Situation update

Overview

The cholera outbreak in the WHO African Region continues to evolve, with 14 countries currently affected. The concurrent climate-induced natural disasters such as cyclone and flooding in the southern African region and drought in the Horn of Africa have led to increase in cases of cholera in the affected countries. The cholera trends are being closely monitored and 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.

Cumulatively, 171 436 suspected cholera cases have been reported, including 3 378 deaths case fatality ratio (CFR = 2.0%) as of 17 April 2023 (Table 1). Malawi accounts for 34% (57 897) of the total cases and 51% (1 738) of all deaths reported, and together with Cameroon, Democratic Republic of the Congo, Mozambique, and Nigeria contribute to 91% (156 746) of the overall caseload and 93% (3 150) 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 Mpo, 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 18 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>57 897</td>
<td>1 738</td>
<td>3.0</td>
<td>Mar 2022</td>
<td>17/4/2023</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>31 823</td>
<td>353</td>
<td>1.1</td>
<td>Jan 2022</td>
<td>02/4/2023</td>
</tr>
<tr>
<td>Mozambique</td>
<td>26 841</td>
<td>123</td>
<td>0.5</td>
<td>Sep 2022</td>
<td>17/4/2023</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>09/4/2023</td>
</tr>
<tr>
<td>Kenya</td>
<td>8 988</td>
<td>142</td>
<td>1.6</td>
<td>Oct 2022</td>
<td>17/4/2023</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>3 861</td>
<td>69</td>
<td>1.8</td>
<td>Aug 2022</td>
<td>15/4/2023</td>
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<tr>
<td>South Sudan</td>
<td>905</td>
<td>2</td>
<td>0.2</td>
<td>Feb 2023</td>
<td>11/4/2023</td>
</tr>
<tr>
<td>Zambia</td>
<td>334</td>
<td>8</td>
<td>2.4</td>
<td>Jan 2023</td>
<td>15/4/2023</td>
</tr>
<tr>
<td>Burundi</td>
<td>281</td>
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<td>Jan 2023</td>
<td>16/4/2023</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>28/3/2023</td>
</tr>
<tr>
<td>The Kingdom of Eswatini</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>Mar 2023</td>
<td>04/4/2023</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>171 436</strong></td>
<td><strong>3 378</strong></td>
<td><strong>2.0</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The cholera outbreak in Malawi continues to decline as new cases and deaths decreased in by 52% and 58% retrospectively in week 15. As of 17 April 2023, a cumulative total of 57,897 cases have been reported since the onset of the outbreak and all 29 districts were affected. The cumulative number of deaths now stands at 1,738, 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. The response strategy appears to have prevented a spike in cholera cases despite the impact of the cyclone. The response interventions need to be sustained to maintain the downward trend of cases and deaths.
Figure 3: Map of Malawi showing geographical distribution of cases

Figure 4: Epi Curve for cholera outbreak in Malawi, 3 March 2022 –16 April 2023
Ongoing Public Health Actions

- A costed cholera response plan is under review following the just concluded intra action review.
- Conducted water sample collection for microbial and chemical testing at 13 boreholes in five cholera affected villages namely Kalolo, Kamtsalira, Moffat, Dzombe and Dzigwa.
- Ongoing water sources quality assessment with 390 sources tested out of a target of 440.

Challenges/Gaps

- Limited funding and human resource for case management activities.
- Access to some health facilities within the cyclone affected districts remains difficult.
- Cross-border infection as cases surge in Mozambique poses constraints on existing resources for cholera response in the country.

Democratic Republic of the Congo

Grade 3

Cumulative Cases | Cumulative Deaths | CFR
---|---|---
31 823 | 353 | 1.1%

The cholera outbreak in the Democratic Republic of the Congo started in January 2022. As of 2 April 2023, the country had reported 31 823 cumulative cases, with 353 deaths (CFR = 1.1%) across 12 affected provinces.

Mozambique

Grade 3

Cumulative Cases | Cumulative Deaths | CFR
---|---|---
26 841 | 123 | 0.5%

The cholera outbreak in Mozambique in this reporting week 15 declined by 52% from 2 908 reported in week 14 to 1 401 cases. Cholera related deaths also declined by 74% from 19 to 5 during the same period. As of 17 April 2023, the country had reported a cumulative of 26 841 cases, with 123 deaths (CFR = 0.5%). The outbreak has been confirmed in 48 districts in eight of 11 provinces. In week 15, the district of Quelimane in Zambezia province has reported 25%, the largest proportion of all new cases. Quelimane city in last 7 days, reported 3 184 cases (969 severe and 2215 mild) and 10 deaths, CFR 0.3%. Gaza province is no longer active, as no new cases have been reported in over 30 days.

