



Cholera in Zimbabwe: Epidemiological Bulletin Number 4

Week 27 Dec 2008- 3 Jan 2009

Foreword

This is the 4th epidemiological bulletin to be issued since the onset of a countrywide Zimbabwe cholera epidemic first reported in August, 2008. Bulletins are to be published weekly to coincide with the end of an epidemiological week (Sunday to Saturday). Daily cumulative caseload updates are posted on the OCHA website

<http://ochaonline.un.org/Default.aspx?alias=ochaonline.un.org/zimbabwe>

The bulletin provides a weekly overview of the epidemic in Zimbabwe, including province by province data, to inform and improve the continuing public health response. It also provides guidance to agencies on issues relating to data collection, analysis and interpretation, and suggests operational strategies on the basis of epidemiological patterns so far.

The WHO Team welcomes feedback and data provided by individual agencies. Given the scope of this epidemic, errors and omissions are inevitable: we will be grateful for any information that helps to rectify these.

Please send any comments and feedback to the Cholera Control and Command Centre

Email: Cholera_Taskforce@zw.afro.who.int.

Toll free number for alert by district and province is **08089001** or **08089002** or **08089000**

Mobile number for alerts is **0912 104 257**

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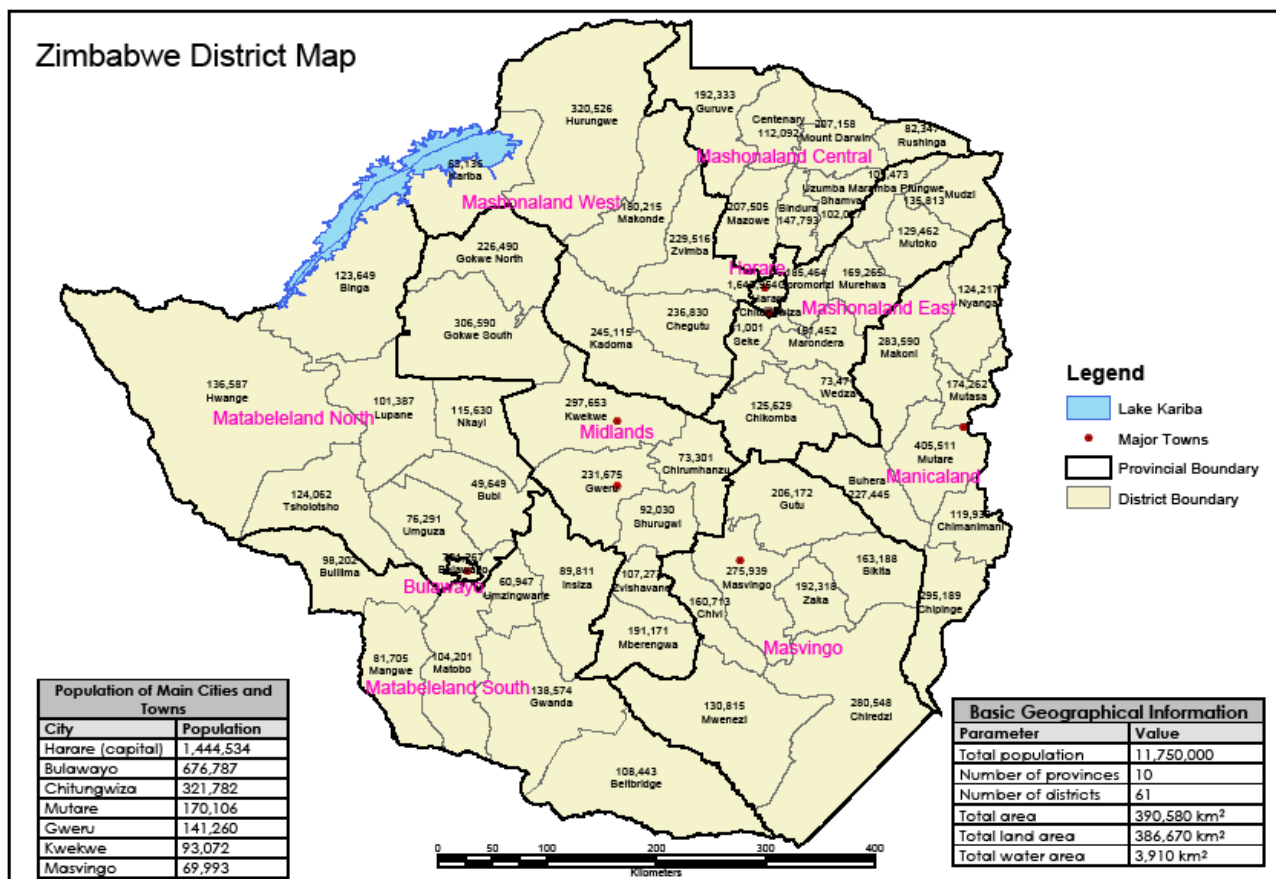
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1. National Overview

1.1. Overview of the epidemic

New cholera cases and deaths continue to be reported. Nine of ten provinces reported cases for the epidemiologic week 28/12/08 - 3/1/09, and 53 of the 62 districts (85%) reported cholera cases and deaths. As of 3 January 2009, a total of 33 212 suspected cases and 1640 deaths have been reported to the World Health Organization (WHO), through the Ministry of Health and Child Welfare's (MoHCW) surveillance department.

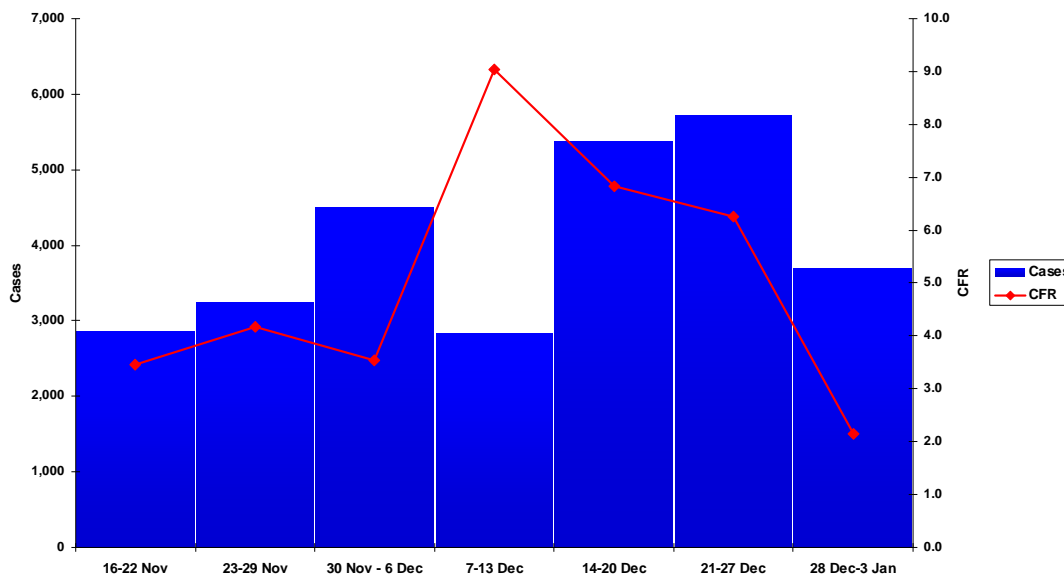


This week there was a marked decrease in the number of reported cholera cases and deaths in Zimbabwe. For the week 28/12/08 - 3/1/09, **3690 new cases of cholera** were reported, a decrease from the 5730 cases reported last week. **New deaths from cholera** reported this week were **79** (down from 358 last week). Cases of cholera continue to be reported from 10 of 10 provinces (8 rural provinces and 2 urban provinces-Harare and Bulawayo), although outbreaks are localized by province and vary in their characteristics. Figure 1 demonstrates the cholera cases reported nationwide.

