



## **Multi country cholera outbreaks, 31 January 2024**

From the start of the year, up until the 29 January 2024, there have been a total of 20 787 cases (2 616 confirmed; 18 171 suspected) and 622 deaths, ((case fatality rate (CFR)=3,0%) that have been reported from 12 African countries (Burundi, Democratic Republic of Congo, Ethiopia, Kenya, Malawi, Mozambique, Uganda, Tanzania, Somalia, South Africa (travel related), Zambia, and Zimbabwe (CDC, 2024).

There is an increased risk of importation of cholera to South Africa due to high number of travelers returning to South Africa and trade between South Africa and affected countries. Therefore, an in-depth account of the current cholera outbreaks will be described for the Southern African Development Community (SADC) region countries that are currently reporting cholera outbreaks. The countries covered are Mozambique, Malawi, Zambia, and Zimbabwe.

### **Mozambique:**

Mozambique is currently experiencing the worst cholera outbreak in 25 years (UNICEF W. , 2023). Cholera is endemic to Mozambique, but the recent outbreak has seen the country experience an exorbitant numbers of cases.

The Mozambique ministry of health (MoH) has been monitoring the situation surrounding the cholera outbreak. From the 01 October 2023 to the 28 January 2024 there have been a total of 10 451 suspected and confirmed cases that have been documented. Of these cases, 7 661 persons have been hospitalized and 25 persons have died (CFR=0,2%) (Mozambique, 2024). A total of 7 of the 11 provinces have reported cases, with Nampula province recording the highest number of total suspected and confirmed cases at 3377 cases (Mozambique, 2024).

The MoH have prioritized urgent needs, in collaboration with UNICEF and WHO, to respond to the outbreak, with a focus on providing critical life-saving support to cholera affected people and communities, as well as preventing further transmission (UNICEF, 2023). Actions have been taken to strengthen coordination, surveillance, outbreak investigation, case management, water, sanitation, hygiene (WASH) and infection prevention and control (IPC), risk communication and community engagement (RCCE), vaccination as well as logistics and supplies (UNICEF, 2023). The MoH provides daily updates for the public on the cholera outbreak.

### **Malawi:**

Malawi has been battling with a cholera outbreak since March 2022, with cholera seasons starting on 01 November every year (Malawi, 2024). Since the advent of the outbreak in March 2022, the country has experienced a total of 59 084 confirmed cases, which includes 1771 deaths (CFR=3,0%). The government of Malawi has

implemented a campaign known as the Tithetse Cholera Campaign, to curb the outbreak (Malawi, 2024). This campaign focuses on increasing access to appropriate cholera prevention and treatment healthcare services, increasing access to safe water, sanitation and improved food hygiene, as well as strengthening risk communication, community involvement and social mobilization in cholera prevention. This initiative was launched in February 2023 (WHO, 2023a). With the occurrence of this initiative, the country has been experiencing fewer cases with sporadic new cases of cholera since June 2023. The country was also supported by the WHO in accessing 4.9 million doses of the oral cholera vaccines from the International Coordinating group, with funding from Gavi, the Vaccine Alliance. To date, these vaccines were deployed in 21 out of Malawi's 29 districts in 2 vaccine campaigns. The first campaign occurred between May and June 2022 where 1,95 million doses were administered in nine of the most affected districts. A second batch of 2.9 million doses arrived in October, and WHO together with UNICEF, supported a vaccination campaign in November in 14 more districts. These vaccination campaigns assisted to curb the number of infections experienced (WHO, 2023b).

From the start of the last cholera season, which began on 01 November 2023 to 14 January 2024, a total of 49 confirmed cholera cases had been detected with 2 deaths reported (CFR=4,1%) from 10 health districts across the country (Malawi, 2024). From these statistics, there has been a marked decline in the number of cases and deaths reported as compared to the previous season. However, the ministry is aware that sporadic cholera cases continue to arise, illustrating that there are still areas of infection and transmission. The country is also aware of outbreaks in neighboring countries, such as Zambia, and are on continuous alert to allow for actions to prevent a further resurgence within the country. The public health initiatives, to prevent resurgence, are collaborative effort between the relevant ministries within the government, district authorities as well as local and international non-governmental organizations. Working together, these collaborations aim to address the key risk factors, allow for early identification, reporting and management of cholera cases at the community level as well as the health facility level (Malawi, 2024).