Severe Tropical Cyclone Freddy made landfall in Zambezia province in the night of 11 March 2023 with heavy rainfalls in Zambezia, Sofala, Manica, Tete, and Niassa provinces. This resulted in damage to homes, schools, health facilities with massive displacement of people. Six of the provinces (Nampula, Niassa, Manica, Sofala, Tete and Zambezia) affected by the cyclone also happen to be affected by cholera. Continued rains and flooding could further exacerbate cholera transmission in the country.

The first cholera case was reported in mid-September 2022. 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.
Public Health Actions
- Ongoing reinforcement of the operational capacities with the recruitment and deployment of additional surge capacities in Maputo and in the provinces.
- The OCV campaign in Tete province which started on 10 April 2023 in four districts.

Challenges/Gaps
- Resource mobilization and limited human resources are not adequate for the operational needs
- Presence of multiple emergencies in the country (COVID-19, cVDPV, WPV1 and...
(Angónia, Doa, Mutarara and Tete city) was completed with 491,771 doses administered and 100% of the target population reached.  
- Twenty tents have been constructed in Zambezia province to support the continuity of health services.  
- Rehabilitation of health facilities damaged by cyclone Freddy is ongoing.

- Lack of capacity to maintain continuity of health care in certain locations.  
- Lack of trust and spread of misinformation, especially in Cabo Delgado and Nampula districts hindering response and case management and creating insecurity.

The cholera outbreak in Nigeria has been ongoing 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 7: Weekly trend of cholera cases and deaths in Nigeria, week 1-12, 2023*

Cumulatively, as of 9 April 2023, Cameroon had reported 15,354 cases with 312 deaths (CFR = 2.0%). The outbreak has affected 55 health districts in eight regions since October 2021.
Figure 8: Epicurve of cholera cases in Cameroon from October 2021 to 9 April 2023

Figure 9: 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 in some areas and floods in other areas. There was a 22% decrease in new cases, with 297 new cases reported and a 71.4% decrease in deaths with two new deaths reported in week 15 as compared to seven in week 14. Cumulatively, 8,988 suspected cases and 142 deaths (CFR 1.6%) have been reported as of 17 April 2023. Cholera cases have been reported in 20 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.

Figure 10: Epicurve of Cholera outbreak in Kenya from 8 October 2022 to 17 April 2023
Cholera cases in Ethiopia increased in the last one week. As of 15 April 2023, Ethiopia reported a cumulative case load of 3,861 from Oromia 3,343 (86.6%) and Somali 518 (13.4%) regions, with 69 deaths (CFR = 1.8%). There are 20 out of 23 affected woredas (18 in Oromia (2 newly affected), 2 in Somali) 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 OCV doses, Ethiopia prioritized campaigns in IDP sites and Kebeles having the highest case load and limited WASH.
Figure 12: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 17 April 2023

Figure 13: Map of Ethiopia showing cholera affected states in 2023
South Sudan reported a cumulative number of 905 cases and two deaths (CFR=0.2%) as of 11 April 2023. The Ministry of Health of South Sudan declared a cholera outbreak in Malakal, Upper Nile State on 7 March 2023. Children between 1 – 4 years old age group are the most affected accounting for 450 (50%) of the total cases reported, followed by <1 year old 322 (36%) age group. The current cholera outbreak is localized in Malakal Upper Nile State on the side boarding Sudan.

Figure 14: 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.
- Follow up on four isolates shipped to NICD-South Africa

Challenges/Gaps
- Inadequate WASH infrastructure in communities.
- Need to translate case management chart into Arabic for easy understanding by health workers.
Cumulatively, 334 cases and eight deaths (CFR = 2.4%) have reported as of 15 April 2023. There are now eight districts (Mpulungi district reported its first 2 cases) in three provinces (Eastern, Luapula and Northern) affected. Four districts had earlier 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 conditions 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.

**Table 2: Cases and deaths in Zambia as of 15 April 2023**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
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<td>Vubwi</td>
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<td>81</td>
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<td>79</td>
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<td>29</td>
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<tr>
<td>Chipata</td>
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<td>0</td>
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<td>18</td>
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<td>Chipangali</td>
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<td>2</td>
<td>23</td>
<td>23</td>
<td>0</td>
<td>8.0</td>
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<td>11</td>
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<td>Lusangazi</td>
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<td>1</td>
<td>1</td>
<td>0</td>
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<td>56</td>
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<td>1.8</td>
<td>2.4</td>
<td>18</td>
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<td>0</td>
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<td>0</td>
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<td>Mpulungi</td>
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<td>2</td>
<td>0</td>
<td>0</td>
<td>0.0</td>
<td>0.1</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>0</strong></td>
<td><strong>334</strong></td>
<td><strong>0</strong></td>
<td><strong>8</strong></td>
<td><strong>325</strong></td>
<td><strong>1</strong></td>
<td><strong>122</strong></td>
<td><strong>2.4%</strong></td>
<td><strong>3.6</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Figure 15: Map of Zambia showing affected districts 21 Jan to 15 April 2023*
Public Health Actions
- Risk assessment for Nsama cholera event was conducted.
- Request for 10,167,425 doses of OCV for reactive vaccination initiated. All affected districts, hotspot districts not vaccinated and districts experiencing flooding all included in request.
- 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 16 April 2023, a cumulative of 281 cases and one death (CFR 0.4%) have been reported across eight health districts in four 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.
Table 3: cases and death in Burundi as of 16 April 2023

