

Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

Regional Update for 2018 - as of 20 August 2018



Highlights

More than 24,531 cholera / AWD cases and 347 deaths (Case Fatality Rate, 1.4%) have been reported in 10 out of 21 countries of Eastern and Southern Africa Region (ESAR) since the beginning of 2018. These countries include; Angola, Kenya, Malawi, Mozambique, Rwanda, Somalia, Tanzania, Uganda, Zambia and Zimbabwe. Somalia accounts for 23.5% of the total case load reported this year, followed by Kenya at 23.4%.

Currently, 4 out of the 21 countries in ESAR are reporting active transmission of cholera / AWD (Angola, Kenya, Somalia and Tanzania). During the week under review, Tanzania reported the highest number of new cases (64 cases), followed by Somalia (59 cases). Apart from Somalia, all countries with active transmission have recorded CFR above 1% in 2018, with Tanzania (CFR, 1.9 %) and Angola (CFR, 1.6 %) recording the highest CFR.

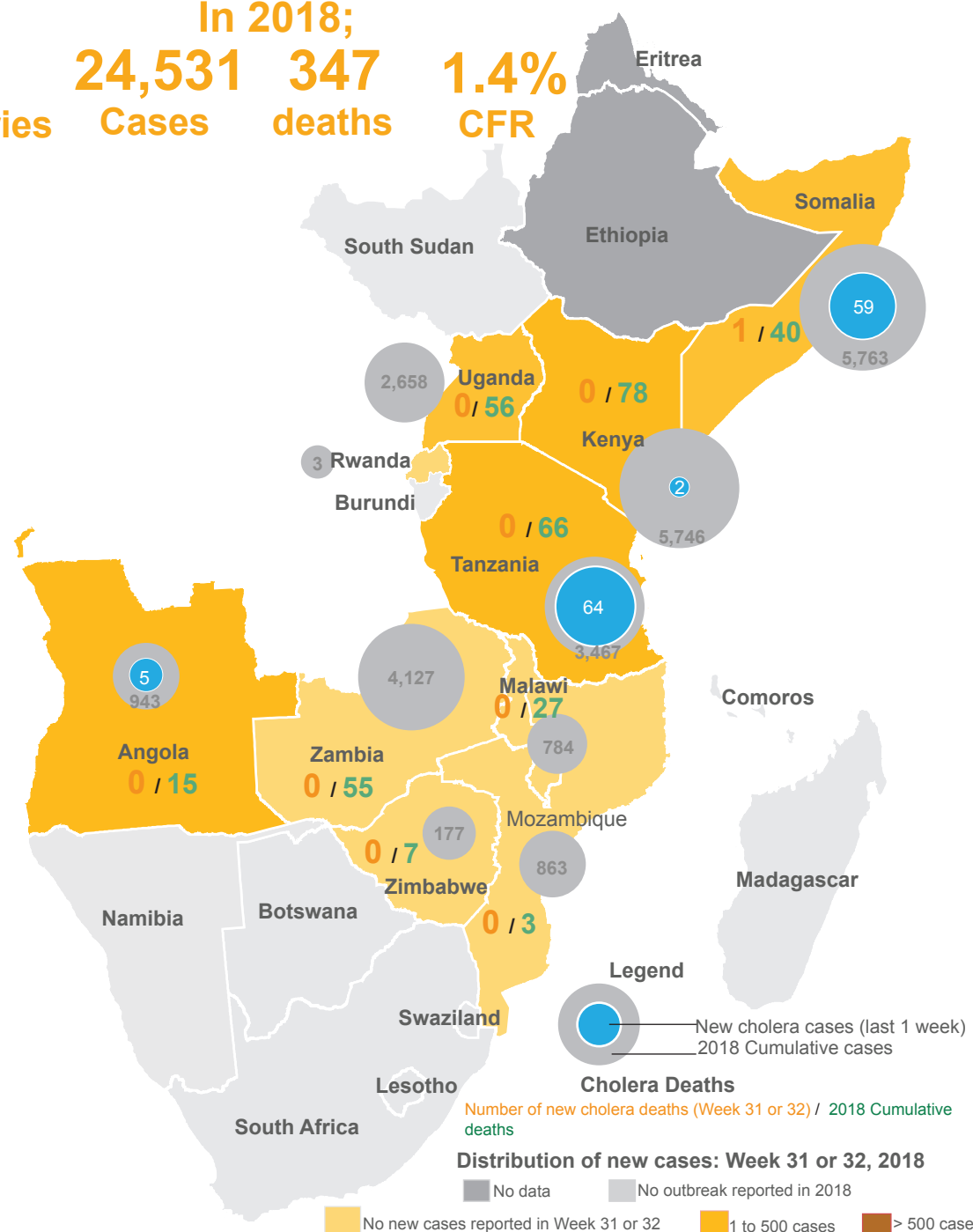
Tanzania: A slight increase in the epidemic trend has been noted. During week 32 (week ending 12 August 2018), 64 new cases were reported compared to 60 cases reported in week 31 (week ending 5 August 2018). New cases emerged from Ngorongoro district in Arusha region (57 cases) and Momba district in Songwe region (7 cases). Cumulatively a total of 32,098 cases including 532 deaths have been reported since the beginning of the outbreak in August 2015. Of these, a total of 3,467 cases and 66 deaths have been reported in 2018. Cholera cases in 2018 nearly doubled during the period of January – July when compared to the same period in 2017.