Case-fatality rates (CFR, the proportion of cases that die of the disease) based on reported cases improved markedly this week, although still in excess of the <1% target. The method of calculating CFR at this time and since the beginning of the epidemic is total deaths reported (institutional and community deaths) / total cases reported. It is the equivalent of lethality. Figure 1 demonstrates CFRs/lethality by week nationwide. For the week 7-13 December, gaps in reporting of data were noted, as evident below.

The **CFR** for the week 28/12/08 - 3/1/09 is **2.1%**, a decrease from 6.2% from last week.

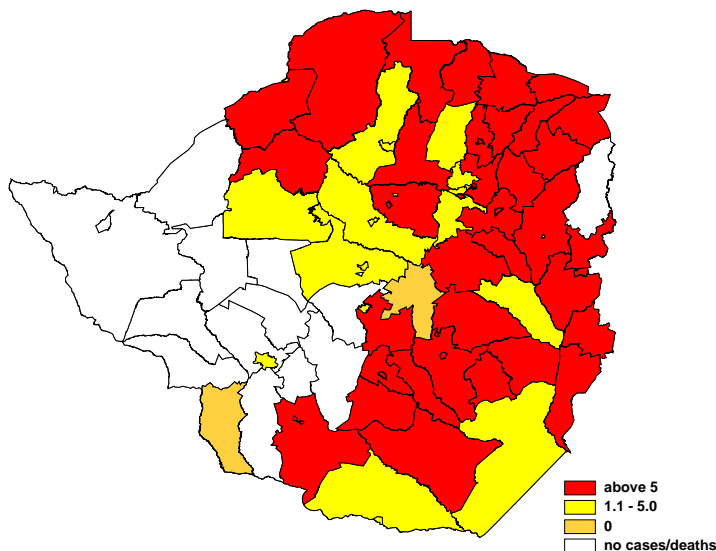
Figure 1. New cholera cases, with case-fatality rates, by week. Zimbabwe, 28 Dec 08 - 3 Jan 09



CFRs vary by district and reflect issues of access to care, quality of care, and underlying prevalence of co-morbid conditions such as HIV/AIDS and malnutrition. The number may not accurately reflect the quality of care once admitted to a treatment facility, as deaths in the community (not admitted) have been included in the calculation.

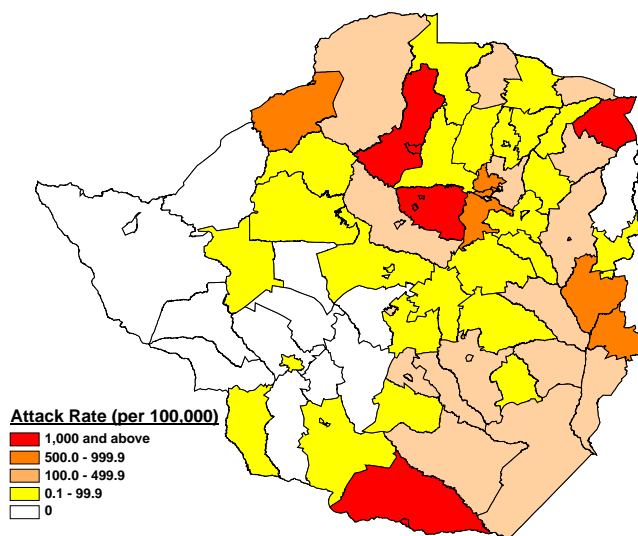
Figure 2 shows the cumulative CFR by district since the onset of the epidemic. Although weekly CFRs appear to be improving, most affected districts have high (>5%) overall rates of death among cholera cases due to the very high CFRs earlier in the epidemic.

Figure 2. Cumulative case-fatality rates, by district. Zimbabwe, as of 3 Jan 2008



Attack rates (AR, total number of cases/population) are a measure of the cumulative incidence of infection. An AR of 0.6-1.0% is often seen in cholera endemic areas with poor sanitary conditions. The ARs shown here are subject to surveillance bias (higher in areas with better reporting), and are not specific for particular populations at higher risk. Variations in CFR would be expected to occur within districts. The AR is based on district population projections for 2008. CFRs over 1% are noted in Chegutu, Makonde, Mudzi, and Beitbridge districts. Figure 3 shows attack rates by district.

Figure 3. Attack rates, by district. Zimbabwe, as of 3 Jan 2009



1.2. Community deaths

Community deaths are defined here as deaths suspected from cholera which occur outside of health facilities. The number of community deaths can reflect how well the population is being covered by the CTC/CTU's. However, interpretation of this figure must be made with caution since verbal autopsies are not always done to confirm cause of death. Reports of community deaths are not available from all provinces. For the epidemiologic week 28/12/08 - 3/1/09 reports available are found in Table 1. The figures suggest that there are continuing problems with access to health care in some provinces. The proportion of deaths occurring outside treatment centres, per week, could in any site be used as a useful proxy indicator of coverage: the target should be 0%.

Table 1. Proportion of deaths that occur outside cholera treatment centres, 28/12/08 - 3/1/09, selected provinces.

