Weekly Regional Cholera Bulletin: 01 January 2024

Data reported: as of 31 December 2023
Situation update

Overview

The cholera outbreak in the WHO African Region has affected 17 countries over the last two years. The trend across the region is being closely monitored with increment in cases observed especially in the southern region of the continent now in the rainy season with outbreaks now resurging. The increase in rainfall levels is now increasing floods in communities and landslides. 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 52, eight countries Burundi, Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe reported a total of 4 452 new cases. Transmission is currently active in 12 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 284 488 cholera cases have been reported to the WHO Regional Office for Africa (AFRO), including 5 043 deaths with a case fatality ratio (CFR) of 1.8% as of 31 December 2023 (Table 1). Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Nigeria account for 79.9% (227 437) of the cumulative cases and 75.8% (3 821) of all cumulative deaths reported.
Figure 1: Distribution of cholera cases and deaths in WHO African Region, 1 January 2022—31 December 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>70 241</td>
<td>758</td>
<td>1.1</td>
<td>Jan-22</td>
<td>31-Dec-23</td>
</tr>
<tr>
<td>Malawi</td>
<td>59 124</td>
<td>1 771</td>
<td>3.0</td>
<td>Mar-22</td>
<td>31-Dec-23</td>
</tr>
<tr>
<td>Mozambique</td>
<td>40 904</td>
<td>165</td>
<td>0.4</td>
<td>Sep-22</td>
<td>31-Dec-23</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>30 716</td>
<td>453</td>
<td>1.5</td>
<td>Aug-22</td>
<td>31-Dec-23</td>
</tr>
<tr>
<td>Nigeria</td>
<td>26 452</td>
<td>674</td>
<td>2.5</td>
<td>Jan-22</td>
<td>29-Oct-23</td>
</tr>
<tr>
<td>Cameroon</td>
<td>20 554</td>
<td>484</td>
<td>2.4</td>
<td>Jan-22</td>
<td>10-Dec-23</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>14 517</td>
<td>320</td>
<td>2.2</td>
<td>Feb-23</td>
<td>31-Dec-23</td>
</tr>
<tr>
<td>Kenya</td>
<td>12 232</td>
<td>205</td>
<td>1.7</td>
<td>Oct-22</td>
<td>10-Dec-23</td>
</tr>
<tr>
<td>Zambia</td>
<td>4 302</td>
<td>122</td>
<td>2.8</td>
<td>Jan-23</td>
<td>31-Dec-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>1 370</td>
<td>9</td>
<td>0.7</td>
<td>Jan-23</td>
<td>31-Dec-23</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>1 070</td>
<td>23</td>
<td>2.1</td>
<td>Feb-23</td>
<td>31-Dec-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>Togo</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>Dec-23</td>
<td>12-Dec-23</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>284 488</strong></td>
<td><strong>5 043</strong></td>
<td><strong>1.8</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Country Specific updates

Zimbabwe

As of 31 December 2023, cumulative cholera cases reported from the ten provinces of the country were 14 517 with 320 deaths (CFR 2.2%). In week 52 new cases increased by 71% from 869 new cases in week 51 to 1 487 new cases. New deaths in week 52 by 147% from 15 in week 51 to 37 new deaths. The three provinces with the highest number of cumulative cases are Harare including Chitungwiza city (6 532), Manicaland (4 989), and Masvingo (1 535) which account for 90% (13 056 cases). The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province.
Public Health Actions
- A high-level meeting chaired by the Minister of Health was conducted at Nazareth CTC to review and strengthen the response strategy.
- A joint visit to Harare City and Budiriro was conducted to assess cholera response and the recent flooding in Budiriro.
- The festive season campaign plan in Harare and Chitungwiza was implemented with around 15,000 transit population reached at Mbare, Musika, and Chigovanyika bus terminal.
- Distribution of an estimated 1000 fliers with roughly 200 posters being placed at strategic places including supermarkets and fast foods outlets was conducted.
- The BRIDH cholera treatment centre (CTC) in Harare District was equipped with 54 beds and medical supplies to manage 100 cases (40 severe, 60 mild).

