

Frequent outbreaks of cholera in Zimbabwe: Urgent need for strengthened public health interventions

To the Editor: Zimbabwe is a country in sub-Saharan Africa that is undergoing a challenging economic crisis with a pronounced impact on the nation's public health system. It continues to suffer from regular large seasonal outbreaks of diarrhoeal diseases, particularly cholera, which has a potential impact on neighbouring countries such as South Africa. The catastrophic impact of cholera resulted in an unprecedented 100 000 cases and nearly 5 000 deaths in 2018/2019.^[1] Most recently in 2023,^[2] the country reported a cholera outbreak on 12 February 2023 in Chegutu town, Mashonaland West Province. As of 2 January 2024, a cumulative total of 14 885 suspected cholera cases, 67 laboratory-confirmed deaths, 266 suspected cholera deaths, and 1 676 laboratory-confirmed cases were reported, as shown in Fig. 1. Suspected and confirmed cholera deaths were reported in all provinces.

Significant investments in emergency management capacity are required, especially before the heavy rains start. Emergency management consists of four phases, namely mitigation, preparedness, response and recovery. Two of these phases (mitigation and preparedness) are pre-outbreak phases aimed at either reducing the likelihood of outbreak occurrence or dampening its impact, while the response and recovery phases are reactionary to an event occurrence. In the wake of disease outbreaks, such as the current cholera outbreak, as response and recovery processes are conducted, there is a need to think about setting up pre-event measures against future outbreaks of the same or similar diseases. Outbreaks of diarrhoeal diseases such as cholera and typhoid reflect broad system failures, particularly water, sanitation and hygiene (WASH)-related components, which need to be looked into and fixed. This requires a multisectoral approach, involving all stakeholders taking up their roles and contributing towards preventive actions. These need to be appropriate and integrative of various high-impact interventions targeting facilities and infrastructure,^[2] such as addressing access to safe water and improvements in sanitation, production and distribution of information, education and communication (IEC) materials for health education, properly planned urbanisation, implementing low-cost preventive measures such as the use of approved vaccines (oral cholera vaccine and typhoid conjugate vaccine) in high-risk areas and setting up sensitive surveillance systems. There is a need for continuous strengthening

of the health delivery systems for secondary prevention methods such as prompt and appropriate diagnosis, and management of suspected cases.

Over the past 20 years, Zimbabwe has made inadequate investments to upgrade and maintain its water and sewerage infrastructure, especially in the poorer high-density urban areas. To arrest the frequent large outbreaks of cholera in Zimbabwe, the country cannot continue to underfund its infrastructure. Maintaining water and sewerage infrastructure should not only be the responsibility of municipalities, but the central government has to be actively involved by providing necessary funding. Additionally, laboratory testing capacity will need to be enhanced so that every suspected case can be confirmed. There is a need to sensitise health facilities to be on high alert with active surveillance ongoing and pre-position of commodities to cholera hotspot districts.

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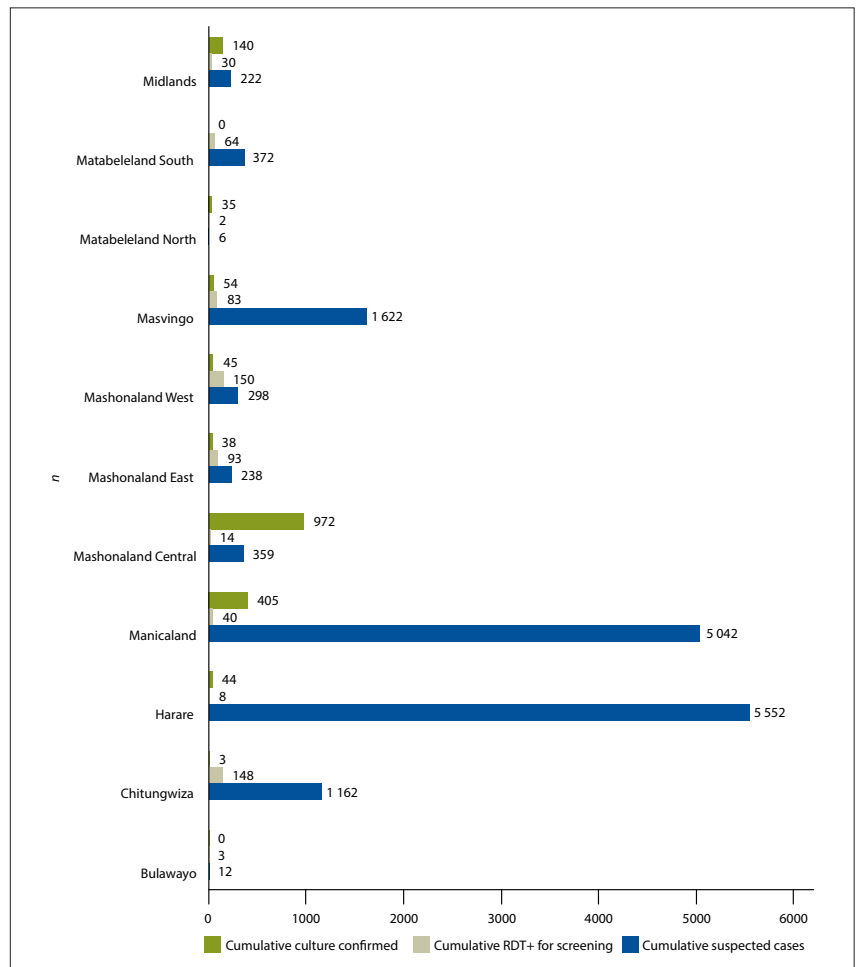


Fig. 1. Cholera prevalence. (RDT = rapid diagnostic test.)