

Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

Regional Update for 2018 - as of 22 April 2018



Highlights

More than 15,042 cholera / AWD cases and 237 deaths (Case Fatality Rate, 1.6%) have been reported in 10 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.

Currently, 8 out of the 21 countries in ESAR are reporting active transmission of cholera / AWD (Kenya, Tanzania, Angola, Malawi, Uganda, Somalia, Zambia and Zimbabwe). During the week under review, Zambia reported the highest number of new cases (184 cases including 3 deaths), followed by Somalia (178 cases). Apart from Somalia, all countries with active transmission have recorded CFR above 1% in 2018, with Zimbabwe (CFR, 5.1%) and Malawi (CFR, 2.9%) recording the highest CFR.

Zambia: An increase in the epidemic trend has been noted. During week 15 (week ending 15 April 2018), 184 new cases including 3 deaths (CFR, 1.6%) were reported compared to 168 cases including 3 deaths (CFR, 1.8%) reported in week 14 (week ending 8 April 2018). These new cases emerged from the following districts; Lusaka, Kafue and Chilanga. Cumulatively, 5,706 cases including 113 deaths have been reported, as from October 2017. Of these, a total of 3,898 cases and 53 deaths have been reported since the beginning of 2018.

Somalia: During week 15, 178 new cases were reported compared to 214 cases reported in week 14. New cases emerged from Banadir (40) and Lower Jubba (138) regions. Cumulatively a total of 2,267 cases including 9 deaths have been reported, as from December 2017.

Tanzania: New outbreaks have been recorded in two districts; Longido District in Arusha region and Kigoma district in Kigoma region. Longido district reported 115 cases including 5 deaths (CFR, 4.3%) in week 16 (week ending 22 April 2018) and Kigoma district reported 138 cases including 1 death (CFR, 0.7%) during week 15. The outbreak in Kigoma started on 28 March 2018 in a national service camp.

Kenya: An increase in the epidemic trend has been noted. 87 new cases were reported in week 16 compared to 63 cases reported in week 15. New cases emerged from Garissa (53), Busia (1), Turkana (4) West Pokot (27) and Isiolo (2). The current outbreak is unusual because of its long duration. Cumulatively a total of 23,639 cases including 398 deaths have been reported, as from December 2014. Of these, a total of 2,829 cases and 55 deaths have been reported since the beginning of 2018.

Uganda: A decline in the epidemic trend has been noted. During week 15, 33 new cases were reported compared to 60 cases including 4 deaths (CFR, 6.7%) reported in week 14. These new cases are concentrated in Hoima district located in Western region. Cumulatively a total of 2,224 cases including 47 deaths have been reported since the outbreak started in February 2018. The majority of the affected people are refugees from the Democratic Republic of the Congo.

Zimbabwe: During week 15, 25 new cases including 1 death (CFR, 4%) were reported compared to 3 cases including 2 deaths (CFR, 66.7%) reported in week 14. These new cases emerged from Chitungwiza and Stoneridge (an informal settlement next to Chitungwiza but located in Harare city). Cumulatively, 135 cases including 7 deaths have been reported, as from January 2018, when the outbreak started.

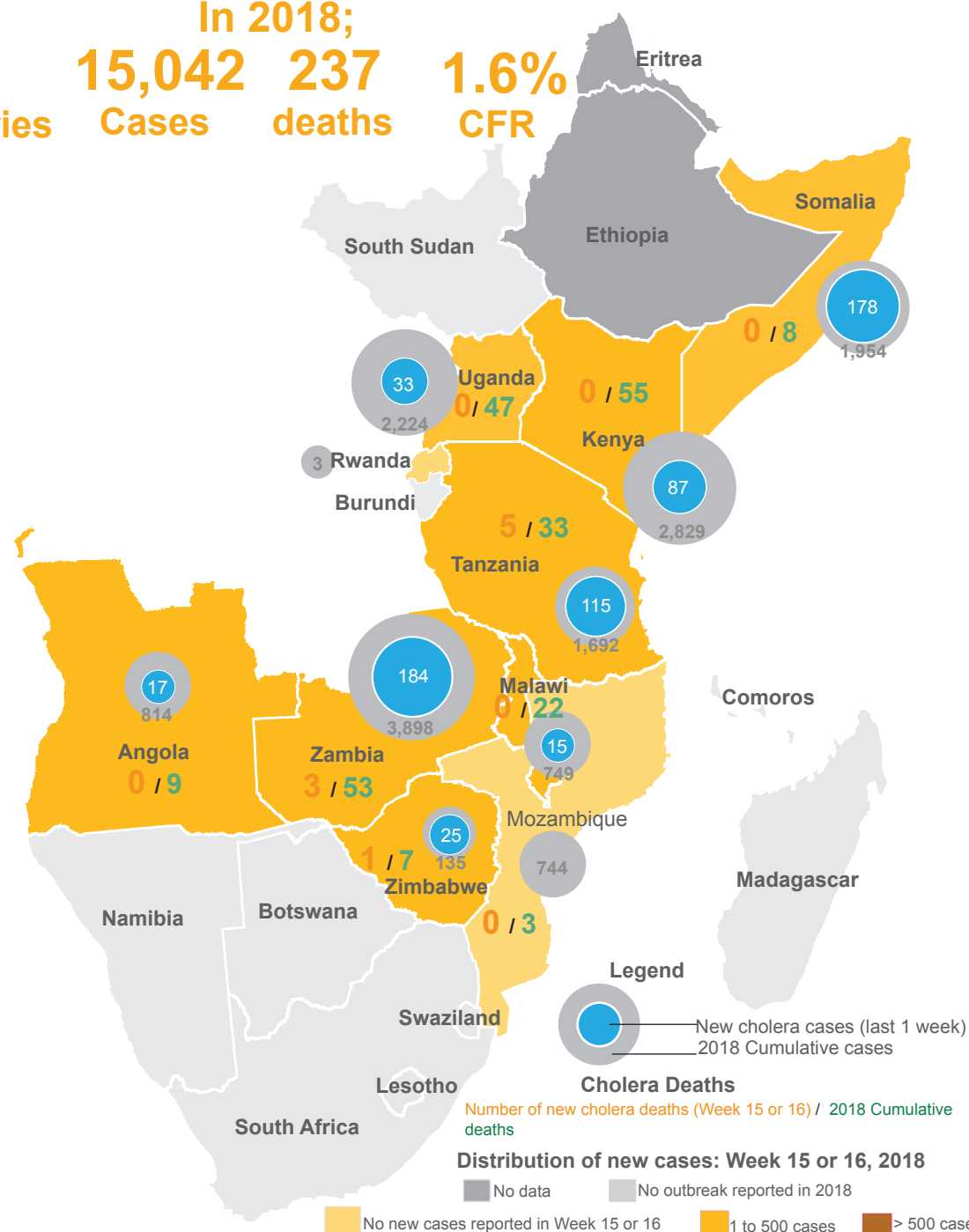
Angola: A slight increase in the epidemic trend has been noted. 17 new cases were reported in week 15 compared to 13 cases reported in week 14. These new cases are concentrated in two provinces, namely Uige (13) and Cabinda (4). Cumulatively, 917 cases including 15 deaths have been reported, as from 15 December 2017. Of these, 814 cases and 9 deaths have been reported since the beginning of 2018.

