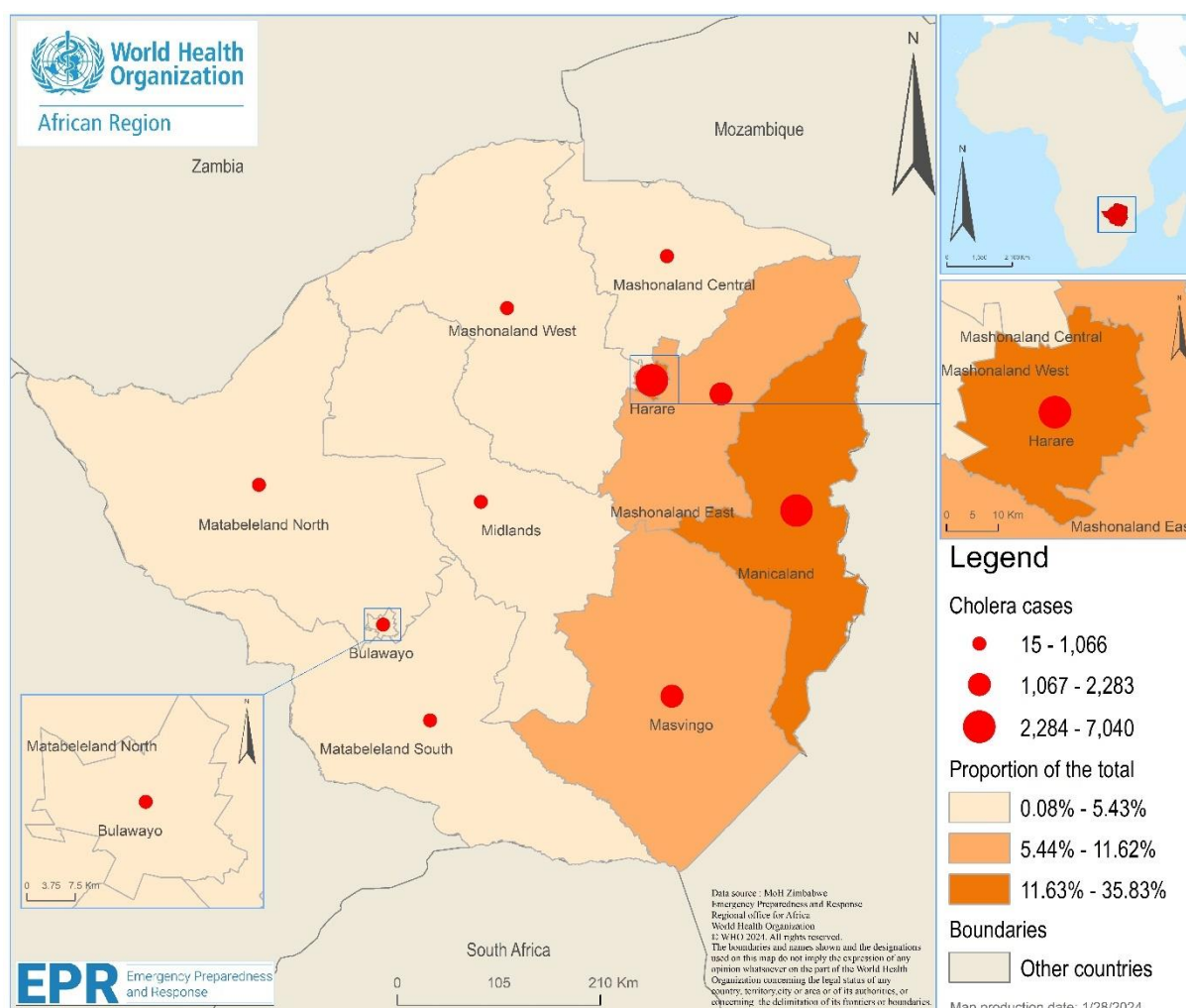


Figure 4: Map of Zimbabwe showing cholera affected provinces as of 21 January 2024



Public Health Actions

- Cholera responders were sensitized on preventing and responding to Sexual Exploitation and Harassment (PRSEAH).
- Joint supportive supervision to Epworth CTC and Beitbridge ORP was conducted by the WASH team.
- Forecasting of cholera supplies for the next three months was jointly conducted by the national logistics team with support from partners.
- The first batch of 892 286 doses of oral cholera vaccines are expected in the country by 22 Jan 2024.
- The first OCV campaign preparation meeting has been convened and vaccine microplanning completed.

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.

Zambia

Grade 3

Cumulative Cases



12 813

Cumulative Deaths



498

CFR

3.9%

Cumulatively this year, as of 19 January 2024, there have been 12 813 reported cases and 498 deaths (CFR = 3.9%). In week 03/2024, new cases increased by 34% from 3 064 in the previous week to 4 103 new cases. New deaths decreased by 11% from 150 deaths in the previous week to 134. 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 19 January 2024

