

July 2024

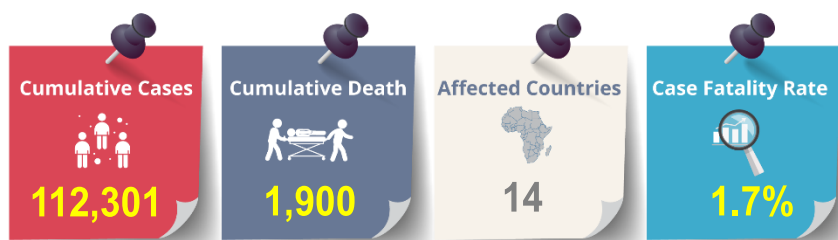
# Cholera in the **WHO African Region**

Monthly Regional Cholera Bulletin



Data reported: As of 31 July 2024

## Situation update



### Overview

The cholera outbreak in the WHO African Region in 2024 has affected 14 countries (Burundi, Cameroon, Comoros, Democratic Republic of the Congo, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, South Africa, United Republic of Tanzania, Uganda, Zambia and Zimbabwe). However, the situation is particularly severe in three countries – Democratic Republic of the Congo, Ethiopia, Nigeria – which are currently categorized as being in acute crisis.

The Western and Eastern subregions of the continent, now in the rainy season, are experiencing resurging outbreaks. The El Nino phenomenon has caused both droughts in (Zambia and Zimbabwe) and an increase in rainfall levels, causing floods and landslides in some communities (Kenya and Tanzania). This may exacerbate the increase in cholera cases and raise the risk of outbreaks in districts and countries that have not reported new confirmed cases or previously controlled cholera outbreaks. The seasonality of cholera outbreaks continues to be an issue for countries to consider. There is a need for member states to improve cholera preparedness and readiness, heightened 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.

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 July was 112 301 and 1 900 respectively, with a case fatality ratio of 1.7%. Comoros, The Democratic Republic of the Congo (DRC), Ethiopia, Zambia, and Zimbabwe account for 83.4% (93 628) of the total cases and 86.4% (1 641) of total deaths reported this year. In 2024, Comoros confirmed an outbreak linked to

importation from a passenger aboard a boat that arrived in Moroni on January 31, 2024.

In July 2024, nine countries – **Burundi, Comoros, Democratic Republic of the Congo, Ethiopia, Kenya, Mozambique, Nigeria, United Republic of Tanzania, and Zimbabwe** – reported a total of 6 092 new cases and 99 deaths (CFR = 1.6%).

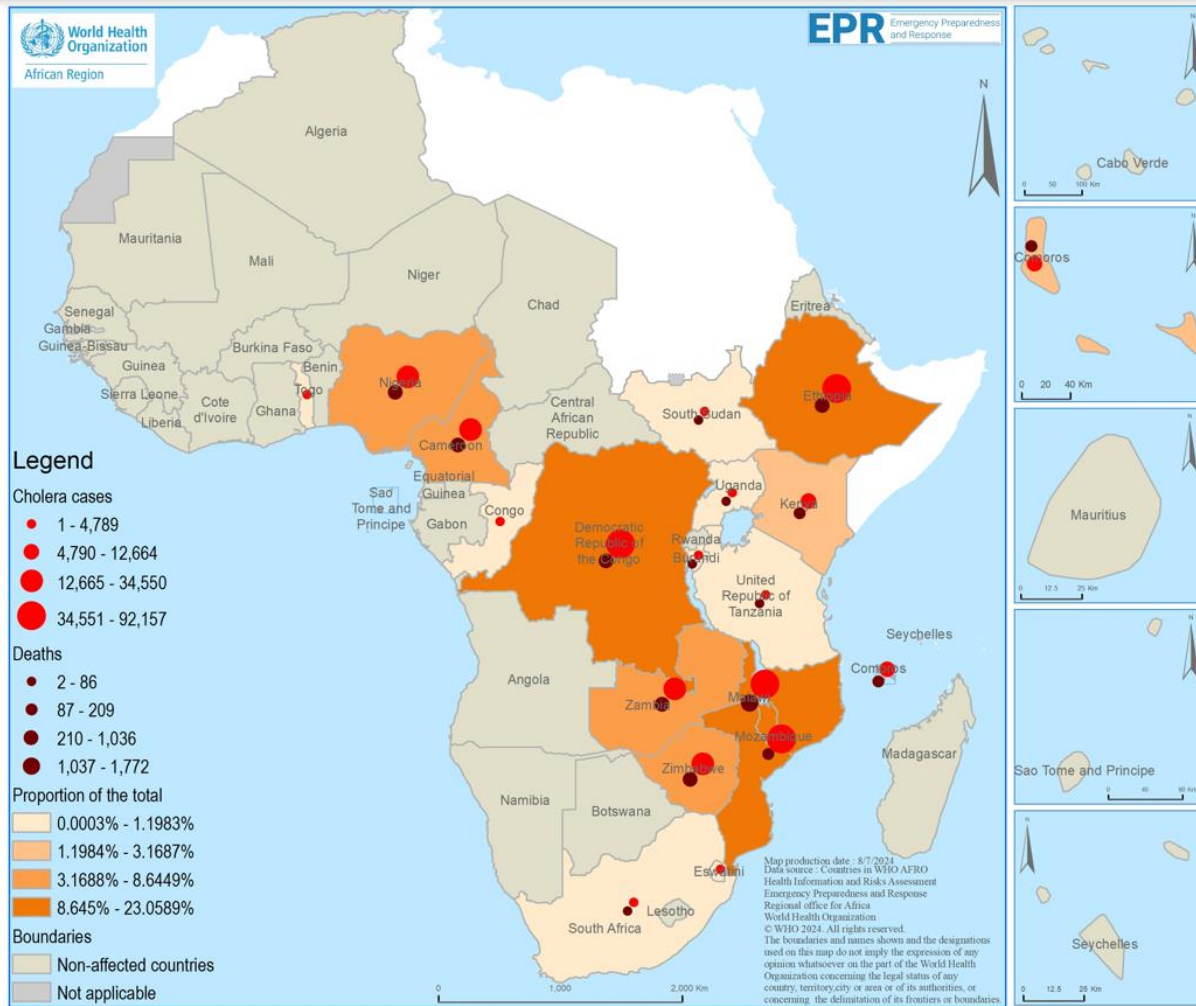
As of 31 July 2024, a cumulative total of 399 508 cholera cases, including 7 023 deaths (CFR: 1.8%), have been reported (Table 1) since 1 January 2022. The Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Zimbabwe account for 72.2% (288 570) of all cumulative cases and 62.3% (4 375) deaths reported. Transmission is currently active in nine countries.

The number of cases in 2024 has decreased compared to 2023. From January to July, the cases decreased by 16.5%, from 134 483 in 2023 to 112 301 in 2024 (refer to Fig 2 - 4). However, there was only a slight decrease (-0.2%) in the number of deaths, with 1 903 deaths in 2023 and 1 900 in 2024 (see Fig 4). This was due to a large number of deaths reported from the Southern subregion, mainly (Zambia and Zimbabwe) in the early part of the current year. Nevertheless, the number of deaths reported in 2024 was lower than in 2023 from epi weeks 17 to 23 before an increase in epi week 24 (refer to Fig 4). The outbreak has, however, been controlled in these countries (Zambia and Zimbabwe). This calls for prompt identification of cases and institution of management from the communities to establish oral rehydration points (ORPs) and referral to cholera treatment centres/units (CTCs/CTUs). The average case fatality ratio from January to July was 1.4% in 2023 compared to 1.7% in 2024.

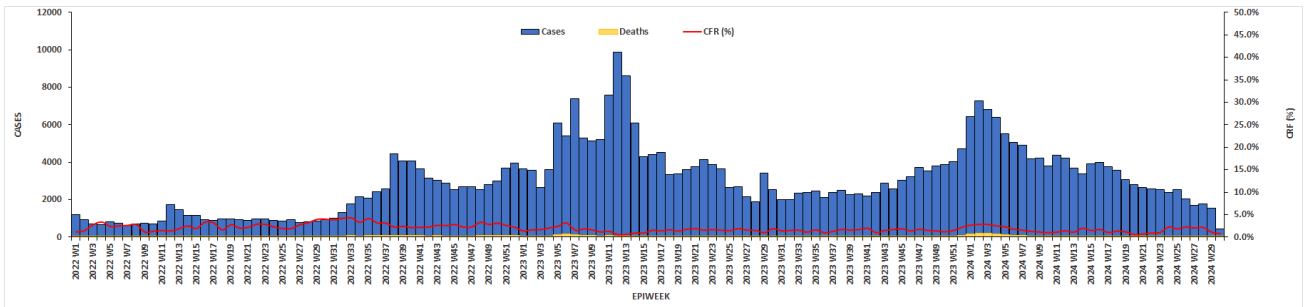
**Table 1** Cholera Cases and Deaths in WHO African Region 1 January 2022 to 31 July

Country	Cases in 2024 only	Deaths in 2024 only	CFR (%) 2024 only	Cumulative cases	Cumulative deaths	Cumulative CFR (%)	Date outbreak	Last update
Democratic Republic of Congo	22 165	281	1.3	92 540	1 042	1.1	Jan-22	28-Jul-24
Ethiopia	22 009	194	0.9	53 091	663	1.2	Aug-22	31-Jul-24
Zimbabwe	20 033	399	2.0	34 550	719	2.1	Feb-23	31-Jul-24
Zambia	19 079	618	3.2	24 314	754	3.1	Jan-23	31-Jul-24
Comoros	10 342	149	1.4	10 342	149	1.4	Feb-24	29-Jul-24
Mozambique	8 126	18	0.2	49 013	179	0.4	Sep-22	21-Jul-24
Nigeria	5 300	165	3.1	32 822	890	2.7	Jan-22	31-Jul-24
United Republic of Tanzania	3 820	65	1.7	4 948	86	1.7	Feb-23	31-Jul-24
Burundi	717	3	0.4	2 090	12	0.6	Jan-23	31-Jul-24
Kenya	293	2	0.7	12 664	209	1.7	Oct-22	21-Jul-24
Malawi	271	1	0.4	59 376	1 772	3.0	Mar-22	31-Jul-24
Uganda	86	5	5.8	170	15	8.8	Jul-23	21-May-24
Cameroon	49	0	0.0	20 650	484	2.3	Jan-22	31-May-24
South Africa	11	0	0.0	1 401	47	3.4	Feb-23	4-Apr-24
South Sudan	0	0	0.0	1 471	2	0.1	Feb-23	16-May-23
Republic of the Congo	0	0	0.0	63	0	0.0	Jul-23	26-Jul-23
The Kingdom of Eswatini	0	0	0.0	2	0	0.0	Mar-23	23-Jul-23
Togo	0	0	0.0	1	0	0.0	Dec-23	18-Dec-23
<b>TOTAL</b>	<b>112 301</b>	<b>1 900</b>	<b>1.7</b>	<b>399 508</b>	<b>7 023</b>	<b>1.8</b>		

