Situation update

Overview

The cholera outbreak has affected 14 countries in the WHO African Region. 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 most of the affected countries. With the rainy season commencing in the west African region there is the risk of more cholera outbreaks on the horizon. The trend across the region is being closely monitored and this highlights the need for Member States to enhance readiness, heighten surveillance and institute preventive and control measures in communities and at the ports of entry to prevent and mitigate cross border infection.

Since 1 January 2022, a cumulative number of 194 840 cholera cases has been reported to the WHO Regional Office for Africa, including 3 700 deaths with a case fatality ratio (CFR) of 1.9% as of 28 May 2023 (Table 1). Malawi accounts for 30% (58 785) of the total cases and 48% (1 760) of all deaths reported, and together with Cameroon, Democratic Republic of the Congo, Mozambique, and Nigeria contribute to 88% (171 630) of the overall caseload and 90% (3 321) of cumulative deaths.

The cholera outbreaks in the African Region are occurring 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, 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 may soon begin to declare the outbreak over in the coming weeks.
Figure 1: Distribution of cholera cases and deaths in WHO African Region, January 2022—28 May 2023
Table 1: Cholera Cases and Deaths in WHO AFRO Region, 1 January 2022 to 28 May 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>
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<tbody>
<tr>
<td>Malawi</td>
<td>58 785</td>
<td>1 760</td>
<td>3.0</td>
<td>Mar 2022</td>
<td>25/5/2023</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>39 597</td>
<td>397</td>
<td>1.0</td>
<td>Jan 2022</td>
<td>18/5/2023</td>
</tr>
<tr>
<td>Mozambique</td>
<td>30 898</td>
<td>137</td>
<td>0.4</td>
<td>Sep 2022</td>
<td>28/5/2023</td>
</tr>
<tr>
<td>Nigeria</td>
<td>25 678</td>
<td>662</td>
<td>2.6</td>
<td>Jan 2022</td>
<td>12/5/2023</td>
</tr>
<tr>
<td>Cameroon</td>
<td>*16 672</td>
<td>365</td>
<td>2.2</td>
<td>Jan 2022</td>
<td>27/5/2023</td>
</tr>
<tr>
<td>Kenya</td>
<td>10 843</td>
<td>177</td>
<td>1.6</td>
<td>Oct 2022</td>
<td>28/5/2023</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>8 391</td>
<td>125</td>
<td>1.5</td>
<td>Aug 2022</td>
<td>28/5/2023</td>
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<tr>
<td>Zimbabwe</td>
<td>1 649</td>
<td>44</td>
<td>2.7</td>
<td>Feb 2023</td>
<td>28/5/2023</td>
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<tr>
<td>South Sudan</td>
<td>1 027</td>
<td>2</td>
<td>0.2</td>
<td>Feb 2023</td>
<td>16/4/2023</td>
</tr>
<tr>
<td>Zambia</td>
<td>688</td>
<td>13</td>
<td>1.9</td>
<td>Jan 2023</td>
<td>25/5/2023</td>
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<td>Burundi</td>
<td>450</td>
<td>7</td>
<td>1.6</td>
<td>Jan 2023</td>
<td>28/5/2023</td>
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<td>United Republic of Tanzania</td>
<td>82</td>
<td>3</td>
<td>3.7</td>
<td>Feb 2023</td>
<td>24/4/2023</td>
</tr>
<tr>
<td>South Africa</td>
<td>78</td>
<td>8</td>
<td>10.3</td>
<td>Feb 2023</td>
<td>26/5/2023</td>
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<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>194 840</strong></td>
<td><strong>3 700</strong></td>
<td><strong>1.9</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NB* Earlier cases stated for Cameroon were from 2021, current number are now from 1 Jan 2022
Country Specific updates

Malawi

The cholera outbreak in Malawi has continued to show a decline in new cases and deaths over the past three months. There were 34 cases (56% decrease) in week 21 compared with 78 cases in week 20. There was no death reported in week 21 compared with two deaths reported week 20.

