

Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

Regional Update for 2018 - as of 17 September 2018



Highlights

More than 28,553 cholera / AWD cases and 388 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 21 % of the total case load reported this year.

Currently, 3 out of the 21 countries in ESAR are reporting active transmission of cholera / AWD (Zimbabwe, Tanzania and Somalia). During the week under review, Zimbabwe reported the highest number of new cases (1,719 cases including 11 deaths). Of the three countries with active transmission, Tanzania and Zimbabwe have recorded CFR above 1% in 2018 (1.8% and 1.1% respectively).

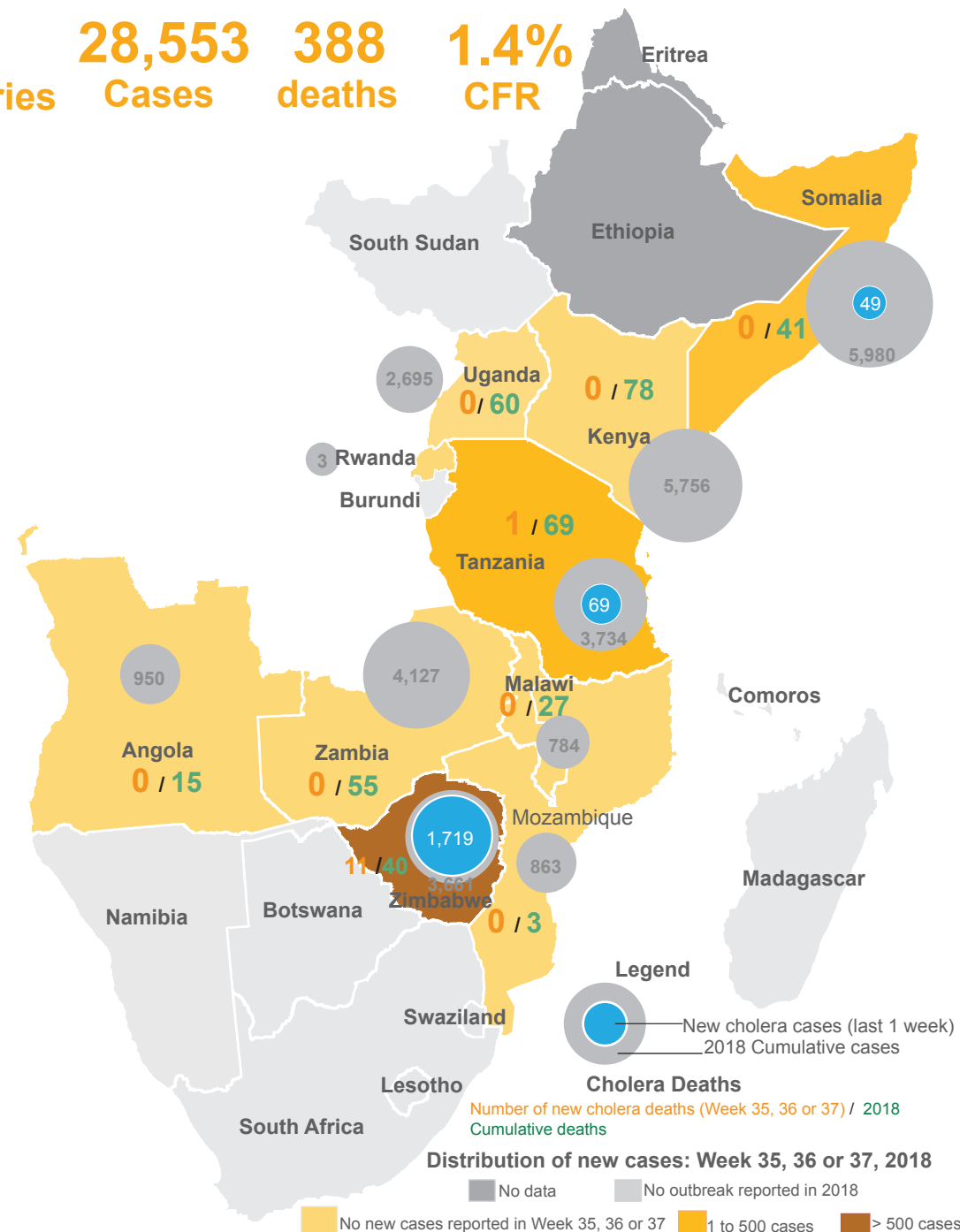
Zimbabwe: The latest cholera outbreak declared on 5th September 2018 hit Harare city after burst sewers in the Budiro and Glenview suburbs contaminated water in boreholes and open wells, which are used by residents. The outbreak has spread outside Harare, affecting 5 other provinces. As of 14 September 2018, a cumulative total of 3,350 suspected cases and 32 deaths (CFR, 1%) have been reported since the onset of the new outbreak. These cases have emerged from the following 6 provinces: Harare (3,299 including 31 deaths, Chitungwiza: 11), Midlands (Gokwe north: 6), Masvingo (Masvingo: 1 case including 1 death), Manicaland (Buhera: 4, Makoni: 1, and Mutare city: 13), Mashonaland East (Marondera: 6, Murehwa: 2, Wedza: 1, and Seke: 2), and Mashonaland Central (Shamva: 3). Of the total suspected cases, 71 were confirmed positive for V. cholera, Ogawa. During the week under review, week 37 (week ending 16 September 2018), 1,719 cases including 11 deaths were reported

