

Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

Regional Update for 2019 - as of 2 May 2019



Highlights

Almost half of the countries in Eastern and Southern Africa region (ESAR) have been affected by cholera outbreaks since the beginning of 2019. More than 9,494 cholera / AWD cases including 34 deaths have been reported in 10 countries in the region, with an average Case Fatality Rate of 0.4%, since the beginning of 2019. These countries include; Angola, Burundi, Kenya, Malawi, Mozambique, Tanzania, Somalia, Uganda, Zambia and Zimbabwe. Mozambique accounts for 67.2% (6,382) of the total case load reported this year, followed by Kenya at 18.3% (1,735).

Currently 4 out of the 10 countries with reported cholera / AWD outbreaks in ESAR since week 1 of 2019, have active transmission and they include; Mozambique, Somalia, Kenya and Tanzania. During the week under review, Mozambique reported the highest number of new cases (2,315 cases). Of the countries with active transmission, Tanzania has recorded the highest Case Fatality Rates (CFR) in 2019 at 1.4%.

Kenya: Since January 2019, Cholera outbreak has been reported in Narok, Kajiado, Nairobi, Garissa and Machakos Counties. Cumulatively a total of 1,735 cases have been reported out of which 91 were confirmed. There have been 11 deaths with a case fatality rate of 0.6%. Currently, the transmission is active in Machakos, Nairobi, Garissa, Kajiado and Mandera Counties. New cases reported in Kajiado County emerged from Ongata Rongai and Kajiado North sub county, while those reported in Nairobi county emerged from Embakasi East (Tassia, Pipeline, Kayole North), Embakasi West (Umoja 1 and Umoja 2) and pockets of Starehe, Ruaraka and Kibra sub counties. Garissa County cases emerged from Hagadera refugee camp while those of Mandera County are from Kutulo sub county. High risk areas are characterized by unavailability of potable water, poor sanitation and hygiene practices and the situation is likely to be exacerbated by upcoming long rains.

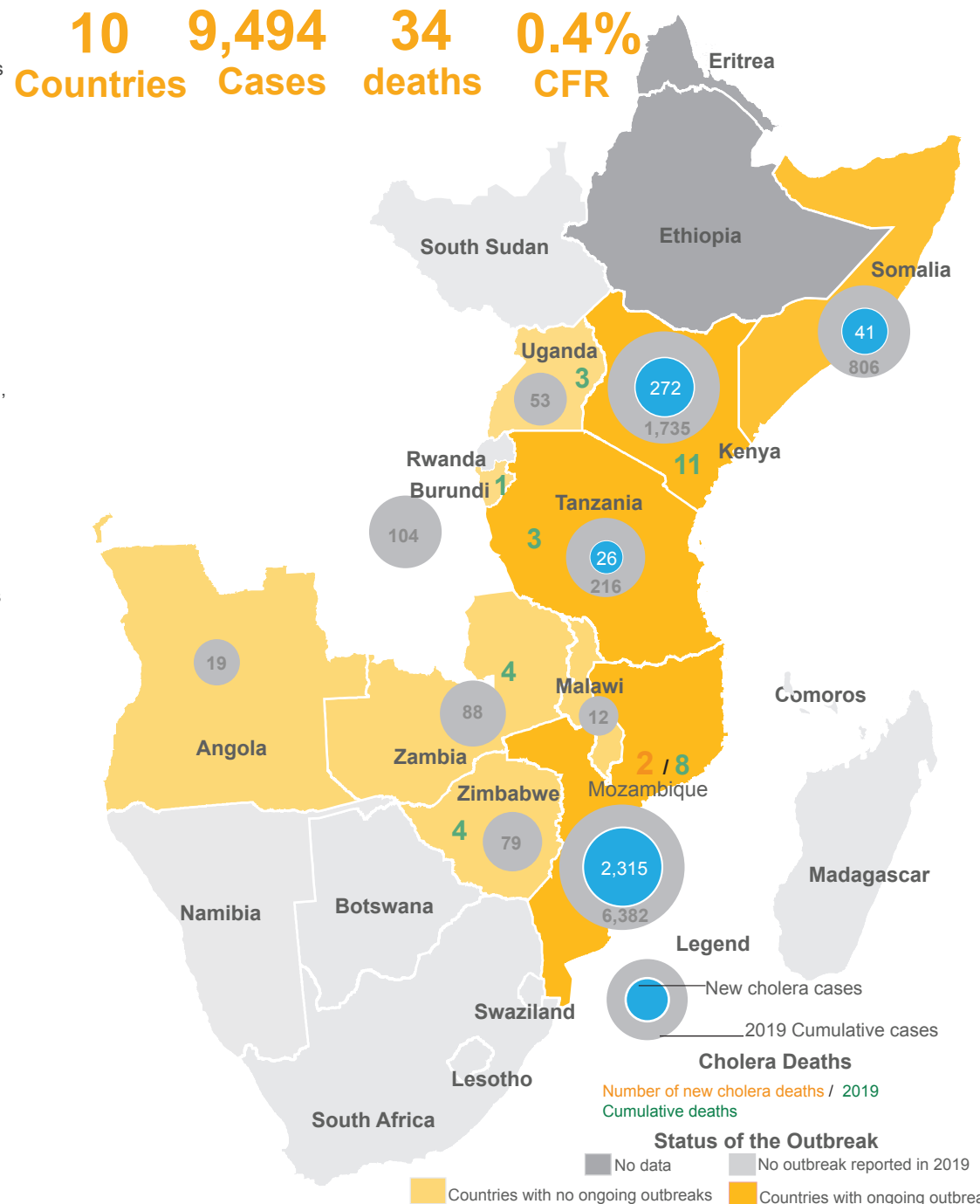
Mozambique: Since the declaration of the cholera outbreak on 27 March 2019, and up to 18 April 2019, a cumulative total of 6,382 cases and 8 deaths were reported (CFR 0.1%). These cases were reported from the four districts (Beira, Buzi, Dondo and Nhamatanda) of Sofala Province originally affected by this outbreak. Beira district continued to be the most affected district with an overall attack rate of 909 cases per 100,000 population.

