Situation update

Overview

The cholera outbreak in the WHO African Region continues to evolve, with 14 countries currently affected. The Kingdom of Eswatini declared a new cholera outbreak on 4 April 2023 following confirmation of the disease in a traveller from a neighbouring country who arrived on 27 March 2023. 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. The concurrent climate-induced natural disasters such as cyclone and flooding in the southern African region and drought in the Horn of Africa threatens to impede the progress made in controlling the ongoing outbreaks. The cholera trends are being closely monitored as response and readiness measures are ramped up.

In week 13, there was a 40.7% decrease in incidence cases, with 6,464 cases recorded from seven countries compared with 10,896 cases reported from 11 countries in week 12. There was also a 29.8% decrease in deaths recorded during the same period, as 40 deaths occurred in week 13 compared with 57 in week 12 of 2023.

Cumulatively, 160,756 suspected cholera cases have been reported, including 3,288 deaths (case fatality ratio (CFR = 2.1%)) as of 4 April 2023 (Table 1). Malawi accounts for 35% (56,763) of the total cases and 52% (1,722) of all deaths reported, and together with Cameroon, Democratic Republic of the Congo, Mozambique, and Nigeria contribute to 78% (125,837) of the overall caseload and 91% (2,984) of cumulative deaths from 1 January 2022 to 4 March 2023.

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.

**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 5 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>Burundi</td>
<td>232</td>
<td>1</td>
<td>0.4</td>
<td>Jan 2023</td>
<td>04/4/2023</td>
</tr>
<tr>
<td>Cameroon</td>
<td>14,582</td>
<td>296</td>
<td>2.0</td>
<td>Oct 2021</td>
<td>30/3/2023</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>30,057</td>
<td>349</td>
<td>1.2</td>
<td>Jan 2022</td>
<td>03/4/2023</td>
</tr>
<tr>
<td>The Kingdom of Eswatini</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>Mar 2023</td>
<td>05/4/2023</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>2,757</td>
<td>57</td>
<td>2.1</td>
<td>Aug 2022</td>
<td>03/4/2023</td>
</tr>
<tr>
<td>Kenya</td>
<td>8,202</td>
<td>133</td>
<td>1.6</td>
<td>Oct 2022</td>
<td>04/4/2023</td>
</tr>
<tr>
<td>Malawi</td>
<td>56,763</td>
<td>1,722</td>
<td>3.0</td>
<td>Mar 2022</td>
<td>04/4/2023</td>
</tr>
<tr>
<td>Mozambique</td>
<td>22,482</td>
<td>97</td>
<td>0.4</td>
<td>Sep 2022</td>
<td>04/4/2023</td>
</tr>
<tr>
<td>Nigeria</td>
<td>24,435</td>
<td>617</td>
<td>2.5</td>
<td>Jan 2022</td>
<td>13/3/2023</td>
</tr>
<tr>
<td>Zambia</td>
<td>317</td>
<td>8</td>
<td>2.5</td>
<td>Jan 2023</td>
<td>04/4/2023</td>
</tr>
<tr>
<td>South Africa</td>
<td>11</td>
<td>1</td>
<td>9.1</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>Zimbabwe</td>
<td>237</td>
<td>2</td>
<td>0.8</td>
<td>Feb 2023</td>
<td>27/3/2023</td>
</tr>
<tr>
<td>South Sudan</td>
<td>608</td>
<td>2</td>
<td>0.3</td>
<td>Feb 2023</td>
<td>30/3/2023</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>160,756</strong></td>
<td><strong>3,288</strong></td>
<td><strong>2.1</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The cholera outbreak in Malawi continues to decline as new cases decreased from 1101 in week 12 to 853 in week 13 (22.5% decrease). New deaths also decreased from 23 in week 12 to 14 in week 13, (39.1% decrease). As of 4 April 2023, a cumulative total of 56 763 cases have been reported since the onset of the outbreak and all 29 districts are affected (23 out of the 29 districts reported new cases in the last 7 days). The cumulative number of deaths now stands at 1722, 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 strengthened to maintain the downward trend of cases and deaths.
Figure 3: Map of Malawi showing geographical distribution of cases

![Map of Malawi showing geographical distribution of cases](image)

Legend

- **Confirmed cases**
  - 0.13% - 1.59%
  - 1.59% - 4.19%
  - 4.19% - 7.59%
  - 7.59% - 12.19%
  - Districts not affected

Numbers in brackets represent the cumulative number of cases

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city, or area or concerning the delimitation of its frontiers or boundaries.

