

Cholera outbreak in Zimbabwe 2018

To the Editor: In sub-Saharan Africa, cholera remains a major public health issue in many countries. The World Health Organization reported 190 549 cases of cholera, and 2 231 deaths, in the year 2014, of which 1 882 (84.3%) deaths were reported in Africa.^[1] In the year 2017, more than 150 000 cholera cases, with 3 000 deaths, were recorded, from 17 African countries. These statistics show that the case fatality rate of cholera is very high in Africa.^[2]

In Africa, 92 million people use drinking water from unsafe sources, which may be one of the main reasons that the region is vulnerable to cholera. Piped water is still unavailable in most parts of rural areas, where people practise open defecation. Untreated water sources, poor sanitation, uncooked shellfish, improper hand washing, rapid urbanisation and population growth, climate change and humanitarian crises are the major associated risk factors that play a key role in the spread of cholera.^[2]

The current food and economic crisis in Zimbabwe has been declared the country's worst humanitarian crisis since independence. According to a report published by the United Nations Development Programme for the year 2018,^[3] Zimbabwe is on the list of low human development index countries and territories, and positioned at 156 out of 189.

Data collected from the Global Health Observatory on cholera in Zimbabwe is presented in Table 1.^[4] A total of 138 420 cases of cholera were reported from 2000 to 2016, of which 6 223 (4.5%) resulted in death. In Zimbabwe, the most recent cholera outbreak began on 1 September 2018, in Harare. The Ministry of Health and Child Care reported approximately 2 000 suspected cholera cases, of which 58 (2.9%) were confirmed cases, and 24 (1.2%) resulted in death.^[5]

However, in the country, cholera has had devastating effects on the health and way of life of local communities, and if left untreated, it can kill within hours. Cholera can be prevented and treated, but special attention and intervention are needed for early detection, diagnosis and treatment.

Increasing local communities' level of awareness regarding cholera, providing hygiene education, early diagnosis and treatment, medication access, vaccination coverage, health promotion, food security and strengthening economic and political strategies will provide the best ways of reducing cholera and other diseases of poverty in Zimbabwe. The health authorities, institutions and government of Zimbabwe need to pay serious attention to this deadly disease. Knowledge and understanding of transmission dynamics and ecology will help to control future outbreaks of cholera in a country such as Zimbabwe.

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Table 1. Cholera reported cases, deaths and case fatality rates 2000 - 2016* in Zimbabwe^[4]

Variable	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2015	2016
Cases, <i>n</i>	1 675	650	3 125	1 009	119	516	789	65	60 055	68 153	951	1 220	23	60	10
Deaths, <i>n</i>	223	14	192	35	9	26	61	4	2 928	2 706	21	2	1	0	1
CFR, %	1.31	2.15	6.14	3.47	7.56	5.04	7.73	6.15	4.88	1.38	2.21	0.16	4.35	0	10

CFR = case fatality rate. *Data for 2013 and 2014 not available.