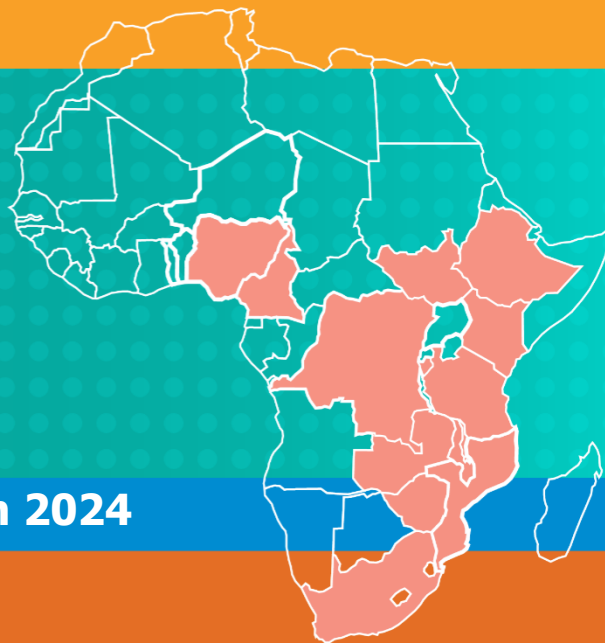


Cholera in the WHO African Region



Weekly Regional Cholera Bulletin: 25 March 2024

Data reported: as of 24 March 2024



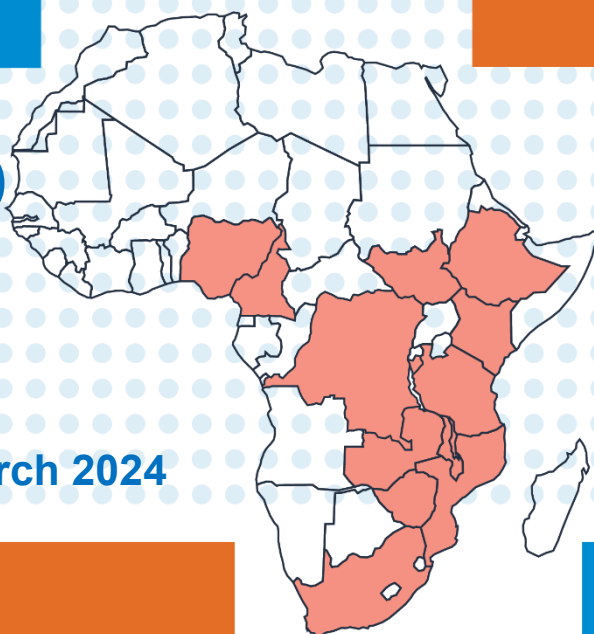
World Health
Organization

African Region

Cholera in the WHO African Region

Weekly Regional Cholera Bulletin: 25 March 2024

Data reported: as of 24 March 2024



Situation update

Regional Cholera Update

Grade 3

Cumulative Cases
 345 876

Cumulative Deaths
 6 320

CFR
1.8%

Overview

The cholera outbreak in the WHO African Region has affected 18 countries over the last two years. Six countries are categorized as being in acute crisis (Comoros, 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 12 of 2024, seven countries- **Burundi, Comoros, Malawi, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe**- reported a total of 2 043 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 24 March was 59 444 and 1 211 deaths, respectively, with a case fatality ratio of 2.0%. The Democratic Republic of the Congo, Ethiopia, Mozambique, Zambia and Zimbabwe account for 94.7% (56 289) of the total cases and 95.8% (1 160) of total deaths this year.

As of 24 March 2024, a cumulative total of 345 876 cholera cases, including 6 320 deaths (CFR: 1.8%), have been reported (Table 1) since 1 January 2022. The Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Zimbabwe accounts for 73.6% (254 737) of the cumulative cases and 64.1% (4 048) of all cumulative deaths reported.

Figure 1: Distribution of cholera cases and deaths in WHO African Region, 1 January 2022— 24 March 2024

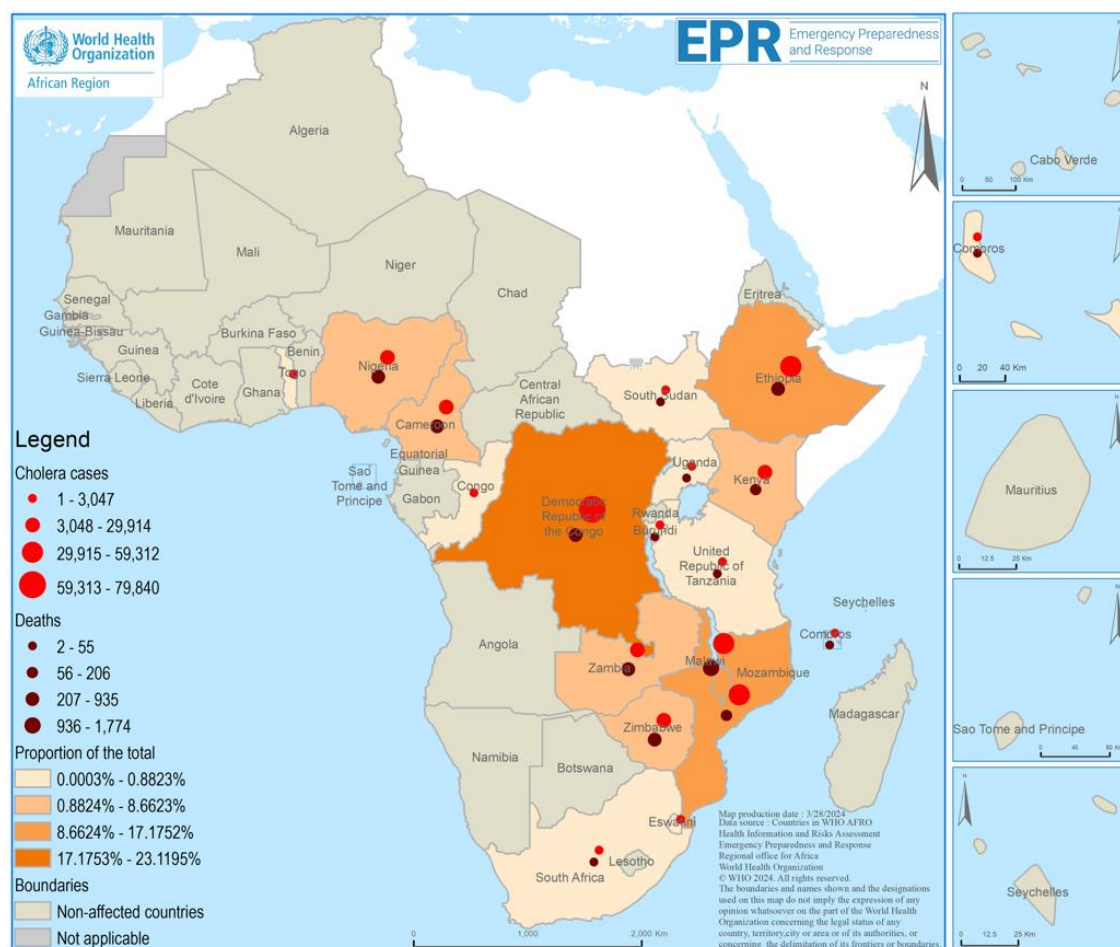


Table 1: Cholera Cases and Deaths in WHO African Region, 1 January 2022 to 24 March 2024

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	80 566	943	1.2	10 191	182	1.8	Jan-22	17-Mar-24
Malawi	59 312	1 774	3.0	188	3	1.6	Mar-22	24-Mar-24
Mozambique	46 949	172	0.4	6 026	10	0.2	Sep-22	24-Mar-24
Ethiopia	37 996	526	1.4	6 760	59	0.9	Aug-22	17-Mar-24
Zimbabwe	29 914	633	2.1	15 397	313	2.0	Feb-23	24-Mar-24
Nigeria	27 691	727	2.6	169	2	1.2	Jan-22	28-Jan-24
Zambia	22 217	718	3.2	17 915	596	3.3	Jan-23	24-Mar-24
Cameroon	20 649	484	2.3	48	0	0	Jan-22	17-Mar-24
Kenya	12 521	206	1.6	147	0	0	Oct-22	18-Feb-24
United Republic of Tanzania	3 068	55	1.8	1 987	32	1.6	Feb-23	24-Mar-24
Burundi	1 480	9	0.6	110	0	0	Jan-23	21-Mar-24
South Sudan	1 471	2	0.1	-	-	-	Feb-23	16-May-23
South Africa	1 395	47	3.4	5	0	0	Feb-23	13-Feb-24
Comoros	480	14	2.9	480	12	2.9	Feb-24	24-Mar-24
Uganda	101	10	9.9	20	0	0	Jul-23	10-Mar-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
TOTAL	345 876	6 320	1.8	59 444	1 211	2.0		

Figure 2: Epi Curve of cholera cases and deaths in WHO African Region, 1 January 2022 – 24 March 2024

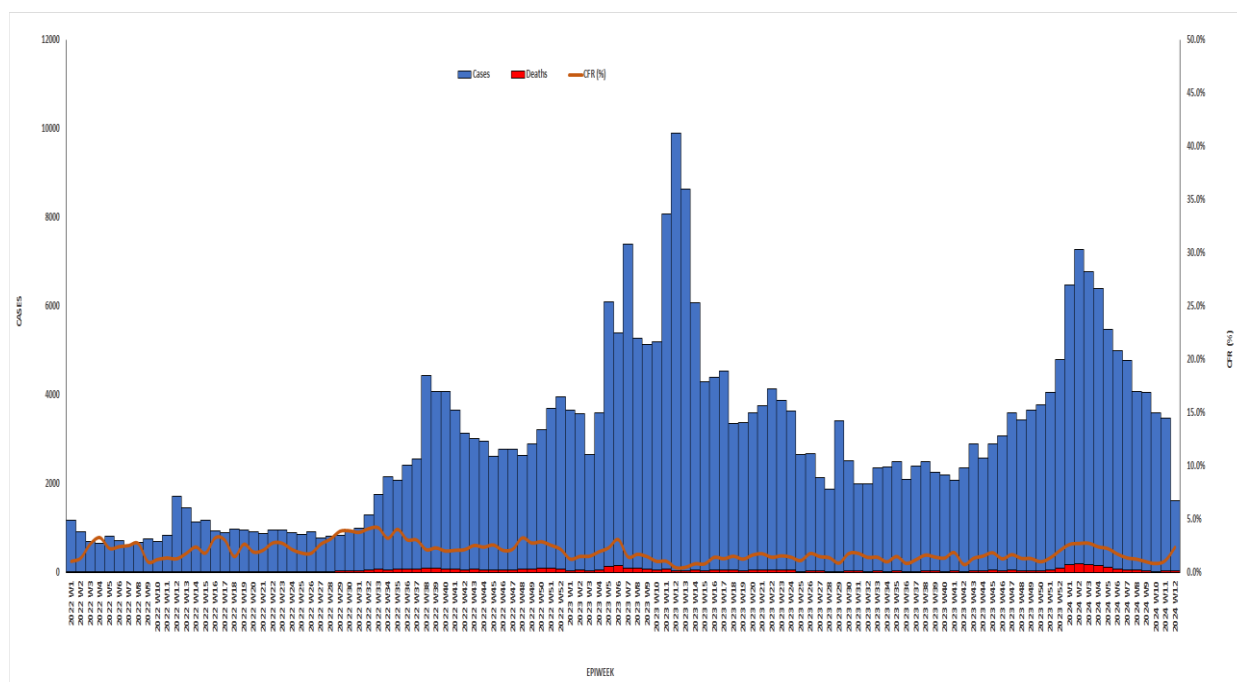


Figure 3: Trends of cholera cases in WHO African Region, 1 January 2022 – 24 March 2024

