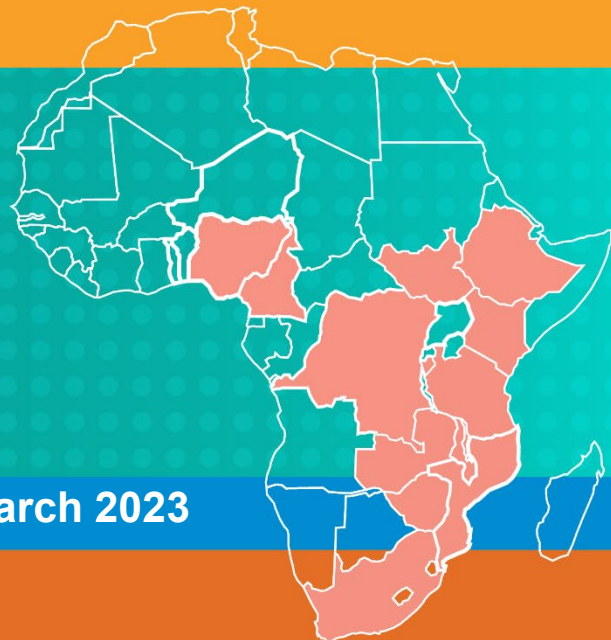


# Cholera in the WHO African Region



Weekly Regional Cholera Bulletin: 15 March 2023

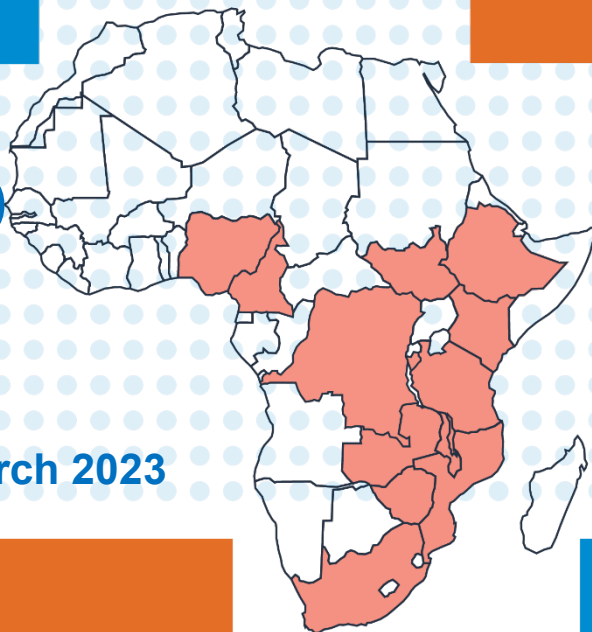
Data reported: as of 13 March 2023



# Cholera in the WHO African Region

Weekly Regional Cholera Bulletin: 15 March 2023

Data reported: as of 13 March 2023



## Situation update

Regional Cholera  
Update

Grade 3

Cumulative Cases  
 **134 690**

Cumulative Deaths  
 **3 112**

CFR  
**2.3%**

## Overview

The cholera outbreak in the WHO African Region continues to evolve, with 13 countries currently reporting cases. Overall, cholera case incidence and deaths in the region have continued to decline in the past six weeks. However, five countries (Burundi, Ethiopia, Kenya, Mozambique, and Tanzania) observed an uptick in cases during the reporting week. In week 10 (6 to 13 March 2023), a total of 4110 suspected cholera cases were reported from 11 countries, reflecting a 15% decrease compared to 4382 cases recorded in week 9. Similarly, deaths decreased from 70 in week 9 to 64 in week 10, a modest decline of 8.7%.

Between 1 January and 13 March 2023, 40 563 suspected cholera cases were reported from 13 countries, with 818 deaths (case fatality ratio [CFR] = 2.0%). Malawi accounts for 57.5% (23308) of all reported cases in 2023, followed by Mozambique with 15% (6082) and the Democratic Republic of the Congo with 13% (5284). Of the deaths reported in 2023, Malawi accounts for 78% (638), followed by Mozambique at 5% (45) and Kenya with 5.1% (42).

Cumulatively from October 2021, 134 690 cases have been reported, including 3112 deaths (CFR = 2.3%) as of 13 March 2023 (refer to table 1). Malawi accounts for 40% (53464) of the total cases and 53% (1643) of all deaths reported, and together with Nigeria, Democratic Republic of the Congo, and Cameroon, contribute to 87% (116 664) of the overall case load and for 93% (2902) of cumulative deaths.

Cameroon has had an outbreak since October 2021, while Malawi, Democratic Republic of the Congo 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, United Republic of Tanzania, South Africa, Zimbabwe, and South Sudan reported cholera outbreaks between January and March 2023. No new country has reported a cholera outbreak in the past week.

The cholera outbreaks in the African Region are happening in the context of **natural disasters such as cyclones** (Mozambique, Malawi), **flooding** (Mozambique, 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.

Tropical Cyclone Freddy made its second landfall in Mozambique in Quelimane District, Zambezia Province on 11 March 2023. Heavy rains have subsequently been experienced in Zambezia, Sofala, Manica, Tete and Niassa provinces. It has displaced more than 22 000 people in Zambezia province alone, and 10 people are reported to have died as per preliminary data from the National Institute for Disaster Management (INGD). Basic services and public infrastructure have also been affected.

The Tropical Cyclone Freddy then moved inlands into southern Malawi, where a State of Disaster has been declared in the Southern Region, particularly in the districts of Blantyre, Chikwawa, Chiradzulu, Mulanje, Mwanza, Neno, Nsanje, Phalombe, Thyolo, and Zomba. Over 200 people have reportedly died following heavy rains and strong winds attributed to the Freddy weather system since 12 March 2023, according to Malawi's Department of Disaster Management Affairs (DoDMA). Approximately 19 000 people (4000 households) have been displaced in the hardest-hit districts (Nsanje, Chikwawa, Mulanje, Thyolo, and Blantyre). The floods increase the risk of cholera transmission at a time when Malawi and Mozambique are struggling to contain the cholera outbreak. The critical shortage of WASH supplies makes it difficult to respond at a time when the outbreak is expanding in Mozambique. The confluence of multiple emergencies is aggravating the humanitarian situations in both Mozambique and Malawi.

**Figure 1: Distribution of cholera cases and deaths in WHO African Region, January 2022—March 2023**

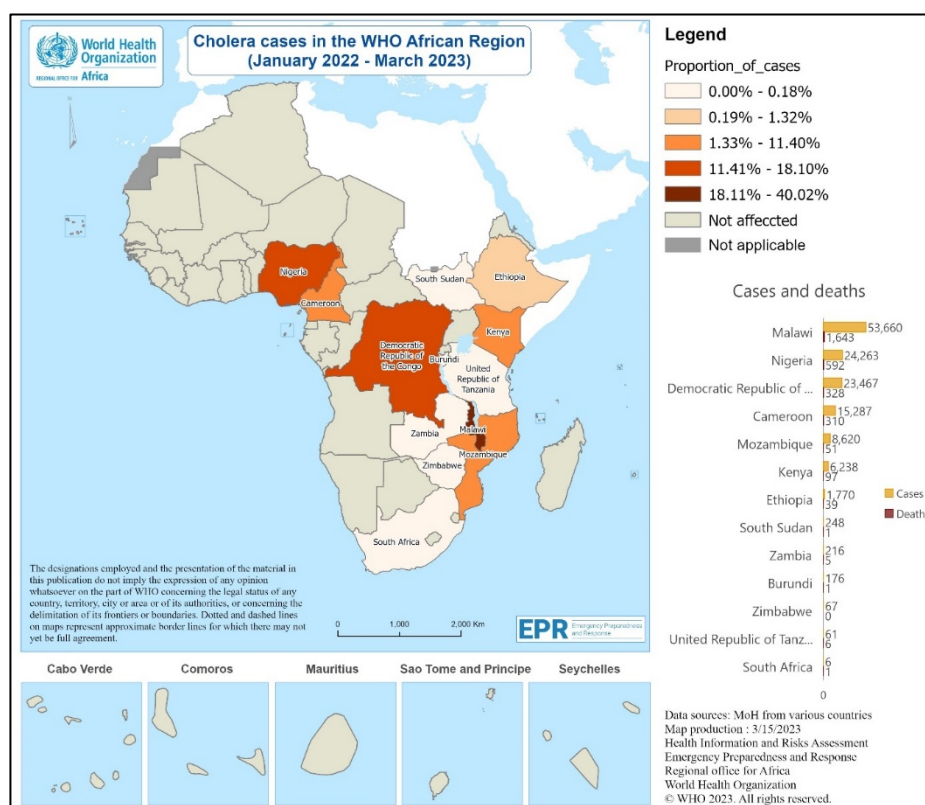
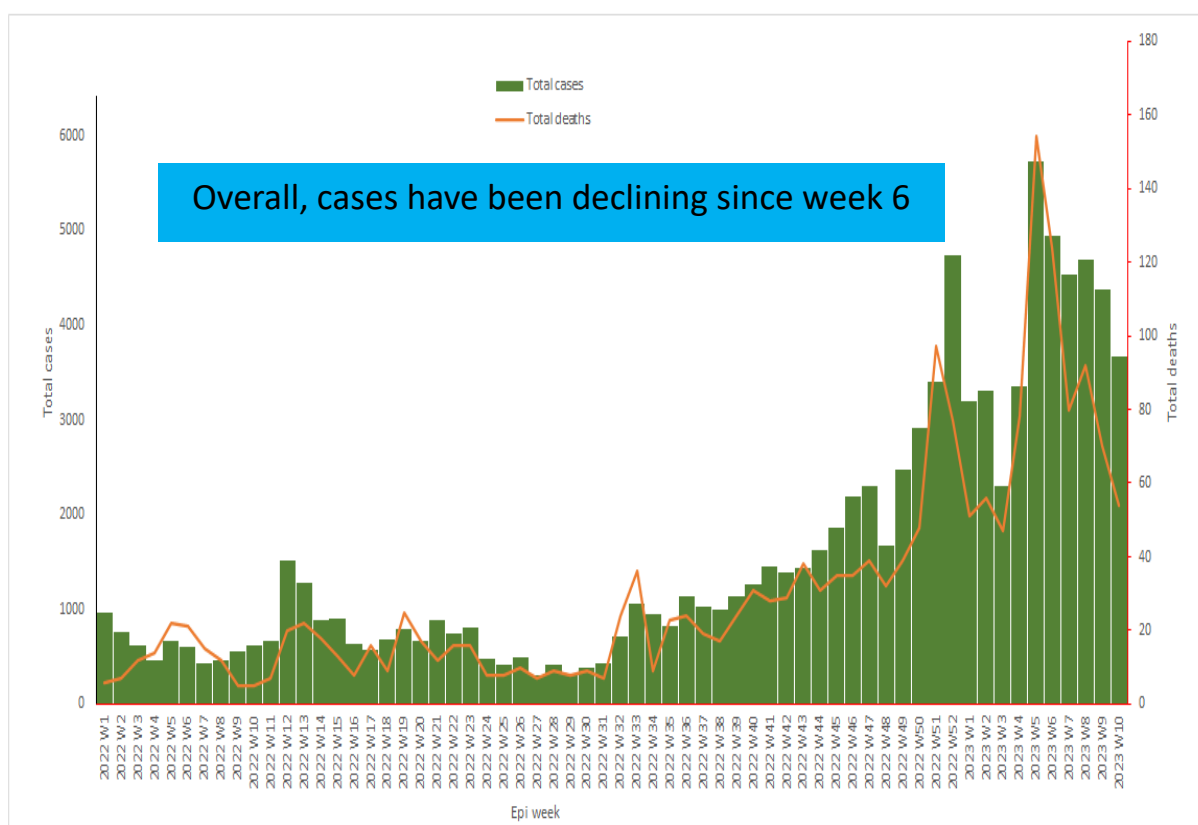




