

DTU



# **Vibrio Cholerae data from Great Lakes region**

## **Octopus Project**

Rene Ndoyi

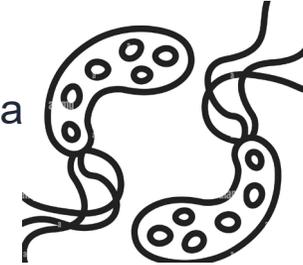
## Vibrio Cholerae in Great Lakes Region

**Greatlife project** - Linking infectious disease front-liners' control efforts with central public health authorities in The African Great Lakes Region



## Vibrio Cholerae

Cholera - an acute diarrhoeal infection caused by toxigenic *Vibrio cholerae*; severe disease within hours if treatment is delayed.



A species of Gram-negative, facultative anaerobe and comma-shaped bacteria

WHO estimates 1.3–4.0 million cases and 21,000–143,000 deaths globally each year

Only O1 and O139 cause epidemic cholera; O1 El Tor drives the ongoing seventh pandemic.

Control depends on fast surveillance, case management, oral cholera vaccine, and sustained WASH investment.

## **Vibrio Cholerae**

17 different introductions (T1-T17) of 7PET into Africa through 3 big historical waves

Intermittent and often seasonally outbreaks in east Africa

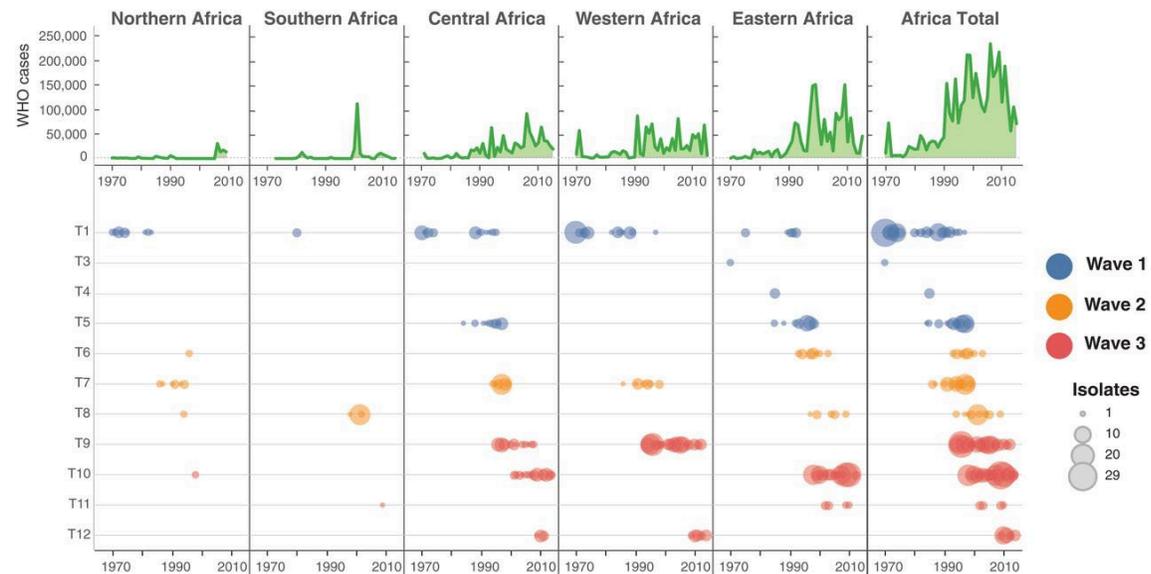
Countries most affected: DRC, Mozambique, Malawi, Zambia, Malawi

