Cholera in the WHO African Region

Weekly Regional Cholera Bulletin: 4 September 2023

Data reported: as of 3 September 2023
Situation update

Overview

The cholera outbreak in the WHO African Region has affected 15 countries, however with response interventions some countries no longer have outbreaks. The trend across the region is on the decline and is being closely monitored. As we are getting into new seasons, member States 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 35, seven countries Burundi, Cameroon, Kenya, Malawi, Mozambique, Zambia and Zimbabwe reported a total of 453 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 233 152 cholera cases has been reported to the WHO Regional Office for Africa (AFRO), including 4 298 deaths with a case fatality ratio (CFR) of 1.8% as of 3 September 2023 (Table 1). The Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Nigeria account for 82.6% (192 641) of the cumulative cases and 80.4% (3 454) of all cumulative deaths reported. In the reporting week, the cumulative cases from Ethiopia surpassed that of Cameroon.
Figure 1: Distribution of cholera cases and deaths in WHO African Region, 1 January 2022 — 3 September 2023
Table 1: Cholera Cases and Deaths in WHO African Region, 1 January 2022 to 3 September 2023

<table>
<thead>
<tr>
<th>Country</th>
<th>Cumulative cases</th>
<th>Cumulative deaths</th>
<th>CFR (%)</th>
<th>Date outbreak started</th>
<th>Last update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malawi</td>
<td>58 989</td>
<td>1 768</td>
<td>3.0</td>
<td>Mar-22</td>
<td>3-Sep-23</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>53 056</td>
<td>615</td>
<td>1.2</td>
<td>Jan-22</td>
<td>27-Aug-23</td>
</tr>
<tr>
<td>Mozambique</td>
<td>34 323</td>
<td>144</td>
<td>0.4</td>
<td>Sep-22</td>
<td>3-Sep-23</td>
</tr>
<tr>
<td>Nigeria</td>
<td>26 072</td>
<td>656</td>
<td>2.5</td>
<td>Jan-22</td>
<td>30-Jul-23</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>20 201</td>
<td>271</td>
<td>1.3</td>
<td>Aug-22</td>
<td>1-Sep-23</td>
</tr>
<tr>
<td>Cameroon</td>
<td>19 596</td>
<td>457</td>
<td>2.3</td>
<td>Jan-22</td>
<td>3-Sep-23</td>
</tr>
<tr>
<td>Kenya</td>
<td>12 079</td>
<td>201</td>
<td>1.7</td>
<td>Oct-22</td>
<td>3-Sep-23</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>3 913</td>
<td>96</td>
<td>2.5</td>
<td>Feb-23</td>
<td>3-Sep-23</td>
</tr>
<tr>
<td>South Sudan</td>
<td>1 471</td>
<td>2</td>
<td>0.1</td>
<td>Feb-23</td>
<td>16-May-23</td>
</tr>
<tr>
<td>South Africa</td>
<td>1 388</td>
<td>47</td>
<td>3.4</td>
<td>Feb-23</td>
<td>31-Aug-23</td>
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<tr>
<td>Zambia</td>
<td>860</td>
<td>18</td>
<td>2.1</td>
<td>Jan-23</td>
<td>3-Sep-23</td>
</tr>
<tr>
<td>Burundi</td>
<td>745</td>
<td>9</td>
<td>1.2</td>
<td>Jan-23</td>
<td>3-Sep-23</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>376</td>
<td>4</td>
<td>1.1</td>
<td>Feb-23</td>
<td>30-Jul-23</td>
</tr>
<tr>
<td>Uganda</td>
<td>81</td>
<td>10</td>
<td>12.3</td>
<td>Jul-23</td>
<td>1-Sep-23</td>
</tr>
<tr>
<td>The Kingdom of Eswatini</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>Mar-23</td>
<td>23-Jul-23</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>233 152</strong></td>
<td><strong>4 298</strong></td>
<td><strong>1.8</strong></td>
<td></td>
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</tbody>
</table>
Country Specific updates

Burundi

<table>
<thead>
<tr>
<th>Grade 3</th>
<th>Cumulative Cases</th>
<th>Cumulative Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>745</td>
<td>9</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

As of 3 September 2023, a cumulative total of 745 cases and nine deaths (CFR 1.2%) were reported from Burundi. The number of new cases increased by 45% from 53 new cases in week 34 to 77 cases in week 35. There has been no death reported since week 24.

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 2 September 2023
Figure 4: Map of Burundi showing cholera affected areas from October 2022 to 3 September 2023

Public Health Actions
- Deployment of response staff (doctor and nurses) to support case management in the cholera treatment centres.
- Sensitization of population in the affected localities.

Challenges/Gaps
- Inaccessibility to drinking water for the population of Miduha, Nyabagere, Nkenga – Busoro, Nyabagere and Buterere.
- Poor sanitation and hygiene at Kinyinya internally displaced persons (IDP) camps.
- Low availability of latrines in the localities of Buterere, Kajaga, Bukirasazi and Buyenzi localities.
Cameroon reported a 37% decrease in new cases in week 35 with 114 new cases compared to 182 cases in week 34. There was no death in week 35. Cumulatively, from 1 January 2022 to 3 September 2023, Cameroon has reported 19,596 cases with 457 deaths (CFR = 2.3%).

