Cholera in the WHO African Region

Weekly Regional Cholera Bulletin: 25 April 2023

Data reported: as of 24 April 2023
The cholera outbreak in the WHO African Region continues to evolve, with 14 countries currently affected. The climate-induced natural disasters such as cyclone and flooding in the southern African region and drought in the Horn of Africa 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, 174,724 suspected cholera cases have been reported, including 3,412 deaths case fatality ratio (CFR = 2.0%) as of 24 April 2023 (Table 1). Malawi accounts for 33% (58,063) of the total cases and 51% (1,741) of all deaths reported, and together with Cameroon, Democratic Republic of the Congo, Mozambique, and Nigeria contribute to 91% (158,521) of the overall caseload and 93% (3,157) 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.

With the effective response mounted in countries, a few non-endemic countries will soon begin to declare the outbreak over in the coming weeks.
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 24 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>58 063</td>
<td>1 741</td>
<td>3.0</td>
<td>Mar 2022</td>
<td>20/4/2023</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>28 410</td>
<td>127</td>
<td>0.4</td>
<td>Sep 2022</td>
<td>23/4/2023</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>15 394</td>
<td>312</td>
<td>2.0</td>
<td>Oct 2021</td>
<td>16/4/2023</td>
</tr>
<tr>
<td>Kenya</td>
<td>9 153</td>
<td>150</td>
<td>1.6</td>
<td>Oct 2022</td>
<td>22/4/2023</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>4 731</td>
<td>73</td>
<td>1.5</td>
<td>Aug 2022</td>
<td>24/4/2023</td>
</tr>
<tr>
<td>South Sudan</td>
<td>980</td>
<td>2</td>
<td>0.2</td>
<td>Feb 2023</td>
<td>14/4/2023</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>536</td>
<td>15</td>
<td>0.8</td>
<td>Feb 2023</td>
<td>23/4/2023</td>
</tr>
<tr>
<td>Zambia</td>
<td>381</td>
<td>8</td>
<td>2.1</td>
<td>Jan 2023</td>
<td>22/4/2023</td>
</tr>
<tr>
<td>Burundi</td>
<td>327</td>
<td>3</td>
<td>0.9</td>
<td>Jan 2023</td>
<td>23/4/2023</td>
</tr>
<tr>
<td>United Republic of Tanzania</td>
<td>72</td>
<td>3</td>
<td>4.2</td>
<td>Feb 2023</td>
<td>24/4/2023</td>
</tr>
<tr>
<td>South Africa</td>
<td>11</td>
<td>1</td>
<td>9.1</td>
<td>Feb 2023</td>
<td>20/4/2023</td>
</tr>
<tr>
<td>The Kingdom of Eswatini</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>Mar 2023</td>
<td>18/4/2023</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>174 724</strong></td>
<td><strong>3 412</strong></td>
<td><strong>2.0</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The cholera outbreak in Malawi had shown a decline in new cases in previous weeks, however there was an increase in the number of new cases from 331 to 407 (23% increase) from week 15 to 16 respectively. The number of deaths decreased by 60% from 5 deaths in week 15 to 2 deaths in week 16. As of 20 April 2023, a cumulative total of 58 063 cases have been reported since the onset of the outbreak and all 28 districts. The cumulative number of deaths now stands at 1 741, with a case fatality ratio of 3.0%. The most affected districts with the highest number of cases are Lilongwe (21.8%), Blantyre (15.1%), Mangochi (14.6%), Balaka (7.5%), Salima (6.2%) and Machinga (4.1%) of the total number of cases reported. Nine (9) Districts have not reported any new case in the last 14 days.
Figure 3: Map of Malawi showing geographical distribution of cases

Figure 4: Epi Curve for cholera outbreak in Malawi, 3 March 2022 – 20 April 2023
Ongoing Public Health Actions

- Conducted two community dialogues on integrated Cholera response on 17 and 18 April 2023 in Health facilities in Balaka, Kankao, Machinga, Dziwe and Mposa and reached 575 individuals (211 Females, 364 Males) including community leaders and influencers.
- Malawi received 1,947,695 million doses of Oral Cholera Vaccine (OCV) that have been distributed to all the five targeted districts. National supervisors have been deployed to Lilongwe, Salima, Mangochi, Thyolo and Dedza to support the districts in the OCV campaign.

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.

Mozambique

The cholera outbreak in Mozambique in this reporting week 16 declined by 15% from 1,401 reported in week 15 to 1,193 cases. Cholera related deaths also declined by 20% from 5 to 2 during the same period. As of 23 April 2023, the country had reported a cumulative of 28,410 cases, with 127 deaths (CFR = 0.4%). The outbreak has been confirmed in 58 districts in 10 of 11 provinces in the country. The main current hotspots of the cholera outbreak are now in the northern provinces of the country notably in Cabo Delgado and Nampula provinces, both reporting additional number of affected districts and increasing trend in cases in week 16. In Cabo Delgado, Namuno district (42 cases in week 16) declared a cholera outbreak.

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.
Figure 5: Epicurve of cholera outbreak in Mozambique, September 2022 to 23 April 2023

Public Health Actions
- Development and rolling out of 5,000 Cholera Community Kits to support the response at the household levels in newly affected districts and provinces.
- A field monitoring visit in Quelimani in Zambezia to assess the situation and address some of the operational gaps.

Challenges/Gaps
- Resource mobilization and limited human resources are not adequate for the operational needs.
- 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.