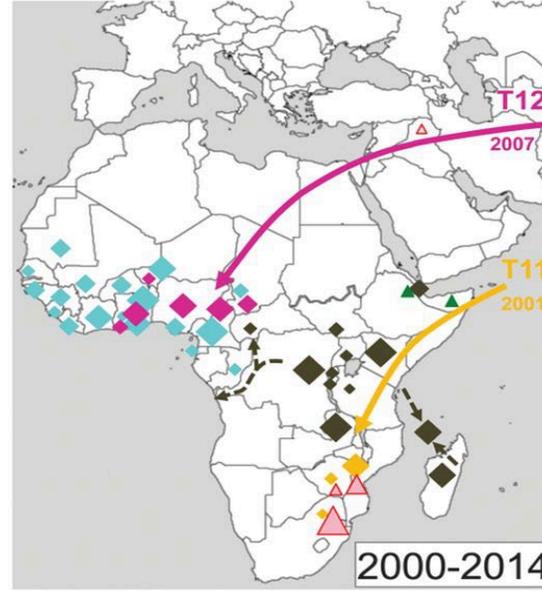
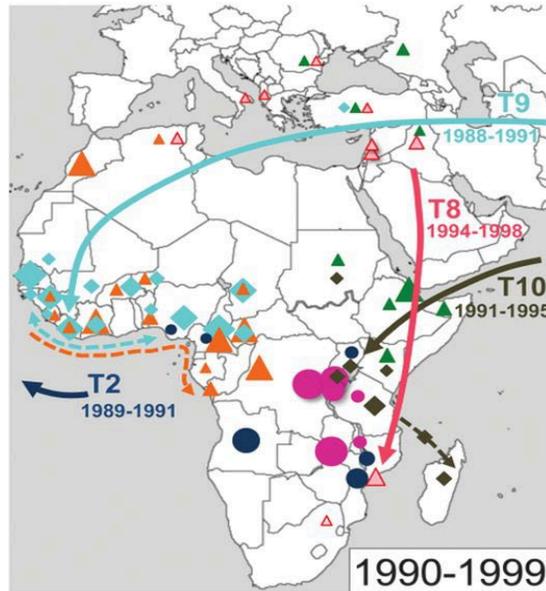
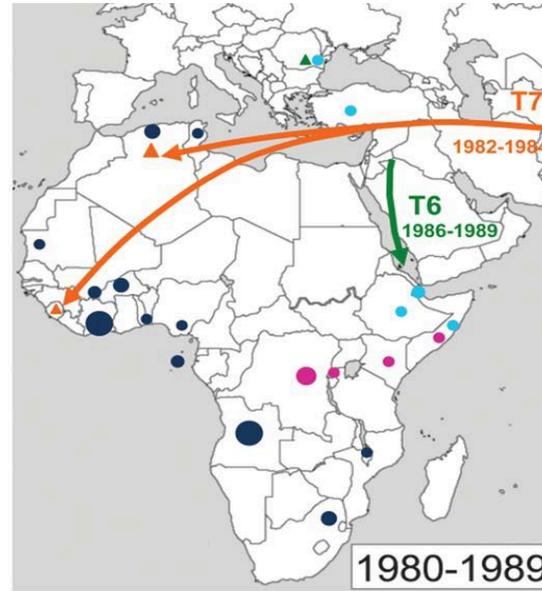
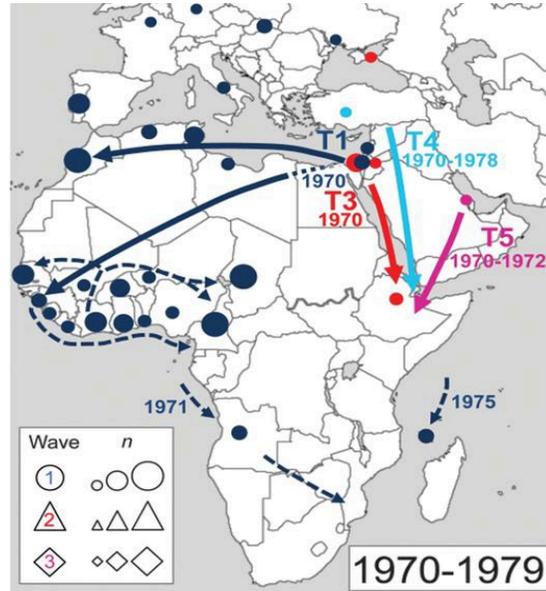
## Vibrio Cholerae

17 different introductions (T1-T17) of 7PET into Africa through 3 big historical waves

Intermittent and often seasonally outbreaks in east Africa

Over 178,000 cases in 16 countries in Eastern and Southern Africa from January 2024 until March 2025 – WHO Dashboard





## Genomic history of the seventh pandemic of cholera in Africa

T1-T12 Africa  
François-Xavier Weill *et al.*,

*Science* 358,785-789(2017).DOI:[10.1126/science.aad5901](https://doi.org/10.1126/science.aad5901)

### Into East Africa

T3 – 1970

T4 – 1970-1978

T5 – 1970-1972

T10 – 1991 – 1995

T11 - 2001

# East Africa Great Lakes region

Lake-shore settlements, fishing ports, refugees, markets, and border crossings create **intense cross-border connectivity**.

