Cholera in the WHO African Region

Weekly Regional Cholera Bulletin: 9 October 2023

Data reported: as of 8 October 2023

Situation update

Regional Cholera Update

<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></td>
<td></td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Overview

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 40, eight countries Burundi, Cameroon, Ethiopia, Malawi, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe reported a total of 724 new cases. Transmission is currently active in 13 countries with no recent report of new cases from Eswatini (last case reported April 18), Republic of the Congo (last case reported 26 July) and South Sudan (last case reported May 16).

Since 1 January 2022, a cumulative total of 245 510 cholera cases has been reported to the WHO Regional Office for Africa (AFRO), including 4 465 deaths with a case fatality ratio (CFR) of 1.8% as of 8 October 2023 (Table 1). Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Nigeria account for 82.6% (202 702) of the cumulative cases and 79.8% (3 565) of all cumulative deaths reported.
Figure 1: Distribution of cholera cases and deaths in WHO African Region, 1 January 2022 — 8 October 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>59 016</td>
<td>1 768</td>
<td>3.0</td>
<td>Mar-22</td>
<td>08-Oct-23</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>57 585</td>
<td>664</td>
<td>1.2</td>
<td>Jan-22</td>
<td>01-Oct-23</td>
</tr>
<tr>
<td>Mozambique</td>
<td>34 813</td>
<td>144</td>
<td>0.4</td>
<td>Sep-22</td>
<td>08-Oct-23</td>
</tr>
<tr>
<td>Nigeria</td>
<td>26 104</td>
<td>659</td>
<td>2.5</td>
<td>Jan-22</td>
<td>24-Sep-23</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>25 184</td>
<td>330</td>
<td>1.3</td>
<td>Aug-22</td>
<td>08-Oct-23</td>
</tr>
<tr>
<td>Cameroon</td>
<td>20 212</td>
<td>468</td>
<td>2.3</td>
<td>Jan-22</td>
<td>08-Oct-23</td>
</tr>
<tr>
<td>Kenya</td>
<td>12 117</td>
<td>202</td>
<td>1.7</td>
<td>Oct-22</td>
<td>24-Sep-23</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>4 730</td>
<td>130</td>
<td>2.7</td>
<td>Feb-23</td>
<td>08-Oct-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>1 147</td>
<td>9</td>
<td>0.8</td>
<td>Jan-23</td>
<td>08-Oct-23</td>
</tr>
<tr>
<td>Zambia</td>
<td>955</td>
<td>19</td>
<td>2.0</td>
<td>Jan-23</td>
<td>08-Oct-23</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>642</td>
<td>13</td>
<td>2.0</td>
<td>Feb-23</td>
<td>08-Oct-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>245 510</strong></td>
<td><strong>4 465</strong></td>
<td><strong>1.8</strong></td>
<td></td>
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</tr>
</tbody>
</table>
As of 8 October 2023, a cumulative total of 1,147 cases and nine deaths (CFR 0.8%) were reported from Burundi. In week 40 new cases decreased by 3% from 67 new cases in week 39 to 65 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 Mparambo I (DS Cibitoke) with 144, 107, 82, 79 and 58 confirmed cases respectively.

Burundi has reported cholera cases since 8 December 2022, and the outbreak was officially declared on 1 January 2023.
In week 40 there was a reported 62% decrease in new cases with 41 new cases compared to 108 cases in week 39. There was no death in week 40 compared with three deaths in week 39. Cumulatively, from 1 January 2022 to 8 October 2023, Cameroon has reported 20,212 cases with 468 deaths (CFR = 2.3%).

Figure 5: Epicurve of cholera cases in Cameroon from October 2021 to 8 October 2023
As of 8 October 2023, Ethiopia reported a cumulative case total of 25,184 with 330 deaths (CFR = 1.3%). The outbreak is currently active in nine regions in 106 Woredas across the country. As of week 40, reported new cases decreased by 24% to 140 new cases from 185 new cases. There were two deaths reported in each of week 39 and 40.

Figure 7: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 8 October 2023
A cumulative total of 59,016 cases have been reported since the onset of the outbreak from all the 29 districts of the country. In week 40 new cases decreased by 75% from 12 new cases in week 39 to three new cases. There has been no death reported since week 37. The cumulative number of deaths remains at 1,768 with a case fatality ratio of 3.0%.