Somalia: An increase in the epidemic trend has been noted in the last two weeks. During week 16 (week ending 21 April 2019), 41 new cases were reported from Banadir region compared to 30 cases reported in week 15 (week ending 14 April 2019). Cumulatively a total of 806 cases with no deaths have been reported since the beginning of 2019. Children under five years bear the brunt of the cholera outbreak, representing 57% of the total case load reported in week 15 and 56% in epidemiological week 16. During the week under review (week 16), the most affected districts in Banadir are Madina (12 cases), Hodan (10 cases) and Deynile (6 cases).

Tanzania: An increase in the epidemic trend has been noted in the last two weeks. During week 16, 26 new cases were reported compared to 11 cases reported in week 15. This raises the total number of cholera cases reported since the beginning of 2019 to 216, including 3 deaths (CFR, 1.4 %). All new cases emerged from Tanga region in the following areas; Pangani DC (24), Handeni DC (1) and Tanga city (1). Cumulatively a total of 33,537 cases including 553 deaths have been reported since the beginning of the outbreak in August 2015.

Urban - Rural Disaggregation of Cholera Cases

Overall, more cholera cases emerge from urban areas (75.9%; 5,897) as compared to rural areas (24.1%; 1,873). This is according to an analysis of cholera cases reported since the beginning of 2019 from seven countries (Angola, Kenya, Malawi, Mozambique, Tanzania, Uganda and Zimbabwe). Of the total number of cases reported in urban areas (5,897), Mozambique accounts for the majority (89.72%; 5,291), followed by Kenya (8.19%; 483), Uganda (0.90%; 53), Tanzania (0.83%; 49), Angola (0.32%; 19), Malawi (0.02%; 1) and Zimbabwe (0.02%; 1). All cases reported in Uganda (53) and Angola (19) emerged from urban areas. Apart from Mozambique, Uganda and Angola; collectively, the remaining four countries (Kenya, Zimbabwe, Tanzania and Malawi) have more cholera cases emerging from rural areas (73.8%; 1,508) as compared to urban areas (26.2%; 534).



