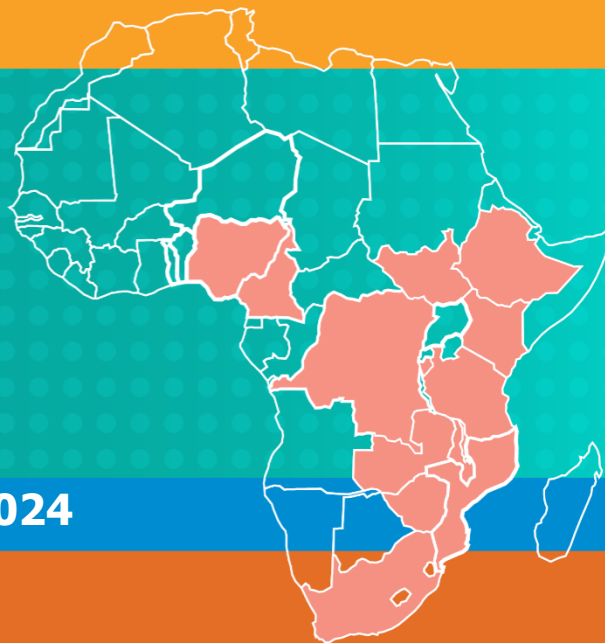


Cholera in the WHO African Region



Weekly Regional Cholera Bulletin: 1 April 2024

Data reported: as of 31 March 2024



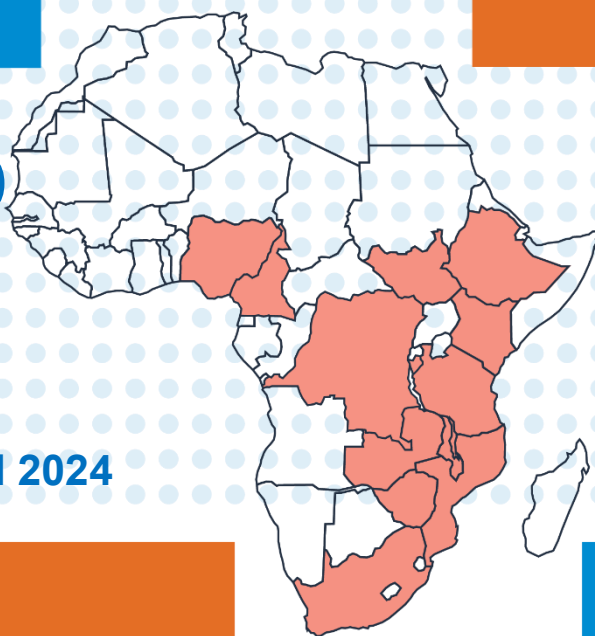
World Health
Organization

African Region

Cholera in the WHO African Region

Weekly Regional Cholera Bulletin: 1 April 2024

Data reported: as of 31 March 2024



Situation update

Regional Cholera Update

Grade 3

Cumulative Cases



348 609

Cumulative Deaths



6 342

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 13 of 2024, seven countries- **Burundi, Comoros, Malawi, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe**- reported a total of 1 345 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 31 March was 62 175 and 1 232 deaths, respectively, with a case fatality ratio of 2.0%. The Democratic Republic of the Congo, Ethiopia, Mozambique, Zambia and Zimbabwe account for 94.6% (58 802) of the total cases and 95.7% (1 179) of total deaths this year.

As of 31 March 2024, a cumulative total of 348 609 cholera cases, including 6 342 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% (257 145) of the cumulative cases and 64.1% (4 065) of all cumulative deaths reported.

Figure 1: Distribution of cholera cases and deaths in WHO African Region, 1 January 2022— 31 March 2024

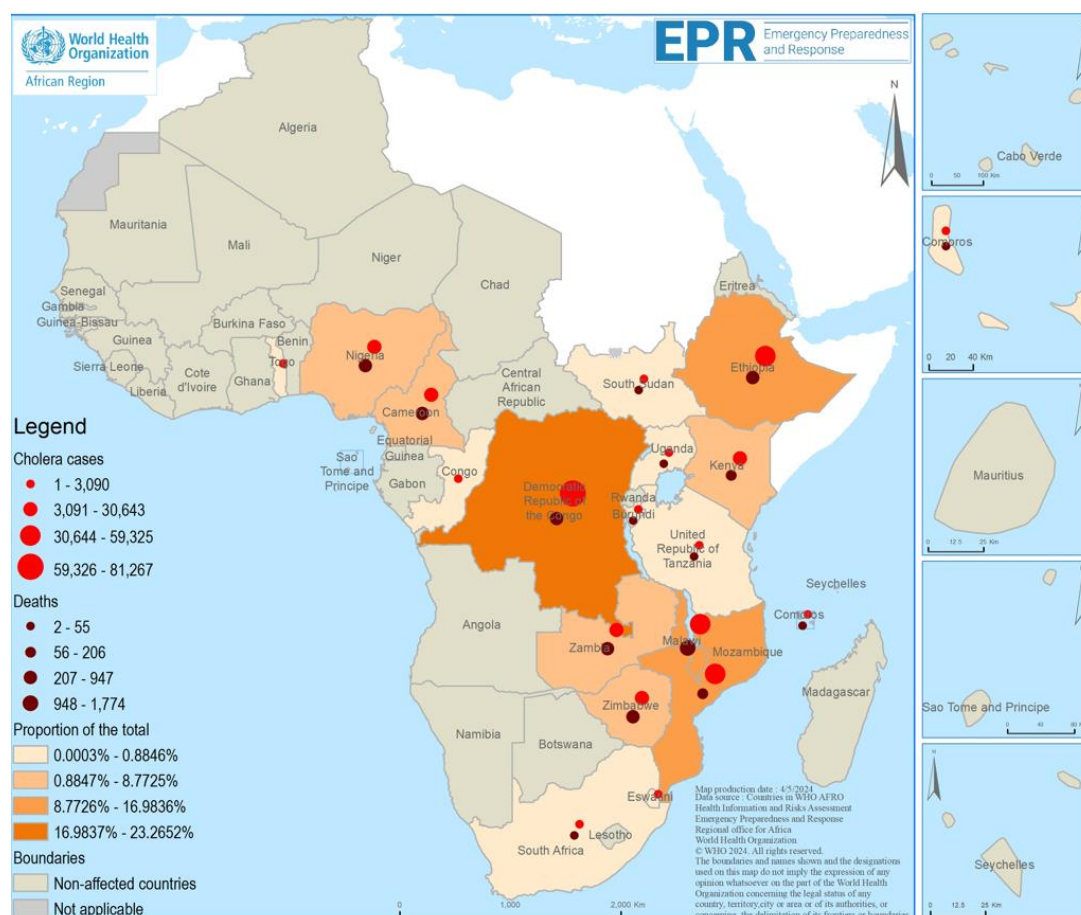


Table 1: Cholera Cases and Deaths in WHO African Region, 1 January 2022 to 31 March 2024

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	81 267	947	1.2	10 892	186	1.7	Jan-22	24-Mar-24
Malawi	59 325	1 774	3.0	201	3	1.5	Mar-22	31-Mar-24
Mozambique	47 227	173	0.4	6 304	11	0.2	Sep-22	31-Mar-24
Ethiopia	38 683	528	1.4	7 445	60	0.8	Aug-22	24-Mar-24
Zimbabwe	30 643	643	2.1	16 126	323	2.0	Feb-23	31-Mar-24
Nigeria	27 691	727	2.6	169	2	1.2	Jan-22	28-Jan-24
Zambia	22 337	721	3.2	18 035	599	3.3	Jan-23	28-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	3 090	55	1.8	2 009	32	1.6	Feb-23	26-Mar-24
Burundi	1 488	9	0.6	118	0	0	Jan-23	31-Mar-24
South Sudan	1 471	2	0.1	-	-	-	Feb-23	16-May-23
South Africa	1 395	47	3.4	6	0	0	Feb-23	13-Feb-24
Comoros	655	16	2.4	655	16	2.4	Feb-24	31-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	348 609	6 342	1.8	62 175	1 232	2.0		

Figure 2: Epi Curve of cholera cases and deaths in WHO African Region, 1 January 2022 – 31 March 2024

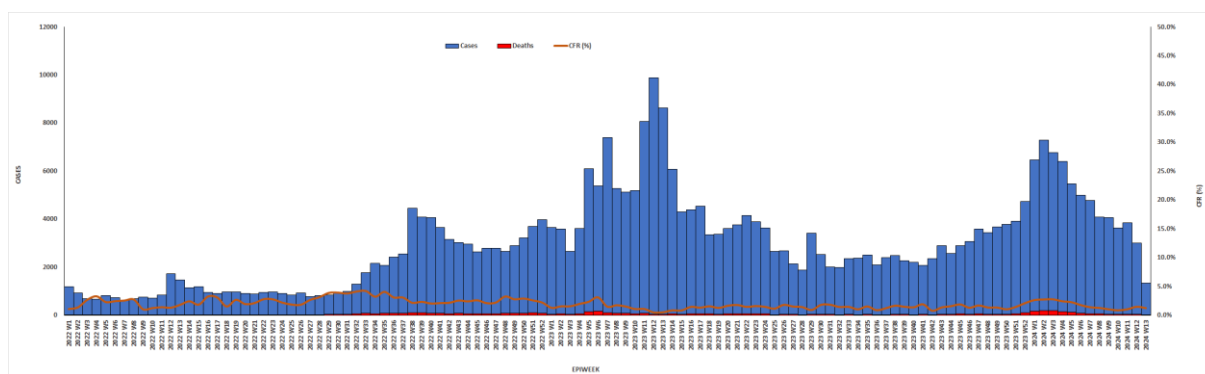


Figure 3: Trends of cholera cases in WHO African Region, 1 January 2022 – 31 March 2024

