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**HAPPY NEW YEAR!!**

2023 ended on a good note with the country receiving some rains. However, with heavy rains and flooding, it is important to remain vigilant. While the numbers may fluctuate, the human cost remains constant – lives lost, families devastated and healthcare systems stretched thin.

Also with the starting of the first term of the year, schools should implement safety measures as guided by the Government of Zimbabwe while parents and teachers educate and remind children about good hygiene practices. We continue to appreciate the dedication of our healthcare workers, the commitment of community leaders, and the resilience of those impacted by the disease.

This inspires us to continue the fight.



This bulletin highlights their efforts, from rapid case identification and treatment to community engagement and hygiene promotion.

Happy Reading  
Prof JM. Dangou  
WHO Representative to Zimbabwe

**TIP**

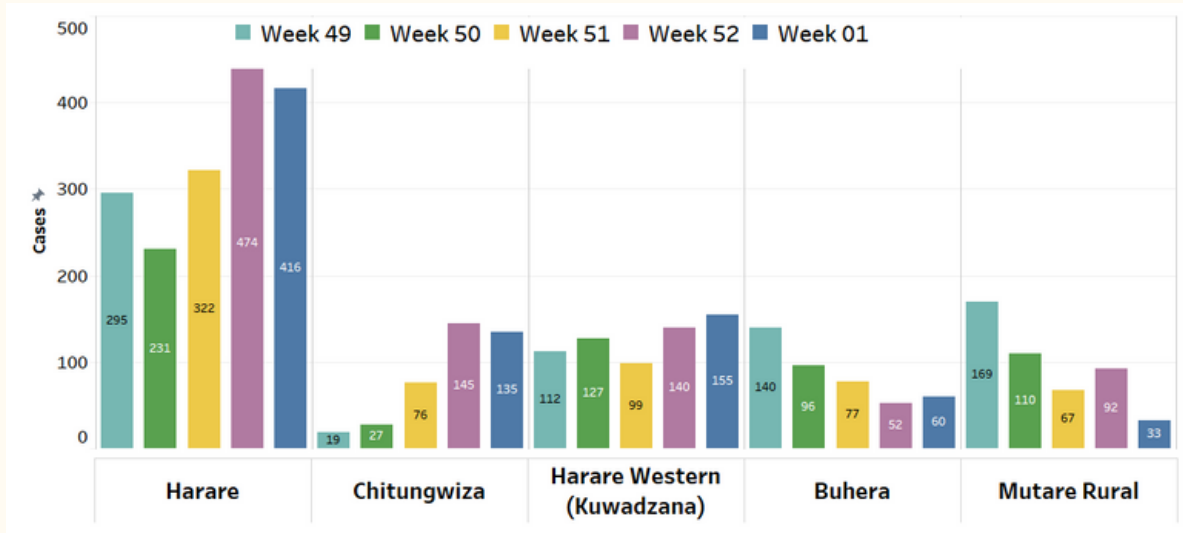
Rainy season is here, and cholera can spread quickly. There is need for extra caution! Let's work together to prevent outbreaks. Share these simple tips:

- Wash hands with soap and clean water frequently.
- Drink only clean or boiled water.
- Cook food thoroughly.
- Dispose of waste properly.
- Seek medical help if you experience diarrhea and vomiting.

Be informed, stay safe!



## OUTBREAK AT A GLANCE



In the week ending 07 January 2024, a total of 1,473 new suspected cholera cases were reported from eight provinces. This shows a 76.4% increase from 835 cases reported over in the previous two weeks. Though all 10 provinces have reported cholera cases, three provinces (Harare, Manicaland, and Masvingo) account for approximately 89.9% of all reported cases.

- Harare has had a gradual increase of cases in previous weeks (Figure 1), however, a 25.3% increase in cases was observed between Week 51-2023 and Week 01-2024.
- Chitungwiza City has seen a 77.6% increase in cases between Week 51-2023 and Week 01-2024.
- Buhera has been consistently reporting cases since the beginning of the outbreak. There is a sustained outbreak in the district with an average of 12 new suspected cases daily.
- Mutare Rural district has also been consistently reporting cases. However, these cases are on a downward trend with a 50.7% reduction between week 51-2023 and week 1-2024.
- In Masvingo Province, cases have been reported mainly from Chiredzi and Gutu. In the past week, Chiredzi reported 124 cases whilst Chivi reported 13 cases and Mwenezi reported 12 cases.

IN  
ACTION



Data Analysis to determine action has been a priority where, traditionally, data is simply collected for repository purposes. Data analysis has helped in the identification of priority areas for interventions. This has been accomplished through the classification of districts in three categories:

1. Acute crisis,
2. Active outbreak
3. Stable/readiness.

The classification has assisted in resource allocation to the most affected districts for effective case management and Infection Prevention and Control (IPC) practices. As the technical lead for coordination we have also successfully mapped all the humanitarian actors/partners in the country through the 5W (Who, what where, when and why) partner mapping. This has highlighted gaps especially in districts wo are in acute crisis with few and sometimes no partner support. Partner mapping has also ensured there is no duplication of efforts and response is coordinated. Advanced data analytics through predictive modeling has influenced the provision of contingency stocks as the country heads towards the festive season and new year. Recently, Provincial and District Health Information Officers were trained in advanced data analysis and management. This has resulted in improved information products at national and sub-national levels.

