

Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

Regional Update for 2018 - as of 18 February 2018



Highlights

More than 5,796 cholera / AWD cases and 74 deaths (Case Fatality Rate: 1.3%) have been reported in 9 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, Zambia and Zimbabwe.

Currently, of the countries reporting, 7 out of the 21 countries in ESAR reported active transmission of cholera / AWD (Kenya, Tanzania, Angola, Malawi, Mozambique, Zimbabwe and Zambia). Tanzania reported the highest number of new cases (278) followed by Zambia (125), Kenya (79 cases) and Mozambique (70 cases). Of the 7 countries, Zimbabwe recorded the highest CFR at 3.7% in 2018, followed closely by Tanzania (2%) and Angola (1.7%).

Kenya: A decline in the epidemic trend. During week 7 (week ending 18 February 2018), 79 new cases were reported compared to 115 cases reported in week 6 (week ending 11 February 2018). New cases emerged from 5 Counties, namely Garissa (47), Turkana (12), West pokot (13), Meru (5) and Tharaka Nithi (2). Cumulatively a total of 5,614 cases including 107 deaths have been reported, as from October 2016. Of these, a total of 1,315 cases and 18 deaths have been reported since the beginning of 2018.

Tanzania: An increase in the epidemic trend. During week 6, 278 new cases including 3 deaths (CFR: 1.1%) were reported compared to 151 cases including 3 deaths (CFR: 2%) reported in week 5 (week ending 4 February 2018). These new cases are concentrated in 4 regions, namely Dodoma (137 cases and 2 deaths), Iringa (39 cases and 1 death), Rukwa (33) and Ruvuma (69). Cumulatively a total of 29,366 cases including 481 deaths have been reported in Tanzania mainland, as from August 2015. Of these, a total of 735 cases and 15 deaths have been reported since the beginning of 2018.

Angola: A decline in the epidemic trend. During week 5, 42 new cases were reported; compared to 79 cases including 2 deaths (CFR: 2.5%) reported in week 4 (week ending 28 January 2018). These cases are concentrated in Uige district. Cumulatively a total of 610 cases including 11 deaths have been reported, as from 15 December 2017. Of these, a total of 461 cases and 8 deaths have been reported since the beginning of 2018.

Malawi: An increase in the epidemic trend. During week 5, a total of 67 new cases including 1 death (CFR: 1.5) were reported, compared to 30 cases reported in week 4. The new cases reported during the week came from five districts, namely Karonga (26), Lilongwe (26 and 1 death), Salima (4), Nsanje (6), and Likoma (5). Since the beginning of 2018, cumulative cases reported are 381 cases with 5 deaths.

