

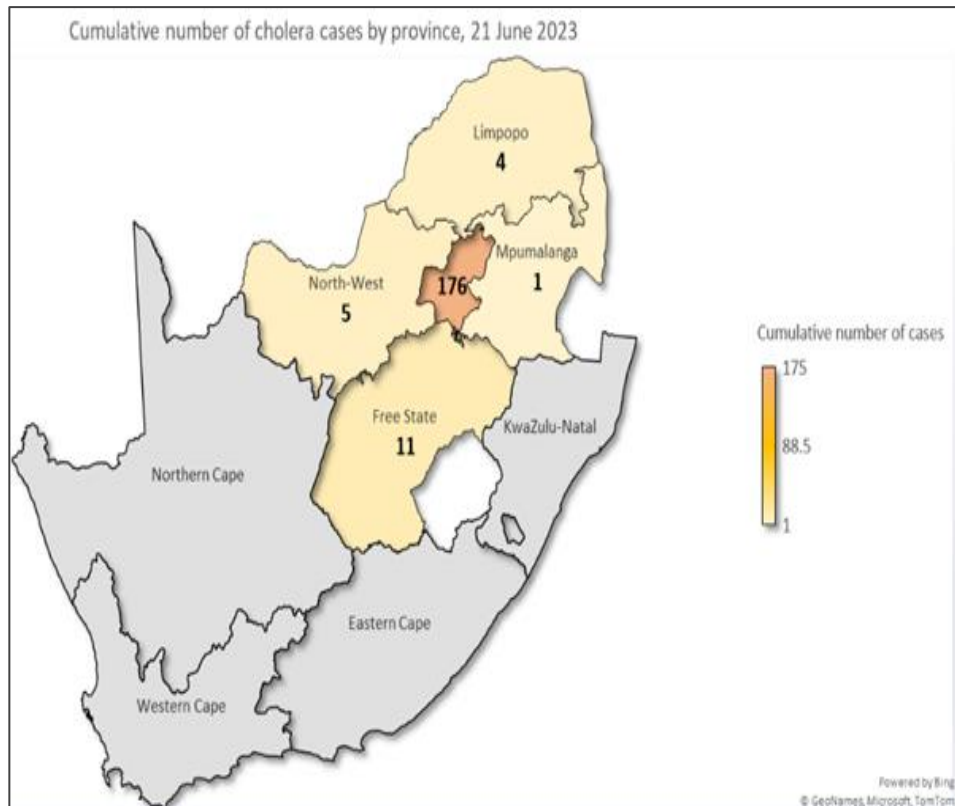


GLOBAL TASK FORCE ON  
**CHOLERA CONTROL**

**TITLE - SUBTITLE**

South Africa  
Ms TE Furumele  
10<sup>th</sup> GTFCC Annual Meeting  
26-27-28 June 2023

# 1. UPDATE ON CHOLERA EPIDEMIOLOGICAL SITUATION



**Figure 1: Map of affected Provinces, South Africa – confirmed cases only as at 26 June 2023**

- Gauteng Province accounts for most of the cases at 89% (176/197) of the total cases, reported from three districts.
- Free State Province accounts for 6% (11/197) of the cases, reported from one district.
- 15 out of 52 districts have reported confirmed cholera cases.
- Total suspected cases = 1087
- Total deaths = 43
- CFR= 3.3%
- Cases on a decline, last case confirmed on 17 June 2023

## 2. NATIONAL STRATEGY FOR CHOLERA CONTROL AND PREVENTION

- *No National Cholera Control and Prevention Task Force set up.*
- *Multisectoral National Outbreak Response Team*
- *Incident Management Team (IMT) coordinating the response*
- *Notifiable Medical Conditions (NMCs) System .*
- *South Africa has never been a part of the GTFCC.*
- *Present briefly here Cholera control and prevention efforts since last annual meeting*
  - *Example of updates that could be included (non-exhaustive list – to be adapted by each country):*
    - *The National Advisory Group on Immunization (NAGI) assessing the need for OCV during outbreaks.*
    - *The peripheral laboratory network very effective – The use of RDT not finalized.*
    - *Both OCV and RDT not registered with the South African Health Products Regulatory Authority (SAHPRA)*
    - *Cholera Control imbedded in the Communicable Disease Control Programme at National, Provincial and District levels.*
    - *Cholera Control activities fully funded by government.*



