

Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

Regional Update for 2018 - as of 6 April 2018



Highlights

More than 13,118 cholera / AWD cases and 201 deaths (Case Fatality Rate, 1.5%) 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 (Somalia, Kenya, Tanzania, Angola, Malawi, Mozambique, Uganda and Zambia). During the week under review, Zambia reported the highest number of new cases (231 cases), followed by Somalia (151 cases) and Uganda (117 cases including 1 death). 6 out of the 8 countries with active transmission have recorded CFR above 1% in 2018, with Kenya (CFR, 2.1%) and Uganda (CFR, 2.0%) recording the highest CFR.

Zambia: A decline in the epidemic trend has been noted. During week 12 (week ending 25 March 2018), 231 new cases including 4 deaths (CFR, 1.7%) were reported compared to 291 cases including 7 deaths (CFR, 2.4%) reported in week 11 (week ending 18 March 2018). These new cases are concentrated in three districts; Lusaka (227 and 4 deaths), Central (1) and Southern (1). Cumulatively, 5,190 cases including 103 deaths have been reported, as from October 2017. Of these, a total of 3,382 cases and 43 deaths have been reported since the beginning of 2018.

Somalia: An increase in the epidemic trend has been noted. During week 12, 151 new cases were reported compared to 136 cases reported in week 11. New cases emerged from 4 regions, namely Banadir (48), Middle Shabelle (37), Lower Jubba (61) and Hiraan (5). Cumulatively, 1,763 cases including 9 deaths have been reported, as from December 2017. Of these, a total of 1,450 cases and 8 deaths have been reported since the beginning of 2018.

Uganda: A decline in the epidemic trend has been noted. During week 13 (week ending 1 April 2018), 117 new cases including 1 death (CFR, 0.9%) were reported compared to 155 cases including 3 deaths (CFR, 1.9%) reported in week 12. The majority of the affected people are refugees from the Democratic Republic of the Congo.

Kenya: 37 new cases were reported in week 13 compared to 183 cases reported in week 12. New cases emerged from 4 Counties, namely Turkana (25), West Pokot (8), Trans Nzoia (2) and Garissa (2). Cumulatively a total of 6,632 cases including 139 deaths have been reported, as from October 2016. Of these, a total of 2,333 cases and 50 deaths have been reported since the beginning of 2018.

Malawi: 30 new cases were reported in week 13 compared to 31 cases including 1 death (CFR, 3.2%) reported in week 12. The new cases emerged from two districts, namely Lilongwe (28) and Salima (2). Cumulatively a total of 874 cases and 15 deaths have been reported, as from November 2017. Of these, 719 cases and 14 deaths have been reported since the beginning of 2018.