Somalia: An increase in the epidemic trend has been noted. During week 31, 59 new cases including 1 death (CFR, 1.7%) were reported compared to 50 cases reported in week 30 (week ending 29 July 2018). These new cases are concentrated in the following regions; Banadir (38 cases including 1 death) and Lower Jubba (21 cases). Cumulatively a total of 6,076 cases including 41 deaths have been reported since the beginning of the outbreak in December 2017. Of these, a total of 5,763 cases and 40 deaths have been reported in 2018.

Angola: A decline in the epidemic trend has been noted. During week 32, 5 new cases were reported compared to 11 cases reported in week 31. These new cases emerged from Luanda province. Cumulatively a total of 1,046 cases including 21 deaths have been reported since the outbreak started in February 2018.

Kenya: A decline in the epidemic trend has been noted. During week 32, 2 new cases were reported compared to 8 cases reported in week 31. Mombasa is the only county currently reporting cholera cases. Cumulatively a total of 26,556 cases including 421 deaths have been reported since the beginning of the outbreak in December 2014. Of these, a total of 5,746 cases and 78 deaths have been reported in 2018.

In 2018;
10 Countries **24,531 Cases** **347 deaths** **1.4% CFR**



Country Priorities and Response Interventions

Country Priorities

Response Interventions

Somalia

- Support to vulnerable IDPs and host communities affected by floods, cyclone, conflict and drought by providing them with emergency and sustained water supply, sanitation, hygiene promotion and means to treat water at household level
- There is a continuous and in some instances increased need for sustainable large scale water supply in highly populated IDP settlements. A feasibility study has been conducted in Baidoa IDP camps and is currently being finalised
- Expedite latrine construction to increase access to improved sanitation for IDPs

- Through water trucking, voucher and source chlorination, a total of 803,008 people have so far been supplied with sufficient quantity of water to meet their personal and hygiene needs
- 376,541 people have benefitted from sustained water supply interventions including construction and repair of water supply systems
- Adequate sanitation facilities were provided to an estimated 102,848 people
- Hygiene kits including household water treatment products have been distributed to more than 400,000 people since the beginning of 2018

Kenya

- Use the results of UNICEF supported cholera study-hotspots mapping to finalize country application to GAVI for OCV. Results are anticipated in coming weeks
- Provide safe water including household water treatment to break the cycle of infection
- Distribute emergency supplies to vulnerable households to assist with collection and storage of safe water
- UNICEF will work closely with KRCS and Tana River County Department of Health and other partners to document best practices, lessons learned and challenges in the successful multi-sectoral response in the response and consequent containment of Tana River cholera outbreak, for replication by other counties
- Advocate to MOH and partners on implementation of Cholera risk assessment workshop recommendations which focus on Leadership & Coordination, Laboratory & Surveillance, Health promotion, Case Management, WASH, Oral Cholera Vaccine, building capacities, research and documentation of best practices for cholera prevention and control

- Strengthened interagency coordination including WESCOORD at national and County level
- Capacity development for information management conducted
- KIRA assessments
- Information, communication materials provided
- UNICEF collaborated with Kenya Red Cross to implement cholera response interventions which have contributed to containment of the outbreaks, with only one county still having outbreaks

Uganda

- WASH interventions in cholera affected districts of Hoima, Kyegegwa, Busia, Amudat, Kagadi, Tororo, Kween, Bulambuli and Kampala
- Social mobilization

- IEC materials provided to all the affected districts by UNICEF
- UNICEF provided a tent to establish a CTC in Bulambuli districts
- UNICEF is currently in the process of supporting social mobilization at the community level

Angola

- Cholera prevention activities at markets and neighborhoods in Luanda's affected municipalities
- Church communications in different faith-based organizations

- Interventions by UNICEF
- Conducted training of health staff on cholera case management
 - WASH mapping of water sources
 - Distribution of buckets with taps to CTC and communities
 - Training on the use of DPD, mother solution and measurement of residual chlorine in water

