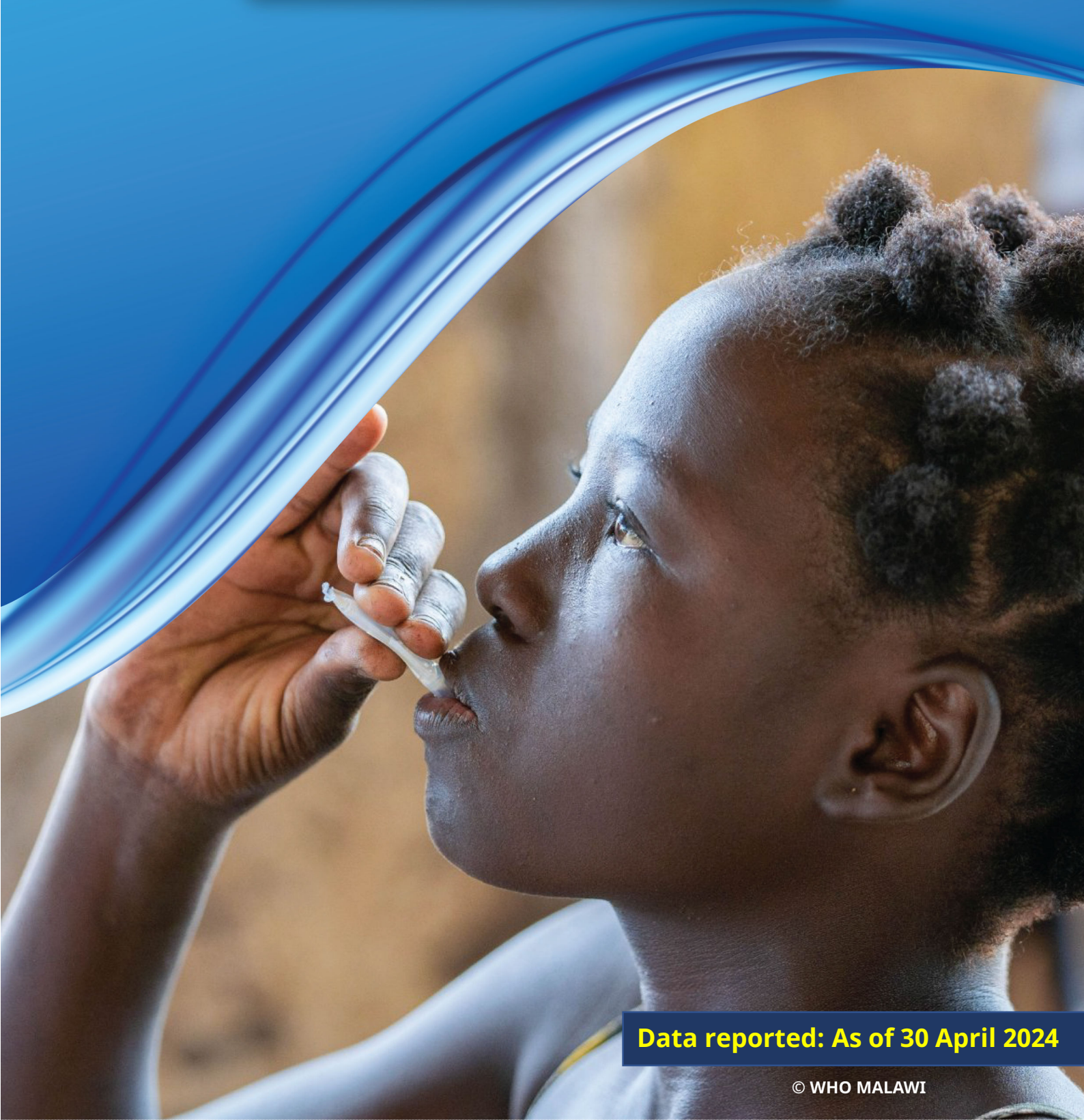


May 2024

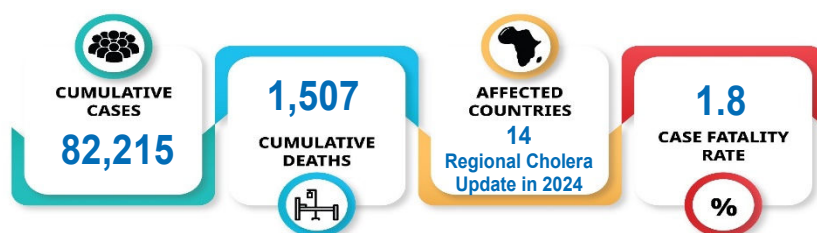
Cholera in the **WHO African Region**

Monthly Regional Cholera Bulletin



Data reported: As of 30 April 2024

Situation update



Overview

In 2024, 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). Five countries – Comoros, Democratic Republic of the Congo, Ethiopia, Mozambique and Zimbabwe – are currently categorized as being in acute crisis.

The southern and eastern sub regions of the continent, now in the rainy season, are experiencing resurging outbreaks. The El Nino phenomenon has caused both droughts in (Zambia, Zimbabwe) and an increase in rainfall levels, causing floods and landslides in some communities (Kenya, Tanzania). This will exacerbate the increase in cholera cases and raises 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 need for member states to improve cholera 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.

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 30 April was 82 215 and 1 507 deaths, respectively, with a case fatality ratio of 1.8%. The Democratic Republic of the Congo, Ethiopia, Mozambique, Zambia and Zimbabwe account for 90.6% (74 451) of the total cases and 91.4% (1 377) of total deaths this year. In 2024, Comoros confirmed an outbreak linked to importation from a passenger aboard a boat which arrived in Moroni on January 31, 2024..

In April 2024, ten countries – **Burundi, Cameroon, Comoros, Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe** – reported a total of 15 636 new cases and 233 deaths (CFR = 1.5%).

As of 30 April 2024, a cumulative total of 367 134 cholera cases, including 6 614 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 74.1% (271 965) of the cumulative cases and 64.2% (4 243) of all cumulative deaths reported. Transmission is currently active in 14 countries.

Figure 1 Distribution of cholera cases and deaths in WHO African Region 1 January 2022— 30 April 2024

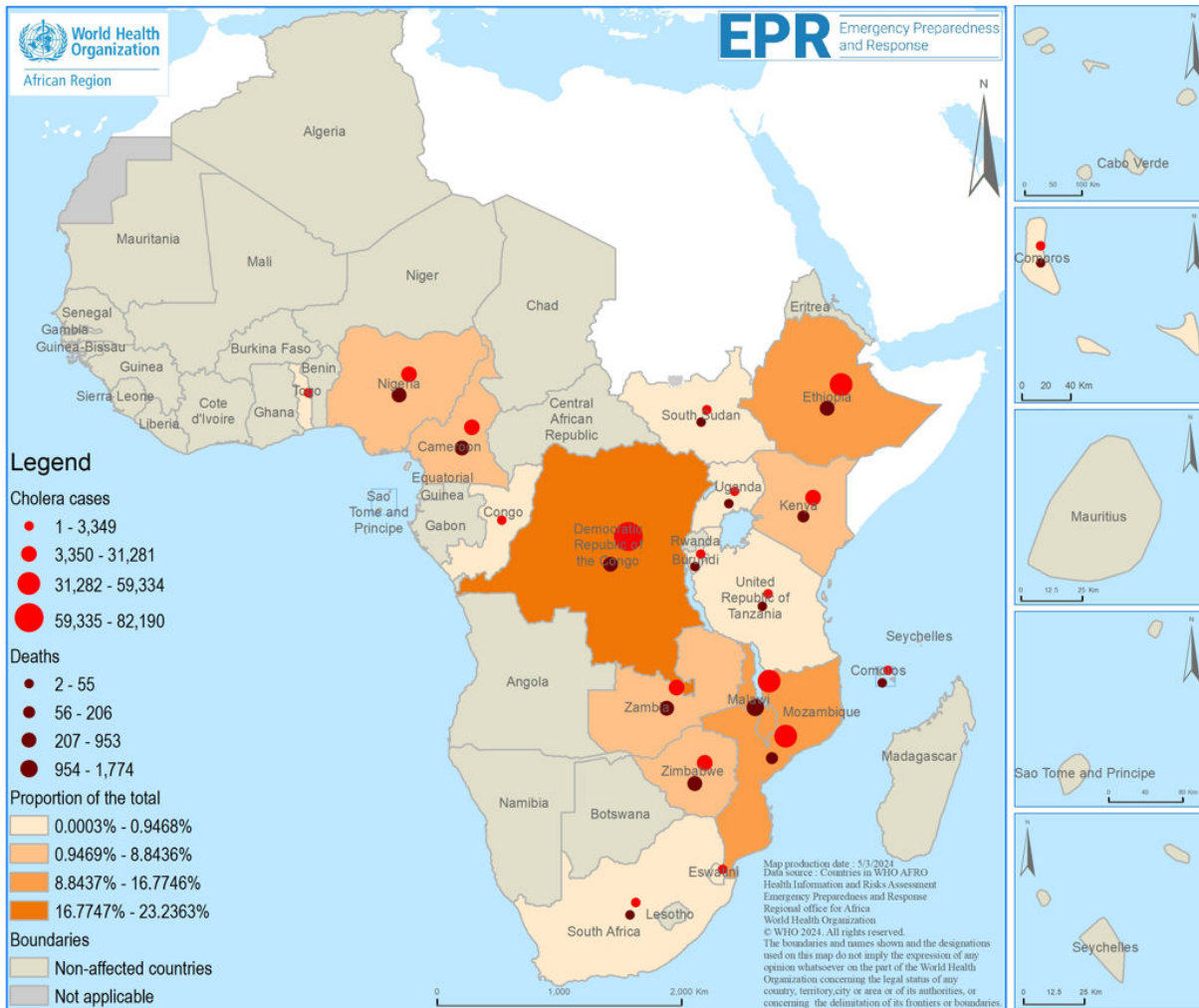


Table 1 Cholera Cases and Deaths in WHO African Region 1 January 2022 to 30 April 2024

Country	Cases in 2024 only	Deaths in 2024 only	CFR (%) 2024 only	Cumulative cases	Cumulative deaths	CFR (%)	Date outbreak	Last update
Zambia	18 859	617	3.3	23 161	739	3.2	Jan-23	30-Apr-24
Zimbabwe	18 756	385	2.1	33 273	705	2.1	Feb-23	28-Apr-24
Democratic Republic of	15 199	239	1.6	85 574	1 000	1.2	Jan-22	30-Apr-24
Ethiopia	14 343	124	0.9	45 576	592	1.3	Aug-22	30-Apr-24
Mozambique	7 294	12	0.2	48 181	174	0.4	Sep-22	30-Apr-24
Comoros	3 950	82	2.1	3 950	82	2.1	Feb-24	30-Apr-24
United Republic of Tanzania	2 549	40	1.6	3 709	62	1.7	Feb-23	30-Apr-24
Nigeria	559	7	1.3	28 081	732	2.6	Jan-22	24-Mar-24
Malawi	255	1	0.4	59 361	1 772	3.0	Mar-22	30-Apr-24
Burundi	199	0	0.0	1 569	9	0.6	Jan-23	30-Apr-24
Kenya	172	0	0.0	12 546	206	1.6	Oct-22	31-Mar-24
Cameroon	49	0	0.0	20 651	484	2.3	Jan-22	28-Apr-24
Uganda	20	0	0.0	101	10	9.9	Jul-23	10-Mar-24
South Africa	11	0	0.0	1 401	47	3.4	Feb-23	4-Apr-24
Republic of the Congo	0	0	0.0	0	0	0.0	Jul-23	26-Jul-23
The Kingdom of Eswatini	0	0	0.0	0	0	0.0	Mar-23	23-Jul-23
South Sudan	0	0	0.0	0	0	0.0	Feb-23	16-May-23
Togo	0	0	0.0	0	0	0.0	Dec-23	18-Dec-23
TOTAL	82 215	1 507	1.8	367 134	6 614	1.8		

Figure 2 Epi Curve of cholera cases and deaths in WHO African Region 1 January 2022 – 30 April

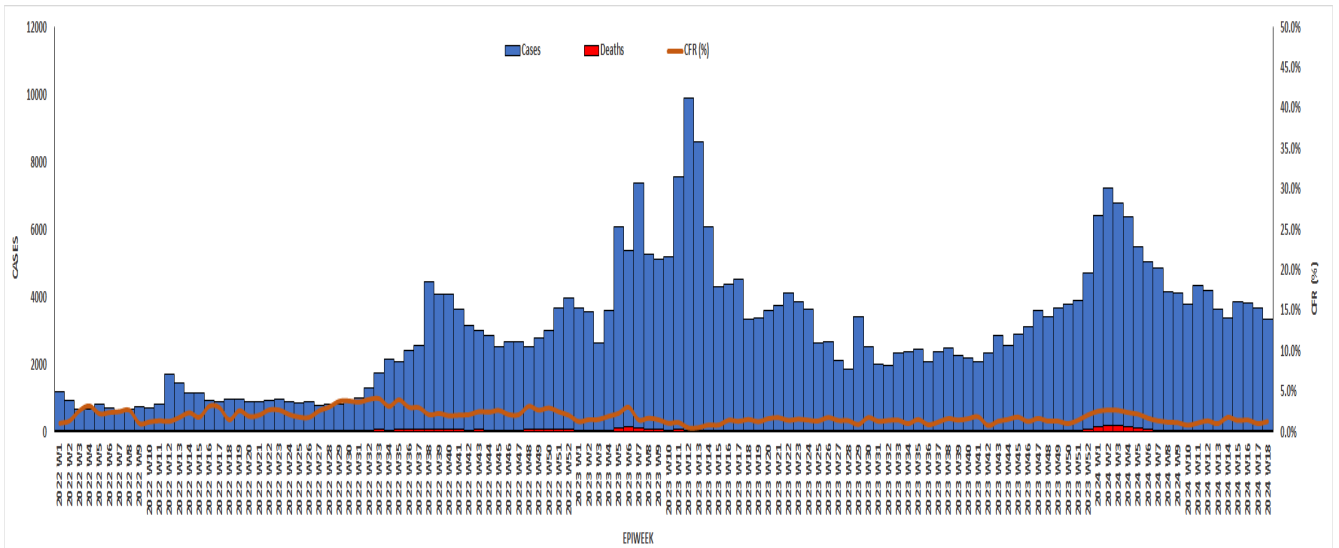


Figure 3 Trends of cholera cases in WHO African Region 1 January 2022 – 30 April 2024

