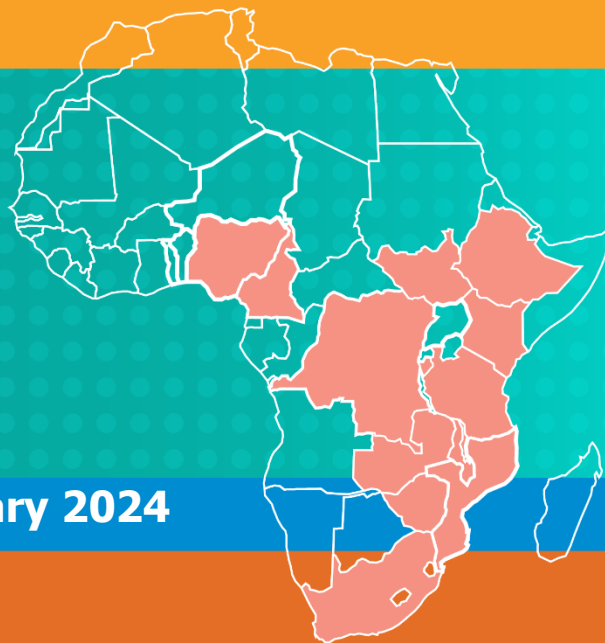


Cholera in the WHO African Region



Weekly Regional Cholera Bulletin: 29 January 2024

Data reported: as of 28 January 2024



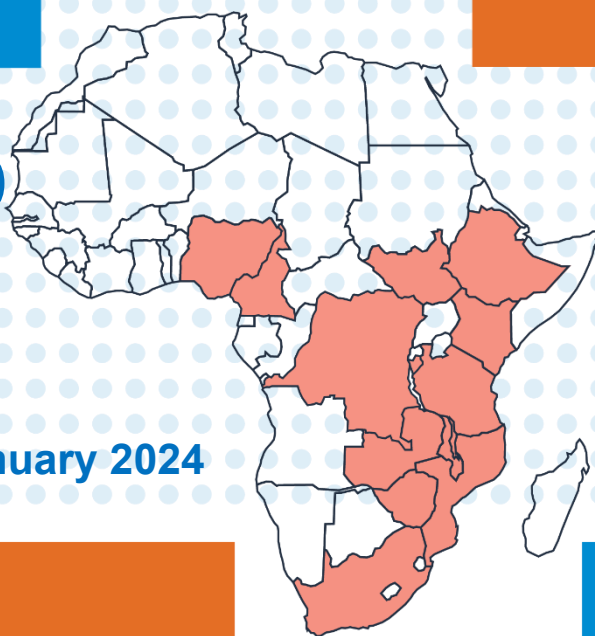
World Health
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African Region

Cholera in the WHO African Region

Weekly Regional Cholera Bulletin: 29 January 2024

Data reported: as of 28 January 2024




Situation update

Regional Cholera Update

Grade 3

Cumulative Cases
 312 338

Cumulative Deaths
 5 811

CFR
1.9%

Overview

The cholera outbreak in the WHO African Region has affected 17 countries over the last two years. There are six countries categorised to be in acute crisis¹ (Democratic Republic of the Congo, Ethiopia, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe). The southern region of the continent is now in the rainy season with outbreaks now resurging. The increase in rainfall levels is now increasing floods in communities and landslides with increased 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 04 of 2024, eight countries **Burundi, Cameroon, Ethiopia, Mozambique, United Republic of Tanzania, Uganda, Zambia and Zimbabwe** reported a total of 5 341 new cases. Transmission is currently active in 14 countries with no recent report of new cases from Eswatini (last case reported April 18), Republic of the Congo (last case reported 26 July), and South Sudan (last case reported May 16).

In 2024, the number of cholera cases and deaths reported to the WHO Regional Office for Africa (AFRO), as of 28 January was 26 436 and 727 deaths respectively with a case fatality ratio of 2.8%.

¹ Global strategic preparedness, readiness and response plan for cholera. April 2023 – April 2024. Geneva: World Health Organization; 2023 <https://www.who.int/publications/m/item/global-strategic-preparedness--readiness-and-response-plan-for-cholera>

Since 1 January 2022, a cumulative total of 312 338 cholera cases has been reported including 5 811 deaths with a case fatality ratio (CFR) of 1.9% as of 28 January 2024 (Table 1). Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Nigeria account for 75.7% (236 358) of the cumulative cases and 68.2% (3 964) of all cumulative deaths reported.

Figure 1: Distribution of cholera cases and deaths in WHO African Region, 1 January 2022— 28 January 2024

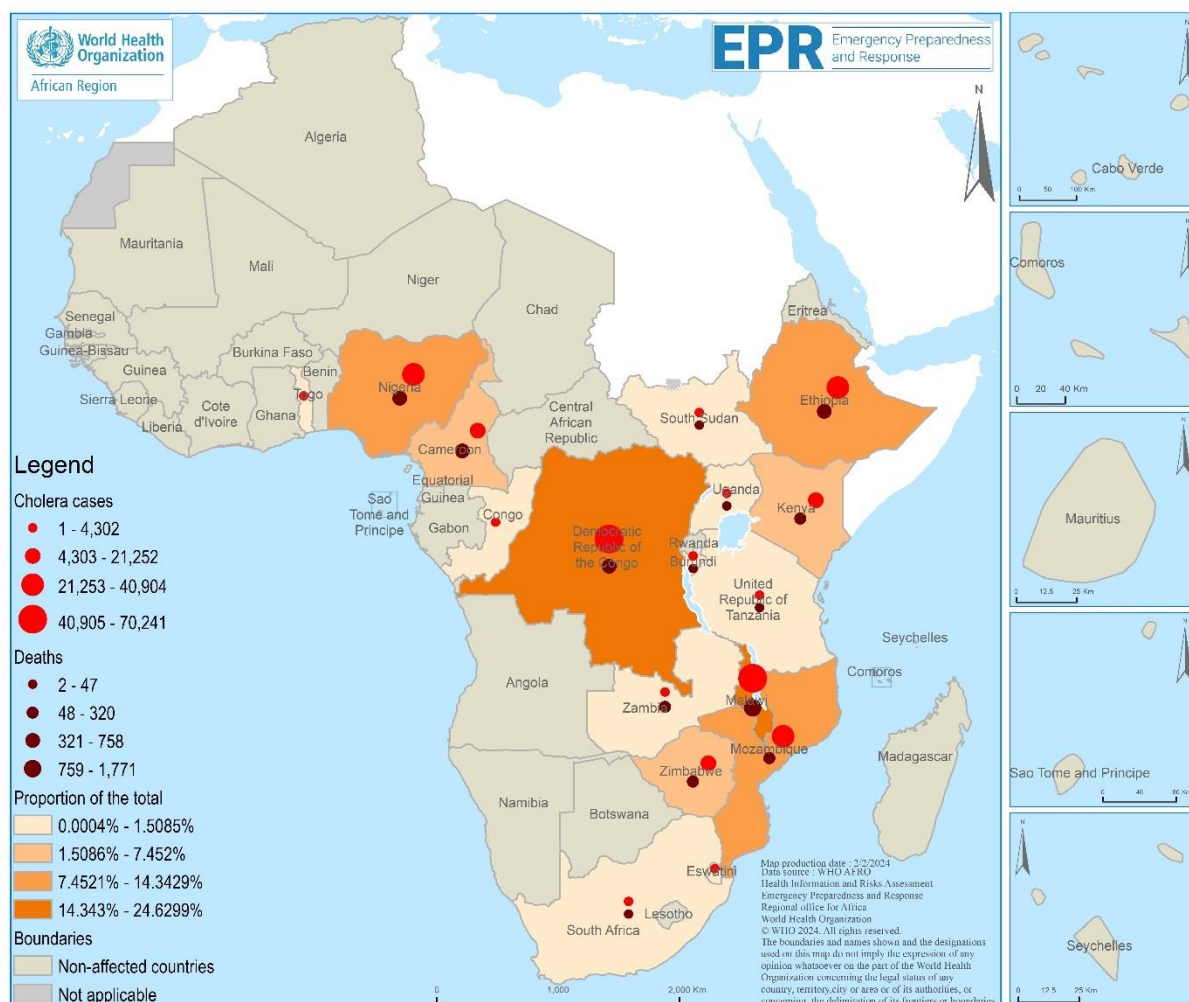
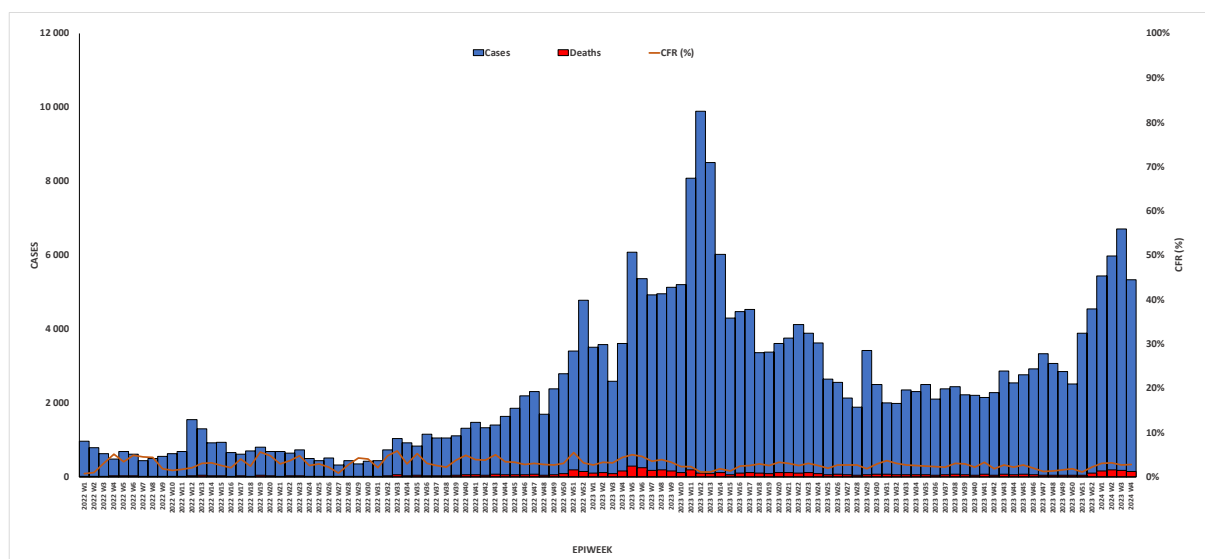