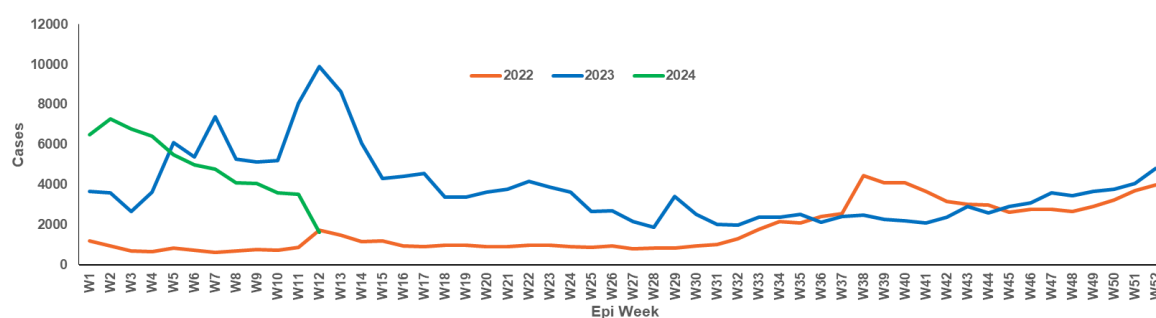
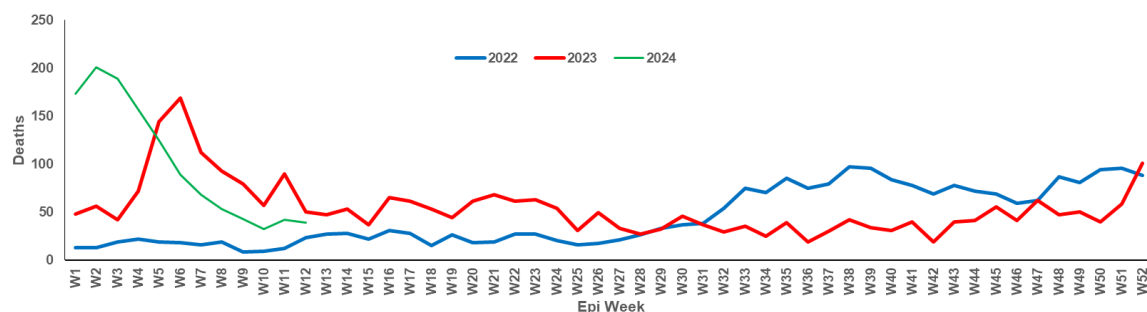


Figure 4: Trends of cholera deaths in WHO African Region, 1 January 2022 – 24 March 2024



Country specific updates



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

As of 24 March 2024, a cumulative of 29 914 cholera cases with 633 deaths (CFR 2.1%) have been reported from the ten provinces. In week 12 of 2024 new cases decreased by 6.3% from 1 003 in week 11 to 940. New deaths increased by 66.7% from 18 in week 11 of 2024 to 30. In the reporting week, 30 deaths were reported, 23 (76.7%) deaths were reported from Mashonaland Central province, three from Masvingo, two from Manicaland and one each from Mashonaland East and Midlands province. A deep dive conducted in Mashonaland Central revealed at that there was a provincial religious gathering from 1- 11 March 2024 that are religious objectors. There was poor water, sanitation and hygiene (WASH) at the location at Mount Darwin. The index case was on 13 March 2024. There has been response by the District Health Management Team and Cholera Treatment Centres (CTCs) were set up Bindura Hospital and Nyamarura Clinic. Another risk factor was the artisanal mining activities along Mazowe River in the region.

The three provinces with the highest number of cumulative cases are Harare including Chitungwiza city (11 374), Manicaland (6 312), and Mashonaland Central (3 759) which account for 71.7% (21 445 cases). The case fatality ratio (CFR) in week 12 was 3.2%, higher than a CFR of 1.8% reported in week 11.

As of 24 March 2024, sixty-two (62) districts have reported at least a case of cholera.

Figure 5: Epicurve of Cholera outbreak in Zimbabwe as of 24 March 2024

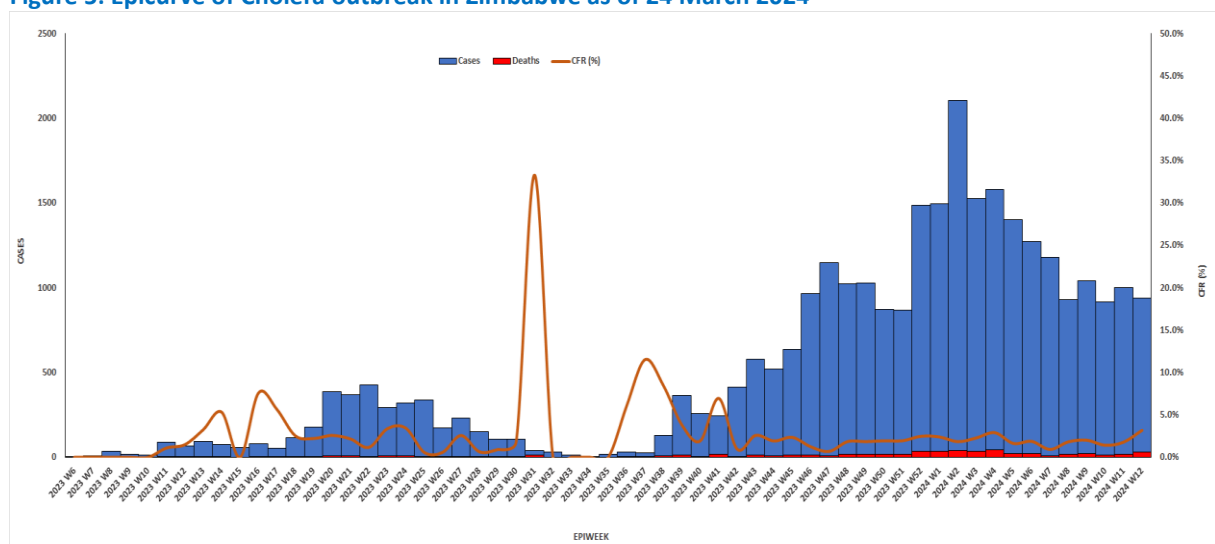
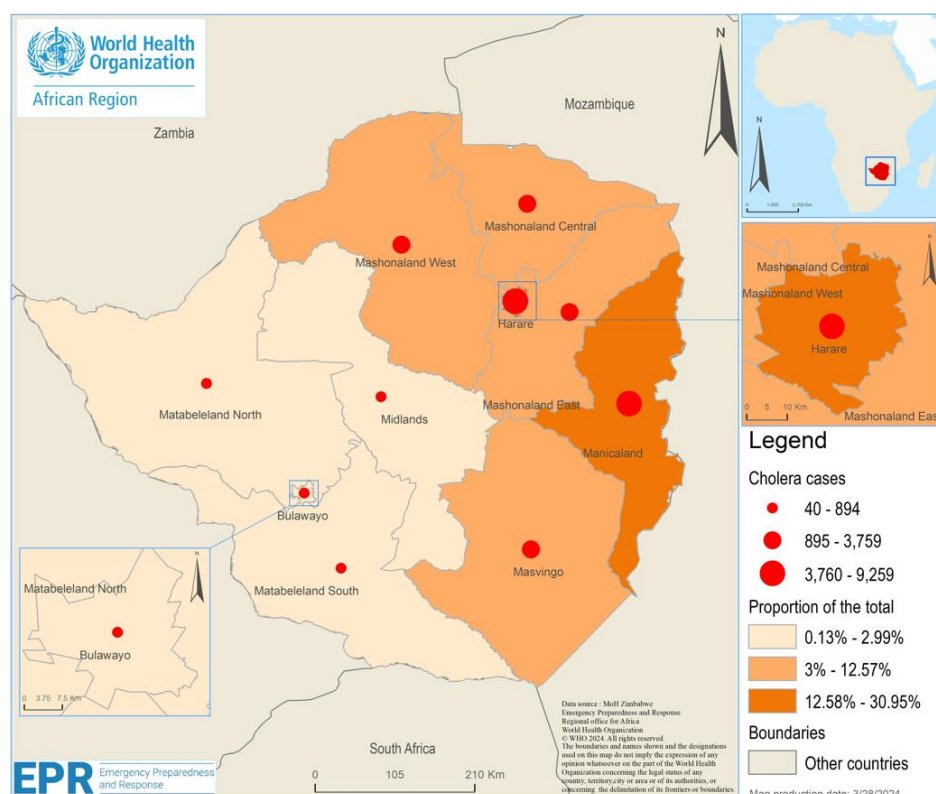


Figure 6: Map of Zimbabwe showing cholera affected provinces as of 24 March 2024



Public Health Actions

- A partner meeting was conducted to prepare for the Easter holiday which will have mass gatherings.
- A total of two cholera community kits and 150 case management jobs aids were supplied to Bindura Hospital Cholera Treatment Centre (CTC) Mashonaland Central Province by WHO.
- An oral rehydration point (ORP) with supplies was set up in Kasukere village, Shamva district.
- About 40 Ministry of Health Deputy Directors and programme managers were orientated on PRSEAH by WHO.
- A total of 21 scientists from district and mission hospital laboratories were trained on identification of cholera using culture, antigen RDT, and performing AST.
- A meeting with interfaith leaders was conducted in Manicaland and Masvingo provinces.
- Cholera treatment kits and supplies [3 bottles of disinfectant (NaDCC) 1kg container - granules, pot, dihydrate form, 55-57%; 2 (cholera community kits - Module drugs (3.1); 1 ORP set up kit] were distributed to Mashonaland central.