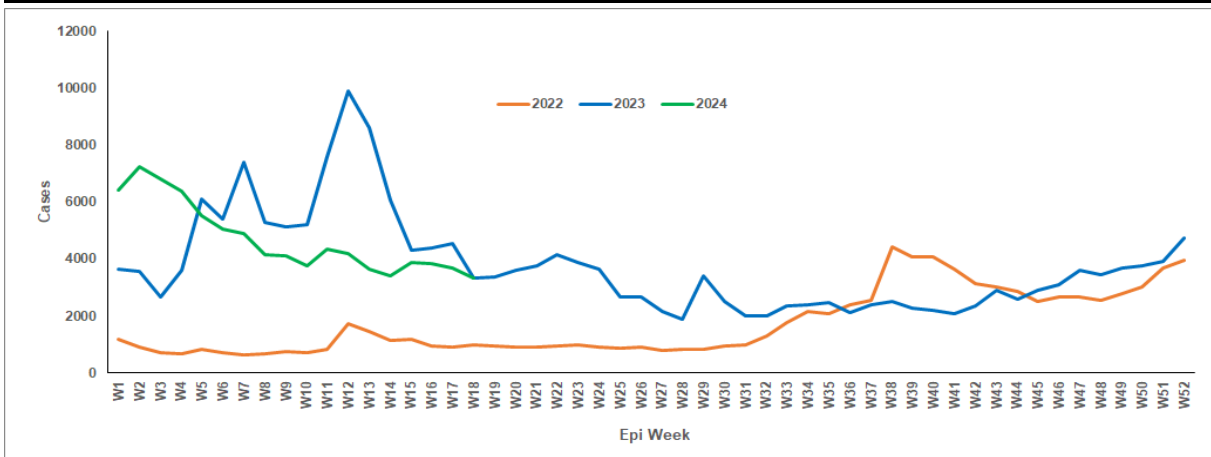
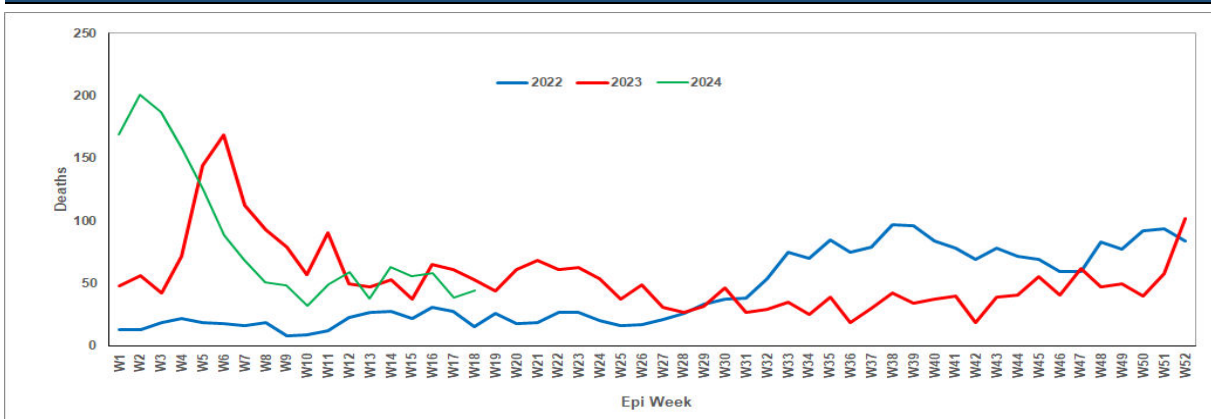
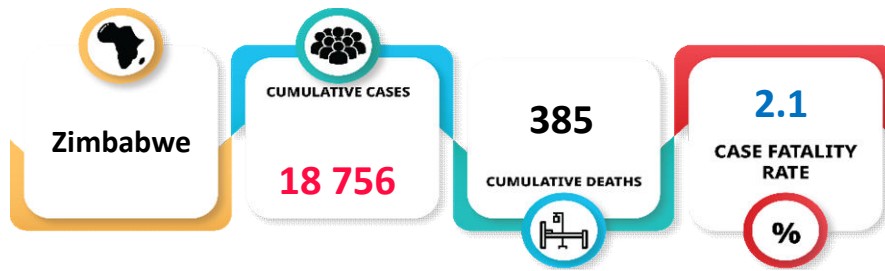


Figure 4 Trends of cholera deaths in WHO African Region 1 January 2022 – 30 April 2024



Country specific updates



The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province. This year, as of 28 April 2024, a cumulative of 18 756 cholera cases with 385 deaths (CFR 2.1%) have been reported from the ten provinces. Sixty-five (65) health districts out of the 72 health districts have reported at least a case of cholera. In April, new cases decreased by 43% from 4 628 in March to 2 630. New deaths also decreased by 33%, from 92 in March to 62.

About 51% of the cases are females. Approximately 14% of the reported cases are children under five years old. Most of the reported cases are between 20 and 40 years old. Of the deaths, 53% are males, most of the reported deaths are between 20 and 40 years old. Approximately 11% of the reported deaths are children under five years old.

The three provinces with the highest number of cumulative cases since 2023 are Harare, including Chitungwiza City (12 503), Manicaland (6 449), and Mashonaland Central (4 324), which account for 70.0% (23 276 cases). The case fatality ratio (CFR) in April was 2.4%, higher than a CFR of 2.0% reported in March. The weekly epi curve has shown a downward trend since epi week 11, with the exception of a rise in cases in epi week 16. The post-campaign coverage survey (PCCS) is ongoing following the training of data collectors in the week of 21 April 2024. WHO is supporting the development of a second application for OCV, which will target new hotspots.

WHO activities

- Training of healthcare workers and distribution of job aids on cholera case management in Chivi, Chiredzi, Masvingo and Kadoma districts of Masvingo province on case management and infection, prevention and control was conducted from 3- 5 April 2024.
- Supportive supervision on proper filling of the CTC registers and cholera mortality audit is ongoing.
- Cholera case management webinar on fluid replacement in cholera patients was conducted by the case management team for Mashonaland Central.
- Refresher trainings on RCCE to health practitioners and targeted awareness to community and religious leaders in Masvingo were finalised.
- Medicines (Zinc and Ciprofloxacin tablets), canvas covers for cholera beds and laboratory logistics to Natpharm (culture and serology reagents, Cholera investigation and laboratory kits and RDTs) were Dispatched.
- Training of data collectors for post OCV campaign coverage survey was undertaken with data collection done.

Plans

Training on decommissioning of CTCs

Figure 5 Epicurve of Cholera outbreak in Zimbabwe as of 28 April 2024

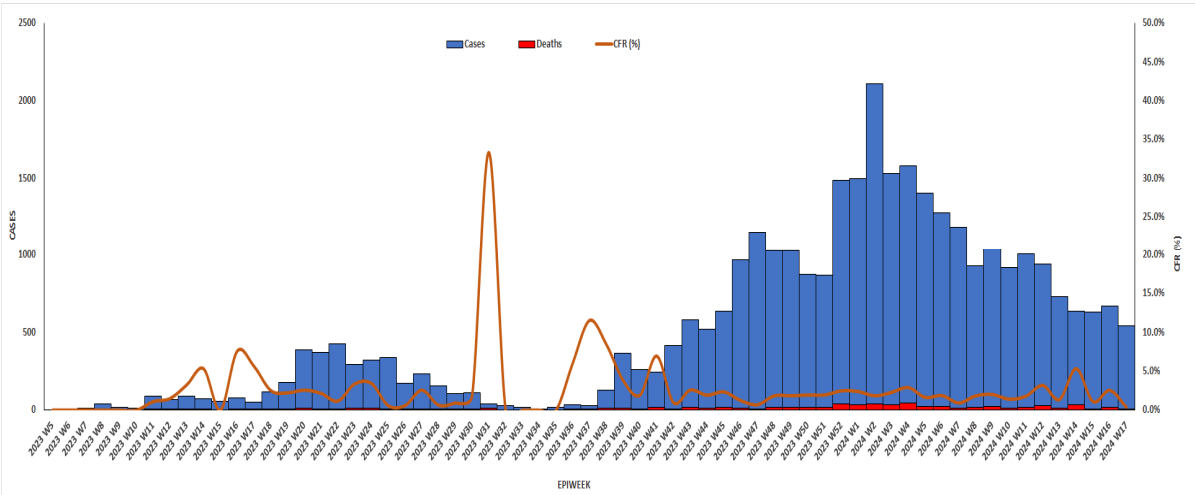
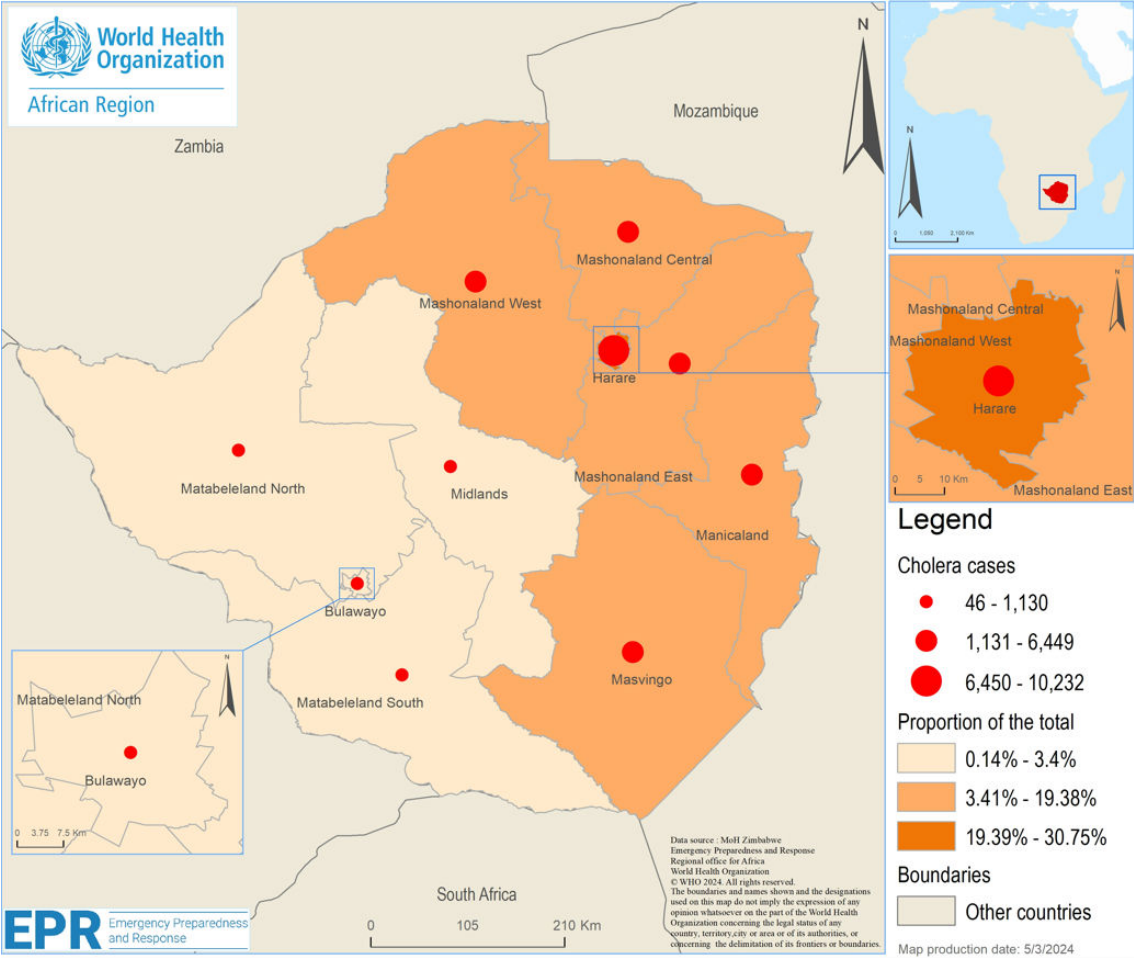
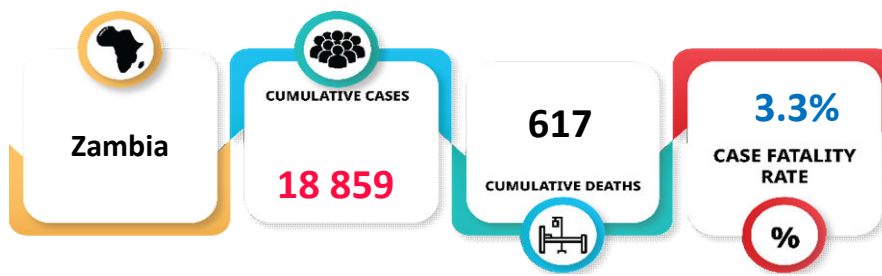


Figure 6 Map of Zimbabwe showing cholera-affected provinces as of 28 April 2024





This year, as of 30 April 2024, there have been 18 859 reported cases and 617 deaths (CFR = 3.3%) from all 10 provinces and 70 districts. In April 2024, new cases decreased by 72% from 2 337 in March to 648. Similarly, new deaths in April decreased by 55% from 33 to 15. The CFR in April at 2.3% was higher than the 1.4% reported in March. Most of the deaths have occurred in the community, which calls for more risk communication and community engagement (RCCE) to reduce mortality. The weekly epi curve has shown a consistent decline in cases in the past 14 weeks, as shown in Figure 7.

At the peak of the outbreak, the highest level of government response was activated and coordinated by the Disaster Management and Mitigation Unit (DMMU) under the office of the Vice President. Following the persistence of the outbreak and upsurge in cases and deaths from the Copperbelt province, an integrated community approach has been instituted. The country conducted an Intra-Action Review (IAR) meeting of the response from 8-12 April 2024 to review the response so far and improve based on the lessons learnt.

Since the beginning of the outbreak in January 2023, the cumulative number of cases and deaths are 23 161 and 739, respectively with a CFR of 3.2%. The health facility CFR is 1.4%. The top three provinces with the highest number of cases are Lusaka (17 760), Copperbelt (2 055) and Central (1 749), which account for 93% (21 564) of the cases in the country.

