Cholera in the WHO African Region

Weekly Regional Cholera Bulletin: 11 September 2023

Data reported: as of 10 September 2023





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Situation update

Regional Cholera Update

Grade 3

Cumulative Cases
238 188

Cumulative Deaths

4 327

1.0

1.8%

CFR

Overview

The cholera outbreak in the WHO African Region has affected 15 countries, however with response interventions some countries no longer have active outbreaks. The trend across the region is on the decline and is being closely monitored. As we are getting into the last months of the year, the seasonality of cholera outbreaks are issues for countries to consider and there is need to enhance preparedness and readiness, heighten surveillance and institute preventive and control measures in communities and around border crossings to prevent and mitigate cross border transmission.

In Epidemiologic week 36, eight countries **Burundi, Cameroon, Ethiopia, Kenya, Malawi, Mozambique, Zambia and Zimbabwe** reported a total of 520 new cases. Transmission is currently active in 12 countries with no recent report of new cases from Eswatini (last case reported April 18), South Sudan (last case reported May 16) and Tanzania (last case reported July 30).

Since 1 January 2022, a cumulative total of 238 188 cholera cases has been reported to the WHO Regional Office for Africa (AFRO), including 4 327 deaths with a case fatality ratio (CFR) of 1.8% as of 10 September 2023 (Table 1). Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Nigeria account for 82.9% (197 349) of the cumulative cases and 80.3% (3 476) of all cumulative deaths reported.

Figure 1: Distribution of cholera cases and deaths in WHO African Region, 1 January 2022— 10 September 2023

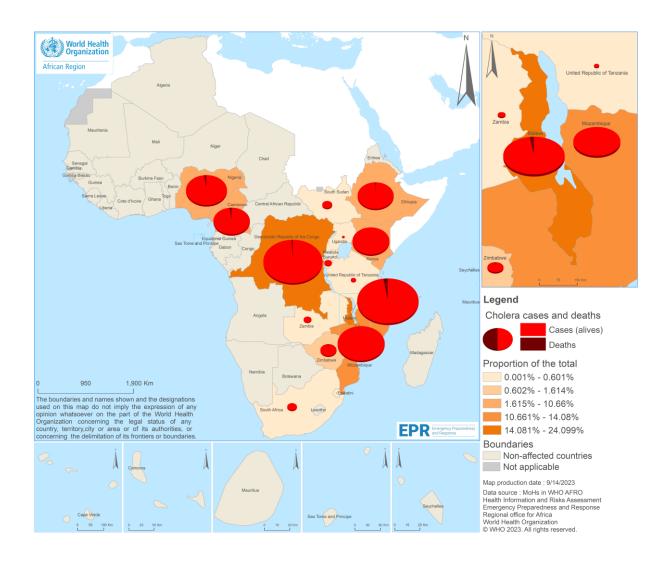
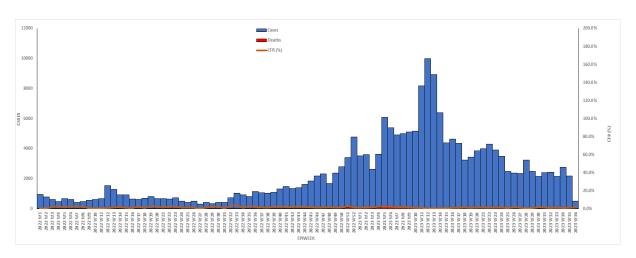


Table 1: Cholera Cases and Deaths in WHO African Region, 1 January 2022 to 3 September 2023

