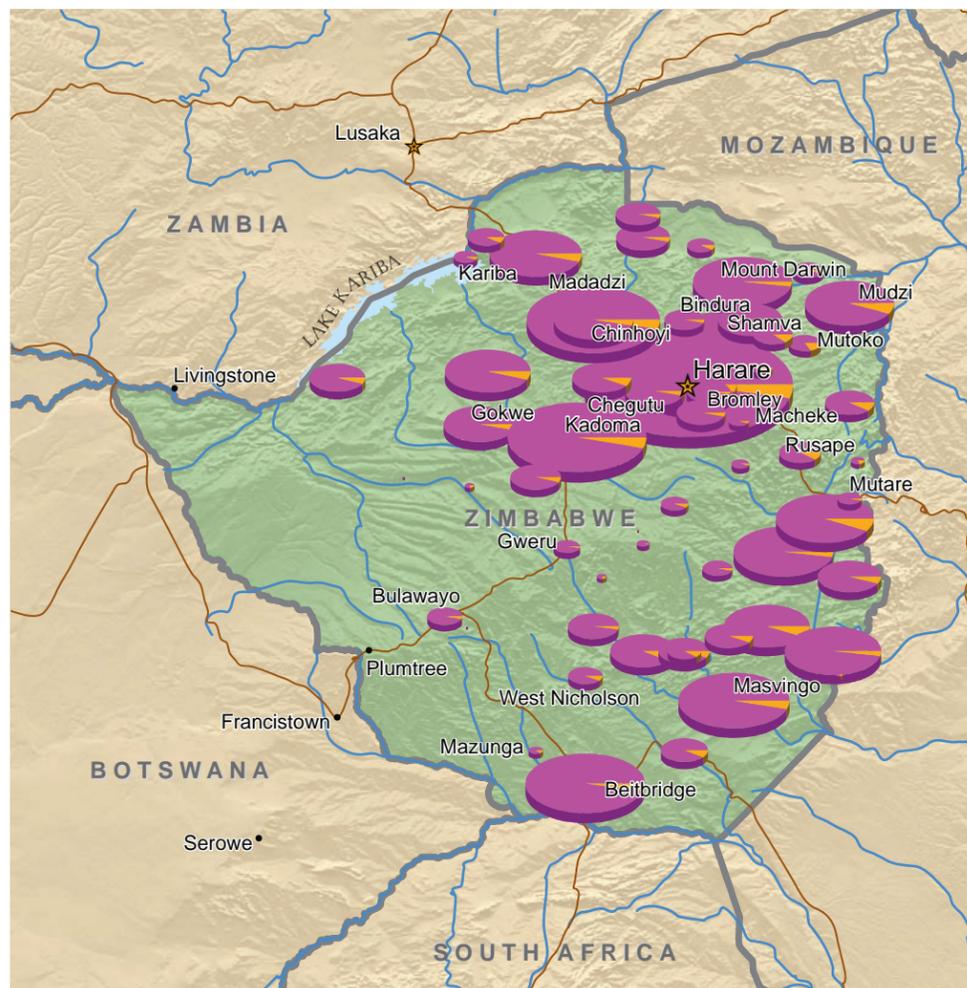
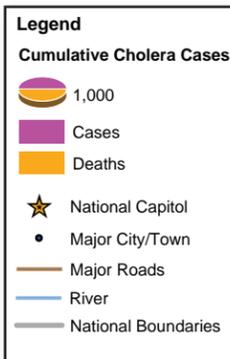


## Cumulative Cholera Cases



Names and boundary representations are not necessarily authoritative.

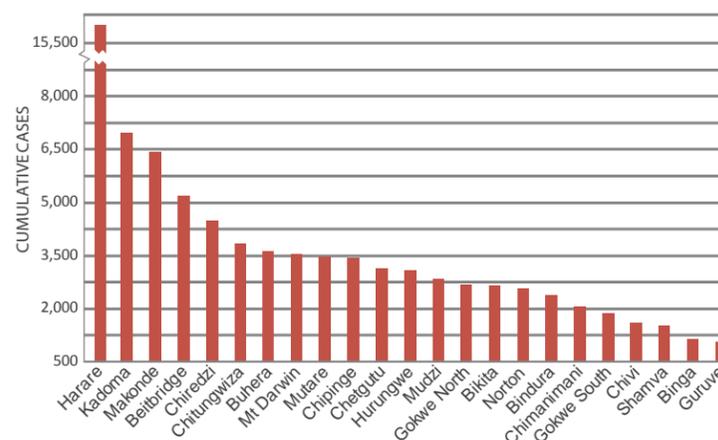


The cholera epidemic in Zimbabwe first became apparent in September 2008. Reported cases grew dramatically in November, in part due to increased reporting, and peaked in February 2009. The largest concentration of reported cases occurred in eastern parts of the country, mainly in urban areas.