Figure 7 Epicurve of cholera cases and deaths in Zambia as of 30 April 2024

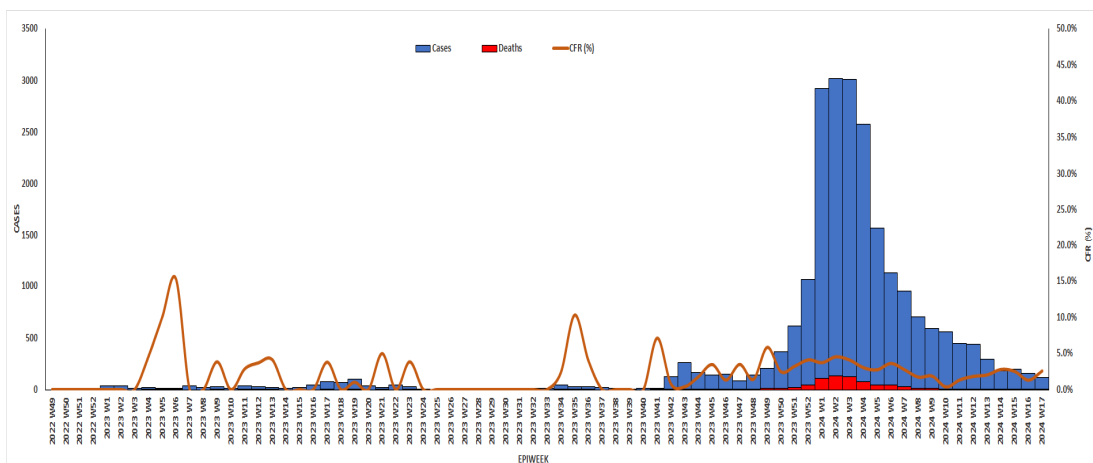
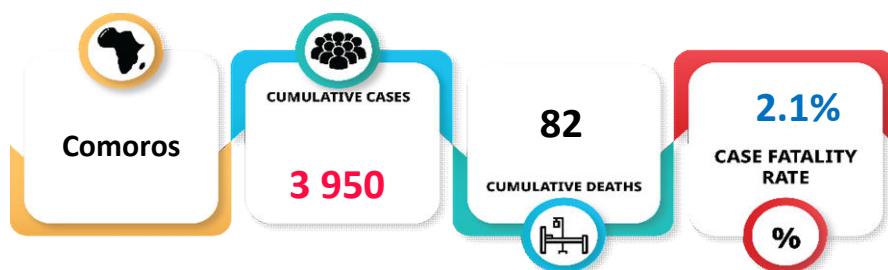
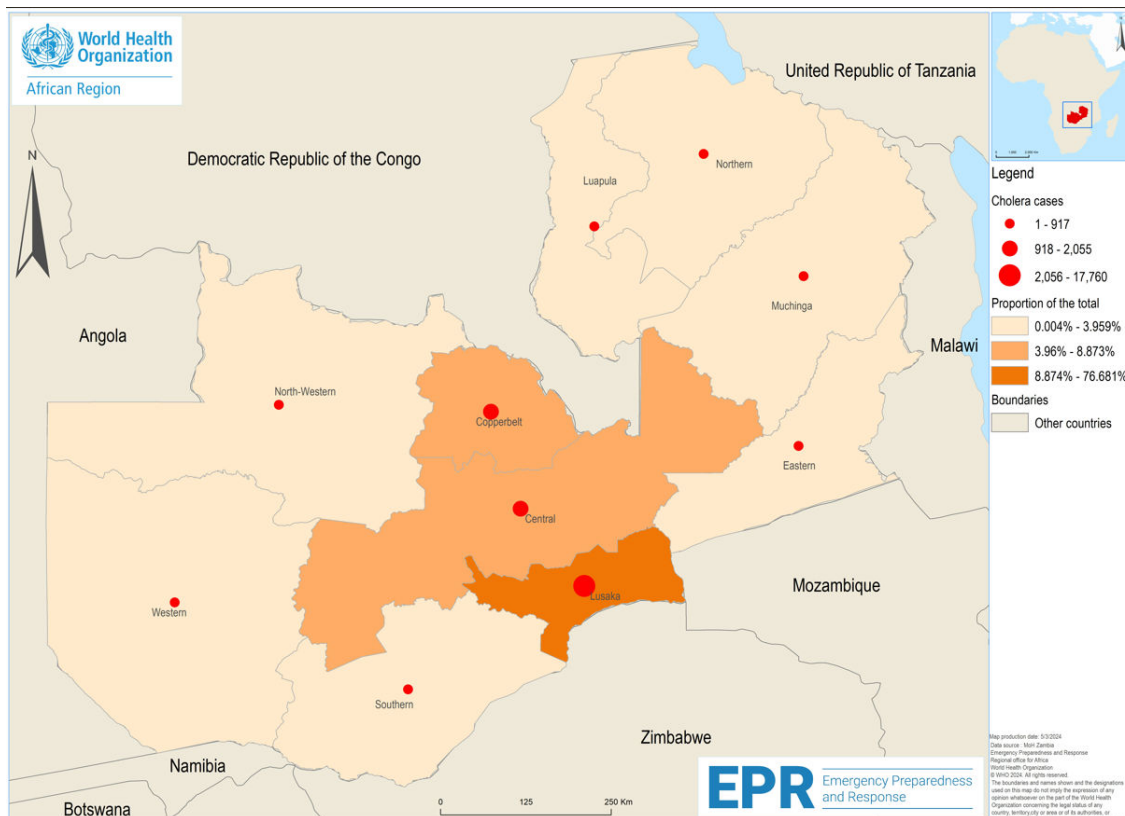


Figure 8 Map of Zambia showing cholera-affected provinces as of 30 April 2024



As of 30 April 2024, the cumulative number of cases and deaths are 3 950 and 82, respectively (CFR=2.1%). In April 2024, there was an increase in number of new cases, deaths and CFR. New cases increased by 517% from 534 in March to 3 295, new deaths also increased by 560%, from 10 in March to 66, and the CFR increased from 1.9% in March to 2.0% in April. The distribution of cases across the three Islands are Ndzuwani/Anjouan (3 092), Grande Comore/Ngazidja (487), and Mwali/Moheli (371). About 57% of the cases are males. In the densely populated Anjouan Island, all seven districts have reported cases. The town of Mutsamudu is the epicenter of the cholera epidemic on Anjouan Island. The number of cases have been on the increase weekly till it peaked at epi week 17 before the recent decline in epi week 18.

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

WHO Activities

- Training modules were revised for CHWs for community surveillance was done with the support of WHO, IFRC, CRCO, CDC Africa and UNICEF.
- WHO has also provided vehicles for investigation trips to Ngazidja, Mwali and Ndzuwani.

Challenges include hesitancy to attend treatment facilities and insufficient Ringer's lactate for treatment of patients.

Figure 9 Epicurve of cholera outbreak in Comoros as of 30 April 2024

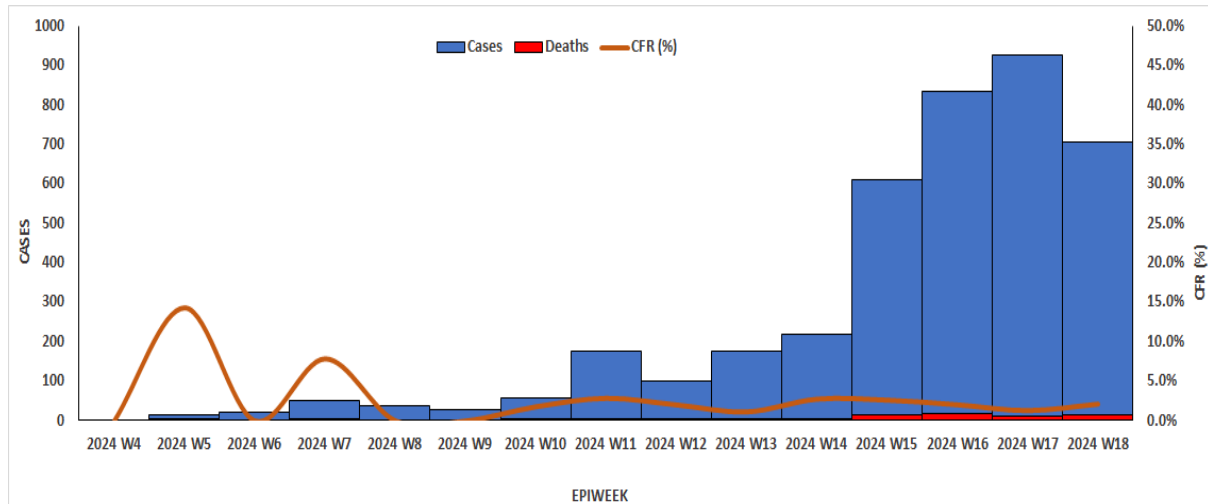
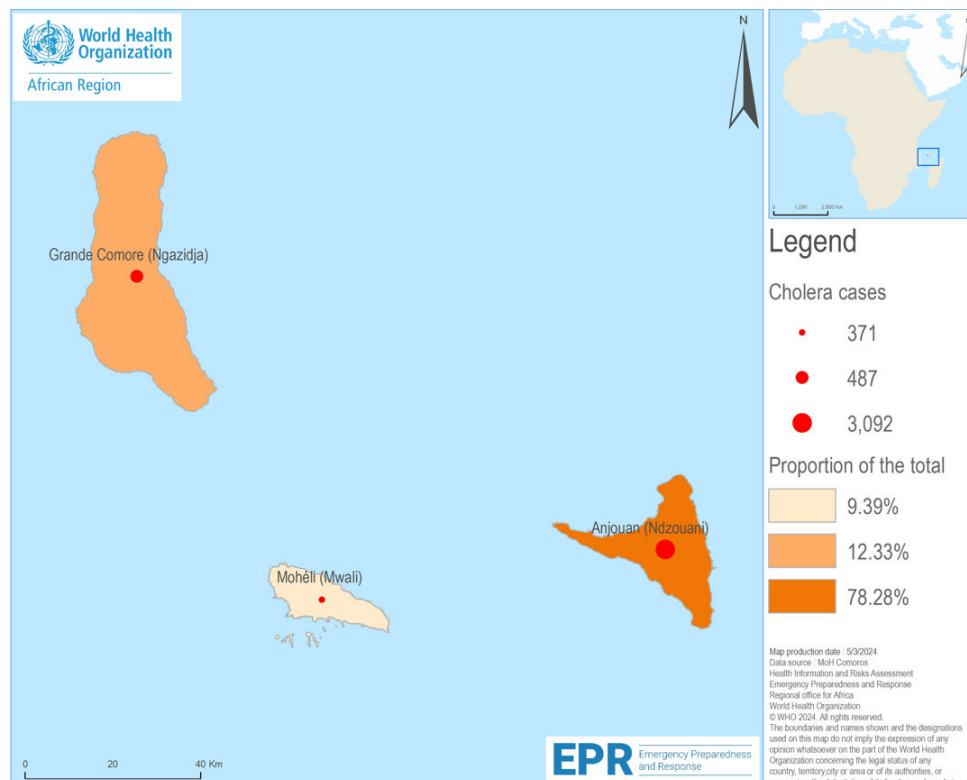
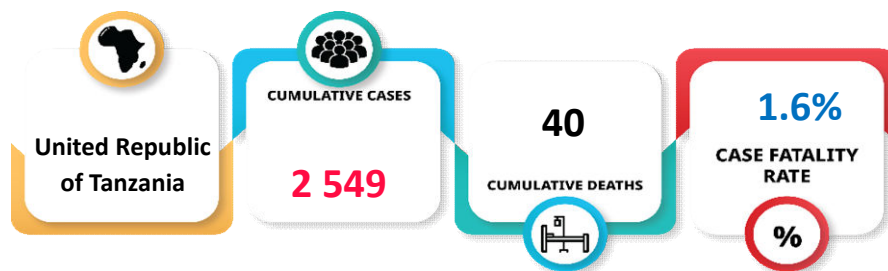


Figure 10 Map of Comoros showing cholera-affected areas as of 30 April 2024



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For the year 2024, the cumulative number of cases as of 30 April was 2 549 and 40 deaths with a CFR of 1.6%. In April, new cases decreased by 36% from 836 in March to 536, while new deaths increased by 14% from seven deaths in March to eight in April. The CFR increased from 0.8% in March to 1.5% in April. The number of cases from the weekly epicurve shows that cases are not yet truly reduced in the last three weeks. Control measures need to be reinvigorated in the short to medium term. The regions with active cases are Dodoma, Dar es Salaam, Geita, Mara, Morogoro, Mwanza, and Simiyu.

The cumulative number of cases in the country from 22 January 2023 to 30 April 2024 are 3 709 and 61 deaths with a CFR= 1.6%.

WHO Activities

- Water quality testing is ongoing, testing was conducted at three Points of Entry in the cholera-affected regions and in regions bordering cholera-affected countries to monitor residual chlorine at critical draw points; five (55.6%) out of nine sampling points were found to have residual chlorine.
- Cholera-related commodities to Manyara region and Makojo Village were supplied.
- Healthcare workers on cholera case management in Dodoma were oriented.