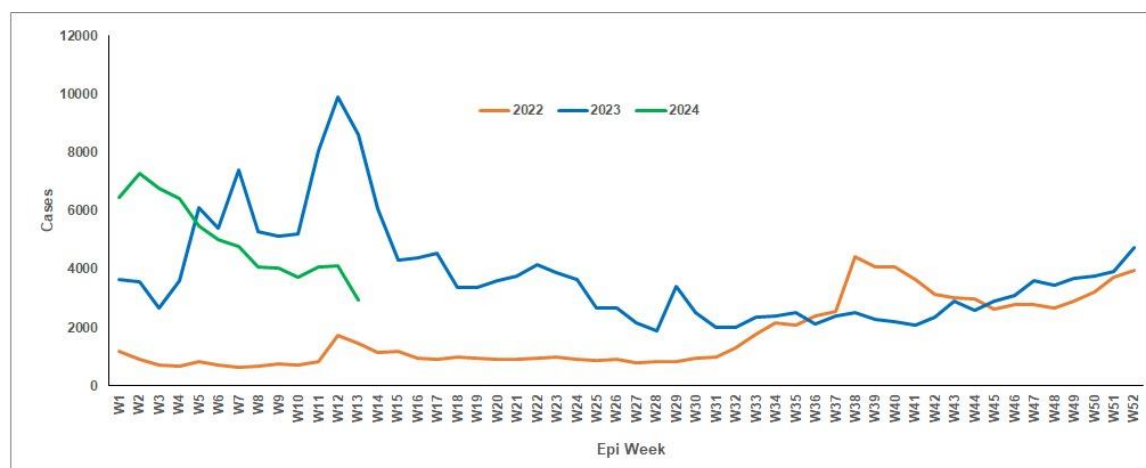
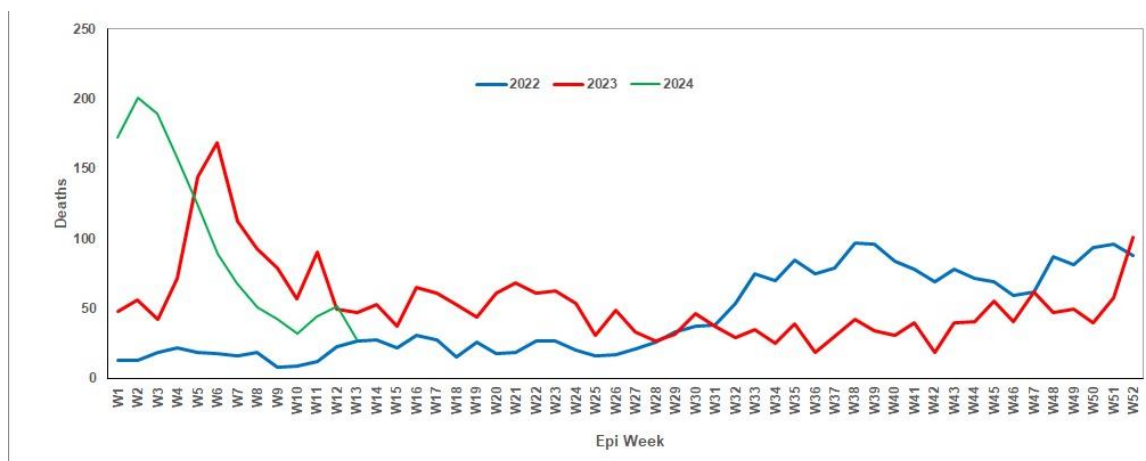


Figure 4: Trends of cholera deaths in WHO African Region, 1 January 2022 – 31 March 2024



Country specific updates



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

As of 31 March 2024, a cumulative of 30 643 cholera cases with 643 deaths (CFR 2.1%) have been reported from the ten provinces. In week 13 of 2024 new cases decreased by 22.5% from 940 in week 12 to 729. New deaths decreased by 66.7% from 30 in week 12 of 2024 to 10. In the reporting week (Week 13), ten deaths were reported, seven deaths were reported from Mashonaland Central Province, two from Masvingo Province and one death from Mashonaland West Province.

The three provinces with the highest number of cumulative cases are Harare including Chitungwiza city (11 591), Manicaland (6 341), and Mashonaland Central (3 954) which account for 71.4% (21 886 cases). The case fatality ratio (CFR) in week 13 was 1.4%, lower than a CFR of 3.2% reported in week 12.

As of 31 March 2024, sixty-three (63) districts have reported at least a case of cholera.

Figure 5: Epicurve of Cholera outbreak in Zimbabwe as of 31 March 2024

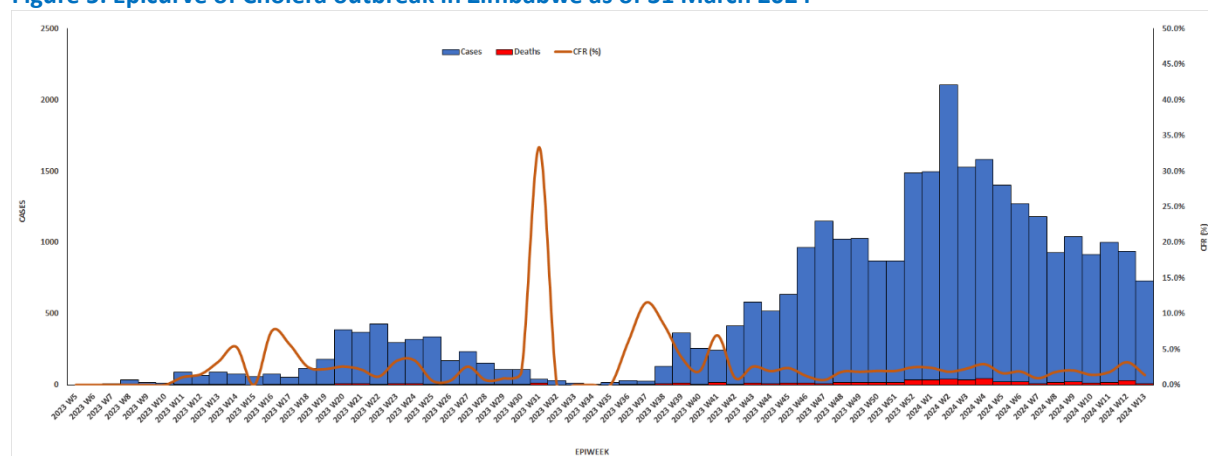
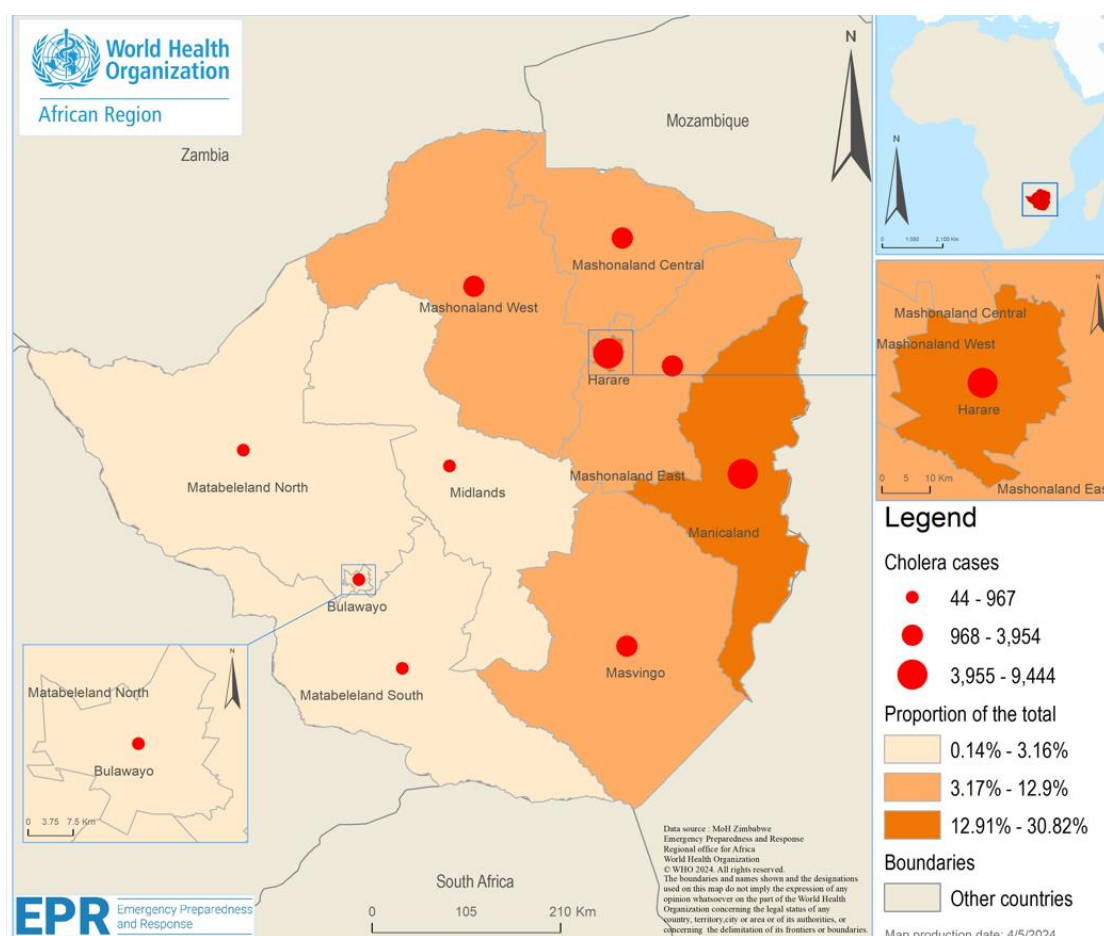


