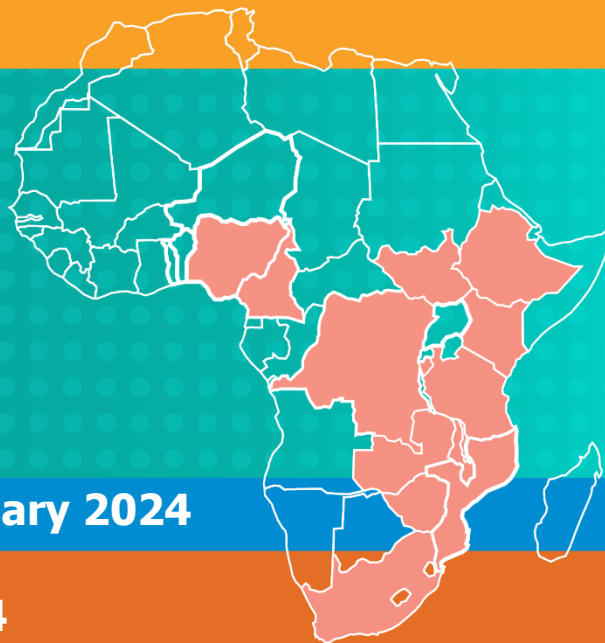


Cholera in the WHO African Region



Weekly Regional Cholera Bulletin: 12 February 2024

Data reported: as of 11 February 2024



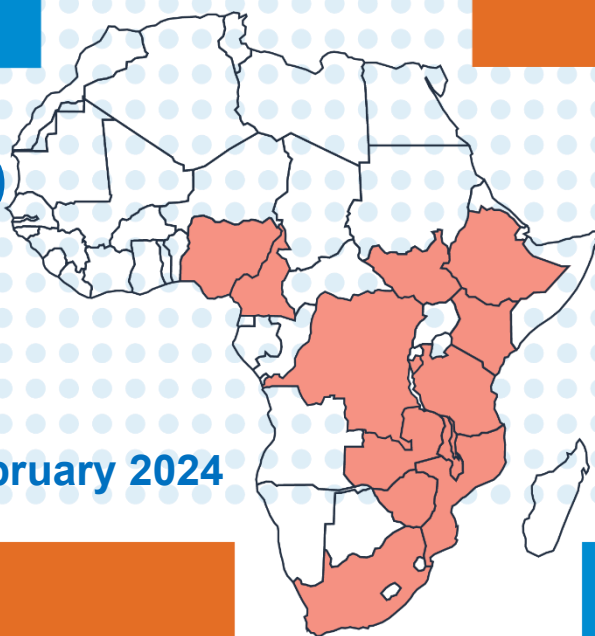
World Health
Organization

African Region

Cholera in the WHO African Region

Weekly Regional Cholera Bulletin: 12 February 2024

Data reported: as of 11 February 2024



Situation update

Regional Cholera Update

Grade 3

Cumulative Cases
 321 286

Cumulative Deaths
 5 969

CFR
1.9%

Overview

The cholera outbreak in the WHO African Region has affected 18 countries over the last two years. The Ministry of Health of Comoros declared an outbreak on 2 February 2024 making it the latest country. Six countries are categorized as being in acute crisis¹ (Democratic Republic of the Congo, Ethiopia, Mozambique, United Republic of Tanzania, Zambia, and Zimbabwe). The southern region of the continent, now in the rainy season, is seeing resurging outbreaks. The increase in rainfall levels is causing floods in communities and landslides, with a heightened risk of outbreaks in countries not reporting new confirmed cases. The seasonality of cholera outbreaks is an issue for countries to consider, and there is a 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 06 of 2024, eight countries- **Burundi, Comoros, Ethiopia, Mozambique, South Africa, United Republic of Tanzania, Zambia, and Zimbabwe**- reported a total of 4 122 new cases. Transmission is currently active in 15 countries with no recent report of new cases from Eswatini (last

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>

case reported April 18), Republic of the Congo (last case reported 26 July), and South Sudan (last case reported May 16).

Since the beginning of the year, as of 11 February 2024, the number of cholera cases and deaths reported to the WHO Regional Office for Africa (AFRO) was 34 511 and 869 deaths, respectively, with a case fatality ratio of 2.5%.

As of 11 February 2024, since 1 January 2022, a cumulative total of 321 286 cholera cases, including 5 969 deaths with a case fatality ratio (CFR) of 1.9% had been reported (Table 1). The Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Nigeria account for 74.5% (239 366) of the cumulative cases and 67.0% (3 998) of all cumulative deaths reported.

Figure 1: Distribution of cholera cases and deaths in WHO African Region, 1 January 2022— 11 February 2024

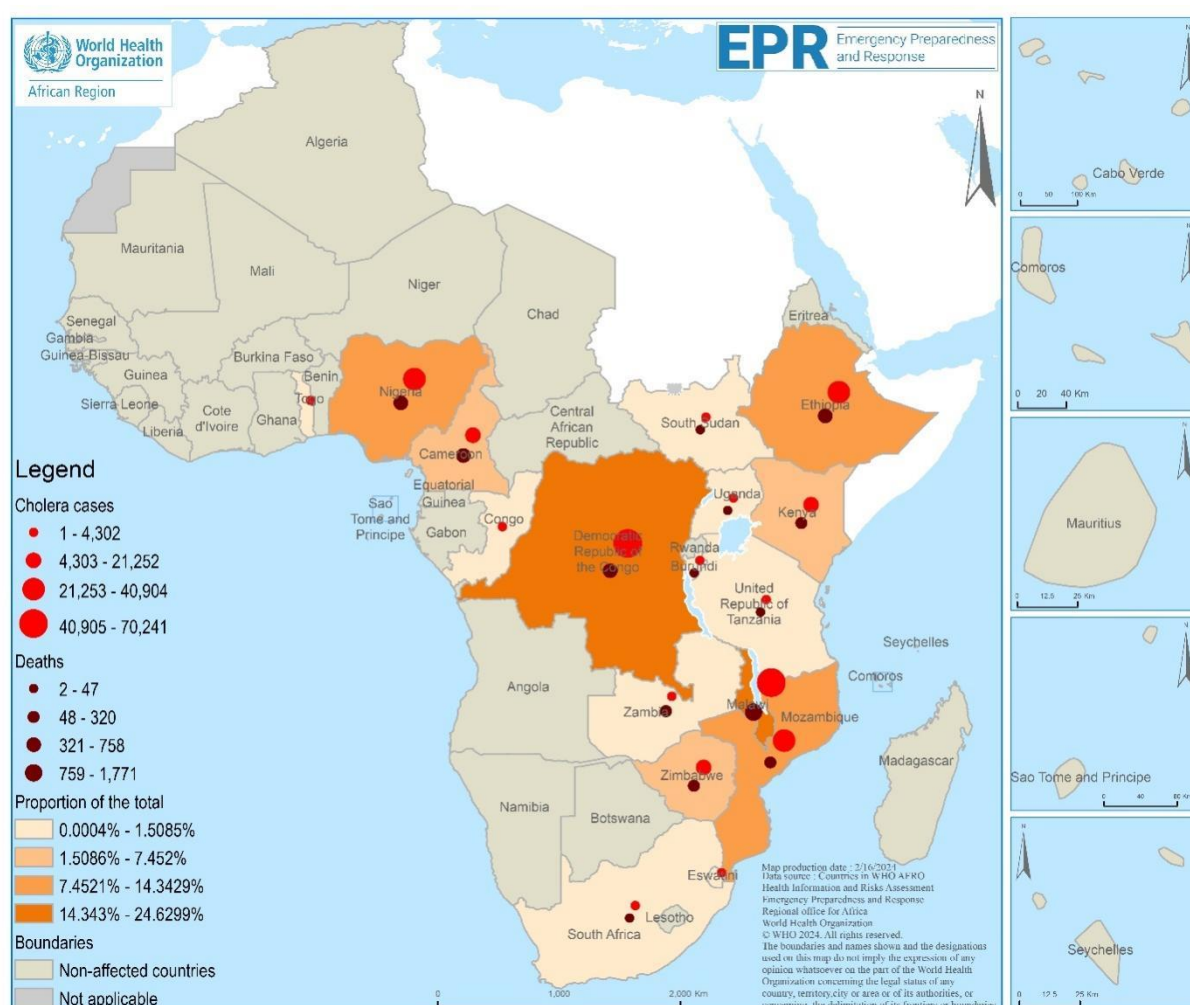


Table 1: Cholera Cases and Deaths in WHO African Region, 1 January 2022 to 11 February 2024

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 Congo	74 345	831	1.1	3 322	65	2.0	Jan-22	28-Jan-24
Malawi	59 125	1 771	3.0	-	-	-	Mar-22	07-Jan-24
Mozambique	44 316	167	0.4	3 143	6	0.2	Sep-22	08-Feb-24
Ethiopia	34 058	504	1.5	2 016	27	1.3	Aug-22	11-Feb-24
Nigeria	27 522	725	2.6	-	-	-	Jan-22	31-Dec-23
Zimbabwe	23 905	525	2.2	9 360	200	2.1	Feb-23	11-Feb-24
Cameroon	20 628	484	2.3	31	0	0	Jan-22	04-Feb-24
Zambia	18 519	652	3.5	15 579	560	3.6	Jan-23	11-Feb-24
Kenya	12 432	206	1.7	72	0	0	Oct-22	17-Jan-24
United Republic of Tanzania	1 932	34	1.8	868	9	1.0	Feb-23	11-Feb-24
South Sudan	1 471	2	0.1	-	-	-	Feb-23	16-May-23
Burundi	1 438	9	0.6	61	0	0	Jan-23	10-Feb-24
South Africa	1 394	47	3.4	5	0	0	Feb-23	11-Feb-24
Uganda	96	10	10.4	15	0	0	Jul-23	04-Feb-24
Republic of the Congo	63	0	0	-	-	-	Jul-23	26-Jul-23
Comoros	39	2	5.1	39	2	5.1	Feb-24	11-Feb-24
The Kingdom of Eswatini	2	0	0	-	-	-	Mar-23	23-Jul-23
Togo	1	0	0	-	-	-	Dec-23	18-Dec-23
TOTAL	321 286	5 969	1.9	34 511	869	2.5		

Figure 2: Epi Curve of cholera cases and deaths in WHO African Region, 1 January 2022 – 11 February 2024