Province	Deaths within treatment centres	Deaths outside treatment centres	Proportion of deaths occurring outside treatment centres (%)
Bulawayo	0	0	0
Mashonaland Central	11	13	118*
Mashonaland East	41	14	34
Manicaland	68	29	43
Masvingo	19	8	42
Matabeleland North	0	0	0
Matabeleland South	18	7	39
Midlands	7	4	85

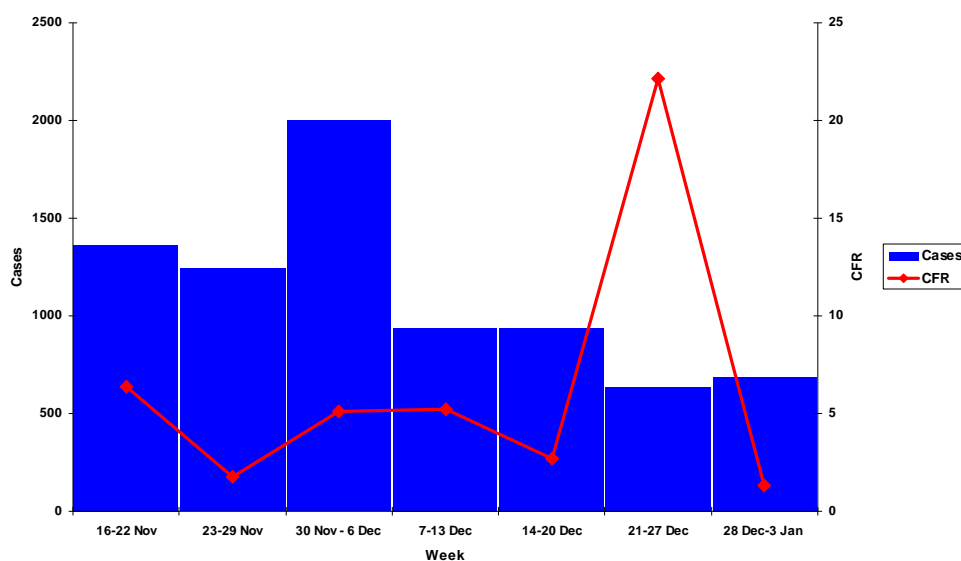
* the proportion is > 100 % as the number of deaths outside treatment centres is superior to the number within treatment centres

2. Surveillance findings by province

2.1. Harare

Harare reported 689 cases this week, up from 636 cases reported last week. However, the number of deaths decreased to 9 (CFR=1.3%) from 141 deaths (CFR= 22.2%) reported last week.

Figure 4. New cholera cases with case-fatality ratios, by week, Harare, 16 Nov- 3 Jan.



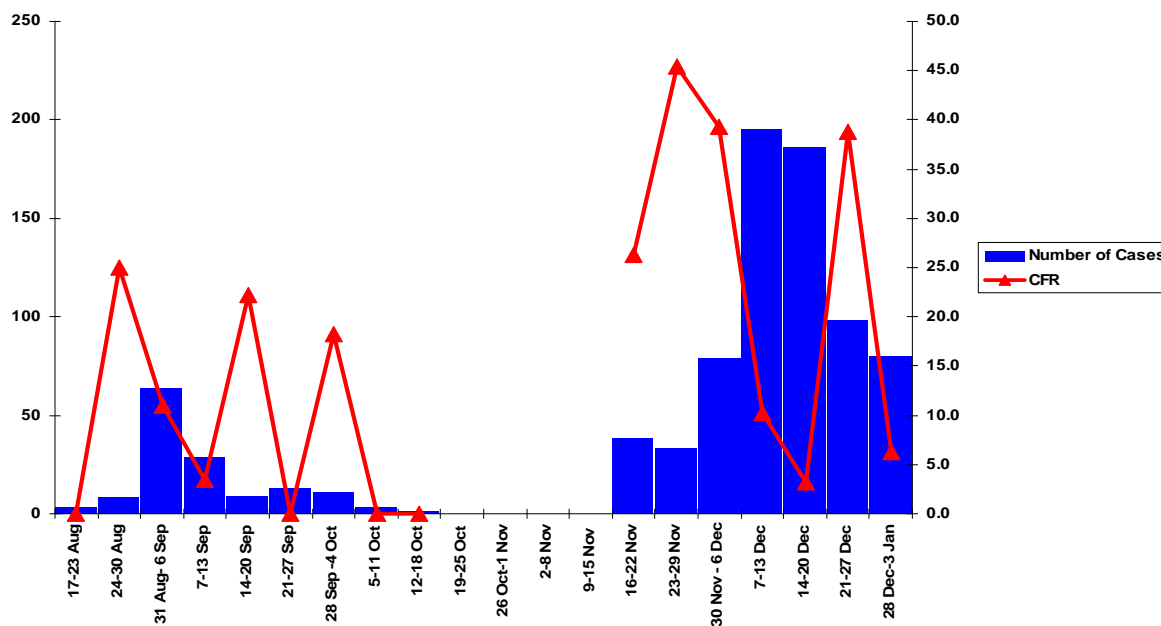
The data for Harare can be separated into Harare City and Chitungwiza

2.1.1. Chitungwiza

In August 2008, an outbreak was reported in St Mary's and Zengeza sections of Chitungwiza (population 320 000), about 25 Km south of Harare city centre. Altogether 118 cases were treated, and the outbreak lasted 4 weeks.

A second outbreak in Chitungwiza began in November (wards L, M and N) and continues. Last week 80 cases and 5 deaths (CFR=6.3%) were reported, representing a decrease in reported cases and an improvement in CFR compared to the previous week.

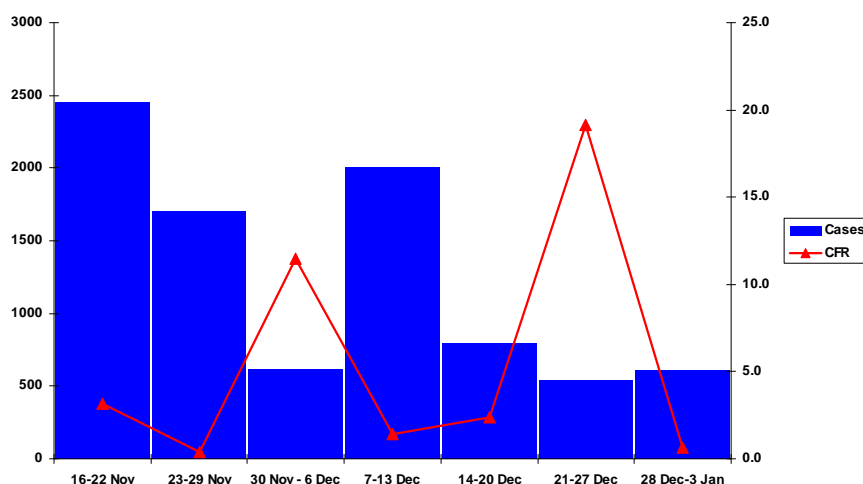
Figure 5. New cholera cases with case-fatality ratios, by week, Chitungwiza, 17 August- 3 Jan.



2.1.2. Harare City

In Harare City, 609 cases and 4 deaths (CFR=0.9%) were reported, representing an increase in cases (from 538) but a marked decrease in CFR (from 19.1%) from the previous week.