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 24 March 2024, there have been 22 217 reported cases and 718 deaths (CFR = 3.2%). In week 12 of 2024, new cases decreased by 2.9% from 450 in the previous week to 437. New deaths however increased by 33.3% from six deaths in the previous week to eight. 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.

Cases were on the increase in the Copperbelt and Central provinces in the last one week. 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 24 March 2024

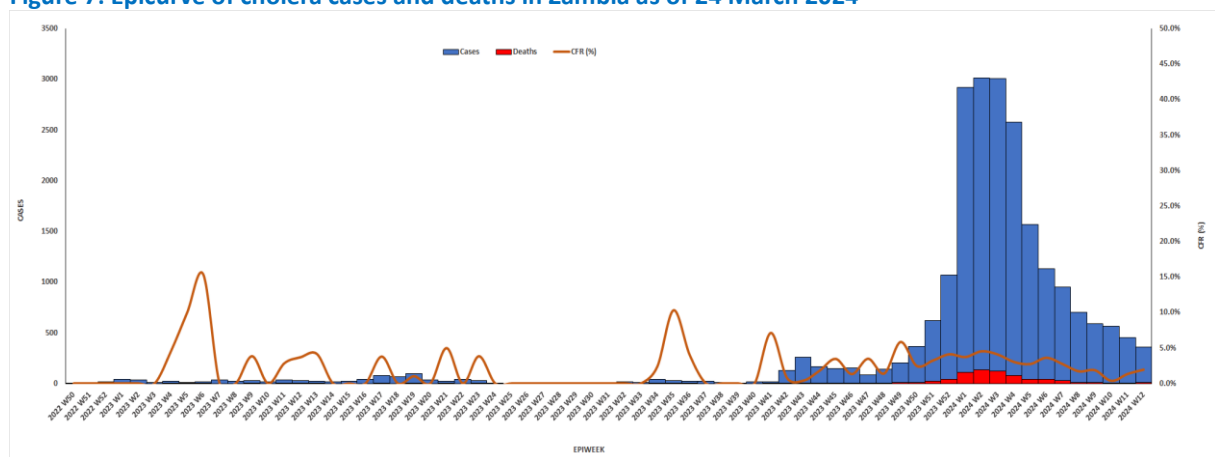
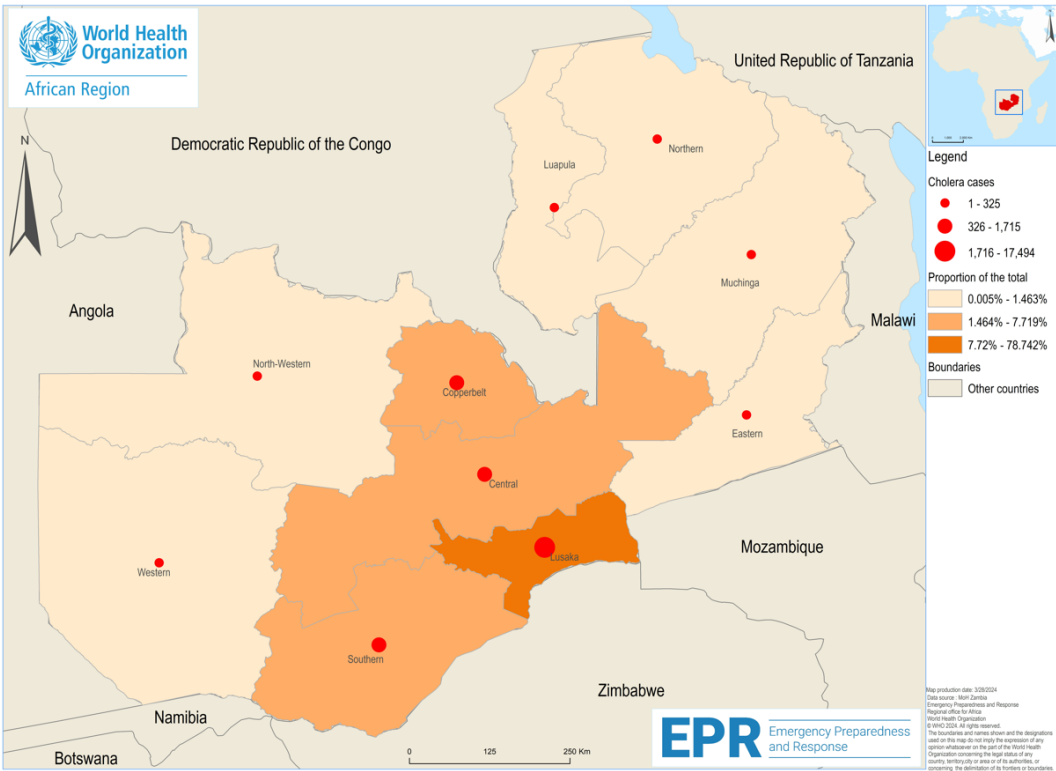


Figure 8: Map of Zambia showing cholera affected provinces as of 24 March 2024



As of 24 March 2024, cumulative number of cases and deaths are 480 and 14 respectively (CFR=2.9%). In epi week 12, new cases increased by 22.9% from 131 in the previous week to 161. New deaths reported epi week 12 decreased 60% from five deaths in the previous week compared to two deaths. All the three Islands of Grande Comore, Mwali and **Ndzuwani are affected**. The outbreak persists in Ngazidja, particularly in the Central District, where the capital city, Moroni, is situated. In Grande-Comore, all the seven districts are affected. However, the Central District stands out as the epicenter of the epidemic. Cholera cases have been reported in various neighborhoods within Moroni, including Hankounou, Wireless, Bacha, Badjanani, Naziko, and Coulée. In the densely populated Anjouan Island, five out of the seven districts have reported cases.

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 24 March 2024

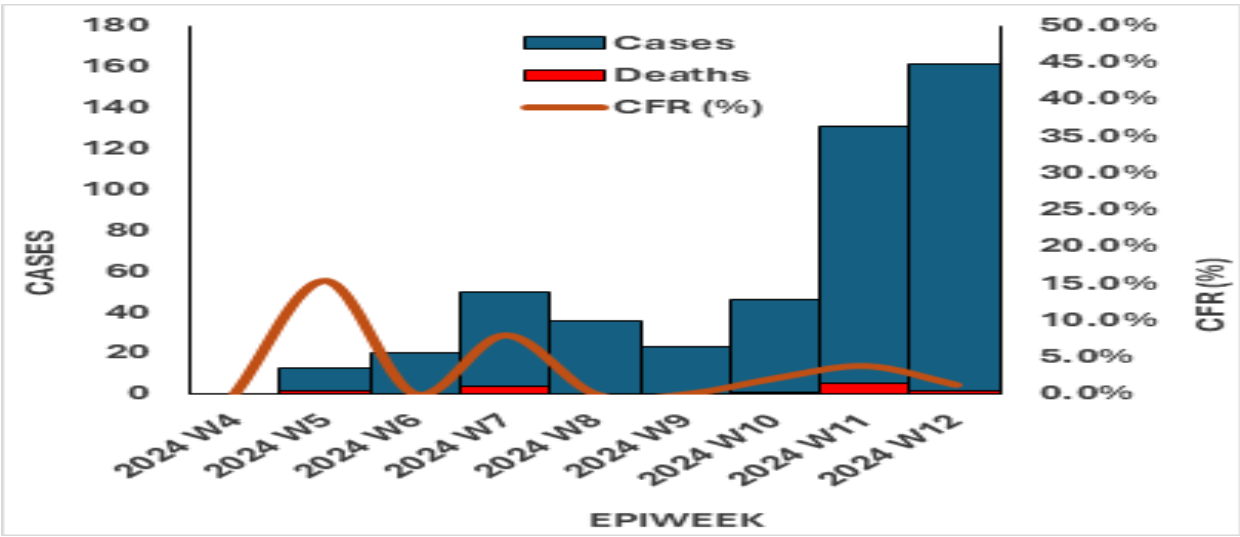
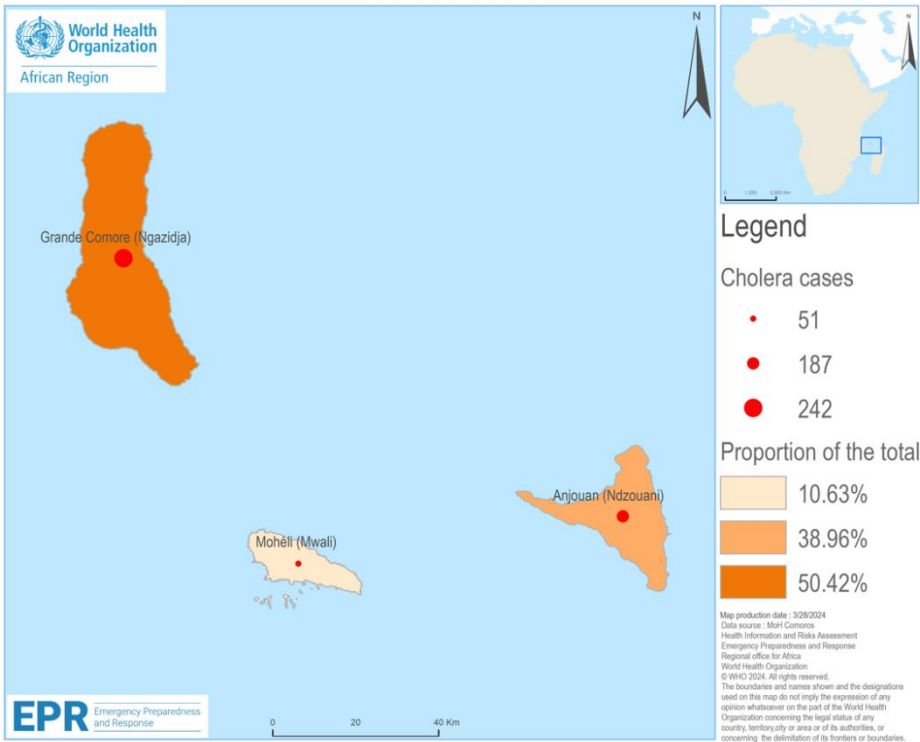


Figure 10: Map of Comoros showing cholera affected areas as of 24 March 2024



Public Health Actions

- A rapid socio-anthropological survey on the perception of populations of the disease and response was conducted with the support of CRF and other partners (CRCo, UNICEF).
- Active case finding in the community was intensified with the support of WHO.
- Acute watery diarrhoea (AWD) kits to manage 200 patients including 80 serious cases and 120 moderate cases were supplied to the Anjouan CTC by UNICEF.
- A total of 251 new households were disinfected on the three islands.
- A total of 280 new Stop Cholera Kits were distributed to populations at risk on three islands.
- A mortuary washing site in each CTC was identified to control transmission.