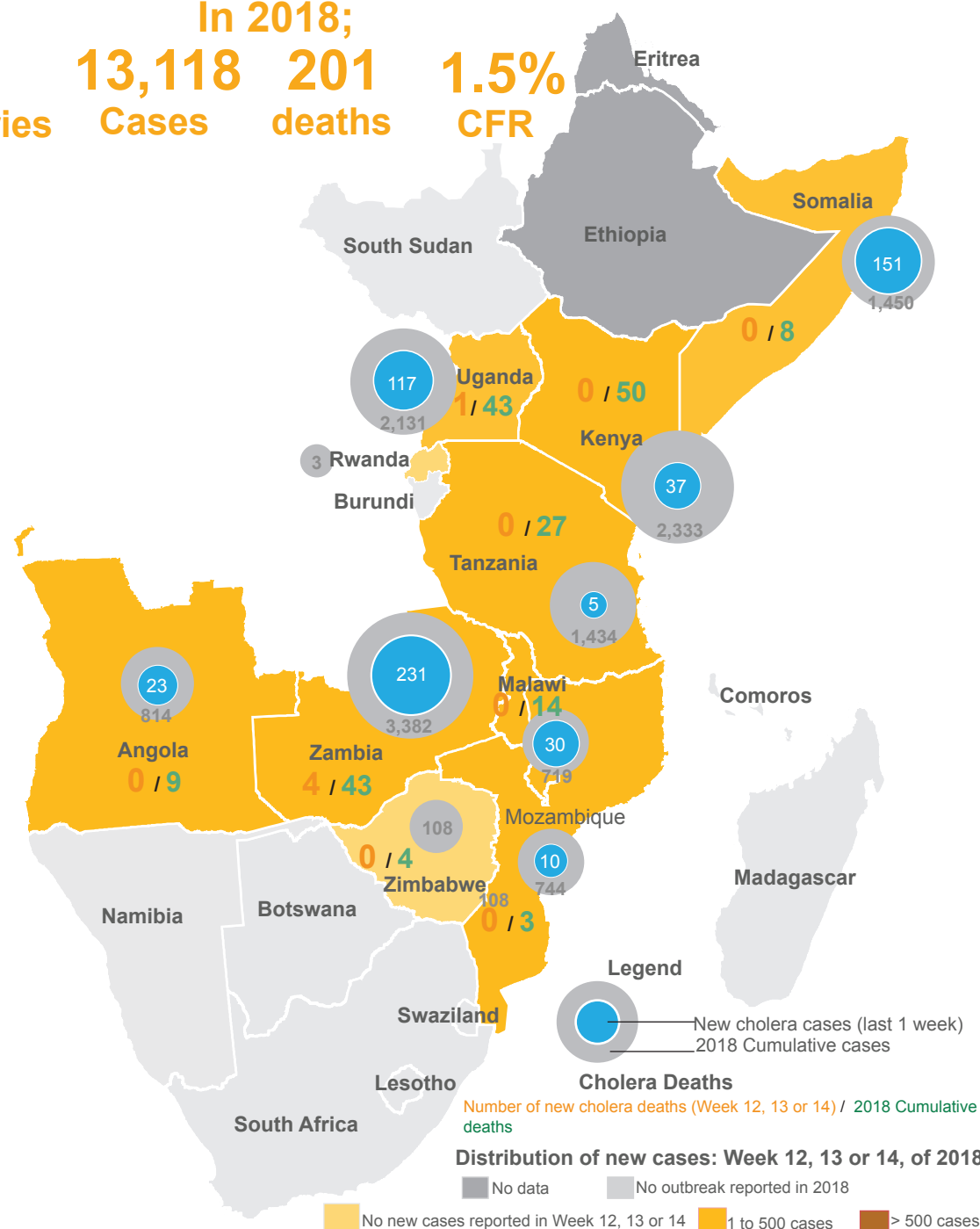
Angola: 23 new cases were reported in week 12 compared to 40 cases reported in week 11. These new cases are concentrated in two provinces, namely Uige (19) and Cabinda (4). Cumulatively, 885 cases including 15 deaths have been reported, as from 15 December 2017. Of these, 814 cases and 9 deaths have been reported since the beginning of 2018.

Mozambique: A new outbreak has been reported in a new district in Cabo Delgado since 16 February 2018. 10 new cases were reported in week 12 compared to 79 cases reported in week 11. Cumulatively, 2,316 cases and 3 deaths have been reported, as from August 2017. Of these, 744 cases and 3 deaths have been reported since the beginning of 2018.

Tanzania: A decline in the epidemic trend has been noted. During week 14 (week ending 8 April 2018), 5 new cases were reported in Chamwino district in Dodoma region, compared to 3 cases reported in week 13. Cumulatively, 30,065 cases including 493 deaths have been reported in Tanzania mainland, as from August 2015. Of these, 1,434 cases and 27 deaths have been reported since the beginning of 2018.