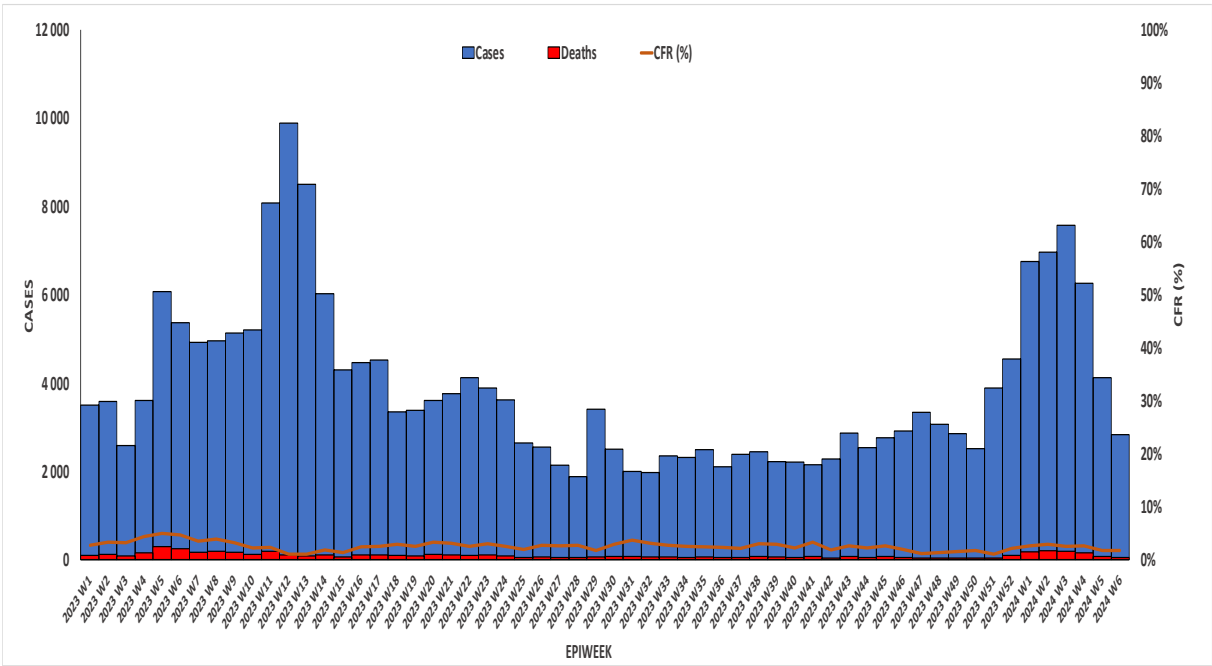


Figure 3: Trends of cholera cases in WHO African Region, 1 January 2022 – 11 February 2024

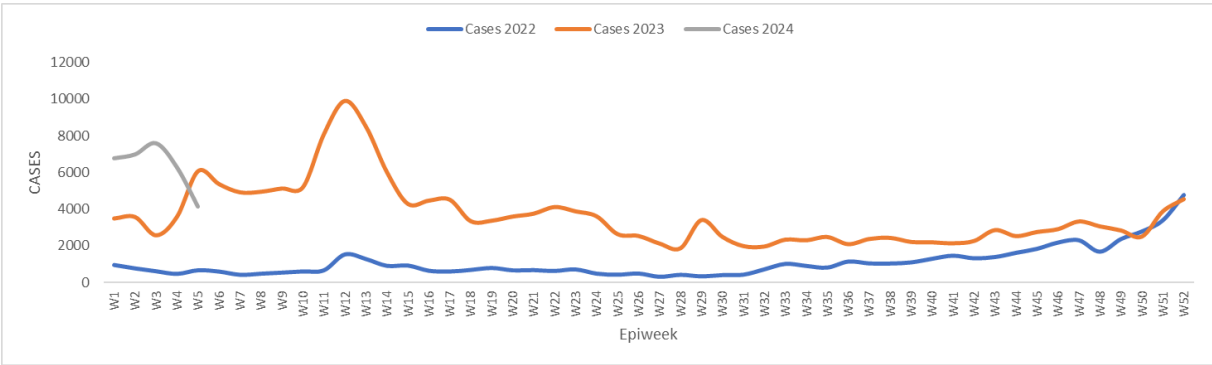
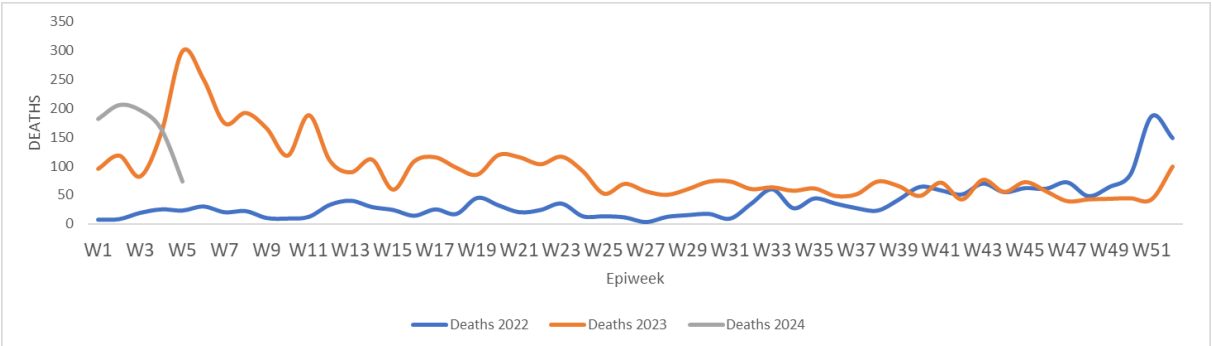


Figure 4: Trends of cholera deaths in WHO African Region, 1 January 2022 – 11 February 2024



Country Specific updates

Zimbabwe

Grade 3

Cumulative Cases
23 905

Cumulative Deaths
525

CFR
2.2%

As of 11 February 2024, cumulative cholera cases reported from the ten provinces of the country were 23 905 with 525 deaths (CFR 2.2%). In week 06/2024 new cases decreased by 9.0% from 1 347 new cases in week 05/2024 to 1 226 new cases. New deaths increased by 13.0% from 23 in week 05/2024 to 26 in week 06/2024. The three provinces with the highest number of cumulative cases are Harare including Chitungwiza city (9 862), Manicaland (5 981), and Masvingo (2 665) which account for 77.4% (18 508 cases). There is now more increase in cases in Mashonaland Central and Midlands provinces with cases rising by 42% and 43% respectively comparing epi weeks 05 and 06. Mashonaland province accounted for the highest number of deaths in week 06 with 13 deaths.

The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province. As of 11 February 2024, sixty-one (61) districts have reported at least a case of cholera.

Figure 5: Epicurve of Cholera outbreak in Zimbabwe as of 11 February 2024

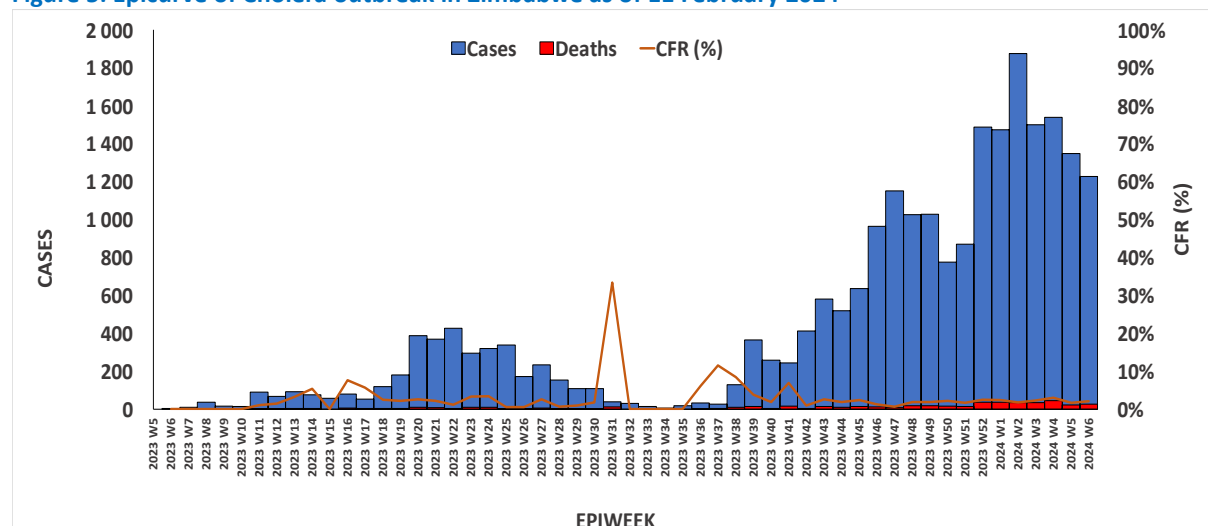
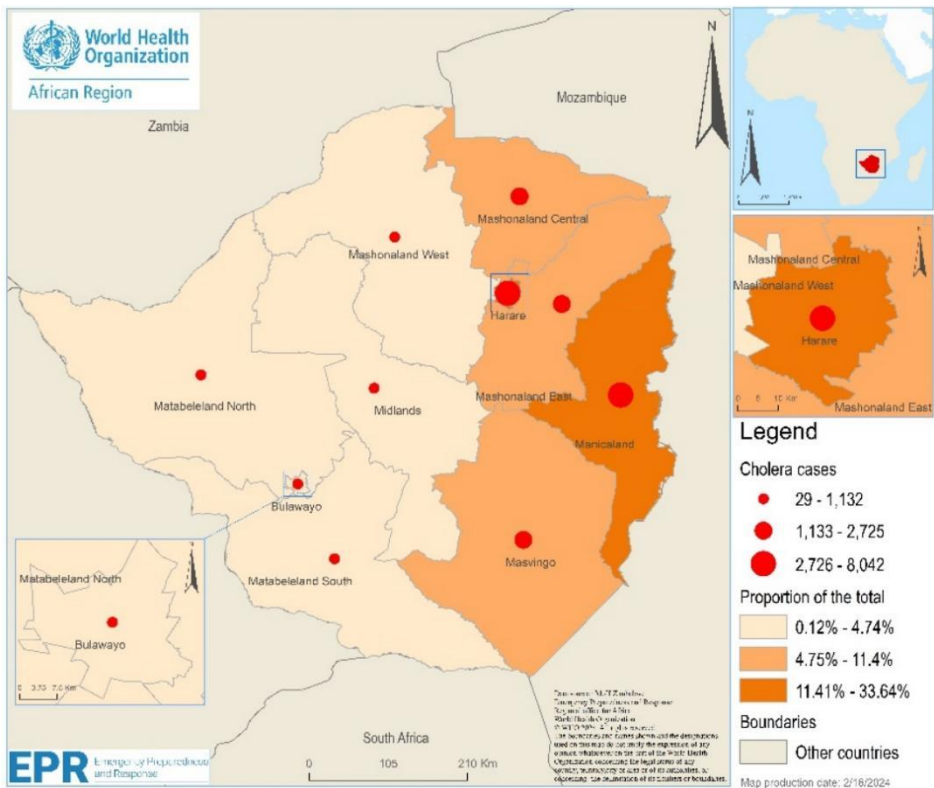


Figure 6: Map of Zimbabwe showing cholera affected provinces as of 11 February 2024



Public Health Actions

- Oral cholera vaccination campaign has been completed in all the six targeted provinces except Harare. The campaign shall continue next week.