Challenges/Gaps

- Insufficient human resources for the investigation of confirmed cases and the follow-up of contacts of confirmed cases.
- Late reporting of investigated cases.
- Resistance of the infected persons to go to health facilities for treatment.
- Insufficient picot beds in the Mrémani CTC in Anjouan.

United Republic of
Tanzania

Grade 3

Cumulative Cases



3 068

Cumulative Deaths



55

CFR

1.8%

The cumulative number of cases from the country since 22 January 2023 to 24 March 2024 are 3 068 and 55 deaths with a CFR= 1.8%. In week 12 of 2024, new cases decreased by 22.0% from 168 in week 11 to 131. In week 12 of 2024, no new death was reported compared to two deaths in the previous week. The regions with active cases are **Dar es Salaam, Kagera, Katavi, Kigoma, Manyara, Morogoro, Mwanza, Shinyanga and Simiyu**

Figure 11: Epicurve of cases and deaths in United Republic of Tanzania as of 24 March 2024

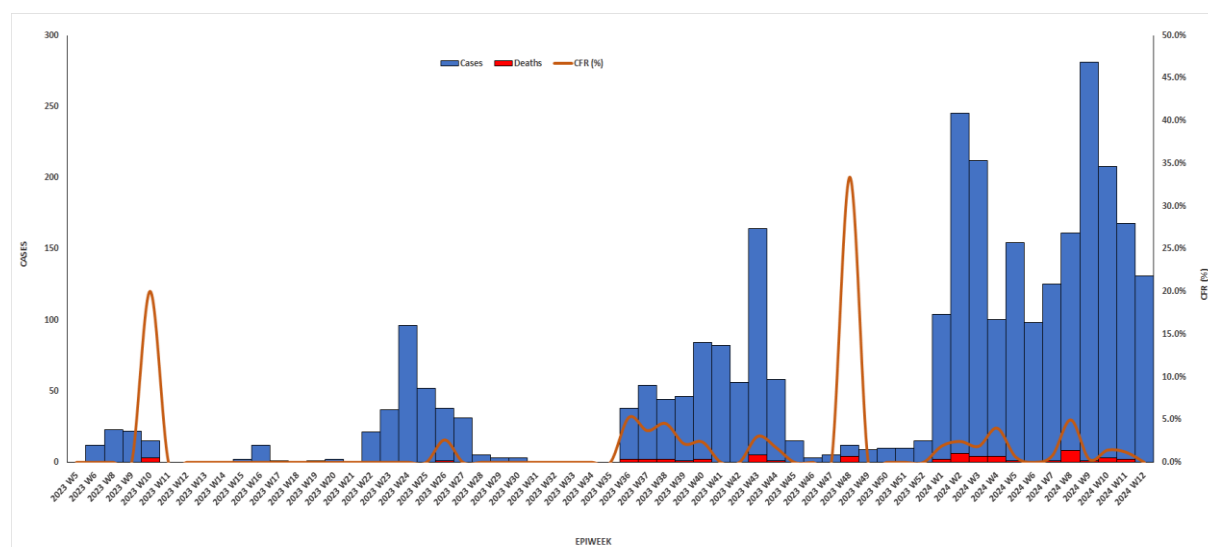
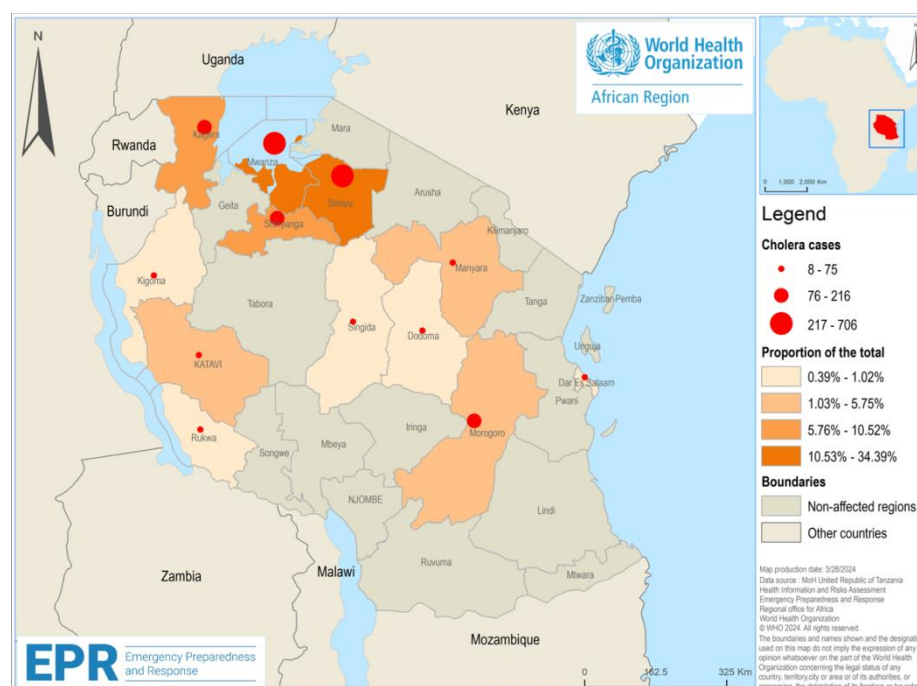


Figure 12: Map of United Republic of Tanzania showing cholera affected areas as of 24 March 2024



Public Health Actions

- Travelers' health screening on 19 893 passengers arriving and departing from countries with cholera outbreaks was conducted with no symptoms and signs of cholera among them.
- Water quality testing was conducted at nine Points of Entry in the cholera affected regions and in regions bordering cholera affected countries to monitor residual chlorine at critical draw points. About 50% of the water sources had free residual chlorine detected.
- A total of 3 457 households, 950 people at Kivukoni BRT, 107 markets, 30 schools in Dar es salaam and Simiyu were reached by RCCE experts and sensitized to adhere to recommended cholera preventive measures.
- A total of 564 community leaders and 19 religious' leaders in Simiyu and Dar es salaam were engaged via advocacy to adhere to health promotion behaviors to control the cholera outbreak.
- Mental Health and Psychosocial Support (MHPSS) services were offered to 11 households with 65 persons in Simiyu region.
- A total of six environmental health officers were trained on safe and dignified burial in Manyara region.
- Water quality testing was conducted in 22 households on their water source. All the water sources had free residual chlorine except in three households.
- Three lakeshores were decontaminated at Bumbile in Kagera region.
- A total of 33 200 aqua tabs were distributed to 230 households in Illemela and Ukerewe councils in Mwanza 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.
- Inadequate hand washing facilities at households and public facilities.
- Out of stock of transport media for culture and sensitivity as well as RDTs in Simiyu, Kagera and Katavi region.
- Inadequate information, education and communication (IEC) materials

Burundi**Grade 3**

Cumulative Cases

**1 480**

Cumulative Deaths

**9**

CFR

0.6%

As of 24 March 2024, a cumulative total of 1 480 cases and nine deaths (CFR 0.6%) were reported from Burundi. In week 12 of 2024 new cases increased by 100% from four new cases in the previous week to eight. 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), Buterere I (DS Bujumbura Nord), Gihosha (DS Bujumbura Nord), Kinama (DS Bujumbura Nord), Rukana II (DS Cibitoke) and Buterere II (DS Bujumbura Nord) with 145, 112, 108, 107, 86 and 85 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 13) 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 13: Epicurve of cases and deaths in Burundi as of 24 March 2024

