

# Bulletin : Cholera / AWD Outbreaks in Eastern and Southern Africa

## Regional Update - as of 27 November 2017

### Highlights

More than 107,517 cholera / AWD cases and 1662 deaths (Case Fatality Rate: 1.5%) have been reported in 12 of 21 countries of Eastern and Southern Africa Region (ESAR) since the beginning of 2017. These countries include; Angola, Burundi, Kenya, Malawi, Mozambique, Rwanda, Somalia, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe. Of the countries reporting, Somalia accounts for 73% of the total cases reported in 2017, followed by South Sudan at 16%.

Currently, 8 out of the 21 countries in ESAR reported active transmission of cholera / AWD (Burundi, Kenya, Mozambique, Somalia, South Sudan, Tanzania, Uganda and Zambia), with Kenya reporting the highest number of new cases (60 cases). Of the 8 countries, Zambia and South Sudan recorded the highest CFR above 2% in 2017, followed closely by Kenya (1.9%) and Tanzania (1.7%). CFR for Somalia was above 2% at the beginning of 2017 but has since dropped to 1.4%.

**Somalia:** There has been a decrease in the epidemic trend. During week 45 (week ending 12 November 2017), 20 new cases were reported in the country; compared to 78 cases reported in week 44 (week ending 5 November 2017). Most affected regions are Togdheer, Awdal and Sool.

**Kenya:** 6 Counties (Nairobi, Garissa, Mombasa, Kilifi, Embu and Kirinyaga) have an active cholera outbreak. During week 46 (week ending 19 November 2017), 60 new cases including 3 deaths (CFR 5%) were reported compared to 121 cases including 3 deaths reported in week 45.

**South Sudan:** Cholera transmission has continued to decline, with most of the cases emerging from Juba and Budi counties. During week 44, 20 new cases were reported; compared to 40 cases including 3 deaths (CFR: 7.5%) reported in week 43 (week ending 29 October 2017).

**Tanzania:** During week 46, 43 new cases were reported; compared to 131 cases including 1 deaths (CFR 0.8%) in week 45. New cases emerged from Mbeya, Songwe and Kigoma regions.

**Burundi:** 10 new cases were reported in week 44. These cases emerged from Nyanza lac (Makamba), Mpanda (Bubanza), Isare, Cibitoke and BDS Mairie nord.

**Zambia:** An increase in the epidemic trend. During week 46, 48 new cases including 2 deaths (CFR 4.2%) were reported; compared to 22 cases reported in week 45. The cases emerged from Chipata, Kanyama, Chawama, Bauleni, Matero and Chelstone sub-districts in Lusaka.

**Mozambique:** During week 46, 39 new cases were reported compared to 84 cases reported in week 45. The cases emerged from the following districts in Nampula; Nacarroa, Memba and Erati.