Figure 11 Epicurve of cases and deaths in the United Republic of Tanzania as of 30 April 2024

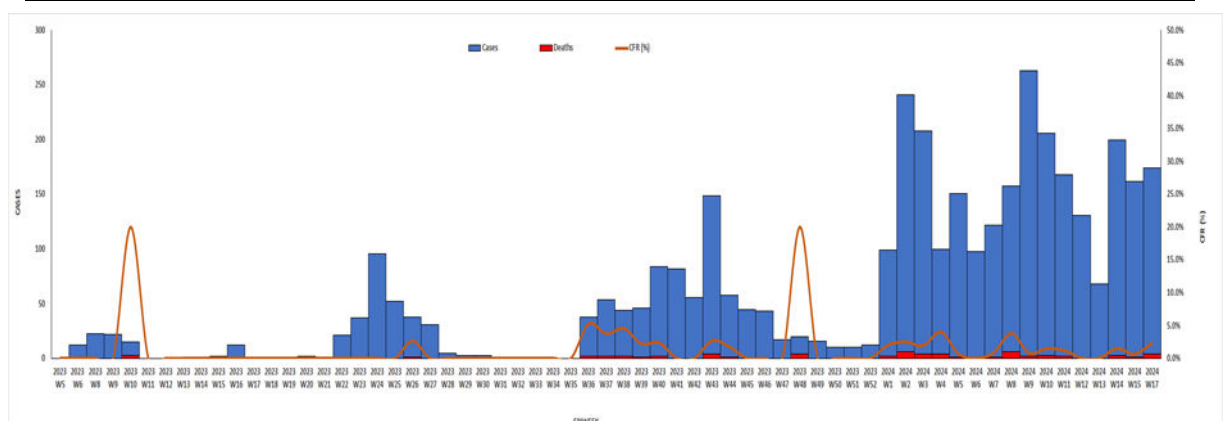
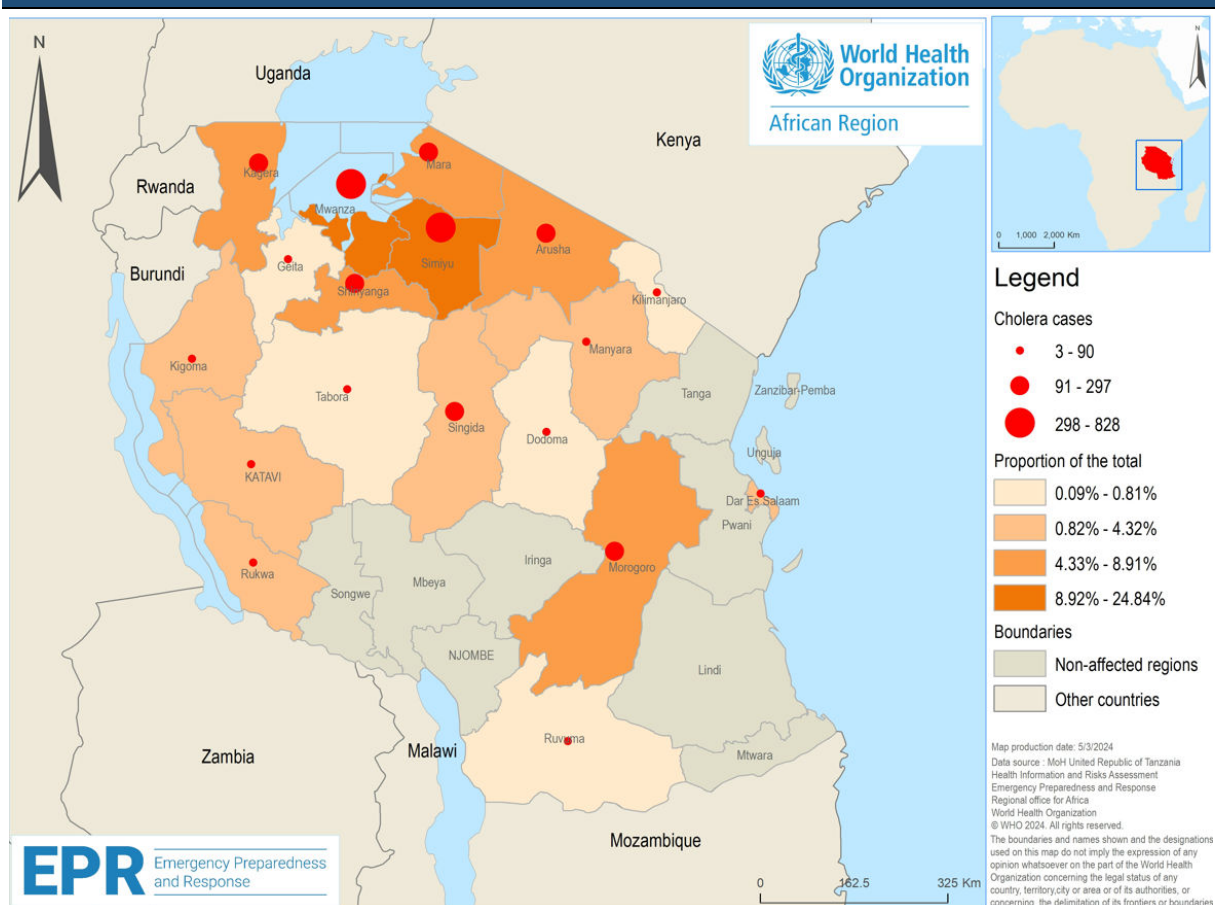


Figure 12 Map of the United Republic of Tanzania showing cholera affected areas as of 30 April 2024



From 01 January till 30 April 2024, a cumulative total of 199 cases and no deaths were reported from Burundi. In April 2024 the new cases increased by 153% from 32 cases in March to 81. No death has been reported in year 2024. The CFR remains zero since epi week 24 of 2023, with no death reported to date. The cumulative number of cases and deaths since January 2023 till date is 1 569 and nine deaths, respectively with a cumulative CFR of 0.6%. Of total cases since January 2023, males comprise 54.4% of total cases with persons aged 11 to 20 years old (22.2%) being the most affected, followed by those aged 21 to 30 years old (22.1%) and children under five years old (18.2%).

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) with 150, 123, 112, 111, 89 and 86 confirmed cases respectively.

The epi curve (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. However, in the last three weeks of April 2024, cases have increased mainly from the districts of Bujumbura Centre, Nord and Isare.

Figure 13 Epicurve of cases and deaths in Burundi as of 30 April 2024

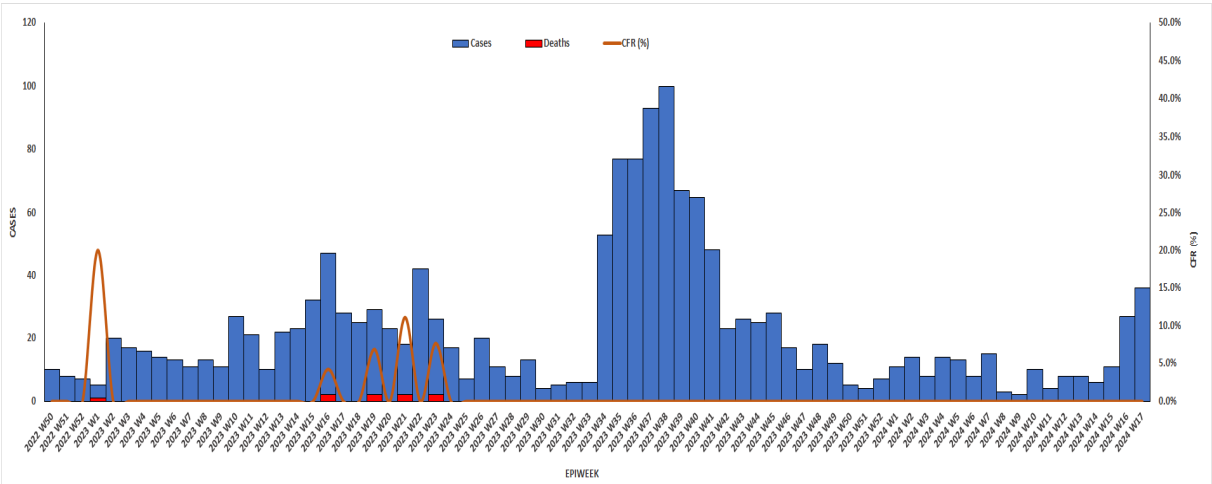
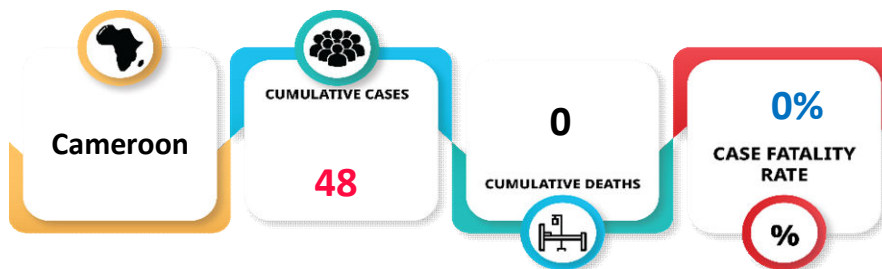
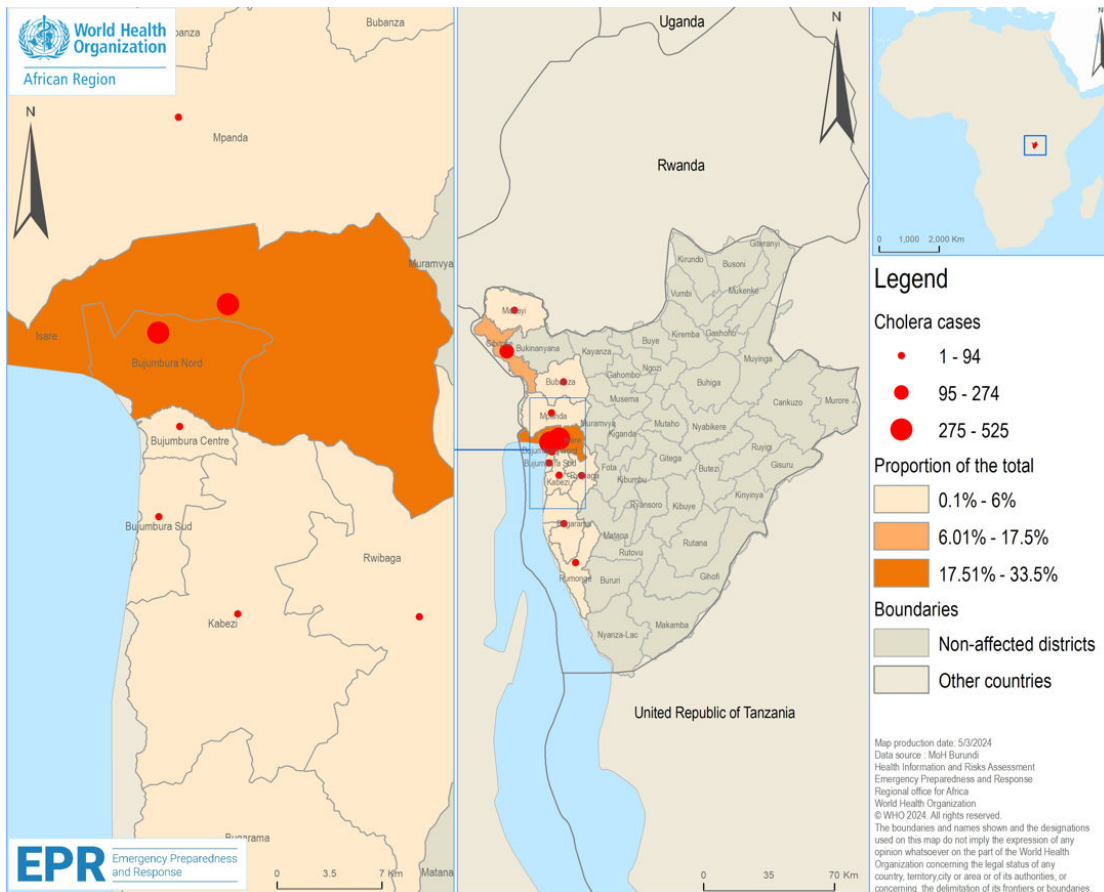


Figure 14 Map of Burundi showing cholera-affected areas from October 2022 to 30 April 2024



In year 2024, as of 28 April, Cameroon had reported 48 cases with no death. The situation in the country is stable with sporadic cases. In April 2024, only one new case was reported, a decrease by 50% from two cases in March. Cumulatively, from 1 January 2022 to 28 April 2024, Cameroon has reported 20 650 cases with 484 deaths (CFR = 2.3%).