Country	Cumulative cases	Cumulative deaths	CFR (%)	Date outbreak started	Last update
Malawi	58 996	1 768	3.0	Mar-22	10-Sep-23
Democratic Republic of Congo	54 395	615	1.1	Jan-22	3-Sep-23
Mozambique	34 437	144	0.4	Sep-22	10-Sep-23
Nigeria	26 072	656	2.5	Jan-22	30-Jul-23
Ethiopia	23 449	293	1.2	Aug-22	8-Sep-23
Cameroon	19 762	460	2.3	Jan-22	10-Sep-23
Kenya	12 102	202	1.7	Oct-22	10-Sep-23
Zimbabwe	3 948	98	2.5	Feb-23	10-Sep-23
South Sudan	1 471	2	0.1	Feb-23	16-May-23
South Africa	1 388	47	3.4	Feb-23	31-Aug-23
Zambia	887	19	2.1	Jan-23	10-Sep-23
Burundi	822	9	1.1	Jan-23	10-Sep-23
United Republic of Tanzania	376	4	1.1	Feb-23	30-Jul-23
Uganda	81	10	12.3	Jul-23	1-Sep-23
The Kingdom of Eswatini	2	0	0	Mar-23	23-Jul-23
TOTAL	238 188	4 327	1.8		

Figure 2: Epi Curve of cholera cases and deaths in WHO African Region, 1 January 2022 - 10 September 2023

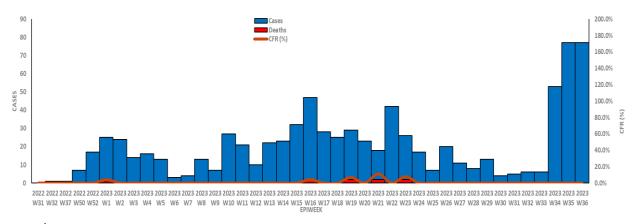




As of 10 September 2023, a cumulative total of 822 cases and nine deaths (CFR 1.1%) were reported from Burundi. The number of new cases in week 36 remained the same at 77 as of the previous week. There has been no death reported since week 24. The administrative areas that have recorded the most cases since the start of the epidemic are Gatumba (DS Isare), Gihosha, Rukana II (DS Cibitoke), Buterere (DS Bujumbura Nord) and Kinyinya II (DS Isare), with 119, 81, 73, 54 and 41 confirmed cases respectively.

Burundi has reported cholera cases since 8 December 2022, and the outbreak was officially declared on 1 January 2023.

Figure 3: Epicurve of cases and deaths in Burundi as of 10 September 2023



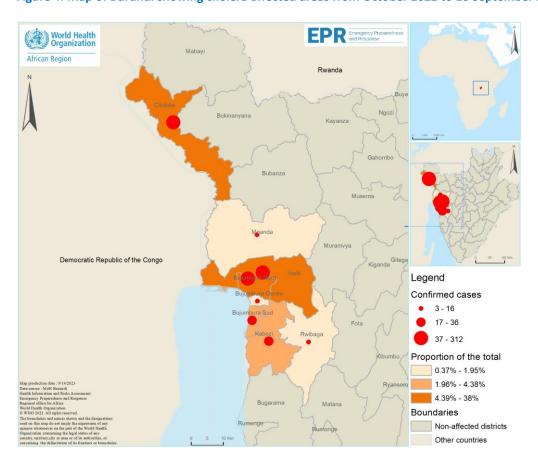


Figure 4: Map of Burundi showing cholera affected areas from October 2022 to 10 September 2023

Public Health Actions

- Deployment of response staff to support case management in the cholera treatment centres.
- Distribution of water purification tab to households

Challenges/Gaps

- Inaccessibility to drinking water for the population of Miduha, Nkenga – Busoro, Nyabagere and Buterere.
- Poor sanitation and hygiene at Kinyinya internally displaced persons camps.
- Low latrine coverage in Buterere, Kajaga, Bukirasazi and Buyenzi localities



Cameroon reported a 14% decrease in new cases in week 36 with 1 123 new cases compared to 143 cases in week 35. There were two deaths reported in week 36 compared to one death in week 35. Cumulatively, from 1 January 2022 to 10 September 2023, Cameroon has reported 19 762 cases with 460 deaths (CFR = 2.3%). As part of the vaccination campaign, 2 554 persons out of 3 300 (77.4% coverage) vaccinated in the Moutengene police school and 3 658 persons out of target 4 586 (79.8% coverage) in Prison Central New Bell.

