The cholera outbreak in the WHO African Region has affected 16 countries over the last two years. The trend across the region is being closely monitored and on the decline with some countries no longer having active outbreaks. 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 45, six countries Burundi, Cameroon, Ethiopia, United Republic of Tanzania, Zambia, and Zimbabwe reported a total of 1 251 new cases. Transmission is currently active in 11 countries with no recent report of new cases from Eswatini (last case reported April 18), Republic of the Congo (last case reported 26 July), South Sudan (last case reported May 16), South Africa (last case reported 16 July) and Uganda (last case reported 1 September 2023).

Since 1 January 2022, a cumulative total of 256 753 cholera cases has been reported to the WHO Regional Office for Africa (AFRO), including 4 672 deaths with a case fatality ratio (CFR) of 1.8% as of 12 November 2023 (Table 1). Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Nigeria account for 81.8% (210 128) of the cumulative cases and 78.8% (3 680) of all cumulative deaths reported.
Figure 1: Distribution of cholera cases and deaths in WHO African Region, 1 January 2022 — 12 November 2023
Table 1: Cholera Cases and Deaths in WHO African Region, 1 January 2022 to 12 November 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>Democratic Republic of Congo</td>
<td>62 037</td>
<td>712</td>
<td>1.1</td>
<td>Jan-22</td>
<td>5-Nov-23</td>
</tr>
<tr>
<td>Malawi</td>
<td>59 084</td>
<td>1 769</td>
<td>3.0</td>
<td>Mar-22</td>
<td>8-Nov-23</td>
</tr>
<tr>
<td>Mozambique</td>
<td>35 653</td>
<td>150</td>
<td>0.4</td>
<td>Sep-22</td>
<td>31-Oct-23</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>27 050</td>
<td>381</td>
<td>1.4</td>
<td>Aug-22</td>
<td>12-Nov-23</td>
</tr>
<tr>
<td>Nigeria</td>
<td>26 304</td>
<td>668</td>
<td>2.5</td>
<td>Jan-22</td>
<td>15-Oct-23</td>
</tr>
<tr>
<td>Cameroon</td>
<td>20 484</td>
<td>482</td>
<td>2.4</td>
<td>Jan-22</td>
<td>12-Nov-23</td>
</tr>
<tr>
<td>Kenya</td>
<td>12 123</td>
<td>202</td>
<td>1.7</td>
<td>Oct-22</td>
<td>29-Oct-23</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>7 122</td>
<td>191</td>
<td>2.7</td>
<td>Feb-22</td>
<td>12-Nov-23</td>
</tr>
<tr>
<td>Zambia</td>
<td>1 577</td>
<td>30</td>
<td>1.9</td>
<td>Jan-23</td>
<td>11-Nov-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>Burundi</td>
<td>1 297</td>
<td>9</td>
<td>0.7</td>
<td>Jan-23</td>
<td>12-Nov-23</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>1 017</td>
<td>19</td>
<td>1.9</td>
<td>Feb-23</td>
<td>11-Nov-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>Republic of the Congo</td>
<td>63</td>
<td>0</td>
<td>0</td>
<td>Jul-23</td>
<td>26-Jul-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>256 753</strong></td>
<td><strong>4 672</strong></td>
<td><strong>1.8</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Country Specific updates

Burundi has reported cholera cases since 8 December 2022, and the outbreak was officially declared on 1 January 2023. As of 12 November 2023, a cumulative total of 1,297 cases and nine deaths (CFR 0.7%) were reported from Burundi. In week 45 new cases increased by 12% from 25 new cases in week 44 to 28 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), Butere I (DS Bujumbura Nord), Rukana II (DS Cibitoke), and Mparambo I (DS Cibitoke) with 144, 108, 87, 86 and 71 confirmed cases respectively.
Figure 4: Map of Burundi showing cholera affected areas from October 2022 to 12 November 2023

Legend

- Confirmed cases
  - 2 - 23
  - 24 - 81
  - 82 - 473

- Proportion of the total
  - 0.2% - 1.8%
  - 1.81% - 6.2%
  - 6.21% - 36.4%

Boundaries
- Non-affected districts
- Other countries
In week 45 there was a 46% decrease in new cases reported with 21 new cases compared to 39 cases in week 44. There was no death reported in weeks 45 compared to one death in week 44. Cumulatively, from 1 January 2022 to 12 November 2023, Cameroon has reported 20,484 cases with 482 deaths (CFR = 2.4%).

