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Congratulations to Zimbabwe for the 892,286 oral cholera vaccine doses received this week and the subsequent launch of the oral cholera vaccination campaign on Monday 29 February 2024. This ambitious campaign, targeting 2.3 million people across 26 high-burden districts, marks a pivotal moment in Zimbabwe's public health history.

The oral cholera vaccine's effectiveness is undeniable. Its simple oral administration, paired with long-lasting protection, offering a powerful weapon in the fight against cholera. Each vaccinated individual becomes a shield, not just for themselves, but for their families and communities, creating a ripple effect of immunity that can break the cycle of transmission.

Yet, the road to lasting success demands collective action. Healthcare workers on the frontlines deserve our unwavering support as they meticulously navigate every district, ensuring equitable access to this life-saving intervention. Individuals in targeted areas have a crucial role to play: embracing the oral cholera vaccines and encouraging loved ones to do the same. Community leaders and organizations must step up, leveraging their influence to dispel myths and misconceptions surrounding the vaccine, ensuring informed participation.



Prof JM Dangou

However, while the oral cholera vaccines are a critical component in cholera response, it is important to highlight that cholera thrives where sanitation and clean water are scarce or inadequate.

We must therefore acknowledge the work already in place to improve water and sanitation infrastructure by the Government Of Zimbabwe but there is critical work remains. We implore all partners and donors to come on board.

Let us embrace the opportunity of the OCV campaign, with communities united, to ensure that every drop of this "shot of hope" translates into a healthier, cholera-free Zimbabwe.

Enjoy the read!!

Professor JM Dangou

**AT
A
GLANCE**

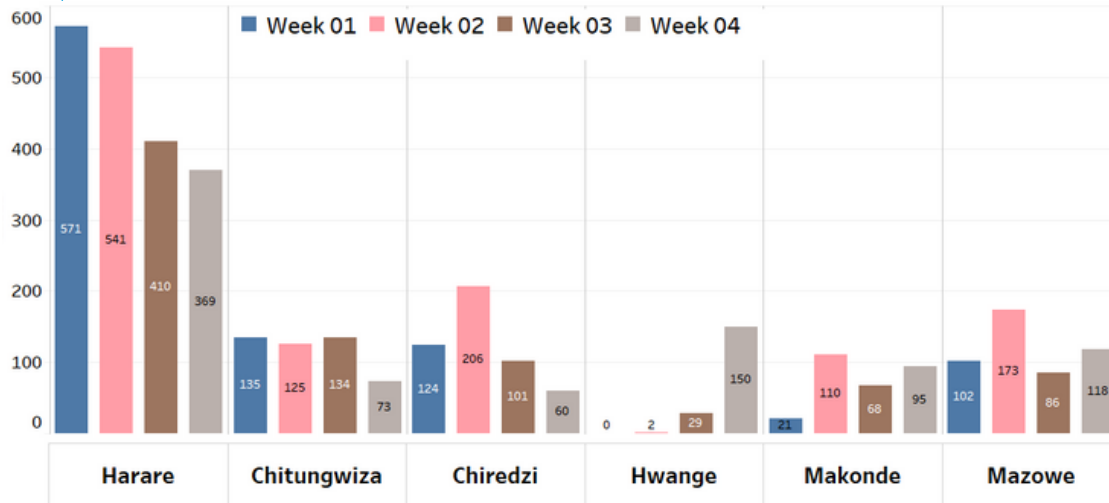


Figure 1: Weekly Distribution of Cases in selected District

In the week ending 28 January 2024, a total of 1,583 new suspected cholera cases were reported from all ten provinces. This was a 7.5% increase from 1,499 cases reported during Week-03. Though all 10 provinces have reported cholera cases, three provinces (Harare, Manicaland, and Masvingo) account for approximately 80.9% of all reported cases.

- Harare is experiencing a gradual decrease of cases in previous weeks (Figure 1), a slight decrease of 10.0% in cases was observed between Week 03 and Week 04 of 2024.
- Chitungwiza City is experiencing a sustained outbreak, with an average of 130 weekly cases over the first three weeks of the year. In week 04, there was a 45.5% decrease.
- In Masvingo Province, cases have been reported mainly from Chiredzi, Bikita and Chivi. In the past week, Chiredzi reported 60 cases whilst Chivi reported 20 and Bikita 18 cases.
- Hwange started reporting cases in Week 02, when two cases were reported. However there has been a drastic increase of cases to 29 in Week 03 and 150 in Week 04. This is a 417% increase in cases in Week 04 compared to Week 03.
- Makonde is in an active outbreak. There was a 39.7% increase in cases between Week 03 and Week 04. This surge in cases started in week 02 were 110 cases were reported whilst week 01 had 21 cases.
- Mazowe is in an active outbreak. There is an average of 120 cases over the past four weeks. There was a 37.2% increase in cases in Week 04 compared to Week 03.