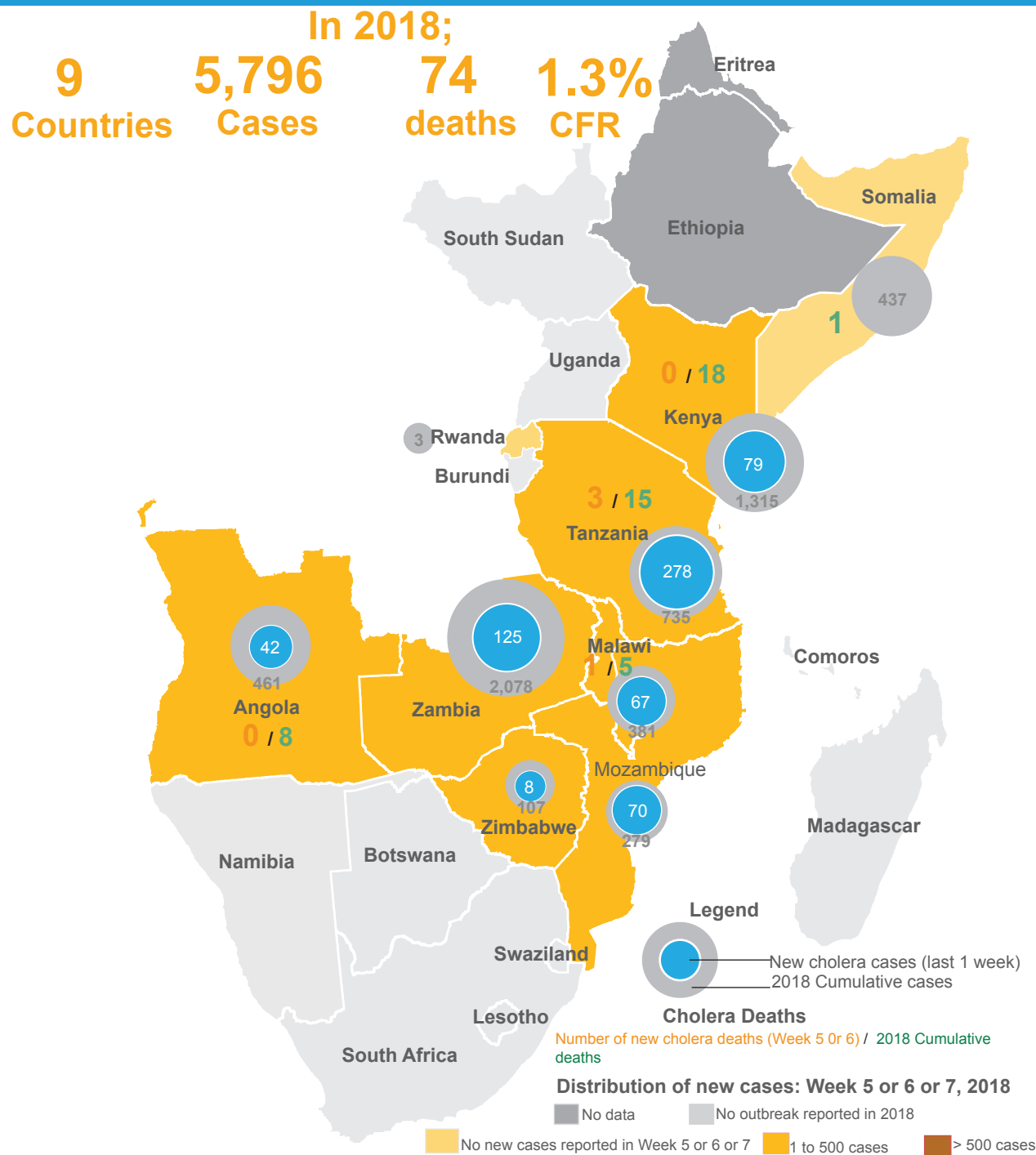
Mozambique: An increase in the epidemic trend. 70 new cases were reported in week 6 compared to 36 cases in week 5. These new cases emerged from Nampula city (12) in Nampula province, and Cabo Delgado (58). Cumulatively a total of 1,508 cases and 1 death have been reported, as from August 2017. Of these, a total of 279 cases have been reported since the beginning of 2018.

Zimbabwe: A decline in the epidemic trend. During week 6, 8 new cases were reported; compared to 13 cases reported in week 5. These cases are concentrated in Chegutu town, 100 km west of the capital Harare. Cumulatively a total of 107 cases and 4 deaths have been reported since the outbreak started on 8th of January 2018.

Zambia: During week 6, 125 new cases including 3 deaths (CFR:2.4%) were reported in the country compared to 169 cases including 1 death (CFR: 1.2%) reported in week 5. The new cases reported during the week emerged from 2 provinces, namely Lusaka (120 cases and 3 deaths) and Central (5 cases). Cumulatively a total of 3,929 cases including 82 deaths have been reported, as from October 2017. Of these, a total of 2,078 cases and 23 deaths have been reported since the beginning of 2018.