Table 1: Cholera Cases and Deaths in WHO AFRO Region, October 2021 to 12 March 2023

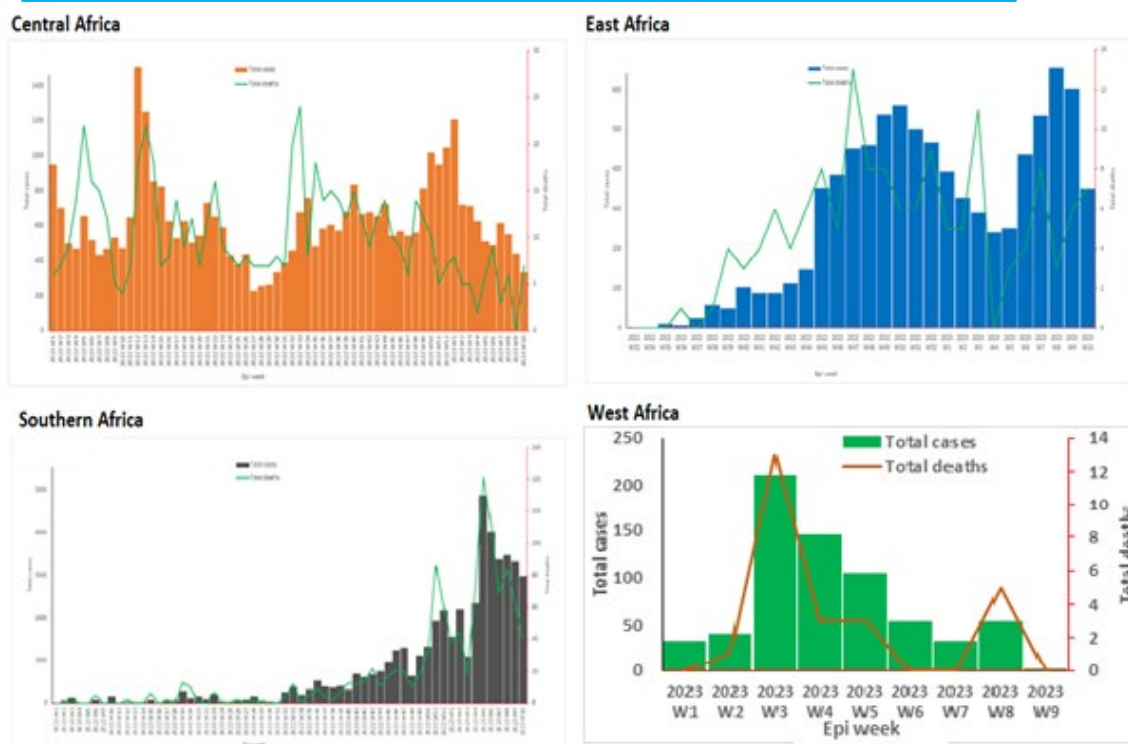
Country	Cumulative Cases	Cumulative Deaths	CFR (%)	Total Cases in 2023	Data Start Date	Last update
Burundi	176	1	0.6	156	Jan 2023	12 /3/2023
Cameroon	15 287	310	2.0	163	Oct 2021	5/3/2023
Democratic Republic of Congo	23 478	332	1.4	5 284	Jan 2022	10/3/2023
Ethiopia	1 770	39	2.2	955	Aug 2022	12/3/2023
Kenya	6 831	109	1.6	2 874	Oct 2022	6/3/2023
Malawi	53 464	1 643	3.1	23 308	Mar 2022	13/3/2023
Mozambique	8 620	51	0.6	6 082	Sep 2022	12/3/2023
Nigeria	24 435	617	2.6	672	Jan 2022	28/2/2023
Zambia	224	5	2.2	224	Jan 2023	12/3/2023
South Africa	6	1	16.7	6	Feb 2023	4/3/2023
United Republic of Tanzania	72	3	4.2	72	Feb 2023	10/3/2023
Zimbabwe	58	0	0.0	58	Feb 2023	5/3/2023
South Sudan	176	1	0.4	269	Feb 2023	12/3/2023
<b>TOTAL</b>	<b>134 690</b>	<b>3 112</b>	<b>2.3</b>	<b>40 123</b>		

**Figure 2: Epi Curve of Cholera Cases and deaths in WHO Afro Region, 1 January 2022 – 12 March 2023**



**Figure 3: Sub-regional trends of cholera cases and deaths, 2023**

Decrease in cases observed in all sub regions



## Country Specific updates

Malawi

Grade 3

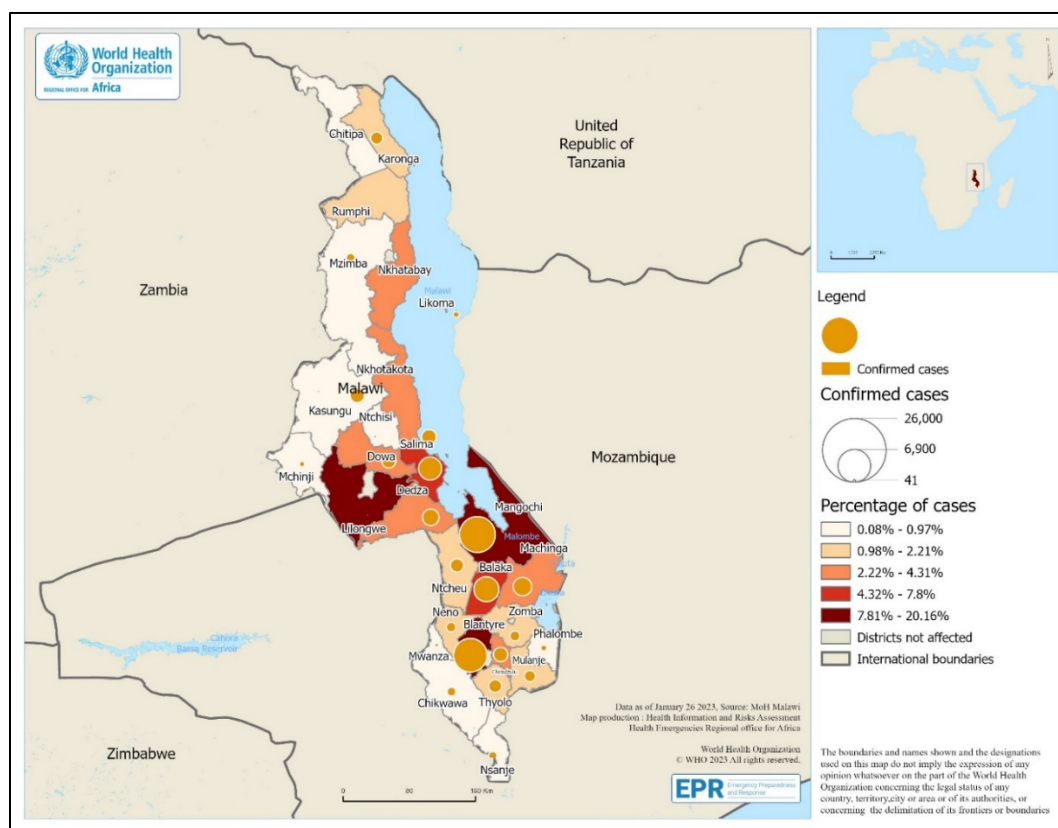
Cumulative Cases  
53 464

Cumulative Deaths  
1 643

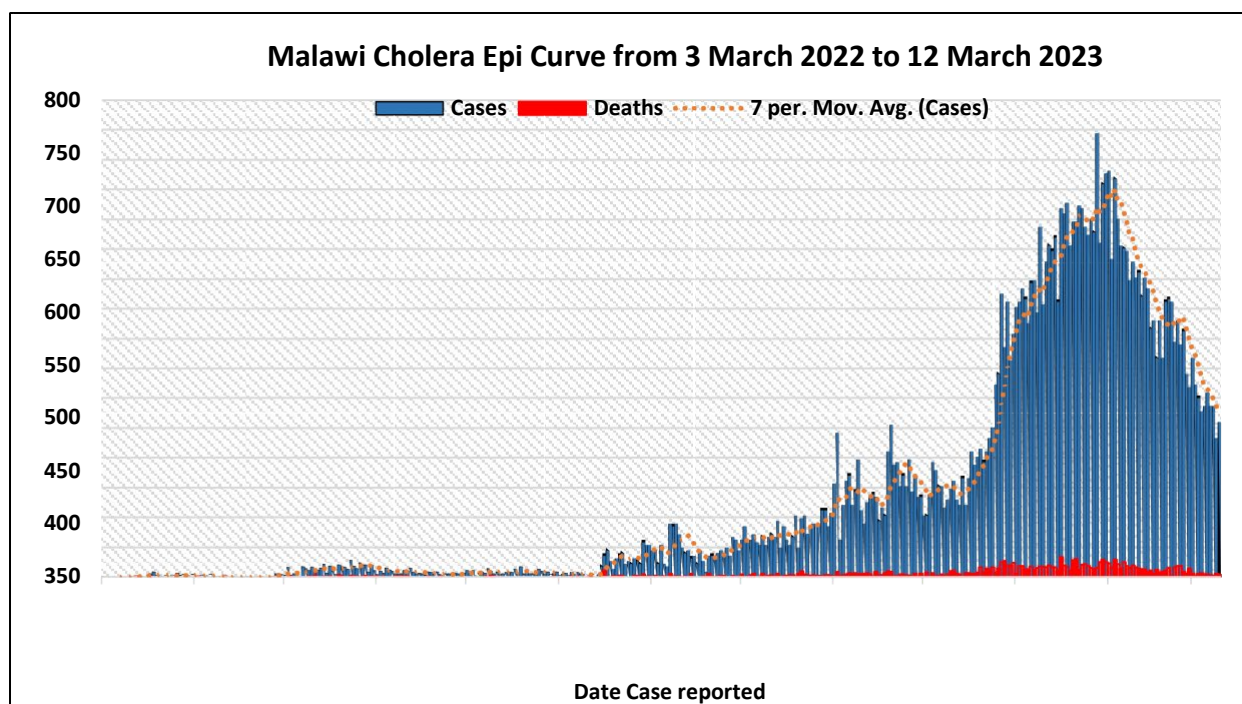
CFR  
3.1%

The cholera outbreak in Malawi has been improving in the past three weeks. New cases decreased from **2482 in week 9 to 1949 in week 10** (21.5% decrease), with 21 districts reporting a decline in new cases. Overall, Malawi has reported 53 464 cumulative cases with 1643 deaths (CFR = 3.1%) from all its 29 districts as of 12 March 2023. With 23 308 cases reported since 1 January 2023, and 638 deaths (CFR = 2.7%). Lilongwe, Mangochi, and Blantyre districts have reported the highest number of cases. The outbreak remains largely concentrated in the central and southern parts of the country, with the high-burden districts of Lilongwe, Mangochi, Blantyre, Balaka and Salima constituting 72% of cases reported in the past week. Twenty-four out of the 29 districts have reported new cases in the past week. 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. Tropical Cyclone Freddy has hit southern Malawi on Saturday, 12 March 2023, with torrential rains, thus increasing the risk for further spread of cholera, and other water-borne diseases.

