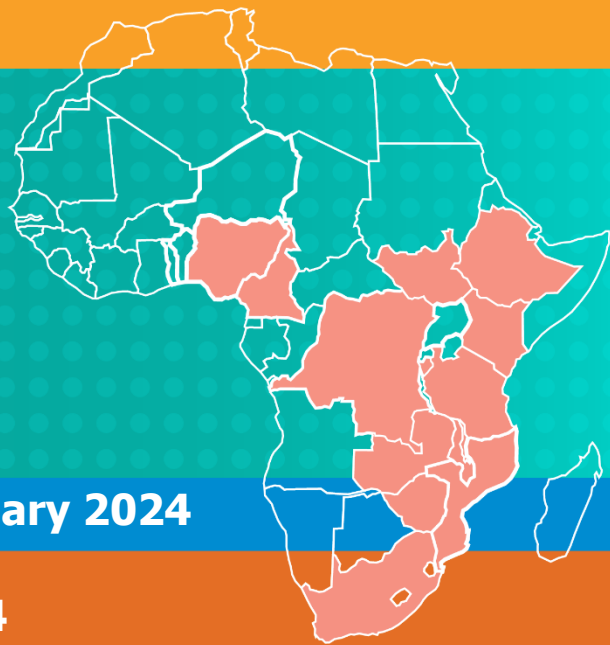


# Cholera in the WHO African Region



**Weekly Regional Cholera Bulletin: 26 February 2024**

**Data reported: as of 25 February 2024**



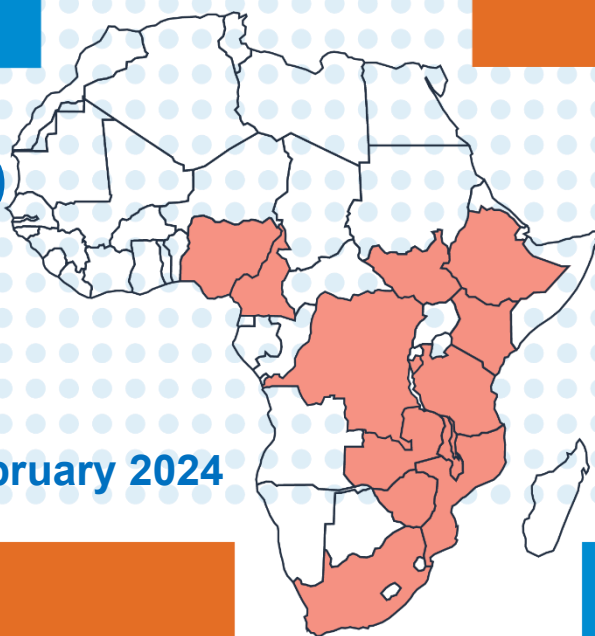
**World Health  
Organization**

African Region

# Cholera in the WHO African Region

Weekly Regional Cholera Bulletin: 26 February 2024

Data reported: as of 25 February 2024



## Situation update

Regional Cholera Update

Grade 3

Cumulative Cases  
 332 269

Cumulative Deaths  
 6 158

CFR  
1.9%

## Overview

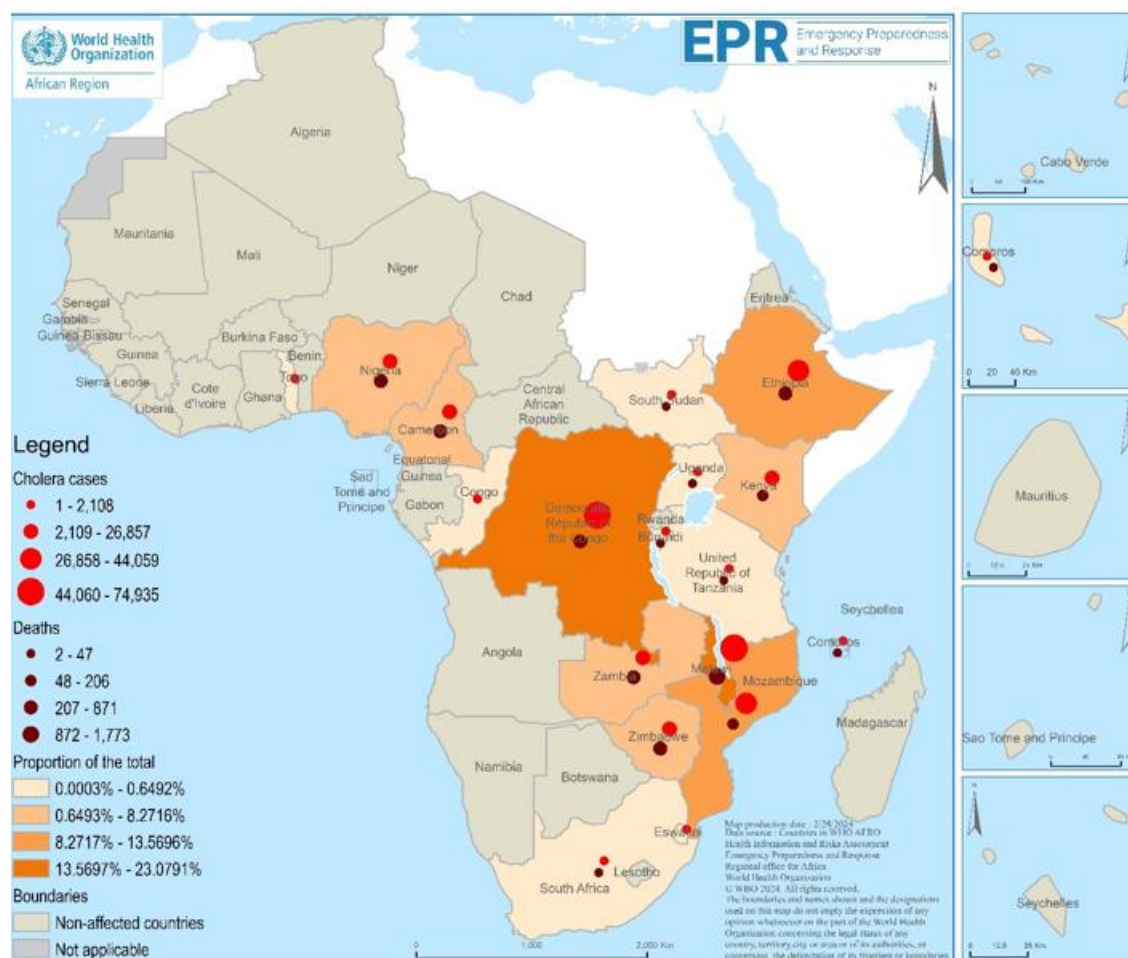
The cholera outbreak in the WHO African Region has affected 18 countries over the last two years. Five countries are categorized as being in acute crisis (Democratic Republic of the Congo, Ethiopia, Mozambique, Zambia, and Zimbabwe), though there has been sustained decrease in weekly case incidence in Zambia and Zimbabwe. The southern region of the continent, now in the rainy season, is experiencing resurging outbreaks. The increase in rainfall levels is causing floods and landslides in communities. This raises the risk of outbreaks in countries that have not reported new confirmed cases. The seasonality of cholera outbreaks is an issue for countries to consider. They need to improve preparedness and readiness, heighten surveillance, and scale up preventive and control measures in communities and around border crossings. This will prevent outbreaks, engender early response and reduce cross-border transmission.

In Epidemiologic week 08 of 2024, ten countries- **Burundi, Cameroon, Comoros, Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe**- reported a total of 3 713 new cases. Transmission is currently active in 13 countries. In 2024, Comoros confirmed an outbreak linked to cross border transmission.

Since the beginning of the year 2024, the number of cholera cases and deaths reported to the WHO Regional Office for Africa (AFRO) as of 25 February was 45 858 and 1 049 deaths, respectively, with a case fatality ratio of 2.3%. The Democratic Republic of the Congo, Ethiopia, Mozambique, Zambia and Zimbabwe account for 95.8% (43 914) of the total cases and 96.5% (1 012) of total deaths this year.

As of 25 February 2024, a cumulative total of 332 269 cholera cases, including 6 158 deaths (CFR: 1.9%), have been reported (Table 1) since 1 January 2022. The Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Nigeria accounts for 74.0% (246 038) of the cumulative cases and 66.6% (4 103) of all cumulative deaths reported