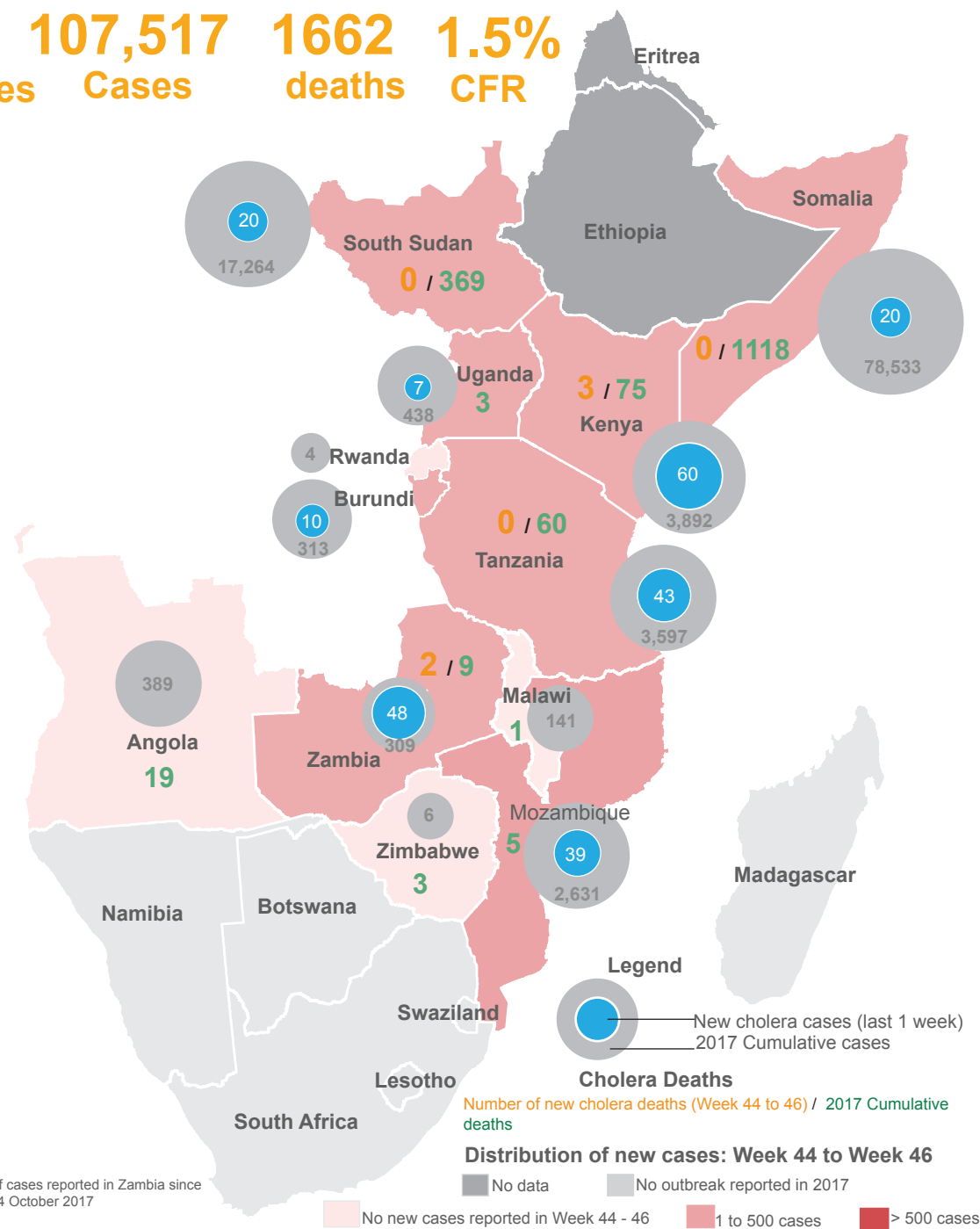
**Uganda:** 7 new cases were reported during week 45; compared to 48 cases reported in week 44. The cases emerged from Kasese, Nebbi and Kisoro districts.

**Table: Summary of Cholera / AWD Outbreaks by Country**

Country	Start Date	Cumulative no. of cases	Cumulative no. of deaths	Status
Somalia	March 2016	94,233	1,667	Ongoing
Tanzania	August 2015	27,597	432	Ongoing
South Sudan	June 2016	21,439	441	Ongoing
Kenya	October 2016	3,992	79	Ongoing
Mozambique	January 2017	2,631	5	Ongoing
Angola	December 2016	490	26	Controlled
Burundi	December 2016	313	0	Ongoing
Uganda	September 2017	220	3	Ongoing
Malawi	March 2017	141	1	Controlled
Zambia	October 2017	206**	8	Ongoing
Zimbabwe	November 2016	16	4	Controlled
Rwanda	January 2017	4	0	Controlled

\*\*Refers to the cumulative number of cases reported in Zambia since the new outbreak was reported on 4 October 2017