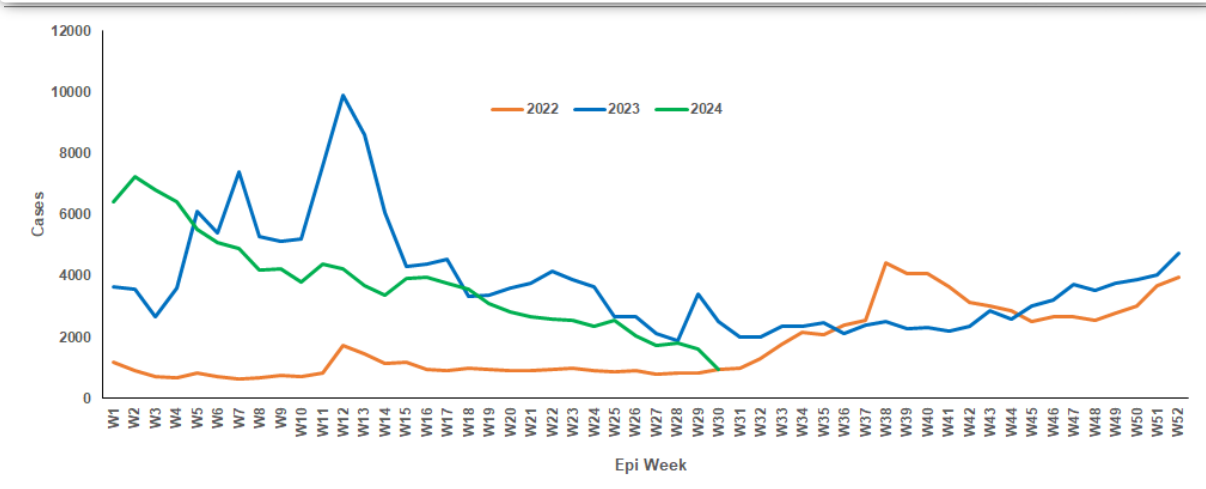
**Figure 1** Distribution of cholera cases and deaths in WHO African Region 1 January 2022— 31 July 2024



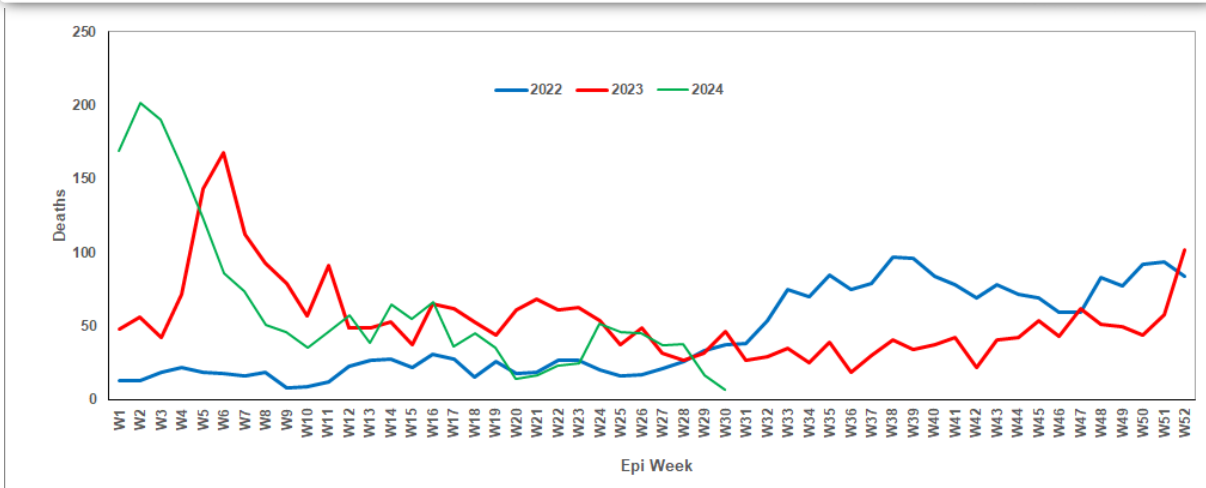
**Figure 2** Epi Curve of cholera cases and deaths in WHO African Region 1 January 2022 – 31 July 2024



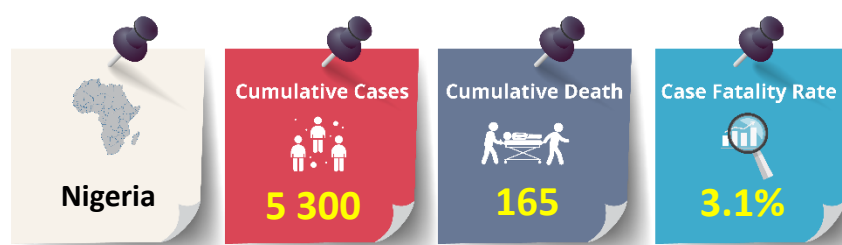
**Figure 3** Trends of cholera cases in WHO African Region 1 January 2022 – 31 July 2024



**Figure 4** Trends of cholera deaths in WHO African Region 1 January 2022 – 30 July 2024



## Country specific updates



### NIGERIA

In 2024, the cumulative total of cases and deaths reported are 5 300 and 165 deaths, respectively, with a CFR of 3.1%. In July 2024, new cases decreased by 37.9% from 2 509 in June to 1 557. Similarly, deaths decreased by 61.2% from 103 deaths in June to 40 in July with a corresponding decrease in the CFR from 4.1% in June to 2.6% in July. The cholera outbreak in the country has been ongoing since January 2022. New cases, however, spiked in epi week 23 following the outbreak in Lagos State, which is the most densely populated State in the country.

As of 31 July 2024, the cumulative total has been 32 822 with 890 deaths (CFR = 2.7%) since January 2022.

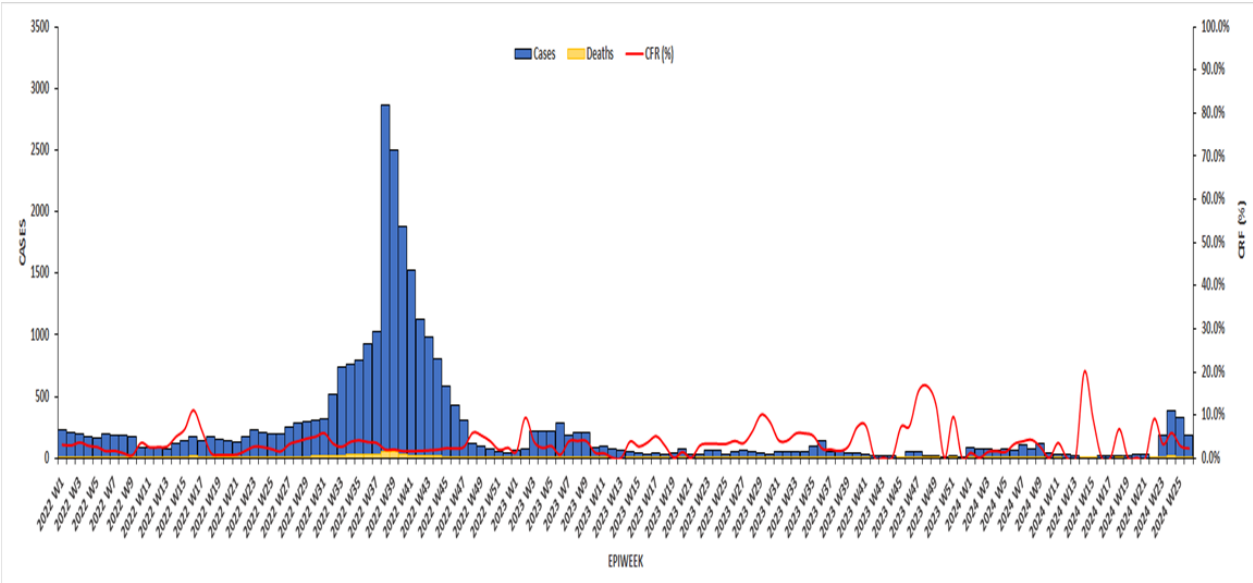
#### WHO Response

- Supported the development of the national incident action plan with the Nigeria Centre for Disease Control and Prevention (NCDC)
- Supported the mapping and rapid assessment of 26 cholera treatment units in Lagos state
- Supported the conduct of infection prevention and control (IPC) training for 150 healthcare workers( 60 from private health facilities and 90 from public health facilities)
- Provided 19 cholera kits (Seven 4.1 module laboratory kit, four 4.2 module laboratory kit, eight cholera investigation kits ) and 3 000 RDTs to NCDC, and 37 cholera kits (six 2.4 module periphery logistic, four 2.1 module periphery drugs kit, six 2.2 module periphery renewable supplies kit, six 2.3 module periphery equipment, two 2.1 module periphery drugs kit, six 3.1 module community drugs kit, and seven 3.2 module community ORP kit) to Lagos state as well as 18 000 capsules of doxycycline
- Supported reactive vaccination application request to the ICG with 4,472,396 doses of OCV received in the country for seven local government areas in Lagos State. Preparations are ongoing to commence the vaccination campaign.
- Administered cholera readiness checklist to six priority states
- Shared the PRSEAH checklist and messaging for health emergencies with NCDC

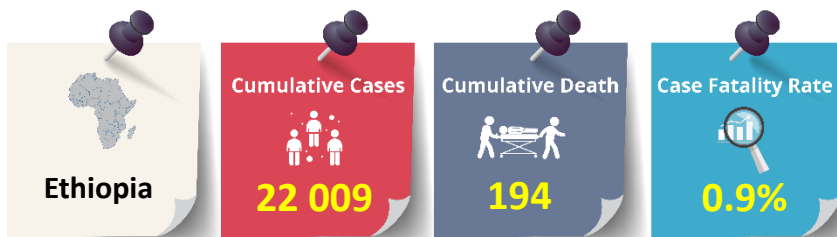
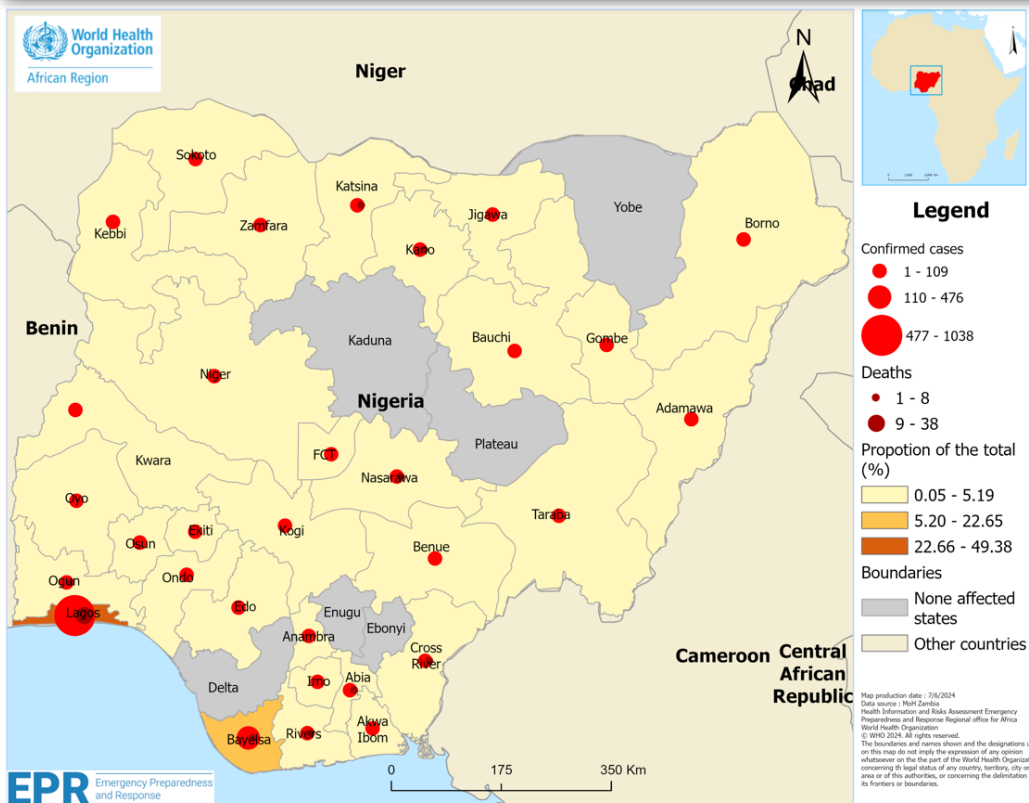
**Challenges**

- Poor WASH infrastructure and open defecation in affected communities.
- Lack of potable drinking water in some rural areas and urban slums.
- Inadequate trained personnel in states for case management.
- Insecurity issues affecting surveillance in some local government areas

**Figure 5** Epicurve for cholera outbreak in Nigeria as of 30 June 2024



**Figure 6** Map of the Cholera outbreak in Nigeria as of 30 June 2024



**ETHIOPIA**

Ethiopia has reported a cumulative case total of 22 009 cases with 194 deaths (CFR 0.9%) . In July 2024, new cases decreased by 20.3% from 2 880 in June to 2 295. However, new deaths increased by 90.9% from 22 in June to 42 in July. The CFR increased from 0.8% in June to 1.8% in July. The cholera outbreak is currently active in 43 woredas: Oromia (19), Amhara (8), Somali (7), Afar (5), and Dire Dawa (4). From October 2022 to 31 July 2024, Ethiopia reported a cumulative case total of 53 091, with 663 deaths (CFR = 1.2%).