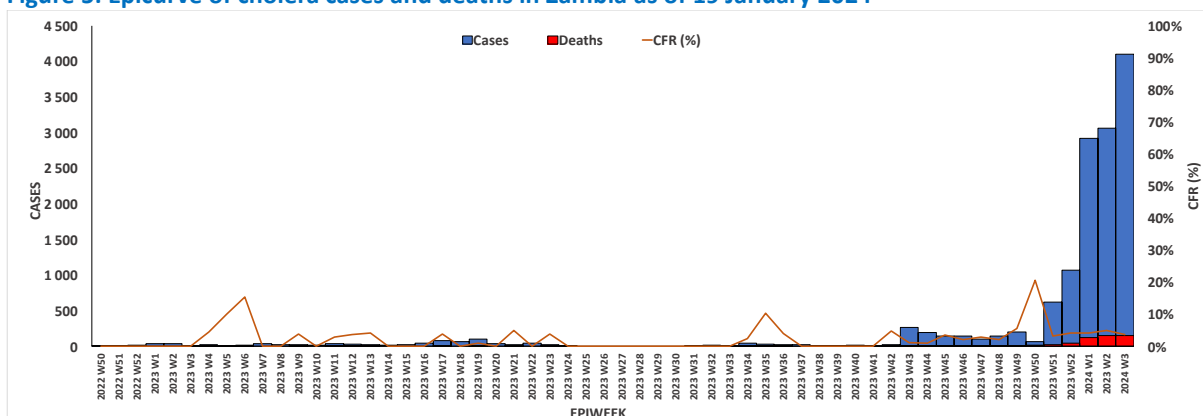
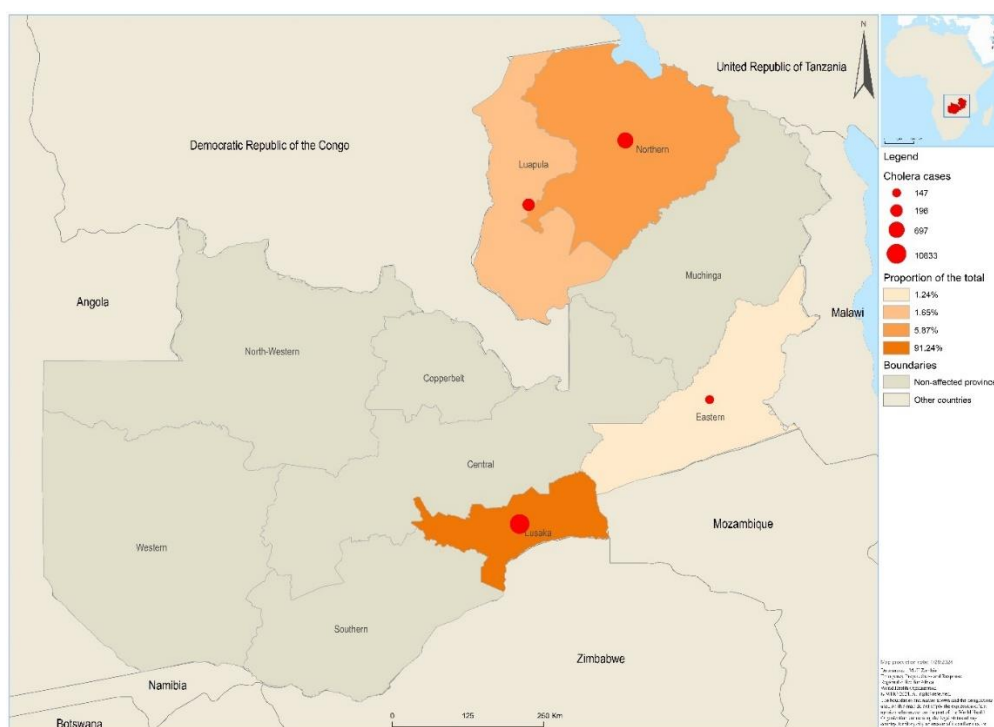


Figure 6: Map of cholera cases and deaths in Zambia as of 19 January 2024



Public Health Actions

- Provision of vehicles to support community-based surveillance activities was provided by WHO.
- Vaccination with oral cholera vaccines is ongoing.
- A total 30 Acute Watery Diarrhoea (renewable) kits were provided to treat about 3,000 people by UNICEF to the Ministry of Health (MoH).
- A total of 6 high performance tents and 320 000 sachets of ORS were donated by UNICEF to different outbreak districts to the MoH.
- RCCE is being provided to the community with support from the Red Cross.
- A total of 9 Cholera treatment centres across the country were established with patients treated and discharged from these centres.

Challenges/Gaps

- Poor sanitation coverage in the affected areas.
- Challenges in 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



1 568

Cumulative Deaths



29

CFR

1.8%

The cumulative number of cases from the country since 22 January 2023 to 21 January 2024 are 1 568 and 29 deaths with a CFR= 1.8%. In week 03/2024, new cases decreased by 16% from 214 new cases in the previous week to 180 new cases. New deaths increased by 100% in week 03/2024 from one death in the previous week to two. 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 586 cases, in the regions with active outbreak, Simiyu region accounted for 235 cases (40%). 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 21 January 2024

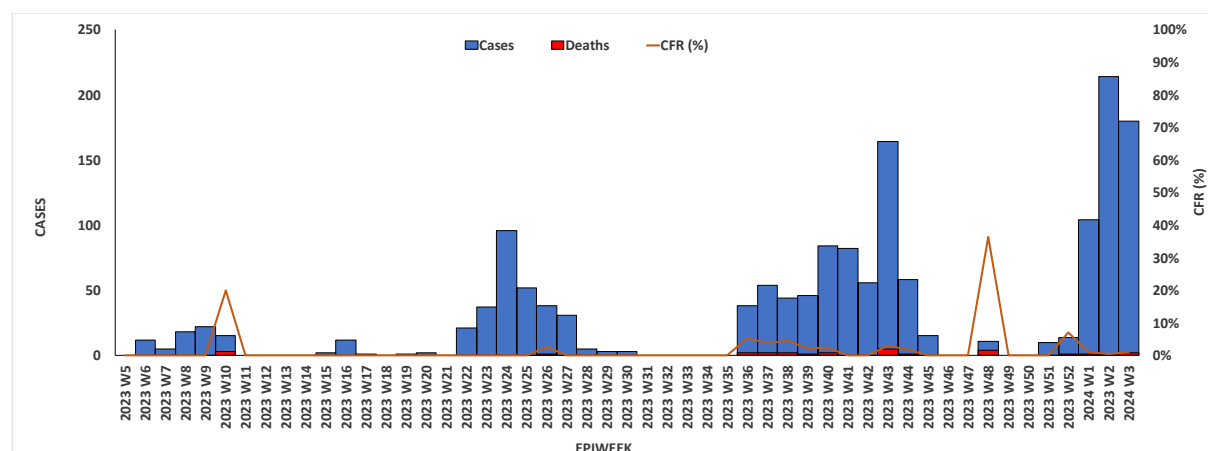
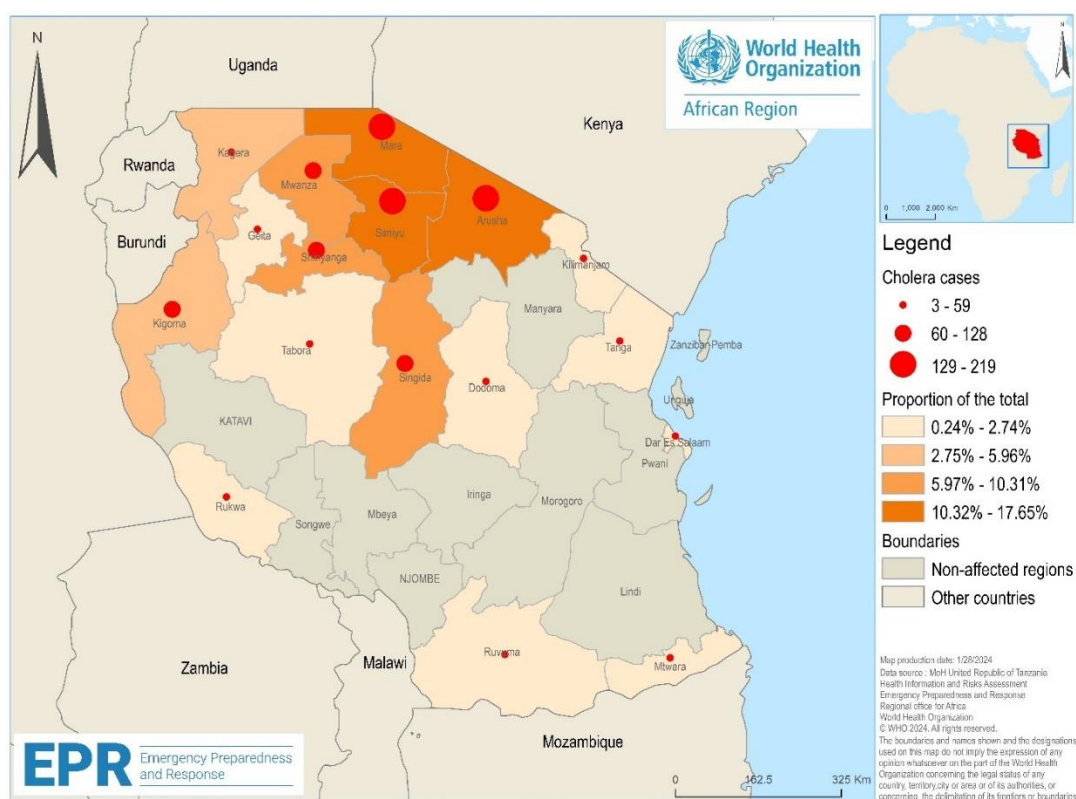