Creation date: 18 February 2018

Sources: Ministries of Health and WHO



Country Priorities and Response Interventions

Country Priorities

Response Interventions

Mozambique

- Strengthening disease surveillance in Districts affected by the tropical storm
- Multi-sectoral coordination at district level, with focus on capacity building of health personnel, supervision and monitoring of response
- Drugs and other supplies for cholera response
- Provision of training materials and guidelines

- In Nampula province support was provided with the following IEC materials: 50 albums about hygiene and prevention; 1000 leaflets on hygiene promotion and 1000 brochures on hand washing. Social mobilization on hand washing and prevention of violence through community radios was conducted in 7 districts

- In Pemba City: Multisectoral coordination has been established at district level; Preparedness and response teams have been established in 9 districts; Strengthening of disease surveillance; Cholera treatment center opened; Social mobilization being conducted through religious leaders and community health workers; Disinfection of water; UNICEF supported with 3 tents, 1 diarrhea disease set pack for 600 cases, 24 cholera beds, biosafety materials, and water purification solution for 5,000 people in 30 days.

Malawi

- Infection control in CTCs and homes of patients
- WASH supplies including; chlorine products, soap, water collection and storage containers, and portable latrines in CTCs
- Training, supervision and mentoring of health workers in CTUs
- Ensure quality case management in CTUs
- Community health education
- Promote construction and use of community latrines through CLTS

- In Lilongwe; UNICEF erected a CTC, provided cholera treatment and prevention supplies, 1 complete cholera kit and several drums of HTH

- In Mulanje; UNICEF provided two tents, WASH supplies and adequate medical supplies to treat 50 cases

- In Nsanje; UNICEF provided adequate medical supplies to treat 50 cases, including WASH supplies

- In Likoma; UNICEF provided a tent and adequate supplies to treat 50 cases, including WASH supplies

Tanzania

- Increase the number of health personnel responding to cholera
- Provision of household water treatment tabs followed by appropriate messaging regarding usage and benefits
- Advocacy and partnerships for resource mobilization
- Capacity building of medical personnel on cholera case management
- Follow up with communities on construction of toilets in the affected areas and ensure adherence to by-laws

- Community education and awareness raising regarding the prevention and control of Cholera through villages and Schools and local media outlets is ongoing in all cholera hotspots areas
- Training and mentorship of health workers in case management, infection prevention and control is ongoing mainly done by the RRT who visits the outbreak areas
- Kilolo DC in Iringa region has released supplies including IV fluid and antibiotics worth Tshs 4.7 Million to health facilities in affected areas.
- Kilolo DC bought water guard tablets through commercial outlets worth Tshs 1 Million that will be used at household level for water treatment

Angola

- Maintenance of water trucks
- Continuous distribution of drinking water for 7 days in a week
- Operation and maintenance of faulty water systems
- Urgent need for more water tanks to be placed in priority communities.
- Increase social mobilization activities in critical neighborhoods and environmental health

The following supplies and equipments were provided in Uige district;

- 1 portable lab
- 10 bladders of 5000 litres with residual chlorine testing
- 2000 buckets with taps of 20 litre capacity
- 140 boxes of aquatabs (each box with 14,000 pills)
- 4 tents of 72 sq metres for CTCs
- 18 drums of HTH
- 5,000 manuals for hygiene promotion

Zambia

- Provision of infection prevention protocols to all the CTCs/ CTUs
- Improve case management
- Intensify enforcement of law on food vending
- Increase coverage of WASH interventions.
- Provide WASH supplies and services (chlorine - liquid, granular; H2S, scaling up solid waste management; need to desludge latrines and provision of safe drinking water);
- Provide medical and lab supplies

- UNICEF is working closely with WHO on the health component of the response (technical support to MoH and supplies)
- UNICEF provided technical support for development of multi-sectoral cholera response. Support is also being provided for coordination of cooperating partners (CPs) on cholera response.
- 8,750 kg of granular chlorine were provided by UNICEF to Lusaka Water and Sewerage Company for chlorination of water supply
- Solid and liquid waste management is ongoing in Chibombo district
- Inspection of public premises is ongoing in Kabwe district
- Safe burials are supervised by the Council in Mumbwa district
- In Luano district, access to safe water has been increased through water trucking and extension of water supply to affected areas that were not connected to the city network.
- Health promotion and public sensitization campaigns are ongoing in Serenje district
- Weekly Government led inter-sectoral coordination meetings are being conducted in Ndola district
- UNICEF procured 2 Cholera kits and handed over to government for distribution to affected areas in Katete district