The main risk factors include; contaminated water sources including boreholes and wells, as a result of blocked and damaged sewer pipes. There is a high possibility of cross border spread with Zambia, given the road traffic between Harare and Lusaka, as well as with Mozambique, which borders Manicaland.

Tanzania: A slight increase in the epidemic trend has been noted. During week 36 (week ending 9 September 2018), 69 new cases including 1 death (CFR, 1.4%) were reported compared to 54 cases reported in week 35 (week ending 2 September 2018). These new cases emerged from Ngorongoro district. Cumulatively a total of 32,365 cases including 535 deaths have been reported since the beginning of the outbreak in August 2015. Of these, a total of 3,734 cases and 69 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: A decline in the epidemic trend has been noted. During week 35, 49 new cases were reported compared to 76 cases including 1 death reported in week 34 (week ending 26 August 2018). These new cases are concentrated in the following regions; Banadir (40) and Lower Jubba (9). Cumulatively a total of 6,385 cases including 42 deaths have been reported since the beginning of the outbreak in December 2017. Of these, a total of 5,980 cases and 41 deaths have been reported in 2018.

10 Countries **28,553 Cases** **388 deaths** **1.4% CFR**



Country Priorities and Response Interventions

Country Priorities

Response Interventions

Zimbabwe

- Stocking of suitable antibiotics. Culture and sensitivity tests conducted revealed resistance of ciprofloxacin and ceftriaxone
- Urgent need for repair of blocked sewers in affected areas
- Provide clean water in the affected areas

- MSF set up a CTC at Glenview Polyclinic premises and provided extra nurses to support the response
- The government is assessing the benefits of conducting an oral cholera vaccine (OCV) campaign and WHO, through the global taskforce for cholera control, would deploy an expert to support an emergency application for OCV
- WHO is providing cholera kits which contain oral rehydration solution, intravenous fluids and antibiotics to cholera treatment centres.
- WHO is supporting the Ministry of Health and Child Care to fight the outbreak by strengthening the coordination of the response and mobilizing national and international health experts to form a cholera surge team.
- In collaboration with health authorities and partners, WHO experts are providing technical support to laboratories and improving diagnostics and strengthening infection and prevention control in communities and health facilities.
- UNICEF's contribution includes; distribution of 5000 NFIs to affected areas, hygiene awareness and water trucking
- The uniformed forces and Mashonaland Central province provided 15 nursing staff to support the response
- Door to door visits are being conducted by the Ministry of Health and child care. Posters and pamphlets are being distributed. Loud hailers are also being used to spread the message on cholera prevention
- Decommissioning of boreholes in affected areas

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
- Provide sustained and large scale water supply option in high populated IDP settlements in a bid to meet increasing demand. This is the case of Baidoa where a feasibility study is being finalized
- Expedite latrine construction to increase access to improved sanitation for IDPs

- WHO conducted a case management training targeting health workers in cholera treatment centres
- Chlorination of water sources / distribution of hygiene kits / hygiene promotion of AWD prevention and control mechanisms in affected areas
- Pre-positioning of cholera supplies

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 proper handling of cholera cases when under their supervision
- Increase the number of health personnel in affected areas

- During week 34 (week ending 26 August 2018), UNICEF provided cholera beds to affected areas
- At the national level UNICEF supported Cholera information management workshop that brought together different stakeholders to develop an action plan for cholera information management