The outbreak's geographic extent is shrinking, focusing now on smaller areas where access remains difficult due to ongoing conflicts especially Amhara and West Guji of Oromia region, severe lack of water, and displacement of populations. Factors such as overcrowding, reliance on untreated water sources, crowded conditions at pilgrimage sites with holy water, insufficient use of water treatment chemicals, and health emergencies are significant contributors to the spread of cholera. Sustained efforts are necessary to build upon the recent decrease in cholera transmission, especially in areas still designated as hotspots where access is limited and water, sanitation, and hygiene (WASH) services are inadequate.

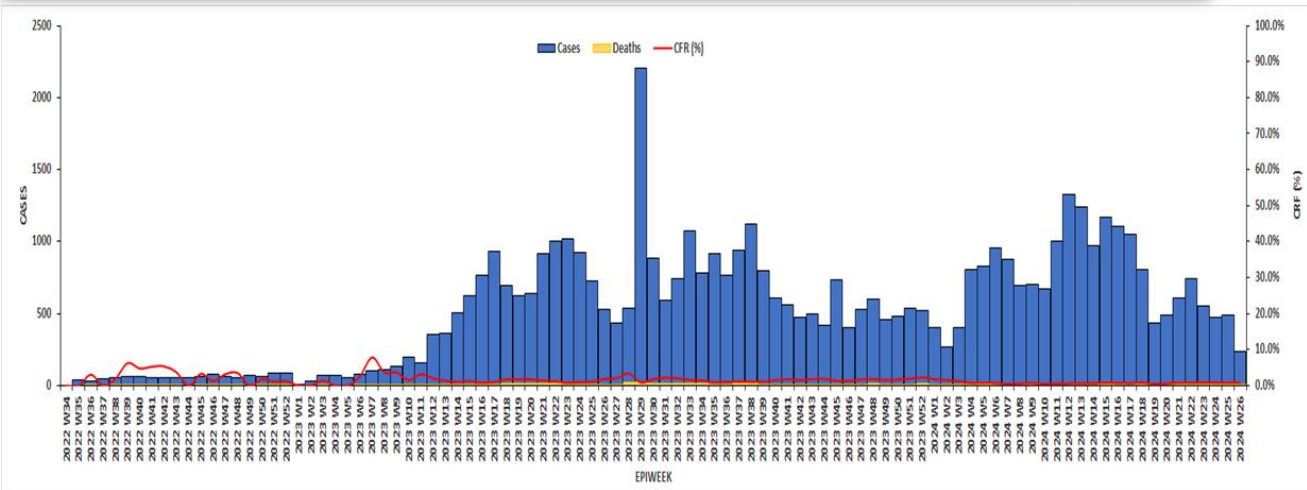
### WHO Activities

- Ongoing support on the deployment of 45 AVOHC-surge members to support Cholera response from June to August 2024.
- Provided onsite technical support on surveillance, case management, and IPC/WASH for cholera outbreak response in Gondar city.
- Approved 1.6 million doses of OCV for use in 10 woredas of Afar, Dire Dawa, Oromia, and Somali where the vaccines are under importation
- Dispatched 0.065 Metric tonne of Cholera supplies in form of Cholera Investigation and HTH to Oromiya Regional Health Bureau (RHB).
- Ongoing remote support to the Abune-Hara Holy water site response in Amhara region and activated all RHB pillars to support holy water sites.
- Trained 63 health care workers (HCWs) on community case identification, treatment, referral in Amhara.
- Distributed cholera case mgt job-aids to Gebriel CTC and 05 ORP sites.
- Distributed 49 000 aqua tabs in Afar, Amhara, and Dire Dawa.
- Disinfected 1 000 households in West Guji in Oromia region.
- Inspected and disinfected 67 water points in Amhara.
- Provided onsite orientation to 15 HCWs working in Afambo woreda and Gewane Primary hospital, Afar region on cholera case management.
- Supported the establishment of three ORPs in Gelealo Woreda specifically Feyato farming sites: Jibrel, Abusha, and Haile camps in the Afar region.
- Supported the establishment of three CTCs in isolated school compounds in Somali region.
- Distributed two kit cholera central module to Afambo woreda of Afar region.

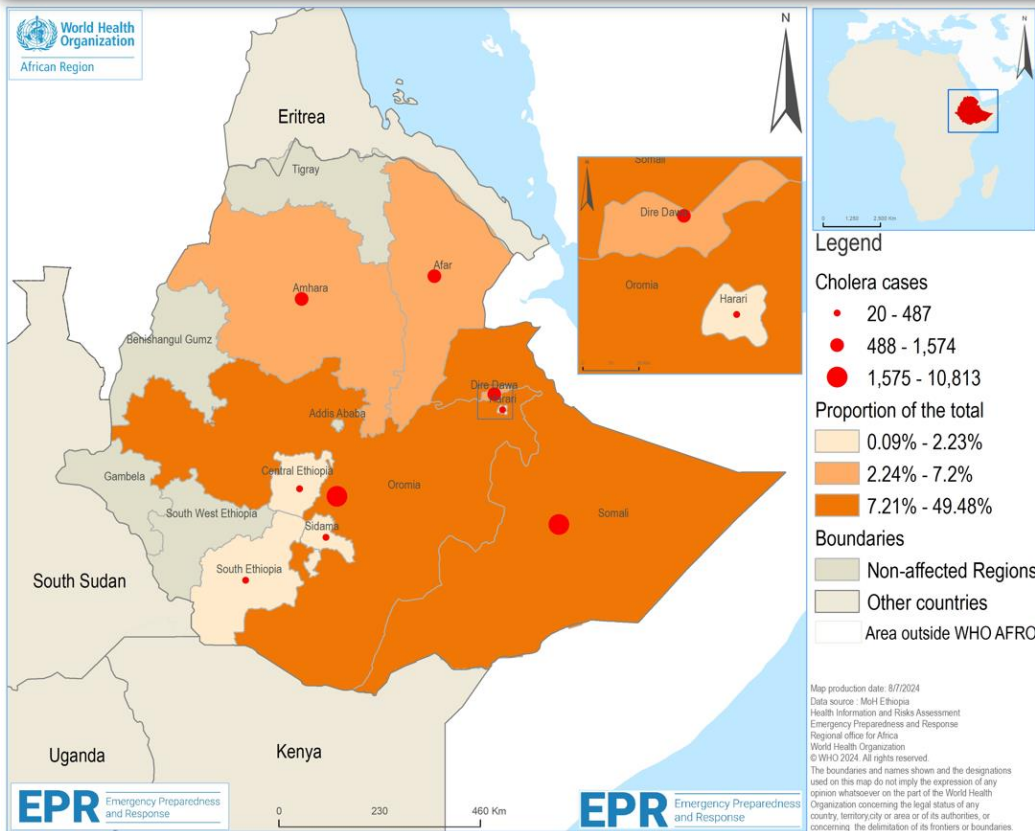
### Challenges

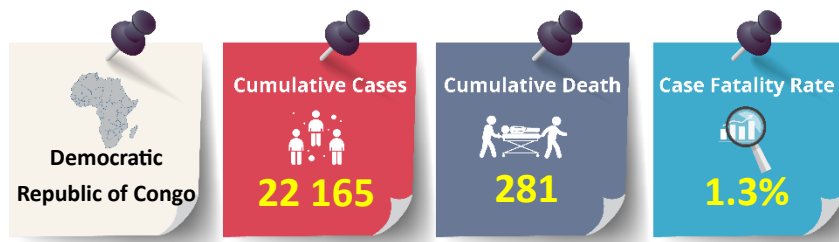
- These include insufficient funds and insecurity, which compromises the response in Oromia and Amhara.

**Figure 7** Epicurve of Cholera outbreak in Ethiopia from October 2022 to 30 June 2024



**Figure 8** Map of the Cholera outbreak in Ethiopia from October 2022 to 31 July 2024





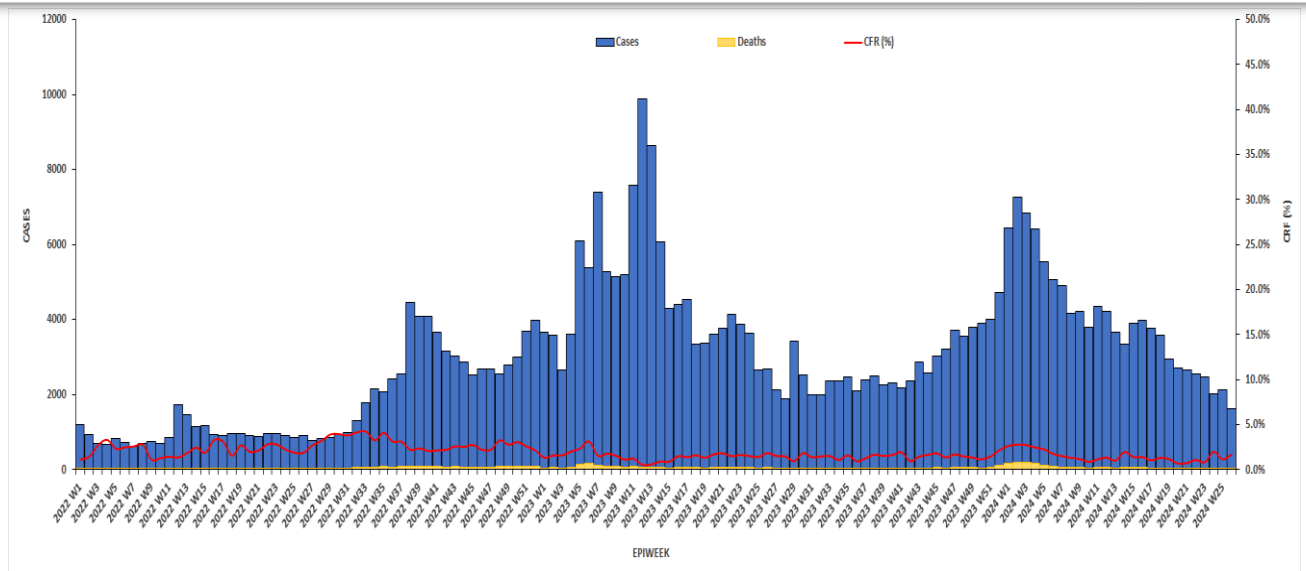
## DEMOCRATIC REPUBLIC OF CONGO

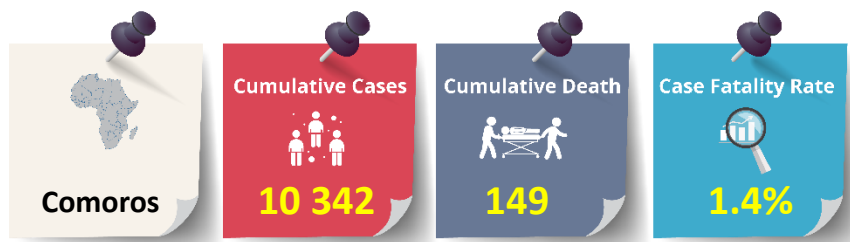
As of 28 July in year 2024, the Democratic Republic of Congo had reported 22 165 with 281 deaths (CFR = 1.3%). New cases in July decreased by 44.7% from 2 656 in June to 1 470. Deaths reduced by 33.3% from 15 in June to 10 in July. The CFR in July was higher at 0.7% compared with 0.6% in June. So far, 106 health zones in 13 provinces have been affected since January 2024. Since the onset of the outbreak in January 2022, the country has reported 92 540 cumulative cases, with 1 042 deaths (CFR = 1.1%).