Figure 4: Map of Malawi showing geographical distribution of cases



**Figure 5: Epi Curve for cholera outbreak in Malawi, 3 March 2022 – 5 March 2023**



**Figure 6: Oral Rehydration Point, Malawi**



### Ongoing Public Health Actions

- High-level Ministerial meeting of SADC took place in Malawi from 9-10 March 2023 focusing on the Cholera Epidemics, Polio and Climate-Related Public Health Emergencies
- Country team continue to meet with International Coordinating Group (ICG) for further clarifications on the vaccines request
- 100% of response staff briefed on Preventing and Responding to Sexual Exploitation, Abuse and Harassment.
- Oriented 45 health assistants and 56 community health volunteers on Risk Communication and Community Engagement (RCCE)
- Completed construction of seven Cholera Treatment Centres and Units with a total bed a capacity of 214

### Challenges/Gaps

- Provision of food for patients on admission
- Challenges with waste management
- Overstretched capacity of health system
- Limited capacities for optimal clinical care in peripheral facilities
- Awaiting ICG approval on OCV request

Nigeria

Grade 3

Cumulative Cases



24 435

Cumulative Deaths



617

CFR

2.5%

The cholera outbreak in Nigeria has been ongoing since January 2022. Overall, the trend in cases is on the decline, with a decrease of 53.6% noted between cases reported in February (213) compared to January (459). Between 1 January and 28 February 2023, 672 cases with 25 deaths (CFR = 3.7%) were reported across 11 states. Cumulative cases reported to WHO as of 28 February 2023 were 24 435 with 617 (CFR = 2.5%). A total of 33 states and the Federal Capital territory and 271 Local Government Areas (LGAs) have reported cases. Cross River State has reported the highest number of cases since January 2023, accounting for 68.3% of the cases (459) and 56% of deaths (14), followed by Ebony, accounting for 13% of cases (87) and 20% of deaths (5).



Figure 7: Weekly trend of cholera cases and deaths in Nigeria, week 1-5, 2023

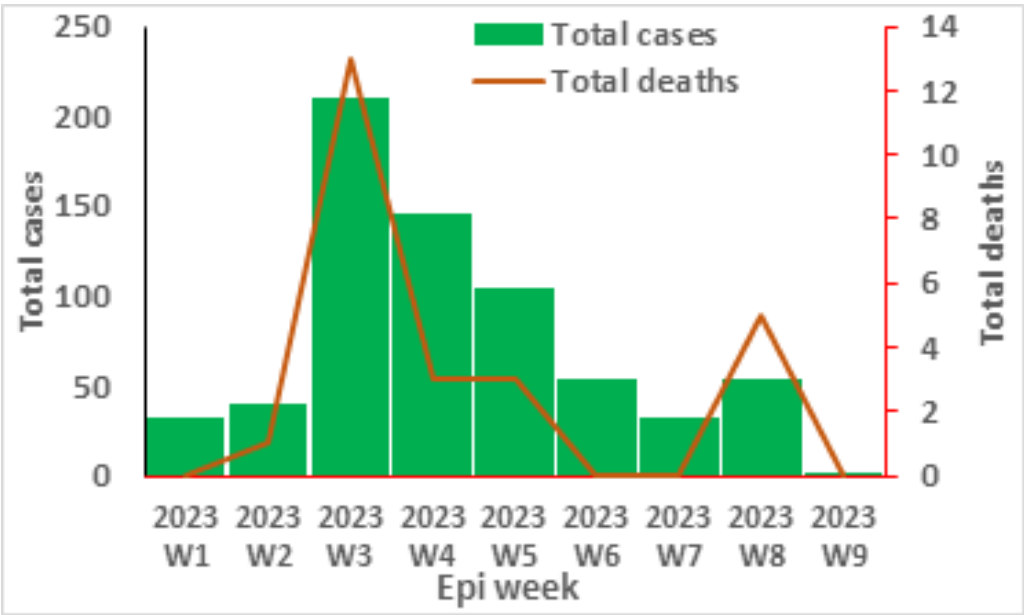
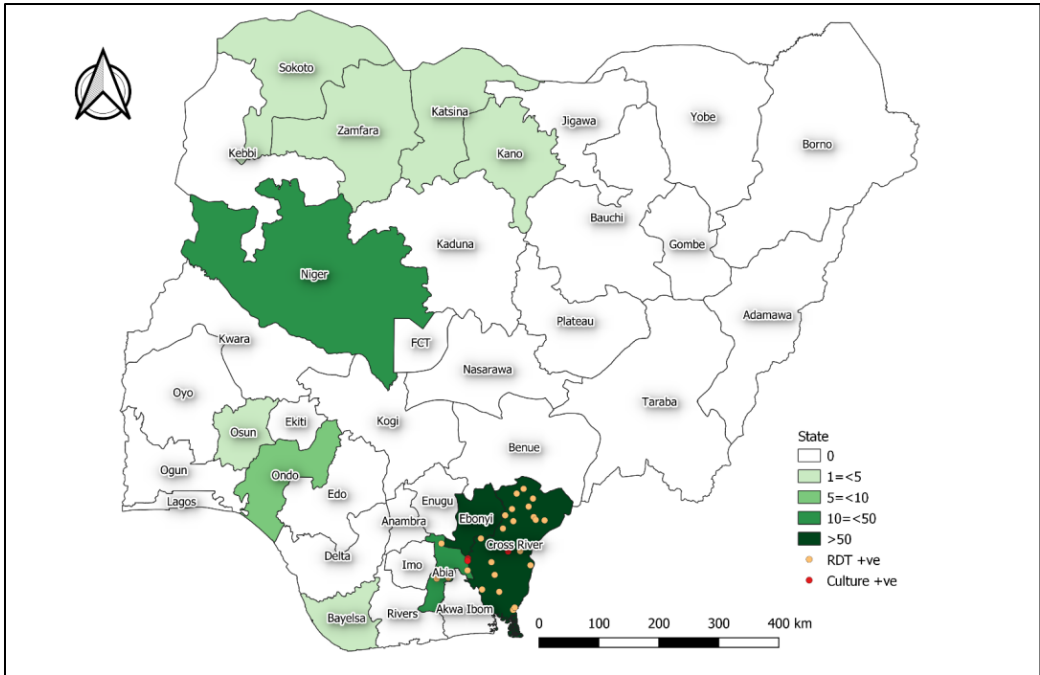


Figure 8: Map of Nigeria showing cholera affected states in 2023



Democratic Republic of the Congo

Grade 3

Cumulative Cases  
23 478

Cumulative Deaths  
332

CFR  
1.4%

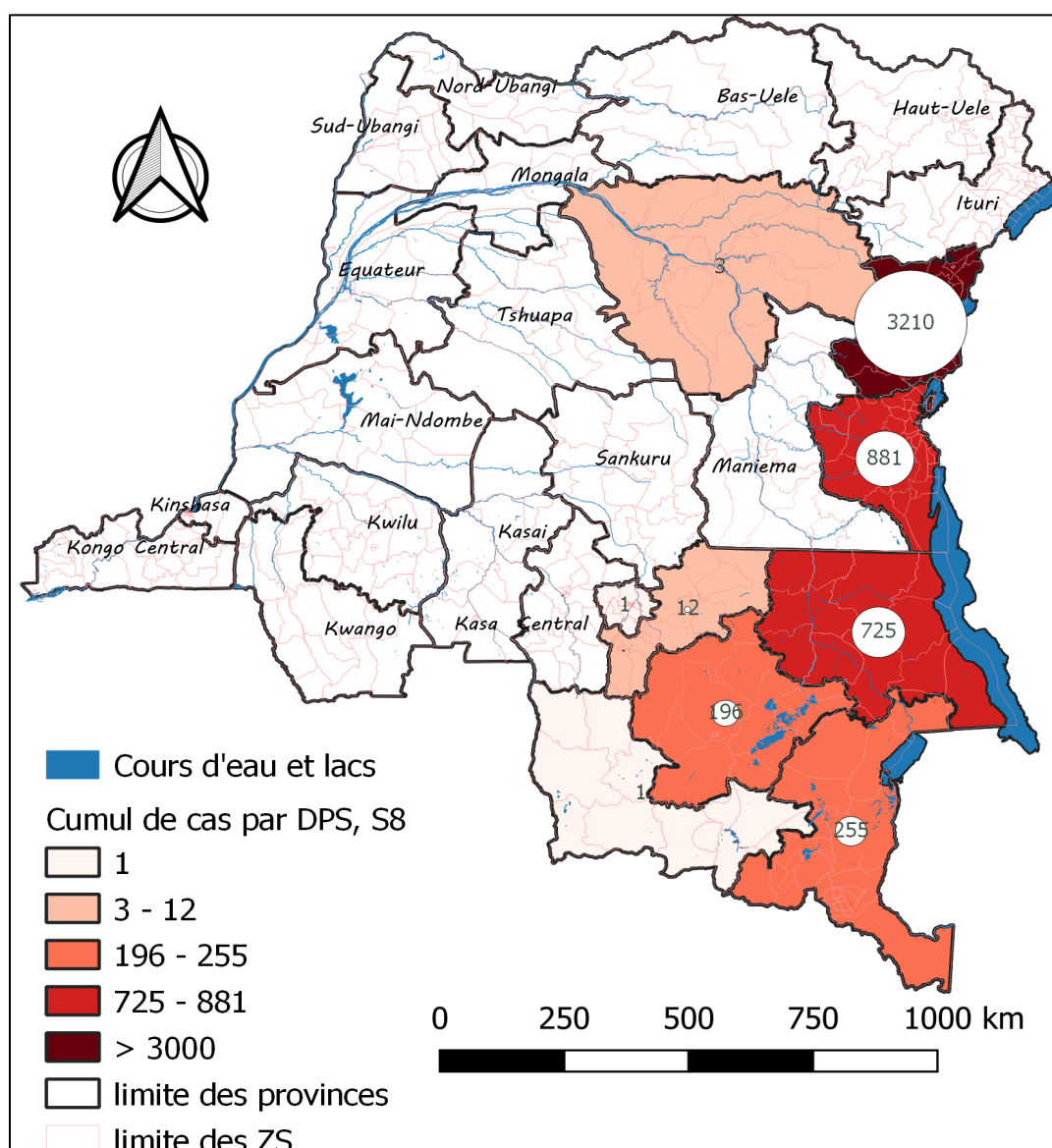
The cholera outbreak in the Democratic Republic of the Congo started in January 2022. As of 10 March 2023, the country had reported 22 748 cases cumulatively, with 332 deaths (CFR = 1.4%) across 12 provinces. The country has reported a total of 5284 cases and 39 deaths since January 2023. A decrease

of 11% was noted for new cases between week 7-8. Inversely, number of deaths increased by 66.7% during the same period.