Figure 5: Epicurve of cholera cases in Cameroon from October 2021 to 3 September 2023

Figure 6: Map of Cameroon showing cholera affected areas as of 3 September 2023
As of 01 September 2023, Ethiopia reported a cumulative case total of 20,201 with 271 deaths (CFR = 1.3%). The outbreak is active in nine regions. As of week 34, new cases decreased by 16% from 724 cases in week 33 to 624. Deaths however increased in week 34 by 25% from four in week 33 to five deaths. Report transmission from Ethiopia is improving however no reports from Amhara region due to ongoing conflict. The International Coordinating Group (ICG) on Vaccine Provision has approved 1,917,913 doses of oral cholera vaccines for Amhara response.

Figure 7: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 1 September 2023

Public Health Actions
- Capacity building of 24 rapid response teams and 40 health workers in Dire Dawa City Administration.
- WHO supported establishment of four oral rehydration points (ORPs) in four health posts in Dire Dawa.
- Community dialogue held with 42 community leaders and health extension workers in Awash Fentale woreda of Afar region.
- Cholera treatment kits that benefit 3,170 cases were dispatched to Addis Ababa, Afar, Dire Dawa, Oromia, Sidama and SNNPR.
- Provided Cholera rapid diagnostic test kits to test 1,020 samples in Addis Ababa, Sidama and SNNPR.

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.
- Low coordination platforms at woreda and kebele level to strengthen the collaborative efforts and capacity of the health care workers.
There were 18 cases reported in week 35 which was a 22% decrease when compared to 23 cases in week 34. There was one death (50% decrease) in week 35 compared to two deaths in week 34. As of 3 September 2023, a cumulative total of 12,079 cases has been reported since the onset of the outbreak with 201 deaths (CFR=1.7%).

Figure 8: Epicurve of cholera cases in Kenya from October 2021 to 3 September 2023

Figure 9: Map of Kenya showing cholera affected areas as of 3 September 2023
In week 35, three new cases were reported compared to one reported case in week 34. The last death reported occurred in epi week 30. As of 3 September 2023, a cumulative total of 58 989 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%. The cases were reported in Nsanje (2) and Mulanje (1). Twenty-five districts have not reported any new cases in the last 28 days.

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

Public Health Actions
- Commenced the workshop to identify cholera priority areas for multi-sectoral interventions (PAMIs).
- Conducted infection prevention and control (IPC) needs assessment in Thyolo, Mulanje, Phalombe, Chiradzulu, and Blantyre and oriented 24 IPC committee members in all health facilities on their roles and responsibilities.

Challenges/Gaps
- Limited water sanitation and hygiene (WASH) facilities and funding to support provision of safe water.
- Still recording importation of cholera cases.
As of 3 September 2023, the country had reported a cumulative total of 34,323 cases, with 144 deaths (CFR 0.4%). New cases increased in week 35 by 33% to 210 cases from 158 cases in week 34. The last death was reported in week 32. There are currently three active districts in two provinces (Nampula and Cabo Delgado).

**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 3 September 2023**
There was no new case in week 35 compared to two reported cases in week 34. As of 1 September 2023, there have been 81 suspected cases and 10 deaths reported cumulatively (CFR=12.3%).

On 27 July 2023, the Ministry of Health confirmed Cholera outbreak in Namayingo and Kayunga districts both located in the eastern region of the country.

**Figure 13: Epicurve of cholera outbreak in Uganda as of 27 August 2023**

As of 3 September 2023, reported cumulative Cholera cases were 3,913 with 96 deaths (CFR 2.5%) from the ten provinces of the country. The three provinces with the highest number of cumulative cases are Harare (1,616), Manicaland (1,539) and Mat South (335) which account for 89% (3,490 cases). In week 35, cases decreased by 71% from seven new cases in week 34 to 2 new cases. The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province.

**Figure 14: Epicurve of Cholera outbreak in Zimbabwe as of 3 September 2023**
As of 27 August 2023, the country had reported 53,056 cumulative cases, with 615 deaths (CFR = 1.2%) across 12 affected provinces. In week 34, there were 1,392 new cases with 24 deaths reported. The country has scheduled the launch of the National Cholera Plan 2023-2027 by the Congolese government for October 14, 2023. There was a donation of more than three tons of cholera kits for the care of patients in Tanganyika province.
Zambia reported new confirmed cases from 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 3 September 2023, there have been 860 reported cases and 18 deaths (CFR = 2.1%). Response actions are ongoing with national stakeholder engagement to supplement provincial efforts in addressing cholera situation in Nsama District.
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. Plans are ongoing to conduct a national After-Action Review Meeting scheduled for 29 – 30 August 2023.

The cholera outbreak in the country has been ongoing since January 2022. There is no updated data from Nigeria. As of 30 July 2023, there is 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.
- Worked with South Africa to develop plan for cholera readiness capacity building in the provinces at highest risk of potential cholera spread.
- Engaged with WHO headquarters and Global Task Force on Cholera Control (GTFCC) for more support to cholera preparedness and readiness. GTFCC has promised to support training of Member States in PAMIs in late September 2023.

#### Response:
- Ongoing technical and financial support to countries for cholera response interventions
- The Cholera Incident Management Support Team of the WHO African regional office maintains tele-conference meetings in conjunction with the WHO headquarters with all AFRO countries in response for coordination and provision of technical guidance.
- 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.

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