### WHO Activities

- Supported coordination of meetings in each affected province.
- Supported free case management at the CTC in collaboration with MSF.
- Provided data collection tools, rapid diagnostic test kits, and Cary Blair transport media.
- Installed fixed water chlorination points at draw points in health zones in areas with flooding.

**Figure 9** Epicurve for cholera outbreak in the Democratic Republic of the Congo as of 30 June 2024





## COMOROS

As of 29 July 2024, the cumulative number of cases and deaths in Comoros are 10 342 and 149, respectively (CFR=1.4%). In July 2024, new cases decreased by 92.9% from 2 807 in June to 200. Similarly, deaths decreased by 93.3%, from 30 in June to two, and the CFR also decreased from 1.1% in June to 1.0% in July. The Island of Ndzuwani/Anjouan accounts for 88.2% (9 126) of cases in the country, while Ngazidja and Mwali account for 6.1% and 5.6%, respectively.

In week 26, the districts of Domoni, Pomoni, Mrémani, and Tsembehou constitute hotspots for the high number of new cases or community deaths compared to other districts. About 54% of the cases are males. The age group of 15-19 years presents the most significant cumulative cases (15%), followed by that of 20-24 years (13%). Young children under 15 years old (more than 25%) remain vulnerable to this cholera epidemic which is hitting all the islands of the Union of the Comoros in 2024. The number of cases has been on the increase weekly till it peaked at epi week 17 before declining up till week 21. There was another increase in epi week 22, and it is now declining.

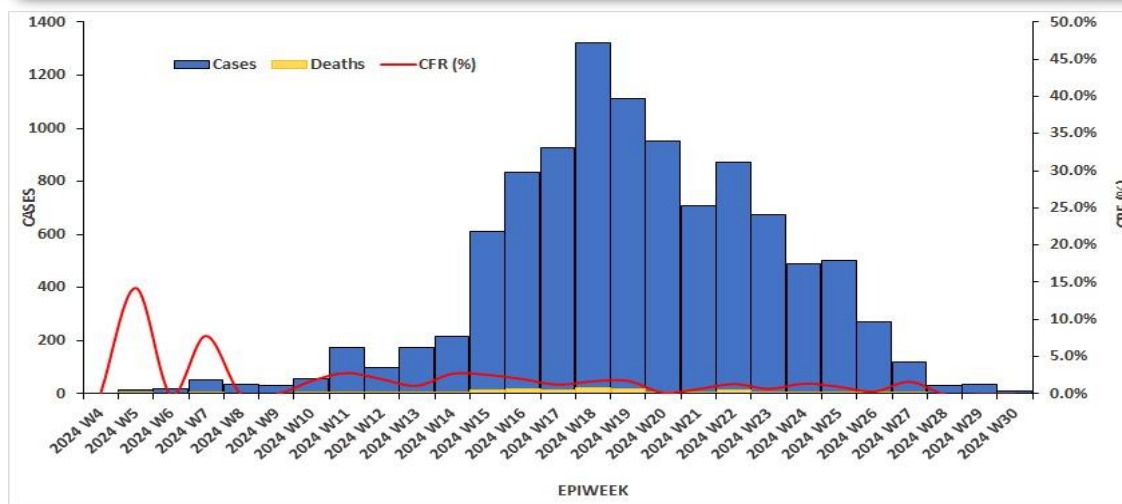
The Ministry of Health of Comoros officially declared an outbreak of cholera on 2 February 2024.

### WHO Activities

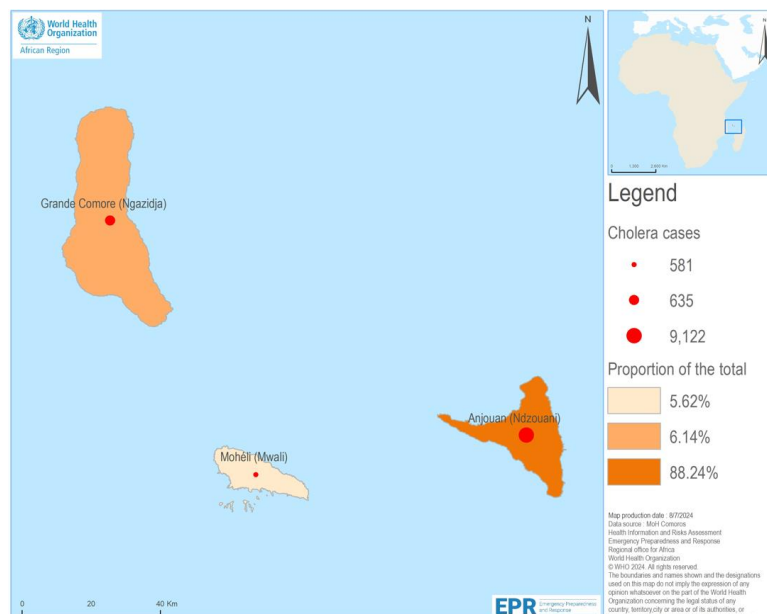
- Led the oral cholera vaccination campaign from 20 June 2024. As of 28 July 2024, vaccination coverage was 58%, with 489 646 persons above one year old vaccinated.
- Conducted the supervision of the quality of case management at CTCs. .
- Supported the organization of the University games which were held from 3 – 10 July 2024, 700 athletes and 58 officials participated.
  - Raised awareness among the various sports delegations to encourage vaccination and compliance with hygiene measures in the Olympic villages.
  - Installed the water supply system at Patsy University and the orphanage for the week of the National Games and two bladders, one of 200L for the medical tent
  - Installed hand washing devices for the week of the National Games in the Olympic villages at the University of Patsy and the Orphanage.
- Trained 100 volunteers in Ngazidja on community-based surveillance.
- Conducted awareness campaigns for communities living along the river, with about 10 623 persons, on water purification and the promotion of hygiene and sanitation.
- Supported the strengthening of surveillance teams at entry points in Anjouan, data entry and case investigations in seven districts of Ndzuwani

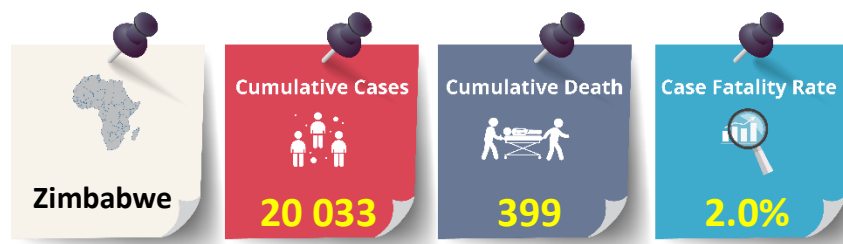
- Provided vehicle support at district level for investigation and supervision outings to Ngazidja, Mwali and Ndzuwani.
- Procured solid chlorine, 27 cans of 45kg of 70% concentration in Ndzuwani.
- Procured a 200 m3/h, 75KW, 400V HMT 136m submerged pump and an SP 30-11 type forge submerged pump, 21 m3/h, 9.2KW in Ngazidja and a 9m3/h pump in Mwali for water filtration and circulation.

**Figure 10** Epicurve of cholera outbreak in Comoros as of 29 July 2024



**Figure 11** Map of Comoros showing cholera-affected areas as of 21 July 2024





## ZIMBABWE

This year, as of 31 July 2024, a cumulative of 20 033 cholera cases with 399 deaths (CFR 2.0%) have been reported from the ten provinces of Zimbabwe. Sixty-six (66) out of the 72 health districts have reported at least a case of cholera since the outbreak started on 12 February 2023 in Chegutu town, Mashonaland West Province. In July, new cases decreased by 99.6% from 273 in June to one. New deaths decreased from four in June to zero deaths in July. There have been zero reported cases for two consecutive weeks in the country.

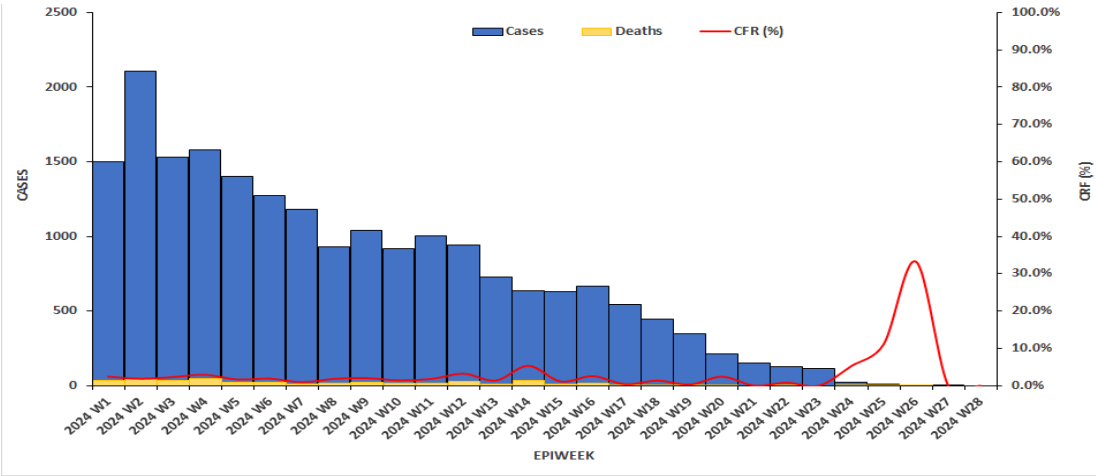
The three provinces with the highest number of cumulative cases since 2023 are Harare, including Chitungwiza City (12 726), Manicaland (6 666), and Mashonaland Central (4 384), which account for 68.8% (23 776 cases). The case fatality ratio (CFR) in July was 0%, compared to the CFR of 1.5% reported in June. The weekly epi curve has shown a downward trend since epi week 11, except a rise in cases in epi week 16.

Zimbabwe conducted the 2nd oral vaccination campaign from 22-29 July 2024 in some cholera hotspots, targeting 212 052 people. On the fourth day of the campaign, 180 060 people were vaccinated, giving an overall coverage of 84.91%.