Figure 15 Trend of cholera cases in Cameroon from October 2021 to 28 April 2024

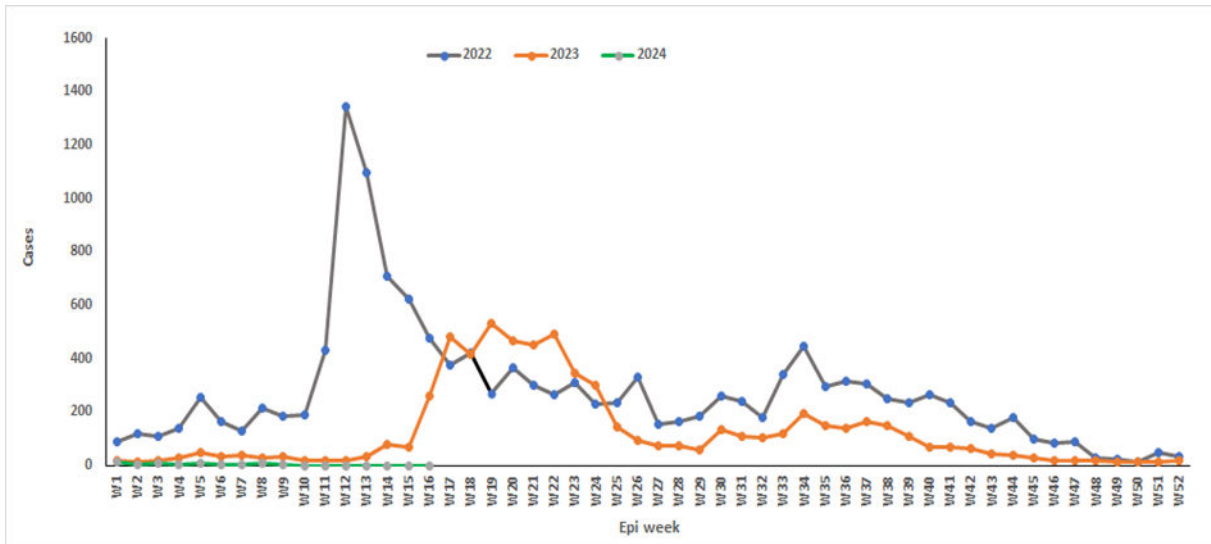
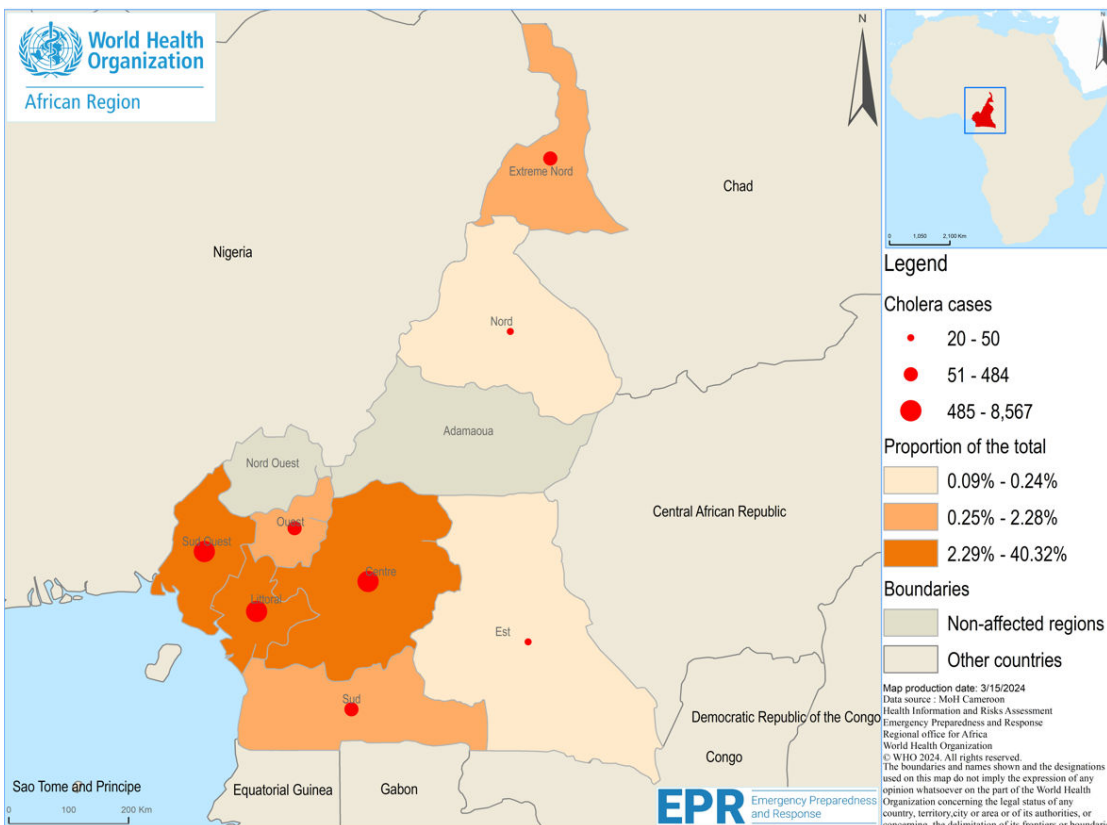
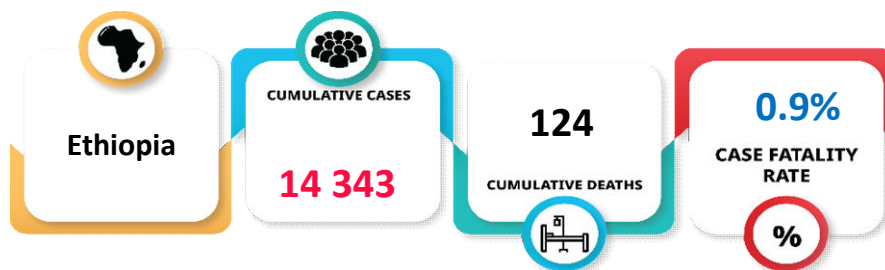


Figure 16 Map of cholera cases in Cameroon from October 2021 to 28 April 2024





This year, as of 30 April 2024, Ethiopia has reported a cumulative case total of 14 343 cases with 124 deaths (CFR 0.8%). In April 2024, new cases decreased by 34% from 4 895 in March to 3 209. Similarly, new deaths decreased by 41% from 34 in April to 20. The CFR reduced from 0.7% in March to 0.6% in April. The cholera outbreak is currently active in 93 woredas: Oromia (30), Somali (24), Afar (12), Harari (9), Dire Dawa (8), Amhara (4), CER (3), SER (2), and Sidama (1).

From October 2022 till 30 April 2024, Ethiopia has reported a cumulative case total of 45 576 with 592 deaths (CFR = 1.3%). WHO has supported the deployment of 123 AVoHC-SURGE through EPHI at different times including on 19 in April 2024. WHO workforce (staff, consultants and standby partners) were also deployed to all cholera-affected woredas, including to Afar and Jigjiga.

Figure 17 Epicurve of Cholera outbreak in Ethiopia from October 2022 to 30 April 2024

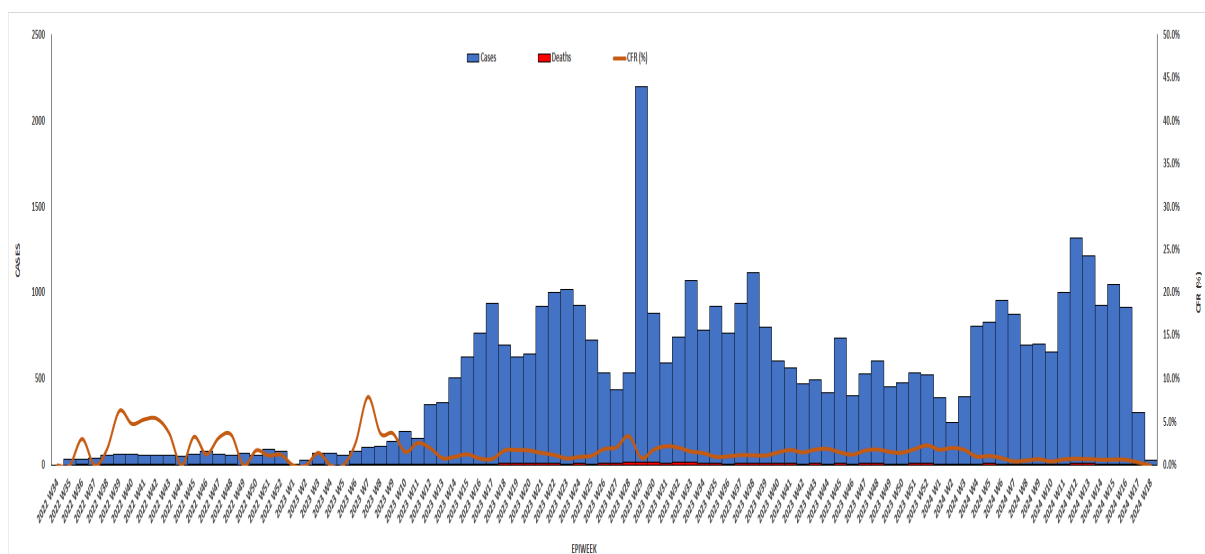
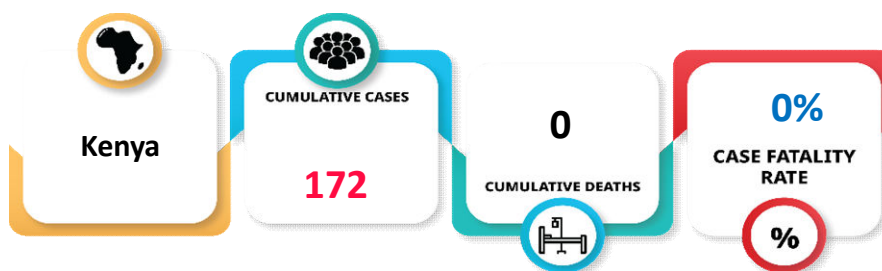
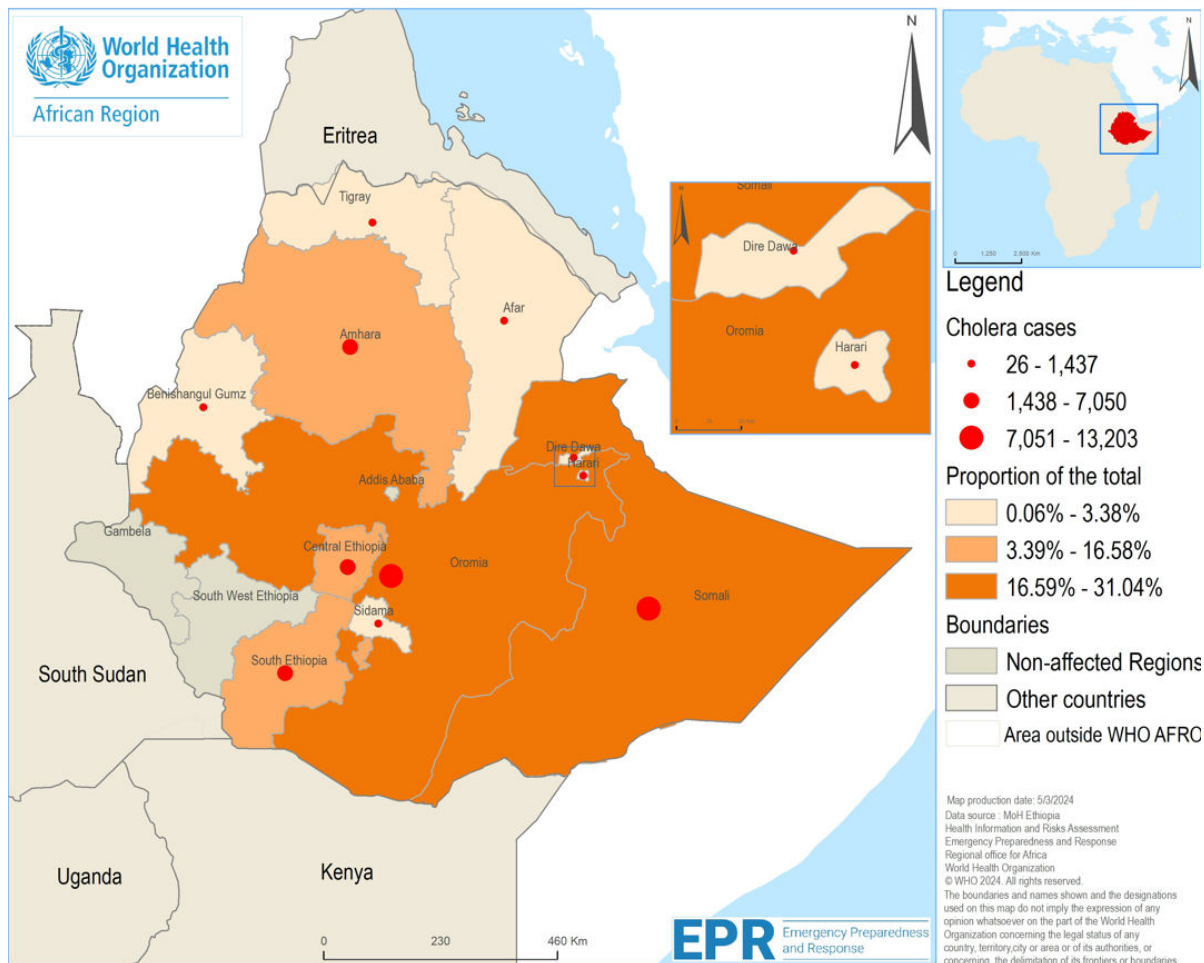


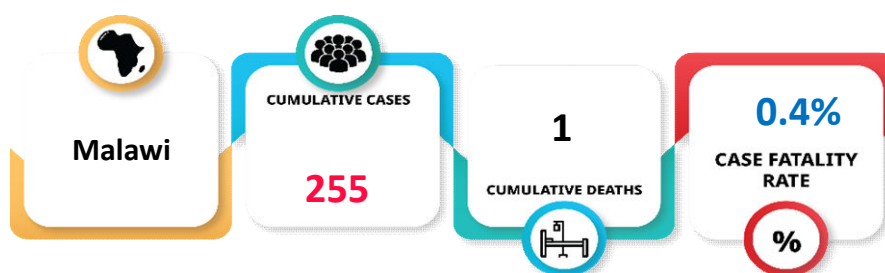
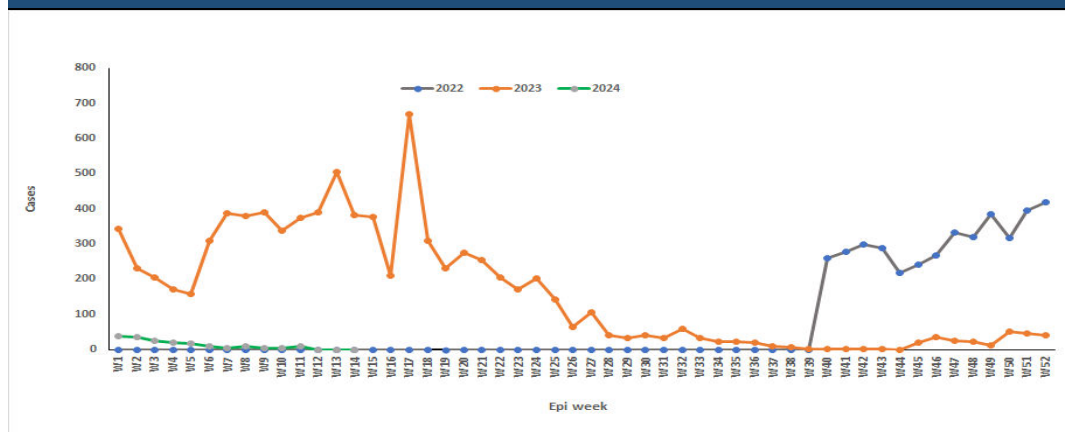
Figure 18 Map of the Cholera outbreak in Ethiopia from October 2022 to 30 April 2024



This year as of 31 March 2024, a total of 172 cases of cholera, no deaths were reported from the country. In March 2024, there were 16 new cases reported. 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, Nairobi, Isiolo and Tana River.

With the flooding crisis beginning in the third week of March 2024, Kenya experienced unusually high rainfall. Tana River is affected by floods. Furthermore, there have been tunnel collapses in Mai Mahiu, which resulted in 48 deaths. Health concerns are – increased incidents of drowning, trauma, mental health issues, and gender-based violence due to displacement and the risk of increased cholera transmission in affected communities is high. As of 31 March 2024, counting from 2022, Kenya has reported a cumulative total of 12 545 cases with 206 deaths (CFR=1.6%).

