The Humanitarian and health actors involved in Water Sanitation and Hygiene (WASH) programming can distribute local language Information Education and Communication (IEC) materials to women, men, migrants, and youths highlighting factors that contribute to Cholera outbreaks, while debunking rumours linking the outbreak to political activities.

Humanitarian and health organisations working with migrants, women, men and youths can share Frequently Asked Questions (FAQs) factsheets that explain signs and symptoms of Cholera infections, early management methods such as Sugar and Salt Solution and where those infected with Cholera can seek help.

The rumour highlights misinformation on the Cholera outbreak, which if left unchecked could lead to complacency in communities instead of taking precautionary measures against the disease which may spread out of control, given poor water and sanitation service delivery in most urban areas in the country.

The rumour also raises alarm that government updates on the Cholera outbreak could be misconstrued in communities as statements meant to restrict political activities ahead of the upcoming harmonised general elections.

Zimbabwe has previously recorded Cholera outbreaks during election years. In 2008-2009 outbreak, the country recorded 98,585 cases and 4,287 deaths, in 2018, 8,535 cumulative cases and 50 deaths were recorded by October 3, 2018.

Community Working Group on Health (CWGH) executive director Dr Itai Rusike has noted ageing and unrepaired sewer systems, illegal waste dumps, inadequate access to water and sanitation infrastructure, overflowing septic tanks and frequent water and power cuts as major contributors to the recurring Cholera outbreaks.

"Iyo cholera inongouya towards elections seiko.”

(Shona; Twitter)

TRANSLATION:
"Why is it that cholera always come when we are towards elections?"

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TRANSLATION:
"Why is it that cholera always come when we are towards elections?"
First vaccine dose uptake in Zimbabwe increased by five percent from 23,221 administered in week three of March 2023 to 24,578 doses administered in week four.

There was a six percent increase in the uptake of second vaccine dose and 17% decrease in the uptake of third vaccine dose. Second vaccine uptake increased from 19,659 to 20,886 doses, while the third vaccine uptake decreased from 27,021 to 22,393 doses.

As of March 28, 2023, there were 1,252 active COVID-19 cases with 86 being hospitalised. Of the total, 75 of the hospitalised cases were vaccinated and 11 were unvaccinated. One COVID-19 related death was recorded during week four.

Cumulatively, Zimbabwe has vaccinated 6,922,176 people with the first vaccine dose and 5,137,431 with the second vaccine dose, translating to 51.3% of the 10 million herd immunity target initially set for end December 2022. A total of 1,696,731 people have received the third vaccine dose.

**Rumor Trends Analysis**

- The Cholera outbreak is due to poor sanitation.
- STIs are on the rise due to limited condom supply.
- COVID-19 vaccines are experimental.
- Drug abuse is causing mental health problems.
- COVID-19 is endemic.

Between March 22 and 28, 2023, Internews in Zimbabwe collected 480 COVID-19, other health and humanitarian related rumours. Of the total, 56 rumours were collected online (Facebook: 22 and Twitter: 34) and 424 through in-person interactions. Trending rumour themes were, “The Cholera outbreak is due to poor sanitation” (53%), “STIs are on the rise due to limited condom supply” (24%), “COVID-19 vaccines are experimental” (12%), “Drug abuse is causing mental health problems” (7%) and “COVID-19 is endemic” (4%).

**Cholera update**

On February 12, 2023, Zimbabwe recorded an outbreak of Cholera in Chegutu, Mashonaland West Province. Since then, cases have been reported in eight provinces with cases in each province having no epidemiological link to each other. To date, 17 cholera hotspot Districts in the country have been identified as Buhera, Chegutu, Chikomba, Chimanimani, Chipinge, Chitungwiza, Chiredzi, Harare, Gokwe North, Marondera, Mazowe, Shamva, Mutare, Murehwa, Mwenezi, Seke and Wedza. As of March 25, 2023, a cumulative total of 231 suspected Cholera cases, two confirmed deaths, three suspected Cholera deaths and 25 laboratory confirmed cases were reported.