Situation update

Overview

The cholera outbreak in the WHO African Region has affected 18 countries over the last two years. Six countries are categorized as being in acute crisis (Comoros, Democratic Republic of the Congo, Ethiopia, Mozambique, Zambia, and Zimbabwe), though there has been a sustained decrease in weekly case incidence in Zambia and Zimbabwe. The southern region of the continent, now in the rainy season, is experiencing resurging outbreaks. The increase in rainfall levels is causing floods and landslides in communities. This raises the risk of outbreaks in countries that have not reported new confirmed cases. The seasonality of cholera outbreaks is an issue for countries to consider. They need to improve preparedness and readiness, heighten surveillance, and scale up preventive and control measures in communities and around border crossings. This will prevent outbreaks, engender early response and reduce cross-border transmission.

In Epidemiologic week 14 of 2024, seven countries - Comoros, Ethiopia, Malawi, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe - reported a total of 1,740 new cases. Transmission is currently active in 14 countries. In 2024, Comoros confirmed an outbreak linked to cross-border transmission.

Since the beginning of the year 2024, the number of cholera cases and deaths reported to the WHO Regional Office for Africa (AFRO) as of 7 April was 67,073 and 1,302 deaths, respectively, with a case fatality ratio of 1.9%. The Democratic Republic of the Congo, Ethiopia, Mozambique, Zambia and Zimbabwe account for 94.3% (63,264) of the total cases and 95.5% (1,243) of total deaths this year.
As of 7 April 2024, a cumulative total of 353,604 cholera cases, including 6,412 deaths (CFR: 1.8%), have been reported (Table 1) since 1 January 2022. The Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, and Zimbabwe accounts for 73.9% (261,263) of the cumulative cases and 64.3% (4,121) of all cumulative deaths reported.

**Figure 1:** Distribution of cholera cases and deaths in WHO African Region, 1 January 2022 — 7 April 2024
Table 1: Cholera Cases and Deaths in WHO African Region, 1 January 2022 to 7 April 2024

| Country                        | Cumulative cases | Cumulative deaths | CFR (%) | Cases in 2024 only | Deaths in 2024 only | CFR (%) 2024 only | Date outbreak started | Last update    |
|--------------------------------|------------------|-------------------|---------|-------------------|--------------------|--------------------|-----------------------|----------------|------------------|
| Democratic Republic of Congo  | 82,190           | 953               | 1.2     | 11,815            | 192                | 1.6                | Jan-22                | 31-Mar-24     |
| Malawi                         | 59,334           | 1,774             | 3.0     | 210               | 3                  | 1.4                | Mar-22                | 7-Apr-24      |
| Mozambique                     | 47,597           | 173               | 0.4     | 6,674             | 11                 | 0.2                | Sep-22                | 7-Apr-24      |
| Ethiopia                       | 40,861           | 544               | 1.3     | 9,621             | 76                 | 0.8                | Aug-22                | 7-Apr-24      |
| Zimbabwe                       | 31,281           | 677               | 2.2     | 16,764            | 357                | 2.1                | Feb-23                | 7-Apr-24      |
| Nigeria                        | 27,691           | 727               | 2.6     | 169               | 2                  | 1.2                | Jan-22                | 28-Jan-24     |
| Zambia                         | 22,692           | 729               | 3.2     | 18,390            | 607                | 3.3                | Jan-23                | 7-Apr-24      |
| Cameroon                       | 20,649           | 484               | 2.3     | 48                | 0                  | 0                  | Jan-22                | 17-Mar-24     |
| Kenya                          | 12,521           | 206               | 1.6     | 147               | 0                  | 0                  | Oct-22                | 18-Feb-24     |
| United Republic of Tanzania    | 3,388            | 55                | 1.6     | 2,213             | 32                 | 1.4                | Feb-23                | 7-Apr-24      |
| Burundi                        | 1,488            | 9                 | 0.6     | 118               | 0                  | 0                  | Jan-23                | 31-Mar-24     |
| South Sudan                    | 1,471            | 2                 | 0.1     | -                 | -                  | -                  | Feb-23                | 16-May-23     |
| South Africa                   | 1,401            | 47                | 3.4     | 11                | 0                  | 0                  | Feb-23                | 4-Apr-24      |
| Comoros                        | 873              | 22                | 2.5     | 873               | 22                 | 2.5                | Feb-24                | 7-Apr-24      |
| Uganda                         | 101              | 10                | 9.9     | 20                | 0                  | 0                  | Jul-23                | 10-Mar-24     |
| Republic of the Congo          | 63               | 0                 | 0       | -                 | -                  | -                  | Jul-23                | 26-Jul-23     |
| The Kingdom of Eswatini        | 2                | 0                 | 0       | -                 | -                  | -                  | Mar-23                | 23-Jul-23     |
| Togo                           | 1                | 0                 | 0       | -                 | -                  | -                  | Dec-23                | 18-Dec-23     |
| TOTAL                          | 353,604          | 6,412             | 1.8     | 67,073            | 1,302              | 1.9                |                       |                |