Figure 4: Epi Curve for cholera outbreak in Malawi, 3 March 2022 – 4 April 2023

![Epi Curve for cholera outbreak in Malawi, 3 March 2022 – 4 April 2023](image)
Ongoing Public Health Actions

- Held an internal operations review of the outbreak and planning meeting this week.
- Conducted training in community case management of cholera and conducted community sensitization and community mobilization for a total of 116 (68 Blantyre, 48 Nsanje) Community Health volunteers, HSAs, and community leaders in Tengani, Nsanje and Ndilande, Blantyre.
- Establishment of 30 new Oral Rehydration Points (ORPs) in Salima, Machinga and Balaka (10 in each district).
- Dialogue held by WHO RCCE team and MoH partners with 61 (42 male and 19 female) community influencers (Religious leaders, Chiefs and herd men, Political leaders, motorcycle leaders) on the driving factors contributing to increased cases in the region.
- Routine death review to identify bottlenecks in the response system.

Challenges/Gaps

- Limited WASH infrastructure in highly-densely populated parts of the country which continue to facilitate spreading of infection.
- Presence of groups that reject medical interventions.
- Cross-border infection as cases surge in Mozambique poses constraints on existing resources for cholera response in the country.

Mozambique

<table>
<thead>
<tr>
<th>Grade</th>
<th>Cumulative Cases</th>
<th>Cumulative Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>22 482</td>
<td>97</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

The cholera outbreak in Mozambique eased during the reporting week since the devastating impact of Tropical Cyclone Freddy. The number of new cases declined by 30.6% in week 13 to 4829 cases from 6956 cases reported in week 12. Cholera related deaths marginally increased from 10 to 12 during the same period. As of 4 April 2023, the country has reported a cumulative of 22 482 cases, with 97 deaths (CFR = 0.4%). The outbreak has been confirmed in 48 districts in eight of 11 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. This has resulted in damage to homes, schools, health facilities with massive displacement of people. Some of the provinces affected by the cyclone also happen to be the ones 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.

Figure 12: Epicurve of cholera outbreak in Mozambique, September 2022 to 3 April 2023

Figure 13: Districts reporting Cholera cases in Mozambique as of 19 March 2023
Public Health Actions
- Field office established in Quelimane for response coordination.
- More human resource (national and international) have been deployed/recruited to support the response.
- Response supplies have been delivered to the country - 300 units of RDTs, 10 investigation kits, 32 484 litres of ringers lactate.

Challenges/Gaps
- Shortage of staff to carry out case management.
- Delay in getting Visa for response technical experts.
- Delay in recruiting both national and international experts.

The regional office did not receive an update from the Democratic Republic of the Congo for week 13. As of April 2023, the country had reported 30,057 cumulative cases, with 349 deaths (CFR = 1.2%) across 12 affected provinces. The cholera outbreak in the Democratic Republic of the Congo started in January 2022.

Table 2: Cholera cases and deaths in Democratic Republic of the Congo, for Epi weeks 9 and 10, 2023

<table>
<thead>
<tr>
<th>Province</th>
<th>Week 11, 2023</th>
<th></th>
<th>Week 10, 2023</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>case</td>
<td>death</td>
<td>case</td>
<td>death</td>
</tr>
<tr>
<td>Nord-Kivu</td>
<td>2005</td>
<td>3</td>
<td>1109</td>
<td>7</td>
</tr>
<tr>
<td>Tanganyika</td>
<td>79</td>
<td>3</td>
<td>98</td>
<td>0</td>
</tr>
<tr>
<td>Sud-Kivu</td>
<td>71</td>
<td>1</td>
<td>41</td>
<td>0</td>
</tr>
<tr>
<td>Haut-Lomami</td>
<td>10</td>
<td>0</td>
<td>54</td>
<td>0</td>
</tr>
<tr>
<td>Haut-Katanga</td>
<td>49</td>
<td>2</td>
<td>67</td>
<td>2</td>
</tr>
<tr>
<td>Lomami</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kasai-Oriental</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kasai Central</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tshopo</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Equateur</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lualaba</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Maniema</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grand total</td>
<td>2214</td>
<td>9</td>
<td>1369</td>
<td>9</td>
</tr>
</tbody>
</table>
The cholera outbreak in Kenya is occurring in the context of severe drought, especially in the most affected counties. The onset of rainy season in the country is already impacting on the evolution of the cholera outbreak as more counties are being affected. There was a 29.6% increase in new cases in week 13, with 504 cases reported compared with 389 cases in week 12. The number of deaths also increased from 9 in week 11 to 10 in week 13. Cumulatively, 8202 suspected cases and 133 deaths (CFR 1.6%) have been reported as of 4 April 2023. Cholera cases have been reported in 19 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. The first case of cholera was reported on 8 October 2022, following a wedding in Kiambu County.
Figure 10:  Epicurve of Cholera outbreak in Kenya from 8 October 2022 to 2 April 2023