Country Priorities and Response Interventions

Country Priorities

Response Interventions

Mozambique

- Set up new cholera treatment centers, rehydration corners and supply AWD kits in affected areas
- Intensify Social mobilization activities
- Increase coverage of WASH services

- An Oral Cholera vaccination campaign was conducted between 4 and 9 April 2019, attaining an overall coverage of 98.6% (803,125 total vaccinated). This includes; 422,958 (98.5%) people vaccinated in Beira, 45,322 (108.3%) people vaccinated in Buzi, 163,721 (93.9%) people vaccinated in Dondo, and 171,124 (101.5%) people vaccinated in Nhamatanda.
- In Beira, a cholera treatment centre, cholera treatment unit and oral rehydration points were set up; and in Dondo, Nhamatanda and Buzi cholera treatment units were set up
- 24 AWD kits were supplied by UNICEF to affected areas
- 138,873 bottles of water purification solution (CERTEZA) were distributed, targeting the most affected communities
- 900 community volunteers have been deployed for cholera prevention and hygiene/sanitation promotion in Beira and Dondo.
- Water quality monitoring for residual chlorine is being reinforced for all water distributed to accommodation centres / camps and throughout the municipal system in general
- Approximately 900 social mobilizers deployed in the hot spot areas of Beira. Around 30,000 families per week reached. Similar actions are being extended to Dundo, Nhamatanda, Buzi and Chimoió
- 3 multimedia mobile units of ICS engaged approximately 28,000 people in transit centers and communities in Beira and Dondo through public announcements and community cinema engagement sessions. Two units will be deployed to Buzi and Nhamatanda.
- 37 radio spots about cholera, malaria and sanitation in Portuguese and two local languages are broadcasted daily. An additional two radio programmes have been produced.
- Partnerships with 200 religious leaders in Beira, Dondo, Nhamatanda and Buzi; expected to reach approximately 43,000 people.
- SMS bi-directional message flows reached more than 7,000 people
- Disease Surveillance system has been established by National Institute of Health with support from WHO

UNICEF Health Response

- Advocated for high level policy team engagement with counties on response
- Through partnership engagement with Kenya Red Cross Society, UNICEF continued to support management of cholera cases through integrated Health, WASH and C4D interventions to improve management of cholera treatment centres and treatment units, hygiene promotion using community health volunteers, and dispatch of assorted supplies to affected counties
- In anticipation of sustained cholera outbreaks due to escalating drought, UNICEF has dispatched emergency health supplies for drought response (including for cholera response) for prepositioning in cholera hotspot counties in Western Kenya, and Arid and Semi-Arid Lands
- Procured Cary- Blair transport media that facilitates collection and transportation of cholera samples
- Provided technical support to Kajiado and Narok Counties cholera outbreak response through technical support to strengthening multi-sectoral county cholera coordination, programmatic visits to trouble-shoot and support re-direct key areas of challenges at the implementation level, and dispatched assorted health, WASH and C4D supplies

WASH Response

UNICEF response in Kajiado County;

- Supported 3,900 households access safe water through household water treatment reaching over 19,500 people.
- Provided one-off support to water trucking to Magadi Ward to control the outbreak
- Supported the County to finalize the Cholera Prevention and Control Action Plan
- Provided technical backstopping through joint visits of the UNICEF SWAT team to the cholera hotspots

UNICEF response in Narok County;

- Supported 2,300 households access safe water through household water treatment reaching over 11,500 people
- Provided technical backstopping through joint visits of the UNICEF SWAT team to the cholera hotspots

County Governments Response (Narok and Kajiado)

- Promotion of household latrine uptake in cholera affected villages
- Hygiene promotion activities by the Public health team
- Training of the front-line staff on cholera prevention and control messaging
- Social mobilization of the community

Response by County Water Departments

- Assessment of community water supply sources, water sampling and quality testing
- Water trucking support to cholera hotspot areas including schools and health facilities

Kenya

- Improve the coordination and communication of response within the affected counties and to neighbouring counties to avoid further spread of the outbreak
- Complete cholera epidemiological study
- Development of select counties (Kajiado County) cholera control plan and National level cholera elimination plan
- Advocacy between national and county senior management on cholera control, resource mapping and reporting

Country Priorities and Response Interventions

Country Priorities

Response Interventions

Malawi

- Deliver key lifesaving health services using mobile teams
- Conduct community awareness on cholera prevention and control
- Treatment of household drinking water
- Preposition cholera supplies
- Strengthen surveillance

