

Bulletin: Cholera/ AWD Outbreaks in Eastern and Southern Africa

Regional Update - as of 10 November 2017



Highlights

More than 106,005 cholera / AWD cases and 1639 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 74% of the total cases reported in 2017, followed by South Sudan at 16%.

Currently, 7 out of the 21 countries in ESAR reported active transmission of cholera / AWD (Burundi, Kenya, Mozambique, Somalia, South Sudan, Tanzania and Zambia), with Kenya and Tanzania reporting the highest number of new cases, (88 and 82 respectively). Of the 7 countries, South Sudan recorded the highest CFR at 2.1% in 2017, followed closely by Kenya (1.9%) and Tanzania (1.8%). CFR for Somalia was above 2% at the beginning of 2017 but has since dropped to 1.4%.

Somalia: There has been a slight decrease in the epidemic trend. During week 43 (week ending 29 October 2017), 61 new cases were reported in the country; compared to 86 cases reported in week 42 (Week ending 22 October 2017). Most affected regions are Togdheer, Awdal and Banadir.

Kenya: 6 Counties (Nairobi, Garissa, Murang'a, Turkana, Embu and Kirinyaga) have an active cholera outbreak. During week 43, 88 new cases including 4 deaths (CFR 4.5%) were reported compared to 23 cases reported in week 42.

South Sudan: Cholera transmission has continued to decline countrywide in the last four weeks, with most of the cases emerging from Juba and Budi counties. During week 41 (week ending 15 October 2017), 10 new cases were reported; compared to 27 cases reported in week 40.

Tanzania: During week 44 (week ending 5 November 2017), 82 new cases including 2 deaths (CFR 2.4%) have been reported; compared to 150 cases including 7 deaths (CFR 4.7%) in week 43. New cases emerged from Mbeya, Songwe, Dodoma and Morogoro regions.

Burundi: There has been an increase in the epidemic trend. During week 42, 40 new cases were reported, compared to 27 cases in week 41. These cases emerged from Nyanza lac (Makamba), Mpanda (Bubanza), Isare, Cibitoke and BDS Mairie nord.

Zambia: A new cholera outbreak was reported on 4 October 2017. A total of 131 cases and 1 death (CFR 0.8%) have been reported since then. The cases emerged from Chipata, Kanyama, Chawama, Bauleni and Matero sub-districts in Lusaka

Mozambique: A cholera outbreak started on August 2017 in Northern Mozambique. A total of 169 cases including 1 death (CFR: 0.6%) have been reported since then. In week 43, 23 cases were reported from Nampula. Other areas that have reported cholera in 2017 include; Tete and Maputo.

