2013 Cholera Report Overview
West and Central Africa
5 November 2013

HIGHLIGHTS

- 24,519 cholera cases and 484 deaths have been reported in 17 countries in West and Central Africa in 2013 -- 64 per cent less than last year.
- The most affected countries by number are DRC, the Republic of Congo, and Guinea Bissau.
- The peak months of cholera occurred between mid-March to mid-April; the lowest period of reported cases was from mid-June to mid-July.
- There has been a 100 per cent increase in the number of reported cholera cases in Nigeria in October as compared to September.
- The current hotspots are: (1) Nigeria, (2) Guinea Bissau, (3) DRC, (4) Guinea and Sierra Leone (5) Togo and Benin – ranked in order of importance.

Summary

This report provides an overview of the cholera situation in West and Central Africa as regards impact, trends and response to date and was written in collaboration with the Cholera Platform for West and Central Africa, a coordination entity launched by the Regional Sector Groups for WASH and Health. The report covers the 24 countries under OCHA-ROWCA’s coverage area for the period of January to 5 November 2013.

Regional cholera experts note that recent media reports of cholera spikes are cause for concern but not cause for alarm. The number of reported cholera cases is not indicative of a forthcoming epidemic, especially as compared to the previous three years. However, there are hotspots that warrant close monitoring, and interventions should occur immediately to avoid a deterioration of the situation.

Cholera in the Region: Impact & Trends

Overall, there is a downward trend in the region in the number of cholera cases as compared to 2012. More than three-quarters through 2013, 24,519 cholera cases and 484 deaths have been reported in 17 countries in West and Central Africa this year. This represents almost a two-third decrease as compared to the same period in 2012 when 69,778 were affected and 1,296 people killed. The most affected countries by number of cases are The Democratic Republic of Congo (20,293), the Republic of Congo (1,013) and Guinea Bissau (822); the countries...
reporting the highest Case Fatality Rate\(^1\) (CFR) are Guinea (9.4 per cent), Mali (9.1 per cent), and Nigeria (5.9 per cent).

**Trends**

![WCA trends in cholera, 2012 to 2013 (w1-w40)](image)

Within the year, there has been a declining trend in the number of reported cases: in weeks 1-5 (1 January-3 February), 5,522 cases were reported, as compared to weeks 36-40 (2 September-6 October), with 2,058 reported cases. The highest concentration of cases occurred in weeks 11-15 (11 March-18 April), when a 2013 peak of 5,587 cases was reported mostly in the DRC and The Republic of Congo. The lowest number of cases was reported in week 26-30 (24 June-22 July) with 138 cases.

Some upwards trends have been recorded between weeks 35-40 (26 August- 6 October): Benin’s caseload increased from 2 to 49 cholera cases; Guinea Bissau, from 7 to 25; and Niger, from 4 to 25 cases. The weeks 36-40 (September) represent the only sustained period in 2013 of an increase in the number of cholera cases. There is no evidence to suggest that the cholera situation in the region is rising. However, insofar as there was more than a 200 per cent increase in the number of cases from weeks 26-30 to weeks 36-40, close monitoring of the situation is warranted.

The above figures are recent through Week 40 (30 September- 6 October); to note, there is a bias toward underreporting in cholera-related monitoring.

**Current Hotspots**

The current hotspots to monitor closely are: (1) Nigeria, (2) Guinea Bissau, (3) DRC, (4) Guinea and Sierra Leone (5) Togo and Benin – ranked in order of importance.

\(^1\) To note, CFR alone should not be used as a measure to initiate a response, since it can be a function of the lack of a cholera treatment apparatus resulting in a higher proportion of deaths per case.
1) **Nigeria**: data has not been officially provided from Nigeria since the third week of September, however, the Nigerian Minister of Health announced on 28 October that at least 74 people had died and 373 been infected by the disease in recent outbreaks. By September, Nigeria had reported a total of 307 cases in 2013, meaning that the October outbreak has increased the caseload in-country by 100 per cent. The media has reported upwards of 536 people infected in Zamfara state in the third week of October alone, with 62 people in Lagos (Zamfara state) reportedly killed by an outbreak in the slums surrounding Nigeria’s most populated city. Media reports also indicated that 100 people were hospitalized in Plateau state, resulting in nine deaths. Only half of Nigeria’s 160 million people have access to safe water and one third lack access to sanitation services.

2) **Guinea Bissau**: Guinea Bissau has shown a worrying upward trend in the number of cholera cases reported, rising four-fold in the month of September alone. On 21 October, the National Health Institute of Guinea Bissau reported that from 14-20 October, 11 new cholera cases were registered in Tombali region (in the south).

3) **DRC**: there has been a steady increase in the number of cases in the DRC -- between August and September of this year, the number of reported cases more than doubled, from 151 cases reported at the beginning of August to 349 cases by first week of October. Cause for concern is the spread of the disease to the western part of the country which lacks the response mechanisms in place in eastern DRC given the latter’s experience with emergency and recovery programming. That said, only four cases of the current caseload are located in western DRC presenting an opportunity to increase efforts to eradicate the disease from the west, according to experts.

4) **Guinea and Sierra Leone**: Guinea and Sierra Leone were the sites of severe cholera outbreaks in 2012 and continue to report cases throughout 2013 in different parts of the country; as such, these countries warrant close monitoring. That said, the countries have witnessed a steady decline in the number of cases this year, reporting a total of 631 cases as compared to the 28,129 reported this time last year.

5) **Benin and Togo**: these two countries experienced their first cholera cases of cholera in 2013 in week 35 (26 August-1 September). To date, Benin has reported 149 cases in 2013 as compared to 221 reported during this period in 2012. Togo is reporting 41 cases in 2013 as compared to 12 this time last year. Both countries showed a steady increase of cholera cases in the month of September.

### Response from Partners

At the coordination level, the Regional Cholera Platform was established in 2012 and regularly convenes NGOs, UN partners and donors. The Platform entails both WASH and Health expertise to tackle the spread of the disease and

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In 2012, it was reported that a new and more virulent strain of cholera was discovered in Guinea at a cross-border area with Sierra Leone; this strain may match the virus responsible for killing an estimated 8,000 people in Haiti in 2010 and affecting over 22,000 Sierra Leoneans last year.
provides a space for formal and informal dialogue to encourage information-sharing of cholera and cholera-like reports. The Platform encourages the ‘Sword & Shield’ approach which aims to both treat cases that arise in the short term (‘the sword’) while simultaneously addressing longer-term systemic issues that contribute to the spread of the disease towards prevention in high risk areas for vulnerable communities (‘the shield’). This approach encourages the targeting of transmission contexts, proactivity and cross-border collaboration. The WASH and Health Regional Sector groups publish a weekly tracking of the presence of cholera in the region, and reference guides have been developed by UNICEF, Action Contre la Faim, Oxfam, and Medecins Sans Frontieres (MSF), *inter alia.*

In response to the latest reports of cholera outbreak: (1) MSF and the Guinean Ministry of Health are implementing an oral vaccine program in Guinea, (2) Cholera Platform colleagues are organizing a joint mission to Guinea Bissau in December to investigate cholera in Tombali region; (3) WHO is supporting governments to reactivate epidemic management committees, enhance surveillance, and strengthen laboratory capacities for early detection; (4) ECHO is supporting UNICEF to improve the coherence of cholera-related activities in West Africa and the Sahel for the next year; and (5) WHO and UNICEF have begun emergency response activities in Plateau State in Nigeria.