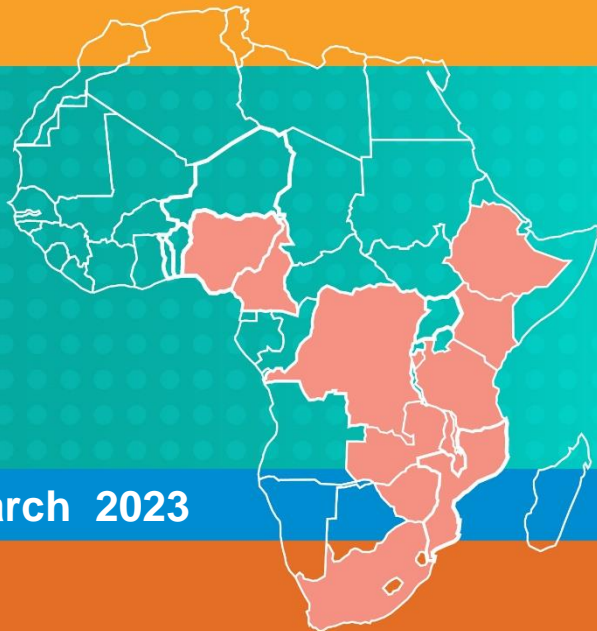


Cholera in the WHO African Region

Weekly Regional Cholera Bulletin: 1 March 2023

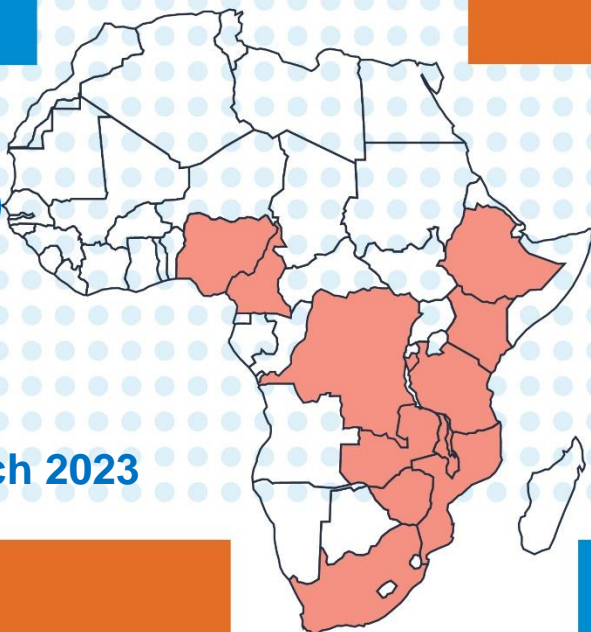
Data reported: as of 26 February 2023



Cholera in the WHO African Region

Weekly Regional Cholera Bulletin: 1 March 2023

Data reported: as of 26 February 2023



Situation update

Regional Cholera
Update

Grade 2

Cumulative Cases



124 113

Cumulative Deaths



2 940

CFR

2.4%

Overview

The cholera outbreak in the WHO African Region continues to evolve, with 12 countries currently reporting cases. Cameroon has had an outbreak since October 2021, while Malawi, Democratic Republic of Congo (DRC) and Nigeria reported cholera outbreaks in the first quarter of 2022. Kenya, Mozambique, and Ethiopia reported their outbreaks between August and October 2022, while Burundi, Zambia, Tanzania, South Africa, and Zimbabwe reported cholera outbreaks between January and February 2023.

This rise in cholera cases and geographical spread, in the region is happening in the context of **Natural disasters** such as **cyclones** (Mozambique, Malawi), **flooding** (Nigeria, Malawi), **drought** (Kenya and Ethiopia), **Conflict** (Cameroon, the Democratic Republic of Congo, Nigeria, Ethiopia) and **Multiple disease outbreaks** including Mpox, wild polio, measles, COVID-19 pandemic, 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** also serve as driving factors for the outbreak across the region.

Cumulatively, 124 113 cases have been reported, including 2,940 deaths (Case Fatality Rate [CFR] = 2.4%) as of 26 February 2023. Malawi accounts for 39.3% (48 815) of the total cases reported since the beginning of the outbreak. Together with Nigeria, DRC, and Cameroon, they contribute to 89% (110 797) of the overall case load. Malawi also contributes accounts for 52.6% (1,547) of all deaths, and together with Nigeria, DRC and Cameroon, account for 94% (2,768) of cumulative deaths. Between 1 January and 26 February 2023, 28 412 cholera cases were reported, with 640 deaths (CFR = 2.3%). Malawi accounting for 66% (18 659) of all cases reported in 2023, followed by DRC with 13.9% (3937) and Mozambique with 8.7% (2471). Of the deaths reported in 2023, Malawi accounts for 85% (543), followed by Kenya with 3.8% (24) and Nigeria with 3.3% (21).

Table 1: Cholera Cases and Deaths in WHO AFRO Region, October 2021 to February 2023

Country	Cumulative Cases	Cumulative Deaths	CFR (%)	Total Cases in 2023	Cases in Week 7	Cases in Week 8	% Change (Week 7 & 8)	Last update
Burundi	138	1	0.7	114	4	13	225.0	2/26/2023
Cameroon	15 233	309	2.0	110			-	2/12/2023
DRC	22 486	320	1.4	3937		82		2/21/2023
Ethiopia	1456	37	2.5	564	131	18	-86.3	2/26/2023
Kenya	5379	89	1.7	1849	400	23	-94.3	2/22/2023
Malawi	48 815	1547	3.2	18 659	2700	2723	0.9	2/26/2023
Mozambique	6139	37	0.7	2471	629	708	12.6	2/26/2023
Nigeria	24 263	592	2.4	529	-	-	-	2/5/2023
Zambia	185	4	2.2	160	37	16	-56.8	2/23/2023
South Africa	5	1	20.0	12	12		-100.0	2/25/2023
Tanzania	12	3	25.0	5	0	3		2/18/2023
Zimbabwe	2	0	0.0	2	0	2		2/25/2023
TOTAL	124 113	2 940	2.4	28 412	3913	3588	-8.3	

Figure 1: Epi Curve of Cholera Cases in WHO Afro Region, 1 January 2022 – 26 February 2023