Figure 6: Map of Zimbabwe showing cholera affected provinces as of 31 March 2024



Public Health Actions

- A data harmonization meeting was conducted in Kadoma 25-28 March 2024 in Mashonaland West province.
- A total of 47 health workers were trained from Mberengwa, Chirumhanzu, Shurugwi and Zvishavane districts on infection prevention and control (IPC).
- Mega easter campaigns were conducted in Harare and Chitungwiza city to prevent cholera transmission by the RCCE team.
- Cholera supplies of two 25 kgs of chlorine were dispatched to Kadoma city. Also, 10 boxes of disposable gloves containing 100 pairs were dispatched Midlands province.

Challenges/Gaps

- Inadequate financial resources for the response.
- Limited human resources for effective response.
- Lack of consumables for water quality testing.
- Delayed last mile distribution of donated commodities.

Zambia

Grade 3

Cumulative Cases



22 337

Cumulative Deaths



721

CFR

3.2%

Cumulatively this year, as of 28 March 2024, there have been 22 337 reported cases and 721 deaths (CFR = 3.2%). In week 13 of 2024, new cases decreased by 72.5% from 437 in the previous week to 120. New deaths however increased by 33.3% from six deaths in the previous week to eight. **(It is important to note that epi week 13 is not a complete week as the cutoff date for the data is expected to be 31 March 2024).** 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.

Figure 7: Epicurve of cholera cases and deaths in Zambia as of 28 March 2024

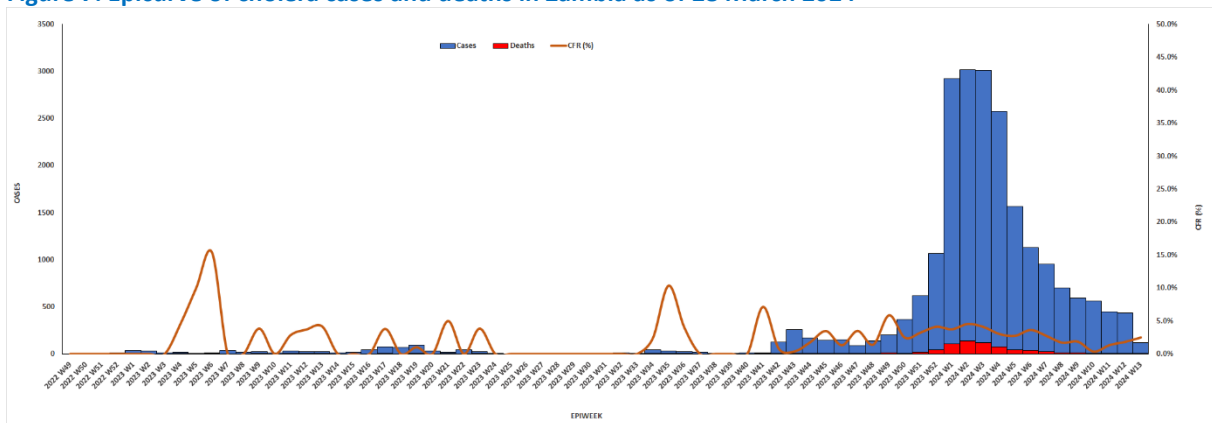
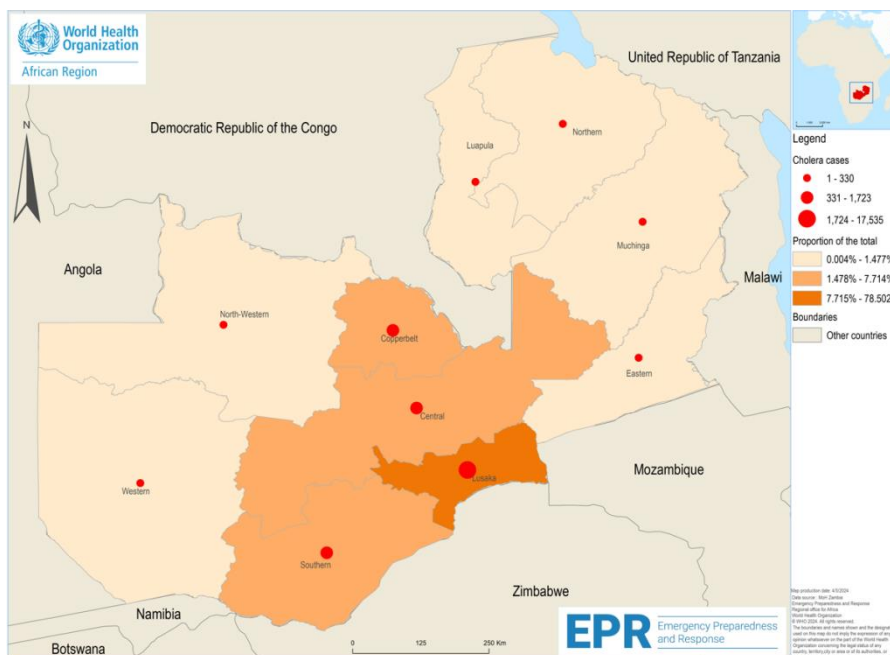


Figure 8: Map of Zambia showing cholera affected provinces as of 28 March 2024





As of 31 March 2024, cumulative number of cases and deaths are 655 and 16 respectively (CFR=2.4%). In epi week 13, new cases increased by 8.7% from 161 in the previous week to 175. New deaths reported both epi weeks 12 and 13 were two each. Of the 16 deaths recorded since the start of the outbreak, 14 were community deaths while two were hospital deaths. All the three Islands of Grande Comore (292 cases), Mwali (86 cases) and **Ndzuwani (277 cases) 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 31 March 2024

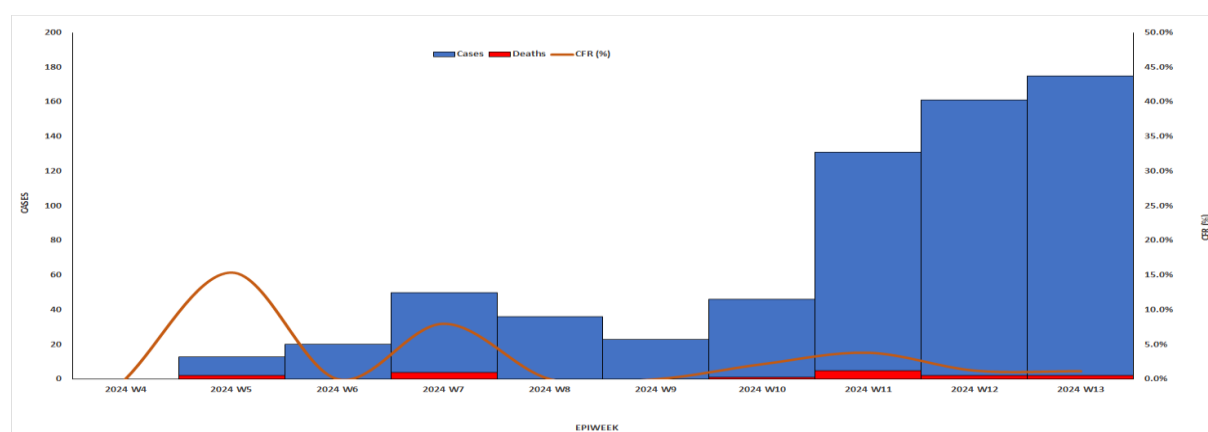
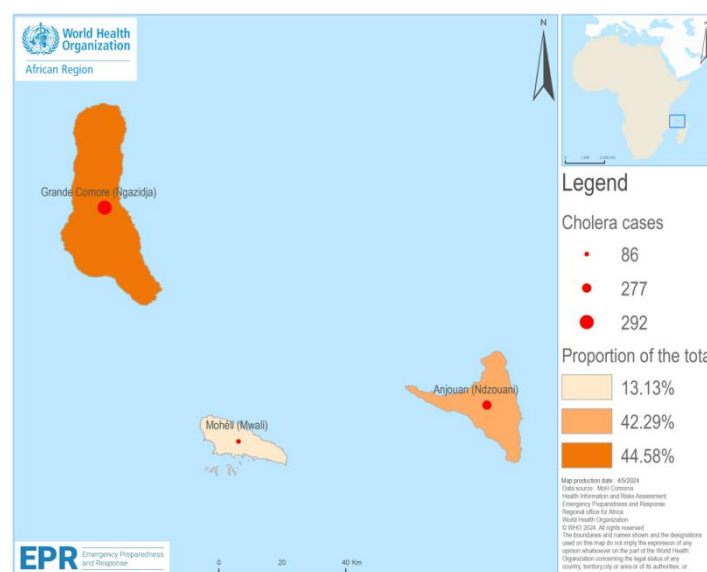


Figure 10: Map of Comoros showing cholera affected areas as of 31 March 2024



Public Health Actions

- A multi-sectoral meeting was conducted in Anjouan under the chairmanship of the Minister for a better coordination of the response.
- Field Epidemiology Training Programme (FETP-COI) trainees have been engaged to conduct case investigations in the response.
- A tool for extracting databases on investigated cases specific to each health region with a dashboard was deployed with the support of WHO.
- A total 1,723 households have been disinfected on the three islands.
- A total of 1,890 Stop Cholera Kits were distributed to populations at risk on three islands.