**Figure 1: Distribution of cholera cases and deaths in WHO African Region, 1 January 2022— 25 February 2024**

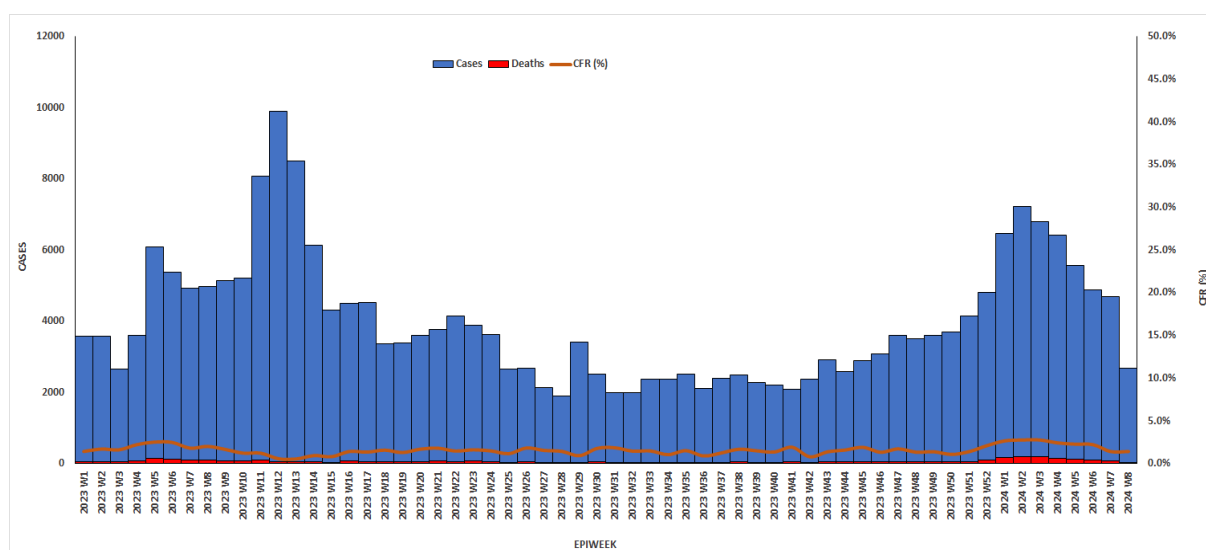


**Table 1: Cholera Cases and Deaths in WHO African Region, 1 January 2022 to 25 February 2024**

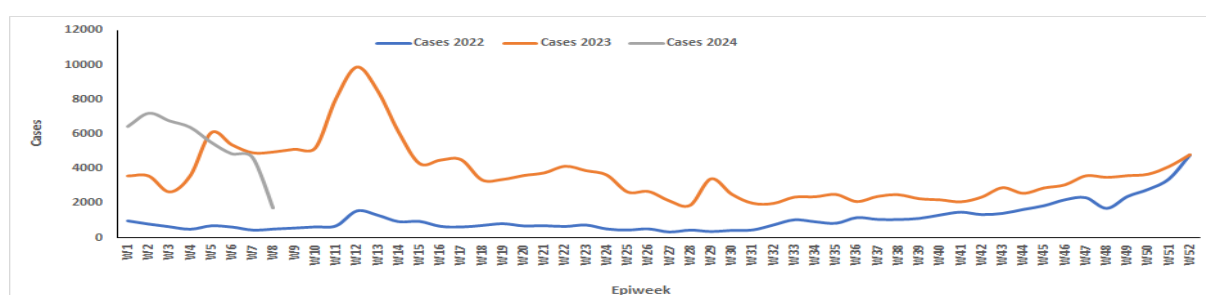
Country	Cumulative cases	Cumulative deaths	CFR (%)	Cases in 2024 only	Deaths in 2024 only	CFR (%) 2024 only	Date outbreak started	Last update
Democratic Republic of Congo	78 107	919	1.2	7 732	158	2.0	Jan-22	25-Feb-24
Malawi	59 282	1 774	3.0	158	3	1.9	Mar-22	25-Feb-24
Mozambique	44 897	168	0.4	3 974	6	0.2	Sep-22	25-Feb-24
Ethiopia	36 061	515	1.4	4 836	48	1.0	Aug-22	25-Feb-24
Nigeria	27 691	727	2.6	169	2	1.2	Jan-22	28-Jan-24
Zimbabwe	26 015	551	2.1	11 498	231	2.0	Feb-23	25-Feb-24
Cameroon	20 647	484	2.3	46	0	0	Jan-22	25-Feb-24
Zambia	20 176	691	3.4	15 874	569	3.6	Jan-23	25-Feb-24
Kenya	12 521	206	1.6	147	0	0	Oct-22	18-Feb-24
United Republic of Tanzania	2 269	49	2.2	1 199	26	2.2	Feb-23	25-Feb-24
South Sudan	1 471	2	0.1	-	-	-	Feb-23	16-May-23
Burundi	1 456	9	0.6	86	0	0	Jan-23	25-Feb-24
South Africa	1 395	47	3.4	5	0	0	Feb-23	13-Feb-24
Uganda	96	10	10.4	15	0	0	Jul-23	07-Feb-24
Comoros	119	6	5.0	119	6	5.0	Feb-24	25-Feb-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	18-Dec-23
<b>TOTAL</b>	<b>332 269</b>	<b>6 158</b>	<b>1.9</b>	<b>45 858</b>	<b>1 049</b>	<b>2.3</b>		



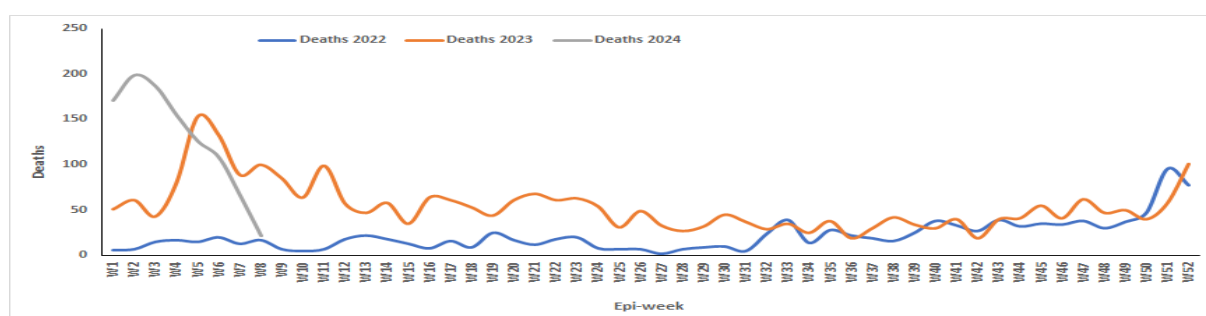
**Figure 2: Epi Curve of cholera cases and deaths in WHO African Region, 1 January 2022 – 25 February 2024**



**Figure 3: Trends of cholera cases in WHO African Region, 1 January 2022 – 25 February 2024**



**Figure 4: Trends of cholera deaths in WHO African Region, 1 January 2022 – 25 February 2024**



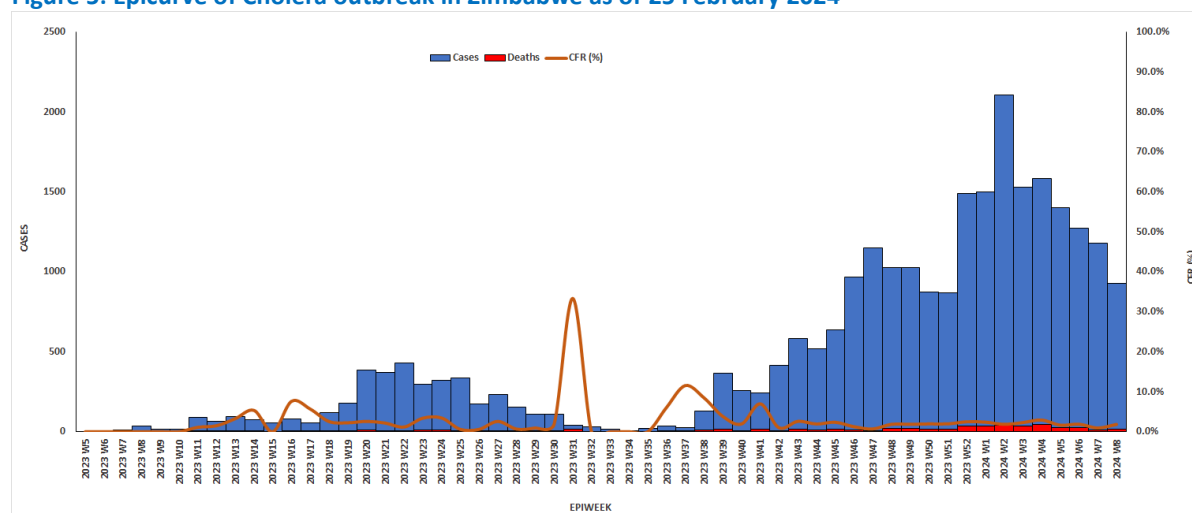
## Country specific updates

The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province.

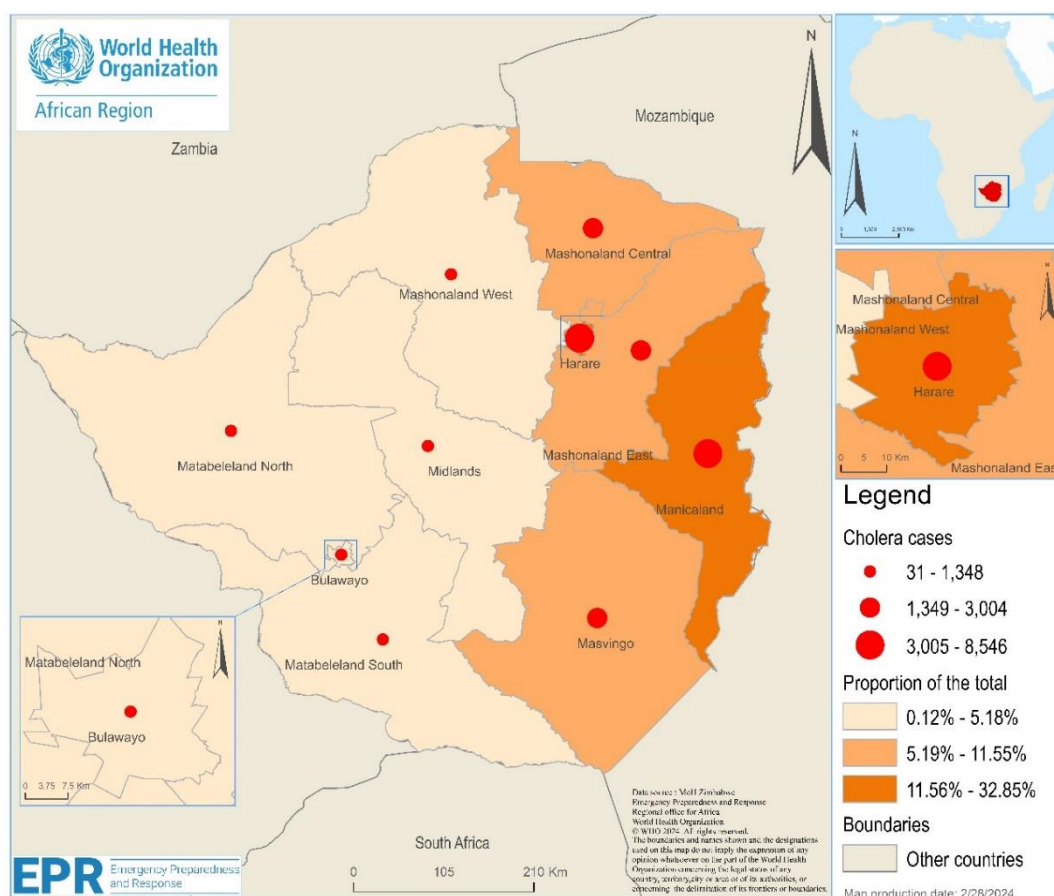
As of 25 February 2024, a cumulative of 26 015 cholera cases with 551 deaths (CFR 2.1%) have been reported from the ten provinces. In week 08 of 2024 new cases decreased by 21.3% from 1 181 in week 07 to 929. New deaths however increased by 54.5% from 11 in week 07/2024 to 17. The three provinces with the highest number of cumulative cases are Harare including Chitungwiza city (10 500), Manicaland (6 133), and Masvingo (2 907) which account for 75.1% (19 540 cases). The case fatality ratio (CFR) in week 08 was 1.8% higher than a CFR of 0.9% reported in week 07.

As of 25 February 2024, sixty-one (61) districts have reported at least a case of cholera.

Figure 5: Epicurve of Cholera outbreak in Zimbabwe as of 25 February 2024



**Figure 6: Map of Zimbabwe showing cholera affected provinces as of 25 February 2024**



### Public Health Actions

- Supportive supervision was conducted in Chadereka, Dambakurima, Utete, muzarabani and Kapembere treatment unit in Centenary district.
- Job aids were distributed to health workers during the visit.
- The Marondera hospital cholera treatment centre was upgraded from 7 to 13 bed capacity with observation/triage and hospitalization tents installed.
- Cholera supplies were dispatched to Mashonaland Central which included (2central module drugs, chlorine, 4 community module drugs, 1 cholera periphery renewable supplies and supplies for setting up of 2 ORPs).

### Challenges/Gaps

- Inadequate financial resources for the response.
- Limited human resources for effective response.
- Lack of consumables for water quality testing.
- Religious biases in accessing health care for cholera treatment.

