



**General Country Information:**

The Republic of Angola is located in south-western Africa, and borders Namibia, the Democratic Republic of Congo and Zambia with a west coast along the Atlantic Ocean. Angola is divided in 18 provinces and 158 municipalities. Luanda, the capital, is the largest city of Angola.

Angola became a Portuguese colony in 1951. In November 1975, it gained its independence after a 14 years long war. Shortly after, an internal armed conflict broke out between the different movements for independence. A peace agreement was signed in 2002.

Long years of war left the country with huge social and economic problems. There has been a high disruption of basic health, water and sanitation infrastructure. Almost four million people were internally displaced and 350 000 took refuge in the neighbouring countries.

Like many sub-Saharan countries, Angola is subject to periodic outbreaks of infectious diseases. Between October 2004 and July 2005 an outbreak of Marburg haemorrhagic fever unfolded in the northern province of the country (in Uige ) accounting for 374 cases and 329 deaths (case fatality rate, CFR of 88%). Angola is highly endemic to malaria, but no cases of polio and yellow fever have been reported in the last four years.

**Cholera Background History:**

In 1987, an outbreak accounting for 16 222 cases and 1 460 deaths was reported. It started on 8 April 1987 in Zaire province and spread to many other areas including Luanda province. After a decline in the number of cases between July and October, an upsurge occurred from November onwards and cholera was considered to have become endemic with outbreaks continuing in numerous provinces in 1988.

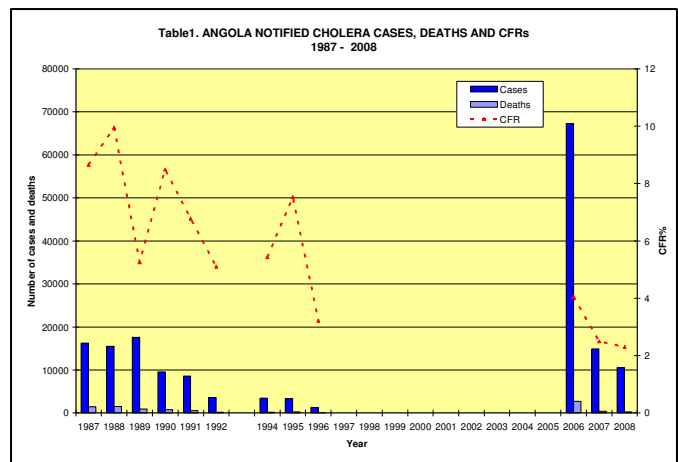
In 1988, two thirds of the cholera cases in Africa were notified by Angola (15 500 cases compared to 23 223 in all of Africa).

For unknown reasons, no cholera case was reported from Angola between 1997 and 2005.

**Cholera Outbreak in 2006/2007:**

Between 13 February 2006 and 9 May 2007, Angola reported 82 204 cases with 3092 related deaths and an overall CFR of 3.75%. The peak of the outbreak was reached at the end of April 2006 with a daily incidence of 950 cases (see epicurve).

The outbreak started in Luanda and quickly reached 16 out of the 18 provinces. It's evolution suggests that it might have spread by both road and sea. The underlying cause are the cramped living and sanitation conditions together with inappropriate hygiene practices.



Even though Luanda reported most of the cases (around 50%), other provinces such as Bié, Huambo, Kwanza Sul, and Lunda Norte had the highest CFR. This is due to difficulties in accessing health care facilities, with provinces located far from Luanda being particularly underserved.

In 2007, Angola reported 18'422 cases including 513 deaths (CFR 2.78%). Luanda recorded 37% of all cases and Benguela 22.5%. The highest case fatality rate, 12% was reported in Kwanza Sul.

In 2008, Angola reported 10'511 cases including 243 deaths (CFR 2.3%). As of 19 October 2008, 24% of all cases were recorded in Benguela province (2'338 cases, incl. 34 deaths, CFR 1%). Cunene reported 19% of the cases and Huila 17%. The higher case fatality rates were in Bengo (14%), and in the remote provinces of Huambo (9%) and Malange (8%). The peak of the outbreak was reached in April (similarly to 2006) with a weekly incidence of 550 cases.