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.

United Republic of
Tanzania

Grade 3

Cumulative Cases



3 090

Cumulative Deaths



55

CFR

1.8%

The cumulative number of cases from the country since 22 January 2023 to 26 March 2024 are 3 090 and 55 deaths with a CFR= 1.8%. In week 13 of 2024, new cases decreased by 83.2% from 131 in week 12 to 22. In week 13 of 2024, no new death was reported in both weeks 12 and 13. **(It is important to note that epi week 13 is not a complete week as the cutoff date for the data is expected to be 31 March 2024).** The regions with active cases are Dar es Salaam, Kagera, Katavi, Kigoma, Manyara, Morogoro, Mwanza and Simiyu.

Figure 11: Epicurve of cases and deaths in United Republic of Tanzania as of 26 March 2024

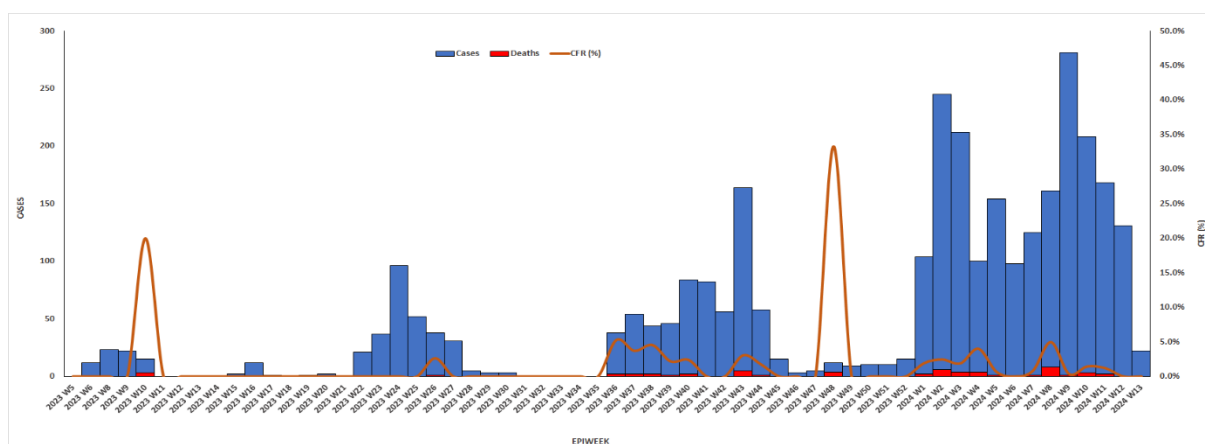
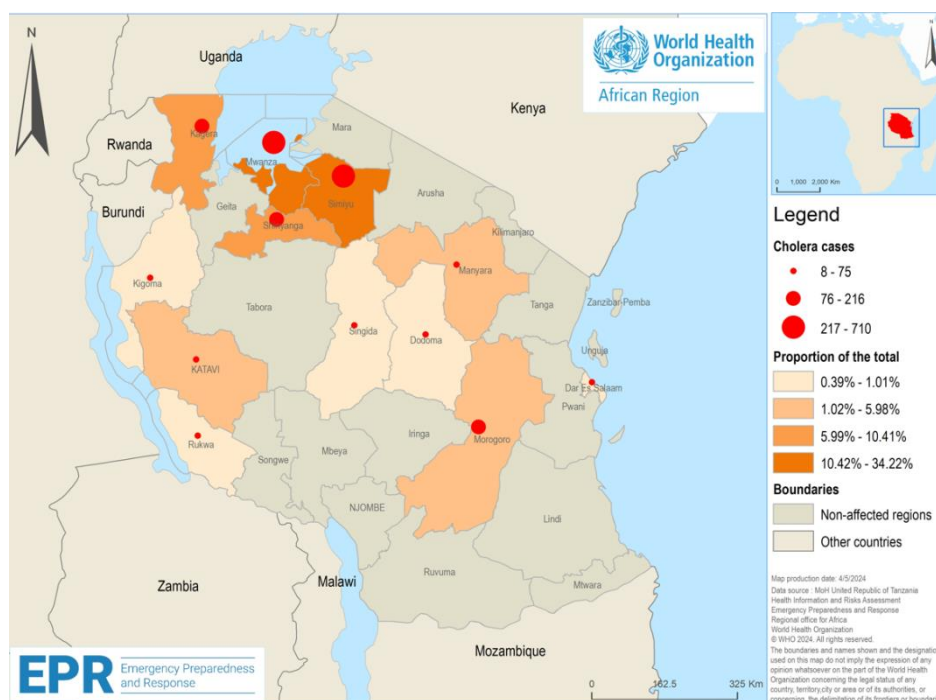


Figure 12: Map of United Republic of Tanzania showing cholera affected areas as of 26 March 2024



Public Health Actions

- Travelers' health screening on 1 583 passengers arriving and departing from countries with cholera outbreaks was conducted. None of the passengers were found to have symptoms and signs of cholera.
- Water quality testing was conducted at five 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. Nine 9 (64.2%) out of 14 sampling points were found to have residual chlorine and 5 were found to lack residual chlorine.
- Water supply utilities were reminded to take measures to chlorinate water from sources while port communities were insisted to treat water at the point of use with aqua tabs.
- A total of 11 549 people, 321 markets, 53 schools and 697 food vendors were sensitized to treat water for use in Dar es salaam and Morogoro.
- A total of 72 households have been inspected and given instructions to maintain cleanliness in Manyara region.

Challenges/Gaps

- Inadequate fund to support response interventions.
- Inadequate clean and safe water supply.
- Inadequate hand washing facilities at households and public facilities.

As of 31 March 2024, a cumulative total of 1 488 cases and nine deaths (CFR 0.6%) were reported from Burundi. In week 13 of 2024 the new cases reported in both weeks 12 and 13 were eight new cases each. 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, 116, 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 31 March 2024

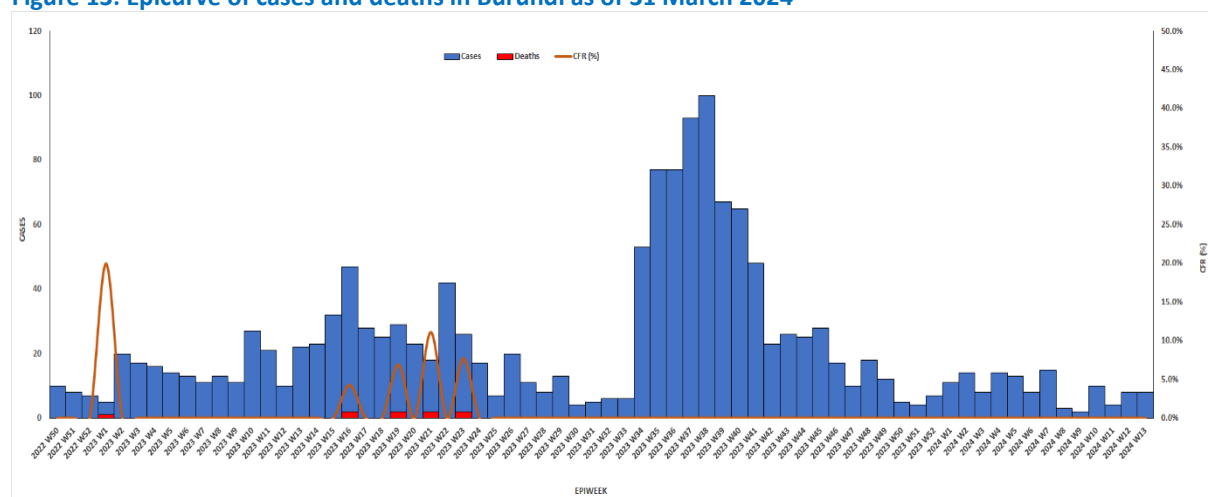
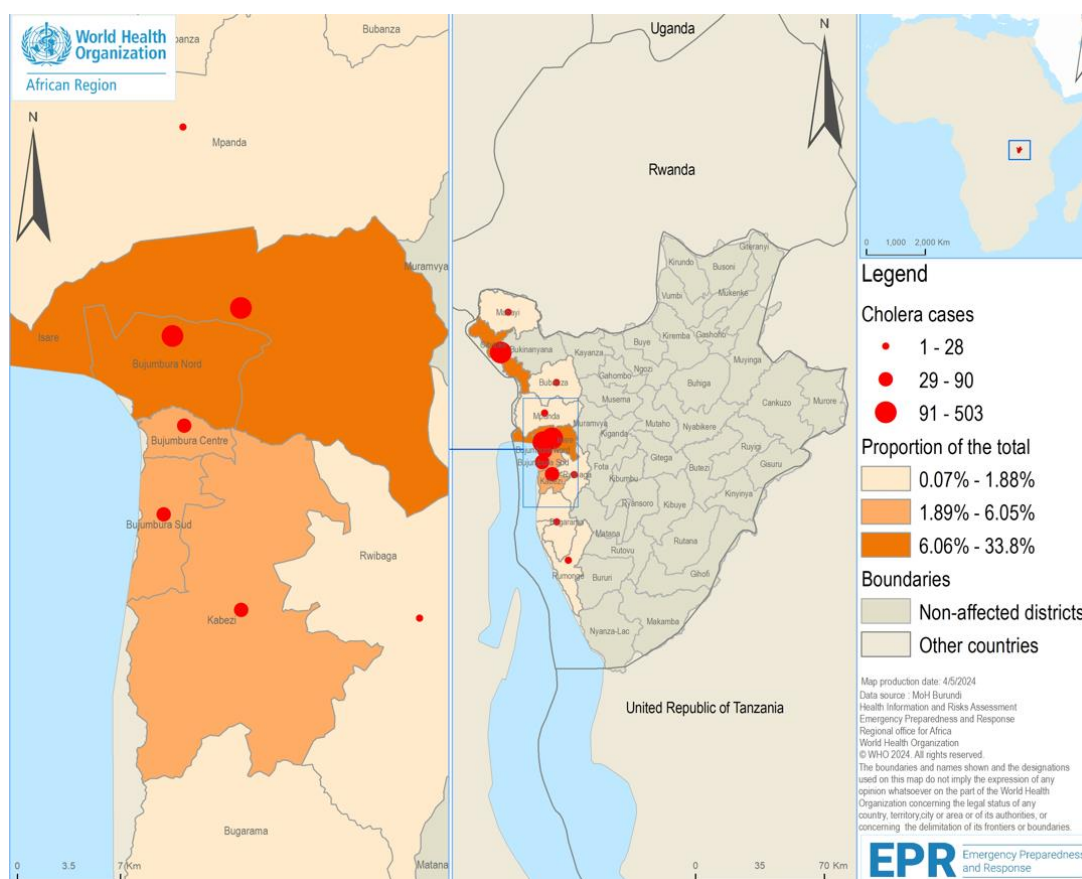