Challenges/Gaps
- Inadequate financial resources for the response.
- Limited human resources for effective response.
Cumulatively this year, as of 31 December 2023, there have been 4 302 reported cases and 122 deaths (CFR = 2.8%). In week 52, new cases increased by 73% from 618 cases in week 51 to 1 068 new cases. Thirteen districts have reported cholera outbreaks in 2023. In week 52, new deaths by 120% from 20 in week 51 to 44. Six districts (Chilanga, Chongwe, Luangwa, Lusaka, Petauke and Vibwi) were currently in responding to the outbreak.

The highest level of government response has been activated and coordinated by Disaster Management and Mitigation Unit under the office of the Vice President. Twenty seven (27) vehicles received from line ministries to support the response. There has also been heightened community-based surveillance including other ministries.

The most affected areas are all the sub-districts in Lusaka District (especially the peri-urban), fishing areas in Luangwa district, sewage compound in Chongwe district using water from the wellss.

A new cholera outbreak was reported in Nsama district in the northern province on 10 August 2023.

**Figure 5: Epicurve of cholera cases and deaths in Zambia as of 31 December 2023**

**Public Health Actions**
- 48 water tanks for clean water supply in Kanyama were mounted by the Lusaka sewage and water company (LSWC).
- Water quality monitoring was conducted in Lusaka district.

**Challenges/Gaps**
- Inadequate case management support (staff, beds, chlorine).
- Transmission of cases to districts outside Lusaka.
Erratic supply of water in areas in the community leading to usage of untreated shallow wells and boreholes.

As of 31 December 2023, a cumulative total of 1 370 cases and nine deaths (CFR 0.7%) were reported from Burundi. In week 52 new cases increased by 75% from four new cases in week 51 to seven new cases. 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 6: Epicurve of cases and deaths in Burundi as of 31 December 2023

Figure 7: Map of Burundi showing cholera affected areas from October 2022 to 16 December 2023
There was no report received in since week 50. However, in week 49 there was a 61% decrease in new cases from 18 to seven new cases. There were no deaths recorded in weeks 48 and 49. Cumulatively, from 1 January 2022 to 10 December 2023, Cameroon has reported 20 554 cases with 484 deaths (CFR = 2.4%).

Figure 8: Epicurve of cholera cases in Cameroon from October 2021 to 10 December 2023

<table>
<thead>
<tr>
<th>Country</th>
<th>Grade 3</th>
<th>Cumulative Cases</th>
<th>Cumulative Deaths</th>
<th>CFR</th>
</tr>
</thead>
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<tr>
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As of 31 December 2023, Ethiopia reported a cumulative case total of 30,716 with 453 deaths (CFR = 1.5%). As of week 52, reported new cases decreased by 24% from 537 new cases in week 51 to 408 new cases. New deaths increased 300% in week 52 from three deaths in week 51 to 12.

Figure 9: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 31 December 2023

Figure 9: Map of Cholera outbreak in Ethiopia from October 2022 to 17 December 2023
The last update was as of 10 December 2023 (epi week 49) with a cumulative total of 12 232 cases reported since the onset of the outbreak with 205 deaths (CFR=1.7%). 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 59 124 cases have been reported since the onset of the outbreak from all the 29 districts of the country as of 31 December 2023. In week 52, there was 33% increase in new cases from three in week 51 to four new cases. There was no death reported in weeks 51 and 52. The cumulative number of deaths is now 1 771 with a case fatality ratio of 3.0%.

The 2023/2024 Cholera season began on 01 November 2023 and the reporting has been adjusted to reflect the number of cholera cases reported in the current cholera season.