Tanzania

- Follow up closely with communities on construction of toilets in the affected areas and ensure adherence to by-laws
- Capacity building of medical personnel on appropriate case management
- Increase the number of health personnel in affected areas

- Community education and awareness raising regarding the prevention and control of Cholera through villages and Schools meeting and local media outlets is ongoing in all cholera hotspots areas
- Public health law enforcements has been strengthened through environmental health officers (EHOs) with temporary closure of the food vending restaurants not abiding with the regulations
- Training and mentorship of health workers in case management, infection prevention and control is ongoing mainly done by the RRT that visits the outbreak areas

Zimbabwe:

Priority is to mobilize resources to address some of the structural and predisposing factors to cholera, prepositioning of WASH supplies and health commodities for case management

Malawi :

Priorities include; Develop District level preparedness and response plans; Improve capacity of health workers on case management; and Establish a nation-wide Rapid Response Team for management of cholera

Mozambique :

Currently developing a contingency plan for cholera for the rainy season 2018 / 2019

Annex 1: Distribution of Cholera and AWD Outbreaks in the Horn of Africa and Challenges in Response - as from 1 January 2018

Uganda: Challenges

- Informal settlements with poor sanitation and low latrine coverage
- Inadequate clean / safe water
- Low sanitation coverage at 34% (Source: Ministry of Water, sector performance report for 2017). Low sanitation coverage in Karamoja is associated with low uptake of WASH and SBCC intervention, in addition to having the highest poverty levels.