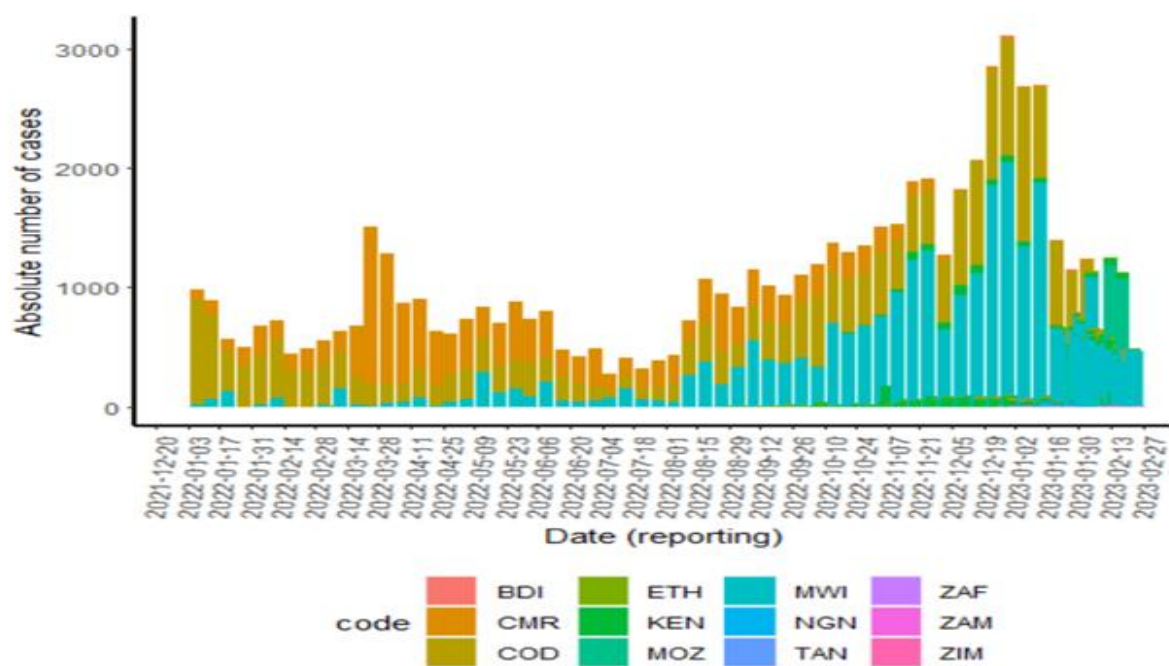
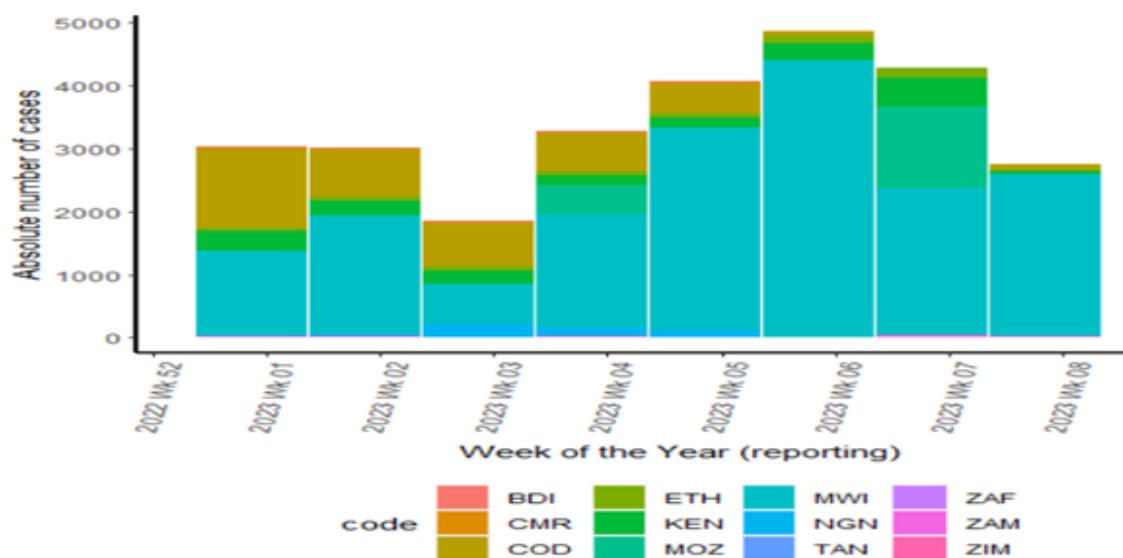


Figure 2: Epi Curve of Cholera Cases in the WHO African Region, 1 Jan 2023 – 26 Feb 2023



Country Specific updates

Malawi

Grade 2

Cumulative Cases
48 815

Cumulative Deaths
1547

CFR
3.2%

Malawi declared a cholera outbreak on 3 March 2022, Transmission rates spiked in the aftermath of the 2022 festive season, where cholera spread to new areas, particularly the capital Lilongwe. Overall, Malawi has reported 48 815 cumulative cases with 1547 deaths (CFR = 3.2%) as of 26 February 2023. With 18 659 cases reported since 1 January 2023, and 543 deaths (CFR = 2.9%). Lilongwe, Mangochi, and Blantyre districts have reported the highest number of cases. Although a modest decline in the number of cases has been recorded over the last three weeks, this is not uniform across the country. A total of 11 districts recorded an increase in new cases in the last week compared to the preceding week, while the situation in seven districts remained the same. The ongoing rainy season and flooding in parts of the country continue to challenge response efforts.

Ongoing Public Health Actions

- Set up of 51 oral rehydration points
- Reactivation of Area 25 CTC previously attacked and set up of other CTUs
- Guidelines on minimum standards required for CTC developed
- Field coordinators deployed to five districts
- Ongoing implementation of the integrated community-based response with ongoing sensitization of community stakeholders

Challenges/Gaps

- Overstretched capacity of health system
- Contamination of shallow wells because of floods
- High number of CTCs with limited HR capacity for management of cases
- Awaiting ICG approval on OCV request

Figure 3: Weekly trend of cholera cases 28 February 2022 to 26 February 2023

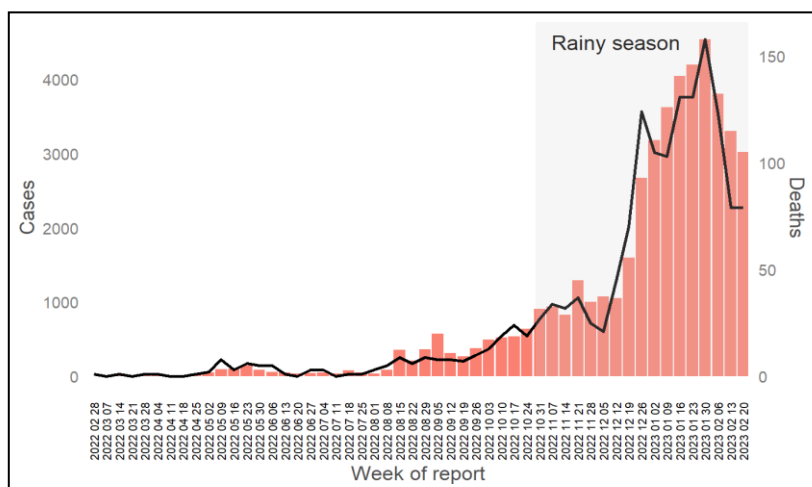
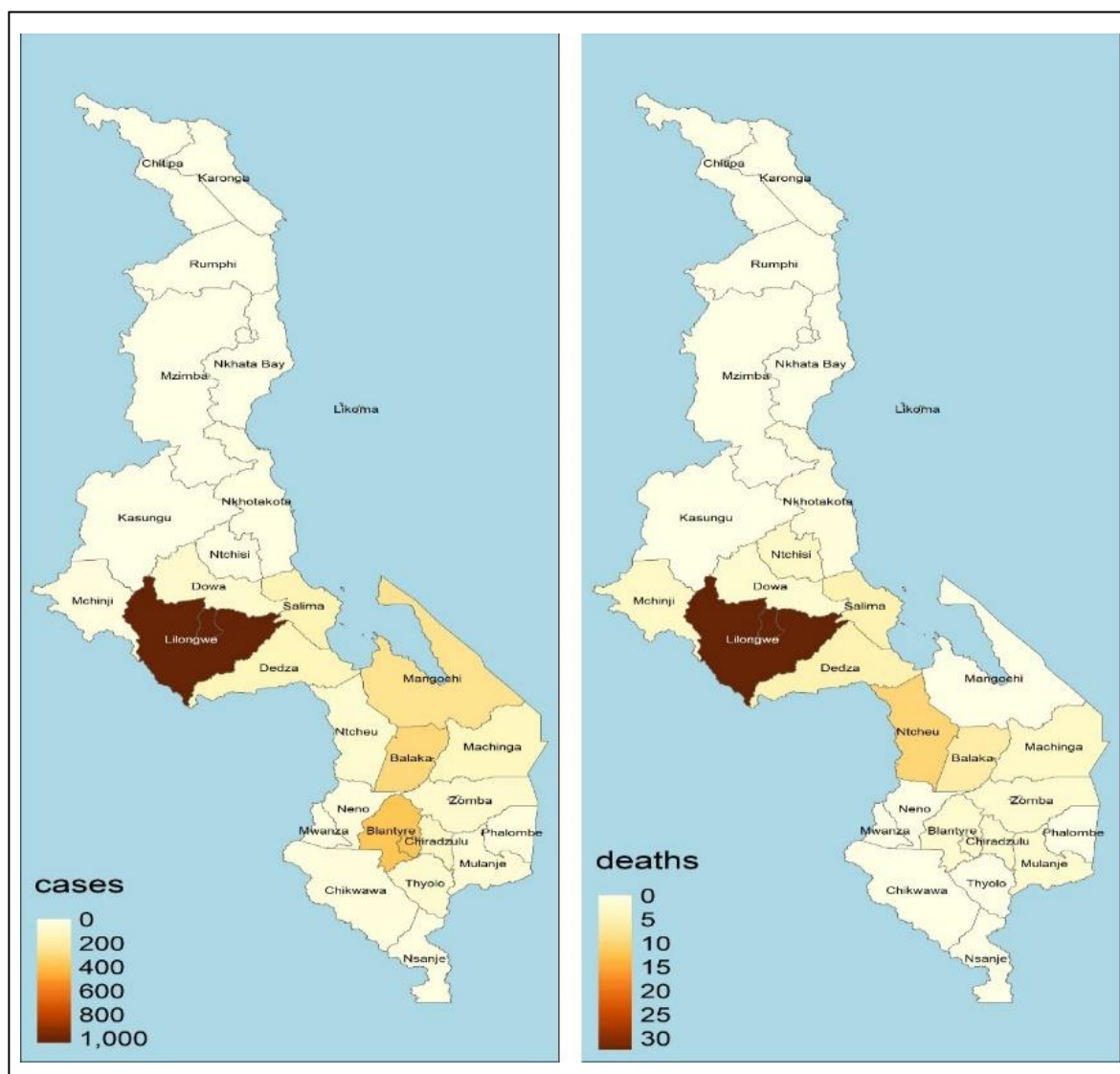


