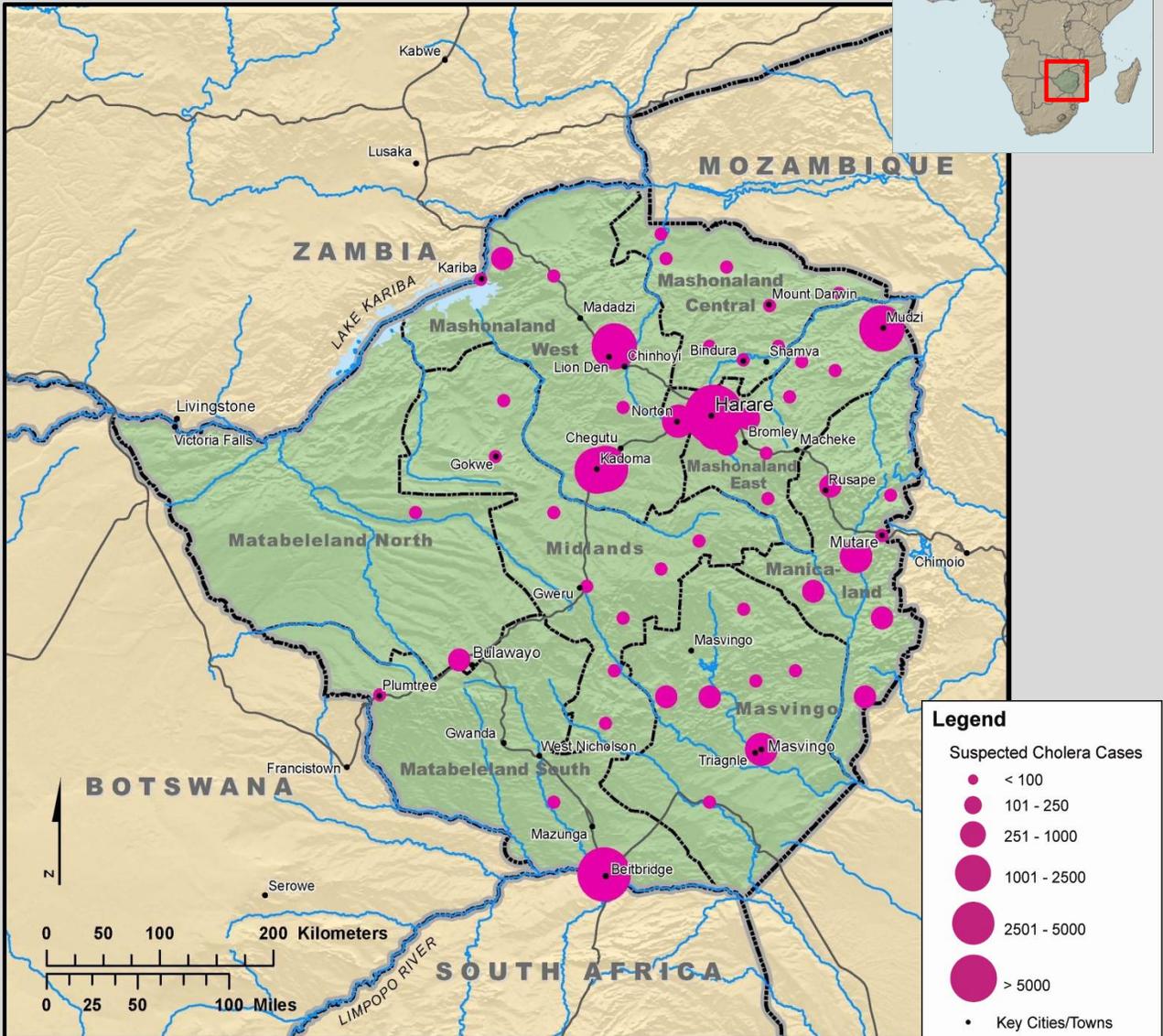




Zimbabwe: Cholera Dynamics in Space & Time



Sources: World Health Organization, U.N. Office for Coordination of Humanitarian Affairs, Dec. 2008 and Jan. 2009; and USAID Office of Foreign Disaster Assistance. Data accurate to December 31, 2008. Names and boundary representation are not necessarily authoritative.