Angola

- Cholera prevention activities at markets and neighborhoods from Luanda's affected municipalities
- Church communications in different faith-based organizations
- Training on cholera case management targeting health staff and youth organizations
- WASH technical support

- Between July and August 2018, UNICEF's support to the cholera outbreak in Luanda included;
- Training of almost 1000 mobilizers (church leaders, scouts, and members of communities) in Luanda province, who are promoting dialogue on cholera prevention in the communities through daily house visits in the different municipalities of the capital, reaching over 23,000 people per day
 - Provided 16,000 WASH-related IEC materials for an immediate response in the neighbourhoods affected by severe acute diarrhoea.
 - Supported the government with WASH-related capacity building. As a result, 15 technicians from the government have been trained on the use of water quality monitoring instruments to ensure regular monitoring of residual chlorine and fecal coliform in water, hence guarantying that people in affected neighborhoods access safe water. The training participants are currently integrated in different response teams working in Luanda to address the ongoing cholera outbreak.
 - Provided 400 buckets with tap for Luanda's provincial government immediate response to cholera

Uganda:

Current preparedness and prevention interventions include;

- MOH supported 13 cholera hotspot districts to complete their cholera contingency plans
- Uganda is finalizing preparations to start OCV vaccination in cholera high risk areas along lake Albert- targeting about 600,000 people in Nebbi, Pakwach, Bullisa and Zombo districts

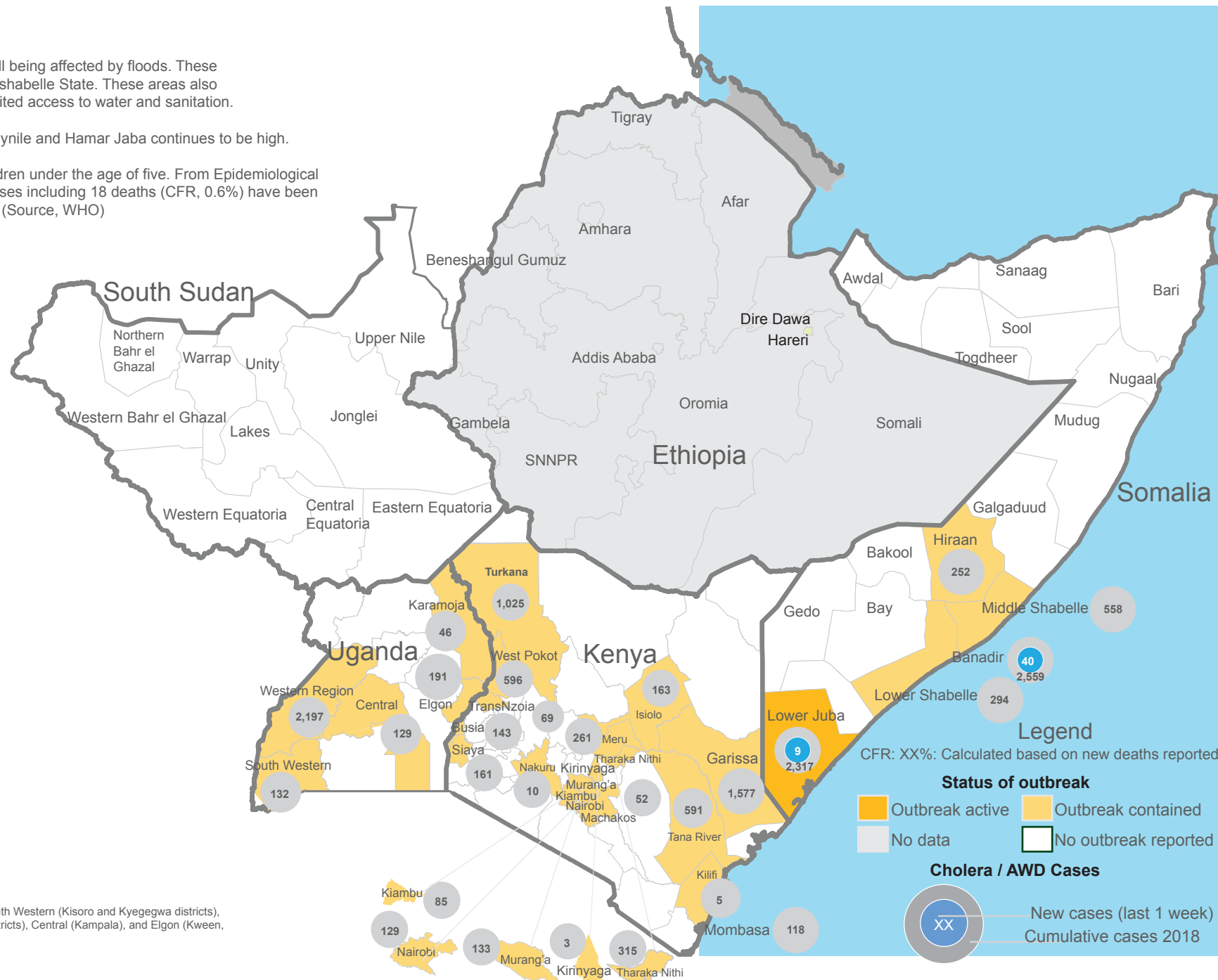
Mozambique : Current preparedness and prevention interventions include;