Figure 4 Cholera treatment centres in Malawi



Figure 5: Map of Malawi with distribution of: A. New cases, B. New deaths, 20 - 26 February 2023





The cholera outbreak in Nigeria has been ongoing since January 2022. Cumulative cases as of 5 February 2023 were 24 263 with 592 (CFR = 2.4%). A total of 32 states and the Federal Capital territory and 271 Local Government Areas (LGAs) reported cases. Six states namely Borno (12 465 cases), Yobe (1888 cases), Katsina (1639 cases), Gombe (1407 cases), Taraba (1153 cases) and Kano (1131 cases) account for 83% of all cases. Between 1 January and 5 February 2023 cumulative cases were 529, with 21 deaths (CFR = 4%), across 11 states and 23 LGAs reporting cases. Overall, trend of cases is on the decline.

Figure 6: Epi curve of weekly reported Cholera cases Nigeria: Week 1 to week 52, 2022

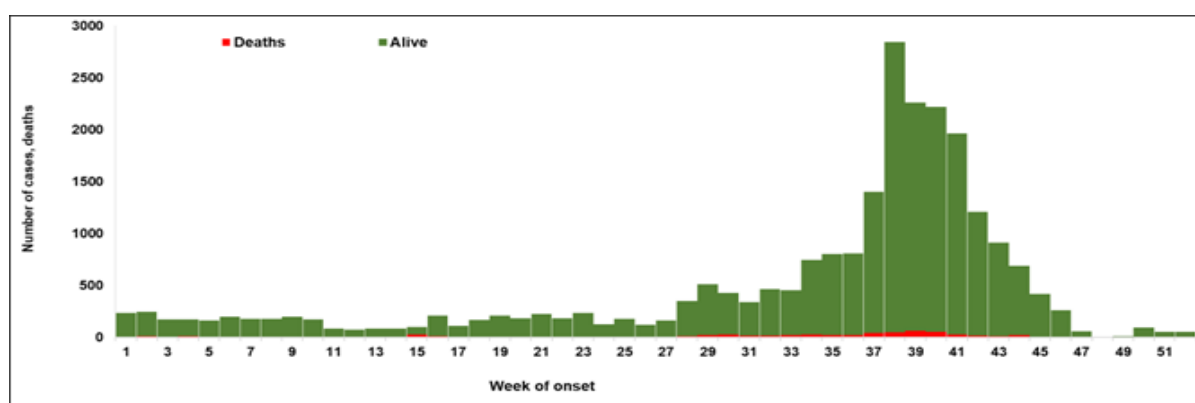
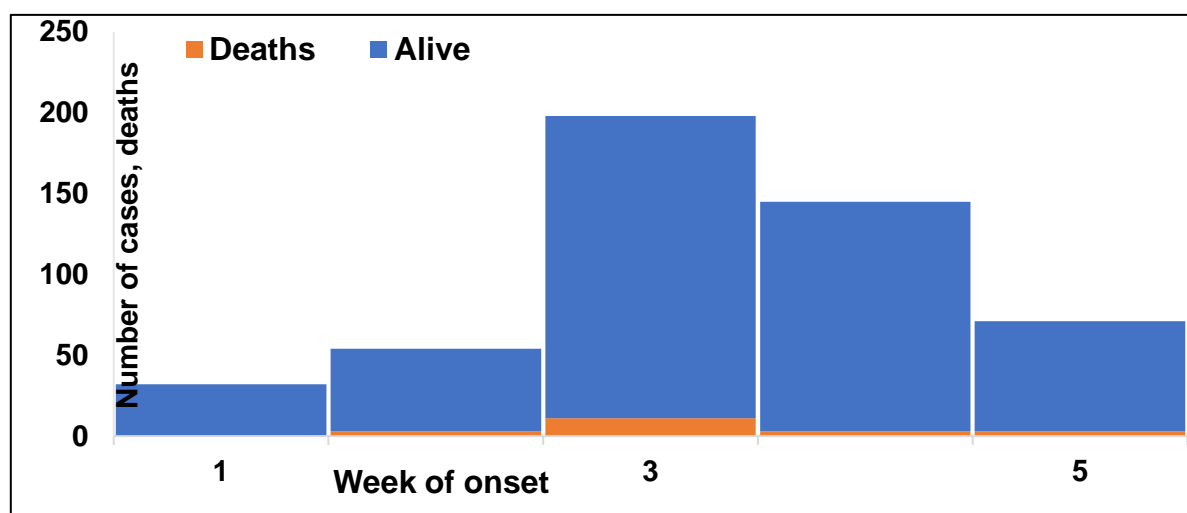


Figure 7: Epidemic curve of weekly reported Cholera cases, week 1 to 5, 2023



Public Health Actions

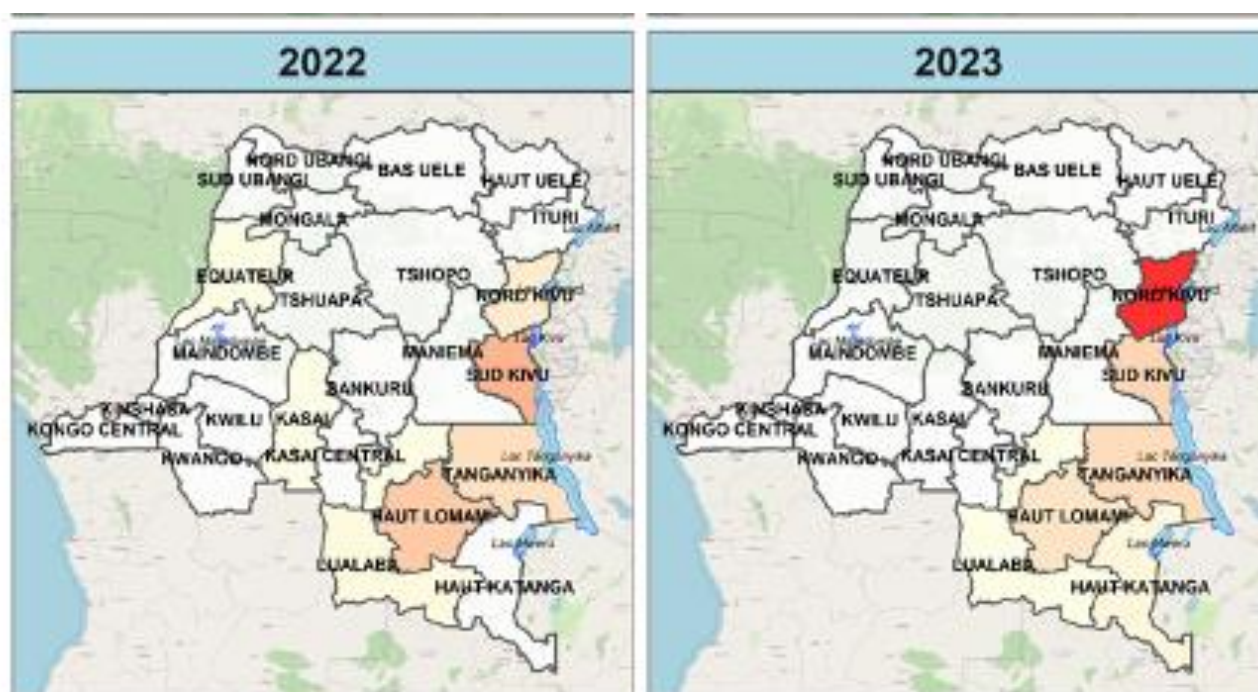
- Ongoing review of draft of National Cholera plan
- Review of draft of National cholera case management guideline
- Held WASH sector review workshop
- Ongoing sensitisation of communities