As of 25 May 2023, a cumulative total of 58 785 cases have been reported since the onset of the outbreak in all the 29 districts of the country. The cumulative number of deaths now stands at 1 760, with a case fatality ratio of 3.0%. Nine districts reported new cases in the last five days and the top three districts were Chikwawa, Blantyre, Lilongwe and Balaka accounting for 77% of new cases reported.

Figure 3: Epi Curve for cholera outbreak in Malawi, 3 March 2022 – 25 May 2023
Ongoing Public Health Actions

- Ongoing cross-border surveillance, integrated active case search and provision of chlorine interventions in communities across the borders in the districts bordering Mozambique and Zambia.
- Daily monitoring of the infection prevention and control (IPC) practices at cholera treatment units (CTUs).

Challenges/Gaps

- Sub-optimal cross-border surveillance engagements with Member States leading to increased importation of cases.
- Scale down of activities with several partners exiting the response.

As of 28 May 2023, the country had reported a cumulative of 30,898 cases, with 137 deaths (CFR = 0.4%). The outbreak trend is declining. The main current hotspots of the cholera outbreak in week 20 were in Sofala, Zambezia and Tete provinces.

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. 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.

Figure 4: Epicurve of cholera outbreak in Mozambique, September 2022 to 28 May 2023
Public Health Actions

- Deployment of team from WHO country office to Nhamatanda district in Sofala Province.
- Conducted case management and infection prevention and control training for health care workers in some of the cholera treatment centres in Sofala and Zambezia provinces.
- Fifteen cholera beds, 2,000 bars of soap, 1,440 bottles of certeza and 90 kg of chlorine were transported from Nampula to Membba district with WHO support.

Challenges/Gaps

- Resource gaps and limited human resources to maintain continuity of health care in certain locations.
- Presence of multiple emergencies in the country (COVID-19, cVDPV, WPV1 and humanitarian situation in the northern part of the country).

As of 28 May 2023, South Africa has reported 78 laboratory confirmed cases with eight deaths (CFR=10.3%). These include 68 cases, seven deaths from Gauteng province and nine cases, with one death from Free State province (all laboratory confirmed). The Limpopo province case had a travel linkage to a cholera affected area. The two provinces have however recorded 425 cases and 23 deaths related to acute watery diarrhoea from 1 Feb to 28 May 2023.

The cholera outbreak in the country can be characterized as a combination of cluster and sporadic cases. While some cases are clustered within specific households or related to social gatherings, there are also sporadic cases reported outside these clusters. Notably, the number of cholera cases reported by South Africa are only laboratory confirmed cases. The total number of cases from South Africa is thus an underestimation of the magnitude of the outbreak. The first case of Cholera was reported from the Gauteng Province on 1 February 2023, National and Gauteng province cholera outbreak coordination committees were activated on 4 February 2023.

Figure 5: Epicurve of cholera outbreak in South Africa as of 28 May 2023
Figure 6: Map of South Africa showing geographical distribution of cases as of 28 May 2023

**Public Health Actions**
- Water monitoring and quality testing ongoing in affected districts.
- Planned deployments from WHO to support the response.
- Planned OCV intervention in affected areas.

**Challenges/Gaps**
- Low index of suspicion from both public and private clinicians.
- Inconsistent compliance of water quality in districts experiencing the outbreaks.
In week 21, Zimbabwe reported cases decreased by 5% from 387 in week 20 to 365 cases. Nine deaths were reported in week 21 compared to 10 deaths in week 20. Cumulatively there were 1,649 cholera cases with 44 deaths (CFR=2.7%) as of 28 May 2023. All of the ten provinces are affected with majority of the cases reported from Manicaland, Harare, Mash West and Mash Cent provinces. The 17 cholera hotspot districts in the country are Buhera, Chegutu, Chikomba, Chimanimani, Chipinge, Chitungwiza, Chiredzi, Harare, Gokwe North, Marondera, Mazowe, Mutare, Murehwa, Shamva, Seke and Wedza. The outbreak in Zimbabwe started on 12 February 2023 in Chegutu town, Mashonaland West Province.