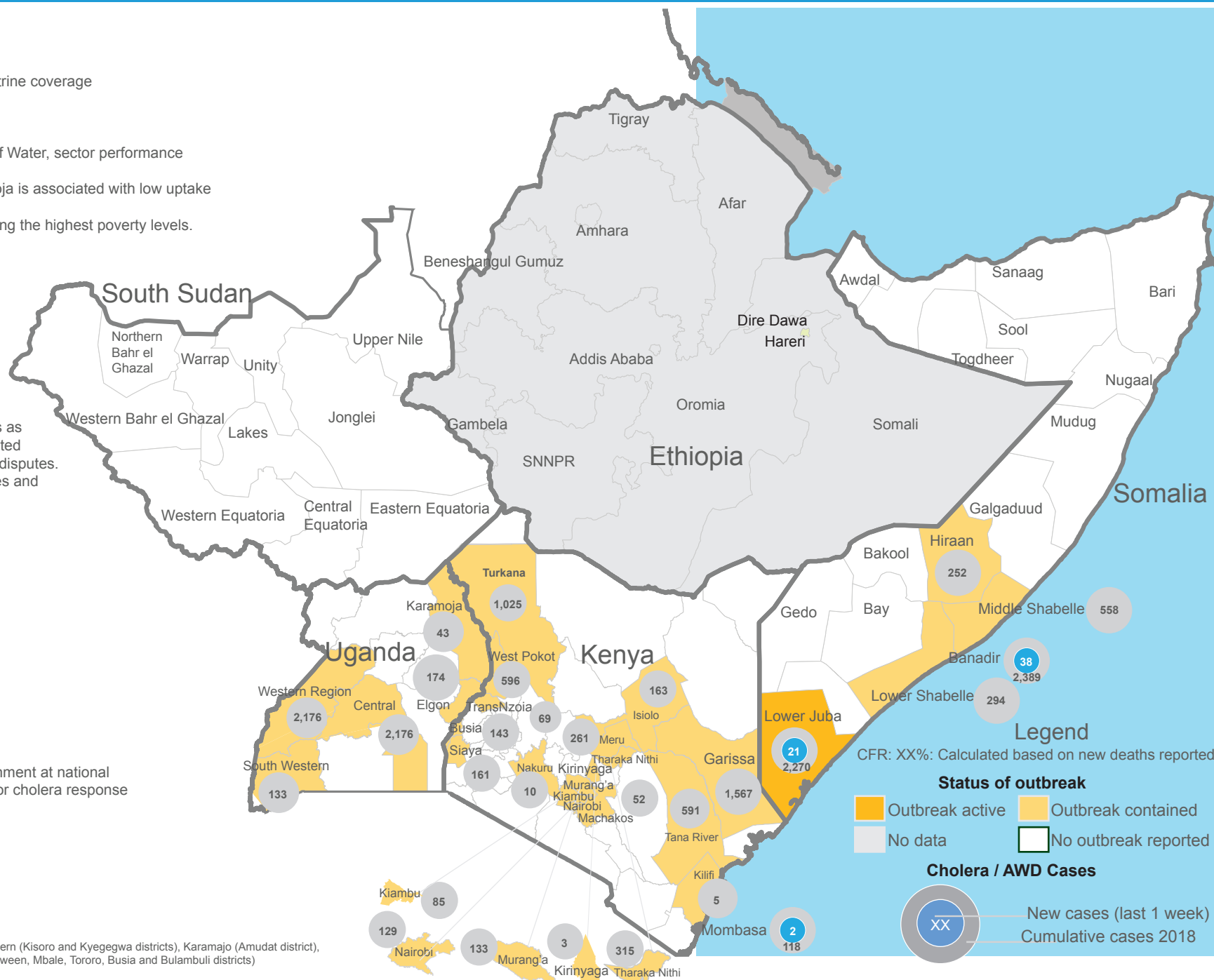
Somalia Challenges

- Challenges in providing continuous services to IDPs as some camps / IDP populations are frequently relocated secondary to either regional instability and / or land disputes. The latter leads to delayed service delivery of latrines and sanitation facilities.

Kenya: Challenges

- Inadequate funding remains a major challenge
- Cholera/disease outbreaks not prioritized by Government at national and local levels, thus there is no budget allocation for cholera response by the Government
- Continued weak multi-sectoral coordination

** Cases from Uganda emerged from the following regions: South Western (Kisoro and Kyegegwa districts), Karamajo (Amudat district), Western (Hoima and Kagadi districts), Central (Kampala), and Elgon (Kween, Mbale, Tororo, Busia and Bulambuli districts)



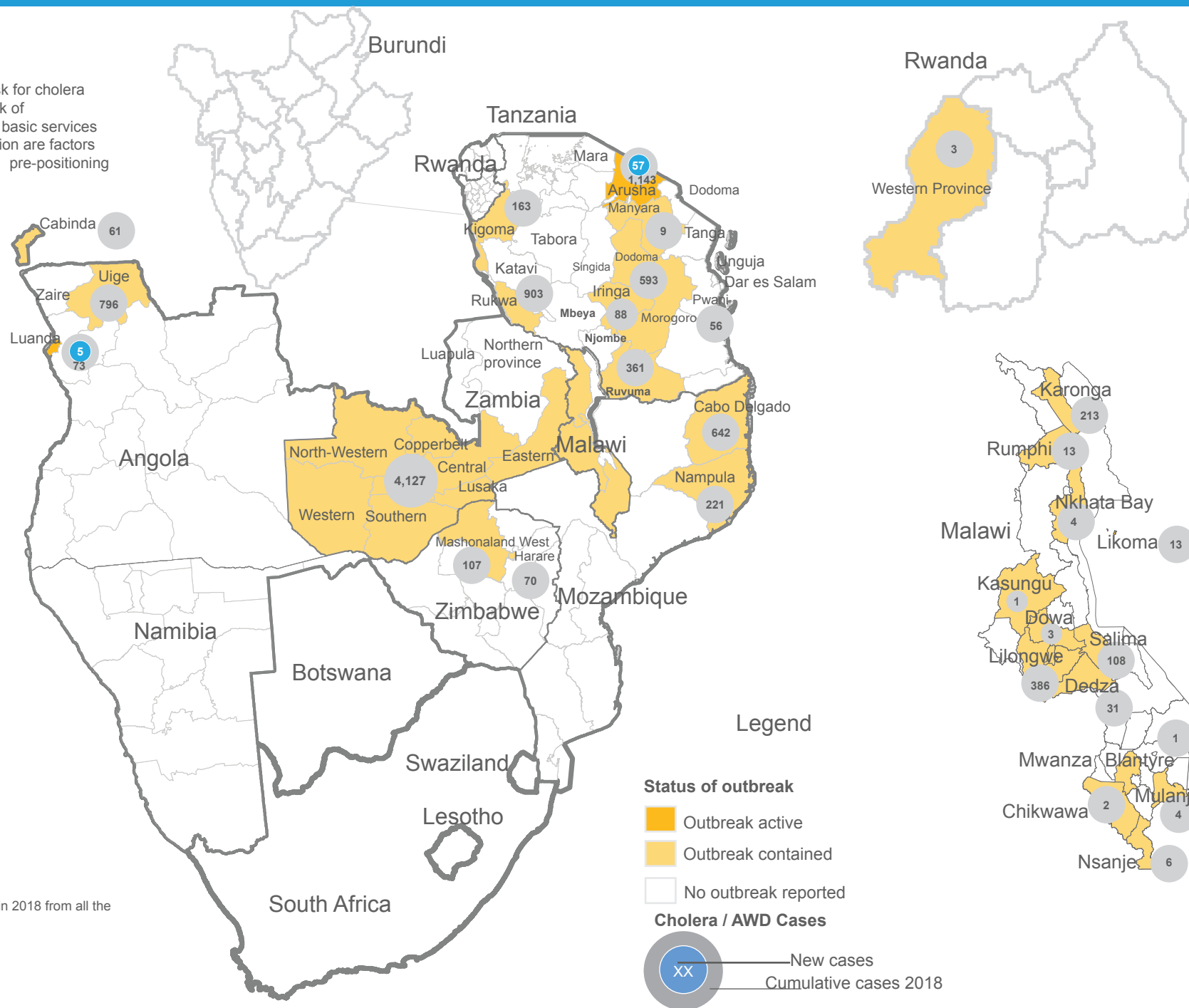
Annex 2: Distribution of Cholera / AWD outbreaks in Southern Africa and Challenges in Response - as from 1 of January 2018