Challenges

- Inadequate health facility infrastructure and cholera commodities for management of patients
- (Ringer's lactate and ORS)
- Inadequate trained personnel in states for case management

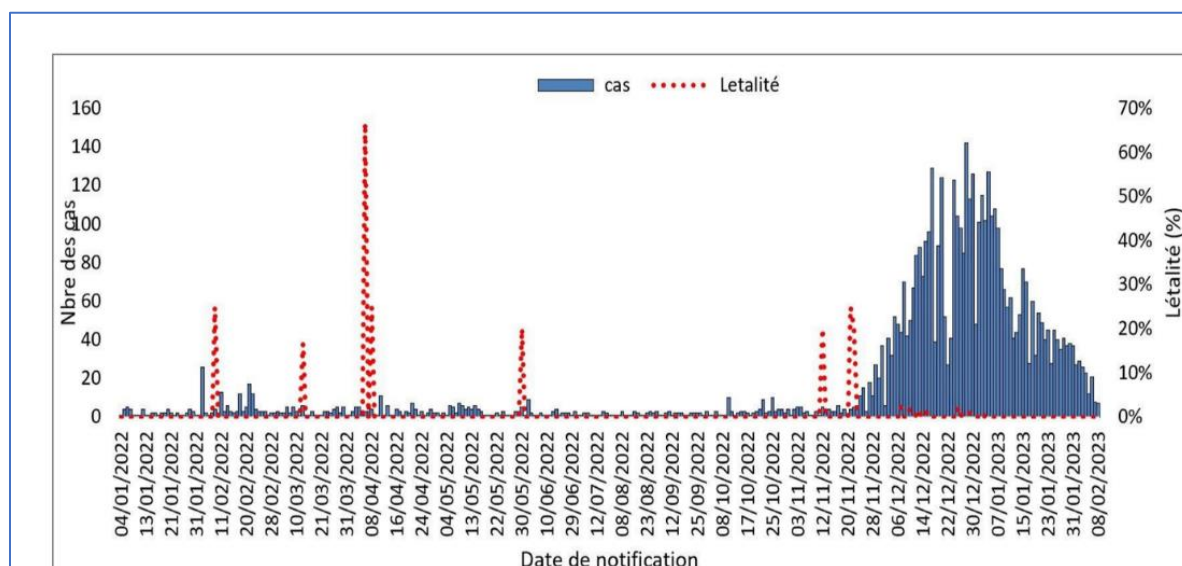
The cholera outbreak in DRC started in January 2022. As of 21 February 2023, the country had reported 22 486 cases cumulatively, with 320 deaths (CFR = 1.4%) across 30 districts in 9 provinces. The outbreak in Nord Kivu was declared on 14 December 2022, associated with an influx of refugees in IDP camps in Nord Kivu due to conflict with M23. As of 8 February 2023, 4530 cases with 16 deaths (5 community) were reported. Approximately 91% (4130) of the cases were reported from the Nyiragongo health zone, while Kasirimbi reported 9% (88). In the year 2023, 3937 cases have been reported, with 16 deaths. Over the past 4 weeks, there has been a downward trend in number of cases. OCV campaign was carried out in IDP sites in Nord Kivu, and 355 074 people (97.5%) were vaccinated.

Figure 8: Comparison of affected areas for Cholera in DRC 2022 and 2023



Date de création: 2023-02-14 Source des données: Base IDSR, DPS

Figure 9: Epicurve of cases and deaths in Nyiragongo and Karisimbi Health Zones of Ethiopia from 6 February 2022 to 8 February 2023



Public Health Action

- Working Session organised with governor of North Kivu on WASH gap analysis
- 56 ORPs operational
- 5/7 treatment units operational
- 97.5% OCV vaccine coverage in the 3 HZs of Goma, Nyiragongo & Karisimbi
- Awareness sessions on PRSEAH held

Challenges

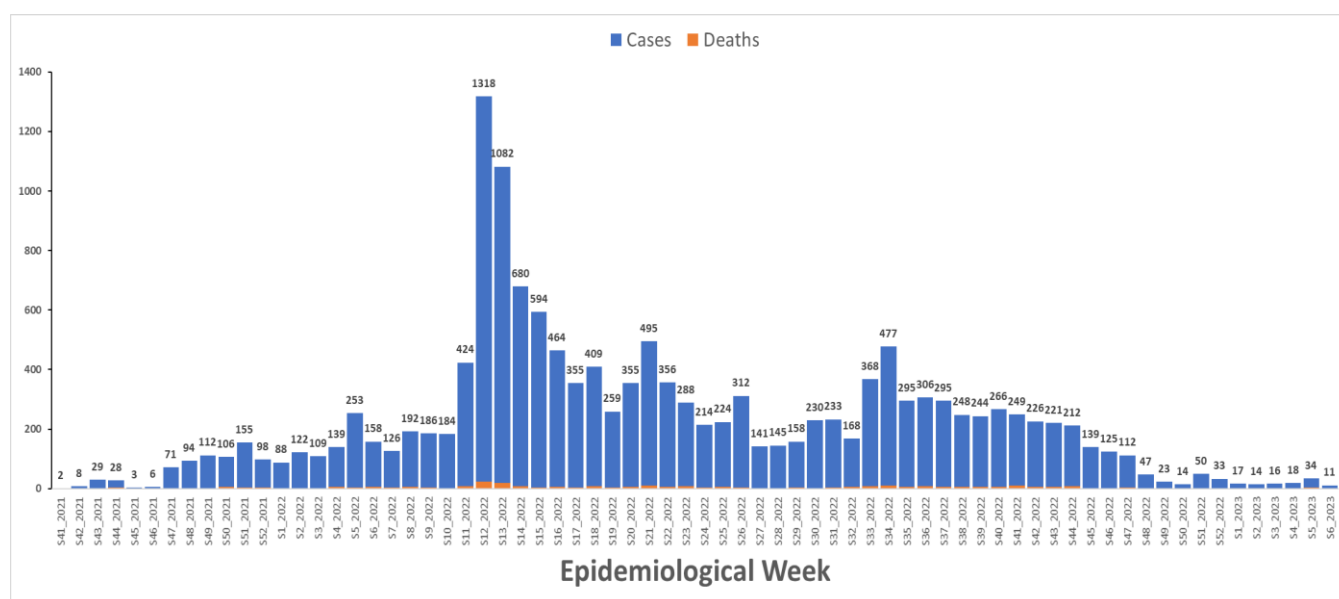
- Poor access to potable water
- Gaps in toilets/latrines, handwashing stations



Cameroon declared a cholera outbreak in October 2021. Cumulatively, as of 12 February 2023 Cameroon has reported 15 233 cases with 309 deaths and nine deaths in 2023 (CFR = 2.0%). The outbreak affected 55 Health Districts in 8 regions. Two regions have active transmission ongoing (Centre and Littoral).