Figure 7: Epicurve of Cholera outbreak in Zimbabwe as of 28 May 2023
Figure 8: Map of Zimbabwe showing cholera affected states as of 28 May 2023

Public Health Actions
- Supporting provinces and districts to respond to alerts.
- Supporting community engagement and risk communication through community leaders.

Challenges/Gaps
- Weak coordination and inadequate resources to support response operations
- Insufficient human resource to provide care to patients and coordinate the response.

In Cameroon, there was a decrease in cases in week 21 with 34 new cases from 469 cases in week 20 thus representing a 93% decrease. There was no death reported in week 21 compared to the seven deaths reported in week 20. Most (96%) of the reported cases are from the Centre region of the
country. Cumulatively, from 1 January 2022 to 27 May 2023, Cameroon had reported 16,672 cases with 365 deaths (CFR = 2.2%). WHO is supporting response activities across all pillars.

**Figure 9: Epicurve of cholera cases in Cameroon from October 2021 to 27 May 2023**

![Epicurve of cholera cases in Cameroon from October 2021 to 27 May 2023](image)

**Figure 10: Map of Cameroon showing districts affected by cholera as of 28 May 2023**

![Map of Cameroon showing districts affected by cholera as of 28 May 2023](image)
Public Health Actions
- Conducted advocacy led by the Coordinator of the United Nations Office for Humanitarian Affairs (OCHA) to the Prime Minister on the cholera response in the country.

Challenges/Gaps
- Insufficient human resource to provide care to patients and coordinate the response.
- Funding gap for response activities.

The cholera outbreak in Kenya is occurring in the context of severe drought in some areas and floods in other areas. The cholera outbreak has shown decline in new cases and deaths. There were 187 cases (32% decrease) in week 21 compared with 276 cases in week 20. Deaths decreased by 90% from 10 deaths in week 20 to one death in week 20.

As of 28 May 2023, a cumulative total of 10,843 cases have been reported since the onset of the outbreak with 177 deaths (CFR=1.6%). Among the 177 deaths reported, 78 (44%) are from Nairobi, and Tana River counties, while Garissa, and Wajir account for 33 (19%) of the total deaths. In the past 10 days, 205 cases were reported nationwide in the following seven counties (active outbreak): Homa Bay (73), Nairobi (54), Garissa (31), Siaya (29), Isiolo (10), Kajiado (7), Kiambu (1) with 1 death from Homa Bay.

Figure 11: Epicurve of Cholera outbreak in Kenya from 8 October 2022 to 28 May 2023
Cholera cases and deaths in Ethiopia decreased in the past week. There was a 53% decrease in new cases, with 373 new cases in week 21 from 787 new cases in week 20. Deaths also decreased by 80% in week 21 with two reported deaths from 10 deaths in week 20.

As of 28 May 2023, Ethiopia reported a cumulative case load of 8 391 with 125 deaths (CFR = 1.5%). There is ongoing outbreak in 58 woredas in Oromia (30), Somali (3), SNNP (21) and Sidama (4) since 27 August 2022. So far, 68 woredas have reported cases in four regions (Oromia=38, Somali=5, SNNP =21 and Sidama/Hawassa =4).

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.

Figure 12: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 28 May 2023
The outbreak in South Sudan can no longer be considered an active cholera outbreak. This is because the last PCR positive case was reported on 7 March and since then repeat cultures in both Juba and additionally sent to South Africa have not shown any *Vibrio cholerae* growth, but rather *E.coli*, *Salmonella* and *Enterobacter spp*. WHO is supporting the country to strengthen its testing capacities and to redirect the response to improving WASH and management of the acute watery diarrhoea cases due to the identified pathogens.