Zimbabwe has received 892,286 doses of Oral Cholera Vaccines (OCV) from the World Health Organization (WHO) International Coordinating Group (ICG) as the country steps up efforts to curb the spread of cholera.



With inadequate water and sanitation infrastructure and effects of climate change that has left some areas dry, people in the affected areas are vulnerable to waterborne diseases such as cholera. The consignment is part of the 2,3 million approved by the ICG. The last consignment is expected in the country on 5 February 2024.

WHO in collaboration with GAVI, The Vaccine Alliance, UNICEF and other partners supported the Ministry of Health and Child Care (MoHCC) in acquiring the vaccines as an additional approach to strengthen cholera outbreak preparedness and response.

“We appreciate the support we are receiving from WHO, UNICEF and all other partners supporting this cholera response. The oral cholera vaccines that Zimbabwe has received is a critical additional tool that will reinforce cholera control strategies in the targeted communities,” said the Minister of Health and Child Care Dr Douglas Mombeshora.

“The Government of Zimbabwe is putting in place several measures on the preventive side including drilling of boreholes in rural communities to ensure they have clean water,” he added.

Zimbabwe is experiencing a cholera outbreak first reported on 12 February 2023. Over 20,000 people have been affected to date, killing 393 people as of 26 January 2024.

To support the MoHCC in scaling up the cholera response in Zimbabwe, WHO together with UNICEF and other partners revamped cholera treatment centres, upgraded oral dehydration points, provided cholera supplies, and trained health workers on data management, case management and surveillance activities. Social mobilization activities are being carried out to increase knowledge levels in communities, particularly as the country is preparing to roll out the oral cholera vaccination campaign, starting Monday 29 January 2024.

WHO recommends use of oral cholera vaccines as an additional measure to limit the spread of disease during outbreaks and in areas with ongoing cholera transmission. The vaccines will be deployed to 26 high cholera burdened districts targeting individuals aged one year and above.

“This handover is a powerful symbol of our collective commitment to protecting lives and safeguarding the health of this great nation. As WHO, we continue to support the Government of Zimbabwe, along with other partners in consolidating the gains made in the ongoing response to the cholera outbreak,” says Professor Jean-Marie Dangou, WHO Representative to Zimbabwe.

Cholera is a severe, acute diarrheal infection caused by ingesting *Vibrio cholerae* bacteria through contaminated food or water. Characterized by rapid onset of watery diarrhea and potentially fatal dehydration, this disease poses a significant threat to populations lacking access to safe sanitation and clean water. Cholera affects individuals of all ages, with prompt and appropriate medical intervention crucial for preventing mortality. Recommended preventive and control measures include ensuring access to safe drinking water and adequate sanitation infrastructure for vulnerable populations, along with the implementation of swift and effective healthcare management for symptomatic individuals.

Funding for overall cholera response activities in Zimbabwe has been mainly from the Health Resilience Fund, a pool of funding from the European Union, GAVI, Government of Ireland and the UK Government.

Additional financial support is coming from the UN Central Emergency Response Fund. Procurement and deployment of the oral cholera vaccine doses was done through funding from GAVI, The Vaccine Alliance.



...as Zim launches oral cholera vaccination campaign



Zimbabwe has kicked off a critical oral cholera vaccination campaign aiming to reach 2.3 million people aged one year and above across the country. The vaccination drive will be implemented in a cluster-to-cluster and door-to-door manner, adapting to the phased arrival of vaccine doses. Initially, 26 high-burden districts will be prioritized based on the severity of the outbreak in those areas.

The World Health Organization (WHO), through the International Coordinating Group (ICG) on Vaccine Provision, played a crucial role in securing 2.3 million vaccines for the Zimbabwean government. Funding for this vital initiative came from the Global Alliance for Vaccines (GAVI).

WHO strongly recommends the use of oral cholera vaccines during outbreaks to contain the spread and prevent further escalation into new areas.