Evolution of cholera cases and deaths per epidemiological week

Figure 10: Epicurve of cholera cases from October 2021 to 26 February 2023



Public Health Actions

- Post vaccination survey ongoing
- Dispatched 17 cholera beds to the central region
- WASH interventions in Ebebda et Monatélé districts
- Ongoing community sensitisations

Challenges/Gaps

- Access to safe water and toilet facilities still a challenge

Kenya

Grade 2

Cumulative Cases



5 379

Cumulative Deaths



89

CFR

1.7%

The first case of cholera in Kenya was reported on 8 October 2022, following a wedding in Kiambu County. Cumulatively, 5379 confirmed cases and 89 deaths (CFR 1.7%) have been reported. Cholera has been reported in 16 of 47 counties, with 11 counties reporting active transmission. Garissa and Tana River Counties have the highest attack rates. Garissa hosts IDPs & refugee population in Dadaab camps. Three of the most affected counties share a border with Somalia, and one with Ethiopia. West Pokot County, which shares a border with Uganda recently started reporting cases. Kenya has reported 1849 in 2023, with 24 deaths. The cholera outbreak in Kenya is occurring in the context of severe drought, especially in the most affected counties. OCV campaign with 2.2M doses targeting four most affected counties was conducted between 11–20 February 2023, with vaccination coverage reported as 99.1%

Figure 11: Epicurve of Cholera outbreak in Kenya from 8th October, 2022 to 23 February 2023

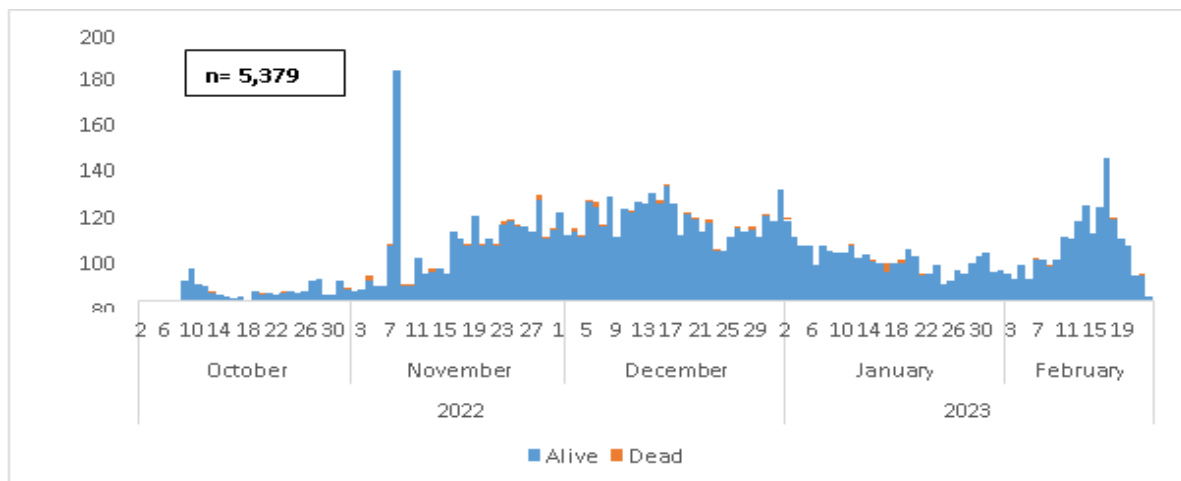
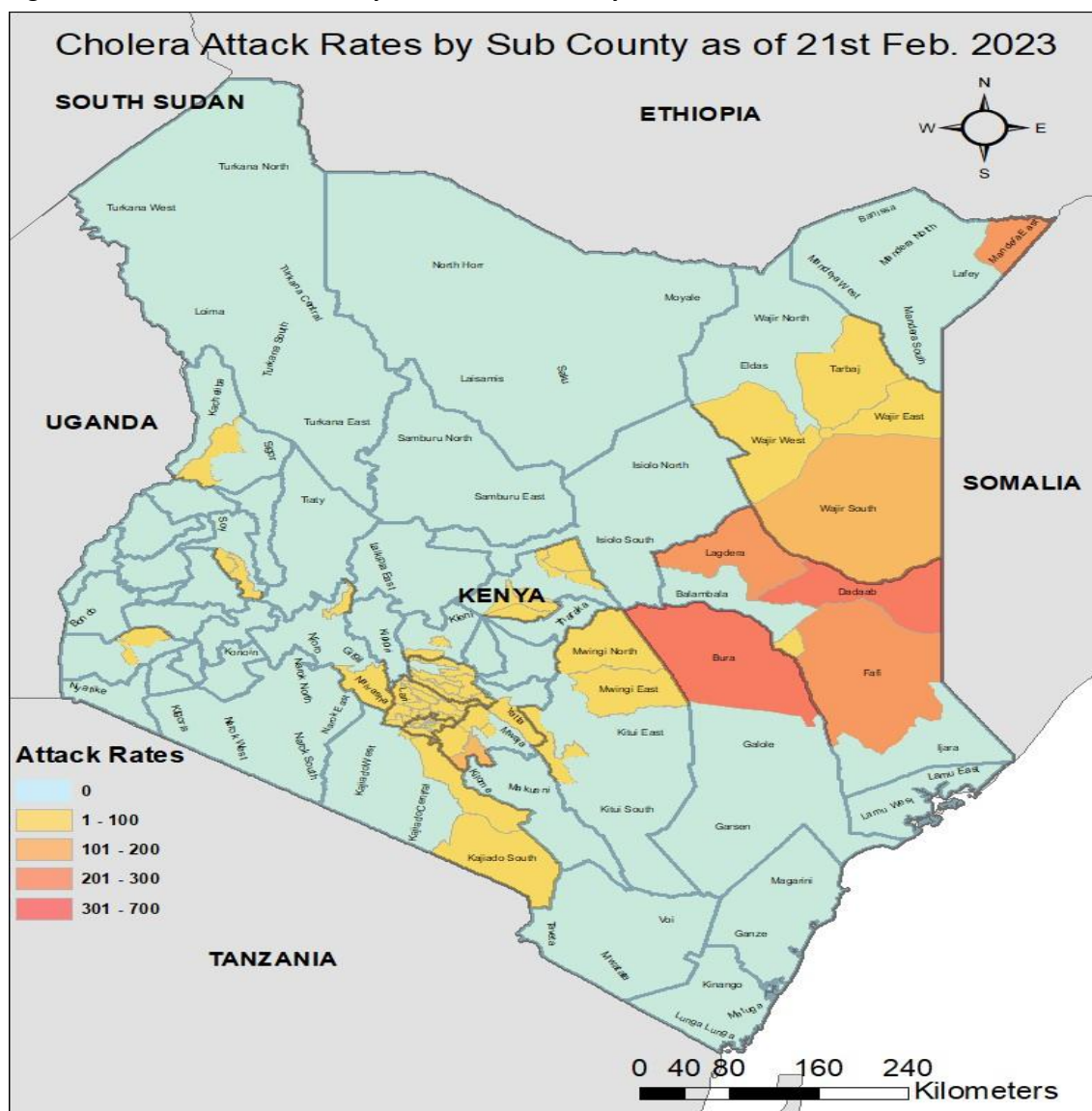


Figure 12: Cholera attack rates by sub - counties in Kenya as at Feb 21 2023



Public Health Actions

- Tool developed to monitor WASH indicators in the counties
- Blocked sewer lines in Nairobi County being unblocked
- 99.2% reactive OCV coverage in refugee camps of Garissa County, and sub-counties of Tana River, Nairobi and Wajir

Challenges/Gaps

- Inadequate capacity for cholera case management in the 14 counties with gaps in prompt patient management
- Drought in affected counties with competing priorities



Since 2017 cholera outbreaks have been reported in Mozambique every year during the hot and rainy season (January to April and October to December), mainly from Nampula, Cabo Delgado, Sofala and Tete provinces. There is however, increased geographical spread of the current outbreak beyond areas affected in 2019 – 2022. Many of the new districts had not reported cholera cases for more than five years.