**Table 2: Cholera cases and deaths in Democratic Republic of the Congo, week 1 – 8 of 2023**

PROVINCE	CASES	DEATHS	CFR (%)
North Kivu	3210	6	0.2
South Kivu	881	4	0.5
Tanganyika	725	7	1.0
Upper Katanga	255	13	5.1
Top Lomami	196	1	0.5
Lomami	12	4	33.3
Tshopo	3	0	0.0
Lualaba	1	0	0.0
Kasai - Oriental	1	0	0.0
<b>TOTAL</b>	<b>5284</b>	<b>35</b>	<b>0.7</b>

**Figure 9: Geographical distribution of cholera cases in the Democratic Republic of Congo, week 1 to 8, 2023**



Cameroon

Grade 3

Cumulative Cases



15 287

Cumulative Deaths



310

CFR

2.0%

Cameroon declared a cholera outbreak in October 2021. Cumulatively, as of 5 March 2023, Cameroon had reported 15 287 cases with 310 deaths (CFR = 2.0%). The outbreak has affected 55 health districts in eight regions. Two regions have active transmission ongoing (Centre and Littoral). The country has reported 163 cases with 10 deaths in 2023. Overall, the cholera trend in the country is decreasing as shown in figure 10.

Figure 10: Epicurve of cholera cases in Cameroon from October 2021 to 5 March 2023

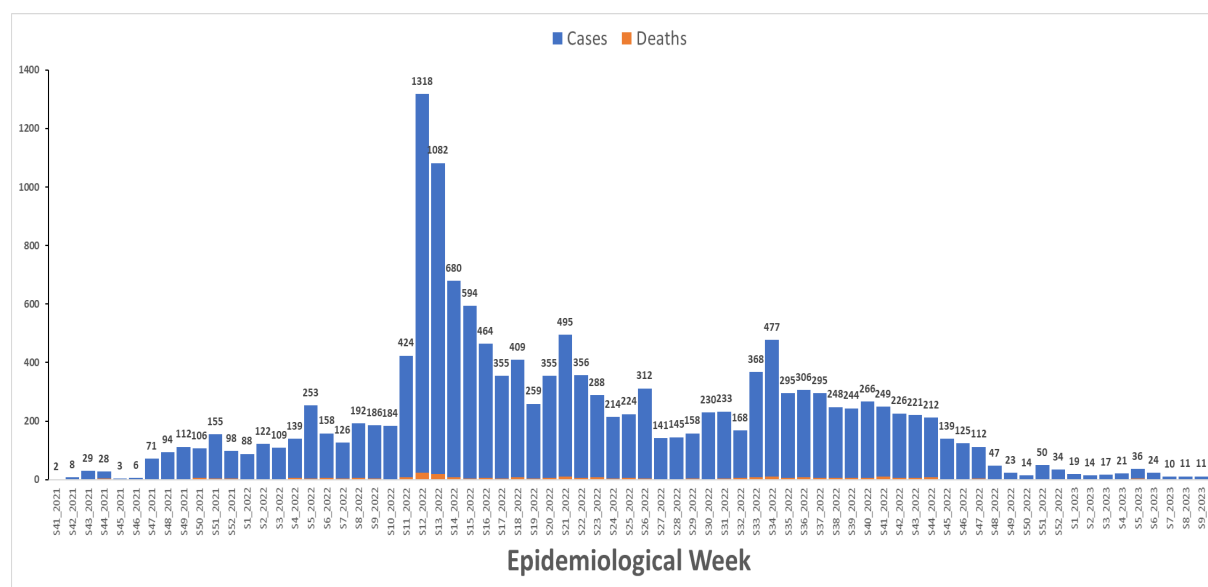
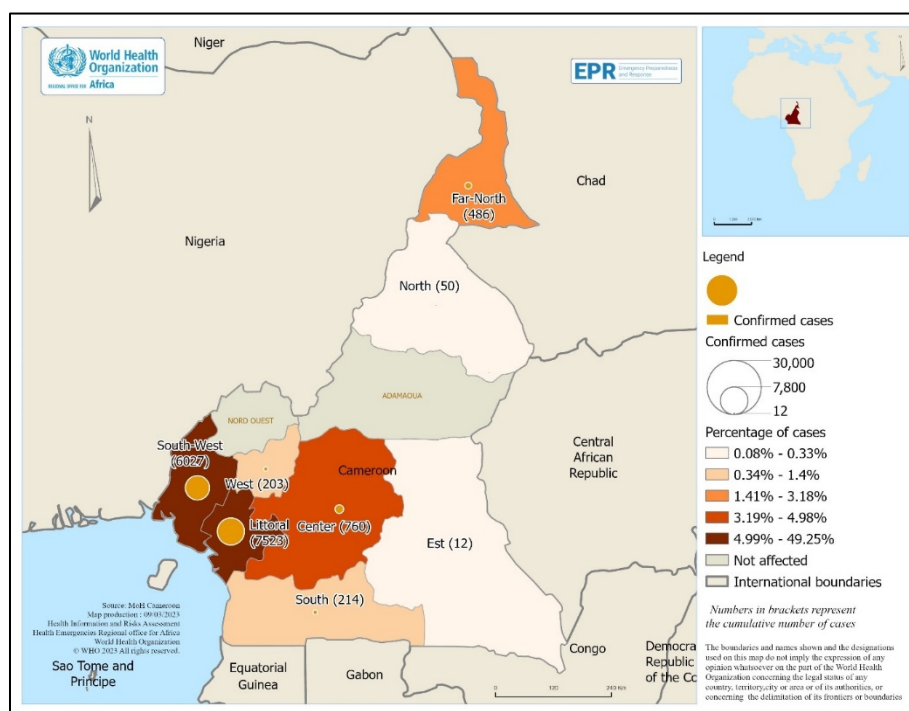


Figure 11: Map of Cameroon showing districts affected by cholera, October 2021 – 5 March 2023



### Public Health Actions

- WASH interventions ongoing in Ebebda et Monatéle districts
- Ongoing community sensitization

### Challenges/Gaps

- Access to safe water and toilet facilities a major challenge across communities

Kenya

Grade 3

Cumulative Cases  
6 391

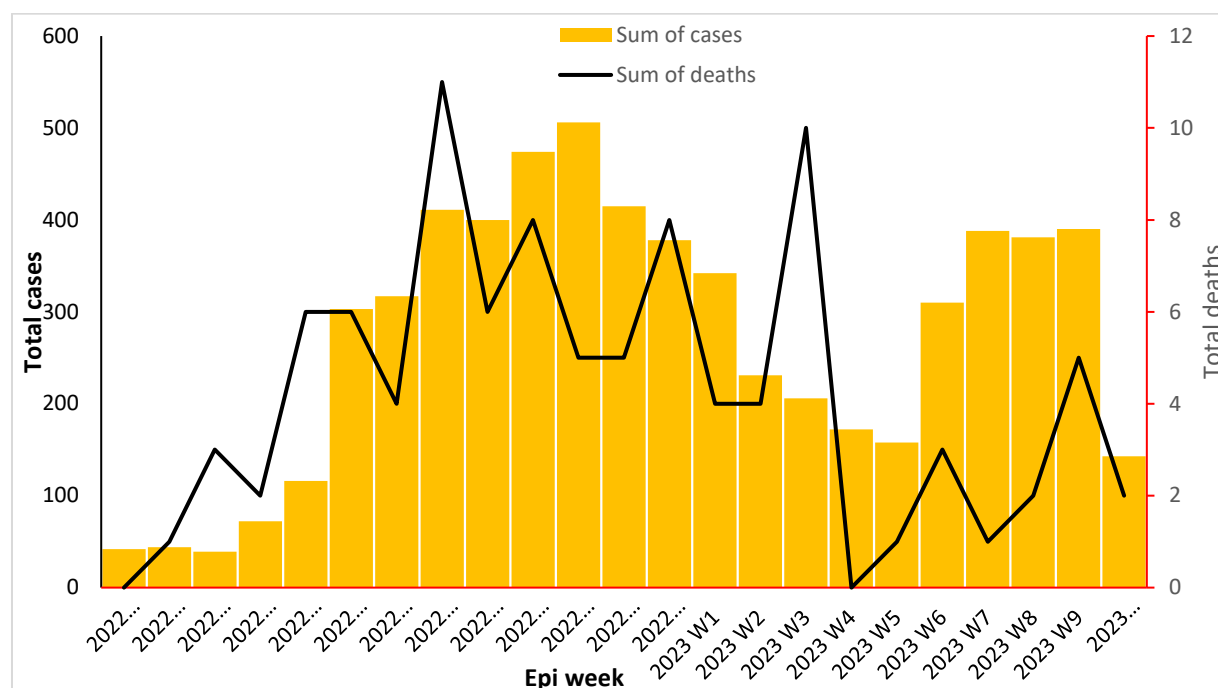
Cumulative Deaths  
99

CFR

1.6%

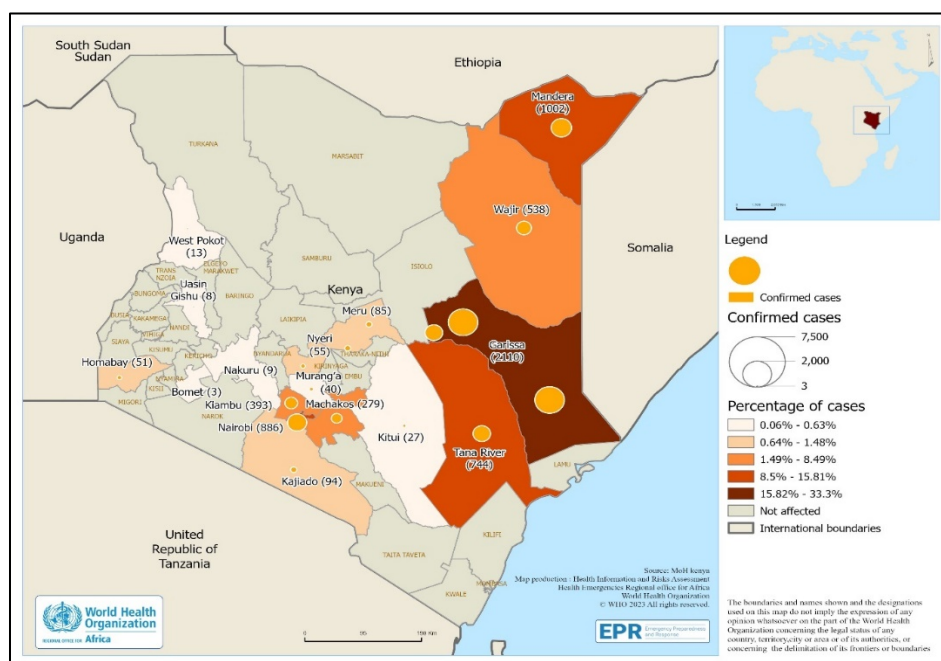
The first case of cholera in Kenya was reported on 8 October 2022, following a wedding in Kiambu County. Cumulatively, 6391 confirmed cases and 99 deaths (CFR 1.5%) have been reported as of 6 March 2023. Cholera has been reported in 17 of 47 counties, with 8 counties reporting active transmission. Garissa and Tana River Counties have the highest attack rates. Garissa hosts IDPs and refugee population in Dadaab camps. Three of the most affected counties share a border with Somalia, and one with Ethiopia. Kenya has reported 2874 cases in 2023, with 32 deaths. The cholera outbreak in Kenya is occurring in the context of severe drought, especially in the most affected counties. Oral Cholera Vaccine 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 12: Epicurve of Cholera outbreak in Kenya from 8 October 2022 to 6 March 2023