Cholera in Zimbabwe



Cholera outbreaks in Zimbabwe and neighboring countries are reported during most years. However, 2008 marked the onset of a critical episode. Suspected cases of cholera in Zimbabwe were initially reported in August, but were not regularly reported until mid-November. The initial outbreaks occurred in the environs of Harare, but began to spread throughout the country until cases were reported in all 10 provinces of Zimbabwe and 55 of its 62 districts. In Addition, cases were reported in South Africa, Botswana, Zambia, Angola, Malawi, and Mozambique, though only the cases in South Africa, Botswana and Malawi were attributed to the outbreak in Zimbabwe and these were largely limited to Zimbabwe nationals. Death rates attributed to cholera vary by locality, largely due to access to health facilities and essential (though basic) medical treatment. In many localities, the death rate ranges from 10 to 50 percent. The overall death rate is five times the global average and nearly twice the average for sub-Saharan Africa.

The current outbreak is largely attributed to the collapse of sanitation facilities, particularly in urban areas. The population has become reliant on untreated water, often collected from open and unprotected sources. As the rainy season peaks, the spread of the disease is likely. Precipitation has been above normal during the current rainy season. As flood waters recede, stagnant ponds will remain. These can harbor the disease and will be depended upon for water because wells and municipal systems are largely not functioning or inaccessible to the general population. Cholera was found in the Limpopo River that forms the border of Zimbabwe, South Africa and Botswana, in November 2008. Subsequent tests failed to indicate contamination. Nevertheless, the World Health Organization indicates that water-borne contamination is playing a key role in the spread of cholera in Mozambique.

FINDINGS:

- Reported cases of cholera expanded rapidly in November and the magnitude of local infections grew dramatically in December.
- The cholera outbreak has coincided with a rainy season that is wetter than the norm, which increases the risk of spreading as seasonal flooding occurs in key watersheds.
- The outbreak is expanding beyond the borders of Zimbabwe, particularly in Zambia, Mozambique and South Africa. Although outbreaks are primarily concentrated among the Zimbabwean population in affected countries, local populations are at risk.
- The impact of cholera further exacerbates the vulnerability of food insecure populations, particularly among children and the elderly.