- Partners (WHO, UNICEF and MSF) have supported Ministry of health in the development of contingency plan for cholera preparedness and response
- UNICEF in collaboration with MoH is planning the distribution of water purification solution (CERTEZA ®), targeting cholera hotspots in all provinces
- UNICEF and WHO are supporting replenishment and prepositioning of AWD kits and water purification solutions
- UNICEF developed radio spots on cholera prevention (in Portuguese and local languages) which will be aired at national level and in 58 community radios with more frequent broadcast in cholera hotspots

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

Somalia: Challenges

- Cholera endemic areas have been and are still being affected by floods. These areas include; South West, Jubbaland and Hirshabelle State. These areas also have a high concentration of refugees with limited access to water and sanitation.
- The case fatality rate in Banadir districts of Daynile and Hamar Jaba continues to be high.
- 50 - 65% of cases reported by district are children under the age of five. From Epidemiological week 1 to week 33 in 2018, a total of 3,264 cases including 18 deaths (CFR, 0.6%) have been reported among children under the age of five (Source, WHO)



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

Challenges: Tanzania

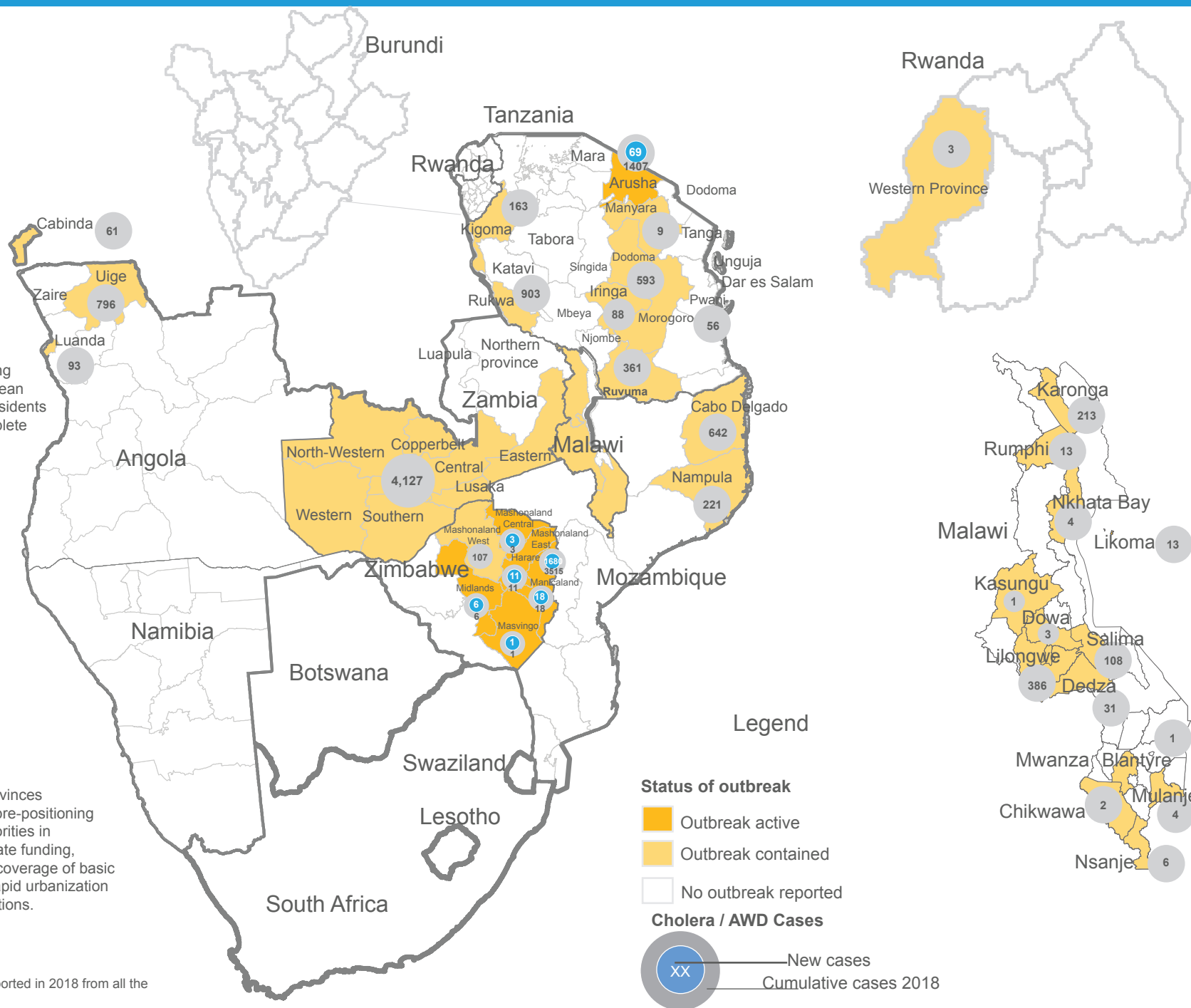
- Access to improved and safe water a major problem in most of the hotspots areas as well as low coverage of improved sanitation