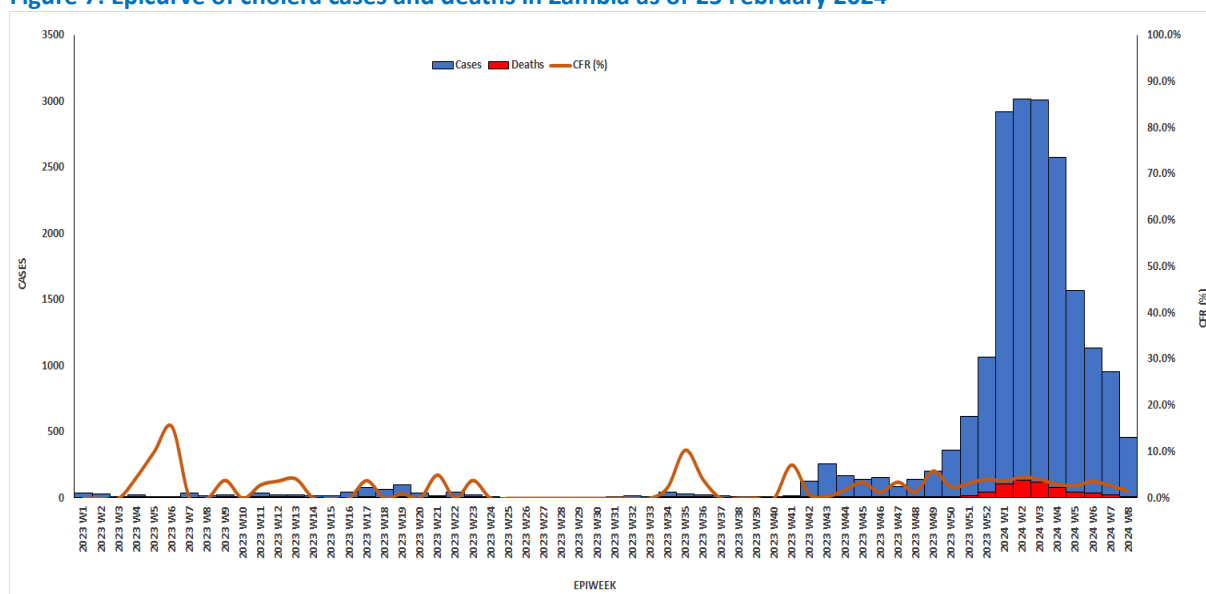


Cumulatively this year, as of 25 February 2024, there have been 20 176 reported cases and 691 deaths (CFR = 3.4%). In week 08 of 2024, new cases decreased by 26.3% from 953 in the previous week to 702. New deaths decreased by 53.8% from 26 deaths in the previous week to 12. All the 10 provinces are reporting 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 and Southern provinces in the last two weeks. To Scale up access to care further reduce deaths, Decentralization of care has been scaled up through establishment of oral rehydration points and cholera treatment units closer to communities. Ndola, the third largest city in the Copperbelt province is the industrial and commercial centre of the province. It is about 10 kilometres from the border of the Democratic Republic of the Congo (DRC). There is a lot of cross border movement which also led to the cross-border transmission and outbreak in Haut Katanga province in DRC.

Figure 7: Epicurve of cholera cases and deaths in Zambia as of 25 February 2024





- A comprehensive risk and needs assessment was conducted for Chirundu district and provided onsite technical assistance to curb the increase in cases of cholera.
- Mentorship on waste care management was conducted at Matero CTC by the infection prevention and control (IPC) team.
- A training on Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) was facilitated by the WHO headquarters lead for volunteer staff responding to the outbreak.

- Limited human resources for effective support to response activities within a rapidly evolving outbreak.
- No oral rehydration points (ORPs) in hotspot areas in the Southern province.
- Due to stigma some families abandon those with cholera and have fear of contracting the disease.

## Grade 3



2 269



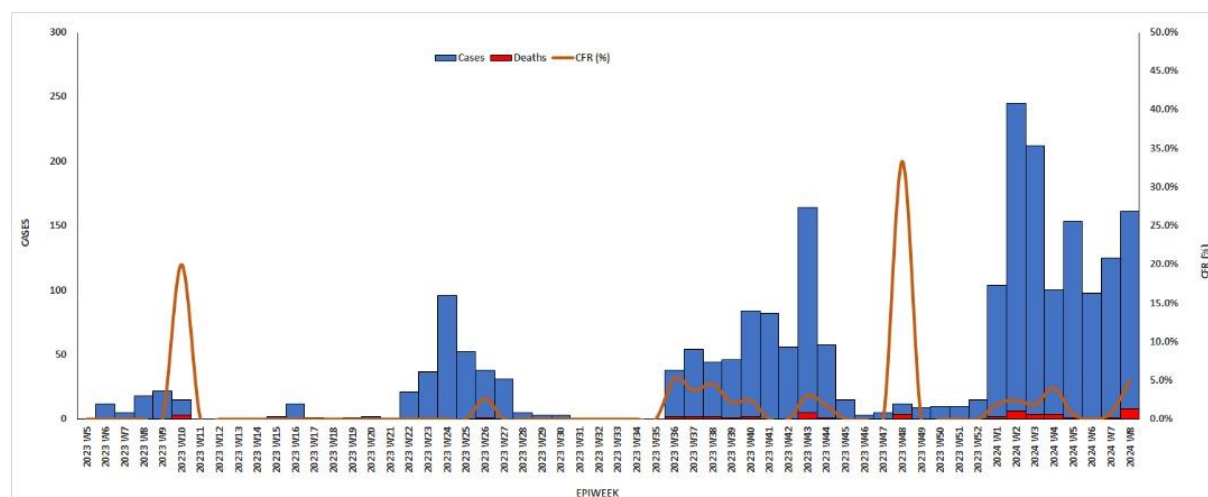
49

2.2%

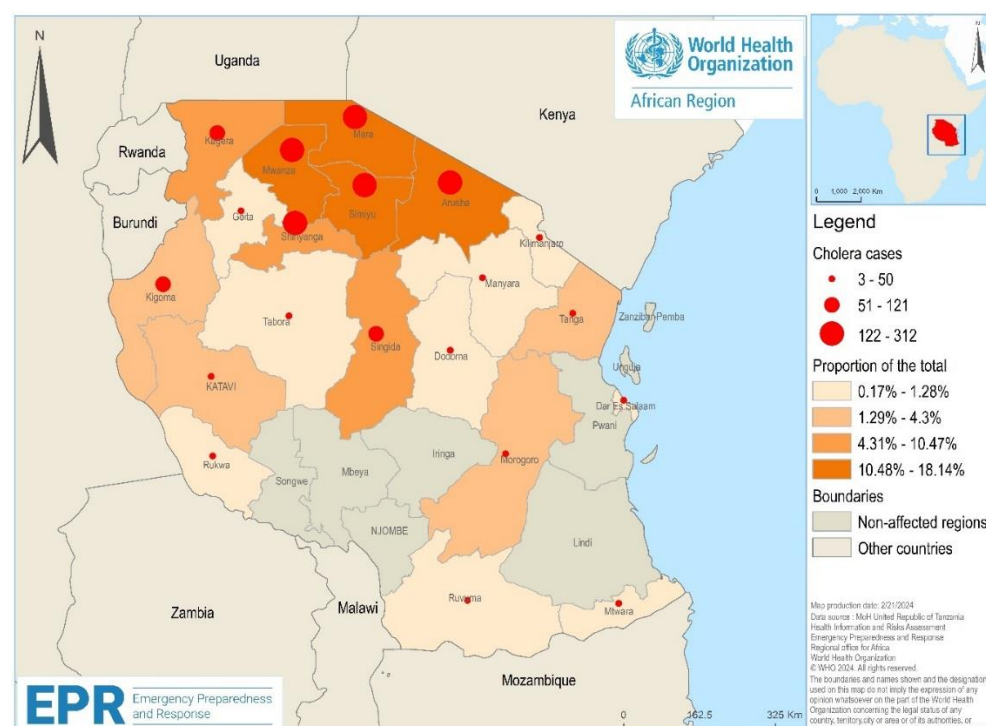
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07 to 161. In week 08 of 2024, new deaths increased from one death in the previous week to eight new deaths. Regions affected are Dodoma, Kagera, Katavi, Manyara, Mara, Morogoro, Mwanza, Shinyanga, Simiyu and Tabora. Available resources were redistributed according to need and 10 cholera beds from Tanganyika DC were sent to CTCs in Mpimbwe DC to support management of cases in Katavi region. Mental health and psychosocial support (MHPSS) have been provided in the Manyara region.

**Figure 9: Epicurve of cases and deaths in United Republic of Tanzania as of 25 February 2024**



**Figure 10: Map of cases and deaths in United Republic of Tanzania as of 18 February 2024**



### Public Health Actions

- A total of 10 RDTs kits for 100 tests were sent to Muleba to support Islands in Kagera region.
- Health education was provided at Babati market and 300 people were sensitized on prevention and control of cholera in Manyara region.
- A total of 21,033 (49.7%) households have been provided with aqua tabs in Simiyu region.
- A total of 13,980 aqua tabs (Water guard) were distributed to 1,398 households, 10 aqua tabs per each household. .

### Challenges/Gaps

- Difficulty accessing all affected areas due to poor road infrastructure.
- Inadequate fund to support response interventions.
- Inadequate clean and safe water supply.

Burundi

Grade 3

Cumulative Cases



1 456

Cumulative Deaths



9

CFR

0.6%

As of 25 February 2024, a cumulative total of 1 456 cases and nine deaths (CFR 0.6%) were reported from Burundi. In week 08 of 2024 new cases decreased by 80.0% from 15 new cases in the previous week to three 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 Gatumba (DS Isare), Gihosha (DS Bujumbura Nord), Buterere I (DS Bujumbura Nord), Kinama (DS Bujumbura Nord), Rukana II (DS Cibitoke) and Buterere II (DS Bujumbura Nord) with 145, 109, 108, 106, 86 and 73 confirmed cases respectively.

Burundi has reported cholera cases since 8 December 2022, and the outbreak was officially declared on 1 January 2023. The epicurve (figure 11) shows the effort in controlling the outbreak with cases peaking at epi week 38 of 2023 before the steady decline of cases till epi week 51 of 2023. There has been an average of about 10 cases weekly, the CFR remained low since epi week 24 of 2023 with no death reported.