Challenges/Gaps

- Inadequate financial resources for the response.
- Limited human resources for effective response.
- Lack of consumables for water quality testing.



Cumulatively this year, as of 11 February 2024, there have been 18 519 reported cases and 652 deaths (CFR = 3.5%). In week 06/2024, new cases decreased by 47.2% from 1 777 in the previous week to 938 new cases. New deaths decreased by 50.0% from 46 deaths in the previous week to 23. All the 10 provinces are reporting cases. The total number of districts reporting case are 70.

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. Cases and deaths are now on the increase in the Copperbelt province with a 9% and 50% respectively compared to the previous week. This calls for decentralization of care which is already in process.

Figure 7: Epicurve of cholera cases and deaths in Zambia as of 11 February 2024

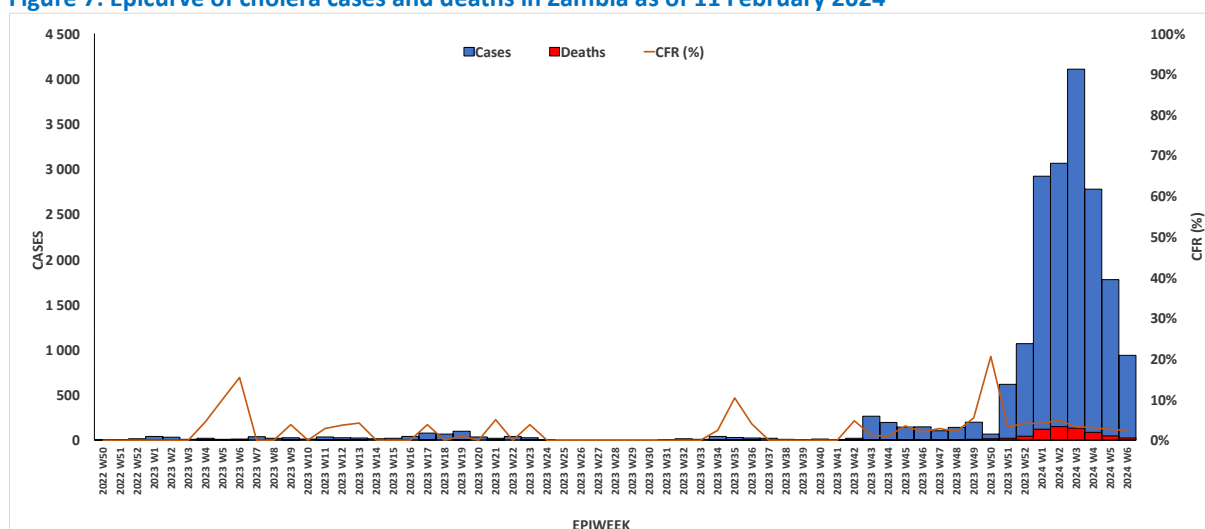
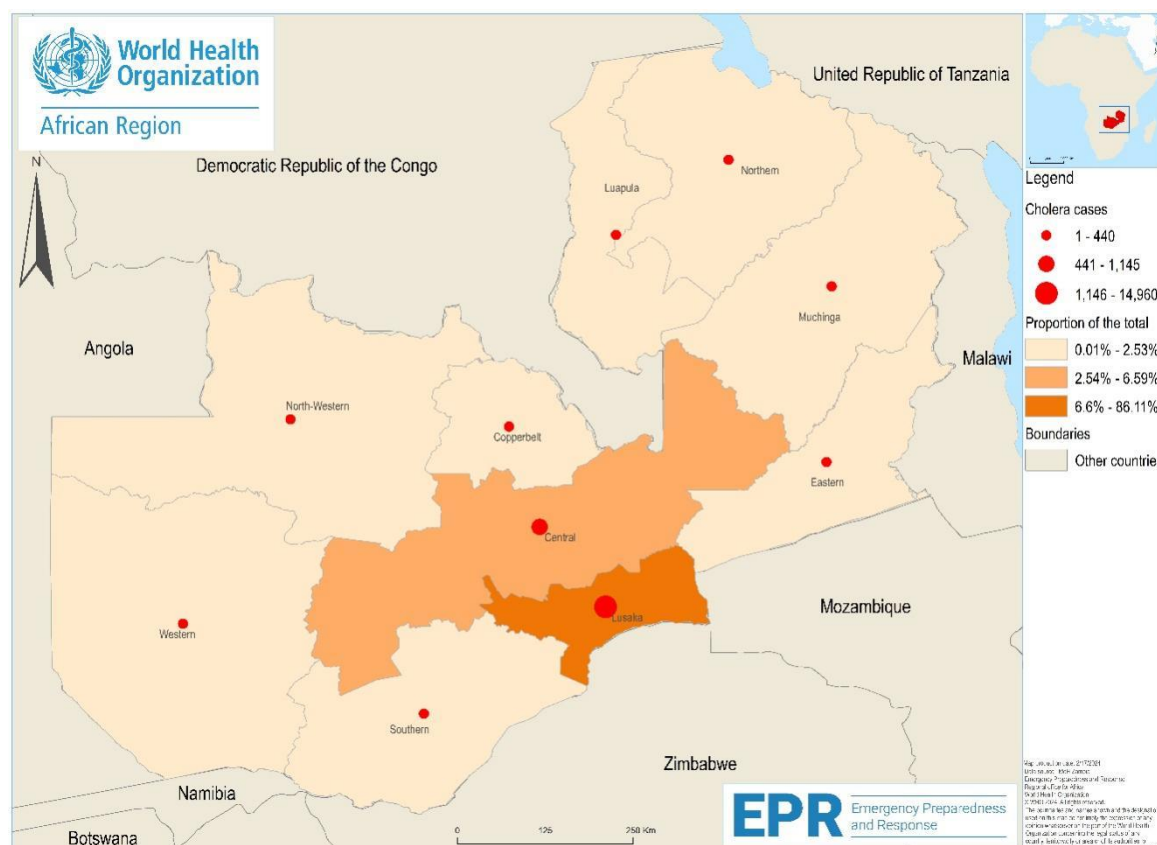


Figure 8: Map of cholera cases and deaths in Zambia as of 11 February 2024



Public Health Actions

- Case management forms and posters as job aids for clinicians were printed.
- A total of 60 adult and 15 children cholera beds were dispatched to Central province in Kabwe Central Medical Stores, Makululu Mini Hospital and Liteta Cholera Center.
- A total of 64 adult and 20 children cholera beds were dispatched to Ndola in Copperbelt province.
- Plans are being made for a safe N'cwala annual traditional ceremony scheduled for 22-24 February 2024.
- The cholera mortality surveillance and death investigation were supported by WHO with an orientation of the tools to be used to collect data.

Challenges/Gaps

- Limited human resources for effective support to response activities within a rapidly evolving outbreak.
- 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.
- Inadequate RDTs, Carry Blair, rectal swabs & biochemicals for confirmation.
- Weak cross-border collaboration.

United Republic of
Tanzania

Grade 3

Cumulative Cases
1 932

Cumulative Deaths
34

CFR
1.8%

The cumulative number of cases from the country since 22 January 2023 to 11 February 2024 are 1 932 and 34 deaths with a CFR= 1.8%. In week 06/2024, new cases decreased by 31.8% from 154 in week 05/2024 to 105 new cases. In week 06/2024, there was no reported death compared to one death in the previous week. This new outbreak began after the last confirmed case on 25 July 2023. Twelve regions are currently with active outbreaks are Dodoma, Geita, Kagera, Katavi, Manyara, Mara, Morogoro, Mwanza, Shinyanga, Simiyu, Singida and Tabora.

Figure 9: Epicurve of cases and deaths in United Republic of Tanzania as of 11 February 2024

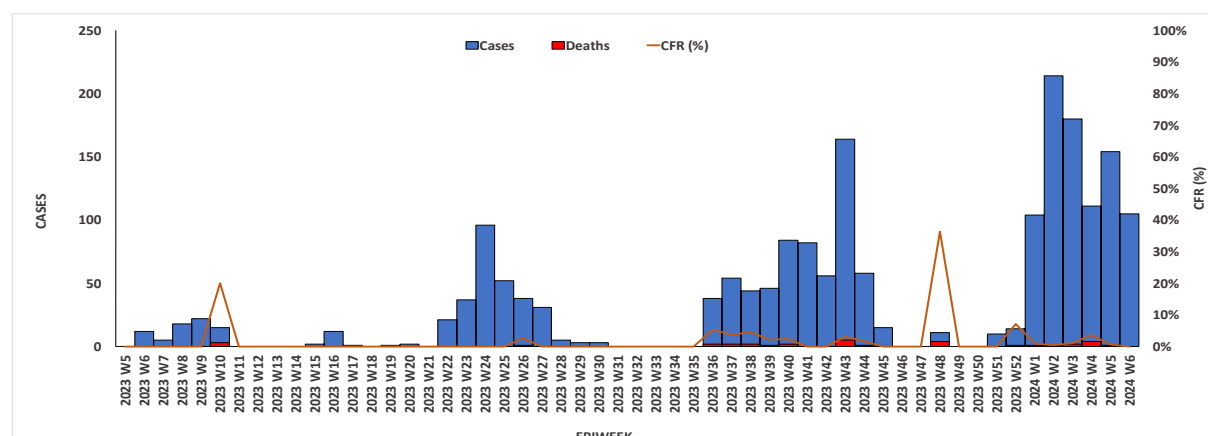
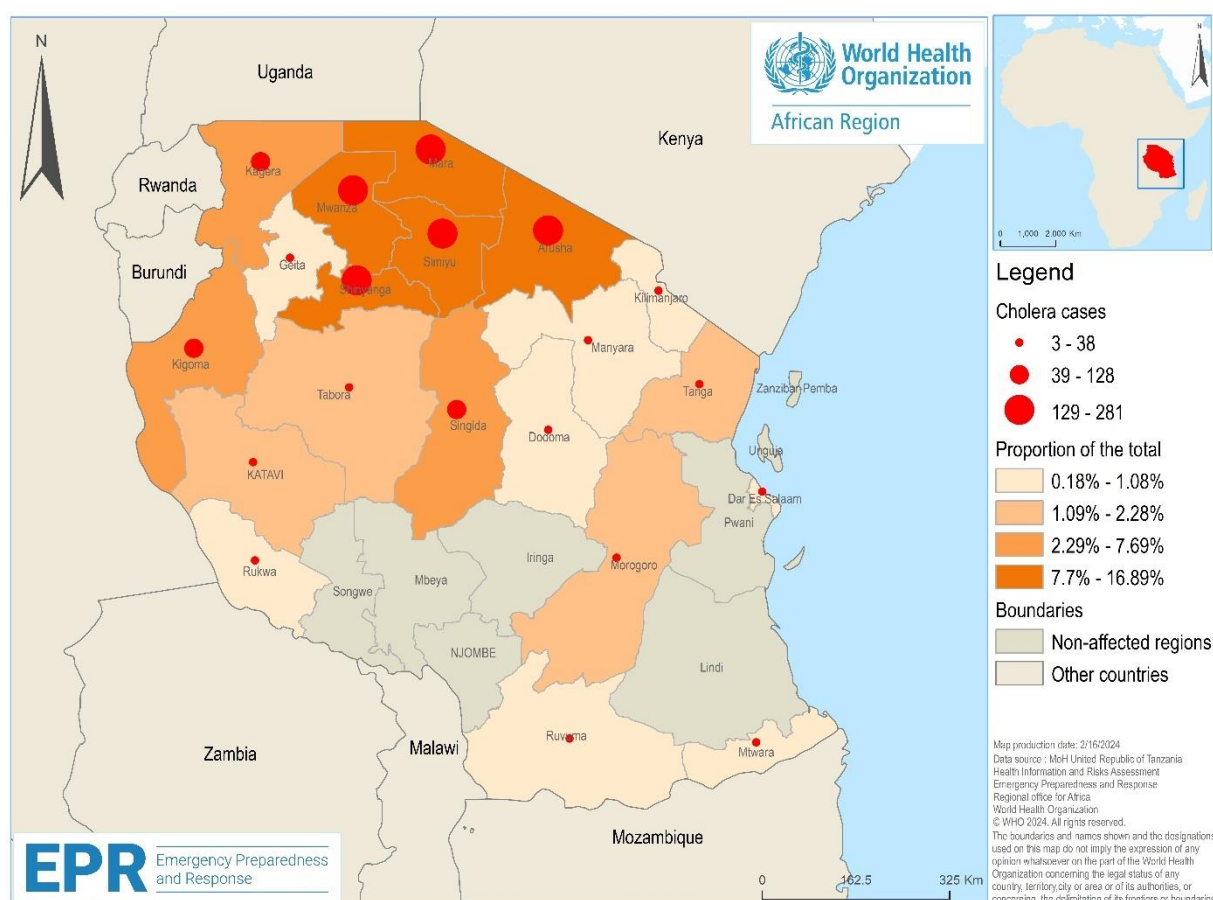