Malawi: 15 new cases were reported in week 15. These new cases emerged from Lilongwe district. Cumulatively a total of 904 cases and 30 deaths have been reported, as from November 2017. Of these, 749 cases and 22 deaths have been reported since the beginning of 2018. 60% of the total deaths recorded since November 2017 are facility deaths and the remaining 40% are community deaths

Creation date: 22nd April 2018

Sources: Ministries of Health and WHO

In 2018;
10 Countries **15,042 Cases** **237 deaths** **1.6% CFR**



Country Priorities and Response Interventions

Country Priorities

Response Interventions

Somalia

- Support provision of emergency and sustained WASH serviced through different water supply option, appropriate sanitation and hygiene promotion activities at the community and institutional level
- Provide people with hygiene kits enabling them to prevent cholera by means of treating and safely keeping drinking water at household level and breaking the transmission chain by practicing hand washing with soap.
- Proper case tracing and management through early detection mechanisms, laboratory surveillance and timely referral to different CTCs/CTUs established
- Continue oral cholera vaccinations campaigns in hotspot areas

- Since the beginning of 2018, prevention of AWD/cholera through water trucking, water voucher and chlorination of water sources have reached 246,822 people located in different IDP camp settlements in Central South Region and Puntland such as Baidoa in Bay Region; Kaxda and K13-14 areas of Banadir Region; Usgure, Jiiran, and Kalkaal IDP camps of Burtinle district in Nugaal Region; Balcad district and Xudur in Middle Shabelle region; Kismayo in Middle Jubba region
- In total 82,092 people have been reached by sustained water supply services including the construction/rehabilitation of 29 water systems in Sanaag region, Luuq and Doolow districts of Gedo region in Kismayu, Lower Jubba and Garowe
- 47,500 people benefited from appropriate sanitation facilities including emergency latrines constructed in IDP camps/CTCs/MCH/CTUs in difference parts of Central South and Puntland.
- 3,200 women of reproductive age from IDP settlements and schools have been sensitized and provided with Menstrual Hygiene Management sanitary pads
- Hygiene promotion messages including AWD/cholera prevention have reached more than 270,000 people since the beginning of 2018.

Kenya

- Need for continuous capacity building in counties on IDSR, IPC and RRT
- Ensure the availability of safe water (HWTS, HH water treatment and safe storage, and targeted investment in water supply) and safe human waste disposal (CLTS and ODF)
- Strengthen cholera prevention (hand washing) and health promotion in high risk areas
- For Nairobi County, key priority areas include: Strengthening coordination at the county level; engaging the unit committees, food vendors as well as the informal sector workers; sensitization of hospitality and other institutions; supporting rapid response teams and intensifying risk communication and public health education using the local FM radio stations

- The Ministry of Health with UNICEF continues to sensitize Health Care Workers in affected counties on case management and Infection Prevention and Control Measures
- National MOH and UNICEF designed and printed IEC materials for cholera. The Materials were prepositions and distributed to the affected counties and those deemed to be at risk of Cholera outbreak.
- The Ministry designed Radio spots which were aired in English and Kiswahili across the country
- Cholera treatment centers have been set up in areas where cholera cases are reported
- Hygiene promotion, health education activities are being carried out in the affected counties
- Prepositioning and distribution of water treatment and storage commodities as well as medical supplies
- The affected counties have enhanced surveillance activities, case finding and contact tracing with targeted provision of chemoprophylaxis for the members of affected families
- UNICEF partnering with MOH and Kenya Red Cross to support effort to respond to outbreak

Uganda

- Additional water sources required to improve on current 8 litres per person per day to 20 litres per person per day
- Construction of communal and household latrines required

- OCV arrived in the country on 12/4/2018, plans are in place to conduct a reactive campaign in the next two weeks
- UNICEF is supporting development of the communication materials in preparation for OCV campaign
- Motorization of the bore hole in Maratatu settlement in Kyangali is nearing completion
- Uganda Red Cross society continue to support hygiene promotion and overall social mobilization
- Payment of Hoima district local government Surge staff by UNICEF
- Technical supported being provided by UNICEF staff on WASH, social Mobilization and Case management
- Translated IEC materials for English already dispatched to Hoima by Uganda Red Cross, Kyaka II is yet to receive translated materials

Zimbabwe

- Point of use water treatment
- Rehabilitation of communal latrines
- Continue to intensify hygiene promotion
- Water treatment chemicals

Response interventions by UNICEF include:

- Supported Oxfam (Through a partnership agreement) for the response in Chitungwiza (30 km South of Harare) and Stoneridge and Harare City with supplies for distribution of 1,200 Non-Food Items (NFI's) kits i.e. soap, aquatabs, IEC to affected households
- Disinfection of pit latrines
- Training of 27 health promotion volunteers actively involved in door to door health and hygiene awareness campaign
- Mass media campaigns in high risk areas
- Water trucking (7,000L) to two Cholera Treatment Unit set up by MSF in the affected area
- The available WASH contingency stocks can cover at least 7,000 households

South Sudan

- Preventive vaccine campaigns (with oral cholera vaccines) for the first half of 2018 have commenced in some high-risk locations, reaching; 12,393 people in Malakal town, 8,484 people in Aburoc IDPs, 24,277 people in Malakal PoC and 36,337 people in Wau IDPs.
- UNICEF in collaboration with WHO and MOH conducted 5 days training for 50 selected RRT members (WASH, Health, C4D) from the 14 cholera hotspots in the country on standard cholera Rapid Response Training package (outbreak investigation, case management, surveillance, WASH, infection prevention and control, and community mobilization)
- Additional 113,800 doses of oral cholera vaccines requested from GTFCC arrived in the country to complete the 2nd round OCV campaigns in; Juba town, Malakal PoC, Wau PoC and IDPs, and 1st round Campaigns in; Torit, Tirol East, Yirol West, Lankien, Akobo, Pieri and Karam

Country Priorities and Response Interventions

Country Priorities

Response Interventions

Angola

- Provide Point of Use water treatment products
- Enhance sustainable water distribution

Interventions by the Ministry of Health Include;

- Dissemination of educational and informative messages on the prevention of Cholera and Malaria in the Provincial Radio Broadcaster, 6 times per day
- Mass integration of 60 new ADECOS, in the joint activities of Social Mobilization in the municipality of Uíge
- 1,260 Tablets of Aquatab were distributed in the districts of Cacole (760 tablets) and Popular (500 tablets)

Malawi

- Infection Control in CTC's and homes of patients
- Refresher's Training of health workers in CTCs on Infection Prevention and Case Management
- District wide water chlorination especially in Urban/Peri Urban Lilongwe
- Sinking of Waterwells in Rural Lilongwe
- Promote construction and use of community latrines through CLTS
- Extending Coverage of OCV in rural Lilongwe district
- Continue with promoting good hygiene practices
- Continue advocating with government and WASH cluster to increase safe water coverage in the hotspots
- Water trucking in some Lilongwe rural and peri urban hotspot areas
- Social accountability for WASH: Demanding duty bearers to provide safe water and sanitation facilities Raising awareness and knowledge regarding community case management and early reporting to avert community deaths
- Rehabilitation of boreholes and drilling of new boreholes
- Water quality surveillance

- CTCs operational in all affected sites were erected
- Robust Community Cholera prevention activities, including pot-pot chlorination, enhancing access to clean potable water by sinking boreholes, community wide 1% chlorine stock solution distribution in all affected villages
- Reactive OCV immunization in Karonga, Lilongwe, and preemptive OCV in Salima and Dowa
- Dissemination of key health messages through media, public gatherings, road shows, community cinemas, and community dialogue
- Branded multimedia campaign and social movement involving entertainment approaches and social mobilization -targeting behavior change at multiple levels
- Rehabilitation of boreholes and drilling of new boreholes
- Water Trucking
- Water quality surveillance

Zambia

- Training and continuous mentorship of CTC staff
- Strengthening lab confirmation and epi-linkage of all cases
- Co-ordinated GPS tracing of cases and ensure safe water availability at patient's homes
- Maintenance of residual chlorine level of 0.5mg/L in all supplied water
- Continued engagement and sensitization of communities on hygiene practice and prevention of cholera

- The Government of the Republic of Zambia with the support of World Health Organization facilitated and provided resources to procure OCV
- Round one of the OCV campaign, which ran from 10th to 20th January 2018, recorded 1, 317,925 people vaccinated, with a coverage of 109%; in addition, 1,407 inmates at Lusaka central prison were vaccinated.
- Contact tracing being conducted 24 hours a day with security provided for the teams
- CDC in collaboration with the ZNPHI produced job aids detailing the case definition and treatment plans. Flow charts for assessment, transfer criteria and discharge criteria were made available
- Erection of temporal tanks and stands in Mtendere and Kalingalinga to improve water supply: 14 tanks have so far been erected and are receiving water via browsers
- Delivery of water by browser was conducted in Chipata, Chaisa, Chunga, Ngombe, Garden, Bauleni, Kalingalinga, Mtendere, Chawama and Kanyama. 3,826, 000 litres were delivered by browser

Tanzania

- Follow up closely with communities on construction of toilets in the affected areas and ensure by-laws are adhered to
- Capacity building of medical personnel on proper handling of cholera cases when under their supervision
- Increase the number of health personnel

- 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

Mozambique

- Epidemiological and laboratory surveillance
- Mapping of cholera prone areas and development of resilience plan including water supply and sanitation

Outbreak controlled. Disease surveillance and laboratory surveillance is on-going