Table 1: Cholera Cases and Deaths in WHO African Region, 1 January 2022 to 28 January 2024

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	73 571	814	1.1	2 548	48	1.9	Jan-22	21-Jan-24
Malawi	59 125	1 771	3.0	-	-	-	Mar-22	07-Jan-24
Mozambique	43 592	166	0.4	2 419	5	0.2	Sep-22	28-Jan-24
Ethiopia	32 548	488	1.5	1 062	24	2.3	Aug-22	27-Jan-24
Nigeria	27 522	725	2.6	-	-	-	Jan-22	31-Dec-23
Cameroon	20 616	484	2.3	19	0	0	Jan-22	28-Jan-24
Zimbabwe	21 230	476	2.2	6 787	151	2.2	Feb-23	28-Jan-24
Zambia	15 589	584	3.7	12 864	491	3.8	Jan-23	28-Jan-24
Kenya	12 432	206	1.7	72	0	0	Oct-22	17-Jan-24
United Republic of Tanzania	1 673	29	1.7	609	8	1.3	Feb-23	28-Jan-24
South Sudan	1 471	2	0.1	-	-	-	Feb-23	16-May-23
Burundi	1 417	9	0.6	40	0	0	Jan-23	28-Jan-24
South Africa	1 391	47	3.4	2	0	0	Feb-23	14-Jan-24
Uganda	95	10	10.5	14	-	-	Jul-23	28-Jan-24
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	312 338	5 811	1.9	26 436	727	2.8		

Figure 2: Epi Curve of cholera cases and deaths in WHO African Region, 1 January 2022 – 28 January 2024



Country Specific updates

Zimbabwe

Grade 3

Cumulative Cases
21 230

Cumulative Deaths
476

CFR
2.2%

As of 28 January 2024, cumulative cholera cases reported from the ten provinces of the country were 21 230 with 476 deaths (CFR 2.2%). In week 04/2024 new cases increased by 2.6% from 1 499 new cases in week 03/2024 to 1 538 new cases. New deaths increased by 31.4% from 35 in week 03/2024 to 46 in week 04/2024. The three provinces with the highest number of cumulative cases are Harare including Chitungwiza city (9 010), Manicaland (5 748), and Masvingo (2 422) which account for 80.9% (17 180 cases). The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province. As of 28 January 2024, sixty-two (62) districts have reported at least a case of cholera.

Figure 3: Epicurve of Cholera outbreak in Zimbabwe as of 28 January 2024

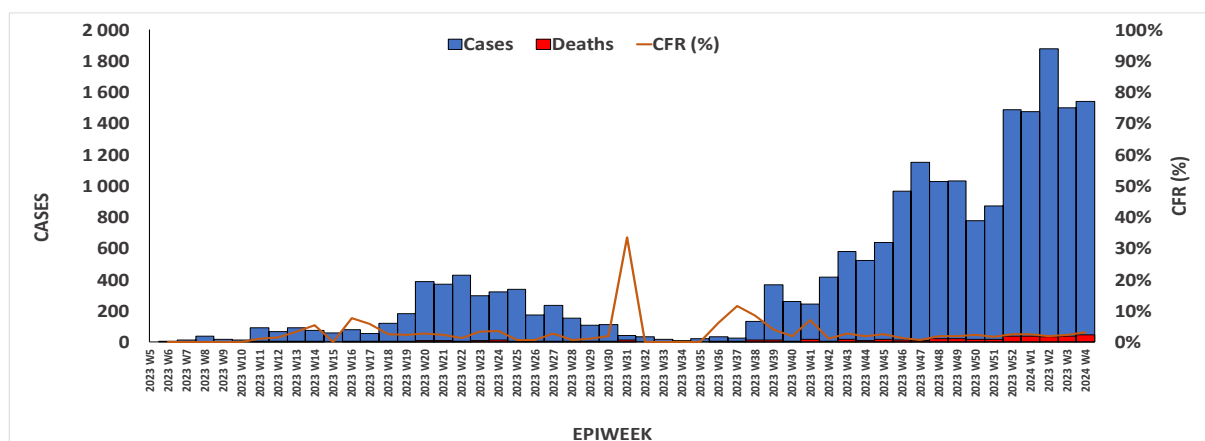
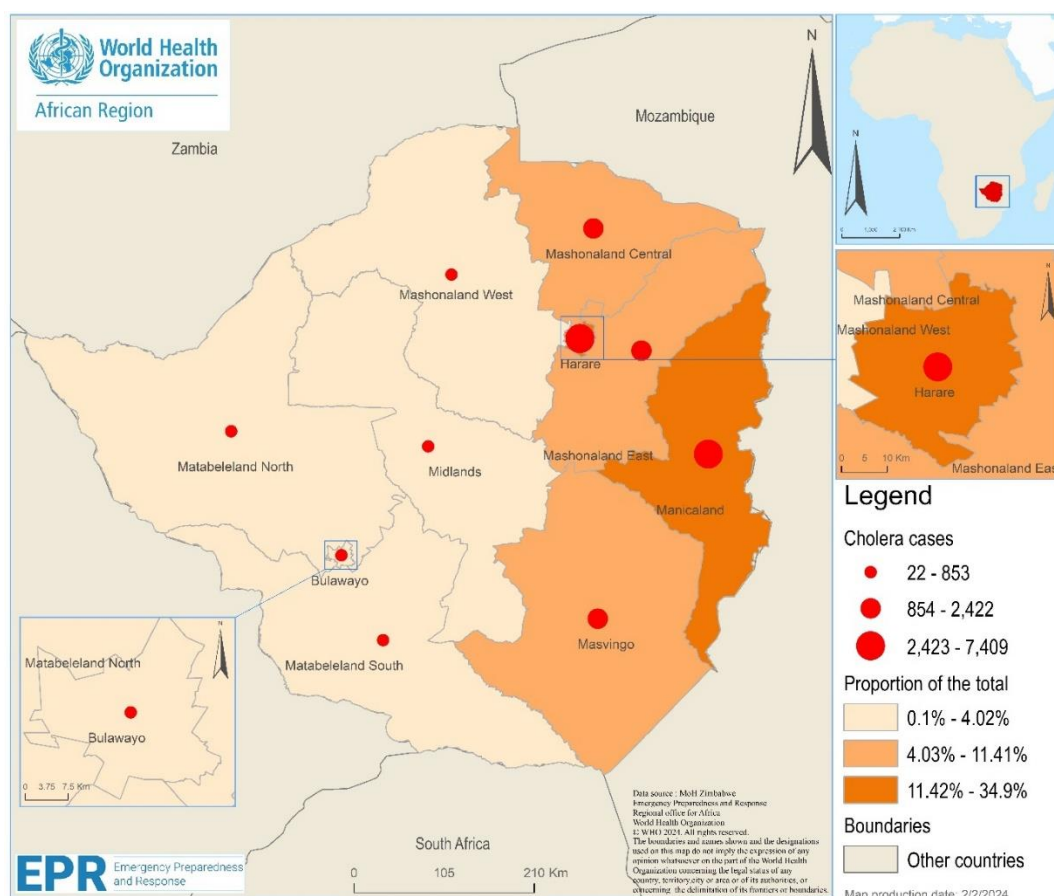


Figure 4: Map of Zimbabwe showing cholera affected provinces as of 28 January 2024



Public Health Actions

- The second consignment of oral cholera vaccines (OCV) was received at the airport with Minister of Health & Childcare (MoHCC), Permanent Secretary of MoHCC, the WHO Country Representative, and UNICEF Country Representative.
- Mapping and site prioritization of the ORP site was conducted by the Harare City Health Department.
- A joint webinar on case management with the Zambia case management team was conducted.
- Vaccination information education and communication materials were disseminated to the subnational level as part of advocacy for the vaccination campaign to commence on 29 January 2024 by the RCCE team.
- Prevention and response to sexual exploitation, abuse, and harassment (PRSEAH) was conducted for 987 nurses trained on cholera RDT use.