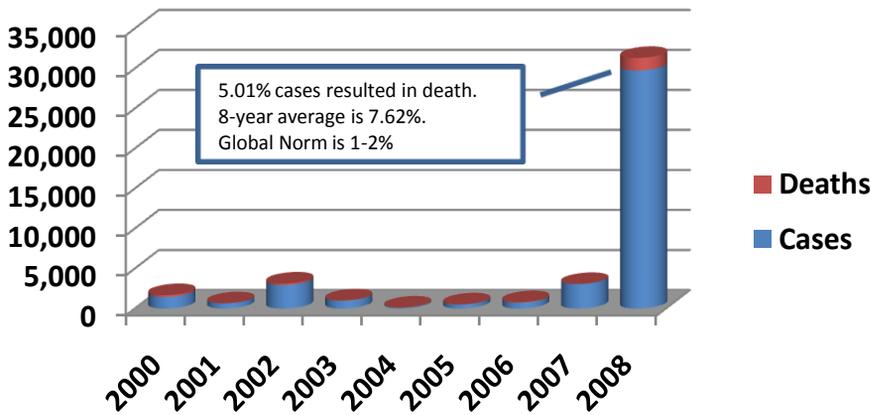
Point of contact: Paul Bartel

E-mail: BartelPP@State.gov

<http://hiu.state.gov>

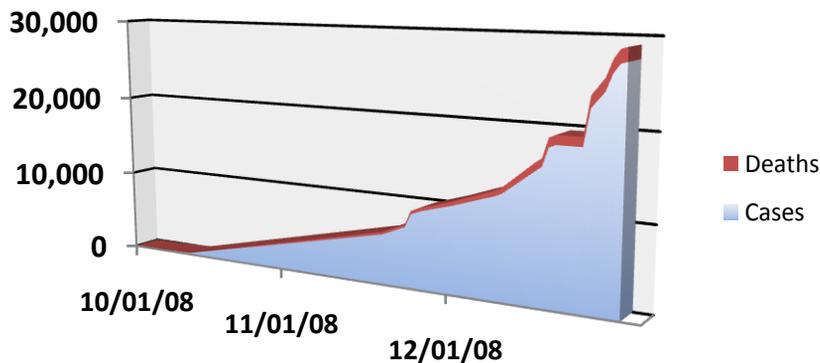
Phone: (202) 203-7787

Annually Reported Cases of Cholera: 2000-2008



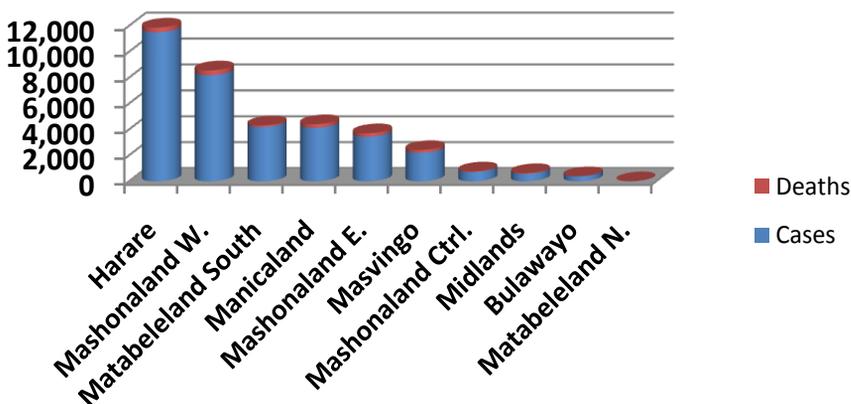
Cholera cases in 2008 soared above previous years. Death rates were five times global averages and twice the rates for Sub-Saharan Africa.

Cumulative Cases of Cholera: Oct. - Dec. 2008



The number of reported cases grew dramatically in November and December.

Cholera Impacts by Province



Cholera cases continued to be largest in Harare, Mashonaland South and East, Manicaland and Masvingo.

Sources: World Health Organization, U.N. Office for Coordination of Humanitarian Affairs, Dec. 2008 and Jan. 2009;. Data accurate to December 31, 2008. Names and boundary representation are not necessarily authoritative.

September-October 2008



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Sources: World Health Organization, U.N. Office for Coordination of Humanitarian Affairs, Dec. 2008 and Jan. 2009;
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November 2008