Figure 11:  Spot map showing cholera cases and deaths by Sub County, Kenya as of 2 April 2023
### Public Health Actions

- National RRT deployed to Nairobi, Kajiado, Mandera, Garissa, Wajir, Tana River, Kiambu, Nakuru, Bomet, and Homa Bay counties.
- Key messages continue to be aired on various radio stations across all hotspot areas.
- Management of cholera cases in established CTCs/CTUs

### Challenges/Gaps

- Inadequate community-based surveillance capacities
- Poor health seeking behaviour

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### Cameroon

<table>
<thead>
<tr>
<th>Grade 3</th>
<th>Cumulative Cases</th>
<th>Cumulative Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14 582</td>
<td>296</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

The regional office did not receive recent data from Cameroon. Figure 8 reveals the status of cases as of the last report. Cumulatively, as of 26 March 2023, Cameroon had reported 14 582 cases with 296 deaths (CFR = 2.0%). The outbreak has affected 55 health districts in eight regions.

Figure 8: Epicurve of cholera cases in Cameroon from October 2021 to 26 March 2023
The cholera outbreak in Nigeria has been ongoing since January 2022. While there have not been recent updates from country, the general trend is reported to be on the decline, with a 53.6% decrease seen in February (213) compared with January (459). Cumulative cases reported to WHO as of 13 March 2023 were 24 435 with 617 (CFR = 2.5%). A total of 33 states and the Federal Capital territory and 271 Local Government Areas (LGAs) have reported cases. Cross River State has reported the highest number of cases since January 2023, accounting for 68.3% of the cases (459) and 56% of deaths (14), followed by Ebonyi, accounting for 13% of cases (87) and 20% of deaths (5).
Figure 5: Weekly trend of cholera cases and deaths in Nigeria, week 1-9, 2023

Figure 6: Map of Nigeria showing cholera affected states in 2023
Cholera cases decreased in Ethiopia in the past week as the country registered a 27.8% (231) decrease in new cases in week 13 compared with week 12 (320). Deaths also decreased by 71.4% from seven in week 12 to two in week 13. As of 3 April 2023, Ethiopia reported a cumulative case load of 2757, with 57 deaths (CFR = 2.1). There are 17 out of 22 affected woredas reporting active outbreaks.

The index case was reported from 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 OVC doses, Ethiopia prioritized campaigns in IDP sites and Kebeles having the highest case load and limited WASH.

Figure 14: Epicurve of Cholera outbreak in Ethiopia from October 2022 to 1 April 2023

Figure 15: Map of Ethiopia showing cholera affected states in 2023
Public Health Actions
▪ Adopted local language cholera prevention & control messages, and disseminated at different marketplaces, Schools different community gatherings cars, religious leaders & community leaders (Aba Gedas) WHO supported ORS (8000), fluid (240), Investigation kits (105 for SNNP, SWEPR, Somali & Oromia), cholera kits, Community based ORP (3), and peripheral (3)
▪ WHO dispatched cholera investigation and community kits to Moyale for cholera readiness from WHO warehouse.

Challenges/Gaps
▪ OCV dose shortage for affected woredas and escalating outbreak
▪ Inadequate operational costs, shortage of water, RCCE printed materials, shortage of mobile van, shortage of vehicle for active case search and household spray, gap in capacity is among observed challenge
▪ WASH is challenged especially low access to safe water, low latrine coverage and open defecation

Zambia

Grade 3
Cumulative Cases
317
Cumulative Deaths
8
CFR
0.8%

There was a 11.1% (24 cases) reduction in the number of new cholera cases reported in week 13 in Zambia compared to 27 cases in week 12. Cumulatively, 317 cases and eight deaths (CFR = 0.8%) have reported as of 4 April 2023. There are now eight districts (Mpuulungi district reported its first 2 cases) in three provinces affected. Four districts 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 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.

Figure 16: Reported cholera cases in Zambia 21 January to 12 April 2023

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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.