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
15 589Cumulative Deaths
584CFR
3.7%

Cumulatively this year, as of 28 January 2024, there have been 15 589 reported cases and 584 deaths (CFR = 3.7%). In week 04/2024, new cases decreased by 32% from 4 103 in the previous week to 2 776 new cases. New deaths decreased by 36% from 134 deaths in the previous week to 86. Nine out of the 10 provinces are reporting cases. The total number of districts reporting case are 61.

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 28 January 2024

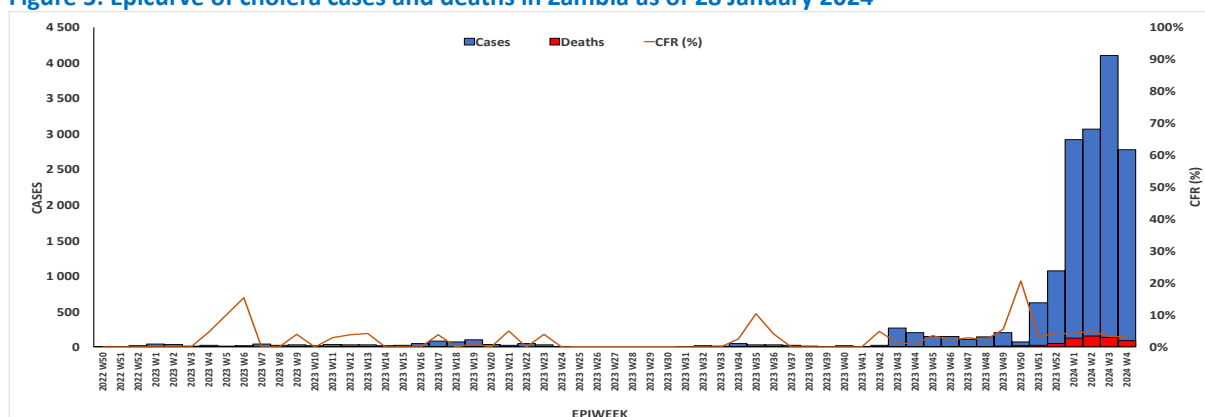
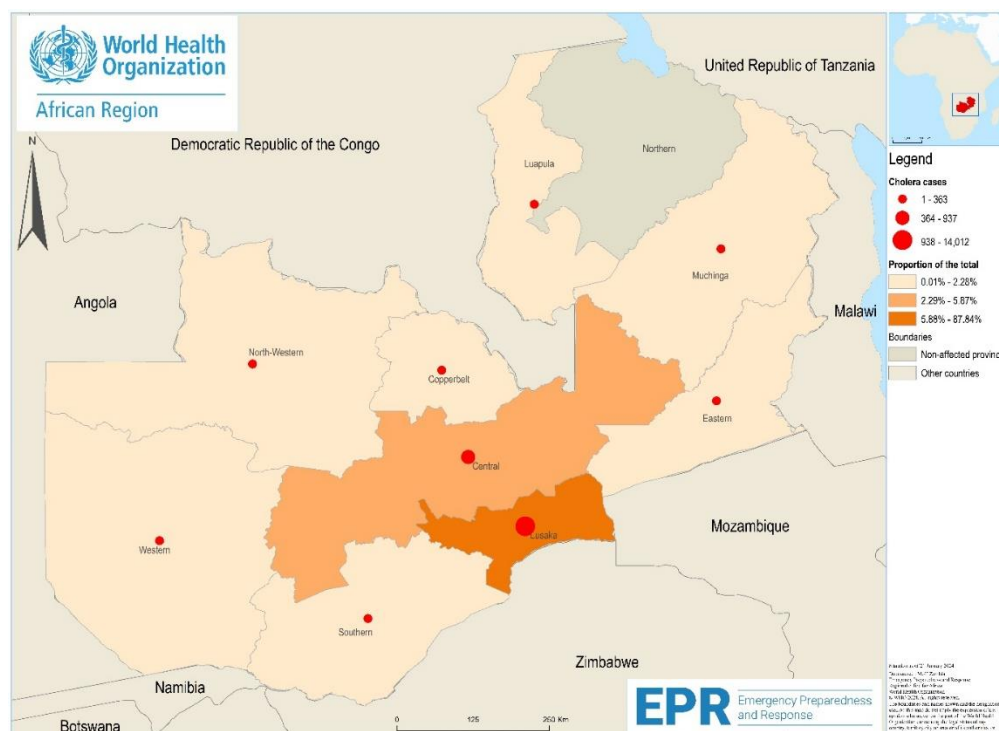


Figure 6: Map of cholera cases and deaths in Zambia as of 28 January 2024



Public Health Actions

- Delegation of districts and provinces to partners to implement response interventions was initiated by the government for a better coordinated response under the supervision of the Ministry of Health.
- Vaccination coverage attained 80% as of 23 January 2024.
- Application for additional doses of OCV has been completed and submitted to the ICG.
- Distribution of WHO kits to the 10 provinces is ongoing.

Challenges/Gaps

- Poor sanitation coverage in the affected areas.
- Limited human resources for effective support to response activities within a rapidly evolving outbreak.
- Rapid escalation of cases is a strain on the health care provision for other essential services.
- Inadequate CBVs to support ORPs in the community.
- Inadequate transport for transfer of cholera patients from the community to the CTUs, and from the CTUs to the central national CTC at Heroes stadium.

United Republic of
Tanzania

Grade 3

Cumulative Cases



1 673

Cumulative Deaths



29

CFR

1.7%

The cumulative number of cases from the country since 22 January 2023 to 28 January 2024 are 1 673 and 29 deaths with a CFR= 1.7%. In week 04/2024, new cases decreased by 38% from 180 new cases in the previous week to 111 new cases. New deaths increased by 100% in week 04/2024 from two deaths in the previous week to four. This new outbreak began after the last confirmed case on 25 July 2023. Nine regions are currently with active outbreaks are Geita, Kagera, Katavi, Mwanza, Ruvuma, Shinyanga, Simiyu, Singida and Tabora.

Figure 7: Epicurve of cases and deaths in United Republic of Tanzania as of 28 January 2024