Since mid-September 2022 when the first cholera case was reported to 26 February 2023, a cumulative of 6139 cases have been reported, with 37 deaths (CFR = 0.67%). The outbreak has been confirmed in 30 districts in 6 of 11 provinces (Nissa, Sofala, Tete, Gaza, Manica and Zambezia. Niassa and Sofala account for 70% (4306) of all cases. From 1 January 2023, the country has reported 2471 cases with 6 deaths.

Tropical storm Freddy made landfall in Inhambane province on 24 with outcomes of heavy flooding damaged infrastructure including health facilities and displacement of approximately 43 400 people. Has had a negative impact on the outbreak. Four provinces (Gaza, Inhambane, Sofala and Manica) are mainly affected by flooding because of the combined impact of tropical storm Freddy and previous floods.

Legend

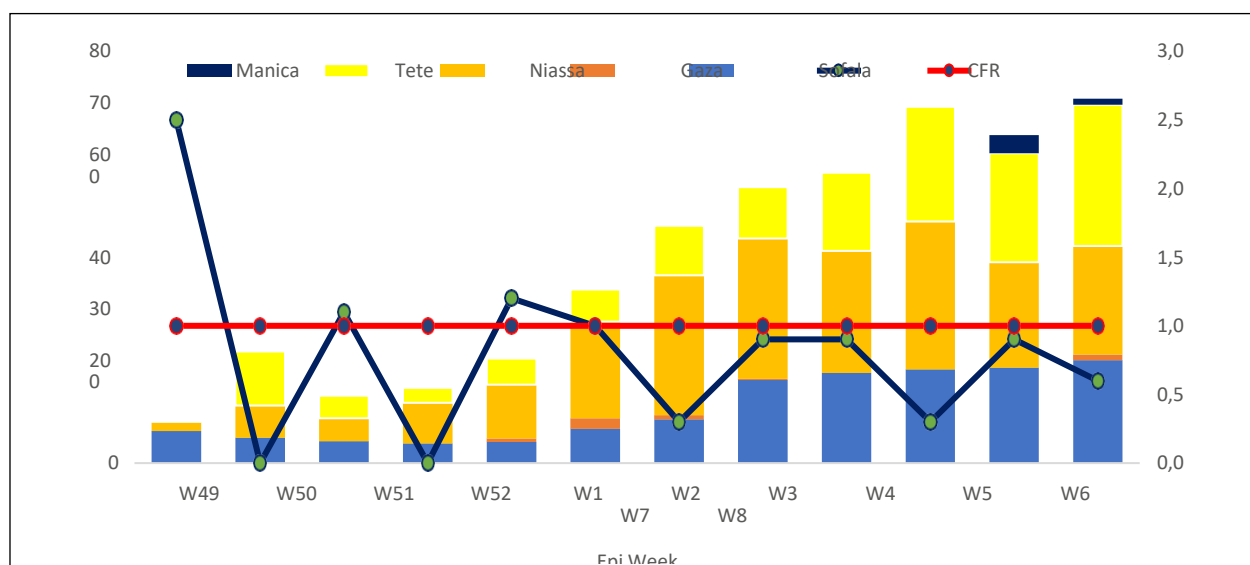
Attack Rate per 100.000 Hab

(White)	No cases reported
(Light Red)	1.96 - 97.74
(Medium Red)	70.50 - 101.00
(Dark Red)	147.33 - 234.16
(Darkest Red)	369.25 - 476.65

1 cm = 87 km

0 125 250 500 Km

Figure 14: Epicurve of Cholera outbreak in Mozambique from September 2022 to 18 February 2023



Public Health Actions

- Training in case management conducted for all 16 districts in Niassa Province.
- WHO supported with 6 tents, Cholera Kits, RDT Kits and other consumables
- WHO printed and distributed national cholera case management protocols to CTCs in Metangula, Meleluca (Lago) and Sales and Mecanhelas (Mecanhelas).
- Distribution of water purifiers and training on usage
- Campaign to administer 719 240 doses of OCV targeting 8 districts.
- Additional request for 1 571 099 doses for 15 districts submitted on 24 February 2023 to ICG.

Challenges/Gaps

- Need for the establishment of oral rehydration points in Marara, Cahora Bassa and Tete Districts
- Shortage of drugs, supplies, beds for cholera case management.
- Shortage of Ringer lactate and ORS
- Poor access to health facilities due to distance
- Disruption of water supply due to floods
- No dissemination of key behaviour change messages on community radio stations or in some communities

Ethiopia

Grade 2

Cumulative Cases



1 456

Cumulative Deaths



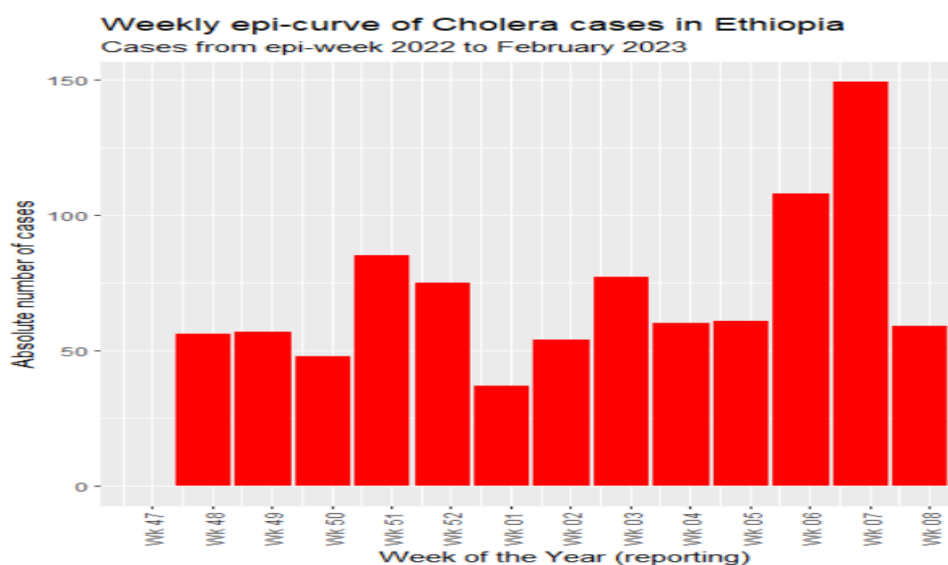
37

CFR

2.5%

Cholera outbreak has occurred in 13 Woredas of Oromia (10 woredas) and Somali (3 Woredas) regions of Ethiopia. The Index case was from Harana Buluk on August 27, 2022. Cholera outbreak has occurred in 13 Woredas in Oromia (10 & Somali (3 woredas) regions. Cumulatively, Ethiopia has reported 1456 cholera cases with 37 deaths (CFR = 2.5%). Since 1 January 2023, 564 cholera cases with 10 deaths have been reported. The Somalia region, which reported to have controlled its outbreak reported 10 new cases in the past week in Dollo Addo woreda, which borders Mandera County, Kenya. OCV campaign is on its eighth day in Oromia region and has vaccinated 76 226 (99.77%). Somali region coverage is at 43.9% since 22 February 2023. National coverage is approximately 83.32%.

