

UPDATE ON THE MULTI-COUNTRY CHOLERA OUTBREAK

Overview:

The seventh cholera pandemic began in South Asia in 1961 and continues today.⁽¹⁾ Since mid-2021, there has been a global upsurge in the pandemic, resulting in the World Health Organization (WHO) classifying the resurgence as a grade 3 emergency in January 2023.⁽²⁾ This is due to the number and size of outbreaks, geographical expansion to new areas, re-emergence in areas previously free of cholera, and the shortage of vaccines and other resources.^(1, 2)

The global shortage of Oral Cholera Vaccines (OCVs) has affected the response to the pandemic.⁽²⁾ Fifteen countries have requested OCVs since January 2023, and the demand for doses far outweighs the supply.⁽²⁾ Other factors contributing to the continuation of the pandemic are humanitarian crises, overburdened health systems, inadequate water sanitation and hygiene (WASH) infrastructure, armed conflicts, displacement, travel and trade, climate change, and inadequate surveillance, particularly at border sites.^(2, 3)

For the year 2024, as of 28 April 2024, there have been 145 900 cholera cases and 1 766 deaths recorded globally.⁽²⁾ The Western Pacific Region is the only WHO region with no reported cases this year.⁽²⁾ The African Region accounts for the highest burden of cases (80 429 cases; 14 countries), followed by the Eastern Mediterranean Region (62 190 cases; six countries), the Region of the Americas (2672 cases; one country), the South-East Asia Region (583 cases; two countries), and the European Region (26 cases; one country).⁽²⁾

Due to the high risk of importation of cases to South Africa, particularly from neighbouring countries, this report will focus on the Southern African Development Community (SADC) Region. The following countries in the SADC Region have recently reported ongoing cholera transmission:

Comoros: The cholera outbreak in Comoros was declared on 2 February 2024.⁽⁴⁾ As of 12 May 2024, the country has recorded 5 062 confirmed cases and 102 deaths ((Case-Fatality Rate(CFR): 2.0%)).⁽⁵⁾ The affected regions are Mwali, Ndzuwan and Ndazidja.⁽⁵⁾ The CFR for this outbreak is above the WHO's acceptable level for cholera outbreaks (1.0%). Some cited reasons for this are insufficient response resources, inadequate access to healthcare, and disease denial in some communities.⁽⁴⁾

The Democratic Republic of the Congo (DRC): The DRC has been experiencing a protracted cholera outbreak since March 2022.⁽⁵⁾ As of 12 May 2024, the country has recorded 15 090 cases (398 confirmed; 14 692 suspected) and 267 deaths this year (CFR: 1.8%).⁽⁵⁾ The CFR for this outbreak is above the WHO's acceptable threshold. Twelve of the 26 provinces have been affected.⁽⁵⁾

Mozambique: Mozambique is currently experiencing its most severe cholera outbreak in 25 years.⁽⁶⁾ The protracted outbreak began in September 2022, and an increase in cases was noted in October 2023.^(5, 6) For the current year, as of 12 May 2024, the Ministry of Health

has recorded 7 499 confirmed cases and 15 deaths (CFR: 0.2%).(5) Eight of the country's 10 provinces have been affected.(5)

Zambia: Zambia's cholera outbreak was first declared in October 2023.(5) As of 12 May 2024, the country has recorded 19 902 cases (1 432 confirmed; 18 470 suspected) and 612 deaths since the start of the year (CFR: 3.1%).(5) All 10 provinces in Zambia are experiencing active cholera outbreaks.(5) The CFR for this outbreak is above the WHO's acceptable threshold.

Zimbabwe: Zimbabwe declared a cholera outbreak in February 2023.(5) For the year so far, as of 12 May 2024, the country has recorded 18 619 cases (2 189 confirmed; 16 430 suspected) and 376 deaths (CFR: 2.0%).(5) The CFR for this outbreak is above the WHO's acceptable threshold. Most of the country's districts (61/64, 95.3%) have reported cases this year.(5)

The risk of importation of cholera cases to South Africa remains high. Collaborative cross-border and routine surveillance measures should be strengthened to enable early detection of cases and prompt implementation of response measures. Healthcare workers should maintain a high index of suspicion for cholera in anyone presenting with acute diarrhoeal illness. As cholera is a category 1 Notifiable Medical Condition (NMC), all suspected and confirmed cases must be reported immediately by the most rapid means, followed by written or electronic notification within 24 hours (<https://nmc.nicd.ac.za/>). More information on cholera can be accessed using the following link: <https://www.nicd.ac.za/diseases-a-z-index/cholera/>.

References:

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