

# United Nations Nations Unies

Office for the Coordination of Humanitarian Affairs

## **CHOLERA SPREADING RAPIDLY IN ZIMBABWE**

(New York, 19 December 2008): The serious cholera epidemic in Zimbabwe continues to spread. Several new areas of Harare and other towns and cities have recorded outbreaks this week, and the total affected population is over 20,800. The case fatality rate is now 5.4% and the aggregate number of deaths from the crisis exceeds 1,100 since September.

“The current situation in Zimbabwe is extremely worrying, but aid agencies, donors and the Government of Zimbabwe are continuing to respond in an intensive and coordinated manner to bring the epidemic under control,” said John Holmes, United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator.

The UN is currently planning for a worst-case scenario of 60,000 cases before the end of the rainy season. High-density suburbs in the southwest of the capital Harare remain the most affected by intense outbreaks. In some parts of the city, Case Fatality Rates (CFR) at 10% or above have been recorded. The situation is considered under control when CFR is less than 1%. A new outbreak has been discovered in Chegutu Urban, 100 kilometers south of Harare, where one-third of people infected since 24 November have died.

Factors contributing to the spread of the disease are poor water and sanitation, particularly in remote rural areas, weak health services and a health staff strike, according to the World Health Organization. Compounding the situation, health staff are unable to obtain salaries from the bank and so are unable to travel to work.

Financial incentives to health workers provided by the World Health Organization (WHO) are helping provide treatment to those affected. Medical supplies sufficient to treat 50,000 patients have already been flown into Harare by the WHO. Where aid agencies are on the ground, cholera cases and fatalities have decreased substantially. In Beitbridge on the South Africa border, interventions have reduced the number of new cases per day from 300 to 20. The UN Children’s Fund (UNICEF) is intensifying its support to cholera treatment centers across the country, and WHO is leading the response through a donor-funded Cholera Command and Control Center.

Outstanding gaps in the response include the need to provide more drinking water in health facilities and residential areas, a further strengthening of disease reporting, monitoring and assessment, and the procurement of more cholera treatment supplies. More water trucking operations and intravenous fluids are also needed.

“I appeal to donors to keep up their support to Zimbabwe at this difficult time. As the rainy season sets in, ordinary Zimbabweans may suffer even more,” Holmes said.

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