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Figure 2: Epi Curve of cholera cases and deaths in WHO African Region, 1 January 2022 – 7 April 2024

Figure 3: Trends of cholera cases in WHO African Region, 1 January 2022 – 7 April 2024

Figure 4: Trends of cholera deaths in WHO African Region, 1 January 2022 – 7 April 2024

Country specific updates
The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province.

As of 7 April 2024, a cumulative of 31,281 cholera cases with 677 deaths (CFR 2.2%) have been reported from the ten provinces. In week 14 of 2024 new cases decreased by 12.5% from 729 in week 13 to 638. New deaths however increased by 20.0% from 10 in week 13 of 2024 to 12. In the reporting week (Week 14), 12 deaths were reported, five deaths were reported from Mashonaland Central Province and three each from Masvingo and Mashonaland West Provinces respectively.

The three provinces with the highest number of cumulative cases are Harare including Chitungwiza city (11,808), Manicaland (6,354), and Mashonaland Central (4,076) which account for 71.1% (22,238 cases). The case fatality ratio (CFR) in week 14 was 5.3%, higher than a CFR of 1.4% reported in week 13.

As of 7 April 2024, sixty-five (65) health districts out of the 72 health district have reported at least a case of cholera.

**Figure 5: Epicurve of Cholera outbreak in Zimbabwe as of 7 April 2024**
Figure 6: Map of Zimbabwe showing cholera affected provinces as of 7 April 2024

**Public Health Actions**

- About 46 health care workers were trained in Chivi, Chiredzi, Masvingo and Kadoma districts of Masvingo province from 3-5 April 2024 on case management and infection, prevention and control.
- A total of 120 copies of cholera case management job aids distributed Ngezi, Masvingo, Chivi and Chiredzi cholera treatment centres (CTCs).
- About 19 different groups of apostolic sects were reached in the city by the RCCE team.
- About 10 health practitioners had refresher training on RCCE with a focus on Cholera intervention.
- Preparedness for churches planning Easter gatherings was supported by the RCCE team, for example the planning of AFM church in Masvingo which expected over 50 000 congregants.

**Challenges/Gaps**

- Inadequate financial resources for the response.
- Limited human resources for effective response.
- Lack of consumables for water quality testing in the provinces.
- Delayed last mile distribution of donated commodities.
Cumulatively this year, as of 7 April 2024, there have been 22,692 reported cases and 729 deaths (CFR = 3.2%). In week 14 of 2024, new cases decreased by 39.5 from 296 in the previous week to 179. New deaths decreased by 16.7% from six deaths in the previous week to five. All the 10 provinces are reporting cases. The total number of districts reporting case are 70.

The highest level of government response has been activated and coordinated by Disaster Management and Mitigation Unit (DMMU) under the office of the Vice President. The country is planning for an Intra-Action Review (IAR) meeting of the response from 8-12 April 2024 to review the response so far and improve based on the lesson learnt.

Figure 7: Epicurve of cholera cases and deaths in Zambia as of 7 April 2024

Figure 8: Map of Zambia showing cholera affected provinces as of 7 April 2024
As of 7 April 2024, cumulative number of cases and deaths are 873 and 22 respectively (CFR=2.5%). In epi week 14, new cases increased by 24.6% from 175 in the previous week to 218. New deaths also increased from two deaths in the previous week to six. Of the 16 deaths recorded since the start of the outbreak, 14 were community deaths while two were hospital deaths. All the three Islands of Grande Comore/Ngazidja (328 cases), Mwali/Moheli (129 cases) and Ndzuwani/Anjouan (416 cases) are affected. The outbreak persists in Ngazidja, particularly in the Central District, where the capital city, Moroni, is situated. In Grande-Comore, all the seven districts are affected. The Central District stands out as the epicenter of the epidemic on Grande-Comore. Cholera cases have been reported in all the three district of Moheli. In the densely populated Anjouan Island, all the seven districts have reported cases. The town of Mutsamudu is the epicenter of the cholera epidemic in Anjouan Island.