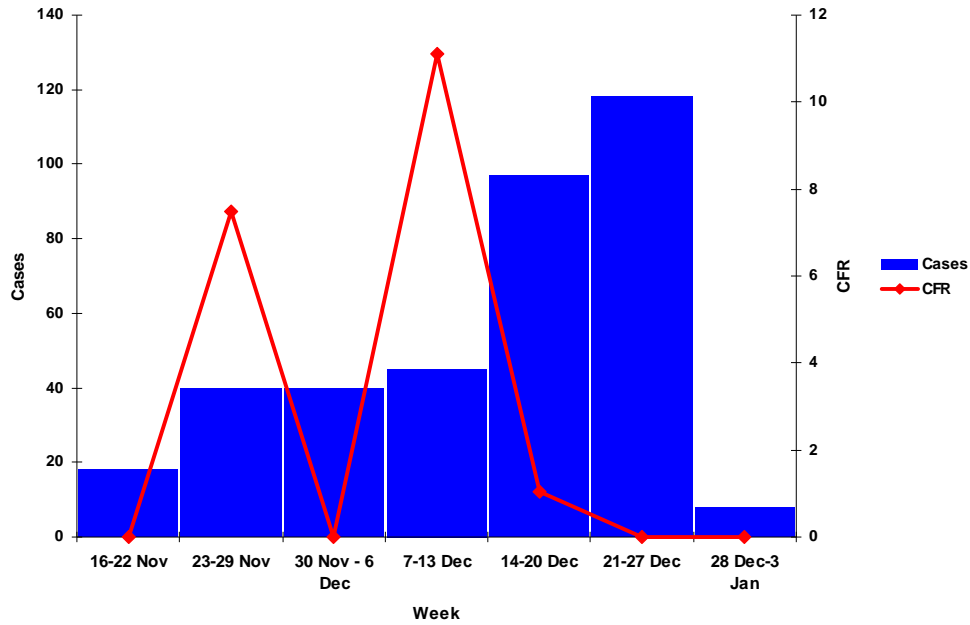
Figure 6. New cholera cases with case-fatality ratios, by week, Harare city, 16 Nov- 3 Jan



2.2. Bulawayo

Bulawayo reported a marked decrease in cases to 8 from 118 last week. There were 0 deaths for the 2nd consecutive week.

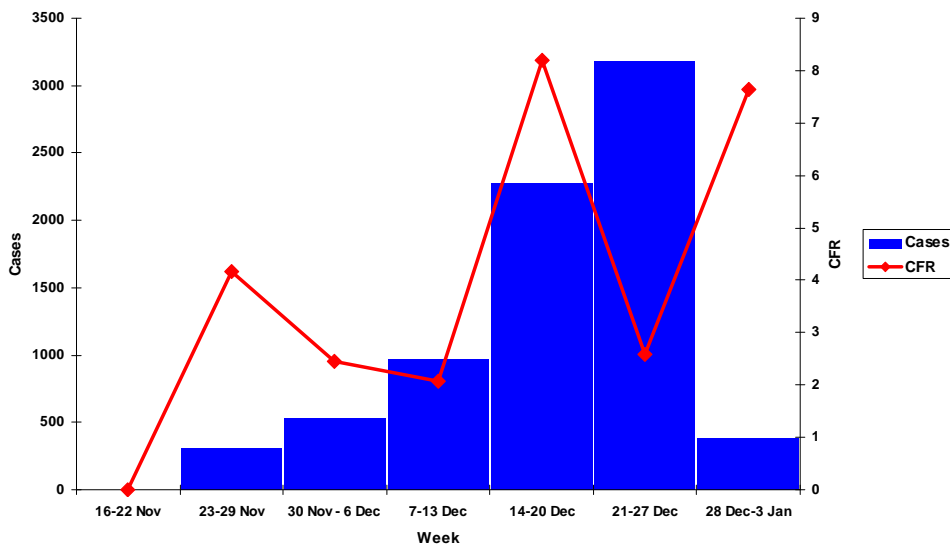
Figure 7. New cholera cases with case-fatality ratios, by week, Bulawayo, 16 Nov-3 Jan.



2.3. Mashonaland West

This week 379 cases were reported from Mashonaland West, and marked decrease from the 3183 reported last week. Deaths decreased from 82 to 29, resulting in a increase in weekly CFR from 2.6% to 7.7%.

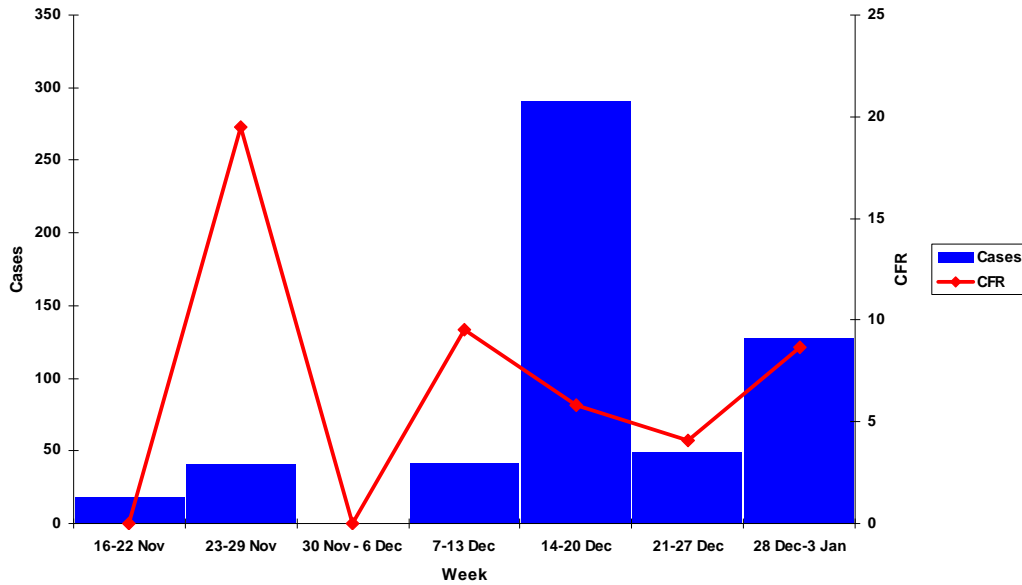
Figure 8. New cholera cases with case-fatality ratios, by week, Mashonaland West, 16 November- 3 Jan



2.4. Mashonaland Central

Cholera cases reported from Mashonaland Central increased this week to 127 from 49 reported last week. Eleven deaths were reported resulting in an increase in CFR (CFR=8.7%).

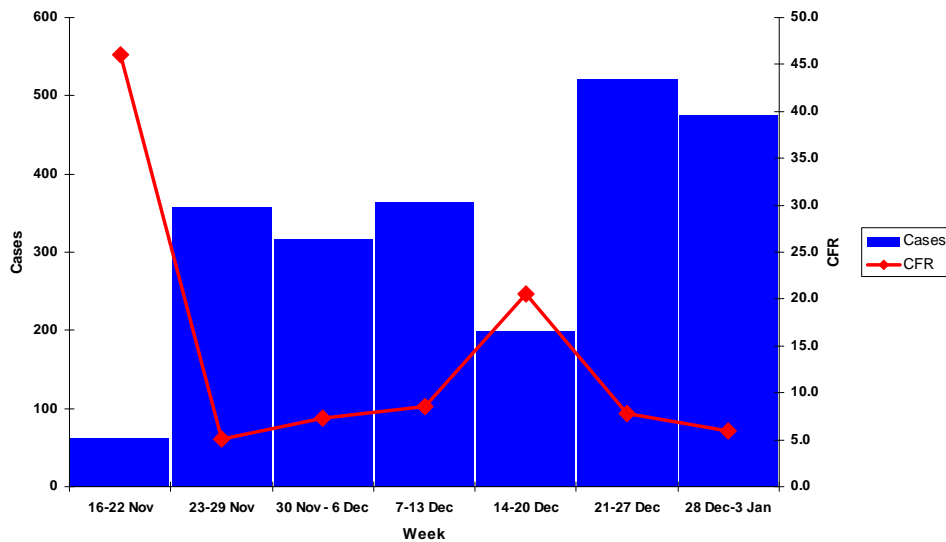
Figure 10. New cholera cases with case-fatality ratios, by week, Mashonaland Central 16 Nov - 3 Jan.