- In Nsanje and in Mwanza, one CTC was established in each of these districts for case management
- Ongoing community-based response interventions in Nsanje, Mwanza and Mchinji including; distribution of 1% chlorine solution for household water treatment and dissemination of key hygiene and sanitation messages through the local media
- UNICEF provided more supplies for establishment of CTCs in Nsanje, Mwanza, and Michinji; and prepositioned cholera treatment and prevention supplies
- UNICEF prepositioned cholera supplies in other cholera-risk districts of Chikwawa, Mulanje, Phalombe, Zomba, Machinga, Mangochi, Salima, NkhataBay, Karonga and Lilongwe

Somalia

- Priority area for response is Banadir, in particular the districts of Medina, Daynile, Dharkenley and Hodan
- Provide adequate supplies for the treatment of affected patients to Banadir hospital

- UNICEF supported the provision of emergency primary health care services in response to AWD / cholera in Banadir Hospital and AWD / cholera-affected IDPs in the districts of Merka, Qoryoley, Awdhegale and Kurtunwarey.
- 13,081 people were sensitized on hygiene through hygiene promotion campaigns in Banadir in April
- Through the Ministry of Health, UNICEF WASH disbursed 870 boxes of chlorine for water purification. These were distributed to affected areas in Banadir, including Banadir Hospital.

Tanzania

- Deliver clean and safe water in areas affected by cholera
- Provide chlorine for bulky/general water treatment before distribution to communities
- 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
- Increase the number of various cadres of health personnel (from the community level to higher levels of the health system) in affected areas
- Delivery of clean and safe water in areas affected by cholera

- Tanga UWAS released 40 Kg of chlorine to support water treatment at points of distribution where 20Kg were given to Kiguru Simba Wards and the remaining 20 Kg were given to Msekwa and Mecca Wards. Normally the water treatment is conducted twice a week and currently the District is running out of stock, requiring around 250 Kg of chlorine to cover the next 3-4 months period
- Through Tanga RMO's office, Pangani DC received 4 boxes of Aqua Tab as support for household water treatment at community level. The DC has already distributed 96,000 tablets to community members through their respective community leaders.
- The Pangani DC provided health education through community meetings and and on-air radio program on cholera prevention and control

Annex 1: Distribution of Cholera / AWD outbreaks in Southern Africa and Challenges in Response - as from 1 of January 2019