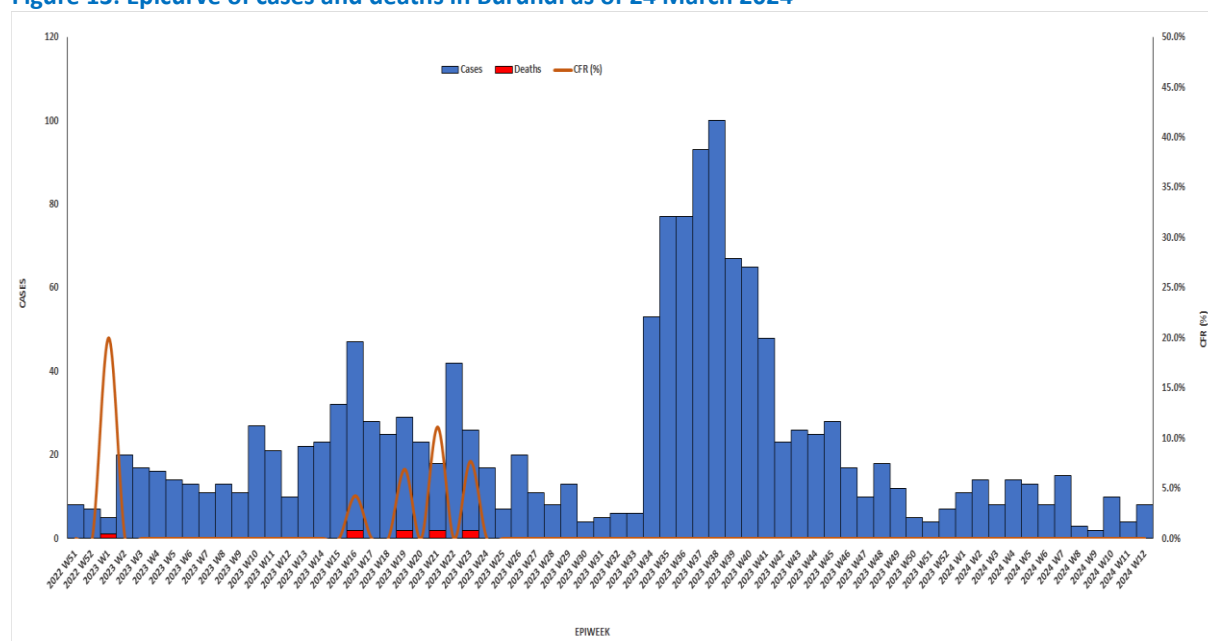
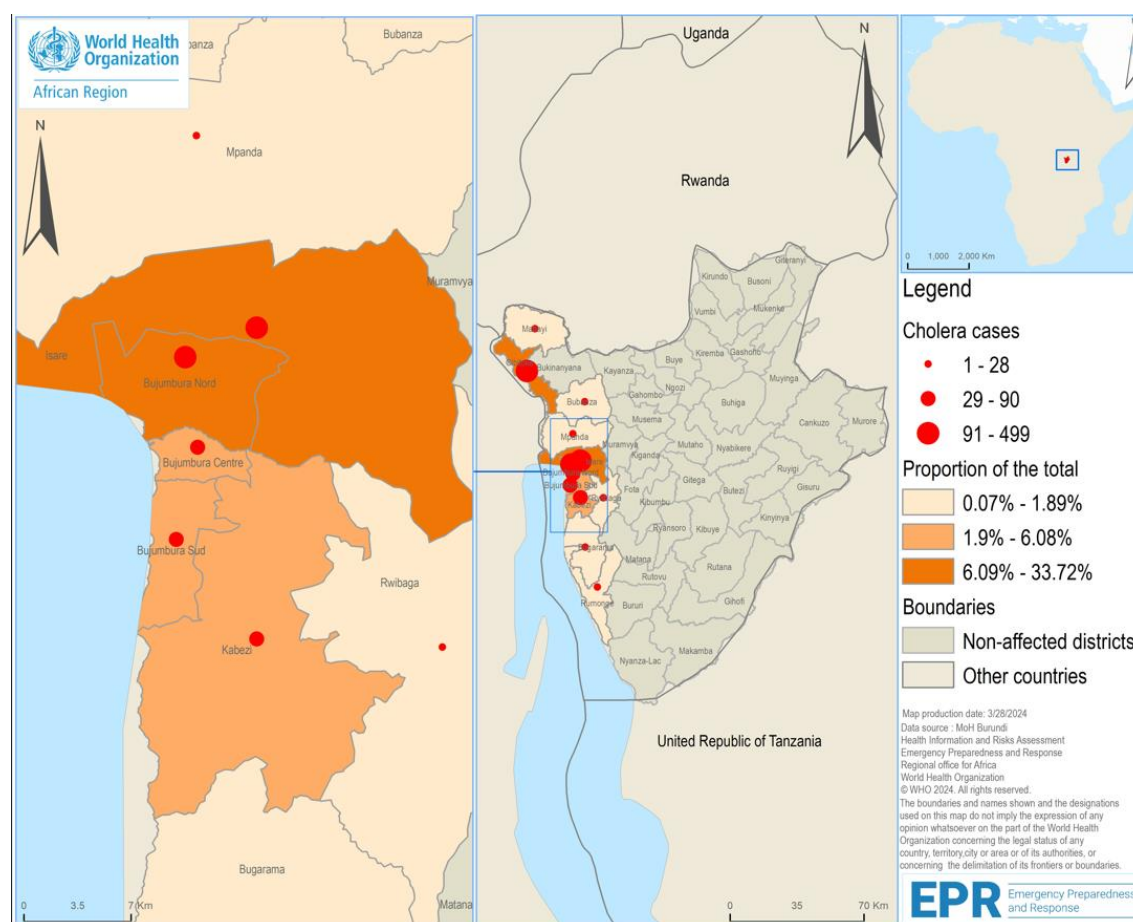


Figure 14: Map of Burundi showing cholera affected areas from October 2022 to 21 March 2024



Cameroon

Grade 3

Cumulative Cases

20 649

Cumulative Deaths

484

CFR

2.3%

Cumulatively, from 1 January 2022 to 17 March 2024, Cameroon has reported 20 649 cases with 484 deaths (CFR = 2.3%). No new case nor death was reported in week 11 of 2024. The situation in the situation is stable with sporadic cases.

Figure 15: Trend of cholera cases in Cameroon from October 2021 to 17 March 2024

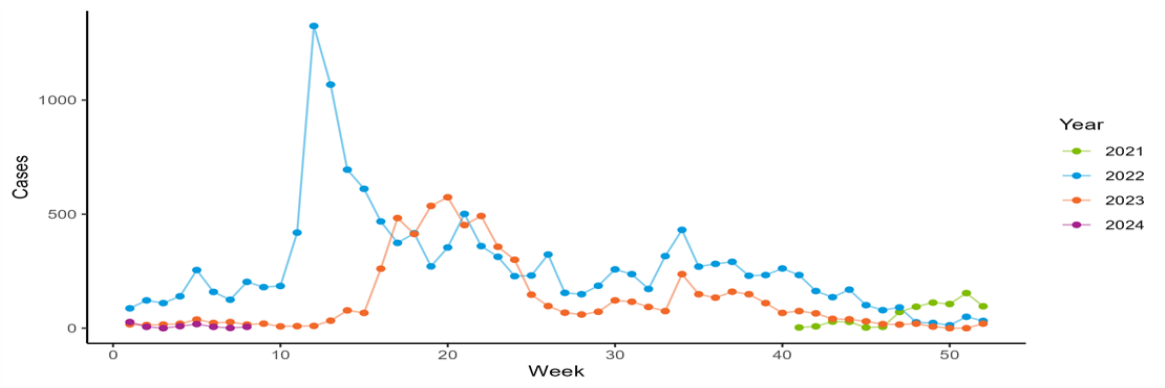
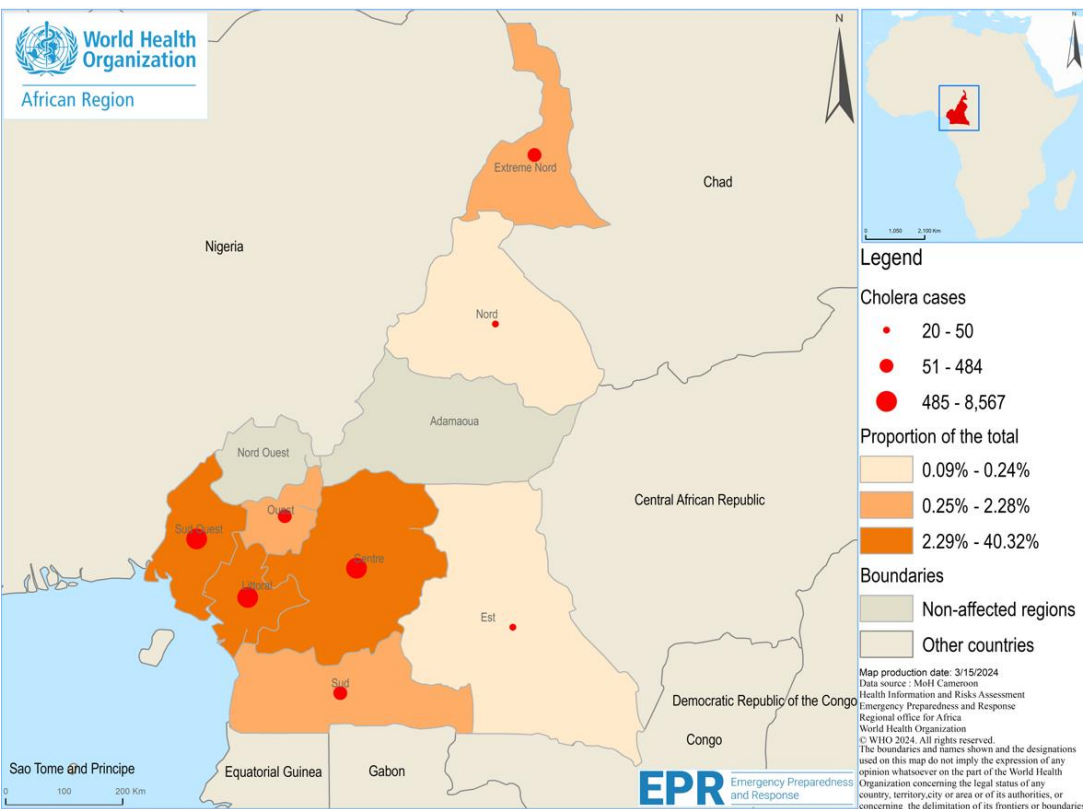


Figure 16: Map of cholera cases in Cameroon from October 2021 to 17 March 2024



Ethiopia		Grade 3		Cumulative Cases	Cumulative Deaths	CFR
				 37 996	 526	1.4%

As of 17 March 2024, Ethiopia reported a cumulative case total of 37 996 with 526 deaths (CFR = 1.4%). In week 11 of 2024, new cases decreased by 34.1% from 546 to 360. New deaths in week 11 decreased by 66.7% from three deaths in the previous week to one. The cholera outbreak is currently active in 59 woredas spanning eight regions: Somali (28 woredas), Oromia (10 woredas), Dire Dawa (7 woredas),

Afar (5 woredas), SER (3 woredas), Sidama (2 woredas), Harari (2 woredas) and CER (2 woredas). A total of 214 cholera treatment centres (CTCs), 142 cholera treatment units (CTUs), and 529 functional oral rehydration points (ORPs) have been established in affected regions.