2.5. Mashonaland East

Mashonaland East reported 475 cases and 28 deaths (CFR=5.9%), a decrease from the 522 cases and 41 deaths reported last week. The CFR has decreased from 7.9% last week.

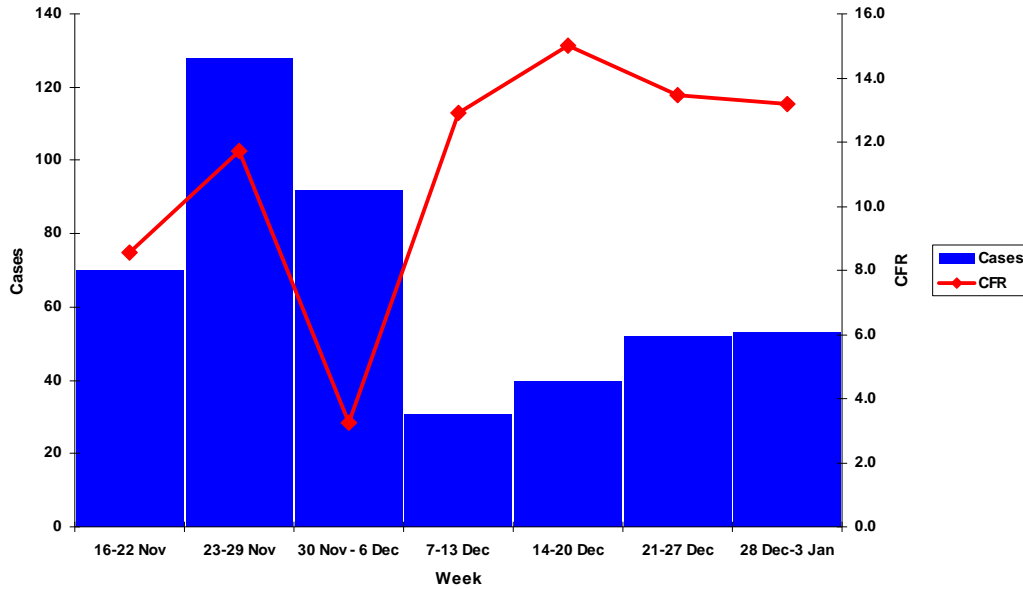
Figure 11. New cholera cases with case-fatality ratios, by week, Mashonaland East 16 Nov - 3 Jan.



2.6. Midlands

Midlands reported 53 cases and 7 deaths (CFR=13.2%), representing little change from last week.

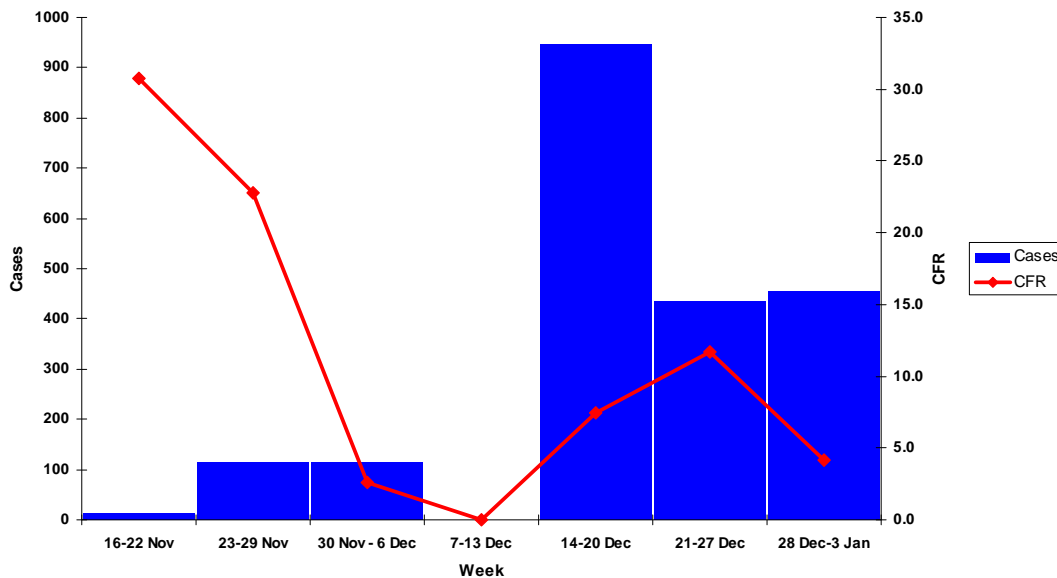
Figure 12. New cholera cases with case-fatality ratios, by week, Midlands 16 Nov- 3 Jan.



2.7. Masvingo

Cases reported from Masvingo increased slightly this week, to 456 cases from 435 last week. Deaths decreased to 19 (CFR=4.2%) a decrease from 51 deaths (CFR=11.7%) last week.

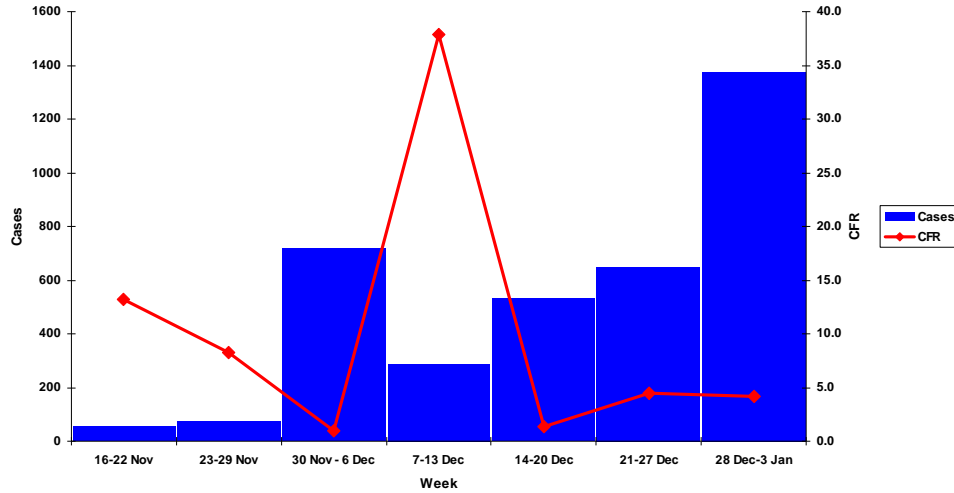
Figure 13. New cholera cases with case-fatality ratios, by week, Masvingo, 7 Nov- 3 Jan.