**Figure 5: Epicurve of cholera cases in Cameroon from October 2021 to 5 November 2023**

![Epicurve of cholera cases in Cameroon from October 2021 to 5 November 2023](image)

**Figure 6: Map of cholera cases in Cameroon from October 2021 to 12 November 2023**

![Map of cholera cases in Cameroon from October 2021 to 12 November 2023](image)
Public Health Actions

▪ Sector coordination meeting of the regional water sanitation and hygiene (WASH) cluster was carried out with other partners.
▪ A joint WHO/MOH visit to the water and food analysis laboratory at the central public health laboratory was completed.
▪ Community awareness-raising on hygiene in Wouri, Nylon, Deido, Bonasama, Boko, Newbell and Logbaba Health Districts with 1 568 people reached by the community health workers was conducted.

Challenges/Gaps

▪ Insufficient financial and human resources for the response activities.

As of 12 November 2023, Ethiopia reported a cumulative case total of 27 050 with 381 deaths (CFR = 1.4%). As of week 45, reported new cases increased by 19% to 409 new cases from 345 new cases. Deaths decreased by 80% from five deaths in week 44 compared to one death in week 45. The outbreak is controlled in 171 woredas in Amhara (23), Afar (2), Dire Dawa (1), Harari (1), Oromia (74), Sidama (17) and Somali (6) regions.

Figure 7: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 12 November 2023
Public Health Actions

- Cholera treatment units (CTUs) (9) and oral rehydration points (ORPs) (9) established by WHO in the Tigray region.
- Oral cholera vaccination (OCV) campaign is ongoing targeting more than 1.5 million individuals in Afar, South, Sidama and Central Ethiopia regions.
- The detection, verification, investigation of cases is being supported.
- Strengthened risk communication through management of cholera rumor from Alamata holy water site. In total, 27 woredas in Tigray and Amhara Regions reported cases related to travel history to the holy water site.
- The intra-action review meeting of the Cholera response in Oromia Region is being supported by WHO as lead facilitator, November 6-10, 2023.
- Free residual chlorine (FRC) monitoring of 15 drinking water samples from private reservoirs, trucks and donkey carts in cholera affected/high-risk districts in Somali region has been conducted. Out of the total samples tested for FRC, only 6 (40%) samples had the recommended FRC concentration (0.5 mg/l).
- Cholera Treatment Hardware supply (Tent 24 Sq) was dispatched to Ethiopia Public Health Institute for Saudi Arabia returnees in Isolation Camp, Addis Ababa (164Kg, 3.40 cubic metre).
- Cholera RDT (165Kg, 0.06 cubic metre) were dispatched to South Wollo, Dessie City, Kombolcha City, North Wollo, Woldia and Waghumra of Amhara region through Amhara Public Health Institute.

Challenges/Gaps

- Delayed/late reporting due to security and communication/network challenge.
- Inadequate training on cholera surveillance and outbreak management for health workers and rapid response teams at district and Primary Health Care (PHC) level.
- Poor risk perception on cholera by the public.
- Insufficient safe water supply and sanitation coverage in hotspot districts across the regions.

As of 29 October 2023, a cumulative total of 12 123 cases have been reported since the onset of the outbreak with 202 deaths (CFR=1.7%). There was no new reported case in week 44 compared to one new case in week 43. There have also been no new deaths reported in weeks 43 and 44. The first wave that began in Oct of 2022 was controlled with last case reported on 19 September 2023 (epi week 38).
A cumulative total of 59,084 cases have been reported since the onset of the outbreak from all the 29 districts of the country as of 8 November 2023. There were no new cases in week 45 compared to seven cases in week 44. The cumulative number of deaths is now 1,769 with a case fatality ratio of 3.0%.

As of 31 October 2023, the country had reported a cumulative total of 35,653 cases, with 150 deaths (CFR 0.4%). New cases decreased in week 44 by 64% to 131 cases, from 361 new cases in the previous week. There was no death reported in week 44 compared to three deaths reported in week 43.
Cumulatively this year, as of 1 November 2023, there have been 1,577 reported cases and 30 deaths (CFR = 1.9%). In week 45, new cases decreased by 27% to 143 cases from 197 cases week 44. However, deaths increased by 150% from two deaths in week 44 to five new deaths in week 45. Ten districts have reported cholera outbreaks in 2023, and three districts (Chongwe, Luangwa, and Lusaka) are currently responding to the outbreak. A new cholera outbreak was reported in Nsama district in the northern province on 10 August 2023.

Figure 10: Epicurve of cholera cases and deaths in Zambia as of 11 November 2023
Public Health Actions
▪ Training of health workers on Luangwa province case management, surveillance, infection prevention and control (IPC) and designing of Cholera treatment centres and units (CTC/CTU) has been conducted.