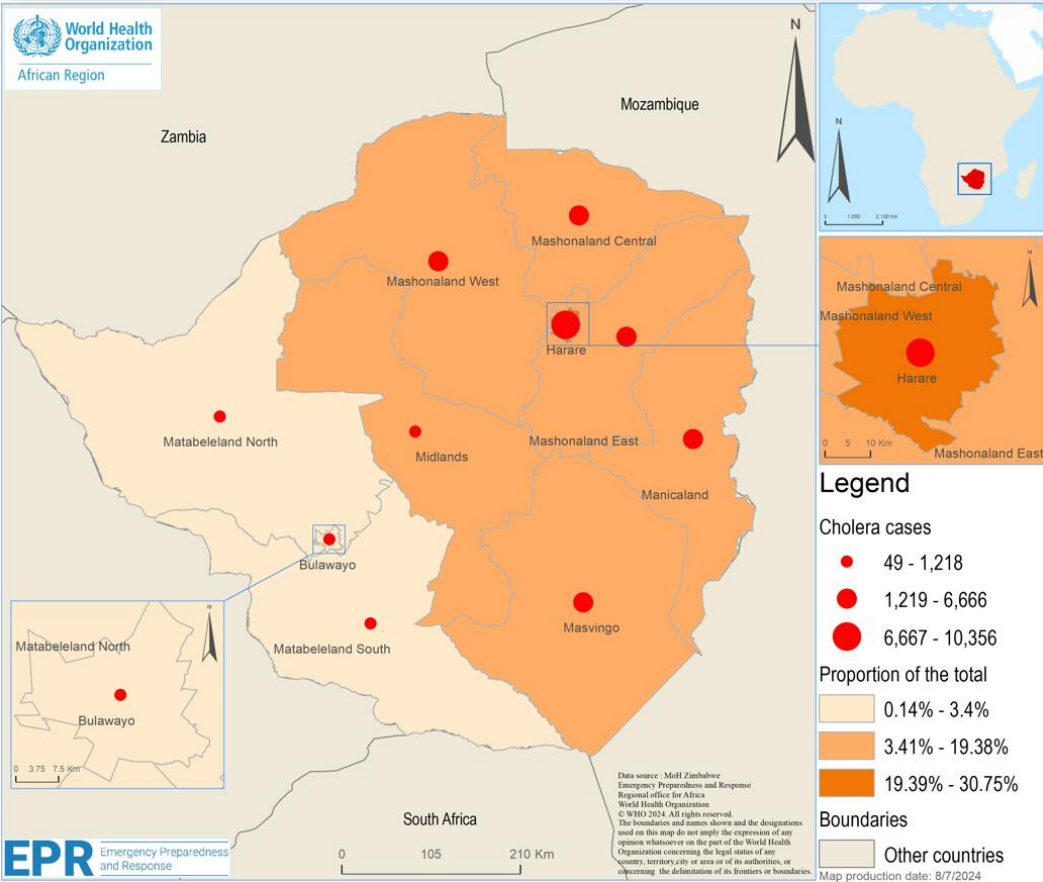
### WHO activities

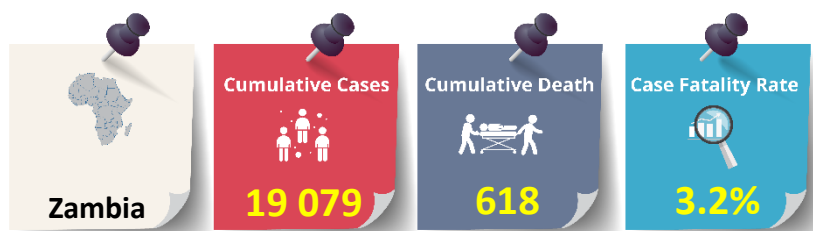
- Supported the country’s surveillance activities and active case-finding.
- Supported the vaccination campaign.
- Ongoing support to the country in implementing recommendations of the intra-action review (IAR) meeting.

**Figure 12** Epicurve of Cholera outbreak in Zimbabwe as of 14 July 2024



**Figure 13** Map of Zimbabwe showing cholera-affected provinces as of 31 July 2024



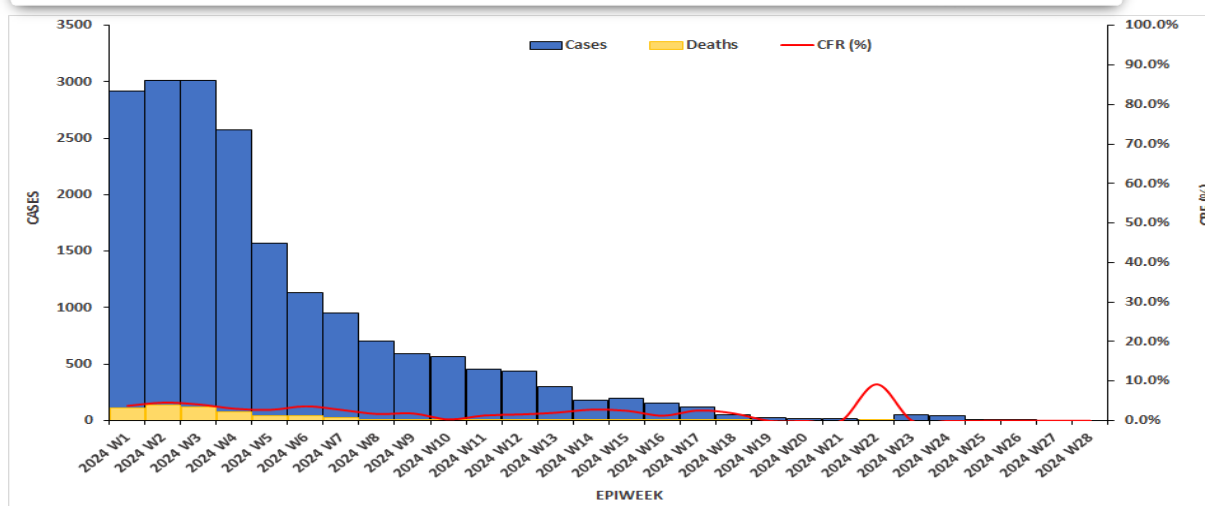


## ZAMBIA

This year, as of 31 July 2024, there have been 19 079 reported cases and 618 deaths (CFR = 3.2%) from all 10 provinces and 70 districts of Zambia. In July 2024, new cases decreased significantly from 102 in June to no cases in July. Similarly, no deaths were reported in both the months of June and July. The weekly epi curve has shown a consistent decline in cases in the past 22 weeks, aside from the slight increase in cases in epi weeks 23 and 24, as shown in Figure 14. There has been zero reporting of Cholera for four consecutive weeks.

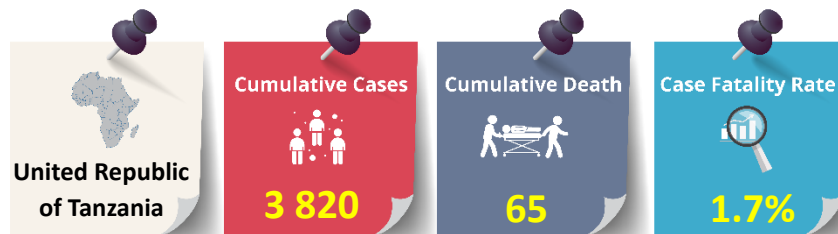
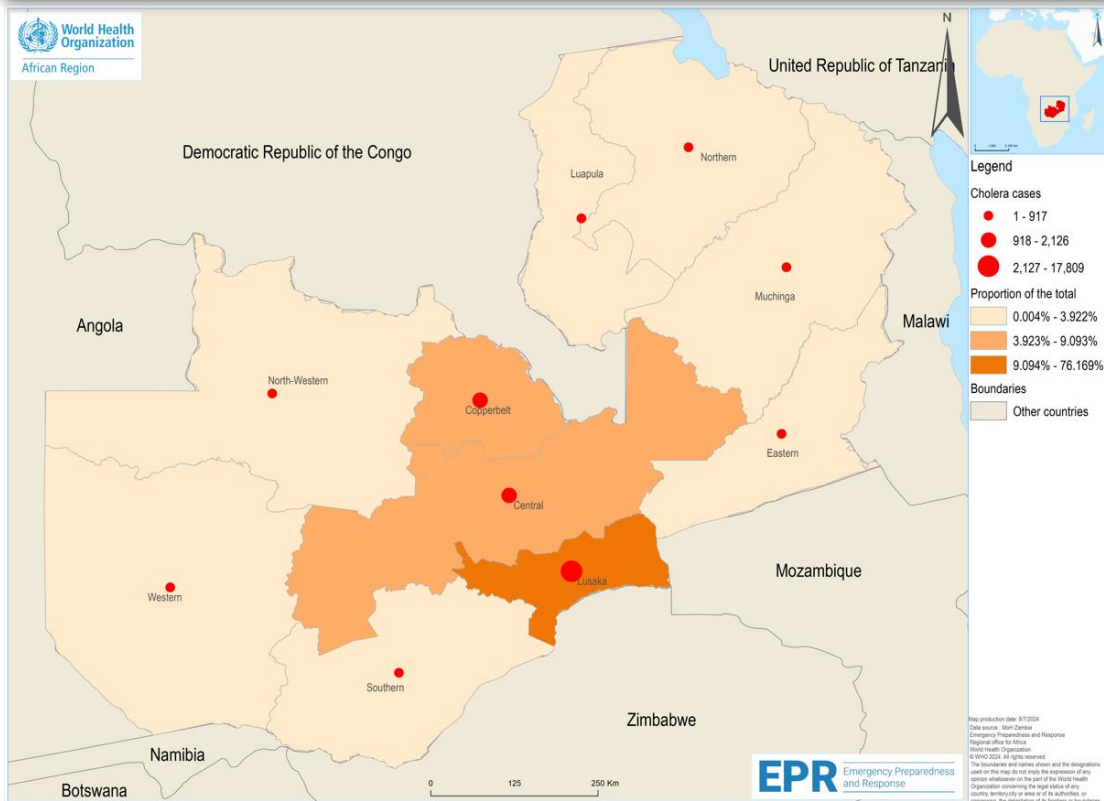
Since the outbreak began in January 2023, the cumulative number of cases and deaths is 24 314 and 754, respectively, with a CFR of 3.1%.

**Figure 14** Epicurve of cholera cases and deaths in Zambia as of 14 July 2024





**Figure 15** Map of Zambia showing cholera-affected provinces as of 31 July 2024



**UNITED REPUBLIC OF TANZANIA**

For the year 2024, as of 31 July, the cumulative number of cases reported from the United Republic of Tanzania was 3 820 and 65 deaths with a CFR of 1.7%. In July, new cases decreased by 2.0% from 408 in June to 400. New deaths decreased by 50.0% from 10 in June to five in July. The CFR decreased from 2.5% in June to 1.3% in July. The number of cases from the weekly epicurve showed a decrease in cases in last three weeks. Control measures need to be reinvigorated in the short to medium term. The regions with active cases are Kigoma, Lindi, Mara, Manyara, Morogoro, Mwanza, Simiyu, and Singida.

The cumulative number of cases in the country from 22 January 2023 to 31 July 2024 are 4 948 and 86 deaths [CFR= 1.7%].

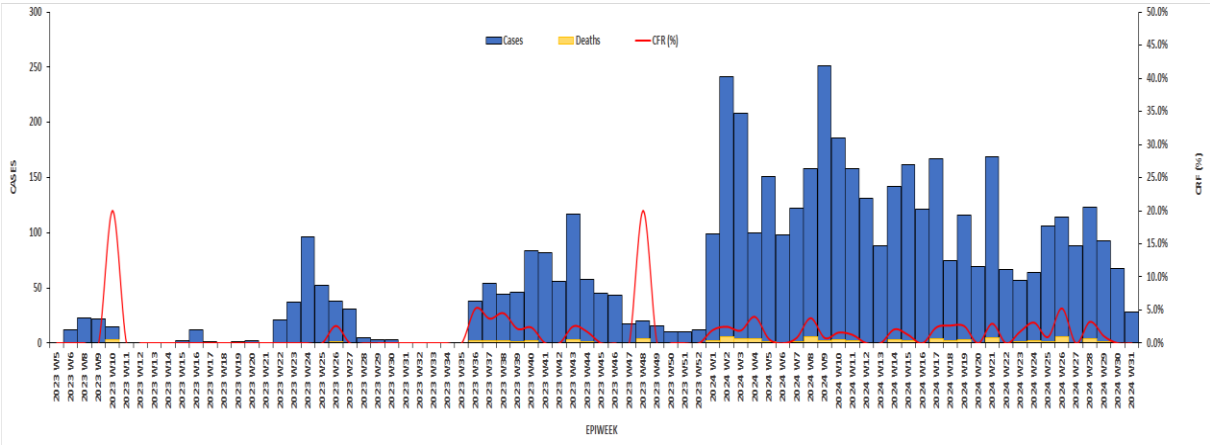
**WHO Activities**

- Provided culture media of 100 tins of sheep blood agar base, 60 tins of Mueller Hinton II agar, 60 tins of Thiosulfate-citrate-bile salts-sucrose agar (TCBS), and 120 bottles of alkaline peptone water for cholera testing in all affected regions.
- Supported a refresher training on IPC/WASH and safe dignified burial to 54 members of the burial teams from Unguja and Pemba from 26 – 30 July 2024.
- Supported improvement of the CTU design at Nanjilinj treatment unit in Kilwa district-Lind through MSF support to ensure it conforms to WHO IPC standard.