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

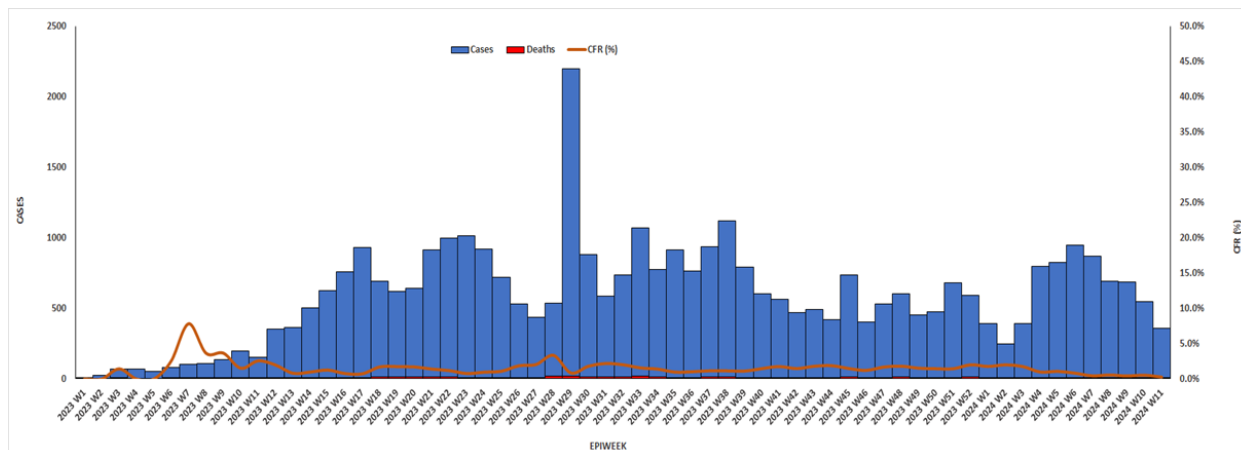
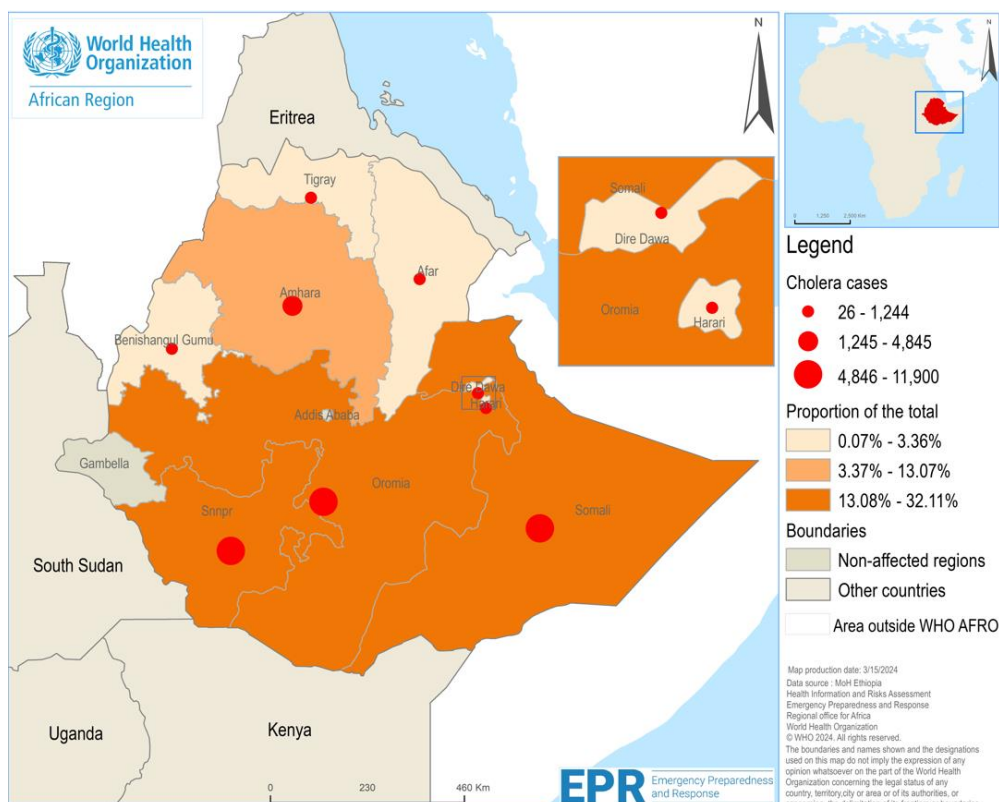


Figure 18: Map of Cholera outbreak in Ethiopia from October 2022 to 17 March 2024



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

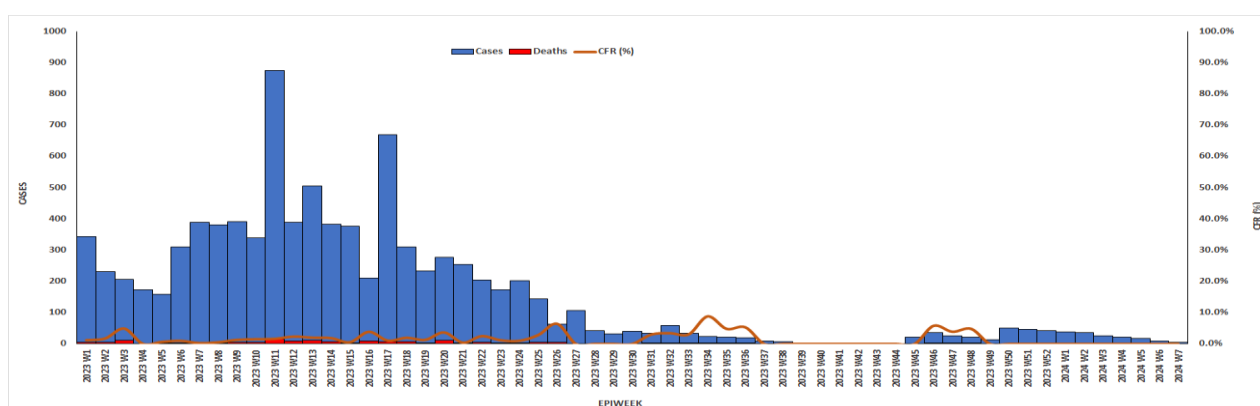
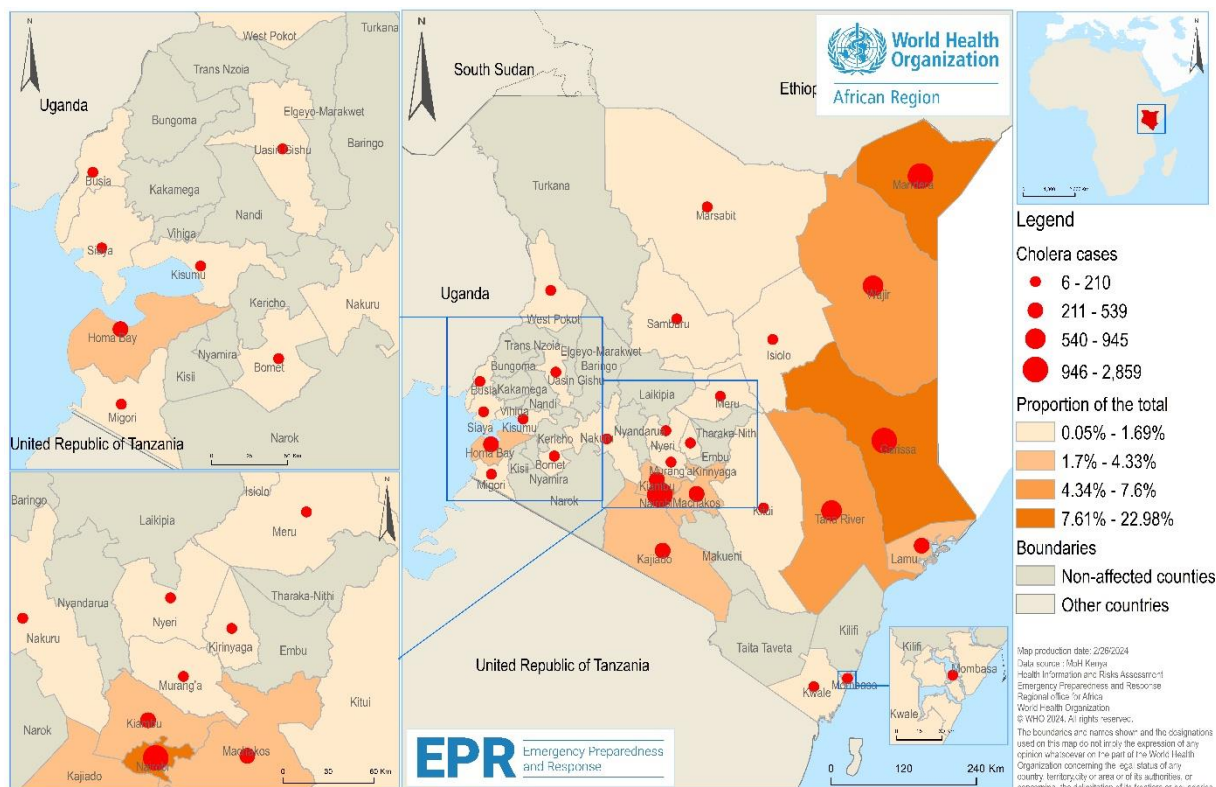


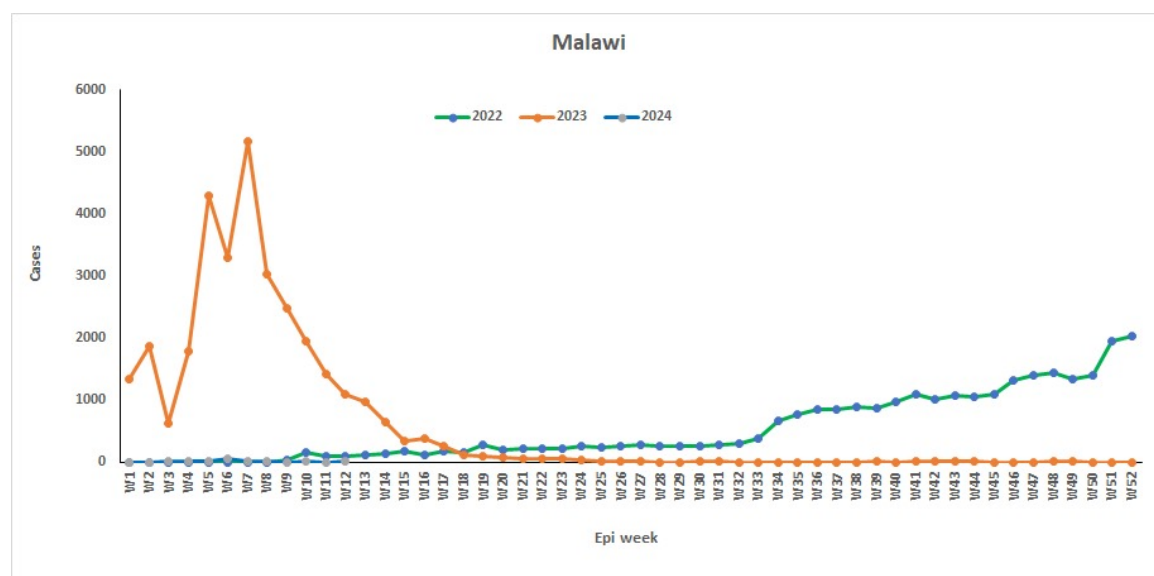
Figure 20: Map for cholera outbreak in Kenya, October 2022 – 18 February 2024



A cumulative total of 59 312 cases have been reported since the onset of the outbreak from all the 29 districts of the country as of 24 March 2024. In week 12 of 2024, new cases increased from three in the previous week to 14. The cases were reported from six districts: Blantyre, Karonga, Lilongwe, Mwanza, Neno and Nsanje. There was no death reported in both weeks 11 and 12. The cumulative number of deaths is 1 774 with a case fatality ratio of 3.0%.