Figure 14: Map of Burundi showing cholera affected areas from October 2022 to 31 March 2024



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

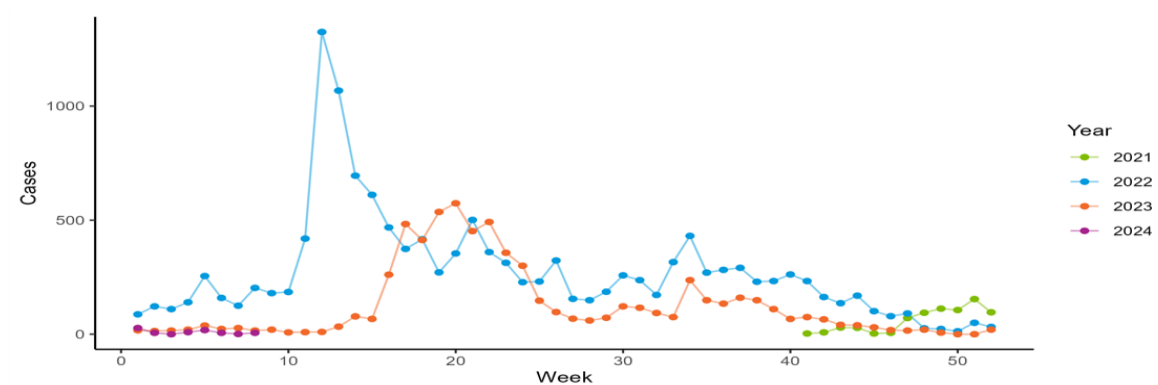
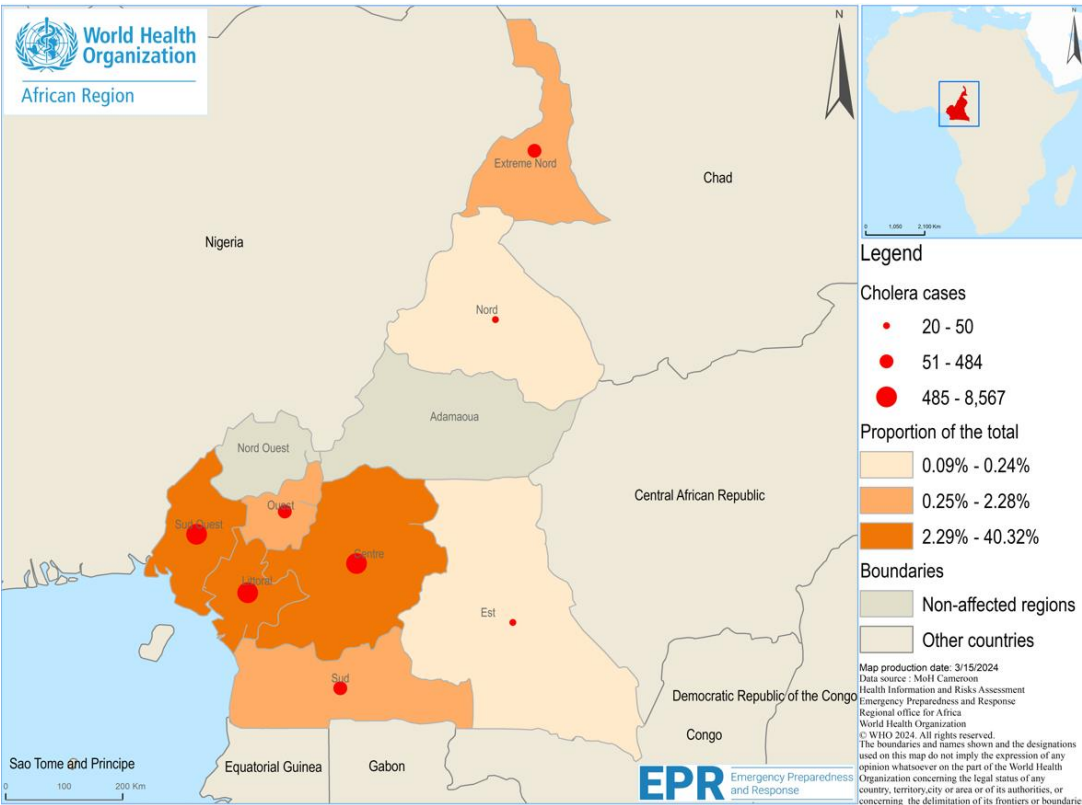


Figure 16: Map of cholera cases in Cameroon from October 2021 to 17 March 2024



As of 24 March 2024, Ethiopia reported a cumulative case total of 38 683 with 528 deaths (CFR = 1.4%). In week 12 of 2024, new cases decreased by 27.8% from 360 to 260. New deaths in both epi weeks 11 and 12 were one new death each. The cholera outbreak is currently active in 64 woredas spanning eight regions: Somali (28 woredas), Oromia (14 woredas), Dire Dawa (7 woredas), Afar (6 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

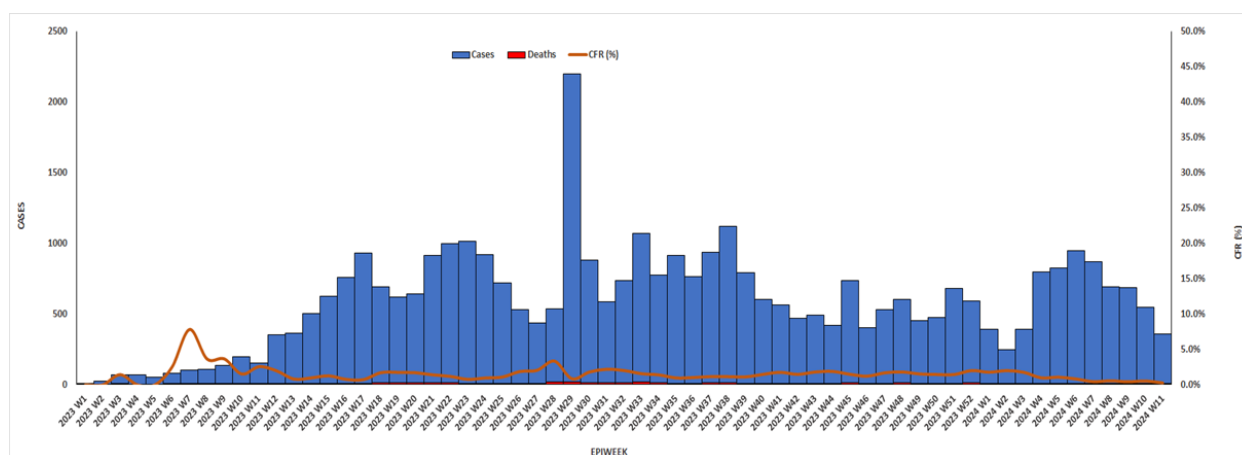
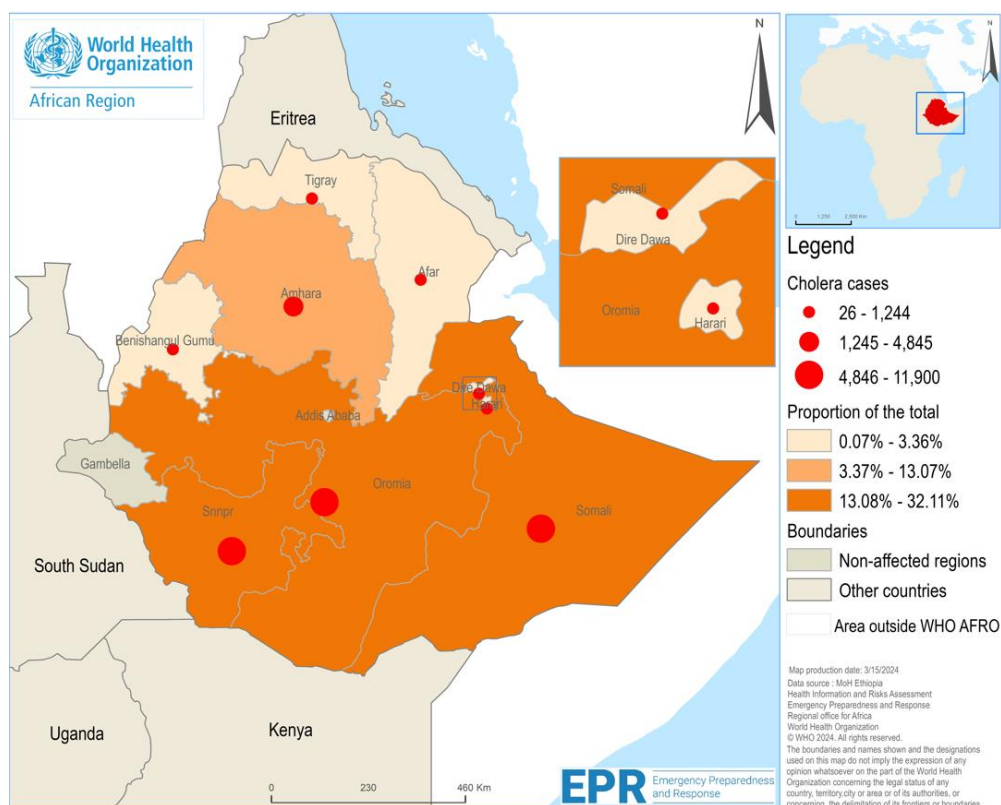


