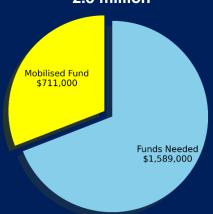


CHOLERA FLASH UPDATE 2

REPORTING PERIOD: 20-26 JANUARY 2025

Estimated Funding Needs: 2.3 million





EPIDEMIOLOGICAL OVERVIEW (AS OF 26 JANUARY 2025)

With the confirmation of the first case on 7 January 2025, the Ministry of Health declared an outbreak of Cholera.

TOTAL 1,081 CASES AND 45 DEATHS have been reported. Luanda province is the most affected, with 748 cases.

The first case was registered in the Cacuaco Municipality of Luanda Province, which is in a suburban area, with a population of around 1,225,220 inhabitants.

6 out of 21 provinces affected. (Bengo, Malanje, Luanda, Huila, Huambo and Icolo e Bengo). 28 out of 326 municipalities affected.

Out of the total caseload, 51% are women

WHO's contributions during the reporting period

- Leadership and Coordination: Developed the National Cholera Response Plan with Ministry of Health (MoH), deployed WHO staff to assist government with response, and engaged stakeholders.
- Health Information and Epidemiology: Supported MoH to produce & publish daily epidemiological bulletins.
- Laboratory Support: Strengthened diagnostic capacities at the National Laboratory
- Risk Communication and Community
 Engagement: Supporting implementation of cholera communication strategy and educating communities in high-risk areas.
- Vaccination: Supported MoH to secure 948,500 cholera vaccines and provided technical support to develop the micro plan, the selection and training of the vaccination teams.
- Safe Water: Developed digital app for the mapping of water sources with government. Supporting MoH with collecting water samples for analysis.

PLANNED INTERVENTIONS FROM THE WORLD HEALTH ORGANIZATION

HEALTH

- 1. Community-Based Integrated Response Interventions
 - o Active case finding at the community level: including detection, notification, and referral of cases.
 - Community Case Management: Focused on managing cases in the Province of Oral rehydration solution (ORS), including patient referrals to oral rehydration points and Cholera Treatment Centers (CTCs).
 - Community Infection Prevention and Control (IPC): Emphasis on hand washing and the safe handling of food and water to prevent disease transmission.
 - o **Safe water**: Identify communal water points for routine testing, provide chlorine tablets to households.

2. Support at the Central Level

- Laboratory and Data Systems Strengthening: Enhancing laboratory capacity for testing, sample collection, and transportation, alongside improving data systems for collection, analysis, and sharing to inform response actions.
- Capacity Building for Rapid Response Teams: Training teams to respond swiftly and effectively to outbreaks and conducting operational research to guide evidence-based decision-making.
- Water Quality and Environmental Monitoring: Testing and monitoring water quality to ensure safe drinking water and collaborating with meteorological agencies for accurate disease outbreak forecasting.
- Evaluation and Continuous Improvement: Conducting intra-action and after-action reviews to refine response strategies and address emerging needs effectively.
- Support for Campaigns and Preparedness: Assisting provinces with readiness and preparedness activities and supporting the cholera vaccination campaign.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

- 1. **Community-Based Rapid Risk Assessment:** Conduct rapid risk assessments to identify vulnerabilities, engage communities in co-designing cholera prevention solutions, and enhance local preparedness.
- 2. **Development of Cholera Protocols and Knowledge Management:** Collaborate with universities to develop evidence-based cholera prevention protocols. Focus on risks, nexus, and healthier cities to inform strategies and share lessons learned across stakeholders.
- 3. **Healthier Cities Initiative:** Support Luanda's "Healthier City" initiative by advocating for improved sanitation, safe water access, and waste management to reduce cholera risks.
- 4. **Risk Communication and Community Engagement:** Deliver culturally tailored messages to promote behavior change and counter misinformation. Strengthen community networks for sustainable hygiene practices and integrate real-time feedback for adaptive interventions.

VACCINATION:

1. **Support for Vaccination Campaigns**: Technical support to develop the micro plan, selection and training of the vaccination teams, providing technical and logistical support for vaccine distribution, community mobilization, and outreach to increase vaccine coverage and acceptance.