Cholera in the WHO African Region

Weekly Regional Cholera Bulletin: 12 April 2023

Data reported: as of 11 April 2023
Situation update

Overview

The cholera outbreak in the WHO African Region continues to evolve, with 14 countries currently affected. This highlights the need for Member States to enhance readiness, heighten surveillance and institute preventive and control measures at the points of entry to prevent and mitigate cross border infection. The concurrent climate-induced natural disasters such as cyclone and flooding in the southern African region and drought in the Horn of Africa threatens to impede the progress made in controlling the ongoing outbreaks. The cholera trends are being closely monitored as response and readiness measures are ramped up.

Cumulatively, 166 844 suspected cholera cases have been reported, including 3 357 deaths case fatality ratio (CFR = 2.0%) as of 11 April 2023 (Table 1). Malawi accounts for 34% (57 414) of the total cases and 52% (1 733) of all deaths reported, and together with Cameroon, Democratic Republic of the Congo, Mozambique, and Nigeria contribute to 83% (137 740) of the overall caseload and 84% (2 824) of cumulative deaths.

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, Democratic Republic of the 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.
Figure 1: Distribution of cholera cases and deaths in WHO African Region, January 2021—April 2023
Table 1: Cholera Cases and Deaths in WHO AFRO Region, 1 January 2022 to 11 April 2023

<table>
<thead>
<tr>
<th>Country</th>
<th>Cumulative Cases</th>
<th>Cumulative Deaths</th>
<th>CFR (%)</th>
<th>Data Start Date</th>
<th>Last update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malawi</td>
<td>57 414</td>
<td>1 733</td>
<td>3.0</td>
<td>Mar 2022</td>
<td>10/4/2023</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>30 057</td>
<td>349</td>
<td>1.2</td>
<td>Jan 2022</td>
<td>03/4/2023</td>
</tr>
<tr>
<td>Mozambique</td>
<td>25 438</td>
<td>118</td>
<td>0.5</td>
<td>Sep 2022</td>
<td>10/4/2023</td>
</tr>
<tr>
<td>Nigeria</td>
<td>24 831</td>
<td>624</td>
<td>2.5</td>
<td>Jan 2022</td>
<td>10/4/2023</td>
</tr>
<tr>
<td>Cameroon</td>
<td>15 354</td>
<td>312</td>
<td>2.0</td>
<td>Oct 2021</td>
<td>11/4/2023</td>
</tr>
<tr>
<td>Kenya</td>
<td>8 754</td>
<td>142</td>
<td>1.6</td>
<td>Oct 2022</td>
<td>11/4/2023</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>3 256</td>
<td>62</td>
<td>1.9</td>
<td>Aug 2022</td>
<td>10/4/2023</td>
</tr>
<tr>
<td>South Sudan</td>
<td>830</td>
<td>2</td>
<td>0.2</td>
<td>Feb 2023</td>
<td>08/4/2023</td>
</tr>
<tr>
<td>Zambia</td>
<td>333</td>
<td>8</td>
<td>2.4</td>
<td>Jan 2023</td>
<td>11/4/2023</td>
</tr>
<tr>
<td>Burundi</td>
<td>256</td>
<td>1</td>
<td>0.4</td>
<td>Jan 2023</td>
<td>11/4/2023</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>237</td>
<td>2</td>
<td>0.8</td>
<td>Feb 2023</td>
<td>27/3/2023</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>72</td>
<td>3</td>
<td>4.2</td>
<td>Feb 2023</td>
<td>13/3/2023</td>
</tr>
<tr>
<td>South Africa</td>
<td>11</td>
<td>1</td>
<td>9.1</td>
<td>Feb 2023</td>
<td>27/3/2023</td>
</tr>
<tr>
<td>The Kingdom of Eswatini</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>Mar 2023</td>
<td>05/4/2023</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>166 844</strong></td>
<td><strong>3 357</strong></td>
<td><strong>2.0</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The cholera outbreak in Malawi continues to show a downward trend with a decrease in both cases and deaths. In the past week, the number of cases and deaths decreased by 19.0%, 14.3% retrospectively. As of 10 April 2023, a cumulative total of 57,414 cases have been reported since the onset of the outbreak and all 29 districts were affected. The cumulative number of deaths now stands at 1,733, with a case fatality ratio of 3.0%. The southern region of Malawi was hit by Tropical Cyclone Freddy on 11 March 2023, which destroyed health systems and water and sanitation infrastructure, threatening sustainable improvement in the cholera response. There is a possibility that the response strategy may have prevented a spike in cholera cases despite the impact of the cyclone. The response interventions need to be strengthened to maintain the downward trend of cases and deaths.
Figure 4: Epi Curve for cholera outbreak in Malawi, 3 March 2022 – 10 April 2023
Ongoing Public Health Actions