### **Zambia:**

Since the reporting of an outbreak in Lusaka province on 18 October 2023, 14 900 cases and 560 deaths (CFR=3.8%) have been reported across all ten provinces as of the 27 January 2024 (WHO, 2023c; WHO, 2024a; WHO, 2024b). Lusaka, Central and Eastern provinces are the worst affected. The rapid spread of disease and increased number of reported cases suggests that the outbreak may be one of the worst in the country's recent history, with an average of over 400 cases being reported every 24 hours over the past seven days as of 23 January 2024 (UNICEF, 2024).

Out of the 115 districts, 62 have confirmed local transmission of cholera, with cases in the Eastern province being linked to Malawi and Mozambique. Lusaka province remains the epicenter accounting for 95% of all reported cases in the country (WHO, 2024).

Children have been disproportionately affected. As of the 23 January 2024, 48% of the reported cases are children under the age 15, of which 32% are children under the age of 5 (UNICEF, 2024). Males account for more cases and deaths across all age categories and 57% of all deaths occurred within communities. Ongoing mortality

audits indicate a high tendency of treatment with non-pharmaceutical products (UNICEF, 2024).

In efforts to control the outbreak, an outbreak response team was activated, coordinated by the Disaster Management and Mitigation Unit where the 2023/2024 National Multi Hazard Contingency Plan for Zambia was implemented alongside the Multi-Sectoral Cholera Elimination Plan (MCEP) 2021-2025 (WHO, 2024a; UNICEF, 2024; IFRC, 2023) Further outbreak control efforts have been disseminated towards the provision of water tanks in communities, oral rehydration points for access to early treatment in high traffic areas such as markets, churches and bus stops and public health campaigns to promote safe hygiene practices (WHO, 2024b). Cholera treatment centers have also been established with the largest being at the National Heroes Stadium in central Lusaka and is currently accommodating 568 cholera patients, of which 195 are children (UNICEF, 2024). Additionally, partnerships were formed with Gavi, the Vaccine Alliance and the WHO to reinforce continuing outbreak control measures. Through these partnerships more than 1.7 million cholera vaccine doses have been delivered to the country to help curb the outbreak (WHO, 2024b).

### **Zimbabwe:**

The first case of cholera in Zimbabwe was reported in February 2023 (WHO, 2024c). Since then, 20 446 cases have been reported in all ten provinces. Harare, Manicaland, and Masvingo are the worst affected (WHO, 2024c; Zimbabwe, 2024). In the week ending 21 January 2024, a total of 1499 suspected cases were reported, this is 20% less than the 1875 cases reported in the previous week (WHO, 2024c). There have been 409 deaths registered as of 24 January 2024, 71 of which were culture confirmed cholera cases (CFR=2.2%) (Zimbabwe, 2024).

Outbreak control efforts are ongoing with the continuance of disease surveillance and prevention as well as the improvement of WASH services to avert further spread of disease. Public awareness campaigns on the risks of the disease are continuing and treatment centres are being established in heavily burdened areas (Zimbabwe, 2024). In an effort to decentralize health services two polyclinics have been set up in Harare to decongest Beatrice Road Infectious Diseases Hospital and two treatment centres have been established in Harare and Masvingo (WHO, 2024c).

To implement a more comprehensive strategy and further bolster its response, the Zimbabwean government has been working closely with the WHO receiving support in strengthening its surveillance systems, case management, raising public awareness and ensuring vulnerable communities have access to safe water and sanitation (WHO, 2024c). Following the approval by the WHO International Coordinating Group on Vaccine Provision earlier this month, Zimbabwe is set to receive 2.2 million doses of the oral cholera vaccine. The campaign is projected to span over 26 districts with the first batch of 892 286 doses being expected to arrive in the country by 25 January 2024 (WHO, 2024c).

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