Figure 5: Epicurve of cholera cases in Cameroon from October 2021 to 10 September 2023

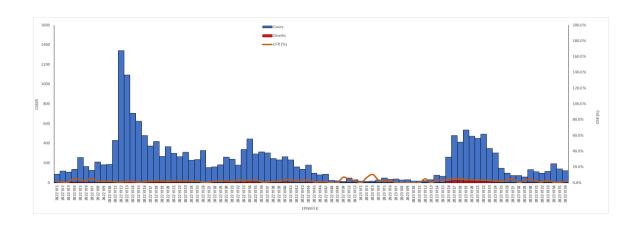
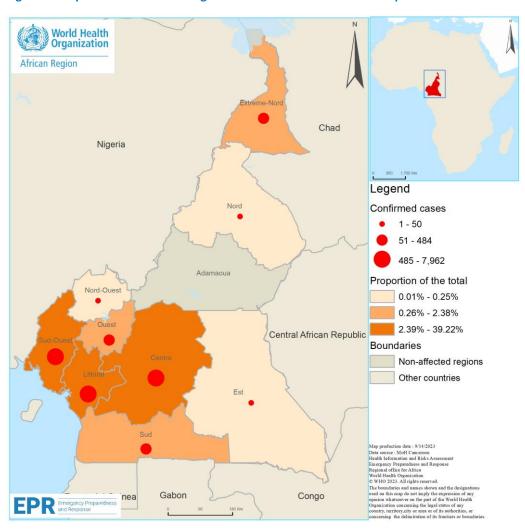


Figure 6: Map of Cameroon showing cholera affected areas as of 10 September 2023

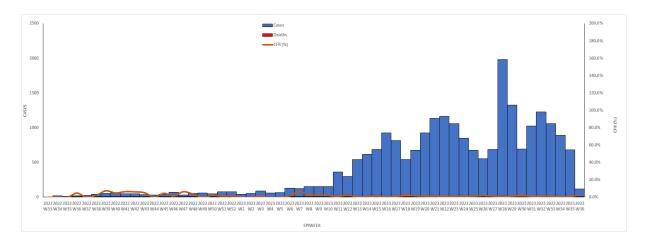


23 449 293

1.2%

As of 08 September 2023, Ethiopia reported a cumulative case total of 23 449 with 293 deaths (CFR = 1.2%). The outbreak is currently active in nine regions. As of week 36, reported new cases decreased by 83% ((118). Report of cholera cases transmission from Ethiopia to the WHO African regional office is improving, however we have no reports from Amhara region due to ongoing conflict.

Figure 7: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 8 September 2023



Public Health Actions

- Conducted Cholera case management and infection prevention and control training for 35 staff members from across the regions 5- 7 September 2023.
- WHO set-up a 20-bed Cholera Treatment Centre (CTC) at Muhammed Akile Memorial Hospital in Afar Region
- Global Vaccine Alliance supported the oral cholera vaccine (OCV) campaign in Amhara with \$1.2 million.
- Advocacy meeting for 155 leaders (religious, political, education, culture & tourism and mediasectors) at Bahir Dar on cholera preventive measures and the implementation of OCV in selected woredas.
- Cholera rapid diagnositic test kits povided to Afar, Amhara,
 Beni-shangul Gumuz and Tigray Regions.
- Supported Benishangul Gumuz and Afar Region with cholera kits and cholera hardware kits.

Challenges/Gaps

- Insecurity in Amhara and Oromia regions have affected field response operations
- Response fatigue due to length of outbreak duration
- Low risk perception of individual and community on the prevention of cholera.
- Inadequate cholera RDTs.

Grade 3

There were 19 cases reported in week 36, a 14% decrease when compared to 22 cases in week 35. There was one death reported in both weeks 35 and 36. As of 10 September 2023, a cumulative total of 12 102 cases have been reported since the onset of the outbreak with 202 deaths (CFR=1.7%).