Figure 11: Epicurve of cases and deaths in Burundi as of 25 February 2024

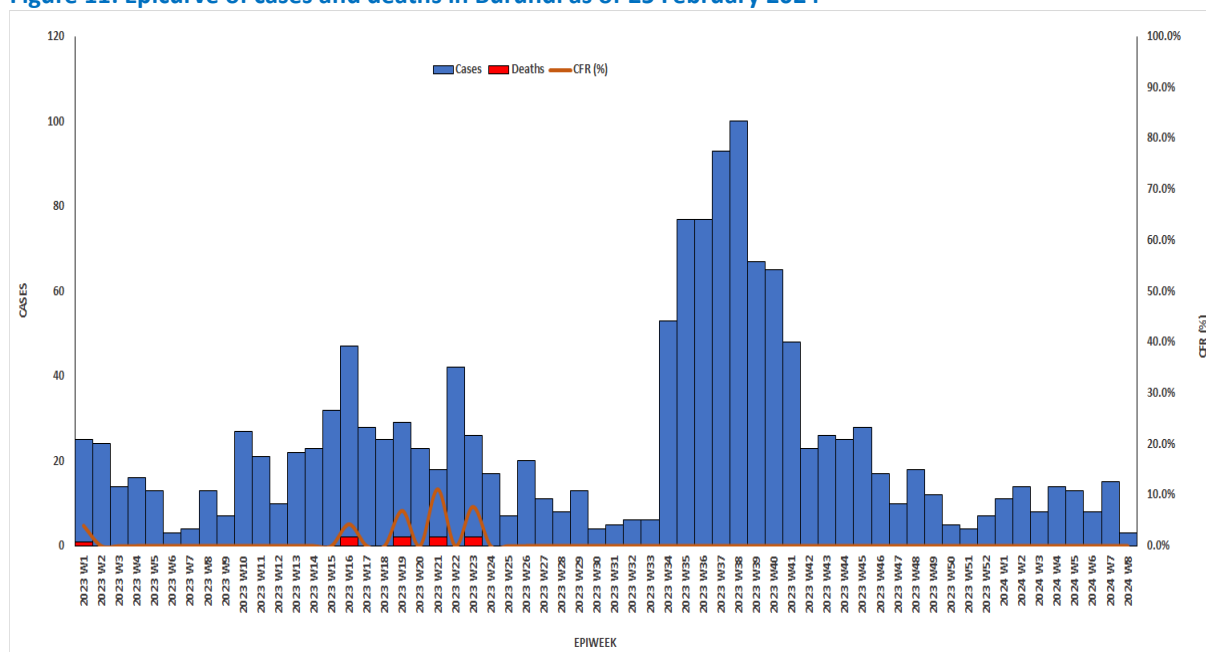
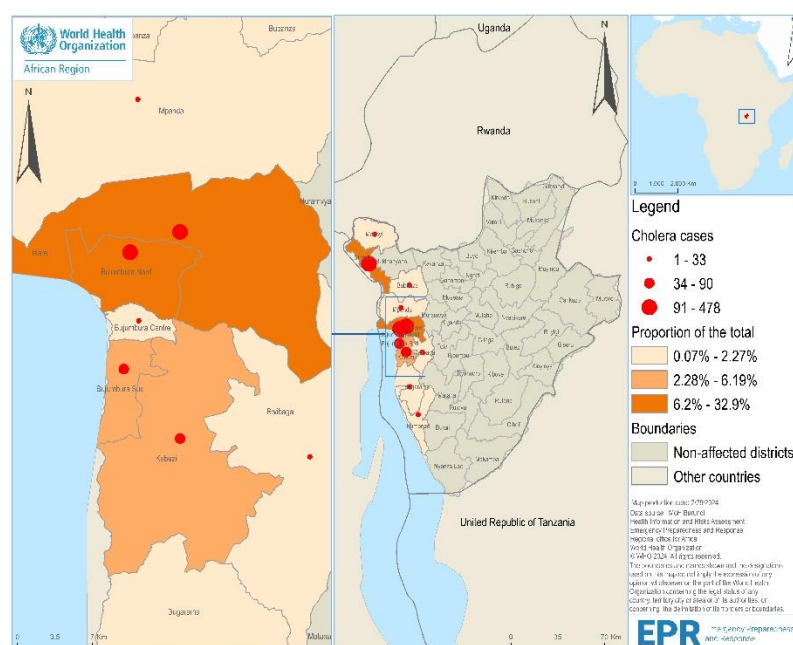


Figure 12: Map of Burundi showing cholera affected areas from October 2022 to 25 February 2024



Cameroon

Grade 3

Cumulative Cases



20 647

Cumulative Deaths



484

CFR

2.3%

As of week 08 of 2024, new cases increased from one case in the previous week to six new cases. No new deaths were reported since week 03 of 2024. Cumulatively, from 1 January 2022 to 25 February 2024, Cameroon has reported 20 647 cases with 484 deaths (CFR = 2.3%). The situation in the situation is stable with sporadic cases.

Figure 13: Epicurve of cholera cases in Cameroon from October 2021 to 25 February 2024

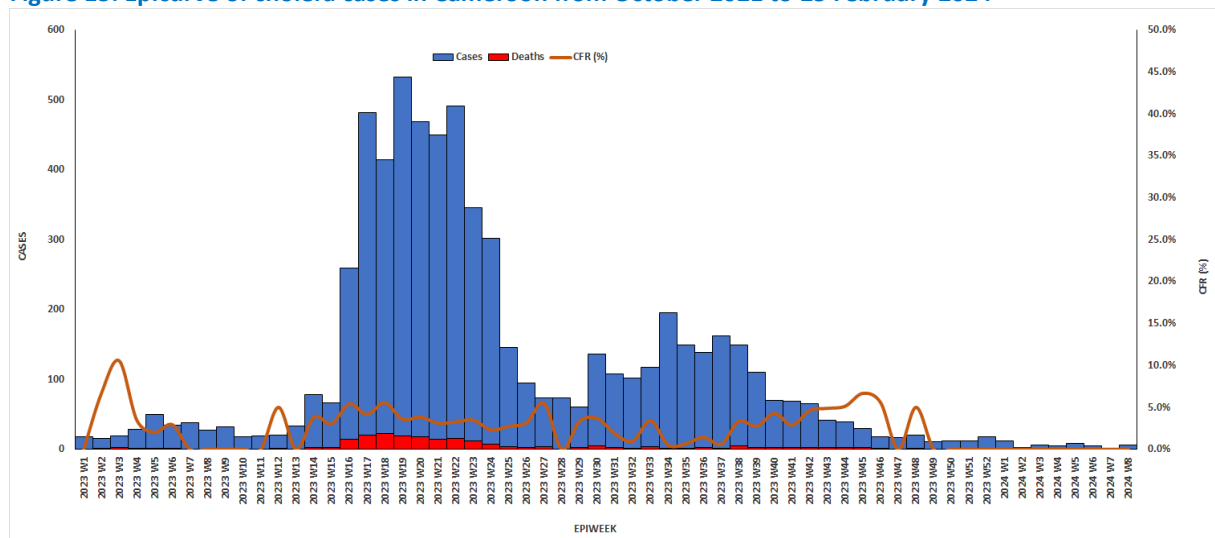
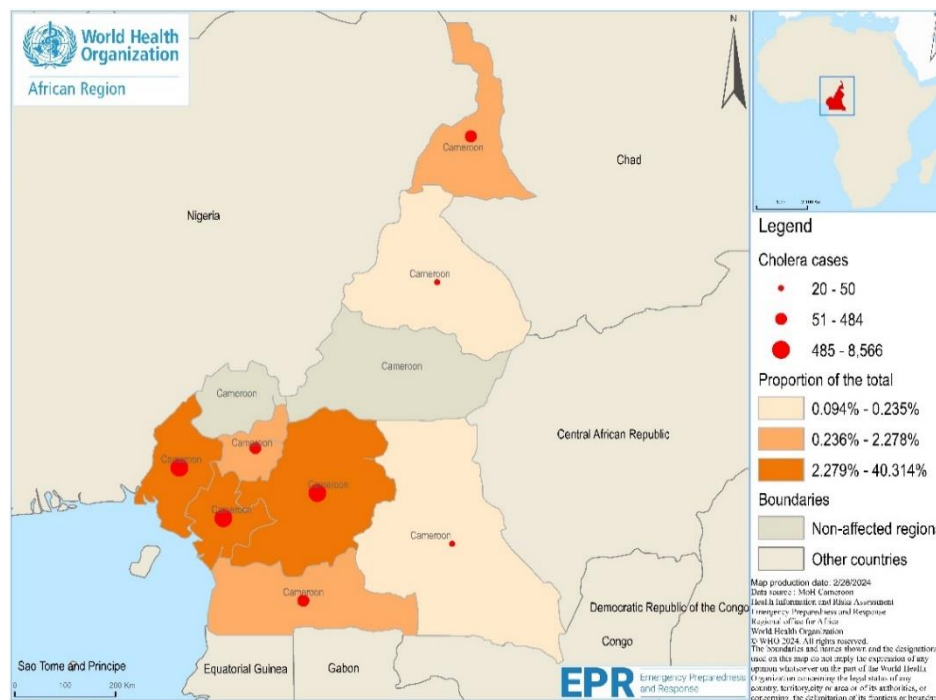


Figure 14: Map of cholera cases in Cameroon from October 2021 to 25 February 2024

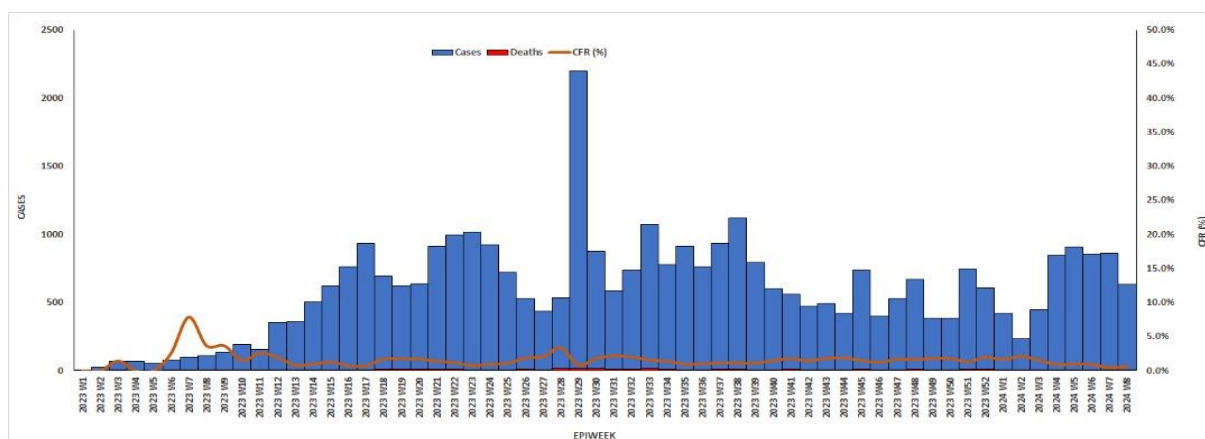


As of 25 February 2024, Ethiopia reported a cumulative case total of 36 061 with 515 deaths (CFR = 1.4%). In week 08 of 2024, new cases decreased by 51.2% from 770 to 376 while no new death was reported compared to four deaths in the previous week. The cholera outbreak is currently active in 49