South Sudan had reported a cumulative number of 1,027 suspected case and two related deaths (CFR=0.2%) from Malakal Upper Nile State on the side bordering Sudan as of 16 April 2023.
Cumulatively, 688 cases and 13 deaths (CFR = 1.9%) have been reported as of 25 May 2023. Zambia reported 20 new cases in week 21 (43% decrease) compared with 35 new cases in week 20. There was one death reported in week 21 compared to no death in week 20. Currently, two (2) districts in two (2) provinces of Zambia are reporting cholera outbreaks; Chiengi district in Luapula province and Mpulungu district in Northern Province. Public health actions are ongoing.

Figure 14: Epicurve of cases and deaths in Zambia as of 25 May 2023

As of 28 May 2023, a cumulative of 450 cases and seven deaths (CFR 1.6%) were reported from Burundi. There was a decrease of 22% in cases from 23 cases in week 20 to 18 cases in week 21. There were two deaths reported in week 21 compared with no death in week 20. The health districts affected and the cases reported are Cibitoke (92), Bujumbura North (103), Bujumbura Center (12), Bujumbura South (29), Isare (190), Kabezi (22), Rwibaga (1) and Mpanda (1). Burundi has reported cholera cases since 8 December 2022, and the outbreak was officially declared on 1 January 2023.
Figure 16: Epicurve of cases and deaths in Burundi as of 28 May 2023

Figure 15: Map of Burundi showing affected districts as of 28 May 2023
There are no recent reports from the country. 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. Additionally on 24 April 2023, the Ministry of Health of the United Republic of Tanzania notified WHO of new cholera outbreak in Dar es Salam region which has reported 10 cases so far with no deaths. This brings the cumulative number of cases and death in the country to 82 and three deaths respectively with (CFR 3.7%).

The Kingdom of Eswatini reported the first confirmed case of cholera on 29 March 2023 (non-Swazi 20yr-old male with a history of travel from Mozambique) in the Manzini Region. The second confirmed case was a 14-year-old male 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 O1 Ogawa.

As of 7 May 2023, cumulative cases are two confirmed cases with no death. A total of 19 suspected cases have been reported and tested for *Vibrio cholerae* evaluated since the outbreak began with all tested negative.

The current farming/harvest period increases the likelihood of cross border movements between Eswatini and Mozambique thereby increasing the likelihood of imported cases. Readiness activities are being conducted to build the capacity of health workers through training and pre-positioning of detection and response supplies.

The cholera outbreak in the Democratic Republic of the Congo started in January 2022. As of 18 May 2023, the country had reported 39 597 cumulative cases, with 397 deaths (CFR = 1.0%) across 12 affected provinces.
The cholera outbreak in Nigeria has been ongoing since January 2022. Cumulative cases reported to WHO as of 12 May 2023 were 25,678 with 662 (CFR = 2.6%). A total of 33 states and the Federal Capital territory and 271 Local Government Areas (LGAs) have reported cases. In 2023, there have been 1,336 reported cases, 37 deaths, CFR 2.8%, from 12 states.
WHO ACTIVITIES

Readiness:

- 19 countries prioritized for cholera readiness under priority 1 and 2 countries (see table below).
- Ongoing 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 tele-conference 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>South Sudan, Rwanda, Niger, Togo, Eswatini, Mali, Burkina Faso, Benin, Botswana, Lesotho and Namibia</td>
<td>Response actions if Outbreak is confirmed. Application of Minimum Operational Requirements + Recommended Readiness Interventions</td>
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<td>Unaffected provinces/districts in countries with an active cholera outbreak</td>
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<tr>
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<td>Countries at high risk of cross-border transmission</td>
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<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)</td>
<td>Uganda, Guinea, Sierra Leone, Liberia, Madagascar, Angola, Ghana</td>
<td>Response actions if Outbreak is confirmed. Application of Minimum Operational Requirements + Recommended Readiness Interventions</td>
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<td>Low risk of importation of a cholera case from one or any of the above countries (category one and two)</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 (category 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>
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