**12 Countries** **107,517 Cases** **1662 deaths** **1.5% CFR**



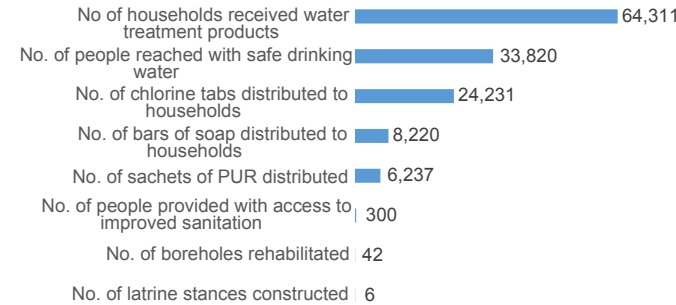
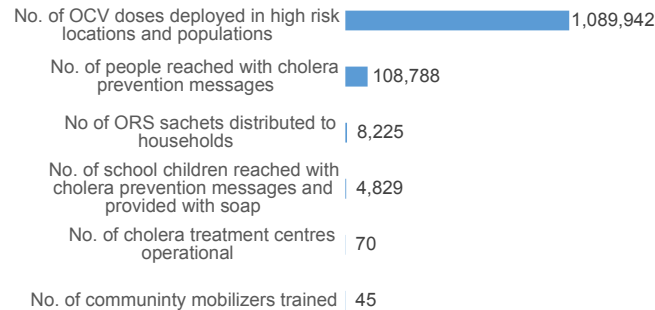
# Country Priorities and Response Interventions

## Country Priorities

## Response Interventions

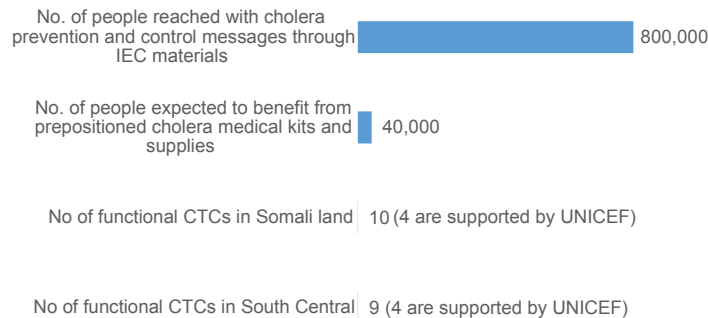
### South Sudan

- Strengthen coordination of cholera preparedness and response
- Preposition cholera buffer stocks and other medical supplies
- Enhance surveillance and case investigation at all levels
- Improve adherence to case management and infection control protocols at treatment sites
- Complementary use of safe and effective oral cholera vaccines in identified hotspot areas
- Community Mobilization and hygiene promotion
- Provision of WASH supplies



### 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



### Kenya

- Enhance multi-sector co-ordination through existing structures and resources
- Strengthen district capacity for prompt case detection, confirmation and management
- Ensure the availability of safe water and safe human waste disposal
- Strengthen cholera prevention and health promotion in high risk areas

- Cholera treatment centres have been set up in areas where cholera cases are reported
- Water testing for microbes
- Distribution of water treatment chemicals
- Banning of food hawking and selling of untreated water in Mombasa County
- Distribution of clean water in slam areas in Mombasa County
- UNICEF distributed cholera management commodities in Mombasa County

### Uganda

- Training health workers
- Establishment of a community surveillance system
- Provide WASH interventions in Kasese and Kisoro districts
- Strengthen social mobilization

- UNICEF in partnership with Uganda Red Cross, provided WASH supplies in affected districts and conducted social mobilization
- 1 cholera kit provided to Kasese district that can treat upto 50 patients

# Country Priorities and Response Interventions

## Country Priorities

## Response Interventions

- Mozambique**
- Enhance security in Northern Mozambique
  - Reopen the rehydration points which were closed due to violence in Nampula province
  - Conduct needs assessment in Nampula province