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

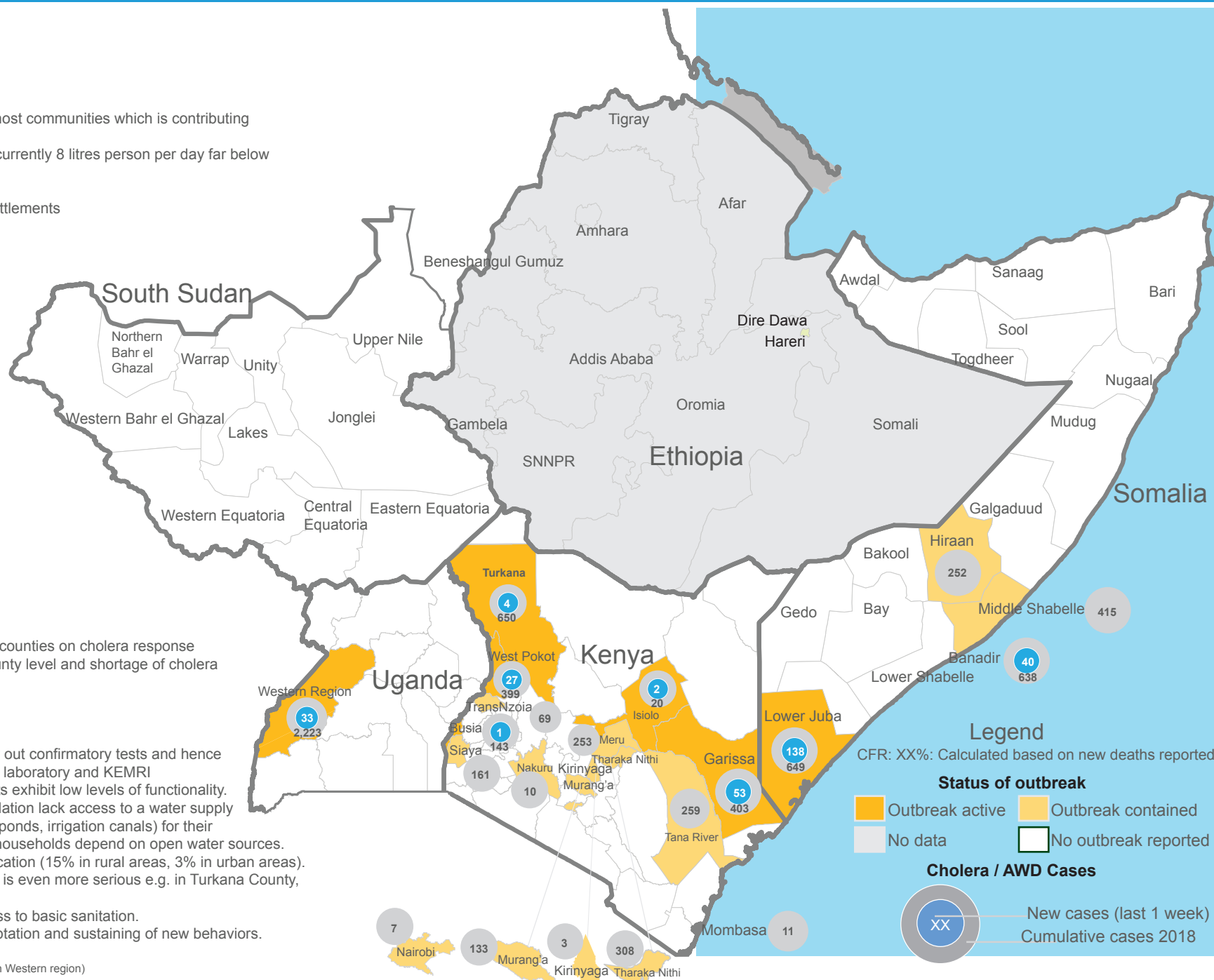
Uganda: Challenges

- Some refugees from Congo are settling among the host communities which is contributing to the propagation of the outbreak to other villages
- Inadequate safe water provisions in the community currently 8 litres person per day far below the sphere standard
- Inadequate facilities for hand washing
- There is wide spread Open Defecation in refugee settlements

Kenya: Challenges

- Weak coordination between MOH national level and counties on cholera response
- Weak disease outbreak response capacity at the county level and shortage of cholera RDTs in some counties
- Limited funding at county level for prompt response
- Weak enforcement of the Public Health Act
- Zero vaccination coverage against cholera in Kenya
- Limited capacity of some county laboratories to carry out confirmatory tests and hence have to ship specimens to the National Public Health laboratory and KEMRI
- Water supplies in rural areas and informal settlements exhibit low levels of functionality. Across Kenya almost one-quarter (23%) of the population lack access to a water supply system, and depend on open water sources (rivers, ponds, irrigation canals) for their drinking water e.g. in Turkana County, 34% of rural households depend on open water sources.
- Nationally, 12% of the population practice open defecation (15% in rural areas, 3% in urban areas). In the ASAL counties the problem of open defecation is even more serious e.g. in Turkana County, 90% of the rural population practice open defecation.
- Across Kenya only 30% of the population have access to basic sanitation.
- Inadequate utilization of IEC materials and slow adaptation and sustaining of new behaviors.

** Cases from Uganda emerged from Hoima and Kyegegwa districts (in Western region)



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

Challenges: Angola

- Poor sanitation of the environment
- Inadequate supply of drinking water, both from the public Cistern Trucks
- Insufficient water reservoirs to meet the demand for water
- Inadequate means of transport to support response teams in the Field
- Demotivation of Personnel (CTC Health workers, social mobilizers and data managers)

Challenges: Zambia

- Community resistance and violent demonstration against burying of shallow wells; process has been further slowed by logistical challenges
- Continued street vending despite the ban
- Taverns trading in unsanitary conditions
- Electricity outages affecting water supply
- Heavy rainfall has resulted in flooding and overflow of septic tanks and pit latrines, posing further risk of spread of the outbreak
- Costly nature of delivery of water by browser
- Erratic water supplies