Figure 8: Epicurve of cholera cases in Kenya from October 2021 to 10 September 2023

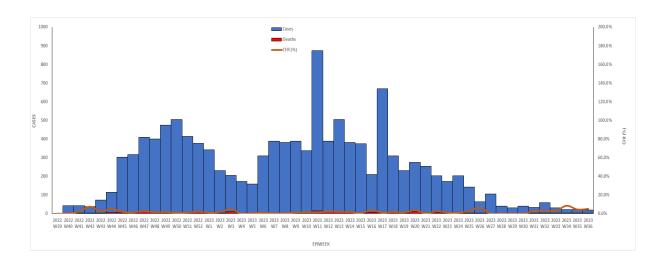
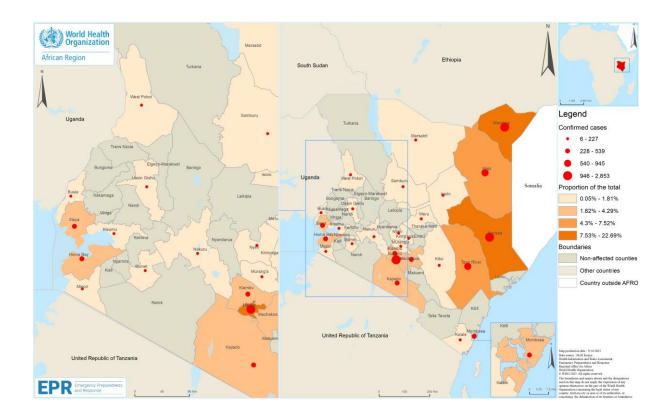


Figure 9: Map of Kenya showing cholera affected areas as of 10 September 2023



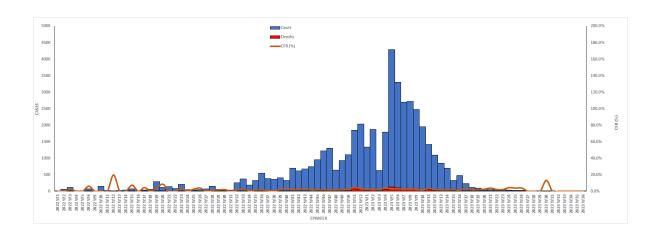
Kenya

Cumulative Deaths

CFR

In week 36, seven new cases (133% increase) were reported compared to three reported cases in week 35. Malawi reported its last death in epi week 30. As of 10 September 2023, a cumulative total of 58 996 cases have been reported since the onset of the outbreak from all the 29 districts of the country. The cumulative number of deaths remains at 1 768 with a case fatality ratio of 3.0%. Five imported cases were reported from Mozambique in week 36. Only three active districts, namely, Mulanje, Nsanje and Chikwawa reported cases in the last two weeks.

Figure 10: Epi Curve for cholera outbreak in Malawi, 3 March 2022 – 10 September 2023



Public Health Actions

Malawi

Planning for subnational and national After Action Review (AAR) meeting.

Challenges/Gaps

- Limited water sanitation and hygience facilities and funding to support provision of safe water.
- Still recording importation of cholera cases.

Mozambique Grade 3 Cumulative Cases Cumulative Deaths CFR 144 0.4%

As of 10 September 2023, the country had reported a cumulative total of 34 437 cases, with 144 deaths (CFR 0.4%). New cases decreased in week 36 by 46% to 114 cases. The most recent fatality was reported during week 32. At present, there are three activel districts in two provinces, namely Nampula and Cabo Delgado. As part of the response efforts, regular cross-border meetings with Malawi are being conducted.