Challenges: Mozambique

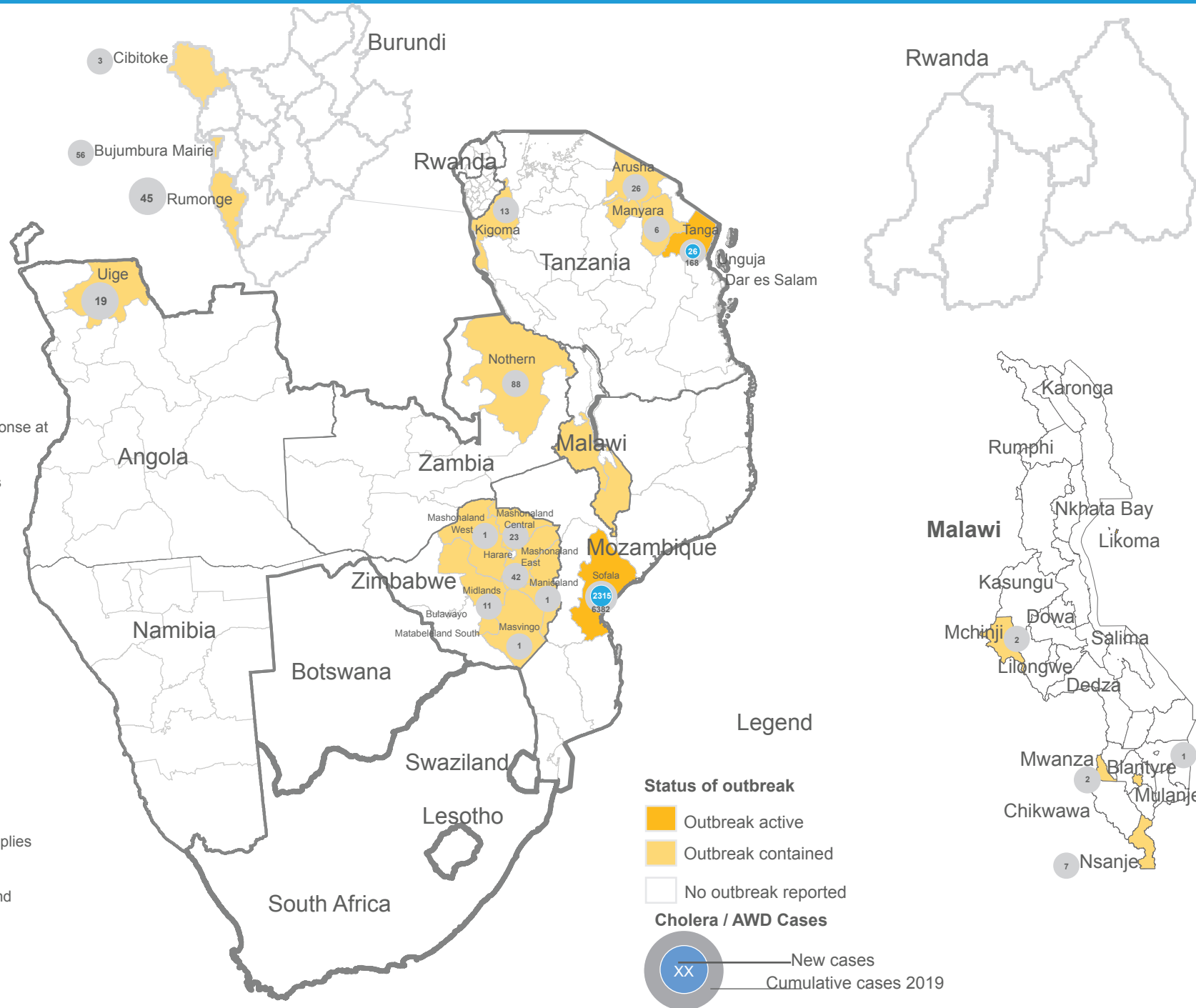
- Inadequate water supply, treatment and sanitation in affected areas
- Most health facilities were destroyed as a result of the cyclone, and are currently being rehabilitated to meet minimal package of services

Challenges: Tanzania

- There are limited number of staff to support in the response at all levels (case management at CTCs and prevention)
- The community's 1st line of treatment for all ailments is traditional medicine hence majority of cases arrive at the health facility very late
- Cultural practices/rituals that promote the transmission of cholera

Challenges: Malawi

- Poor road conditions hampering access to some of the affected communities
- Inadequate basic health supplies including cholera supplies in affected districts
- Weak multi-sectoral coordination in affected districts and at the national level