**Figure 13: Distribution of cholera cases and deaths by Sub County, Kenya as of 28 February 2023**



### Public Health Actions

- Ongoing training on culture and RDT in Garissa and Mandera
- WASH supplies shipped to affected counties for water quality testing
- Handover of cholera laboratory kits in Nairobi Country (NPHL microbiology)

### Challenges/Gaps

- Inadequate capacity for cholera case management in the 14 counties with gaps in prompt patient management
- Inadequate community-based surveillance capacities
- Poor health seeking behaviour

**Mozambique**

**Grade 3**

**Cumulative Cases**



**8 620**

**Cumulative Deaths**



**51**

**CFR**

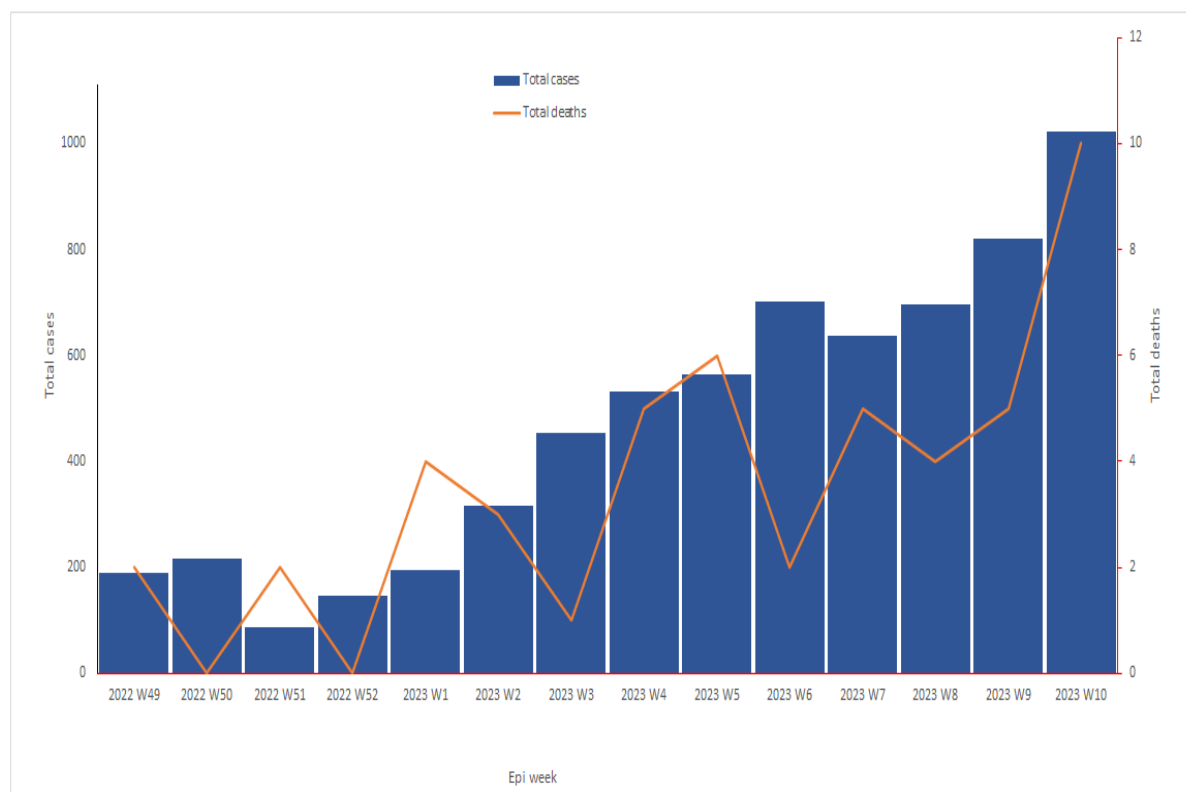
**0.6%**

Mozambique observed a 25% increase in the number of new in cases in week 10 (1023) compared to week 9 (819). Similarly, deaths increased by 100%, from 5 in week 9 to 10 in week 10. Since mid-September 2022 when the first cholera case was reported to 5 March 2023, a cumulative of 8620 cases have been reported, with 51 deaths (CFR = 0.6%). The outbreak has been confirmed in 38 districts in seven of 11 provinces (Nissa, Sofala, Tete, Gaza, Manica, Inhambane and Zambezia). Niassa, Tete and Sofala account for 92.8% (7915) of all cases. From 1 January 2023, the country has reported 6082 cases with 45 deaths.

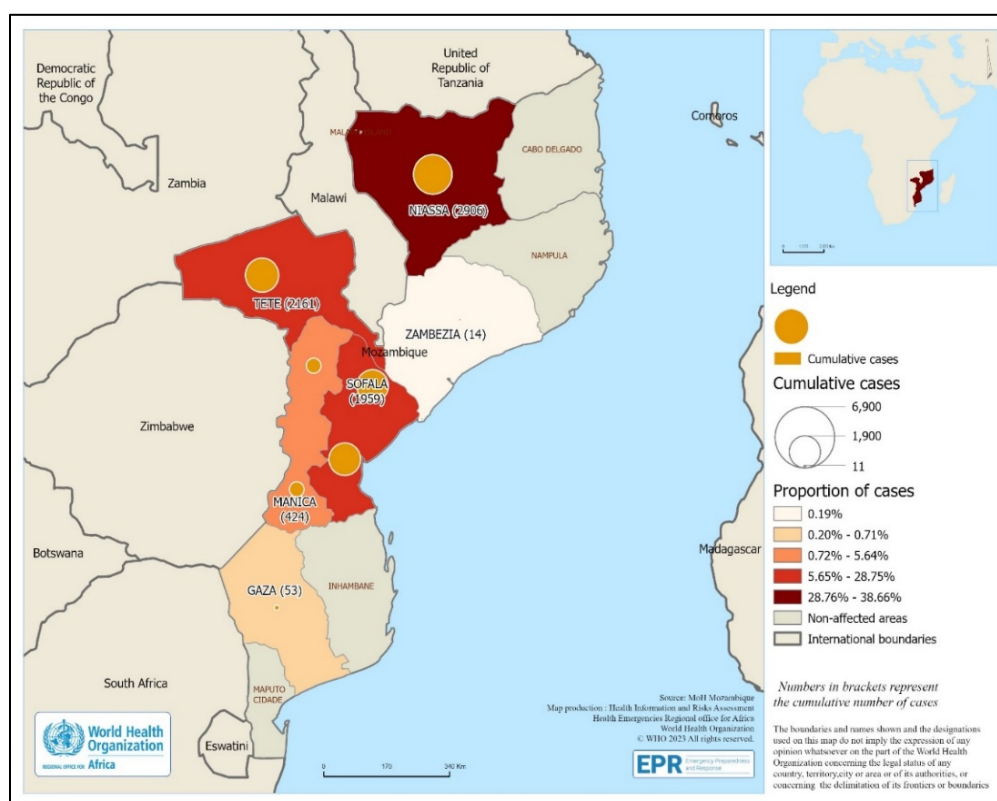
Since 2017, cholera outbreaks have been reported in Mozambique every year during the hot and rainy season (January to April and October to December), mainly from Nampula, Cabo Delgado, Sofala and Tete provinces. Severe tropical cyclone Freddy made landfall in Quelimane district, Zambezia province, in the night of 11 March. This has led to damage to homes, schools, hospitals, and has also affected transport and communication. Thirty-five accommodation centers have been activated. Provinces that

are affected by the cyclone also happen to be the ones responding to cholera outbreak. Continued rains and flooding could further exacerbate cholera transmission in the country.

**Figure 14: Epicurve of cholera outbreak in Mozambique, September 2022 to 12 March 2023**



**Figure 15: Districts reporting Cholera cases in Mozambique as of 12 March 2023**



### Public Health Actions

- WHO and UNICEF provided 55 and 15 beds respectively for the CTC
- Medical supplies have been shipped to Manica province
- WHO provided 32 484 litres of Ringer Lactate to MoH

### Challenges/Gaps

- Shortage of staff to carry out case management.
- Delay in obtaining visa for deployed response experts
- Delayed sharing of data from the lower to higher health facility levels

Ethiopia

Grade 3



Cumulative Cases

1 770



Cumulative Deaths

39

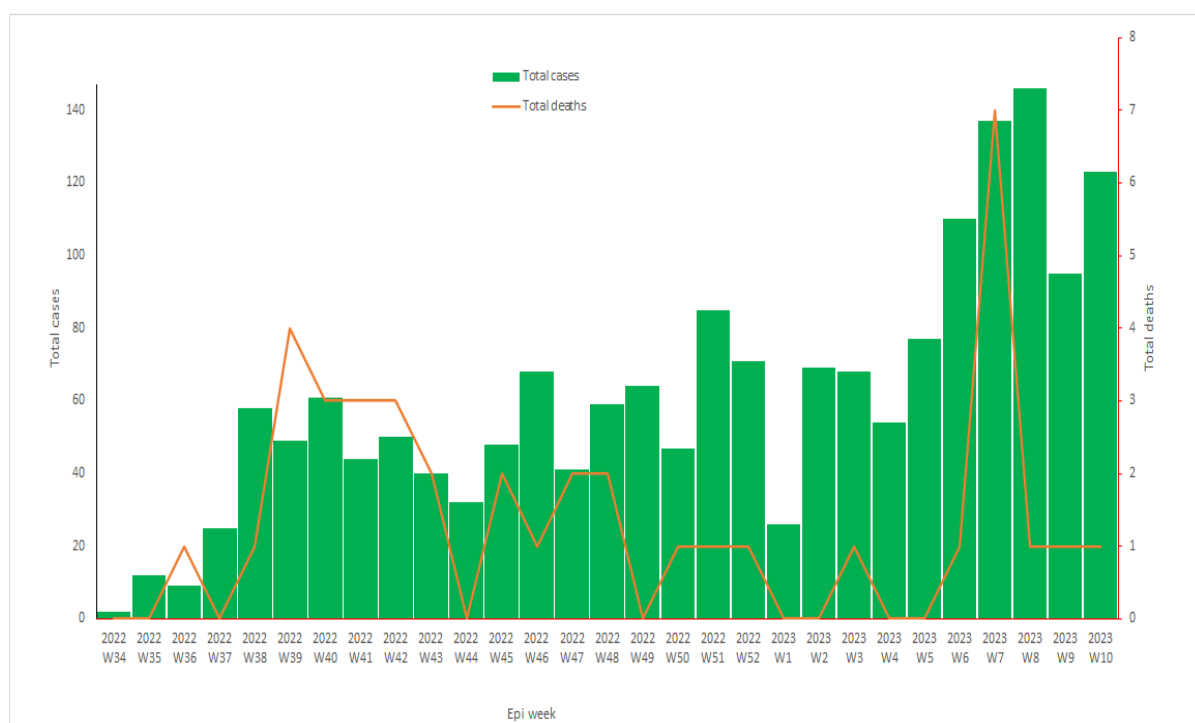
CFR

2.2%

Ethiopia registered a 29.9% increase in new cases in week 10 (123) compared to week 9 (95). There was one death a piece in each week. Since 1 January 2023, the country has reported 955 cholera cases with 12 deaths. As of 12 March 2023, Ethiopia has reported a cumulative case load of 1770 with 39 deaths (CFR = 2.2). Cholera outbreak has occurred in 15 Woredas of Oromia (12 Woredas) and Somali (3 Woredas) regions of Ethiopia.

