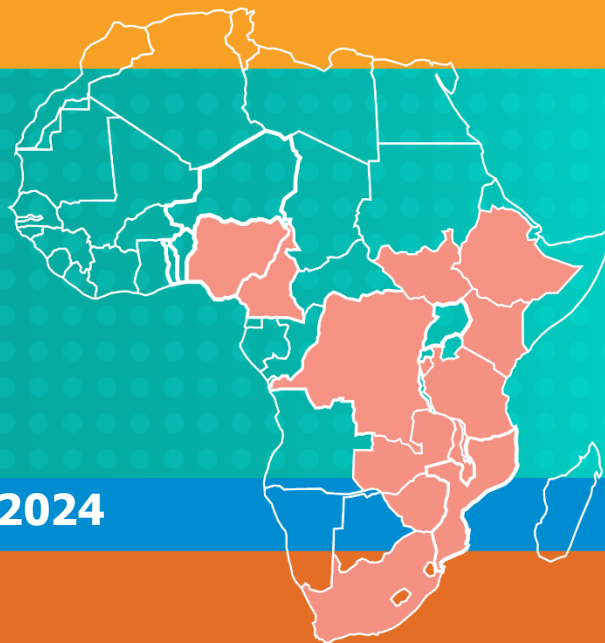


# Cholera in the WHO African Region



Weekly Regional Cholera Bulletin: 4 March 2024

Data reported: as of 3 March 2024



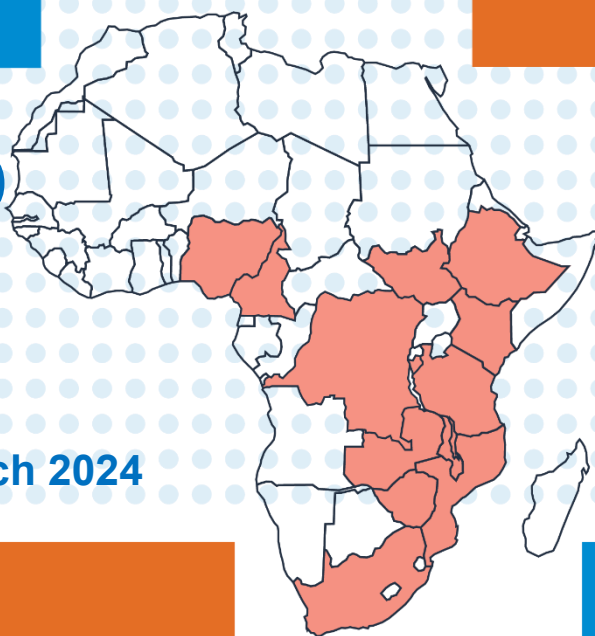
World Health  
Organization

African Region

# Cholera in the WHO African Region

Weekly Regional Cholera Bulletin: 4 March 2024

Data reported: as of 3 March 2024



## Situation update

Regional Cholera Update

Grade 3

Cumulative Cases  
 335 059

Cumulative Deaths  
 6 197

CFR  
1.8%

## Overview

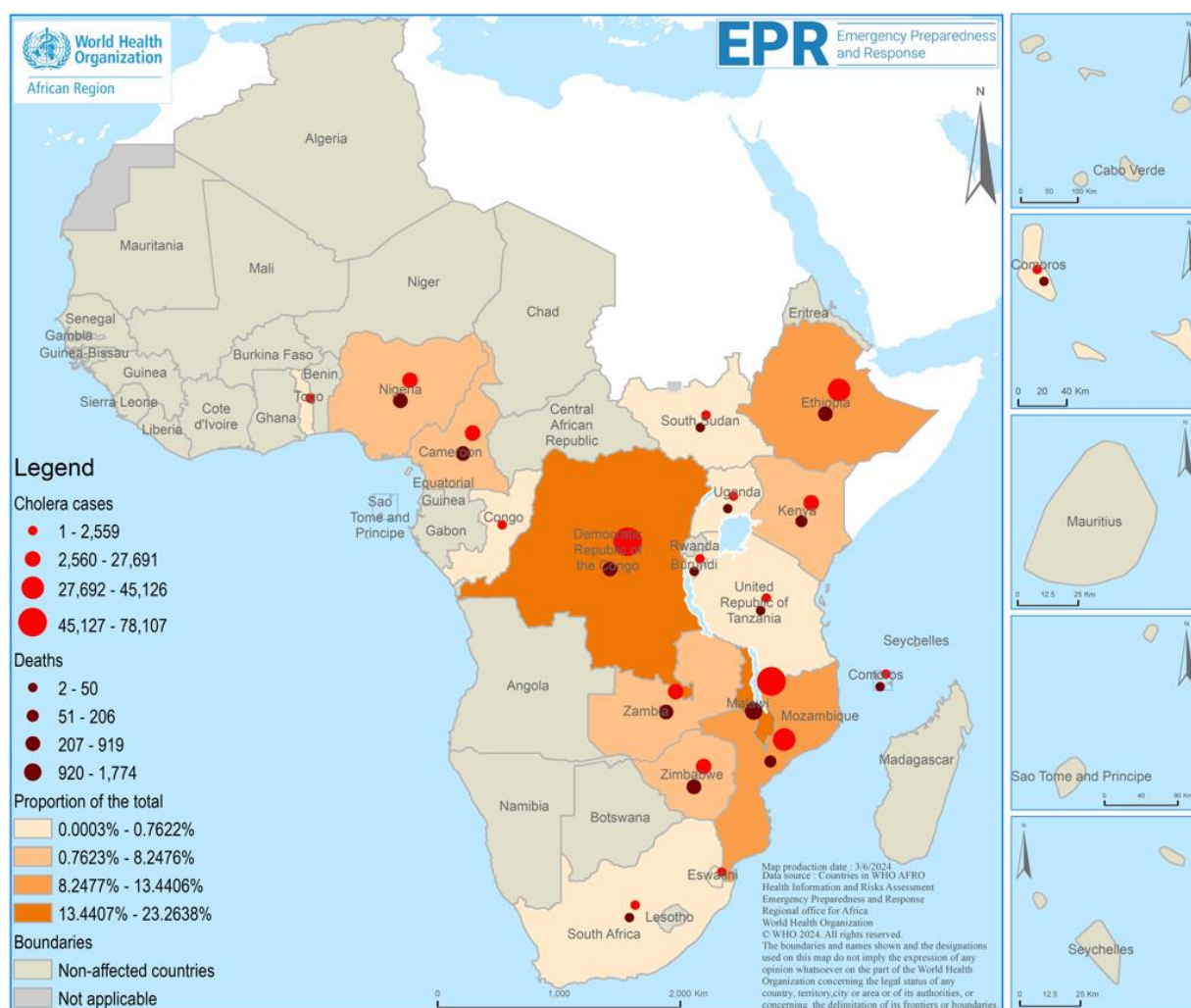
The cholera outbreak in the WHO African Region has affected 18 countries over the last two years. Five countries are categorized as being in acute crisis (Democratic Republic of the Congo, Ethiopia, Mozambique, Zambia, and Zimbabwe), though there has been sustained decrease in weekly case incidence in 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 09 of 2024, eight countries- **Burundi, Comoros, Ethiopia, Malawi, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe**- reported a total of 2 407 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 3 March was 48 637 and 1 088 deaths, respectively, with a case fatality ratio of 2.2%. The Democratic Republic of the Congo, Ethiopia, Mozambique, Zambia and Zimbabwe account for 95.4% (46 382) of the total cases and 96.5% (1 050) of total deaths this year.

As of 3 March 2024, a cumulative total of 335 059 cholera cases, including 6 197 deaths (CFR: 1.8%), have been reported (Table 1) since 1 January 2022. The Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Nigeria accounts for 73.7% (246 879) of the cumulative cases and 66.3% (4 109) of all cumulative deaths reported

**Figure 1: Distribution of cholera cases and deaths in WHO African Region, 1 January 2022— 3 March 2024**



**Table 1: Cholera Cases and Deaths in WHO African Region, 1 January 2022 to 3 March 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	59 287	1 774	3.0	163	3	1.8	Mar-22	03-Mar-24
Mozambique	45 126	169	0.4	4 203	7	0.2	Sep-22	29-Feb-24
Ethiopia	36 668	520	1.4	5 443	53	1.0	Aug-22	03-Mar-24
Nigeria	27 691	727	2.6	169	2	1.2	Jan-22	28-Jan-24
Zimbabwe	27 055	572	2.1	12 538	252	2.0	Feb-23	03-Mar-24
Zambia	20 768	702	3.4	16 466	580	3.5	Jan-23	03-Mar-24
Cameroon	20 647	484	2.3	46	0	0	Jan-22	25-Feb-24
Kenya	12 521	206	1.6	147	0	0	Oct-22	18-Feb-24
United Republic of Tanzania	2 561	50	2.0	1 480	27	1.8	Feb-23	03-Mar-24
South Sudan	1 471	2	0.1	-	-	-	Feb-23	16-May-23
Burundi	1 458	9	0.6	88	0	0	Jan-23	03-Mar-24
South Africa	1 395	47	3.4	5	0	0	Feb-23	13-Feb-24
Comoros	142	6	4.2	142	6	4.2	Feb-24	03-Mar-24
Uganda	96	10	10.4	15	0	0	Jul-23	07-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>335 059</b>	<b>6 197</b>	<b>1.8</b>	<b>48 637</b>	<b>1 088</b>	<b>2.2</b>		



Figure 2: Epi Curve of cholera cases and deaths in WHO African Region, 1 January 2022 – 3 March 2024

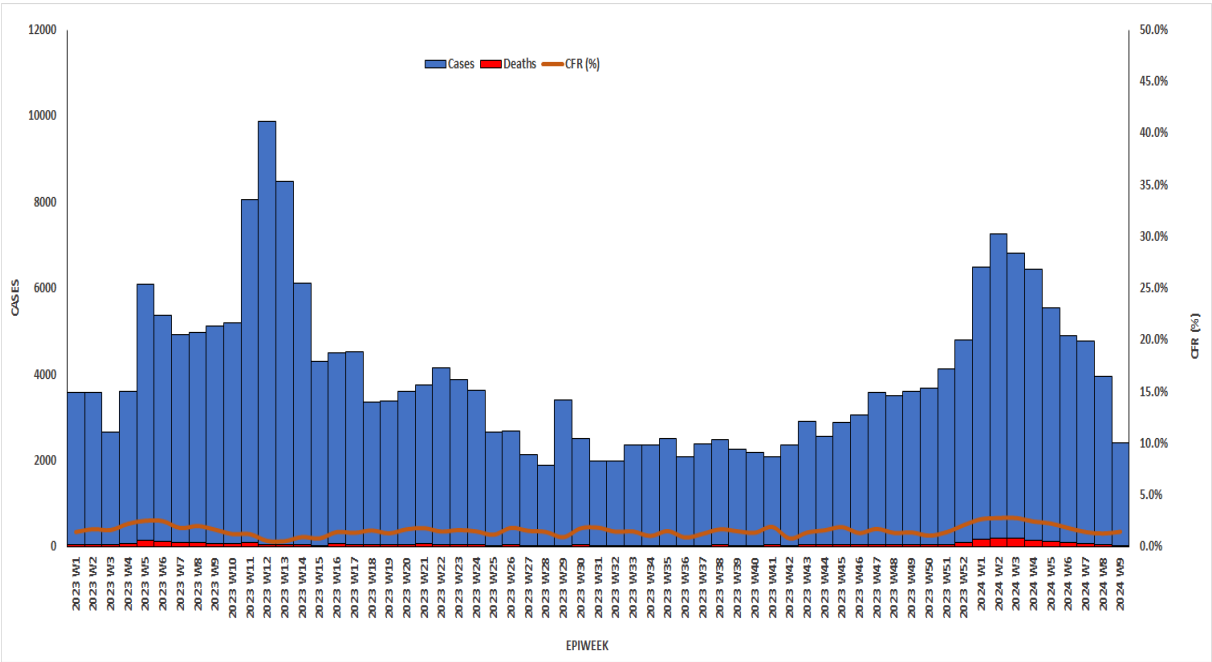


Figure 3: Trends of cholera cases in WHO African Region, 1 January 2022 – 3 March 2024