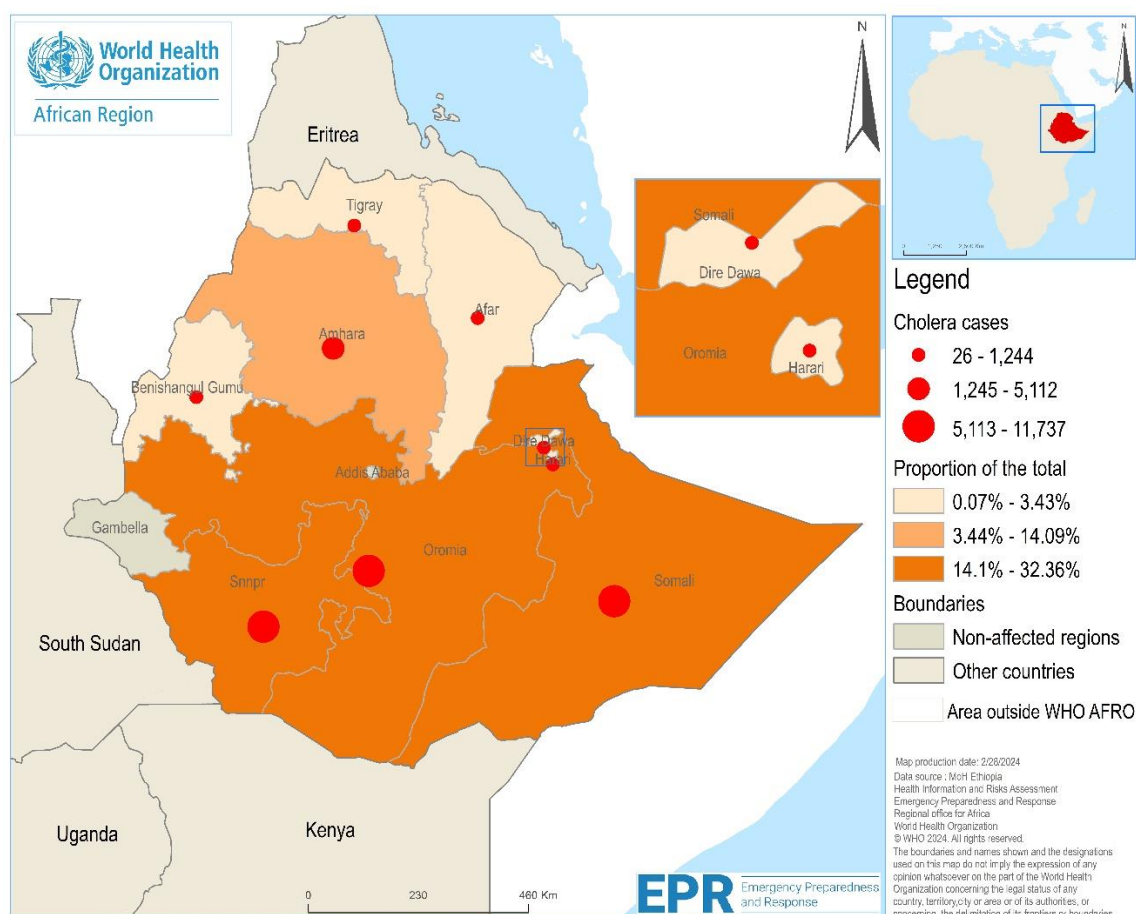


woredas spanning six regions: Somali (20 woredas), Oromia (16 woredas), Dire Dawa (7 woredas), Afar (3 woreda), Harari (2 woredas), SER (1 woreda). WHO has established 17 standard CTCs in 8 regions of Ethiopia, including Addis Ababa City (2), Afar (3), Amhara (1), Central Ethiopia (2), Dire Dawa (1), Oromia (2), Sidama (2), and South Ethiopia Peoples' Region (4)

**Figure 15: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 25 February 2024**



**Figure 16: Map of Cholera outbreak in Ethiopia from October 2022 to 25 February 2024**



Kenya

Grade 3

Cumulative Cases  
12 521Cumulative Deaths  
206CFR  
1.6%

As of 18 February 2024, a cumulative total of 12 521 cases were reported since the onset of the outbreak with 206 deaths (CFR=1.6%). In week 07 of 2024, new cases decreased from eight to four. There was no reported death in weeks 06 and 07 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 with active but stable outbreaks are Lamu and Nairobi.

Figure 17: Epi Curve for cholera outbreak in Kenya, October 2022 – 18 February 2024

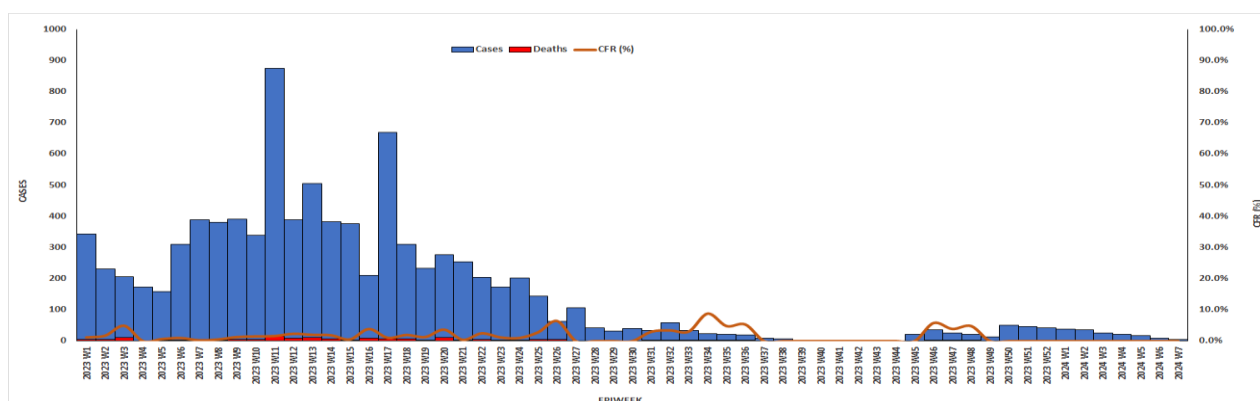
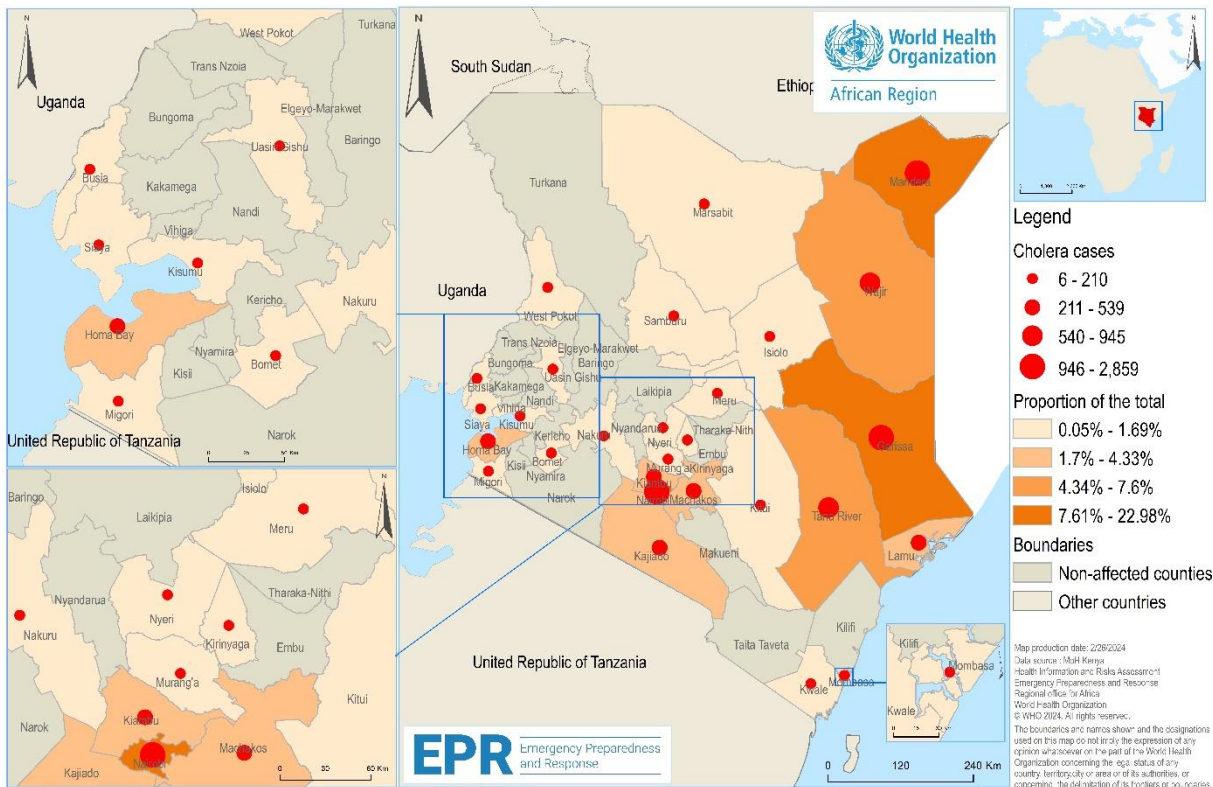


Figure 18: Map for cholera outbreak in Kenya, October 2022 – 18 February 2024



A cumulative total of 59 282 cases have been reported since the onset of the outbreak from all the 29 districts of the country as of 25 February 2024. In week 08 of 2024, there was 20.0% decrease in new cases from 25 in the previous week to 20 new cases. In week 08/2024 one death was reported compared to no death in the previous week. The cumulative number of deaths is now 1 774 with a case fatality ratio of 3.0%. WHO is supporting the country in the case area targeted interventions (CATIs) support to Mwanza and Thyolo to halt the chain of transmission.

Malawi’s largest cholera outbreak of 2022/2023 was contained by Week 20 of 2023. 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. The number of cases and deaths reported in the first 9 weeks of 2024, have been significantly lower than for same period in 2023. However, the rains with potential of flooding present an ever-growing risk of escalation of cholera transmission.