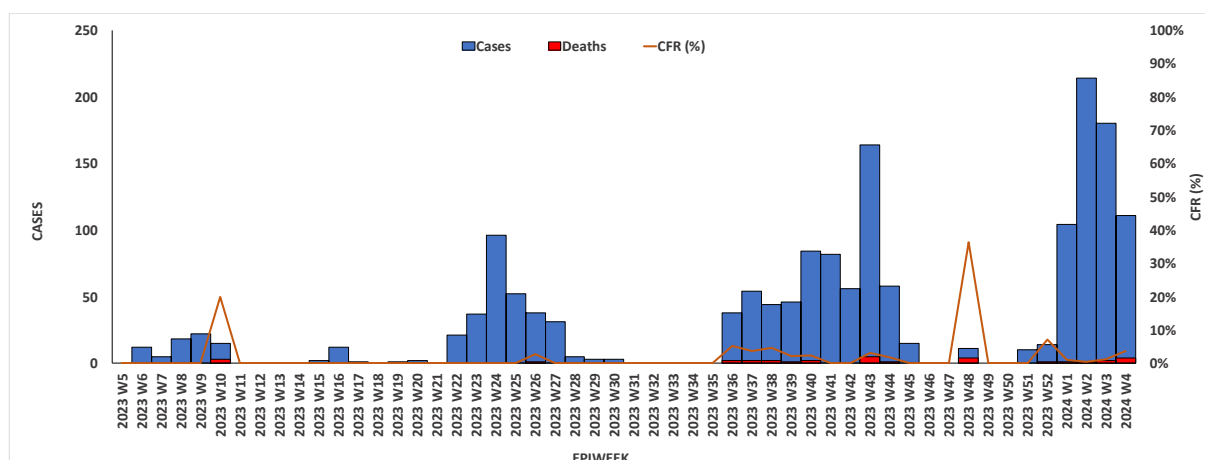
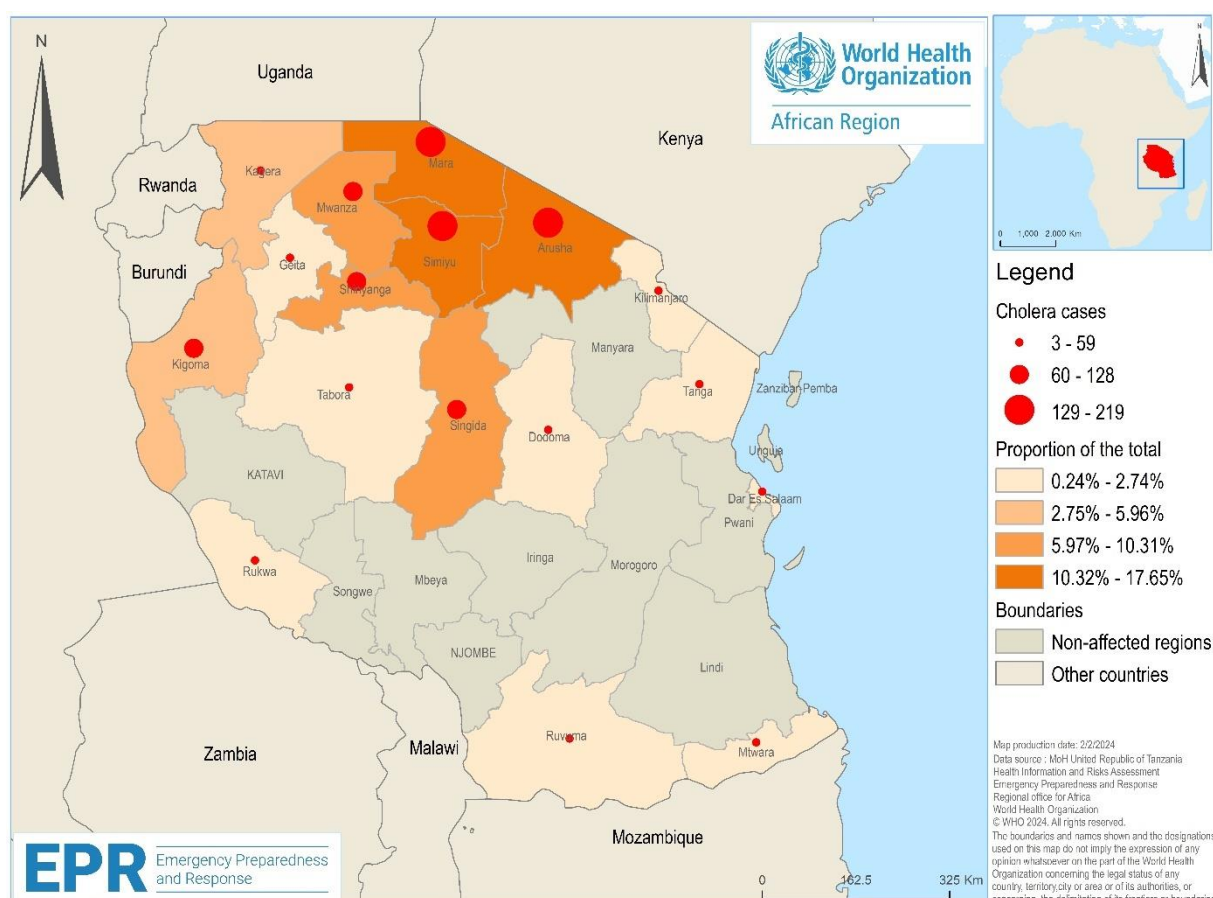


Figure 8: Map of cases and deaths in United Republic of Tanzania as of 28 January 2024



Public Health Actions

- Daily incidence management meetings were conducted, chaired by incident manager at regional level, with attendance of heads of pillars and members.
- A total of 20 101 aqua tabs were distributed in the Kagera region by the logistics team.
- A total of 58 churches in Mwanza region were visited for health promotion by RCCE team.
- Orientation of 32 religious leaders was conducted in the Mwanza region by the RCCE team.
- A total of 100 rapid diagnostic test kits and 1,000 pool testers were supplied in the affected region, supported by WHO.
- Decontamination of 64 households in Nyamagana and Illemela district in Mwanza region was conducted by the WASH team.

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.

Burundi

Grade 3

Cumulative Cases



1 417

Cumulative Deaths



9

CFR

0.6%

As of 28 January 24, a cumulative total of 1 417 cases and nine deaths (CFR 0.6%) were reported from Burundi. In week 04/2024 new cases increased by 113% from eight new cases in the previous week to 17 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, 100, 97, 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 28 January 2024

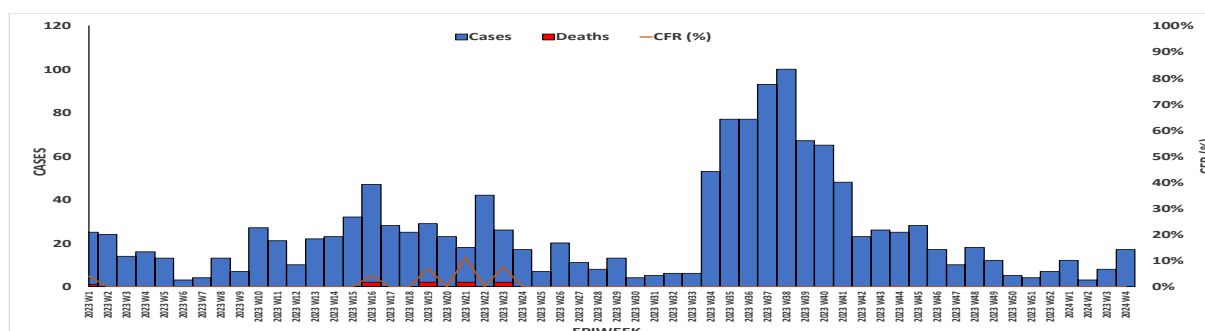
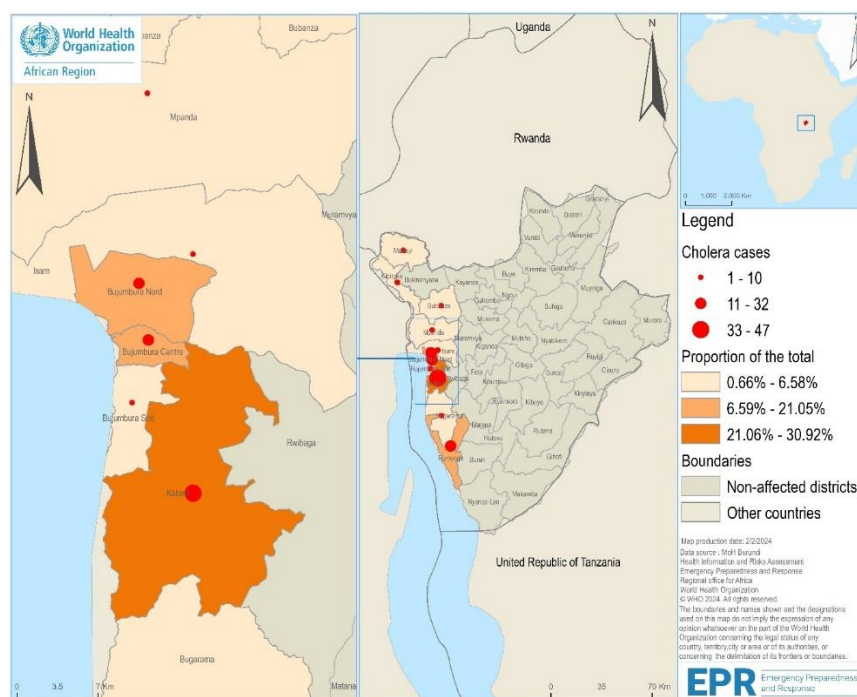


Figure 10: Map of Burundi showing cholera affected areas from October 2022 to 28 January 2024



Cameroon

Grade 3

Cumulative Cases



20 616

Cumulative Deaths



484

CFR

2.3%

As of week 04/2024, new cases decreased by 50% from two cases in the previous week to three. No new deaths were reported in weeks 03 and 04 in 2024. Cumulatively, from 1 January 2022 to 28 January 2024, Cameroon has reported 20 616 cases with 484 deaths (CFR = 2.3%).