- Conducted community engagement meetings integrated with Case Management (ORP) and IPC pillars in Zingwangwa and TA Kapeni Health facilities for 40 persons (20 males and 20 females).
- There is an ongoing water sources quality assessment with 390 sources tested out of a target of 440.
- Held an internal operations review of the outbreak and planning meeting last week.

Challenges/Gaps

- Limited WASH infrastructure in affected communities.
- Presence of groups that reject medical interventions.
- Cross-border infection as cases surge in Mozambique poses constraints on existing resources for cholera response in the country.

As of 3 April 2023, the country had reported 30,057 cumulative cases, with 349 deaths (CFR = 1.2%) across 12 affected provinces. The cholera outbreak in the Democratic Republic of the Congo started in January 2022.

Figure 5: Geographical distribution of cholera cases in the Democratic Republic of Congo, as of week 10 2023
The cholera outbreak in Mozambique eased during the reporting week since the devastating impact of Tropical Cyclone Freddy. The number of new cases declined by 41.0% in week 14 to 2 908 cases from 4 926 cases reported in week 13. Cholera related deaths increased by 35.7% from 13 to 19 during the same period. The first cholera case was reported in mid-September 2022 and as of 10 April 2023, the country has reported a cumulative of 25 438 cases, with 118 deaths (CFR = 0.5%). The outbreak has been confirmed in 48 districts in eight (72.7%) of 11 provinces.

Quelimane city in last 7 days, reported 3 184 cases (969 severe and 2 215 mild) and 10 deaths, CFR 0.3%. Gaza province is no longer active, as no new cases have been reported in over 30 days.
Since 2017, cholera outbreaks have occurred in Mozambique every year during the hot and rainy seasons (January to April and October to December), mainly from Nampula, Cabo Delgado, Sofala and Tete provinces.

Zambezia, Sofala, Manica, Tete, and Niassa provinces were affected by tropical cyclone Freddy which made landfall in Zambezia province in the night of 11 March 2023. These five provinces also happen to be the ones affected by cholera. Continued rains and flooding could further exacerbate cholera transmission in the country.

Figure 6: Epicurve of cholera outbreak in Mozambique, September 2022 to 3 April 2023

Figure 7: Districts reporting Cholera cases in Mozambique as of 19 March 2023
### Public Health Actions
- Field office established in Quelimane for response coordination.
- Ongoing OCV campaign in Tete province from 10 – 15 April.

### Challenges/Gaps
- Human resource gaps for the response.

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### Nigeria

<table>
<thead>
<tr>
<th>Grade</th>
<th>Cumulative Cases</th>
<th>Cumulative Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>24,831</td>
<td>624</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

Nigeria has been experiencing a cholera outbreak since January 2022. Cumulative cases reported to WHO as of 10 April 2023 were 24,831 with 624 (CFR = 2.5%). A total of 33 states and the Federal Capital territory and 271 Local Government Areas (LGAs) have reported cases. In 2023 there have been 1,070 reported cases, 34 deaths, CFR 3.2%, from 12 states.

**Figure 8: Weekly trend of cholera cases and deaths in Nigeria, week 1-12, 2023**

![Weekly trend of cholera cases and deaths in Nigeria](image)

### Cameroon

<table>
<thead>
<tr>
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<th>Cumulative Deaths</th>
<th>CFR</th>
</tr>
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<tbody>
<tr>
<td>3</td>
<td>15,354</td>
<td>312</td>
<td>2.0%</td>
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Cumulatively, as of 11 April 2023, Cameroon had reported 15,354 cases with 312 deaths (CFR = 2.0%). There were nine cases reported in week 14 compared to 20 in week 14 showing a 55.0% decrease in cases. However, one death was reported in week 14. The outbreak has affected 55 health districts in eight regions.