Figure 19: Epi Curve for cholera outbreak in Malawi, 3 March 2022 – 25 February 2024

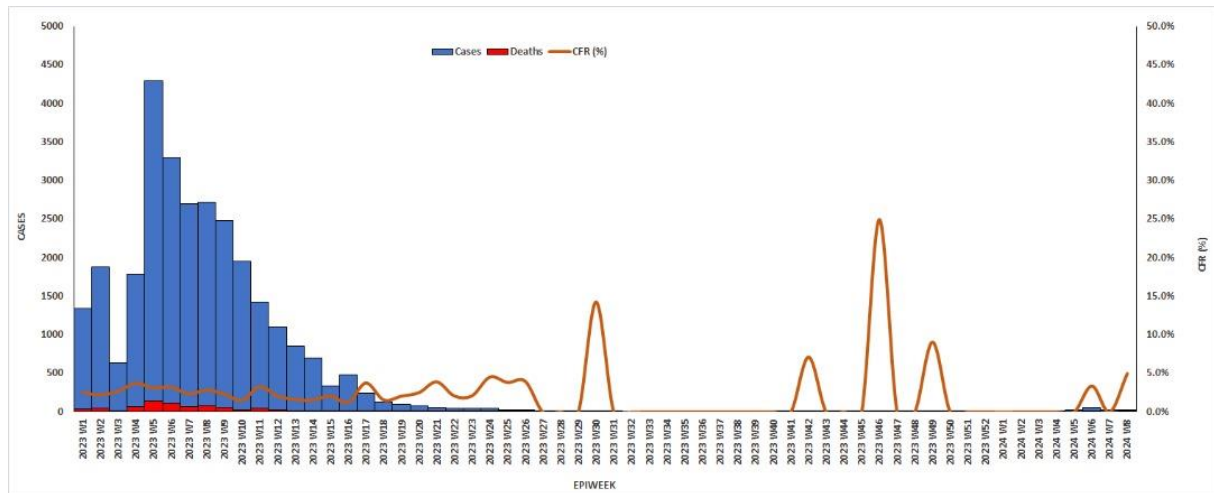
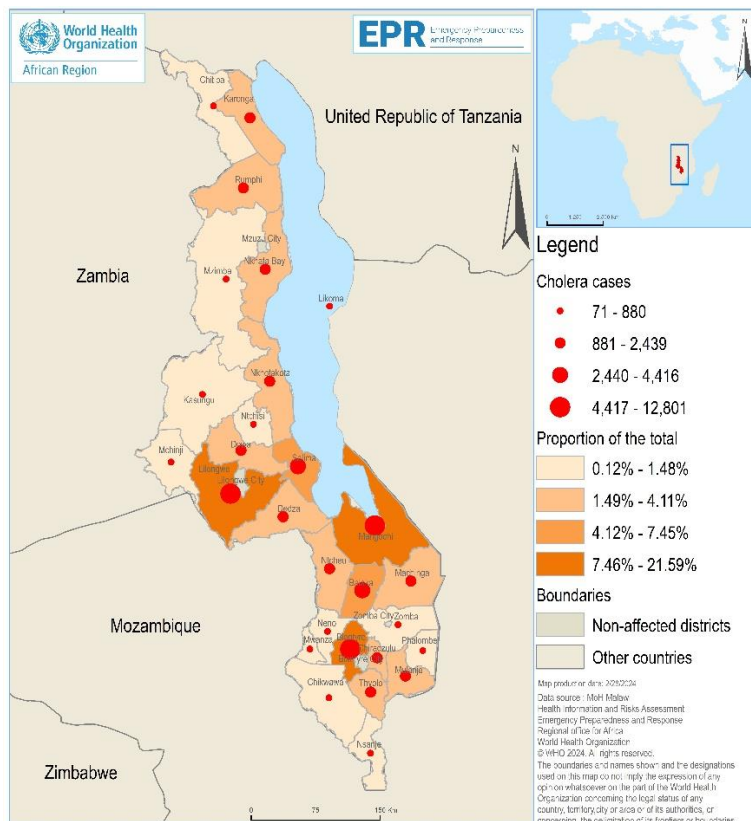


Figure 20: Map for cholera outbreak in Malawi, 3 March 2022 – 25 February 2024





The country had reported a cumulative total of 44 897 cases, with 168 deaths (CFR 0.4%) as of 25 February 2024. In week 08 of 2024, there was 8.5% decrease in new cases from 480 in the previous week to 439. There was no death reported epi week 08 compared to one death in the previous week. The country is currently in its rainy and cyclone season, two factors that significantly exacerbated cholera transmission in 2023. 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 25 February 2024**

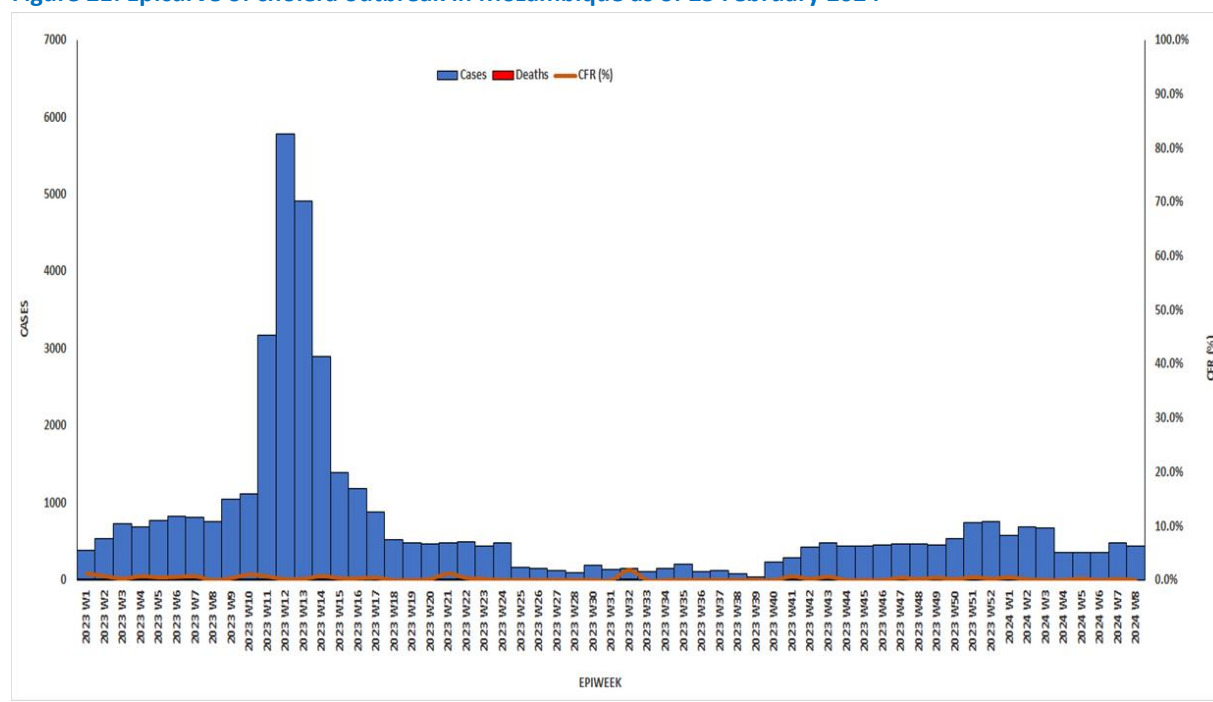
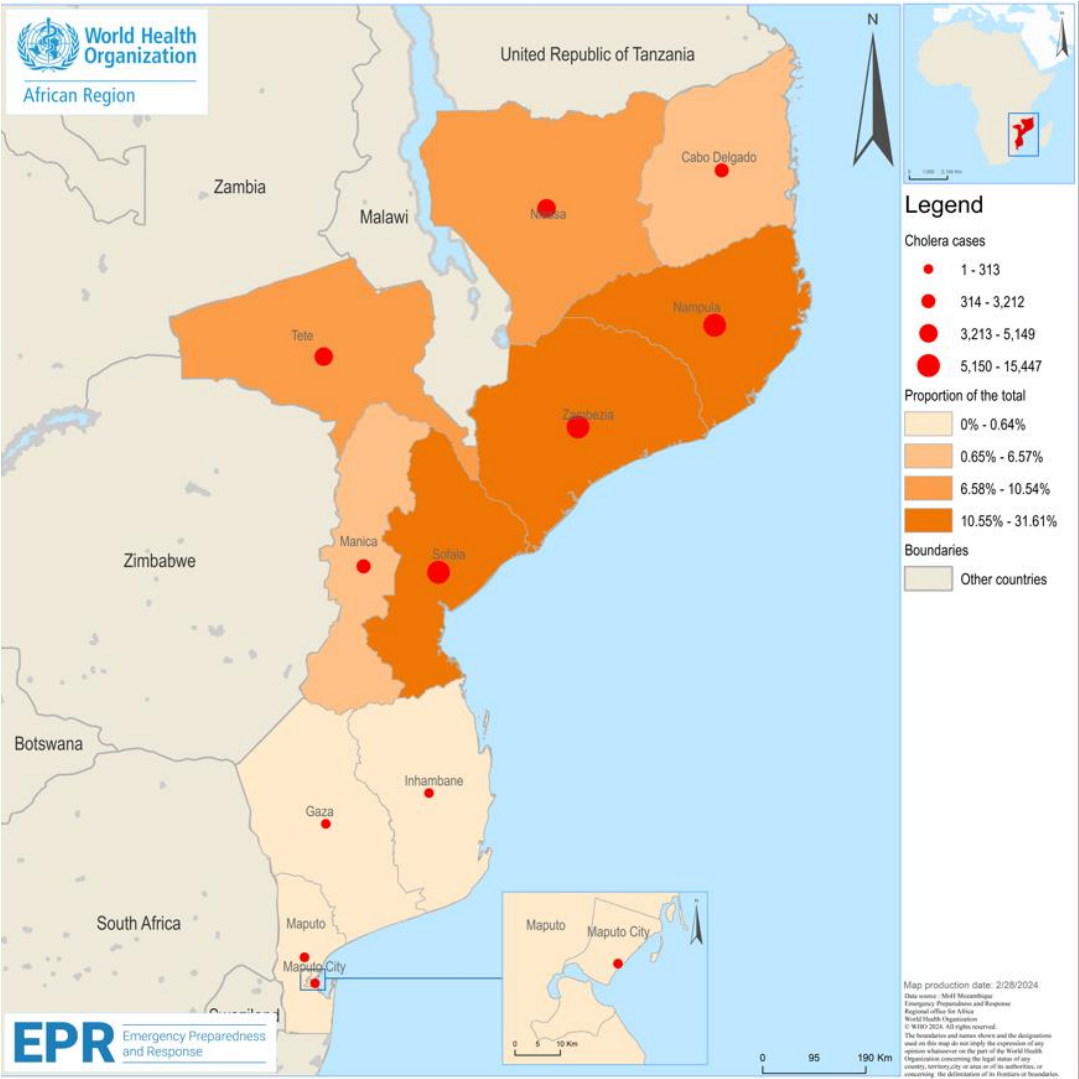




Figure 22: Map of cholera outbreak in Mozambique as of 25 February 2024



As of 25 February 2024, the country had reported 78 107 cumulative cases, with 919 deaths (CFR = 1.2%) across 12 affected provinces.

The 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 Cholera endemic provinces in the northeast account for most of the cases reported in 2024 with North Kivu at 56% (3332 cases, 14 deaths), Haut-Katanga 24.3% (1448 cases, 95 deaths), Haut Lomami (810 cases, 28 deaths) and South Kivu (598 cases, 8 deaths). Goma and Nyiragongo health zones in North Kivu have recently recorded an influx of new IDPs with concomitant increase in cholera cases in week 7 compared to week 6. Challenges include limited resources for a holistic response, community-based surveillance, and inadequate WASH infrastructures in hotspots like Haut-Katanga and North-Kivu.