Challenges: Angola

- 7 out of the 18 provinces are identified as being at high risk for cholera outbreaks. Successive outbreaks, inadequate funding, lack of experienced partners within the country, poor coverage of basic services including WASH, informal settlements and rapid urbanization are factors that hinder cholera preparedness interventions, including; pre-positioning of supplies and partnerships

Challenges: Tanzania

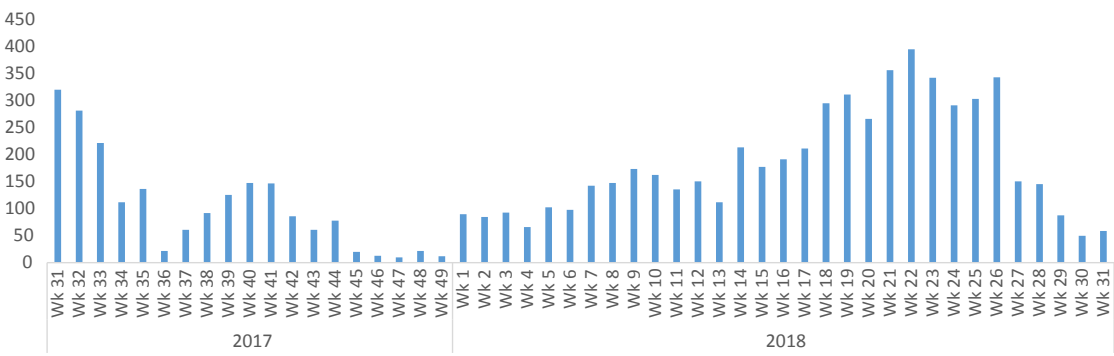
- Access to improved and safe water a major problem in most of the hotspots areas as well as low coverage of improved sanitation



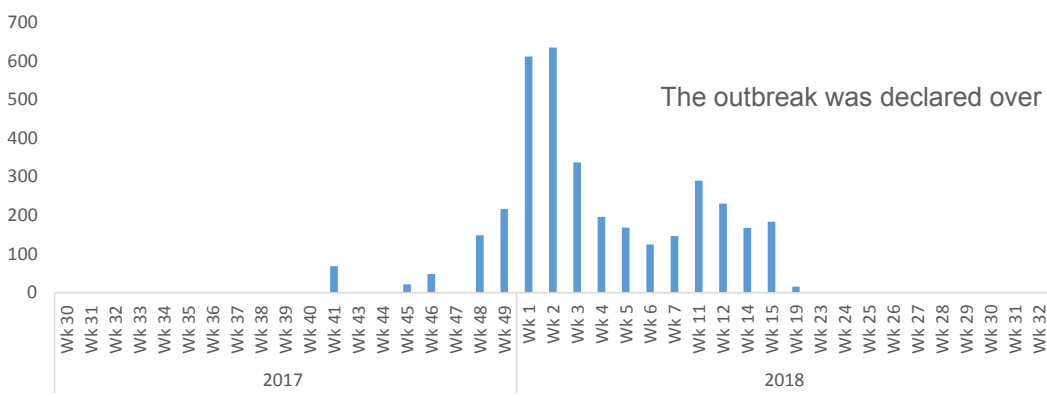
*Cases presented for Zambia refers to cumulative cases reported in 2018 from all the affected districts