Challenges: Tanzania

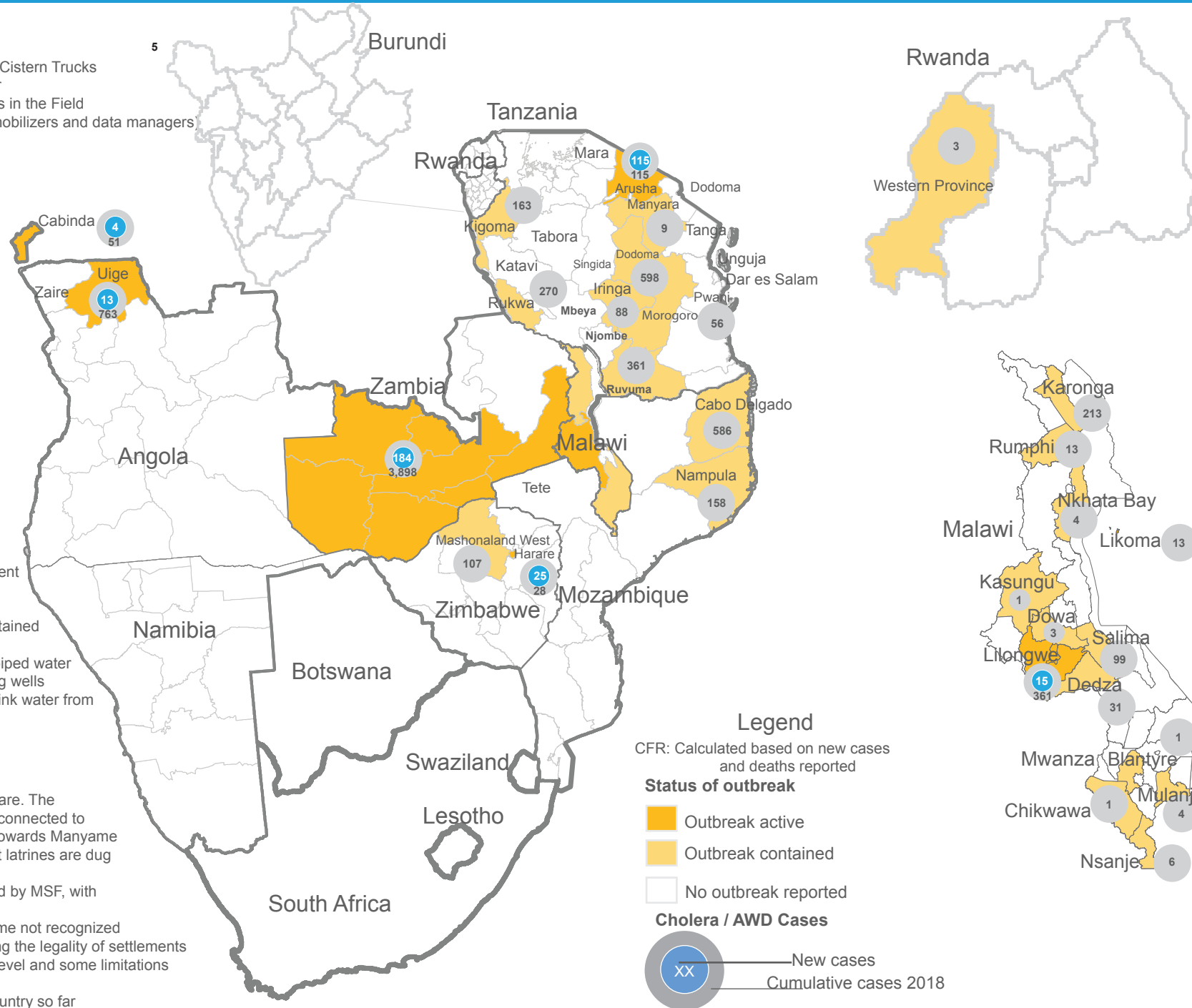
- Access to improved and safe water a major problem in most of the hotspots areas as well as low coverage of improved sanitation

Challenges: Malawi

- Widespread cases in several villages, with new villages continually being affected
- Misconceptions and risky beliefs regarding cholera treatment and OCV in some parts of the affected communities
- CTC staff demotivation owing to lack of incentives
- Fatigue observed in health workers owing to long and sustained outbreak especially in Karonga and Lilongwe
- Within Lilongwe City, in some cholera affected locations, piped water supply is intermittent, therefore people resort to unsafe dug wells
- In the cholera hotspots in Lilongwe Rural, some people drink water from rivers and unsafe dug wells without treating or boiling it.
- Suboptimal coordination at District level

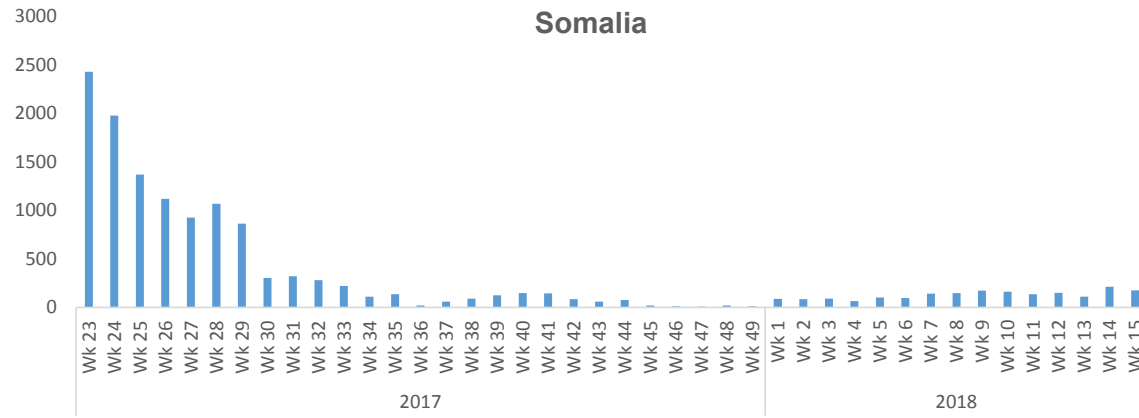
Challenges: Zimbabwe

- Stoneridge is a 'peri-urban' suburb on the outskirts of Harare. The area relies mainly on shallow unprotected well and is not connected to sewer network and uses pit latrines. The affected part is towards Manyame river which is water logged due to the high water table. Pit latrines are dug to a barely 1m depth and fill up quickly
- Inadequate case management in the places not supported by MSF, with ongoing strikes among medical staff
- Need for intervention in unserved settlements – with some not recognized and the City of Harare not wanting to be seen as endorsing the legality of settlements
- Upcoming elections create some tensions at community level and some limitations in government willingness to release cholera data
- Resource constraints, with little interest from donors in country so far