Creation date: 6th April 2018

In 2018;
10 Countries
13,118 Cases
201 deaths
1.5% CFR



Sources: Ministries of Health and WHO

Country Priorities and Response Interventions

Country Priorities

Response Interventions

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

- The cholera treatment facilities in Middle Shabelle in Banadir, Kismayo and Beletweyne have been opened to manage AWD/Cholera cases reported from affected districts
- 4 regional rapid response Teams in affected regions have been deployed to investigate AWD/Cholera rumors in all the affected regions/districts
- 11 Alerts/rumors were received and investigated from Beletweyne
- 420 households have been reached in Beledweyn while 210 households have been reached in Buloburte with preventive messages.
- 40,500 new people from 28 IDP camps located in Nugaal region, Burtinle district (Usgure, Jiiran, and Kalkaal IPD camps); in Bay region, Baidoa and in Benadir region, Kaxda district (K13-K14, Kaxda, Section 3 and Kalkal-Bar Abukar) benefitted from provision of safe water through trucking and vouchering provided by UNICEF
- UNICEF rehabilitated and/or upgraded nine mini water systems and wells in Sanaag region, Luuq and Doolow districts of Gedo region as well as Kismayo, Lower Juba. During which benefit 41,590 new people.
- 201 new latrines were completed by UNICEF in Xarardheere district benefiting 2,550
- 1000 MHM sanitary pads were distributed by UNICEF to women of reproductive age based in Nugaal IDP
- 4,780 school children and 6,631 children visiting health facilities in Kismayo and Puntland got access to WASH facilities set up by UNICEF
- Hygiene promotion activities by UNICEF reached 44,800 new people, bringing the total achievement to 100,898 people.
- Hygiene kits composed of jerrycans, buckets, soap and water treatment tablets were distributed by UNICEF to more than 32,000 households (approximately 160,000 people).

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 in affected areas
- Construction of communal and household latrines required

- Continued screening of all refugees entering Uganda through Lake Albert and other border points
- Three (3) Cholera kits were delivered to Kyangwali – Hoima district in addition to one from WHO
- 1 Solar chlorine generator to provide chlorine for IPC and drinking water purifier was provided by UNICEF
- UNICEF provided water purification tablets
- Uganda Red Cross society is supporting hygiene promotion and overall social mobilization.
- UNICEF provides financial support to Hoima district by paying local government Surge staff
- Technical support being provided by UNICEF staff on WASH, social Mobilization and Case management
- IEC materials were translated to English and are already dispatched to Hoima, Kyaka II is yet to receive translated materials through Uganda Red Cross

Zimbabwe

- Point of use water treatment
- Augmenting Municipal water supply through borehole repairs and motorization of boreholes
- Rehabilitation of communal latrines
- Continue to intensify hygiene promotion
- Water treatment chemicals

- Distribution of Non-Food Items (NFI's) i.e. soap, aquatabs and detergents to 38 households in the affected compounds in Harare city
- Rehabilitation of one (1) water tank in Harare city by UNICEF
- Disinfection and chlorination of water in Harare city
- Awareness raising in the surrounding areas including Zindoga shopping centre, churches and schools
- Contact Tracing by City of Harare

Country Priorities and Response Interventions

Country Priorities

Response Interventions

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

- 1,970,000 water treatment tablets were distributed to 67,000 people living in the most affected areas, of which 1,960,000 were donated by UNICEF and 10,000 from Central Government of Angola to treat 39,400,000 liters (one tablet per 20L) for one month.
- 8 bladders of 5,000 Liters each were installed at critical points (Anacandande 2, Kakuia 2, Cassangano 1 and CTC) by UNICEF WASH team and the Water and Sanitation Company of Uíge.
- 40 traditional leaders and 30 religious leaders were sensitized and engaged in latrine construction and cleaning of their areas.
- 40 personnel, including surveillance professionals, were trained on use of the Palintest kit in the measurement of residual chlorine and pH in trucks and water tanks and in the use of GPS
- 2 staffs of Provincial Director of Water and Energy were trained in water distribution monitoring and equipped with monitoring sheets
- UNICEF donated the following: 1,960,000 Water treatment pills of 20L each (140 cartons of 14,000 pills each); 18 boxes of 50Kg of Chlorine HTH70; 10 water bladders of 5,000 L each; 2,000 Buckets of 20L each with taps; 100 STLC manuals; and 5 Pool testers' kits
- The Community-Led Total Sanitation (CTLCT) methodology was introduced in the neighborhood of Orlando Fonseca Zone 6, one of the most critical municipalities

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 Kasungu District, UNICEF provided cholera treatment and prevention supplies
- In Lilongwe district, UNICEF erected a CTC and provided cholera treatment and prevention supplies, including; 1 complete cholera kit and several drums of HTH. This being the second cholera kit provided to Lilongwe in the current outbreak.
- In Mulanje, UNICEF sent two tents and adequate supplies to treat 50 cases, and WASH supplies
- In Nsanje, UNICEF provided adequate supplies to treat 50 cases, including WASH supplies
- In Likoma UNICEF sent a tent and adequate supplies to treat 50 cases, including WASH supplies
- In Rumphi, Blantyre and Dedza, UNICEF delivered WASH and Health supplies