Figure 8: Map of cases and deaths in United Republic of Tanzania as of 21 January 2024



Public Health Actions

- Daily incidence management meetings were conducted, chaired by incident manager at regional level, with attendance of heads of pillars and members.
- Mentorship conducted for health workers on RDT use at Ukerewe DC and Misungwi DC in Mwanza region by the laboratory team.
- On the job training on how to dilute Sodium dichloroisocyanurate (NaDCC) was facilitated in two CTC's (Muriti Health Centre and Muritilima Dispensary) in Mwanza region by the laboratory team.
- Health education was conducted in 14 markets in Mwanza region by the RCCE team.
- House to house inspection was conducted in 238 households in the Simiyu region. Forty households had no toilets and the household heads were served seven days' notice to construct toilets for their household.
- Disposal of all generated wastes in Bukoba MC in Kagera region was facilitated by the leadership of the District Commissioner.

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.



As of 21 January 2024, a cumulative total of 1 403 cases and nine deaths (CFR 0.6%) were reported from Burundi. In week 03/2024 new cases increased by 167% from three new cases in the previous week to eight new cases. There has been no death reported since week 24.

The areas which have recorded the most cases since the start of the epidemic are those of Gatumba (DS Isare), Gihosha (DS Bujumbura Nord), Buterere I (DS Bujumbura Nord), Kinama (DS Bujumbura Nord), Rukana II (DS Cibitoke) and Mparambo I (DS Cibitoke) with 145, 108, 97, 95, 86 and 72 confirmed cases respectively.

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 21 January 2024

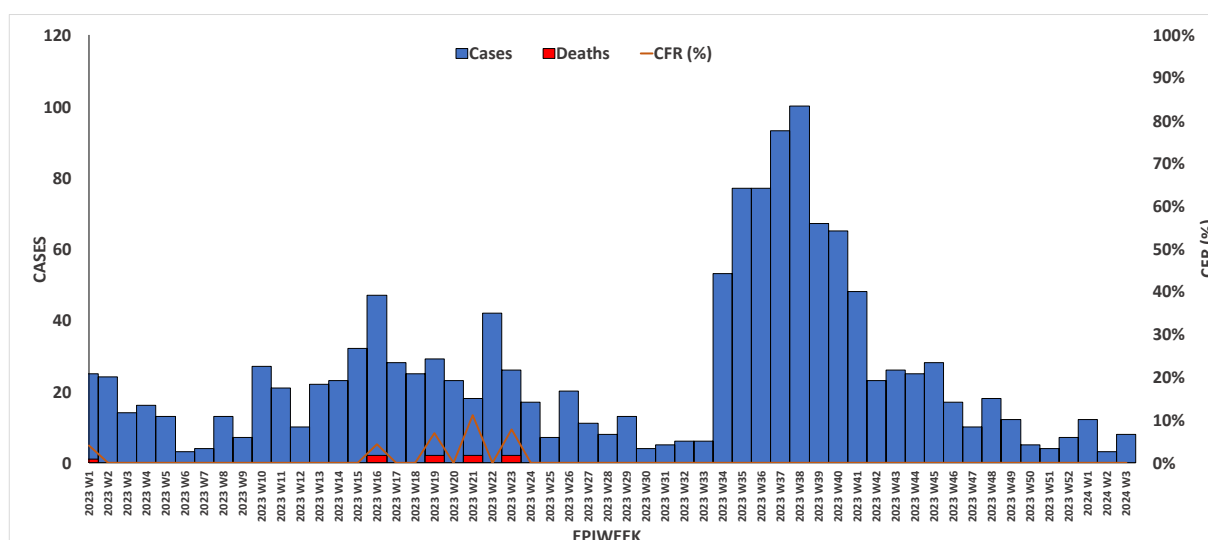
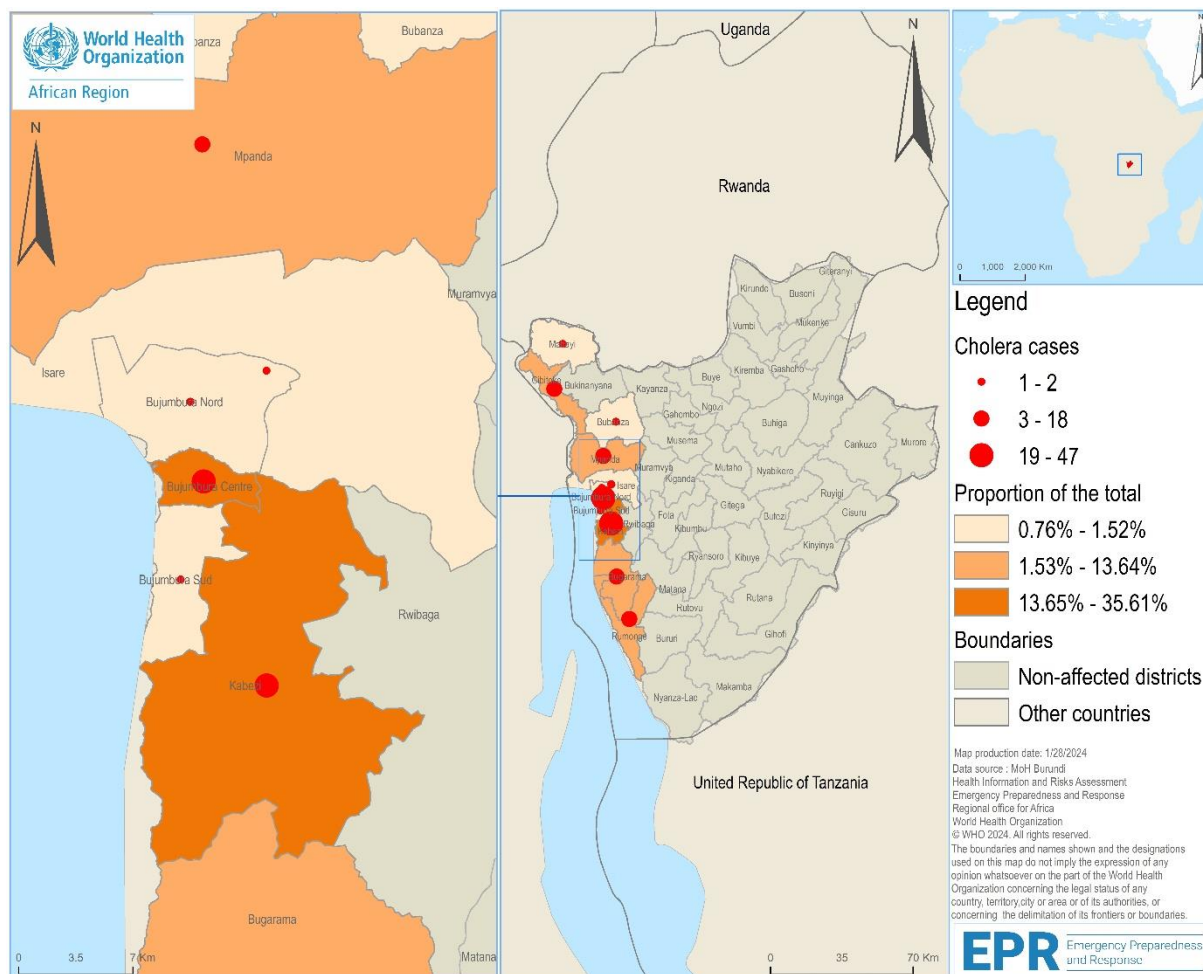