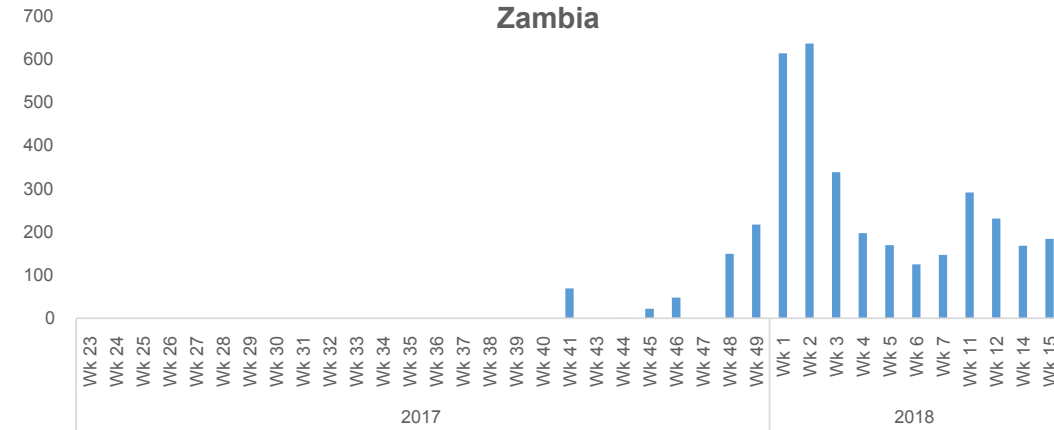


Annex 3: Epi Curves of Countries with Reported Outbreaks Since 2017

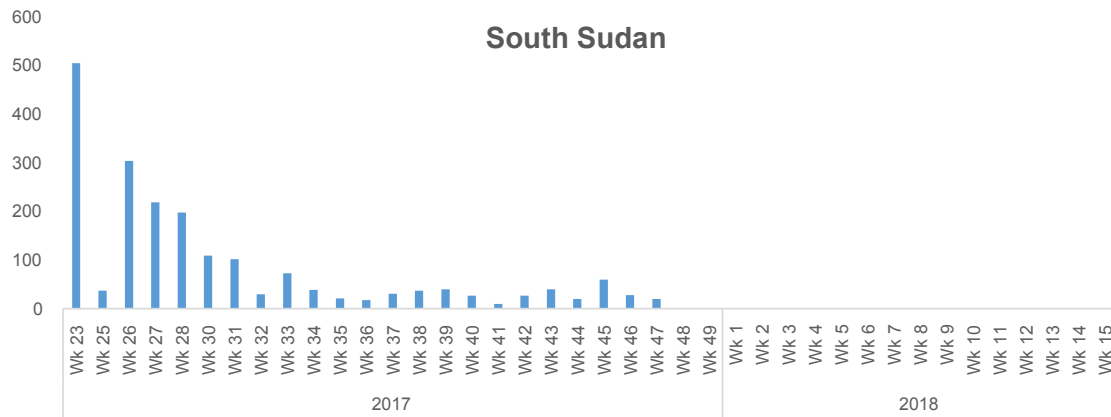
Somalia



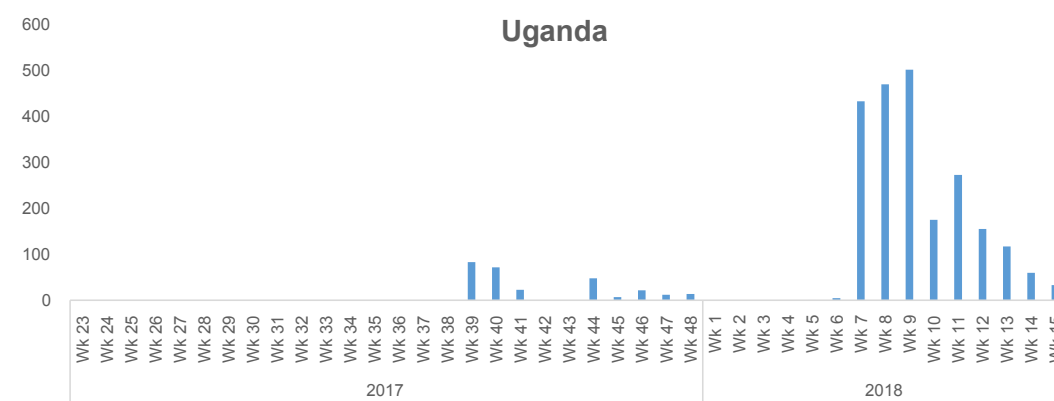
Zambia



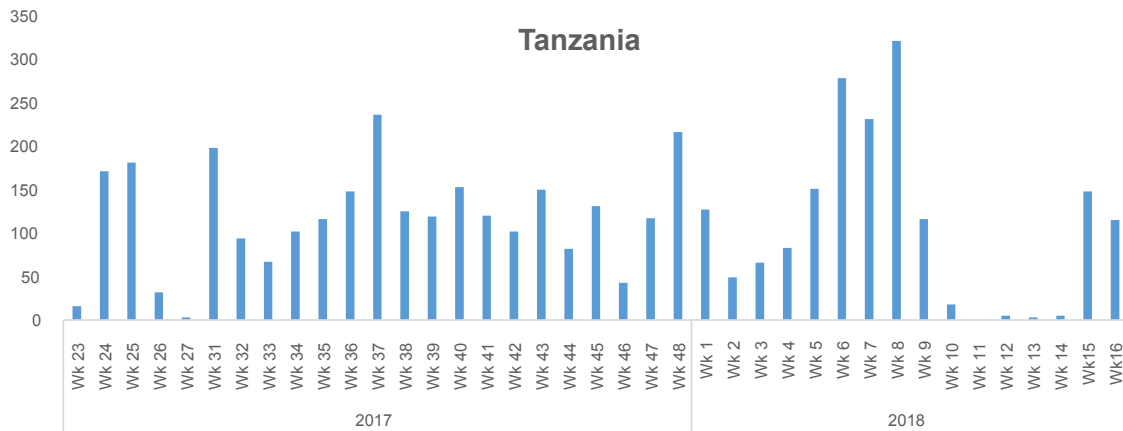
South Sudan



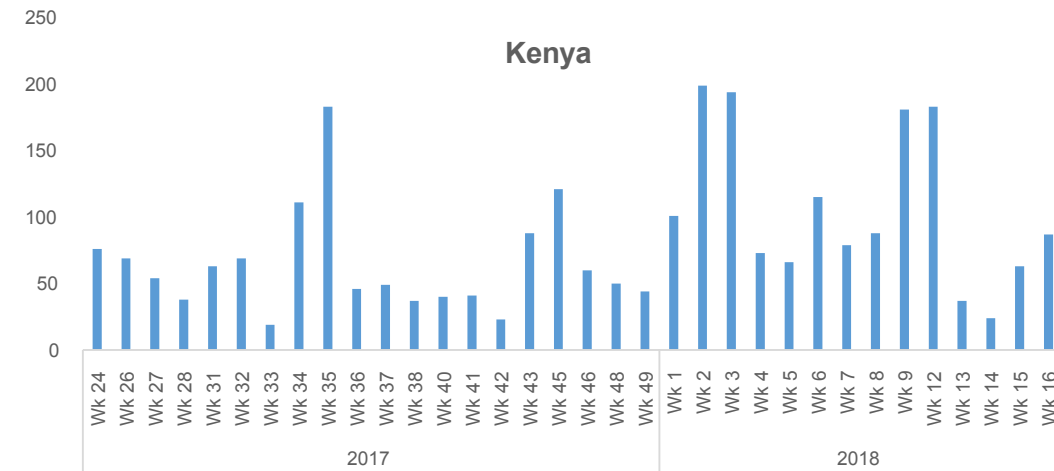
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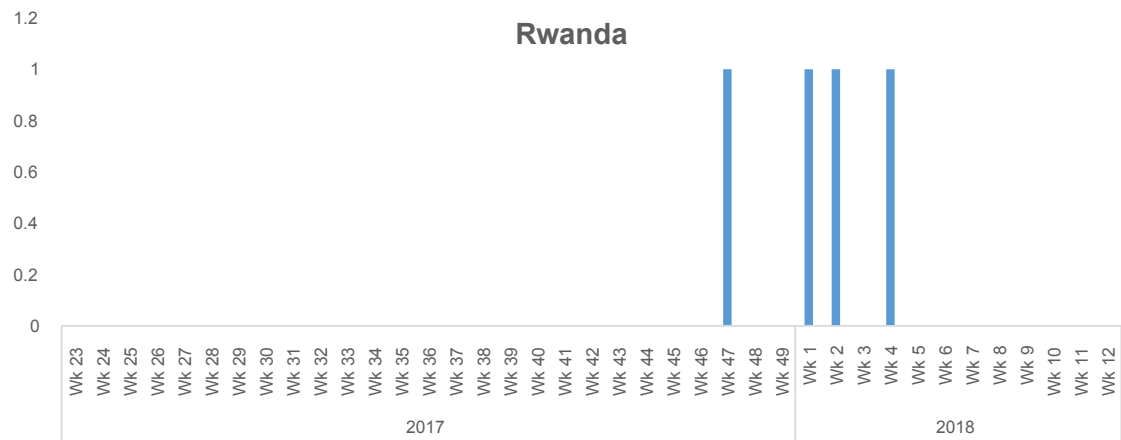
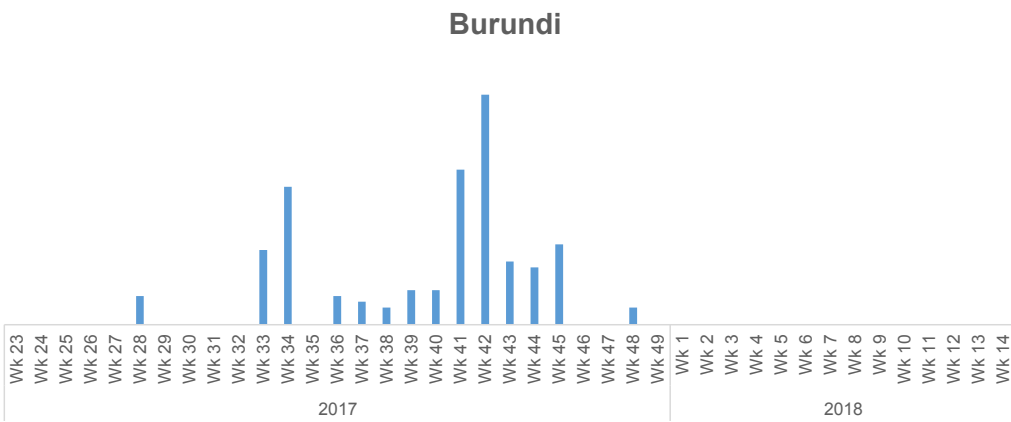
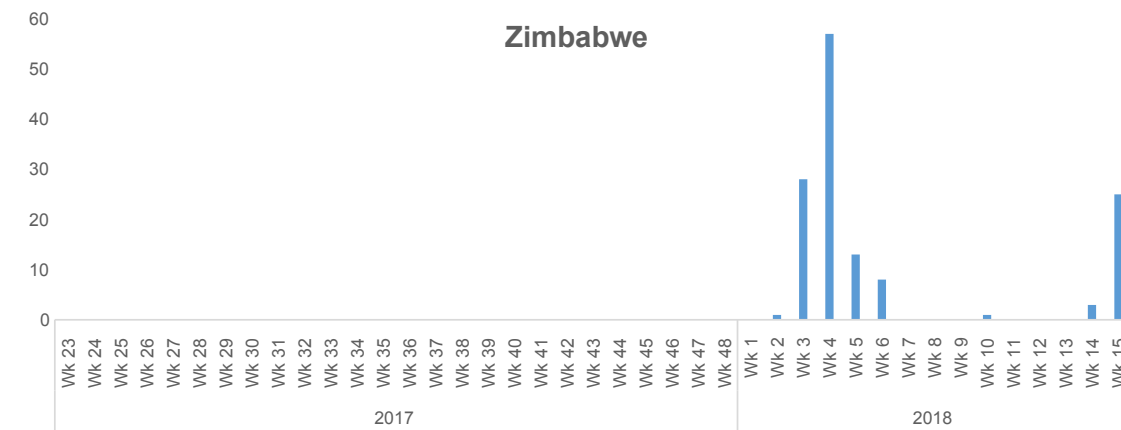
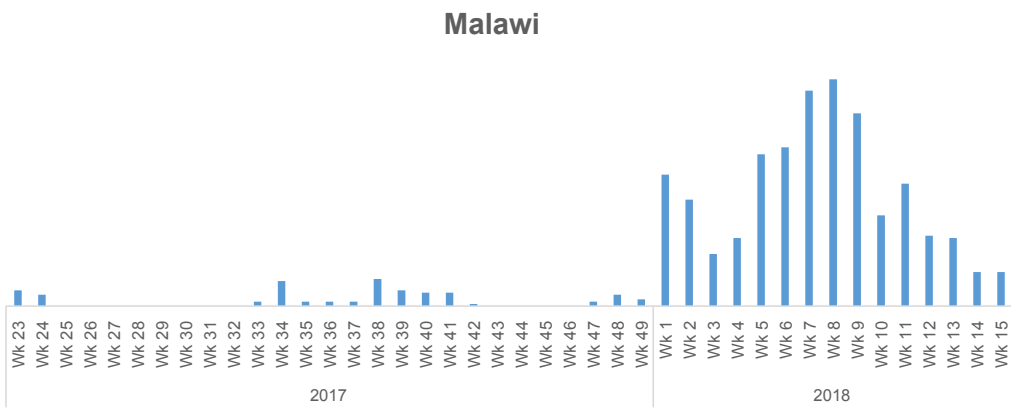