2.8. Manicaland

New cases and deaths reported from Manicaland increased again this week, to 1375 cases and 58 deaths (CFR=4.2%). CFR decreased slightly from 4.5%.

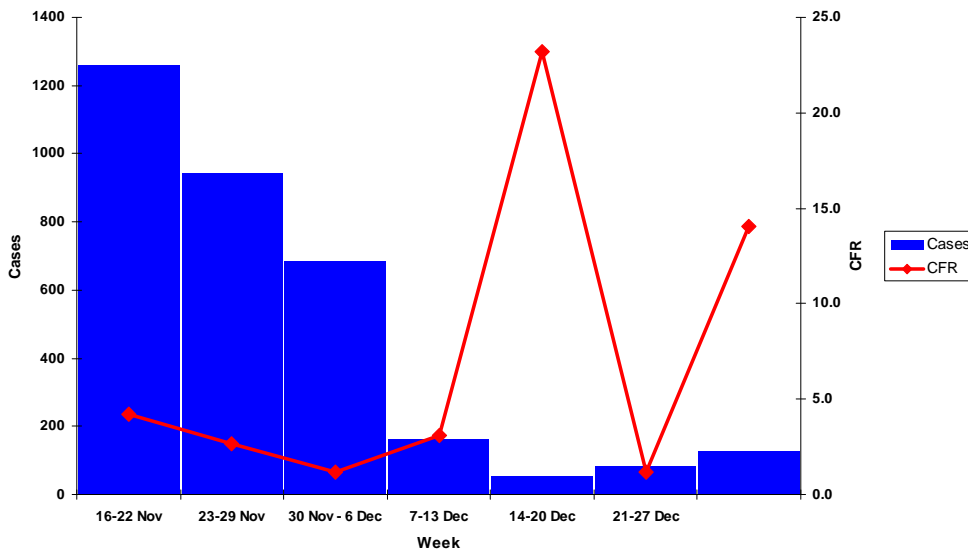
Figure 14. New cholera cases with case-fatality ratios, by week, Manicaland, 7 Nov- 3 Jan.



2.9. Matabeleland South

For this reporting week Matabeleland South reported an increase in cases and deaths, to 128 cases and 18 deaths (CFR=14.1%), up from 84 cases and one death (CFR=1.2%).

Figure 15. New cholera cases with case-fatality ratios, by week, Matabeleland South, 12 Nov- 3 Jan.



2.10. Matabeleland North

Two cases were reported last week from Matabeleland North; no further cases were reported this week.

3. Discussion

3.1. General comments

Cholera cases and deaths reported this week have decreased from previous weeks, although transmission is continuing most parts of the country. Reporting during the holiday period was variable, and although completeness of data reporting is improving week by week, communication problems continue to affect reporting and the data should be interpreted with caution. An improving trend is noted in many parts of the country and in the national figures.

However, new cases continue to be reported from 9 of 10 provinces, and 53 of the 62 (85%) districts. Increases were noted in Mashonaland Central, where 127 new cases were reported and Matabeleland South and Manicaland also are continuing to report an increase in cases.

The case-fatality rate (CFR) is decreasing overall, probably reflecting an improvement in case management, but continues at a higher rate than expected. CFRs are >10% in Midlands and Matabeleland South, and also are increasing in Mashonaland Central and Mashonaland West. This can be influenced by access to care issues, inadequate case management, as well as the level of underlying malnutrition and the HIV/AIDS status of cases. The large volume of cases involved can quickly overwhelm the already strained health care system and staff. Additionally, a lack of awareness in the community could be contributing to the high proportion of community deaths.

Improvements to access and quality of care, through provision of treatment materials, treatment guidelines, training, and environmental improvements at cholera treatment facilities are ongoing but should continue to be strengthened.

3.2. Completeness

Cholera cases and deaths are most likely underreported, due to variations in the coverage of the surveillance system, the interruption associated with the recent holidays, and continuing delays in communication of data from all sources and administrative levels. The completeness of daily reporting, including zero reporting, is improving. Daily data was collected for **79%**, or 295 reports for the 371 reporting days possible (53 affected districts X 7 days) this week. This compares with 63% (232 of 371) last week.

Urban centres with high density populations, especially Harare, remain at high risk for continuing transmission. Efforts to bolster social mobilization in order to limit transmission at community level are being scaled up.

3.3. Alerts and early warning system

A simple early warning system continues in place using data reported daily by MoHCW officers from districts and provinces. Criteria for prioritizing high priority districts for investigation are currently as follows:

- Daily reported cases >30
- Daily CFR >5% (**please note:** this threshold has been raised from >1% to increase specificity)
- Daily number of deaths outside health facility/CTC/CTU of more than 3

3.4. Key Alerts and follow-up activities this week:

WHO aims to link alerts generated by notification and by analysis of data with coordinated response activities. The development of stronger operational links to partners in the field is ongoing. Selected alert and response activities from the week 28/12/08 - 3/1/09 are summarized below.

Masvingo district in Masvingo province: alert on 28/12/08 due to high number of cases added in one day (>30). Response:

- DMO (District medical officer) and DEHO (district environmental health officer) contacted by C4.
- C4 contacted partners on the field through the health cluster coordinator.
- Immediate follow up done by MSF Luxembourg in collaboration with Masvingo PMO. Additionally, PLAN and ACF are supporting water and sanitation issues.

Nyanga district in Manicaland province: alert on 03/01/09 by rumor from MoHCW PMO. Response:

- Cholera cases reported from Chikore (bordering Makoni and Mudzi); discussed with DMO. MoHCW assessed the need for a CTC.
- MoHCW opened a CTC at Nyanómbe in Nyanga. Supplies collected from PMD on 03 January 2009 and CTC was to be placed on site.

Chegutu district in Mashonaland West: 618 cases reported on 27/12/08. Response:

- Telephone follow up determined that the high number of cases reported was due to data error, although the corrected number of cases per day remained > 30.
- Due to logistical problems at PMO, DMO level, C4 contacted partners on the field through the health cluster coordinator.
- MSF Spain, who is operating a CTC in collaboration with MoHCW in Chegutu, assessed the situation and is assisting the MoHCW with the response.

Alerts and rumours can be processed through the WHO Cholera Control and Command Centre. Using the Health Cluster network, alerts can be processed and investigation and response initiated through WHO in coordination with MoHCW and partners operating in the area. The contact mobile number for alerts and rumours is **0912 104 257** and Toll free number for alert by district and province is **08089001** or **08089002** or **08089000**.