Figure 18: Map of Cholera outbreak in Ethiopia from October 2022 to 17 March 2024



Public Health Actions

- A total of 39 responders are currently deployed for the outbreak consisting of 21 from WHO and 19 from the Ethiopia Public Health Institute (EPHI) to Somali Dire Dawa and Harari till 10 April 2024.
- About 246 health care workers and community volunteers were trained on risk communication and community engagement (RCCE) in Somali and Oromia region by the RCCE team.

Challenges/Gaps

- Inadequate fund to support response interventions.
- Inadequate clean and safe water supply.
- Population movements leading to spreading of the outbreak.

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

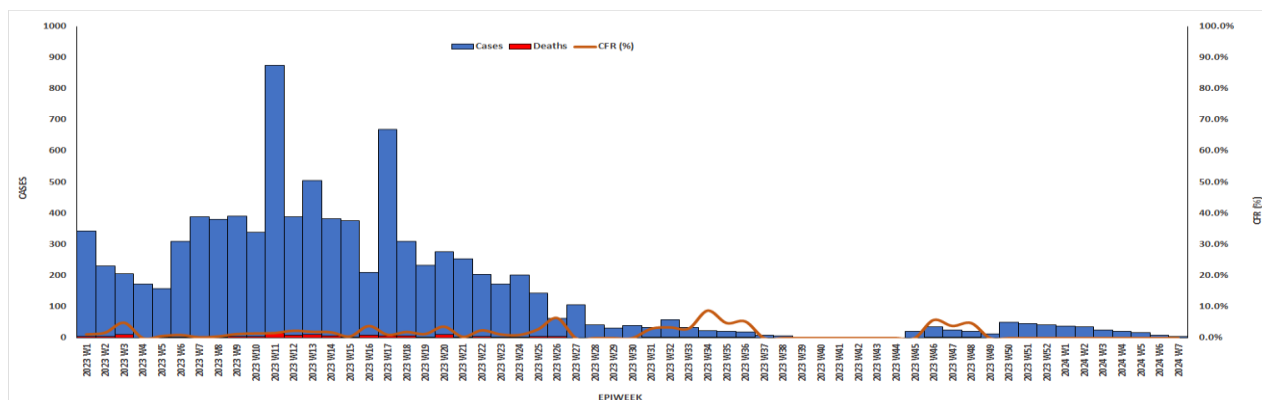
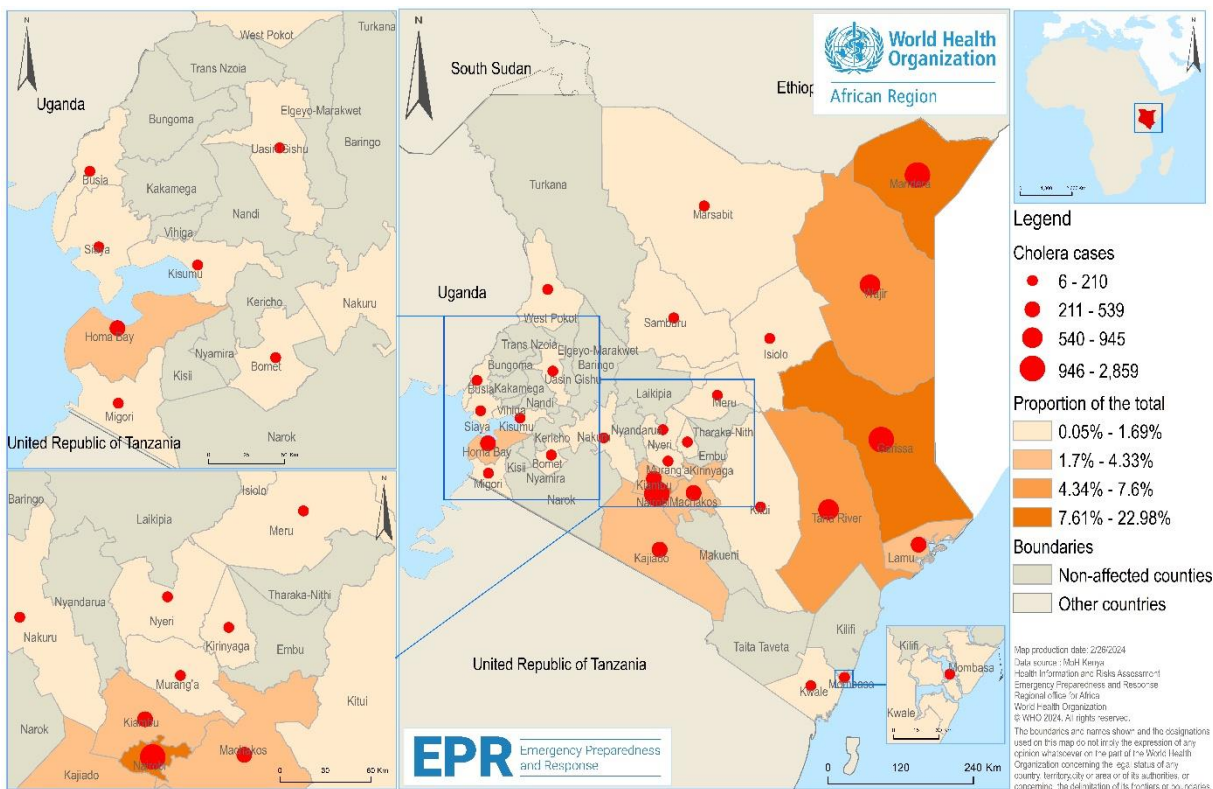


Figure 20: Map for cholera outbreak in Kenya, October 2022 – 18 February 2024



A cumulative total of 59 325 cases have been reported since the onset of the outbreak from all the 29 districts of the country as of 31 March 2024. In week 13 of 2024, new cases decreased by 7.1% from 14 in the previous week to 13. There was no death reported in both weeks 12 and 13. 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: Epicurve for cholera outbreak cases in Malawi, 3 March 2022 – 31 March 2024