Challenges: Zimbabwe

- No suitable antibiotic
- Supply of safe water remains a challenge. Contaminated water sources including boreholes and wells are suspected to be the source of the outbreak
- Blocked and damaged sewer pipes
- Inadequate supply of Aqua Tabs
- Municipal water supply is sometimes interrupted during sewer repair and communities spend hours without clean water and no mobile water tanks in place to supply residents
- Lack of machinery/equipment and manpower to complete the sewer reticulation works
- Vending and cooking of food at undesignated places remains rampant.
- Structural WASH issues remain a challenge in the affected areas
- There is a high possibility of cross border spread with Zambia, given the road traffic between Harare and Lusaka, as well as with Mozambique, which borders Manicaland.

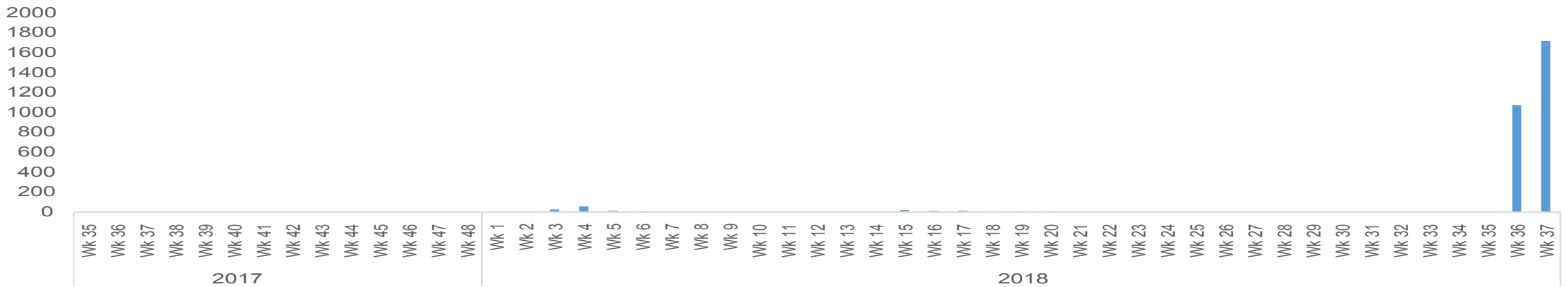
Challenges: Angola

- UNICEF has identified and ranked 7 out of the 18 provinces as being at high risk for cholera outbreaks. Although pre-positioning supplies and partnerships for those areas are key priorities in preparedness efforts, 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.