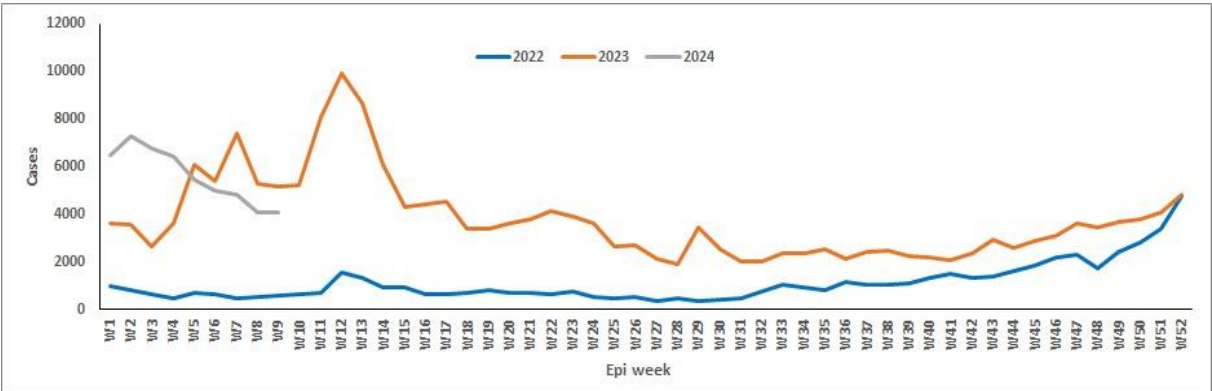
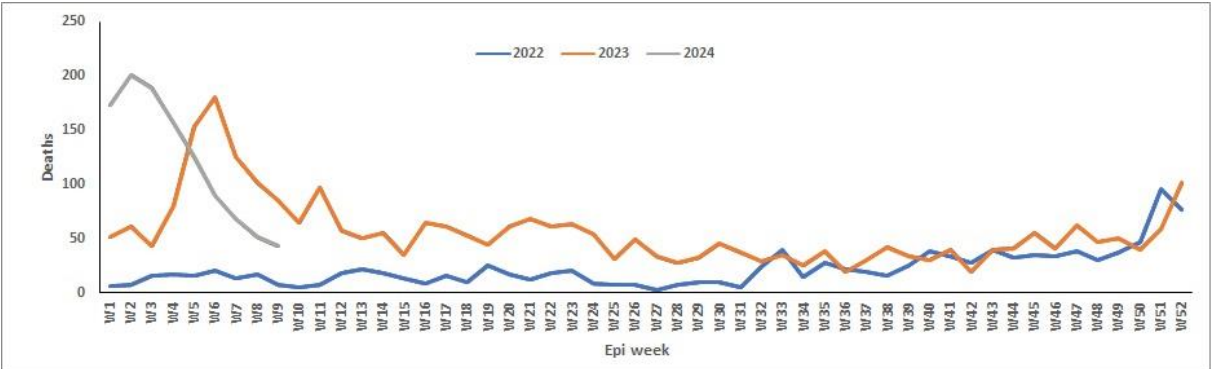


Figure 4: Trends of cholera deaths in WHO African Region, 1 January 2022 – 3 March 2024



Country specific updates

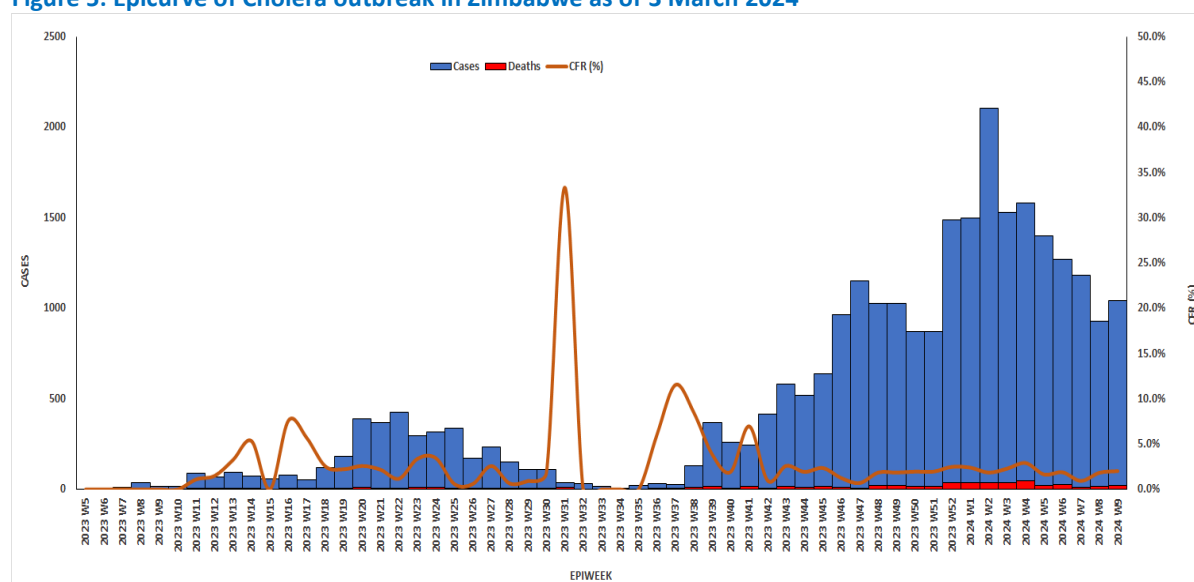


The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province.

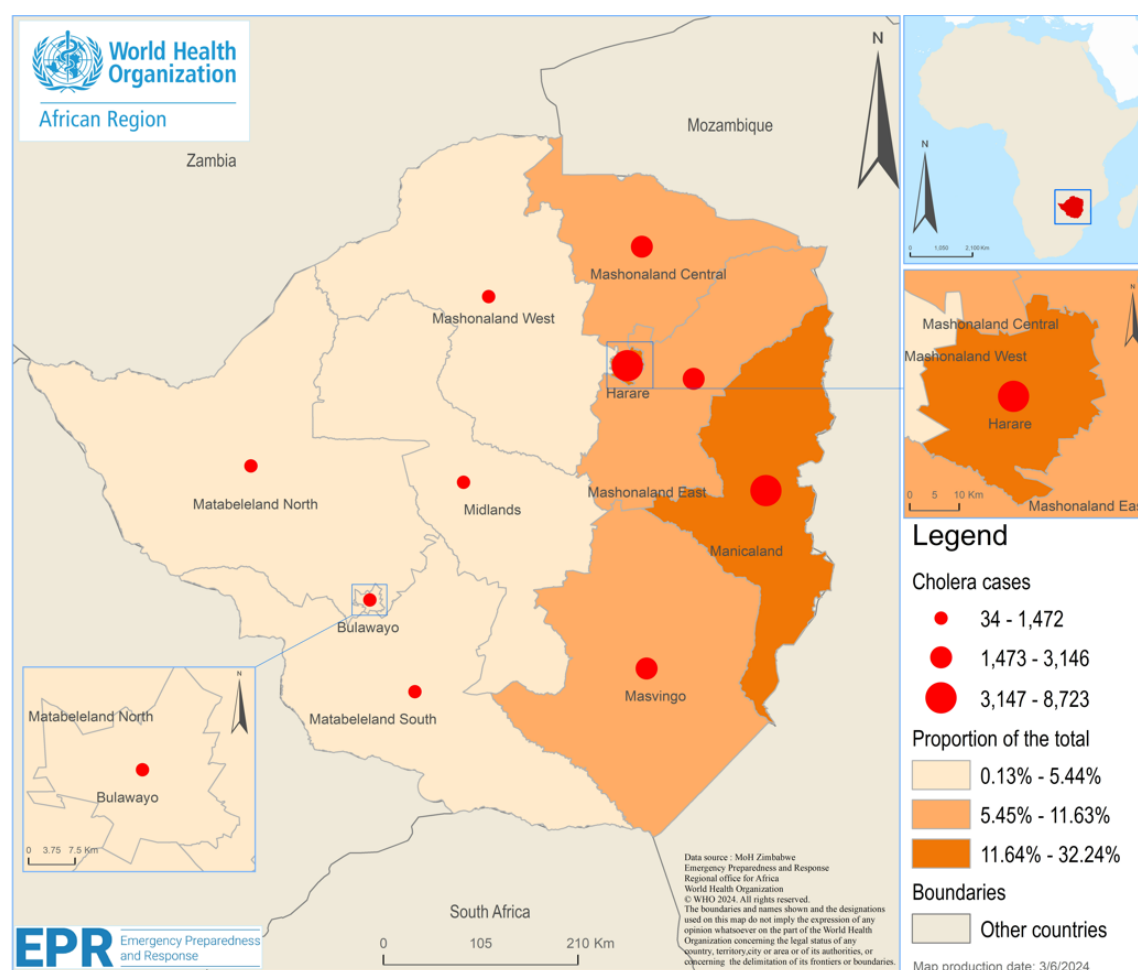
As of 3 March 2024, a cumulative of 27 055 cholera cases with 572 deaths (CFR 2.1%) have been reported from the ten provinces. In week 09 of 2024 new cases increased by 12.0% from 929 in week 08 to 1 040. New deaths also increased by 23.5% from 17 in week 08 of 2024 to 21. The three provinces with the highest number of cumulative cases are Harare including Chitungwiza city (10 732), Manicaland (6 203), and Masvingo (3 018) which account for 73.7% (19 953 cases). The case fatality ratio (CFR) in week 09 was 2.0%, higher than a CFR of 1.8% reported in week 08.

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 3 March 2024



**Figure 6: Map of Zimbabwe showing cholera affected provinces as of 3 March 2024**



### Public Health Actions

- A joint initiative to conduct Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) orientation of 40 MoHCC senior management was established by WHO and UNICEF.
- Training materials for Integrated Training on IPC were finalized in collaboration with Africa CDC.
- A laboratory training on sample collection and training package was developed and approved by MOHCC.
- Cholera supplies were dispatched to Mashonaland Central
- A Cholera treatment centre (CTC) was established in Tafuna, Mashonaland Central Province.