Same lakes and corridor systems, making it ideal for dated transmission modelling.

Outbreak control is complicated by displacement, insecurity, flooding, fragile WASH infrastructure, and unequal health-system access.



## Previous studies .....

Lineages and sub-lineage introductions vs persistence;  
Established crossborder and local transmission;  
Value of sequencing



Gap

How are genomic transmission explained by **epidemiological trends** ?

## Great-Life Data

~ 220 single isolate genomes (Greatlife ONT Sequencing 2024-2025)

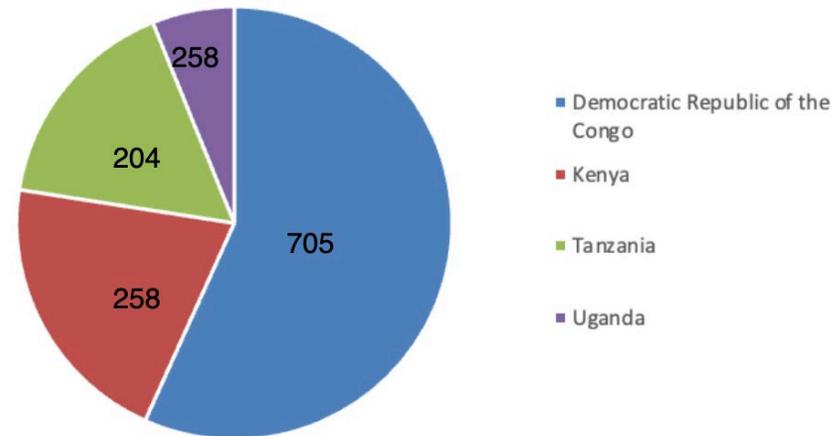
QC (-metadata, QUAST, Kmerfinder)



**113 Good quality genomes + 1243 public = 1,356**

Country	QC Pass	Public	Total
DRC	40	705	745
Uganda	56	76	132
Kenya	14	258	273
Tanzania	00	204	204
Burundi	03	00	03
Rwanda	00	00	00
Total	113	1243	1356