Figure 11: Epicurve of cholera cases in Cameroon from October 2021 to 28 January 2024

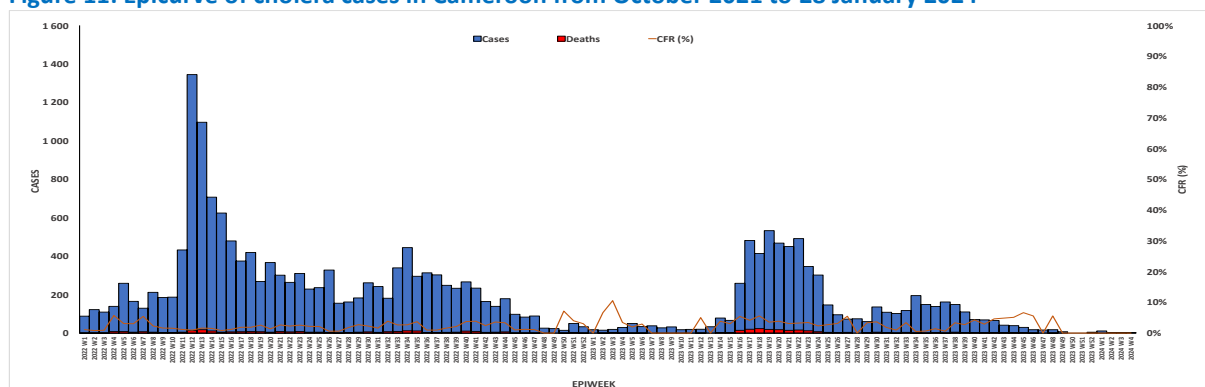
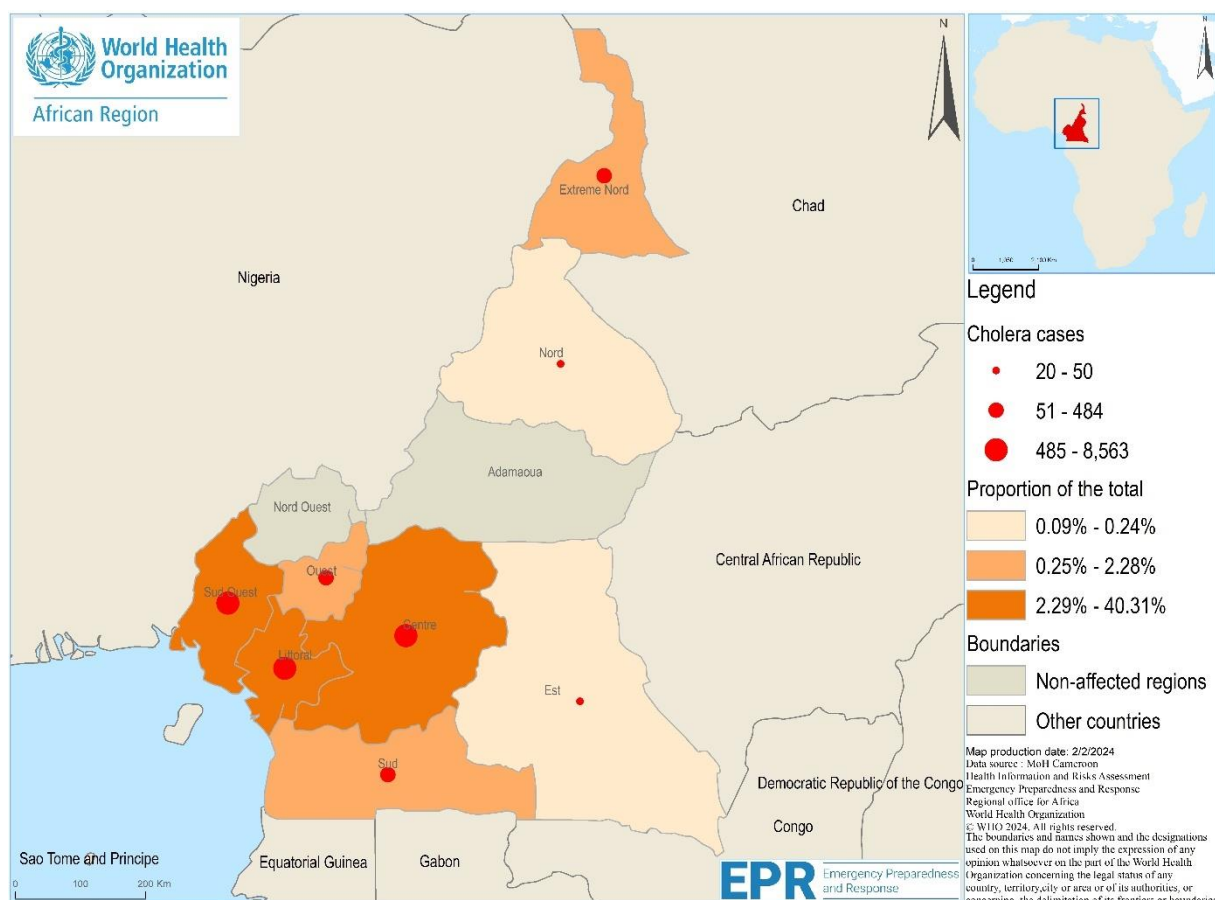


Figure 12: Map of cholera cases in Cameroon from October 2021 to 28 January 2024





As of 27 January 2024, Ethiopia reported a cumulative case total of 32 548 with 488 deaths (CFR = 1.5%). As of week 04/2024, new cases increased by 62% from 233 to 378. In week 04, new deaths reported increased by 83% from six to 11 deaths.

Figure 13: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 27 January 2024

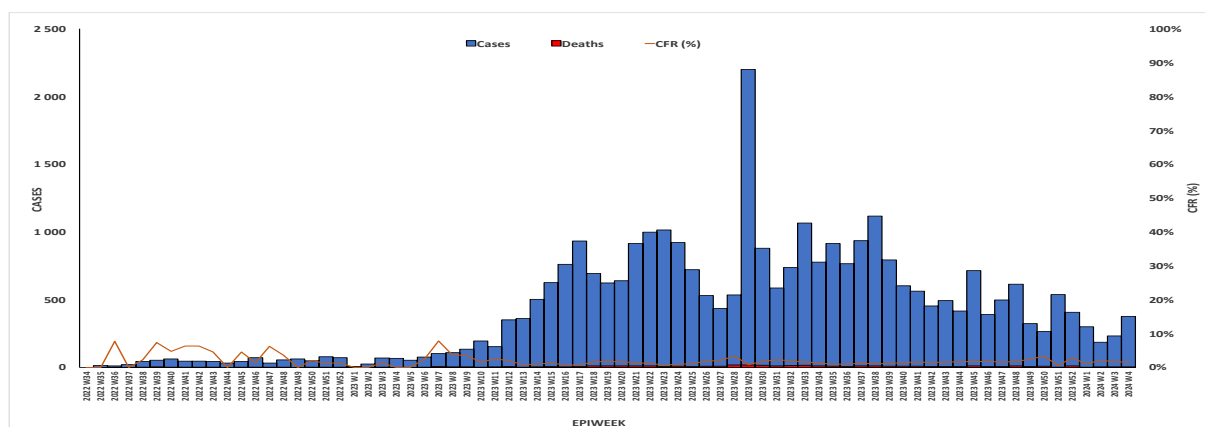
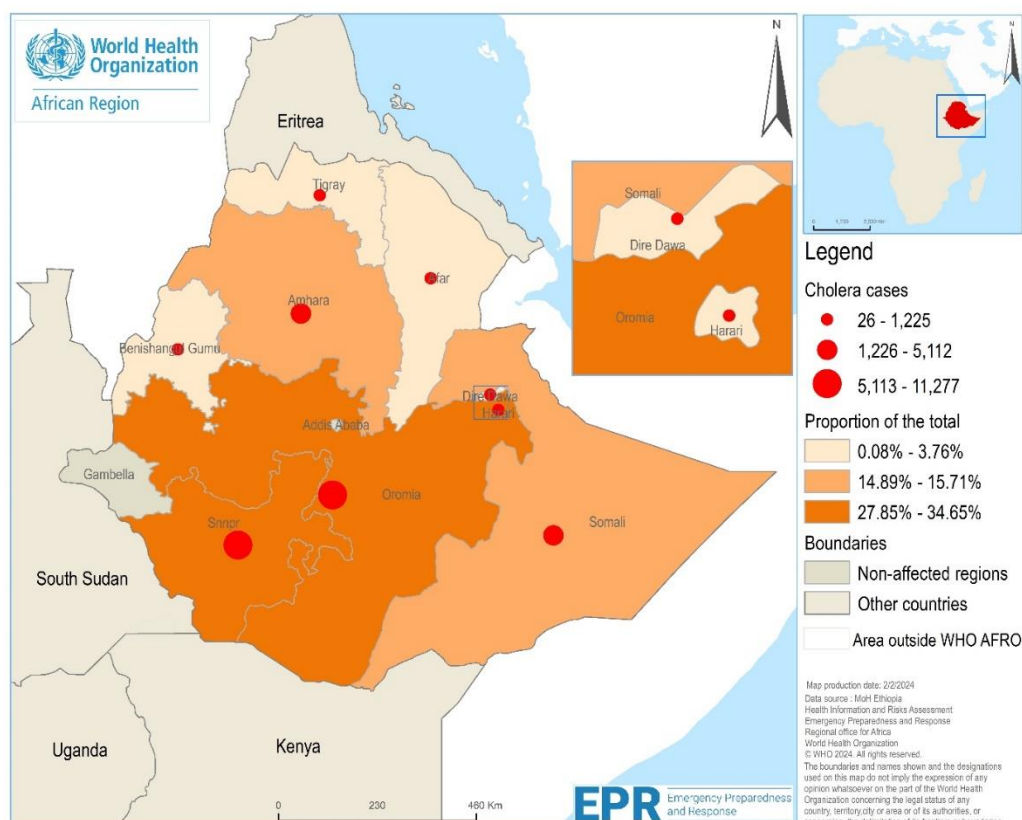