Figure 19 Epicurve for cholera outbreak in Kenya October 2022 – 31 March 2024



For year 2024, as of 30 April, a cumulative of 255 cases have been reported, with one death (CFR=0.4%). In April 2024, new cases decreased by 53% from 66 in March to 31. There was no death reported in both March and April this year. The cumulative cases and deaths since the onset of the outbreak in March 2022 are 59 361 and 1 772, respectively, with a CFR of 3.0% to date.

Malawi’s largest cholera outbreak of 2022/2023 was contained by Week 20 of 2023. The 2023/2024 cholera season began 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 18 weeks of 2024 has been significantly lower than for the same period in 2023. However, the rains with the potential of flooding present an ever-growing risk of escalation of cholera transmission.

As part of the public health response, coordination meetings at the national and sub national level are done weekly. Preparedness-supportive supervision is ongoing in 11 border districts. Infection evention and control health facility assessment using the IPCAF tool in 21 facilities across four districts. Water quality testing was conducted in Nkholakota. Plans are ongoing to finalize and disseminate the Priority Areas for Multisectoral Interventions (PAMI) report.

Figure 20 Trend of cholera cases in Malawi 3 March 2022 – 30 April 2024

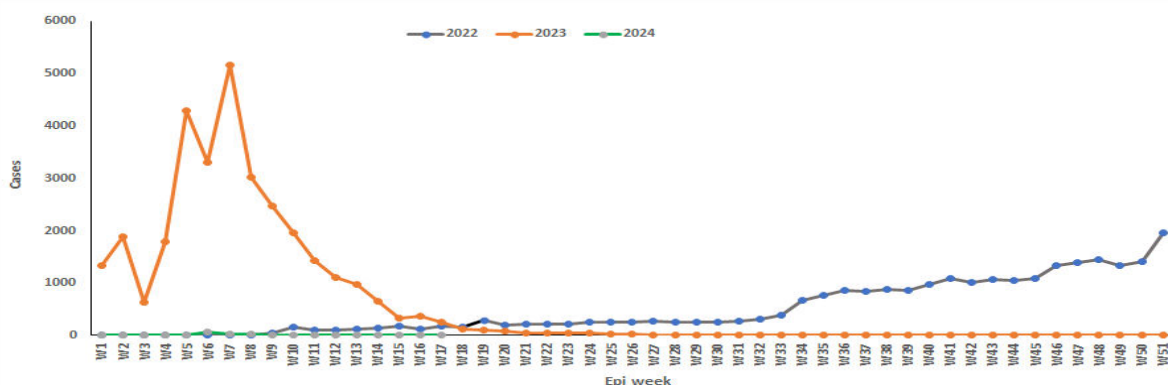
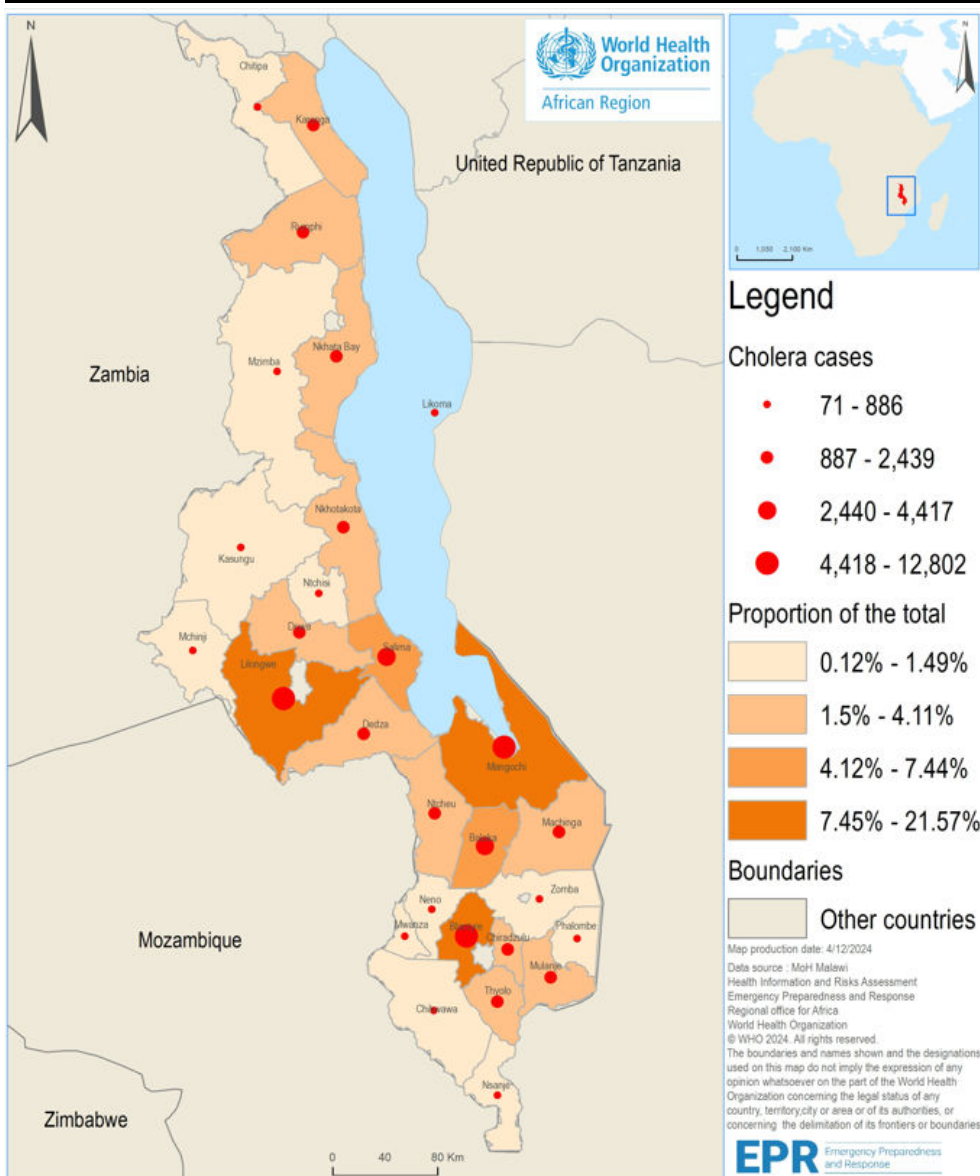
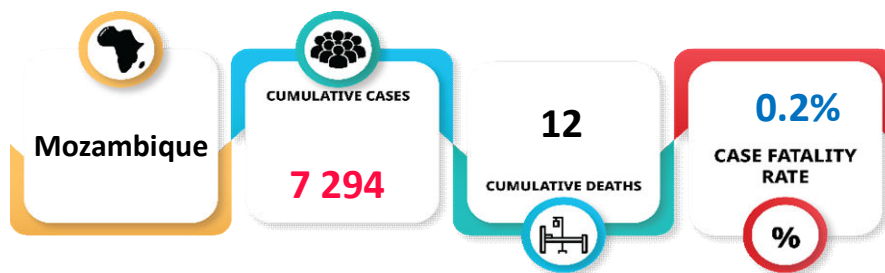


Figure 21 Map for cholera outbreak in Malawi 3 March 2022 – 30 April 2024





For year 2024, as at 28 April, the country had reported a cumulative total of 7 294 cases, with 12 deaths (CFR 0.2%). In April 2024, new cases decreased by 60% from 2 373 in March to 943, while new deaths decreased by 83% from six in March to one in April. The CFR decreased from 0.3% in March to 0.1% in April. From 1 October to date, eight provinces have been affected, with 24 districts with active cases. Cases have been on the decline in the last three weeks of April, as shown in the epicurve below. From the onset of the outbreak in September 2022, a cumulative total of 48 181 cases, with 174 deaths (CFR 0.4%), have been reported as of 28 April 2024.

The impact of El Nino remains a threat in exacerbating the recent tropical cyclone Filipo, which made landfall on 12 March though has not caused a significant increase in cases. Coordination meetings with the government and partners have been held regularly. The cholera elimination plan is expected to be validated this month by the government. A PRSEAH awareness-raising campaign for 1 627 people was conducted in communities in Sofala province. The end of the outbreak was declared in the Lichinga, Cuamba and Chimbunila districts in Niassa province, as well as Namuno and Metugi districts in Cabo Delgado province. The country is once again experiencing the movement of persons due to the conflict situation in Nampula. There has also been an increase in cases in the Muamba district in Maputo province, which borders South Africa.

NB: The Ministry of Health 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 2nd cholera outbreak from 1st October 2023-ongoing.

Figure 22 Trend of cholera cases in Mozambique from 2022 to 28 April 2024

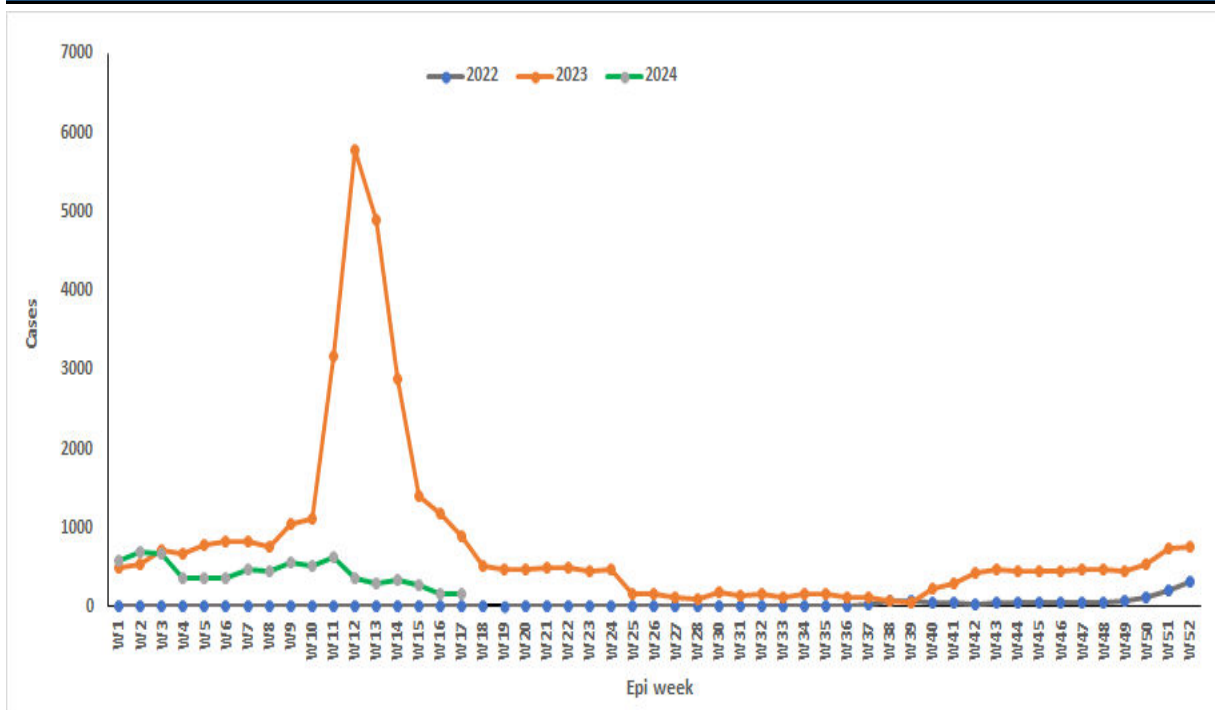


Figure 23 Epicurve of cholera outbreak in Mozambique from 1 January to 28 April 2024