### 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.

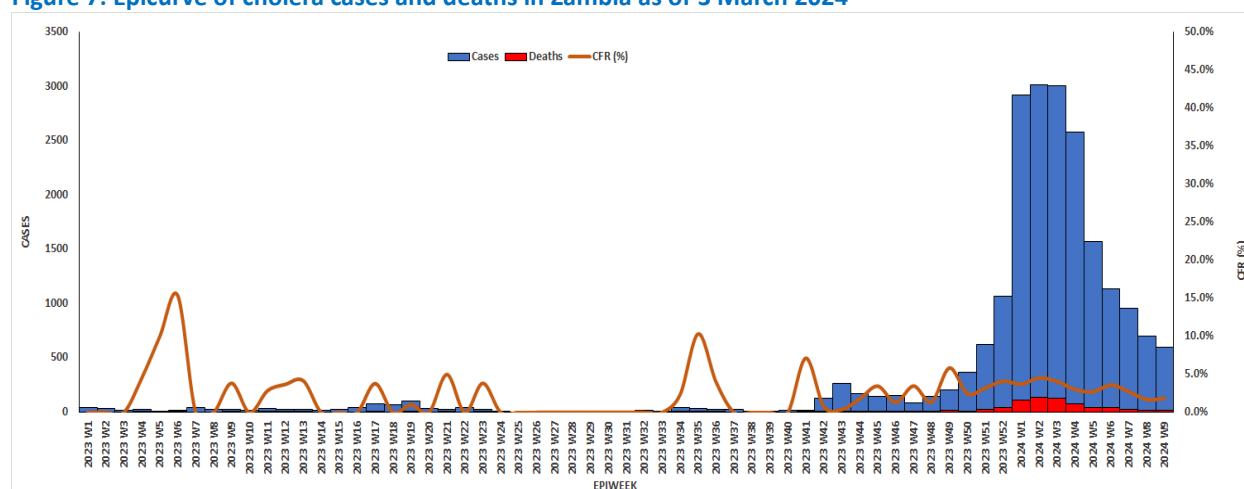


Cumulatively this year, as of 3 March 2024, there have been 20 768 reported cases and 702 deaths (CFR = 3.4%). In week 09 of 2024, new cases decreased by 15.7% from 702 in the previous week to 592. New deaths also decreased by 8.3% from 12 deaths in the previous week to 11. All the 10 provinces are reporting 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. Heroes' stadium as a central treatment centre has been closed and handed over to the Ministry of Sports.

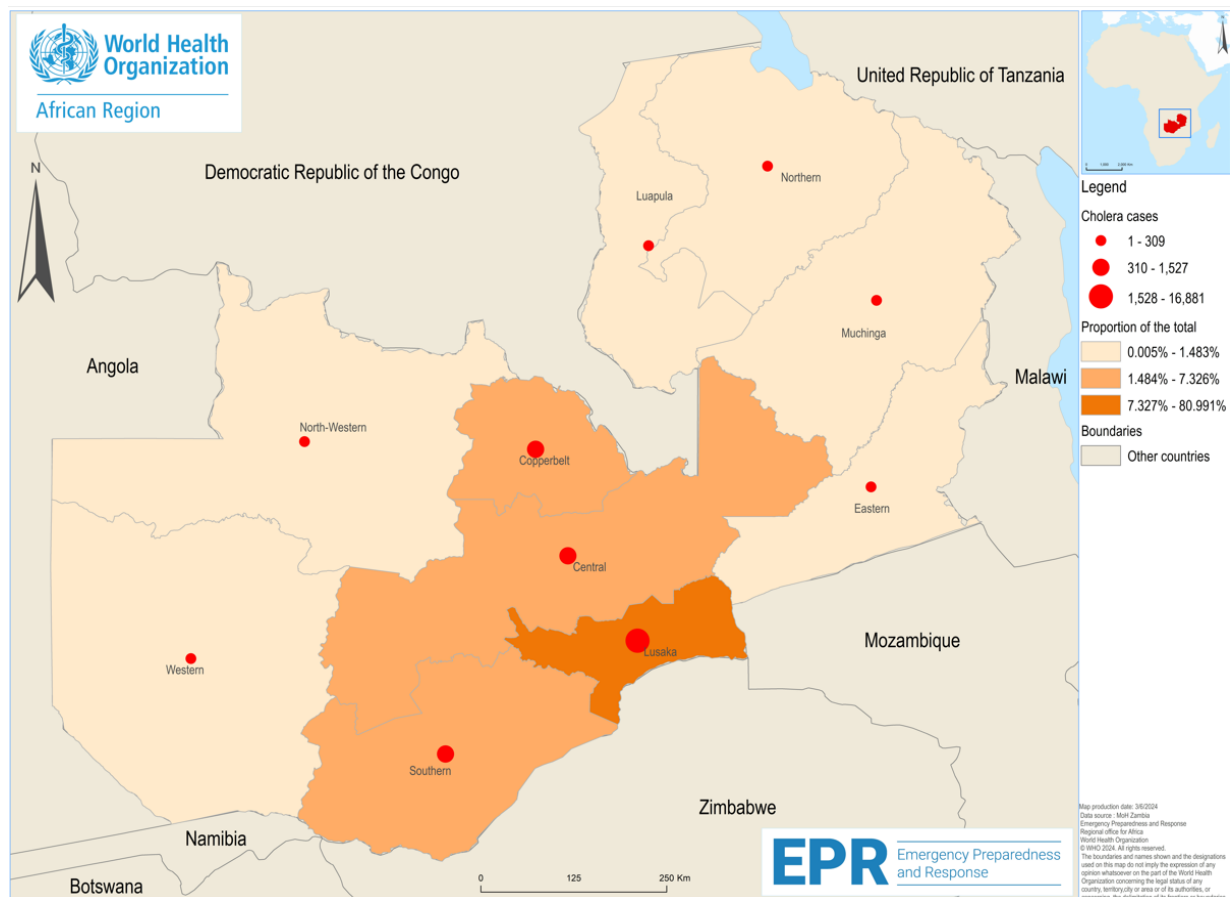
The most affected areas are all the sub-districts in Lusaka District (especially the peri-urban), fishing areas in Luangwa district, sewage compound in Chongwe district using water from the wells. Cases and deaths are now on the increase in the Copperbelt and Southern provinces in the last two weeks. To scale up access to care and 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. It is important to note that the Zambian President declared a national disaster on 29 February 2024 in view of drought and crop failure.

Figure 7: Epicurve of cholera cases and deaths in Zambia as of 3 March 2024





**Figure 8: Map of cholera cases and deaths in Zambia as of 3 March 2024**



### Public Health Actions

- Cholera beds and chlorine were distributed to Chirundu, Siavonga in the Southern province by WHO.
- Six (6) tents of 42 square metres, 1 000 bottles of 100ml handrub were donated to support the response by MSF
- IPC supplies and pool tester were donated to Lumbembe and Namoomba CTCs by WHO.

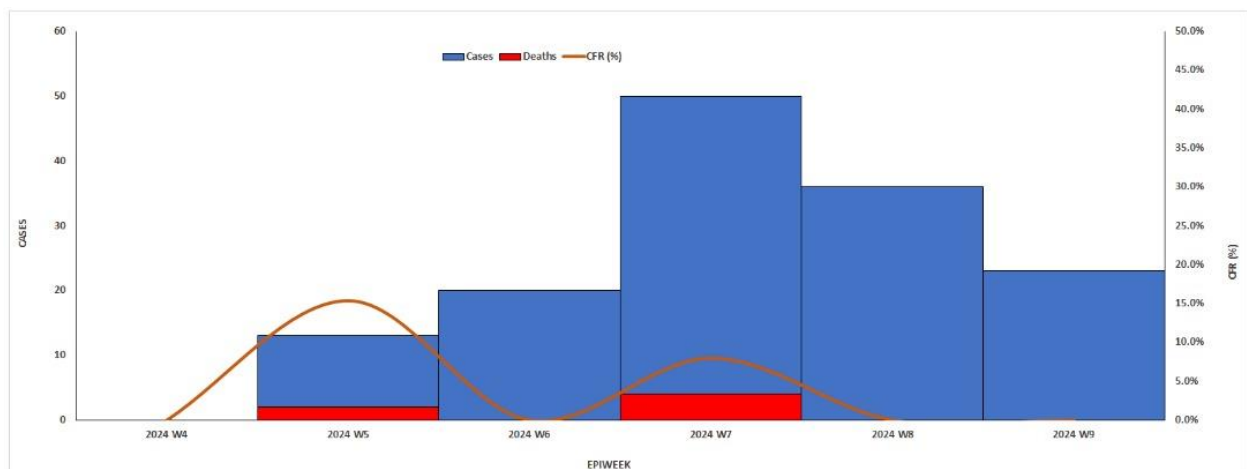
### Challenges/Gaps

- Limited human resources for effective support to response activities within a rapidly evolving outbreak.
- Due to stigma some families abandon those with cholera and have fear of contracting the disease.

As of 3 March 2024, cumulative number of cases and deaths are 142 and 6 respectively (CFR=4.2%). In epi week 09, new cases decreased by 36.1% from 36 in the previous week to 23. No new death was reported in both epi week 08 and 09. The cases are in two regions with the following cumulative cases: Ngazidja-139 and Mwali-3. Persons with cholera continue to be reported in Ngazidja, especially in the Center district where the capital Moroni is located. In Grande Comore, five out of seven districts are affected by the epidemic. The Center District and particularly the town of Moroni constitutes the epicenter of the epidemic with outbreaks recorded in order of severity in the Hankounou, Sans fil, Bacha, Badjanani, Naziko, Coulée districts.

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

Figure 9: Epicurve of cholera outbreak in Comoros as of 3 March 2024



### Public Health Actions

- A total of 49 Stop Cholera Kits were distributed with the support of UNICEF.
- Ten (10) picot beds, 10 solar lamps, three sprayers, 100 RDTs, 125 safety boxes to support the response in Mohéli were provided by WHO.
- The level of preparedness in Anjouan was strengthened.
- The SSE manager was deployed to the islands to support the response.
- Investigation was carried out in Anjouan in the family of the 2 cases reported from Mohéli.
- Screening was implemented at international entry points (departure and arrival).
- A total of 100 cholera RDTs were dispatched to Mohéli.
- XF A total of five artisanal picot beds were manufactured in Anjouan Island.
- A total of 20 picot beds and 20 solar lamps, 7 sprayers, 200 RDTs, 250 safety boxes were dispatched to Anjouan by WHO.
- A total of 26 picot beds and 26 solar lamps, 375 safety boxes were dispatched to Ngazidja.
- Awareness meeting with community leaders were conducted in several regions of Ngazidja and engaged young people in the region in Djomani ya Mboudé by the RCCE team
- A total of 97 houses, two mosques and two public squares were disinfected in the village of Wallah 1 in Mohéli by the IPC team.

### Challenges/Gaps

- Insufficient human resources for the investigation of confirmed cases and the follow-up of contacts of confirmed cases.
- No picot beds meeting standards at the Hombo CTC, nor tents.
- Lack of ORS in Anjouan.
- The chlorine production unit in Mwali is not functional.
- Readmission of certain cases during the week.



The cumulative number of cases from the country since 22 January 2023 to 3 March 2024 are 2 561 and 50 deaths with a CFR= 2.0%. In week 09 of 2024, new cases increased by 74.5% from 161 in week 08 to 281. In week 09 of 2024, new deaths decreased by 87.5% from eight deaths in the previous week to one new death. Regions affected are Dar es Salaam, Dodoma, Kagera, Katavi, Manyara, Morogoro, Mwanza, Rukwa, Shinyanga, Simiyu, Singida, and Tabora.