The Index case was from Harana Buluk on 27 August 2022. Cholera outbreak has occurred in 14 Woredas in Oromia (10 and Somali (4 woredas) regions. The most affected region is the Oromia region, accounting for 85% (1507) of all cases. Current water supply coverage for the cholera outbreak-affected woredas in Oromia and Somali regions is low. Due to limited OVC doses, Ethiopia prioritized campaigns in IDP sites and Kebeles having the highest case load and limited WASH.

**Figure 16: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 05 March 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 Democratic Republic of the Congo, 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 225 cases and 5 deaths (CFR = 2.2%) as of 12 March 2023. Highest number of cases are from Vumbwi district (80), Mwansabombwe (55) and Chipata (34).

**Figure 17: Reported cholera cases in Zambia 21 January to 12 March 2023**

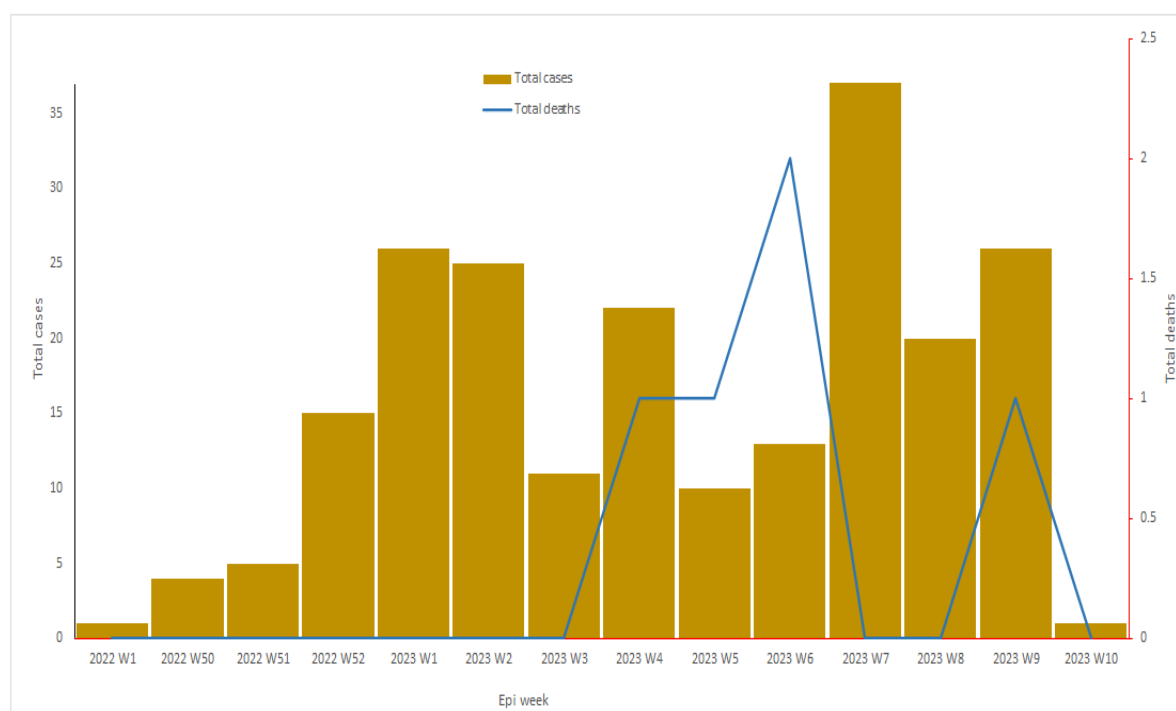
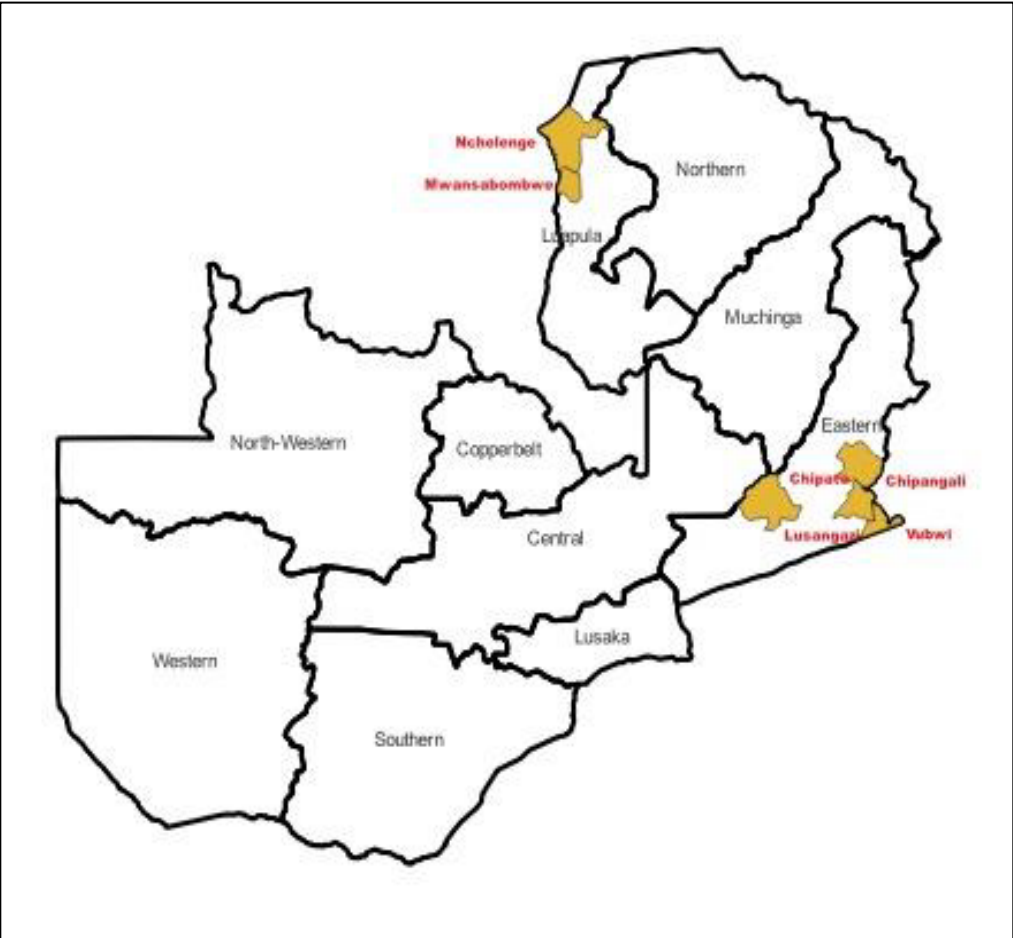




Figure 18: Map of Zambia showing affected districts

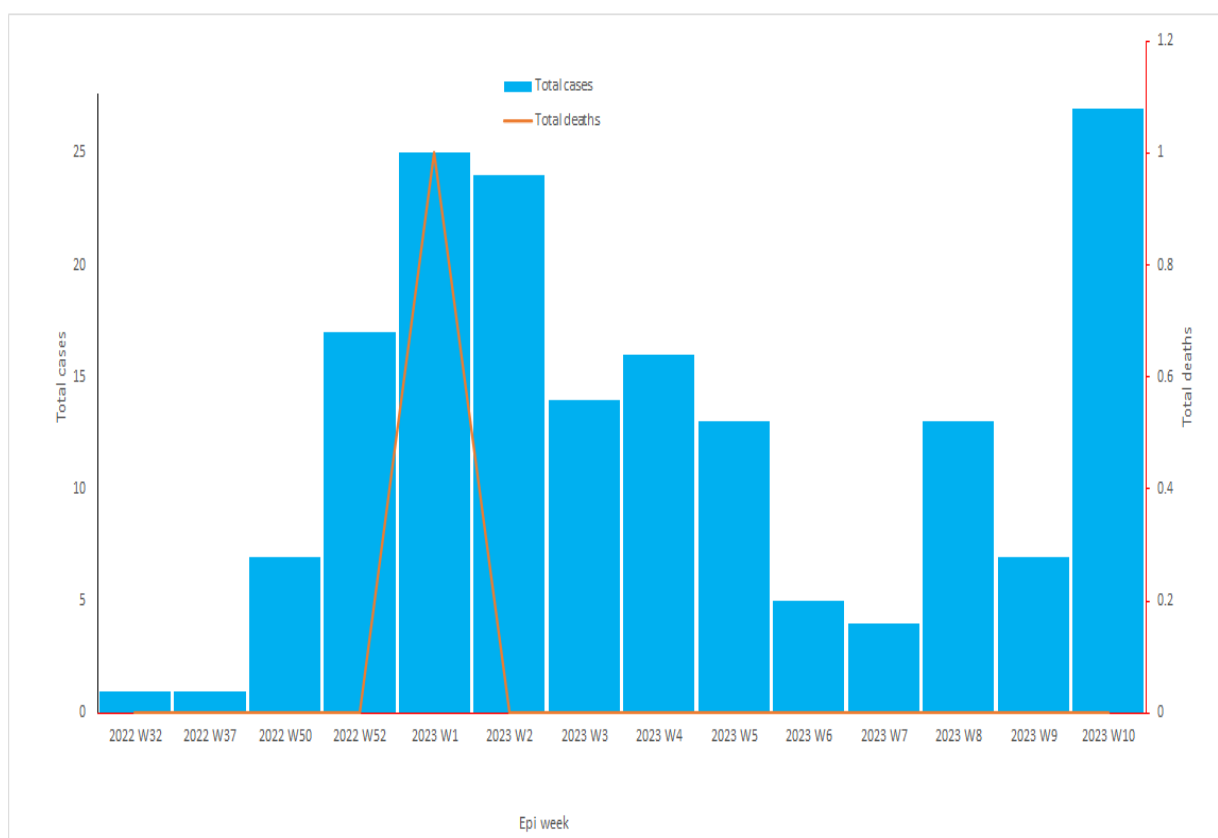


Public Health Actions	Challenges/Gaps
<ul style="list-style-type: none"><li>6-months National Cholera Contingency Plan finalized</li><li>Technical teams deployed to support response in the 5 districts.</li></ul>	<ul style="list-style-type: none"><li>Inadequate multi-sectoral participation by key line ministries and partners</li></ul>