Figure 11: Epicurve of cholera outbreak in Mozambique, September 2022 to 3 September 2023

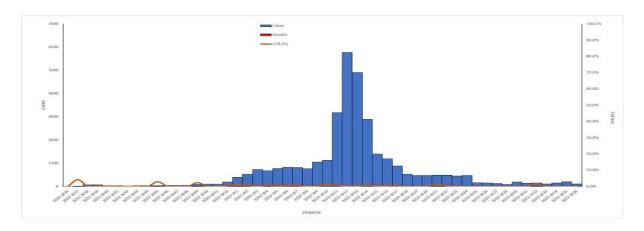
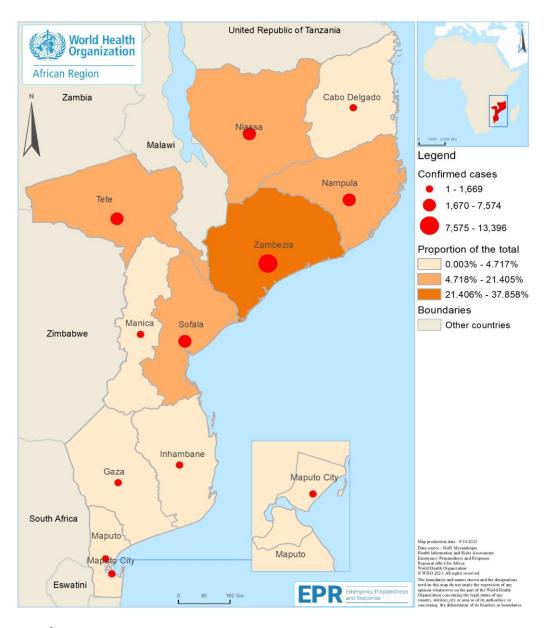


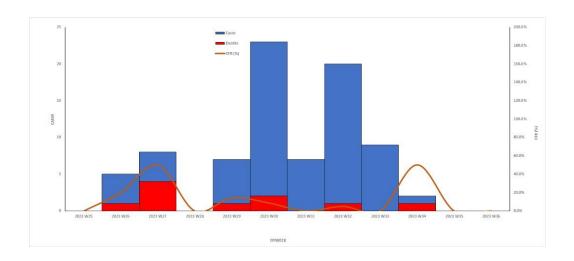
Figure 12: Map of Mozambique showing cholera affected areas as of 10 September 2023



There have been no new reported cases since week 35. As of 1 September 2023, Uganda has reported a cumulative total of 81 suspected cases and 10 deaths (CFR=12.3%).

On 27 July 2023, the Ministry of Health confirmed Cholera outbreak in Namayingo and Kayunga districts.

Figure 13: Epicurve of cholera outbreak in Uganda as of 10 September 2023





A new cholera outbreak was reported in Nsama district in the northern province on 10 August 2023. The index case in this outbreak had symptom onset on 5 August 2023. Nsama district had reported 73 cases during the previous outbreak which ended on 9 April 2023.

Cumulatively this year, as of 10 September 2023, there have been 887 reported cases and 19 deaths (CFR = 2.1%). In week 36, new cases and deaths decreased by 7% from 29 cases in week 35 and by 67% from three deaths in week 35 respectively. Response actions are ongoing with national stakeholder engagement to supplement provincial efforts in addressing cholera situation in Nsama District.

Figure 14: Epicurve of cholera cases and deaths in Zambia as of 10 September 2023