Figure 10: Epicurve of cases and deaths in United Republic of Tanzania as of 3 March 2024

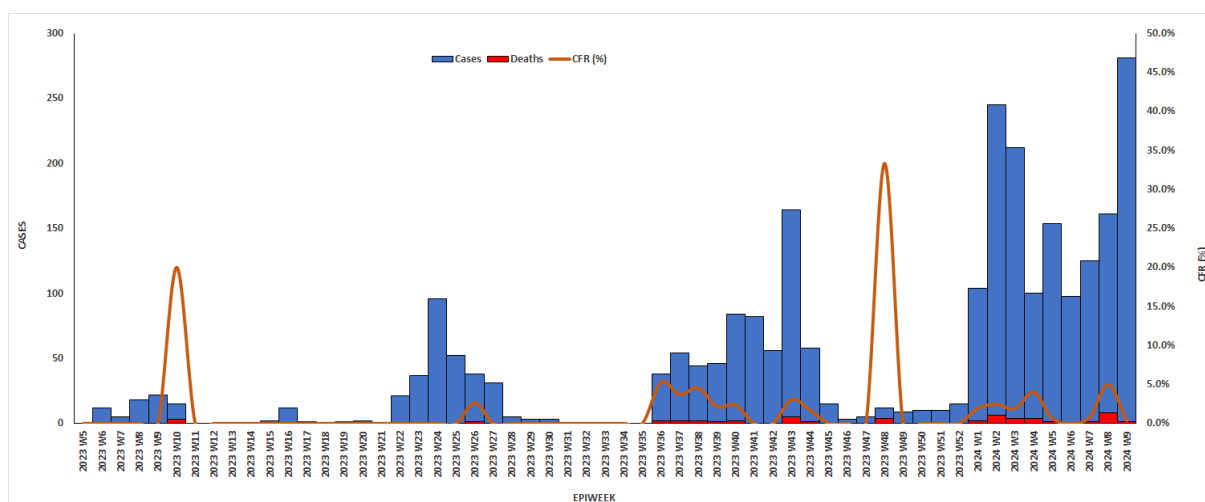
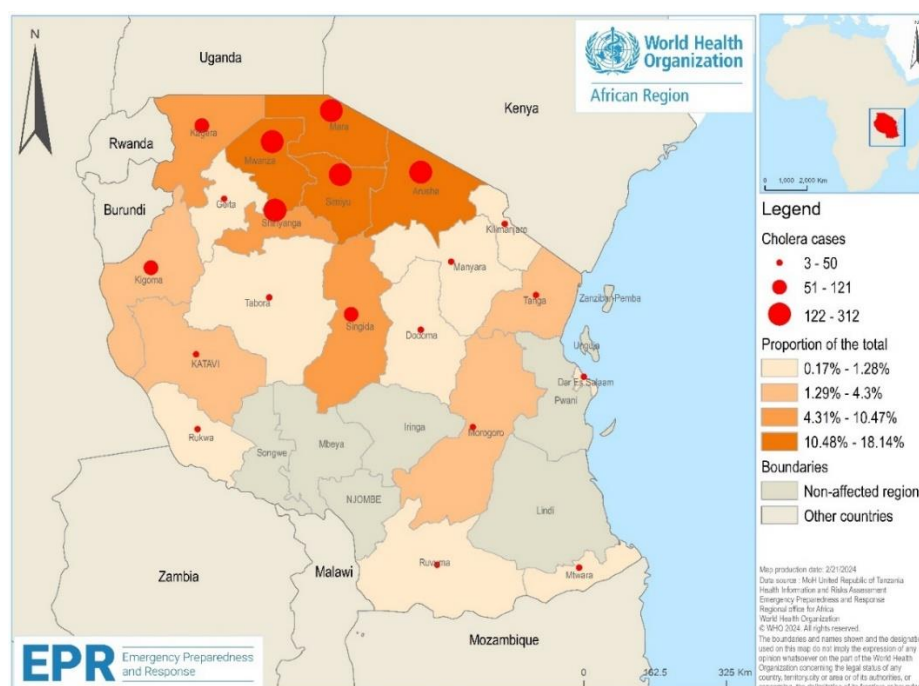


Figure 11: Map of cases and deaths in United Republic of Tanzania as of 18 February 2024



### Public Health Actions

- Diarrhoea management in Goziba, Bumbile, Kinagi, Makibwa and Rushonga islands in Kagera region was conducted by the Regional Health Management team supported by WHO
- Orientation on Cholera case management to healthcare providers working at CTCs in Dodoma region was conducted by the case management team.
- Health education on Cholera prevention was conducted.
- Measures were given to 620 households visited in Dar es salaam region.
- A total of 9,180 aqua tabs were distributed to the community in the Dar es Salam region.
- A total of 8,640 aqua tabs were distributed to 288 households at Nzuguni, Miyuji and Ihumwa wards in Dodoma region.

### 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



1 458

Cumulative Deaths



9

CFR

0.6%

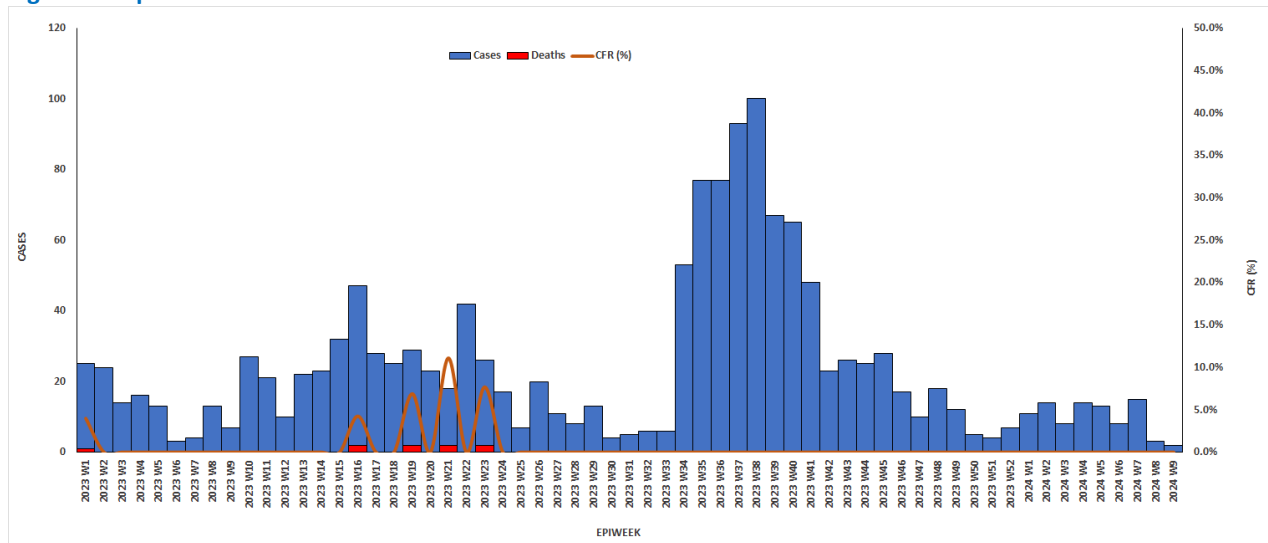
As of 3 March 2024, a cumulative total of 1 458 cases and nine deaths (CFR 0.6%) were reported from Burundi. In week 09 of 2024 new cases decreased by 33.3% from three new cases in the previous week to two new cases. There has been no death reported since week 24.

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, 111, 108, 106, 86 and 73 confirmed cases respectively.

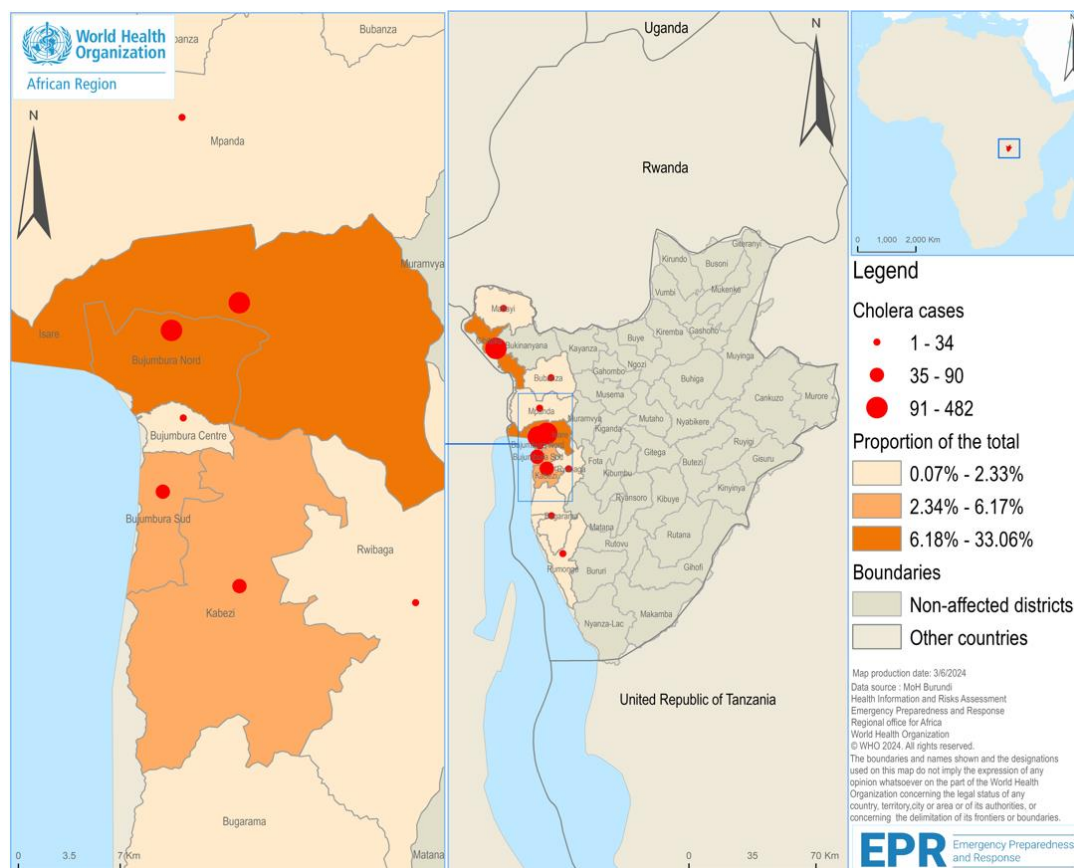
Burundi has reported cholera cases since 8 December 2022, and the outbreak was officially declared on 1 January 2023. The epicurve (figure 11) shows the effort in controlling the outbreak with cases peaking at epi week 38 of 2023 before the steady decline of cases till epi week 51 of 2023. There has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



**Figure 12: Epicurve of cases and deaths in Burundi as of 3 March 2024**



**Figure 13: Map of Burundi showing cholera affected areas from October 2022 to 3 March 2024**



Cameroon

Grade 3

Cumulative Cases  
20 647Cumulative Deaths  
484CFR  
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 14: Epicurve of cholera cases in Cameroon from October 2021 to 25 February 2024