Table: Summary of Cholera / AWD Outbreaks by Country

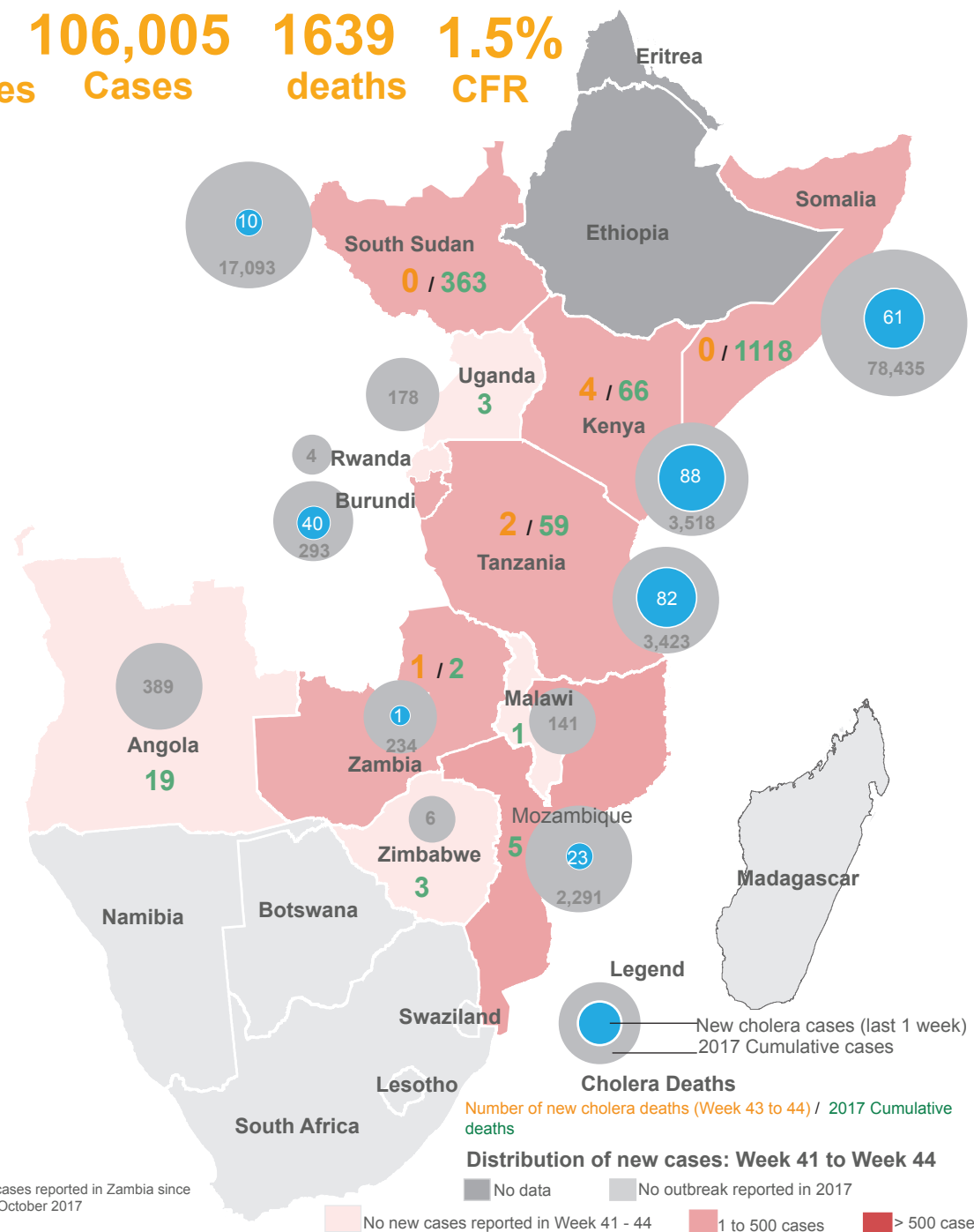
Country	Start Date	Cumulative no. of cases	Cumulative no. of deaths	Status
Somalia	March 2016	94,135	1,667	Ongoing
Tanzania	August 2015	27,423	431	Ongoing
South Sudan	June 2016	21,268	436	Ongoing
Kenya	October 2016	3,618	70	Ongoing
Mozambique	January 2017	2,291	5	Ongoing
Angola	December 2016	490	26	Controlled
Burundi	December 2016	293	0	Ongoing
Uganda	September 2017	178	3	Controlled
Malawi	March 2017	141	1	Controlled
Zambia	October 2017	131**	1	Ongoing
Zimbabwe	November 2016	16	4	Controlled
Rwanda	January 2017	4	0	Controlled

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Sources: Ministries of Health and WHO

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

12 Countries
106,005 Cases
1639 deaths
1.5% CFR



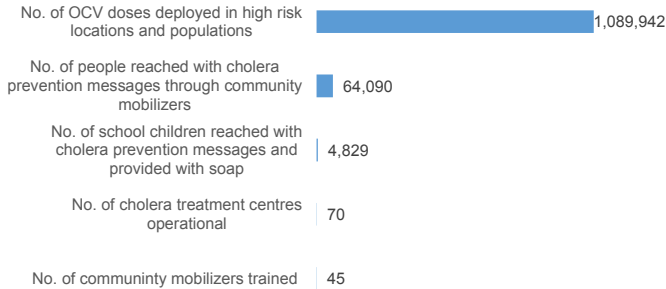
Country Priorities and Response Interventions