**Figure 9: Epicurve of cholera cases in Cameroon from October 2021 to 9 April 2023**

![Epicurve of cholera cases in Cameroon](image)
Figure 10: Map of Cameroon showing districts affected by cholera, October 2021 – 9 April 2023

The cholera outbreak in Kenya is occurring in the context of severe drought, especially in the most affected counties. The onset of rainy season in the country is already impacting on the evolution of the cholera outbreak as more counties are being affected. There was a 24.2% decrease in new cases in week 14, with 382 cases reported compared with 504 cases in week 13. The number of deaths also decreased from 10 in week 13 to 4 in week 14.
Cumulatively, 8,754 suspected cases and 142 deaths (CFR 1.6%) have been reported as of 11 April 2023. Cholera cases have been reported in 19 of 47 counties, with eight counties having 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 borders with Somalia, and one with Ethiopia. The first case of cholera was reported on 8 October 2022, following a wedding in Kiambu County.

Figure 11: Epicurve of Cholera outbreak in Kenya from 8 October 2022 to 11 April 2023

Figure 12: Spot map showing cholera cases and deaths by Sub County, Kenya as of 2 April 2023
Public Health Actions

- National RRT deployed to Nairobi, Kajiado, Mandera, Garissa, Wajir, Tana River, Kiambu, Nakuru, Bomet, and Homa Bay counties.
- Key messages continue to be aired on various radio stations across all hotspot areas.
- Commenced cholera guideline review

Challenges/Gaps

- Inadequate funds to continue support to National response
- Nutritional deficiencies in affected outbreak areas
- Inadequate community-based surveillance capacities
- Poor health seeking behaviour

Ethiopia

<table>
<thead>
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<th>Cumulative Deaths</th>
<th>CFR</th>
</tr>
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<tbody>
<tr>
<td>3</td>
<td>3256</td>
<td>62</td>
<td>1.9%</td>
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Cholera cases in Ethiopia continue to decrease with the country reporting a 75.0% decrease in new cases in week 14 (123 cases) compared with week 13 (492). There was no reported death in week 14. As of 10 April 2023, Ethiopia reported a cumulative case load of 3 256, with 62 deaths (CFR = 1.9). There are 19 out of 24 affected woredas reporting active outbreaks.

The index case was reported on 27 August 2022 from Harana Buluk. 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 13: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 10 April 2023

Figure 14: Map of Ethiopia showing cholera affected states in 2023
Public Health Actions

- New OCV dose (1,910,416) was approved on 30 March 2023 and its campaign micro plan is under preparation.
- WHO dispatched cholera kits, investigation kits and essential medical supplies to five districts.

Challenges/Gaps

- Inadequate operational costs, shortage of water, RCCE printed materials, shortage of mobile van, shortage of vehicle for active case search and household spray.
- There is low access to safe water, low latrine coverage and open defecation.

South Sudan

<table>
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<th>CFR</th>
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<tbody>
<tr>
<td></td>
<td>830</td>
<td>2</td>
<td>0.2%</td>
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South Sudan reported a cumulative number of 830 case and 2 deaths (CFR=0.2%) as of 8 April 2023. The Ministry of Health of South Sudan declared cholera outbreak in Malakal, Upper Nile State on 7 March 2023. Children of age 1 – 4 years old are the most affected accounting for 424 (51%) of the total cases reported followed by <1 year old 290 (35%). The current cholera outbreak is localized in Malakal Upper Nile State on the side boarding Sudan.

Figure 15: Map of South Sudan showing cholera affected states in 2023
Public Health Actions

- The ongoing blanket chlorination campaign of water points and households with the participation of WASH/health partners was started on 4 April led by Malakal municipality council WHO submitted a new request for 200,000 doses of OCV to the International Coordination Group for additional oral cholera vaccines.

Challenges/Gaps

- Inadequate WASH infrastructure in communities.
- Case management charts and job aids need to be translated from English language to Arabic.

Zambia

Grade 3

Cumulative Cases: 333
Cumulative Deaths: 8
CFR: 2.4%

are now eight districts in three provinces affected. Four districts declared the end of cholera outbreaks: Mwansabombwe (Luapula), Lusangazi (Eastern), Vubwi (Eastern), Chipangali (Eastern). However, the lifting of fish ban has started showing signs of cholera resurgence within the district. The fishing camps on Luapula river are characterized with poor WASH and are the epicentres for the current outbreak. Zambia’s index case was confirmed in Vubwi district on 21 January 2023 and was linked to the Mozambique outbreak.