No. of sachets of ORS provided  80,000

No. of litres of Ringers' lactate provided  3,000

No. of Interagency Emergency Health Kit provided | 6 (One kit can serve 10,000 people for 3 months when health system is disrupted)

No. of tents provided to set up a treatment centre | 2 (Biosafety equipments were also supplied; gloves, masks, boots, plastic basins, buckets and sprayer pump)

No. of diarrhea disease pack provided | 2 (Can serve 1,200 patients)

- Malawi**
- Preparedness activities for cholera in Chikwawa district
  - Conduct district wide hygiene promotion in Chikwawa
  - Training, supervision and mentoring of health workers in CTUs
  - Monitoring and maintaining adequate stock levels of cholera supplies in Chikwawa district
  - Orientation of health workers and district Teams (DHMTs) on data management
  - Ensure quality case management in CTUs
  - Community health education in Chikwawa district
  - Provide WASH supplies in CTCs, health centers, communities and schools
  - Construct appropriately located diarrhea /vomit disposal pits
  - Promote construction and use of community latrines through CLTS

- A CTC built in Chikwawa hospital
- WASH supplies provided to Chikwawa district
- Chlorine is being provided to the entire district of Chikwawa

- Tanzania**
- Provide hygiene promotional materials and conduct hygiene promotion activities
  - 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 on construction of toilets

- Ongoing community education on prevention and control of Cholera in Iringa and Songwe DC where Cholera has continued to affect many people
- Enforcement of Public health law through environmental health officers with temporally closure of food vending restaurants not abiding with the regulations
- 20 contacts have been identified and are being monitored at Bahi for Cholera signs and symptoms development
- Health workers have been trained on case management, infection prevention and control

- Burundi**
- Improve case management
  - Improve water supply

- Water trucking in Nyanza Lac
- Drainage of latrines in IDP camps in Nyanza Lac
- Water supply system repaired in Nyanza Lac
- Household disinfection in Nyanza Lac, Bubanza, Isare, Cibitoke and BDS Mairie Nord)
- Social mobilization in the affected areas (Nyanza Lac, Bubanza, Isare, Cibitoke and BDS Mairie Nord)

- Zambia**
- Infection prevention in all CTUs
  - Improve case management through provision of case management protocols
  - Provision of WASH interventions (Safe drinking water, chlorine, solid waste management and desludging latrines)
  - Provide medical and lab supplies

- The MoH (through the Zambia National Public Health Institute) has intensified surveillance and case management.
- Two CTCs have been established and operational at Chipata and Kanyama Health facilities
- WHO has provided three vehicles to support day to day transport requirements for the response teams
- UNICEF has procured 2,000 kg of calcium hypochlorite for disinfection purposes
- USAID has delivered 60,000 bottles of liquid chlorine for household water disinfection

# Annex 1: Distribution of Cholera / AWD Outbreaks in the Horn of Africa and Challenges in Response - as of 27 November 2017

## Kenya: Challenges

- Limited capacity for surveillance and response activities in many of the affected counties
- Sub-optimal coordination in responding to outbreaks
- Limited resources such as water treatment chemicals
- Limited capacity in response as majority of the Rapid Response Teams especially at county level are not trained on outbreak response
- Limited resources for health promotion and community engagement
- Insecurity in various parts of the country reporting cholera outbreak

## Uganda: Challenges

- Low coverage of pit latrines coupled with increased rainfall
- High attrition rate of health workers affects the process of building their capacities

