



World Health
Organization
Zimbabwe

CHOLERA UPDATE

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Statement by WHO Representative to Zimbabwe Professor JM Dangou

After years of relative calm, Zimbabwe has been grappling with a cholera outbreak since 12 February 2023. This resurgence is not an isolated incident, as 10 more countries (Malawi, Mozambique, Somalia, Kenya, Ethiopia, Zambia, South Sudan, Burundi, Tanzania and South Africa) in Eastern and Southern Africa are facing similar challenges with cholera an acute watery diarrhoea. To date, a total of 13,176 suspected cases and 1,543 confirmed cases have been reported. This stark reality underscores the need for continued coordinated action to control the spread of this preventable disease. Several factors contribute to the resurgence of cholera in Zimbabwe, including:

- Poor water and sanitation infrastructure: Inadequate infrastructure hinders access to clean water and proper sanitation, making communities more susceptible to cholera outbreaks.
- Gaps in personal and food hygiene have contributed to the increased risk of cholera spread since it is transmitted through fecal oral route.
- Health literacy gaps in the general public on the causes, modes of spread, and prevention of cholera infection.
- Deteriorating economic conditions: Poverty and lack of resources can limit access to clean water and sanitation, further exacerbating the impact of cholera outbreaks.
- Climate change is also playing a significant role in the spread of cholera. Droughts,



which are becoming increasingly common, reduce access to clean water and create ideal conditions for the bacteria to thrive. Cholera outbreaks in this era are unacceptable. This preventable and treatable disease should not claim lives, especially when access to clean water and sanitation is a basic human right. Most of the affected communities have outdated water and

sanitation infrastructure. This, coupled with water scarcity due to droughts, creates a perfect storm for cholera outbreaks. The following actions are crucial to control the outbreaks and prevent further spread, and WHO is already supporting the Government of Zimbabwe in some of the areas:

- Improve access to clean water and sanitation: This is the cornerstone of preven-

tion and requires substantial investment in infrastructure development.

- Raise awareness and engage communities: Educating communities about hygiene practices and early symptom recognition is essential for early intervention.
- Strengthen early warning surveillance: Prompt detection and response to outbreaks are critical to minimize casualties.
- Ensure good quality clinical management: Timely and appropriate treatment saves lives and reduces mortality rates. While oral cholera vaccines are a valuable tool, they are not a substitute for clean water and sanitation. These remain the primary interventions to prevent cholera, which can be effectively treated with oral rehydration solution and antibiotics in severe cases. Cholera is a deadly threat, but it is not invincible. By working together and ensuring access to basic interventions, we can prevent needless deaths and create a healthier future for all. We are grateful to the support we have received so far from the Health Resilience Fund, a pool of funding by the European Union, UKaid, Embassy of Ireland and GAVI, The Vaccine Alliance. We are thankful for the support from the UN Central Emergency Response Fund (UNCERF) as well as the Government of Germany.

The outbreak at a glance

Between 11 and 17 December 2023, Zimbabwe saw about 900 new possible cholera cases, a slight decrease from 1027 cases from the previous week. The outbreak is currently focalized in Harare, Manicaland as well as Masvingo province.

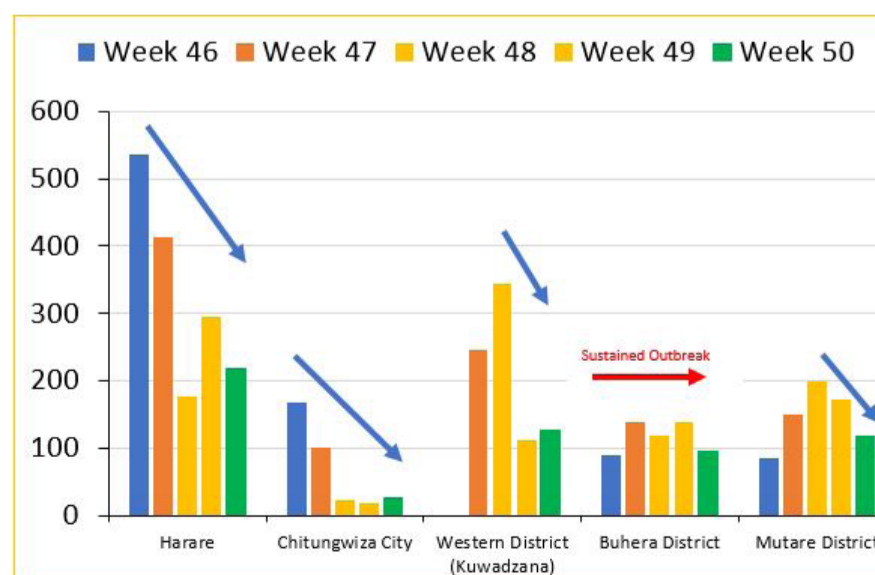
- Harare has had a gradual reduction of cases dip in cases however a 60% increase in cases was observed in week 49 compared to Week 48.