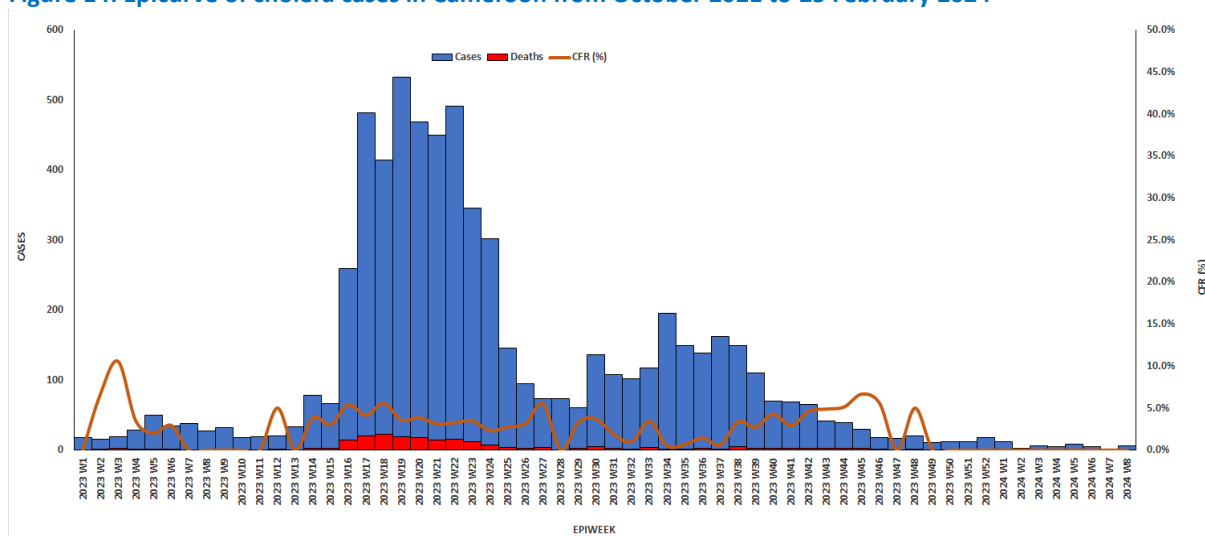
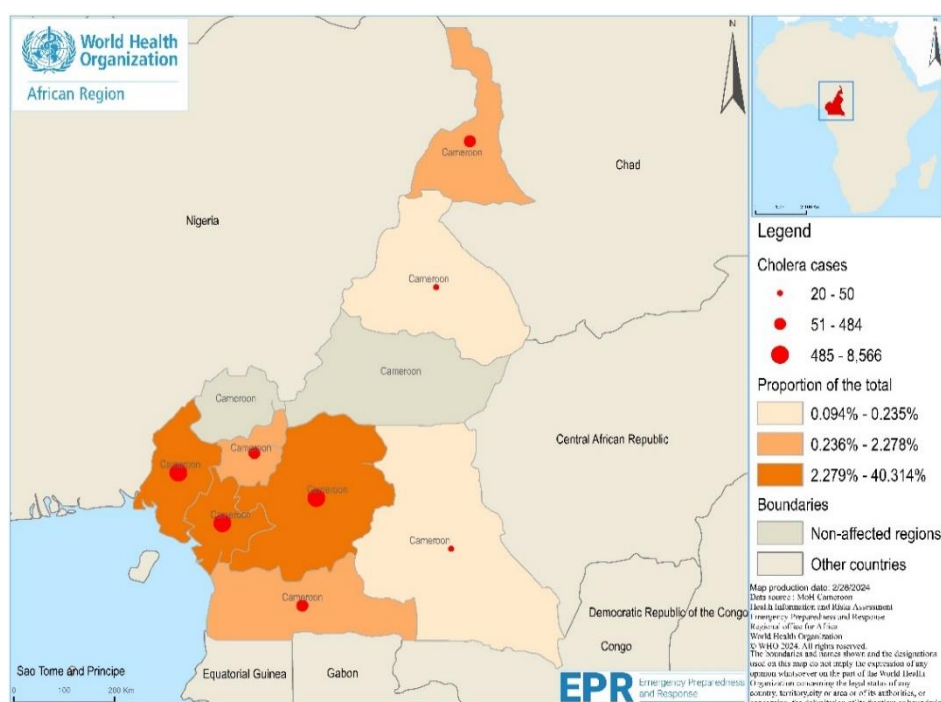


Figure 15: Map of cholera cases in Cameroon from October 2021 to 25 February 2024



Ethiopia

Grade 3

Cumulative Cases



36 668

Cumulative Deaths



520

CFR

1.4%

As of 3 March 2024, Ethiopia reported a cumulative case total of 36 668 with 520 deaths (CFR = 1.4%). In week 09 of 2024, new cases decreased by 62.8% from 632 to 235. New deaths reduced by 75.0% from four deaths in the previous week to one. The cholera outbreak is currently active in 54 woredas spanning five regions: Somali (28 woredas), Oromia (14 woredas), Dire Dawa (7 woredas), Afar (3 woredas), Harari (2 woredas).

Figure 16: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 3 March 2024

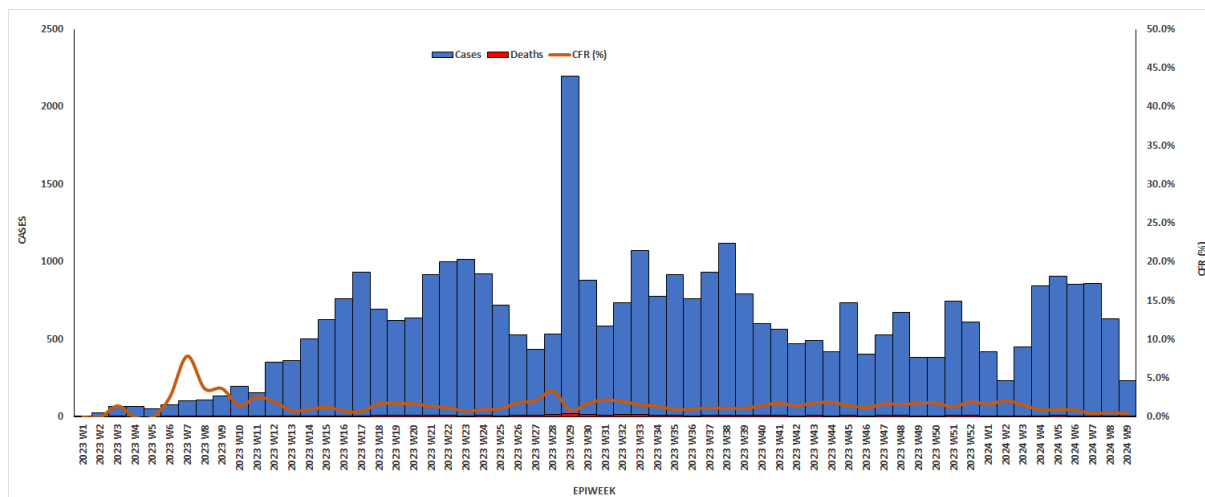
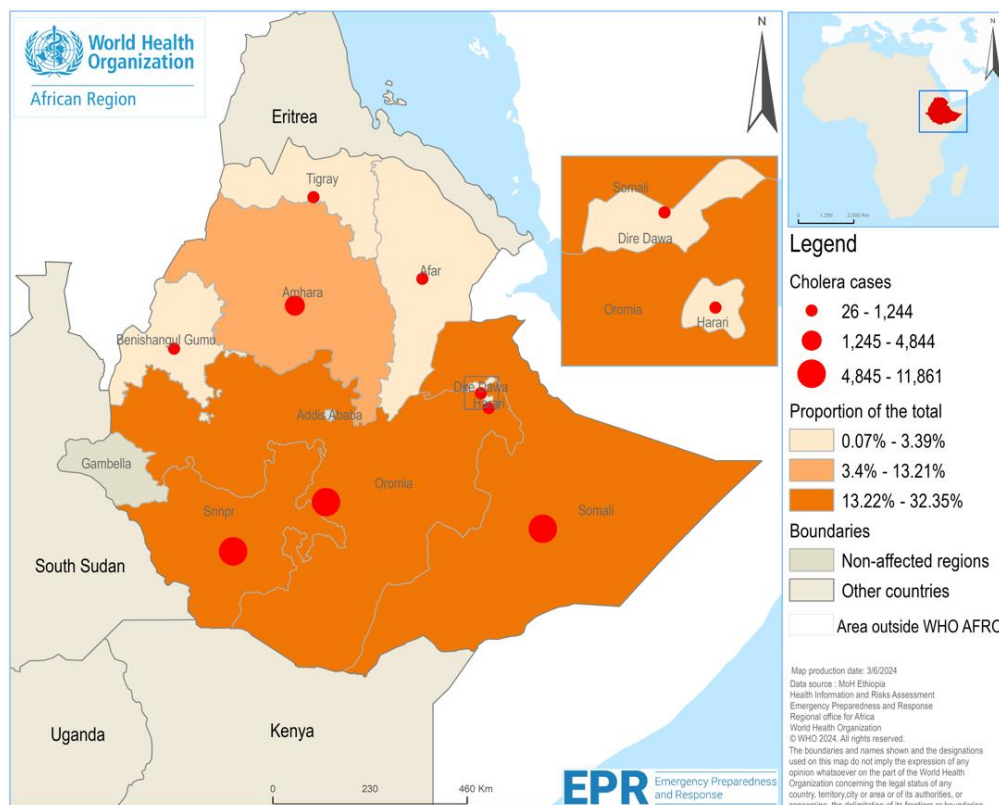


Figure 17: Map of Cholera outbreak in Ethiopia from October 2022 to 3 March 2024



### Public Health Actions

- Fifteen (15) health posts were equipped and functionalized with WHO donated ORT corner kits in cholera affected areas of Bale and East Bale zone of Oromia region to strengthen community case management.
- Integrated supportive supervision to Bodaley woreda, Galadid town HC of Somali Region was conducted.
- Refresher orientation for 16 HCWs on cholera case management, surveillance and IPC was provided.
- A total of 14 health extension workers were trained on community-based cholera response including case management and referral orientation in East Hararghe zone, Oromia region.
- Water quality monitoring and sanitary survey was conducted in cholera hotspot areas (Benatsemay Woreda of South Omo Zone in South Ethiopia region, Borena Zone of Oromia region, Dubti of Afar region)) in collaboration with the water and health sectors.
- A total of 52 drinking water samples were tested for free residual chlorine (FRC) in cholera hotspot areas. No FRC was detected in both Benatsemay Woreda of South Omo Zone 15 (100%), Dubti Hospital 3(75%), and Kebridehar town of Somali Region 11(33%) indicating a potential risk of fecal-oral disease transmission, including cholera disease.
- The WHO IPC/WASH officer technically supported the Benatsemay Woreda of South Omo Zone in treating six water points to improve drinking water quality and safety.
- IPC/WASH supplies, 2 drums of 70% HTH (each 45kg) and 4,200 foil strips of Aqua Tabs (10 tablets each) household water treatment chemicals were distributed to high-risk kebele.
- A total of 38 modules of cholera treatment kits were distributed to the Shashamene Zonal Health Department of the Oromia and Somali (RHB and Kebridhar) regions.