## 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

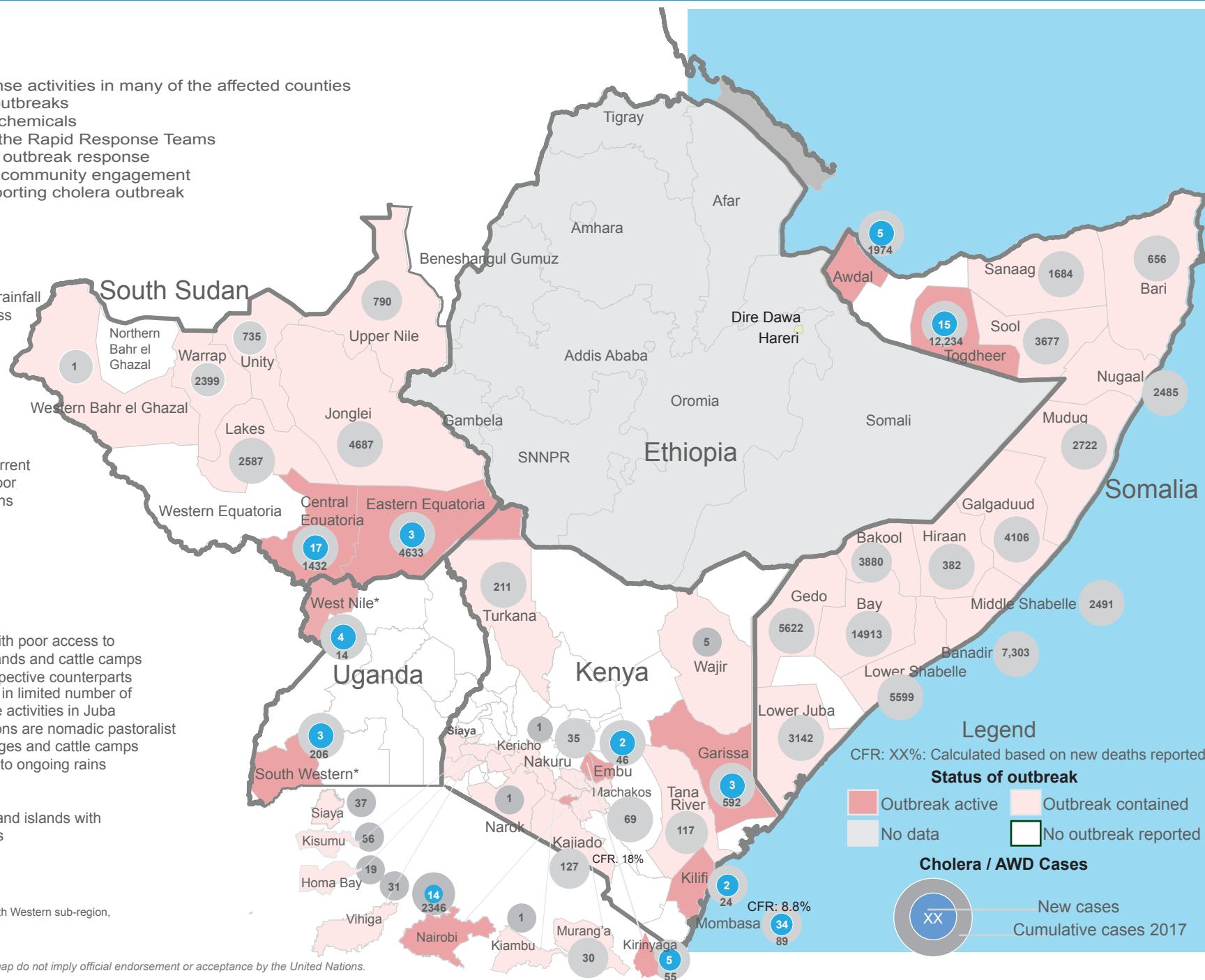
## South Sudan: Challenges

- Cholera case fatality rates are highest in counties with poor access to health care especially in populations living in the islands and cattle camps
- Children and males are more affected than their respective counterparts
- Inadequate funding for all sectors. This has resulted in limited number of WASH cluster partners to conduct outbreak response activities in Juba
- A significant section of the cholera affected populations are nomadic pastoralist and communities living in remote, hard to reach villages and cattle camps
- Limited access to affected areas in Budi County due to ongoing rains
- Unpredictable movement of cattle keepers
- Prolonged conflict and insecurity
- Population displacements into crowded IDP camps and islands with limited humanitarian access to optimize interventions