Annex 3: Epi Curves of Countries with Reported Outbreaks Since 2017

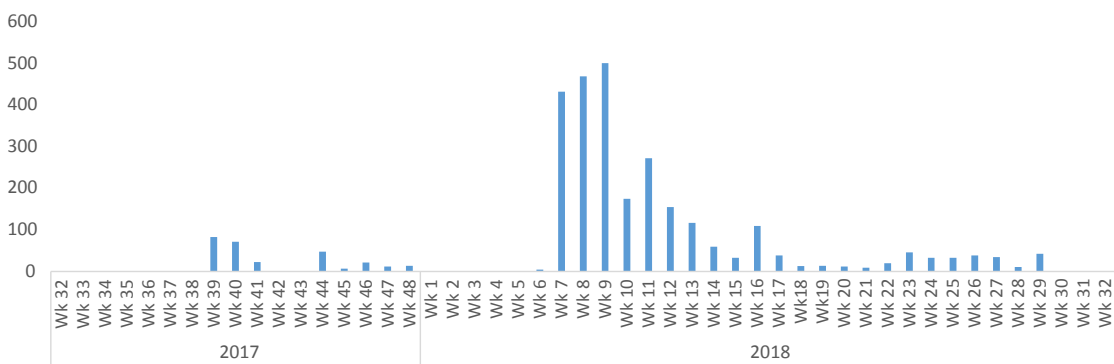
Somalia



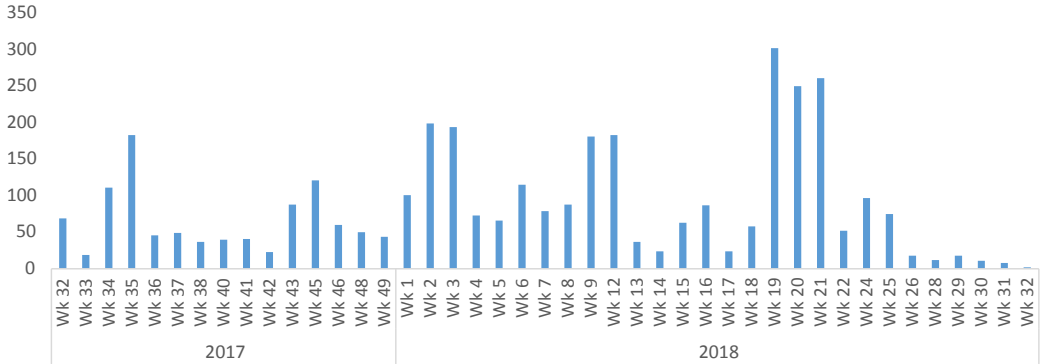
Zambia



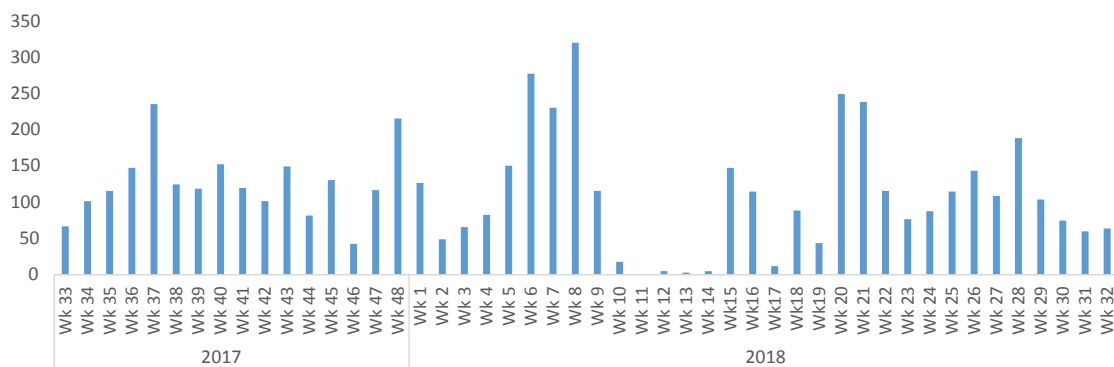
Uganda