Figure 10: Map of Burundi showing cholera affected areas from October 2022 to 21 January 2024



Cameroon

Grade 3

Cumulative Cases

20 601

Cumulative Deaths

484

CFR

2.3%

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 20 601 cases with 484 deaths (CFR = 2.3%).

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

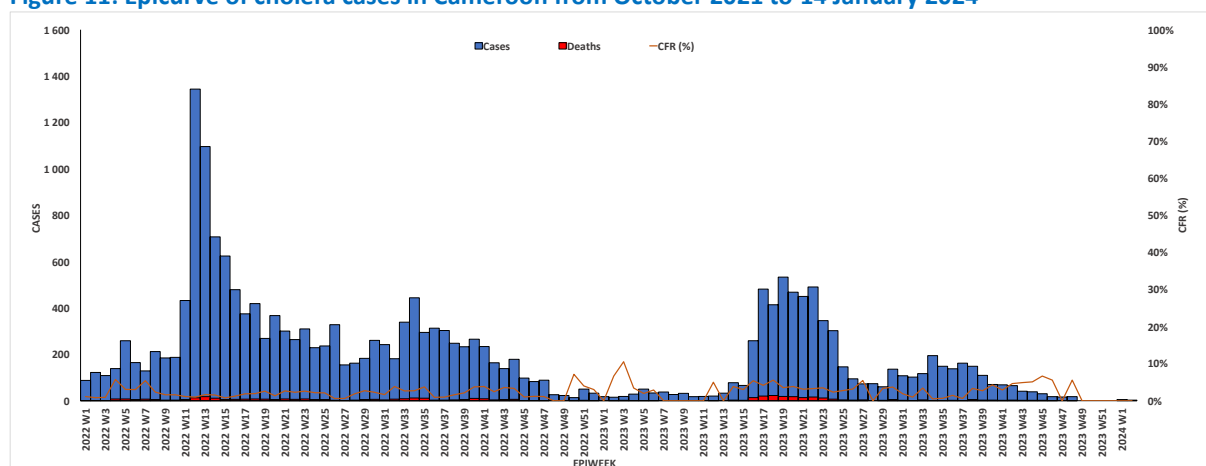
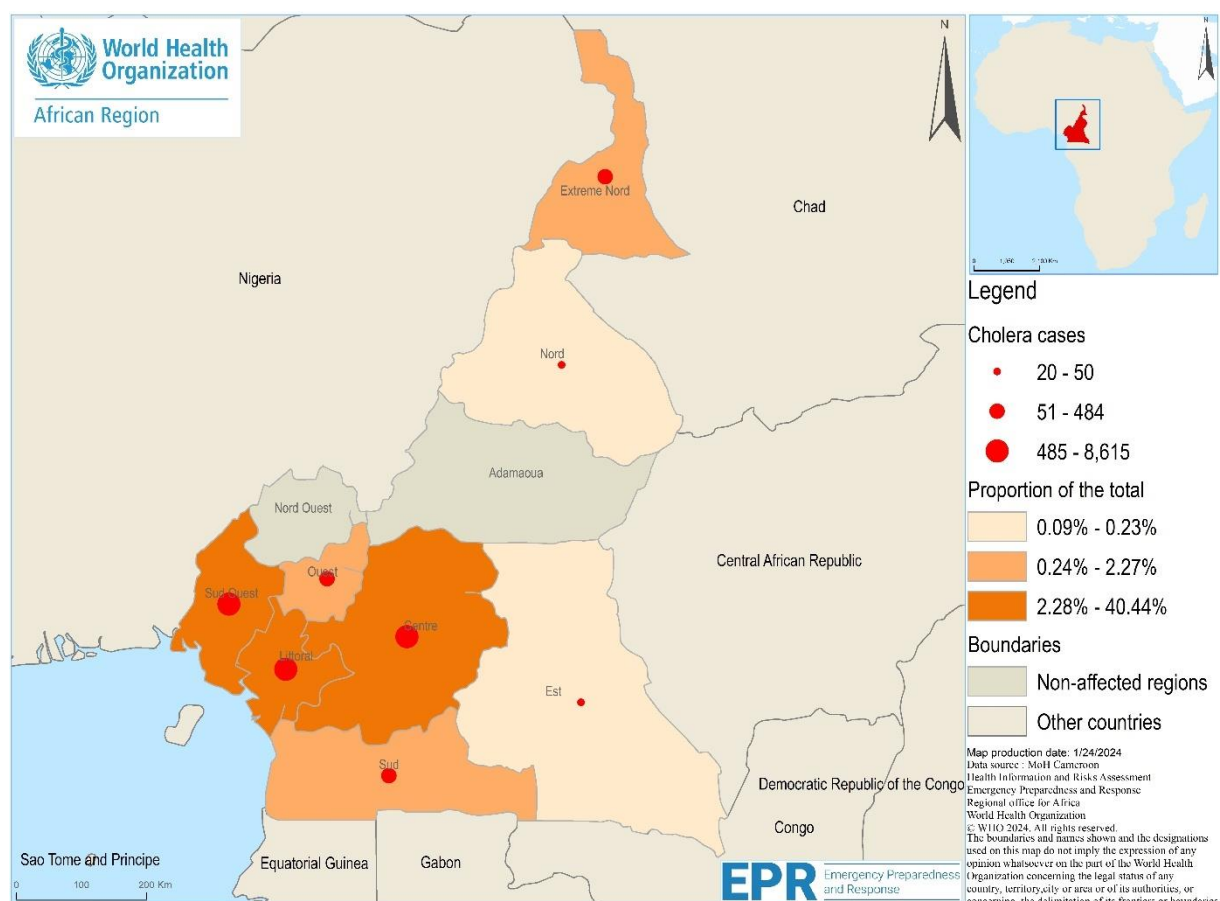