Country Priorities

Response Interventions

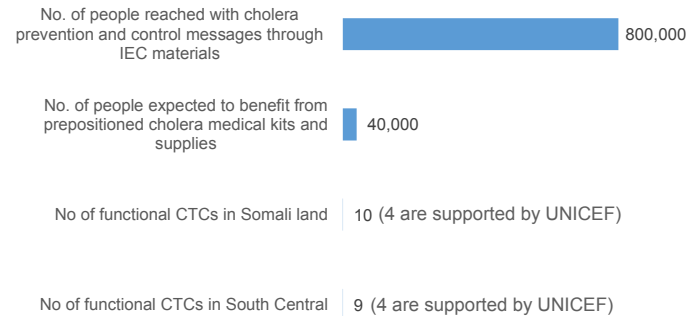
South Sudan

- 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



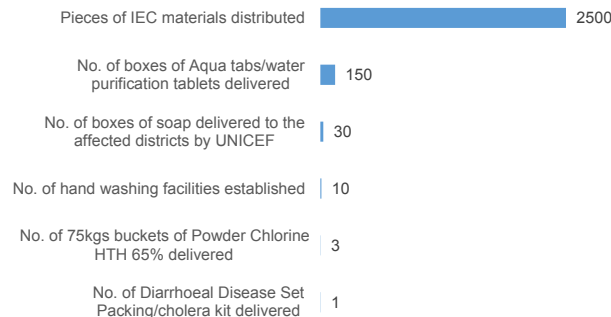
Kenya

- 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

- UNICEF supported the Government with an Interagency Emergency Health Kit that contains medicines and medical supplies
- 1,340 cholera cases have been treated in Nairobi County by MoH and with the support of partners
- 4 CTCs are currently operational in Nairobi County

Uganda

- Support risk communication
- Implement long term interventions including; WASH, capacity building of health workers and establishment of a community surveillance system



Country Priorities and Response Interventions

Country Priorities

Response Interventions

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

- Provision of WASH Supplies, including chlorine (liquid and granular) in affected districts (Chipata, Kanyama, Chawama, Bauleni and Matero)
- Scale-up solid waste management in affected districts
- Increase access to safe drinking water in affected districts
- 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

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

- 1 cholera treatment centre and 3 rehydration points have been set up in Nampula province
- Disease surveillance and daily communication flow from district to central level has been established
- Water purification solution (Certeza) has been distributed in most of the affected areas
- Behaviour change communication is being conducted by community volunteers and mobile units to promote hand washing, safe disposal of human faeces and treatment of water

Annex 1: Distribution of Cholera / AWD Outbreaks in the Horn of Africa and Challenges in Response - 10 November 2017