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

- 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
- Training and mentorship of health workers in case management, infection prevention and control is ongoing mainly done by the RRT visiting the outbreak areas
- Kilolo District Commissioner in Iringa region has released supplies including IV fluid and antibiotics worth Tshs 4.7 Million to health facilities areas.
- Kilolo District Commissioner bought water guard through commercial outlets worth Tshs 1 Million that will be used at household level for water treatment

Mozambique

- To improve active involvement of partners working on WASH and social mobilization on the ground
- To improve confirmation of suspected cases in new cholera hotspots to enhance prompt response
- To improve supply chain of cholera commodities particularly Ringer's Lactate and cholera beds from provincial warehouse to hotspots at district level

- A joint field mission between UNICEF and WHO was conducted to assess response in Cabo Delgado

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
- Inadequate safe water provisions in the community currently 8 litres per person per day far below the sphere standards
- Inadequate facilities for hand washing
- There is wide spread Open defecation in refugee settlements
- Active case investigations and contact tracing are inadequate

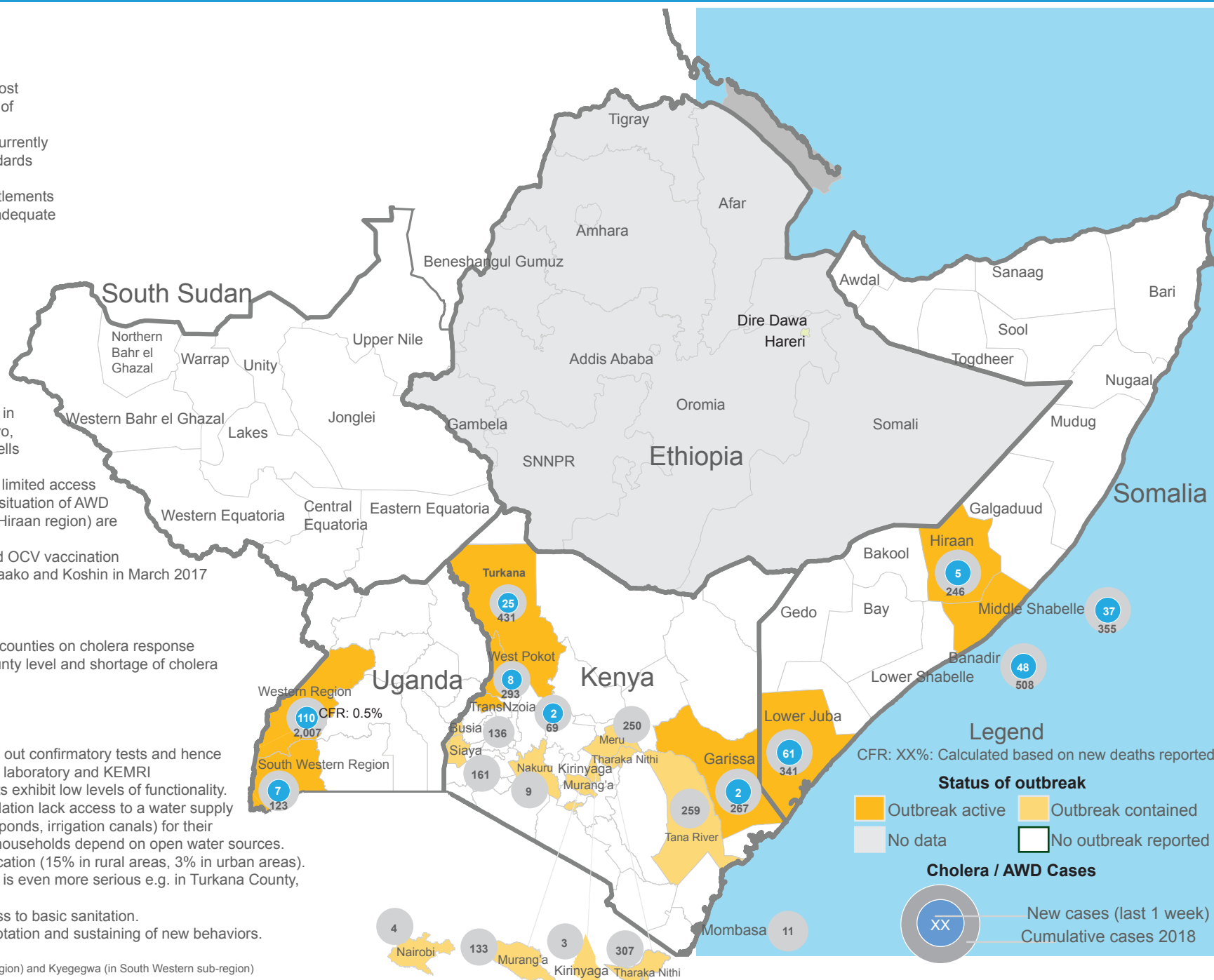
Somalia: Challenges