Figure 12: Map of cholera cases in Cameroon from October 2021 to 14 January 2024





As of 16 January 2024, Ethiopia reported a cumulative case total of 31 581 with 471 deaths (CFR = 1.5%). As of week 03/2024, new cases decreased by 99% from 151 to one (however, note that the data for week 03 is not a complete week). In week 02, new deaths reported were four.

Figure 13: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 16 January 2024

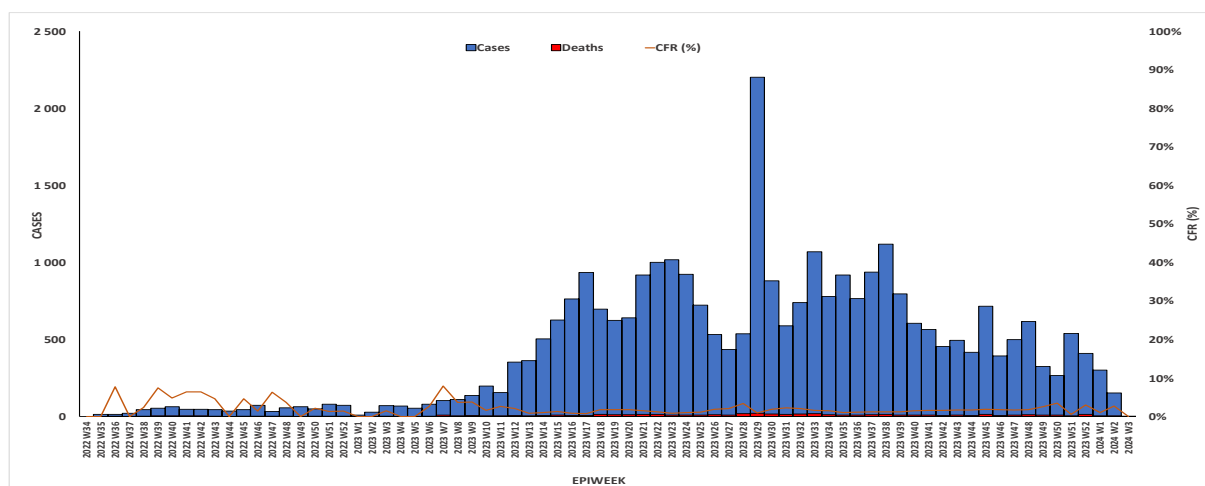
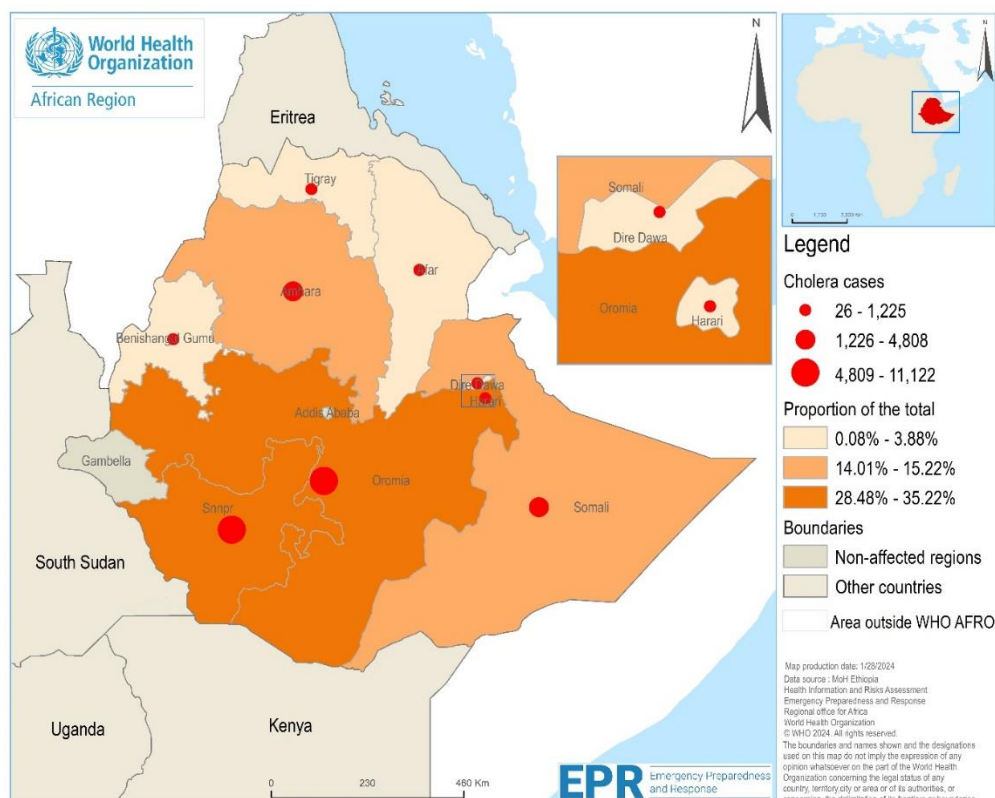


Figure 14: Map of Cholera outbreak in Ethiopia from October 2022 to 16 January 2024



Kenya

Grade 3

Cumulative Cases



12 432

Cumulative Deaths



206

CFR

1.7%

As of 17 January 2024, a cumulative total of 12 432 cases were reported since the onset of the outbreak with 206 deaths (CFR=1.7%). In week 03/2024, new cases decreased by 84% from 33 to five (please note that the data reported for week 03 is not a complete one). There was no reported death in week 02 and 03 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 – 17 January 2024