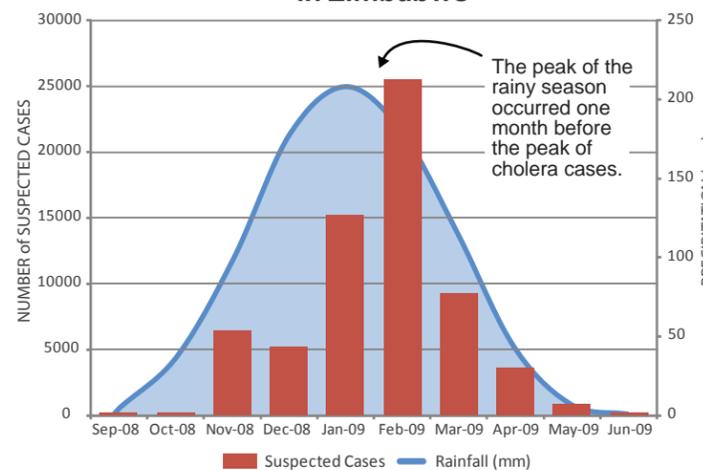
Although the cholera outbreak was largely due to inadequate or failed sanitation systems, the onset of the rains appears related to the spread of the epidemic. This relationship of cholera to rain may indicate that a resurgence could take place as the 2009 rainy season commences in September.

Fatality rates were highest where the number of suspected cases was lowest because only the sickest victims sought treatment in certain communities and it was often too late to assist them.

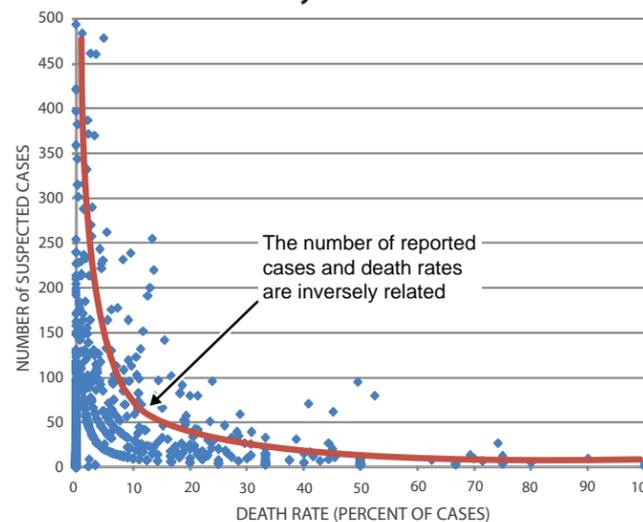
## Cumulative Cases of Cholera for Locations With Over 500 Cases



## Comparison of Cholera Cases to Rainfall in Zimbabwe

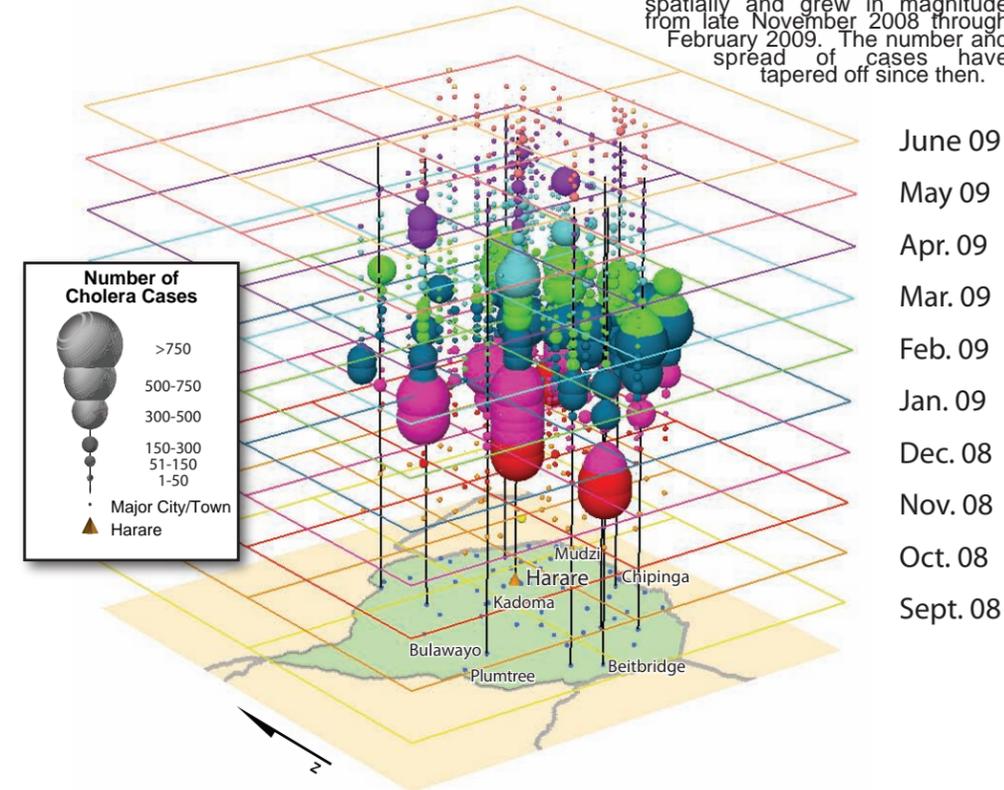


## Comparison of Numbers of Cholera Cases to Fatality Rates in Zimbabwe



## Suspected Cases of Cholera

Reported Cases of Cholera spread spatially and grew in magnitude from late November 2008 through February 2009. The number and spread of cases have tapered off since then.



## Cholera Fatalities

Cholera death rates remain high since November 2008. The spatial distribution of cholera deaths has decreased considerably since February.