Kenya: Challenges

- 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

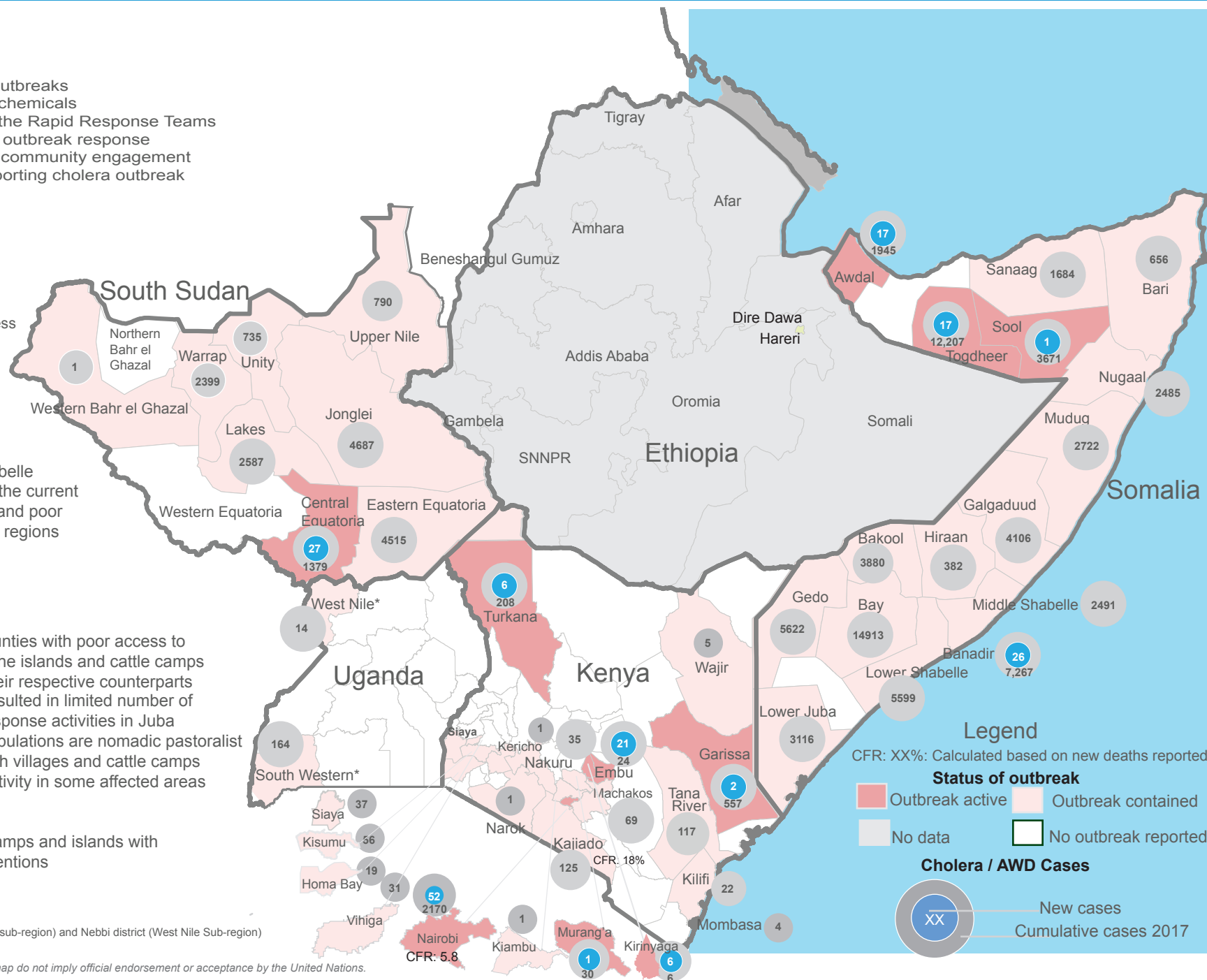
- High attrition rate of health workers affects the process of building their capacities

Somalia: Challenges

- Insecurity in Bay, Bakol, Gedo and Lower Shabelle
- 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 were 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
- Poor road networks and lack of phone connectivity in some affected areas
- 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 district (South Western sub-region) and Nebbi district (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.

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Sources: Ministries of Health and WHO

Annex 2: Distribution of Cholera / AWD Outbreaks in Southern Africa and Challenges in Response - 10 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