4. Acknowledgements

We are very grateful to District Medical Officer and Provincial surveillance officers, especially Provincial Medical Director and Environmental Health Officer, who have helped to gather and transmit the bulk of the information presented here. Likewise, we acknowledge agencies, including members of the Health and WaSH clusters, who have kindly shared their data with our team.

This document would not have been possible without the contributions of the MoHCW's department of surveillance, and the data management team at WHO.

5. Annex - Zimbabwe Daily Cholera Update as of 3 Jan 2008



Email: cholera_taskforce@zw.afro.who.int

Toll free number for alert is
08089001 or 08089002 or 08089000

Mobile number for alerts is 0912 104 257



Office of the WHO Representative in Zimbabwe

Date of issue: 3rd January, 2009

DAILY CHOLERA UPDATE

3rd January, 2009

* Please note that daily information collection is a challenge due to communication and staff constraints. On-going data cleaning may result in an increase or decrease in the numbers. Any change will then be explained.

** Daily information on new deaths should not imply that these deaths occurred in cases reported that day. Therefore daily CFRs >100% may occasionally result

1- Highlights of the day:

- 693 cases and 9 deaths added today (in comparison 635 cases and 49 deaths yesterday)
- **46.3 % of the districts affected have reported today** (25 out of 54 affected districts)
- 87 % of districts reported to be affected (54 districts/62)
- Rumours of cases in Nyanga district in Manicaland (not previously affected). District shares borders with affected districts Makoni and Mudzi
- All 10 of the country's provinces are affected

Districts reported an high number of cases today (cases added today > 30)	Districts with a daily CFR > 5% :	Districts with high number of deaths outside health facility/ CTC > 3	Districts which have not reported for more than 3 days:	
<ol style="list-style-type: none"> 1. Harare 2. Makonde 3. Chipinge 4. Chimanimani 5. Chegutu 6. Mudzi 	<ol style="list-style-type: none"> 1. Chitungwiza 2. Makonde 3. Gutu 4. Zvimba 5. Zvishavane 6. Bikita 	<p>Nil</p>	<ol style="list-style-type: none"> 1. Shurugwi 2. Buhera 3. Chivi 4. Mutare City 5. Goromonzi 6. Rushinga 	<ol style="list-style-type: none"> 7. Mt Darwin 8. Mbire 9. Guruve 10. Shamva

2- Conclusion of the day:

High priority districts to investigated today		Priority districts to call back on the phone (as delay of more than 3 days to report) and in red High priority districts which needs field visit (no report for more than 7 days)	
<ul style="list-style-type: none"> • Harare • Makonde • Chipinge • Chimanimani • Chegutu • Mudzi 	<ul style="list-style-type: none"> • Chitungwiza • Makonde • Gutu • Zvimba • Zvishavane • Bikita 	<ul style="list-style-type: none"> • Shurugwi (22 days) • Buhera • Chivi • Mutare City • Goromonzi • Rushinga 	<ol style="list-style-type: none"> 11. Mt Darwin 12. Mbire 13. Guruve 14. Shamva

3- Follow up actions

District	Flagged as a priority on	Action taken and next step (when and who will be doing what)	Status of the follow up
Makonde	27/12/08 (CFR High) Flag again on 31/12/09 (CFR High)	<ul style="list-style-type: none"> • Contacted them again by phone on 29/12/08 • Coordinator C4 has advised MoH+WHO to contact District Medical Officer and district environment health officer tomorrow • Need fuel. PMD currently visiting districts to assess situation • No communication, data sent by e mail 	On-going
Chegutu	27/12/08 (High Number of cases) Flag again on 31/12/09 (High number of cases)	<ul style="list-style-type: none"> • Contacted them again by phone on 28/12/08 • There was a problem of data reporting • But still after correction more than 30 cases reported on one day • Action ? • Need fuel. PMD currently visiting districts to assess situation 	On-going
Kadoma	03/01/09 (High CFR)	<ul style="list-style-type: none"> • Communication problem 	On-going
Kwekwe	03/01/09	<ul style="list-style-type: none"> • 4 cases reported in new area (Zhombe). PNO relayed information. PMD office following up 	On going
Chiredzi	03/12/08 (High CFR)	<ul style="list-style-type: none"> • PMD aware and still investigating. High CFR believed to be due to late presentation and weak active case finding 	On-going
Chivi	03/01/09 (No reported cases)	<ul style="list-style-type: none"> • Communication problem 	On-going
Masvingo	02/01/09 (alert)	<ul style="list-style-type: none"> • Completed. MSF following up • Cases were in Magadu area and its under surveillance. MSF Luxemburg in operation 	Done
Mberengwa	03/01/2009 (High CFR)	<ul style="list-style-type: none"> • Communication Problems 	On-going
Mwenezi	03/01/2009 (High CFR)	<ul style="list-style-type: none"> • PMD aware and still investigating. High CFR believed to be due to late presentation and weak active case finding 	On-going
Bikita	03/01/09	<ul style="list-style-type: none"> • Four cases reported from Mangezi area. CTC set up 	Done
Mutare City	29/12/08 Flag again on 31/12/08	<ul style="list-style-type: none"> • Communication problem 	On-going
Nyanga	03/01/09	<ul style="list-style-type: none"> • Cholera cases reported from Chikore (bordering Makoni and Mudzi) Districts. District quantifying the problem. Will appraise District coordinating committee on Monday. Partners to be dispatched from Provincial level if need arise • To followup on updates 	On-going
Guruve	29/12/08	<ul style="list-style-type: none"> • Communication problem. Radio not working, No fuel, only 1 vehicle in PMDs office 	On-going

	District	Flagged as a priority on	Action taken and next step (when and who will be doing what)	Status of the follow up
10	Beitbridge	03/01/09	<ul style="list-style-type: none"> Cases from Chiturapasi area were there have been no cholera cases for two weeks. DEHO and CHS have gone for investigation. To update tomorrow CTC not yet opened in Bubi area. District to decide where to establish the CTC and update 	On-going
11	Gwanda	29/12/08 Flag again on 31/12/08	<ul style="list-style-type: none"> 3 suspected cases from Ntalale after a visitor from Mashonaland West (Mhondoro) Report from West Nicholson (Gwanda). Patient was taken to Gwanda. There was a funeral in the family and patient is HIV positive No nurse at hospital No fuel to carry out investigations, Stephen Maphosa is following up. Will contact partners on the field. News will be given during the day. No new cases. Area under surveillance. 	Done
12	Bindura	03/01/09 (High CFR)	<ul style="list-style-type: none"> Followup with PMD (03/01/09) Cases and deaths reported over a period of 3 days 	Done
13	Shurugwi	30/12/08	<ul style="list-style-type: none"> Communication problem 	On-going
	Zvishavane	03/01/09	<ul style="list-style-type: none"> Out of stock of Ringers lactate Logistician to liaise with province on quantity required 	On-going
14	Mudzi	30/12/08	<ul style="list-style-type: none"> Managed to get through. Update received today. 	Done
15	Kariba rural	30/12/08 Flag again on 02/01/09	<ul style="list-style-type: none"> No communication, data sent by e mail Follow up with Save the Children and PMD Alert – increase of cases in Mola received on 02/01/2009 – Dr Charimari to FU Communication problem as of 03/01/09 	On-going
16	Hurungwe	30/12/08 Flag again on 31/12/08 03/01/09 (High number of cases)	<ul style="list-style-type: none"> No communication, data sent by e mail Follow up with PMD (03/01/09) Communication problem 	On-going
18	Harare	31/12/08	<ul style="list-style-type: none"> Although high number of cases, still reasonable within trends observed 	Done
19	Goromonzi	31/12/08	<ul style="list-style-type: none"> Communication problem 	On-going
20	Centenary	31/12/08 03/01/09 (High CFR)	<ul style="list-style-type: none"> No update because of communication problems. Access to Muzarabani still a problem because of floods. Patients failing to get through to the treatment centres 	On-going
21	Seke	31/12/08	<ul style="list-style-type: none"> Update received Run out of Chloride of lime, protective clothing and spray pumps List forwarded to Logistician 	On-going
22	Plumtree	31/12/08	<ul style="list-style-type: none"> No new cases 	Done