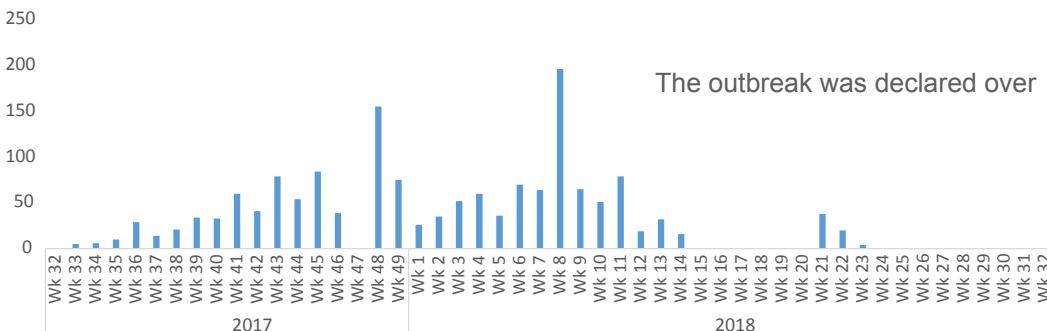
Kenya



Tanzania

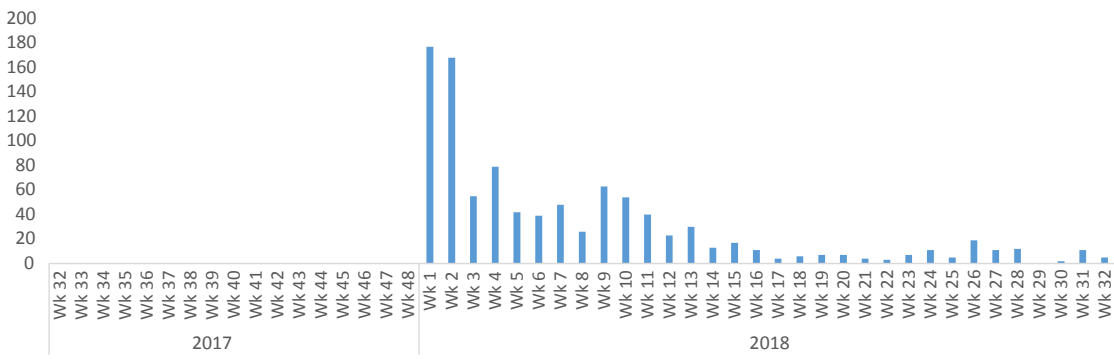


Mozambique

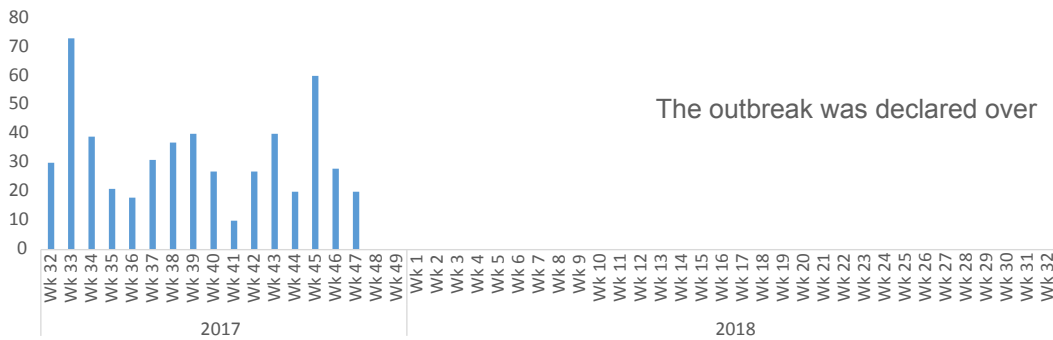


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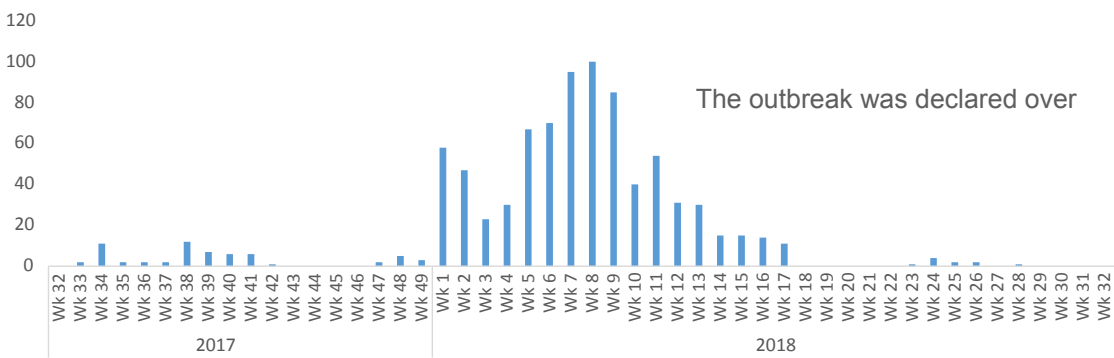
Angola