Figure 14: Map of Cholera outbreak in Ethiopia from October 2022 to 27 January 2024



Public Health Actions

- A temporary CTC at the old Kabridahar Hospital, Somali Region was established by the case management team in collaboration with the Kabridahar Hospital administration to mobilize health workers to be deployed from the hospital to CTC for proper management of cases.
- Hands-on training for 22 EOC members was facilitated to improve the IPC/WASH practices in cholera-affected clusters of Gamo zone, South Ethiopia Region (SER) by the WASH and IPC team.
- Water quality monitoring and surveillance was conducted in cholera hotspot areas of Tigray and Somali Regions.
- A total of 53 samples from various water sources were collected and tested for Free Residual Chlorine (FRC). Twenty-six (76%) of the 34 samples collected in Jijiga city and 15 (79%) of 19 samples collected from various water sources in Tigray were found with no FRC indicating a risk of fecal-oral disease transmission including cholera disease.
- IPC/WASH supplies for cholera preparedness and response were distributed to 20 woredas and town administration of Gamo zone, SER by WHO in collaboration with the zonal logistics team. The supplies included 490 water containers (20 liters), 440 hand washing facilities, and 740 buckets obtained from UNICEF.

Challenges/Gaps

- Difficulty accessing all affected areas and involving the water sector appropriately.
- Challenges in securing access to safe water, sanitation, and waste management.
- Need for human resources to match the expanding outbreak.
- Delay/late reporting due to security and communication/network challenge.

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

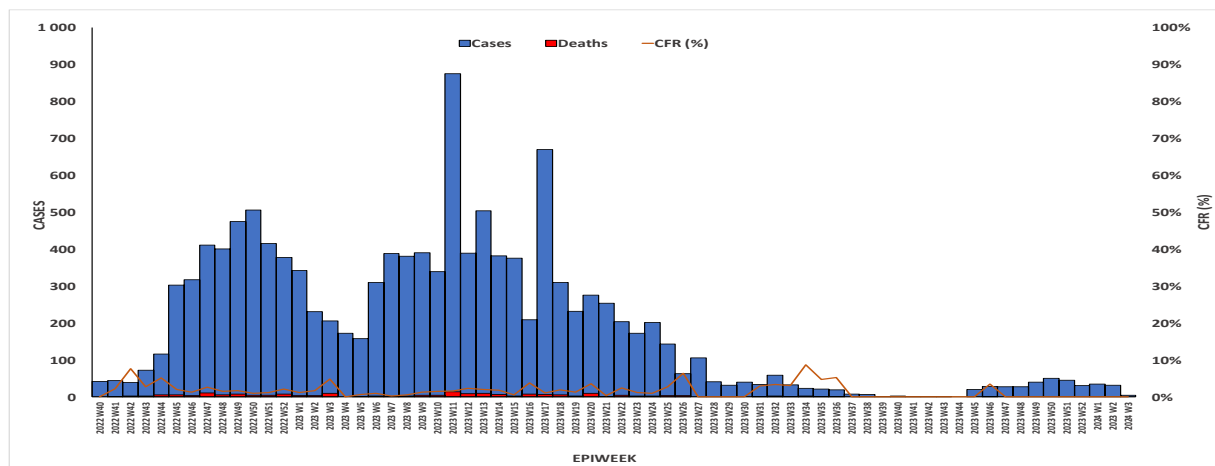
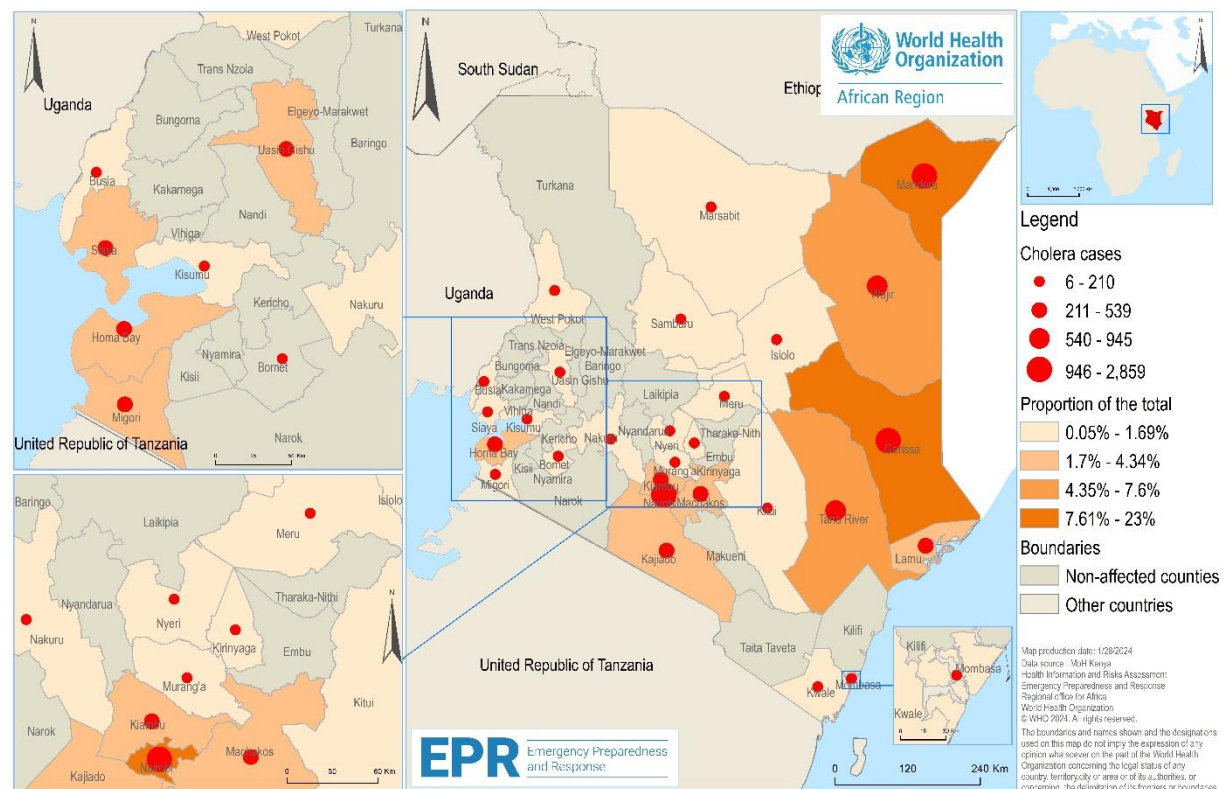


Figure 16: Map for cholera outbreak in Kenya, October 2022 – 17 January 2024



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.

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

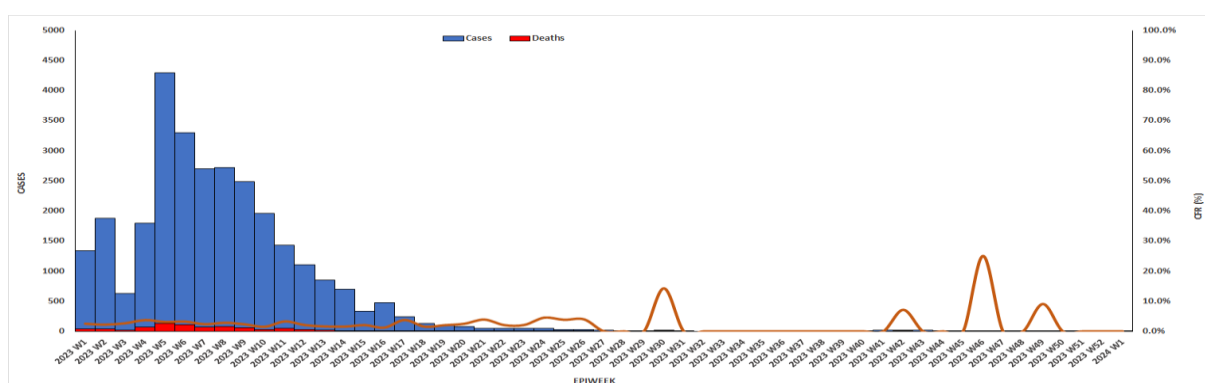
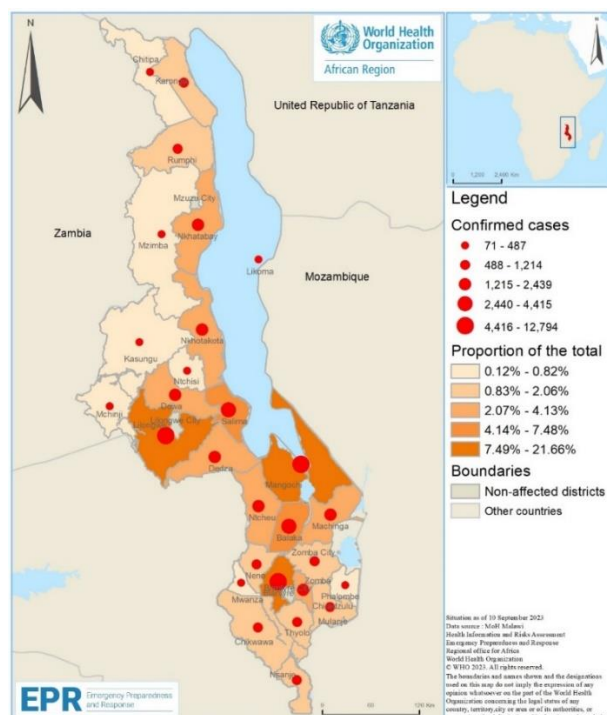