4- Epidemiological data

Province	District/area affected	Today's update			Cumulative Cases	Cumulative Deaths	Cumulative CFR (%)	Community Deaths (included in the total)	Proportion Community Deaths (%)	Date last updated	Number of days since previous report
		Cases added today	Deaths added today	CFR of cases added today (%)							
Harare	Chitungwiza	3	2	66.7	874	147	16.8			03/01/2009	0
	Harare	52	0	0.0	10394	234	2.3	16	6.8	03/01/2009	0
Bulawayo	Bulawayo urban	2	0	0.0	375	12	3.2	8	66.7	03/01/2009	0
Mashonaland Central	Shamva	-	-	-	39	8	20.5	8	100.0	29/12/2008	5
	Centenary	-	-	-	117	13	11.1	9	69.2	02/01/2009	1
	Mazowe	7	0	-	131	4	3.1	3	75.0	03/01/2009	0
	Guruve	-	-	-	44	7	15.9	7	100.0	29/12/2008	5
	Mbire	-	-	-	7	0	0.0	0	-	29/12/2008	5
	Mt Darwin	-	-	-	36	2	5.6	1	50.0	29/12/2008	5
	Bindura	16	0	0.0	129	8	6.2	6	75.0	03/01/2009	0
	Rushinga	-	-	-	78	4	5.1	4	100.0	29/12/2008	5
Mashonaland East	Mudzi	123	0	0.0	1966	120	6.1	60	50.0	03/01/2009	0
	Murehwa	-	-	-	98	14	14.3	10	71.4	31/12/2008	3
	Goromonzi	-	-	-	389	26	6.7	19	73.1	30/12/2008	4
	Mutoko	-	-	-	154	32	20.8	25	78.1	31/12/2008	3
	Marondera	-	-	-	68	7	10.3	5	71.4	01/01/2009	2
	Chikomba	-	-	-	67	5	7.5	5	100.0	31/12/2008	3
	Hwedza	-	-	-	15	1	6.7	1	100.0	31/12/2008	3
	UMP	-	-	-	47	19	40.4	5	26.3	31/12/2008	3
	Seke	19	0	0.0	437	20	4.6	16	80.0	03/01/2009	0
Mashonaland West	Makonde	33	2	6.1	2653	76	2.9	37	48.7	03/01/2009	0
	Kariba Mahombekombe	-	-	-	233	5	2.1	1	20.0	02/01/2009	1
	Kariba Rural	-	-	-	289	18	6.2	10	55.6	02/01/2009	1
	Zvimba	2	1	50.0	146	11	7.5	6	54.5	03/01/2009	0
	Kadoma	-	-	-	1061	50	4.7	27	54.0	02/01/2009	1

Province	District/area affected	Today's update			Cumulative Cases	Cumulative Deaths	Cumulative CFR (%)	Community Deaths (included in the total)	Proportion Community Deaths (%)	Date last updated	Number of days since previous report
		Cases added today	Deaths added today	CFR of cases added today (%)							
	Hurungwe	-	-	-	525	27	5.1	18	66.7	02/01/2009	1
	Norton	-	-	-	694	28	4.0	11	39.3	01/01/2009	2
	Chegutu	67	0	0.0	2002	141	7.0	29	20.6	03/01/2009	0
Manicaland	Mutasa	2	0	0.0	9	5	55.6	5	100.0	03/01/2009	0
	Mutare City	-	-	-	16	1	6.3	0	0.0	29/12/2008	5
	Buhera	-	-	-	756	31	4.1	27	87.1	29/12/2008	5
	Chipinge	128	1	0.8	657	42	6.4	27	64.3	03/01/2009	0
	Makoni	17	0	0.0	357	45	12.6	40	88.9	03/01/2009	0
	Mutare	-	-	-	1239	64	5.2	62	96.9	31/12/2008	3
	Chimanimani	70	-	0.0	658	35	5.3	15	42.9	03/01/2009	0
Matabeleland North	Lupane	-	-	-	2	0	0.0	0	-	03/01/2009	0
Matabeleland South	Gwanda	-	-	-	70	8	11.4	3	37.5	03/01/2009	0
	Plumtree	-	-	-	3	0	0.0	0	-	03/01/2009	0
	Beitbridge	20	0	0.0	3761	119	3.2	39	32.8	03/01/2009	0
Masvingo	Masvingo	1	0	0.0	437	45	10.3	17	37.8	03/01/2009	0
	Gutu	1	2	200.0	26	3	11.5	1	33.3	03/01/2009	0
	Chivi	-	-	-	441	54	12.2	42	77.8	30/12/2008	4
	Bikita	113	0	0.0	303	31	10.2	21	67.7	03/01/2009	0
	Chiredzi	9	0	0.0	620	31	5.0	18	58.1	03/01/2009	0
	Mwenezi	-	-	-	179	18	10.1	12	66.7	02/01/2009	1
	Zaka	-	-	-	111	21	18.9	21	100.0	02/01/2009	1
Midlands	Gweru City (Mkoba)	-	-	-	182	4	2.2	2	50.0	03/01/2009	0
	Zvishavane	4	1	25.0	115	10	8.7	8	80.0	03/01/2009	0
	Mberengwa	-	-	-	103	20	19.4	18	90.0	02/01/2009	1
	Gokwe North	-	-	-	12	5	41.7	5	100.0	31/12/2008	3
	Gokwe South	-	-	-	32	1	3.1	1	100.0	02/01/2009	1

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		Cases added today	Deaths added today	CFR of cases added today (%)							
	Kwekwe	4	0	0.0	30	1	3.3	0	0.0	03/01/2009	0
	Shurugwi	-	-	-	23	6	26.1	6	100.0	12/12/2008	22
	Chirumhanzu	-	-	-	2	1	50.0	1	100.0	03/01/2009	0
Total		693	9	1.3	33212	1640	4.9	738	45.0		