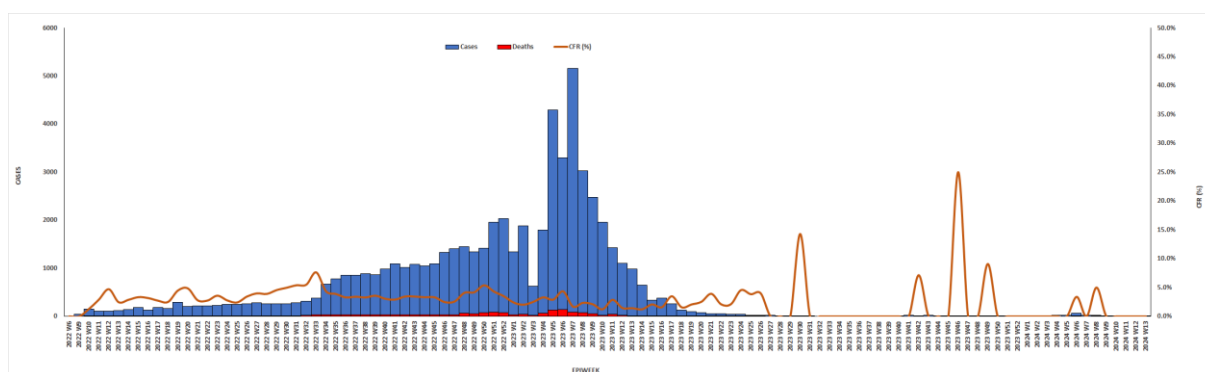
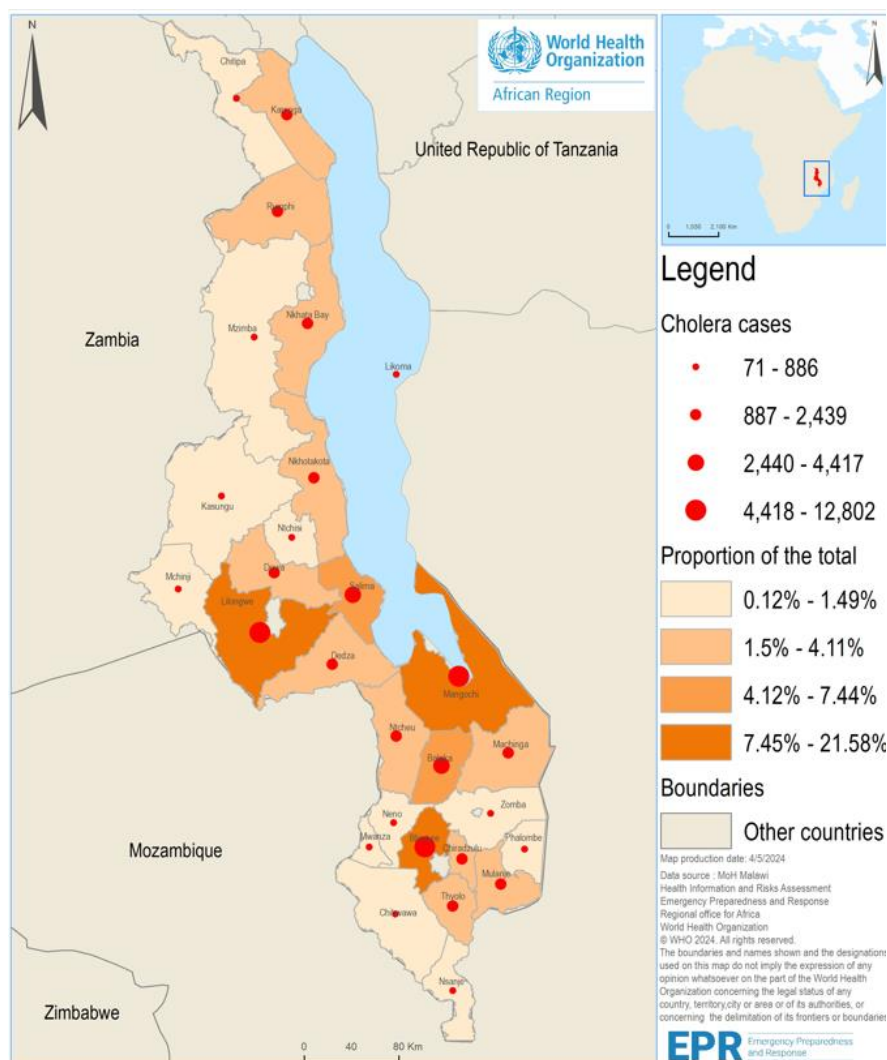


Figure 22: Map for cholera outbreak in Malawi, 3 March 2022 – 31 March 2024





The country had reported a cumulative total of 47 227 cases, with 173 deaths (CFR 0.4%) as of 31 March 2024. In week 13 of 2024, new cases decreased by 21.0% from 352 in the previous week to 278. There were two deaths reported in epi week 13 compared to no death in the previous week. The Situation in Mozambique remains fragile with impact of El Nino and tropical cyclone Filipo which made landfall on March 12 near the coastal town of Inhassoro. Ongoing rainfalls with risk of flooding and displacement of populations from Cabo Delgado to Nampula are factors that can exacerbate the cholera transmission. One cholera treatment centre (CTC) and cholera treatment unit (CTU) were set up in Monapo and Angoche districts in Nampula province. WHO supported the country to train 13 surveillance focal points on data management and 364 community leaders on cholera prevention, community-based surveillance and community death management.

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 23: Epicurve of cholera outbreak in Mozambique as of 31 March 2024

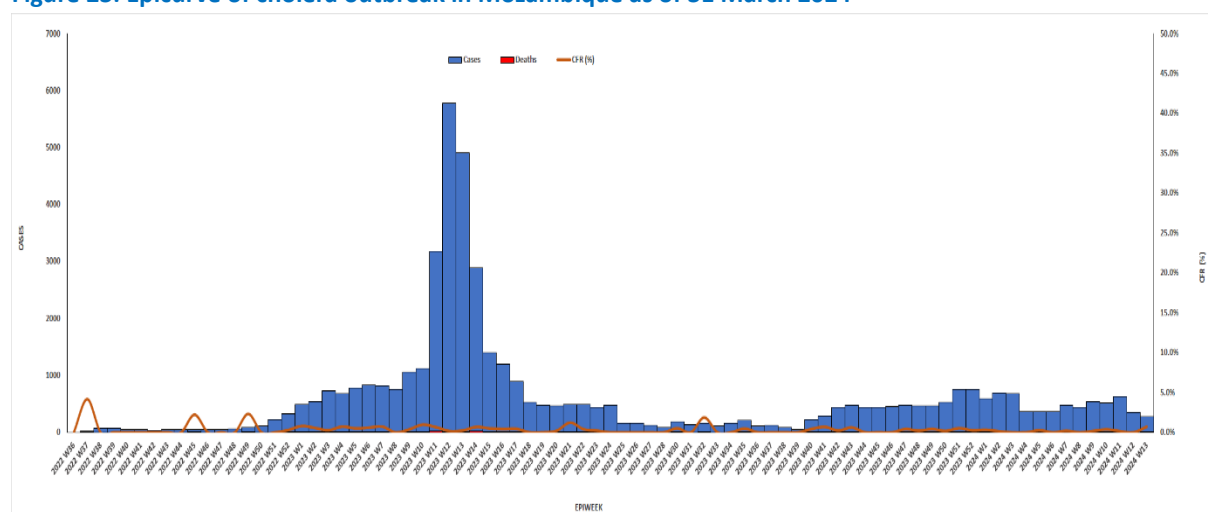
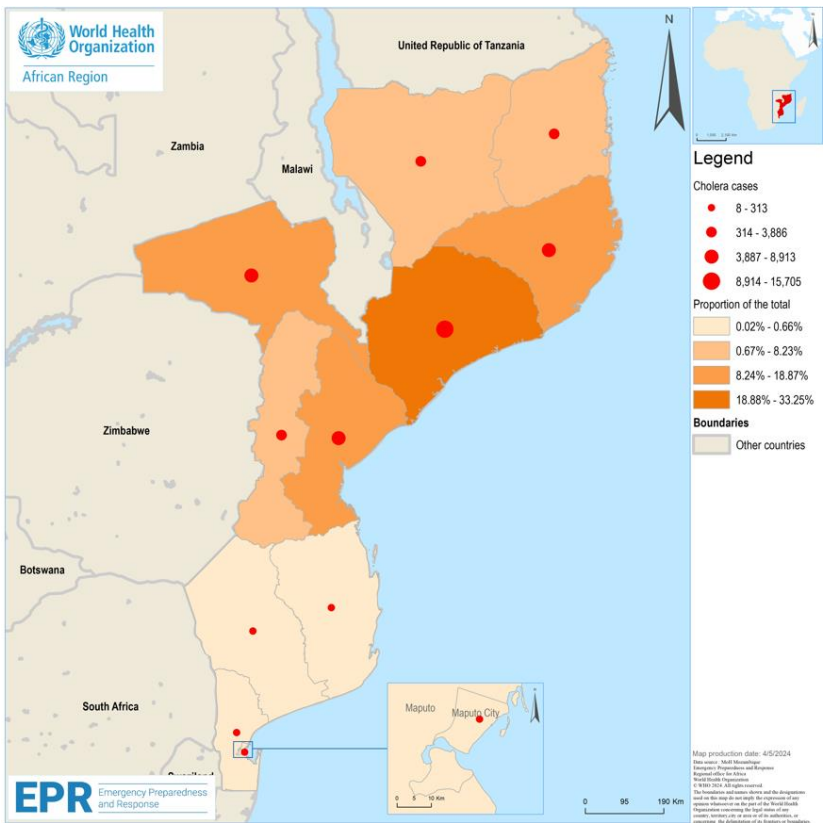


Figure 24: Map of cholera outbreak in Mozambique as of 31 March 2024

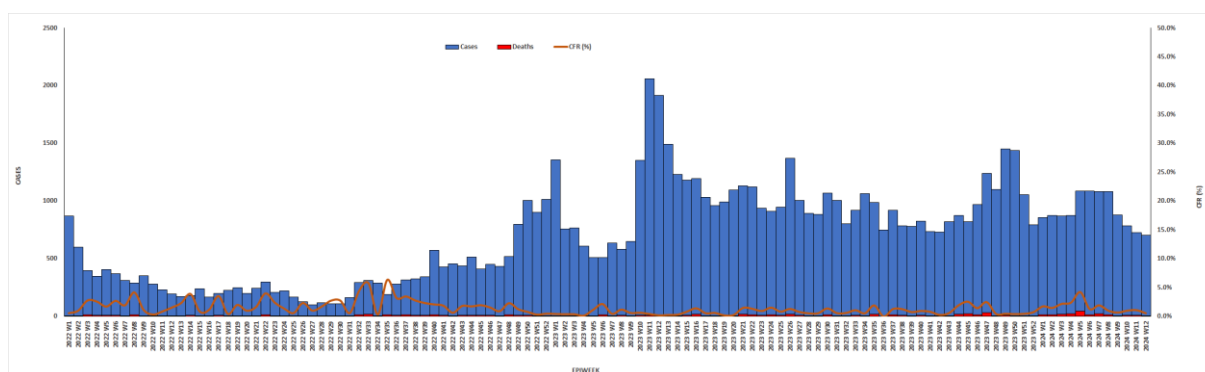


As of 24 March 2024, the country had reported 81 267 cumulative cases, with 947 deaths (CFR = 1.2%) across 12 affected provinces. For week 12, there were 701 cases and four deaths with the week’s CFR at 0.6%. The provinces most affected are Nord Kivu, Haut Katanga and Sud Kivu.