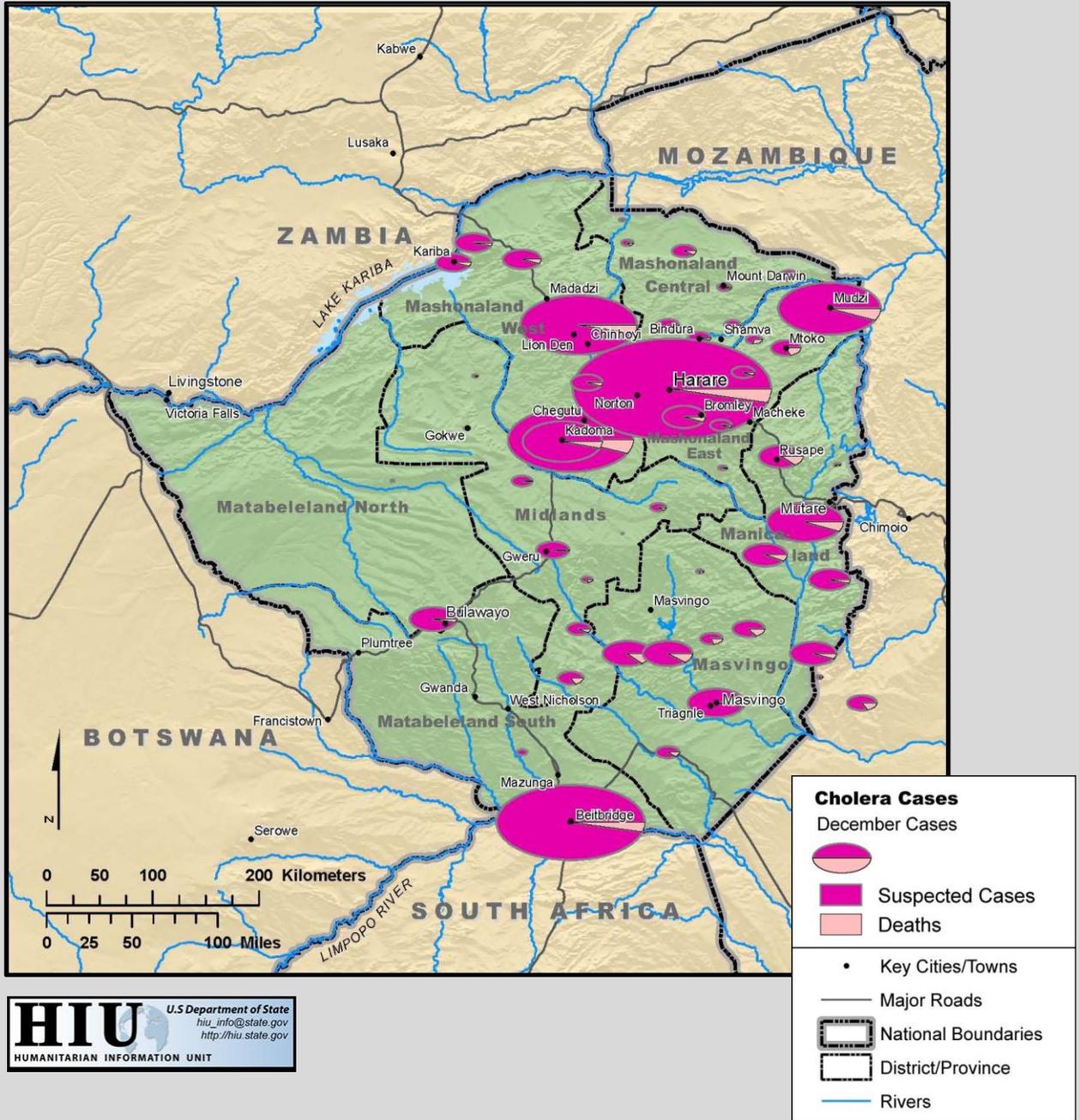


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Sources: World Health Organization, U.N. Office for Coordination of Humanitarian Affairs, Dec. 2008 and Jan. 2009;
 Data accurate to December 31, 2008.