Figure 10: Epi Curve for cholera outbreak in Malawi, 3 March 2022 – 31 December 2023

Figure 11: Map for cholera outbreak in Malawi, 3 March 2022 – 17 December 2023
The country had reported a cumulative total of 40,904 cases, with 165 deaths (CFR 0.4%) as of 31 December 2023. In week 52, new cases decreased by 1% from 751 new cases in week 51 to 740 new cases. There was no death reported in weeks 51 and 52.

The Ministry of Health decided to restart the counting of cholera cases starting on 1st October 2023, which corresponds with the beginning of the rainy season. Thus, starting from week 47, data from the MOH consider two periods: 1st cholera outbreak from 14 September 2022 until 30 September 2023; and 2nd cholera outbreak from 1st October 2023-ongoing.

**Figure 12: Epicurve of cholera outbreak in Mozambique as of 31 December 2023**
The cumulative number of cases from the country since 22 January to 31 December 2023 are 1 070 and 23 deaths with a CFR= 2.1%. In week 52, new cases increased by 50% from 10 new cases in week 51 to 15 new cases. There was one new death reported in week 52 as against no reported death in the previous week. This new outbreak began after the last confirmed case on 25 July 2023. Regions currently affected had increased to eight (Arusha, Dodoma, Kagera, Kigoma, Kilimanjaro, Mara, Simiyu and Singida). On 29th November 2023, the Ministry of Health received the report of suspected cases of cholera from Kagera region.

**Figure 13: Epicurve of cases and deaths in United Republic of Tanzania as of 31 December 2023**
Figure 14: Map of cases and deaths in United Republic of Tanzania as of 15 December 2023

As of 31 December 2023, the country had reported 70,241 cumulative cases, with 7,586 deaths (CFR = 1.1%) across 12 affected provinces. In week 52, new cases decreased by 27% from 988 new cases in
week 51 to 723 new cases. In week 52, new deaths increased by 20% from five deaths in week 51 to six.

**Figure 15: Epicurve of cases and deaths in Democratic Republic of the Congo as of 31 December 2023**

The cholera outbreak in the country has been ongoing since January 2022. As of 29 October 2023, there was a cumulative total of 26,452 with 674 deaths (CFR = 2.5%).

On 09 December 2023, the Gulf district management team was alerted by the SIMR officer from the CMS ADAKPAME, to the suspicion of cholera in a person presenting with diarrhoea, vomiting, abdominal pain and dehydration. This was confirmed on 11 December by the INH laboratory, with culture identification of vibrio cholerae ogawa, and an investigation was carried out on the same date. A sample was taken during the investigation and found to be positive by the rapid cholera test.

The investigation revealed that the exposure factor was the consumption of untreated borehole water. As of 12 December 2023, there was a cumulative total of one with zero death.
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:**

- 22 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.
• Capacity building on preparedness and readiness for 524 RRTs across all the nine provinces of South Africa and to develop a national cholera plan for the country.
• The identification of Priority Areas for Multisectoral Interventions (PAMIs/Hotspots) was conducted in Malawi, supported by WHO.
• Development and mid-term review of National Cholera Plan for South Sudan and Zambia respectively is ongoing, supported by WHO.
• Cholera readiness for countries particularly those approaching the cholera season in Southern Africa is ongoing, supported by WHO.
• Comprehensive assessment of the implementation of the Regional Framework for the implementation of the global strategy for cholera prevention and control, 2018-2030 was 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.
• Technical and financial support to countries for cholera response interventions is ongoing.
• Cross-border collaborations on cholera surveillance has been strengthened.
• Deployment of staff to countries as requested by countries is ongoing.
• Provision of essential medical supplies and cholera Kits to all countries in outbreak is ongoing.
• 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 for country teams including through webinars is ongoing.
For additional information, please contact

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Photo: WHO Ethiopia Cholera Response Surge Team, demonstrating household water treatment chemicals use for local communities in Lagahda #Somali region

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