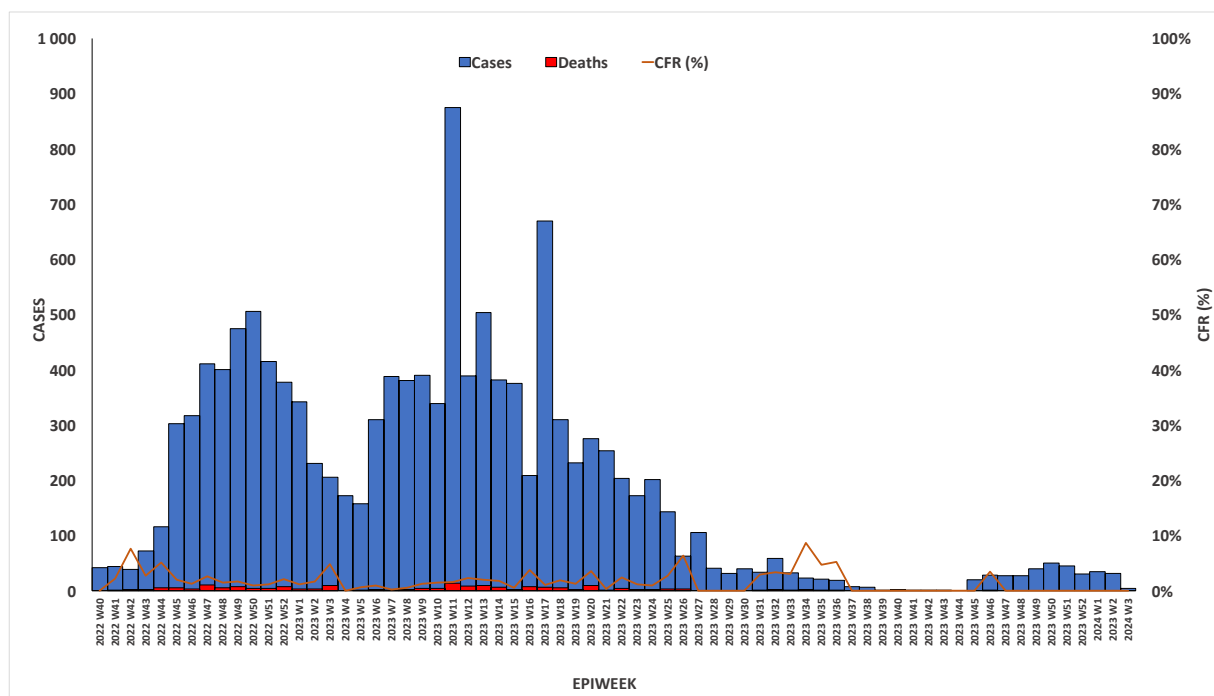
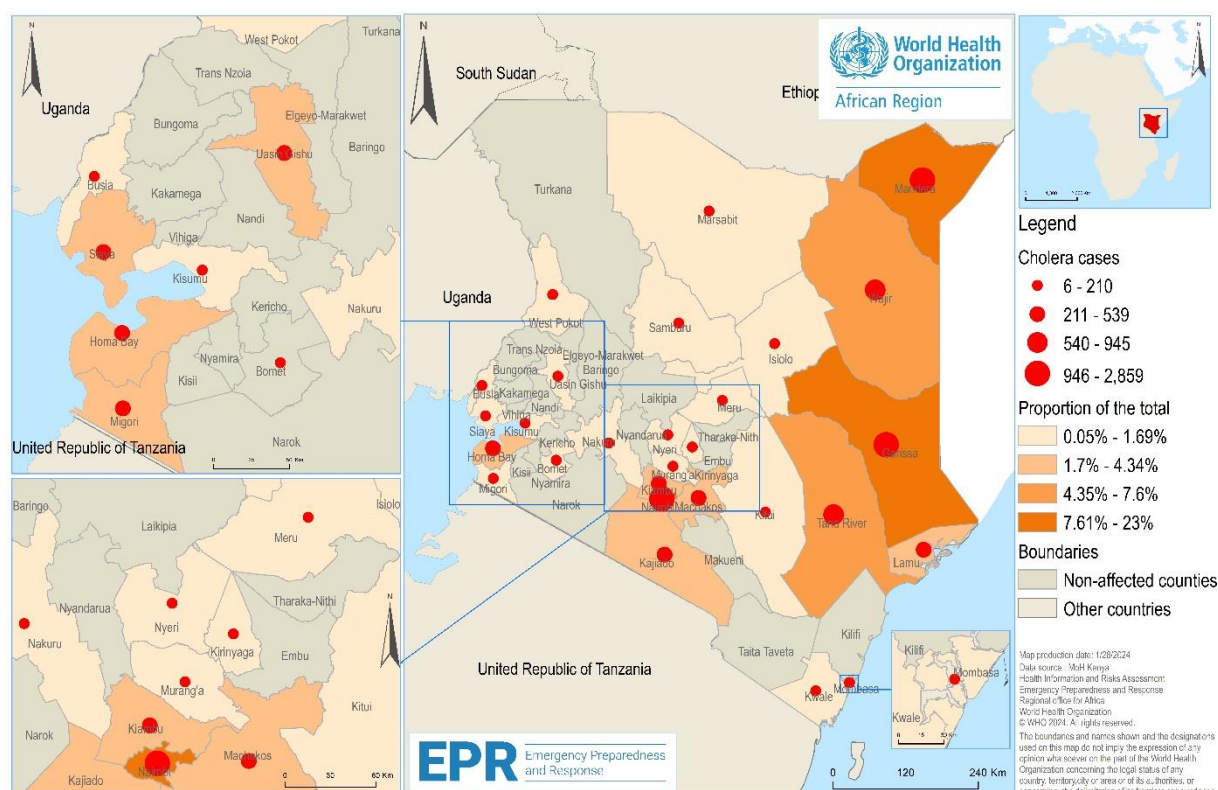


Figure 16: Map for cholera outbreak in Kenya, October 2022 – 17 January 2024



Malawi

Grade 3

Cumulative Cases

59 125

Cumulative Deaths

1 771

CFR

3.0%

A cumulative total of 59 125* 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.

NB* There was an error in the total number of cases reported last week. The total number of cases stands at 59 125 NOT 59 126.