The Ministry of Health of Comoros officially declared an outbreak of cholera on 2 February 2024.

Figure 9: Epicurve of cholera outbreak in Comoros as of 7 April 2024
Figure 10: Map of Comoros showing cholera affected areas as of 7 April 2024

Public Health Actions
- An awareness caravan in the context of the Ramadan festival was conducted in village towns with a focus on mosques and markets by the RCCE team.
- A total of 2,450 Stop Cholera Kits were distributed to populations at risk on three islands with the support of UNICEF and the implementation of the CRCo.
- Digital communication campaign on prevention and management measures in ongoing in the face of misinformation which has to date reached 51,100 people with technical and financial support from UNICEF.
- Awareness raising and targeted research around cases in communities for behavior change has reached more than 13,475 people since the start of the epidemic using the Case-area targeted intervention (CATI) approach supported by UNICEF via the CRCo.

Challenges/Gaps
- Insufficient human resources for the investigation of confirmed cases and the follow-up of contacts of confirmed cases.
- Late reporting of investigated cases.
- Resistance of the infected persons to go to health facilities for treatment.

The cumulative number of cases from the country since 22 January 2023 to 7 April 2024 are 3,388 and 55 deaths with a CFR= 1.6%. In week 14 of 2024, new cases increased by 194.1% from 68 in week 13 to 200. In week 14 of 2024, there were two deaths reported compared to no death in the previous week.
The regions with active cases are Dar es Salaam, Kagera, Manyara, Mara, Morogoro, Mwanza, Rukwa, and Simiyu.

**Figure 11: Epicurve of cases and deaths in United Republic of Tanzania as of 7 April 2024**

**Figure 12: Map of United Republic of Tanzania showing cholera affected areas as of 7 April 2024**
Public Health Actions

▪ Travelers’ health screening on 1,565 passengers arriving and departing from countries with cholera outbreaks was conducted, no symptoms and signs of cholera was detected.
▪ Water quality testing was conducted at six Points of Entry in the cholera affected regions and in regions bordering cholera affected countries to monitor residual chlorine at critical draw points, even (64.7%) out of 17 sampling points were found to have residual chlorine.
▪ A total of 150 chlorine tablets and medical supplies were issued to Singe CTC in Babati TC.
▪ A total of 304 households, 24 Boadaboda camps, 21 food vendors were provided with health education on Cholera prevention measure in Dar es salaam.
▪ Cholera related commodities which comprised of 35 RDTs; four sensitivity disks for azithromycin, doxycycline, ceftriaxone and tetracycline; 50 rectal swabs; 9 TCBSA media; 10 alkaline peptone water, and 10 Cary Blair media were distributed in Manyara region.

Challenges/Gaps

▪ Inadequate fund to support response interventions.
▪ Inadequate clean and safe water supply.
▪ Inadequate hand washing facilities at households and public facilities.

As of 31 March 2024, a cumulative total of 1,488 cases and nine deaths (CFR 0.6%) were reported from Burundi. In week 13 of 2024 the new cases reported in both weeks 12 and 13 were eight new cases each. There has been no death reported since week 24.

The areas which have recorded the most cases since the start of the epidemic are Gatumba (DS Isare), Buterere I (DS Bujumbura Nord), Gihosha (DS Bujumbura Nord), Kinama (DS Bujumbura Nord), Rukana II (DS Cibitoke) and Buterere II (DS Bujumbura Nord) with 145, 116, 108, 107, 86 and 85 confirmed cases respectively.

Burundi has reported cholera cases since 8 December 2022, and the outbreak was officially declared on 1 January 2023. The epicurve (figure 13) shows the effort in controlling the outbreak with cases peaking at epi week 38 of 2023 before the steady decline of cases till epi week 51 of 2023. There has been an average of about 10 cases weekly, the CFR remained low since epi week 24 of 2023 with no death reported.
Figure 13: Epicurve of cases and deaths in Burundi as of 31 March 2024

Figure 14: Map of Burundi showing cholera affected areas from October 2022 to 31 March 2024
Cumulatively, from 1 January 2022 to 17 March 2024, Cameroon has reported 20,649 cases with 484 deaths (CFR = 2.3%). No new case nor death was reported in week 11 of 2024. The situation in the situation is stable with sporadic cases.

