

24 November 2019 – The Federal Ministry of Health (FMoH) reported two case of cholera during epidemiological week 47 (17 – 23 November) of 2019. The cumulative number of reported cases since the declaration of the cholera outbreak on 8 September 2019 is 338 including 11 associated death with a case fatality rate of 3.3%. The attack rate was 0.7 per 10 000 population. Among all reported cases 8.3% were children under five years of age and 61% were female. The most affected age groups were 45 years and above (29.3%) followed by those between 15 and 29.9 years of age (26%). Of the total number of cases, 330 (98%) were reported among unvaccinated people and only eight (2%) were reported among those vaccinated.

The outbreak started on 28 August 2019 in El Roseries locality of Blue Nile state (BN) before rapidly spreading to other localities of BN as well as spilling over into Sennar state. On 8 September 2019, FMoH officially declared cholera outbreak in BN state. Currently, there are 12 affected localities in the four states of BN, Sennar, Khartoum and Al Jazeera. The highest reporting state was BN (203 cases) followed by Sennar (128 cases).

Of a total of 54 samples collected, 33 tested positive (by culture) for *Vibrio cholerae* and 20 tested negative at the National Public Health Laboratory of Sudan.

An oral cholera vaccine (OCV) campaign was implemented by FMoH to contain the outbreak with the support of WHO, UNICEF and other partners. The campaign was implemented over five days on 12 – 16 October 2019. It targeted a total of 1.65 million people (one year and older) in BN and Sennar states. The campaign achieved 97.5% coverage in Sennar and 85% in BN. A second OCV campaign has started during week 47 in BN and Sennar state.

WHO continues to provide leadership and support as it implements activities with health authorities and partners to respond to this ongoing cholera outbreak, including case management; surveillance and laboratory investigations; hotspot mapping and OCV campaign planning; water sanitation, and hygiene (WaSH); as well as risk communications.

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