\*Cases from Uganda emerged from Kasese and Kisoro districts in South Western sub-region, and Nebbi district in West Nile Sub-region

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Creation date: 27 November 2017



Sources: Ministries of Health and WHO

# Annex 2: Distribution of Cholera / AWD outbreaks in Southern Africa and Challenges in Response - as of 27 November 2017

## Challenges: Angola

- Continuous threat of transmission of cholera infections along the lower Congo River Basin that is shared by both Angola and the Democratic Republic of Congo
- Limited stocks of RDT in Lunda Norte, where there is presence of refugees from DRC
- Gaps in infection control in Soyo and Cabinda

## Challenges: Malawi

- The CTC in Chikwawa hospital is in need of a large water tank
- Cross border movements between Mozambique and Malawi influence the evolution of outbreaks
- Poor access to safe water and sanitation
- Poor hygiene practices especially hand washing
- Boreholes in Kasisi and Katunga locations are saline

## Challenge: Burundi

- Breakdown of water supply system
- Cross border movements between Burundi and DRC
- Low Sanitation coverage
- Insufficient access to safe water in the city centre

## Challenge: Zambia

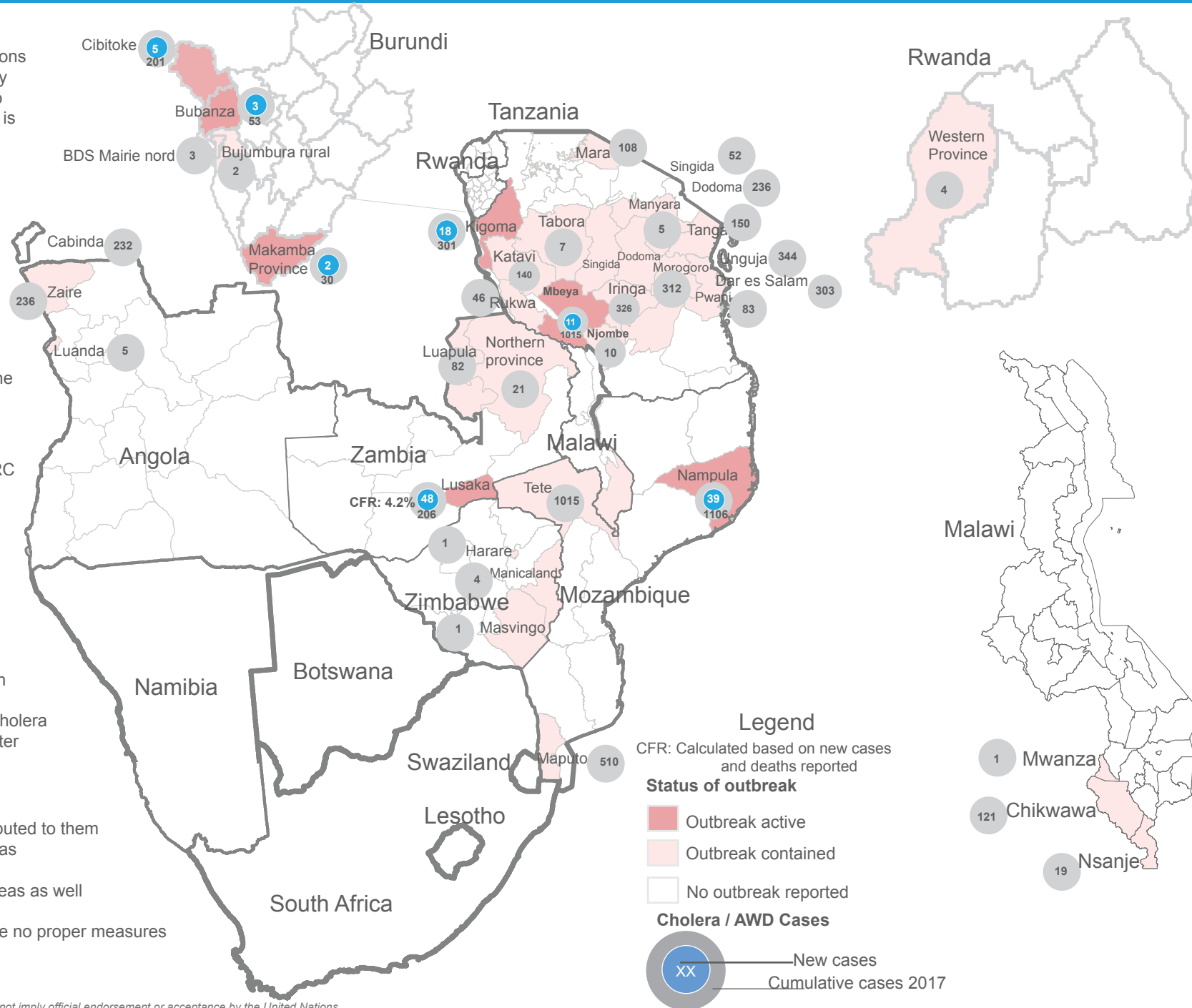
- Affected areas are largely peri-urban, with limited access to WASH services