### 3. KEY ACHIEVEMENTS AND SUCCESS FACTORS

*Slide Objective: Share experience and lessons learned by focusing on key achievements reached since the 2022 Annual Meeting (reporting period remains June 2022 to June 2023) and success factors.*

- Present main factors and practices that facilitated successful achievements (in the development or implementation of NCP or more broadly in the development and implementation of your national cholera strategy or cholera control measures).*
- By sharing your experience, you can help other countries!*

KEY ACHIEVEMENTS	SUCCESS FACTORS
None in line with the cholera strategy	

## 4. CHALLENGES AND WAY FORWARD

*Slide Objective: Present challenges faced (in the development or implementation of NCP, and/or more broadly in the development and implementation of the national cholera strategy or control/containment measures). This will contribute to feeding the discussion on potential needs for additional support.*

CHALLENGES	SOLUTIONS	REMAINING OBSTACLES
No Cholera Strategy in place	Develop National Cholera Strategy	South Africa was never part of the Cholera development strategy. National exposure and training on the Cholera Strategy.

## 4. PRIORITIES JUNE 2023-24

- *Review the Cholera Case Management Guidelines by March 2024*
- *Finalise provincial readiness assessment by July 2023*
- *Review the National response Plan by end of September 2023*
- *Conduct After Action Review on a Cholera Treatment Facility that has since been decommissioned on 21 June 2023 – documentation and SOPs to be used for future treatment units*

# Thank you

Together we can  
**#endcholera**



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# ANNEXE: ASSESSING PROGRESS AGAINST ROADMAP'S TARGETS

- Please include here reporting against the 16 indicators of the [Monitoring and Reporting section](#) from the NCP guiding document (pp.37- 43) – if some of those indicators are not relevant to your Country situation, please feel free to indicate it. Reporting period is June 2022 – June 2023 (if different, please indicate).

<b>Indicator</b> (please refer to the NCP guiding document, Monitoring and Reporting section)	<b>Status</b> (please indicate when information/data is not available)	<b>Comment</b> (please share any additional element that may help understand the information provided or the lack of data available)
Indicator 1 – Proportion of the NCP which is funded through domestic and external funding	100% Domestic funded	
Indicator 2 – Number of multisectoral meetings held annually by the NCP coordination body	4	Held quarterly. But now held 3 times a week due to outbreak.
Indicator 3 – Incidence rate of suspected cholera		
Indicator 4 – Proportion of cholera signals verified within 48 hours of detection	100%	
Indicator 5 – Proportion of peripheral health facilities (PHF) located in cholera hotposts with access to functional lab.	100%	
Indicator 6 – Number of deaths from Cholera	43	
Indicator 7 – Case Fatality ratio in treatment centres	3.3%	



<b>Indicator</b> (please refer to the NCP guiding document, Monitoring and Reporting section)	<b>Status</b> (please indicate when information/data is not available)	<b>Comment</b> (please share any additional element that may help understand the information provided or the lack of data available)
Indicator 8 – Proportion of the population living in hotposts who have access to ORS within a 30-min. walk from their home	100%	
Indicator 9 – OCV administrative coverage in hotpost areas vaccinated (over the preceding 12 months)	0	OCV not registered by SAHPRA. NAGI still assessing the feasibility of using OCV.
Indicator 10 – Proportion of hotspots targeted by the vaccination plan (in the reporting year) that have been vaccinated	0	
Indicator 11 – Proportion of emergency versus total OCV doses administered (over the preceding 12 months)	0	
Indicator 12 – Proportion of people with access to safe water in hotspots	Not known	
Indicator 13 – Proportion of people with access to sanitation in hotspots	Not known	
Indicator 14 – Proportion of people with access to hygiene in hotspots	Not known	
Indicator 15 – Proportion of trained focal points to support community engagement and cholera prevention and treatment per inhabitants in hotspots	Not known	
Indicator 16 – Proportion of the population in hotspots who have correct knowledge on cholera prevention in communities	Not known	