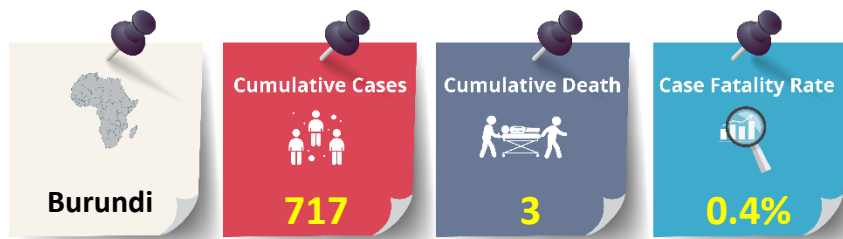
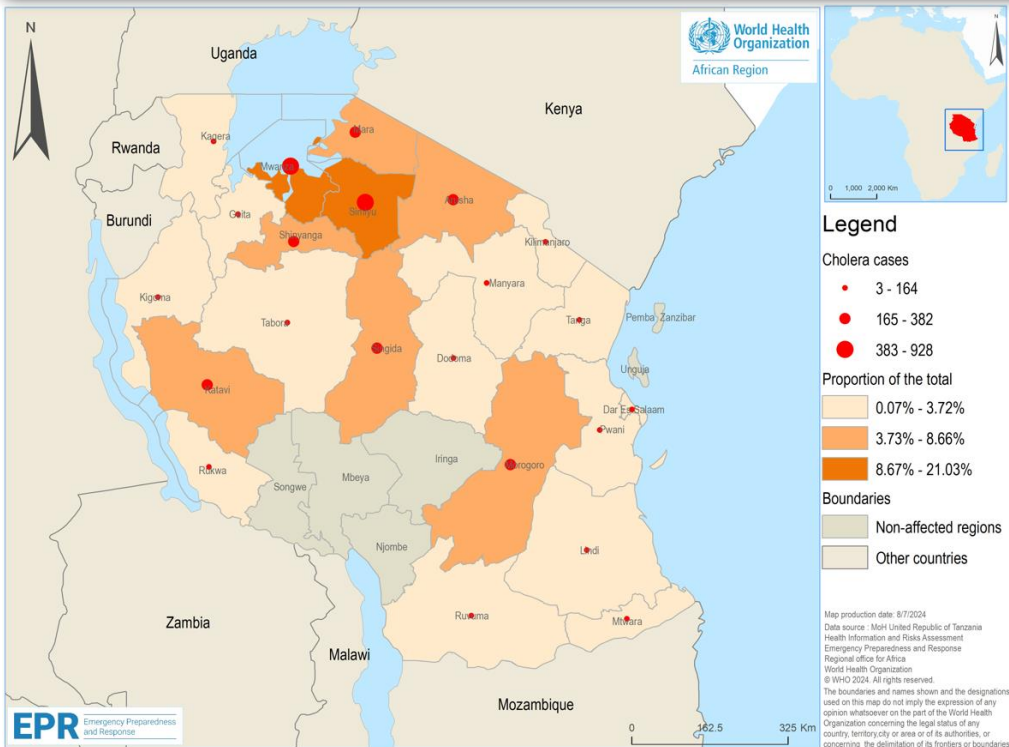
**Country response activities**

- Water quality testing was done revealing contamination of 6 out of 7 water sources by fecal coliforms in Mara region,.
- Medications, water treatment chlorine granules, information leaflets and hand hygiene equipment were distributed to Bunda DC and Iramba secondary school in Mara region.
- Two primary schools were visited where a total of 1,311 pupils were provided with health education on the prevention and control of cholera in Mara region.
- Aqua-tabs and medical supplies were distributed to the community at Gisambalang in Hanang District Council in Manyara region.
- A total of 250 Ringers Lactate and Normal Saline were distributed to Cholera Treatment Centres in affected areas in Kigoma.
- WASH inspections were carried out with treatment of wells in Morogoro region.

**Figure 16** Epicurve of cases and deaths in the United Republic of Tanzania as of 31 July 2024



**Figure 17** Map of the United Republic of Tanzania showing cholera affected areas as of 31 July 2024



## BURUNDI

In the year 2024, from 01 January to 31 July, a cumulative total of 717 cases and three deaths were reported in Burundi with a CFR of 0.4%. In July 2024, new cases decreased by 23.8% from 126 cases in June to 96, while no new death was reported in July compared to two deaths in June. The cumulative number of cases and deaths since January 2023 till date is 2 090 and 12 respectively with a cumulative CFR of 0.6%. Of total cases since January 2023, males comprise 55.5% of total cases with 44.3% of cases between ages 11 and 30 years while children under five years old comprise 17.0%.

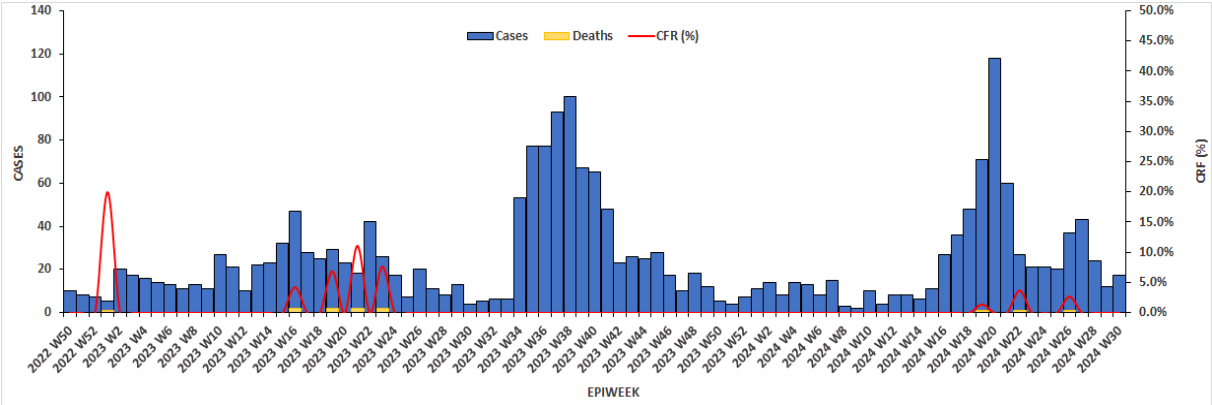
Burundi has reported cholera cases since 8 December 2022, and the outbreak was officially declared on 1 January 2023. Areas of the country which have recorded the most cases since the start of the epidemic are Gatumba (DS Isare), Buterere I (DS Bujumbura Nord), Kinama (DS Bujumbura Nord), Gihosha (DS Bujumbura Nord), Buterere II (DS Bujumbura Nord), and Rukana II (DS Cibitoke).

The epi curve (Figure 15) shows the effort in controlling the outbreak, with cases peaking at epi week 38 of 2023 before the steady decline until epi week 51 of 2023. In 2024, new cases started increasing in Epi Week 15 and peaked at Epi Week 20. Floods triggered the increase in cases during the rainy season.

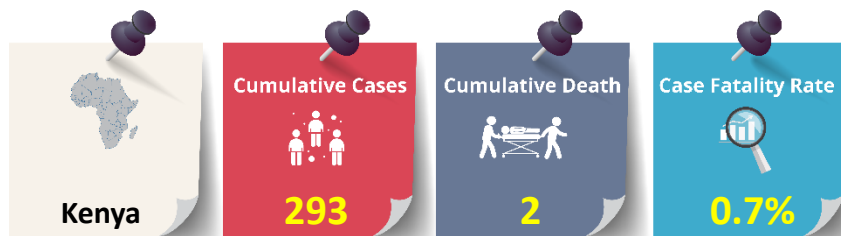
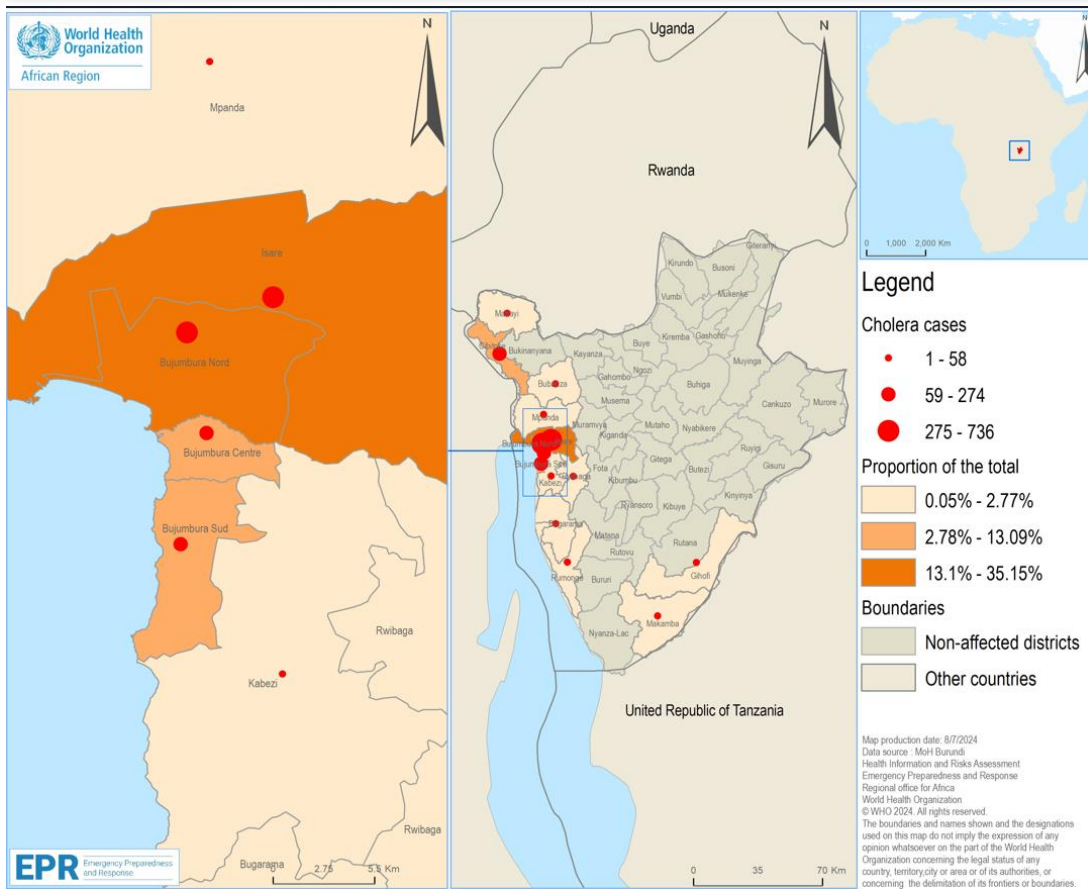
**WHO Activities**

- Deployed COUSP staff (Doctors and nurses) to support the CTC HPRC in case management.
- Established a mobile care station and clinics at the relocation site for flood victims in Mubimbi.
- Facilitated active search for cholera cases coupled with household disinfection and awareness raising (Buja North, Center, and Isle).
- Broadcasted radio spots on cholera prevention.