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

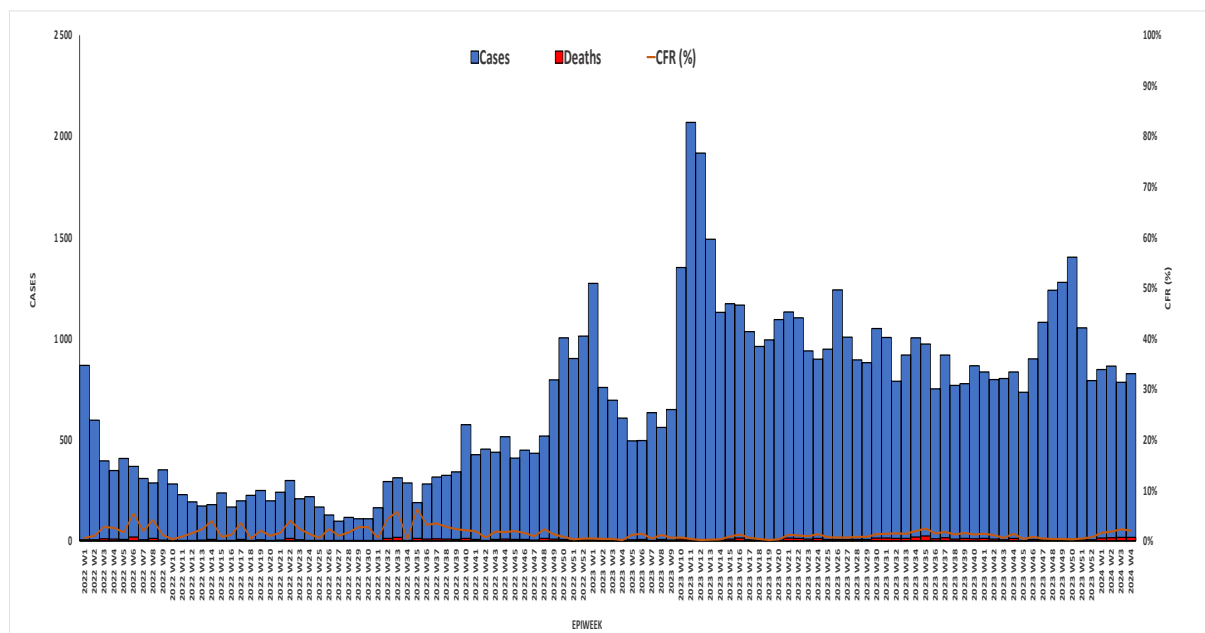
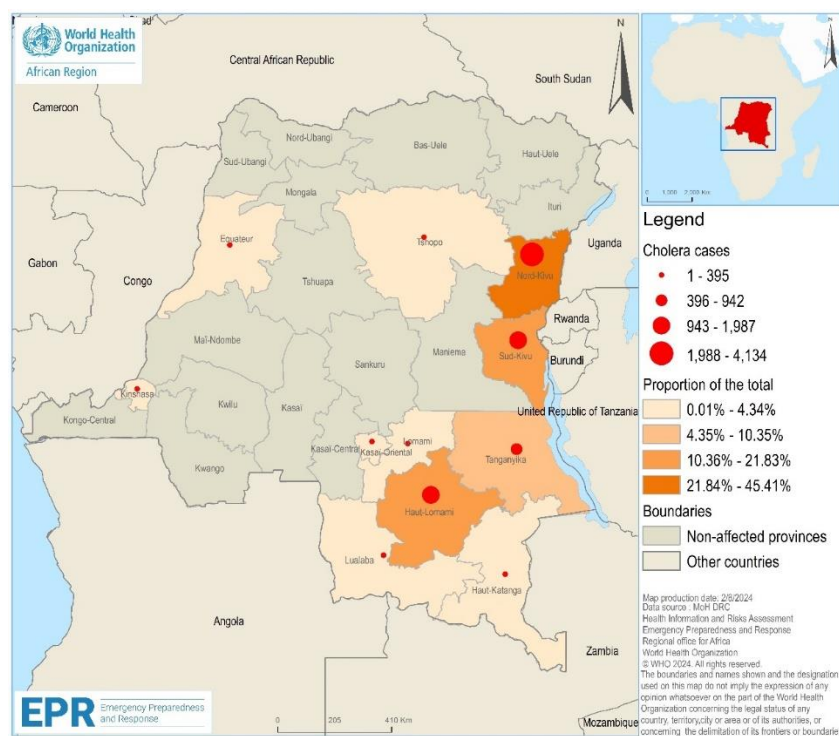


Figure 24: Map of cholera outbreak in Democratic Republic of the Congo as of 28 January 2024



Comoros

Grade 3

Cumulative Cases



119

Cumulative Deaths



6

CFR

5.0%

As of 25 February 2024, cumulative number of cases and deaths are 119 and 6 respectively (CFR=5.0%). In epi week 08, new cases decreased by 28.0% from 50 in the previous week to 36. No new death was reported in epi week 08 compared to four new deaths in the previous week.

The Ministry of Health of Comoros officially declared an outbreak of cholera on 2 February 2024.

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

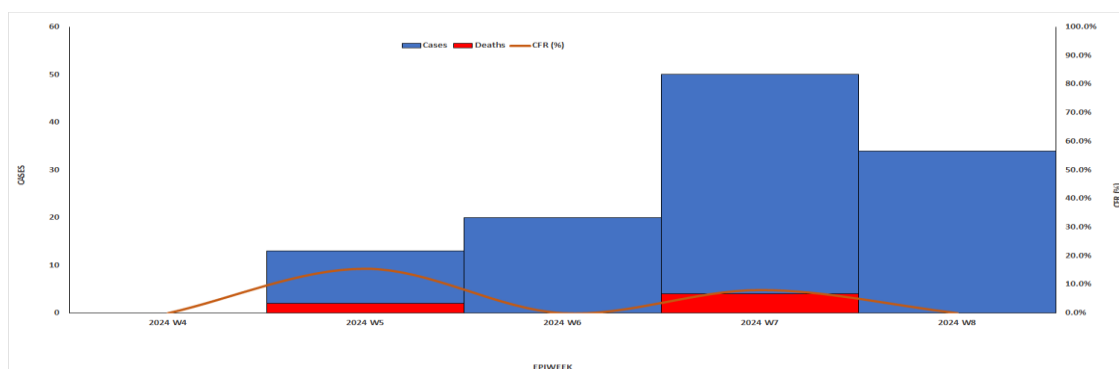
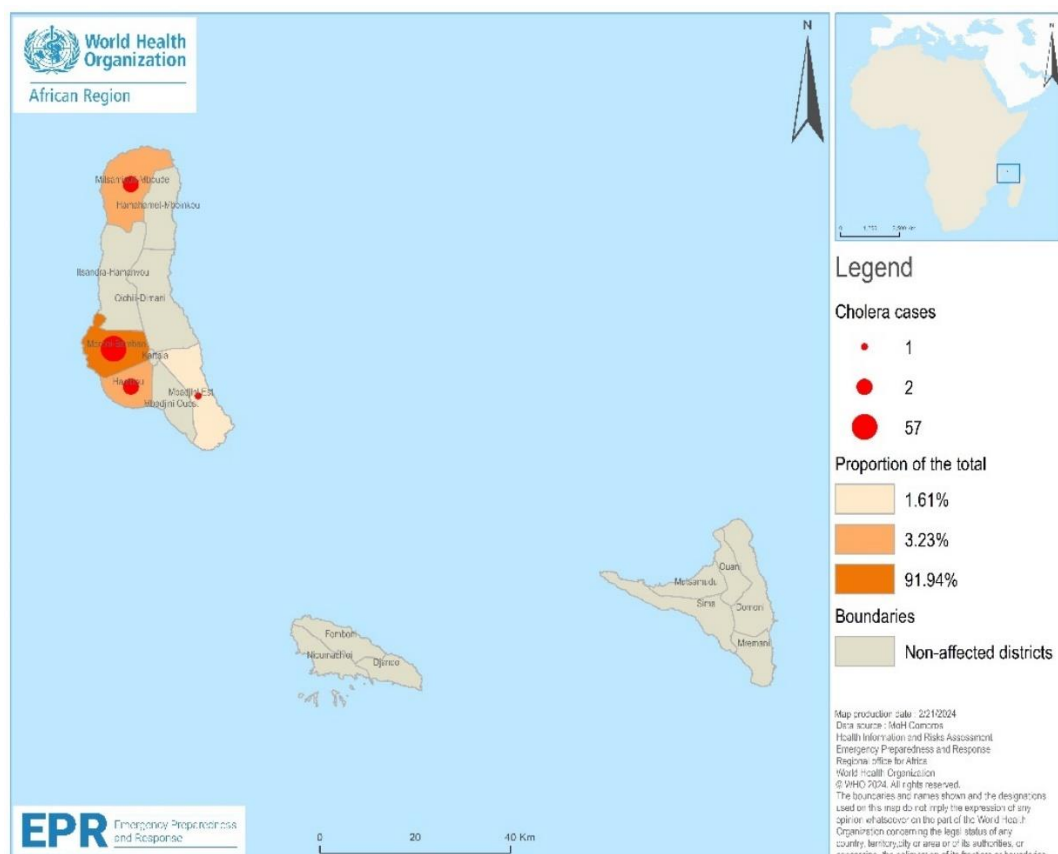


Figure 26: Map of cholera outbreak in Comoros as of 18 February 2024



### Public Health Actions

- Received the deployed laboratory expert from WHO to support the response.
- Antibiogram and serotyping confirmed *Vibrio cholerae* serotype 01 Ogawa.
- The response plan, training of health care workers and development of an advocacy document on added values of cholera vaccination was finalized, supported by WHO.
- Prophylactic treatment of all direct contacts of confirmed cases with doxycycline was conducted.
- The case area targeted intervention (CATI) approach (disinfection, communication and hygiene kits) was implemented in several households.

### Challenges/Gaps

- Difficult field work due to heavy seasonal rains.
- Insufficient human resources for the investigation of confirmed cases.