- Chitungwiza City has seen a decline in cases.

- Buhera has been consistently reporting cases. There is a sustained outbreak in the district with an average of 20 new suspected cases on a daily basis.

- Mutare Rural district has also been consistently reporting cases. There is an average of 24 cases on a daily basis.

- In Masvingo Province, cases have been reported mainly from Chiredzi and Gutu. In the past week Gutu reported 70 cas-



es, followed by Chiredzi with 25 cases. Zimbabwe has had two major historical outbreaks, The first in 2008/2009 as well

as the 2018 outbreak. The 2008/2009 outbreak resulted in 98, 592 cases with 4, 288 deaths (CFR 4.3%), making it the

largest outbreak ever recorded in the country. The outbreak spread to all the 10 provinces in the country, with an average of 8,500 cases being reported per week. In 2018 the outbreak resulted in 10, 671 suspected cases, with 68 deaths (CFR 0.63%). The current outbreak has surpassed the 2018 outbreak however there more deaths, 257 (CFR 2.2%) a CFR that is above the WHO threshold of 1%

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Engaging the apostolic sect



As part of the festive period preparations, the MoHCC Provincial and district teams in Manicaland and WHO visited the venue where the apostolic faith gather for their festive celebrations from 23 December. The team engaged the church leadership about the Cholera outbreak in the area, how it spreads, treated, and how it can be prevented particularly when there is such a huge public gathering for they are a vehicle for cholera spread. The visit was also a platform to assess the availability of safe water, hygiene and sanitation facilities at the mission and put necessary interventions. The team also established an ORP at the venue.



The cholera treatment camps at Zviripiripiri and Chiadzwa Rural Health Centres in Mutare District, Manicaland were upgraded and transformed to a 16-bed and a 12-bed treatment centres to improve access to critical care and prevent further deaths and spread of the disease in these communities. The centres were equipped with medical supplies to manage 100 cases (80 severe and 20 mild). Both facilities were supported with medical supplies, including rehydration fluids, antibiotics, and other cholera-specific treatment materials. Triage points were also set for organized flow of patients and staff to reduce infections.



In Masvingo Province, a new cholera treatment center (CTC) with an 18-bed capacity was established at PorePore Rural Health Center in Mkwazine, Chiredzi District. Equipped with 4 latrines, a liquid waste pit, and essential medical supplies for 60 moderate cases and 40 severe cases, this CTC aims to provide timely and appropriate care to prevent further transmission of the disease. Since September 26th, the health facility has reported 115 cholera cases and 2 deaths. PorePore is a farming area with a population of 12,455. The community primarily relies on water canals used for farming, a potential source of contamination. While the average daily cases range from 2 to 3, the CTC has also accommodated peaks of over 20 patients, utilizing a repurposed waiting mothers' shelter. The establishment of the Pore Pore CTC therefore demonstrates a proactive response to the cholera outbreak in Masvingo. Its increased capacity and resources enhance patient care and infection control, crucial steps towards containing the spread of the disease.