Country Priorities and Response Interventions

Country Priorities

Response Interventions

Zimbabwe

- Augmenting Municipal water supply through borehole repairs and motorization of boreholes
- Rehabilitation of communal latrines
- Provision of NFI
- Continue to intensify hygiene awareness
- Water treatment chemicals

- The Ministry of Health is responding to the outbreak with support from WHO, UNICEF, Médecins Sans Frontières, Zimbabwe Red Cross, and other partners.
- The district civil protection committee has been activated and coordination meetings are being held daily at Chegutu
- Together with UNICEF and WHO, the Provincial and National Rapid Response Teams are conducting field investigations and supporting the response activities.
- UNICEF distributed NFIs to 4,500 at risk households and repaired 10 boreholes
- A Cholera Treatment Centre has been set up by MSF close to the communities where cases are being reported
- WHO donated an interagency diarrhoeal disease kit (IDDK) to the Ministry of Health to support management of cholera cases
- Water quality testing is ongoing in the affected areas, along with the provision of clean water in affected areas, distribution of Aquatabs, chlorine, soap, and jerry cans for water storage.
- 5 500 households have received health education.
- Social mobilization activities are ongoing in schools and all private clinics and pharmacies have been sensitized on the risk of cholera

Somalia

- Increase access to adequate amounts of safe water and appropriate sanitation
- Conduct cholera vaccinations in hotspot areas
- Engage community based integrated emergency response team in early detection
- Adopt standardized case management and infection prevention and control protocols
- Provide integrated training in WASH and health at treatment sites
- Provide infection control materials at treatment sites
- Targeted regular water quality testing
- Behaviour change that integrates WASH and Health messages
- Orientation of food handlers to adhere to public health standards

- UNICEF and different partners provided 221,995 emergency affected people (65,598 reached by UNICEF and 156,397 reached by other humanitarian agencies) with temporary access to adequate and safe water through chlorination, operation and maintenance, water trucking, vouchers and household water treatment. This represents 3.8% achievement of the overall annual target
- 143,310 people (11,502 reached by UNICEF and 131,808 by other humanitarian agencies) had access to sustained means of safe water supply through newly built and/or rehabilitated water points. This represents 7.5% of the overall annual target
- 28,940 people (11,500 by UNICEF and 17,440 by other agencies), hence 2% of the annual target were reached with adequate sanitation facilities
- 23,470 households in emergency situation (approximately 140,820 people) received hygiene kits composed of soap, jerry cans, buckets, aquatabs, etc., as a means to allow them prevent hygiene related diseases like AWD/Cholera by treating drinking water at household level and safely keeping it in clean and closed containers.

Kenya

- Need for continuous capacity building in counties on IDSR, IPC and RRT
- Ensure the availability of safe water and safe human waste disposal
- Strengthen cholera prevention and health promotion in high risk areas

- National MOH technical teams were sent to Turkana, Garissa, Tana river and Nairobi counties to support in investigating and responding to the Cholera outbreaks as well as transfer of skills to county health teams.
- The national team has also trained 12 counties on surveillance and rapid response. These are Mombasa, Kwale, Lamu, Kilifi, Tana River, Nairobi, Kiambu, Kajiado, Machakos, Makueni, Nyeri and Murang'a.
- The MoH has sensitized Health Care Workers in affected counties on case management and Infection Prevention and Control Measures
- National MOH designed and printed IEC materials for cholera. The Materials were 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
- The Ministry has conducted orientation of county staff on cholera communication planning and response

Uganda

- Implementation of CLTS in cholera prone districts
- Social mobilization to bridge the knowledge gap
- Distribution of key WASH supplies (water purification tabs, Soap and hand washing facilities)
- Conduct water quality testing in Ntoroko district
- Training of health workers in Ntoroko district
- Vaccination of high risk population in cholera hotspots with OCV by May 2018