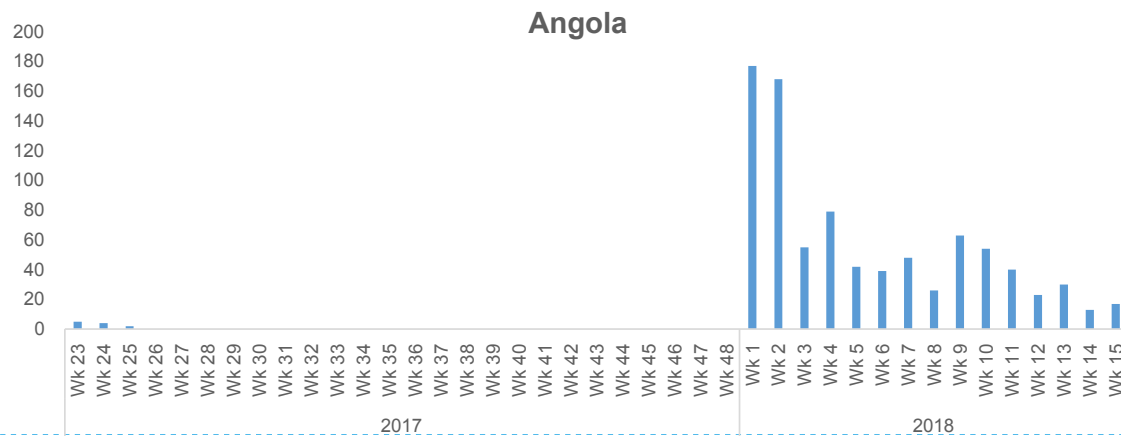
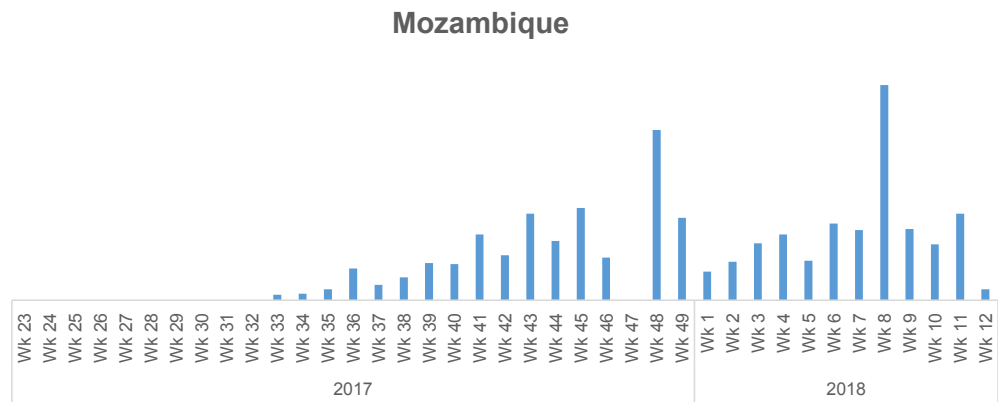
Tanzania



Kenya



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



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

Country	Week 11		Week 12		Week 13		Week 14		Week 15		Week 16		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	136	0	151	0	112	0	214	0	178	0			1,954	8	0.4	2,267	9	0.4	Dec-17
Kenya			183	0	37	0	24	0	63	0	87	0	2,829	55	1.9	23,639	398	1.7	Dec-14
Tanzania	0	0	5	0	3	0	5	0	148	1	115	5	1,692	33	2.0	30,323	499	1.6	Aug-15
Malawi	54	2	31	1	30	0	15	3	15	0			749	22	2.9	904	30	3.3	Nov-17
Mozambique	79	0	10	0									744	3	0.4	2,316	3	0.1	Aug-17
Angola	40	0	23	0	30	0	13	0	17	0			814	9	1.1	917	15	1.6	Dec-17
Zambia	291	7	231	4			168	3	184	3			3,898	53	1.4	5,706	113	2.0	Oct-17
Uganda	273	1	155	3	117	1	60	4	33	0			2,224	47	2.1	2,224	47	2.1	Feb-18
Zimbabwe	0	0	0	0	0	0	3	2	25	1			135	7	5.1	135	7	5.1	Jan-18
Rwanda	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													15,042	237	1.6	68,434	1,121	1.6	

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