Cameroon
- Grade 3
- Cumulative Cases: 15,394
- Cumulative Deaths: 312
- CFR: 2.0%

Cameroon reported a surge in cases in week 16 with 228 new cases from 34 cases in week 15 thus representing a 571% increase. There were also 15 deaths reported in week 16 compared to no death in week 15. The large increase in cases was mainly in the Centre region of the country accounting for 221 (97%) of the new cases. Teams from the regional public health centre have been deployed to investigate and institute control measures. The Ministry of Health has issued a press release on the outbreak in the Centre region. Cumulatively, as of 16 April 2023, Cameroon had reported 15,394 cases with 312 deaths (CFR = 2.0%).
Figure 6: Epicurve of cholera cases in Cameroon from October 2021 to 9 April 2023

Figure 7: 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 35% decrease in new cases, with 193 new cases reported and a 300% increase in deaths with eight new deaths reported in week 16 as compared to week 15. Cumulatively, 9,153 suspected cases and 150 deaths (CFR 1.6%) have been reported as of 22 April 2023. Cholera cases have been reported in 45% of the 47 counties, with eleven 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 8:** Epicurve of Cholera outbreak in Kenya from 8 October 2022 to 23 April 2023
Cholera cases in Ethiopia decreased in the last one week. There was a 17% decrease in new cases, with 597 new cases and no death reported in week 16 as compared to week 15. As of 24 April 2023, Ethiopia reported a cumulative case load of 4,731 with 73 deaths (CFR = 1.5%). There are 25 affected out of 31 woredas (18 in Oromia (Borena and Guji), 2 in Somali and 5 in Southern Nations, Nationalities, and People’s (SNNP) regions 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.
The outbreak in South Sudan can no longer be considered an active cholera outbreak. One PCR positive case was reported on 7th March and since then repeat cultures in both Juba and South Africa have not shown any Vibrio cholerae growth, but rather E. coli, salmonella and Enterobacter. WHO is supporting the country to strengthen its testing capacities and guiding South Sudan to redirect the response to improving WASH and management of the acute watery diarrhoea cases due to those identified pathogens.

South Sudan had reported a cumulative number of 980 suspected case and two deaths (CFR=0.2%) from Malakal Upper Nile State on the side boarding Sudan as of 14 April 2023.
The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province. In week 16, the country reported 64 cases and six deaths. Cumulatively there are 536 suspected cholera cases with 15 deaths as of 23 April 2023. Nine of the ten provinces are affected with majority the case reported from Manicaland and Matabeleland South provinces.

Cumulatively, 381 cases and eight deaths (CFR = 2.1%) have been reported as of 22 April 2023. Zambia reported 48 new cases in week 16 compared with four new cases in week 15. There was no death reported in both weeks. The three districts in two provinces reporting cases are Nchelenge district in Luapula province and Nsama and Mpalungu districts in the northern province. Public health actions are ongoing.

As of 23 April 2023, a cumulative of 327 cases and 3 deaths (CFR 0.9%) were reported from Burundi. There was an increase of 84% in cases from week 15 (25 cases) compared to week 16 (46 cases). Two new deaths were reported in week 16 while no death was reported in the previous week. The hotspot
for this increase in cases was from Isale district in Bujumbura province which accounted for 70% of the new cases. Furthermore, both deaths occurred in same district.

**Figure 12: Map of Burundi showing affected districts as of 22 April 2023**

On 24 April 2023, the Ministry of Health of the United Republic of Tanzania notified WHO of cholera outbreak in Dar es Salam region. The region has reported 10 cases with no deaths bringing the cumulative number of cases and death to 82 and 3 respectively, (CFR 3.7%). Public health actions are being undertaken which include water quality monitoring and testing, treatment of water sources, provision of rapid diagnostic test kits for testing and risk communication and community engagement among others.

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.
South Africa reported no new case nor death since 30 March 2023. Cumulative cases remain at 11 cases and 1 death (CFR=9.1%).

Figure 13: Map of South Africa showing affected districts 21 Jan to 15 April 2023

The Kingdom of Eswatini as of 29 March 2023 reported the first confirmed case of cholera (non-Swazi 20yr-old male with a history of travel from Mozambique) in the Manzini Region. The second confirmed case is a 14-year-old male national from Shiselweni region without any travel history or epi-link to the first case. Samples from both patients were positive for Vibrio cholerae and serotypes 01 Ogawa.

The current farming/harvest period increases the likelihood of cross border movements between both countries, thereby increasing the likelihood of imported cases. As of 18 April 2023, cumulative cases are two with no death.
Public Health Actions
- Team deployed from WHO to support the country’s response
- Ongoing active case search and field investigations
- Risk communication messages being disseminated
- Ongoing capacity building of health workers

Challenges/Gaps
- Human resource gap
- Gaps still present in terms of readiness
- Limited resources for response

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

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 14: Weekly trend of cholera cases and deaths in Nigeria, week 1-12, 2023
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 2: 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</td>
<td>• Niger and Togo</td>
<td>Response actions if Outbreak is confirmed. Application of Minimum Operational Requirements +Recommended Readiness Interventions</td>
</tr>
<tr>
<td></td>
<td>• Unaffected provinces/districts in countries with an active cholera outbreak</td>
<td>• 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)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Countries at high risk of cross-border transmission</td>
<td>• Countries with limited capacity in the cholera checklist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Countries with limited capacity in the cholera checklist</td>
<td>(Madagascar)</td>
<td></td>
</tr>
<tr>
<td>Category Two</td>
<td>Member States with moderate risk of importation of a cholera case from one or any of</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>
</tr>
<tr>
<td></td>
<td>the above countries (category one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• few districts with a high risk of the cholera outbreak</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Description of category</td>
<td>Member States</td>
<td>Key Actions.</td>
</tr>
<tr>
<td>-----------</td>
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<td>--------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 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 |

For additional information, please contact

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