- Rapid assessment is being conducted by Uganda Red Cross in partnership with UNICEF
- Social mobilization materials with key messages on cholera were sent to Ntoroko district through Uganda Red Cross

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

Kenya: Challenges

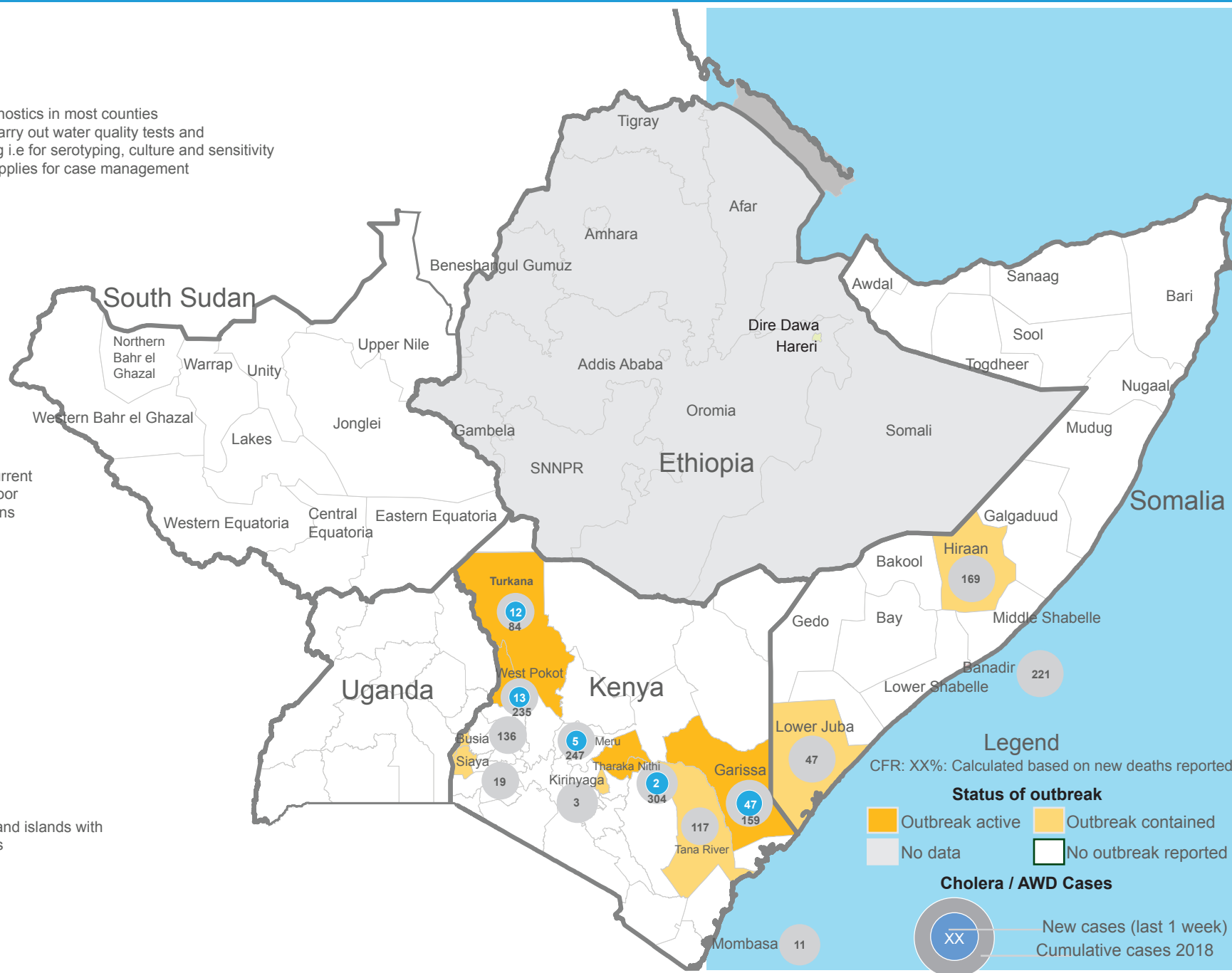
- Inadequate cholera outbreak control logistics
- Lack of water sampling equipment and WASH diagnostics in most counties
- Most county laboratories are not well equipped to carry out water quality tests and confirmatory tests- some of the supplies are missing i.e for serotyping, culture and sensitivity
- Limited pharmaceutical and non-pharmaceutical supplies for case management
- Inadequate IEC material