WHO In Action

From Kits to Labs

- May 2023: Donated cholera kits and medical supplies with United States Centers for Disease Control and Prevention (USCDC) support. The supplies included treatment kits consisting of 20 community, 6 peripheral and 2 central kits to serve approximately 2 800 patients.
- November 2023: Provided essential cholera commodities to Mutare and water monitoring equipment nationwide. This was made possible through the generous funding of the Contingency Fund

- for Emergencies (CFE). Another batch of water quality monitoring equipment consisting of rapid test kits, filters and other consumables was donated to enhance water surveillance nationwide.
- December 2023: Delivered \$316,000 worth of aid, including 22 tons to boost response, personal protective equipment (PPE) & medical supplies to Beatrice Road Hospital, and laboratory supplies for faster testing. This was made possible through funding from the Health Resilience Fund.



Funding

While generous donations from Health Resilience Fund (US\$656,633), Central Emergency Response Fund (US\$33,403), and US\$70,000 from Germany have helped procure commodities and supplies, a critical funding gap remains, to fully address health system strengthening needs during the ongoing cholera response. The recent equipment donated to the Ministry of Health and Child Care (MoHCC) is already supporting the response.

However, with projected cases nearing 39,000 in the next three months, securing US\$2,501,121 is crucial to procure essential case management medicines, supplies, and equipment for treatment centers. Additional costs for other response pillars, including scalable clinical care are being determined.

In Harare, WHO revamped the Oral Rehydration Points at Stoneridge Clinic to improve assessment and treatment of suspected cases before referral. To ensure that the response is safe, scalable with tangible impact, cholera services are being integrated into existing infrastructure working together with other partners such as the National AIDS Council. In Harare, roadshows were conducted in areas such as Kuwadzana and Budiro, reaching thousands of people in and surrounding areas. Community engagement activities are ongoing to ensure the current information gaps are addressed to halt the spread of cholera.



A recent water quality training programme for Environmental Health Practitioners (EHPs) is paying off, as districts across the country ramp up their water testing efforts. Following the training of 60 EHPs, targeted areas are witnessing a significant increase in sample collection and analysis for water quality assessment. In Manicaland stands out as a prime example of the initiative's success. With 48 samples collected and analyzed between December 17-23, 2023, the district demonstrates a commendable commitment to improving the quality of water for its residents. This represents a substantial increase compared to previous levels. For Chitungwiza, 12 samples were collected during the same period. These initial results are encouraging, suggesting a positive ripple effect from the training program. Increased water testing signifies a proactive approach towards safeguarding public health and preventing waterborne diseases. By prioritizing water quality monitoring, districts are taking crucial steps towards ensuring clean and safe water for all.



What they said!!

“In the face of an outbreak, open communication is paramount. We must educate individuals, communities and businesses, including food vendors, on practices that increase the spread of cholera and equip them with information and hygienic practices for prevention and control. Our primary focus should be on disseminating clear and concise information through effective public education campaigns. By empowering our communities with knowledge and actionable steps, we can collectively reduce the infection rate and safeguard public health,” the Minister of Health and Child Care Dr Douglas Mombeshora said.



“Including laboratory technicians in the development of cholera laboratory strategies is crucial because it promotes a standardized approach to laboratory work during cholera outbreaks. Technicians can contribute valuable insights on optimizing testing procedures, ensuring consistency in data collection and analysis, and minimizing errors,” said Lesley Maphosa a Laboratory Technician at Mpilo Hospital during a strategy development workshop



“Partnering with health promoters, we have educated our community about seeking medical care during this cholera outbreak and beyond. Seeing my church members prioritize their health is truly gratifying,” said Jabias Mapuweyi, Village Head and Church Leader from Gandanzara Apostolic, Munyikwa Centre, Gutu.

“Recovering from cholera taught me two things: hygiene matters, and early medical care saves lives. Losing my nephew was a wake-up call for me and I understood the importance of seeking timely medical care when one is not feeling too good,” Gift Sibindi from Epworth said.



“In collaboration with the Government of Zimbabwe and partners like WHO, UNICEF is actively contributing to the cholera response by providing crucial information on prevention through its risk communication and community engagement pillar. This includes raising awareness about hygiene practices, ensuring access to clean water, and promoting vaccination campaigns,” Dr. Tajudeen Oyewale, UNICEF Representative to Zimbabwe