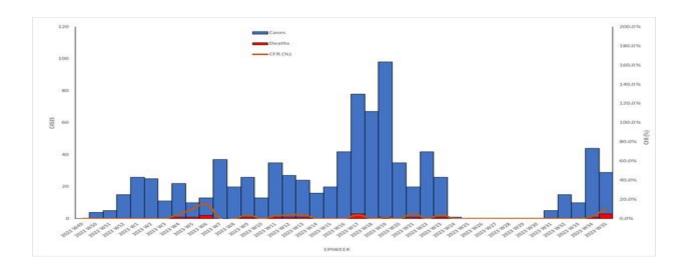
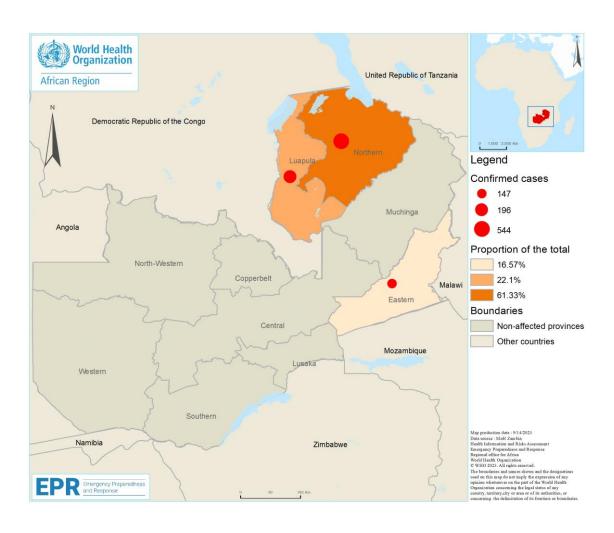
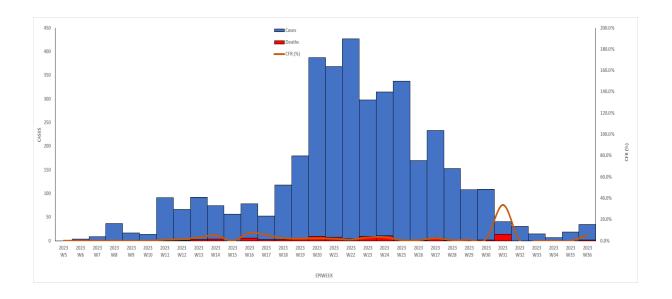


Figure 15: Map of Zambia showing cholera affected provinces as of 10 September 2023



As of 10 September 2023, reported cumulative Cholera cases were 3 948 with 98 deaths (CFR 2.5%) from the ten provinces of the country. During week 36, there was an 84% surge in cases, rising from 19 new cases in week 35 to 35 new cases. There were two deaths reported in week 36. The last reported death was in week 32. The three provinces with the highest number of cumulative cases are Harare (1 616), Manicaland (1 546) and Mat South (346) which account for 89% (3 508 cases). The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province.

Figure 16: Epicurve of Cholera outbreak in Zimbabwe as of 10 September 2023



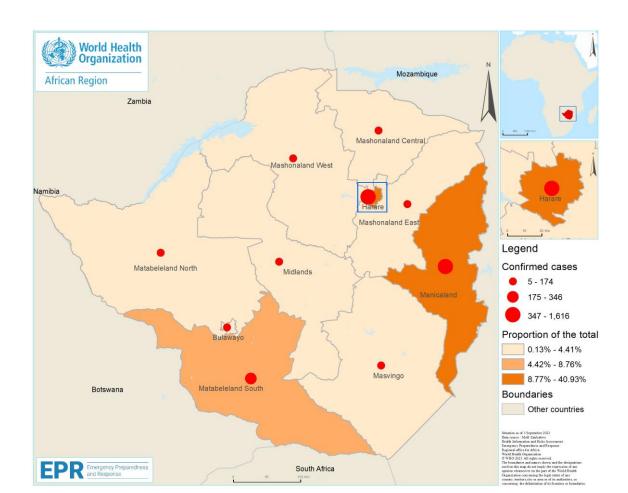
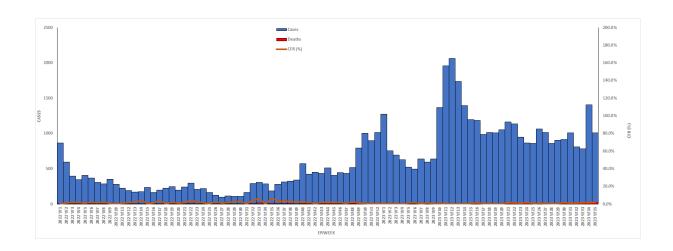


Figure 17: Map of Zimbabwe showing cholera affected provinces as of 10 September 2023



As of 3 September 2023, the country had reported 54 395 cumulative cases, with 615 deaths (CFR = 1.1%) across 12 affected provinces. In week 35, there were 1 009 new cases with 20 deaths reported. The Congolese government scheduled the launch of the National Cholera Plan 2023-2027 (PMSEC 2023-2027) by October 14, 2023. There was a donation of more than seven tons of cholera kits for the care of patients in Tanganyika province.