### Challenges/Gaps

- Difficulty accessing all affected areas and involving the water sector appropriately.
- Securing access to safe water, sanitation, and waste management.
- Need for human resources to match the expanding outbreak.
- Low-risk perception (risk susceptibility and severity) and adherence to preventive measures at individual and community levels.
-

Kenya

Grade 3

Cumulative Cases

12 521

Cumulative Deaths

206

CFR

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

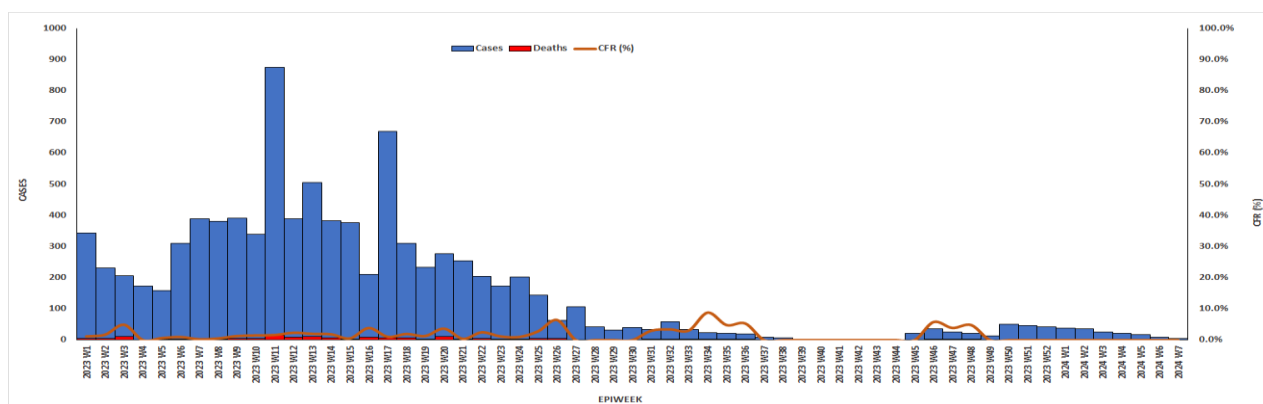
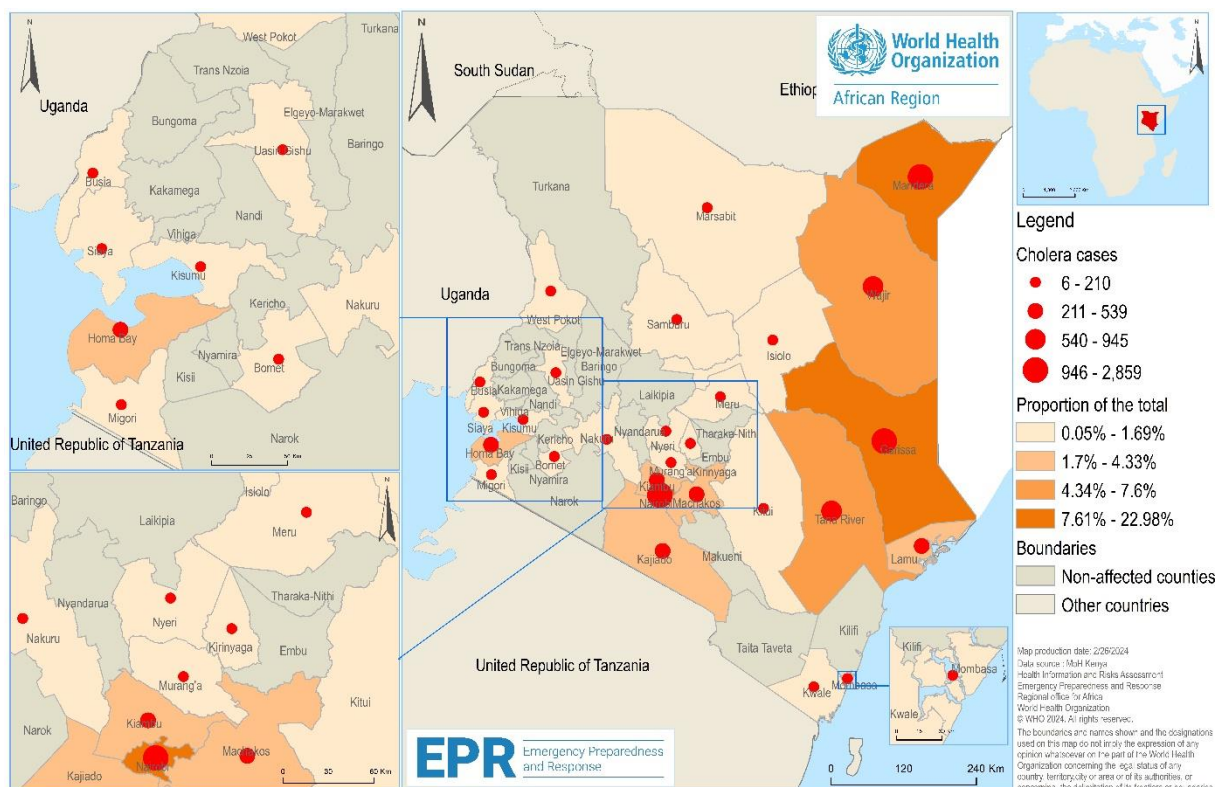


Figure 19: Map for cholera outbreak in Kenya, October 2022 – 18 February 2024





Malawi

Grade 3

Cumulative Cases  
59 287

Cumulative Deaths  
1 774

CFR  
3.0%

A cumulative total of 59 287 cases have been reported since the onset of the outbreak from all the 29 districts of the country as of 3 March 2024. In week 09 of 2024, there was 75.0% decrease in new cases from 20 in the previous week to five new cases. In week 09/2024 there was no death reported compared to one death reported 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 Mulanje with oral rehydration point established. The cases are sporadic with six reporting districts- having cases less than 20 cases. There was a flood and the AVoHC-SURGE rapid response team has been deployed to the site in Nkhotakota.

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 20: Epi Curve for cholera outbreak in Malawi, 3 March 2022 – 3 March 2024

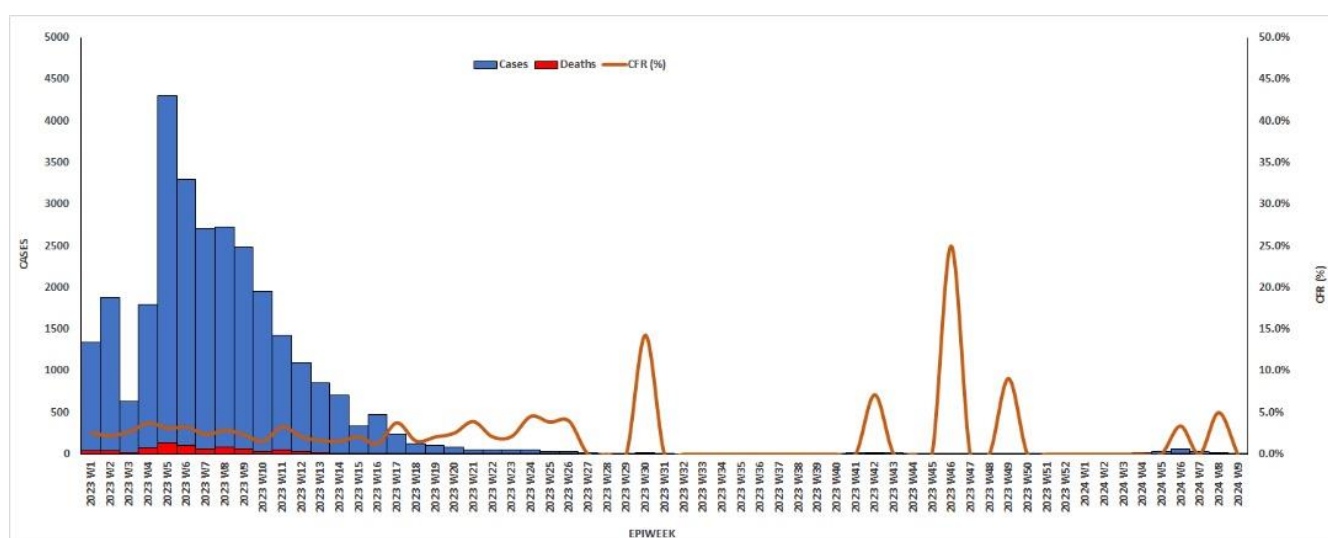
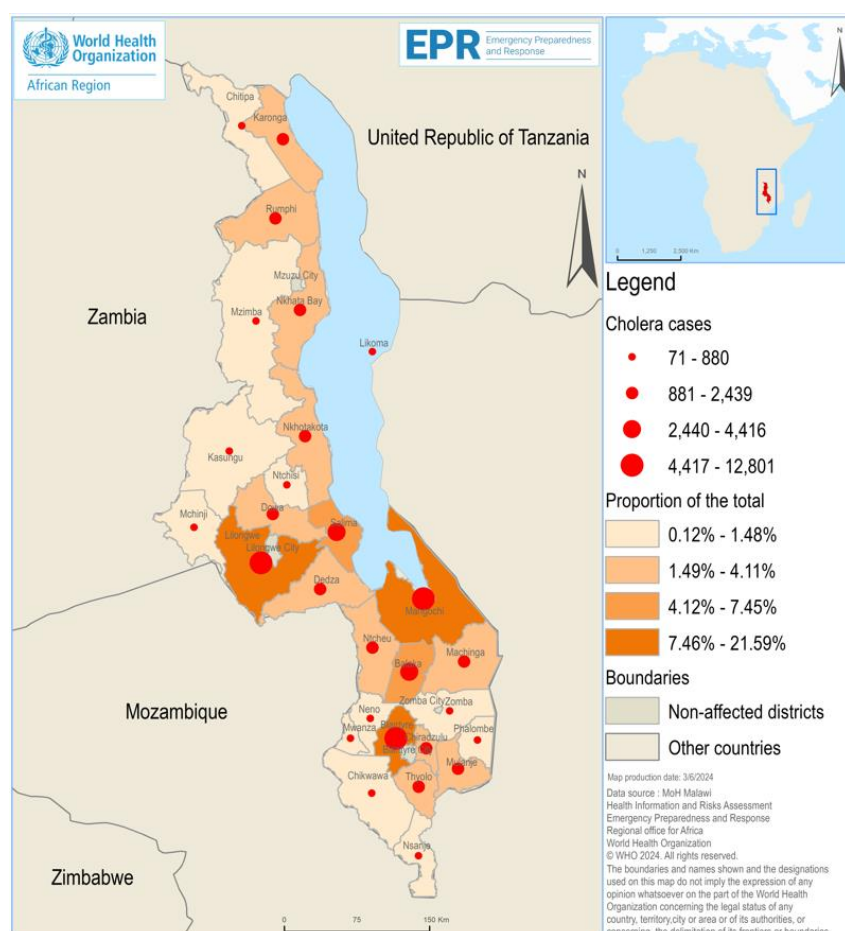


Figure 21: Map for cholera outbreak in Malawi, 3 March 2022 – 3 March 2024



Mozambique

Grade 3

Cumulative Cases



45 126

Cumulative Deaths



169

CFR

0.4%

The country had reported a cumulative total of 45 126 cases, with 169 deaths (CFR 0.4%) as of 3 March 2024. In week 09 of 2024, there was 47.8% decrease in new cases from 439 in the previous week to 229. There was one death reported epi week 09 compared to no 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 22: Epicurve of cholera outbreak in Mozambique as of 3 March 2024