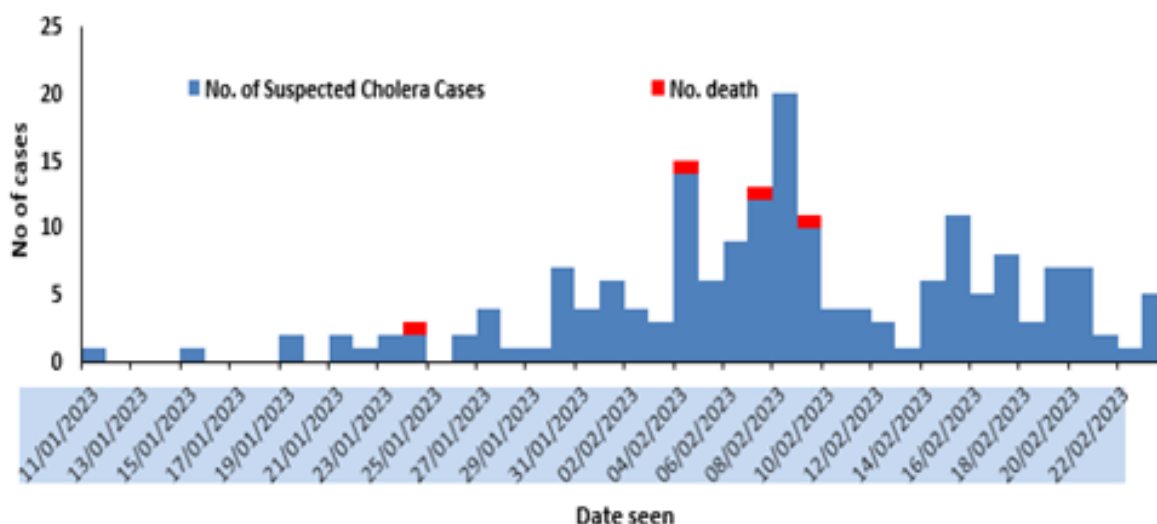
Figure 15: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 23 February 2023





Zambia's index case was confirmed in Vubwi district on 21 January 2023 and was linked to the Mozambique outbreak. Vubwi district continues to receive cases from Malawi and Mozambique seeking for care in Vubwi health facilities. Currently six districts are affected (Vubwi, Chipata, Chipangali, Lusangazi, Mwansabombwe and Nchelenge. Three of the four districts in Eastern province all share a border with Malawi, with Vubwi bordering Mozambique as well. Mwansabombwe and Nchelenge districts in Luapula province both border the DRC, which has an active cholera outbreak. The fishing camps on Luapula river are characterized with poor WASH and are the epicenters for the current outbreak. Cumulatively, Zambia has reported 185 cases and 4 deaths (CFR = 2.2%) as of 23 February 2023. Concerns have been raised about the N'cwala ceremony, which is characterized by poor WASH and IPC, and has potential to cause widespread transmission of cholera throughout the country, especially Lusaka.

Figure 16: Reported cholera cases seen at health facilities in Zambia 21 January to 23 February 2023



Public Health Actions

- 6-months National Cholera Contingency Plan finalized
- Technical teams deployed to support response in the 5 districts.
- Enhanced WASH interventions – chlorine distribution, water quality monitoring, disinfection, inspections and waste management
- 1200 RDTs with support from WHO delivered to ZNPHI

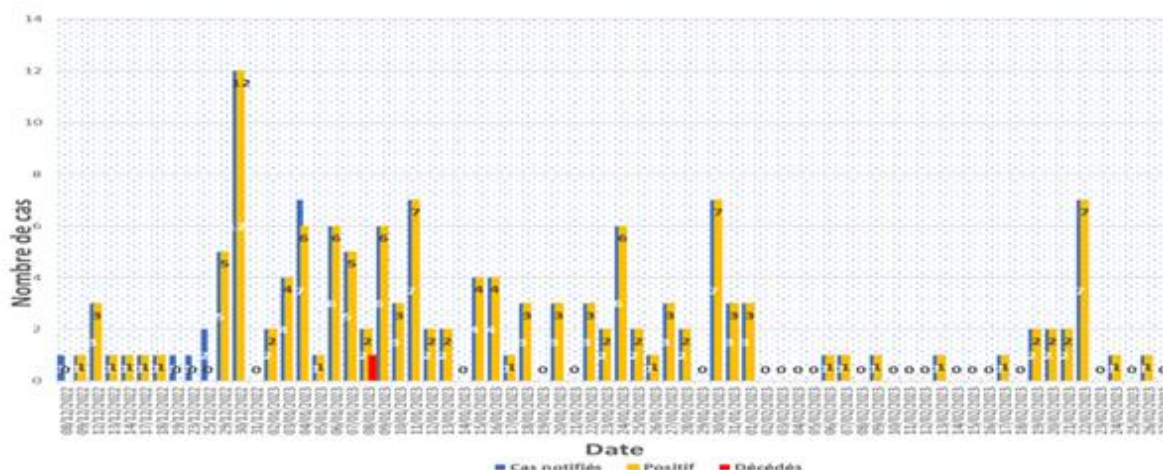
Challenges/Gaps

- Inadequate multi-sectoral participation by key line ministries and partners
- Critical shortage of transportation for responders in all the 5 affected districts (Motor vehicles, motor bikes, boats for marine transport)
- Inadequate WASH supplies especially liquid chlorine
- Inadequate well trained HCWs for effective cholera management
- Inadequate supplies (Ringer's lactate) and reagents for cholera detection and confirmation.



Burundi has reported cholera cases since 8 December 2022, and the Outbreak was officially declared on 1 January 2023. Since then, the country has reported 138 cumulative cases, and 1 death (CFR 0.7%) across six health districts, some of which border South Kivu in DRC.

Figure 17: Epicurve of Cholera outbreak in Burundi by date of notification as at February 2023



Public Health Actions

- Continuation of case management at CTC Rugombo and HPRC.
- Public awareness on compliance with preventive measures

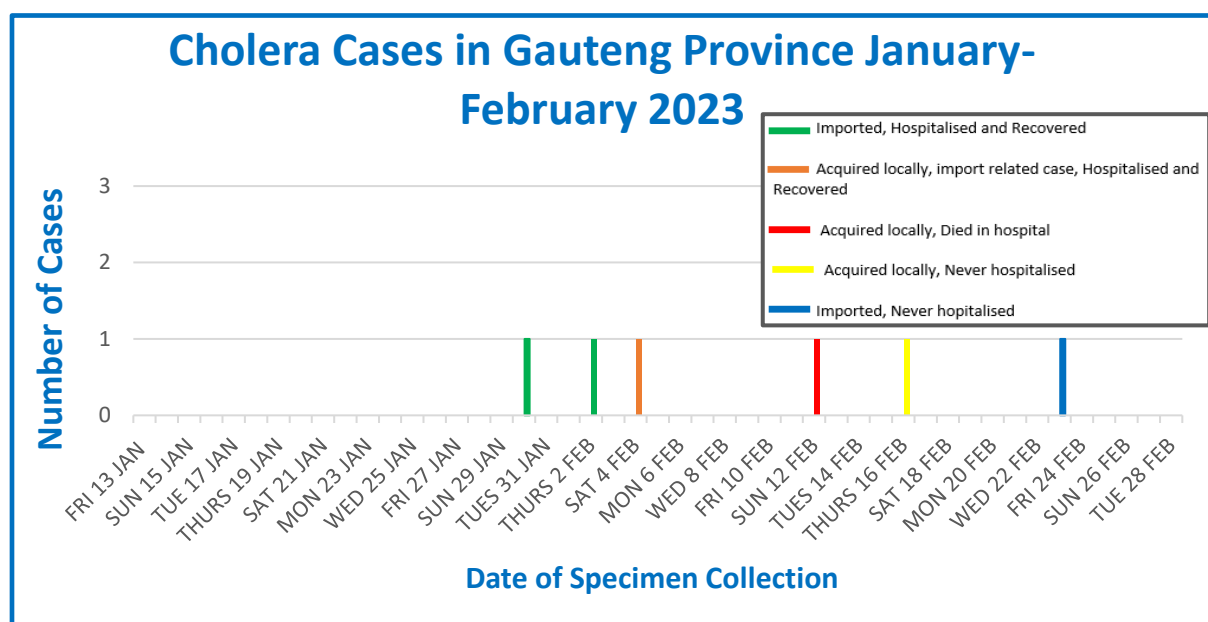
Challenges/Gaps

- Inadequate provision of safe drinking water to communities in affected areas
- Poor access to sanitation facilities in affected health districts
- Low involvement of community leaders and community health workers in awareness-raising and monitoring