South Africa

Grade 3

Cumulative Cases  
1 395

Cumulative Deaths  
47

CFR  
3.4%

As of 13 February 2024, South Africa reported a total of 1 395 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

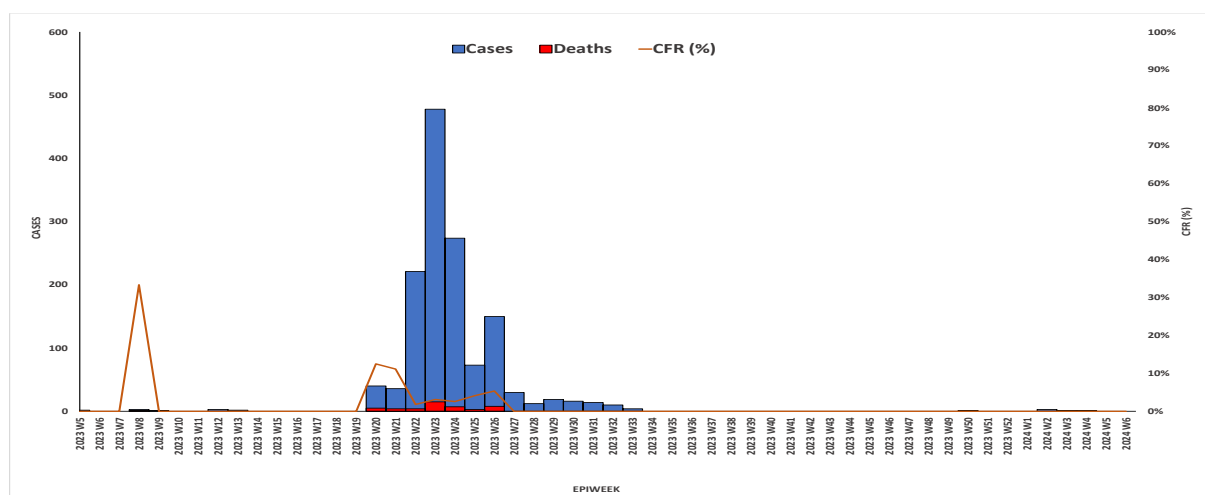
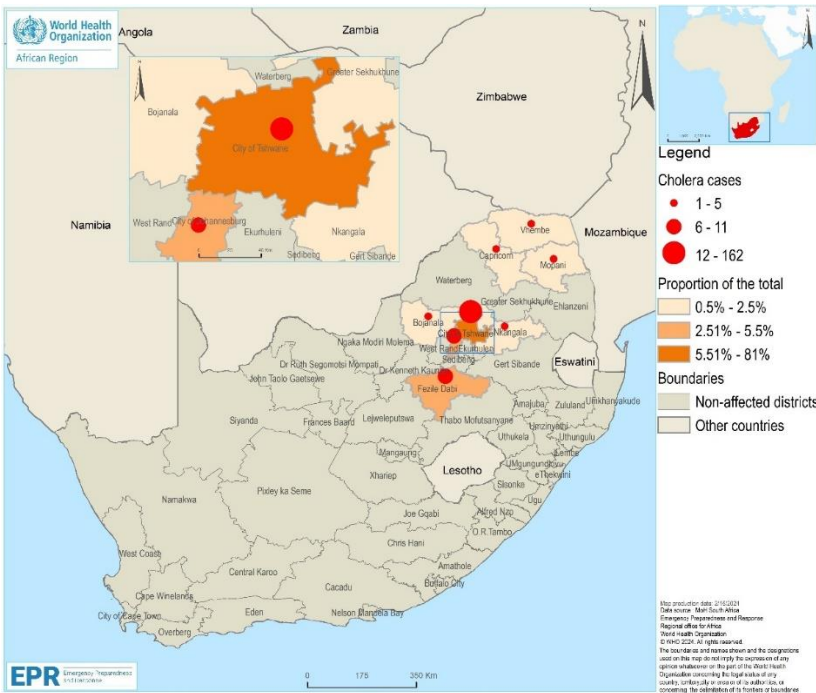


Figure 28: Map of cholera outbreak in South Africa as of 11 February 2024



The cholera outbreak in the country has been ongoing since January 2022. As of 28 January 2024, there was a cumulative total of 27 691 with 727 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 28 January 2024

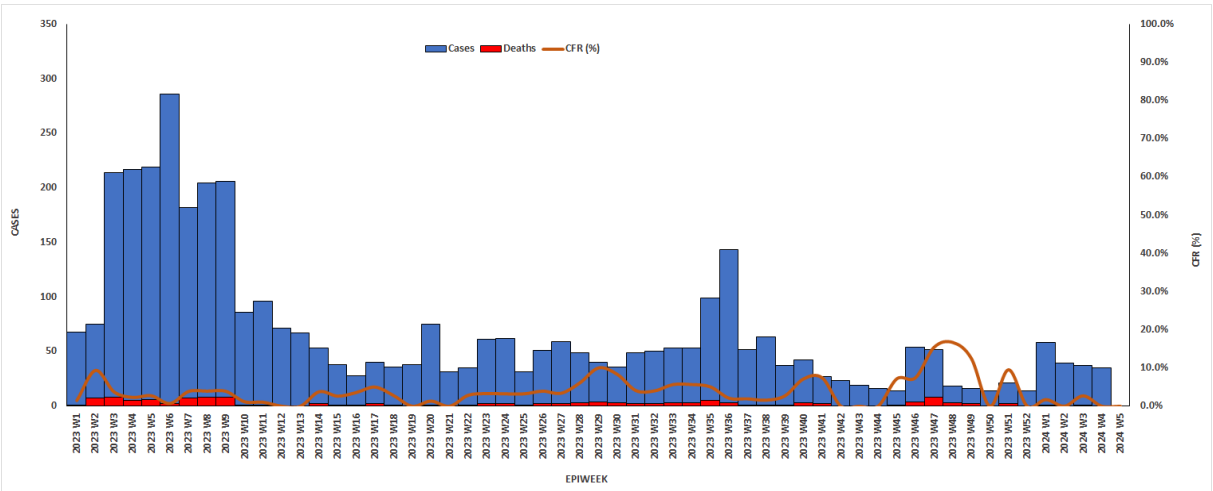
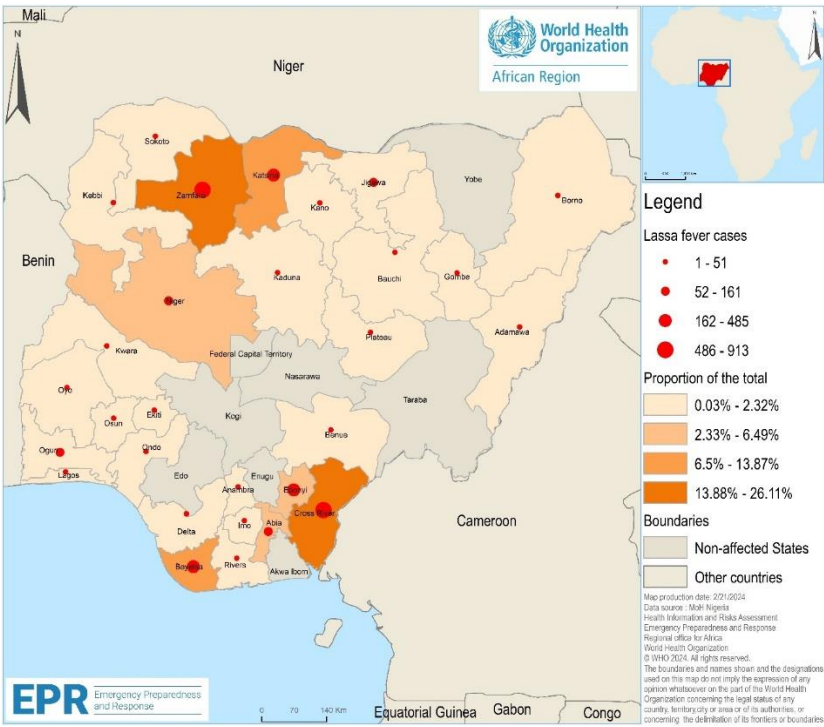




Figure 30: Map of cholera outbreak in Nigeria as of 28 January 2024



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.

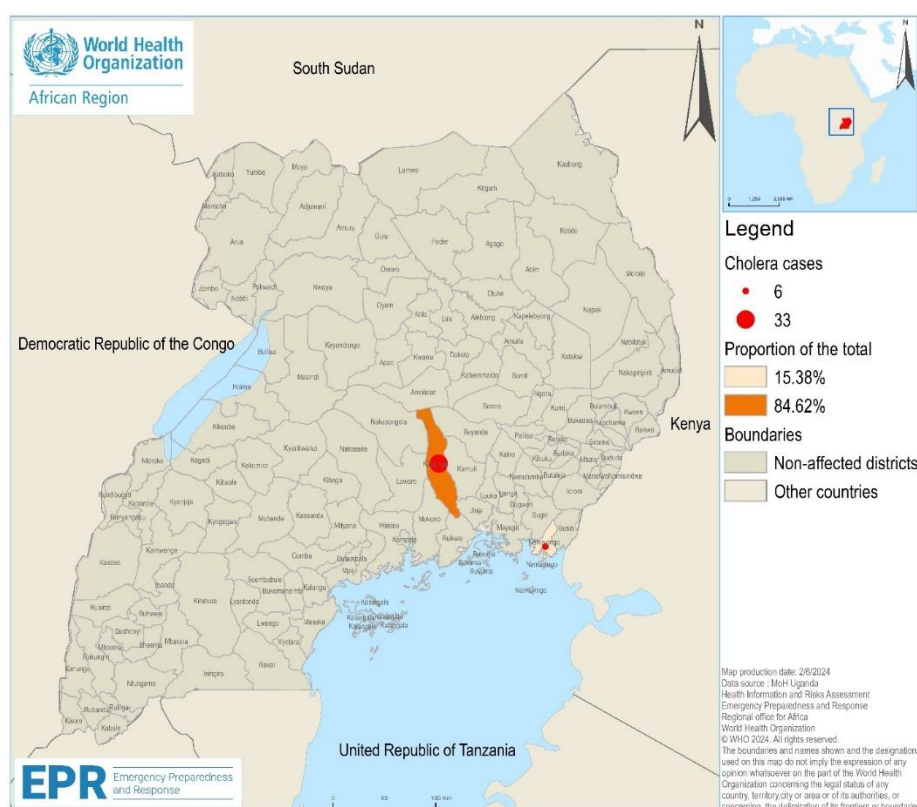
Figure 31: Map of cases in Togo as of 12 December 2023



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 32: 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 rain and cyclone season in Southern African and the predicted above normal rainfall for greater Horn of Africa between March and May 2024, call for sustained cholera readiness and strengthen responses to interrupt transmission in countries with active outbreaks.

## WHO ACTIVITIES

### Readiness:

- Twenty-Eight (28) countries categorized as category 1 for cholera readiness:: category 1 implies that the country is currently in outbreak with unaffected districts or at risk of cross border transmission or has limited capacity using cholera readiness checklist assessment tool.
- Ongoing Cholera implementation of cholera readiness measures in Madagascar in view of the cholera outbreak in Comoros
- 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.
- Development and mid-term review of National Cholera Plan for South Sudan and Zambia respectively is ongoing, supported by WHO.

### 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.
- Developed and published the 2024 Regional Strategic Preparedness, Readiness and Response Plan for Cholera.
- Deployment of technical staff to countries as requested to address gaps in the response is ongoing
- Cross-border collaborations on cholera response is being facilitated between Zambia and DRC as well as Zambia and Zimbabwe
- Provision of essential medical supplies and cholera kits to countries in outbreak is ongoing.
- Technical support to countries for OCV post campaign coverage survey in Zambia and Zimbabwe is ongoing.



World Health  
Organization

African Region

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Photo credit: WHO Ethiopia sets up 17 Standard Cholera Treatment Centers to Combat Cholera Outbreak

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