Figure 10: Map of cases and deaths in United Republic of Tanzania as of 11 February 2024



Public Health Actions

- A total of 20 RDT kits procured by the national public health laboratory (NPHL) were distributed in Shinyanga and Mwanza regions.
- A total of 10 cholera beds were dispatched from Tanganyika DC to CTCs in Mpimbwe DC to support management of cases in the Katavi region.
- Psychological counselling and support were provided to 28 people in the Manyara region.
- Assessment of coverage of improved latrines among visited households (100%) in Manyara region was conducted.
- A total of 35 community health workers were trained on health education on cholera prevention, control, and alert reporting at Kolandoto and Old shinyanga communities in Shinyanga region.
- Water monitoring in Katavi region with water samples collected from nine sources was conducted which included seven shallow wells, one tap water, and one River water.

Challenges/Gaps

- Inadequate fund to support the response interventions.
- Lack of hand washing facilities in households and public facilities.
-

Burundi

Grade 3

Cumulative Cases



1 438

Cumulative Deaths



9

CFR

0.6%

As of 10 February 2024, a cumulative total of 1 438 cases and nine deaths (CFR 0.6%) were reported from Burundi. In week 06/2024 new cases decreased by 38.5% from 13 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, 108, 102, 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 11: Epicurve of cases and deaths in Burundi as of 10 February 2024

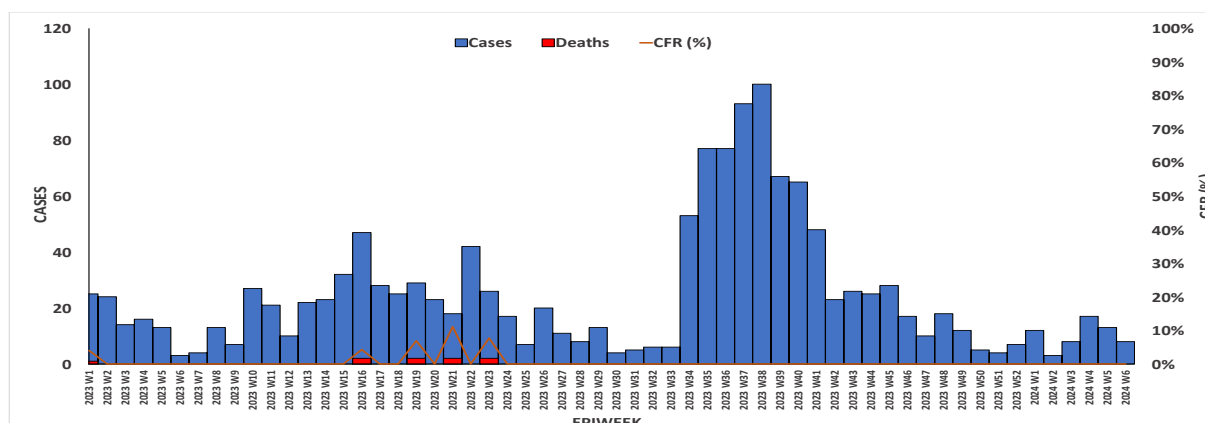
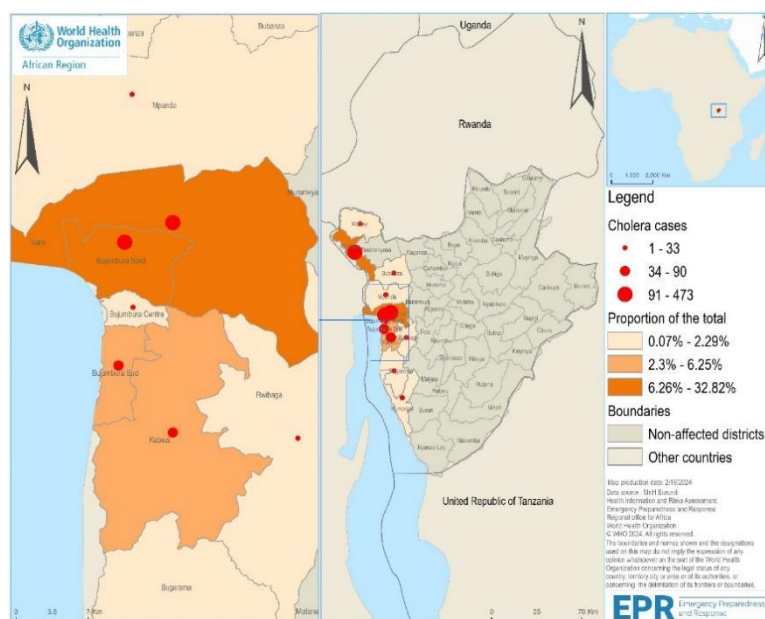


Figure 12: Map of Burundi showing cholera affected areas from October 2022 to 10 February 2024



Cameroon

Grade 3

Cumulative Cases

20 628

Cumulative Deaths

484

CFR

2.3%

As of week 05/2024, new cases increased by 300% from three cases in the previous week to 12. No new deaths were reported since week 03/2024. Cumulatively, from 1 January 2022 to 04 February 2024, Cameroon has reported 20 628 cases with 484 deaths (CFR = 2.3%).

Figure 13: Epicurve of cholera cases in Cameroon from October 2021 to 04 February 2024

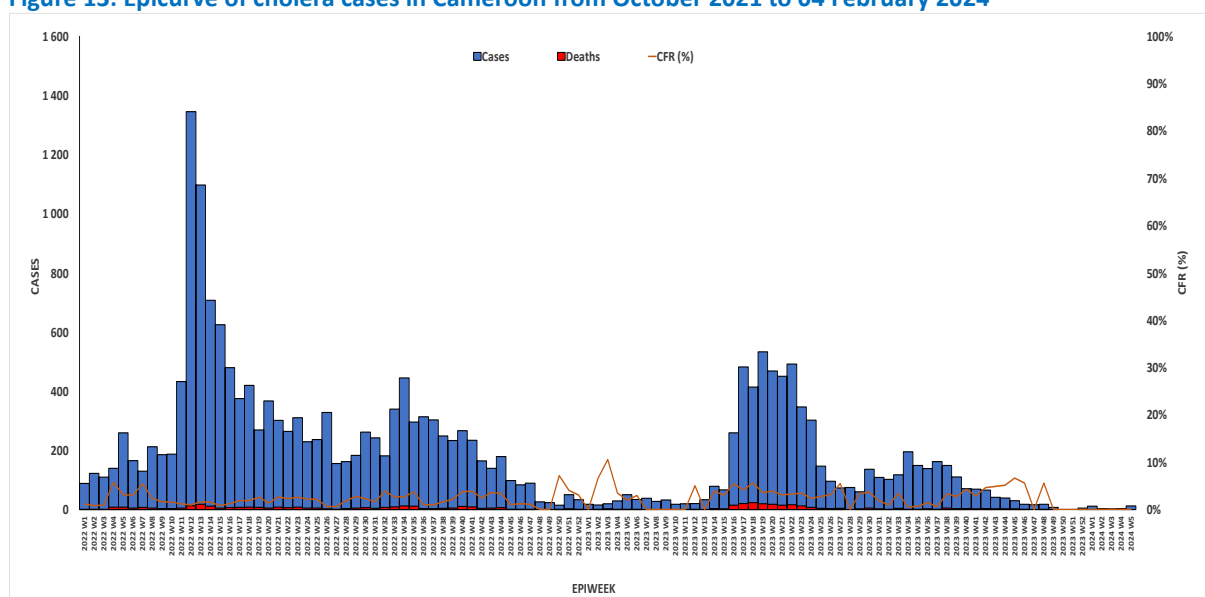
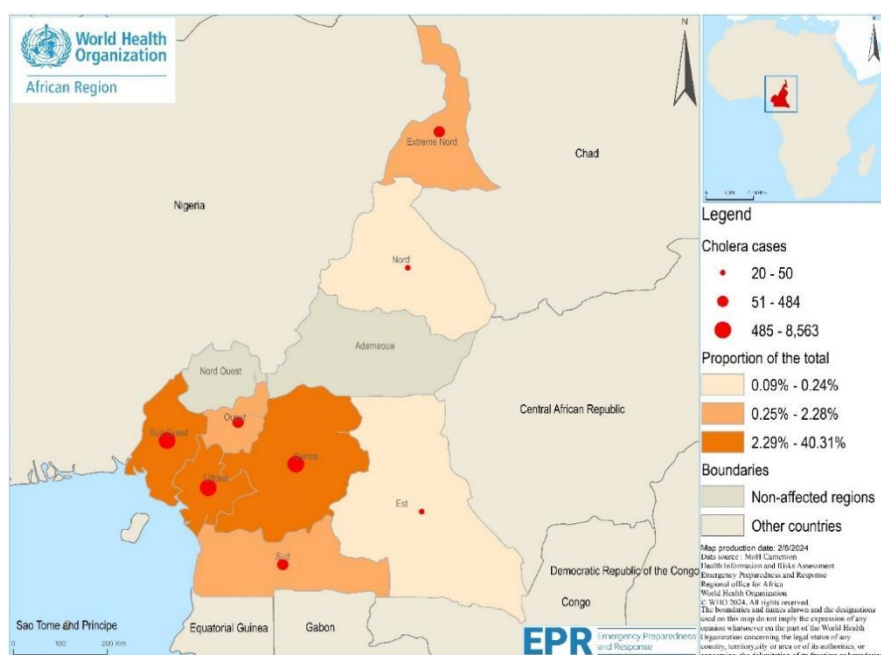


Figure 14: Map of cholera cases in Cameroon from October 2021 to 04 February 2024



Ethiopia

Grade 3

Cumulative Cases



34 058

Cumulative Deaths



504

CFR

1.5%

As of 11 February 2024, Ethiopia reported a cumulative case total of 34 058 with 504 deaths (CFR = 1.5%). As of week 06/2024, new cases increased by 33.7% from 264 to 353. In weeks 05 and 06, there was no change as deaths were one for each week. The cholera outbreak is currently active in 47 woredas spanning five regions: Somali (19 woredas), Oromia (17 woredas), Dire Dawa (7 woredas), Harari (3 woredas) and SER (1 woreda). The Oral Cholera Vaccine (OCV) campaign in Tigray continued with 761 012 individuals aged one year and older vaccinated as of 11 February 2024. In the pipeline are 912 633 doses of vaccine for three regions (Somali, Dire Dawa and Hareri).