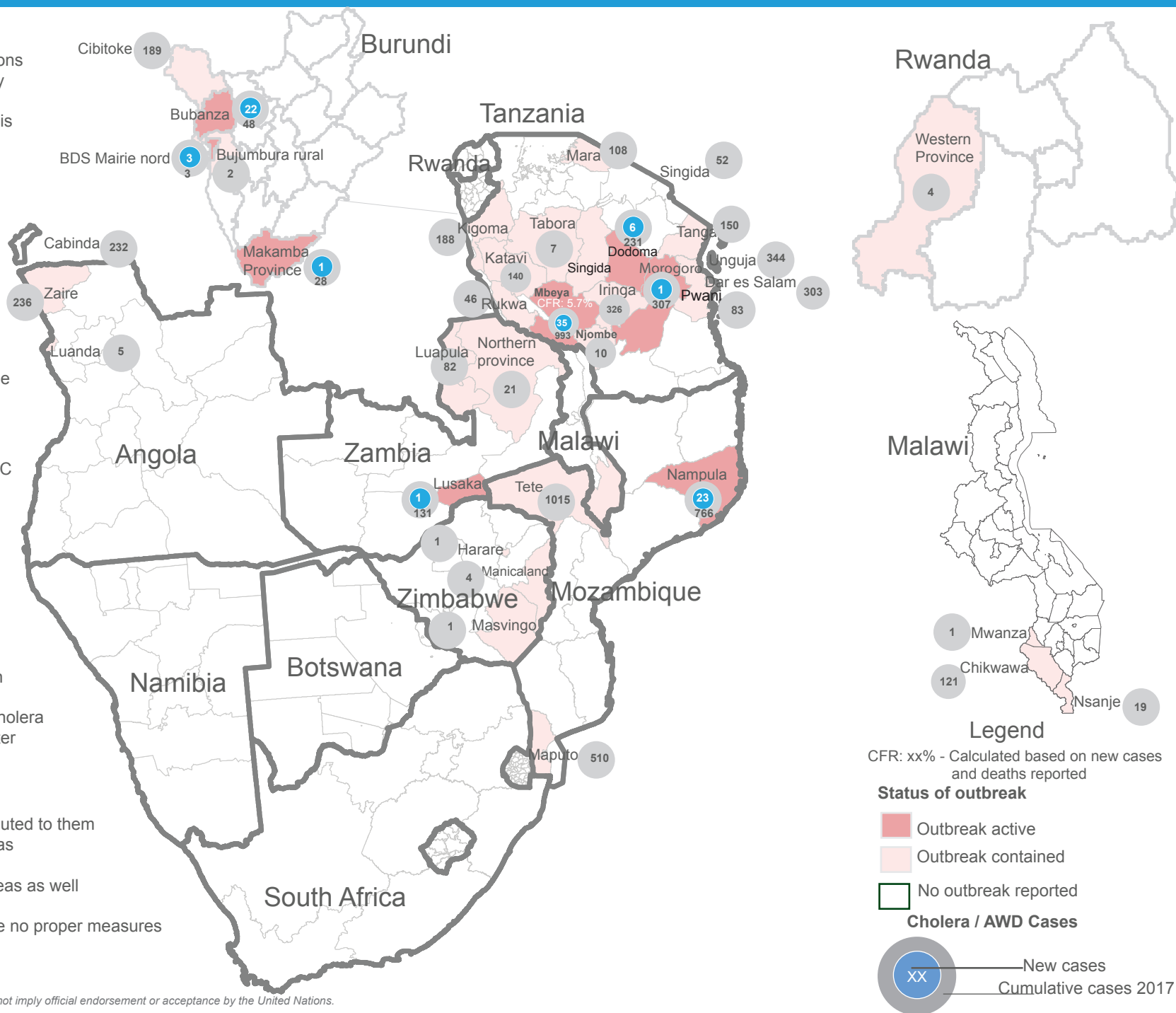
- Affected areas are largely peri-urban, with limited access to WASH services

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.



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

Country	Wk 1 to 39		Week 40		Week 41		Week 42		Week 43		Week 44		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 (%)
Somalia	60,048	836	101	0			86	0	61	0			78,435	1118	1.4	94,135	1,667	1.8
Kenya	1,411	17	40	1	41	2	23	0	88	4			3518	66	1.9	3618	70	1.9
South Sudan	6,410	187	27	0	10	0							17,093	363	2.1	21,268	436	1.8
Tanzania	3,091	41	153	1	120	1	102	1	150	7	82	2	3,423	59	1.7	27,423	431	1.6
Burundi	60	0	6	0	27	0	40	0					293	0	0.0	293	0	0.0
Malawi	128	1	6	0	6	0	1	0	0	0			141	1	0.7	141	1	0.7
Zimbabwe	6	3	0	0	0	0	0	0	0	0	0	0	6	3	50.0	16	4	25.0
Mozambique	2,176	4	5	0	30	0	7	0	23	0			2,291	5	0.2	2,291	5	0.2
Angola	389	19	0	0	0	0	0	0	0	0	0	0	389	19	4.9	490	26	5.3
Zambia	103	1	0	0	69	1			0	0	1	0	234	2	0.9	131	1	0.8
Rwanda	4	0	0	0	0	0	0	0	0	0	0	0	4	0	0.0	4	0	0.0
Uganda	83	3	72	0	23	0	0	0	0	0	0	0	178	3	1.7	178	3	1.7
Madagascar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Comoros	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Swaziland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Botswana																		
Eritrea																		
Lesotho																		
Namibia																		
South Africa																		
TOTAL													106,005	1639	1.5	149,988	2,644	1.8

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