Read more [here](#)



Over the past two weeks, the cholera hotspots for Manicaland Province were in Mutare, Buhera and Chipinge Districts.

- During a gathering of around 40,000 followers at Marange Apostolic Mission headquarters from December 21-24, 2023, a temporary Oral Rehydration Point (ORP) was established.
- The ORP distributed 95 and 65 liters of ORS on the first and second days, respectively, catering to suspected cholera cases. Moderate and severe cases were promptly referred to Zvipiripiri CTC for treatment and recovery.
- Notably, Zvipiripiri CTC has observed a growing number of patients seeking care from various More Apostolic sects in recent weeks, indicating a positive shift in accessing medical aid compared to earlier periods.

### Chiadzwa CTC: Outbreak Among Illegal Miners

- 24 cases of cholera were recorded at Chiadzwa CTC on December 26th, all cases were illegal diamond miners from various parts of the country. No local community cases were reported.
- The Makotamo ORP, previously a hotspot, no longer sees cases and will close soon.
- Key drivers of the outbreak:
  - Lack of sanitation and safe water: Miners drink from contaminated ponds and defecate in the vicinity.
  - Fear of arrest: Delaying treatment at health facilities due to fear of apprehension by the military.
  - False information: Providing incorrect addresses and contacts, hindering contact tracing.
  - Scattered living conditions: Living hidden in neighboring villages, making access for support and interventions difficult.
  - Superspreading risk: Continued interaction with communities despite illness puts others at risk.





Harare's Beatrice Road Infectious Disease Hospital (BRIDH) has for years stood as the bedrock of cholera treatment in the city. But with the current outbreak's relentless surge, its walls threatened to crack under the growing pressure.

To ease overcrowding at Harare's Beatrice Road Infectious Diseases Hospital, WHO has helped establish cholera treatment centers at Highfield and Budiriro Poly Clinics. This timely initiative will provide much-needed relief to patients and strained healthcare workers.

[Read more here](#)

In Chitungwiza, a team led by Dr. Isaac Phiri (MoHCC Cholera Incident Manager) and Dr. Joseph Wamala (WHO Cholera Incident Manager) conducted field visits to both St. Mary's and Chitungwiza Hospital cholera treatment centers during the recent festive period.

This timely intervention came in response to a discernible uptick in cases coinciding with the onset of seasonal rains. The visit aimed to bolster support for frontline healthcare workers and assess the overall effectiveness of the ongoing cholera response.

Key takeaways from the visit include:

- Areas with established oral rehydration points (ORPs) demonstrated a positive decline in case numbers, highlighting the crucial role of community-based interventions in curbing transmission.
- Close monitoring of evolving trends remains a top priority, ensuring dynamic and responsive mitigation strategies are implemented in accordance with real-time demands on the ground.

Through this collaborative effort, the MoHCC and WHO remain committed to effectively containing the cholera outbreak in Chitungwiza and safeguarding public health.



**WHAT  
THEY  
SAID**



*Matron Getrude Zhakata, St Mary's Clinic, Chitungwiza.*

It is important to treat water for domestic use with guard and aqua tablets then use this treated water to wash dishes, vegetables, cooking and drinking to prevent cholera. The education being received to control cholera should be followed, eat food when still hot and also educate children about cholera so they can protect themselves

When I started frequenting the toilet with a running stomach, i rushed to a 24hr clinic where I was put on a drip before being referred here at Chitungwiza hospital. By the time i made it here, I was struggling to talk and my feet were cramping but now, I feel very much better. I encourage those with symptoms such as vomiting and running stomach to go to the clinic or hospital for immediate care because cholera can kill you if not treated



*Survivor*

We have seen a surge in cholera cases due to the shunning of hospitals and clinics by some of the members from my church, the Marange Apostolic sect followers due to our church doctrine. We have been engaging them to get medical assistance during this cholera outbreak and we are encouraging members to adopt the knowledge and support we are receiving from the health care workers in our area



*Village & Church Leader Barnabas Mafararikwa*

## PRSEAH

To ensure community protection, WHO has incorporated Prevention and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) activities in all programmes. To date:

- Information has been provided to communities through 20,000 cholera posters embedded with PRSEAH messaging and 1,100 t-shirts have been distributed to raise awareness.
- Traditional leaders and Village Health Workers have been equipped with PRSEAH knowledge through community dialogues



Noriah Pasi PRSEAH Focal Point

## Support

Through funding from the Health Resilience Fund, 6 cholera treatment centres have been established/upgraded to date. The process is ongoing and informed by the need mainly due to the increase in cases. The work included supplying of medicines, setting up of Oral Rehydration Points at various strategic points and training of health care workers.

Training supported by the UN Central Emergency Fund (UNCERF) has significantly improved data analysis and sharing within the healthcare system. Health Information Officers, equipped with new skills, effectively mapped CTCs and ORPs, allowing for better prioritization of resources and reducing pressure on overburdened centers