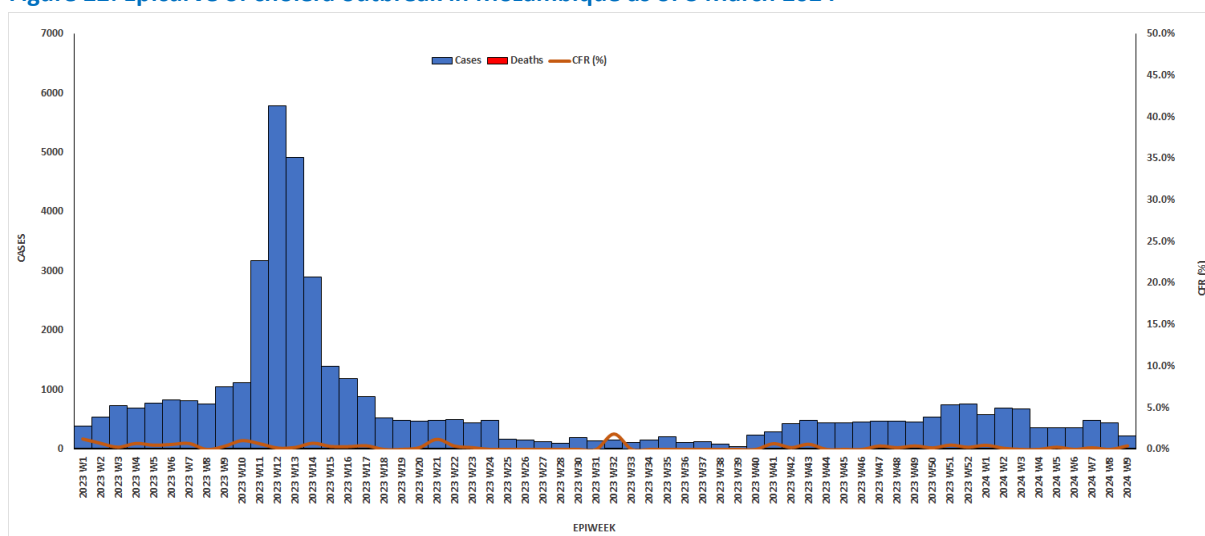
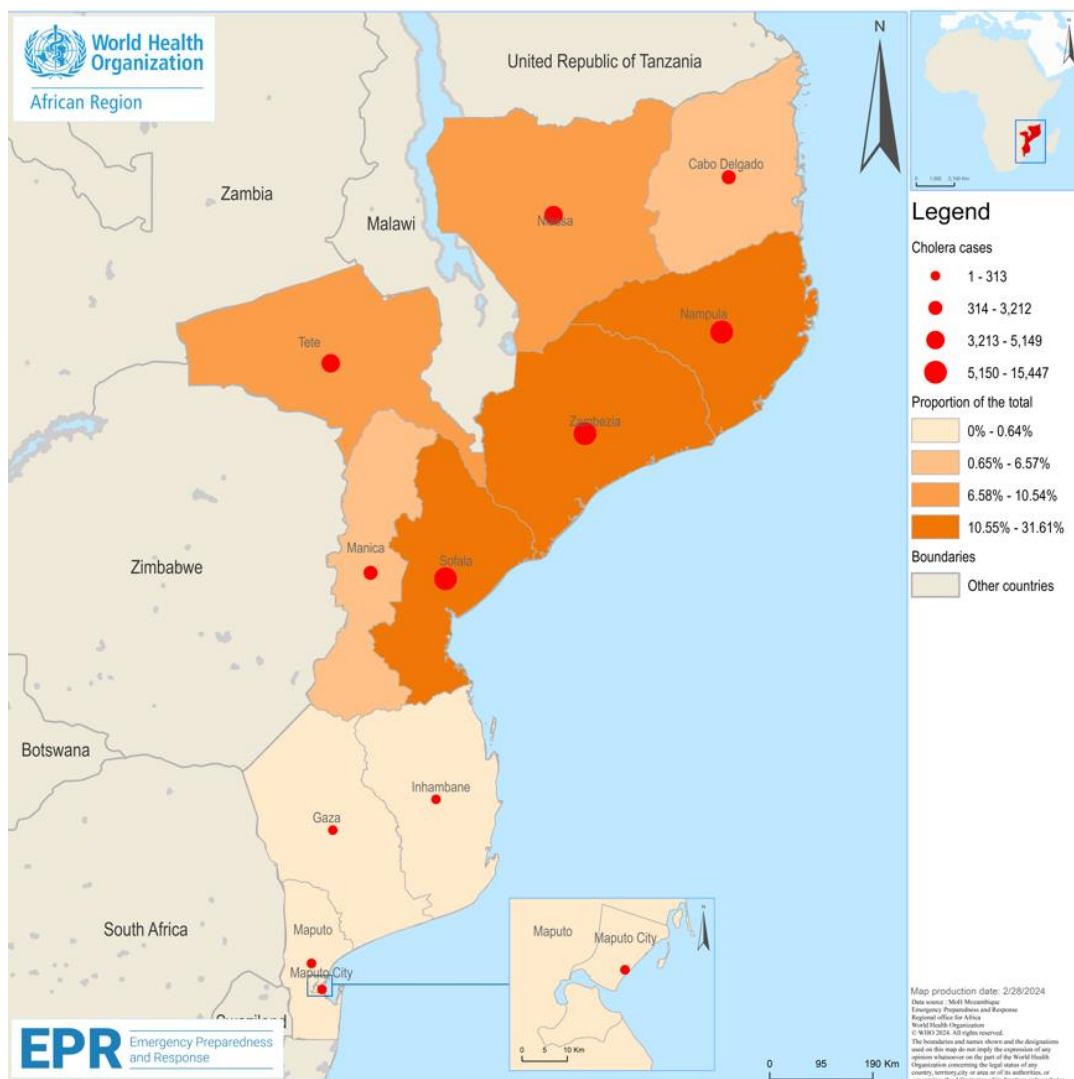


Figure 23: Map of cholera outbreak in Mozambique as of 25 February 2024



**Democratic Republic  
of the Congo**

**Grade 3**

**Cumulative Cases**

**78 107**

**Cumulative Deaths**

**919**

**CFR**

**1.2%**

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 24: Epicurve for cholera outbreak in Democratic Republic of the Congo as of 25 February 2024

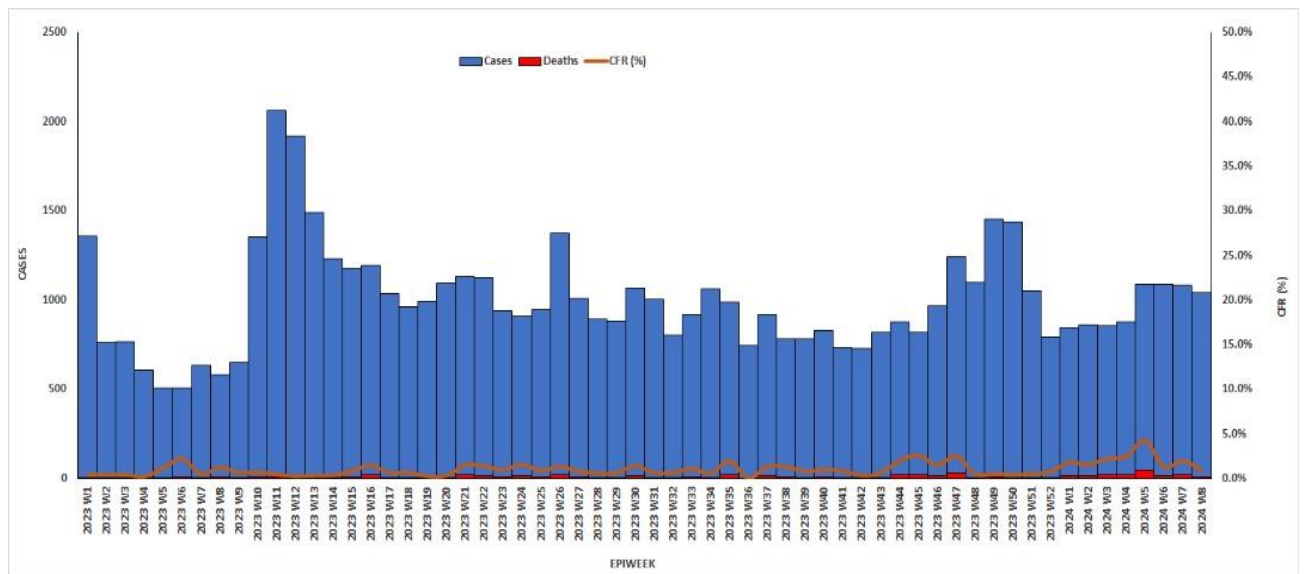
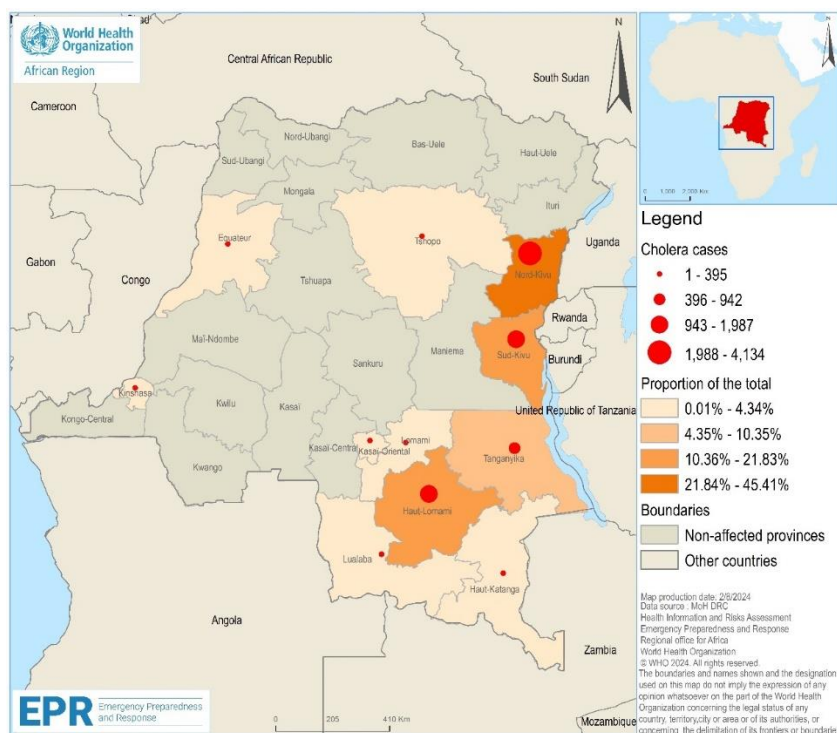


Figure 25: Map of cholera outbreak in Democratic Republic of the Congo as of 28 January 2024





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 26: Epicurve of cholera outbreak in South Africa as of 11 February 2024

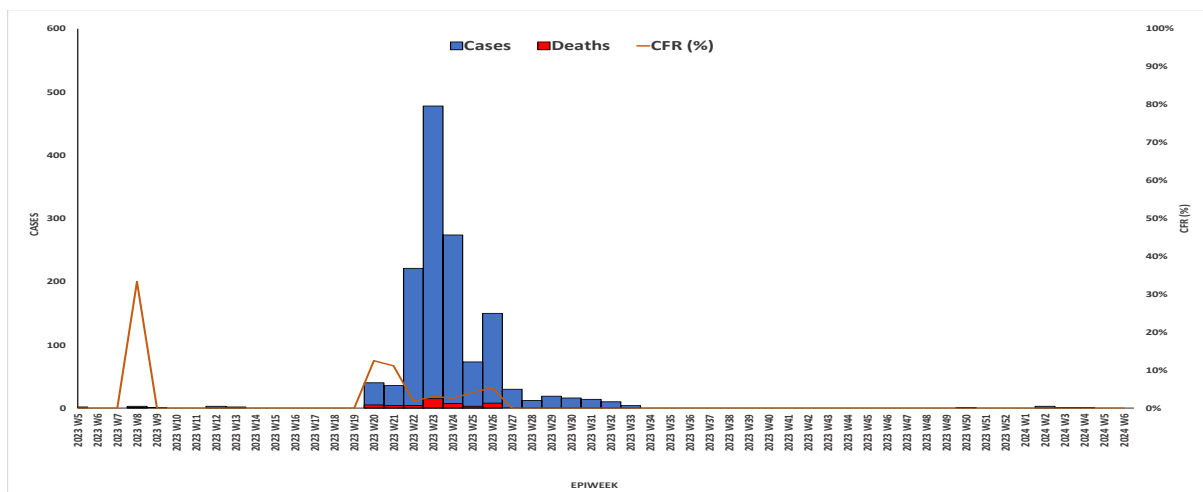
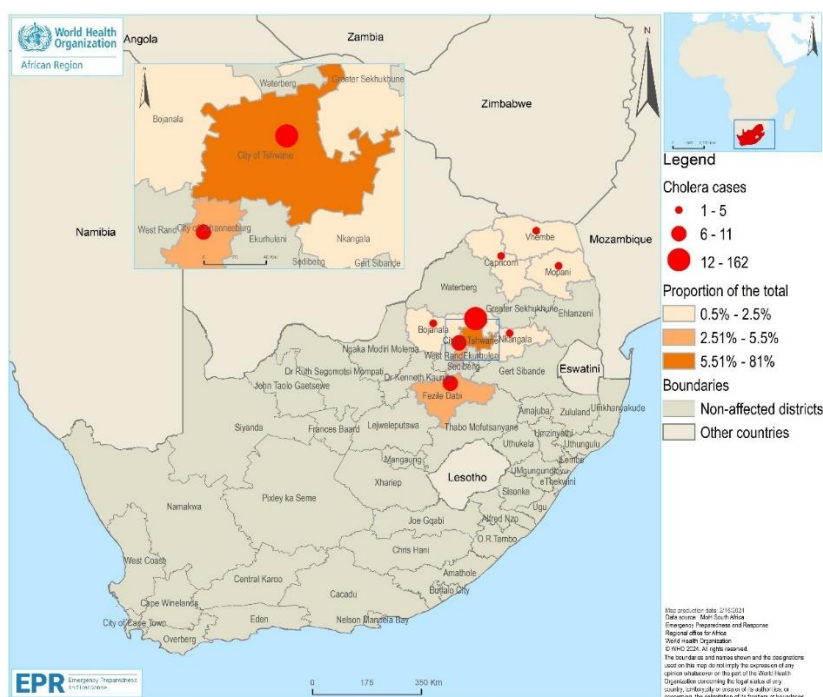