Two cases of cholera were imported into South Africa (Gauteng province) by two travelers returning from Malawi on the 30 January 2023. The third case was a close household contact of one of the returning travelers in same Province (import related cholera case). Cases 4 and 5 were diagnosed in Gauteng province (one from the city of Johannesburg district, one in the city of Ekurhuleni district). These two cases (4 and 5) are not linked the earlier cholera cases and had no information linking them to recent international travel to cholera affected countries. The sixth case is a Malawian national whose travel history is yet to be established. South Africa is therefore experiencing cholera from importation and possible local transmission, a situation that poses a risk of further spread within the country due to population movements, presence of unplanned human settlements and squatter camps, flooding in some parts of the country, areas with limited access to safe water and hygiene and sanitation facilities.

Figure 18: Epicurve of Cholera outbreak in Gauteng Province South Africa, 28 February 2023



Public Health Actions

- Activation of all district OBR response teams
- Prevention messages ongoing
- Cholera alert and guidelines distributed to all port health regional directors to strengthen readiness at ports of entry

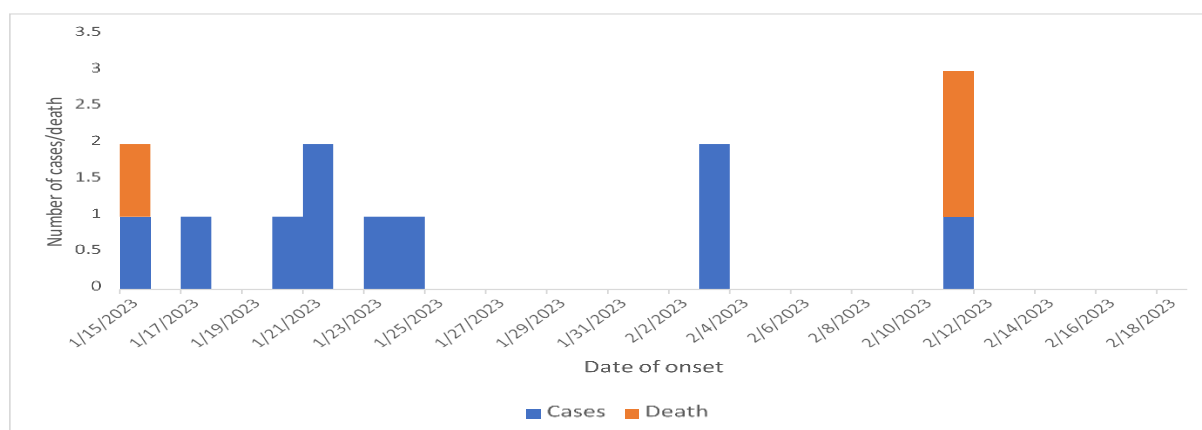
Challenges/Gaps

- Risk of importation remains high even with current community transmission
- Training needs across all response pillars
- Inadequate Community engagement
- Delayed Lab turn-around time for results
- Scale up of WASH & RCCE interventions



Cholera was first reported on 22 January 2023 in Nyasa District Council in Ruvuma Region. The index case had participated in the burial of person who died in Mozambique, whose body entered Tanzania on 13 January 2022. Cumulatively, 12 cases and 3 deaths (CFR 25%) have been reported. The last case was reported on 11 February 2023.

Figure 19: Trend of Cholera cases reported in Nyasa District Council in Ruvuma Region, Tanzania, from 15th January to 18th February 2023



Public Health Actions

- Conducted inspection of water sources available in the affected villages
- Health education provided in affected wards and villages

Challenges/Gaps

- Water quality testing
- Need to decontaminate household water sources

Zimbabwe

Grade 2

Cumulative Cases



2

Cumulative Deaths



0

CFR

0.0%

Zimbabwe reported 2 cholera cases with zero deaths on 23 February 2023 in the city Chegutu, Mashonaland West Province, about 100km east of the capital Harare. Total number of suspected cases were 25. A total of 13 tests were done, of which positive 2 were positive cases (positivity rate = 15.3%). Two admissions were done at Chinengundu clinic cholera camp. It is still unclear what the source of the infection is, but there is a suspicion of a borehole being the source. The borehole is two metres away from the sewage pipeline.

Public Health Actions

- CTC has been set up at Chinengundu
- Messages developed and currently being disseminated
- Community engagement ongoing with health education in health facilities

Challenges/Gaps

- No stock of Lab consumables – stool collection jars

WHO ACTIVITIES

Readiness:

- Conducted webinar on cholera readiness for countries at risk
- 19 countries prioritized for Cholera readiness under priority 1 and 2 countries (see blow table).
- AFRO has shared an alert memo from RED to WCO of all priority 1 and 2 countries including recommended action for cholera readiness.
- Ongoing Bi-weekly meetings with priorities 1 and 2 countries to share updates on the ongoing readiness activities.
- Monthly assessment of readiness using Cholera checklists being done – 14 countries completed their checklist so far, WHO supports these countries to develop preparedness and response plans and mobilize resources to address the identified gaps and challenges
 - 2/14 countries (14%) report adequate readiness capacity,
 - 9/14 (64%) report moderate capacity,
 - 3/14 (22%) report limited capacity.

Response:

- Regional Cholera strategic readiness and response plan has been finalized.
- Strengthening cross-border collaborations on cholera surveillance
- Total of 50 technical experts have been deployed to Malawi, 5 to Kenya, and 2 ongoing deployments to Mozambique.
- Two containers with medical supplies and additional cargo of 2.5 tons of visibility materials, oral rehydration salts (ORS) and glucometers is being shipped from Nairobi to Malawi
- WHO continues to support countries with laboratory, case management and IPC commodities.
- Supporting the scale up of WASH interventions –water quality testing and chlorination of sources
- Technical inputs on training in case management and establishment of CTCs/CTUs
- Strengthening surveillance activities including community-based surveillance
- Intensified risk communication and community engagement using all media types as well as community influencers
- Conduct of mortality audits in some countries
- Technical support to countries on vaccination strategies for reactive OCV campaigns

Table 2: Categorisation of countries at risk

Category	Description of category	Member States	Key Actions.
Category One	Member States with <ul style="list-style-type: none"> · High number of districts at high risk of cholera · Unaffected provinces/districts in countries with an active cholera outbreak · Countries at high risk of cross-border transmission · Countries with limited capacity in the cholera checklist 	<ul style="list-style-type: none"> • Zimbabwe, South Sudan, the United Republic of Tanzania, Niger and Togo • Unaffected provinces/districts in countries with an active cholera outbreak (Mozambique, Zambia, Kenya, Ethiopia, DRC and Burundi, Nigeria, South Africa, Cameroon) • Countries with <u>limited capacity</u> using the cholera checklist assessment tool (Madagascar) 	Response actions if Outbreak is confirmed. Application of Minimum Operational Requirements +Recommended Readiness Interventions

Category	Description of category	Member States	Key Actions.
Category Two	Member States with · moderate risk of importation of a cholera case from one or any of the above countries(category one) · few districts with a high risk of the cholera outbreak	Uganda, Benin, Rwanda and Burkina Faso	Response actions if Outbreak is confirmed. Application of Minimum Operational Requirements +Recommended Readiness Interventions
Category three	Member States with: · low risk of importation of a cholera case from one or any of the above countries(categories one and two)	All the other countries in the Region	Application of Minimum Operational Requirements +Recommended Readiness Interventions and Risk Monitoring

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