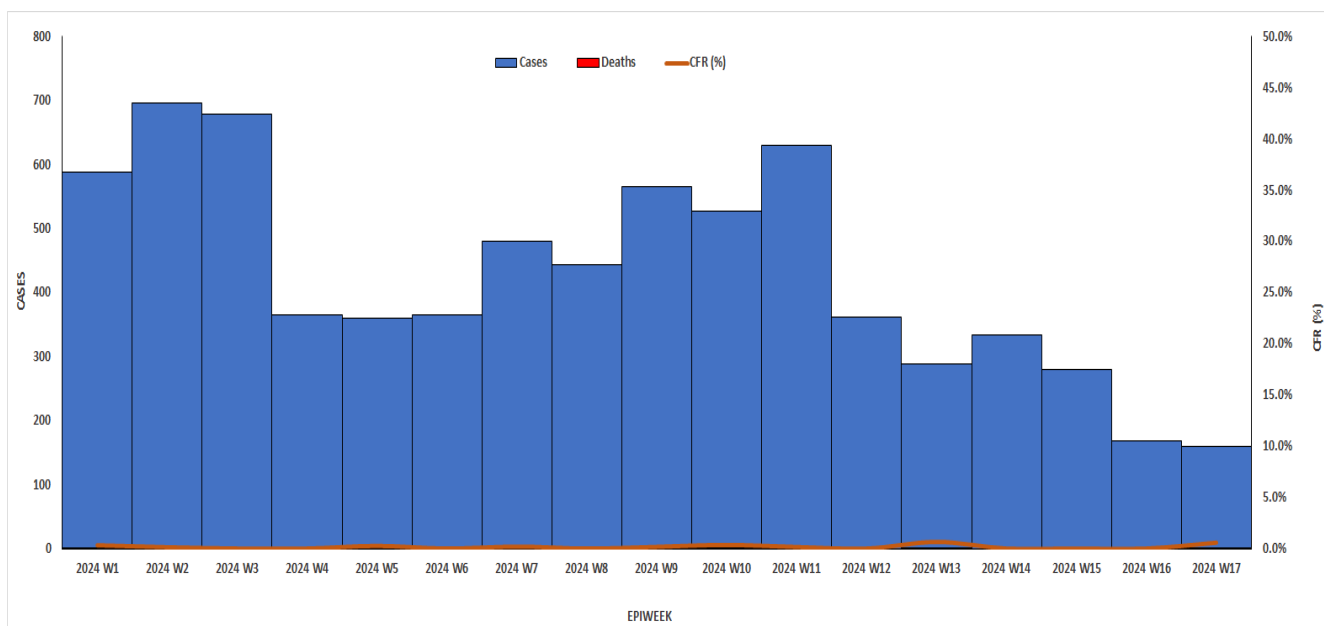
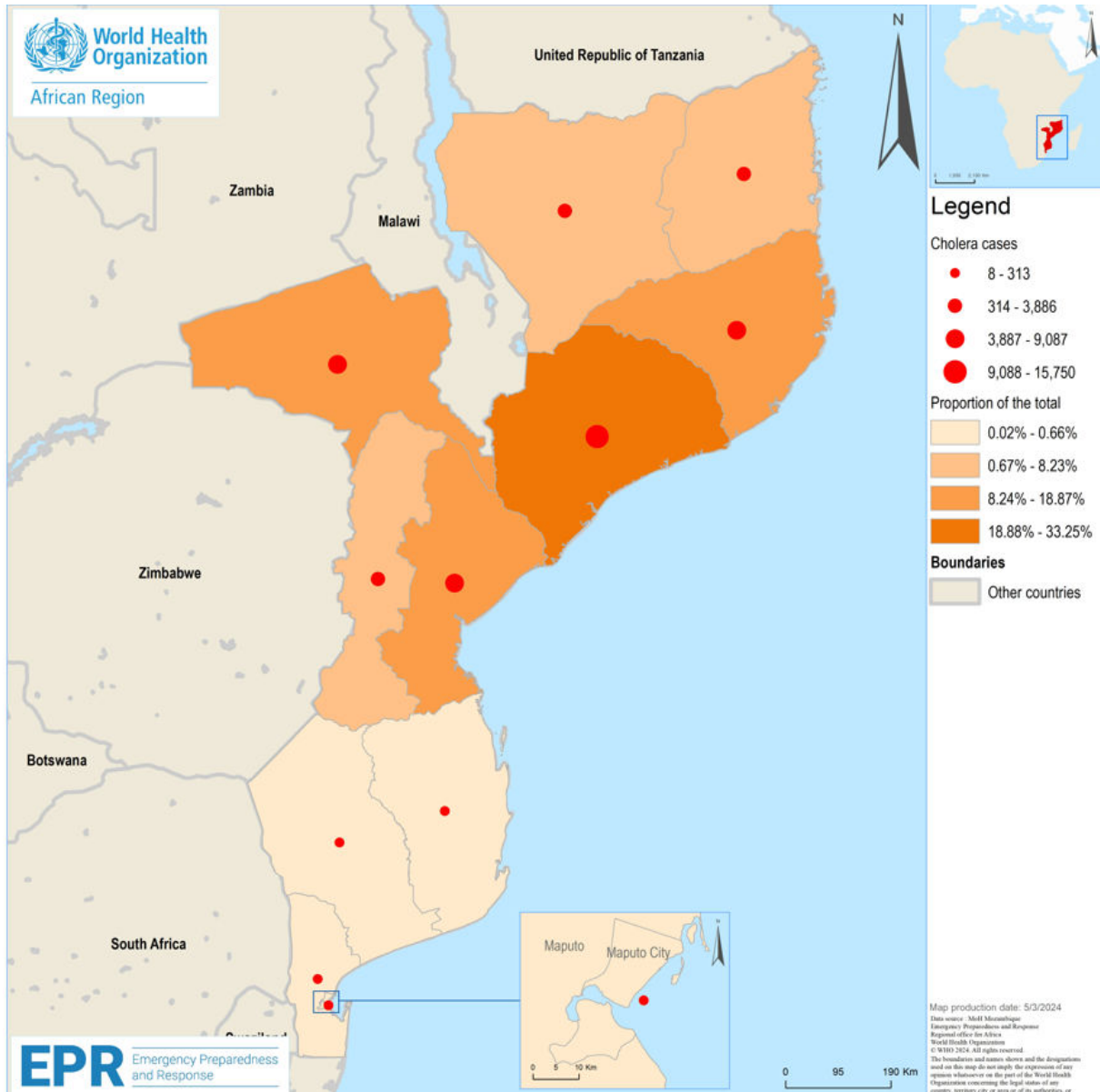
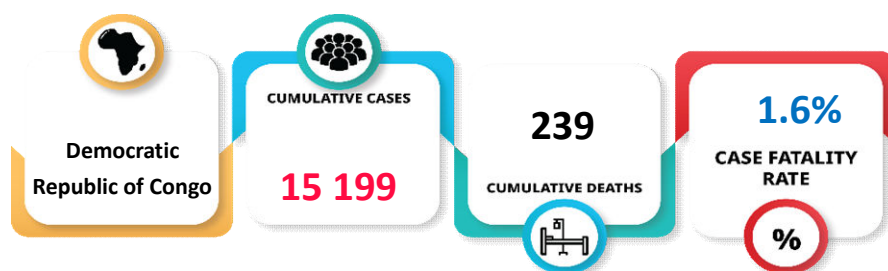


Figure 24 Map of cholera outbreak in Mozambique as of 28 April 2024



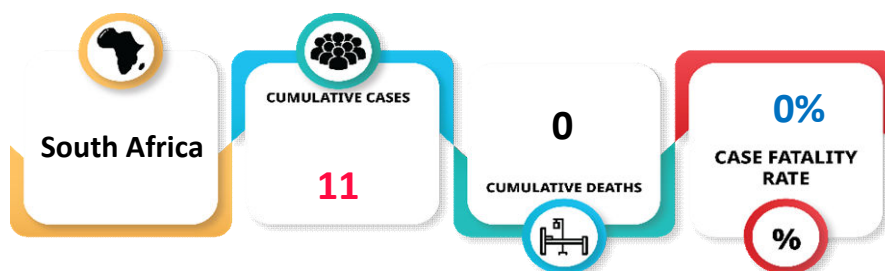
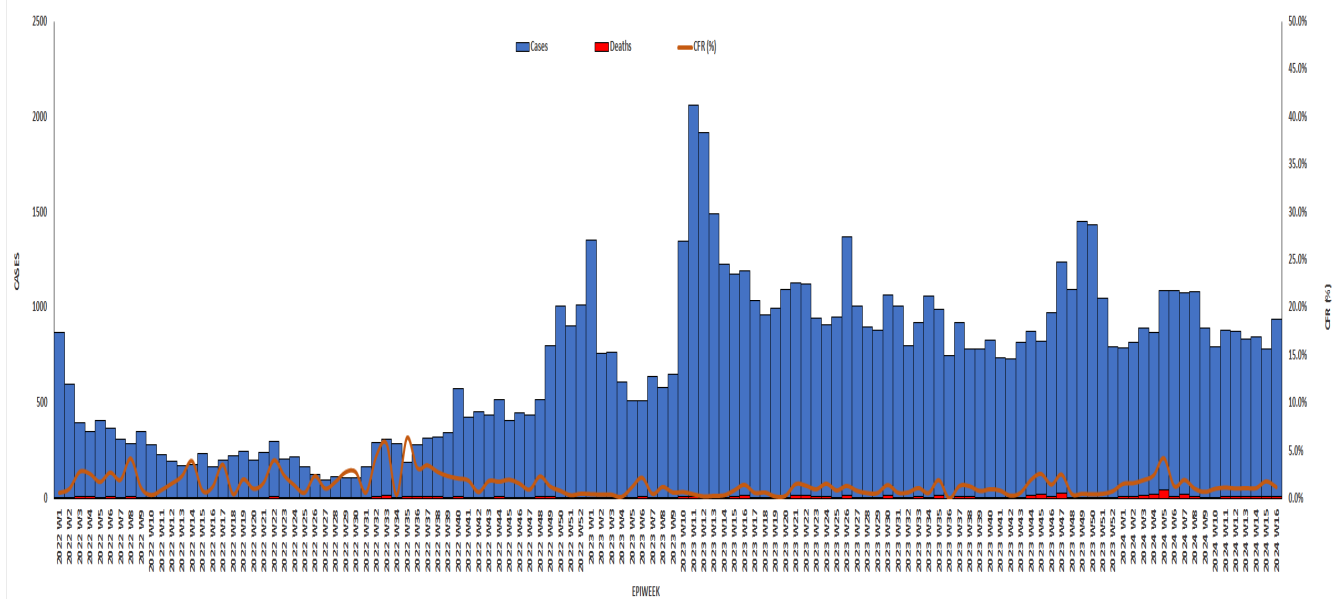


As of 30 April in year 2024, the country had reported 15 199 with 239 deaths (CFR = 1.6%). In April 2024, new cases decreased by 40% from 4 265 in March to 2 560. The CFR increased however from 1.0% in March to 1.3% in April. So far, 96 health zones in 13 provinces have been affected since January 2024. Also, 81% of cases reported in epi week 16 are in Nord-Kivu (555 cases) and Haut-Katanga (203 cases). There was a resurgence of cholera in Sud-Kivu (63 cases), specifically in Uvira, following 14 weeks of calm after a vaccination campaign; new outbreaks were also reported in Kalehe and Minova. The provincial government declared the outbreak in Haut Katanga province on 26 January 2024.

Since the onset of the outbreak in January 2022, the country has reported 85 574 cumulative cases, with 1 000 deaths (CFR = 1.2%).

Public health actions include the broadcast of preventive messages on Makaika and Kyondo radio and television stations and continued cross-border meetings with Zambia by Haut Katanga province. There have been supplies of water to the cholera treatment centres (CTCs). Water monitoring and analysis conducted in IPD camps for displaced persons in Nyirangongo, Goma, and Karismbi. There has been provision of 15 beds, 25kgs of granulated chlorine and sprayers at the Baya military camp in Haut Katanga. In Sud Kivu, there has been chlorination of water points supported by WHO and UNICEF. However, water access remains 5% and latrine coverage at 36%, in Nord Kivu according to a recent WASH analysis while nutritional care and operational support are needed at treatment centers as MSF departure will soon halt response support in the area.

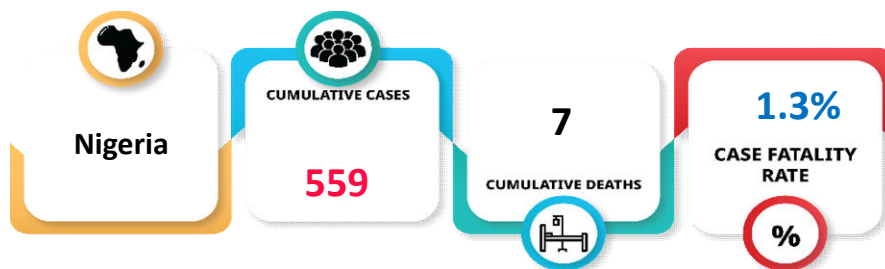
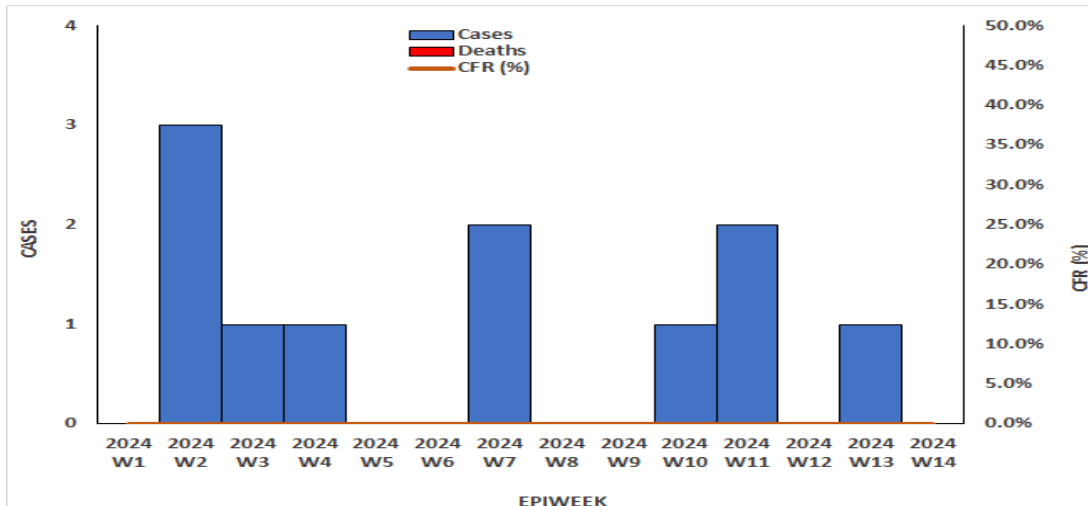
Figure 25 Epicurve for cholera outbreak in the Democratic Republic of the Congo as of 30 April 2024



In year 2024, a cumulative of 11 cases have been reported in South Africa with no deaths. No case was reported in April compared to four cases and no death in March. Of the 11 cases this year, Limpopo reported 10, and Gauteng reported one (1). All of the 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 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.

Figure 26 Epicurve of cholera outbreak in South Africa January to April 2024



In year 2024, the cumulative total of cases and deaths reported were 559 and seven deaths, respectively, with a CFR of 1.3%. There were 64 cases in March, with two deaths (CFR:3.1%). The latest date of the report for Nigeria is 24 March 2024. The cholera outbreak in the country has been ongoing since January 2022. As of 24 March 2024, there has been a cumulative total of 28 081 with 732 deaths (CFR = 2.6%).