Figure 15: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 11 February 2024

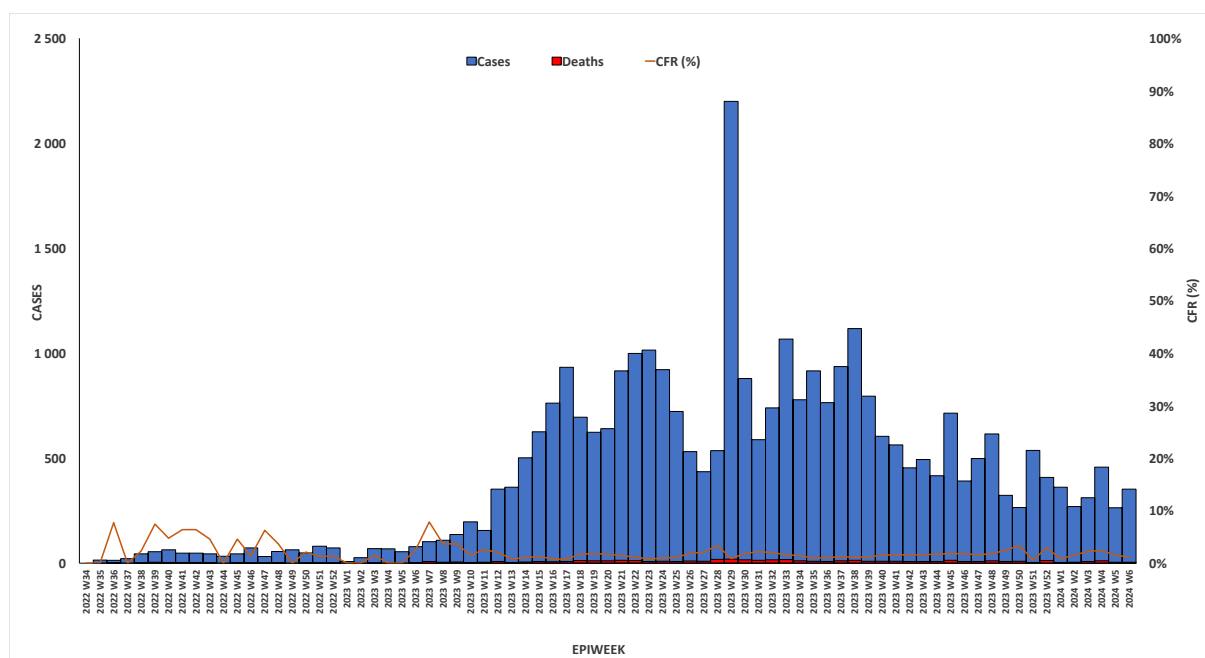
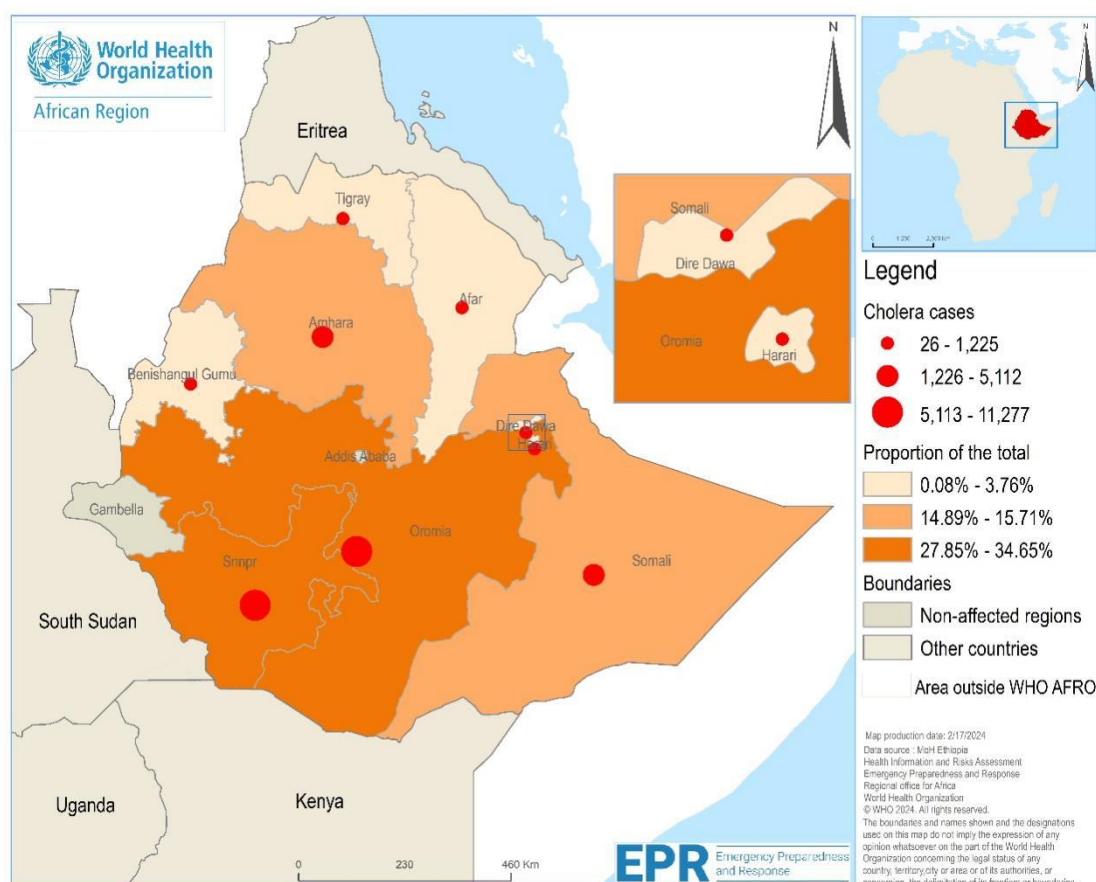


Figure 16: Map of Cholera outbreak in Ethiopia from October 2022 to 11 February 2024



Public Health Actions

- A total of 17 water samples from various water sources were collected and tested for Free Residual Chlorine (FRC) in Benatsemay woreda of the South Omo zone, South Ethiopia Region. Thirteen samples (76.5%) were positive for E coli no FRC was detected in all 17 samples.
- A total of 210 copies of patient admission notes and patient monitoring forms to Ayerdega CTC in Jijiga city, Somali Region were printed and shared by WHO to support the country response.
- Orientation of 166 health workforces was provided on implementation of tailored and customized RCCE activities for measles, malaria, and cholera and other public health emergency responses in Daramalo Woreda of Gamo Zone in the Southern region.
- Advocacy and sensitization meeting was organized for 300 teachers, decision-makers, political leaders, religious leaders, and community representatives on the cholera outbreak responses through strengthening the multi-sectoral engagement in Goro woreda of Bale zone in Oromia region.

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.
- Shortages of CTC hardware and cholera kits (Oromia Region).
- Reoccurrence of cholera outbreak causing HCWs fatigue (East Bale and Bale zones, Oromia Region).

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 17: Epi Curve for cholera outbreak in Kenya, October 2022 – 17 January 2024

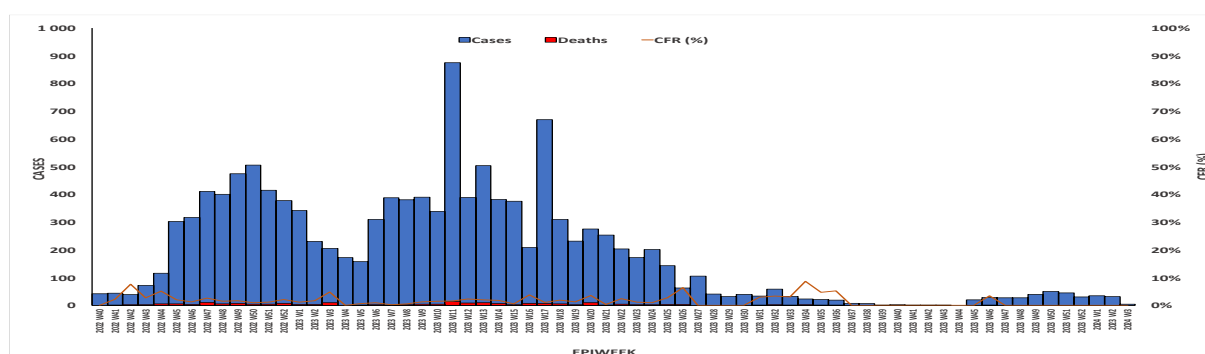
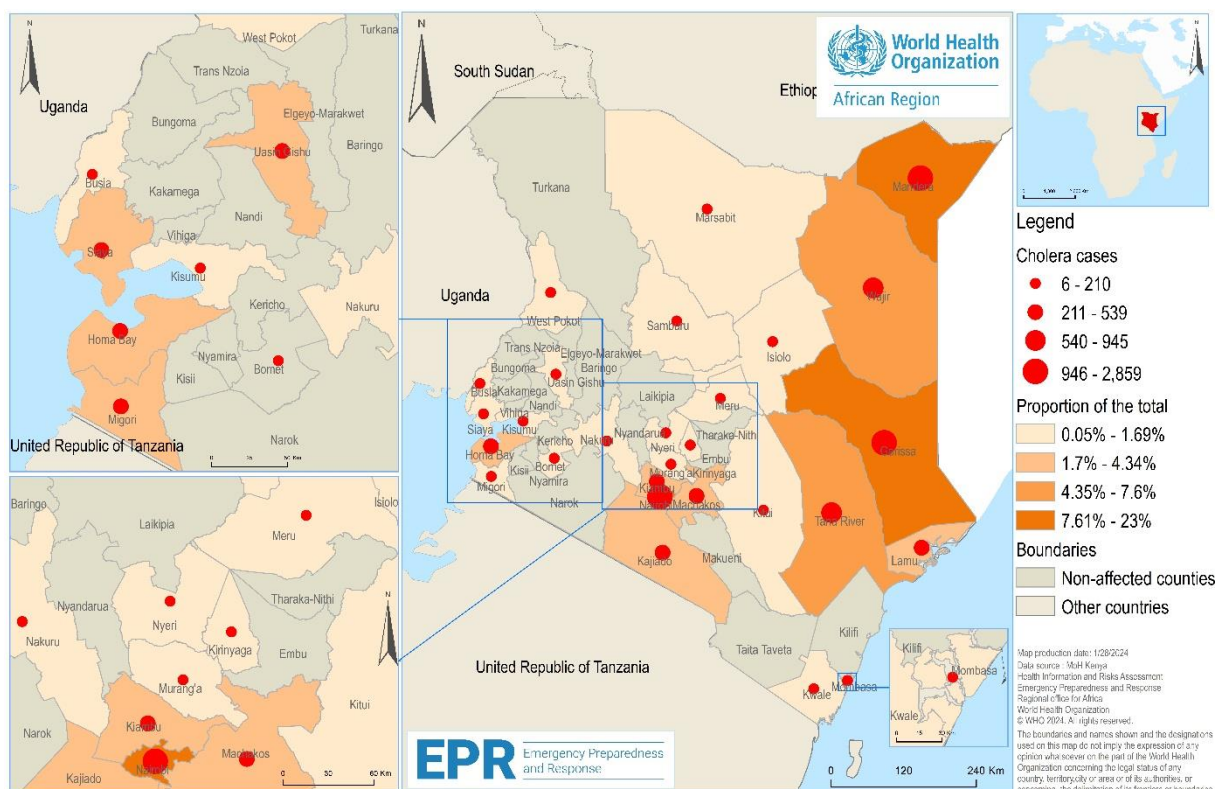