Somalia: Challenges

- Despite decreasing epidemic trend, drivers of the current epidemic include limited access to safe water and poor sanitation in IDP settlements in all the affected regions

South Sudan: Challenges

- Inadequate funding for all sectors
- Limited access to affected areas
- Population displacements into crowded IDP camps and islands with limited humanitarian access to optimize interventions



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

Challenges: Angola

- Continuous threat of transmission of cholera infections from Democratic Republic of Congo
- Limited access to safe water. Untreated water from wells and rivers is still the main source of drinking water
- Low sanitation coverage and poor hygiene practices

Challenges: Malawi

- Cross border movements between Tanzania and Malawi influence the evolution of outbreaks in Karonga district. The index case is reported to have come from a neighbouring district in Tanzania.

Challenge: Zambia

- The outbreak has spread to other districts outside of Lusaka
- Reduced number of trucks as some companies have withdrawn their equipment
- Some communities continue to utilize contaminated shallow wells as a source of water
- Inadequate megaphones for community education
- Lack of compliance among traders

Challenges: Mozambique

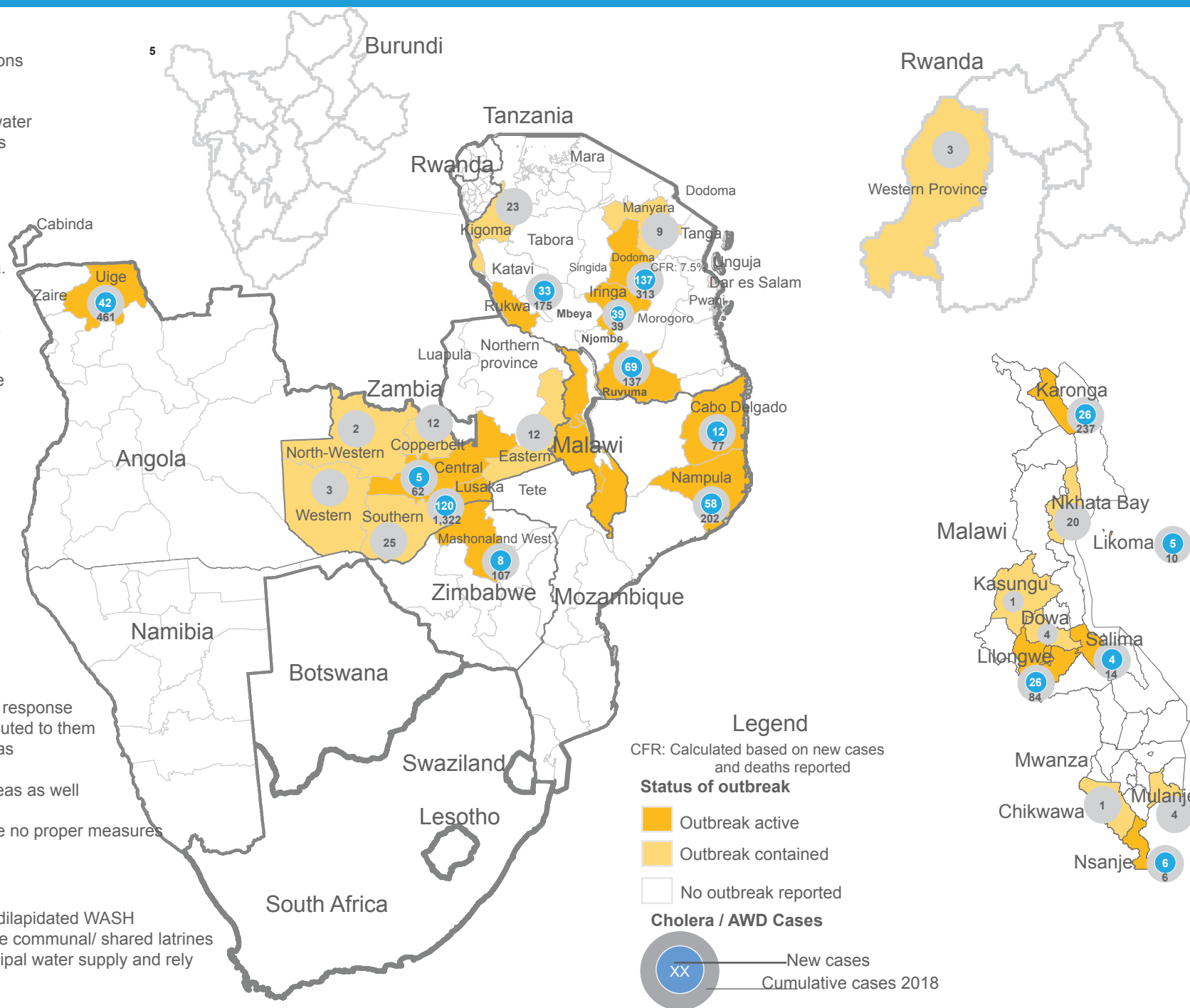
- A tropical storm occurred on January 16th in Nampula, and affected 80,000 people and destroyed 8 health facilities. This may increase the risk of new outbreaks in the region