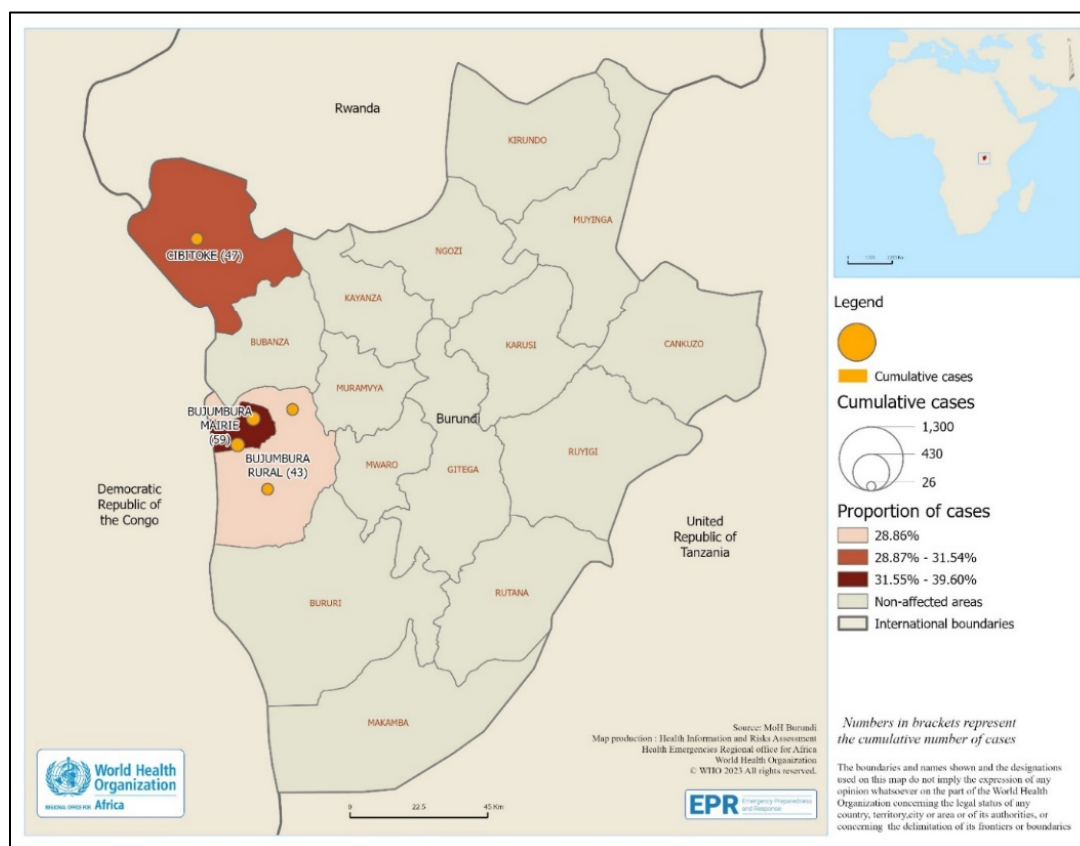


Burundi has reported cholera cases since 8 December 2022, and the outbreak was officially declared on 1 January 2023. Since then, the country has reported 176 cumulative cases, and one death (CFR 0.6%) across seven health districts in three provinces, some of which border South Kivu in Democratic Republic of the Congo. An increase of 285.7% (20 cases) was observed in new cases between week 9 and week 10. Cibitoke district, bordering DRC has the highest cases representing 40% (70) of all cases. Rwanda at high risk of cross-border cases

**Figure 19: Weekly trend of cholera cases and deaths in Burundi, week 32, 2022 – week 10, 2023**



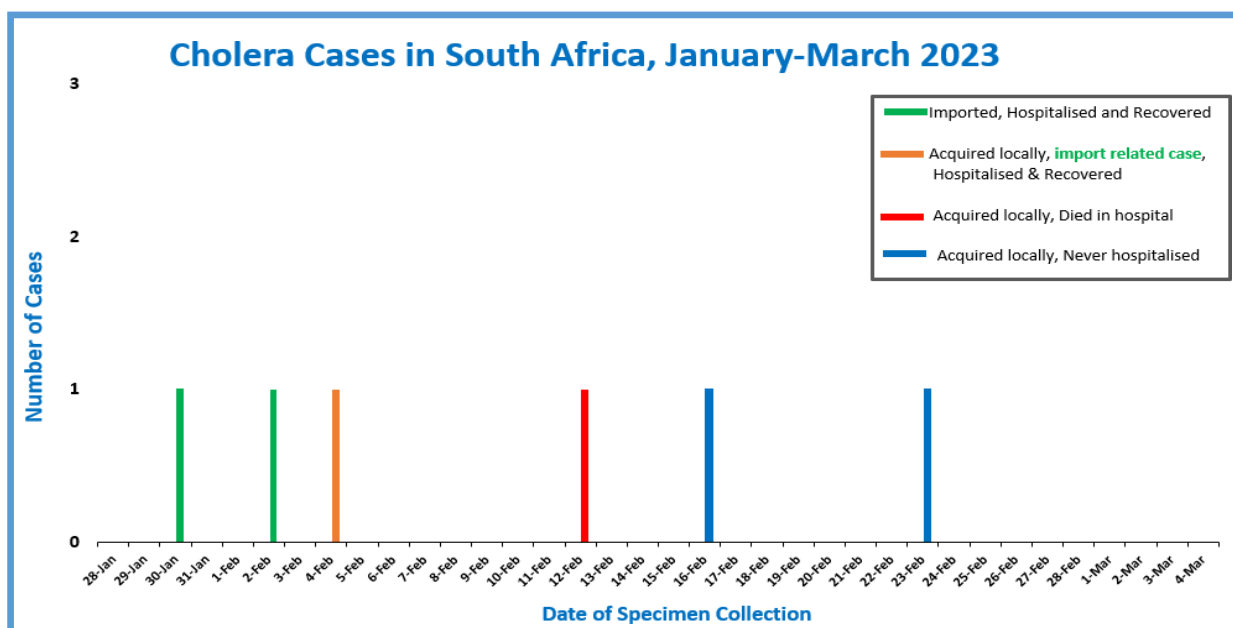
**Figure 20: Distribution of cholera cases in Burundi, 12 March 2023**





South Africa reported zero new cholera cases during week 9 (week ending 4 March 2023). Two cases of cholera were initially imported into South Africa (Gauteng province) by two travelers returning from Malawi on 30 January 2023. The third case was a close household contact of one of the returning travelers in same province (import related cholera case). Two additional cases were diagnosed in Gauteng province (one from the city of Johannesburg district, one in the city of Ekurhuleni district). These two cases 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 with no travel history. 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 21: Epicurve of Cholera outbreak in South Africa, 28 Jan - 04 March 2023



#### Public Health Actions

- Trained outbreak response team
- Issued out cholera educational messages on various platforms
- Updated and disseminated case definitions, guidelines for specimen collection

#### Challenges/Gaps

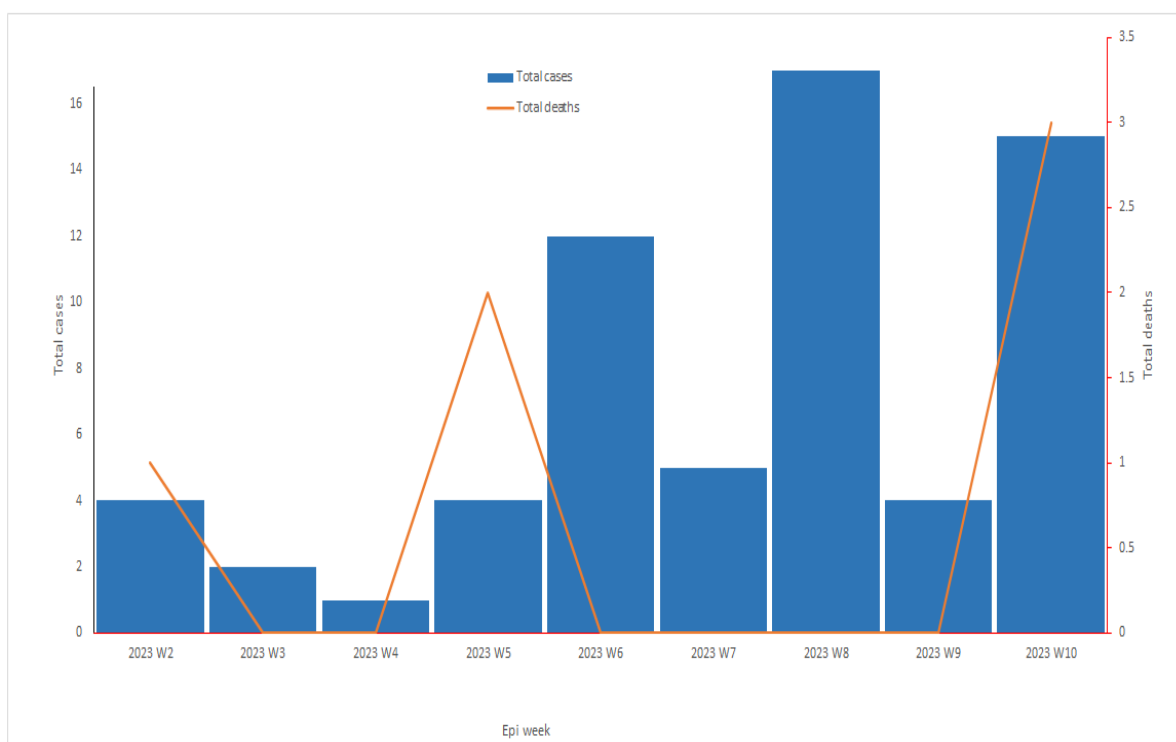
- Inadequate trained human resources for the response
- Inadequate resources
- Finalisation of national contingency plan



Tanzania has reported 15 new cases during week 10 compared to 4 cases in week 9. Cumulatively, 72 cases and three deaths (CFR 4.2%) have been reported as of 10 March 2023. Tanganyika in Katavi region accounts for 45.6% (34) of all cases. All the deaths occurred from Nyasa in Ruvuma region. Kigoma (bordering DRC) and Katavi regions have also reported cases.

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

**Figure 22: Epicurve of cholera cases in United Republic of Tanzania, 15 January to 10 March 2023**



#### Public Health Actions

- Total of 724 households have been reached during the surveillance and contact tracings with a total of 106 800 Aqua tabs distributed to 534 households in Katavi region.
- A Cholera Treatment Centre has been established in Kigoma region.
- In Kigoma region, four water samples have been taken for water quality check in Regional Laboratory.

#### Challenges/Gaps

- Water quality testing
- Need to treat household water sources and conduct water monitoring



Zimbabwe

Grade 3

Cumulative Cases



58

Cumulative Deaths



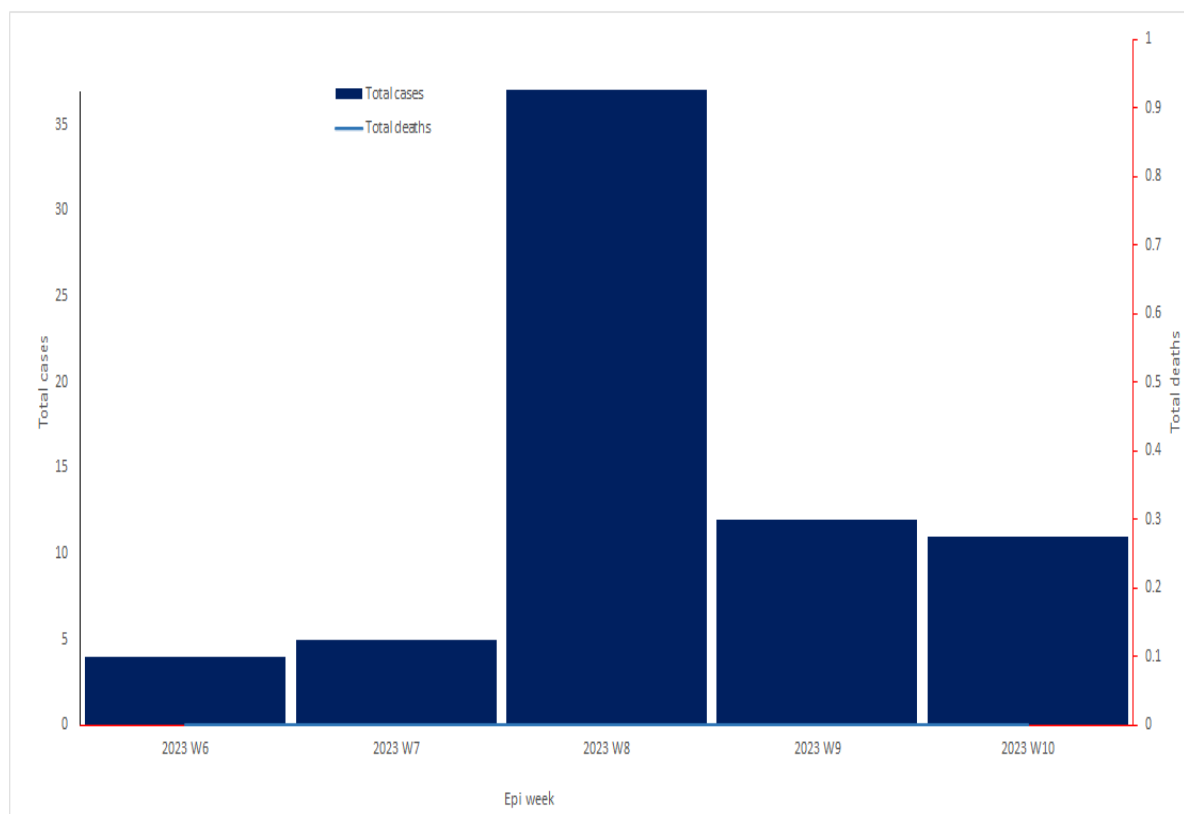
0

CFR

0.0%

Zimbabwe reported 58 suspected cholera cases with zero deaths on 23 February 2023 in the city of Chegutu, Mashonaland West Province, about 100km east of the capital Harare. Cumulatively, the country has reported 58 suspected cases and zero deaths as of 5 March 2023. 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 meters away from the sewage pipeline.