- Limited access to safe water and sanitation in areas considered as cholera hotspots
- Use of contaminated water from open water sources in Hiraan, Kismayo and Jowhar. For instance in Kismayo, every household has its own un-protected shallow wells aggravating the situation of AWD
- Highest concentration of IDPs in Banadir region with limited access to safe water and sanitation facilities aggravates the situation of AWD
- 90% of all the affected cases in Beletweyne district (Hiraan region) are children below 5 years
- 4% of the Cholera cases reported in Hiraan received OCV vaccination during the campaign that was conducted in Xaawo Taako and Koshin in March 2017

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 district (in Western sub-region) and Kyegegwa (in South Western sub-region)



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

Challenges: Angola

- 90% of people in affected neighborhoods are consuming unsafe water from CASIMBA due to lack of safe trucked water or water from the public network
- More than 51% of the population in the affected areas defecate in the open air because they do not have latrines

Challenge: 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: Mozambique

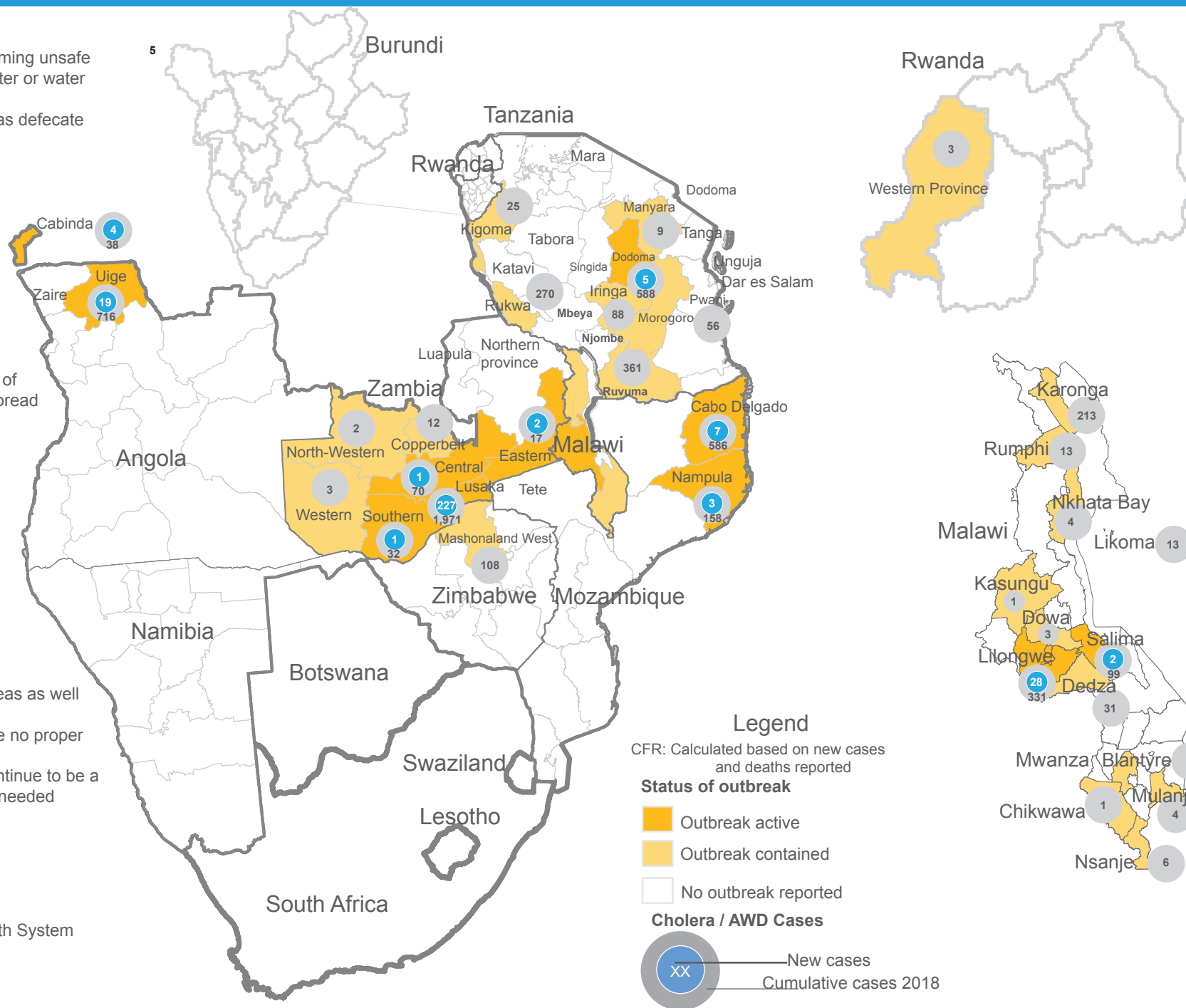
- A tropical storm occurred on January 16th in Nampula, and affected 80,000 people and destroyed 8 health facilities. This may increase the risk of new outbreaks in the region