Burundi

<table>
<thead>
<tr>
<th>Grade 3</th>
<th>Cumulative Cases</th>
<th>Cumulative Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>232</td>
<td>1</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

There was a 120% increase in new cholera cases in Burundi from 10 cases in week 12 to 22 cases in week 13. There was a new death reported in week 13. As of 4 April 2023, a cumulative of 232 cases and one death (CFR 0.4%) have been reported across seven health districts in three 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.
Figure 18: Epicurve of Cholera outbreak in Burundi as of 20 April 2023

Figure 19: Map of Burundi showing affected districts
South Africa reported one new cholera case and no death over the last week, all from Guateng province and has been classified as an indigenous case like the more recent cases which had no recent travel history or direct link to imported cases. Two cases of cholera were initially imported into South Africa (Gauteng province) by two travellers returning from Malawi on 30 January 2023. All cases so far have been from Guateng 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 20: Epicurve of Cholera outbreak in South Africa, 28 January - 04 March 2023**

**Public Health Actions**
- Planning for a table top simulation exercise in Gauteng and the 2 most at risk districts
- Issued out cholera educational messages on various platforms
- Updated and disseminated case definitions, guidelines for specimen collection

**Challenges/Gaps**
- Inadequate trained human resources for the response
- Inadequate funds for operational costs
While there are no recent official updates from Tanzania, the country is reported to have zero cases in the past days. There is a need to validate this information. 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 person who died in Mozambique, whose body entered Tanzania on 13 January 2022.

*Figure 21: Epicurve of cholera cases in United Republic of Tanzania, 15 January to 13 March 2023*
The cholera outbreak in Zimbabwe has been steadily declining since mid-March 2023 (see figure 22). There was a 36.4% decrease (107 to 68 cases) in new cases in the last two weeks (12 and 13) compared to weeks 10 and 11. There was one death for each of the 2 weeks compared. The country did not report the number of cases or deaths to the regional office for week 13. Zimbabwe reported 237 suspected cholera cases with eight deaths as of 27 March 2023 occurring in eight provinces. The outbreak started on 12 February 2023 in Chegutu town, Mashonaland West Province. It is still unclear what the source of the infection is, but there is a suspicion of a borehole being the source. The borehole is two meters away from the sewage pipeline.
Figure 23: Evolution of cholera cases in Zimbabwe, 23 Feb to 26 Mar 2023

![Zimbabwe Cholera Suspected Cases as at 26/3/23](image)

Figure 24: Map of Zimbabwe showing affected districts

![Map of Zimbabwe](image)
South Sudan reported a cumulative number of 608 cases and 2 deaths (CFR=0.3%) as of 30 March 2023. The Ministry of Health of South Sudan declared a cholera outbreak in Malakal, Upper Nile State on 7 March 2023. Children of age 1–4 years old are the most affected accounting for 334 (55%) of the total cases reported followed by <1 year old 197 (32%). The current cholera outbreak is localized in Malakal, Upper Nile State on the side boarding Sudan.

**Figure 25: Epicurve of cholera outbreak in Malakal county as of 30 March 2023**
Figure 26: Map of South Sudan showing cholera affected states in 2023

Public Health Actions
- Oral cholera vaccination campaign is ongoing with about 82% (54,538) coverage as of 30 March 2023.
- Three laboratory technicians (1 from NPHL and 2 from WHO) have been deployed to support sample collection and management in Malakal.
- WHO hired 2 additional vehicles to support response activities in Malakal as well as dispatched 1 x 48sqm and 1 x 24sqm medical tents to support the cholera response.

Challenges/Gaps
- Inadequate WASH infrastructure in communities.
- Inadequate RDT testing at the sub national level.
- Case management charts are in English making it difficult for healthcare workers who only understand Arabic.

The kingdom of Eswatini

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 still undergoing treatment at a health facility.
### Public Health Actions
- Ongoing discussions on deployment of a small team to support the country
- Orders made for lab kits and other response supplies
- Ongoing case investigation and contact tracing
- Risk communication messages being disseminated

### Challenges/Gaps
- Human resource gap
- Need for capacity building of local staff

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### 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.

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### Table 3: 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</td>
<td>Description of category</td>
<td>Member States</td>
<td>Key Actions.</td>
</tr>
<tr>
<td>----------</td>
<td>-------------------------</td>
<td>---------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>Category Two</strong></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>
</tr>
<tr>
<td><strong>Category three</strong></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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e-mail: okotc@who.int

or the

Incident Manager Regional Cholera IMST:
Dr RAMADAN Otim Patrick: ramadano@who.int