Figure 23: Evolution of cholera cases in Zimbabwe, 23 Feb to 10 Mar 2023



#### Public Health Actions

- Two CTCs have been established
- Risk assessment has been conducted

#### Challenges/Gaps

- Inadequate WASH infrastructure in communities



The Ministry of Health of South Sudan declared cholera outbreak in Malakal, Upper Nile State on 7 March 2023. The MoH received an alert of suspected cholera outbreak on 25 February 2023 from the State Ministry of Health. On 22 February 2023, Medicines' San Frontiers Spain (MSF Spain) in Malakal received alert of increasing cases of acute watery diarrhea and vomiting in children aged one year and below. Investigations were carried out and two out of nine samples tested positive for *Vibrio cholerae* on PCR at the Central Public Health Laboratory in Juba.

Cumulatively, 269 cases including 1 death (CFR = 0.4%) have been reported as of 12 March 2023. Children aged 0 – 4 years are the most affected, accounting for 83% (224) of the cases. The most affected areas are Jalaba (25), Malakia (21), Assosa (23), PoC (20), Rei (12), Muderia (8), Fire Brigade (8) and S2B (5). Oral cholera vaccination campaign planned for 15 March 2023, targeting 53 000 individuals aged 1 year and above in POC & Malakal town. The outbreak is localized in Malakal, the smallest county in Upper Nile State, with limited access to safe and clean water due to inadequate WASH supplies. Overcrowding in POC due to continued influx of internally displaced persons poses major challenge to limited WASH facilities.

Figure 24: Epicurve of cholera outbreak in South Sudan, 22 February to 12 March 2023

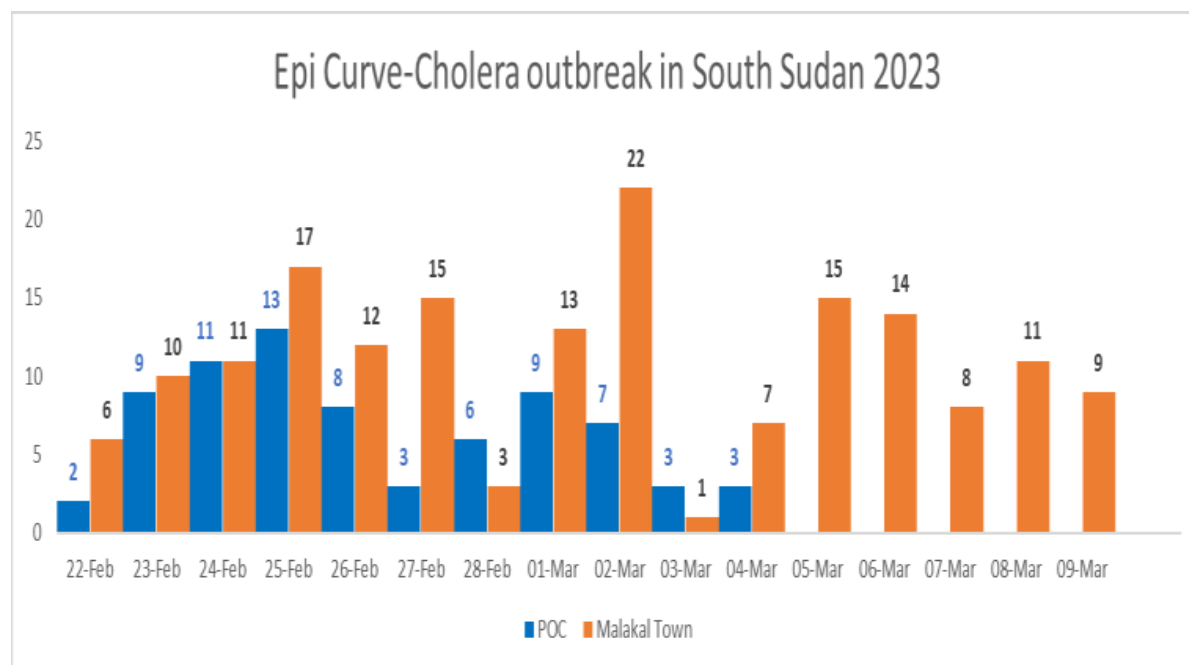
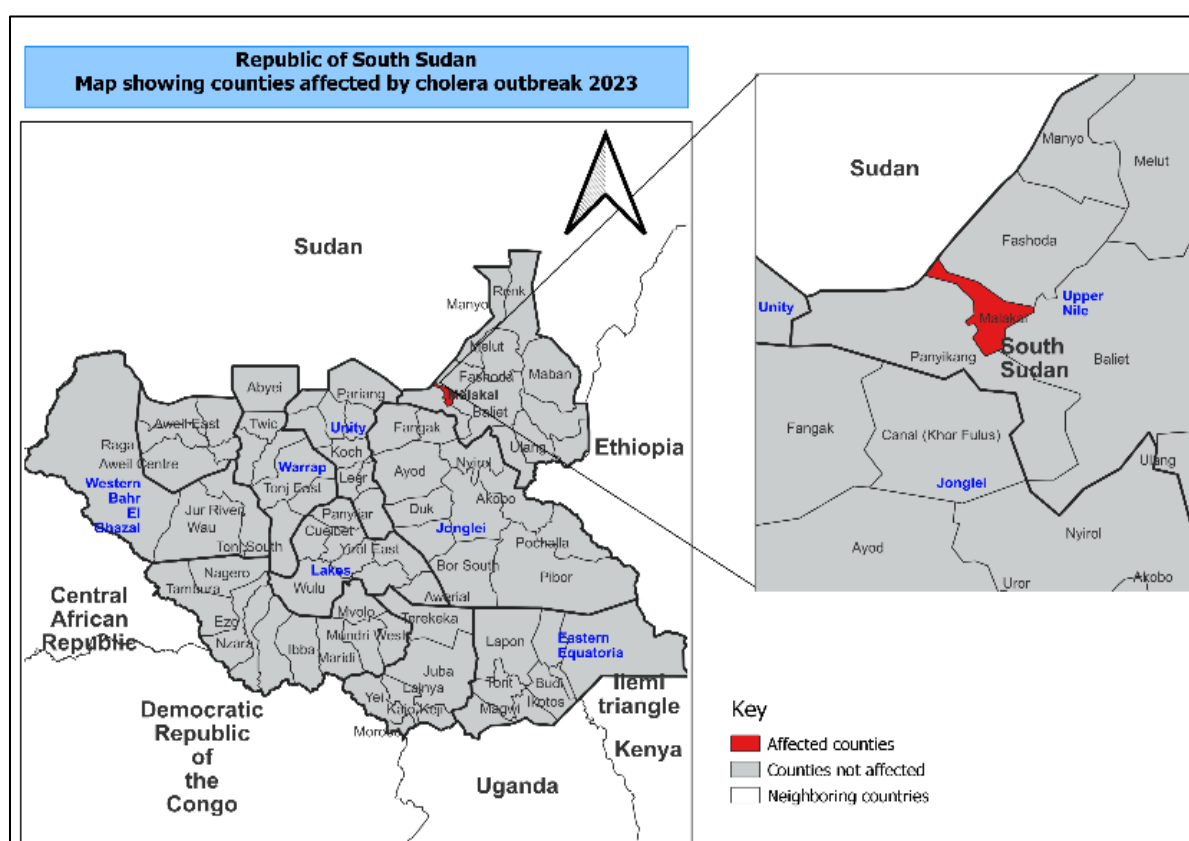


Figure 25: Map of counties affected by cholera as of 12 March 2023



## WHO ACTIVITIES

### Readiness:

- A High-level Emergency Ministerial meeting on Cholera epidemics and Climate-related public health emergencies in conjunction with Africa CDC took place 9-10 March 2023 in Malawi. The meeting also discussed cross border engagements across neighbouring countries
- 19 countries prioritized for Cholera readiness under priority 1 and 2 countries (see table below).
- Ongoing bi-weekly meetings with priorities 1 and 2 countries to share updates on the ongoing readiness activities.

### Response:

- Resource mobilisation for cholera strategic readiness and response ongoing.
- Ongoing weekly meetings with all countries in response
- Strengthening cross-border collaborations on cholera surveillance
- Ongoing deployments to countries as requested by countries
- 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 3: Categorisation of countries at risk

Category	Description of category	Member States	Key Actions.
Category One	<p>Member States with</p> <ul style="list-style-type: none"> <li>• High number of districts at high risk of cholera</li> <li>• Unaffected provinces /districts in countries with an active cholera outbreak</li> <li>• Countries at high risk of cross-border transmission</li> <li>• Countries with limited capacity in the cholera checklist</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Zimbabwe, South Sudan, the United Republic of Tanzania, Niger and Togo</b></li> <li>• Unaffected provinces/districts in countries with an active cholera outbreak (<b>Mozambique, Zambia, Kenya, Ethiopia, DRC and Burundi, Nigeria, South Africa, Cameroon</b>)</li> <li>• Countries with <u>limited capacity</u> using the cholera checklist assessment tool (<b>Madagascar</b>)</li> </ul>	Response actions if Outbreak is confirmed. Application of Minimum Operational Requirements +Recommended Readiness Interventions
Category Two	<p>Member States with</p> <ul style="list-style-type: none"> <li>• moderate risk of importation of a cholera case from one or any of the above countries (category one)</li> <li>• few districts with a high risk of the cholera outbreak</li> </ul>	<b>Uganda, Benin, Rwanda and Burkina Faso</b>	Response actions if Outbreak is confirmed. Application of Minimum Operational Requirements +Recommended Readiness Interventions
Category three	<p>Member States with:</p> <ul style="list-style-type: none"> <li>• low risk of importation of a cholera case from one or any of the above countries (categories one and two)</li> </ul>	All the other countries in the Region	Application of Minimum Operational Requirements +Recommended Readiness Interventions and Risk Monitoring





World Health  
Organization

African Region

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