**Figure 18** Epicurve of cases and deaths in Burundi as of 31 July 2024



**Figure 19** Map of Burundi showing cholera-affected areas from October 2022 to 31 July 2024

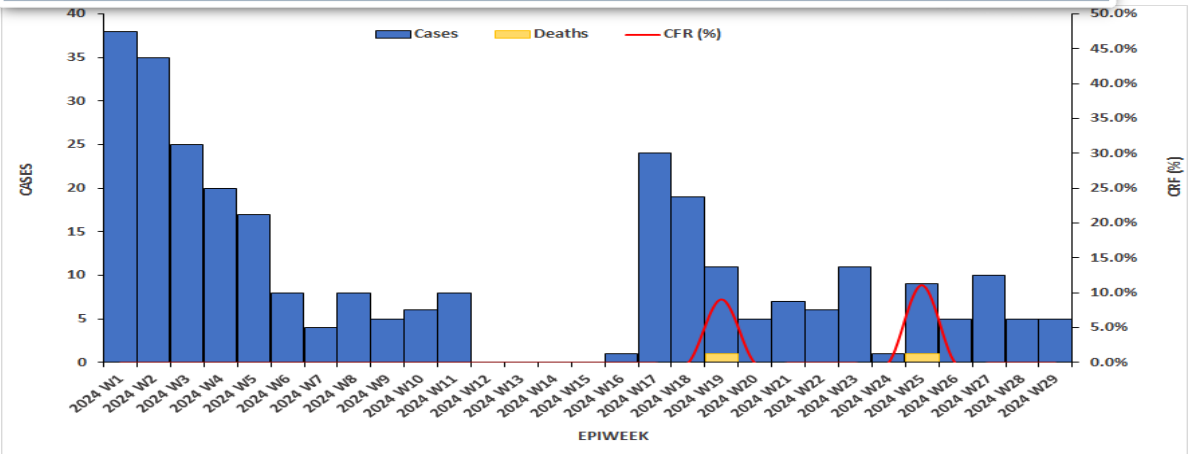


**KENYA**

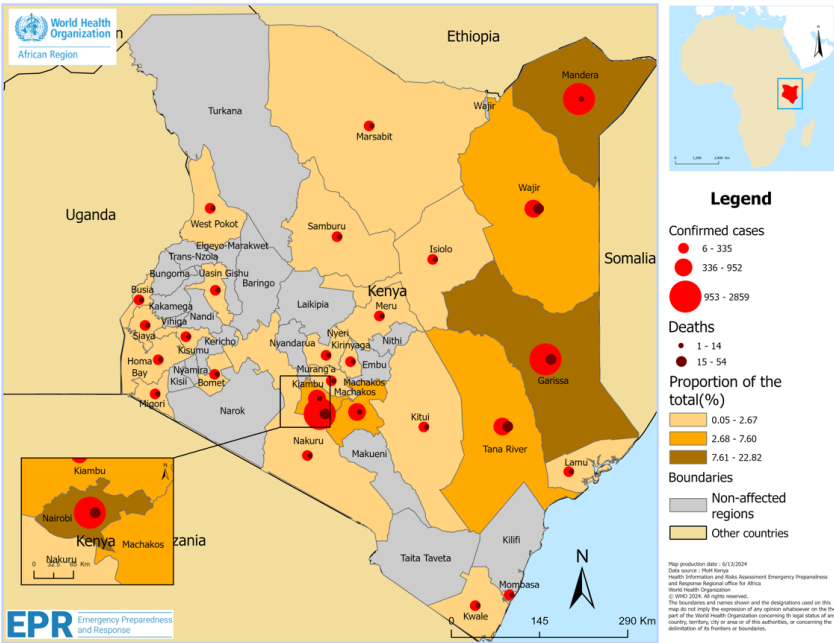
This year, as of 21 July 2024, a total of 293 cases of cholera, two deaths were reported from the country. In July 2024, new cases decreased by 37.5% from 32 in June to 20. New deaths for June was one and no death in July. The CFR in June was 3.1%. The first wave that began in Oct of 2022 was controlled, with the last case reported on 19 September 2023 (epi week 38 of 2023). The counties with active but stable outbreaks are Lamu, Siaya, and Tana River.

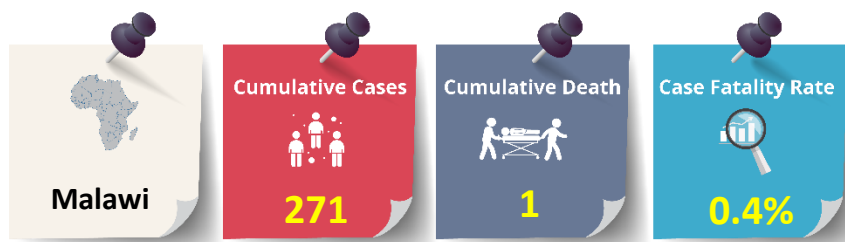
The impact of the Flood on Cholera cases in Kenya which occurred in the third week of March 2024 led to an increase in cholera cases. As of 21 July 2024, counting from 2022, Kenya has reported a cumulative total of 12 664 cases with 209 deaths (CFR=1.7%).

**Figure 20** Epicurve for cholera outbreak in Kenya January 2024 – 21 July 2024



**Figure 21** Map of cholera outbreak in Kenya as of 31 May 2024



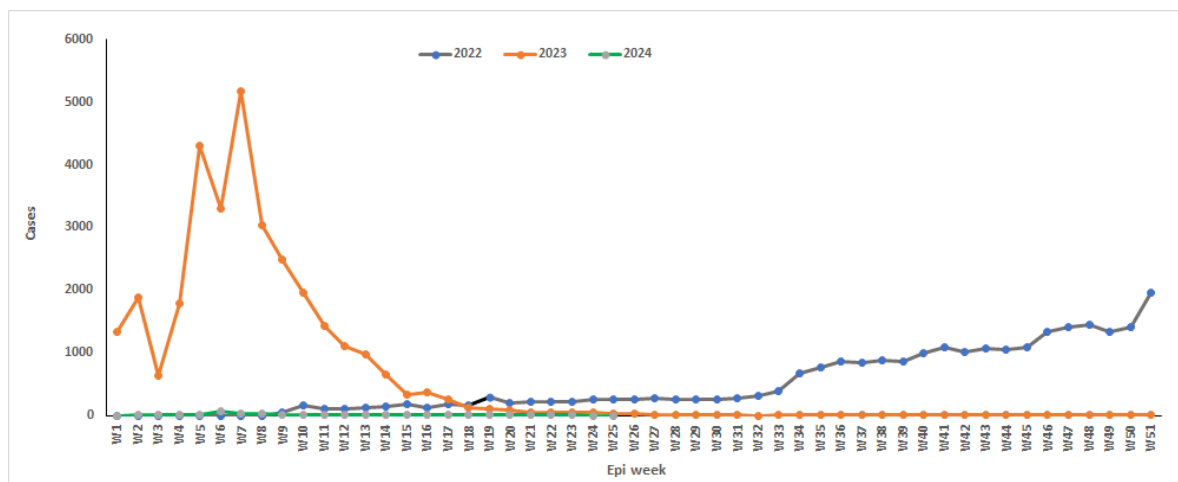


## MALAWI

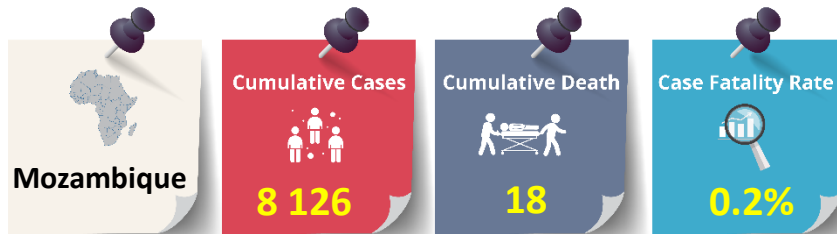
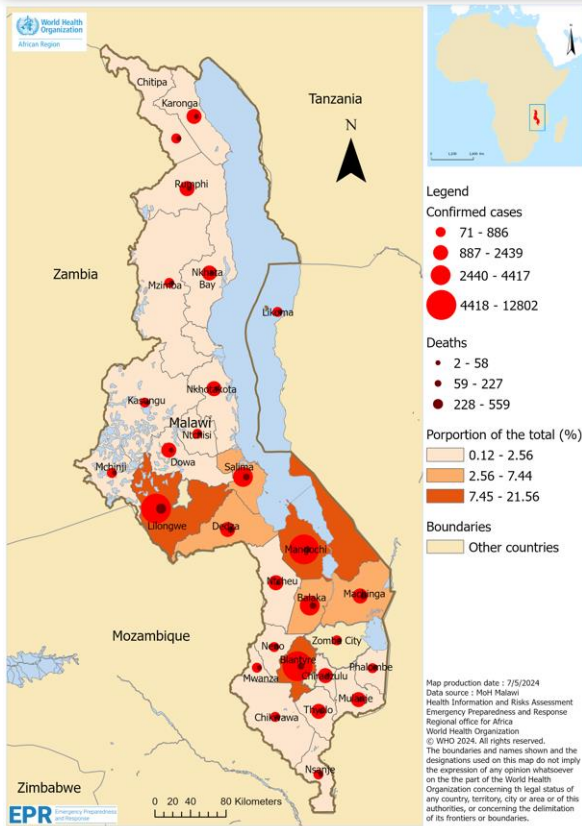
In Malawi, from 01 Jan to 31 July 2024, a cumulative of 271 cases had been reported, with one death (CFR=0.4%). In July 2024, no new case was reported compared to six cases in June. No death has been reported since March this year. The cumulative cases and deaths since the onset of the outbreak in March 2022 are 59 376 and 1 772, respectively, with a CFR of 3.0% to date.

The Ministry of Health through the Public Health Institute of Malawi **declared the outbreak over** on 10 July 2024 following no confirmed case for four consecutive weeks.

**Figure 22** Trend of cholera cases in Malawi 3 March 2022 – 21 July 2024



**Figure 23** Map for cholera outbreak in Malawi 3 March 2022 – 30 June 2024



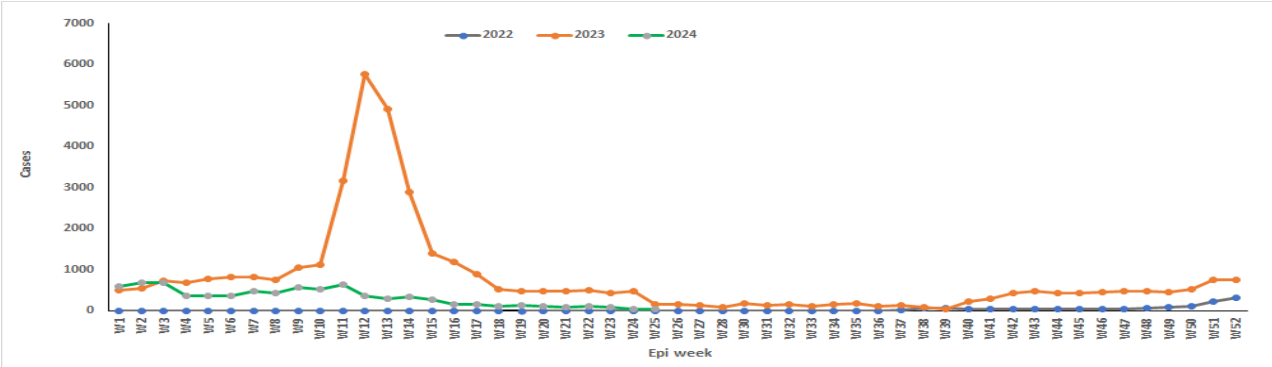
**MOZAMBIQUE**

For year 2024, as of 21 July, the country had reported a cumulative total of 8 126 cases, with 18 deaths (CFR 0.2%). In July 2024, new cases decreased by 82.9% from 310 in June to 53. There was no new death in July compared to three deaths in June. The CFR in June was 1.0%. From 1 October to date, eight provinces have been affected, with 24 districts having active cases. Cases have been on the decline in the last three weeks of June, as shown in the epicurve below. The three provinces with active outbreaks are Maputo, Sofala, and Nampula. From the onset of the outbreak in September 2022, a cumulative total of 49 013 cases, with 179 deaths (CFR 0.4%), have been reported as of 21 July 2024.