Figure 18: Map for cholera outbreak in Malawi, 3 March 2022 – 17 December 2023





The country had reported a cumulative total of 43 592 cases, with 166 deaths (CFR 0.4%) as of 28 January 2024. As of week 04/2024, new cases decreased by 24% from 679 to 518. No death was reported in weeks 03 and 04.

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 28 January 2024

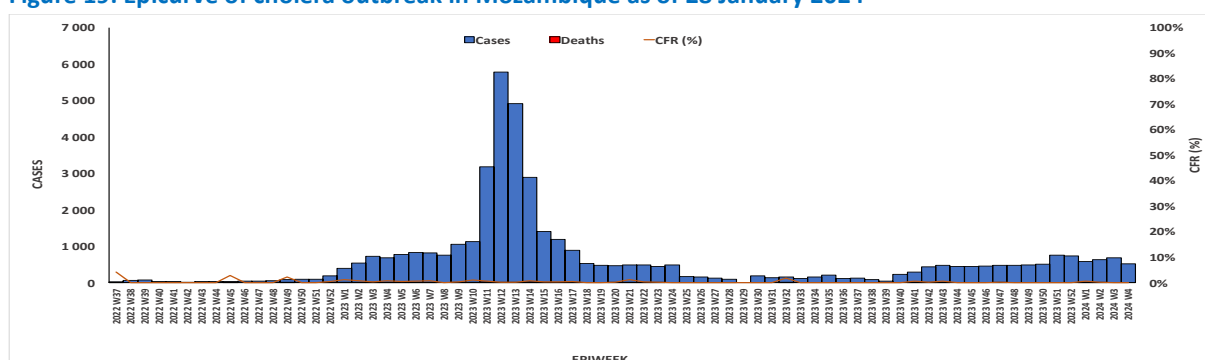
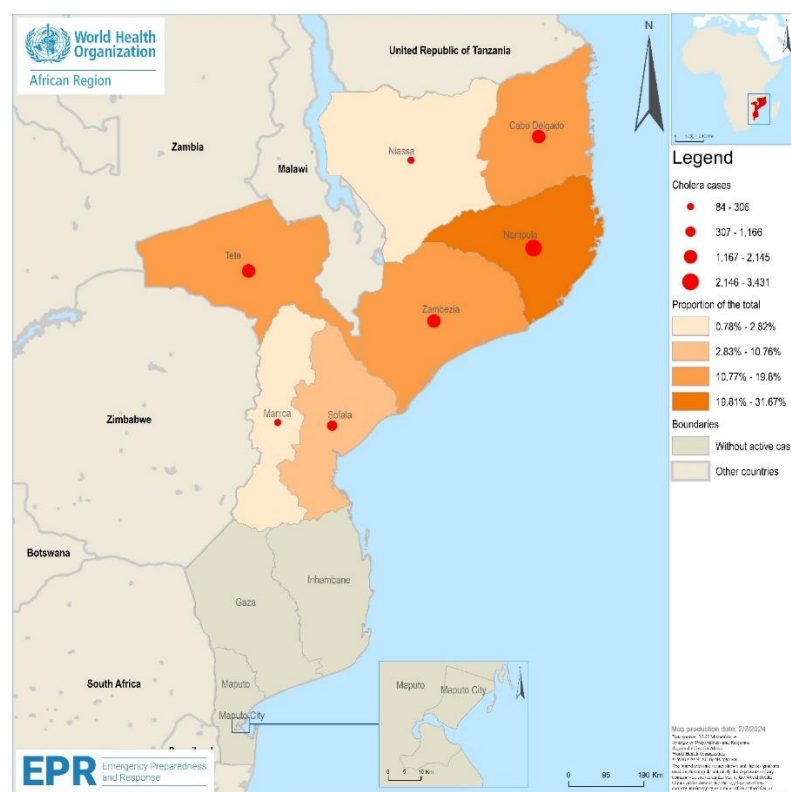


Figure 20: Map of cholera outbreak in Mozambique as of 28 January 2024



Democratic Republic of the Congo

Grade 3

Cumulative Cases



73 571

Cumulative Deaths



814

CFR

1.1%

As of 21 January 2024, the country had reported 73 571 cumulative cases, with 814 deaths (CFR = 1.1%) across 12 affected provinces. The recently conducted reactive vaccination had a coverage of 90% with 4 328 673 persons vaccinated out of the targeted 4 821 028.

Figure 21: Epicurve for cholera outbreak in Democratic Republic of the Congo as of 21 January 2024

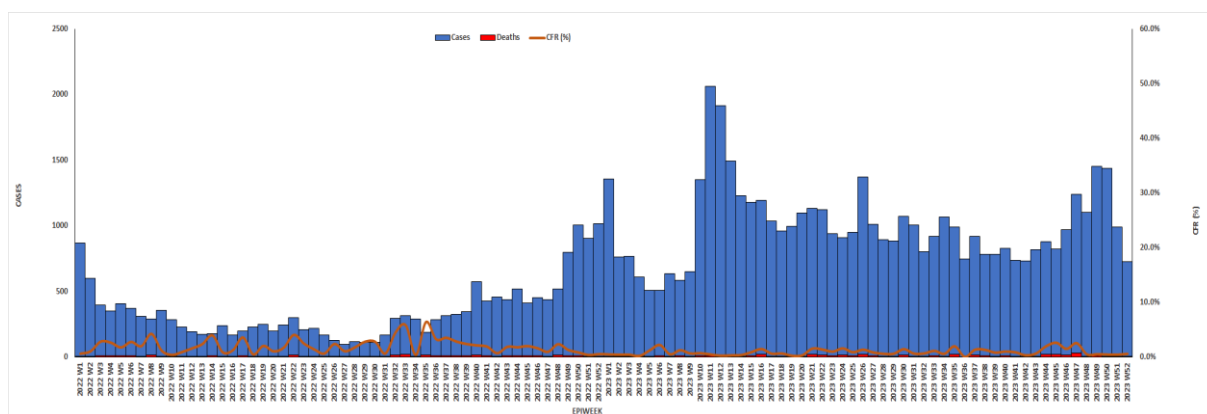
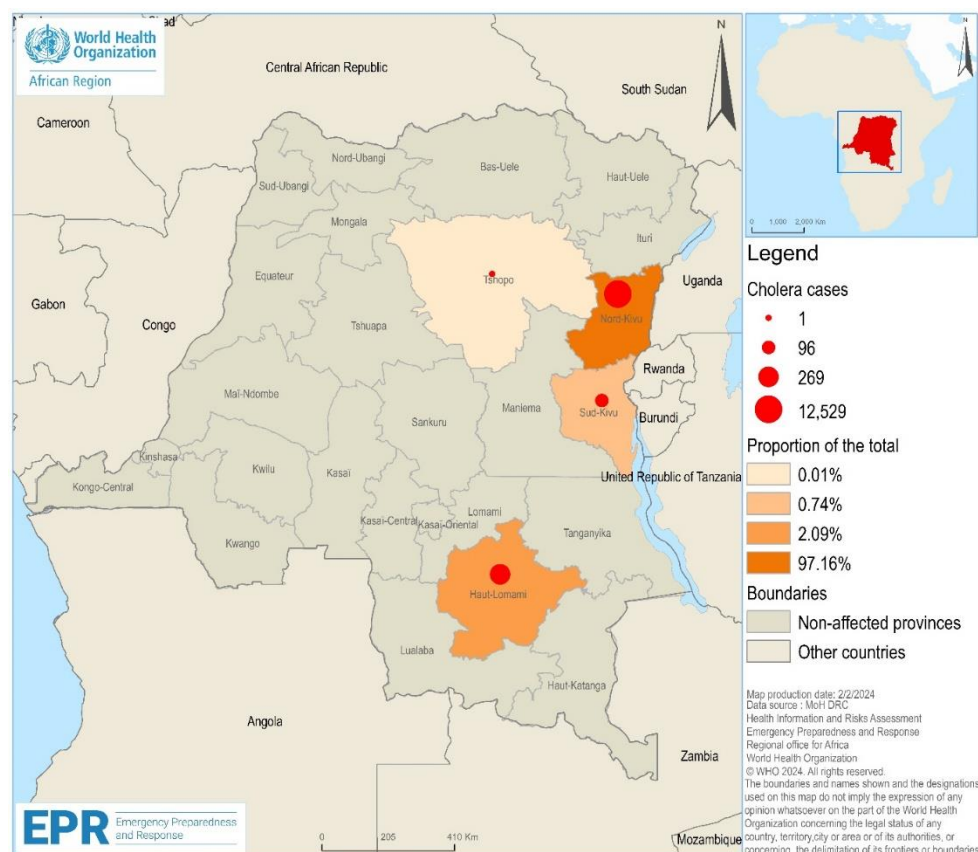