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December 2008

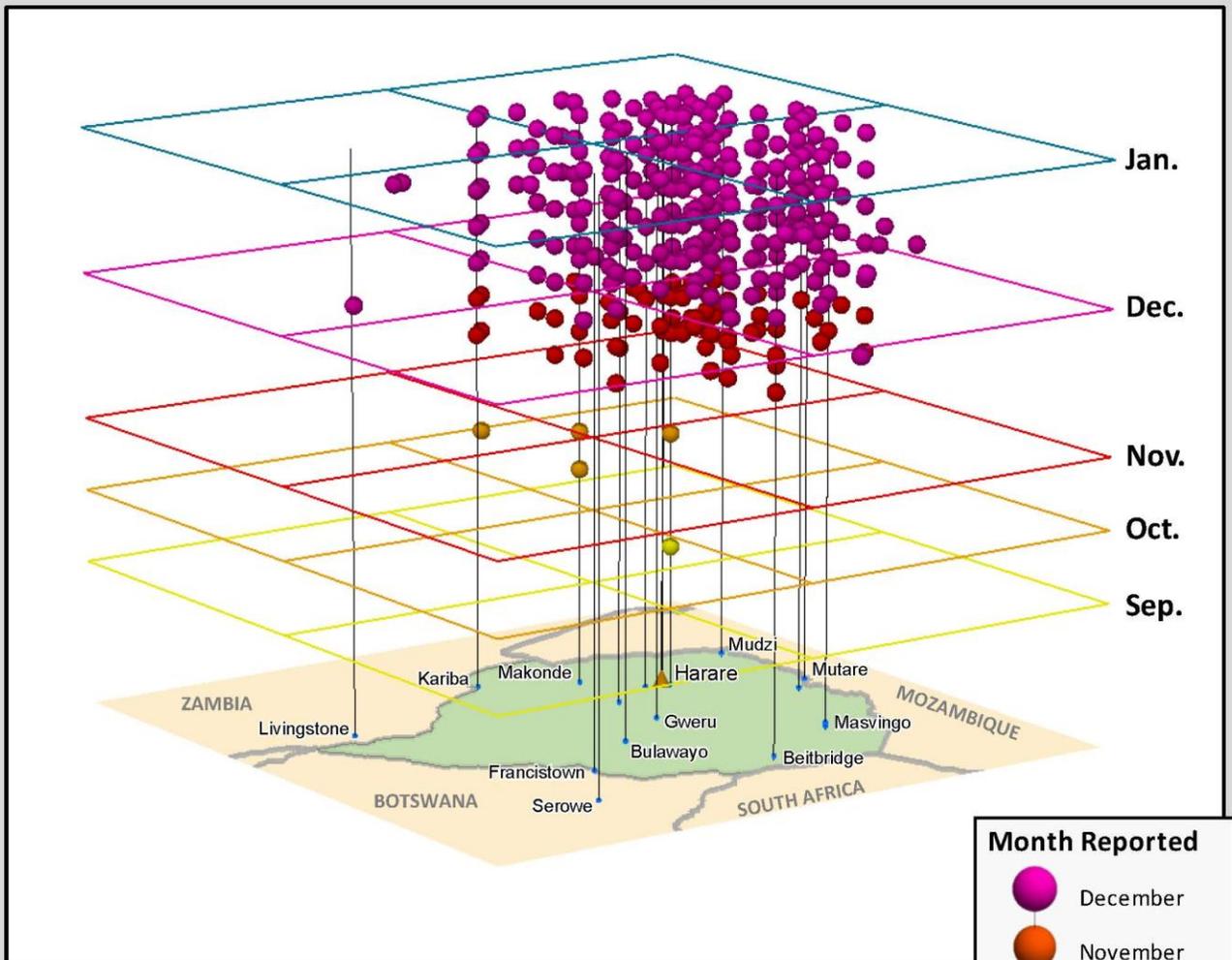


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Sources: World Health Organization, U.N. Office for Coordination of Humanitarian Affairs, Dec. 2008 and Jan. 2009;
 Data accurate to December 31, 2008.

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Cholera Outbreaks Over Space and Time



Month Reported

- December
- November
- October
- September
- Key City/Town
- ▲ Harare

The map above, shows the spread of cases of reported cholera over time and space. Cases are indicated by spheres which represent weekly cumulative cases and are colored according to the month of reporting. The height of the sphere indicates the time period of the report. Initial cases, during September and October occurred near Harare and other major population centers. November marked a significant expansion of reported cases as the disease spread and as reporting became more prevalent. Although the spread of the disease appeared to be tapering off, the number of cases grew substantially.

Sources: World Health Organization, U.N. Office for Coordination of Humanitarian Affairs, Nov. to Dec. 2009;. Data accurate to December 31, 2008.
Names and boundary representation are not necessarily authoritative.



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