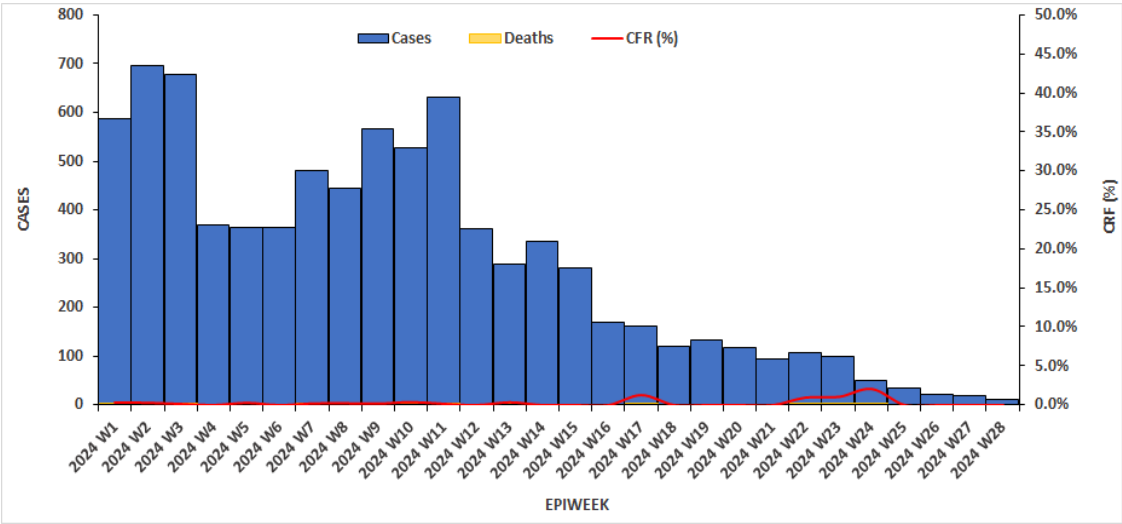


NB: The Ministry of Health in the country decided to restart the counting of cholera cases starting on 1 October 2023, which corresponds with the beginning of the rainy season. Thus, starting from week 47, data from the MOH consider two periods: the first cholera outbreak from 14 September 2022 until 30 September 2023 and the second cholera outbreak from 1 October 2023 to the present.

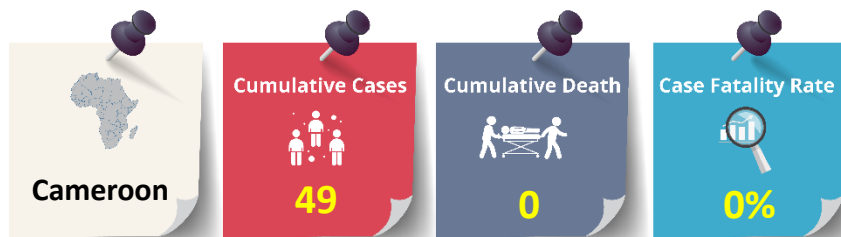
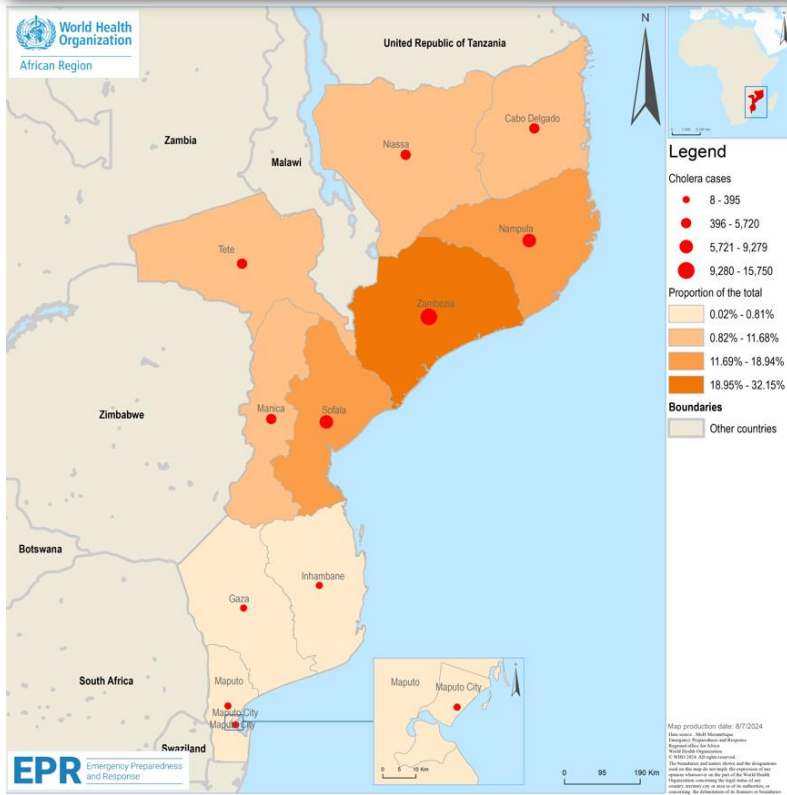
**Figure 24** Trend of cholera cases in Mozambique from 2022 to 14 July 2024



**Figure 25** Epicurve of cholera outbreak in Mozambique from 1 January to 14 July 2024

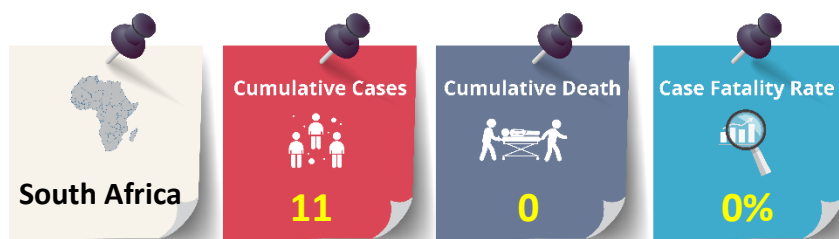


**Figure 26** Map of cholera outbreak in Mozambique as of 14 July 2024



**CAMEROON**

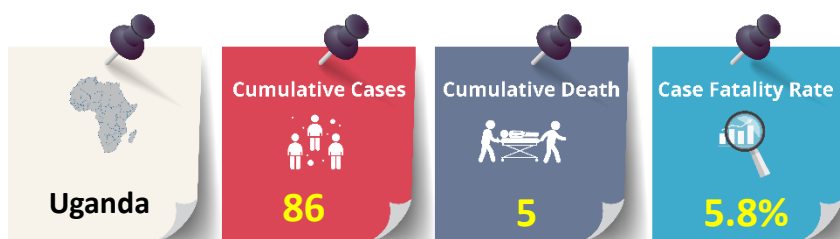
In year 2024, as of 31 May, Cameroon had reported 49 cases with no death. The situation in the country is stable. In April 2024, only one new case was reported and no case reported in May. Cumulatively, from 1 January 2022 to 31 May 2024, Cameroon has reported 20 650 cases with 484 deaths (CFR = 2.3%).



### SOUTH AFRICA

In 2024, a cumulative of 11 cases with no deaths have been reported from South Africa. The last report was of four cases, and there were no deaths in March. Of the 11 cases this year, Limpopo reported 10, and Gauteng reported one. All cases were confirmed by laboratory culture at public laboratories. There have been two imported cases in 2024.

From February 2023 to 04 April 2024, South Africa has reported a cumulative total of 1 401 suspected cases, with 47 deaths (CFR=3.4%). Readiness activities are ongoing in the provinces with support from the WHO country and regional offices.



### UGANDA

There have been 86 cases reported with five deaths (CFR-5.8%) as of 21 May 2024. No new case was reported June. The CFR for May was 7.0%. This new outbreak started 20 April 2024 in the Kyotera District of the Masak region following a flooding incident. The cumulative number of cases is 57(15 confirmed and 42 suspected cases). Four deaths have been registered since the outbreak started (1 probable and 3 suspected) in this new wave. Response activities are ongoing. Some of the challenges in the response are open defecation, unsafe water, poor food handling, inadequate RDTs and limited capacity to use cholera RDT at lower levels.

As of 21 May 2024, the total cumulative cases and deaths since July 2023 were 170 and 15, respectively (CFR-8.8%).

## Cholera IMST Pillar response actions

### Coordination

The Incident Management Support Team (IMST) AFRO has continued to coordinate the response by providing technical support and resources needed by Member States responding to the cholera outbreak through WHO country offices.

- A total of 18 technical coordination meetings with countries were held in the month of July.
- A three-level teleconference coordination meeting with the United Republic of Tanzania was established to support the country's response.
- Deployment of health logistician to Zimbabwe and epidemiologist, WASH and OSL to Comoros was supported

### Surveillance

The Surveillance and Data Management pillar remains pivotal in the cholera response across the African continent. This pillar supports countries with robust surveillance systems to monitor and respond promptly to cholera outbreaks. Key activities include:

- Supported countries to develop a standard reporting template, which is being piloted in Nigeria and the United Republic of Tanzania.
- Supported countries to facilitate and enhance cross-border surveillance to prevent the spread of cholera across regions.
- Conducted regular follow-ups to assess surveillance progress, including continuous communication with countries, provided technical assistance, and ensured timely reporting of new cases.
- Assisted countries in managing cholera-related data through the implementation of standardized data collection tools to ensure accurate and timely data reporting.

### Operations Support and Logistics

- The Nairobi hub received six cargos of cholera supplies of 26.5 tonnes with a total value of USD195,154.00 in the month of July.
- Conducted training and technical oversight on the decommissioning of cholera treatment centres (CTCs) in Zimbabwe.
- The recently recruited Health logistician in Zambia has started decommissioning the CTCs in Lusaka and Southern Region.
- Countries like Mozambique, Malawi, Zimbabwe, and Zambia have big prepositioned stocks.



**Figure 30** Pictures on decommissioning and reverse logistics of CTCs in Zimbabwe

## Conclusion

The cholera outbreaks in the African Region have persisted since 2022. There have been several driving factors, which include natural disasters and climate change, such as cyclones/flooding, which occurred in Mozambique and Malawi in early 2023, and drought and floods, which fueled the cholera outbreaks in Ethiopia and Kenya in 2023. Conflicts have a role in the outbreaks in Cameroon and Nigeria and are responsible for the persistent outbreak in the Democratic Republic of the Congo, parts of Ethiopia, and Mozambique (Cabo Delgado), making affected communities inaccessible to response teams. Additionally, concurrent multiple disease outbreaks, e.g., Mpox, wild polio, measles, COVID-19, other health emergencies, unreliable and inaccessible safe water supply, poor sanitation with increased

cross-border movements, and in-country rural-to-urban migration have also served as driving factors for cholera outbreaks across the Region. In the Horn of Africa and Southern Africa, climate-induced natural disasters such as the El Niño phenomenon, drought, cyclones, and flooding in the subregions have contributed to the magnitude of the outbreak and longer-lasting outbreak periods in many of the affected countries

In 2024, there is a need for improvement in cholera preparedness and readiness and strengthened responses in affected countries to interrupt the transmission of cholera, control it, and prevent future outbreaks.



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