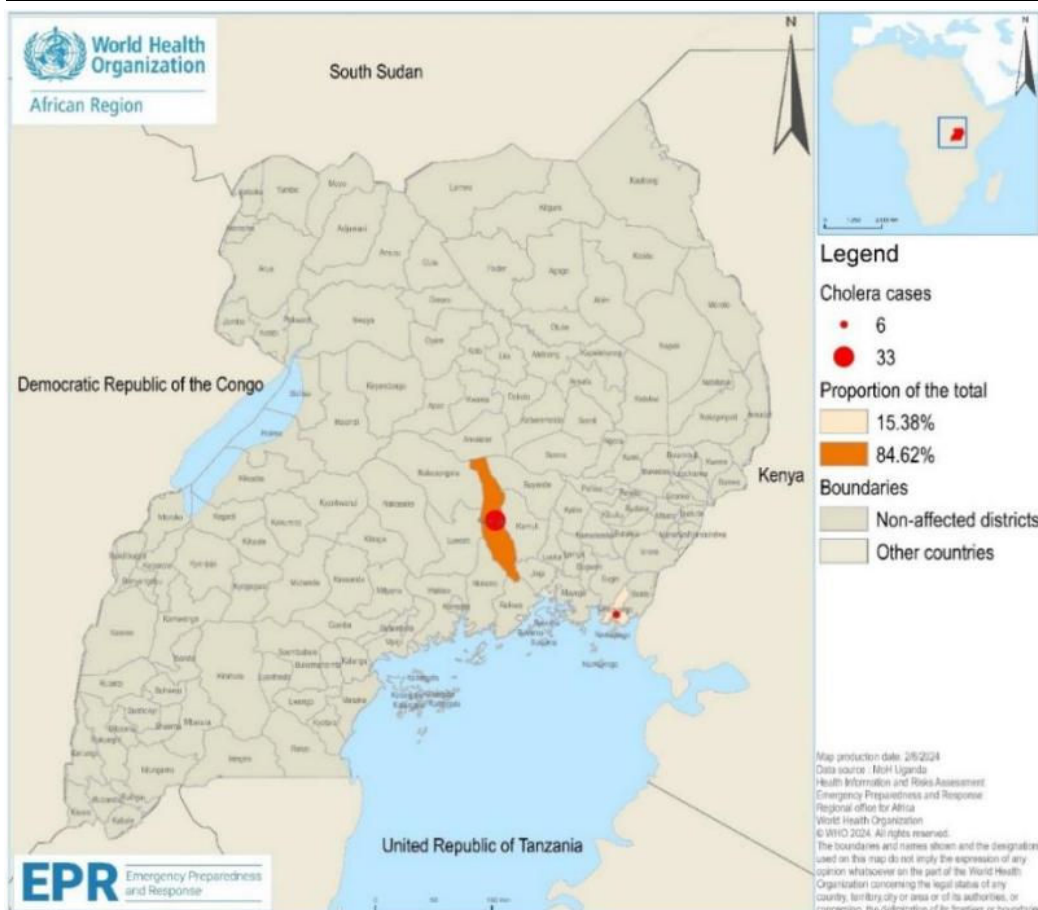
There is ongoing response coordination by the national multisectoral TWG hosted at the Nigeria Centre for Disease Control and Prevention (NCDC) in collaboration with other national ministries and agencies and Development Partners.



There have been 20 cases reported with no death in 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 21 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 27 Map of cases and deaths in Uganda as of 04 February 2024



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. In the month of April:

- Technical (16) coordination meetings with countries were held.
- Contingency Funds (USD 500,000) for Emergencies was mobilized as part of resources to support countries within the region.
- Human resource deployments (9) to support countries – Comoros, Zambia and Zimbabwe
- Coordination of logistics support as detailed below to support countries.
- The Getting to Zero Concept of Operations (CONOPs) was developed for the AFRO Region

PRSEAH

Preventing and responding to SEAH is one of WHO's key mandates and during the cholera response, WHO continues to play a key role in ensuring this. During this year's International Women's Day which ran under the theme, "Invest in women: Accelerate progress."

- In collaboration with the Ministry of Women Affairs, Small and Medium Enterprises, WHO co-organized a commemoration event that celebrated the social, political, and economic achievements of women in Zimbabwe, bringing together UN agencies, members of parliament, and civil society organizations (CSOs).
- A total of 238 (150female and 88males) people were reached with critical information on cholera and PRSEAH issues, and 1100 cholera posters were distributed during the commemorations.
- A total of 22 exhibition stands were visited by WHO team, raising awareness on cholera, distributing posters and networking.
- T-shirts (50) with PRSEAH and cholera messages were also distributed.



PRSEAH Awareness Campaign in Zimbabwe

Risk Communication and Community Engagement (RCCE)

- Supported Tanzania to review and contextualize existing qualitative and quantitative socio-behavioural assessment tools for use in one of the hotspot regions. AFRO provided financial resources, and data collection and analysis were completed.
- Continued WHO-led integrated community-based response activities at sub-national and community through monitoring, sensitization (Distribution of Information, Education and Communication (IEC) materials, especially in hotspots) and mentorship during the Technical Support Supervision (TSS) jointly with government and other partners
- Dissemination of key messages is ongoing through national broadcasters and community radios, Door-to-door engagements by community health volunteers and use of megaphones/PAS to reach markets, bus parks/stations
- Supported mobilization and demand creation for OCV during campaigns as well as the post-campaign surveys in Zambia and Zimbabwe
- Continue to generate evidence through assessments during TSS, engagement of community leaders and members and community feedback channels aimed at informing interventions that address concerns, rumours and misinformation including to unique community groups due to their beliefs or challenging living conditions, such as fisherfolk, religious groups, artisanal miners, residents of unplanned settlements, among others.
- Kenya, Tanzania and Uganda WCOs participated in Risk Communication and Community Engagement (RCCE) Cross-border Readiness Training, 15- 19 April 2024, collaboratively supported by A-CDC, WHO, IFRC, UNICEF and UK-HSA.
- Two countries in response (Tanzania and Zimbabwe), and one in readiness (South Sudan), participated in the RCCE regional workshop in Brazzaville from 09- 12 April 2024, to develop the regional costed implementation plan for the regional community protection strategy adopted during the 73rd Regional Committee in 2023.

WHO and MoHCC team at Guvambwa, Mashonaland East (African Apostolic Church) during the Easter holiday, giving health education on cholera.



Zimbabwe Easter Mega Campaign: Refresher for CHW on cholera in Chitungwiza

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Infection Prevention and Control & Water, Sanitation and Hygiene (IPC/WaSH)

The Infection Prevention and Control/ Water Sanitation and Hygiene (IPC/WaSH) pillar continues to provide critical support to affected countries across the Region. The IPC pillar aims to strengthen IPC measures across healthcare facilities and cholera treatment centers (CTCs) improve WaSH and quality of care, thereby reducing mortality and morbidity.

Technical support was provided for the activities below:

- Ongoing support to ensure implementation and progress of the readiness and response plans.
- Dissemination of vital IPC technical documents to affected member states, including training modules, IPC guidelines or SOPs, as well as IEC materials.
- Technical guidance offered for comprehensive implementation.
- Development and dissemination of Cholera IPC/WaSH SOPs, providing crucial guidance for healthcare workers in CTCs.
- Training sessions and onsite mentorship, to equip IPC/WASH teams with the knowledge and skills necessary to implement standardized practices effectively.
- The development of a community-integrated response framework contribution encompassing WASH activities aimed at enhancing water quality and access to safe water.

Challenges

- Limited IPC capacity readiness
- Shortage of trained HR surge
- Poor coordination among partner
- Shortages in IPC supplies and inadequate training further compound these challenges



IPC Practical sessions with HWs on cleaning and



IPC Training for Community-Based Volunteers

Case Management

The following Cholera case Management activities were conducted in April 2024:

Activities

- Reaching out to over 150 clinicians in Mashonaland central province with the clinical webinars on Fluid management in cholera, and treatment of cholera in pregnancy.
- Orientation training workshop for National EMT in Uganda in preparation for deployment to Kasensero in Kyotera district
- Webinar for key stakeholders from the MoH and WCO for AFRO countries currently in response, focusing on the importance/ rationale of setting up ORPs in communities during cholera outbreaks
- A deep dive meeting with the DRC team on the high CFR in Haut Katanga
- Providing technical and guidance documents on the setup of ORPs to Uganda and Mozambique teams
- Supporting the mapping of facilities and woredas in Ethiopia for the distribution of 950 case management guidelines.

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:

- Supporting countries to facilitate and enhance cross-border surveillance to prevent the spread of cholera across regions.
- Conducting regular follow-ups to assess surveillance progress, including continuous communication with countries, providing technical assistance, and ensuring timely reporting of new cases.
- Assisting countries in managing cholera-related data through the implementation of standardized data collection tools to ensure accurate and timely data reporting.

Vaccination

The vaccination pillar has been supporting countries in the region to:

- Conduct reactive vaccination in the region, including providing supportive supervision.
- Develop and submit ICG requests and budgets for operational costs.
- Gain technical assistance for monitoring and evaluation, including the development of a protocol for a post-campaign coverage survey (PCCS) and training materials for both Zambia and Zimbabwe.
- Conduct a reactive vaccination campaign in 6 districts with about 1 916 656 doses of OCV that arrived in Zambia in April 2024.
- Draft the PCCS reports, for example, the report on the January campaign in Zambia

Operations Support and Logistics (OSL)

OSL has focused on supporting five countries for cholera, including Zambia, Zimbabwe, and Comoros since the beginning of January 2024 and the support remains ongoing.

- The countries supported received over 47 Tons of medical stocks, for a total value of USD 360,000.
- OSL revised the Concept of Operations for Cholera response through Dakar and Nairobi hubs in close collaboration with HQ Cholera team.
- Replenishment of cholera-related stocks at both Hubs to ensure proper stockpiling for prompt response to ongoing and future outbreaks
- Revision of the contents of the Cholera Kit, to ensure it remains relevant and provides effective use in the field, using past experiences in coordination with HQ.
- Ensuring the WHO OSL roster process is completed, to guarantee proper OSL HR capacity is available to be called when needed.

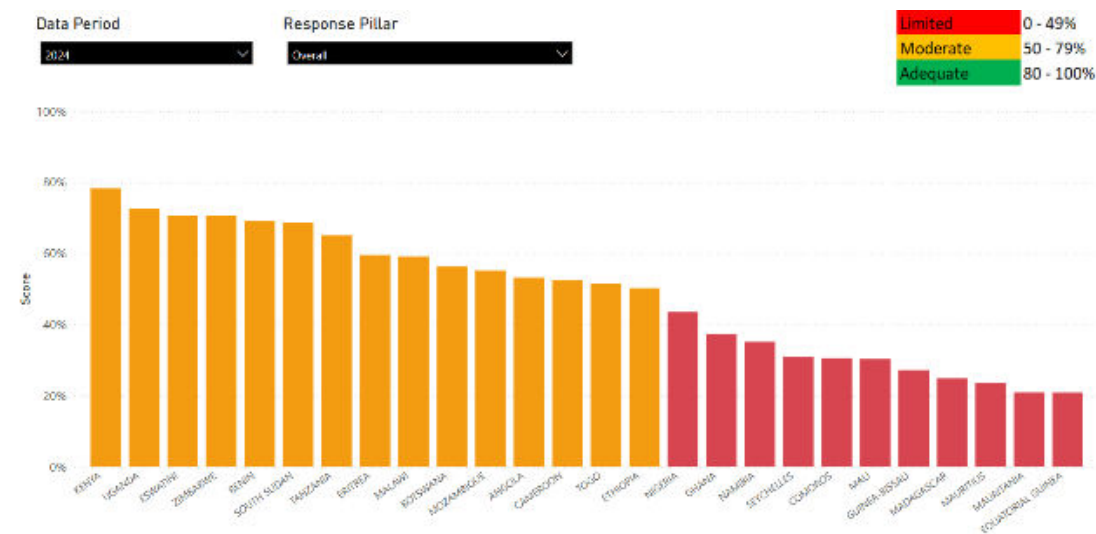
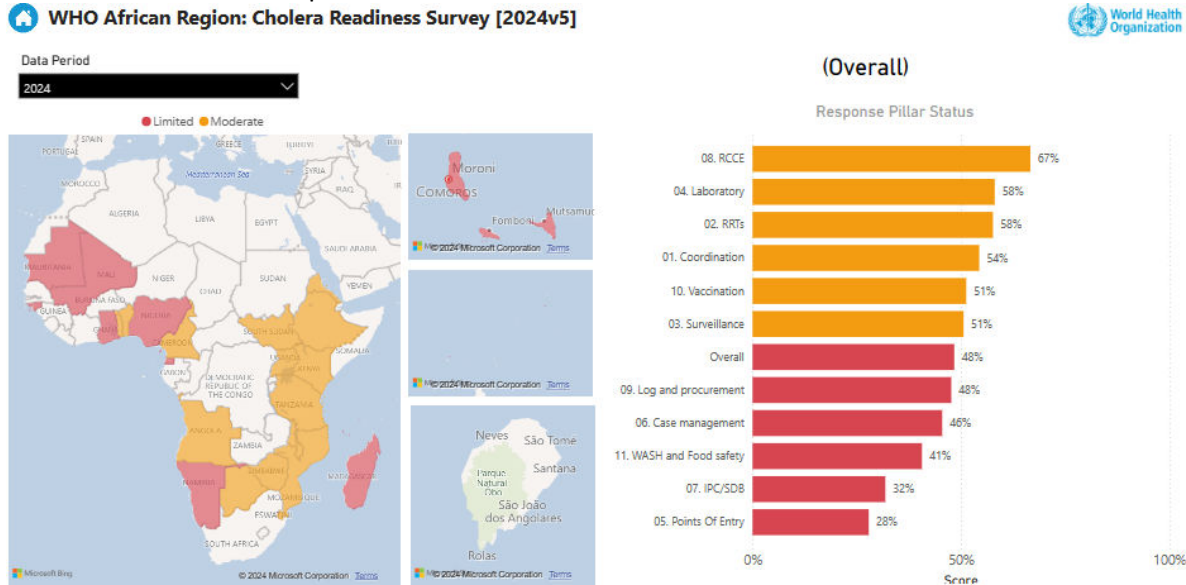


Truck load of Cholera commodities deployed to Zimbabwe from Nairobi hub to support the response

Preparedness and readiness

The following cholera preparedness and readiness activities were conducted in April 2024:

- Cholera preparedness and readiness assessment in all the 47 member countries out of which 26 countries completed the assessment.



- Overall readiness capacity for cholera is limited (48%) across the AFRO region with no country having adequate capacity.
- No pillar had adequate capacity, with RCCE (72%) being the best performing, while limited capacity was noted in logistics and procurement (48%), case management (46%), WASH and Food safety (41%), IPC/SDB (32%) and POE (28%).
- Support to the countries regarding gaps identified and remedial measures is ongoing.
 - i. Countries that are anticipated to be affected by the floods were engaged and their cholera contingency plans updated.
 - ii. Identification of Priority Areas for Multisectoral Interventions (PAMIs) finalized for Kenya and

- Mozambique, initiated for South Africa and Namibia
- iii. The SADC secretariat was supported in developing the regional Cholera preparedness and response implementation plan
 - iv. Support to South Sudan and Mozambique is ongoing on the finalization of their National Cholera Plans

Challenges

- Inadequate resources for intensive integrated response interventions
- Climate issues and effect on cholera transmission
- Difficulty accessing some affected communities and vulnerable populations due to conflicts
- Poor multisectoral response and inadequate coordination by government of member states
- Poor sustainability of interventions at community level

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, 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 is 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 need for improvement in cholera preparedness and readiness and strengthened responses in affected countries to interrupt transmission of cholera, control and prevent future outbreaks.

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