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

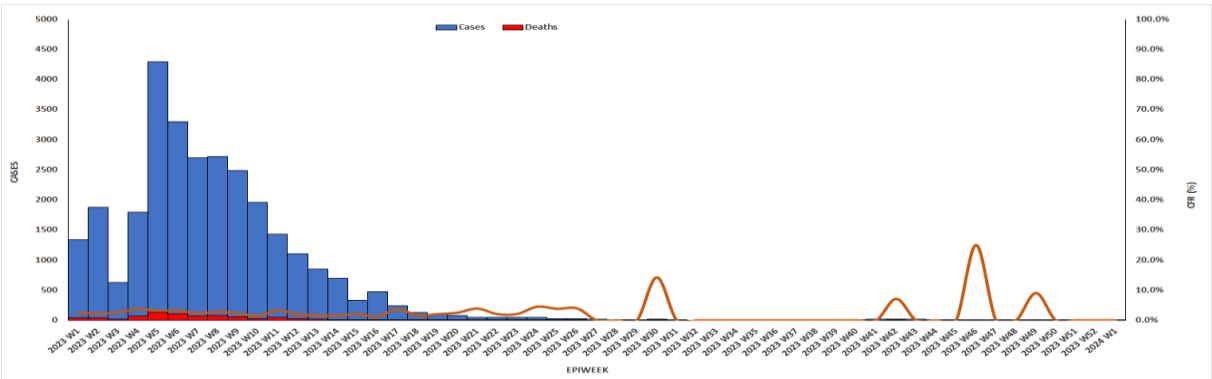
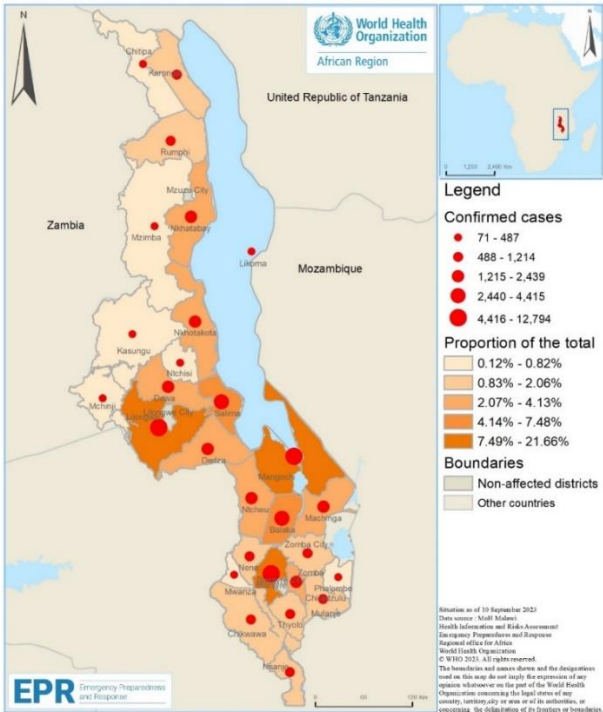


Figure 18: Map for cholera outbreak in Malawi, 3 March 2022 – 17 December 2023



Mozambique

Grade 3

Cumulative Cases

42 395

Cumulative Deaths

166

CFR

0.4%

The country had reported a cumulative total of 42 395 cases, with 166 deaths (CFR 0.4%) as of 14 January 2024. The increase in the number of cases this week compared to last week was a result of backlog of cases not previously reported. 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

Page | 15

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

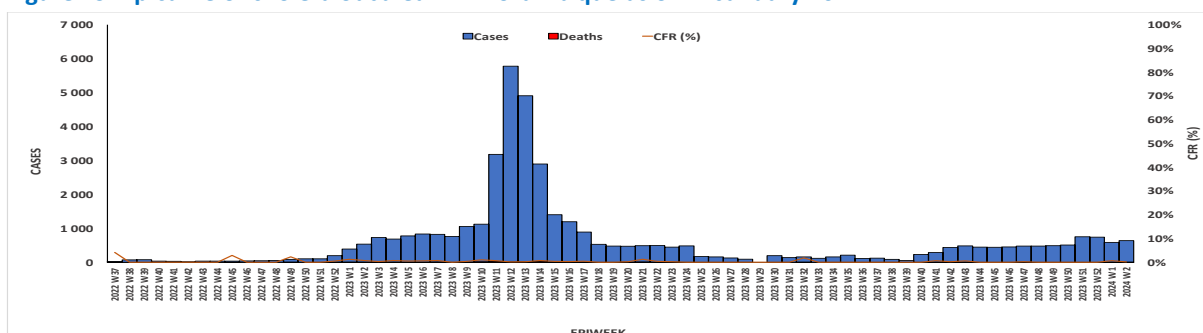
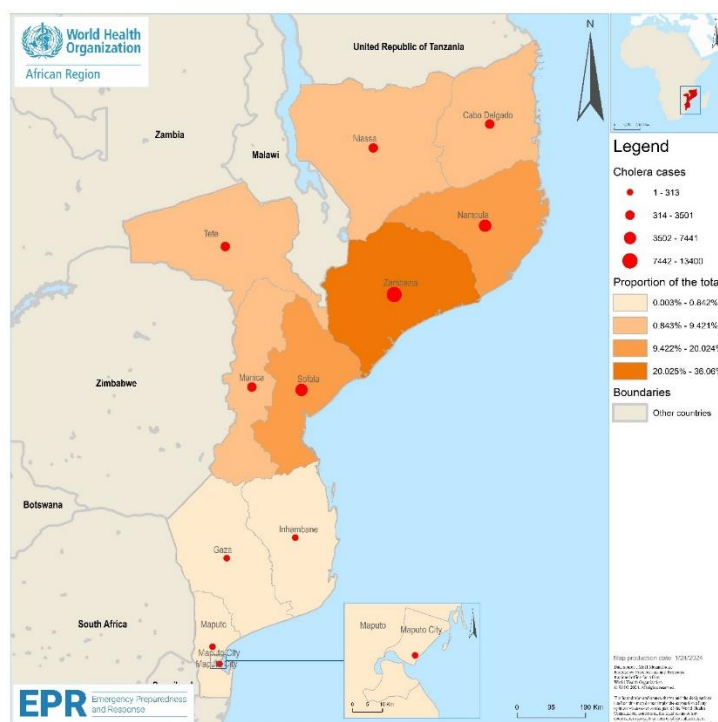


