Situation update

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 37, seven countries Burundi, Cameroon, Ethiopia, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe reported a total of 388 new cases. Transmission is currently active in 13 countries with no recent report of new cases from Eswatini (last case reported April 18) and South Sudan (last case reported May 16).

Since 1 January 2022, a cumulative total of 239 835 cholera cases has been reported to the WHO Regional Office for Africa (AFRO), including 4 314 deaths with a case fatality ratio (CFR) of 1.8% as of 17 September 2023 (Table 1). Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Nigeria account for 82.8% (198 632) of the cumulative cases and 80.1% (3 455) of all cumulative deaths reported.

Data reported: as of 17 September 2023
Figure 1: Distribution of cholera cases and deaths in WHO African Region, 1 January 2022 — 17 September 2023
### Table 1: Cholera Cases and Deaths in WHO African Region, 1 January 2022 to 17 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>58 996</td>
<td>1 768</td>
<td>3.0</td>
<td>Mar-22</td>
<td>17-Sep-23</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>54 749</td>
<td>592*</td>
<td>1.1</td>
<td>Jan-22</td>
<td>10-Sep-23</td>
</tr>
<tr>
<td>Mozambique</td>
<td>34 564</td>
<td>144</td>
<td>0.4</td>
<td>Sep-22</td>
<td>17-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>24 251</td>
<td>295</td>
<td>1.2</td>
<td>Aug-22</td>
<td>10-Sep-23</td>
</tr>
<tr>
<td>Cameroon</td>
<td>19 912</td>
<td>461</td>
<td>2.3</td>
<td>Jan-22</td>
<td>17-Sep-23</td>
</tr>
<tr>
<td>Kenya</td>
<td>12 102</td>
<td>202</td>
<td>1.7</td>
<td>Oct-22</td>
<td>10-Sep-23</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>3 975</td>
<td>101</td>
<td>2.5</td>
<td>Feb-23</td>
<td>16-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>
</tr>
<tr>
<td>Zambia</td>
<td>931</td>
<td>19</td>
<td>2.0</td>
<td>Jan-23</td>
<td>17-Sep-23</td>
</tr>
<tr>
<td>Burundi</td>
<td>915</td>
<td>9</td>
<td>1.0</td>
<td>Jan-23</td>
<td>17-Sep-23</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>426</td>
<td>8</td>
<td>1.9</td>
<td>Feb-23</td>
<td>15-Sep-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>239 835</strong></td>
<td><strong>4 314</strong></td>
<td><strong>1.8</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NB: *The cumulative number of deaths due to cholera was reduced in the South Kivu region by 23 deaths following data review. Cumulative cases thus reduced from 615 cases to 592 deaths.*
Country Specific updates

Burundi

As of 17 September 2023, a cumulative total of 915 cases and nine deaths (CFR 1.0%) were reported from Burundi. The number of new cases in week 37 increased by 21% from 77 new cases in week 36 to 93 new cases. 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 (DS Bujumbura Nord), Rukana II (DS Cibitoke), Buterere I (DS Bujumbura Nord) and Kinyinya II (DS Isare), with 127, 89, 73, 58 and 42 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 17 September 2023

Figure 4: Map of Burundi showing cholera affected areas from October 2022 to 17 September 2023
Cameroon has reported a 42% decrease in new cases in week 37 with 88 new cases compared to 151 cases in week 36. New deaths reduced by 50% with one death reported in week 37 compared to two deaths in previous week. Cumulatively, from 1 January 2022 to 17 September 2023, Cameroon has reported 19,912 cases with 461 deaths (CFR = 2.3%). Vaccination assessment of the 5th oral cholera vaccination campaign data at regional and central level revealed 1,773,090 vaccinated out of the 1,825,075 targeted representing a vaccination coverage of 97.7%. Similarly, follow-up vaccination at the Central Prison New Bell had 98 new persons vaccinated with total persons vaccinated being 3,756 out of the targeted 4,586 representing a vaccination coverage of 81.90%.

Figure 5: Epicurve of cholera cases in Cameroon from October 2021 to 17 September 2023
As of 08 September 2023, Ethiopia reported a cumulative case total of 24,251 with 295 deaths (CFR = 1.2%). The outbreak is currently active in nine regions. As of week 37, reported new cases decreased by 90% ((15). 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 6: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 08 September 2023

Figure 7: Map of Ethiopia showing cholera affected areas as of 08 September 2023
Public Health Actions

- Eight national Joint rapid response deployed in six affected regions.
- Ongoing reactive vaccination with 1,917,913 oral cholera vaccines doses in the Amhara region.
- WHO supported Ethiopia with additional funds for the response.