Figure 18: Map for cholera outbreak in Kenya, October 2022 – 17 January 2024



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

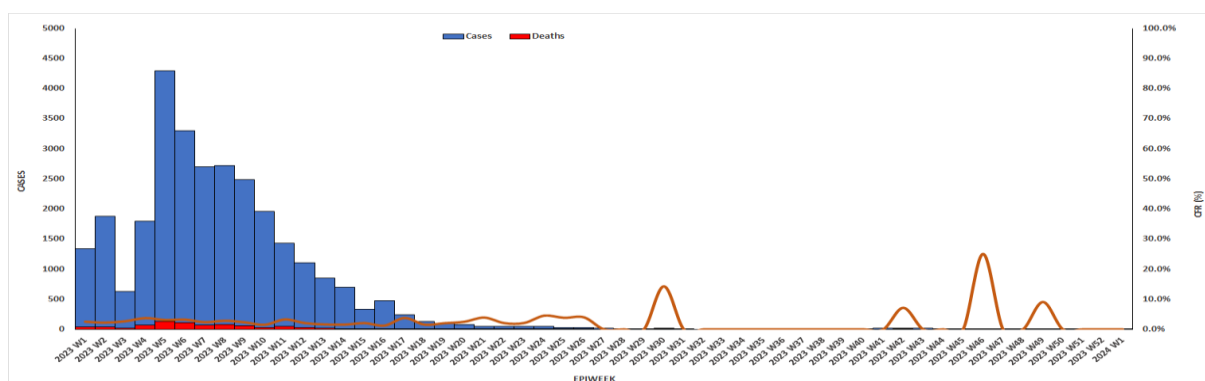
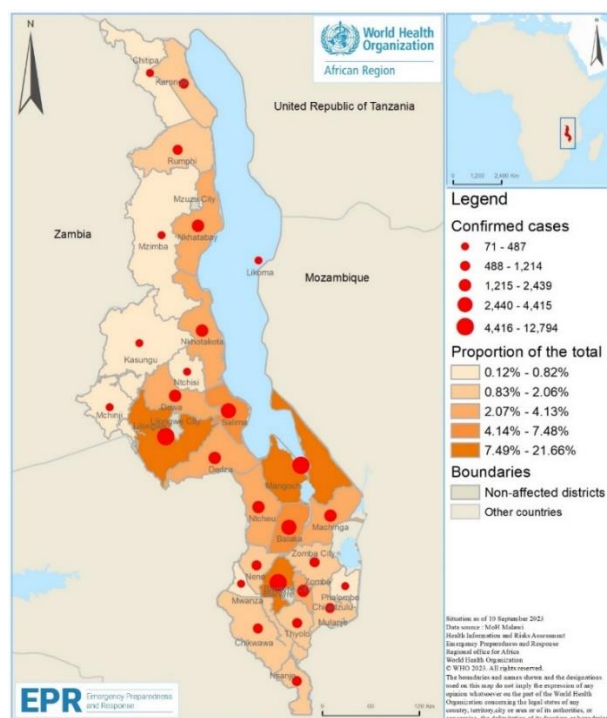


Figure 20: Map for cholera outbreak in Malawi, 3 March 2022 – 17 December 2023

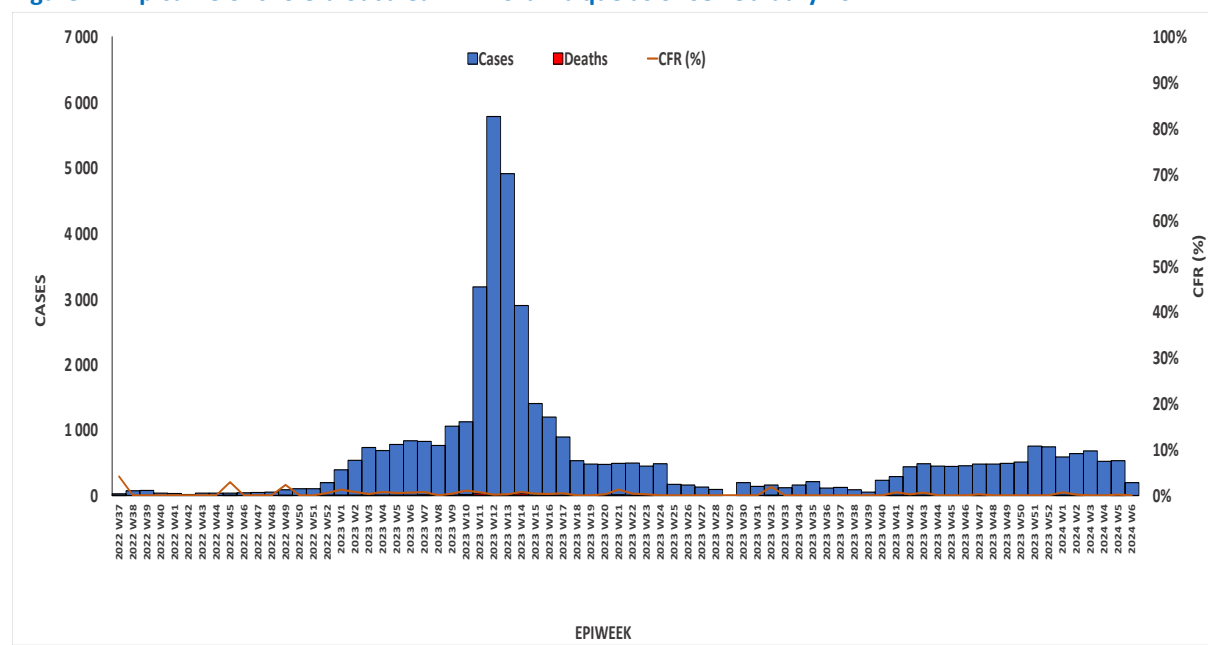




The country had reported a cumulative total of 44 316 cases, with 167 deaths (CFR 0.4%) as of 08 February 2024. The provinces with the highest number of cases in week 05 were Nampula (128), Tete (91) and Zambezia (66). The country is currently in its rainy and cyclone season, two factors that significantly exacerbated cholera transmission in 2023. The response efforts have been hindered by security issues, including attacks on health workers and community leaders by some community members. The government is addressing the situation, and measures have been implemented by partners to ensure the safety of those responding to the outbreak. Community engagement with anthropological assessments, and infodemic management have been prioritized. WHO has provided support to Tete, Sofala and Nampula province in reviewing their cholera response plan.

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 21: Epicurve of cholera outbreak in Mozambique as of 08 February 2024



World Health Organization
African Region

United Republic of Tanzania

Zambia

Malawi

Niassa

Cabo Delgado

Tele

Nampulo

Zambezia

Manica

Sofala

Zimbabwe

Botswana

Gaza

Inhambane

South Africa

Maputo

Maputo City

Maputo

Maputo City

Legend

Cholera cases

- 96 - 326
- 327 - 1,180
- 1,181 - 2,217
- 2,218 - 3,584

Proportion of the total

- 0.86% - 2.91%
- 2.92% - 10.53%
- 10.54% - 19.78%
- 19.79% - 31.98%

Boundaries

- Without active cases
- Other countries

Map production date: 2/16/2024
Data source: WHO, UNICEF, and other partners
Map design: WHO, UNICEF, and other partners
Map production: WHO, UNICEF, and other partners
Map production: WHO, UNICEF, and other partners

EPR Emergency Preparedness and Response



74 345



831

1.1%

An outbreak in Haut Katanga province was declared by the provincial government on 26 January 2024. From 01 January to 02 February 2024, the province reported 577 cases and 42 deaths (CFR=7.3%). The government response continues to be supported by WHO and UNICEF. Some of the key response actions on WASH include; decontamination of 3,111 households in and around notified cases in the Kenya (1953), Kampemba (1128) and Sakania health zones in Kasumbalesa (30); installation of 61

chlorination sites, including 50 in the Kenya health zone and 11 in the Kampemba health zone; briefing for hygienists at UTC Kisanga on chlorination dosages.