Figure 18: Epicurve of cases and deaths in Democratic Republic of the Congo as of 3 September 2023





As of 31 August 2023, South Africa reported a total of 1 388 suspected cases, with 47 deaths (CFR=3.4%) from six provinces — Gauteng, Free State, North-West, Limpopo, Mpumalanga and KwaZulu-Natal. KwaZulu-Natal province recorded the third imported case of cholera as notified by the Ministry of Health on 25 July from a traveller from Pakistan who arrived in the country on 16 July 2023.

Cholera readiness training workshops have been conducted in all nine provinces. An After-Action Review Meeting was conducted for the Kanana cholera treatment unit.



The cholera outbreak in the country has been ongoing since January 2022. There is no recent data from Nigeria. As of 30 July 2023, there was a cumulative total of 26 072 with 656 deaths (CFR = 2.5%).



The cumulative number of cases from the country since 22 January to 30 July 2023 are 376 and four deaths with a CFR= 1.1%. As of 30 July 2023, there have been 289 suspected cases and one death reported from Arusha. Forty days have passed since the last confirmed case was registered on 25 July 2023. There was an earlier outbreak in Dar es Salaam declared over by the Ministry of health on 5 June 2023 following report of a last case of 8 May 2023.

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.

WHO ACTIVITIES

Readiness:

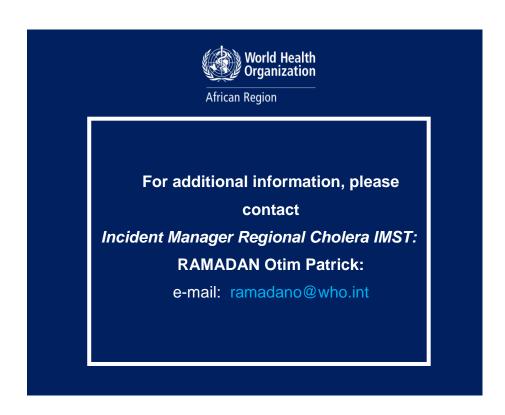
- 23 countries prioritized for cholera readiness
- Ongoing collection of data using the updated web-based cholera readiness assessment tool
- Developed and rolled out a tracking tool for monitoring framework for the implementation of the global strategy for cholera prevention and control, 2018-2030 across the countries. A total of 524 RRTs trained across all the nine provinces of South Africa to build capacity for preparedness and readiness and to develop a national cholera plan for the country.
- Supported Malawi to Conduct the identification of Priority Areas for Multisectoral Interventions (PAMIs/Hotspots).
- Support ongoing development and mid-term review of National Cholera Plan for South Sudan and Zambia respectively.
- Ongoing support to countries on cholera readiness particularly those approaching the cholera season in Southern Africa.
- Conducted comprehensive assessment of the implementation of the Regional Framework for the implementation of the global strategy for cholera prevention and control, 2018-2030.

Response:

- The Cholera Incident Management Support Team of the WHO AFRO maintains tele-conference meetings with all AFRO countries in response for coordination and provision of technical guidance.
- Ongoing technical and financial support to countries for cholera response interventions
- Strengthening cross-border collaborations on cholera surveillance.
- Ongoing deployments to countries as requested by countries.
- Provision of essential medical supplies and cholera Kits to all countries in outbreak
- Strengthening of response and technical inputs on training across all response pillars.
- Technical support to countries on vaccination strategies for reactive OCV campaigns.
- Capacity building of country teams including through webinars



Figure 19: Cholera preparedness and readiness training in South Africa



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