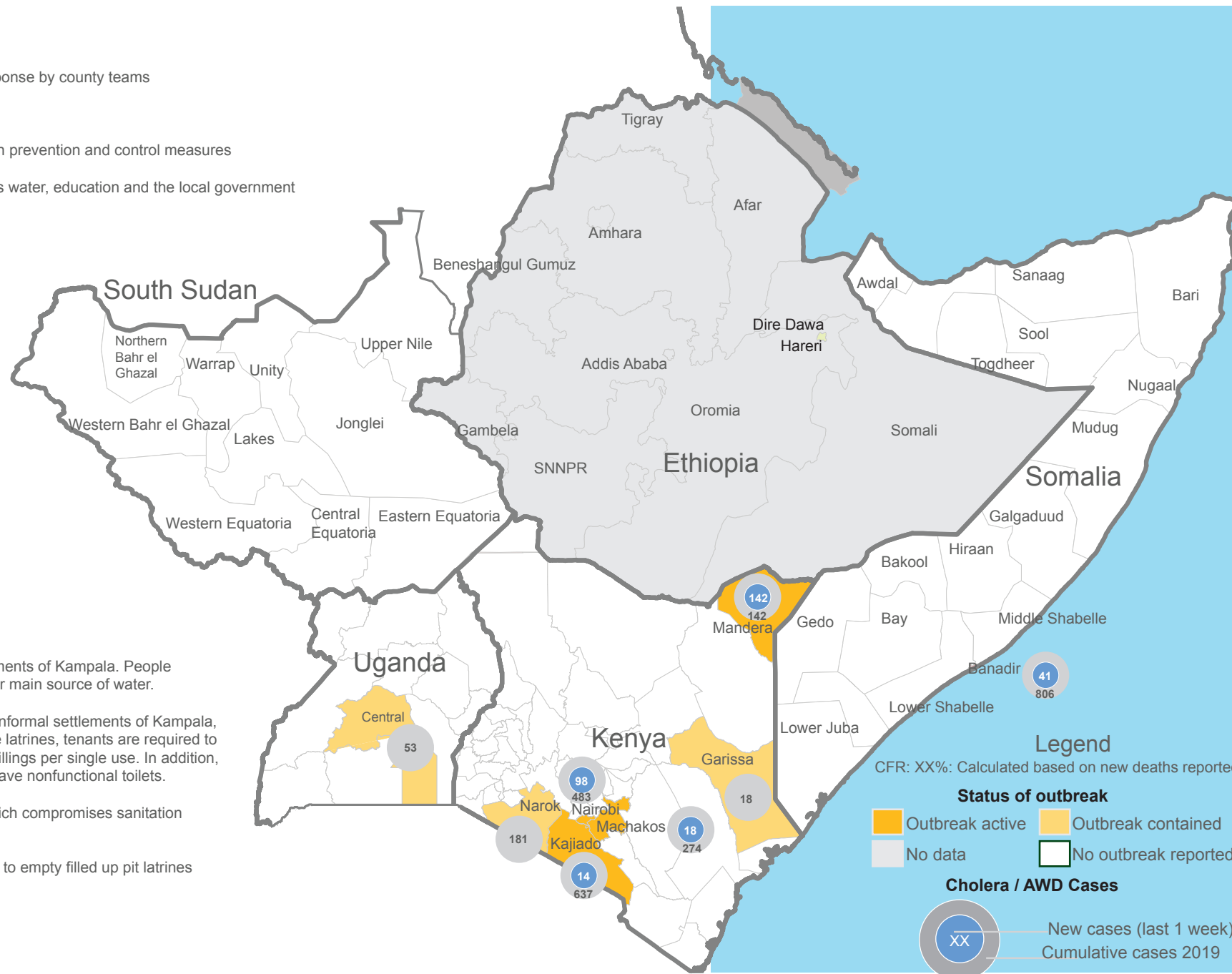
Annex 2: Distribution of Cholera and AWD Outbreaks in the Horn of Africa and Challenges in Response - as from 1 of January 2019

Kenya: Challenges

- Limited resources for surveillance and rapid response by county teams
- Limited resources for community engagement
- Poor case management and inadequate infection prevention and control measures
- Inadequate engagement of other sectors such as water, education and the local government
- Weak enforcement of public health laws

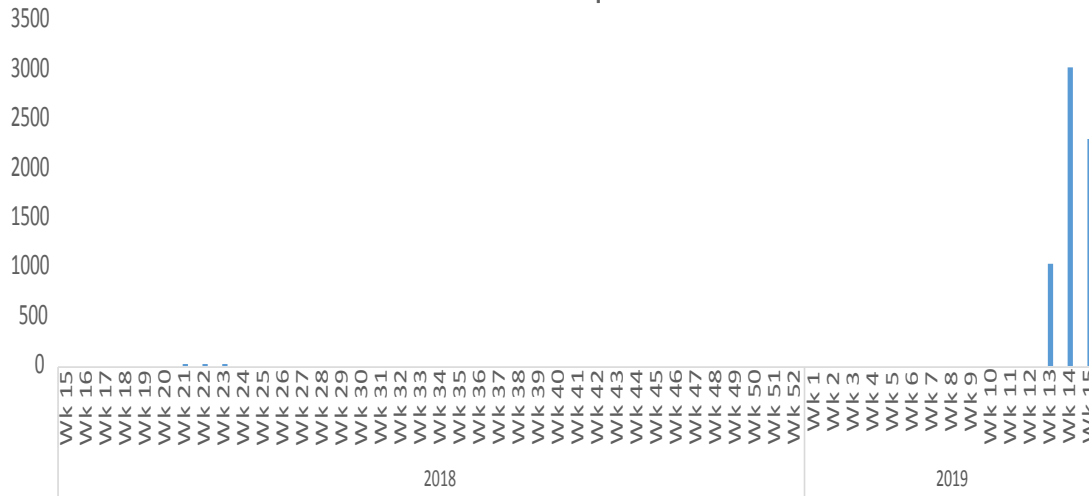
Uganda: Challenges

- Low access to clean water in the informal settlements of Kampala. People continue to use contaminated water wells as their main source of water.
- Lack of proper excreta disposal mechanisms in informal settlements of Kampala, most of the rented one-roomed house don't have latrines, tenants are required to pay for toilet facilities at a rate of 200 Uganda shillings per single use. In addition, some communities either lack toilet facilities or have nonfunctional toilets.
- Poor drainage system in informal settlement, which compromises sanitation conditions
- Expensive private cesspool empties and gulpers to empty filled up pit latrines