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 24 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

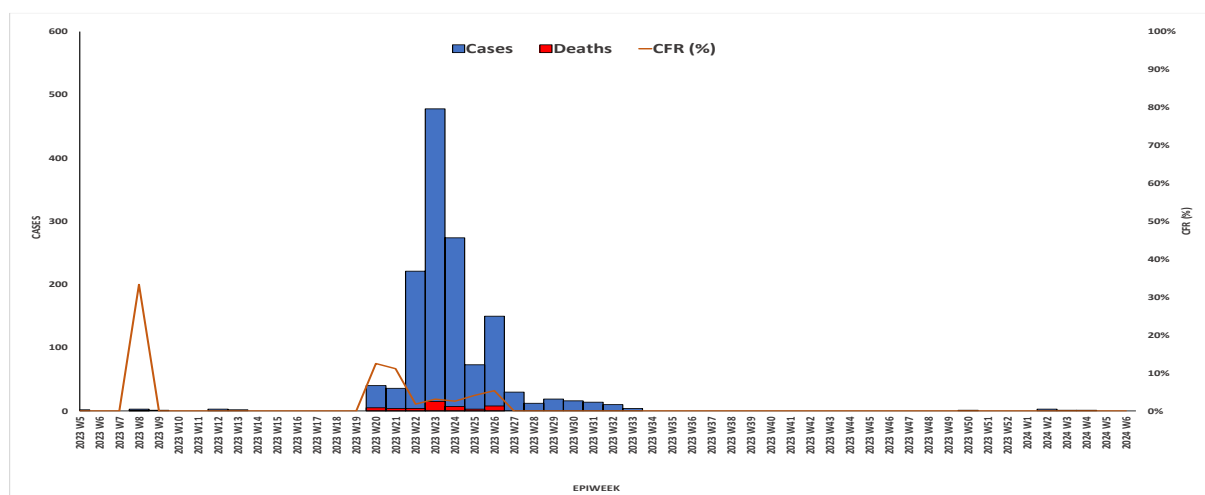
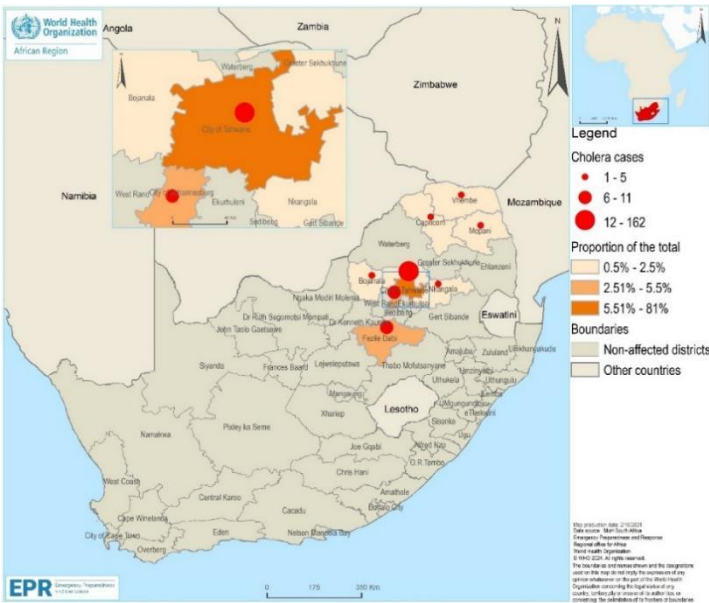


Figure 27: Map of cholera outbreak in South Africa as of 11 February 2024



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

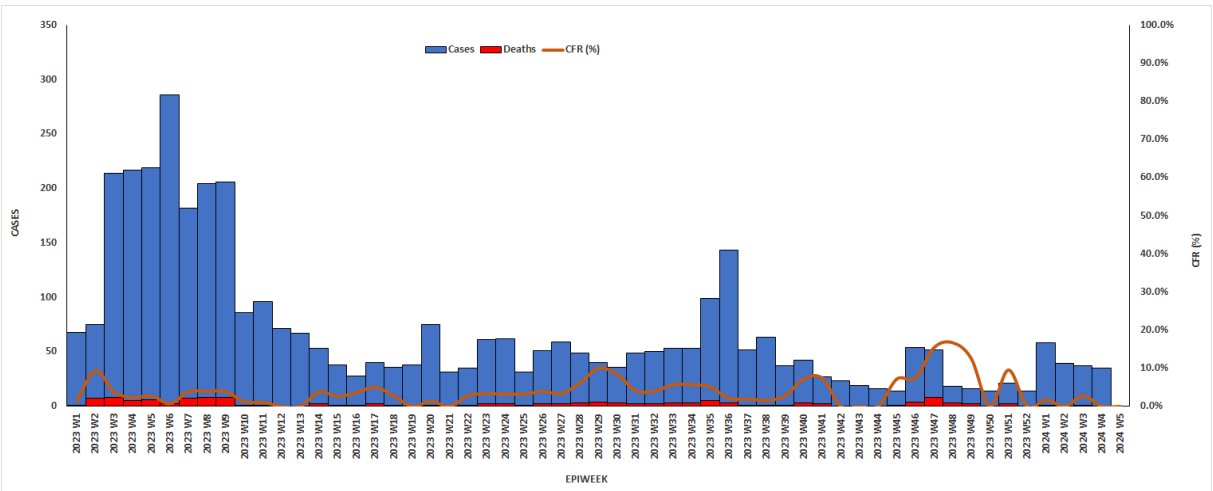
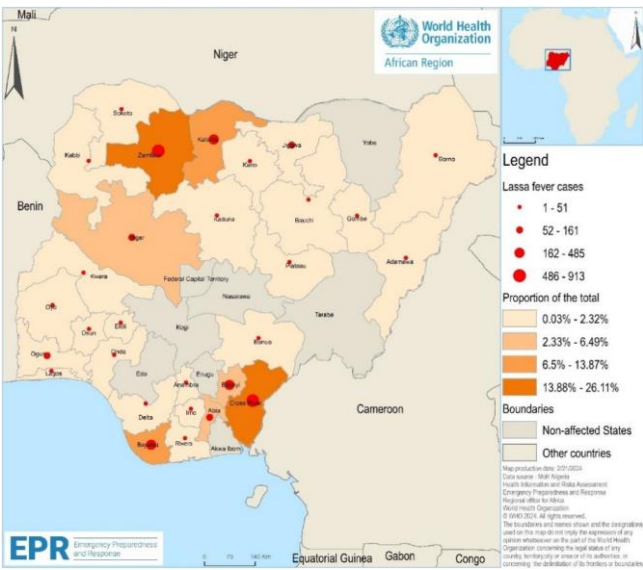


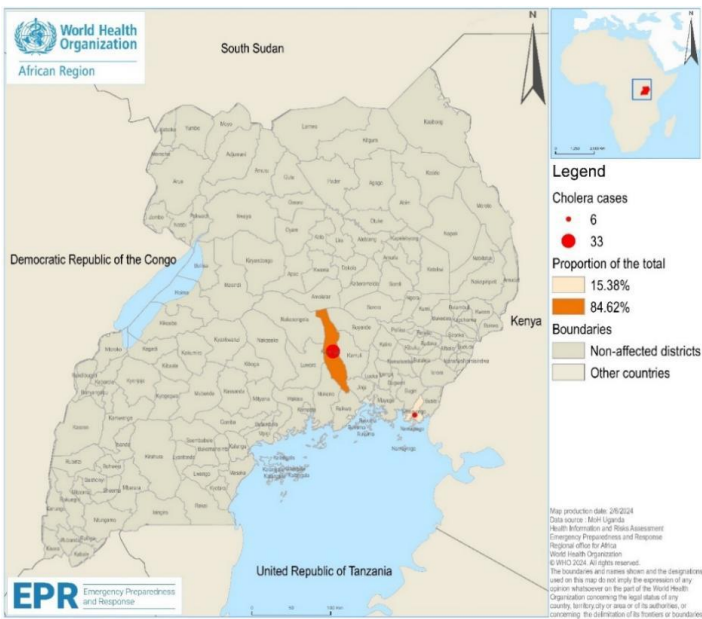
Figure 29: Map of cholera outbreak in Nigeria as of 28 January 2024



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.

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; Malawi and Mozambique; 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**

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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.

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