## Challenge: Mozambique

- Violence associated to cholera has been reported in Memba district (Current cholera hot spot) due to the perception that health professionals are spreading cholera when opening treatment centres and distributing water purification solutions

## Challenges: Tanzania

- 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
- Issues on water quality.





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

Country	Week 1 to 41		Week 42		Week 43		Week 44		Week 45		Week 46		2017 Cumulative			Cumulative since the beginning of the outbreak		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)
<b>Somalia</b>	60,343	836	86	0	61	0	78	0	20	0			78,533	1118	1.4	94,233	1,667	1.8
<b>Kenya</b>	1492	20	23	0	88	4			121	3	60	3	3892	75	1.9	3992	79	2.0
<b>South Sudan</b>	6447	187	27	0	40	3	20	0					17,264	369	2.1	21,439	441	1.8
<b>Tanzania</b>	3364	43	102	1	150	7	82	2	131	1	43	0	3,597	60	1.7	27,597	432	1.6
<b>Burundi</b>	93	0	40	0	11	0	10	0					313	0	0.0	313	0	0.0
<b>Malawi</b>	140	1	1	0	0	0	0	0	0	0			141	1	0.7	141	1	0.7
<b>Zimbabwe</b>	6	3	0	0	0	0	0	0	0	0			6	3	50.0	16	4	25.0
<b>Mozambique</b>	2334	5	41	0	79	0	54	0	84	0	39	0	2,631	5	0.2	2,631	5	0.2
<b>Angola</b>	389	19	0	0	0	0	0	0	0	0			389	19	4.9	490	26	5.3
<b>Zambia</b>	172	2	0	0	0	0	1	0	22	0	48	2	309	9	2.9	206	8	3.9
<b>Rwanda</b>	4	0	0	0	0	0	0	0	0	0			4	0	0.0	4	0	0.0
<b>Uganda</b>	178	3	0	0	0	0	48	0	7	0			438	3	0.7	220	3	1.4
<b>Madagascar</b>	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0.0
<b>Comoros</b>	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	0.0
<b>Swaziland</b>	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	
<b>Botswana</b>																		
<b>Eritrea</b>																		
<b>Lesotho</b>																		
<b>Namibia</b>																		
<b>South Africa</b>																		
<b>TOTAL</b>													<b>107,517</b>	<b>1662</b>	<b>1.5</b>	<b>151,282</b>	<b>2,666</b>	<b>1.8</b>

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