Challenges: Tanzania

- Limited number of agencies are involved in cholera response
- Some communities do not use the aqua tabs distributed to them because they don't like the taste and smell as well as misconception that the tabs might impair fertility
- Water is a major problem in most of the affected areas as well as low coverage of improved sanitation
- Delays in outbreak surveillance and reporting hence no proper measures are taken rapidly to curb the spread

Challenges: Zimbabwe

- Most of the affected areas are old settlements with dilapidated WASH Infrastructure - receive erratic water supply and have communal/ shared latrines
- Some 'new' settlements are not connected to municipal water supply and rely on unsafe sources such as shallow wells
- Vandalism of water distribution network



Annex 3: Weekly Reported Cholera / AWD Cases and Deaths for Countries in Eastern and Southern Africa

Country	Week 2		Week 3		Week 4		Week 5		Week 6		Week 7		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	85	0	93	0	66	0	103	0	0	0			437	1	0.2	750	2	0.3	Dec-17
Kenya	199	0	194	0	73	1	66	0	115	0	79	0	1,315	18	1.4	5,614	107	1.9	Oct-16
Tanzania	49	1	66	0	83	4	151	3	278	3			735	15	2.0	29,366	481	1.6	Aug-15
Malawi	47	0	23	0	30	0	67	1					381	5	1.3	381	5	1.3	Nov-17
Mozambique	35	0	52	0	60	0	36	0	70	0			279	0	0.0	1,508	1	0.1	Aug-17
Angola	168	1	55	0	79	2	42	0					461	8	1.7	610	11	1.8	Dec-17
Zambia	636	13	338	4	197	2	169	1	125	3			2,078	23	1.1	3,929	82	2.1	Oct-17
Rwanda	1	0	0	0	1	0	0	0					3	0	0.0	3	0	0.0	Jan-18
Zimbabwe	1	1	28	3	57	0	13	0	8	0			107	4	3.7	107	4	3.7	Jan-18
Uganda																			
Namibia																			
Burundi																			
South Sudan																			
Madagascar																			
Comoros																			
Swaziland																			
Botswana																			
Eritrea																			
Lesotho																			
Namibia																			
South Africa																			
TOTAL													5,503	70	1.3	41,975	689	1.6	

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