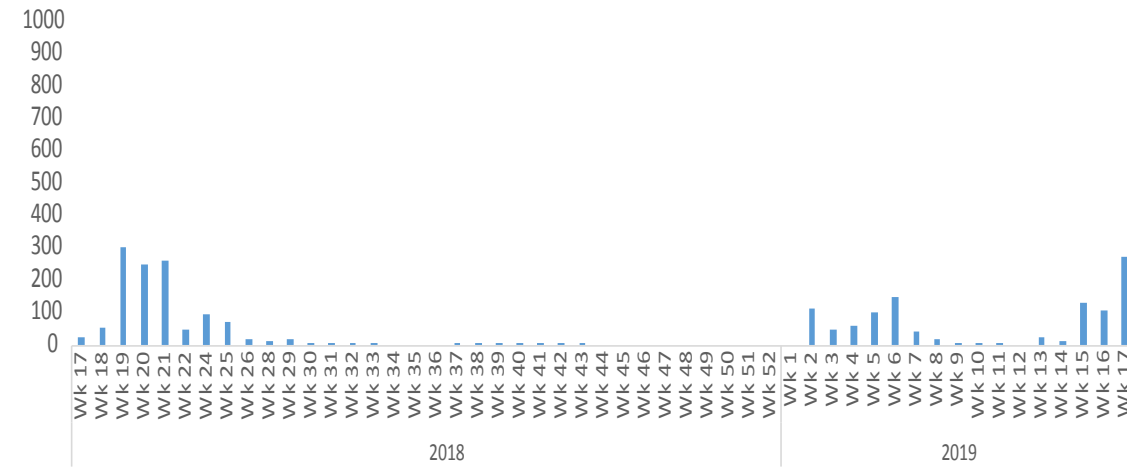


Annex 3: Epi Curves for Countries with Active Cholera Outbreaks Currently

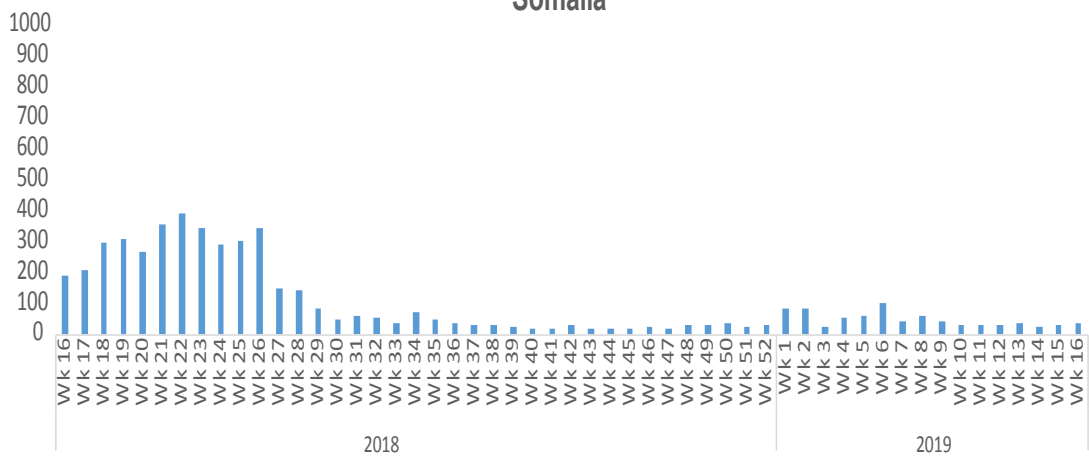
Mozambique



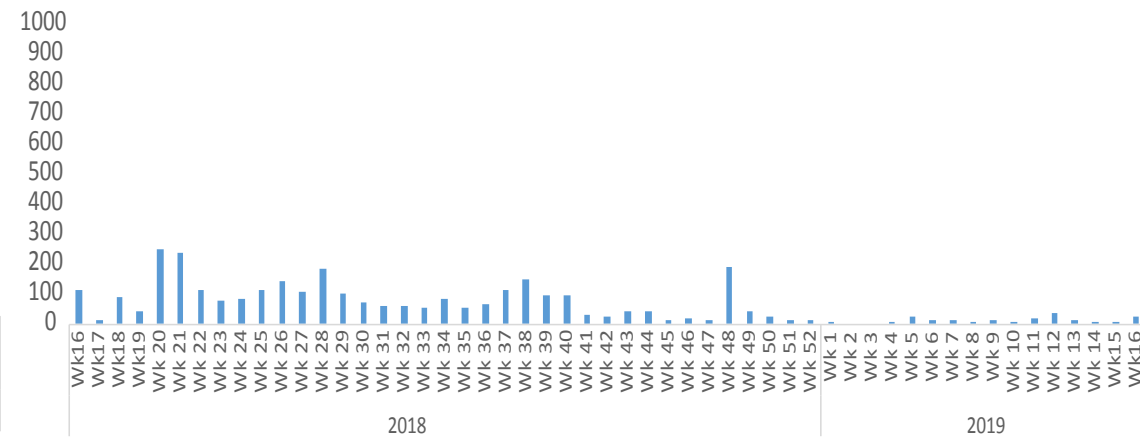
Kenya



Somalia



Tanzania



Annex 4: Weekly Reported Cholera / AWD Cases and Deaths in 2019, for Countries in Eastern and Southern Africa Region

Country	Week 15		Week 16		Week 17		2019 Cumulative			2018 Cumulative			2017 Cumulative			Cumulative since the beginning of the outbreak			Beginni ng of Outbrea ks	Status of the outbreak
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)		
Mozambique	2315	2					6382	8	0.1	863	3	0.3	3,274	5	0.2	6,382	8	0.1	Mar-19	Active
Kenya	132	1	112	2	272	0	1735	11	0.6	5,782	78	1.3	4129	76	1.8	1,735	11	0.6	Jan-19	Active
Somalia	30	0	41	0			806	0	0	6,447	45	0.7	78,596	1118	1.4	806	0	0.0	Jan-19	Active
Tanzania	11	0	26	0			216	3	1.4	4,688	84	1.8	4,276	76	1.8	33,537	553	1.6	Aug-15	Active
Burundi	0	0	0	0			104	1	1.0	102	1	1.0	330	0	0.0	206	2	0.97	Dec-18	Controlled
Zambia	0	0	0	0			88	4	4.5	4,127	55	1.3	747	18	2.4	88	4	4.5	Mar-19	Controlled