Figure 15: Trend of cholera cases in Cameroon from October 2021 to 17 March 2024

Figure 16: Map of cholera cases in Cameroon from October 2021 to 17 March 2024
As of 7 April 2024, Ethiopia reported a cumulative case total of 40,861 with 544 deaths (CFR = 1.3%). In week 14 of 2024, new cases decreased by 77.4% from 718 to 162. There was no new death in epi week 14 compared to six deaths in week 13. The cholera outbreak is currently active in 83 woredas spanning eight regions: Somali (26 woredas), Oromia (23 woredas), Dire Dawa (8 woredas), Afar (9 woredas), SER (3 woredas), Sidama (2 woredas), Harari (9 woredas) and CER (3 woredas). A total of 105 cholera treatment centres (CTCs), 68 cholera treatment units (CTUs), and 529 functional oral rehydration points (ORPs) are in affected regions.

Figure 17: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 7 April 2024

Figure 18: Map of Cholera outbreak in Ethiopia from October 2022 to 7 April 2024
Public Health Actions

▪ Weekly coordination meetings are held at the national level which is chaired by the Ethiopia Public Health Institute (EPHI) Deputy Director General.
▪ A total of 5 608 passengers were screened at the points of entry from 25-31 March with no suspected cholera case identified.
▪ Oral cholera vaccination in Jijiga city, Kebridahar city and Kabridahar woreda of Somali region was completed with 286 077 persons vaccinated with a coverage of 96%.
▪ Plans to vaccinate 132 844 persons in Gursum and Erer woredas of Somali are ongoing following approval from ICG for reprioritizing these woredas to start on 3 April 2024.

Challenges/Gaps

▪ Inadequate fund to support response interventions.
▪ Inadequate clean and safe water supply.
▪ Health workers fatigue due to the recurrence of cholera outbreaks.

As of 18 February 2024, a cumulative total of 12 521 cases were reported since the onset of the outbreak with 206 deaths (CFR=1.6%). In week 07 of 2024, new cases decreased from eight to four. There was no reported death in weeks 06 and 07 of 2024. The first wave that began in Oct of 2022 was controlled with last case reported on 19 September 2023 (epi week 38 of 2023). The active counties with active but stable outbreaks are Lamu and Nairobi.

Figure 19: Epicurve for cholera outbreak in Kenya, October 2022 – 18 February 2024
A cumulative total of 59,334 cases have been reported since the onset of the outbreak from all the 29 districts of the country as of 7 April 2024. In week 14 of 2024, new cases decreased by 30.7% from 13 in the previous week to nine. There was no death reported in both weeks 13 and 14. The cumulative number of deaths is 1,774 with a case fatality ratio of 3.0%.

Malawi’s largest cholera outbreak of 2022/2023 was contained by Week 20 of 2023. 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 by the government. The number of cases and deaths reported in the first 9 weeks of 2024, have been significantly lower than for same period in 2023. However, the rains with potential of flooding present an ever-growing risk of escalation of cholera transmission.
Figure 21: Trend of cholera cases in Malawi, 3 March 2022 – 7 April 2024

Figure 22: Map for cholera outbreak in Malawi, 3 March 2022 – 7 April 2024
The country had reported a cumulative total of 47,597 cases, with 173 deaths (CFR 0.4%) as of 31 July 2024. In week 14 of 2024, new cases increased by 20.1% from 278 in the previous week to 334. There was no death in epi week 14 compared to two deaths reported in epi week 13. The Situation in Mozambique remains fragile with impact of El Nino and tropical cyclone Filipo which made landfall on March 12 near the coastal town of Inhassoro. Ongoing rainfalls with risk of flooding and displacement of populations from Cabo Delgado to Nampula are factors that can exacerbate the cholera transmission. Moma district in Nampula province declared outbreak.

Cross-border meeting was held between Mandimba district in Niassa province and Mangochi in Malawi for joint actions for prevention of cholera transmission. A training on PRSEAH was conducted for five provincial focal points. Challenges faced in the response include under reporting of suspected cases, impassable roads and shortage of funds to the response.

