

## Highlights

In 2017, more cases and deaths of cholera were reported as compared to 2016. However, this situation reflects specific crisis and reveals **important disparities** throughout the region.

In the Congo Basin, DRC is still facing an unprecedented epidemic that started earlier in the year. In the Lake Chad Basin, the Northeast of Nigeria was the seat of a major epidemic. Consequently, **10 countries** have been affecting in WCAR throughout the year, but **DRC and Nigeria** account together for **97% of the cholera cases** (respectively 84% and 14%), and **96% of the deaths** (respectively 85% and 9%).

Smaller outbreaks were reported in the Southeast of Chad (Salamat, Ouaddai), and the Southeast of Liberia (Grand Gedeh, Grand Bassa, Sinoa). Sporadic cases were also recorded in Cameroon, Ivory Coast, Ghana, Sierra Leone, and Benin.

However, compared to 2016, the number of reported cholera cases have drastically decreased in Benin (-99%), Cameroon (-64%), Central African Republic (-100%), Rep. Of Congo (-100%), Ghana (-98%), Niger (-97%), and Togo (-100%). In particular, no cases were reported this year in Central African Republic, Republic of Congo, and Togo.

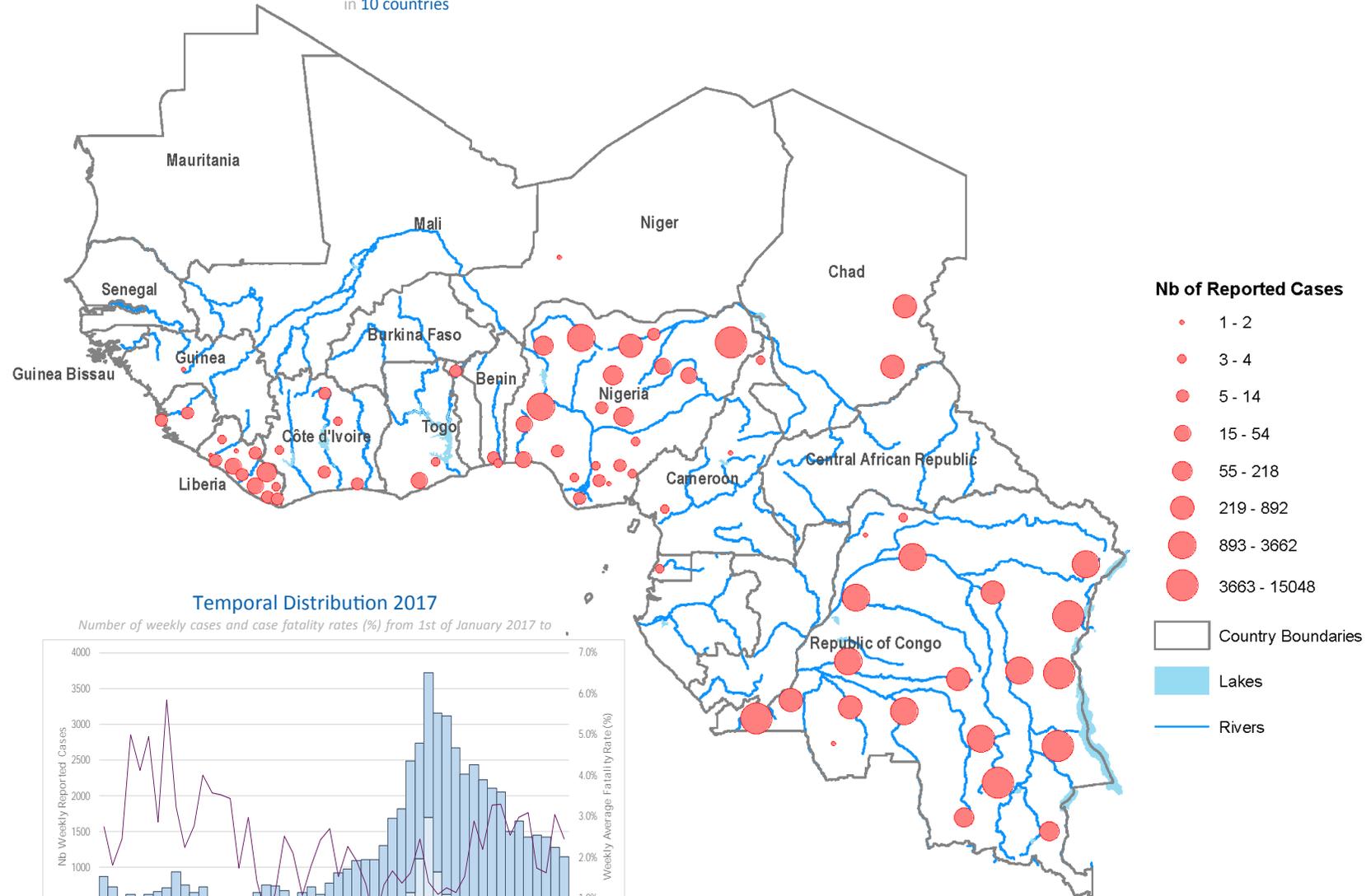
The temporal distribution of the reported cholera cases displays the importance of seasonal factors with a peak during the rainy season (W22 to W44). Yet, to aim the elimination of cholera, this analysis of the spatial and temporal distribution of cholera in the region calls for **an integrated understanding of the multiple factors** influencing the low transmission of the disease, wider outbreaks, and the reporting system.

**65 537 cases**

in 10 countries

**1 403 deaths**

**2.1% case fatality rate**



**Temporal Distribution 2017**

Number of weekly cases and case fatality rates (%) from 1st of January 2017 to