Challenges/Gaps
▪ Inadequate engagement of line ministries and the WASH sector in response.
▪ Inadequate water testing kits for water quality monitoring.
▪ Inadequate operational costs such as fuel and food for patients on admission.
▪ Erratic supply of water in areas in the community leading to communities resorting to use of untreated shallow wells.

As of 12 November 2023, cumulative cholera cases reported from the ten provinces of the country were 7 122 with 191 deaths (CFR 2.7%). During week 45, there was a 23% increase in cases to 636 new cases from 519 cases in week 44. There was also a 50% increase in deaths reported in week 45 with 15 deaths compared to 10 deaths reported in week 44. The three provinces with the highest number of cumulative cases are Manicaland (3 088), Harare (1 876), and Masvingo (638) which account for 79% (5 602 cases). The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province. As part of response, there has been distribution of non-food item kits in affected areas. Seventeen water boreholes have been drilled, 20 were repaired in Buhera district.

Figure 11: Epicurve of Cholera outbreak in Zimbabwe as of 12 November 2023
Figure 12: Map of Zimbabwe showing cholera affected provinces as of 12 November 2023
The last update was as of 5 November 2023, the country had reported 62,037 cumulative cases, with 712 deaths (CFR = 1.1%) across 12 affected provinces. In week 44, there were 771 new cases with 12 deaths reported. In response to the outbreak, preparatory meeting is ongoing for the reactive oral cholera vaccination campaign in four provinces scheduled for 28 November 2023. Supplies of rapid diagnostic test kits (RDTs) and Cary Blair (transport media) have been prepositioned in priority health zones for rapid testing and transportation of samples respectively from health zones to laboratories for confirmation each week. Cholera kits have been prepositioned in epidemic zones in North Kivu and in priority zones.

Figure 13: Epicurve of cases and deaths in Democratic Republic of the Congo as of 5 November 2023

The cumulative number of cases from the country since 22 January to 11 November 2023 are 1,017 and 19 deaths with a CFR= 1.9%. In week 45 cases decreased by 76% from 58 cases in week 44 to 14 new cases. There was no reported death in week 45 compared to one death in week 44. This new outbreak began after the last confirmed case on 25 July 2023. Regions currently affected are seven (Arusha, Dodoma, Kigoma, Kilimanjaro, Mara, Simiyu and Singida).

As part of the response activities in Arusha, 4,625 aqua tabs were provided to 308 households visited in affected wards. Response activities are also ongoing in the affected regions. Challenges encountered include delay in reporting of daily cholera updates from subnational levels, inadequate financial resources for deployment of national rapid response team to support cholera response at subnational, and inadequate cholera rapid diagnostic test to enhance cholera screening and testing in some regions such as Simiyu and Singida.
Figure 14: Epicurve of cases and deaths in United Republic of Tanzania as of 11 November 2023

Figure 15: Map of cases and deaths in United Republic of Tanzania as of 11 November 2023
The cholera outbreak in the country has been ongoing since January 2022. As of 15 October 2023, there was a cumulative total of 26 304 with 668 deaths (CFR = 2.5%).

Figure 16: Epicurve of cases and deaths in Nigeria as of 15 October 2023

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 had confirmed Cholera outbreak in Namayingo and Kayunga districts.

The last update was 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.
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.
- Collection of data using the updated web-based cholera readiness assessment tool is ongoing.
- A tracking tool for monitoring framework for the implementation of the global strategy for cholera prevention and control, 2018-2030 across the countries has been developed and rolled out.
- 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.
- Malawi has been supported on conducting the identification of Priority Areas for Multisectoral Interventions (PAMIs/Hotspots).
- Development and mid-term review of National Cholera Plan for South Sudan and Zambia respectively has been supported and is ongoing.
- Support to countries on cholera readiness particularly those approaching the cholera season in Southern Africa is ongoing.
- Comprehensive assessment of the implementation of the Regional Framework for the implementation of the global strategy for cholera prevention and control, 2018-2030 has been conducted.

Response:

- Improved coordination and provision of technical guidance through the tele-conference meetings with all AFRO countries in response by the Cholera Incident Management Support Team of the WHO AFRO.
- Technical and financial support to countries for cholera response interventions is ongoing.
- Cross-border collaborations on cholera surveillance has been strengthened.
- Deployment of additional staff to countries as requested by countries is ongoing.
- Essential medical supplies and cholera Kits to all countries in outbreak have been provided.
- Training across all response pillars on response and technical inputs has been reinforced.
- Technical support to countries on vaccination strategies for reactive OCV campaigns has been approved.
- Capacity building of country teams through webinars is ongoing.
For additional information, please contact

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Photo: Sensitization of school children to be influencers and agents of positive behaviour change communication in Malawi 2023

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