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 21: Trend of cholera outbreak cases in Malawi, 3 March 2022 – 24 March 2024



United Republic of Tanzania

Cholera cases

- 71 - 886
- 887 - 2,439
- 2,440 - 4,417
- 4,418 - 12,802

Proportion of the total

- 0.12% - 1.49%
- 1.5% - 4.11%
- 4.12% - 7.45%
- 7.46% - 21.58%

Boundaries

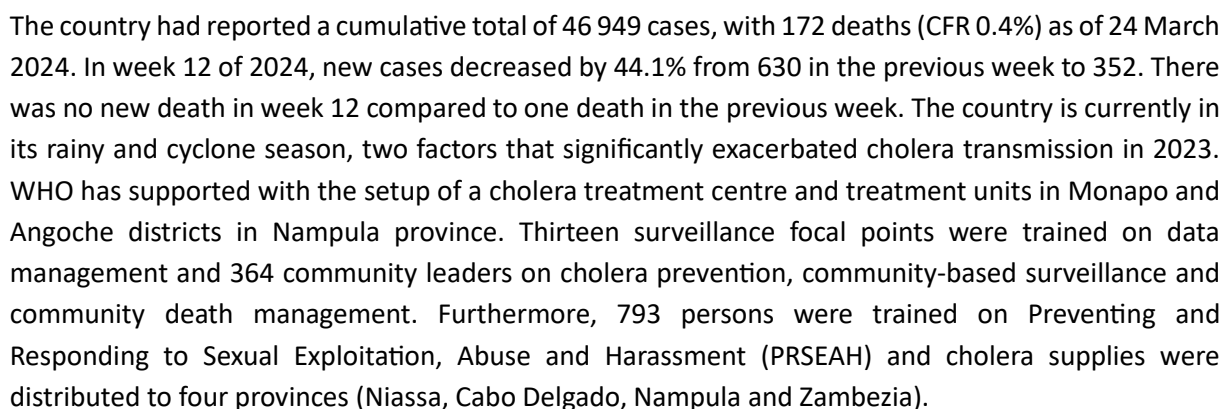
- Other countries

Map production date: 3/28/2024

Data source: Mofi Mawaji
Health Information and Risk Assessment
Emergency Preparedness and Response
Regional office for Africa
World Health Organization
© WHO 2024. All rights reserved.

The boundaries and names shown and the designation used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

EPR Emergency Preparedness and Response



Page | 18

Figure 23: Epicurve of cholera outbreak in Mozambique as of 24 March 2024

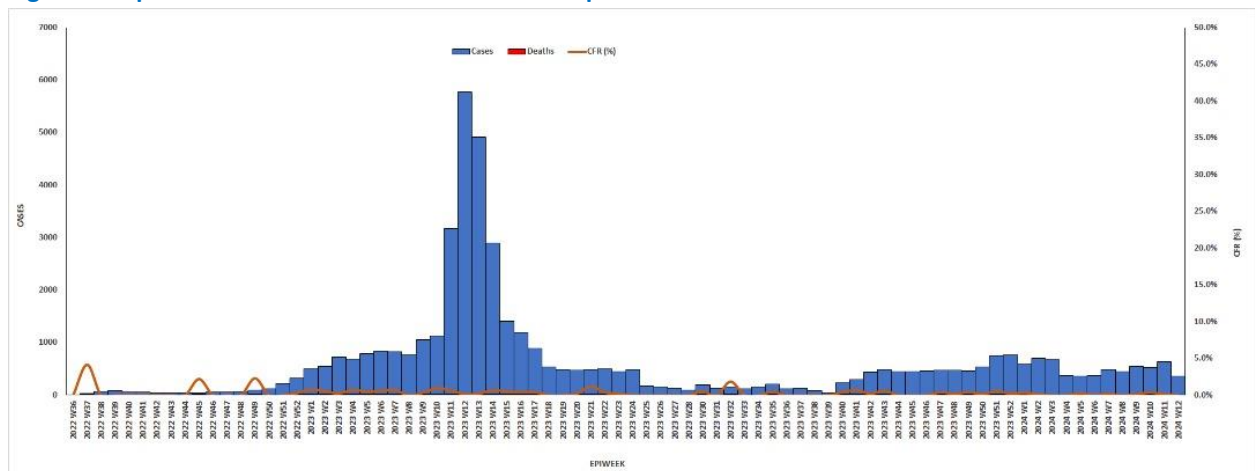
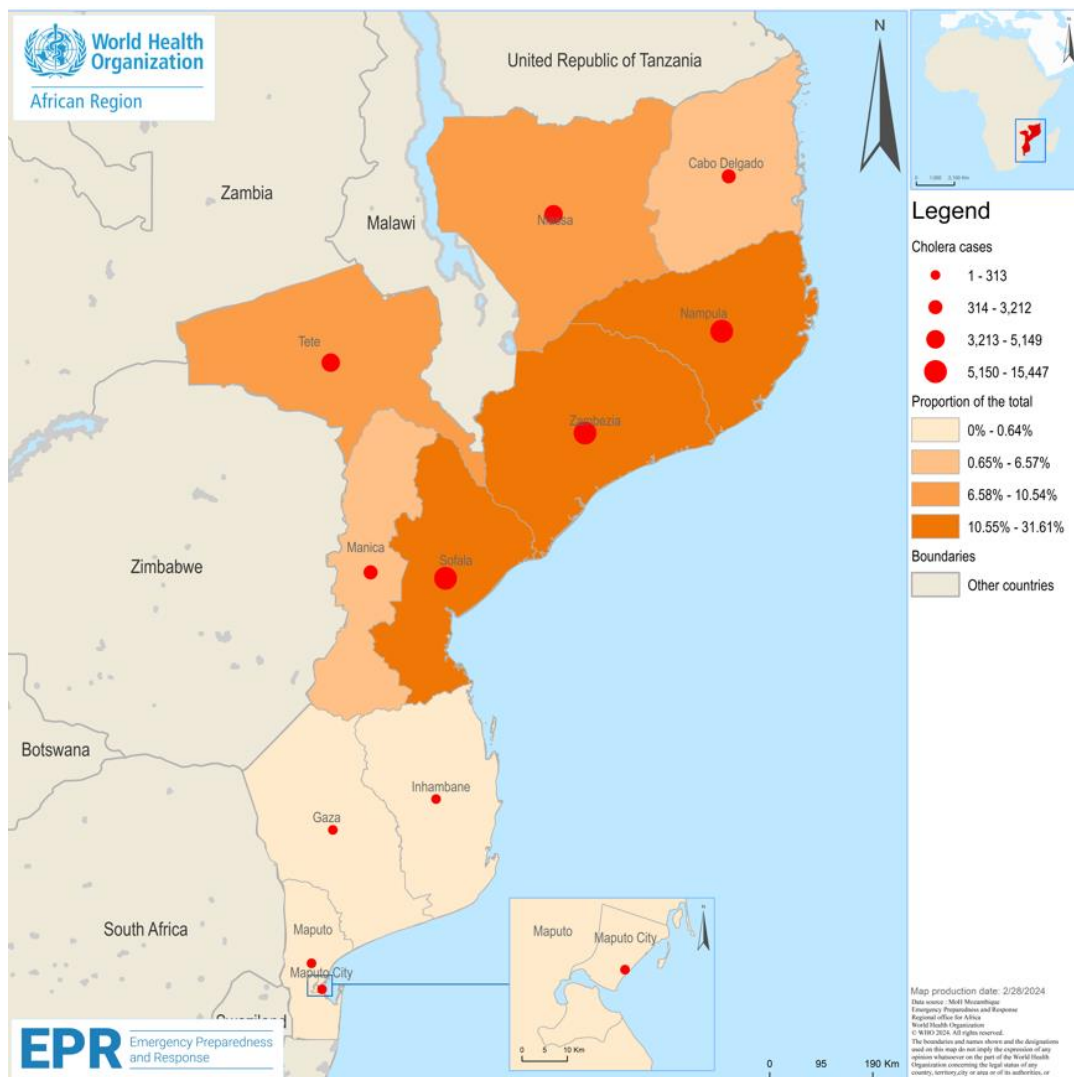


Figure 24: Map of cholera outbreak in Mozambique as of 25 February 2024

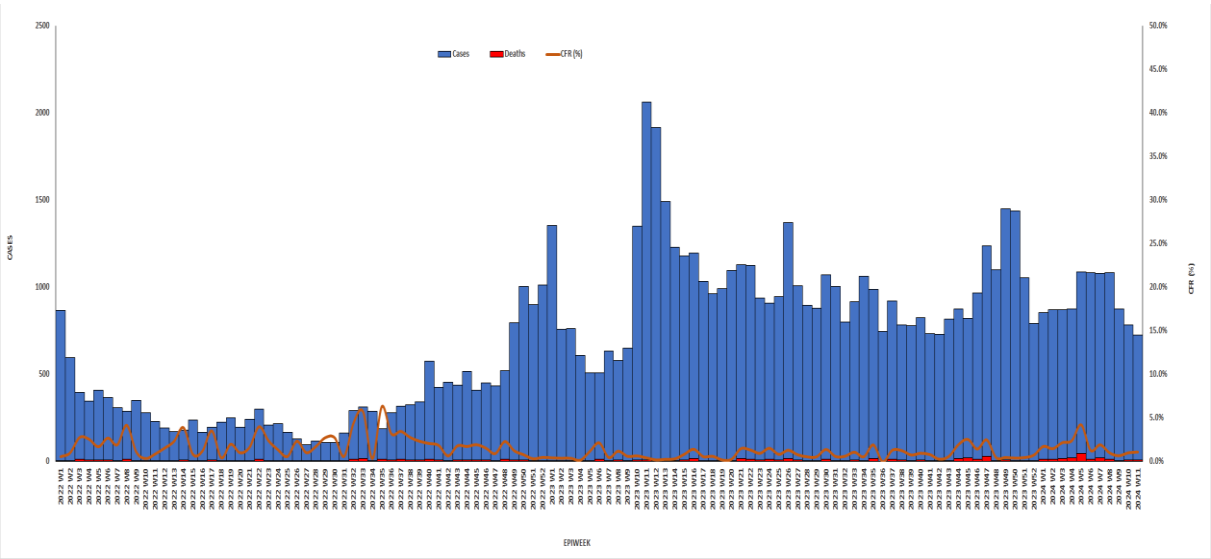


As of 17 March 2024, the country had reported 80 566 cumulative cases, with 943 deaths (CFR = 1.2%) across 12 affected provinces. For week 11, there were 726 cases and eight deaths with the week's CFR at 1.1%. The provinces most affected are Nord Kivu, Haut Katanga and Sud Kivu.