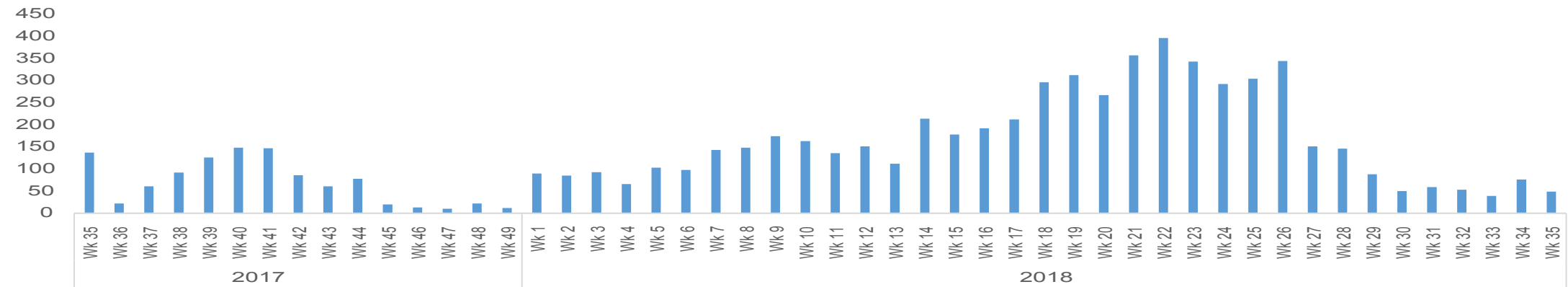


Annex 3: Epi Curves for Countries with Active Cholera Outbreaks Currently

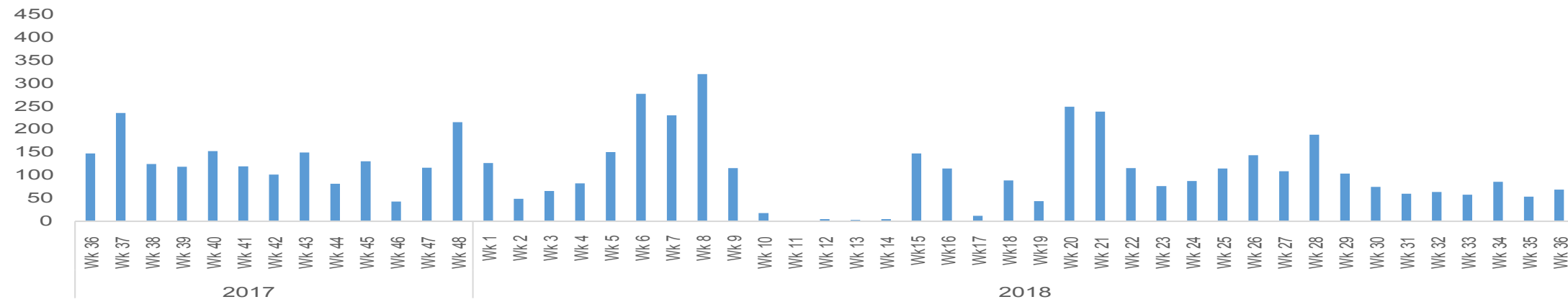
Zimbabwe



Somalia



Tanzania



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

Country	Week 33		Week 34		Week 35		Week 36		Week 37		2018 Cumulative			Cumulative since the beginning of the outbreak			Beginning of Outbreaks	Status of the outbreak
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)		
Zimbabwe	0	0	0	0	0	0	1075	18	1719	11	3,661	40	1.1	3350	32	1.0	Sep-18	Active
Somalia	39	0	76	1	49	0					5,980	41	0.7	6,385	42	0.7	Dec-17	Active
Tanzania	58	1	86	1	54	0	69	1			3,734	69	1.8	32,365	535	1.7	Aug-15	Active
Kenya	6	0	0	0	0	0	0	0			5,756	78	1.4	26,566	421	1.6	Dec-14	Controlled
Malawi	0	0	0	0	0	0	0	0	0	0	784	27	3.4	939	32	3.4	Nov-17	Controlled
Mozambique	0	0	0	0	0	0	0	0			863	3	0.3	2,435	3	0.1	Aug-17	Controlled
Angola	1	0	1	0	2	0	0	0			950	15	1.6	1050	21	2	Dec-17	Controlled
Zambia	0	0	0	0	0	0	0	0			4,127	55	1.3	5,935	114	1.9	Oct-17	Controlled
Uganda	0	0	0	0	0	0	0	0			2,695	60	2.2	2,695	60	2.2	Feb-18	Controlled
Rwanda	0	0	0	0							3	0	0.0	3	0	0.0	Jan-18	Controlled
Namibia																		
Burundi																		
South Sudan																		
Madagascar																		
Comoros																		
Swaziland																		
Botswana																		
Eritrea																		
Lesotho																		
South Africa																		
TOTAL											28,553	388	1.4	81,723	1,260	1.5		

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