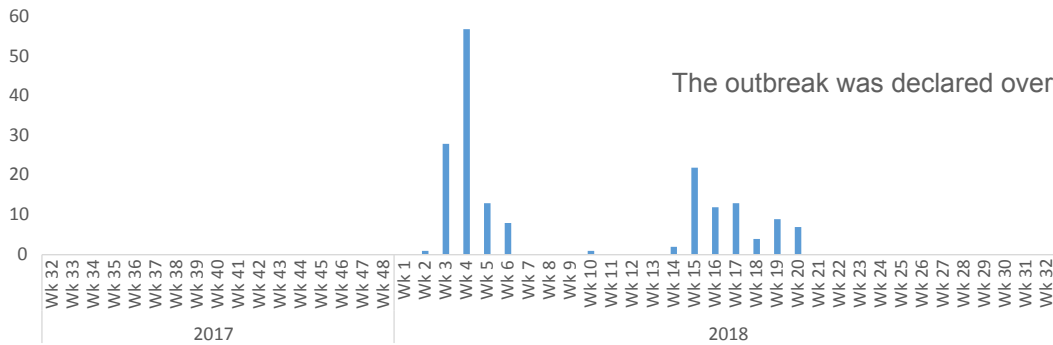
South Sudan



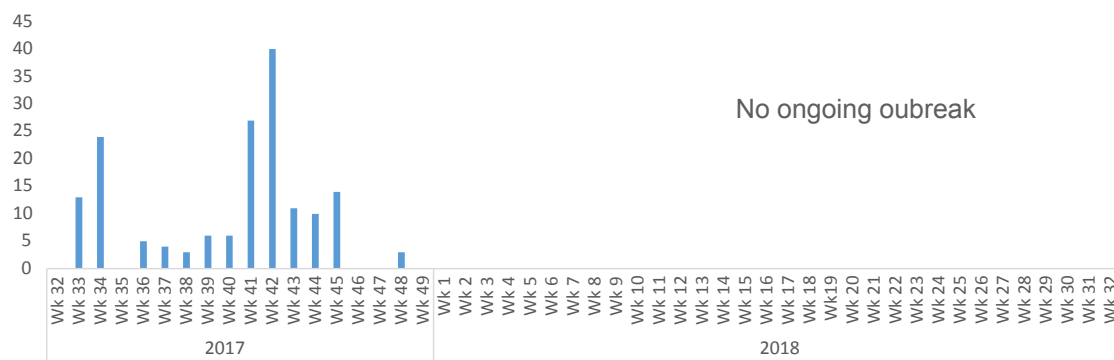
Malawi



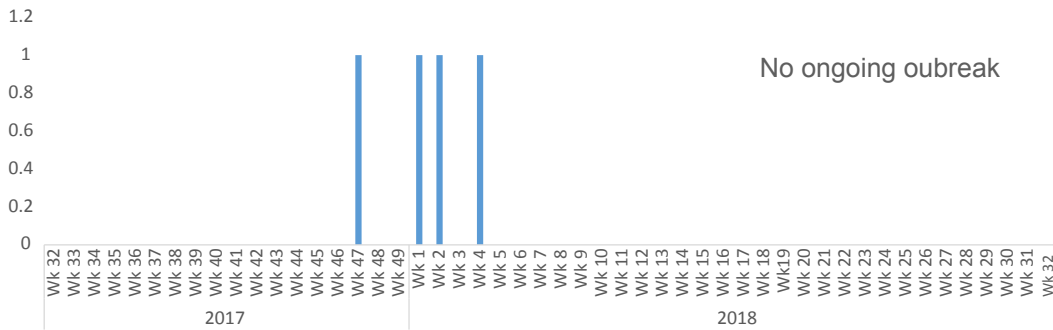
Zimbabwe



Burundi



Rwanda



Annex 4: Weekly Reported Cholera / AWD Cases and Deaths for Countries in Eastern and Southern Africa

Country	Week 27		Week 28		Week 29		Week 30		Week 31		Week 32		2018 Cumulative			Cumulative since the beginning of the outbreak			Beginning of Outbreaks
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)	
Somalia	151	0	146	0	88	1	50	0	59	1			5,763	40	0.7	6,076	41	0.7	Dec-17
Kenya			12	0	18	0	11	0	8	0	2	0	5,746	78	1.4	26,556	421	1.6	Dec-14
Tanzania	109	0	189	4	104	1	75	2	60	0	64	0	3,467	66	1.9	32,098	532	1.7	Aug-15
Malawi	0	0	1	0	0	0	0	0	0	0	0	0	784	27	3.4	939	32	3.4	Nov-17
Mozambique	0	0	0	0	0	0	0	0	0	0	0	0	863	3	0.3	2,435	3	0.1	Aug-17
Angola	11	0	12	0	0	0	2	0	11	0	5	0	943	15	1.6	1046	21	2	Dec-17
Zambia	0	0	0	0	0	0	0	0	0	0	0	0	4,127	55	1.3	5,935	114	1.9	Oct-17
Uganda	35	0	11	0	43	3	0	0	0	0	0	0	2,658	56	2.1	2,658	56	2.1	Feb-18
Zimbabwe	0	0	0	0	0	0	0	0	0	0	0	0	177	7	4.0	177	7	4.0	Jan-18
Rwanda	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0.0	3	0	0.0	Jan-18
Namibia																			
Burundi																			
South Sudan																			
Madagascar																			
Comoros																			
Swaziland																			
Botswana																			
Eritrea																			
Lesotho																			
South Africa																			
TOTAL													24,531	347	1.4	77,923	1,227	1.6	

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