Figure 8: Epi Curve for cholera outbreak in Malawi, 3 March 2022 – 1 October 2023

As of 8 October 2023, the country had reported a cumulative total of 34,813 cases, with 144 deaths (CFR 0.4%). New cases increased in week 40 by 150% to 120 cases. The last cholera fatality to date was reported during week 32. The new cases were reported from only Nampula city district.

Figure 9: Epicurve of cholera outbreak in Mozambique, September 2022 to 8 October 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 8 October 2023, there have been 955 reported cases and 19 deaths (CFR = 2.0%). In week 40, new cases increased by 550% from two cases in week 39 to 13 new cases. The last death was reported in week 37. Response actions are ongoing with national stakeholder engagement to supplement provincial efforts in addressing the situation in Nsama District.
As of 8 October 2023, cumulative cholera cases reported from the ten provinces of the country were 4,730 with 130 deaths (CFR 2.7%). During week 40, there was a 30% decrease in new cases from 366 new cases in week 39 to 258 cases. Deaths decreased by 64% from 14 deaths in week 39 to five deaths in week 40. The three provinces with the highest number of cumulative cases are Manicaland (2,196), Harare (1,632), and MatSouth (352) which account for 88% (4,180 cases). The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province.
The cumulative number of cases from the country since 22 January to 8 October 2023 are 642 and 13 deaths with a CFR= 2.0%. In week 40 cases increased by 83% from 46 cases in week 39 to 84 new cases. Deaths increased by 100% from one death in week 39 to two new deaths in week 40. New cases were reported from Arusha, Mara and Kigoma regions. This followed the last confirmed case on 25 July 2023. As part of the response activities, 860 aquatabs were distributed to 48 households at Nyanchabakenye and Nyang’ombe Villages at Rorya DC in Mara. Water sanitation and hygiene activities are ongoing in Kigoma and Arusha regions.

Figure 14: Epicurve of cases and deaths in United Republic of Tanzania as of 8 October 2023
Figure 15: Map of cases and deaths in United Republic of Tanzania as of 8 October 2023
The last update was as of 1 October 2023, the country had reported 57,585 cumulative cases, with 664 deaths (CFR = 1.2%) across 12 affected provinces. In week 39, there were 725 new cases with five deaths reported. The Congolese government scheduled the launch of the National Cholera Plan 2023-2027 (PMSEC 2023-2027) for October 14, 2023. WHO has provided more than 15 tonnes of cholera kits for the care of patients in Tanganyika, South and North Kivu provinces.

Figure 14: Epicurve of cases and deaths in Democratic Republic of the Congo as of 1 October 2023

No recent report from Kenya received in week 40. As of 24 September 2023, a cumulative total of 12,117 cases have been reported since the onset of the outbreak with 202 deaths (CFR=1.7%). As part of the response activities, Integrated Case Management and surveillance training was conducted in three counties. The country also developed a draft preparedness and response plan for El Nino.
Figure 15: Epicurve of cholera cases in Kenya from October 2021 to 24 September 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.

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. As of 24 September 2023, there was a cumulative total of 26,104 with 65 deaths (CFR = 2.5%).

**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.
- Tracking tool for monitoring framework for the implementation of the global strategy for cholera prevention and control, 2018-2030 has been developed and rolled out across the countries.
- Training of 524 RRTs 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.
- The identification of Priority Areas for Multisectoral Interventions (PAMIs/Hotspots) in Malawi has been conducted.
- Development and mid-term review of National Cholera Plan for South Sudan and Zambia respectively is ongoing.
- Cholera readiness particularly in those countries 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:**
- Coordination and provision of technical guidance by the Cholera Incident Management Support Team of the WHO AFRO through tele-conference meetings with all AFRO countries in response is ongoing.
- 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.
• Provision of essential medical supplies and cholera Kits to all countries in outbreak.
• Response and technical inputs on training across all response pillars has been strengthened.
• Technical support to countries on vaccination strategies for reactive OCV campaigns is ongoing.
• Capacity building of country teams including through webinars is ongoing.

For additional information, please contact

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