Public health actions include broadcast of preventive messages on Makaika and Kyondo radio and television stations, continued cross border meetings with Zambia by Haut Katanga province. Public health actions in Nord Kivu include water quality analysis in the camps for displaced people in Nyiragongo, Goma and Karisimbi, Training of 44 hygiene committee members, including rusayo1 (18) rusayo (21) and rusayo3 (5) from March 12 to 13, 2024 with the support of OXFAM. In Sud Kivu, three water purification stations were installed in Minova with the support of AIDES.

The outbreak in Haut Katanga province was declared by the provincial government on 26 January 2024.

Figure 25: Epicurve for cholera outbreak in Democratic Republic of the Congo as of 17 March 2024



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. No new deaths have been reported in 2024.

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

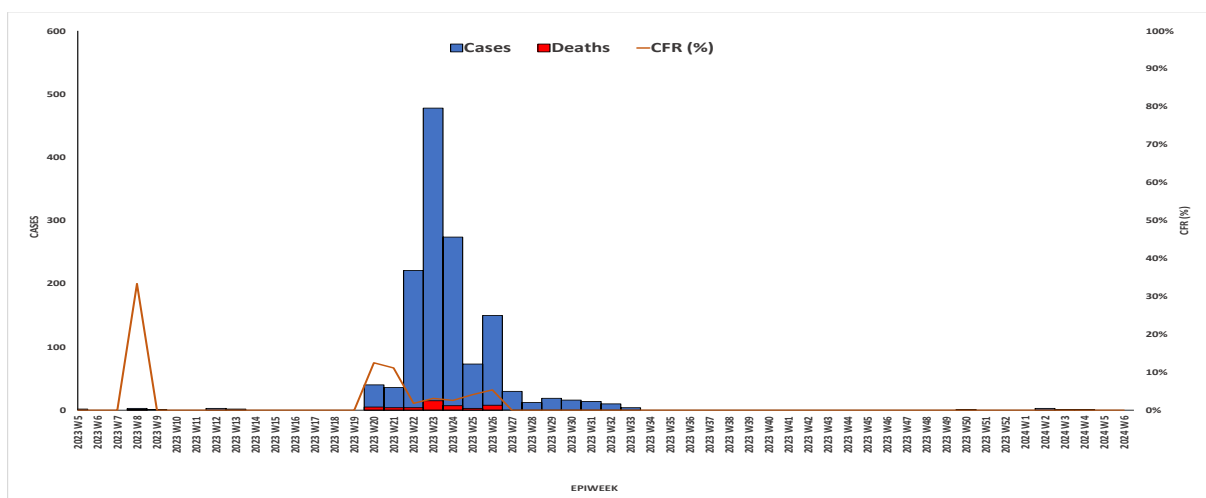
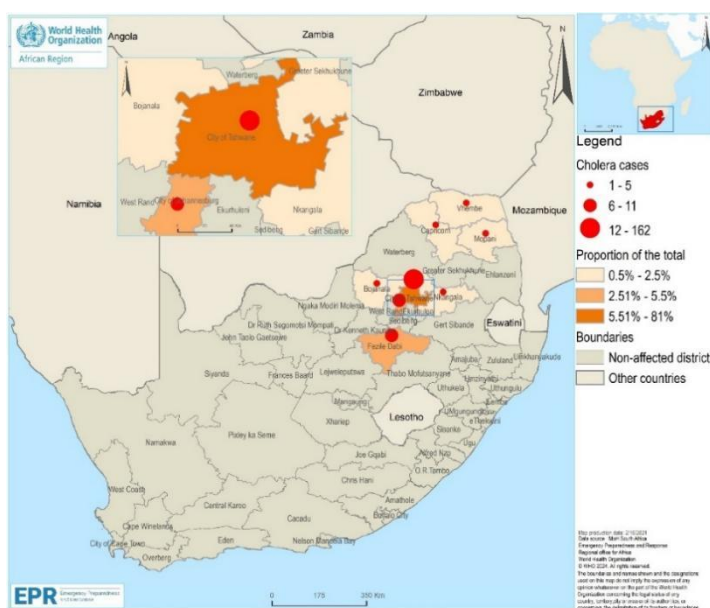


Figure 27: Map of cholera outbreak in South Africa as of 11 February 2024



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

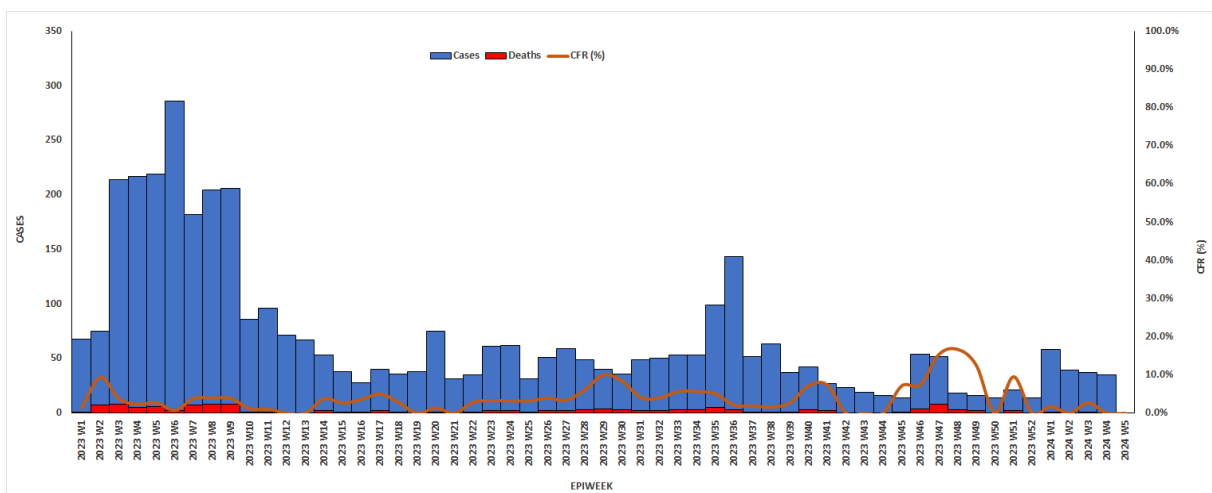
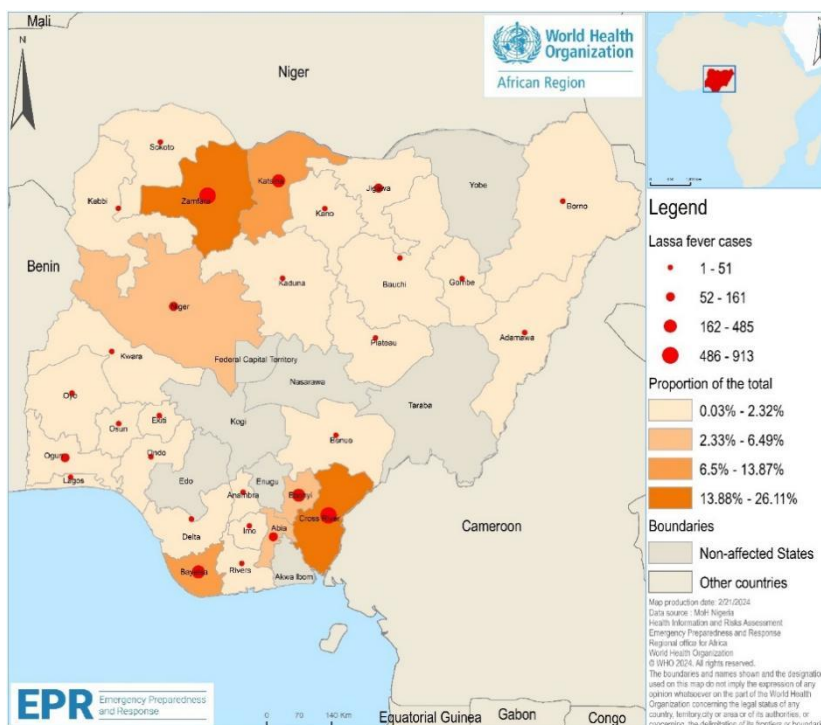


Figure 29: Map of cholera outbreak in Nigeria as of 28 January 2024



Uganda

Grade 3

Cumulative Cases
101

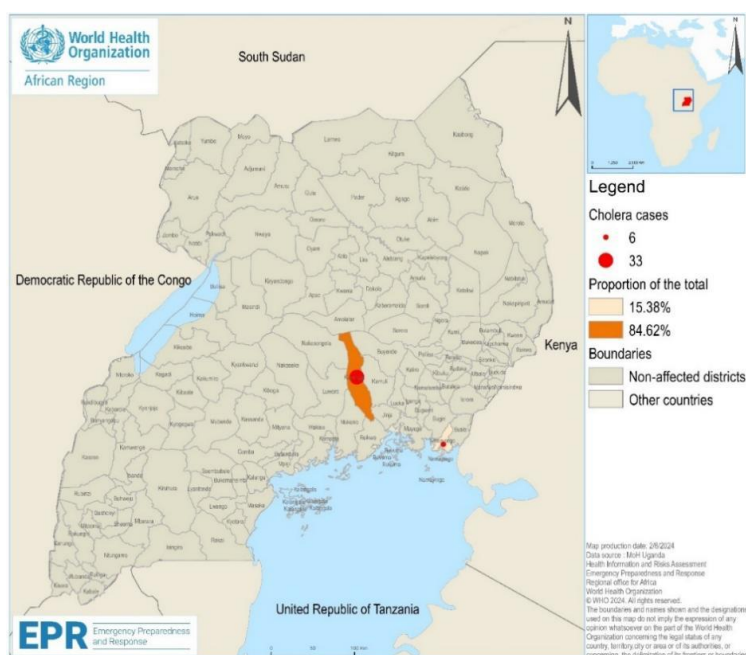
Cumulative Deaths
10

CFR
9.9%

As of 10 March 2024, the total cumulative cases and deaths since July 2023 were 101 and 10 respectively (CFR-9.9%). In 2024, there have been 20 new cases and no deaths reported.

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).

Figure 30: 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.

The epicurve of cases is declining, however, the number of cases in the first 10 weeks of 2024 is higher than the cumulative cases reported in 2022 and 2023 within the same timeframe.

WHO ACTIVITIES

Readiness:

- Twenty-Eight (28) countries identified 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.
- A readiness meeting with the South Sudan WHO country office was conducted with respect to the outbreak in Sudan and the risk of importation of cases.

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

Photo credit: WHO Zambia- conducted community integrated cholera response strategy training for community-based volunteers in Kitwe and Ndola on infection prevention and control (IPC) measures for both CTCs and community oral rehydration points.

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