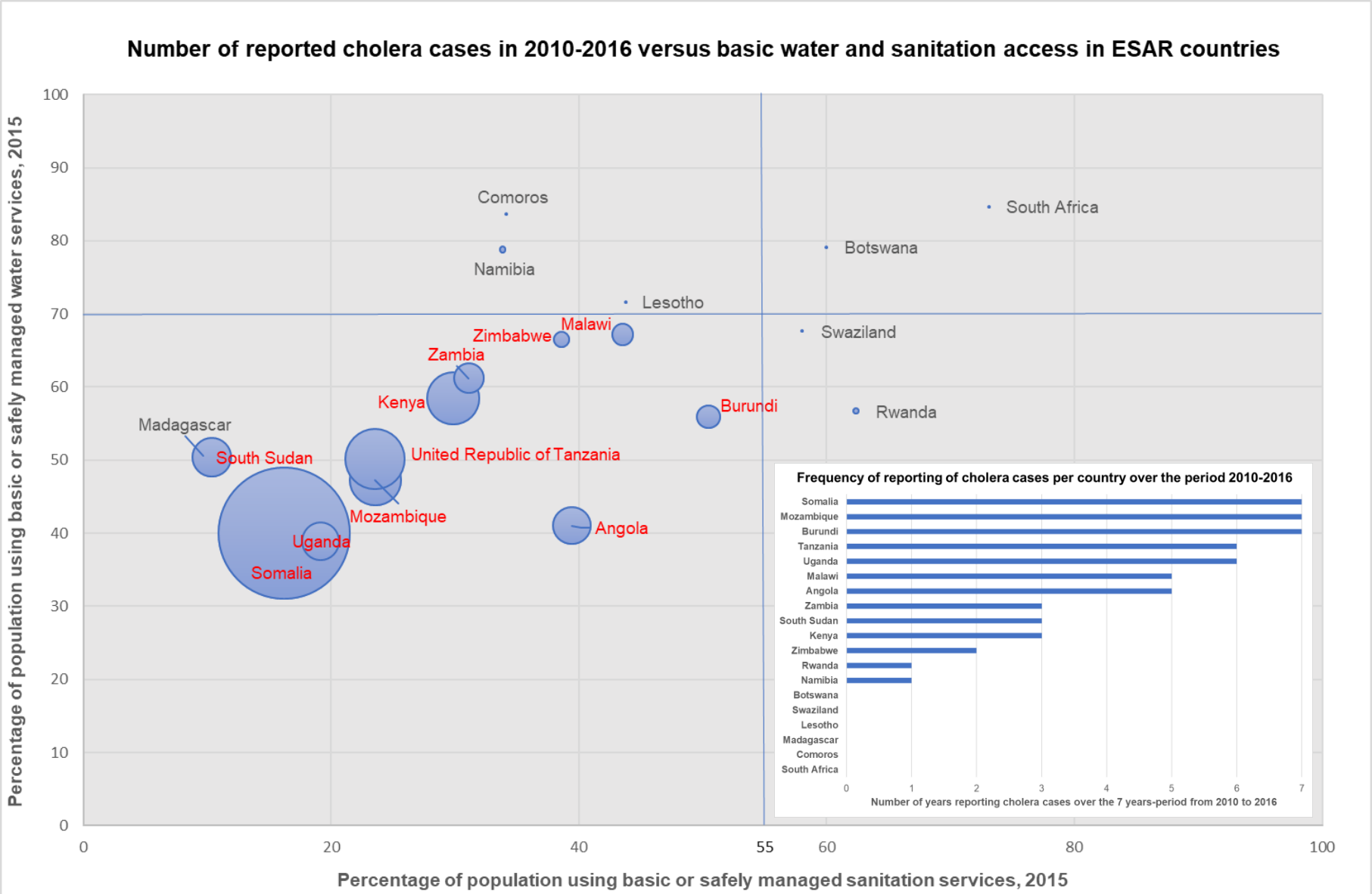
Challenges: Tanzania

- 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
- Availability of household water treatment tablets continue to be a problem especially in rural areas where it is mostly needed

Challenges:Zimbabwe

- Falsification of addresses given by contacts
- Hidden information for fear of being deported
- No Cipro suspension for Pediatrics in the City Health System
- Adherence to treatment by contacts not certain
- Inadequate resources for staff





Key facts

Of the 21 countries supported by UNICEF Eastern and Southern Africa Regional Office, 11 reported more than 2,000 cholera cases over a seven-year period from 2010 to 2016 (ranging between 2,264 and 28,890 cases each in total). Access to basic water services is <70% and access to basic sanitation is <55% in all 11 countries. None of the other 10 countries reported more than 500 cases over the same time period.

The two countries in Eastern and Southern Africa with >70% access to basic water services and >55% access to basic sanitation (Botswana and South Africa) reported 0 and 1 cases of cholera over the 2010-2016 period, respectively.

Among the five countries that have either >70% access to basic water services (Comoros, Lesotho, Namibia) or >55% access to basic sanitation (Swaziland, Rwanda), only 2 of them (Namibia and Rwanda) reported any cholera cases, and only for one year out of the seven-year reporting period.

Madagascar is an outlier which have very poor access to water and sanitation but reported zero or very few cases of cholera. This can be explained by its island nature that has been acting as a protective factory in the history (the only major outbreak of cholera affected the country in 1999-2001).