Figure 16: Reported cholera cases in Zambia 21 January to 12 April 2023
Figure 17: Map of Zambia showing affected districts

Public Health Actions
- Risk assessment for Nsama cholera event was conducted.
- Request for 10,167,425 doses of OCV for reactive vaccination initiated. WHO provided cholera laboratory kits to the country.

Challenges/Gaps
- Inadequate WASH supplies especially liquid chlorine; only 20% of required quantities available.
- Low risk perception among the public – people continue to get exposed through contacts to positive cases.
As of 11 April 2023, a cumulative of 256 cases and one death (CFR 0.4%) have been reported across seven health districts in three provinces, some of which border South Kivu in Democratic Republic of the Congo. Burundi has reported cholera cases since 8 December 2022, and the outbreak was officially declared on 1 January 2023.

Figure 18: Epicurve of Cholera outbreak in Burundi as of 20 April 2023

Figure 19: Map of Burundi showing affected districts
Zimbabwe reported 237 suspected cholera cases with 2 deaths as of 27 March 2023 occurring in eight provinces. The outbreak started on 12 February 2023 in Chegutu town, Mashonaland West Province. 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 20: Evolution of cholera cases in Zimbabwe, 23 Feb to 26 Mar 2023
Public Health Actions

- Prepositioning of commodities in cholera hotspot districts.
- Cholera messages are being aired through local community radios.
- Planning for a tabletop simulation exercise.

Challenges/Gaps

- Inadequate WASH infrastructure in communities.
While there are no recent official updates from Tanzania, the country is reported to have zero cases in the past days. There is a need to validate this information. Tanzania has reported a cumulative of 72 cases and three deaths (CFR 4.2%) as of 13 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 13 March 2023**

**Figure 23: Map of United Republic of Tanzania showing affected districts**
Public Health Actions
- Deployment of regional and district Rapid Response Team

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

South Africa reported one new cholera case and no death over the last week, all from Gauteng province and has been classified as an indigenous case like the more recent cases which had no recent travel history or direct link to imported cases. Two cases of cholera were initially imported into South Africa (Gauteng province) by two travellers returning from Malawi on 30 January 2023. All cases so far have been from Gauteng province (the city of Johannesburg district and the city of Ekurhuleni district).

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 24: Epicurve of Cholera outbreak in South Africa, 28 January - 04 March 2023
Public Health Actions
- Planning for a table top simulation exercise in Gauteng and the two most at risk districts
- 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 funds for operational costs

The Kingdom of Eswatini declared a cholera outbreak on 4 April 2023 following the confirmation of the disease in a male patient from Mozambique in the Manzini Region who was visiting relatives in the country on 27 March 2023. The case became ill with diarrhoea and vomiting within two days of arrival in Eswatini. The patient is still undergoing treatment at a health facility. There has been reported a second suspected case.

Public Health Actions
- Ongoing discussions on deployment of a small team to support the country
- Orders made for laboratory kits and other response supplies
- Ongoing case investigation and contact tracing
- Risk communication messages being disseminated

Challenges/Gaps
- Human resource gap
- Need for capacity building of local staff
WHO ACTIVITIES

Readiness:

- 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.
- Ongoing support to countries on readiness.

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
- Combined response efforts to both cholera and cyclone aftermath in Malawi and Mozambique
- Technical inputs on training across all response pillars
- Strengthening surveillance activities including community-based surveillance
- Intensified risk communication and community engagement using all media types as well as community influencers
- Technical support to countries on vaccination strategies for reactive OCV campaigns

Table 3: Categorisation of countries at risk

<table>
<thead>
<tr>
<th>Category</th>
<th>Description of category</th>
<th>Member States</th>
<th>Key Actions</th>
</tr>
</thead>
</table>
| Category One | Member States with:  
- 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 | • Niger and Togo  
• Unaffected provinces/districts in countries with an active cholera outbreak (Mozambique, Zambia, Kenya, Ethiopia, DRC and Burundi, Nigeria, South Africa, Cameroon, South Sudan, the United Republic of Tanzania and Zimbabwe)  
• Countries with limited capacity using the cholera checklist assessment tool (Madagascar) | Response actions if Outbreak is confirmed. Application of Minimum Operational Requirements +Recommended Readiness Interventions |
| 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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