Figure 27: Map of cholera outbreak in South Africa as of 11 February 2024



Nigeria

Grade 3

Cumulative Cases  
27 691

Cumulative Deaths  
727

CFR  
2.6%

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 28: Epicurve of cholera outbreak in Nigeria as of 28 January 2024

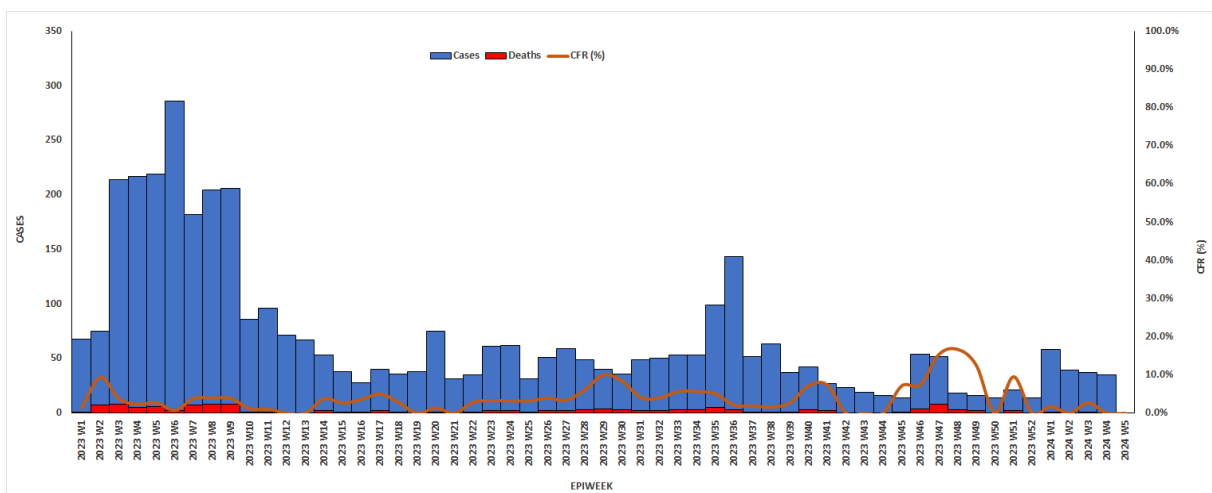
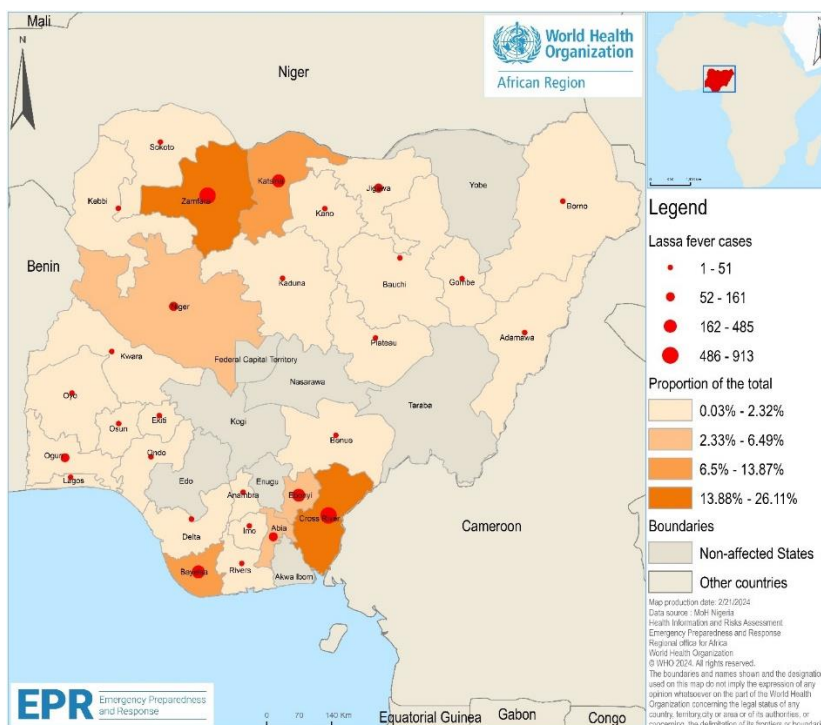


Figure 29: Map of cholera outbreak in Nigeria as of 28 January 2024



Togo

Grade 3

Cumulative Cases  
01

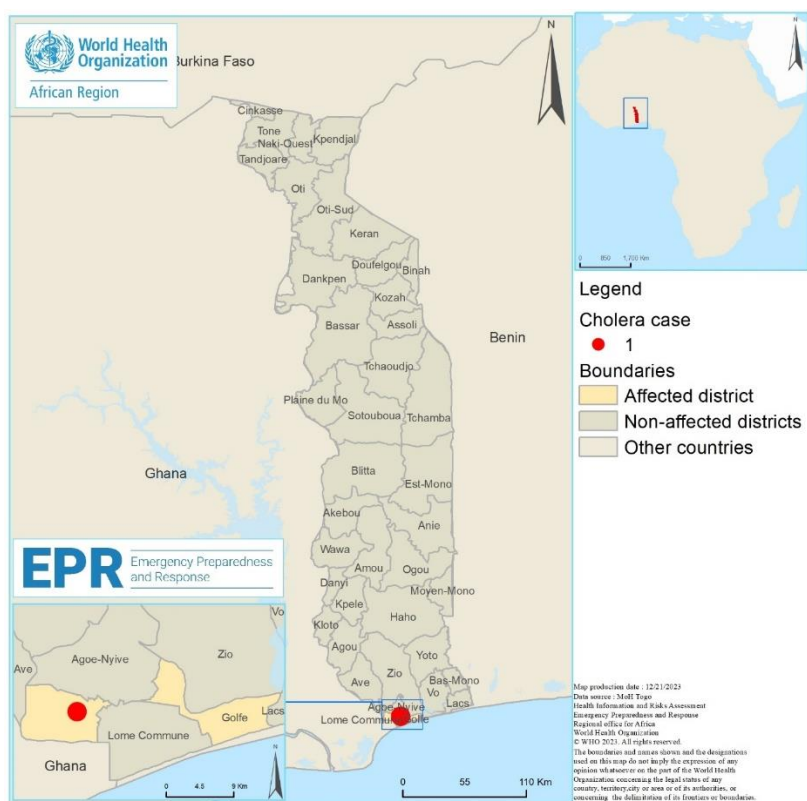
Cumulative Deaths  
0

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



Uganda

Grade 3

Cumulative Cases  
96

Cumulative Deaths  
10

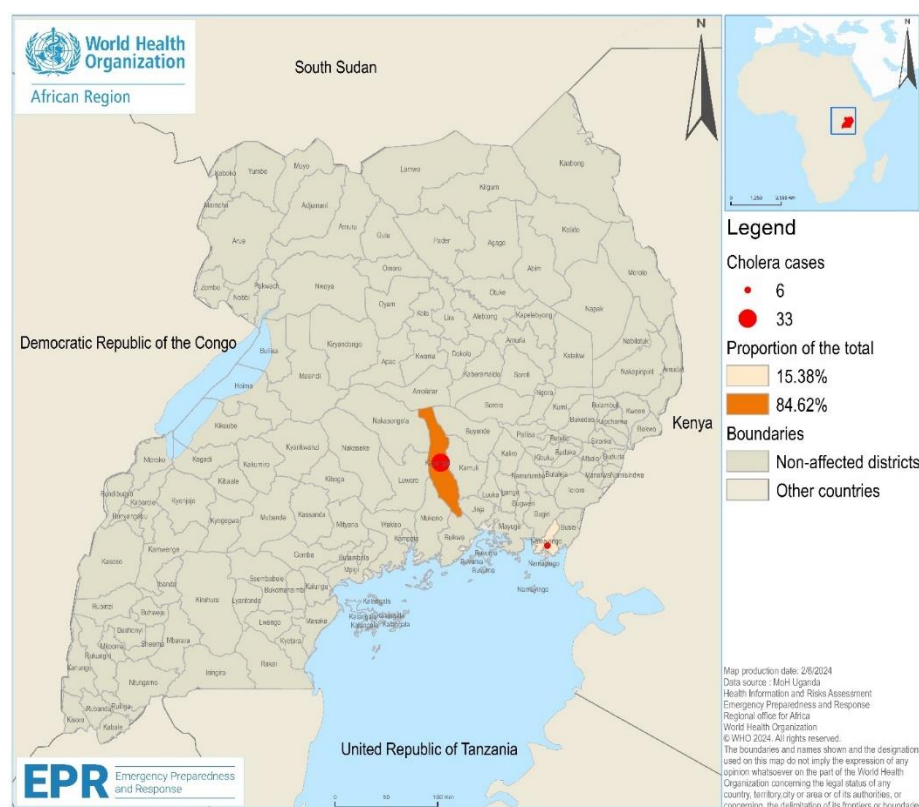
CFR  
10.4%

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 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.
- Implementation of cholera readiness measures in Madagascar in view of the cholera outbreak in Comoros 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.
- Development and mid-term review of National Cholera Plan for South Sudan and Zambia respectively is ongoing, supported by WHO.
- A readiness meeting the the South Sudan WHO country office with respect to the outbreak in Sudan and the risk of importation of cases 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.
- 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

**For additional information, please  
contact**

***Incident Manager Regional Cholera IMST:***

**RAMADAN Otim Patrick**

**e-mail: [ramadano@who.int](mailto:ramadano@who.int)**

Photo credit: WHO Zimbabwe -WHO Country Representative, Professor Jean-Marie Dangou and the UK Ambassador, Peter Vowles at Marondera Hospital to discuss on the response to the cholera outbreak in the province. WHO supported, a 6-bed cholera treatment unit was established through the Health Resilience Fund.

Editorial Team: Adebola Olayinka, Olaolu Aderinola, Felix Sanni, Isaias Fernandes Co, Saliou Diallo, Fleury Moussana, Tamayi Mlanda, Joyce Nguna, Mildred Chirwa