Figure 20: Map of cholera outbreak in Mozambique as of 14 January 2024



Democratic Republic
of the Congo

Grade 3

Cumulative Cases



71 023

Cumulative Deaths



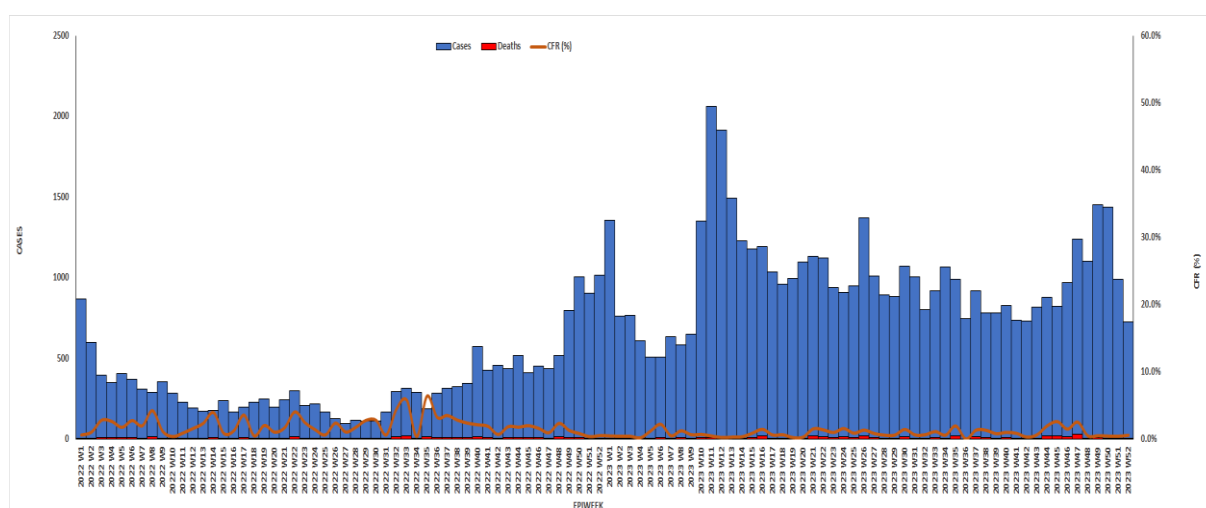
766

CFR

1.1%

As of 31 December 2023, the country had reported 71 023 cumulative cases, with 766 deaths (CFR = 1.1%) across 12 affected provinces. The increase in the cumulative number of cases and deaths from the last report was due to backlog of cases and deaths just reported.

Figure 21: Epicurve for cholera outbreak in Democratic Republic of the Congo as of 31 December 2023



South Africa

Grade 3

Cumulative Cases



1 391

Cumulative Deaths



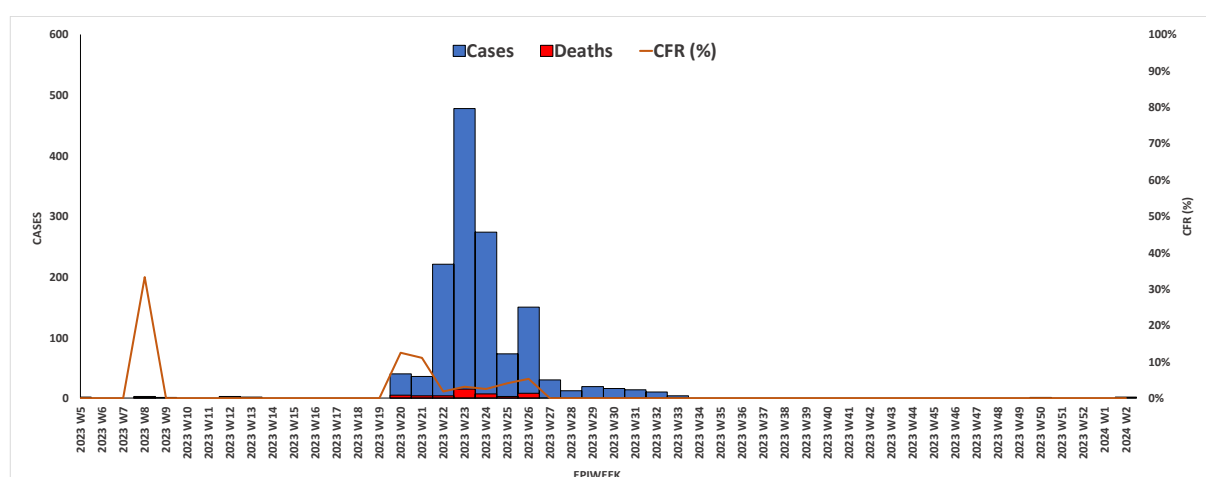
47

CFR

3.4%

As of 14 January 2024, South Africa reported a total of 1 391 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.

Figure 22: Epicurve of cholera outbreak in South Africa as of 14 January 2024



Nigeria**Grade 3**

Cumulative Cases

**27 522**

Cumulative Deaths

**725**

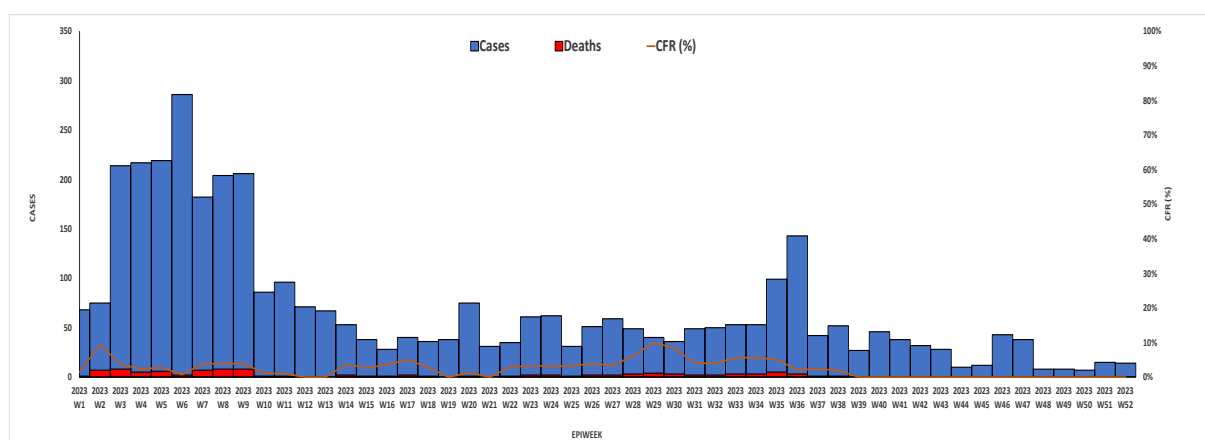
CFR

2.6%

The cholera outbreak in the country has been ongoing since January 2022. As of 31 December 2023, there was a cumulative total of 27 522 with 725 deaths (CFR = 2.6%).

Response is being coordinated by the national multi-sectoral TWG hosted at Nigeria Centre for Disease Control and Prevention (NCDC), in collaboration with Federal Ministry of Health (FMOH), Federal Ministry of Water Resources (FMWR), Federal Ministry of Environment (FMEnvrt), National Primary Health Care Development Agency (NPHCDA) and Development Partners.

Figure 23: Epicurve of cholera outbreak in Nigeria as of 31 December 2023

**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 24: Map of cases and deaths in Togo as of 12 December 2023



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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