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Cases</th>
<th>Deaths</th>
<th>CFR (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bujumbura Mairie</td>
<td>Bujumbura Centre</td>
<td>4</td>
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<tr>
<td></td>
<td>Bujumbura Nord</td>
<td>57</td>
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</tr>
<tr>
<td></td>
<td>Bujumbura Sud</td>
<td>16</td>
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</tr>
<tr>
<td>Mpanda</td>
<td></td>
<td>1</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Cibitoke</td>
<td>Cibitoke</td>
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<tr>
<td>Bujumbura</td>
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<td>108</td>
<td>1</td>
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</tr>
<tr>
<td></td>
<td>Kabezi</td>
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<td>0</td>
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<tr>
<td></td>
<td>Rwibaga</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>281</strong></td>
<td>1</td>
<td><strong>0.4</strong></td>
</tr>
</tbody>
</table>

Figure 16: 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. There has been no recent update from Zimbabwe.

Figure 17: Evolution of cholera cases in Zimbabwe, 23 Feb to 26 Mar 2023

Figure 18: Map of Zimbabwe showing affected districts
There are no recent official updates from Tanzania, n. 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 a known case, whose body entered Tanzania on 13 January 2022.

**Figure 19: Epicurve of cholera cases in United Republic of Tanzania, 15 January to 13 March 2023**

**Figure 20: Map of United Republic of Tanzania showing affected districts**
South Africa reported no new case nor death over the last week. Two cases of cholera were initially imported into South Africa (Gauteng province) by two travellers returning from Malawi on 30 January 2023 however most recent cases had no travel history or epidemiologic linkage with previous cases. 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 21: Epicurve of Cholera outbreak in South Africa, 28 January - 04 March 2023
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 recovered and has been discharged from the health facility. There is currently a report of a suspected case being treated in the health facility while awaiting laboratory results.

### Public Health Actions
- Ongoing dissemination of cholera educational messages on various platforms
- Updated and disseminated case definitions, guidelines for specimen collection to health workers
- Ongoing surveillance activities

### Challenges/Gaps
- Inadequate trained human resources for the response
- Inadequate funds for operational costs

### The Kingdom of Eswatini

**Grade 3**

<table>
<thead>
<tr>
<th>Epi week</th>
<th>Total cases</th>
<th>Total deaths</th>
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<tbody>
<tr>
<td>2023 W5</td>
<td>1</td>
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<td>2023 W6</td>
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<td>2023 W10</td>
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</tr>
<tr>
<td>2023 W13</td>
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</tbody>
</table>

**Cumulative Cases:** 11

**Cumulative Deaths:** 0

**CFR:** 0%

**Public Health Actions**
- Team deployed from WHO to support the country’s response
- Laboratory kits have been delivered awaiting other response supplies
- Ongoing active case search and field investigations
- Risk communication messages being disseminated

**Challenges/Gaps**
- Human resource gap
- Need for capacity building
- Resources needed for response
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 4: 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>
<tbody>
<tr>
<td>Category One</td>
<td>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</td>
<td>• 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)</td>
<td>Response actions if Outbreak is confirmed. Application of Minimum Operational Requirements +Recommended Readiness Interventions</td>
</tr>
<tr>
<td>Category Two</td>
<td>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</td>
<td>Uganda, Benin, Rwanda, and Burkina Faso</td>
<td>Response actions if Outbreak is confirmed. Application of Minimum Operational Requirements +Recommended Readiness Interventions</td>
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<tr>
<td>Category Three</td>
<td>Member States with: • low risk of importation of a cholera case from one or any of the above countries (categories one and two)</td>
<td>All the other countries in the Region</td>
<td>Application of Minimum Operational Requirements +Recommended Readiness Interventions and Risk Monitoring</td>
</tr>
</tbody>
</table>
For additional information, please contact

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or the

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Dr RAMADAN Otim Patrick: ramadano@who.int