"It is only by working together that we can ensure that this life-saving vaccine reaches every corner of our country and protects our communities from the devastating impact of cholera in the short term," stated Dr. Douglas Mombeshora, Zimbabwe's Minister of Health and Child Care, in a speech delivered on his behalf by Minister Charles Tawengwa. Dr. Mombeshora further highlighted the government's long-term vision for sustainable Water Sanitation and Hygiene (WASH) infrastructure investments.

While the vaccination campaign plays a critical role, the response to the cholera outbreak extends beyond. WHO, UNICEF, and other partners are actively supporting the Zimbabwean government through the Ministry of Health and Child Care in various ways including establishing and equipping dedicated cholera treatment centers closer to affected communities, as well as providing training for healthcare workers to effectively manage cholera cases.

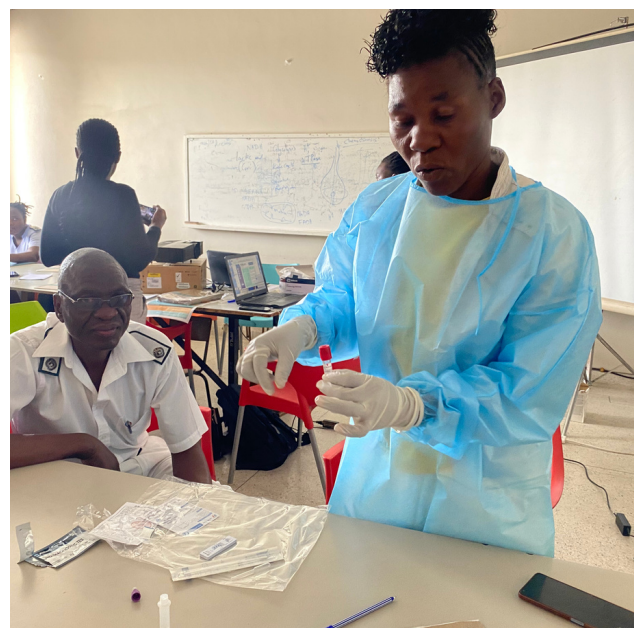
In a strategic move to combat cholera outbreaks more effectively, the Zimbabwean Ministry of Health and Child Care (MoHCC) has trained 987 nurses on Rapid Antigen RDTs (Rapid Diagnostic Tests) for cholera with support of the World Health Organization (WHO). This initiative significantly bolsters laboratory capacity and decentralizes diagnostic services, bringing rapid cholera testing closer to affected communities.

Why Rapid Antigen RDTs?

Traditional cholera diagnosis often relies on culture methods, which require sophisticated equipment and trained personnel. This can prolong diagnosis and delay treatment, particularly in remote areas. Rapid Antigen RDTs offer a game-changer:

- **Faster Results:** RDTs deliver results within 15-30 minutes, enabling prompt medical intervention and outbreak containment.
- **Ease of Use:** Nurses can readily perform RDTs, even in resource-limited settings, thanks to their simple procedure and minimal equipment requirements.
- **Decentralized Testing:** With trained nurses equipped for RDTs, diagnosis becomes readily available at local health facilities, eliminating the need for patients to travel long distances to centralized laboratories.

Recognizing the crucial role of nurses in frontline healthcare, the Ministry of Health and Child Care (MoHCC) has given priority to their training in Rapid Diagnostic Tests (RDTs). This promotes the quick identification of cholera cases, and early diagnosis allows for prompt isolation and treatment, which minimizes transmission risks. Furthermore, accurate and timely diagnosis improves case management, leading to better patient outcomes, as it guides optimal treatment. Decentralized testing also facilitates comprehensive community-level surveillance, enabling early detection and outbreak control.



**WHAT
THEY
SAID!**



Itai Rusike Executive Director
Community Working Group on Health

The response to the cholera outbreak requires the active participation of the community as it is not just the responsibility of the health sector alone.

There is need for community ownership and informed community participation for the cholera response to be successful and sustainable. Through community engagement, we can promote cholera control strategies, hygiene promotion and reduce the risk factors for cholera transmission, such as clean up campaigns, improved personal hygiene, solid waste management, household water treatment and handling, and food hygiene and safety practices.

Our community has gone through some tough times lately, facing both water shortages and sanitation challenges. These issues undoubtedly contribute to concerns about public health, including cholera outbreaks. I wouldn't take any chances when it comes to protecting myself and those around me. That's why I actively sought out the cholera vaccination. It's a simple and effective step we can all take to safeguard our health and well-being.



Juliet Chikono (47)
Kuwadzana Resident

IN
PICTURES



Many thanks to all the partners and donors through the leadership of the Ministry of Health and Child Care



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