Among the countries who reported cholera cases, those presenting the worst water and sanitation indicators are affected more regularly by epidemic outbreaks (Somalia, Mozambique, Uganda, and Tanzania). All of them reported a significant number of cholera cases annually or almost annually (6 years out of the seven-year reporting period). South Sudan is the only country that is not included in this list as country reporting only began in 2014.

Limitations of this analysis: despite showing some interesting trends at country level, cholera data from lower administrative levels should be analysed to consider sub-national outbreak hot spots.

Sources

WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP)
WHO Global Health Observatory data repository

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

Country	Week 9		Week 10		Week 11		Week 12		Week 13		Week 14		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	174	0	163	1	136	0	151	0					1,450	8	0.6	1,763	9	0.5	Dec-17
Kenya	181	1					183	0	37	0			2,333	50	2.1	6,632	139	2.1	Oct-16
Tanzania	116	0	18	0	0	0	5	0	3	0	5	0	1,434	27	1.9	30,065	493	1.6	Aug-15
Malawi	85	7	40	3	54	2	31	1	30	0			719	14	1.9	874	15	1.7	Nov-17
Mozambique	65	1	51	0	79	0	10	0					744	3	0.4	2,316	3	0.1	Aug-17
Angola	63	1	54	1	40	0	23	0					814	9	1.1	885	15	1.7	Dec-17
Zambia					291	7	231	4					3,382	43	1.3	5,190	103	2.0	Oct-17
Uganda	502	5	175	1	273	1	155	3	117	1			2,131	43	2.0	2,131	43	2.0	Feb-18
Zimbabwe	0	0	1	0	0	0	0	0					108	4	3.7	108	4	3.7	Jan-18
Rwanda	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													13,118	201	1.5	49,967	824	1.6	

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