Figure 22: Map cholera outbreak in Democratic Republic of the Congo as of 21 January 2024



South Africa

Grade 3

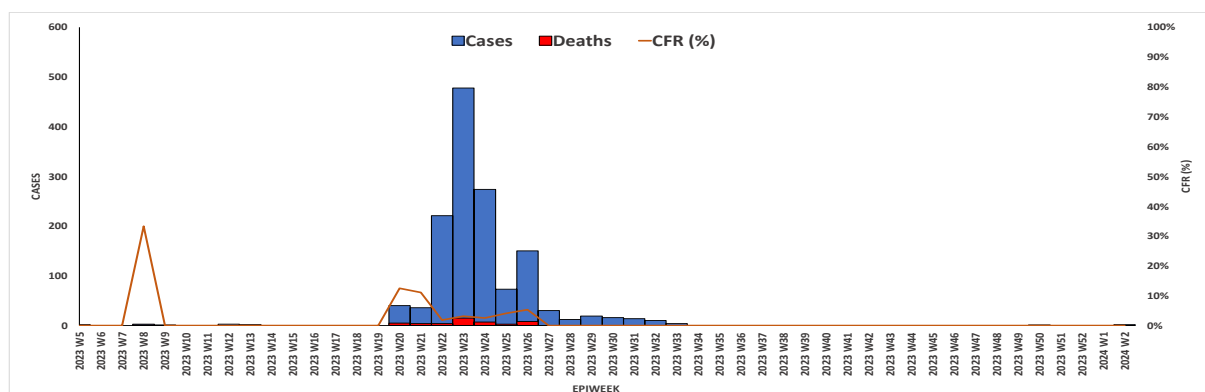
Cumulative Cases
1 391

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



Nigeria

Grade 3

Cumulative Cases
27 522

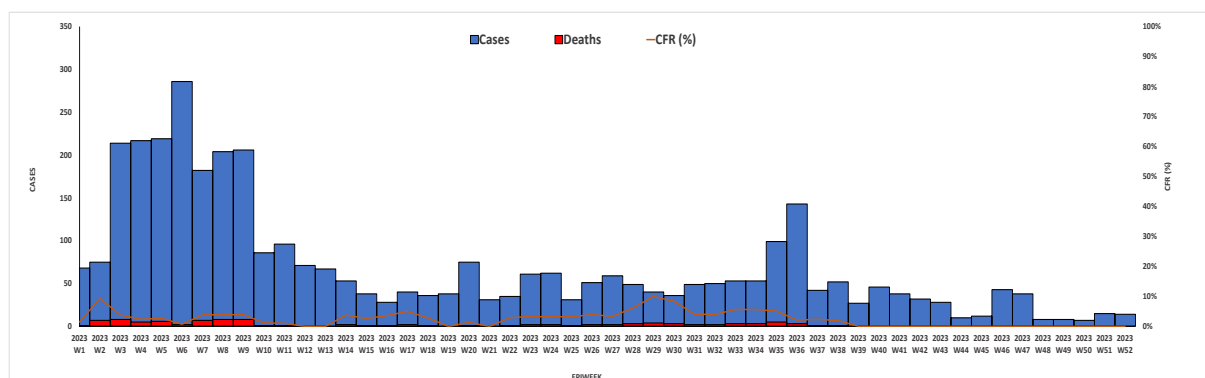
Cumulative Deaths
725

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 24: Epicurve of cholera outbreak in Nigeria as of 31 December 2023



Togo

Grade 3

Cumulative Cases



01

Cumulative Deaths



0

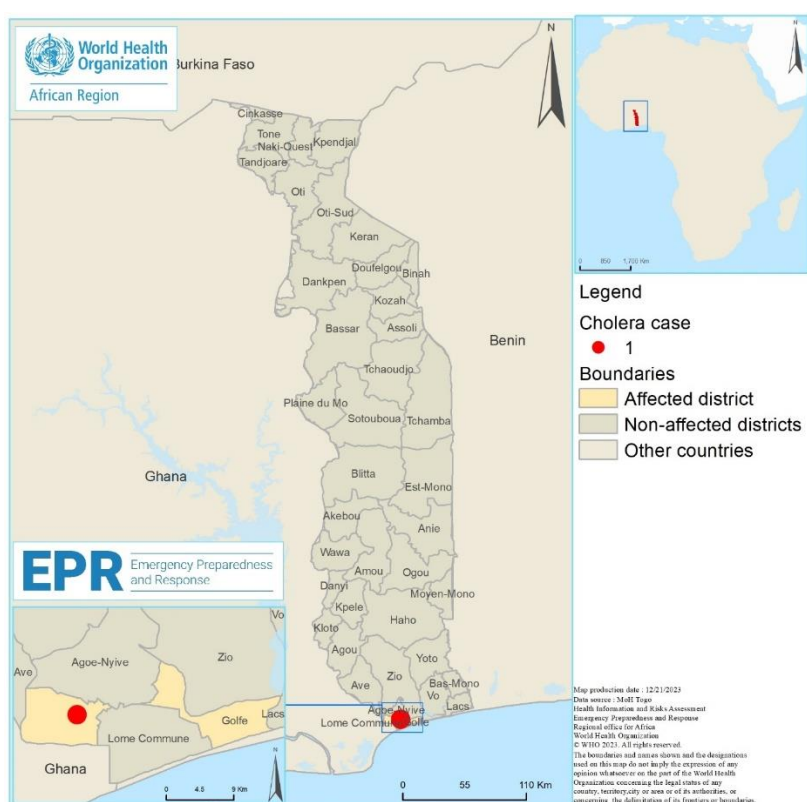
CFR

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



Uganda

Grade 3

Cumulative Cases



95

Cumulative Deaths



10

CFR

10.5%

On the 21st January 2024, the Port health focal point person at Elegu PoE notified Adjumani DHT of a cluster of 14 suspected cholera cases that had arrived from Khartoum (Madani). The suspected cases were purportedly asylum seekers from Sudan to Uganda. 13 of the 14 suspects ate seemingly contaminated fruits bought from the roadside in Nimuli before crossing the Ugandan border through Elegu PoE. The 13 suspects who ate the fruits had similar signs and symptom of profuse diarrhea,

vomiting and abdominal pain and were evacuated to Nyumanzi isolation unit at Nyumanzi HC III near the reception centre in Adjumani district for live saving intervention. Four samples of the suspected cases were confirmed with PCR test.

Coordination of the response is ongoing with 54 frontline laboratory technicians from four health facilities trained on use of cholera RDT kits. Risk communication and community engagement are ongoing. A radio talk show was conducted on 26 January 2024.

As of 28 January 2024, the total cumulative cases and deaths since July 2023 were 95 and 10 respectively (CFR-10.5%). Prior to this new outbreak, there have been no new cases reported since week 35 of 2023.

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 in response.
- Coordinated South African Development Community (SADC) extra ordinary virtual meeting with Ministers of Health in the region on 27 January 2024 with Africa CDC.
- Technical and financial support to countries for cholera response interventions- Tanzania and Mozambique WHO country offices.
- 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 campaign- Zambia and Zimbabwe.



World Health
Organization

African Region

**For additional information, please
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Photo credit Vivian Mugarisi: WHO Zimbabwe, the first cholera vaccines were administered by the Health and Child Care Honorable Minister Dr Douglas Mombeshora during an event in Kuwadzana, one of the most affected areas of the current cholera outbreak, in the presence of Dr Tajudeen Oyewale, UNICEF Representative, and Professor Jean-Marie Dangou, WHO Country Representative.

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