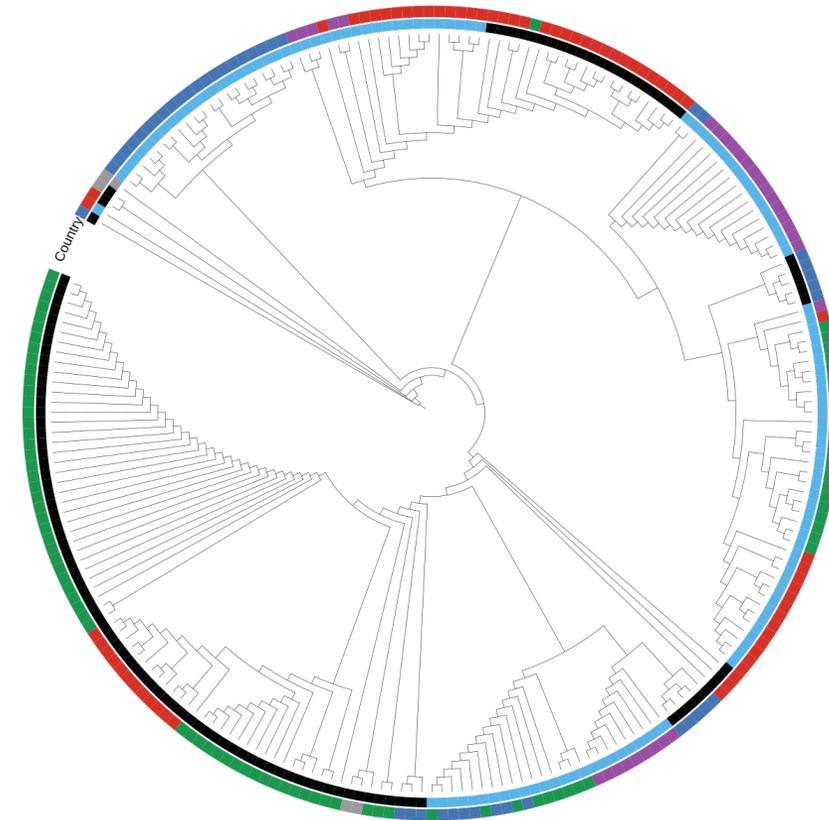
All genomes by Country



## Broader regional context phylogeny

Geographical structure

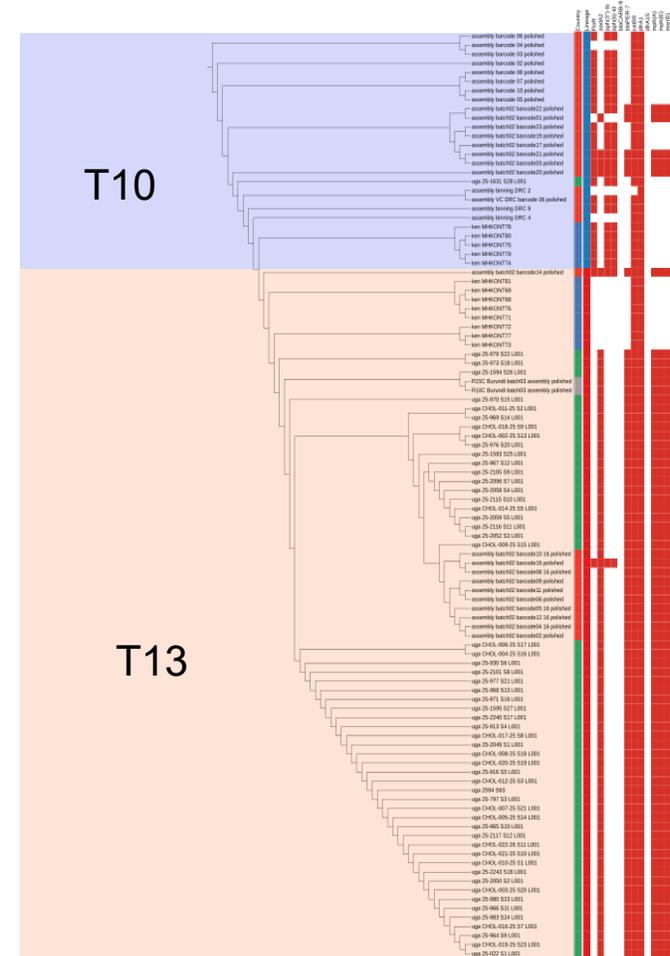
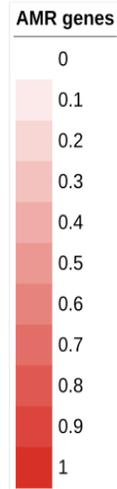
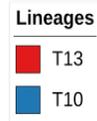
Greatlife sequenced genomes  
not forming a single monophyletic cluster



## Lineages x AMR

Composed mainly of;

1. canonical African O1 lineage T13
2. smaller but clear T10
3. Share MDR
4. Unique AMR signatures





## Next - Transmission rates between countries

Time-scale using Bayesian phylogenetics (BEAST) using sampling dates.

**Discrete-trait models** in BEAST to estimate where transitions are occurring between and within countries, provinces, border corridors.

**Machine Learning Integration** of genomic patterns with epidemiological, environmental, mobility proxies, WASH, conflict and displacement variables

Greatlife Naivasha workshop in February 2025

Capacity gaps

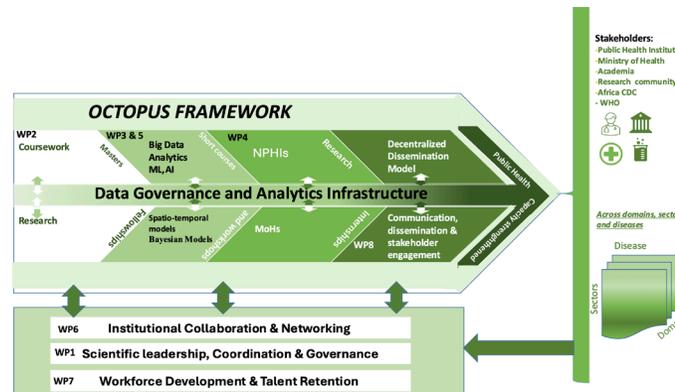


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