NB: 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 23: Epicurve of cholera outbreak in Mozambique as of 7 April 2024
As of 31 March 2024, the country had reported 82,190 cumulative cases, with 953 deaths (CFR = 1.2%) across 12 affected provinces. For week 13, there were 778 cases and seven deaths with the week’s CFR at 0.9%. The provinces most affected and hotspot districts are: Nord Kivu (Goma, Nyiragongo), Haut Katanga (Kikula, Kampemba and Kisanga) and Sud Kivu (Uvira & Minova).

Public health actions include broadcast of preventive messages on Makaika and Kyondo radio and television stations, continued cross border meetings with Zambia by Haut Katanga province. Public health actions in Nord Kivu include water quality analysis in the camps for displaced people in Nyiragongo, Goma and Karisimbi, training of 44 hygiene committee members, including rusayo1 (18) rusayo (21) and rusayo3 (5) from March 12 to 13, 2024 with the support of OXFAM. In Sud Kivu, three water purification stations were installed in Minova with the support of AIDES.

The outbreak in Haut Katanga province was declared by the provincial government on 26 January 2024.
As of 4 April 2024, South Africa reported a total of 1401 suspected cases, with 47 deaths (CFR=3.4%). There was one new case reported in week 13 while no new case has been reported in epi week 14. Eleven cases have been reported in 2024 with no associated death. Of the 11 cases this year, Limpopo reported 10 and Guateng reported one (1). All of the cases were confirmed by laboratory culture at public laboratories. There have been two imported cases in 2024.

Readiness activities are ongoing in the provinces with support from the WHO country and regional offices.

Figure 26: Epicurve of cholera outbreak in South Africa as of 4 April 2024
The cholera outbreak in the country has been ongoing since January 2022. As of 28 January 2024, there was a cumulative total of 27,691 with 727 deaths (CFR = 2.6%).

Response is being coordinated by the national multi-sectoral TWG hosted at Nigeria Centre for Disease Control and Prevention (NCDC), in collaboration with Federal Ministry of Health (FMOH), Federal Ministry of Water Resources (FMWR), Federal Ministry of Environment (FMEnvrt), National Primary Health Care Development Agency (NPHCDA) and Development Partners.

Figure 27: Epicurve of cholera outbreak in Nigeria as of 28 January 2024

Figure 28: Map of cholera outbreak in Nigeria as of 28 January 2024
As of 10 March 2024, the total cumulative cases and deaths since July 2023 were 101 and 10 respectively (CFR-9.9%). In 2024, there have been 20 new cases and no deaths reported.

On the 21st January 2024, the Port health focal point person at Elegu PoE notified Adjumani DHT of a cluster of 14 suspected cholera cases that had arrived from Khartoum (Madani).

Figure 29: Map of cases and deaths in Uganda as of 04 February 2024

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. The rain and cyclone season in Southern African and the predicted above normal rainfall for greater Horn of Africa between March and May 2024, call for sustained cholera readiness and strengthen responses to interrupt transmission in countries with active outbreaks.
WHO ACTIVITIES

Readiness:

• Twenty-Eight (28) countries identified as category 1 for cholera readiness: category 1 implies that the country is currently in outbreak with unaffected districts or at risk of cross border transmission or has limited capacity using cholera readiness checklist assessment tool.
• Ongoing Cholera implementation of cholera readiness measures in Madagascar in view of the cholera outbreak in Comoros.
• 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.
• Development and mid-term review of National Cholera Plan for South Sudan and Zambia respectively is ongoing, supported by WHO.
• A cross border meeting of countries sharing borders with South Africa is being organized by the National Department of Health (NDOH) with support from WHO.
• An intra action review of the cholera response in Zambia is being planned from 8-12 April 2024 to review the response so far and improve based on the lesson learnt.

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.
• Developed and published the 2024 Regional Strategic Preparedness, Readiness and Response Plan for Cholera.
• Deployment of technical staff to countries as requested to address gaps in the response is ongoing.
• Cross-border collaborations on cholera response are being facilitated between Zambia and DRC; Malawi and Mozambique; Zambia and Zimbabwe.
• Provision of essential medical supplies and cholera kits to countries in outbreak is ongoing.
• Technical support to countries for OCV post campaign coverage survey in Zambia and Zimbabwe is ongoing.
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