Figure 23: Epicurve for cholera outbreak in Democratic Republic of the Congo as of 28 January 2024

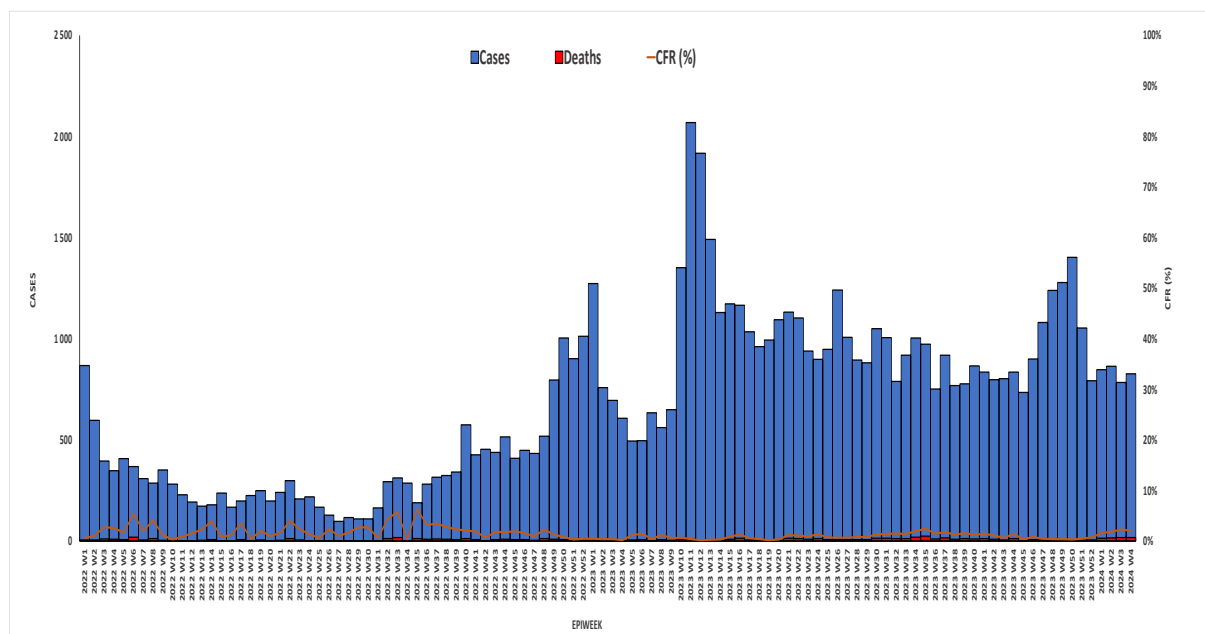
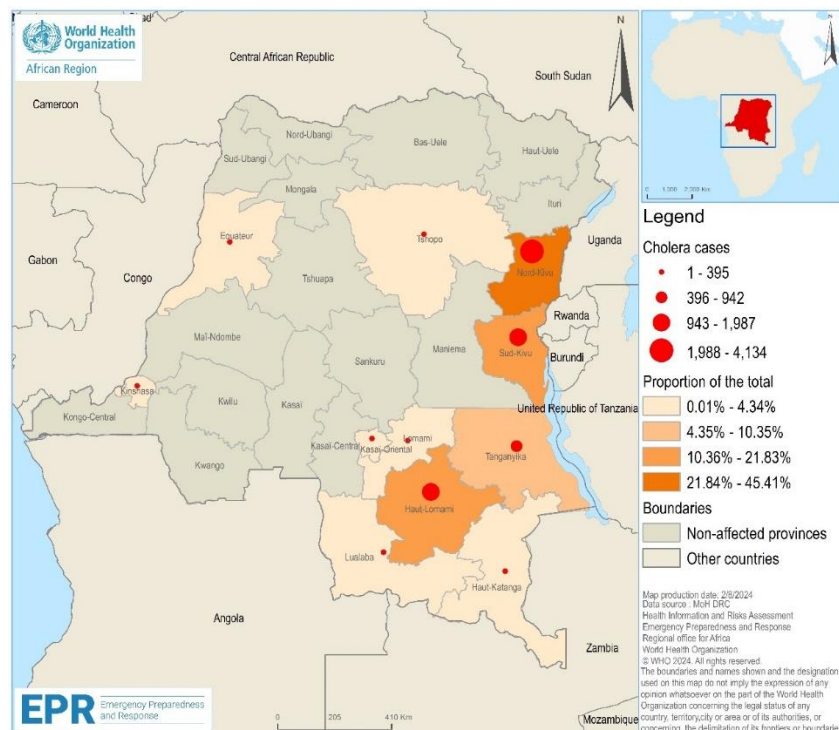


Figure 24: Map of cholera outbreak in Democratic Republic of the Congo as of 28 January 2024



Comoros

Grade 3

Cumulative Cases
39

Cumulative Deaths
2

CFR
5.1%

As of 11 February 24, cumulative number of cases and deaths are 39 and 2 respectively (CFR=5.1%). In epi week 06, new cases decreased by 44% from 25 in the previous week to 14. No new death was reported in epi week 06 compared to two deaths in the previous week.

The Ministry of Health of Comoros officially declared an outbreak of cholera on 2 February 2024. Six cases were initially confirmed between 2 and 3 February 2024 among 25 suspected cases (14 crew members and 11 passengers) who travelled from Tanzania to Comoros in the same boat. From 2 - 6 February 2024, 16 confirmed cases (13 RDT+ and 3 epi-linked) and 2 deaths (CFR 12.5%) were reported. Investigations to determine the source of infection are ongoing.

Figure 25: Epicurve of cholera outbreak in Comoros as of 11 February 2024

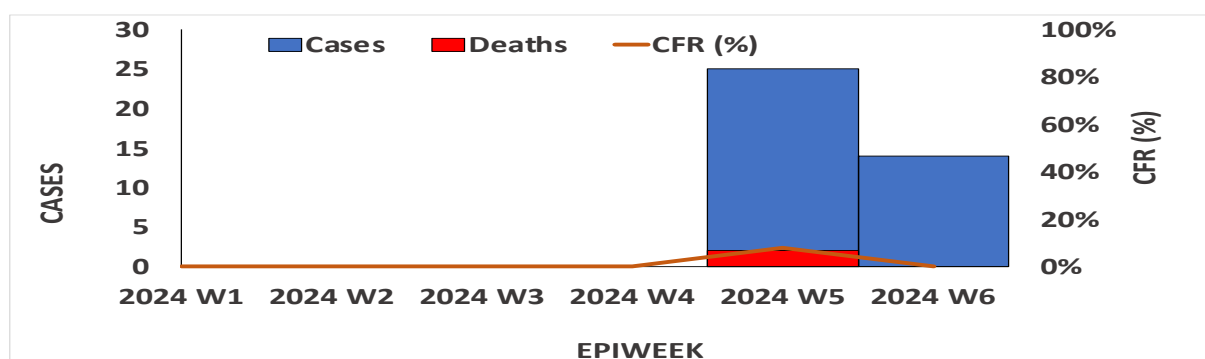
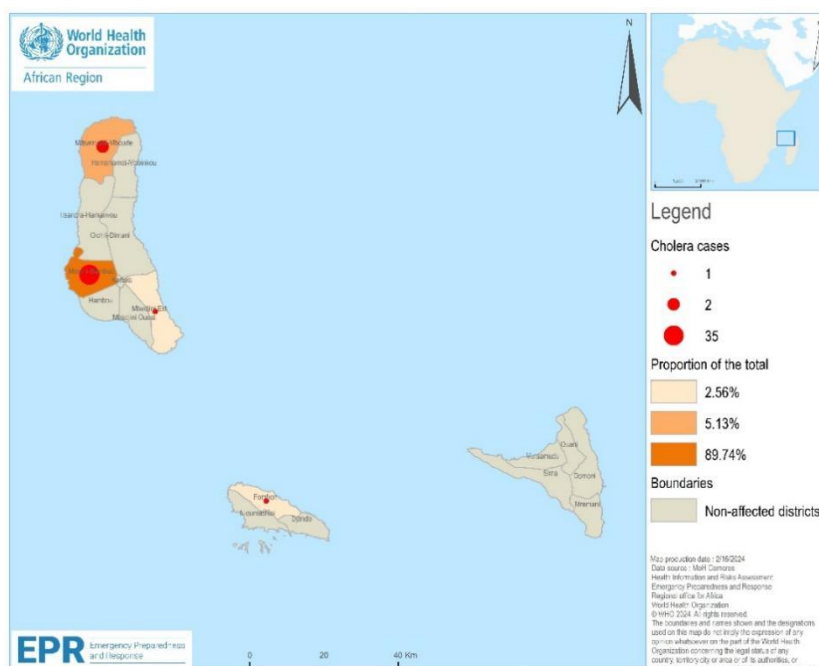


Figure 26: Map of cholera outbreak in Comoros as of 11 February 2024



Public Health Actions

- Coordination meetings are held daily.
- Three clusters of cases were identified in Moroni (Hankounou, Badjanani and Coulée district)
- Evaluation of response capacity in the islands of Anjouan and Mohéli was conducted.
- RDTs and PPE for all public and Caritas health structures in Moroni was provided.
- Leaflets and posters on cholera at the Volovolo market were distributed.
- A total of 95 homes of confirmed cases and their neighborhoods were disinfected.

Challenges/Gaps

- Difficult field work due to heavy seasonal rains.
- Absence of a culture medium for the antibiogram.
- Absence of a TCBS culture medium (alkaline peptone water enrichment medium).
- Insufficient human resources for the investigation of confirmed cases.

South Africa

Grade 3

Cumulative Cases
1 394

Cumulative Deaths
47

CFR
3.4%

As of 11 February 2024, South Africa reported a total of 1 394 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 27: Epicurve of cholera outbreak in South Africa as of 11 February 2024