Zimbabwe	0	0	0	0			79	4	5.1	10,807	71	0.7	6	3	50.0	10,730	69	0.6	Sep-18	Controlled
Uganda	0	0	0	0			53	3	5.7	2,699	60	2.2	253	2	2.0	53	3	5.7	Dec-18	Controlled
Angola	0	0	0	0			19	0	0	1262	18	1.4	389	19	4.9	331	3	0.9	Sep-18	Controlled
Malawi	1	0	0	0			12	0	0	785	28	3.6	155	5	0.7	12	0	0.0	Feb-19	Controlled
Rwanda	0	0	0	0			0	0	0	3	0	0.0	5	0	0.0	3	0	0.0	Jan-18	Controlled
South Sudan	0	0	0	0			0	0	0	0	0	0.0	17,285	387	2.2					
Namibia																				
Madagascar																				
Comoros																				
Swaziland																				
Botswana																				
Eritrea																				
Lesotho																				
South Africa																				
TOTAL							9,494	34	0.4	37,565	443	1.2	109,445	1709	1.6	53,883	653	1.2		

For further information Contact:

Georges Tabbal
WASH Emergencies Specialist
UNICEF Eastern and Southern Africa Region
Email: gtabbal@unicef.org

Ida Marie Ameda
Health Emergencies Specialist
UNICEF Eastern and Southern Africa Region
Email: iameda@unicef.org

Maureen Khambira
Information Management Specialist
UNICEF Eastern and Southern Africa Region
Email: mkhambira@unicef.org