Challenges/Gaps

- Insecurity in Amhara and Oromia regions have affected field response operations.

Kenya

Grade 3

<table>
<thead>
<tr>
<th>Cumulative Cases</th>
<th>Cumulative Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>12,102</td>
<td>202</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

There has been no update received for Kenya for week 37. 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

Malawi

Grade 3

<table>
<thead>
<tr>
<th>Cumulative Cases</th>
<th>Cumulative Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>58,996</td>
<td>1,768</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

The latest data from Malawi is as of 10 September 2023 with a cumulative total of 58,996 cases 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.
As of 17 September 2023, the country had reported a cumulative total of 34 564 cases, with 144 deaths (CFR 0.4%). New cases increased in week 37 by 11% to 127 cases. The last cholera fatality to date was reported during week 32. At present, there are two active provinces, namely Nampula and Cabo Delgado. As part of the response efforts, regular cross-border meetings with Malawi are being conducted.
Figure 11: Map of Mozambique showing cholera affected areas as of 17 September 2023
Public Health Actions

- Feeding intervention in cholera treatment centre in Nampula city district for 20 days.
- Infection prevention and control training for 30 health professionals in Nampula district.
- Held prevention of sexual exploitation and abuse (PSEA) awareness campaign for 1,287 people (470 male and 817 female) in Namutequeliua, Natiquiri, Murrapaniua, Namicopo, Carrupeia, Muatala, and Muahivure neighborhoods.

Challenges/Gaps

- Weak laboratory surveillance in areas reporting an increase in acute watery diarrhoea.
- Difficult access to some communities e.g. Morrumbala district.

There have been no new cases reported since week 35. As of 1 September 2023, Uganda had 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 12: 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. Before this, Nsama district had reported 73 cases during the previous outbreak which ended on 9 April 2023.

Cumulatively this year, as of 17 September 2023, there have been 931 reported cases and 19 deaths (CFR = 2.0%). In week 37, new cases decreased by 26% from 27 cases in week 36 to 20 new cases. No death was reported in week 37 compared to one death reported in previous week. Response actions are ongoing with national stakeholder engagement to supplement provincial efforts in addressing the situation in Nsama District.

**Figure 13: Epicurve of cholera cases and deaths in Zambia as of 17 September 2023**

**Figure 14: Map of Zambia showing cholera affected provinces as of 17 September 2023**
Public Health Actions

• Enhanced water sanitation and hygiene interventions including distribution of domestic chlorine and water quality monitoring.
• Deployment of 60 community based volunteers to Nsumbu, Chibanga, Kapisha and Chibwensolo.
• Establishment of one oral rehydration point (ORP) at Chisansa fishing camp.
• Geo mapping of cases, water resources and ORPs in the district to inform a targeted response.

Challenges/Gaps

• Inadequate staff in Chibanga to support response activities.
• Shortage of transport for response activities
• Inadequate laboratory supplies, risk communication audio visual materials and reagents for water quality monitoring.

As of 16 September 2023, cumulative cholera cases reported from the ten provinces of the country were 3 975 with 101 deaths (CFR 2.5%). During week 37, there was a 12% decline in cases from 33 new cases in week 36 to 29 cases. Two deaths reported in both weeks 36 and 37. The three provinces with the highest number of cumulative cases are Harare (1 616), Manicaland (1 554) and Mat South (348) which account for 89% (3 518 cases). The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province.

Figure 15: Epicurve of Cholera outbreak in Zimbabwe as of 16 September 2023
As of 10 September 2023, the country had reported 54 749 cumulative cases, with 592 deaths (CFR = 1.1%) across 12 affected provinces. It is important to note that the cumulative number of deaths due to cholera was reduced in the South Kivu region by 23 deaths following data review. Cumulative cases thus reduced from 615 cases to 592 deaths. In week 36, there were 705 new cases with no death reported. The Congolese government scheduled the launch of the National Cholera Plan 2023-2027 (PMSEC 2023-2027) for October 14, 2023. There was a donation of more than seven tons of cholera kits for the care of patients in Tanganyika province.
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 2023.

Cholera readiness training workshops have been conducted in all nine provinces. An After-Action Review Meeting was also 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 15 September 2023 are 426 and eight deaths with a CFR= 1.9%. New cases were reported from Arusha, Mara and Kigoma regions. This followed the last confirmed case on 25 July 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 18: Cholera preparedness and readiness training in South Africa

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