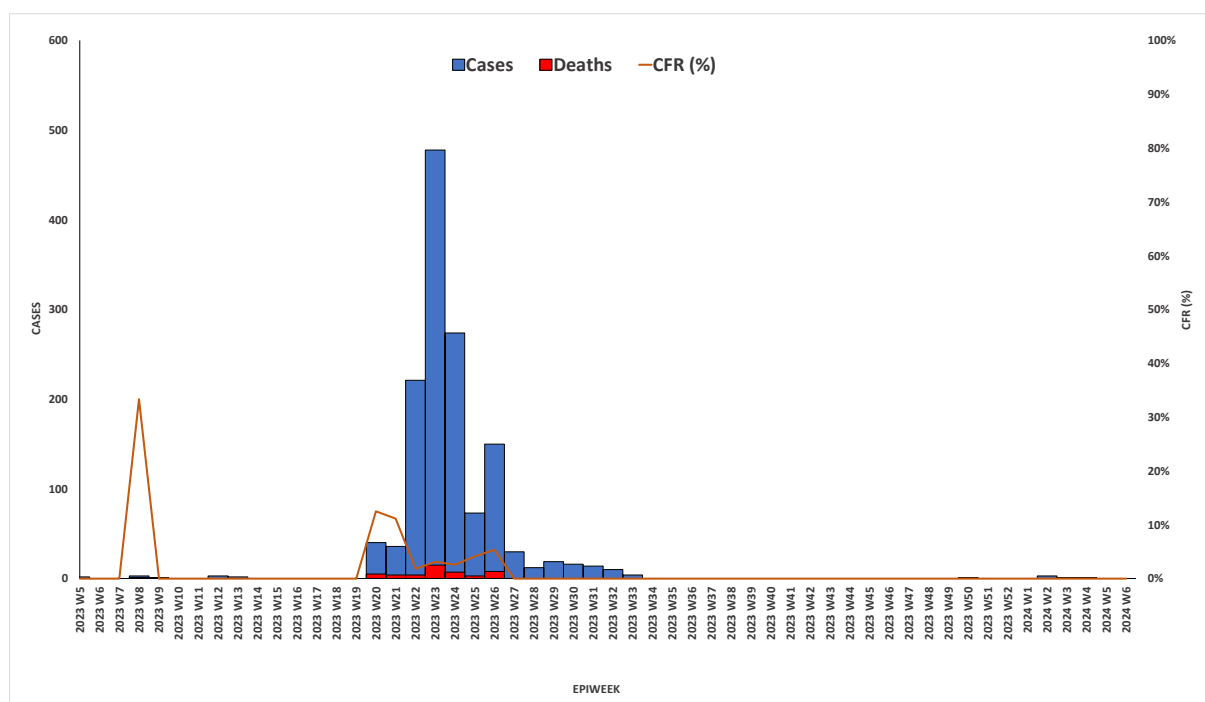
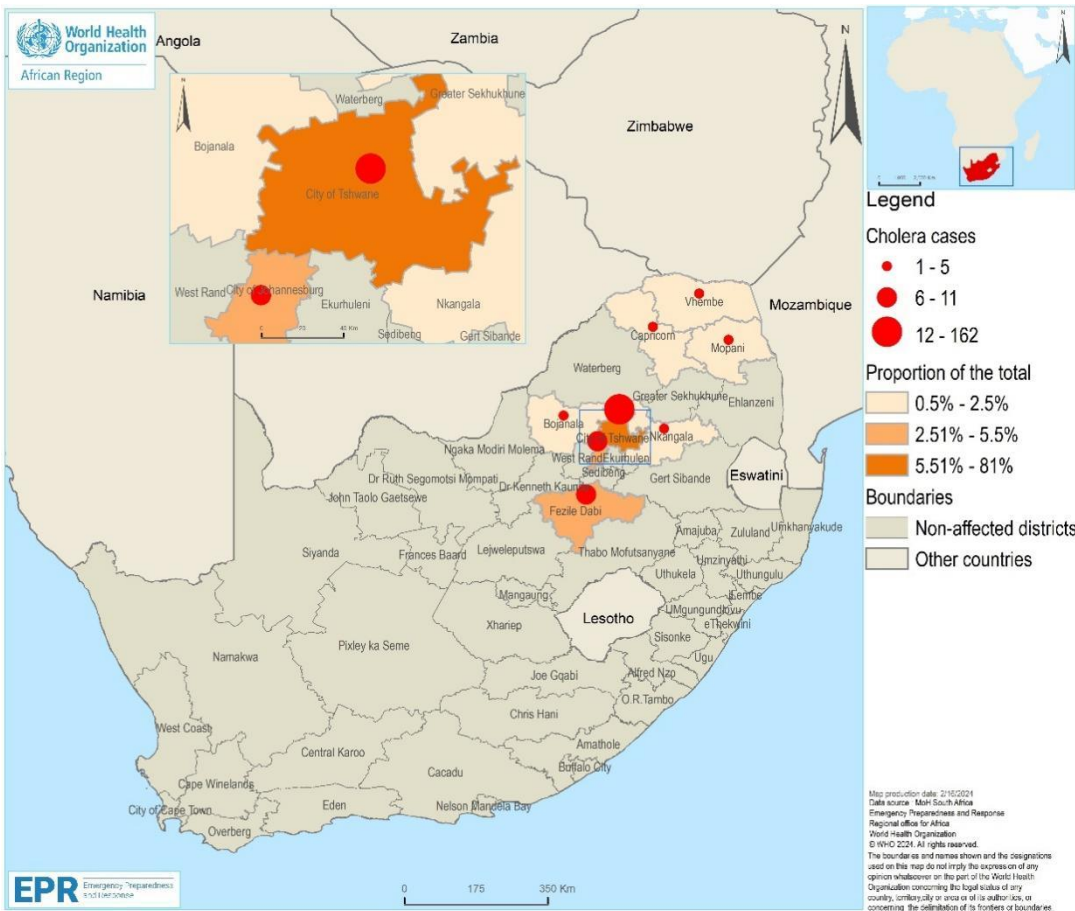


Figure 28: Map of cholera outbreak in South Africa as of 11 February 2024

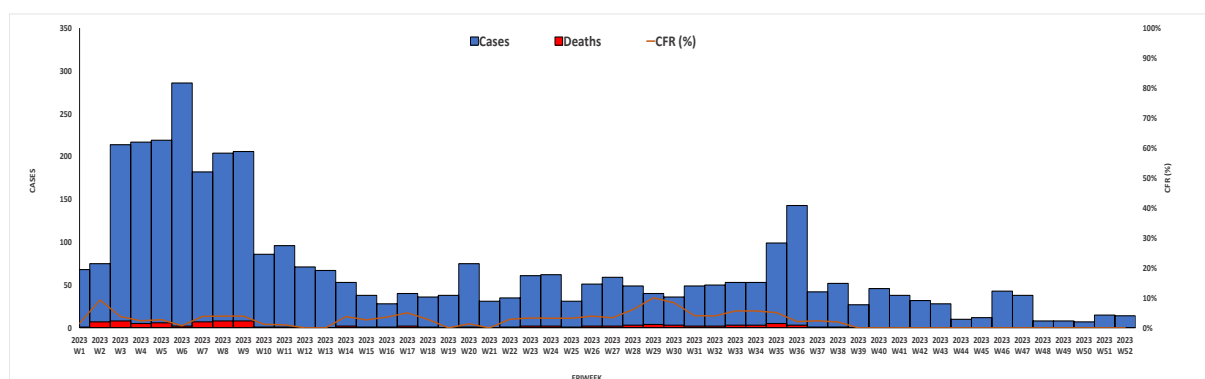


Nigeria		Grade 3		Cumulative Cases	Cumulative Deaths	CFR
				 27 522	 725	2.6%

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



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 30: Map of cases in Togo as of 12 December 2023

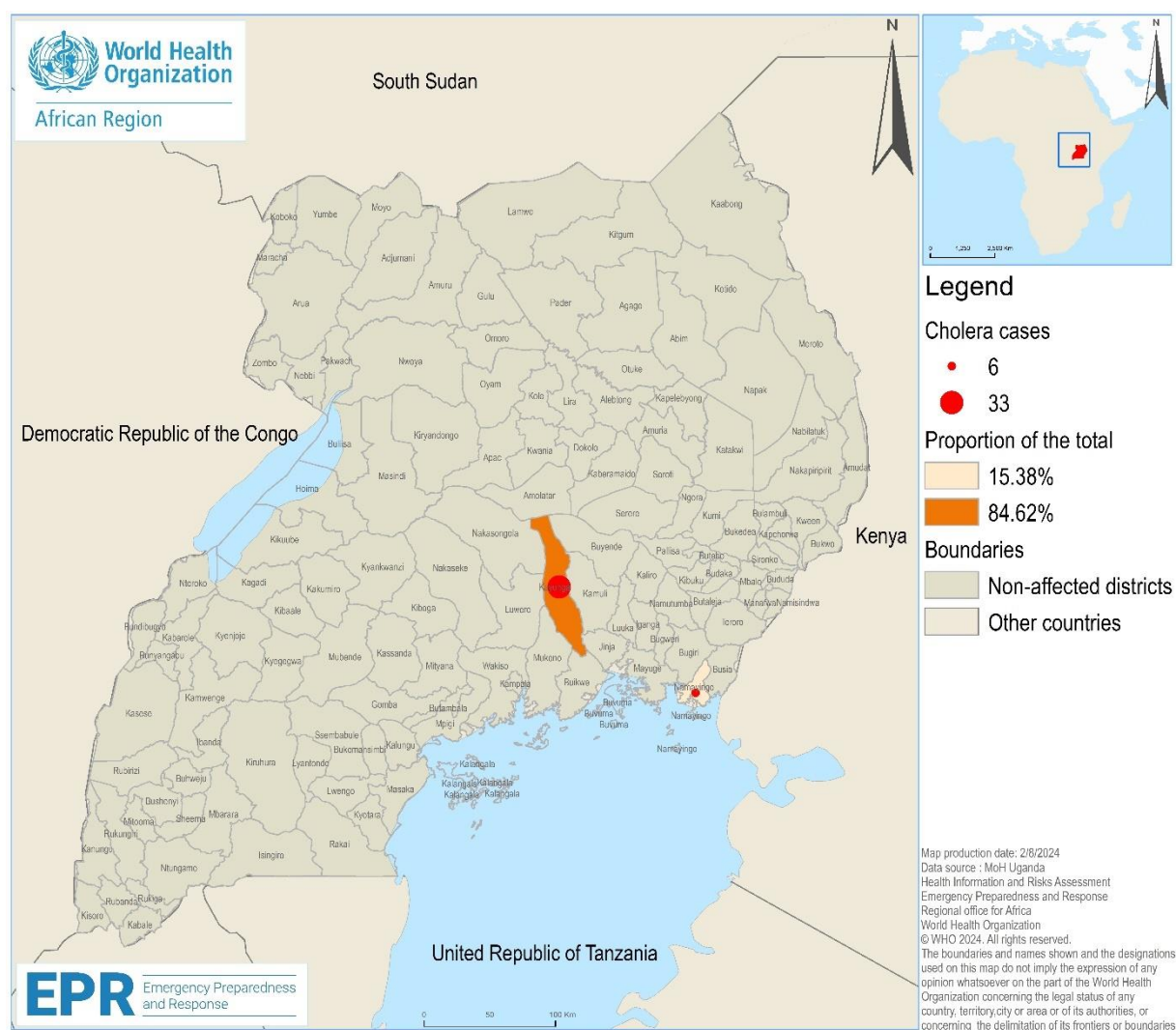




As of 04 February 2024, the total cumulative cases and deaths since July 2023 were 96 and 10 respectively (CFR-10.4%). Prior to this new outbreak, there have been no new cases reported since week 35 of 2023.

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.

Figure 31: Map of cases and deaths in Uganda as of 04 February 2024



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:

- Risk categorization for countries has been reviewed into three categories: category 1 (28 countries) implies that the country is currently in outbreak or at risk of cross border transmission or have limited capacity using cholera readiness checklist assessment tool.
- 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.
- Eleven tons of essential cholera supplies, packaged by the OSL team at the Hub in Nairobi, are scheduled for delivery to Zambia via chartered flight on 5 February 2024.
- Technical and financial support to countries for cholera response interventions- Tanzania and Mozambique WHO country offices is ongoing.
- Cross-border collaborations on cholera surveillance has been strengthened.
- Deployment of staff to countries as requested by countries is ongoing (currently to Zimbabwe, Comoros).
- 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 is ongoing.



World Health
Organization

African Region

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Photo credit WHO Zambia. WHO Zambia Country Representative Dr Bakyaia presented to the Ministry of Health Zambia \$723,582.30, approved by the African Public Health Emergency Fund committee to support the fight against cholera in Zambia

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